



# EVALUATION REPORT

## MEASURING THE IMPACT

## OF CASH ON

## CHILD PROTECTION OUTCOMES

February 2024  
Arauca and La Guajira, Colombia  
Funding provided by the United States Government



**Save the Children®**



**JOHNS HOPKINS**  
BLOOMBERG SCHOOL  
of PUBLIC HEALTH

# Measuring the Impact of CVA on Child Protection Outcomes

February 2024 - Colombia



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## Acronyms

BHA	Bureau for Humanitarian Assistance
BPRM	Bureau for Population, Refugees, and Migration
CP	Child Protection
CVA	Cash and Voucher Assistance
ERC	Ethics Review Committee
FGD	Food Group Discussion
IGAs	Income-generating Activities
IRB	Institutional Review Board
JHSPH	The Johns Hopkins University School of Public Health
HH	Household
MEAL	Monitoring, Evaluation, Accountability, and Learning
MPCA	Multipurpose Cash Assistance
PLW	Pregnant and Lactating Women
USD	U.S. Dollar

# Measuring the Impact of CVA on Child Protection Outcomes

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## Executive Summary

### Project Background

Humanitarian crises have become more complex in recent years, challenging humanitarian actors to adapt to meet the evolving needs of affected populations. The average crisis now lasts for more than nine years, and over half of the world's 27 million refugees are children. As humanitarian crises break down traditional protection mechanisms and the loss of income restricts access to basic resources, children become increasingly vulnerable to abuse, neglect, exploitation, and violence.

Since 2022, Colombia has hosted the largest population of Venezuelan refugee and migrants outside of Venezuela at 2.9 million individuals. The 2022 Regional Migrant and Refugee Response Plan (RMRP) identified nearly 5 million Venezuelan refugees/migrants, Colombian hosts, and returnees in need of assistance, of whom over one-third (38%) were children under 18. SC Colombia additionally identified an increasing intersectionality between armed conflict and protection risks for Venezuelan girls, boys, and children with disabilities. In departments such as Arauca and Valle del Cauca, children and their families face the risk of exploitation by armed and criminal groups. SC Colombia's protection staff continue to identify Venezuelan girls and boys at risk of recruitment by said groups in exchange for money, including being used as messengers. Venezuelan families are often targeted due to their heightened economic vulnerability.

It is known that child protection (CP) is life-saving both as a standalone intervention and through integration and mainstreaming in other sectors. In the humanitarian context, CVA is a growing and popular modality of delivering direct financial support to families and their children. It is increasingly being adapted and used for CP outcomes. While recent pilot studies and desk reviews underscore the use of cash as a protection tool to improve child protection and well-being, they also point to knowledge gaps and the need for more concrete data findings.

As such, SC's emergency response in Colombia has focused on providing a holistic package of services to children and their families and communities. Some critical CP needs identified in the targeted populations include sexual and gender-based violence (especially adolescent girls), harmful forms of child labor including begging (especially in La Guajira), and recruitment and use by organized criminal groups and illegal armed actors (largely concentrated in Arauca), commercial and sexual exploitation. SC's case management teams offer individual, tailored psychosocial support to children and families in addition to providing tools and sessions on positive parenting, child wellbeing and stress management to help caregivers mitigate negative coping mechanisms and strengthen protection in the home.

### Evaluation Purpose and Key Questions

This study aimed to evaluate the *impact of CVA in addition to Child Protection programming on reducing child labor and violence in the home*. This research measured the following key outcomes:

- ✓ Child safety & wellbeing
- ✓ Household safety & wellbeing
- ✓ Discipline
- ✓ Child school attendance
- ✓ Child labor

### Project Details

**Project name:** Measuring the Impact of CVA on Child Protection Outcomes

**Project locations:** Arauca and La Guajira, Colombia

**Award Timeline:** Sep 2021 – Feb 2024

**Research Timeline:** Nov 2022 – Jul 2023

**Donor:** U.S. Government/Bureau for Population, Refugees, and Migration (BPRM)

**Thematic areas:** CVA (6 monthly transfers of US\$79-\$139) and Child Protection (case management)



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In Colombia, two intervention (CVA+CP) and two comparison groups (CP-only, CVA-only) were established; breakdown is as follows:

- Two (2) intervention groups (CVA+CP): one (1) in Arauca and one (1) in La Guajira
- Two (2) comparison groups: one (1) CVA-only in Arauca and one (1) CP-only in La Guajira

The protection activities included case management (CM) and/or sensitization on the issues of child labor prevention and consequences of physical punishment, and CVA assistance was provided for 6 months (average \$79-\$139, depending on family size).

A total of 180 caregivers were interviewed at baseline, however, only 120 of the same caregivers were reached at Endline. A **two-way referral pathway between CVA and CP** projects was established to identify caregivers and children for the study, which did not allow for randomization of any of the participants.

## Conclusions

### Summary of Key Findings

- ✓ Perceptions of safety improved or were unchanged from baseline to endline for participants in the CVA+CP group but declined in the CP only and CVA only groups (comparison) for nearly all safety statements.
- ✓ The proportion of women reporting that their children's and households' general well-being were 'good' or 'very good' increased in all groups during the study period.
- ✓ Use of discipline behaviors increased in both groups in Arauca, but in La Guajira, this decreased among CP only participants and was reported by all CVA+CP participants at both time points. It is important to note that an increase was observed in positive corrective behaviors, such as caregivers explaining the child's behavior and taking away a privilege or redirecting their attention to something else. A decrease is observed in negative behaviors such as yelling at the child or hitting them.
- ✓ The proportion of children reported to be attending school or an early childhood education program among those who ever attended nominally increased in both groups in La Guajira, but in Arauca, this increased among CVA only participants but decreased among CVA+CP participants.
- ✓ Child engagement in income-generating activities [cash or in kind] in the prior month were uncommon in all groups, locations, and time periods. Child labor was not reported for any children of CVA only participants in Arauca during the study period but reported child labor decreased slightly in the CVA+CP group in Arauca as well as in both groups in La Guajira.
- ✓ The proportion of participants who believed that child labor is an accepted and common practice decreased in both groups in Arauca during the study period; however, in La Guajira this increased slightly among CP only participants and was unchanged among CVA+CP participants. In both departments, the agreement that child labor is a means of preparing children for the future increased in the comparison group (CVA only/CP only) but decreased in the CVA+CP group. Changes in other perceptions related to child labor were mixed by group and department.
- ✓ Cash assistance was generally positively perceived. No participants reported encountering any problems that arose because of the cash assistance. All participants in Arauca and most participants in the CVA+CP group in La Guajira reported feeling very safe receiving cash assistance. All participants who received CVA reported food among the two categories on which they spent the most of their cash transfer.
- ✓ Additionally, participants were largely satisfied with the programming and support received from SC in the preceding six months. Many participants across all the groups conveyed the need for more assistance (longer duration and amount) to cover more needs and suggested that livelihoods/entrepreneurship training would be beneficial to incorporate in future program.

## Recommendations for management action

- ✓ The present study was limited in detecting significant differences due to small sample sizes in the comparison groups. Future research should endeavor to include larger sample sizes. Alternatively, programs with strong monitoring and evaluation systems can track key indicators over time for various populations and undertake similar comparisons by leveraging program data if such information is collected in a way to meet learning objectives.
- ✓ To increase comparability across countries, implementers should tailor the design of the CVA intervention instead of adding CP to existing CVA interventions, to ensure the duration of assistance, frequency, and transfer value are comparable (i.e., need to consider local costs of living, gaps in expenditure income, inflation, etc.); and to measure outcomes at different time points to determine correlation between duration of assistance and effects of cash.
- ✓ In contexts with limited funding resources, child protection programs may wish to prioritize households where children are not attending school, experiencing harsh forms of discipline, or are engaged in child labor (in particular if children engaged in labor are young, working many hours or working under dangerous conditions).
- ✓ While cash transfers can positively impact household well-being, efforts should be made to understand what occurs within households when transfers end, in particular if child protection risks increase, and to proactively address these concerns. In particular, significant advance warning for when transfers end, linkages to other services/programs and continued case management are important to prevent deteriorating situations as households are transitioned away from cash assistance.
- ✓ 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.
- ✓ There are still a number of gaps in our knowledge around the extent to which cash assistance impact child protection outcomes that follow from our findings, and would benefit from further research, including operational research to determine the optimal transfer value, frequency, and duration as well as further test the theory that cash assistance reduces child engagement in income-generating activities and reduces incidences of violence in the home.



## Introduction & Project Background

Humanitarian crises have become more complex in recent years challenging humanitarian actors to adapt to meet the evolving needs of affected populations. The average crisis now lasts for more than nine years, and over half of the world's 27 million refugees are children. As humanitarian crises break down traditional protection mechanisms *and* the loss of income restricts access to basic resources, children become increasingly vulnerable to abuse, neglect, exploitation, and violence. These crises can lead to family separation as well as an increase in children being placed in harmful working conditions, begging on the streets, exploitation and association with armed forces or groups.<sup>1</sup>

Further to this, the global COVID-19 pandemic has exacerbated the root causes of some of the biggest threats to child survival and well-being such as hunger, reduced access to health, education, social and child protection services. Lockdowns, income loss, and confinement to small places increase threats to the safety and well-being of children – including abuse, gender-based violence, and social exclusion. These impacts are likely to be even more acutely felt in humanitarian settings, where the stresses of daily life are already severe and child protection services scarce.<sup>2</sup>

Cash and Voucher Assistance (CVA) is a critical modality that is increasingly being adapted to support the prevention and response to child protection risks. In 2016, humanitarian agencies and donors committed to improve the effectiveness and efficiency of humanitarian action by 'increasing the use and coordination of cash-based programming' under the Grand Bargain cash work stream. While the evidence base for assessing the benefits, impacts and risks of cash programming in humanitarian contexts is mounting, it is growing faster in some sectors than others. So far, the evidence is stronger and more conclusive for sectors traditionally considered as meeting 'basic needs' such as commodity or market-based sectors, and sectors that respond to acute economic shocks such as food security and livelihoods.<sup>3</sup>

Child protection (CP) is a sector that produces life-saving outcomes both as a standalone sector and through integration and mainstreaming with other sectors. While recent pilot studies and desk reviews underscore the use of cash as a protection tool to improve child protection and well-being, they also point to knowledge gaps and the need for more concrete data findings.<sup>4</sup> Due to limited funding, programmatic complexities and constraints, CP has had limited success in generating the necessary rigorous evidence on the use of CVA.

In 2019, the Grand Bargain Cash workstream commissioned the Alliance's Cash and Child Protection Task Force to address the lack of documented evidence on the effectiveness of cash transfers on children in emergencies, and to develop and pilot guidance for integrating child protection in multi-purpose cash monitoring and evaluation frameworks. Therefore, Save the Children (SC) and Johns Hopkins University (JHU) Centre for Humanitarian Health will partner to generate evidence on the impact of CVA on CP outcomes in humanitarian settings. The globally relevant research will be conducted in Lebanon and Colombia targeting displaced populations and vulnerable migrants. These countries and the targeted locations have been selected due to their ongoing CVA and CP programming as well as the risks and threats facing children due to a deteriorating protective environment caused by compounding crises.

SC's emergency response in Colombia focuses on providing a holistic package of services that targets children, families, communities, and local authorities. The program (funded by BPRM) aims to address negative coping mechanisms that directly affect children's lives and help mitigate children's exposure to abuse, violence, neglect, and exploitation. Some of the CP needs identified in the targeted populations include sexual and gender-based violence (especially adolescent girls), harmful forms of child labor including begging (especially in La Guajira) and recruitment and use by organized criminal groups and illegal armed actors (largely concentrated in Arauca), commercial and sexual exploitation. SC's case management teams provide individual, tailored psychosocial support to children and families and activate relevant referral pathways to support

<sup>1</sup> Save the Children Position on Child Labor. 2019

<sup>2</sup> [Migrant-and-displaced-children-in-the-age-of-COVID-19.pdf \(unicef.org\)](#)

<sup>3</sup> The Alliance for Child Protection in Humanitarian Action: Cash Transfer Programming and Child Protection in Humanitarian Action: Review and opportunities to strengthen the evidence (2019)

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



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services for children and their families. In addition to this SC's CP team provides awareness raising, tools and sessions on positive parenting, child wellbeing and stress management to help mitigate negative coping mechanisms and strengthen protection in the home.

Within the MPCA programming (funded by BHA), since 2018, SC has set up a referral system to identify the most vulnerable beneficiaries and build a robust database to establish payment plans for each family (including CP beneficiaries) according to their size and needs, as per Government of Colombia guidelines. SC uses the same selection tool (a Household Profiling Questionnaire) as other organizations of its consortium (VenEsperanza) and other cash consortiums and actors (CUA), which uses a series of scoring to select most socio-economically vulnerable households. The unconditional MPCA is transferred for a duration of 6 months through the financial service provider "Efecty".

SC provided case management and referral to other programs implemented by SC in the study regions. Additionally, within the protection services there were also group training activities and individual awareness raising on risks for minors, possible dangers and care routes. The protection risks addressed were physical, emotional, and sexual abuse; negligence; child labor or exploitation; and abandonment, in cases of unaccompanied minors.



## Evaluation Background & Scope

### Evaluation Purpose

This study aimed to contribute to the question: “When does cash for protection work, when should it be in place, and how is it best implemented to achieve intended outcomes?” by seeking to understand: *What is the impact of CVA in addition to Child Protection programming on reducing child labor and violence in the home?*

This research study generated data about the interplay between CVA and CP programming, implementation data from both programs together and child protection programming without cash, and how cash programming influences child protection outcomes. Based on evidence that poverty is a driver of protection risks, we hypothesized that CVA programming in addition to CP programming would result in reduced incidences of and negative attitudes that perpetuate child labor and violence in the home. This research is based on existing evidence from Lebanon and Colombia that poor households in humanitarian emergencies may be forced to resort to negative/harmful coping strategies to reduce household expenditures and increase income.



### Evaluation Questions

- What is the impact of CVA in addition to Child Protection programming on reducing child labor and violence in the home?
  - Safety & Wellbeing (changes in wellbeing and sense of safety of children and household overall among the intervention and comparison groups)
  - Discipline (changes in incidences of violence inside the home and perception of negative child disciplining measures among the intervention and comparison groups)
  - Child School Attendance (changes in the incidences of school dropout/withdrawal among children in the intervention and comparison groups)
  - Child Labor (changes in incidences of child labor and prevalence of child labor in the community among the intervention and comparison groups)
  - Level of satisfaction with protection and cash programming between the two groups



## Methodology & Limitations

### Research Design

To better understand how the CP and CVA programs in Colombia are contributing to children's experience of child labor and violence in the home, a quasi-experimental, mixed-methods, panel design was implemented. Children and their caregivers were identified via a two-way referral pathway between the multipurpose cash assistance (MPCA) and child protection programs. This study had four (4) groups: 2 comparison groups (1 CVA-only in Arauca, 1 CP-only in La Guajira) and 2 intervention groups (CVA + CP in Arauca and La Guajira).

The protection activities included case management (CM) and/or sensitization on an ongoing basis on the issues of child labor prevention and consequences of physical punishment, while cash was provided for six (6) months (between 310000 and 545000 COP - about 79 to 139 USD - depending on family size). Specifically, participants were selected from the USAID/BHA VenEsperanza program that were in the process of receiving any CVA or CP. The selection criteria at large considered prioritized households with children and adolescents between 5 and 17 years of age; detailed criteria for each group were as follows:

- **For those who received CVA (59 HHs in Arauca):** the selection was based on an eligibility survey that measures the vulnerability of households and produces a vulnerability score that allows us to see which families have the greatest needs. Priority goes to HHs with pregnant and lactating women (PLW), children under 17 and children under 2, members with disabilities, and elderly; HHs with little or no income; HHs experiencing high food insecurity, among others.
- **For those who received CP (61 in La Guajira):** people referred to or identified as having problems or high protection risks (see specific risks below).
- **In the case of CVA + CP (31 in La Guajira, 30 in Arauca):** eligible for CVA and facing protection risks.

Since the general selection and division by groups were carried out based on the availability of the prioritized population of the projects, randomization was not possible.

### Data Collection

SC Cash and MEAL teams conducted a rolling baseline from November 2022 to February 2023 in line with the rolling registration; and the endline from June to July 2023 in La Guajira and Arauca. Although 180 households (HHs) were interviewed at baseline, the team was only able to reach 120 households (55 in Arauca, 65 in La Guajira) due to the transient nature of the target population, semi-remote data collection, and voluntary participation. All data was collected via Kobo Toolbox in a hybrid manner – primarily remotely via phone and, in some cases, face-to-face.

Qualitative data was collected via focus group discussions (FGDs) with 29 children (16 boys, 13 girls) between 9-17 years old to help the research team understand the relationship between programming and child outcomes, with a focus on the interplay of cash transfers, CP programming and other interventions households may have been participating in to identify how these programs relate to or support each other and where caregivers perceive gaps. Qualitative data collection also allowed the research team to further explore the findings of the quantitative results such as perceptions of children regarding their safety within their community and home, engagement in child labor, and school attendance.

### Data Analysis

Quantitative data analysis was conducted in Stata 15 and included descriptive statistics to summarize data (e.g., means, median, proportions) and examine patterns of change from baseline to endline by study group within each department. When sample size permitted (i.e.,  $n \geq 30$  within each group), chi-squared tests were used to compare proportions and t-tests for comparison of means between study groups within each department, with p-values  $< 0.05$  considered statistically significant. Further statistical analysis was limited due to the small sample size.

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Qualitative data analysis was conducted manually, transcripts were recorded and translated (from Spanish to English) in Word, and emerging trends were analyzed using Thematic Analysis.

## Ethics & Accountability

The researchers ensured an ethical approach throughout the life of the research, adhering to SC's Child Safeguarding Policy and Code of Conduct, and adapting global ethical guidelines for evaluation. **The principles of "best interests" and "do no harm" were applied when determining how and when to engage children directly as part of this research.** When planning to engage children, country offices ensured that:

- ✓ Participation was voluntary and with the informed consent/assent of both the children and their caregivers.
- ✓ Child-friendly methods were used.
- ✓ Participation was inclusive (girls, boys, children with disabilities, etc. are included); and
- ✓ Enumerators were trained in child rights, safeguarding, participation, and referral procedures.



The Johns Hopkins School of Public Health (JHSPH) Institutional Review Board reviewed the study and determined that JHSPH was not engaged in human research because only de-identified program data was used for quantitative analysis. The research also went through an ethical approval process through SC's Ethics Review Committee, which is required for all human participant evidence generating activities conducted by or supported by SC for the purpose of creating generalizable knowledge.

## Limitations

As with all evaluations, there are limitations to this work. Changes in study design impacted the study in terms of both interventions compared and ability to assess outcomes as initially planned. The original study design was a two-group comparison of protection programming alone versus protection programming with cash assistance in both provinces. Ultimately, a three-group comparison was conducted, with protection and cash assistance (implemented in both states) being compared to protection alone (in La Guajira) and cash alone (Arauca). The pivot in study design made it difficult to evaluate the effectiveness of the intervention because differences attributable to the location and comparison intervention could not be disentangled, and because comparison groups in the two locations could not be combined into a single reference group due to the differing interventions received. The small sample sizes within some groups (i.e., <30 participants in a department-level group) limited power to reliably perform statistical testing for household-level indicators and hindered the ability to detect statistically significant differences between the comparison groups in other indicators (e.g., child labor and individual child school attendance). Additionally, the findings are not generalizable to all individuals in the two included departments, but rather they reflect the experiences of households/caregivers who received child protection and/or cash assistance from Save the Children through this program. Further, the data is based on respondent self-report, and thus, may reflect bias based on social norms and experiences of participants. Lastly, the study did not capture as much qualitative data on outcomes as was initially envisaged, especially from caregivers and CP actors; however, most of the outcomes were triangulated with testimonials from children via focus groups.



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## Findings

### Demographic Data & Respondent Characteristics

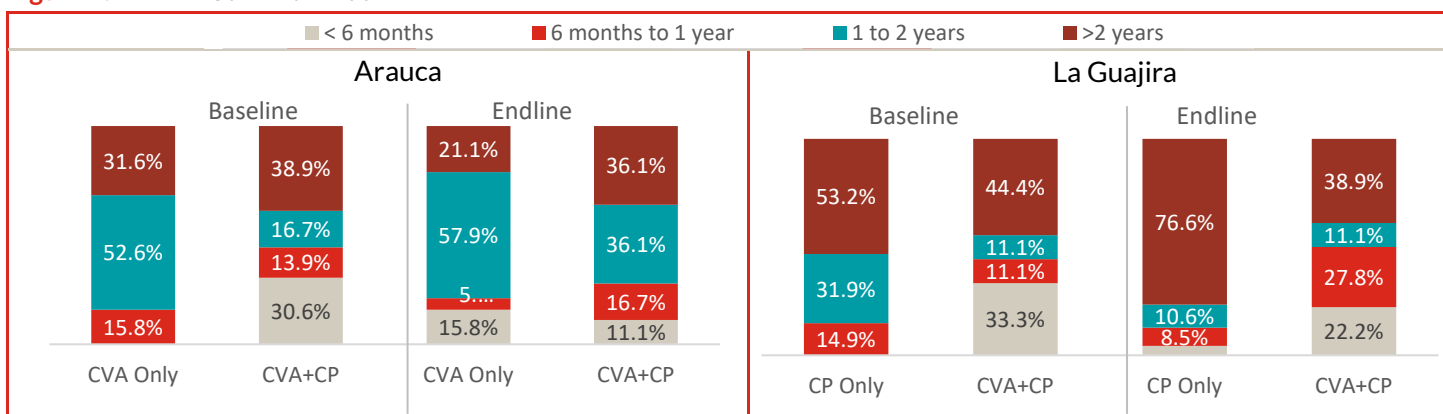
A total of 180 caregivers were interviewed at baseline (89 in Arauca, 91 in La Guajira), of which, only 120 (55 in Arauca, 65 in La Guajira) were reached at endline and are included in this analysis. Among the 55 households in Arauca, 19 (34.5%) received only CVA and the remaining 36 (65.5%) received both CVA and child protection (CP) services. Of the 65 households in La Guajira, 47 (72.3%) received only CP and 18 (27.7%) received both CVA and CP.

Respondent characteristics at baseline are summarized in Table 1. At baseline, respondents in the comparison groups were older, on average, than those in the CVA+CP group in both Arauca (mean age of 34.5 years for CVA only, 33.8 years for CVA+CP) and La Guajira (mean age of 36.8 years for CP only, 30.8 years for CVA+CP). In both departments, larger proportions of respondents in the CVA+CP group were female (94.4% in Arauca and in La Guajira) than in the comparison groups (78.9% in Arauca, 87.2% in La Guajira). Additionally, compared to those in Arauca, **participants in La Guajira were more commonly Venezuelan nationals, had lower educational attainment, and were not partnered** [rather than partnered, married, separated, or widowed] (Table 1). Households in Arauca were also smaller on average than those in La Guajira. In both locations, substantially more participants in the CVA+CP group had lived in their current location for less than six months while those in the comparison groups were more stable both at baseline and at endline (Figure 1).

**Table 1:** Respondent Characteristics at Baseline

	Arauca (N=55)		La Guajira (N=65)	
	CVA-Only (n=19)	CVA+CP (n=36)	CP-Only (n=47)	CVA+CP (n=18)
Mean age (years)	34.5	33.8	36.8	30.8
Female sex	78.9%	94.4%	87.2%	94.4%
Nationality				
Colombian	21.1%	36.1%	21.3%	16.7%
Venezuelan	68.4%	61.1%	76.6%	83.3%
Other	10.5%	2.8%	2.1%	0.0%
Primary education or less	47.4%	41.7%	68.2%	72.3%
Marital status				
Single, not in a relationship	36.8%	47.2%	53.2%	61.1%
Partnered, living together	57.9%	36.1%	34.0%	33.3%
Married, living together	5.3%	11.1%	4.3%	0.0%
Married, not living together	0.0%	0.0%	0.0%	5.6%
Legally separated/divorced	0.0%	5.6%	4.3%	0.0%
Widowed	0.0%	0.0%	4.3%	0.0%
Mean HH size	4.2	4.5	5.0	5.3

**Figure 1:** Time In Current Location



Household member employment was similar between groups in both locations (Figure 2, following page). Notably, at both time points in Arauca, more households in the CVA+CP group (44.4% at baseline, 69.4% at endline) reported any members

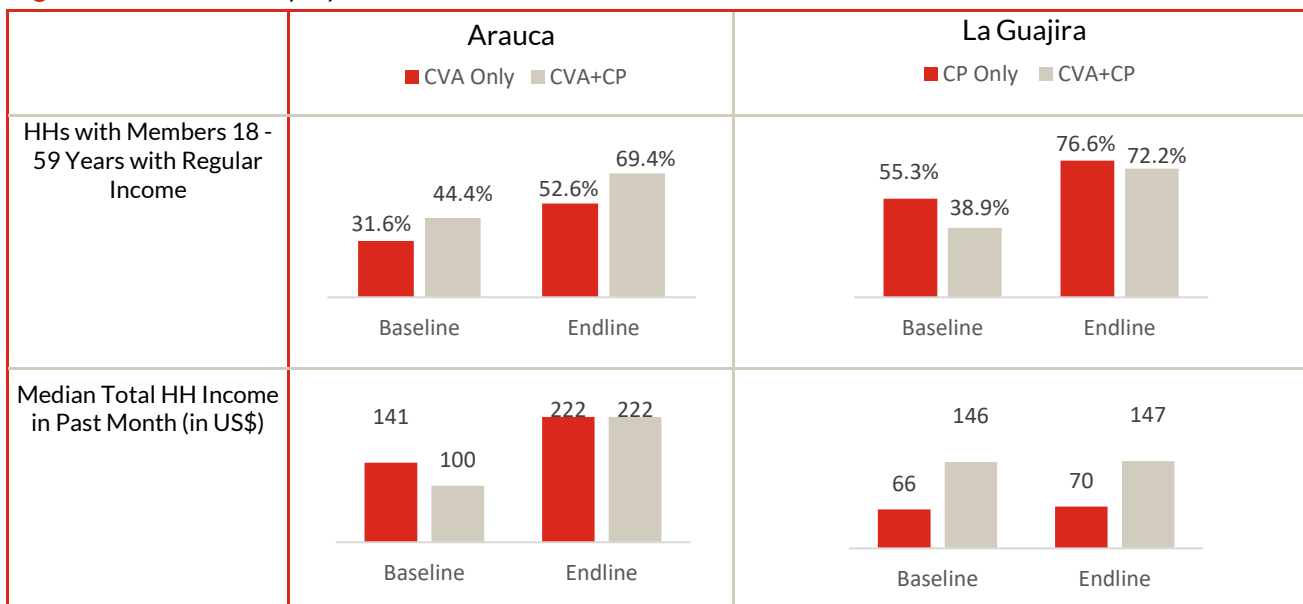
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18 - 59 years old with regular income/employment compared to those in the CVA only group (31.6% at baseline, 52.6% at endline), yet median household income in the past month was higher at baseline in the CVA only group (US\$140.8 at baseline) than in the CVA+CP group (US\$99.8) and the same in both groups at endline (US\$221.8). Conversely, in La Guajira, more households in the CP only group reported members with regular employment compared to the CVA+CP group at both baseline (55.3% in CP only, 38.9% in CVA+CP) and at endline (76.6% in CP only, 72.2% in CVA+CP), while median income was higher at both time points in the CVA+CP group (US\$145.5 at baseline, US\$146.7 at endline) than in the CP only group (US\$65.7 at baseline, US\$70.4 at endline).

**Figure 2:** Household Employment and Income



Characteristics of individual children for whom data were collected are presented in Table 2. Approximately half of all children for whom data were collected were female with the exception of those in the CVA+CP group in Arauca, where only 37.9% of children were female at baseline and 36.9% at endline; slightly more females (57.6%) were represented in the CVA+CP group in La Guajira at baseline. Children were similar in age, on average, and of those attending school, predominantly in elementary level (grades 1-5). Most children had never-attended school or an early childhood education program, but in La Guajira, this was more common in the CVA+CP group at baseline and among the CP only group at endline.

## Safety & Wellbeing

At baseline and endline, caregivers were asked a series of questions about their beliefs and perceptions of both their own and their children's safety and well-being. Respondents' perceptions of their children's safety are presented by department, time period, and study group in **Figure 3** (following page). In **Arauca**, more households in the CVA-only group than in the CVA+CP group (95% vs 61%) agreed with the statement "my children are *safe in the community* where we live" at **baseline**; however, at **endline**, agreement decreased to **78.9% in the CVA-only group but increased to 83.3% in the CVA+CP group**. In **La Guajira**, **this trend was similar** with 61.7% of CP-only participants and 50.0% of CVA+CP participants agreeing that their children are *safe in their community* at baseline, but 51.1% of CP-only participants and 61.1% of CVA+CP participants agreeing at endline.

During FGDs, children (9, 9-12 years old) and adolescents (6, 13-17 years old) from La Guajira discussed the sense of disunity and not belonging they feel in their communities at times due to the way they are treated by the host families – feeling of 'otherness'. Limited access to electricity, clean water, and internet; and petty theft and crime were reported as primary contributors to the sense of insecurity children felt by children in the refugee/migrant communities compared to their neighbors. On the hand, the rural environment was considered a positive by the same adolescents. For instance, one stated, "we play in a free space, it is not a place where we feel in danger..."; another said, "there is not much noise [in the ranchería], you can hear the birds...", while another enjoyed playing in an artificial lake in the Wayuu community.

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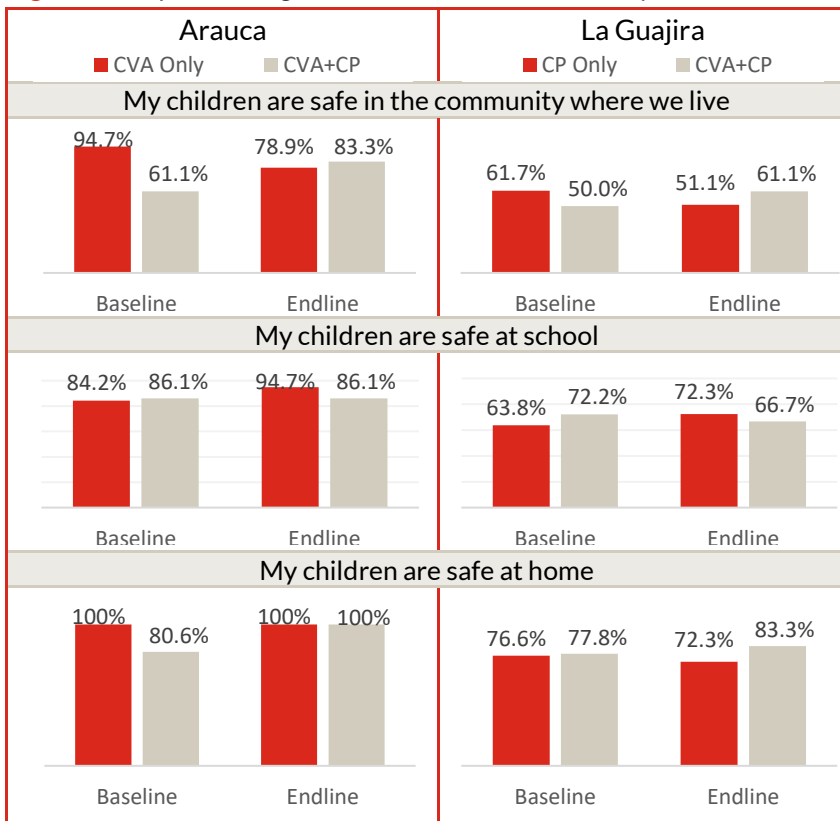
These results are not surprising given the interventions are targeting households and not the community at large, which also explains the more positive trends in perceived safety & wellbeing at home.

Perceptions of *children's safety at school* were fairly similar in all groups at baseline and endline, though **more participants in the CVA-only group in Arauca agreed that their child was safe at school at endline (94.7%) than at baseline (84.2%)** and **nominally more women in both groups in La Guajira agreed at endline (72.3% CP only, 66.7% CVA+CP) relative to baseline (63.8% CP only, 72.2% CVA+CP)**.

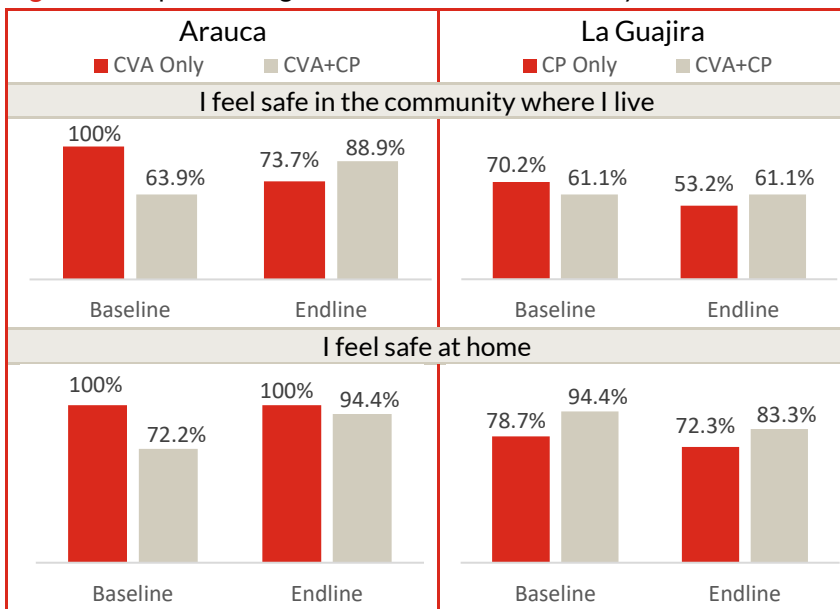
In Arauca, all CVA-only participants consistently felt that their child was *safe at home*, and while all CVA+CP participants also felt their child was safe at endline, a significant increase from baselined (80.6%). In La Guajira, fewer women overall believed that their children were safe at home. In the CP-only group, 76.6% of participants felt their child was safe at home at baseline compared to 77.8% of CVA+CP participants, whereas at endline, this decreased to 72.3% of CP-only participants and increased to 83.3% of CVA+CP participants.

On average, children and adolescents from both Arauca and La Guajira recognized most of their family members, neighbors, and friends as trustworthy, and expressed feeling safe and comfortable in their homes; the latter was particularly highlighted by children with pets. During a body mapping activity in La Guajira, adolescents placed the word "home" in the heart of the silhouette. When asked about their home life and daily activities, most children and adolescents across both departments recounted their daily routine of school, homework, house chores, and playtime. Of the few that did not share the same sense of safety at home, shared anecdotes of corporal punishment and verbal scolding by a parent or grandparent in response to misbehavior.

**Figure 3: Respondent Agreement with Children's Safety Statements**



**Figure 4: Respondent Agreement with Personal Safety Statements**



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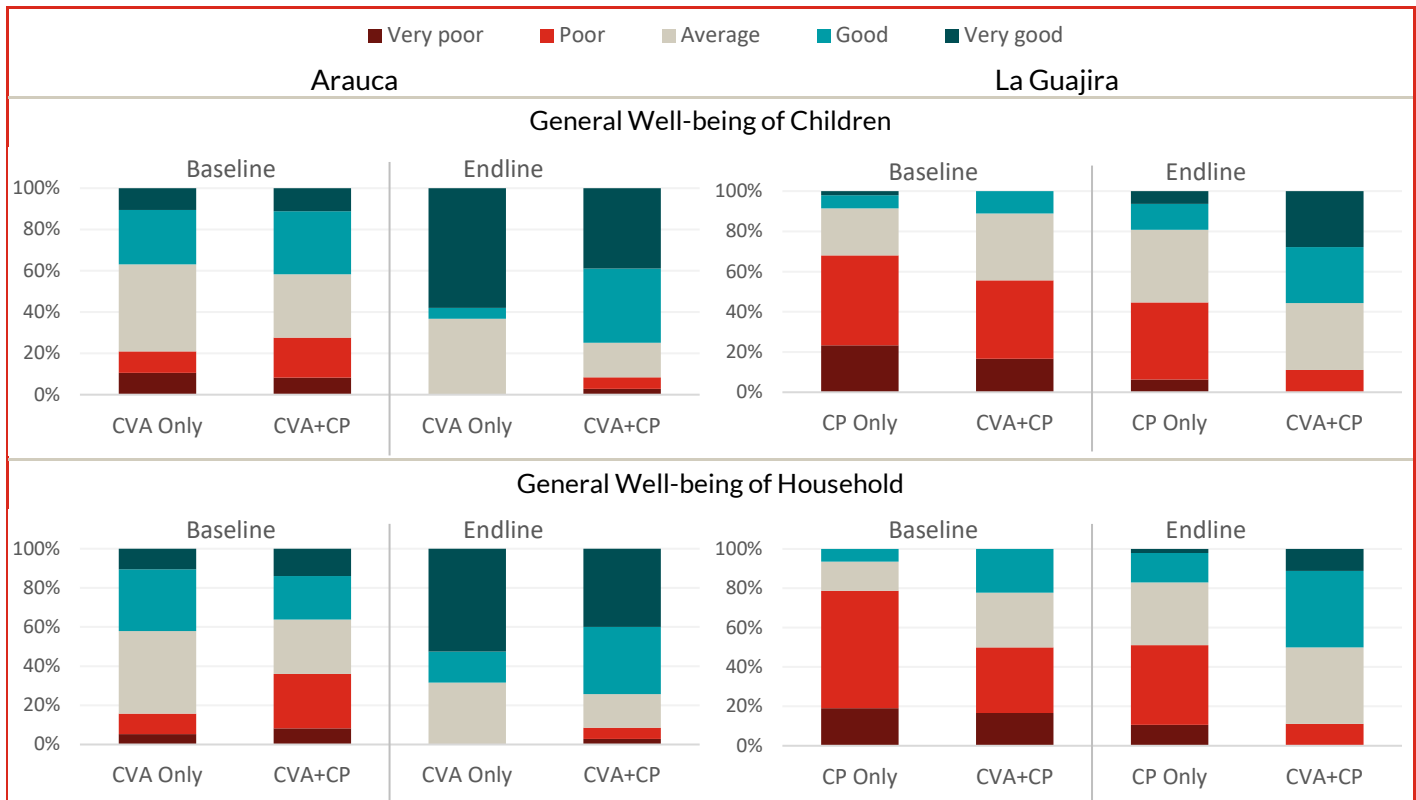


Women’s agreement with statements about their own safety are presented in Figure 4 by department, study group, and time period. In Arauca, all women in the CVA-only group felt *safe in their communities* at baseline compared to only 63.9% of CVA+CP participants; however, at endline feelings of safety in their community decreased to 73.7% of CVA-only participants and increased to 88.9% of CVA+CP participants. In La Guajira, 70.2% of CP-only participants and 61.1% of CVA+CP participants felt safe in their communities at baseline compared to only 53.2% of CP-only participants and 61.1% of CVA+CP participants at endline. **Overall, a decrease is observed in women’s perception of safety in their community in the CVA-only and CP-only groups across both departments, while the women in the CVA+CP group in Arauca reported an improved sense of safety and no change in the same group in La Guajira.**

Conversely, all CVA-only participants in Arauca felt *safe in their home* at both time points, while only about one-third (72%) of CVA+CP participants felt safe at home at baseline, this increased to 94.4% at endline. **In La Guajira, the proportion of women reporting feeling safe at home decreased in both groups** from 78.7% to 72.3% of CP-only participants and from 94.4% to 83.3% for CVA+CP. Participants’ perceptions of the general wellbeing of their children and their household are presented in Figure 5. Overall, **the proportion of women reporting that their children’s and households’ general well-being were ‘good’ or ‘very good’ increased in all groups in both departments** during the study period.

In Arauca, slightly more women in the CVA+CP group reported their child’s well-being as ‘good’ or ‘very good’ compared to the CVA-only group at both time periods (41.7% vs 36.8% at baseline, 75.0% vs 63.2% at endline); however, more women in the CVA-only group reported their household’s general well-being as ‘good’ or ‘very good’ at baseline (42.1% vs 36.1% in CVA+CP), but at endline, this was reported by a larger proportion of women in the CVA+CP group than in the CVA-only group (72.2% vs 68.4%). In La Guajira, positive children’s well-being was also reported by more CVA+CP participants than CP-only participants at baseline (11.1% vs 8.5%) and endline (55.6% vs 19.2%). **General household well-being was also reported by more CVA+CP participants in La Guajira relative to CP-only participants at both time points.**

**Figure 5:** Perceived Well-Being





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When asked about changes in the household's well-being in the prior six months, in Arauca, nearly half (47.4%) of CVA-only participants reported that well-being had improved, compared to only 30.6% of CVA+CP participants; however, at endline 78.9% of CVA-only participants and 75.0% of CVA+CP participants reported that their household's well-being improved in the preceding six months. In La Guajira, very few households in the CP-only (19.1%) and CVA+CP (27.8%) groups reported improved well-being at baseline, while only 17.0% of CP-only households compared to 66.7% of CVA+CP participants reported improved household well-being at endline. At both time points, the most common reason given for well-being improvement in both departments was humanitarian assistance, whereas the most common reason reported for decreased household well-being was a change in income, livelihoods, or employment.

## Discipline

In addition to questions about safety and well-being, participants were also asked about their perceptions and practices related to disciplining children. Very few participants overall reported believing that "in order to bring up, raise, or educate a child properly, the child needs to be physically punished: hitting, slapping, beating, or smacking". In Arauca, this belief was reported by 15.8% of CVA-only participants and 5.6% of CVA+CP participants at baseline, but only 10.5% of CVA-only participants and no CVA+CP participants at endline. In La Guajira, 2.1% of CP-only households believed this statement at both time points and no CVA+CP participants reported believing it. No households reported believing that belittling, threatening, scaring, or ridiculing a child is necessary to bring up, raise or educate a child properly. As aforementioned in the 'Safety & Wellbeing' section, children and adolescents from both Arauca and La Guajira expressed feeling safe and comfortable in their homes and only a few shared anecdotes of corporal punishment and verbal scolding by a parent or grandparent in response to misbehavior.



When asked whether they had used specific behaviors to discipline a child(ren) in the past month, 94.7% of CVA-only and 86.1% of CVA+CP participants in Arauca reported using at least one discipline behavior at baseline and all participants in Arauca reported using at least one behavior at endline. When children ages 9-12 years old were asked about the methods used at home to "correct" them or solve problems, most of the children reported "talking and listening", while one said, "they [parents] take away what I like to do the most, which is to play", and another said, "hitting us".

In La Guajira, all participants reported at least one discipline behavior at baseline, and similarly 97.9% of CP-only participants and all CVA+CP participants did so at endline. Participant reporting of specific discipline behaviors is presented in Table 3. The most commonly reported behaviors at baseline were positive corrections, namely taking away privileges, forbidding something the child liked, or not allowing the child to leave the house; along with explaining why the child's behavior was wrong, followed by giving the child something else to do. In Arauca, all of these most commonly reported behaviors increased in the CVA+CP group but decreased in the CVA-only group; in La Guajira, they increased in both groups.

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**Table 3:** Respondent Use of Behaviors to Discipline Child(ren) in Past Month

	Arauca (N=55)				La Guajira (N=65)			
	BASELINE		ENDLINE		BASELINE		ENDLINE	
	CVA Only (n=19)	CVA+ CP (n=36)	CVA Only (n=19)	CVA+ CP (n=36)	CP Only (n=47)	CVA+ CP (n=18)	CP Only (n=47)	CVA+ CP (n=18)
Took away privileges, forbade something child liked, or did not allow them to leave the house	84.2%	75.0%	78.9%	94.4%	51.1%	77.8%	76.6%	100%
Explained why their behavior was wrong	84.2%	72.2%	73.7%	91.7%	93.6%	100%	91.5%	100%
Gave them something else to do	42.1%	27.8%	31.6%	47.2%	53.2%	55.6%	59.6%	88.9%
Shook them	5.3%	2.8%	0.0%	0.0%	4.3%	11.1%	0.0%	5.6%
Shouted, yelled, or screamed at them	5.3%	19.4%	5.3%	0.0%	23.4%	50.0%	12.8%	27.8%
Spanked, hit, or slapped them on the bottom with bare hand	0.0%	5.6%	0.0%	0.0%	10.6%	22.2%	12.8%	0.0%
Hit them with something like a belt, hairbrush, stick, or other hard object	10.5%	13.9%	5.3%	0.0%	10.6%	11.1%	2.1%	0.0%
Called them a name (dumb, lazy, etc.)	0.0%	5.6%	0.0%	0.0%	10.6%	11.1%	12.8%	11.1%
Hit or slapped them on the face, head, or ears	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%
Hit or slapped them on the hand, arm, or leg	0.0%	2.8%	0.0%	0.0%	12.8%	5.6%	0.0%	5.6%
Twisted their ear	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## Child School Attendance

Children reported to have ‘ever attended school or an early childhood education program’ were similar in both groups (93.9%) in Arauca at baseline and increased to all children in the CVA-only group and to 96.9% in the CVA+CP group. In La Guajira, the proportion of children was 90.5% in the CVA+CP group and 84.1% in the CP-only group at baseline and similarly increased to 98.8% in the CP-only group but decreased to 93.1% in the CVA+CP group. Among children who ‘never attended school or an early childhood education program’, the most commonly reported reasons were that there was no space available in the school, they were not able to register, they could not afford the cost of attending, or assorted other reasons. These were confirmed by children and adolescents across both departments during FGDs. Although some of the children indicated being enrolled at the time of the interviews, others shared they were unable to enroll (2 boys 13-17 in Arauca, 2 children 9-12 in La Guajira) due to lack of space in the schools, lack of resources, lack of identification documents, and lack of school materials.

Among children reported to have ever-attended school or an early childhood education program, **those reported to be attending during the current school year were consistently more common in the comparison group than in the CVA+CP group in both Arauca and La Guajira** (Table 4 on the following page). At baseline, 87.1% of children in the CVA only group and 85.5% of children in the CVA+CP group in Arauca were reportedly attending school in the current year. Current school attendance in the CVA only group increased by 7.2% from baseline to endline, but decreased 6.1% in the CVA+CP group, **demonstrating a not statistically significant difference in change** between groups of -13.3% (95% CI: -34.6,7.9%). At baseline in La Guajira, 90.5% of CP only children and 80.0% of CVA+CP children attended school in the current year. These proportions increased in both groups, but nominally more in the CVA+CP group (+1.5% vs. +0.7% in the CP only group) with a difference in change of 0.8% (95% CI: -19.0,20.5%), which was **also not statistically significant**. Of the children attending school or an early childhood education program in the current year, most reported almost always attending (4+ days per week), though this was consistently more common in the comparison group than in the CVA+CP group in both locations. Given the mixed results and lack of statistical significance, no concrete conclusion can be drawn regarding the hypothesis that CVA increases attendance rate; further research is required to test this hypothesis.

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**Table 4:** % of Children Attending School/Early Childhood Education Program in the Current School Year (Among Those Who Ever Attended)

	Baseline	% Change	Group Difference in Change (CVA+CP vs Comparison)
<b>ARAUCA</b>			
CVA Only	87.1%	+ 7.2%	-13.3% (95% CI: -34.6,7.9%)
CVA+CP	85.5%	- 6.1%	
<b>LA GUAJIRA</b>			
CP Only	90.5%	+ 0.7%	0.8% (95% CI: -19.0,20.5%)
CVA+CP	80.0%	+ 1.5%	

## Child Labor

**Child engagement in income-generating activities (IGAs) [cash or in kind] in the prior month were uncommon in all groups, locations, and time periods.** In Arauca at baseline, child labor activities were never reported for any children in the CVA-only group and only reported for 7.6% children in the CVA+CP group. This proportion decreased 4.5% (95% CI: -15.3,6.3%) to 3.1% at endline, but this change was not statistically significant. During the FGDs in Arauca, two children reported working, while many others agreed that they knew of children in their communities "asking for money on the street", "selling sweets on the streets", "selling ice cream", or working in "construction", "car washes", "supermarkets".

“ I work driving canoes and I receive 40,000 [pesos] that my father pays me, and I give 20,000 to my mother for food. ”

FGD, Arauca, Child 9-12 years old

In La Guajira, only 2.3% (n=2) of CP-only children and 3% (n=1) of CVA+CP children were reported to be engaged in IGAs at the time of the baseline; this decreased 1.1% among CP-only to 3% and to none among CVA+CP at endline, though neither groups' change nor the difference in change between groups were statistically significant (Table 5).

A similar trend was reported during the FGDs in La Guajira in terms of being aware of the presence of child labor in their communities; most common activities mentioned by both groups of children (9-12 and 13-17 years old) were, "selling sweets on the streets", "selling water", "packing rice", and "asking for money on the street". While majority of the children were reported to be engaging in IGAs to support the needs of their household, adolescents, specifically, mentioned the desire to work to satisfy their own needs and wants, but noted being discouraged by parents giving priority to education.

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**Table 5:** % of Children Engaged in Any Activities in Return for Income in Past Month

	Baseline	% Change	Group Difference in Change (CVA+CP vs Comparison)
<b>ARAUCA</b>			
CVA Only	0.0%	0.0%	- 4.5% (95% CI: -15.3,6.3%)
CVA+CP	7.6%	- 4.5%	
<b>LA GUAJIRA</b>			
CP Only	2.3%	- 1.1%	- 1.9% (95% CI: -9.7,5.7%)
CVA+CP	3.0%	- 3.0%	

While very few children are reportedly working across both groups, the CVA+CP group experienced a marginally higher reduction in child labor (4.5% reduction in Arauca and 1.9% compared to CP), although this is not statistically significant.

At baseline, the five (5) children engaged in IGAs in Arauca reported working or helping on their own or their household's plot, farm, food garden, or looking after animals; producing or selling articles, handicrafts, clothes, food, and/or agricultural products; working in agriculture; working on a construction site (building, plumbing, painting), and other unspecified work. The two (2) children working in Arauca at endline worked or helped on their own/their household's plot, farm, food garden, or looked after animals. In La Guajira, the two (2) children working in the CP-only group at baseline reported engaging in street work or work on a construction site while the one (1) child in the CVA+CP group working at baseline was engaged in street work. The one (1) child in the CP-only group working at endline reported doing so in a workshop (e.g., metal work, repairs garage).

**Most children were employed in only occasional work**, though one child in the CP-only group in La Guajira at baseline was reported to be regularly working and another child in the CVA+CP group in La Guajira reported seasonal work at endline. In Arauca, among the five children working in the CVA+CP group at baseline, the average age when starting work was 15.4 years old, the average amount earned per week was US\$13.1, and only one child received other compensation for their work (e.g., food, rent reduction). Of the two children in the CVA+CP group in Arauca working at endline, the average age when starting work was 15.0 years old, the average amount earned per week was US\$18.2, and one child received other compensation for their work. In La Guajira, the singular child in the CP only group who was working at baseline and endline reportedly started at 16 years old and made US\$10.6 per week at baseline and US\$28.2 per week at endline.

Labor activities in which children were engaged were reported to require carrying heavy loads for one working child in the Arauca CVA+CP group at both baseline and endline, for one of the two working children in the La Guajira CP-only group at baseline, and for the one working child in the La Guajira CP-only group at endline. Labor activities requiring working with dangerous tools/machinery were only reported by one of the children working in the Arauca CVA+CP group at baseline and the one child in the La Guajira CP-only group who was working at endline. Injuries while working were reported by one of the two children working in the Arauca CVA+CP group at endline and by all children working in La Guajira at baseline.



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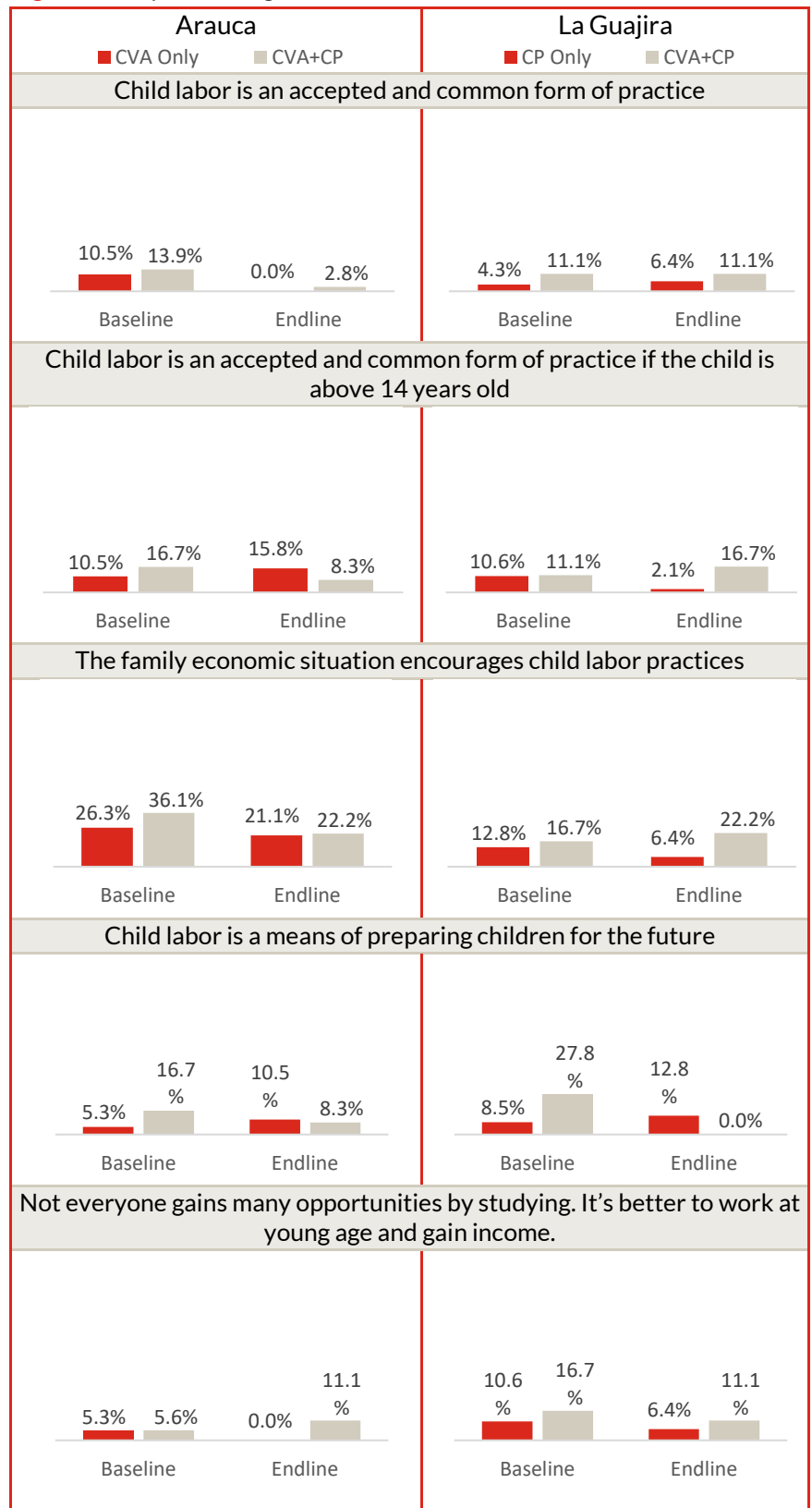
When asked about their **beliefs and perceptions related to child labor**, most participants reported that the appropriate age to start working was after one reaches 18 years of age. Though reported by fewer than 14% of participants in each group/time point, consistently **more participants in the CVA+CP group agreed that child labor is an accepted and common form of practice compared to those in the CVA-only and CP-only groups** (Figure 6). While agreement decreased in both groups in Arauca, it increased among CP-only participants in La Guajira and was stable among CVA+CP participants, ranging from 0.0% to 13.9%.

Compared to the CVA-only and CP-only groups, **more participants in the CVA+CP group agreed that child labor is an accepted and common form of practice if the child is above 14 years old with the exception of endline in Arauca**, when 15.8% of CVA-only participants agreed with the statement compared to only 8.3% of CVA+CP participants.

In Arauca, agreement with this statement increased in the CVA-only group but decreased in the CVA+CP group, whereas in La Guajira it decreased in the CP-only group but increased in the CVA+CP group. **Notably more participants in Arauca agreed that the family economic situation encourages child labor practices, though this decreased from baseline to endline in both groups** and ranged from 6.4% to 36.1%. In La Guajira, belief that the family economic situation encourages child labor practices was less common than in Arauca and it decreased in the CP-only group but increased in the CVA+CP group.

The proportion of households who believed that child labor is a means of preparing children for the future increased among CVA-only/CP-only participants but decreased among CVA+CP participants in both departments, overall ranging from 0.0% to 27.8%. Finally, the proportion of participants

**Figure 6: Respondent Agreement with Statements About Child Labor**



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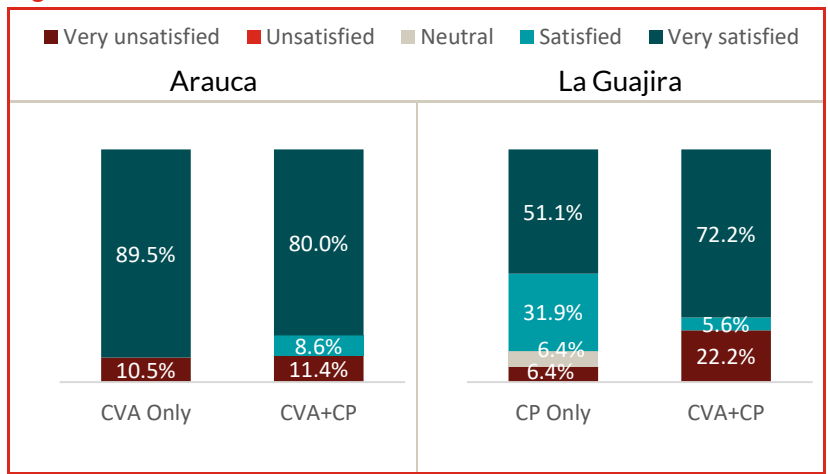


who agreed that “not everyone gains many opportunities by studying; it’s better to work at young age and gain income” was generally higher in La Guajira where it decreased among CP-only and CVA+CP participants. In Arauca, agreement decreased among CVA-only participants but increased among CVA+CP participants. Overall, agreement with this statement ranged from 0.0% to 16.7%.

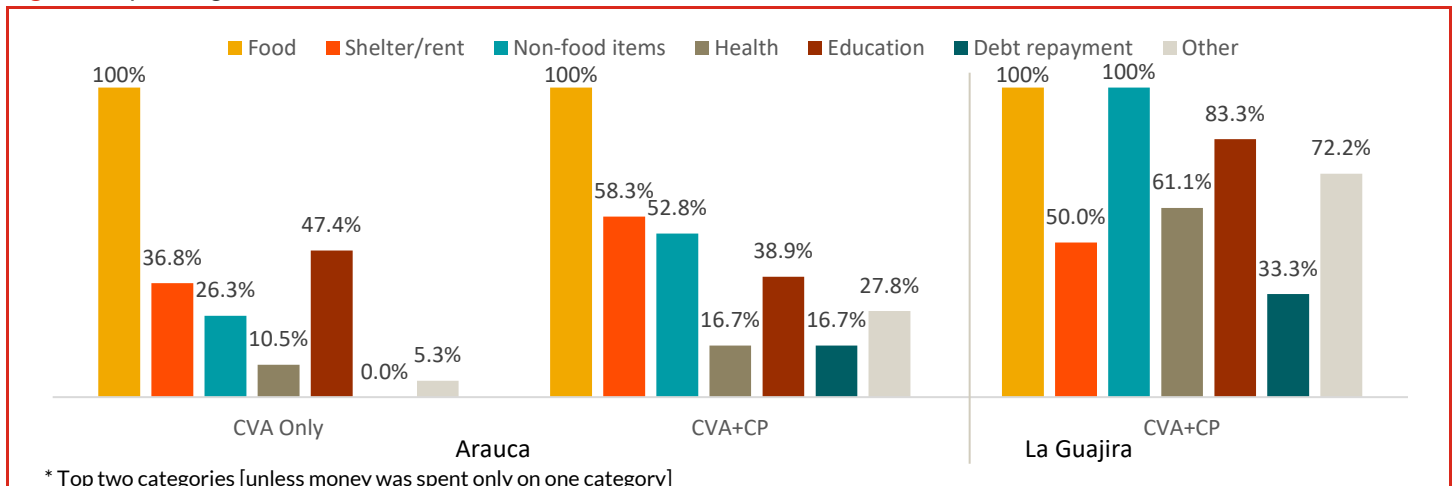
## Save the Children Program Experience and Perceptions

To better understand beneficiaries’ perceptions and experiences with the support received from SC, participants were asked several questions related to **how the cash transfers were used** and their satisfaction with the programming and support received from SC. Figure 7 presents the categories on which participants reported spending their cash transfer from SC.<sup>5</sup> **All participants who received CVA reported food among the two categories on which they spent the most of their cash transfer.** CVA+CP participants in La Guajira also had notably high proportions of participants reporting using their CVA for non-food items (100%), education (83.3%), and unspecified other categories (72.2%), while the most commonly reported categories after food for CVA+CP and CVA-only participants in Arauca were shelter/rent (58.3% and 36.8%, respectively), non-food items (52.8% and 26.3%, respectively), and education (38.9% and 47.4%, respectively).

**Figure 8:** Satisfaction with SC Assistance in Past 6 Months



**Figure 7:** Spending of Save the Children Cash Transfers\*



**Cash assistance was generally positively perceived.** No participants reported encountering any problems that arose because of the cash assistance. All participants in Arauca and 94.4% of participants in the CVA+CP group in La Guajira

<sup>5</sup> Proportions indicate the proportion of participants who reported the respective spending category as among the top two categories on which their cash transfer was used [unless money was spent only on one category]

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reported feeling very safe receiving cash assistance. Additionally, participants were largely satisfied with the programming and support received from SC in the preceding six months (Figure 8, previous page).

**In Arauca, 89.5% of CVA-only participants were very satisfied with the SC programs and 88.6% of CVA+CP participants were either very satisfied (80.0%) or satisfied (8.6%) with the program. In La Guajira, CVA+CP beneficiaries had similar opinions with 77.8% reporting they were either 'very satisfied' or 'satisfied' with the program; however, notably more CVA+CP participants in La Guajira reported being 'very unsatisfied' (22%) relative to the other groups. For instance, CP-only participants had slightly less enthusiastic overall satisfaction: 51.1% reported being 'very satisfied' while 31.9% were 'satisfied' but only 6.4% were 'dissatisfied'.**

When asked a series of open-ended questions about how the SC program helped their household, what SC could do to better support their household, and what they disliked about the program/suggestions for change, **many participants in the CVA+CP groups and the CVA-only group conveyed the need for assistance to be provided for a longer amount of time, cash to be provided in a larger amount to cover more needs, and also suggested that livelihoods/entrepreneur training would be beneficial to incorporate in future programs.**





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Save the Children International