



**RESEARCH REPORT**

**CVA & CHILD**

**PROTECTION GLOBAL**

**STUDY**

**February 2024**

**DRC, Egypt, Lithuania and Philippines**

**CVA and CP Micro-Grants 2022-23**



**Save the Children®**

# CVA & Child Protection Study

February 2024 – DRC, Egypt, Lithuania & Philippines



Save the Children®

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## Acronyms

<b>BARMM</b>	Bangsamoro Autonomous Region in Muslim Mindanao
<b>CAAFAG</b>	Children Associated with Armed Forces and Armed Groups
<b>CCT</b>	Conditional Cash Transfer
<b>CEFMU</b>	Child Early and Forced Marriages and Unions
<b>CFS</b>	Child Friendly Space
<b>CP</b>	Child Protection
<b>CVA</b>	Cash and Voucher Assistance
<b>DRC</b>	Democratic Republic of Congo
<b>EGP</b>	Egyptian Pound
<b>EUR</b>	Euro
<b>FGD</b>	Focus Group Discussion
<b>MEAL</b>	Monitoring Evaluation Accountability and Learning
<b>MEB</b>	Minimum Expenditure Basket
<b>MPCA</b>	Multi-Purpose Cash Assistance
<b>PDM</b>	Post Distribution Monitoring
<b>PhP</b>	Philippine peso
<b>rCSI</b>	reduced Coping Strategy Index
<b>SC</b>	Save the Children
<b>UASC</b>	Unaccompanied or Separated Children
<b>UCT</b>	Unconditional Cash Transfer
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>USD</b>	United States Dollar



## EXECUTIVE SUMMARY

### Research Background

Cash and Voucher Assistance (CVA) is now a common tool in humanitarian and development action and a substantial body of evidence shows that it allows its recipients to meet a variety of needs with more dignity. In recent years, there has been a growing recognition that CVA can also contribute to better achieve sectoral outcomes such as nutrition and child protection. In 2021, Save the Children (SC) led a literature review of child protection outcomes in CVA in humanitarian settings, which highlighted the need to better assess CVA impacts on child protection outcomes through rigorous research and evaluation designs that can indicate correlation, causation or compare the effectiveness of different CVA modalities.

Since 2022, SC has been scaling up its use of CVA for Child Protection (CP) programming through various pilot projects. Taking stock of the evidence reviews' findings, SC commissioned research in four countries (the Democratic Republic of Congo, Egypt, Lithuania and the Philippines) in 2022-23, which focused on measuring the impact of CVA on child marriage, child labour, and child wellbeing in an effort to generate evidence and learning to inform the design of future programming but also to design a robust implementation and monitoring methodology to measure the outcomes of CVA on said child protection outcomes.

The methodology employed a mixed-methods, panel design where both quantitative (through households and child protection actor surveys) and qualitative approaches (through FGDs and individual interviews including with children and young people) were used to measure change against a series of well-defined indicators.

### Conclusions

The main findings coming out of this research are summarised below:

- ➔ **Relevance of CVA in addressing child protection outcomes:** the research verified that CVA is a proven tool to address exposure to CP risks by reducing child labour, delaying early marriage, increasing school attendance, mitigating the recruitment of children into armed forces/groups, and improving child wellbeing. Providing families with the means to access basic needs mitigates a key driver (poverty) of many of these risks. It recognises the multifaceted nature of CP issues and can enhance the family's ability to create a protective environment by reducing poverty-driven vulnerabilities.
- ➔ **Sustainability of Impact:** Due to limitations of the pilots, implementation and research was primarily focused on the impacts of CVA on the CP risks, with limited complementary programming. The *ex-post* evaluation conducted three months after the projects ended found that a range of improvements were not sustained after the conclusion of the transfers. This points to the effectiveness of CVA while highlighting the need for additional research on how to sustain impact during what are increasingly becoming protracted crises. Qualitative findings from participants and experts suggest that Cash Plus programming complementing the delivery of CVA are recommended for sustained improvements.



→ **Effects of CVA on basic needs and child wellbeing:** the CVA contributed to an improvement in households' ability to cover their basic needs and reduced reliance on negative coping strategies in most contexts, results often sustained three months after the last cash disbursement. The effect of CVA on the household's ability to meet basic needs was difficult to estimate and understand in the Philippines, as an increase is observed not only in the proportion of households reporting being able to meet 'all or most' needs but also in the proportion reporting being able to meet only 'some or none' of their needs. In Egypt, parents and caregivers reported struggling to cover their needs due to increasing cost of living and the decline in income since the end of SC's assistance. DRC and Lithuania showed an improvement from baseline to endline which was only partly sustained three months after the last disbursement.

A general decrease in the adoption of food-related negative coping strategies was observed based on the average scores in all contexts, save for Lithuania; this could be linked to a smaller proportion of respondents reportedly receiving social benefits from Lithuanian or Ukrainian government at endline compared to baseline. In all other countries, the reduction in the use of food-related negative coping strategies seems to have been sustained to some extent three months post-assistance.

Positive effects have also been noted in children's levels of safety and wellbeing reported by their caregivers in the Philippines and the DRC as well as on the proportion of children showing some signs of distress in Lithuania. In Egypt, results are more mixed, likely due to the rise in prices observed. CVA also contributed to a reduction in parental stress, which can be used as a proxy for household wellbeing and violence in the home.

→ **Effects of CVA on child labour and recruitment into armed forces and armed groups:** CVA contributed to reducing the number of cases of child labour and number of hours worked in the DRC and to a lesser extent in Egypt during implementation, especially among children under 14 years old. While those positive results were sustained three months after the last transfer in the DRC, it was not the case in Egypt. In Egypt, a marginal decrease is observed in the proportion of children engaged in child labour between baseline and endline, as reported by both the caregivers and UASC. During the 3-month follow-up survey, a reduction in child labour among children under 14 is observed compared to baseline, while an increase in observed among children 14-17 years of age. The CVA did not influence the type of work undertaken by children or exposure to risky working environments.

In the DRC, CVA had a positive effect on the reintegration of ex-CAAFAG into communities and limited exposure to recruitment risks which are often, or at least partly, driven by poverty and the lack of economic opportunities.

During the endline, testimonies were collected through interviews from ex-CAAFAGs who had been reintegrated into their families before the assistance. With the cash, most of these adolescents were able to establish a small business or build a home. These testimonies highlight how the CVA supported their reintegration into the community and helped them access other sources of income through investments in small scale income generating activities (IGAs) while studying, mitigating the need or desire for returning to armed groups.



- **Effects of CVA on Child Early and Forced Marriages and Unions (CEFMU):** the effect of the CVA on exposure to CEFMU in the Philippines is rather inconclusive and would benefit from further investigation considering some identified biases in the responses, which could not be corroborated through qualitative data. Nonetheless, the conditional CVA was effective in acting as an incentive for parents and caregivers to attend learning sessions on such a sensitive topic. The research identified some signs of changes in beliefs regarding CEFMU as the number of respondents who believed that there are advantages in marrying a girl or a boy early decreased sustainably while the involvement of young people in the decision for them to get married reportedly increased. Providing cash and awareness/learning sessions had an effect on the perception about CEFMU and children's rights in the communities but the risk of early marriage and child abuse/neglect did not end there. Cultural practices in communities cannot be changed through short-term assistance (three months) especially in areas like the ones targeted in the Philippines where economic vulnerability was not the primary driver of CEFMU. Sustained engagement is required to address harmful practices.
- **Effects of CVA on education:** despite mixed results across countries, the analysis indicated an increase in school enrolment of children and decrease in school withdrawal, notably among girls, between baseline and endline which was sustained at least three months following the last transfer in DRC and the Philippines. In Egypt, positive results were also identified with regards to school attendance during the project's lifespan. However, while case management was also meant to support children in educational reintegration in this country, the results were more nuanced. This could be linked to the additional barriers faced by migrant/refugee children in relation to education (because of their legal status, nationality, or transit nature).
- **Effects of CVA on family separation:** the CVA has contributed to a number of cases of family reunification based on the testimonies collected as part of this research. Many households across contexts also mentioned that the cash assistance enabled them to keep their children at home i.e. in preventing family separation.

## Recommendations for future project design

In light of these results, the following recommendations should be considered when designing Cash and Voucher Assistance (CVA) programmes to address child protection risks such as child labour, child marriage, and the association and use of children in armed forces and armed groups:

- ✓ **Cash Plus Protection project design requires a comprehensive and context-specific approach.** Programme implementers should conduct thorough assessments of the targeted communities to understand the root causes, socio-economic dynamics, and cultural nuances influencing the identified child protection risks. Various tools and guidance documents have been developed on leading child protection situation analyses such as Save the Children Sweden's [Child Rights Situation Analysis guide](#), Save the Children's [Urban Situation Analysis Guide and Toolkit](#), along with specific tools such as the note on [What We need to Know about Child Labour](#) or [USAID's Child, Early and Forced Marriage Resource Guide](#).
- ✓ **Tailor interventions based on the findings from the situation analysis:** develop the right package of activities that address the specific drivers of the identified child protection risks in a holistic manner. Design the program to offer more than just financial assistance. Include educational support, vocational training, and psychosocial services,



among others and when appropriate, to address the multidimensional challenges faced by children and their families as a complement to CVA. Also recognise the unique needs of different demographics and adapt the program accordingly. In the studied countries, case management and psychological support appeared as particularly important in Lithuania and the DRC as in those two contexts the assistance was aimed at children who survived traumatic experiences (fleeing armed conflicts).

- ✓ **Think about the sustainability and minimal length/amount of the assistance:** CVA can lead to positive outcomes during implementation but not all results were sustained three months later. Plan for practical sustainable exit strategies in humanitarian settings as assistance is generally short-term and aims to address immediate needs. Consider options to build resilience, linkages to livelihoods activities and continued case management are important to prevent deteriorating situations as households are transitioned away from cash assistance. Also ensure that project duration and amount of assistance is sufficient and is adjusted to the rise in prices in contexts of high inflation such as Egypt.
- ✓ **When calculating the transfer value, programme designers should include expenses related to education** (including school fees, supplies, uniforms and transportation to school), health and wash and not only food consumption as those sectors also have a direct impact on child protection indicators. A livelihoods top-up can also be considered for more sustainability. Implementers should also refrain from using a 'standard' MEB that was not adapted based on the contextual analysis. MEB and transfer value should be calculated to address specific risks identified. The use of a 'child protection top-up' added to the amount calculated for basic needs coverage should also be considered to achieve greater results against child protection outcomes.
- ✓ **Establish robust monitoring and evaluation mechanisms:** There is a lack of global guidance regarding the definition, measurement, and interpretation of child protection indicators such as child safety & wellbeing, child abuse/neglect, and violence in the home. As such, these indicators should be standardized by the global CP & CVA actors to improve the overall quality, consistency, and comparability of CVA for CP evidence globally. Include both quantitative and qualitative tools to gather sufficient depth and understanding of the changes happening within the selected households and communities. Existing tools such as the Multi-Purpose Cash Assistance (MPCA) MEAL Toolkit and Toolkit for Monitoring and Evaluating Child Protection when Using CVA have been tested as part of this research and proved to be effective, albeit with further refinement needed (see box below).
- ✓ **Future research of CVA for CP interventions should consider the use of experimental design studies,** including studying changes in treatment groups against comparison groups, to isolate the effects of implementation approaches. Programming could compare Cash Plus approaches (i.e. CVA + complementary activities) against groups receiving only the complementary activities, and those only receiving CVA. Another suggestion is to deliver a transfer value meant to cover the same percentage of needs across multiple contexts for better comparability, a limitation of the current pilot projects.

### Suggestions to improve the indicators used as part of this research:

- Child-focused indicators measuring negative coping strategies such as reliance on child-earned income to meet households needs, withdrawal from education, and risks of family separation and child marriage should be developed and tested to improve the quality of evidence generation in the field of CVA for CP.
- The use of UNICEF's sign of child distress was interesting and useful especially when measuring child wellbeing by assessing the changes in children presenting at least one, 3 or more and 5 or more signs of distress from baseline to endline. The signs can also be adapted to the age of the child. It worked particularly well in combination with the parental stress indicator, which can also be a good reflection of the level of wellbeing within the family (see Lithuania's research protocol for the full set of tools in the next section).
- The set of questions used to assess family separation would benefit from being refined, including by ensuring that each question specifies that only children under 18 are being considered.





## INTRODUCTION & PROJECT BACKGROUND

### Study Background

Cash and Voucher Assistance (CVA) is a critical modality that is increasingly being adopted to support the prevention and response to child protection (CP) risks<sup>1</sup>. As the use of CVA matures, humanitarian and development actors have been looking at the best combination of modalities to better meet the needs of the populations they serve. In recent years, there has been a growing recognition that CVA modalities can also contribute to better achieve sectoral outcomes such as nutrition<sup>23</sup> and child protection. While the evidence base for assessing the benefits, impacts and risks of CVA in humanitarian contexts is mounting, it is growing faster in some sectors than others, such as protection.

An evidence review commissioned by the Alliance for Child Protection in Humanitarian Action, in 2019 highlighted, for instance, how the effectiveness of conditional CVA usually depends on the root cause of the CP issue; its linkages to financial strain; and the availability, quality and affordability of complementary services.<sup>4</sup> It also shows the evidence gaps on the impact of CVA to address specific CP outcomes, including the need to better understand how to involve children and measure CP outcomes within broad-scale multi-purpose cash grants and to capture baseline data or use control groups in order to attribute significant positive changes to the cash transfer interventions.<sup>5</sup>

In 2021, Save the Children (SC) led a literature review of child protection outcomes in CVA in humanitarian settings<sup>6</sup>, which also highlighted the need to better assess CVA impacts on CP outcomes through rigorous research and evaluation designs that can indicate causation or compare the effectiveness of different CVA modalities. The review also called for more 'clearly defined and measurable outcomes, stronger theoretical frameworks, greater understanding of the relationships between different outcomes, and individual-level data (instead of solely household-level data) to generate better evidence for CVA and CP programming in humanitarian settings.'<sup>7</sup>

Since 2022, SC has been scaling up its use of CVA for CP programming through various pilot projects. Taking stock of the evidence reviews' findings, SC commissioned research in four countries in 2022-23 (the Democratic Republic of Congo, Egypt, Lithuania and the Philippines) that focused on measuring the impact of CVA on child marriage, child labour and child wellbeing with the goal to design a robust implementation and monitoring methodology to measure the outcomes of CVA on specific CP outcomes.

<sup>1</sup> [Sarah Bailey and Paul Harvey. \(2015\). "State of evidence on humanitarian cash transfers." ODI; Magdalena Mikulak. \(2018\) "Cost-effectiveness in humanitarian work: cash-based programming."](#)

<sup>2</sup> Fenn Bridget, 2018, Impacts of CASH on NUTRITION outcomes

<sup>3</sup> Manley et al 2020. Cash transfers and child nutritional outcomes: a systematic review and meta analysis

<sup>4</sup> The Alliance for Child Protection in Humanitarian Action. (2019). Cash Transfer Programming and Child Protection in Humanitarian Action: Review and opportunities to strengthen the evidence.

<sup>5</sup> The Alliance for Child Protection in Humanitarian Action. (2019). Cash Transfer Programming and Child Protection in Humanitarian Action: Review and opportunities to strengthen the evidence.

<sup>6</sup> Caitlin Salloum. (2021). Child Protection Outcomes in Cash and Voucher Assistance in Humanitarian Settings. Save the Children.

<sup>7</sup> Caitlin Salloum. (2021). Child Protection Outcomes in Cash and Voucher Assistance in Humanitarian Settings. Save the Children.



## Project Background & CVA Design

The following figure present the main characteristics of the pilot projects in each country:

### Lithuania

Focus on child distress and violence in the home

Target group: Ukrainian families arrived to Lithuania after 24 February, 2022, including pregnant and lactating women and/or single headed households with children

One-off transfer of EUR 255 (approx. USD 272) per household with an additional top-up of EUR 20 for pregnant women

Unconditional cash transfers + psychosocial support to children and their caregivers, in-kind assistance, nutrition counselling, referrals for further child protection services

### Philippines

Focus on Child, Early and Forced Marriages and Unions (CEFMU)

Target group: Adolescent girls aged 10 - 18, and their families at risk of CEFMU in armed conflict- affected areas in 2 municipalities (Mamasapano and Datu Salibo), Bangsamoro Autonomous Region, Muslim Mindanao (BARMM)

USD 162 (8,739 Philippine peso - PhP) for the 1st transfer, and USD 119 USD (PhP 6,459) for the 2nd and 3rd; including PhP 300 (approx. USD 5) per training per family.

Mix of unconditional (MPCA) and conditional cash transfers (cash for training) + awareness raising sessions on Child, Early and Forced Marriage

### Democratic Republic of the Congo (DRC)

Focus on recruitment into armed forces and armed groups and child labour

Target group: Vulnerable girls and boys at risk of recruitment and ex-CAAFAGs reintegrated in the community groups in South-Kivu

USD100 on average per month for 3 months, adjusted to the family size

Unconditional cash transfers + Training on basic budget management ([Money Matters toolkit](#)) + Legal Protection (official ex-CAAFAG certificates) + Child Protection Case Management + Psychosocial Support in Child-Friendly Spaces, arithmetic and reading, follow-up, awareness activities

### Egypt

Focus on Child Labour

Target group: Unaccompanied and separated children and refugee children at risk of or engaged in child labor in Greater Cairo and the North Coast referred by UNHCR

Up to 221 USD every 3 weeks in complement to UNHCR/WFP's cash assistance for an average household size of 4 for 4 months.

Unconditional cash transfers + Training on basic budget management ([Money Matters toolkit](#)) + Case management

<sup>8</sup> Save the Children Egypt, 'Research CVA/CP Micro-Grant Application Form - Egypt', June 2022.

<sup>9</sup> Save the Children DRC, 'Research CVA/CP Micro-Grant Application Form - Democratic Republic of Congo', June 2022.

<sup>10</sup> Save the Children Philippines, 'Research CVA/CP Micro-Grant Application Form - Philippines', n.d.



As a country of both transit and destination for refugees and asylum seekers, **Egypt** hosts 250-300,000 asylum-seekers registered with UNHCR, of which about 40% are children. Among them about 4,000 are unaccompanied and separated children, 75% of them aged 15-17 years old. Greater Cairo and the North Coast host the highest numbers of asylum-seekers and refugees. SC targeted **unaccompanied and separated children and refugee children at risk of or engaged in child labour** in Greater Cairo and the North Coast referred by UNHCR, to assess the links between CVA and child labour risks and outcomes. Boys and girls aged 10-17 years old were targeted and supported with child protection case management to reduce their exposure to child protection risks and find alternative solutions, mainly through referrals, while also provided with CVA to give them space to acquire skills or look for more suitable and safe work while meeting their basic needs.

SC also targeted unaccompanied minors who were at the time receiving cash assistance in Greater Cairo and the North Coast by the UNHCR but were not receiving WFP food vouchers, the latter having been received by targeted households.

The transfer value delivered was up to EGP 2,200 for a one-person household (USD 71) adjusted to the household size (i.e. EGP 3,999/USD 129 - for a two-person household; EGP 5,341/USD 173- for a three-person household; and EGP 6,828/USD 221-for a four and plus-person household) and as a complement to either the UNHCR's and/or WFP's cash assistance targeting the same program participants.

Transfer values were calculated to ensure harmonized practices across CVA programs hence why SC did not provide higher transfer values and was not able to adapt transfer values according to evolving market dynamics during implementation. Transfer amounts for families were calculated based on the family size and amounts otherwise transferred by UNHCR and WFP. Assistance covered 5 cash transfers over 4 months in Egypt compared to 3 cash transfers over 3 months in the other countries covered in this report.

Throughout the implementation, the context in Egypt was marked by the deepening of the economic crisis with successive waves of inflation from the second half of 2023.

In the **Philippines**, SC focused on **adolescent girls aged 10 to below 18, and their families in armed conflict affected areas** in two municipalities (Mamasapano and Datu Salibo) in the Bangsamoro Autonomous Region in Muslim Mindanao (BARM). Apart from being affected by poverty and protracted armed conflict, adolescents in these areas were considered particularly vulnerable to harmful traditional practices such as Child, Early and Forced Marriages and Unions (CEFMU). One of the objectives of this micro-project was also to get evidence on interventions that can be used in predominantly Muslim communities (where discussions around CEFMU may be more sensitive) to start discussions on CEFMU, and to gain community support for the implementation of the Republic Act 11596, which was passed during project implementation, which prohibits the practice of child marriage in the country. The team was particularly keen to learn through this project the possible designs of cash transfers that can be effective in encouraging the parents of CEFM-at-risk families to actively participate in trainings and orientation sessions. This was reflected in the design of the grant as the cash transfer component of the project had both an unconditional and a conditional element. The targeted families received unconditional cash transfers for three (3) months. The Minimum Expenditure Basket (Cash Working Group. 2022) for an average family of 5 members was PhP 19,504 (approximately 365 USD). The transfer value was based on 60% of a customized minimum expenditure basket (MEB) that considered one-off and recurring costs related to food, non-food items, education, protection, livelihoods, and communication/other services for the first cash transfer and only recurring costs related to NFI, education and protection for the second and third cash transfers. In turn, the transfer value for an average household of 5 members was PhP 8,739 (approximately USD 162) for the first cash transfer and PhP 6,459 (approximately USD 119) for the second and third cash transfers.

The conditional cash transfers (CCT) amount was added to the unconditional transfer (UCT) amount to the parents (mothers and fathers) of the target families who attended the training sessions organised as part of the project. The CCT amount was fixed at PhP300 (approximately USD 5) per training per family; this was equivalent





to the latest regional minimum daily wage rate mandated by the government, which covers the Maguindanao province, at the time of implementation.

In the **DRC**, the response focused on **vulnerable girls and boys at risk of recruitment into armed groups/forces as well as ex-CAAFAG reintegrated into their community** in the last 6 months as direct beneficiaries of the micro-grant.

Alongside individual case management and psychosocial support (through Child Friendly Spaces) was provided through a parallel project, the CVA aimed at supporting the families of those children to cover their basic needs and implement long-term solutions for the targeted children, including educational reintegration, vocational training, and income-generating activities to prevent recruitment. The recruitment into armed groups is considered as one of the worst forms of child labour that is frequent in the conflict-affected areas of South Kivu, although it remains one of the most economically viable options for many vulnerable families living those areas. The UCT value was calculated based on the 2022 survival MEB calculated for the urban area of Uvira, which is the closest and most representative locations of those targeted. Given the timing of the MEB calculation and recent shock prices at national/global level, SC DRC used the results of the findings of the 2023 Joint Market Monitoring Initiative/REACH market monitoring and rates of inflation to revise the transfer amount. The updated value amounted to USD 100 for an average household size of 6 persons and adapted to household sizes.



In **Lithuania**<sup>11</sup>, the pilot project focused on Distress, Neglect and violence in the home and targeted primarily Ukrainian families that had arrived in Lithuania after 24 February 2022, including pregnant and lactating women (PLW) and/or single headed households with children.

Unlike other response countries, no Cash Working Group was established in Lithuania, and therefore no harmonized transfer values were provided to humanitarian responders. As such, SC Lithuania first conducted a series of consultations with other humanitarian organizations and the government and conducted an in-depth review of the government social protection system and assistance packages provided to refugees. The UCT calculation was based upon the methodology used in European countries to estimate the minimum costs of living – the absolute poverty line. Social benefits received by refugees through the social protection scheme were also taken into consideration in defining the transfer value. As benefits did not reflect inflation nor the age used for the minimum cost of living categorization, SC added a 10% top-up (of the minimum living costs) for each additional household member, to cover the additional costs associated with winter in recognitions of inflationary trends. The UCT value resulted in Euro 180 (approximately 200 USD) + Euro 50 (55 USD) for each additional household member (regardless of age), with the average allowance payment settling for 255 Euros / per month (for an average household of 2.5 persons). An additional nutrition top-up of Euro 20 (22 USD) was provided to each PLW.



The assumption at design stage was that most beneficiaries would be newly/recently arrived and, therefore, would benefit from free accommodation and utilities support assistance, in addition to free access to health care. However, the PDM data showed that most households selected for the project ended up being households that had been in Lithuania for over six months and were not necessarily accessing free accommodation anymore. Similarly, increases in prices of utilities costs, which were significant during this first winter after the conflict escalation in Ukraine, were not covered by the government assistance, hence further weighing down households. Although access to emergency health services is free, refugees must be employed to access the

<sup>11</sup> It should be highlighted that Lithuania was added late to the research due to the response to the crisis. As a result, the research methodology could not be fully applied in this context and not all common indicators could be measured.



health care system. SC monitoring data indicated that 90% of beneficiaries were unemployed; and among the 10% that were employed, 16% were not receiving social benefits from neither the Ukrainian nor the Lithuania governments.

The minimum poverty line was also updated in December 2022 (in the middle of the implementation) and increased from 327 EUR per person to 354. Therefore, the value used (327 EUR) as a reference point was not reflective of the increases in consumer prices of 2022.

Lithuania and Egypt represented more urban contexts, while the DRC and the Philippines targeted more rural populations, which had an impact on expenditure patterns and the actual value of the assistance compared to the cost of living (utilities, education, rent, etc. are usually higher in urban contexts), which could explain some of the results presented in the findings of this report. Additionally, in the DRC, the targeted population was earning the lowest income compared to all the other countries in the research with around 50% of them earning no income at all and 40% of them earning less than 3,82 USD per month, according to baseline. In the Philippines, the majority were earning under less than 167 USD but 7% were earning more than this amount. In Egypt, more than half of the households (65%) were earning between 32 and 129 USD, while in Lithuania 77% were earning between 216 and 788 USD.

## RESEARCH BACKGROUND & SCOPE

### Evaluation Purpose

The goal of this study was to generate evidence and learning from four research pilots measuring the effects of CVA on child marriage, child labour, and child well-being to inform the design of future CVA for CP programming.

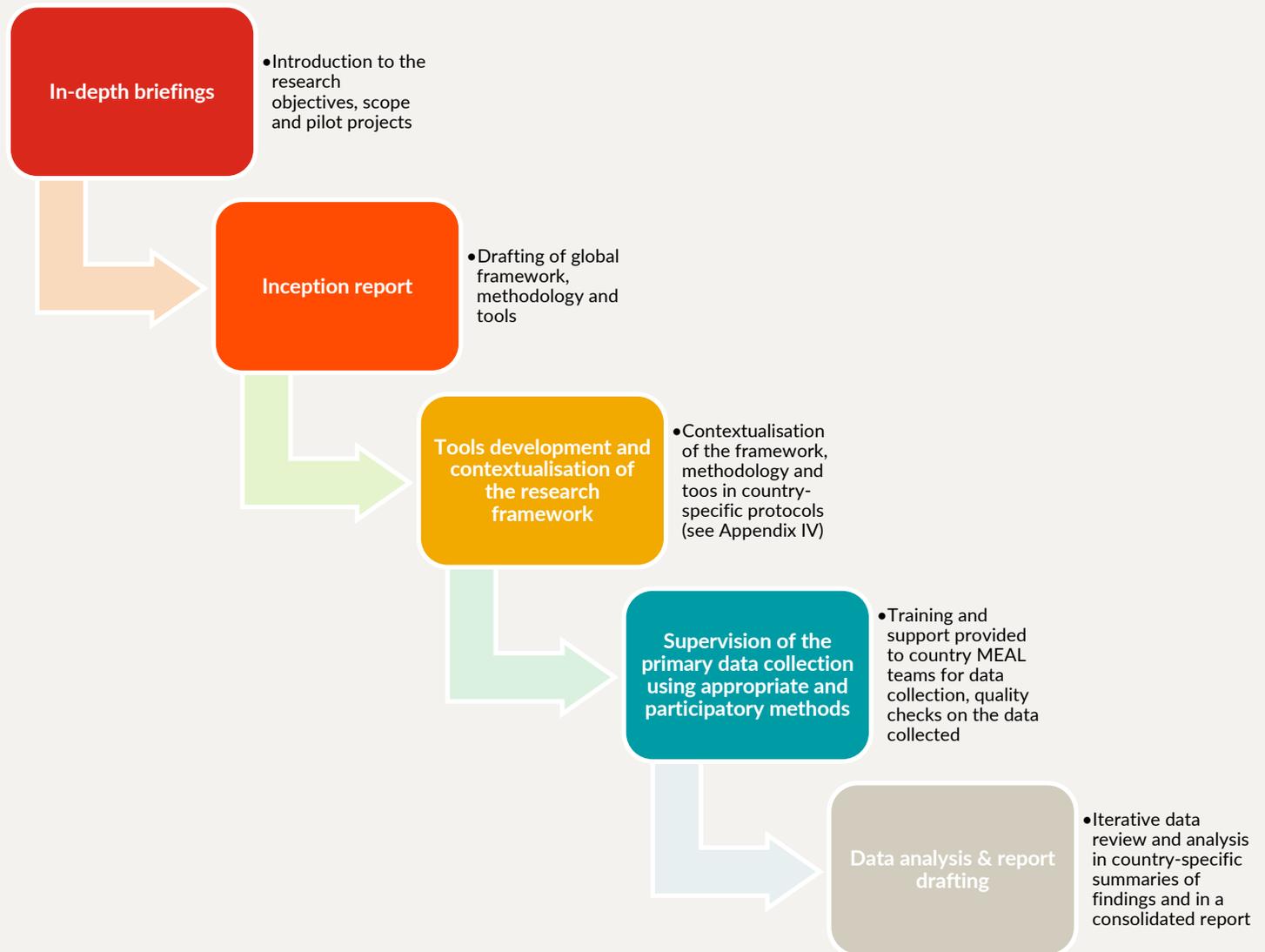
The specific learning questions and indicators, which were contextualised at country level, are available in the global research matrix in Appendix I: Global research framework.

Each step of the research was led in coordination with the SC technical advisors (CVA, CP, MEAL, Research) and program implementation staff at the global and country-office levels.



## Main methodological steps

Based on the consultancy objectives, the main methodological steps for this piece of work are presented below. A more detailed methodology is available in **Appendix V: Detailed methodology**. More details on sampling are available in section ‘Demographic Data & Respondent Characteristics’ below.





## Limitations

As with all research, there are limitations to this study. Some of the limitations are as follows:

- Contextualisation vs comparison: in some contexts, and particularly in Lithuania and Egypt, the tools were contextualised to better fit the context. While this is a recommended practice, it led to less comparability of results across countries for some indicators. For example, in Egypt, more questions were asked on child labour, as a result, the findings can be further disaggregated than in other countries. Results are presented in separate tables and graphs where this is the case (Egypt) as opposed to presenting them in the same tables and graphs in the case of the Philippines, DRC and Lithuania.
- Attrition: the high rate of attrition during the endline and 3-month follow-up, particularly in Egypt, was primarily due to the transient nature of the target population (economic opportunity driven migration) and semi-remote nature of data collection. The overall small sample sizes limited power to reliably perform statistical testing for individual-level indicators and hindered the ability to detect statistically significant differences. Additionally, the findings are not generalizable to the populations at large, but rather they reflect the experiences of households/caregivers who received child protection and cash assistance from SC through this program in each country.
- Reliability of case management data: the limited use of case management data was highlighted in the literature as a key gap in the research on CVA for child protection. As a result, this research design included the collection of case management data through the child protection actors' survey. However, the data collected proved unreliable either due to the limited reporting done at field level by child protection actors or due to difficulties using the template provided. We were nonetheless able to gather information on changes at household level through other data collection methods such as household surveys, FGDs and interviews.
- Response bias: the data is based on respondent self-report, and thus, may reflect bias based on social norms and experiences of participants. In the Philippines, for instance, parents/caregivers' responses to questions related to child marriage (which recently became penalised in the country during project implementation) were much more positive than the existing literature, which raised some doubts about the credibility of the data. The team conducted additional FGDs during the follow-up phase to triangulate the responses but were unsuccessful in obtaining different perspectives. In Lithuania, despite the fact that the project focused on violence in the home and child-wellbeing, the team decided not to ask specific questions about violence but rather to use stress levels as a proxy in order to mitigate similar biases and to avoid making respondents uncomfortable.



## FINDINGS

The following sections present the demographic data of the respondents in each country first, followed by the main findings from the baseline, endline, and follow-up studies in all four countries. The findings are organised as per the following thematic areas: relevance of CVA to address child protection risks, effects of CVA on needs coverage and child wellbeing, effects of CVA on child labour and recruitment into armed forces and armed groups, effects of CVA on CEFMU, and, lastly, effects of CVA on education and family separation.

### Demographic Data & Respondent Characteristics

In all countries, the research team used blanket sampling considering the small caseload of the micro-grants (around 150 households in each country). As a result, all recipients were consulted.

#### EGYPT

The sample for Egypt is as follows:

- 9 female and 10 male child protection actors were consulted through FGDs.
- Community members, including parents, were also consulted through FGDs, including 6 men and 19 women at baseline and 11 women at endline.
- 10 UASC (all males) were consulted at endline through FGDs using the storytelling approach.
- 209 cash recipients (both adults and UASC) were interviewed at baseline, 135 of whom were interviewed at endline, and only 78 during the 3-month follow-up.
- At baseline and endline, approximately 80% of the recipients were UASC compared to 60% at the 3-month follow-up. This is due to attrition and not necessarily because they had been reunited.
- The majority of the beneficiaries were based in Cairo and Giza, followed by Alexandria and Damietta.
- Table 1 presents the geographic reach by gender.

**Table 1:** Sample size in Egypt by gender, locality and data collection phase

	Female	Male	Total
<b>Baseline</b>			
Alexandria	16	23	39
Cairo	11	56	67
Damietta	12	26	38
Giza	9	52	61
Other	1	3	4
<b>Total</b>	<b>49</b>	<b>160</b>	<b>209</b>
<b>Endline</b>			
Alexandria	9	23	32
Cairo	1	23	24
Damietta	4	21	25
Giza	10	40	50
Other	1	3	4
<b>Total</b>	<b>25</b>	<b>110</b>	<b>135</b>



Follow-up survey			
Alexandria	11	9	20
Cairo	1	12	13
Damietta	3	6	9
Giza	6	27	33
Other	1	2	3
<b>Total</b>	<b>22</b>	<b>56</b>	<b>78</b>

The high attrition rate during the follow-up survey can be attributed to the transient nature of the target population.

### LITHUANIA

In [Lithuania](#), the team was only able to collect data remotely via phone, which resulted in a high rate of attrition at endline. However, the final sample size for Lithuania was larger compared to the other three pilots, as their CVA for CP project was part of SC's Ukraine Emergency Response.

**Table 2:** Sample size in Lithuania by gender and data collection phase

	Baseline	Endline	Follow-up survey
<b>Female</b>	469	234	182
<b>Male</b>	5	0	0
<b>Total</b>	474	234	182

### PHILIPPINES

In the [Philippines](#), the research sample is as follows:

- 20 formal and informal CP actors responsible for identifying and referring CP cases at community level, including 10 in Datu Salibo and 10 in Mamasapano (13 women and 7 men) at baseline, and 40 actors at endline including 9 from Mamasapano and 31 from Datu Salibo (19 females and 21 males).
- 40 beneficiaries consulted via FGDs at baseline, including 17 men and 23 women; and 30 at endline, including 10 women and 20 men.
- 166 households interviewed at baseline, 149 at endline, and 150 at 3-month follow-up (caregiver survey).

**Table 3:** Sample size in the Philippines by gender and data collection phase

	Datu Salibo	Mamasapano	Total
<b>Baseline</b>			
<b>Female</b>	63	66	129
<b>Male</b>	18	19	37
<b>Total</b>	<b>81</b>	<b>85</b>	<b>166</b>
<b>Endline</b>			
<b>Female</b>	58	59	117
<b>Male</b>	16	16	32
<b>Total</b>	<b>74</b>	<b>75</b>	<b>149</b>
<b>Follow-up survey</b>			
<b>Female</b>	58	54	112
<b>Male</b>	17	21	38
<b>Total</b>	<b>75</b>	<b>75</b>	<b>150</b>



### DEMOCRATIC REPUBLIC OF THE CONGO

The sample is as follows in the [DRC](#):

- At baseline, 20 CP actors (11 female and 9 male) responsible for community case management including 12 in Fizi Centre and 8 in Malinde; at endline, only 3 could be reached.
- At baseline, 70 participants (30 local authorities and health representatives and 40 community members) including 35 men and 35 women were consulted via FGDs. At endline, 15 adults (12 men, 3 women) and 19 children (10 boys and 9 girls) were consulted through FGDs.
- 146 households (beneficiaries) were interviewed at baseline, 133 at endline, and only 128 during the 3-month follow-up.

**Table 4:** Sample size in the DRC by gender and data collection phase

	Female	Male	Total
<b>Baseline</b>			
Fizi centre	43	30	73
Malinde	58	15	73
<b>Total</b>	<b>101</b>	<b>45</b>	<b>146</b>
<b>Endline</b>			
Fizi Centre	41	32	73
Malinde	44	16	60
<b>Total</b>	<b>85</b>	<b>48</b>	<b>133</b>
<b>Follow-up survey</b>			
Fizi Centre	41	34	75
Malinde	34	19	53
<b>Total</b>	<b>75</b>	<b>53</b>	<b>128</b>





## Relevance of CVA to address CP Risks

As discussed in the introduction, there has been a growing recognition that CVA is an appropriate modality for achieving CP outcomes such as increasing child enrolment in formal and informal education, reducing child engagement in income-generating activities, and delaying early marriage among others. However, this depends on some of the design features adopted and on some contextual considerations such as the availability of services.

To assess the appropriateness of CVA in the contexts targeted by this research, CP actors and community members in 3 of the 4 selected countries were consulted at baseline using hypothetical scenarios based on CP risks prevalent in their context (see [Appendix III: Country-specific scenarios](#))

Overall, the research confirmed in all three contexts<sup>12</sup> the findings from the global literature. It found that **CVA is seen as a key tool in addressing CP risks as the lack of financial resources is a known driver of many of the risks**. CVA can empower parents and caregivers to meet the basic needs of children, including protection, education, and healthcare. But it is often recognized that **it should not be a standalone response to address the multifaceted nature of CP risks**. According to consulted stakeholders, CVA can enhance the family's ability to create a protective environment by reducing poverty-based vulnerabilities. Nonetheless, complementary activities were deemed necessary to maximise the chances of the project achieving its intended outcomes and objectives.



In **Egypt** for example, child protection actors mobilized to provide feedback on hypothetical but realistic scenarios related to child labour, where UASC acknowledged that CVA would be an appropriate response as separated and unaccompanied children suffer from poverty and lack of financial means, which in turn push them to work and adopt negative coping strategies to cover their basic needs and those of their younger siblings they are often primary caregivers of.

Consulted CP actors also reported that many UASC have debts and that the CVA can help lift some of their financial burden and reduce associated risks. However, CP actors highlighted the need for more sustainable solutions such as vocational training or IGA (Income Generation Activities) training and start up kits for children and households that are not on the move. Some participants also highlighted the risk of using the assistance for illegal immigration and the need to follow up and further support those children to ensure they do not become the prime target of smugglers.



In the **Philippines**, CVA was also seen by local CP actors as an appropriate response to the scenario presented to them related to CEFMU as poverty and the lack of financial means were identified as key drivers of child marriage (alongside social and cultural norms). However, community members believed that the assistance should be restricted to make sure it is targeted towards the child's needs and conditional to receiving parental guidance on the best use of the assistance and the risks associated with CEFMU.

During the reflection workshop organised at the end of the implementation, SC project team highlighted how CVA served as an incentive for parents and caregivers to rigorously attend the awareness raising sessions delivered before each distribution. CVA had a positive effect on the two main drivers of CEFMU: economic deprivation (through the income support it provided) and changes in attitudes using a condition (attending all sessions to receive the monthly transfer) due to the conditionality placed on the parents – to attend all sensitization sessions prior to receiving the transfer.

<sup>12</sup> FGDs on relevance of the CVA at baseline could not be conducted in Lithuania due to limitations in access and resources at country level.



Lastly, in the **DRC**, in response to the scenario of a 15-year-old child who had joined an armed group when conflicts arose in his town and who, after being injured, had recently returned to his family, community members reported that the scenario was common in their community. CVA was considered an appropriate form of assistance in this case as it could “enable him not to return to the bush<sup>13</sup> by having an occupation”, “enable him to take care of himself and his family”, “encourage those who have stayed in the bush to return to their families”, and “make it easier for them to go back to school”.

Consulted community members believed that the CVA could be used by the family or the youth himself for medical care related to an injury, to start an IGA and to build a shelter; this was confirmed by the youth themselves during the FGDs. According to the communities, this assistance had the potential to change the living conditions of the children and their household, improve the well-being of the household, help reintegration of ex-CAAFAG into the community, deter temptation to join such groups for income generation, and reduce food insecurity.

However, they also strongly believed in the need for awareness raising activities and guidance to ensure that the child is involved in the decision-making process around the use of the cash without any imposition of restrictions or conditions on its use.

In conclusion, this exploratory research supports the hypothesis that CVA is a powerful tool and can be used to achieve CP outcomes such as reducing child labour, delaying early marriage, increasing school attendance, mitigating the recruitment of children into armed forces/groups, and improving child wellbeing in general. CVA recognises the multifaceted nature of CP risks and allows interventions to meet the unique needs of affected populations and the multiple drivers of CP issues. The flexibility in the utilization of CVA allows recipients to cover their needs as they prioritize them, be it food, education, health, livelihoods, or others; and address the diverse challenges faced by at-risk children. Additionally, CVA upholds the dignity of recipients, giving them agency in decision-making and promoting community resilience.

Nonetheless, in all the contexts studied, **CVA should not be considered a standalone response but rather be part of a more holistic response addressing as many drivers of child protection risks** as possible in a sustainable manner. As part of this pilot project, a fully holistic response<sup>14</sup> could not be implemented due to the limited budget and implementation time. As such, the results presented in the following sections should be considered with the limitations in mind.

<sup>13</sup> In this context, “the bush” refers to being associated with armed groups.

<sup>14</sup> By ‘fully holistic’ we mean a response addressing all drivers and risk factors of a child protection issues identified through a thorough analysis of the context. In the DRC, Egypt and the Philippines, the pilots included some complementary activities such as case management or learning sessions as described in the introduction. However, they did not address issues such as lack of education/training opportunities for instance.



## Effects of the CVA on Child Wellbeing and Household Basic Needs

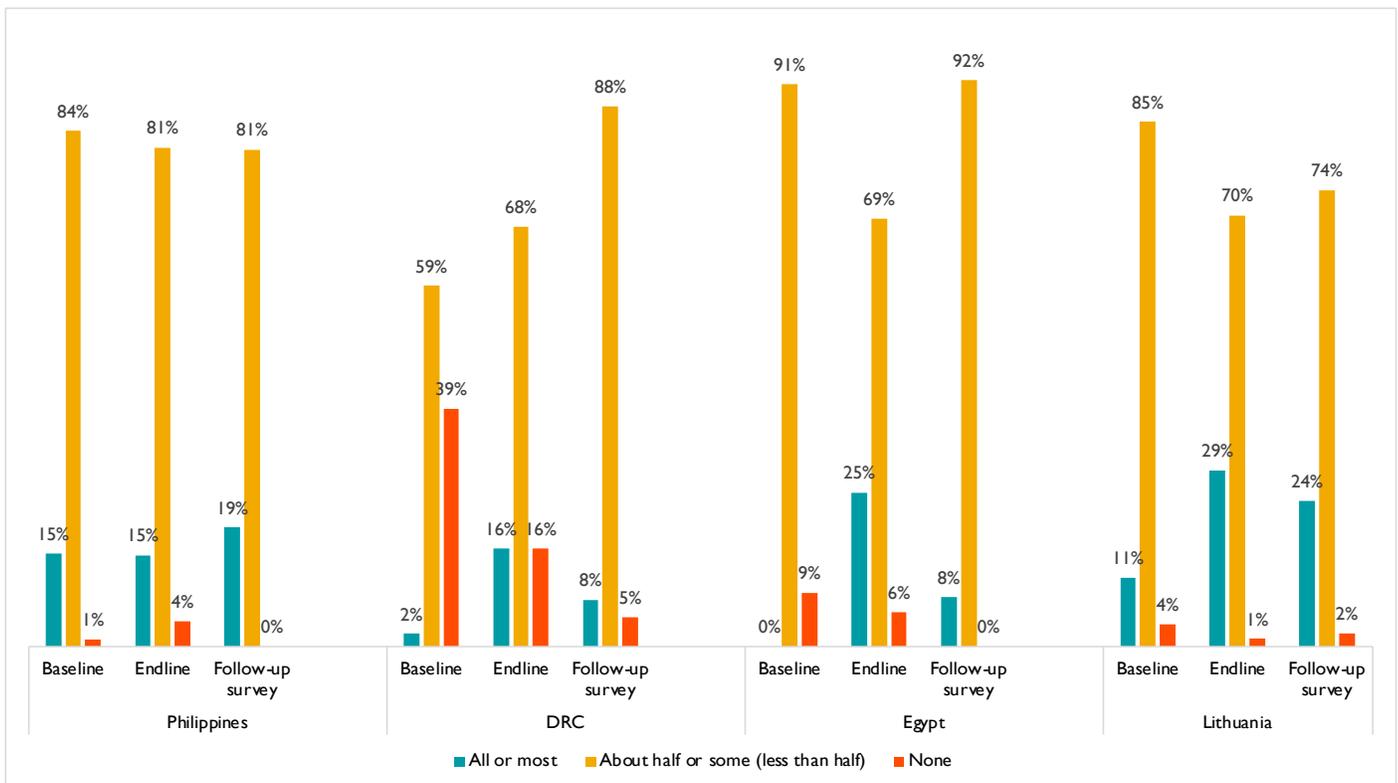
### Key findings:

Overall, CVA contributed to an improvement in households' ability to cover their basic needs and decreased their reliance on negative coping strategies in all contexts and time points, including three months after the last cash disbursement. Some positive effects have also been noted in caregivers' perception of their child's sense of safety and wellbeing in the Philippines, the DRC, and Lithuania. In Egypt, results were more nuanced most likely due to the inflation observed. CVA also showed a reduction in parental stress, which can be used as a proxy for violence in the home and overall household wellbeing.

### Ability to cover basic needs

In general, an improvement in the household ability to meet its basic needs is observed at endline across most countries. However, the results varied after the cash assistance ended, as observed in the 3-month follow-up.

**Graph1:** Proportion of households reporting to meet 'all or most' of their basic needs at baseline, endline, and 3-month follow-up:



The effect of CVA on the household's ability to meet basic needs was difficult to estimate and understand in the **Philippines**. In the graph above, an increase is observed not only in the proportion of households reporting being able to meet 'all or most' needs (15% at baseline and 19% during the follow-up survey) but also in the proportion reporting being able to meet only 'some or none' of their needs (45% at baseline, 64% at endline and



50% during the follow-up survey). This could be linked to a bias in the data collection as respondents might have exaggerated their situation at endline with the hope to continue receiving the assistance as discussions with the project team did not allow to identify any external factors which could explain this.



In **Egypt**, parents and caregivers reported struggling to cover their needs due to increasing cost of living and the drop in income since the end of the assistance. This could explain a general pessimism about their capacity to meet basic needs among respondents which might have translated into other questions and indicators as seen throughout this report. In addition, the regression noted in the data coming out of Egypt during the follow-up survey can partly be attributed to the ongoing economic crisis in Egypt. During the implementation of the project, the prices increased significantly, and the project team started noticing regression in some responses from the third PDM as prices first increased in August and again in November 2023.



**DRC** and **Lithuania** showed an improvement between baseline and endline which was only partly sustained three months after the last disbursement (follow-up survey).

Qualitative data in all countries also shows an increase in households' ability to cover basic needs relieving financial stress on selected households.

For instance, children consulted at endline in the **Philippines** expressed that through the assistance, they were able to pay their school fees, buy shoes, school uniform and supplies, and even pay off the family's debt. Many children also mentioned the positive effect of the assistance on their siblings (through an overall increase of basic needs coverage for the whole household), but only a limited number of them highlighted any changes relating to CEFMU.



In terms of intermediate effects, many households consulted as part of the 3-month follow-up mentioned that the assistance allowed them to pay back debt and tuition fees, which still has a positive effect on their lives now. Many of them also reported being able to invest in livelihoods inputs allowing them to grow their business and increase overall household income.

”

I will talk about the positive side in terms of projects related to Save the Children, which partially support microbusinesses. We are in Ain Shams and there are children at the age of 17 or 18 who have opened shops with the support of Save the Children, but the percentage is low. It may be 10% as far as I know. I mean, I can't get the exact percentage, but I know several people who have been able to carry on and support the project and open shops.

”

FGD withy parents and caregivers, females, endline, Egypt

”

For me what I like the most is about the learning sessions and Cash support because Here I learned the rights of our children and our rights (duties?) to our children. We also learned that it is forbidden to marry a girl early because a better education should be prioritized. We also learned how to budget money in the right way. Also because of the cash support we received, our daily needs were properly provided for and we also paid our debts and the children were also able to buy uniforms. The sessions are a big help to us because this is where we learned the meaning of child protection and we, the parents, must understand our children their rights are to avoid early and forced marriage, they must study well, and they graduate in college.

”

Interview with parents and caregivers, female, Datu Salibo, Philippines



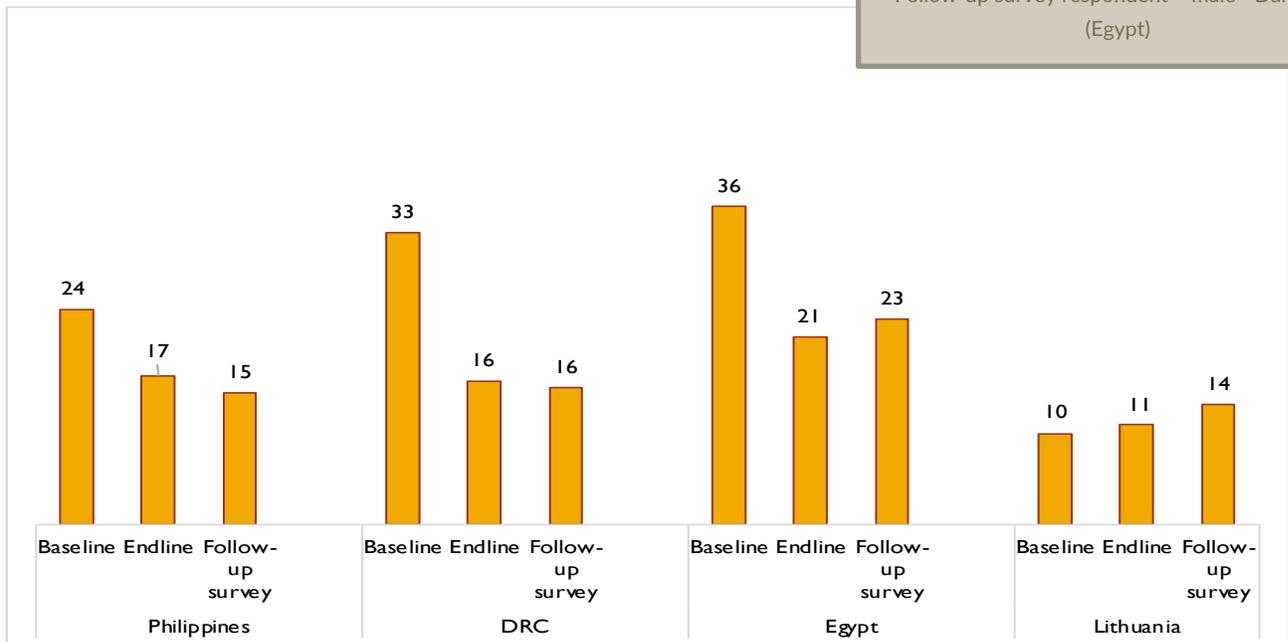
### Adoption of Negative Coping Strategies

The reduced Coping Strategies Index (rCSI) is a proxy indicator of household food insecurity. It considers both the frequency and severity of five pre-selected coping strategies that the household used in the seven days prior to the survey. It is a simplified version of the full Coping Strategies Index indicator. During the data analysis, for each coping strategy, the 'frequency' given by the respondent is multiplied by the assigned 'severity weight', thereby getting a 'weighted score' per each strategy. The scores of all assessed strategies are then added up to calculate the household's RCSI score. A high score means an extensive use of negative coping strategies and hence increased food insecurity (the maximum score for the RCSI is 56; this would happen if a household used all five strategies every day for the last 7 days). In addition to individual coping strategies and an average score of their aggregates, SC uses the Integrated Food Security Phase Classification (IPC) scale to determine whether families and children are demonstrating behaviours consistent with different severity of food insecurity.

A general decrease in all contexts in the adoption of food-related negative coping strategies is observed based on the average scores, except in Lithuania which could be linked to a smaller proportion of respondents reportedly receiving social benefits from Lithuanian or Ukrainian government at endline (71%) compared to baseline (79%). In all other countries, the reduction in the use of food-related negative coping strategies seems to have been sustained to some extent at least until 3 months post-assistance, except in Egypt. Seasonality did not appear to be a strong factor in the sustainability of results based on the opinions of the project team in the relevant countries, except in Lithuania where the start of winter led to a significant increase in the cost of utilities.

”  
I feel stressed from the financial situation for the past 3 months. I felt supported by the cash assistance but now it stopped. The cost of living is getting higher and the cost of education. I feel guilty that I can't fulfil the basic needs of the household  
”  
Follow-up survey respondent – male - Damietta (Egypt)

**Graph 2** Average rCSI Score at Baseline, Endline, and 3-month follow-up by country

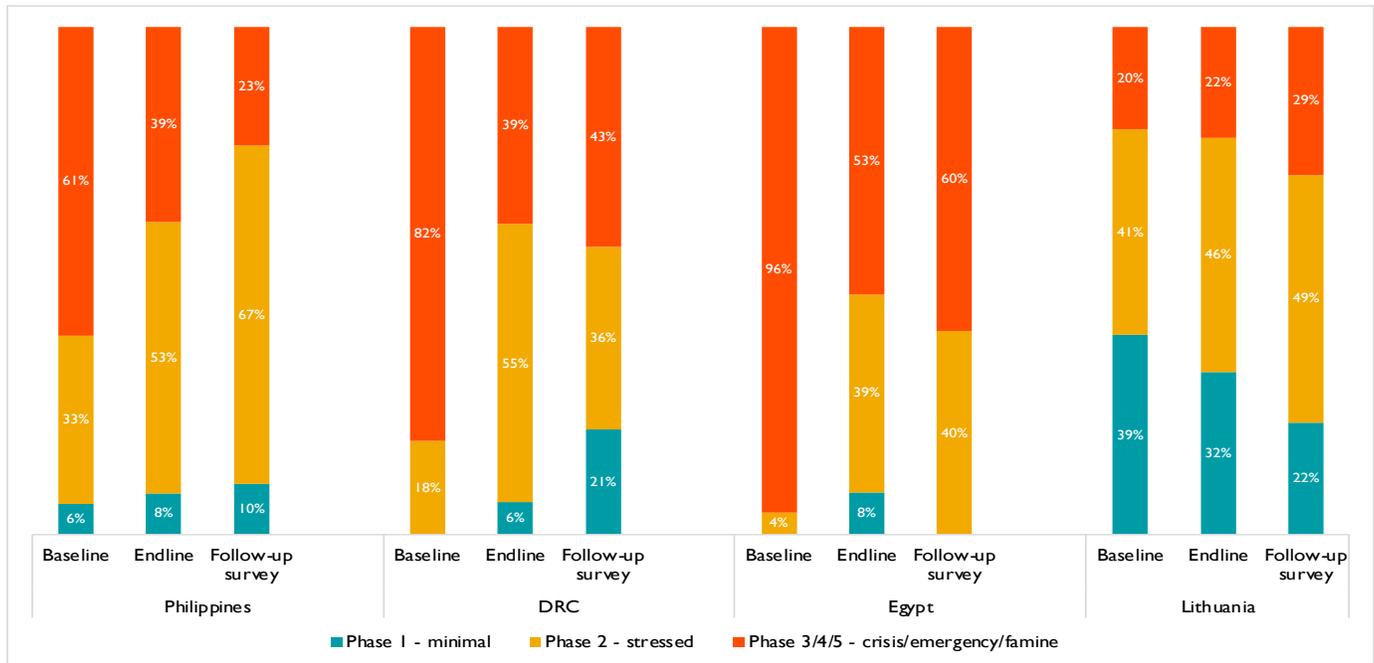


The following graph shows that at baseline, most households (60% or higher) in all countries except Lithuania (where the context differs greatly from the other three countries) were displaying characteristics consistent with IPC Phase 3 or worse (crisis/emergency/famine). At endline, the majority of households in the Philippines and the DRC moved into IPC Phase 2



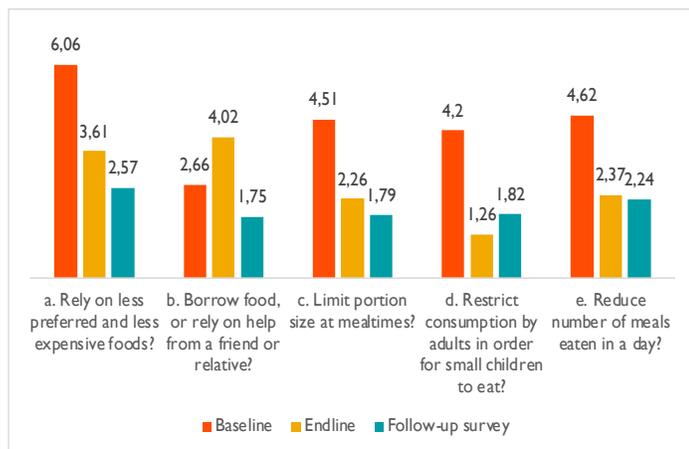
(stressed) or Phase 1 (minimal/secure). In **Egypt**, while the majority of households moved into IPC Phase 2, some regressed back to IPC Phase 3 or worse at the 3-month follow-up; however, it is also important to note that nearly all of the households (96%) in Egypt displayed characteristics consistent with IPC Phase 3/4/5 compared to the DRC and Philippines (82% and 61%, respectively) during the 3-month follow-up. Overall, a **significant reduction compared to baseline is observed across the three countries in the use of negative coping strategies following the project, except in Lithuania.**

**Graph3:** Proportion of households displaying characteristics consistent with each IPC Phase per rCSI scores at baseline, endline, and 3-month follow-up

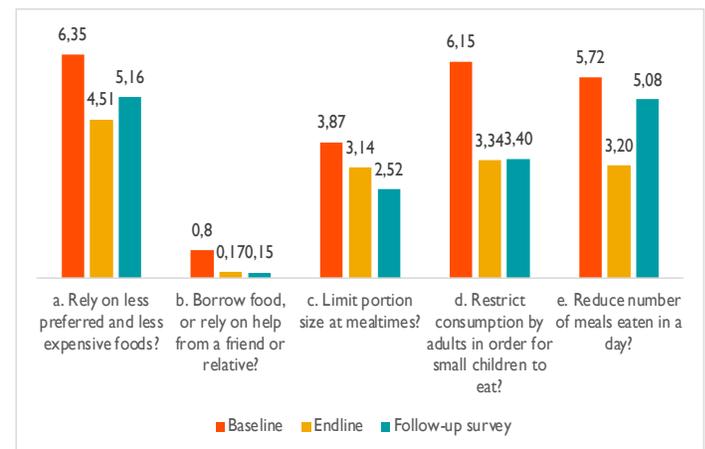


The following graphs shed light on which strategies were the most prevalent across countries. **The most frequently used coping strategies across all contexts (except in Lithuania) and time points were 'relying on less preferred and less expensive food', 'limiting portion size of meals' and 'restricting adults' consumption in favour of children'.**

**Graph 4:** Average number of days using each negative coping strategies in the **DRC**

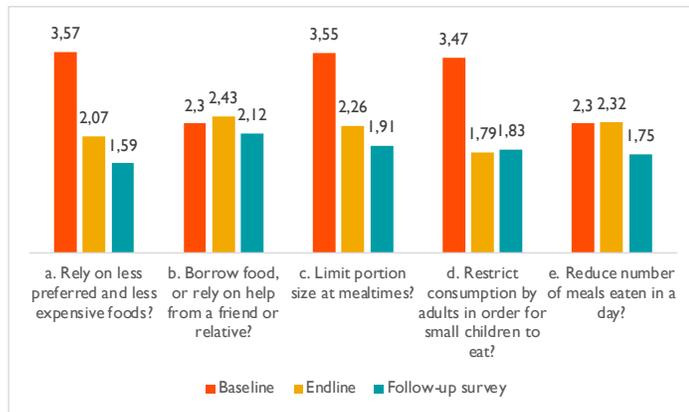


**Graph 5:** Average number of days using each negative coping strategies in **Egypt**

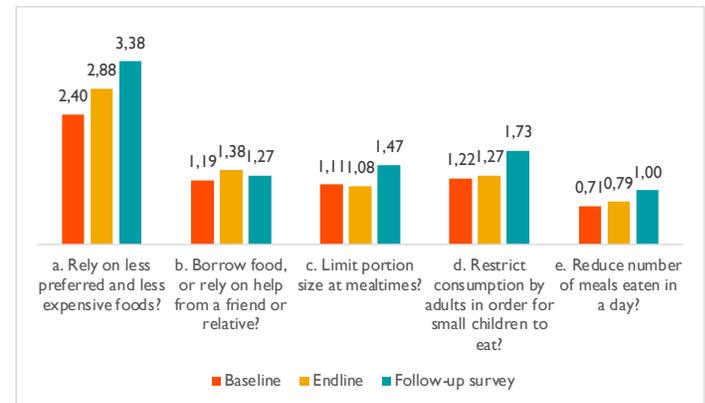




**Graph 6:** Average number of days using each negative coping strategies in the **Philippines**



**Graph 7:** Average number of days using each negative coping strategies in the **Lithuania**

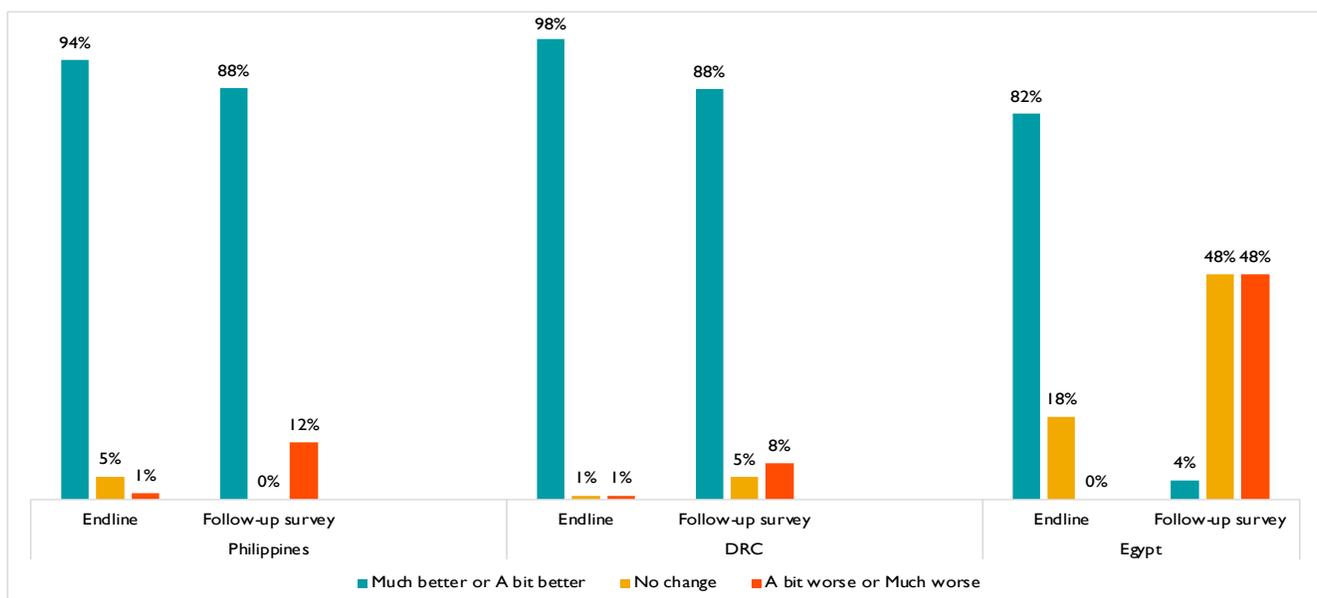


Although households across DRC, Egypt, and the Philippines reported using four out of the five strategies rather frequently at baseline, a significant decrease is observed at endline and 3-month follow-up. However, in Egypt, an increase in reduction of meals is observed 3 months after the end of assistance. Households in Egypt and Lithuania reported reliance on negative coping strategies due to a lack of financial resources to cover rent/shelter, school fees, and utilities (electricity, energy, waste disposal...) as well as water and sanitation facilities due to the urban nature of the context. In DRC and the Philippines, the focus was rather on buying food, paying school fees, and covering health expenses.

## Sense of Safety and Well-being

At endline, most households also reported that their children's safety increased significantly; however, this proportion decreased during the follow-up survey, especially in Egypt, which indicates these positive effects are short-term and additional assistance may be necessary to achieve the intended intermediate/long-term outcomes.

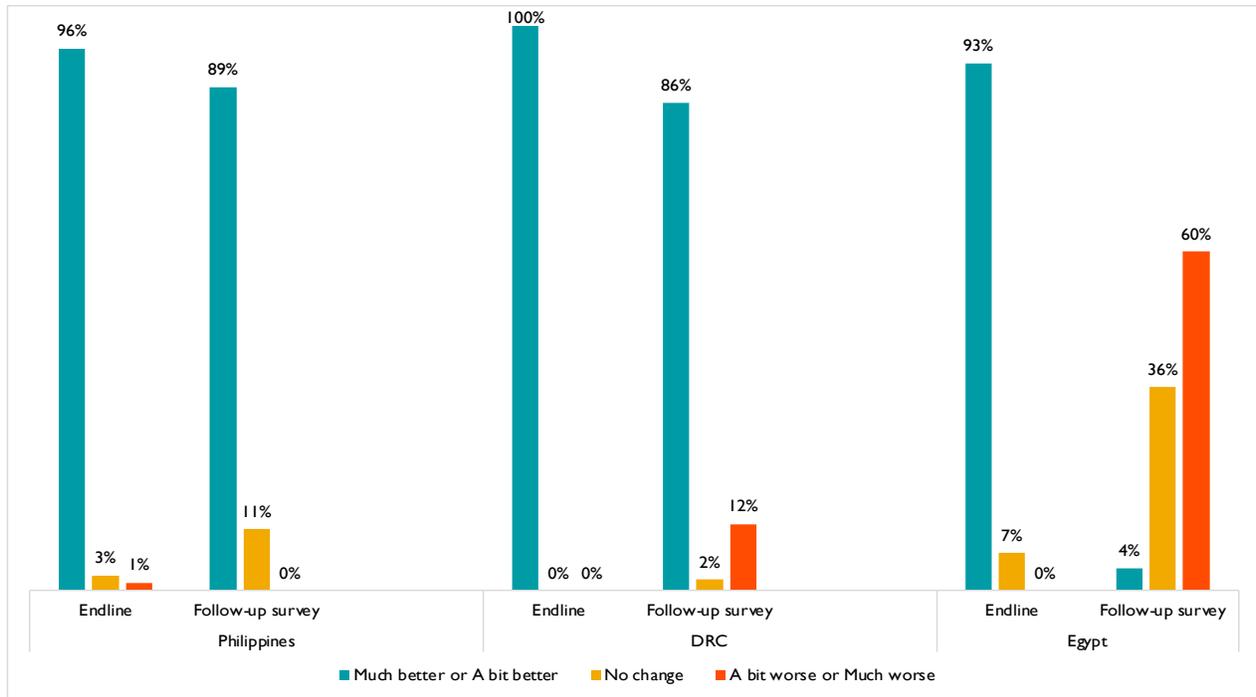
**Graph 8:** Proportion of caregivers reporting improvement/deterioration in their **child's safety** at the end of the project



Lastly, a similar trend is observed in the perception of caregivers of their children's well-being.

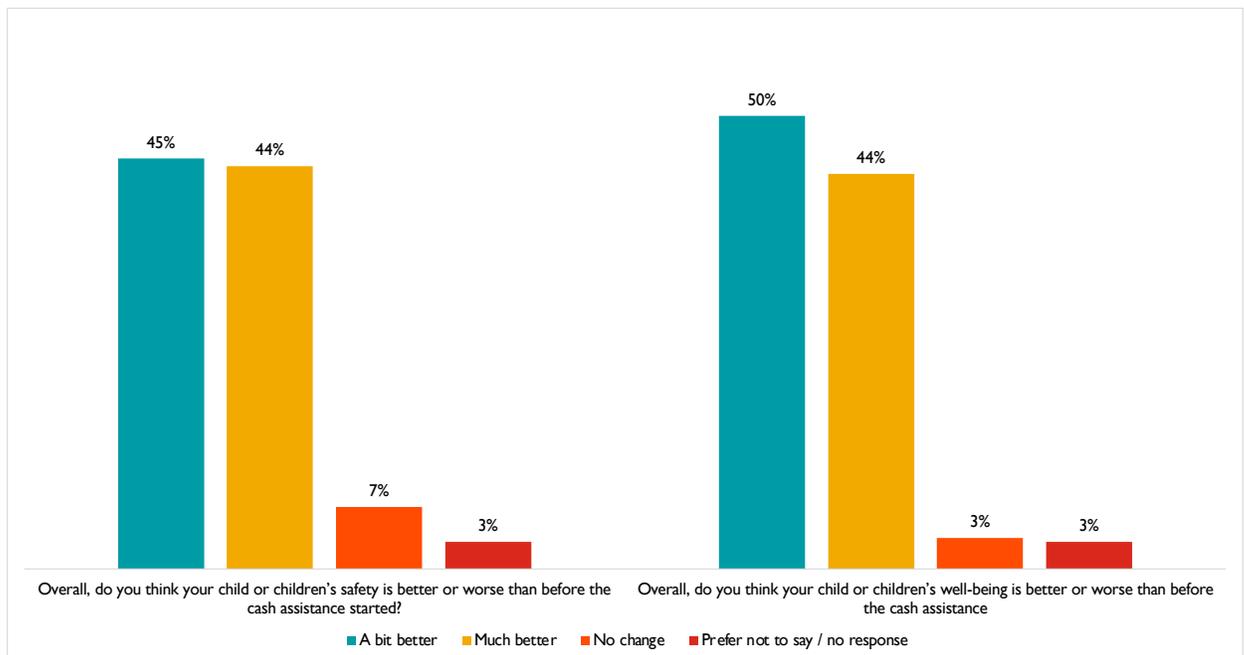


**Graph9:** Proportion of caregivers reporting improvement/deterioration in their **child’s wellbeing** at the end of the project



In **Lithuania**<sup>15</sup>, the majority of the caregivers reported that their child or children’s safety had been ‘a bit or much better’ than before the cash assistance started (90%) and that their children’s wellbeing improved since the assistance (94%).

**Graph 10:** ‘Perception of parents and caregivers on their child or children’s safety / wellbeing since the cash assistance started (endline - Lithuania)



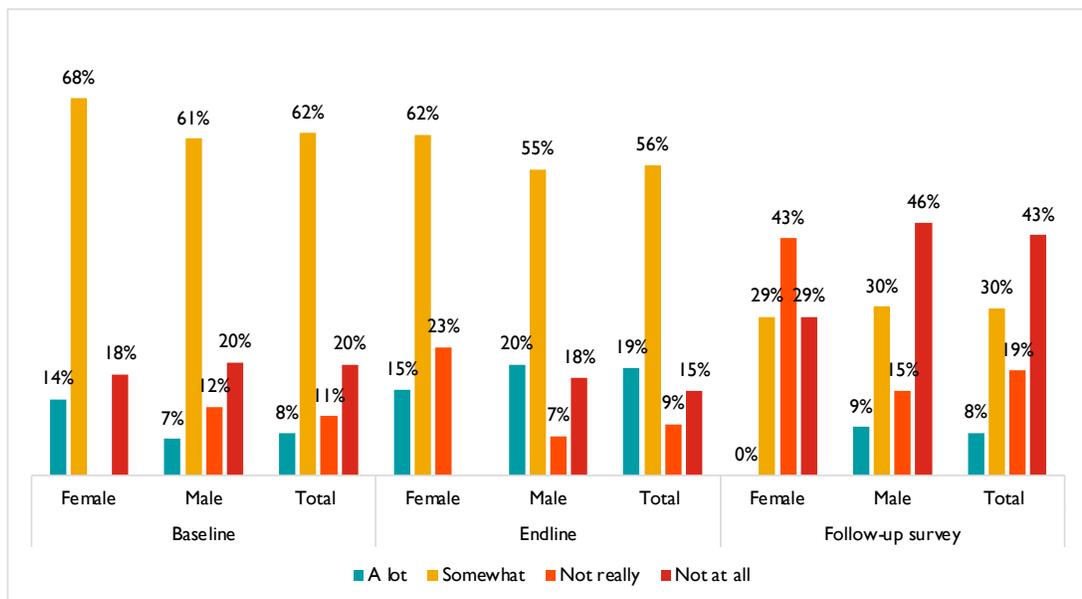
<sup>15</sup> Parents and caregivers only reported children’s safety and wellbeing at endline as those questions were not included in the follow-up survey in order to limit the length of the survey (disseminated remotely through phones).



However, as no follow-up survey was administered due to contextual reasons, the research cannot conclude on the sustainability of such improvements in the Lithuanian context.

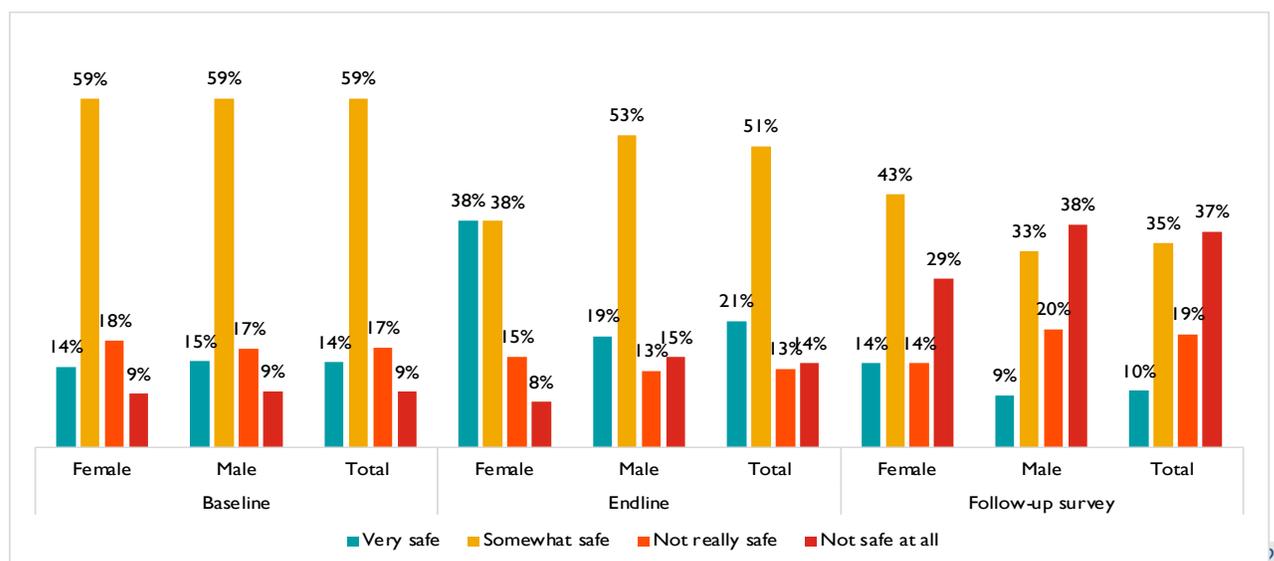
In **Egypt**, among the UASC consulted, an **overall increase in the level of trust in the community was observed** (used as a proxy indicator for child wellbeing and safety) **between baseline and endline** with 19% trusting people 'a lot' at endline compared to 8% at baseline. The increase was more significant for boys than girls. However, the **findings from the follow-up survey indicate a significant deterioration compared to baseline** with over half of them (62%) reporting 'not trusting their community at all or not really'. As aforementioned, this could be linked to sampling or contextual biases. It could be due to a perception that the CVA stopped when it was still vital.

**Graph11:** UASC level of trust in their community/neighbourhood (Egypt)



When asked about feeling safe in their community, nearly three-fourths (73%) of UASC reported feeling 'very or somewhat safe' at baseline and endline compared to less than half (45%) at 3-month follow-up. Interestingly, a marginally higher proportion of boys reported feeling 'not safe at all' compared to girls at each point in time.

**Graph12:** UASC Feeling of Safety in Their Community/Neighbourhood (Egypt)





Caregivers reported that sudden drop in income after the end of CVA associated with the general increase in prices had a negative effect on the perceived level of wellbeing and safety of children as it led adults and children to work in harsh conditions for marginal returns.

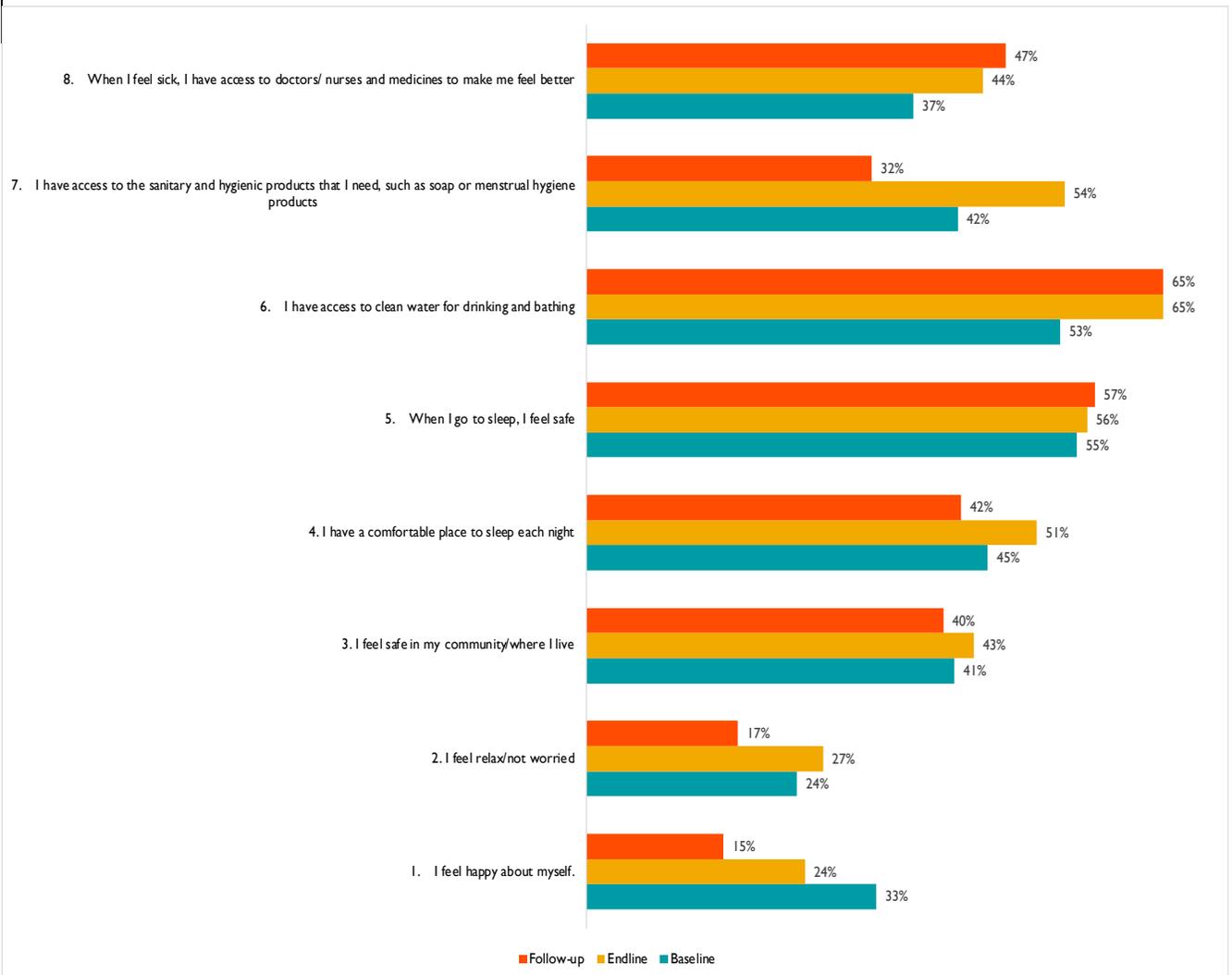
Lastly, UASC were asked to share their level of agreement with a series of wellbeing-related statements (see below). Although an **improvement in the UASC's general sense of wellbeing is observed at endline, a regression is observed during the follow-up survey** three (3) months after the endline, as also noted for other indicators. Access to potable water and medical care seems to be the greatest improvements in UASC wellbeing, which were sustained three (3) months after the last transfer. Access to sanitary and hygienic products strongly increased too but this improvement was not sustained. Most children asked about why they feel unhappy about themselves at endline mentioned **their limited ability to cover their needs and support their family still living in their place of origin** upon the end of assistance. Others reported working long hours in hard conditions and cases of violence and abuse.

”  
Because the children got used to having money at home during the cash assistance and then it suddenly stopped. The prices also got significantly up.  
”

Follow-up survey respondent – female - Alexandria

Therefore, the positive effects of CVA on the overall wellbeing of UASC in **Egypt** is only short-term and additional assistance may be necessary to achieve intermediate and long-term outcomes.

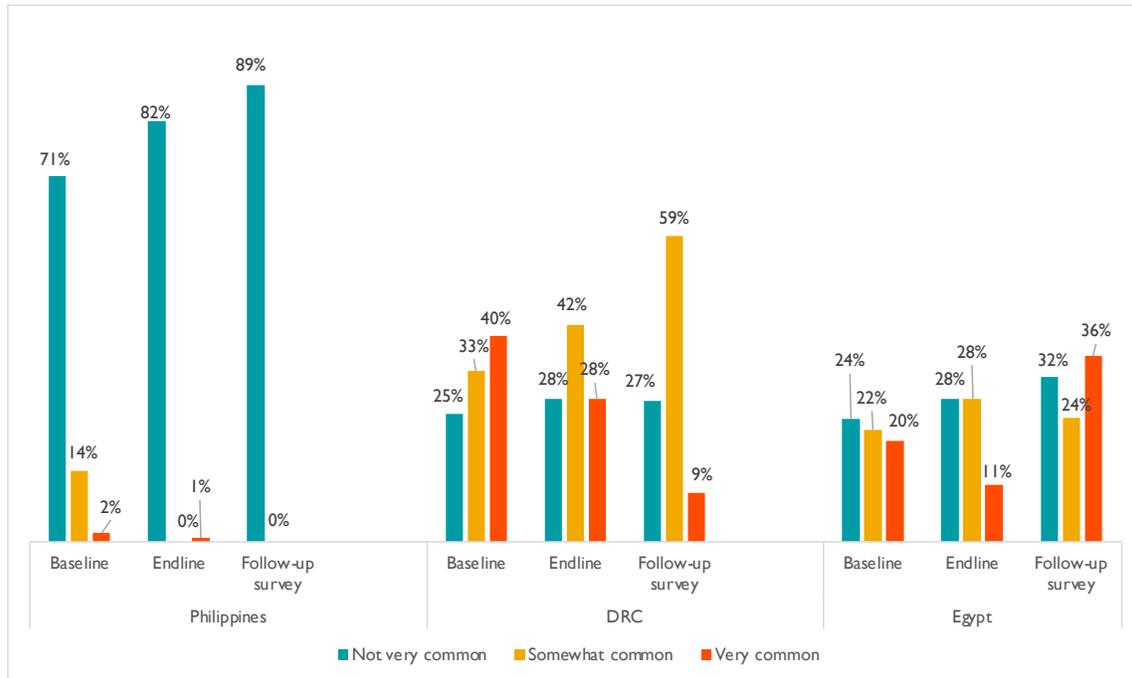
**Graph 13:** Proportion of UASC who ‘agree’ or ‘strongly agree’ with wellbeing statements (Egypt)





Lastly, the parents and caregivers were asked to share their perceptions around the prevalence of child neglect in their community in the Philippines, DRC and Egypt. The results are highlighted in the graph below. Parents were consulted on prevalence of various risks in their community mostly as a proxy to better understand exposure to risks in their households but asked in a more sensitive manner.

**Graph14:** Perception of parents and caregivers on the prevalence of child neglect<sup>16</sup> in their community'



A general decrease in the perception of child neglect is observed from baseline to endline in all countries; however, at the 3-month follow-up, a sharp increase is observed in Egypt. This would indicate that the effect of CVA on child neglect is sustainable to some extent, as is the case in the DRC and the Philippines. These results also align with the increase in households' ability to cover basic needs, which includes the child's physical needs.

<sup>16</sup> Neglect was defined in the tools as 'the inability of the caregivers to meet a child's emotional and physical basic needs (such as the failure to provide adequate supervision, health care, clothing, or housing, as well as other physical, emotional, social, educational, and safety needs.)

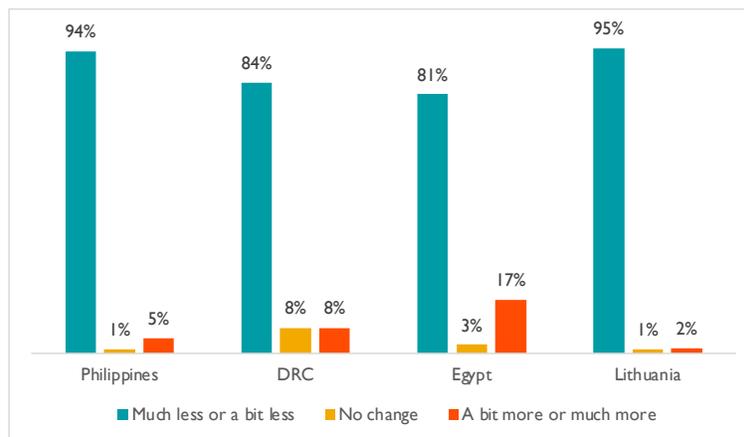


## Effects of the CVA on parental stress, exposure to violence and on child distress

As part of the child wellbeing indicators monitored across countries, the study also looked at caregivers' reported stress levels and their perception regarding the safety and wellbeing of their children. Various studies have shown for instance that "parental wellbeing, family self-sufficiency, and family resilience have been reported to improve family wellbeing including developmental parenting and child wellbeing. Stress [...] was shown to play a critical role in parenting as well. High levels of parenting stress have negative impacts on infants and children's outcomes."<sup>17</sup> Studies have also shown that higher parental stress levels can be associated with more physical violence against children.<sup>18</sup>

**At endline, the majority of caregivers reported feeling significantly or slightly less stressed since receiving CVA, because it resulted in increasing the household's ability to cover its basic needs across all countries.**

**Graph15:** Perception of parents and caregivers' levels of stress and anxiety since they have been receiving the cash assistance



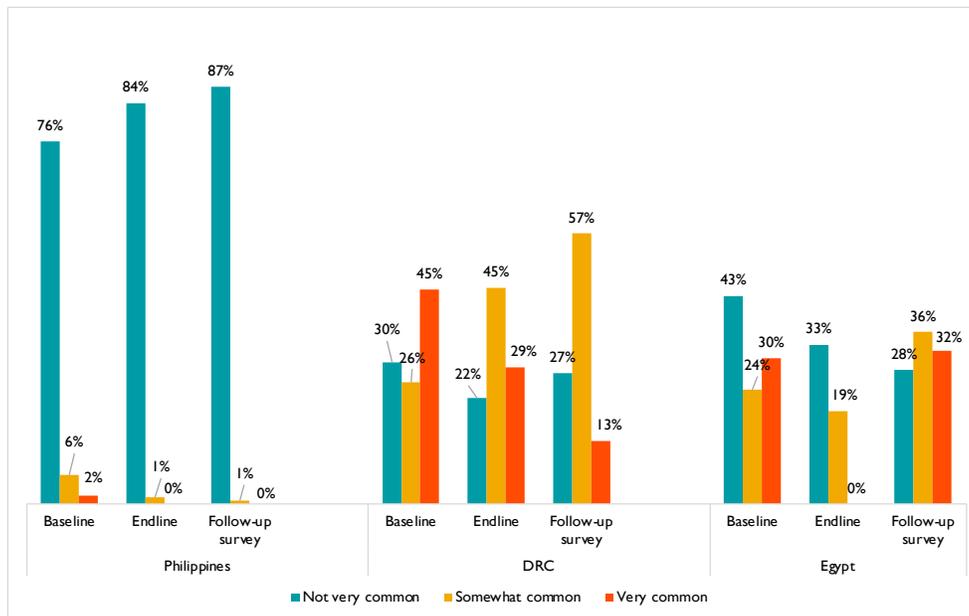
Exposure to violence has also been assessed through parents and caregivers' perceptions around the prevalence of violence (physical, emotional, sexual) against children in their community in the Philippines, the DRC and Egypt.

<sup>17</sup> Lakkis NA, Osman MH, Aoude LC, Maalouf CJ, Issa HG, Issa GM. A Pilot Intervention to Promote Positive Parenting in Refugees from Syria in Lebanon and Jordan. *Front Psychiatry*. 2020 Apr 7;11:257. doi: 10.3389/fpsy.2020.00257. PMID: 32372979; PMCID: PMC7179657.

<sup>18</sup> Geprägs, A., Bürgin, D., Fegert, J.M. et al. Parental stress and physical violence against children during the second year of the COVID-19 pandemic: results of a population-based survey in Germany. *Child Adolesc Psychiatry Ment Health* 17, 25 (2023). <https://doi.org/10.1186/s13034-023-00571-5>



**Graph16:** Perception of parents and caregivers on the prevalence of violence (physical, emotional, sexual) against children in their community<sup>19</sup>

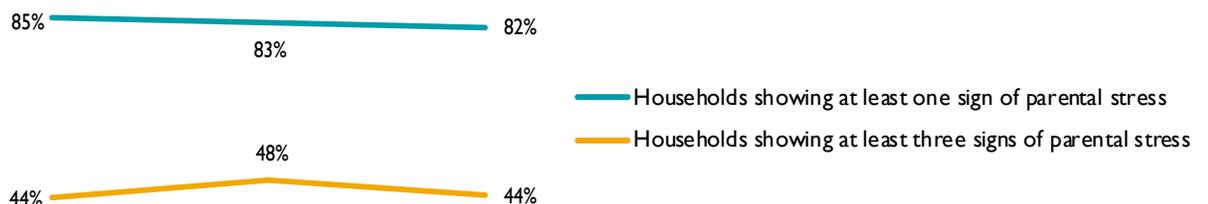


As for child neglect, an overall decrease is observed in caregivers' perceptions around the prevalence of violence against children in their community, except in Egypt. However, there could be a social desirability bias at play here as none of the interventions directly targeted violence against children (especially in the Philippines).

Violence prevalence was not measured directly in Lithuania, but different wellbeing factors were measured as a proxy: levels of tension in the selected household and signs of parental stress.

In **Lithuania**, parental stress remained rather constant with 83% at endline compared to 85% at baseline showing at least one sign of stress, and 48% at endline compared to 44% at baseline showing more than 3 signs of parental stress. Results from the 3-month follow-up survey remained equally constant.

**Graph 17:** 'Since you have been receiving the cash assistance, have you been feeling more or less stressed and anxious?' (endline - Lithuania)



<sup>19</sup> In this graph, the proportion of respondents responding 'I don't know', 'No answer' or 'Not relevant' has been hidden in order to improve the clarity of the graph. This is why some of the totals do not equal to 0.



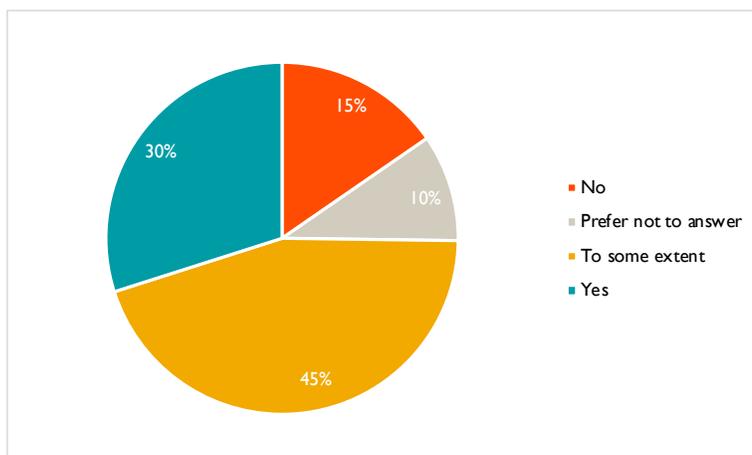
The following table shows that feeling that parents were not doing enough for their children was the most prevalent sign of stress.

**Table 5: Most common self-reported signs of parental stress over the last 30 days at baseline and endline (Lithuania)**

	Baseline	Endline	Follow-up survey
You sometimes worry whether you are doing enough for your children.	75%	67%	75%
Feeling that you were not able to provide the emotional support and attention needed by your child/children	47%	48%	42%
You did not know what to do when your child misbehaved	42%	42%	39%
Caring for your children sometimes takes more time and energy than you have to give.	42%	37%	38%
Caring for your children leaves little time and flexibility in your life.	27%	29%	33%
It was difficult to balance different responsibilities because of your children.	26%	30%	31%
Your children were a major source of stress in your life.	7%	8%	10%

As expected, based on the graph above, **prevalence of most signs of stress remained constant across the period.** Nonetheless, **75% of households in Lithuania reported that CVA improved relations/reduced tensions between the family members.** This could be associated to caregivers increased ability in managing a child misbehaving as highlighted in the table above but also in the increased ability of caregivers to provide emotional support to their children. It could also be due to fears that the cash assistance will stop if they disagree.

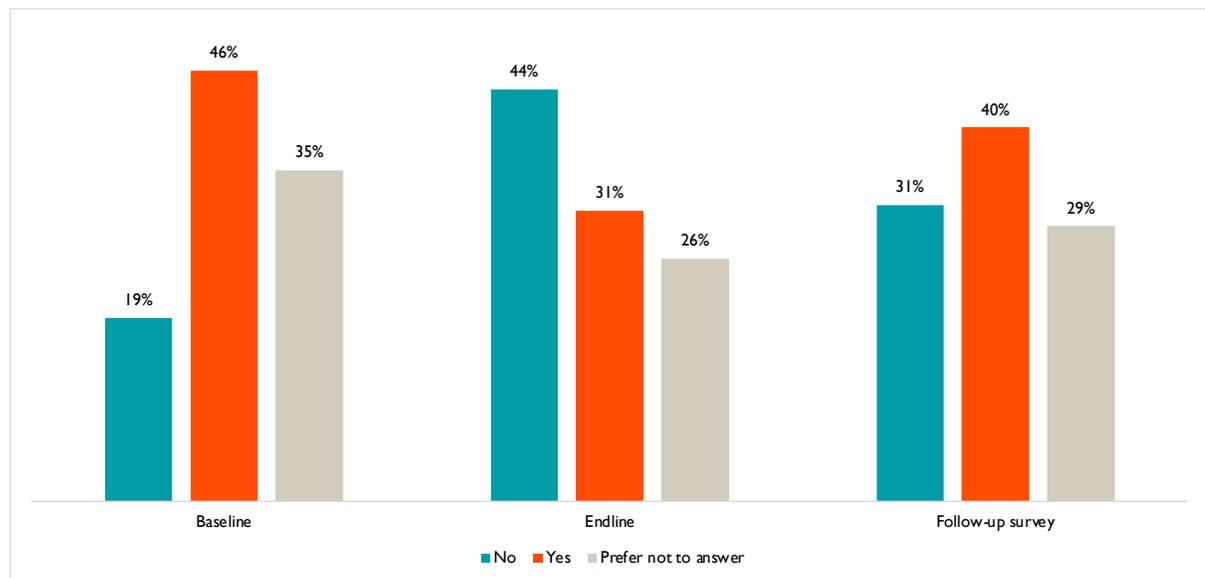
**Graph 18:** Perception of parents and caregivers on whether the cash assistance improved relations/reduced tensions between the family members within their household (endline - Lithuania)





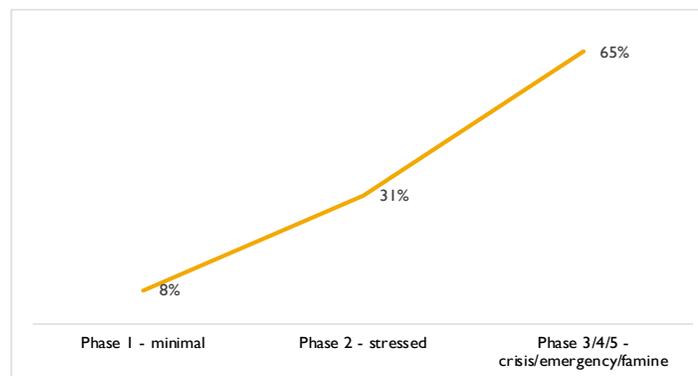
A reduction of 15 percentage points is observed in the proportion of households who reported that lack of financial resources to meet basic needs led to tension in their household during the past 30 days, from 46% at baseline to 31% at endline. However, this proportion increased to 40% during the follow-up survey, which could be expected considering the immediate effect cash assistance had on household’s ability to meet needs and once the cash stopped, the stressors returned.

**Graph 19:** Perception of parents and caregivers on whether the lack of financial resources to meet basic needs led to tension in their household during the past 30 days (Lithuania)



Among the respondents who reported that the lack of financial resources led to tension in their household, for around 25% of them (both at baseline and endline) tension led to conflicts among adults, while for around 20% of them (both at baseline and endline) tension led to conflicts between children and adults. The disaggregation of households per rCSI category as a proxy for economic vulnerability seems to indicate a strong correlation between tensions linked to ability to meet needs and economic vulnerability as displayed below.

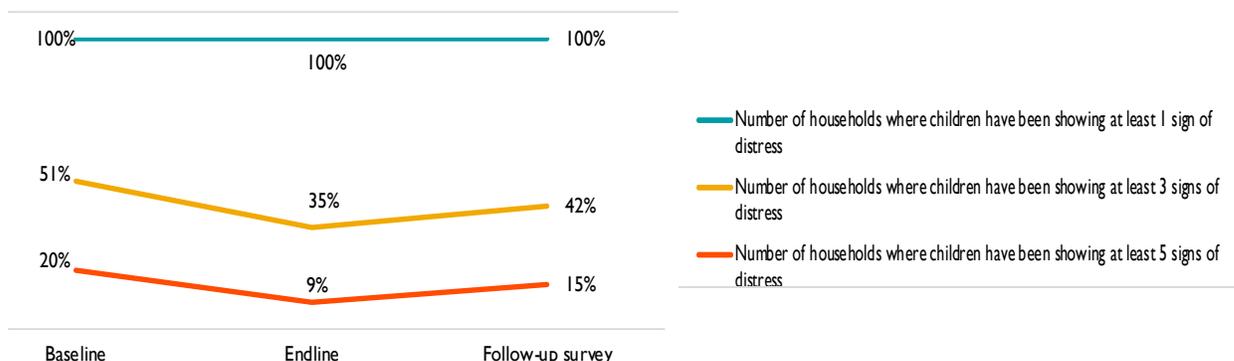
**Graph 20:** Proportion of households per rCSI category acknowledging that the lack of financial resources to meet basic needs led to tension in their household during the past 30 days (Lithuania)



In Lithuania, the study also explored the potential **links between the cash assistance and signs of distress among children within the selected households**. While the proportion of households where children were showing at least one sign of distress remained stable at 100%, the data shows an **overall decrease in the proportion of children showing at least 3 and at least 5 signs of distress over the past month** as displayed below. These proportions decreased quite significantly at endline but increased slightly again during the follow-up survey.



**Graph 21:** Proportion of children who have been showing at least one, three and five signs of distress over the last month (Lithuania)



The following table presents the signs of distress that correspond to this indicator and how they fluctuated during the course of the project. An overall decrease in the prevalence of almost all signs is observed at endline which seems to indicate a positive effect of the assistance on child distress. **The most prevalent signs of distress identified by caregivers were higher irritability and changes in sleeping/eating patterns.** While those signs remained the highest ones at endline and during the follow-up survey, an overall decrease is observed, which was marginally sustained during the follow-up survey. However, some of the signs were more prevalent at follow up stage than they had been at baseline, which could be due to the protracted nature of the crisis.

**Table 6:** Identified signs of distress among children by their caregivers over the last 30 days (Lithuania)

	Baseline	Endline	Follow-up survey
Changes in sleeping and eating patterns	49%	31%	36%
Higher irritability	48%	34%	39%
Clinging to their caregivers more than normal for younger children/ demanding more attention for older children	36%	36%	38%
More afraid of things	35%	18%	23%
More frequent crying	30%	24%	23%
More anxious and worried	26%	12%	17%
Poorer concentration	21%	19%	18%
Less smiles and general happiness	19%	11%	15%
Becoming more inactive (less playing) or more hyperactive	16%	12%	18%
More aggressive	14%	10%	17%
Increased physical symptoms of not feeling well (shaking, headaches, loss of appetite, aches, and pain)	13%	10%	13%
Regressing to former (younger) behaviors	8%	5%	13%
Stop or less talking	5%	4%	6%

# CVA & Child Protection Study

February 2024 – DRC, Egypt, Lithuania & Philippines



Save the Children®

Overall, as expected, **CVA greatly improved the ability of households to cover their basic needs which led to overall improvement in children's wellbeing.** This was especially observable in the DRC and the Philippines, where caregivers reported significant improvements in their levels of stress, in children's wellbeing, and in their ability to cover household's basic needs. **In Egypt, inflation during the life of the project negatively affected households' ability to cover their needs and cope with stress leading to decrease in overall wellbeing.**

**In Lithuania, caregivers have been subjected to high levels of stress due to their recent displacement from Ukraine, and CVA seemingly had a positive effect on reducing parental stress and on perceptions around the prevalence of violence against children.** In a crisis response like the Ukrainian crisis in Lithuania, CVA has also had a positive effect on signs of child distress and tension within the households. Those positive effects were short-term, however, as some regression was observed during the 3-month follow-up.





### Effects of the CVA on child labour & recruitment into armed forces and groups

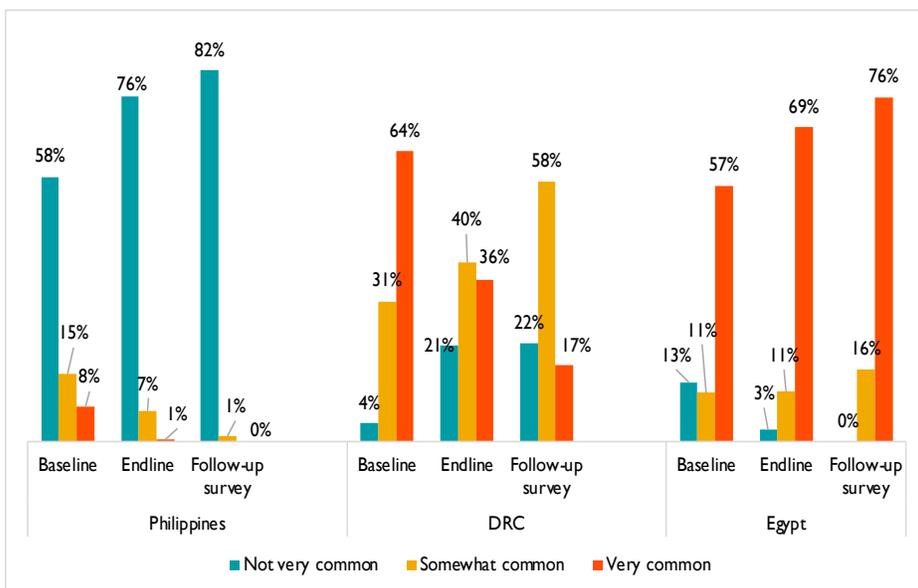
#### Key findings:

CVA has contributed to reducing the number of cases of child labor and number of hours worked in the DRC and Egypt during the study period, especially among children under 14 years old. While those positive results were sustained 3 months after the last transfer in the DRC, it was not the case in Egypt. CVA did not have an effect on the type of work undertaken by children or exposure to risky working environments. In the DRC, CVA also had a positive effect on the reintegration of ex-CAAFAG into their community and limited exposure to recruitment risks, which is often driven by poverty and lack of economic opportunities.

#### Effects of the CVA on Child labour

Child labour was assessed in all four countries using different indicators. The first one was the perception around the prevalence of child labour in the communities in all countries except Lithuania, as used for the other child protection risks. An overall decrease is observed in the perceived prevalence of child labour in the DRC and the Philippines. Only Egypt<sup>20</sup> (where households engaged in child labour were the primary target of the pilot project) is showing an increase, as for most other indicators.

**Graph22:** Perception of parents and caregivers regarding the prevalence of child labour in their community



“

We have children working to clean facilities and buildings, or carry furniture and household appliances from the trucks and load supplies to the trucks. But this is on vacation. Of course, they are all young, to be honest, 12-13 years old. The problem is not at an early age. The problem is in their working hours. They come pick them up at 7 in the morning and bring them back at 6 in the evening, they put on 60 pounds a day, and the work is exhausting. Sometimes you can see a little girl, 14 years old or may be younger, but her mother is ill and unable to work in Ain Shams and Maadi. In addition to this lady, the girl has to work to help her sick mother and she gets overwhelmed with work and gradually she may develop anaemia because three-quarters of them don't eat, or have only breakfast which is just a Cheese sandwich.

”

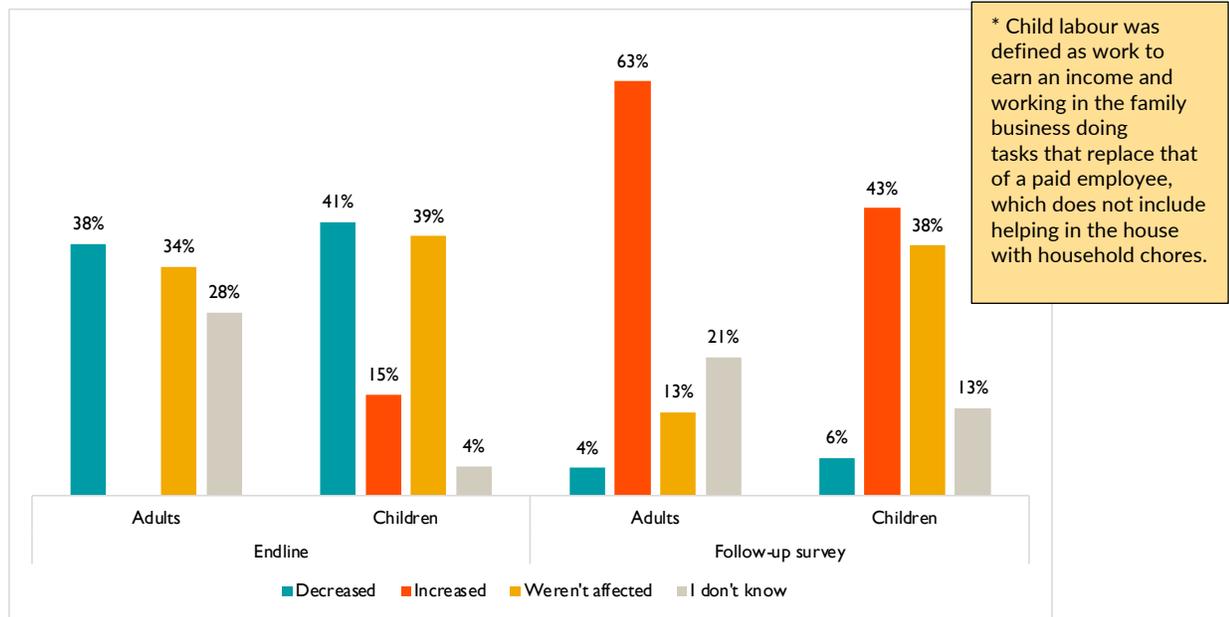
FGD with parents and caregivers, females, baseline, Egypt

<sup>20</sup> Child labour in Egypt is explored in more detail in this section.



Despite the results above, in **Egypt**, the majority of cash recipients (both adults and UASC) at endline believed that child labour decreased since the cash assistance started. However, this trend was not confirmed during the follow-up survey, probably due to contextual factors as stated previously (see section 0). In the qualitative interviews, project participants shared that the assistance had a positive effect while disbursement were ongoing, helping children to work less but as soon as the assistance stopped, and especially considering the onset of inflation, their situation deteriorated quite rapidly.

**Graph23:** Perception of respondents (caregivers and UASC) on whether child labour\* increased or decreased since Save the Children's project



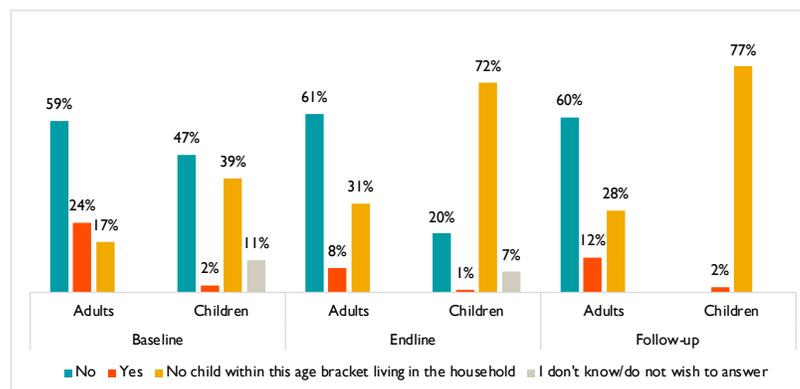
In addition, households in all countries were asked whether children within their household had to work over the last 30 days at baseline, endline, and during the follow-up survey.



In **Egypt**, the data was analysed in more detail and further disaggregated as child labour was the key CP risk being evaluated. Results are disaggregated based on the type of cash recipient (caregivers or UASC) as well as presented separately for children under 14 and children of 15-17 years of age.

**A marginal decrease is observed in the proportion of children engaged in child labour between baseline and endline**, as reported by both the caregivers and UASC. During the follow-up survey, a reduction in child labour among children under 14 is observed compared to baseline, while an increase in observed among children 14-17 years of age.

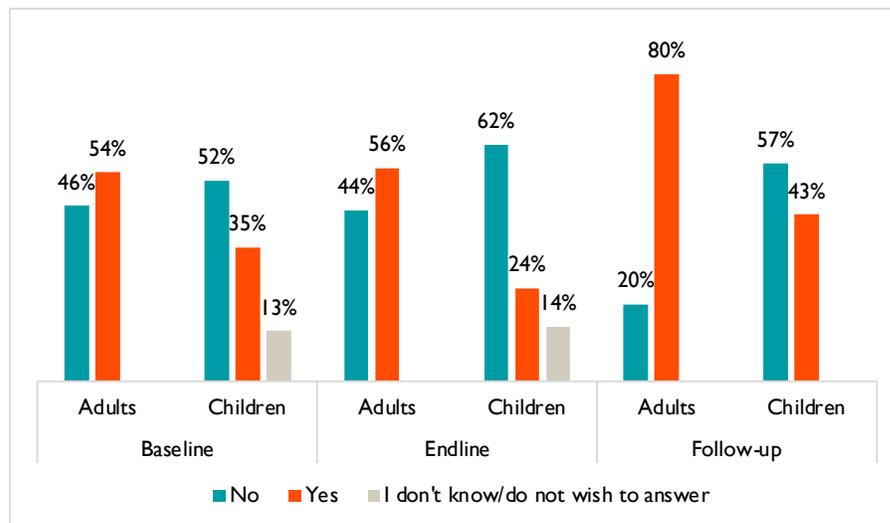
**Graph 24:** Percentage of households with at least one child under 14 years old working within the household in the last 30 days (**Egypt** – parents and UASC survey)





In total, at baseline this represented 28 children under 14 years old and 5 children at endline, and 117 children 14-17 years old at baseline and 48 at endline. The increase in the number of children 14-17 years of age engaging in child labour three (3) months after the end of assistance could be due to the panel design of the survey, which follows the same individuals over the life of the study. It is plausible that children who were under 14 at the start of the project celebrated a birthday during the implementation or after the end of the intervention; these children would then have transitioned into the '14-17 years old' group.

**Graph 25:** Percentage of households with at least one child between 14 and 17 years of age working within the household in the last 30 days (Egypt – parents and UASC survey)



Both caregivers and UASC stated covering households' basic needs as the only reason for participating in child labor, except for one UASC who shared they were working because school was closed. **Children below 14 were mostly employed as labourers or domestic workers. Older children were more engaged in trading/production or selling handcrafts, clothes, food, or agricultural products, scavenging, or working as labourers in the garment and textile industry.**

The caregivers survey shows a general decrease in the average number of hours worked by children per weeks with a decrease from 82 to 60 hours and then to 63 hours per week, on average, during the follow-up survey among children over 14 years old and from 52 hours, on average, at baseline to 36 hours at endline and back to 54 hours during the follow-up survey for children under 14 years old. The baseline data also showed that in most cases, children were engaged in high-risk labour, which required them to carry heavy loads, exposed them to extreme temperatures and unsafe heights.

An overall decrease is also observed in the proportion of households reporting reliance on children's income to cover their basic needs, especially for children below 14.

Among caregivers who mentioned that none of the children living with them were working, most respondents acknowledged that CVA mitigated the need for child engagement in child labor.

**Table 7:** 'Did the CVA help them stop working?'

	Adults survey		Adolescents survey	
	Children under 14	Children between 14 and 17 years old	Children under 14	Children between 14 and 17 years old
Yes	91%	80%	58%	64%
No	9%	20%	42%	36%



Consulted UASC through FGDs or story telling interviews shared how they used the CVA. Most of them reported **using the money to pay their rent and utilities, buy food and cover some of the school fees**. In terms of labour, most children were still working but some managed to **temporarily stop working while receiving CVA or cut back the number of working hours**. Many children had also borrowed money from friends and relatives and managed to pay their debt with the assistance. However, adults consulted at endline drew quite a bleak picture of the situation for their children who continued working under difficult conditions (minimum 12 hours a day for 7 days a week) even after receiving CVA as the amount was considered insufficient compared to the costs of education and the needs of the households. They also describe how youth in their community see no future or work opportunities for them in Egypt and often consider illegal immigration. One participant also mentioned that 2 of their 3 children stopped working while receiving CVA from SC but returned to work once the assistance stopped.

FGD participants were also consulted around a rubric which was created as part of this research (see Appendix II: Country-specific rubrics) and asked to share which description was the closest to the situation of most families in this communities. At baseline, FGD participants rated their communities at a level four corresponding to high risk of child labour, which indicates that lack of financial resources lead families to put a small pressure on children to bring in income, including pushing over 14 years old children to finish their education and start working and including through degrading or dangerous forms of labour (exposure to security or health risks, begging, sexual activities...). However, children under 14 are usually staying within their families and attending school. They sometimes provide support to their parents' income generating activities outside of school time.

Although, it varies by district, as according to respondents there are high-risk areas where the population density is fairly high and where level 5 ('very high risk') Appendix II: Country-specific rubrics(?) was considered more appropriate. For example, in the Ain Shams district, the refugee density is very high and child labour was described as high. However, in other areas, such as Maadi, there are educational centres and civil society that provide services for this group, so the problem of child labour was described as less acute. Nonetheless respondents described a situation where most of the time, parents ask their children to drop out of school as they cannot afford it. Children have the pressure to leave school and start helping their family with additional incomes very early due to difficult economic conditions they live in.

At endline, most consulted community members still rated their environment as highly risky.

“

-When there was the assistance, I didn't work and the allowance was sufficient, yet now if we don't work, we won't be able to live. So, the cash assistance helped us a bit.

”

FGD with UASC, males, endline, Egypt

“

The child can work as a hairdresser. My second son, who is 9 years old, works as a supermarket delivery guy.

Sometimes I dread the thought that when he delivers supplies to a house, someone drags him into the apartment and assaults him.

My third son (14 years old) is in a mobile shop. They do not want me to keep working as cleaner. They are angry and want me to stop working. But I can't.

”

FGD with parents and caregivers, females, baseline, Egypt



“

Yes, honestly, during the period of the assistance, my son stopped working. I made him stop working as he started to focus on his study as he found the alternative (the assistance) for his work. I, as an Ahlam, said to him, "Focus, as I found something that would replace your work." He, indeed, returned to repeat the year as he failed the first term, yet I said to him, "No problem and don't be sad." However, and as they said, after the assistance stopped, I had to search again for a job for him to go to. The assistance made us live in a peace of mind and helped me secure the basic needs of the house, especially for my children.

”

FGD with parents and caregivers, females, endline, Egypt

“

For me, they continued their work, but they reduced the working days to two days per week. They took a day off or once a week, because the employer does not agree to allow them to take more days off, as he didn't want to dismiss them. At that time, we took a day off and the session was postponed. He deducted two days from him. I mean, the session was postponed and I wasn't informed.

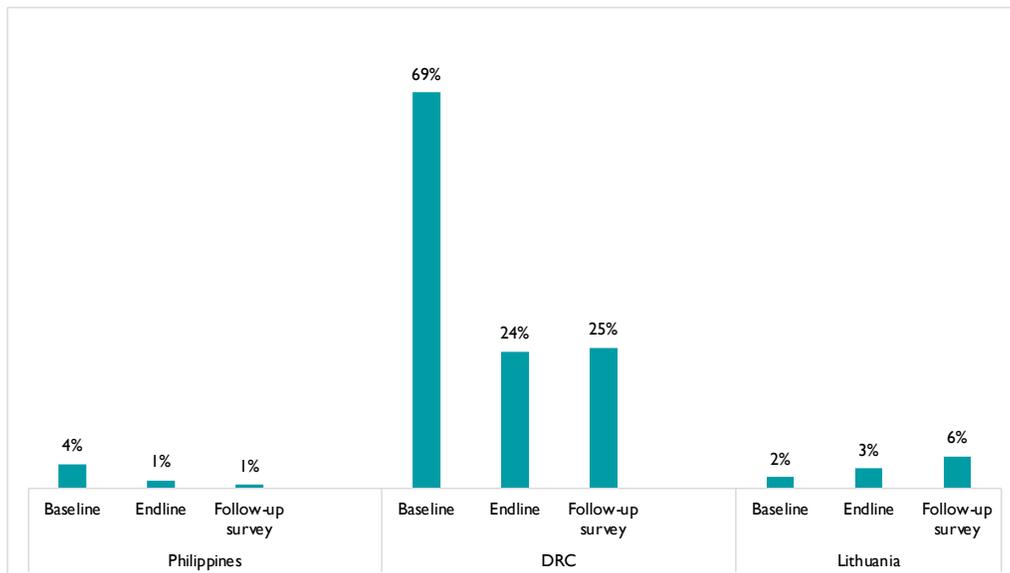
My children reduced their work a lot. They started to rest at home and have a piece of mind. They started to laugh and smile and our home started to have joy.

”

FGD with parents and caregivers, females, endline, Egypt

The main results on child labour from the Philippines, the DRC and Lithuania, where child labour was less of a focus, are presented in the graph below.

**Graph26:** Percentage of households with at least one child under 18 years old working within the household in the last 30 days (parents and caregivers surveys)



In the **DRC**, nearly two-thirds (69%) of the households at baseline indicated that **at least one child had worked in the last 30 days**; this proportion decreased significantly (to 24%) at the end of the project. In total, this represented 308 children at baseline, with around 38% under 15. At endline, there were 75 children, 31 of whom were under 15. During the follow-up survey, there were 72 children.



At the time of the follow-up survey, the child labour rate was more or less the same as at the endline, which would seem to show that the assistance had a relatively intermediate effect. According to the focus groups with adults, children generally start work around the age of 10, partly in response to social pressure to prove that they are skilled and capable. The focus groups also revealed that in some cases, community members tended to look for the cheapest labour by using children in exchange for in-kind remuneration.

Farming was the main activity practised by children (94% at baseline and 80% at endline), followed by manual labour and domestic work. In majority of cases, **children were involved in high-risk jobs** that required them to **carry heavy loads** (70%), exposed to extreme climate conditions (60%), dust, smoke or gas (50%), work with **dangerous tools** (50%) and/or work at **unsafe heights** (20%). In nearly two-thirds (60%) of cases, at both baseline and endline, **children were exposed to at least three (3) risks/unsafe working conditions**. In terms of the number of hours worked, no significant change was observed from baseline to endline; children work around 20 hours per week on average at baseline, endline and during the follow-up survey.



In **Lithuania**, the data did not show any major change related to the number of households reporting that their children had to work in the 30 days prior to the survey, with around 2% at baseline, 3% at endline and 6% during the follow up survey.

The primary types of jobs children were reportedly involved in included manual labour; trade/ production or selling handicrafts, clothes, food, or agricultural products; performing domestic work; or working in nail salons. On average, children were reportedly working 7 hours weekly at baseline, 12 hours at endline, and around 8 hours at the time of the follow-up survey. In two (2) cases at baseline (two children working as labourers), they were exposed to dust, fumes or gas, extreme cold, heat or humidity or had to carry heavy loads. At endline, three children were also exposed to the same risks. During the follow-up survey, 1 child was carrying heavy loads, another one was working with dangerous tools, another exposed to loud noise and vibration and 3 of them exposed to extreme cold, heat or humidity.



In the **Philippines**, at baseline, 4% of households reported that at least one (1) child had engaged in an income generating activity in the past 30 days compared to 1% at endline and during the follow-up survey. At baseline, this represented 14 children with nine (9) children under the age of 15 years. At endline, this represented two (2) children between the ages of 5 and 11 years. During the follow-up survey, this included 1 household with 3 children of 13, 15 and 17 years of age.

The primary reason reported for children engaging in income generating activities was to cover household's basic needs. Agriculture was the main activity undertaken by children, followed at baseline by domestic work and in few cases laborers and trading/ production or sell handicrafts, clothes, food, or agricultural products. The baseline data also showed that in three (3) cases, children were engaged in unsafe/high risk activities that required them to work at unsafe heights in one (1) case; exposed to cold, heat or extreme humidity in another (1) case; and exposed to extreme cold, heat or humidity in a last case (1). At endline, none of the two households where children had an income generating activity reported that those children engaging in unsafe/high risk activities. During the follow up survey, the household that reported that children engaged in child labor explained that those children were doing agricultural work and were exposed to chemicals and extreme temperatures. At baseline, children were spending approximately 20 hours working, 2,5 hours at endline and 4 hours during the follow-up survey.



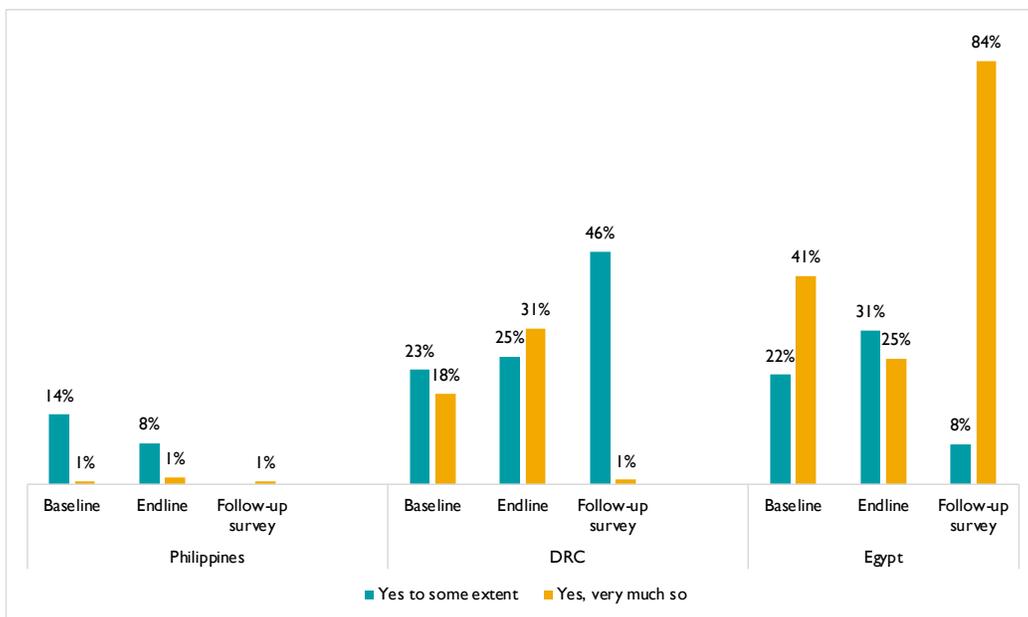
In the **DRC**, overall, **a positive change is observed at endline and follow-up survey**. This general trend in the DRC could be linked to the fact that the targeted population in the DRC were earning the lowest income



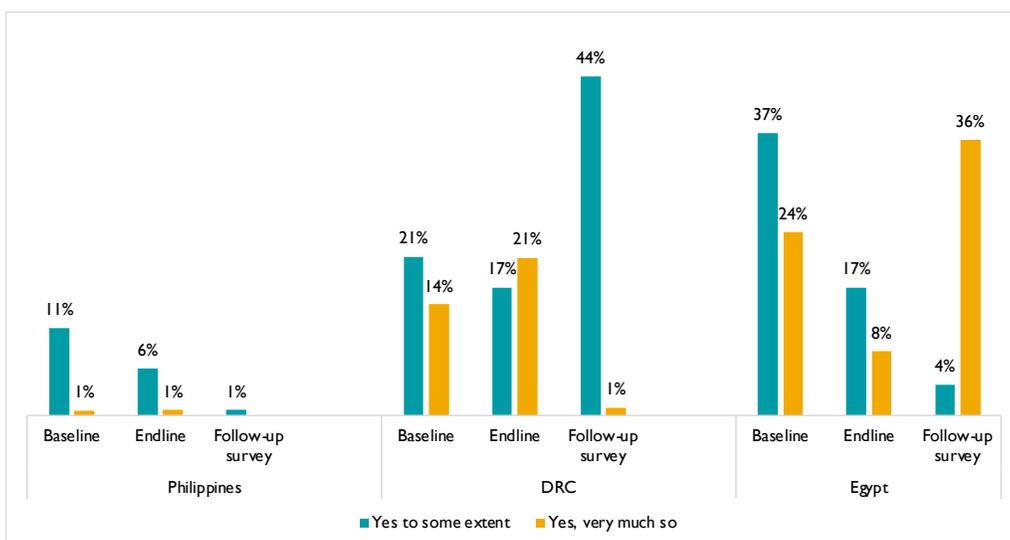
compared to all other countries included in this study with around 50% of them earning no income at all and 40% of them earning less than 3.82 USD per month. In the Philippines, the majority were earning under less than 167 USD but 7% were earning more than this amount. In Egypt, nearly two-thirds (65%) of the households were earning between 32 and 129 USD, while in Lithuania over three-fourths (77%) were earning between 216 and 788 USD.

Lastly, when caregivers were asked whether they relied on children’s income to meet the household’s basic needs, a rather positive effect of the assistance is observed from baseline to endline; however, the results were only sustained three (3) months after the end of assistance in the Philippines and to some extent in the DRC.

**Graph27:** Perceptions of parents and caregivers around the need for **children between 15 and 18 years old** to earn an income for the household to meet its basic needs



**Graph28:** Perceptions of parents and caregivers around the need for **children under 15 years old** to earn an income for the household to meet its basic needs'





In **Egypt**, the reliance on children's income was particularly high during the follow-up survey, where 84% of caregivers stated that they relied 'very much' on children's income (15–17 years of age) compared to only 1% in the DRC and the Philippines. A similar trend was observed for children under 15 years across the three (3) countries; for instance, in Egypt, over one-third (36%) of caregivers reported relying 'very much' on their children's income during the follow-up survey, compared to none in the Philippines and only 1% in the DRC.

As previously highlighted, Egypt suffered from the worsening of an economic crisis during the course of the project. For instance, the World Bank estimates that between July 2022 and June 2023 economic growth declined from 6,6% to 4,2% due to overlapping global shocks and domestic supply bottlenecks. In addition, **inflation has been in the exceeded 10% since March 2022, accelerating to more than 37% (with food inflation at nearly 72%) in August 2023 (i.e. a month before the endline)**. As a result, and considering the dire context, we could say that the project allowed to mitigate some of the devastating effects of the economic crisis on the selected households.

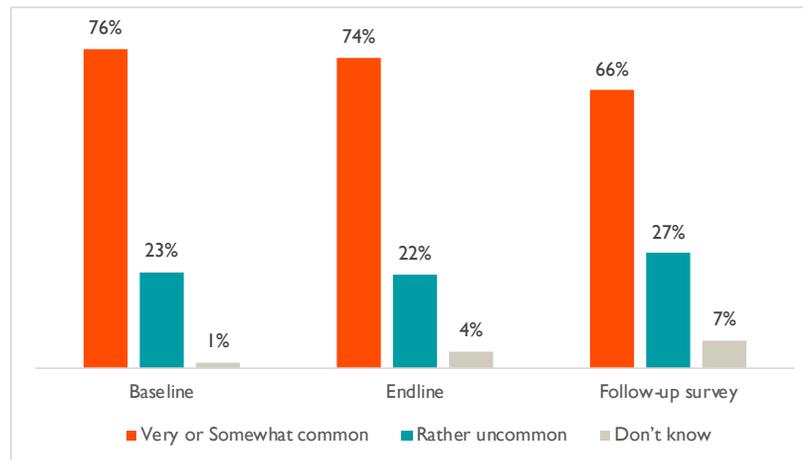
21. World Bank, 'The World Bank in Egypt – Context Overview' : <https://www.worldbank.org/en/country/egypt/overview>





In the **DRC**, the study assessed the risk of recruitment of children into armed forces and armed groups (CAFAAG) and the return of ex-CAFAAG into their community. Given the sensitivity of the risk, it was mostly assessed through qualitative data and perceptions of caregivers around the prevalence of such risk in their community.

**Graph 29:** Perceptions of parents and caregivers around the prevalence of recruitment of children into armed forces and armed groups is common in their community (**DRC**)



Overall, in the **DRC**, a decrease is observed (from 76% to 74% to 66%) in the proportion of respondents who believed that the risk of recruitment into armed forces or armed group was either 'very or somewhat common'

**Poverty and ethnicity are strong influential factors.** At baseline, participants in the FGDs shared that some children join armed groups for reasons of revenge against aggressor groups or ethnic groups while others join due to **lack of economic opportunities and livelihoods alternatives**, particularly in the case of youth who are also school dropouts. The leaders of the armed groups actively seek new recruits in the community, including by force. Communities are expected to contribute to the war effort by enlisting young people to defend their territory. As such, increasing households' ability to cover their basic needs through the provision of CVA can decrease the risk of recruitment of children into armed forces/groups as is seen in the graph above.

“ Children join armed groups for reasons of revenge against aggressor groups or ethnic groups. There is also the motivation of self-defence, drunkenness or the consumption of drugs or highly alcoholic beverages lead young people to join armed forces and groups.

The leaders of armed groups look for recruits in the community. Unemployment also leads to this, as most young adolescents are not enrolled in school and have no occupation (there are no youth training centres). In these cases, communities have to contribute to the war effort by enlisting their young people to defend their territory.

”  
Member of local authorities, health and school staff, male, Fizi Centre

Additionally, during the endline, testimonies were collected through interviews from ex-CAFAAGs who had been reintegrated into their families before the

“ Before the SCI project came along, I was used in the armed groups, carrying munitions and being sent to buy food. Last year I didn't feel well, but for the moment I feel good because SCI has enabled me to return to my family, to live with my family members and to start studying again. At the moment I'm going to do 4th year in Social Technology. I am very grateful to SCI for providing me with cash, which enabled me to buy 4 goats and some chickens. I would also like to thank SCI for organising the child friendly space for us, which allows me to play with my friends and learn new things so that I can live well.

”  
Boy, 16 years old, Fizi Centre



assistance. With the cash, most of these young people were able to establish a small business or build a home. These testimonies highlight how **the CVA supported their reintegration into the community and helped them access other sources of income through investments in small scale income generating activities while studying, mitigating the need or desire for returning to armed groups/forces.**

However, the testimonies also emphasize the importance of complementing CVA with other interventions such as the set-up of Child Friendly Spaces (CFS) where ex-CAFAAG can continue to be children and rebuild their social network with peers within and outside their community. The CFS contributed to the overall improvement of the wellbeing and sense of belonging of these children.

While the below testimonies show that the project has had a positive effect on the individuals targeted in the DRC, the FGDs with adults at endline highlighted the fact that many children remained in a vulnerable situation, given the limited number of households targeted in each of the two localities. Thus, when consulted about the level of risk of recruitment of CAFAAG, community members estimated it at between 4 ('high risk') and 5 ('very high risk') at both baseline and endline according to the classification in Appendix II: Country-specific rubrics.

“

Before the SAVE project, I was used in armed forces and groups. I helped the commander and his team to prepare the food. But through the SAVE project I was made to leave the group and return home. I went back to school, I was in 5th grade last year. I'm very grateful to SAVE for helping us with our cash and for organising the child friendly space for us.

In the child friendly space, I learn a lot about how to live in the community. The money that SAVE gave me has enabled me to buy 2 goats and build a house. I'm no longer thinking of going back to the armed groups because I feel good, I'm studying and playing football with my friends in our child friendly space.

This money enabled us to build our family home in which we lived.

It was with the help of the NGO ANOVEV EF3 that I returned to the community, when we were abducted for an unknown direction on our way to the field to support our parents. I don't remember many details but at the moment as my picture shows (drawing) thanks to the money of 257,400 francs a month for 3 months, which enabled me in addition to building our house, to go back to school in 4th grade and finish the school year.

The child friendly space's activities helped me to integrate into the community and to create a circle of friends who helped me to forget my past and focus on my future life. The only fear I have is the new location of child friendly space because it is very far from the usual environment which is now fixed and will require us to travel a long way with all the possible risks of the road.

”

Boy, 17 years old, Fizi Centre

“

I live with my mother and my 2 older brothers. In April 2017, I was 10 years old, the soldiers came to take us from Kalundu in the Milimba high plateau, Kilicha health area, Fizi health zone.

We walked for 2 days from our home in Kalundu to the Bilozo Bishambuke camp in the Baulieu community on the Fizi high plateau. We stayed with them, carrying ammunition and preparing food, fetching water and firewood, and spending the night in their huts. We were used to carry parcels for the citizens, and we were given other soldiers to escort us. We didn't fight, I spent 6 months in these armed groups.

It was the NGO ANOVEV EF3 that had an exchange with our commander AIME to get us out of the armed forces. When we returned, they put us in temporary host families in Fizi in 2018. I spent 2 months in the host families. The ANOVEV EF3 had given food to our temporary host family. I didn't feel very well there because I didn't know any Swahili.

After leaving the host families, I was reunited with my biological family in Avenue Balalwa. Two of my colleagues rejoined the armed group, but I don't intend to join the armed group any more. 257,000fc is the sum that SAVE gave me for the first time, and I started selling phone credit. After the second and third assistance from SCI, I built a house where we started watching football matches and video films. At the moment I'm going into 3rd Social Technique. I hope this business will help me, it's my mother who helps me keep the money as my father isn't here, and I'd like them to give me a sewing machine.

”

Boy, 16 years old, Fizi Centre

This child was initially separated from his family, being in ANOVEV's host families. SC reunited him with his family in Fizi in Avenue Balalwa in 2023.



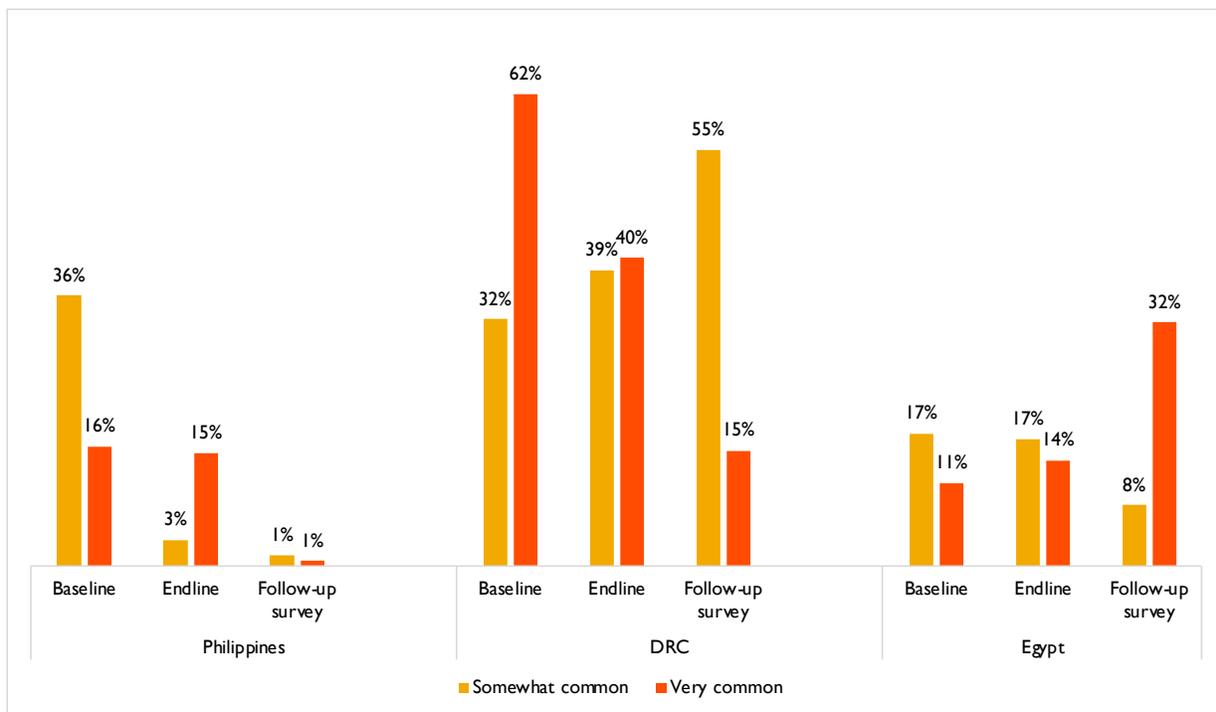
### Effects of the CVA on CEFMU

**Key findings:**

The effect of the CVA on exposure to CEFMU in the Philippines is rather inconclusive considering some identified biases in the responses which could not be corrected even through the analysis of qualitative data. Nonetheless, the research identified some signs of changes in beliefs regarding CEFMU as the number of respondents who believed that there are advantages in marrying a girl or a boy early decreased sustainably and the involvement of young people in the decision for them to get married reportedly increased too. In addition, the conditional CVA was effective in acting as an incentive for parents and caregivers to attend learning sessions on such a sensitive topic.

This section focuses on learnings from the Philippines where the micro-grant project aimed to address the risk of Child Early and Forced Marriage and Union (CEFMU). Caregivers in the Philippines, DRC and Egypt were consulted about the prevalence of CEFMU in their communities. The following graph shows how their perceptions evolved throughout the life of the project.

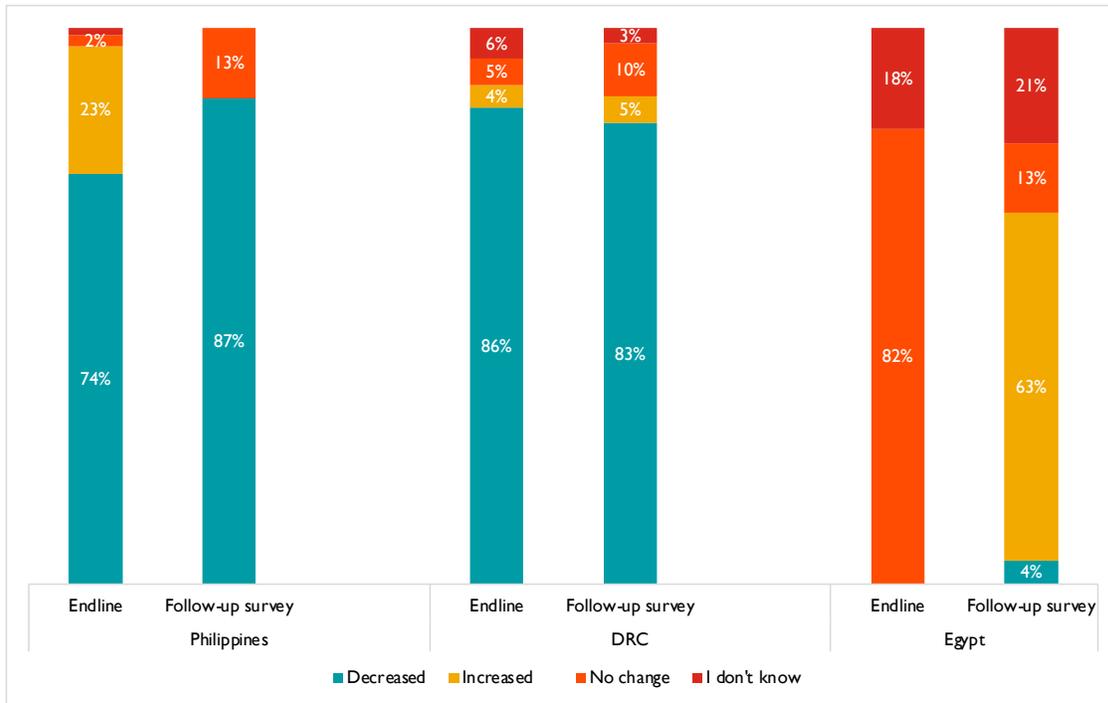
**Graph 30:** Perceptions of parents and caregivers around the prevalence of child marriage in their community



A decrease in the perception of prevalence of CEFMU is observed only in the Philippines and the DRC, as seen in the graph above and below. In Egypt, nearly two-thirds (63%) of consulted caregivers reported that they believed the prevalence of CEFMU increased since the start of the assistance, according to the 3-month follow-up survey.



**Graph 31:** Perceptions of parents and caregivers around the change in prevalence of child marriage decrease since Save the Children’s project ended

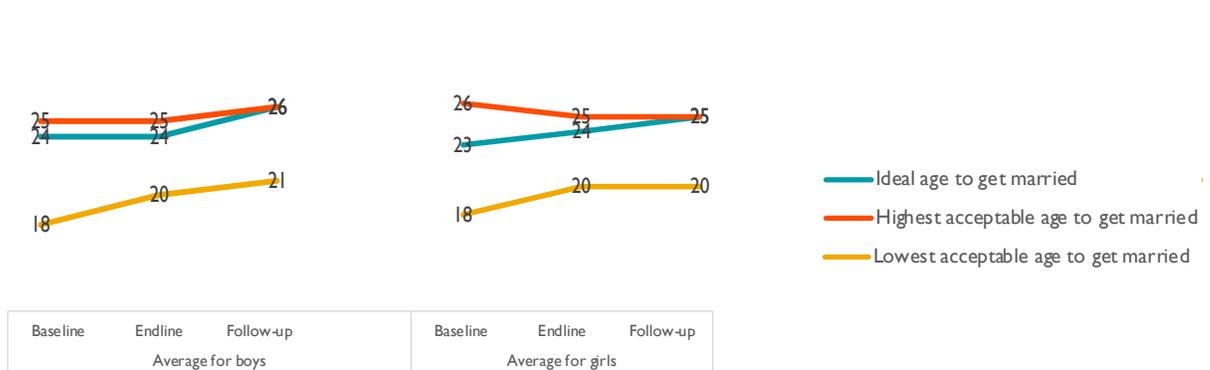


In the **Philippines**, this study assessed perceptions on what is the acceptable age for marriage, beliefs around the benefits of CEFMU, and the level of involvement of boys and girls in marriage decisions according to their caregivers. However, as discussed previously, **some biases have been noted in the responses provided by respondents specifically around the acceptable age** as the Government of Philippines has passed the Republic Act 11596 in July 2021, which prohibits the practice of CEFMU. Therefore, respondents may have felt compelled to respond in line with the new law due to fear of persecution.



The graph below presents the caregivers’ perceptions of the appropriate age for marriage.

**Graph 32:** Average acceptable age for boys and girls to get married (Philippines)



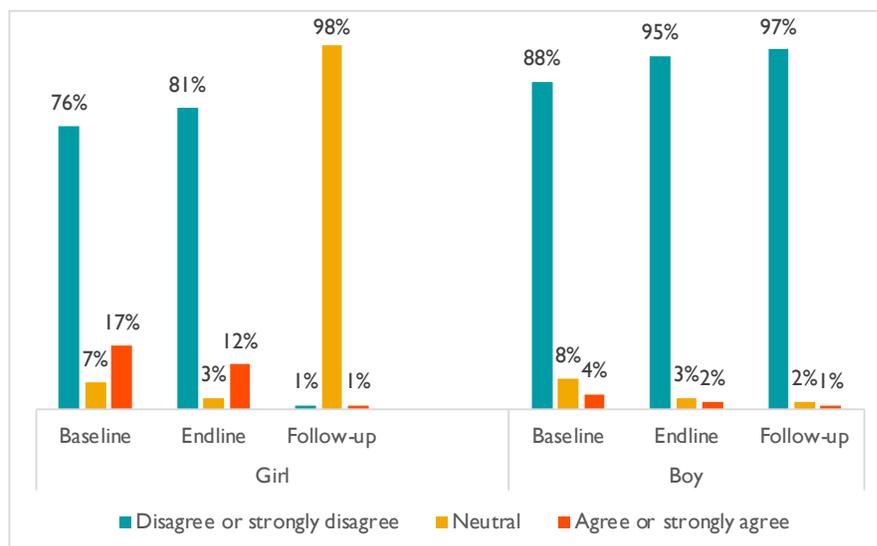


The bias in the answer is particularly visible on this graph where even at baseline, the average lowest acceptable age to get married for both boys and girls was stated at 18. This seems to go against some of the observations made in the field by the project team, interviews with CP actors in the selected communities (75% of them at baseline believed that CEFMU was either very or somewhat common) and some of the assumptions made based on statistics. According to the 2017 National Demographic and Health Survey (NDHS), 60% of women aged 15-49 were currently in a union; that is, they were either married (42%) or living together in consensual unions (18%). The median age at first marriage among women aged 25-49 was 22.5 years. In the Philippines, the legal age of marriage is 18, although marriage before this age is permitted among the indigenous peoples and among Muslims. Among women aged 15-24, 1 in 4 (25%) have begun childbearing and teenage childbearing was found more common in Davao (18%), Northern Mindanao (15%), and Soccsksargen (15%) than in other regions. The survey also highlights that median age at first marriage and first child increases with increasing education and wealth. <sup>21</sup> The NDHS indicates that cases of CEFMU occur more often in this region. Consulted community members also confirmed that early marriage was a very common issue in their community before they learned about RA 11596 - an act prohibiting Early Child Marriages (i.e. before the learning sessions organised as part of this project).

Nonetheless, **the data collected as part of this project shows a general increase in the lowest acceptable, highest acceptable and ideal age to get married for both boys and girls.** However, marginal gender disparities are observed with responses being generally slightly higher for boys than for girls.

The following graphs show that most households declared that they saw no advantages in marrying a girl or a boy before the age of 18. **A general increase is also observed in the proportion of households either 'disagreeing or strongly disagreeing' with the fact that there are advantages in marrying a child before 18,** with limited differences between boys and girls. Among households who said that they thought there are advantages to early marriage, they cited the same advantages for both boys and girls: willingness from youth to get married, to become more mature, and to have many grandchildren. Those reasons were confirmed in the FGDs with adult community members. FGDs participants also mentioned cases in the communities, where if children of opposite sex are seen socializing, it leads to a strong social pressure for them to get married, even if they are not yet in a relationship.

**Graph33:** Percentage of parents and caregivers agreeing or disagreeing with the opinion that there are advantages in marrying a girl / boy under 18 years old (Philippines)



<sup>21</sup> Selena Fortich and Ryan Lander (2022), 'Our Voice, Our future. Understanding risks and Adaptive Capacities to Prevent and Respond to Child Marriage in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)'. Plan International, WRC, Transforming Fragilities Inc. and Cynefin Company.



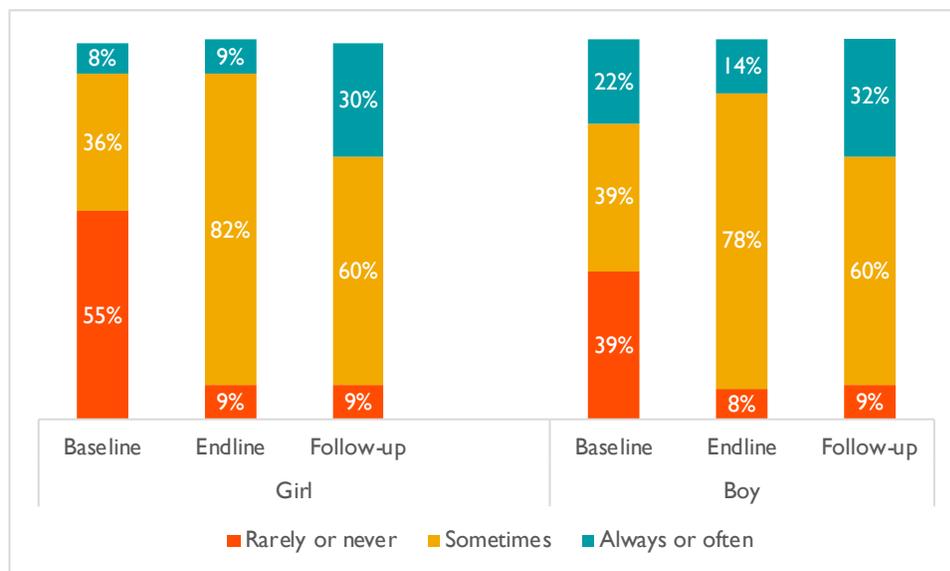
**Table 8:** 'Who makes the decision for the girls'/boys' marriage in your family?' (Philippines)

	Girls			Boys		
	Baseline	Endline	Follow-up	Baseline	Endline	Follow-up
Both father and mother	56%	86%	87%	58%	85%	85%
Father alone	16%	15%	25%	19%	14%	15%
The boy /the girl	<b>16%</b>	<b>8%</b>	<b>12%</b>	<b>20%</b>	<b>7%</b>	<b>13%</b>
Father and other men in the family	8%	6%	5%	7%	7%	5%
None of our boys/girls should get married until they are 18 years old	8%	1%	0%	7%	1%	0%
Mother alone	7%	18%	24%	4%	17%	13%
Mother and other women in the family	7%	4%	4%	4%	7%	3%
Someone else	5%	0%	1%	6%	0%	1%

Table 8 above shows a decrease in the proportion of children’s ability to make their own decisions regarding marriage, with a simultaneous increase in the decision-making power of the parents; this regression could be linked to a misinterpretation of some of the messages shared during the awareness raising sessions, giving more power to the mother for both boys and girls but taking it away from the boy or the girl.

A marginal increase is noted, however, in the involvement of boys and girls in the decisions even if they are the not the sole decision-maker on the subject of marriage. Similarly, an increase is observed in the proportion of people responding that young people are 'always or often' involved in decision-making related to marriage; the increase is significant and sustained three (3) months after the end of assistance. However, these results could be partially biased due to social desirability as aforementioned.

**Graph34:** ' In your community or household, how often is the girl/boy involved in the decision for her own marriage?'(Philippines)





Lastly, there were still a few households at endline who shared that they considered marrying some of their children (early) and some testimonies from FGDs with adult community members showed that CEFMU has not fully been abandoned in the selected communities despite a general increase in awareness around child rights and the consequences of CEFMU. The reasons provided by these households were to "avoid any kind of bad doing in Islam" or to honour some arrangements made between families and avoid shame.

Nonetheless, some **positive change is observed among parents and caregivers regarding their perceptions of early marriage** as they learn more about the law and policies in this regard, or that they prioritize child's education, while others reported the importance of children's rights.

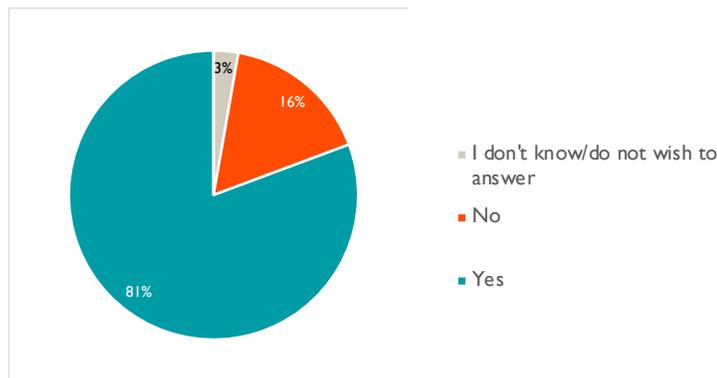
”

Early marriages usually happen in our community but not totally common, one example is that one of my child is engage to this practice and the engagement happened two years ago and the wedding was conducted while this project is ongoing, we cannot avoid not to marry my child because this might be the reason of having conflict between families and we don't want that to happen for our families but we ensure that my child would continue to her study, In Sha Allah.

”

Interview with child protection actors, female, endline, Philippines

**Graph35:** Percentage of parents and caregivers acknowledging that their views on child marriage have changed since the start of the project' (Philippines)



”

Back then, as part of a Muslim community, I was not against the idea of child marriage. But now, I appreciate the idea that children need to finish their studies first before getting married.

”

FGD with community members, males, Philippines

Overall, focus group discussion participants also considered that in the last 3 months (project duration), the rate of child marriage, but also other child protection risks, decreased in their community as parents and children have been well informed and encouraged to prioritize their children's education.



FGD participants were also consulted using a rubric developed for this research (see Appendix II: Country-specific rubrics). At baseline, adult participants in FGD rated their communities as ‘very risky and highly unequal’ in most cases. The rating corresponds to a situation where family and community norms and practices reinforce and exploit stereotypes in ways that perpetuate the idea that women and girls have less power, opportunities, and resources and where early marriages are frequent (including for girls of 14-15 years old age). This is due to the fact that they have less decision power and opportunities. There are also widespread beliefs in the communities that girls should be married when they reach puberty.

At endline, most consulted community members rated their environment as ‘risky and highly unequal’, a lower level compared to baseline. This rubric level corresponds to a situation where children and family members are given similar permission to access education, healthcare, and nutrition regardless of gender; a situation however where girls and women often have limited decision-making power in the household, including on who and when to marry. In this rubric level, early marriages are not accepted anymore for girls under 15 years old but some girls 16-18 years old are still being married due to cultural beliefs.

Consulted community members explained this improvement by the fact that holding awareness sessions/learning sessions shifted some of the views on CEFMU and children’s rights but did not change the whole value system.

”

We really felt protected specially we are not allowed to get married at early age because it is better to achieve our dreams without a partner for us to have a chance to achieve the dreams of our parents alone. It changes of our point of view because we know that we have a right to decide for ourselves even though we are just 18 years old

”

Interview with children, female, Philippines

As described by the project team and consulted child protection actors, providing cash and awareness sessions/learning sessions had a positive effect on perceptions about CEFMU and children’s rights in the communities. But the risk of early marriages and child abuses did not end there. Cultural practices in communities cannot be changed in such a short amount of time especially in areas like the ones targeted in the Philippines where economic deprivation did not seem to be the most important driver of CEFMU. Sustained engagement is required to address such harmful practices.





### Effects of the CVA on education

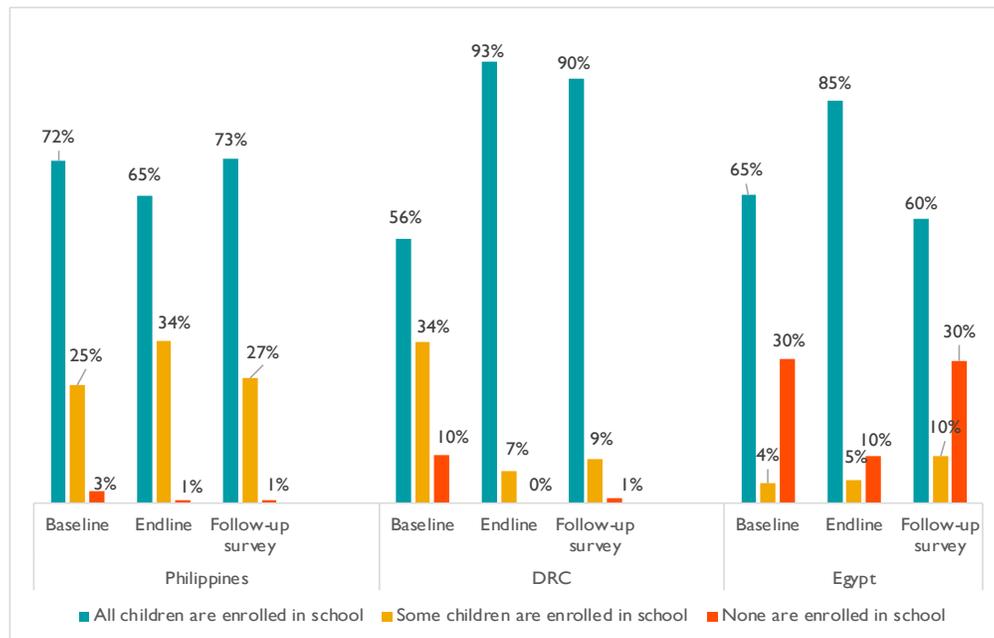
#### Key findings:

Despite of the mixed results across countries, the overall analysis indicates an increase in school enrolment of children, notably among girls, and a reduction in the occurrence of school withdrawal as a negative coping mechanism between baseline and endline. This achievement was sustained at least 3 months following the last transfer in some contexts such as the DRC. In Egypt, positive results were also identified with regards to school attendance during the study period.

While education was not the primary focus of this research, some indicators related to education have been monitored as a proxy. Education often provides a protective environment against some of the child protection risks being studied, such as child marriage, child labour and children being associated with armed forces and armed groups. As such, in all four countries, we looked at how school enrolment within the targeted households evolved during the project’s lifespan.

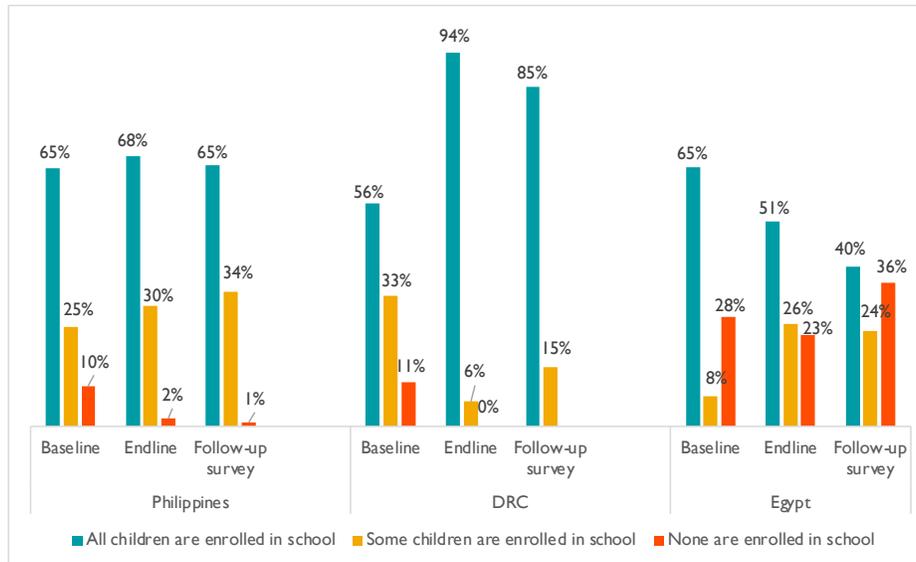
In general, we see a general increase in school enrolment of children, notably among girls, except in Egypt.

**Graph36:** Proportion of school-aged girls enrolled in school or a training programme at baseline, endline, and 3-month follow-up





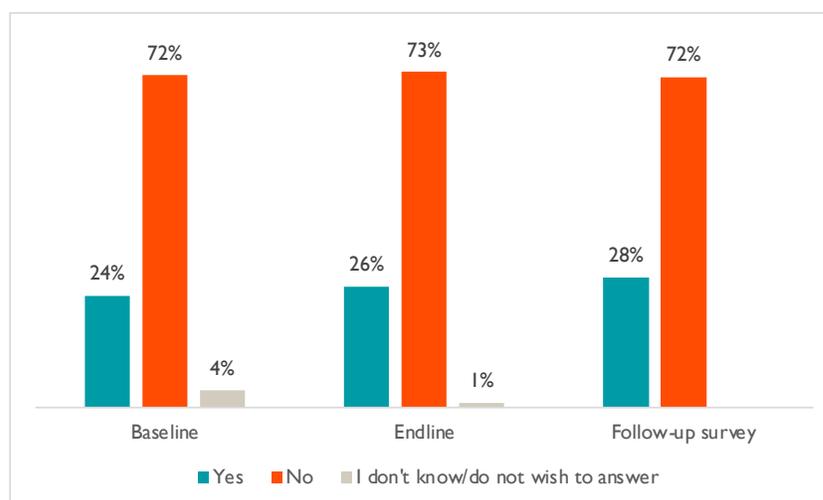
**Graph37:** Proportion of school-aged boys enrolled in school or a training programme at baseline, endline, and 3-month follow-up.



In **Egypt**, while case management was also meant to support children in educational reintegration, the results were more nuanced. This could be linked to the additional barriers faced by migrant/refugee children in relation to education (because of their legal status, nationality, and/or transit nature). **While there seems to be a similar increase at endline of girls' schooling within the targeted households according to parents/caregiver, a regression to baseline is observed at the 3-month follow-up stage** –from 69% at baseline to 85% at endline and back to 66% at follow-up. **Boys' enrolment in schools seems to have decreased over time as well due to lack of financial resources and, in some cases due to safety & security concerns, or to health issues/disability according to parents/caregiver.** However, as noted in the 'Limitations' section, these findings are only generalizable to this sample and are not representative of the UASC population in Egypt at-large.

In the adolescent survey, a marginal effect of the assistance on schooling of UASC is observed, as seen in the graph below. Among the 26 UASC who reported that they were enrolled in school at endline, 19 credited CVA for helping them stay in school as the assistance was used to cover school fees and supplies. **Those who were not attending school reported the need to generate income as the primary reason and the high cost of education.**

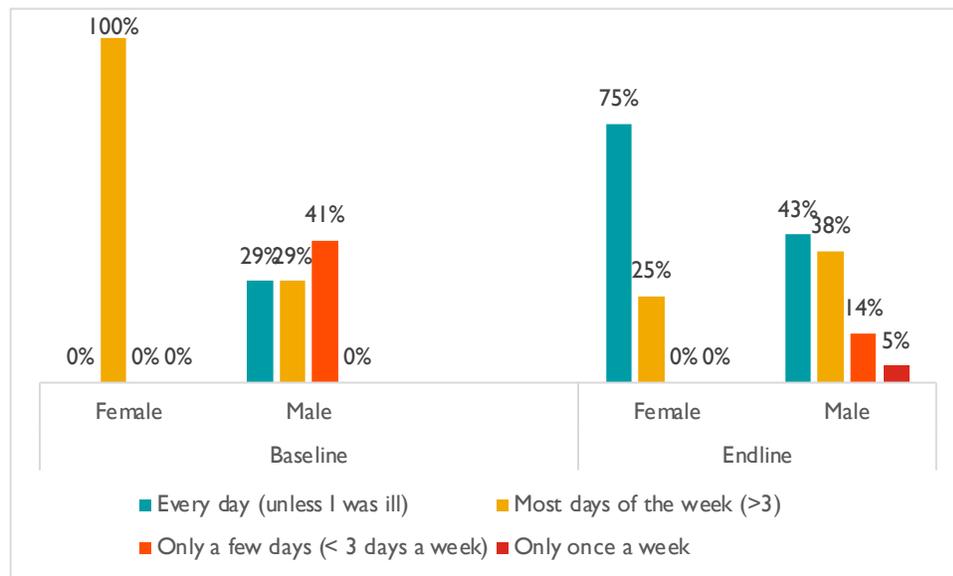
**Graph38:** Proportion of adolescents in Egypt reporting enrolment in school or a training programme at baseline, endline, and 3-month (Adolescent survey – Egypt)





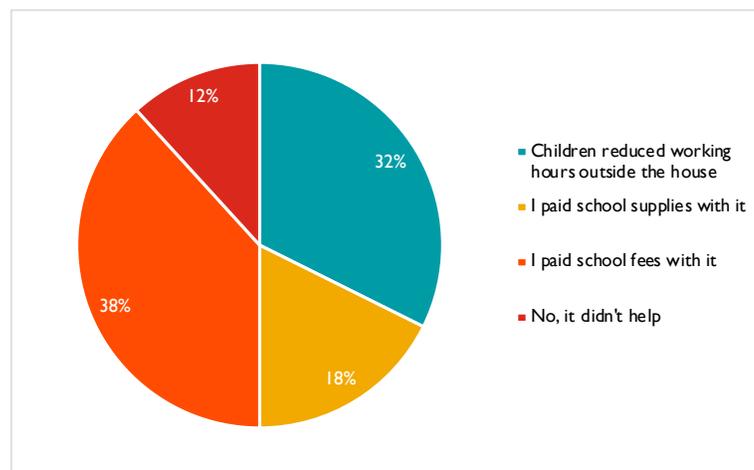
However, the study is showing mixed results related to absenteeism among UASC attending school. At baseline, the proportion of adolescents reporting being absent at least 'one (1) full or half day' in the 30 days prior to the survey was only 21%, which jumped to 38% at endline, and increased steadily to 40% three (3) months after the endline/end of assistance. As aforementioned, this could be linked to inflation observed during the project implementation and the transfer value not being adjusted to accommodate the inflation. Nonetheless, adolescents seemed to report a slight increase in school attendance at the same time as displayed in the graphs below. **Absenteeism was observed to be more frequent among boys than girls both at baseline and endline** as seen below as these boys were engaging in IGAs to support their households.

**Graph39:** Adolescents in Egypt reporting on how frequently they had been attending school in the last 30 days by gender



**Consulted parents and caregivers at endline (36 respondents) still acknowledge some positive effects of the assistance on education:** 88% reported that CVA helped children stay in school either by reducing the number of hours they had to work or by covering the school fees or stationery.

**Graph40:** Percentage of parents and caregivers who acknowledged that the CVA help children stay in school (endline parents survey - Egypt)





The increase in school attendance was particularly sharp in the **DRC**. The proportion of households reporting ‘all children’ were enrolled in school or in a training programme increased from 56% at baseline to 93% at endline for girls and from 56% to 94% for boys, indicating a 37 and 38 percentage point change, respectively. Although more school-aged boys were enrolled at endline, the proportion of girls remaining enrolled 3-months after the endline was much higher than boys – 90% compared to 83%, respectively. This could be linked to the fact that in the DRC, the micro-grant project was being implemented in parallel to another project (Iceland Ministry of Foreign Affairs-funded project), which included, among other supports, case management of UASC, CAAFAG and Gender-Based Violence survivors through the deployment of para-social workers responsible for providing assistance to individual cases from identification, assessment, direct service provision, referral and follow-up. **A key component of case management was also educational and socio-economic reintegration i.e. supporting children in their re-enrolment into school or training programmes.**



In the **Philippines**, results were even more positive. While a nominal reduction was observed in the proportion of households who reported that ‘none of the children’ were enrolled in school, the proportion of households where ‘all children’ were enrolled remained constant (65% for boys and 72 % for girls at baseline and follow-up survey). Parents/caregivers cited lack of financial resources followed by health concerns, distance to school, safety & security, and child marriage as the main reasons for children being out of school. Additionally, many caregivers also reported that their children are too young to go to school as children over 5 years old were considered for this study while the official primary school age entrance in the country is 6.

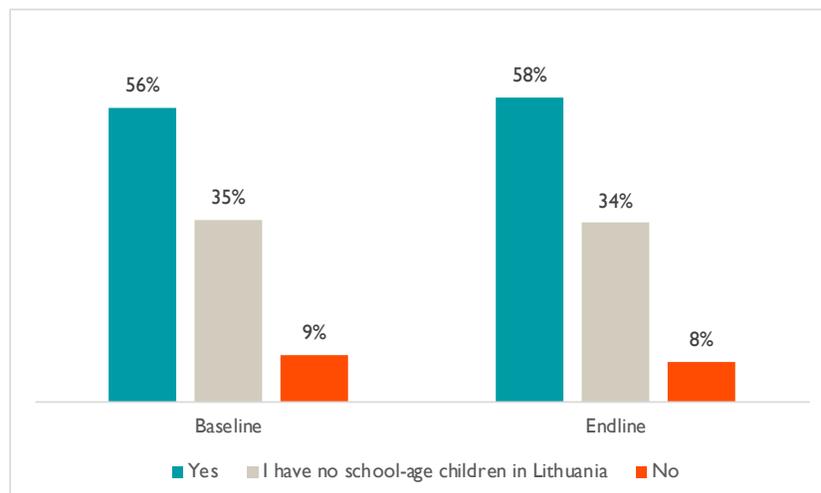


In the **Philippines** and the **DRC**, a significant improvement is observed: the proportion of parents/caregivers reporting withdrawing children from school in the month prior to the surveys decreased progressively. The proportion decreased by a total of 15 percentage points and 36 percentage points from baseline to 3-month follow-up in the Philippines and the DRC, respectively.



Lastly, in **Lithuania**, data from the baseline and endline surveys<sup>22</sup> show limited results in terms of schooling as presented below. This could be due to households misunderstanding the question and only considering enrolment of children in local schools and not Ukrainian schools, where they were enrolled in distant learning (this assumption was formulated by the researcher based on the fact that this was the main reasons reported by caregivers at endline to explain why some of their children were not enrolled in a Lithuanian school).

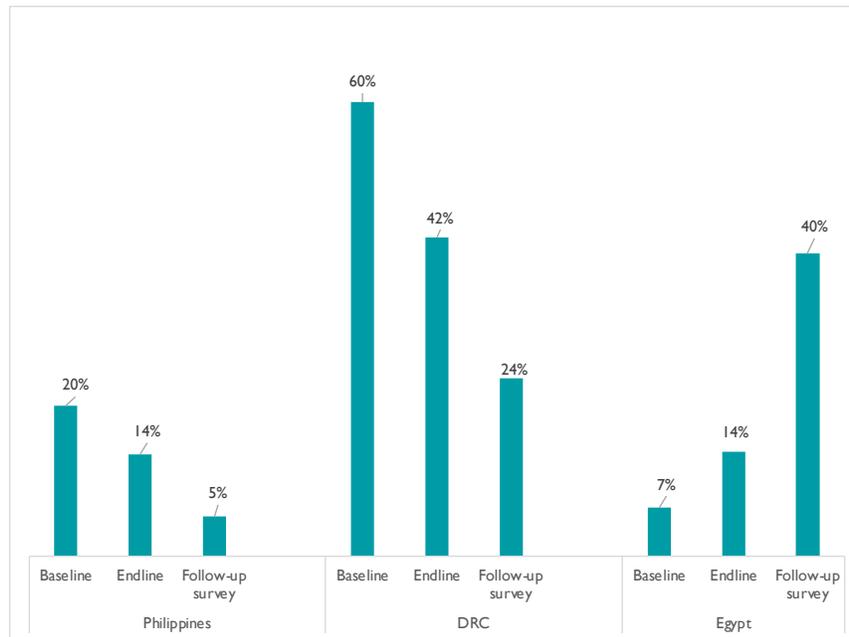
**Graph41:** Proportion of children enrolled in school at baseline and endline in Lithuania





Lastly, the research also looked at withdrawal from school as a negative coping strategy. Overall, we see the same trends as above with a net improvement in the DRC, a slight improvement in the Philippines, and a deterioration in Egypt, as also seen with previous indicators. The main reasons given by parents and caregivers for withdrawing children from school at endline and during follow-up survey three months after the last transfer were the necessity for children to work and support the family.

**Graph42:** Proportion of households where children were withdrawn from school in the last month at baseline, endline, and 3-month follow-up

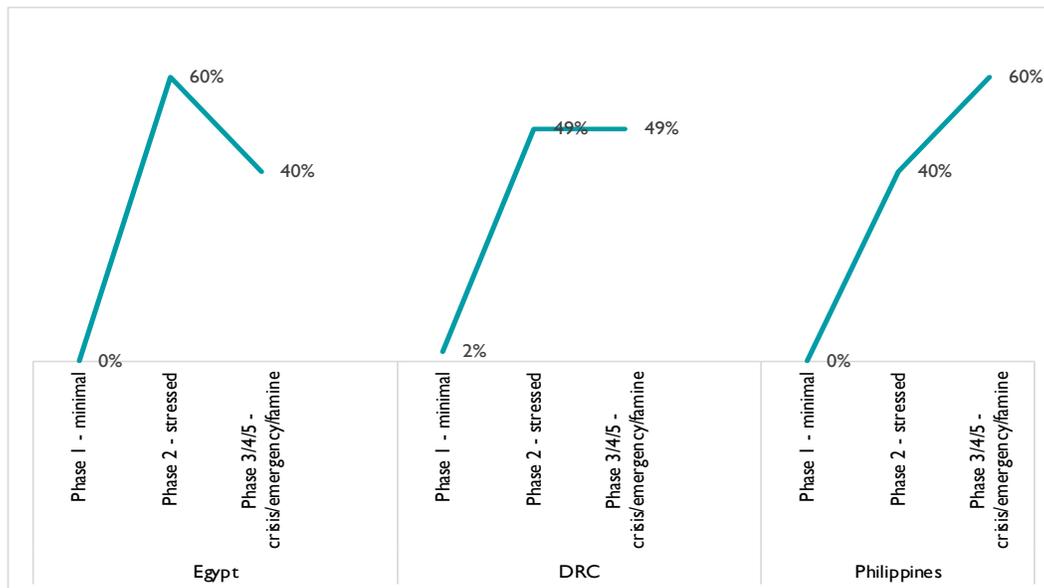


In **Egypt**, a significant increase is observed in school drop-out: the proportion of caregiver/parents reporting withdrawal of children from school increased by a total of 33 percentage points – from 7% at baseline to 40% at the 3-month follow-up stage. However, it is important to note that the increase in school withdrawal was higher 3-months after the last cash transfer, at 40%, than one-month after the last transfer (endline), at 14%. In all cases, **caregivers reported not being able to afford education anymore and the need for children to work as the primary reasons for school withdrawal**. The deterioration of nearly all indicators in Egypt may be due to external factors related to the context (discussed further in the report) in addition to potential response biases.

The following graph seems to confirm a **link between withdrawal from school and economic deprivation in all three contexts**. For example, households in the worst socio-economic situations are also the ones pulling their children out of school the most. This points to the importance of economic drivers in contributing to some CP risks/ school dropout.

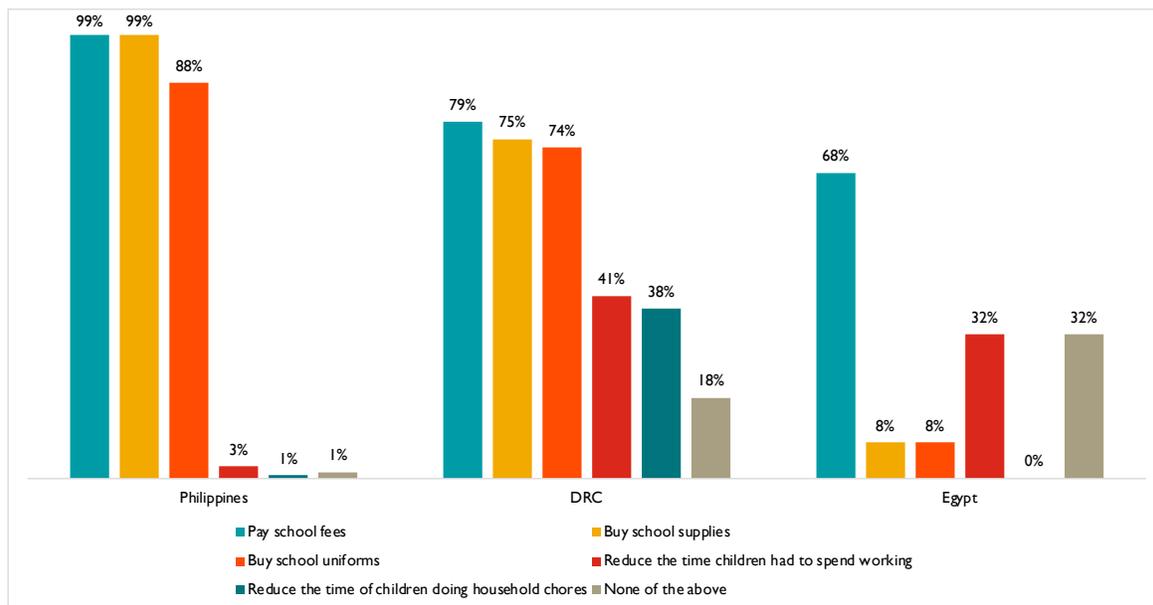


**Graph 43:** Proportion of households where children were withdrawn from school in the last month at baseline, endline, and 3-month follow-up by country and rCSI phases



When asked about the use of cash, the majority of households in the Philippines, Egypt, and the DRC reported using the cash to pay for school fees and school supplies, which are known to be positive drivers for the schooling of children. However, based on the school withdrawal findings, the cash assistance might not have been enough in Egypt.

**Graph 44:** Use of CVA to meet children’s education needs (endline data)



**Overall, the CVA had a mixed effect on education – the effect was dependent on the context:** for instance, the effect was positive in contexts and amongst groups where the use of negative coping strategies such as child labor were particularly high. However, it should be noted that CVA was not designed specifically to increase access to and retention in school/educational programs. Education was measured as a secondary outcome.



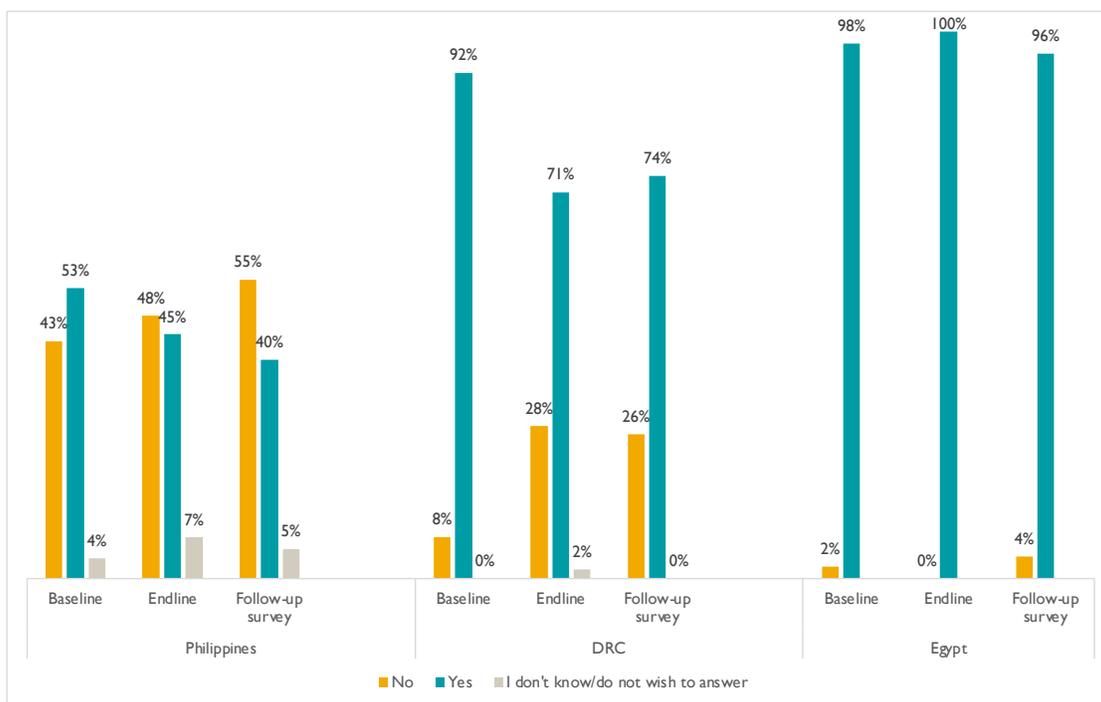
### Effects of the CVA on family separation

**Key findings:**

Overall, CVA contributed positively to a number of cases of family reunification based on the testimonies of the CVA recipients. Many households across contexts also reported that the cash assistance played a part in helping them keeping their children at home i.e. in preventing family separation.

Lastly, the study evaluated the effect of cash on the reunification or separation of children with their family to measure the overall wellbeing of children.

**Graph 45:** Parents and caregivers reporting whether they had the same number of children living with them as in the last 3 months (not including new births or deaths)'



In **Egypt**, the data does not show a significant change in terms of composition of the targeted households over the project period. In the baseline survey, only one household reported having more children at the time of the survey compared to the 30 days prior as children joined their household to access education and/or a safer living environment.

At endline, all consulted households declared that they had the same number of children as 3 months ago. Over two-thirds (66%) of households also reported that CVA helped all children stay with the household and made the whole family feel safer. Another respondent shared that **one of the children who was sent to Cairo for work had returned to his family in Damietta upon the start of the cash assistance**. Others stated that **children were planning to move to Libya to provide additional income for the family but stayed as the assistance came**. However, one household also mentioned that the children needed to search for work after the assistance stopped.

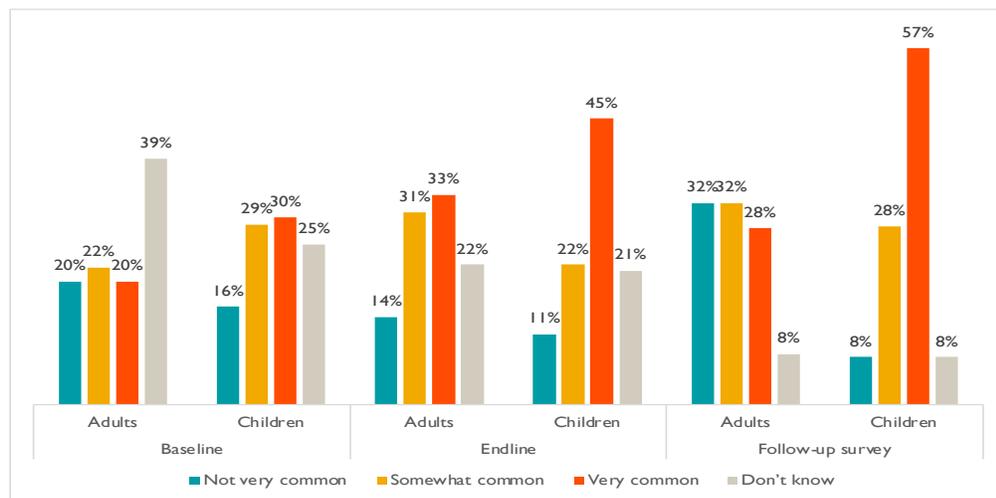




During the follow-up survey, only one household reported having one child less (girl) at the time of survey due to marriage. It is, however, unclear whether this person was under 18 as, despite reiterating that only members under 18 years of age were considered for this indicator, respondents displayed a tendency to include all children living with them (i.e. even those over 18).

Lastly in Egypt, both caregivers and UASC were consulted on their perception of the recurrence of child separation. Both groups reported an increase in the prevalence of child separation from baseline to endline, as seen below.

**Graph 46:** Parents and caregivers' perception on the prevalence of cases of separated and unaccompanied children in their community in Egypt

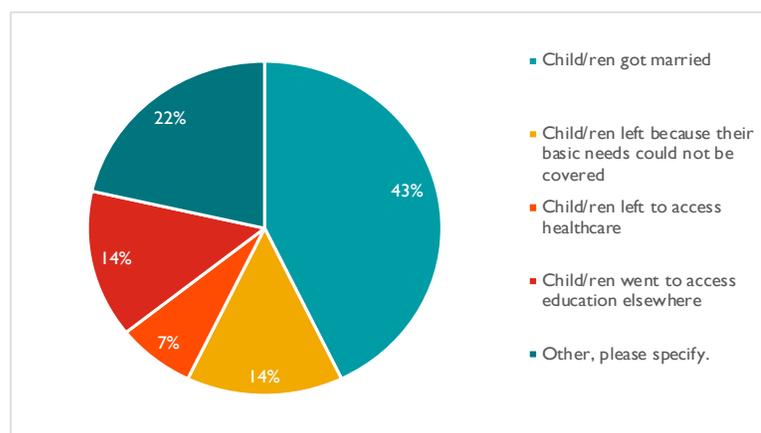


In the **Philippines**, as described in Graph 48 below, at baseline, 11% (8 out of 72) households reported having fewer children than 3 months ago due to marriage (6) and school (2), and in 10 cases having more children due to a safer environment, marriage, and because the household was selected for the assistance. The remaining 54 households did not answer or knew if they had the same number of children or not. At endline, nearly half of the households (48% or 71) reported that they did not have the same number of children living with them now as in the last 3 months – 14 reported having less children while 28 reported having more, and 29 did not know. This may indicate that respondents did not fully understand the question during the baseline and some households may have included household members over the age of 18 as this has been a recurring issue in the study.



Overall, more than half of the households (57%) at endline mentioned that the cash assistance played a part in helping them keep their children at home. Child marriage was the primary reason for the households who reported having less children living with them, as seen in the graph below.

**Graph 47:** Reasons for having less children living in the household at endline in the Philippines



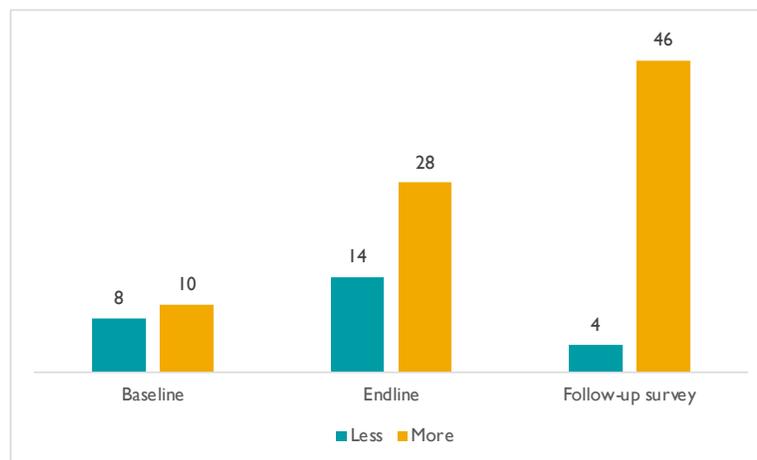


Over two-thirds (68% or 19 households) of the 28 households that reported having more children living with them shared that previously separated children were able to return to their family because of the assistance. Others reported the increase was due to children either marrying one of their household's members or moving in with them to access education, healthcare, or a safer environment.

During the follow-up survey, 4 households reported having less children (mostly to access education elsewhere) and 46 having more (mostly because children came to access education, healthcare or to be safer).

Lastly, in a few cases both at baseline and endline, members unknown to the community and members of the community have offered to take children elsewhere in exchange for jobs or better care, and members of the community have asked the household to keep some of their children when they became aware of Save the Children assistance.

**Graph 48:** Number of households reporting having more or less children living with them than in the last 3 months in the Philippines



In **Lithuania** at endline, only 7 households reported not having the same number of children as 3 months back. Among those 7 households, 2 now reported having more children, 3 having less children while the 2 other households did not wish to respond. Among the 2 households with more children, one reported that children previously separated could return home because of the CVA. Among the 3 households having less children, the reasons given were that the household was composed of two mothers and their children and one of them decided to move out with her daughter, while in the second case the person was over 18 and decided to move to another country.

In the **DRC**, 7.6% of households (11 households in total) at baseline, 20% at endline (26 households in total) and 16% during the follow-up survey (21 households) reported not having the same number of children living with them as in the previous 3 months.

At baseline, in 8 cases out of 11, households reported having fewer children than 3 months ago and in 3 cases having more. Of the 8 cases having fewer children, 5 cases saw their child leaving the home due to a lack of financial means and/or got married, and in the other cases the child had gone elsewhere to access education or have 'gone with the others into the bush', which may signify in this context that the child had joined an armed group.

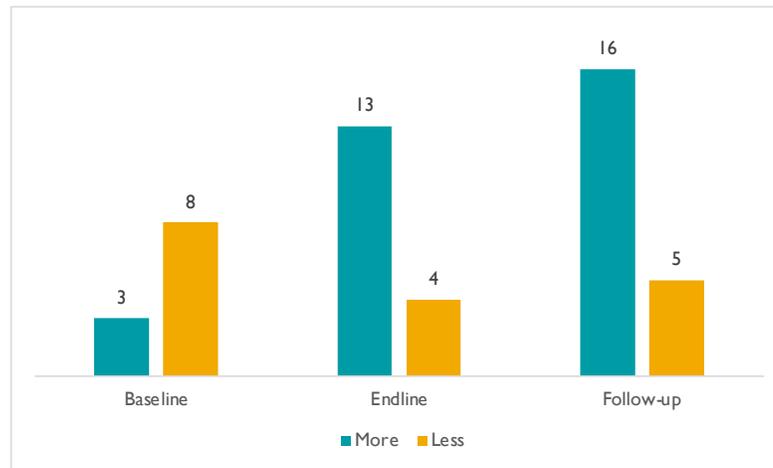
Among the 3 cases having more children, one case saw a child from outside the household getting married with a household member, one case integrated a child who came to the household to be safer, and another case also integrated a child who came to live with them because the household was selected for this project.





At endline, 13 households said they had more children than 3 months ago and 4 said they had fewer. This is interesting considering that at baseline, children were mostly leaving selected households, while at endline we see a higher number of households having more children as opposed to having less. Of the households that said they had fewer children, 2 explained that the child had left because they could no longer afford to look after them and 2 others explained that the child had left to access education elsewhere. Among the parents who said they had more children, the reasons given were **in 9 out of the 13 cases that children previously separated from their family could return home thanks to the assistance.**

**Graph 49:** Number of households reporting having more or less children living with them than in the last 3 months in the DRC



During the follow-up survey, 16 households said they had more children than 3 months ago and 5 said they had fewer. Of those who had fewer, 2 said that the child had married, two others mentioned that the child had left because the household could no longer afford to look after him or her, and one said that the child had left to access education elsewhere. Among the parents who said they had more children, **the reasons given were that some children had come to access education (6 cases), to be safer (3 cases), and that some previously separated children had been able to return home thanks to the CVA (2 cases)** and in other isolated cases that the child had come because he or she had married a member of the household or for health reasons. Finally, in the Philippines and the DRC, in some isolated cases, members unknown to the community and members of the community have offered to take children elsewhere in exchange for jobs or better care, and members of the community have asked the household to keep some of their children when they became aware of Save the Children's assistance.

Overall, the data shows that **CVA has contributed positively to reuniting children with their families and mitigating separation across all the selected countries. Although the positive effects are marginal.** However, the assistance did not always allow to maintain all children within their households as we noted reported cases of children leaving the selected households due to the inability of caregivers to cover their needs.



## CONCLUSIONS

Cash and voucher assistance (CVA) has emerged as a powerful tool in addressing complex child protection issues in recent years. The modality recognizes the multifaceted nature of issues such as child labour or child marriage and tailors interventions to meet the unique needs of affected families. The flexibility of cash assistance allows families to prioritize their needs, be it food, education, health, or livelihoods, addressing the diverse challenges faced by children affected by child protection issues. Additionally, cash transfers can uphold the dignity of the recipients, giving them agency in decision-making and promoting community resilience. Nonetheless, in all the contexts studied it was highlighted that CVA should not be considered a standalone response but rather be part of a more holistic response addressing as many drivers of child protection risks as possible in an integrated and sustainable manner.

**In relation to child labour**, CVA can prove effective in breaking the cycle of poverty that often perpetuates this exploitation. Providing direct financial support to vulnerable families and at-risk youth empowers them to meet their basic needs without resorting to child labour, among other negative coping strategies. This economic support can also increase access to education. However, in Egypt, the benefits of CVA were countered, to some extent, by an increase in the cost of living. The end of the assistance also seems to have led to a general feeling of despair in Egypt as most households regressed to their pre-CVA socio-economic status.

Similarly, **in relation to child marriage**, CVA can contribute to addressing some of the root causes such as economic hardship. By alleviating financial pressures through cash transfers, families are less likely to resort to marrying off their children early as a coping mechanism. CVA can also be used as an incentive to encourage caregivers to join awareness raising sessions on such sensitive topics when designed as a conditional assistance as it was the case in the Philippines. However, due to biases in the responses provided by caregivers and the complexity of the root causes and drivers to CEFMU, the research was not able to draw a clear conclusion on the direct effect of CVA on the rates of CEFMU in the Philippines.

**In relation to children associated with armed forces and armed groups**, CVA can serve as an effective mean to prevent risks of enrolment for financial gains and support the reintegration of ex-CAAFAG into society, as seen in the DRC where financial constraints are one of the main CAAFAG drivers, and when accompanied by complementary activities such as case management support. Providing financial resources can help families cope with the challenges of reunification and supports the socio-economic reintegration of former CAAFAG. In context such as the DRC, where average incomes are particularly low compared to other contexts, the CVA played an instrumental role in improving most of the child protection indicators measured as part of this research.

**CVA can also improve child wellbeing** when the root causes of low wellbeing are related to inability to cover children's physical needs (as measured through the ability of households to meet basic needs and the rCSI for example). However, CVA seems less effective to deal with distress and trauma as seen in the example of Lithuania. In such cases, psychosocial support might be considered as an essential element of the response package.

# CVA & Child Protection Study

February 2024 – DRC, Egypt, Lithuania & Philippines



Save the Children®

Overall, this research is not able to draw clear lines of attribution between CVA and changes observed in child protection outcomes due to its own design (i.e. not experimental) and the design of the intervention (with all contexts presenting completely distinctive design features). Nonetheless, we can conclude that the CVA has contributed to reducing exposure to most of the child protection risks studied through this research during the periods of CVA disbursements, including the risk and severity of child labour, the risk of children joining/going back to armed forces and armed groups and the risk of children being neglected or having their basic needs not sufficiently fulfilled. Further research is required on the effects of CVA on child marriage considering the significant biases identified in the context of the Philippines.

However, not all the positive results were sustained as we saw in the case of child labour in Egypt particularly. Results observed in Egypt should be nuanced by the rise of inflation and currency devaluations that both spiked during the implementation of the project and affected levels of achievements and their sustainability. It does nonetheless stress the importance of adjusting and revising the transfer value in contexts of high inflation.

The research also highlights the importance of the cash 'plus' approach when addressing most child protection issues. The analysis of the context and of the root causes of child protection risks is a critical step to ensure that CVA is complemented with the appropriate package of activities, such as awareness-raising campaigns addressing harmful social norms, skill-building initiatives fostering economic independence, psychosocial support, and educational support, etc.





## RECOMMENDATIONS

Based on the research findings and conclusions, the following recommendations should be considered when designing Cash and Voucher Assistance (CVA) programmes to address child protection risks such as child labour, child marriage, and the association and use of children in armed forces and armed groups:

**CVA project design requires a comprehensive and context-specific approach.** This is even more the case when addressing child protection risks. Programme implementers should conduct thorough assessments of the targeted communities to understand the root causes, socio-economic dynamics, and cultural nuances influencing the identified child protection risks. Various tools and guidance documents have been developed on leading child protection situation analyses such as Save the Children Sweden's [Child Rights Situation Analysis guide](#), Save the Children [Urban Situation Analysis Guide and Toolkit](#), or specific tools such as the note on [What We need to Know about Child Labour](#) or [USAID's Child, Early and Forced Marriage Resource Guide](#) for example.

**Tailor interventions based on the findings from the situation analysis: develop the right package of activities that address both the specific social and economic drivers of the identified child protection risks.** Design the program to offer more than just financial assistance. Include educational support, vocational training, and psychosocial services for example, when and where appropriate, to address the multidimensional and intertwined challenges faced by children and their families. Complex CP issues are also unlikely to be fully addressed through a short series of cash transfers unless the CVA is embedded within or bridged to other approaches such as livelihoods. It is also important to recognize the unique needs of different demographic groups and adapt the program according to their specific vulnerabilities and needs. In the studied countries, case management and psychological support appeared as particularly important in Lithuania and the DRC as in those two contexts the assistance was aimed at children who survived traumatic experiences (fleeing armed conflicts) for instance.

**Think about the sustainability and minimal length/amount of the assistance:** this research shows that a 3-month assistance with an adequate transfer value can lead to positive outcomes but that not all of them are sustainable. Plan for sustainable exit strategies and reflect on what could remain once the project is over. Consider options to build the resilience and ownership of communities in your package of activities to ensure that positive outcomes are maintained beyond the project duration such as livelihoods support among others (which could take the form of a conditional or unconditional start-up grant for instance). Also ensure that project durations and amounts of assistance is sufficient and is adjusted to evolving market dynamics, such as hyperinflation, to reach the intended objectives and not create more despair when the assistance stops as it was noted in Egypt.

**When calculating the transfer value, project designers should include expenses related to the child protection issue to be addressed and not only related to food consumption,** for example the costs of education (including school fees, supplies, uniforms and transportation to school), health and WASH as those sectors also have a direct impact on child protection indicators. A livelihoods grant may also be considered for more sustainability. Implementers should also refrain from using a 'standard' MEB that was not adapted based on the contextual analysis. A child sensitive MEB with protection related expenses should be designed and transfer value should be calculated to address the specific risks identified while factoring households' resources. The use of a 'child protection top-up' added to an MPCA amount calculated for basic needs coverage should also be considered to achieve greater results against child protection outcomes.



Establish robust monitoring and evaluation mechanisms and clearly defined and validated indicators and tools to track the effects of the assistance, including the negative ones and check whether adjustments are required to be able to meet the intended objectives within the project's timeframe. Make sure to include both quantitative and qualitative tools to gather sufficient depth and understanding of the changes happening within the selected households and communities. Existing tools such as the [Toolkit for Monitoring and Evaluating Child protection when Using Cash and Voucher Assistance](#) and the MPCA MEAL Toolkit have been further tested as part of this research and proved to be effective. The use of the rCSI has been interesting as a proxy indicator to measure child wellbeing. However, it would be interesting to develop and test a similar composite indicator looking at child focused negative coping strategies such as reliance on child-earned income to meet households needs, withdrawal from education, risks of family separation and child marriage, etc. The use of UNICEF's sign of child distress was interesting and useful especially when looking at how the number of children presenting at least one, 3 or more and 5 or more signs of distress evolved from baseline to endline.

The signs can also be adapted to the age of the child, which makes it a very relevant indicator which should be considered to measure distress but could also be expanded to measure wellbeing in general. It worked particularly well in combination of the parental stress indicator which can also be a good reflection of the level of wellbeing within the family (see Lithuania's research protocol for the full set of tools in [Appendix IV: Country-specific research protocols and tools](#)). The set of questions used to assess family separation would benefit from being refined, including by making sure that each question specifies that only children under 18 are being considered. Lastly, for future research and more robust monitoring and evaluation of CVA for CP interventions, the use of experimental design studies should be strongly considered, including by studying changes in a treatment group which would receive the full cash+ approach (i.e. CVA + complementary activities), another treatment group receiving only the complementary activities or only the CVA to be able to isolate the effects of each component of the package and a control group receiving no intervention at all.





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## Appendix I: Global research framework

The following table presents the suggested global research questions and indicators, which will be contextualised at the country level.

Main research question	Working questions	Specific lines of enquiry	Data sources
1. To what extent does CVA result in improved child protection outcomes?	1.1 What effect does CVA have on specific child protection outcomes, such as child labour, child marriage, and child wellbeing?	1.1.1 Identification of the effects of CVA on child protection outcomes and specifically on child marriage, child labour (including on the risks of recruitment into armed forces and groups) and child wellbeing through the review of the pilot projects' monitoring and evaluation data (including results from pre- and post-test)	Pilot projects monitoring and evaluation data (including results from pre- and post-test) complemented by the review of existing literature on the topic Referral data
		1.1.2 Analysis of the role played by CVA as part of integrated and complementary programming on child protection outcomes	Discussions with key stakeholders and target groups Review of existing literature on the topic
		1.1.3 Identification of any negative effects or increased risks linked to CVA in the pilot projects	Monitoring data collected from end-users Discussions with key stakeholders and target groups
		1.1.4 Measure of longer-term changes in child protection outcomes through the collection of data after the CVA has ended to test the sustainability of the observed effects	Pilot projects monitoring and evaluation data (including post-test 3-6 months after the last disbursement)
		1.1.5 Identification of contextual factors having an impact of the short and longer-term effects of CVA on the studied child protection outcomes	Monitoring data collected from end-users, including demographics Discussions with key stakeholders and target groups
	1.2 What effects do modality and delivery mechanism, transfer frequency and value, the conditionality and restrictions, and the choice of the direct recipient of CVA have on CP outcomes?	1.2.1 Analysis of how programmatic decisions around CVA are made in the studied contexts	Discussions with project staff Review of feasibility studies, needs assessments and other relevant documents
		1.2.2 Identification of conclusions and lessons learnt related to the use of different programmatic decisions (including on the role of conditionalities) in each context and in the global literature	Monitoring data collected from end-users, including demographics Discussions with key stakeholders and target groups Discussions with project staff

## Appendix II: Country-specific rubrics

**Table 9:** Rubric on the risk of child labour and unaccompanied children - Egypt

Rating	Description
1 (Very safe)	All children under 18 are kept in school or in technical training/internships, even among the most deprived families. Child labour is not accepted in the community and it is widely accepted that all children to stay under the guardianship of adults until they reach majority. Support groups or circles are in place in the community to support the most deprived families and their children in order to avoid risks of child labour. Children are all living in decent forms of accommodation.
2 (Safe)	All children under 16 are kept in school or in forms of technical training/internships. Some deprived families encourage children over 16 to bring an income to the household, but not through degrading forms of labour or through engagement in armed forces and armed groups. Children under 18 are not encouraged to go and leave by themselves to bring an income. They usually stay with their family until the reach majority and have access to decent forms of accommodation.
3 (Moderate risk)	Families often put a small pressure on children over 16 to bring an income to the household, but children under 16 are most of the time kept in school and staying within their families. No children under 16 are leaving by themselves or only with other young people to earn an income and send money to their family. But some young people (over 16) are working and including through degrading or dangerous forms of labour (exposure to security or health risks, begging, sexual activities...) for the ones coming from the most deprived families who could not attend any education.
4 (High risk)	Lack of financial resources lead families to put a small pressure on children to bring an income to the household, including pushing over 14 years old children to finish their education and start working and including through degrading or dangerous forms of labour (exposure to security or health risks, begging, sexual activities...). However, children under 14 are usually staying within their families and attending school. They sometimes provide support to their parents' income generating activities outside of school time. A good proportion of children over 14 years old are working in difficult conditions, and have to move away from their families to find economic opportunities: many of them have to live by themselves or with other children in very uncomfortable or unsafe housing conditions.
5 (Very high risk)	Lack of financial resources lead families to put pressure on children to bring an income to the household, including under 10 years old children and including through degrading or dangerous forms of labour (exposure to security or health risks, begging, sexual activities...). Many children (including younger than 14 years old) are working in difficult conditions, and have to move away from their families to find economic opportunities: many of them have to live by themselves or with other children in very uncomfortable or unsafe housing conditions.

**Table 10:** Rubric on the risk of recruitment of children into armed forces and armed groups - DRC

Rating	Description
1 (Very safe)	Tous les enfants de moins de 18 ans sont scolarisés ou suivent une formation technique/des stages, même parmi les familles les plus démunies. Le travail des enfants n'est pas accepté dans la communauté et le recrutement d'enfants de moins de 18 ans dans les forces armées et les groupes armés en raison de la pression financière n'est pas toléré. Des groupes ou des cercles de soutien sont en place dans la communauté pour soutenir les familles les plus démunies et leurs enfants afin d'éviter les risques de travail des enfants et de recrutement dans les forces et groupes armés.
2 (Safe)	Tous les enfants de moins de 16 ans sont maintenus à l'école ou dans le cadre de formations techniques ou de stages. Certaines familles défavorisées encouragent les enfants de plus de 16 ans à apporter un revenu au ménage, mais pas par des formes de travail dégradantes ou par l'engagement dans les forces armées et les groupes armés. Aucun enfant ne risque d'être recruté par les forces armées et les groupes armés en raison de la pression financière.
3 (Moderate risk)	Les familles exercent souvent une petite pression sur les enfants de plus de 16 ans pour qu'ils apportent un revenu au ménage, mais les enfants de moins de 16 ans sont la plupart du temps maintenus à l'école. Aucun enfant de moins de 16 ans ne risque d'être recruté par les forces armées et les groupes armés en raison des pressions financières. Mais certains jeunes (plus de 16 ans) avec des perspectives limitées le sont.
4 (High risk)	Le manque de ressources financières conduit les familles à exercer une petite pression sur les enfants pour qu'ils apportent un revenu au ménage, notamment en poussant les enfants de plus de 14 ans à terminer leurs études et à commencer à travailler, y compris par des formes de travail dégradantes ou dangereuses (exposition à des risques pour la sécurité ou la santé, mendicité, activités sexuelles...). Cependant, les enfants de moins de 14 ans sont généralement laissés à l'école. Ils apportent parfois un soutien aux activités génératrices de revenus de leurs parents en dehors du temps scolaire. Quelques enfants risquent d'être recrutés par les forces armées et les groupes armés en raison de la pression financière : rejoindre les forces armées et les groupes armés représente presque la seule opportunité et perspective pour les enfants et les jeunes les plus marginalisés.
5 (Very high risk)	Le manque de ressources financières conduit les familles à faire pression sur les enfants pour qu'ils apportent un revenu au ménage, y compris les enfants de moins de 10 ans et notamment par des formes de travail dégradantes ou dangereuses (exposition à des risques sécuritaires ou sanitaires, mendicité, activités sexuelles...). De nombreux enfants risquent d'être recrutés par les forces armées et les groupes armés en raison des pressions financières : rejoindre les forces armées et les groupes armés représente presque la seule opportunité et perspective pour les enfants et les jeunes.

**Table 11:** Rubric on the risk of CEFMU - Philippines

Rating	Description
<p style="text-align: center;"><b>1</b></p> <p>(Very safe and equal)</p>	<p><b>All of the elements under level 2 and in addition:</b> There are deep permanent shifts in choices, voices, and power such that family norms, values, and power structures that previously allowed marginalization, injustices, and inequalities to persist. Division of household labor and family support – is evenly spread between/among genders, with men’s involvement in caregiving roles being both encouraged and practiced. Women and girls in the family are empowered and have high levels of autonomy and agency over decisions that affect their lives and those of their children. Parents discuss with their children the beliefs, stereotypes, and norms associated with masculinity/femininity and characteristics of other marginalized<sup>23</sup>/ privileged groups. Each family member feels well supported to thrive, and the distribution of resources, opportunities, status, and rights within the family is now very even.</p> <p>There has been also a deep permanent change in the community norms, values, and power structures that previously allowed marginalization, violence, injustices, and inequalities to persist. Women are highly visible, viewed as role models, and fully represented in multiple, diverse, important leadership roles in the community. As a result, the community is a safe, positive environment for women, girls, boys, and previously marginalized groups; violence against them (including early and forced marriages) is not tolerated and is almost entirely non-existent; and the distribution of resources, opportunities, status, and rights is very even.</p>
<p style="text-align: center;"><b>2</b></p> <p>(Safe)</p>	<p>The family and community environment is safe and positive for girls and women. They earn and control their own money and are actively encouraged and supported by the others in the family to make decisions for themselves and to gain access to resources and opportunities. Men and others who have historically held power and privilege are now taking action to stop perpetuating these causes of inequality and working to change their own, their sons’, and their community’s beliefs, attitudes, and behaviors, as well as the relevant family structures and power dynamics. This includes stepping back from making decisions that affect women and supporting them to take the lead. As a result, women and girls are now free to decide who and when to marry and early marriages are not happening anymore as parents and caregivers promote girls’ education.</p> <p>Women and girls not only have a strong voice in the community but are now actively encouraged and supported to take the lead on community decisions that affect them. Men are engaged in advocating for non-violence against women and girls, and also report gender-based violence, even when perpetrated by relatives and friends. As a result, the incidence of such violence is very low.</p>
<p style="text-align: center;"><b>3</b></p> <p>(Moderately safe but unequal)</p>	<p>Within the family, equitable norms and practices support girls, women, to allow them equal access to resources and opportunities. This includes some efforts to eliminate barriers that may have prevented them from participating fully. Women may be starting to make more decisions together, but these may still be dominated by a few (e.g., mothers-in-law), and most women still have very little agency and they feel strong pressure to follow gender norms such as getting married and have children when they reach around 20-22 years old, take care of their husband, the house and children by themselves, obey to the husband...</p>

<sup>23</sup> An important first step is to carefully identify who exactly has been historically marginalized in this particular country and community (e.g., women and girls, people on other parts of the gender continuum, ethnic minorities, migrants, members of particular castes, people with disabilities).

	<p>The community is, on the whole, a safe environment for girls, women. Men are allowing women's voices in community discussion making and are starting to accept women's shifting roles as financial earners out of the home. Women's groups are starting to organize and advocate for change around gender-based violence including early marriages, urging police to be more responsive to complaints, and to send cases through the appropriate legal channels. Access to resources and opportunities is reasonably equal, but there is still significant work to be done to address the root causes of inequalities. Religious and community leaders are starting to publicly question long-held beliefs and religious doctrines that have perpetuated the power dynamics, gender roles, norms, stereotypes, and other root causes that perpetuate practices such as early marriages.</p>
<p>4</p> <p>(Risky and highly unequal)</p>	<p>Children and family members are given similar permission to access education, healthcare, and nutrition regardless of gender; however, girls, and women often have little power over when and how they access those opportunities. Women and girls still have limited decision-making power in the household, including on finances, how resources are spent on education/food/health services, distribution of food etc.; who and when to marry; access to education for girls... but parents and caregivers usually believe that boys and girls should be given the same opportunities. Early marriages are not accepted anymore for girls under 15 years old but some girls of 16-18 years old are still being married due to cultural and financial beliefs. There is a general awareness that this is becoming less acceptable.</p>
<p>5</p> <p>(Very risky and highly unequal)</p>	<p>Family and community norms and practices (and the narratives that justify them) reinforce and exploit stereotypes in ways that perpetuate the idea that women, girls, have less power, opportunities, and resources. Women and girls have almost no control of the decision that directly impact them such as marriage, education, work, use of the financial resources... Early marriages are frequent (including for girls of 14-15 years old age) due to beliefs that girls should be married when they reach puberty but also to financial pressure faced by parents.</p> <p>Boys are prioritized for access to better education and economic opportunities.</p> <p>There are substantial barriers to women and girls taking on leadership roles and acting as decision makers in this community. The community tolerates and sometimes promotes underage (under 18 years old but also girls under 15 years old) marriages.</p>

## Appendix III: Country-specific scenarios

**Table 12:** Appropriateness of CVA for different scenarios (only at baseline) - Philippines

<p>Story 4: Adolescent girl pulled out of school.</p> <p>X. is a 14-years-old girl. She and her family are from <i>[insert name of a place where most people in this group are coming from]</i> Last year, X. used to go to school but one of her parents died 6 months ago and now only X's mum is working hard selling vegetables in the market. As X. mum does not have enough money to cover school fees and needs for all children, X. stopped going to</p>	<p>Story 7: Child marriage.</p> <p>X is the only daughter in a family of five children. J., her mother, and K., her father, have been struggling to make ends meet since the recent flooding three months ago. All the family's crops were ruined. There isn't much paid work for the father. Before the crisis, X went to school, but now she has dropped out. The boys are all small (5, 6, 8, and 11). It costs a lot of money for them to go to school. X is about to turn 14; she is healthy, kind,</p>	<p>Story 16: Child neglect based on gender.</p> <p>X. is a 10-year-old girl. X. does not go to school because her family doesn't have enough money to pay for school uniforms for her and her two brothers. X.'s father decided her brothers' schooling was more important. Since the pandemic and the economic impact it had on the families in the community, X. found out that other girls like her,</p>
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<p>school to help her mum. She hopes that she can return to school soon.</p> <p>While her mum is out, X. takes care of her younger siblings, and cooks and cleans for her family. Her mother and other relatives (uncles, aunts...) praise her for contributing and often tell her she will make her future husband happy. Sometimes a neighbour watches X's siblings while she does housework for a wealthy family in town.</p> <p>An organisation like Save the Children has selected X's family to receive cash assistance.</p>	<p>hardworking, and a good cook. It seems like the best option to help the family will be to start looking for a husband for her.</p> <p>An organisation like Save the Children has selected X's family to receive cash assistance.</p>	<p>who left school when they were young, are being given a chance to learn to read and write here in the local community center. X. asks her father if he will reconsider and allow her to go to school. Her father says "no," she needs her to take care of the house whilst her mother goes out to work. And besides,</p> <p>X. will get married, have children of her own, and will not need know how to read and write.</p> <p>An organisation like Save the Children has selected X's family to receive cash assistance.</p>
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**Table 13:** Appropriateness of CVA for different scenarios (only at baseline) - DRC

<p><b>Story 4: Adolescent girl pulled out of school.</b></p> <p>J. is a 14-years-old girl. She and her family are from <i>[insert name of a place where most people in this group are coming from]</i> Last year, X. used to go to school but one of her parents died 6 months ago and now only X's mum is working hard selling vegetables in the market. As X. mum does not have enough money to cover school fees and needs for all children, X. stopped going to school to help her mum. She hopes that she can return to school soon.</p> <p>While her mum is out, X. takes care of her younger siblings, and cooks and cleans for her family. Her mother and other relatives (uncles, aunts...) praise her for contributing and often tell her she will make her future husband happy. Sometimes a neighbour watches X's siblings while she does housework for a wealthy family in town.</p>	<p><b>Story 8: Adolescent boy.</b></p> <p>X. is a 16-years-old boy. Earlier this year, X. was in school and worked on his family's farm after school, on the weekends, and during holidays. Since the armed groups came to his village, his parents decided to go and live with other family members until they can go back, X. can no longer go to school because his family lost their livelihood, so they have no source of income. X. goes with his father every day to look for work. Sometimes X. works with his father doing construction, and other days they unload boxes when the local trader receives a shipment. Sometimes there is no work at all; they feel frustrated that they have been harassed at the checkpoints without even being able to provide for their basic needs.</p> <p>An organisation like Save the Children has selected X's family to receive cash/voucher assistance.</p>	<p><b>Story 18: Child associated with armed group.</b></p> <p>X., is a 15-year-old boy, who got involved in the fighting when the <i>[insert name of armed group]</i> came to his town.</p> <p>He left when he was 13 and spent two years away from the town. He recently got injured and can no longer fight. He has come back to <i>[insert name of a town]</i> to be with his family.</p> <p>An organisation like Save the Children has selected X's family to be cash/voucher recipients.</p>
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An organisation like Save the Children has selected X's family to receive cash/voucher assistance.		
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**Table 14:** Appropriateness of CVA for different scenarios (only at baseline) - Egypt

<p><b>Story 1: Child-headed household</b></p> <p>X. is a 17-year-old girl and the oldest of six siblings (she has two brothers and three sisters). Together, X and her siblings left <i>[insert name of the country or place where people are coming from]</i> several months ago, and travelled to <i>[insert name of the place where you are now/or a community hosting many displaced people]</i>. Before, back home, they were financially comfortable. X's family had a small shop where their father and mother both worked. Their mother and father died during the <i>[name the crisis]</i>. So X. and her siblings left with people from their village. On arrival in <i>[insert name of the place where you are now/or a community hosting many displaced people]</i>, X. and her brothers and sisters started to live with a family from their village back home. X. has found work helping a wealthy family in the host community. She cleans and cooks for them and looks after their children. X. often comes home late at night. The money she earns does not cover all of X. and her siblings' needs. Here in <i>[put the name of the location where you are now]</i> X. and her siblings have had to rely on handouts from others. They get support from the family they are staying with. They have also asked for money and food from their parents' old friends. Over time, it has started to feel like the family they are staying with, and their parents' old friends, are becoming frustrated with X. and her</p>	<p><b>Story 6: Unaccompanied boy with his sister</b></p> <p>X. is 17-years-old and travelled from <i>[insert name of the country or place where people are coming from]</i> to <i>[insert name of the place where you are now/or a community hosting many displaced people]</i>. with his younger sister D., age 15. They were separated from their mother along the way to <i>[insert name of the place where you are now/or a community hosting many displaced people]</i>. Each day, they beg in the market or do manual labour to afford a bit of food. At night they stay with host or other <i>[insert asylum-seeking, refugee or displaced]</i> families who take them in. Sometimes they are all alone and feel afraid, being so exposed. One of their neighbours told them he knows a safe route to get to <i>[insert name of another location on the migration route]</i>, where they believe their mother is now, but it will cost more money than they have left.</p> <p>An organization like Save the Children has selected N. to be a cash recipient since he is the head of the household.</p>	<p><b>Story 14: Boy who is unaccompanied</b></p> <p>X., 15, found life hard back home due to the crisis. He kept hearing stories about how things were better in <i>[insert name of a destination country that many unaccompanied boys are seeking to reach – e.g. Germany, France, UK, Sweden]</i>. He knew the journey was dangerous. He knew his parents would be too worried to let him go. He left anyway with his best friend L. During the journey, L. did not managed to follow the group and they did not find him again. Once in <i>[insert name of a transit country – e.g. Greece, Italy, etc.]</i>, X. had nowhere to stay, nothing to eat, and no work. A man offered him shelter if he would do sexual things for him. X. has been staying with him ever since. He then met other boys in a similar situation, and they told him to register with UNHCR, so he has.</p> <p>An organisation like Save the Children has selected X to be a cash recipient.</p>
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<p>siblings. Everyone is struggling to have enough food and to make a stable life for themselves.</p> <p>An organisation like Save the Children has selected X. to be a cash recipient.</p>		
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## Appendix IV: Country-specific research protocols and tools



## Appendix V: Detailed methodology

Based on the consultancy objectives, the methodological steps followed for this piece of work included:

### 1. In-depth briefings

The consultancy started with a remote in-depth briefing with the consultancy managers. Beyond fostering a broad and general understanding of the project background and of the Terms of Reference, it allowed to gain a better understanding of previous and ongoing research initiatives led by Save the Children on the topics and of the main lines of enquiries to explore. This briefing was followed by a kick-off call with the grantees in all three countries. During this call, each country office briefly presented its pilot project and a general introduction about the research was provided. This call also allowed to identify a research focal point in each country with whom the consultant was able to liaise.

### 2. Inception report

Following the initial calls, the consultant reviewed the grant proposals from each country offices in addition to relevant literature on CVA and child protection, including the recent evidence reviews led by Save the Children. The aim was to identify gaps in the literature and body of evidence that this research could contribute to fill. Some of the identify gaps included:<sup>2425</sup>

- the lack of quantitative data and robust research design to measure outcomes,
- the lack of analysis on the use of conditionalities,
- the lack of longer-term data to better assess the sustainability of short-term CVA for child protection outcomes,
- the lack of evidence on the risks and benefits of children receiving CVA directly to prevent and respond to other child protection issues
- the limited use of data collected through case management in combination with CVA Post Distribution Monitoring (PDM), in order to better cross-reference and quantify impact of CVA on specific CP outcomes, and
- the limited evidence on the potential impact of CVA on risks of child marriage and recruitment into armed forces and armed groups

<sup>24</sup> Olivia Collins and Antoine Sciôt, 'CVA and Child Protection - Summary of Practice and Evidence from Save the Children Programmes' (2022: Save the Children, n.d.).

<sup>25</sup> Caitlin Salloum, 'Child Protection Outcomes in Cash and Voucher Assistance in Humanitarian Settings' (Save the Children, 2021).

### 3. Tools development and contextualisation of the research framework

Following the validation of the global research framework and approach, the consultant started working on some global data collection tools and guidance documents to cover the global scope of the research. In the meantime, each country was engaged and enrolled into the research process through a **country-specific conceptualisation workshop**. Held remotely using Teams, these workshops aimed at presenting the global research objectives, framework and approach.

The consultant started by mapping with the country offices' staff the areas of inquiry that required contextualisation. The workshops were also a great opportunity to discuss the proposed methodology and its adequacy to each local context. Lastly, the workshops allowed to set clear roles and responsibilities between the country office, Save the Children global team and the consultant and to elaborate country specific workplans. They were used to contextualise and define the key concepts of child labour, marriage and well-being (*what do they mean and how do they materialise in the local context? What are the exact translation? etc.*) and discuss the design of the intervention. The results of the workshop in each country were captured in the country-specific research protocols. Following the workshops, the consultant developed the **country-specific research protocols** which included, among others, a contextualised and more specific research framework, methodology, ethics, safeguarding and data protection procedures and workplan.

The MPCA MEAL Toolkit and CVA for CP MEAL Toolkits were used as the starting point for the research instruments, which were contextualized per country. The final set of tools used in this study are as follows:

- **Baseline:** quantitative survey administered prior to cash distribution with parents/caregivers/heads of household (see section [Error! Reference source not found.](#) for the different type of actors and tools) and community-based child protection actors including case workers; Focus Group Discussion (FGD) and interview guides (including child friendly guides) to identify and assess Child Protection (CP) benefits and risks before starting CVA.
- **Post-Distribution Monitoring (PDM):** quantitative survey to assess beneficiaries' utilization of CVA, satisfaction with CVA, and any issues accessing CVA, among other process indicators;
- **Endline:** quantitative survey administered one-month after the last cash distribution with beneficiaries and community-based child protection actors including case workers, and FGDs with beneficiaries and 'success story' activities with children.
- **Follow-up survey:** quantitative survey (same as Endline) conducted three months after the Endline with beneficiaries; it is meant to serve as a lite ex-post evaluation.

Each protocol and associated tools were submitted to the review group composed of SC global and country staff for final sign-off. Once tools were validated, they were submitted to **Save the Children Ethics Review Committee** for ethical approval prior to data collection.

### 4. Supervision of the primary data collection using appropriate and participatory methods

Once the protocol validated in each country, the consultant supervised the collection of data at key stages as defined above and in country-specific protocols.

While the methods were slightly adapted based on the discussions from the contextualization workshops, the following methods were used:

- **Quantitative surveys** administered by enumerators trained by the country offices' MEAL team: the first survey was administered to parents and caregivers, as well as to Unaccompanied or Separated Children (UASC) in the context of Egypt using a child-friendly version of the tool. The survey assessed attitudes and practices towards child labor, child marriage, and overall child well-being. Given the scale and scope of the pilots, the full register of beneficiaries (150 households) served as the final sample size for the study and a

census, panel methodology was employed to ensure comparative analysis across each time point (baseline, endline and 3-month follow-up/evaluation). The inclusion of a control group (i.e. a group that has not received or will not receive the same treatment or intervention) and the use experimental approaches was identified as a gap in the literature and a key element to generate more evidence on CVA and child protection in the recent evidence reviews on the topic. However, including a comparison group in this study was not possible for budgetary and ethical reasons. However, the exact same households were consulted at baseline, endline and during the follow-up survey as the sample covered the whole caseload.

A second survey tool was also developed to consult community-based child protection actors. It was adapted from tool 3 of the [Toolkit for Monitoring and Evaluating Child protection when Using Cash and Voucher Assistance](#) and included specific fields to collect case management figures.

- For post-distribution monitoring (PDM), the consultant also developed a survey which was administered to the direct beneficiary of the assistance (which included either parents/caregivers or adolescents depending on the context). This survey monitored the accessibility, safety, and appropriateness of the CVA received as well as the beneficiaries' knowledge of available complaint and feedback mechanisms among others.

**Focus group discussions** were conducted to gain deeper understanding of the child protection risks in the communities before and after the assistance. They were organised with parents, caregivers and child protection actors at community level. The FGD tool was designed to better understand the relevance, drivers, and effectiveness of CVA to achieve the desired CP outcomes. Participants were divided by gender to ensure that both men and women were able to express their opinions freely.

The FGD tool used was mostly adapted from tool 1 of the [Toolkit for Monitoring and Evaluating Child protection when Using Cash and Voucher Assistance](#) and tailored to each context. The consultant also suggested to use the rubrics approach (see Appendix II: Country-specific rubrics) as part of those FGDs at baseline and endline stages to get more insights on the severity of the child protection risks identified and measure how they have evolved during the project lifespan.

**Youth-friendly consultations** were conducted to capture feedback from adolescents using age-appropriate techniques: those techniques were adjusted based on the age of the target group and the objective of the consultation. In the DRC, Egypt and the Philippines, adolescents from 14-17 years old were consulted using a storytelling approach which was also inspired by the [Most Significant Change](#) methodology. Approximately 20 boys and girls (10 girls and 10 boys) were consulted in each country (totaling 60 children).

**Learning workshops** were facilitated remotely using participatory and engaging methods to capture reflections from SC project staff in Egypt, DRC, and the Philippines at the end of the pilot on performance and achievements in a collective manner.

## 5. Data analysis

Qualitative data was recorded in Word transcripts and emerging trends were analysed using Thematic Analysis. Quantitative data were stored in Excel, cleaned and analysed using computing descriptive statistics. The analysis was done iteratively to be able to adjust the data collection tools and further explore some of the trends. Once all data was collected and analysed at country level, all data from baseline, endline and the follow-up survey was compiled to produce country-specific summary of findings. Data was triangulated across sources to ensure accuracy.