

# CVA AND CHILD PROTECTION

Summary of Practice and  
Evidence from Save the  
Children Programs

**SECOND EDITION**

2022-2023



Save the Children.



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## CVA & CP CASE STUDIES

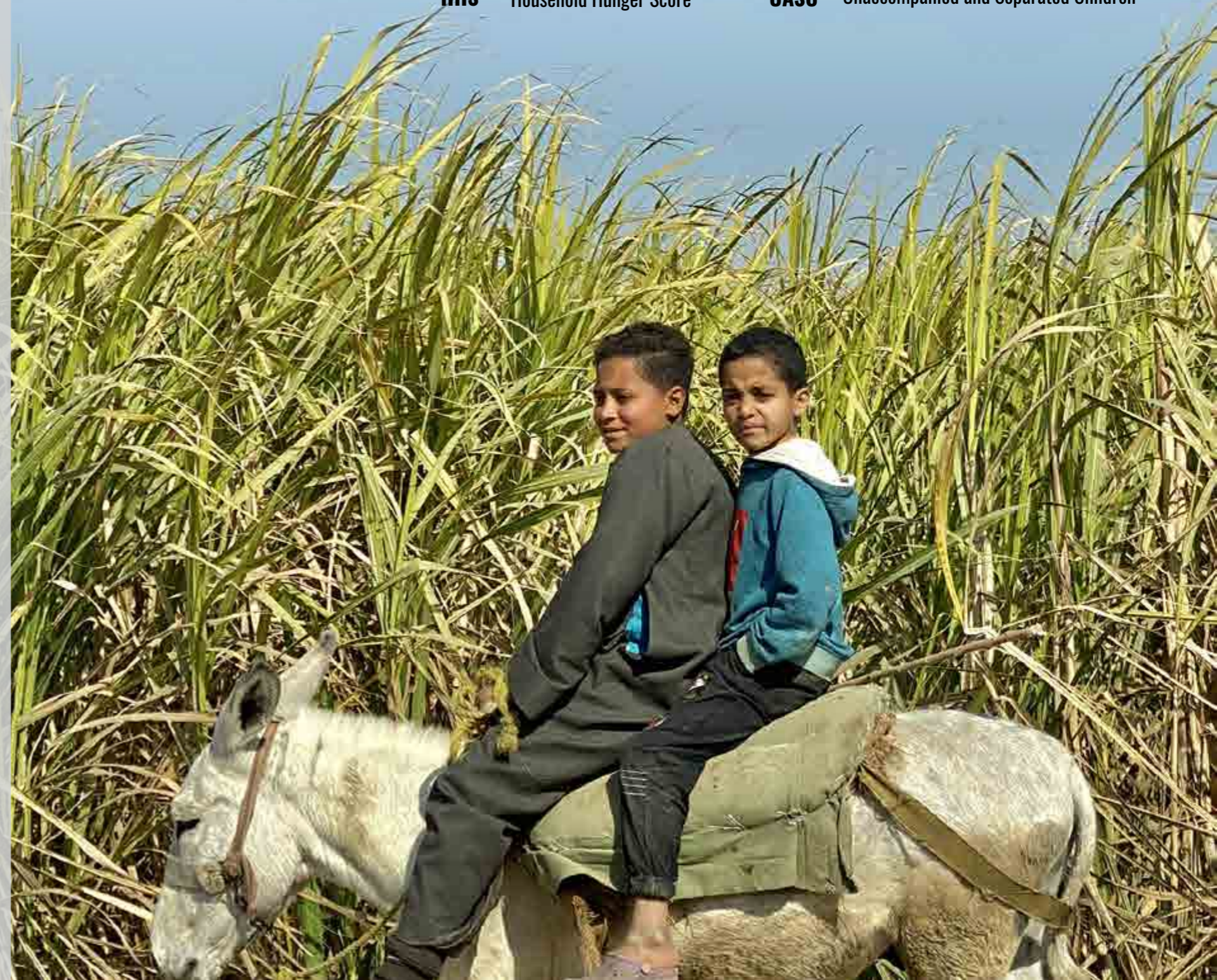
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## LIST OF ACRONYMS

<b>CFS</b>	Child Friendly Space	<b>IYCF</b>	Infant and Young Child Feeding
<b>CO</b>	Country Office	<b>KII</b>	Key Informant Interview
<b>CP</b>	Child Protection	<b>MEB</b>	Minimum Expenditure Basket
<b>CVA</b>	Cash and Voucher Assistance	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>CWG</b>	Cash Working Group	<b>M&amp;E</b>	Monitoring and Evaluation
<b>FCS</b>	Food Consumption Score	<b>MPCA</b>	Multipurpose Cash Assistance
<b>FGD</b>	Focus Group Discussions	<b>PFA</b>	Psychological First Aid
<b>FSL</b>	Food Security and Livelihoods	<b>SC</b>	Save the Children
<b>GBV</b>	Gender Based Violence	<b>SMEB</b>	Survival Minimum Expenditure Basket
<b>HHS</b>	Household Hunger Score	<b>UASC</b>	Unaccompanied and Separated Children





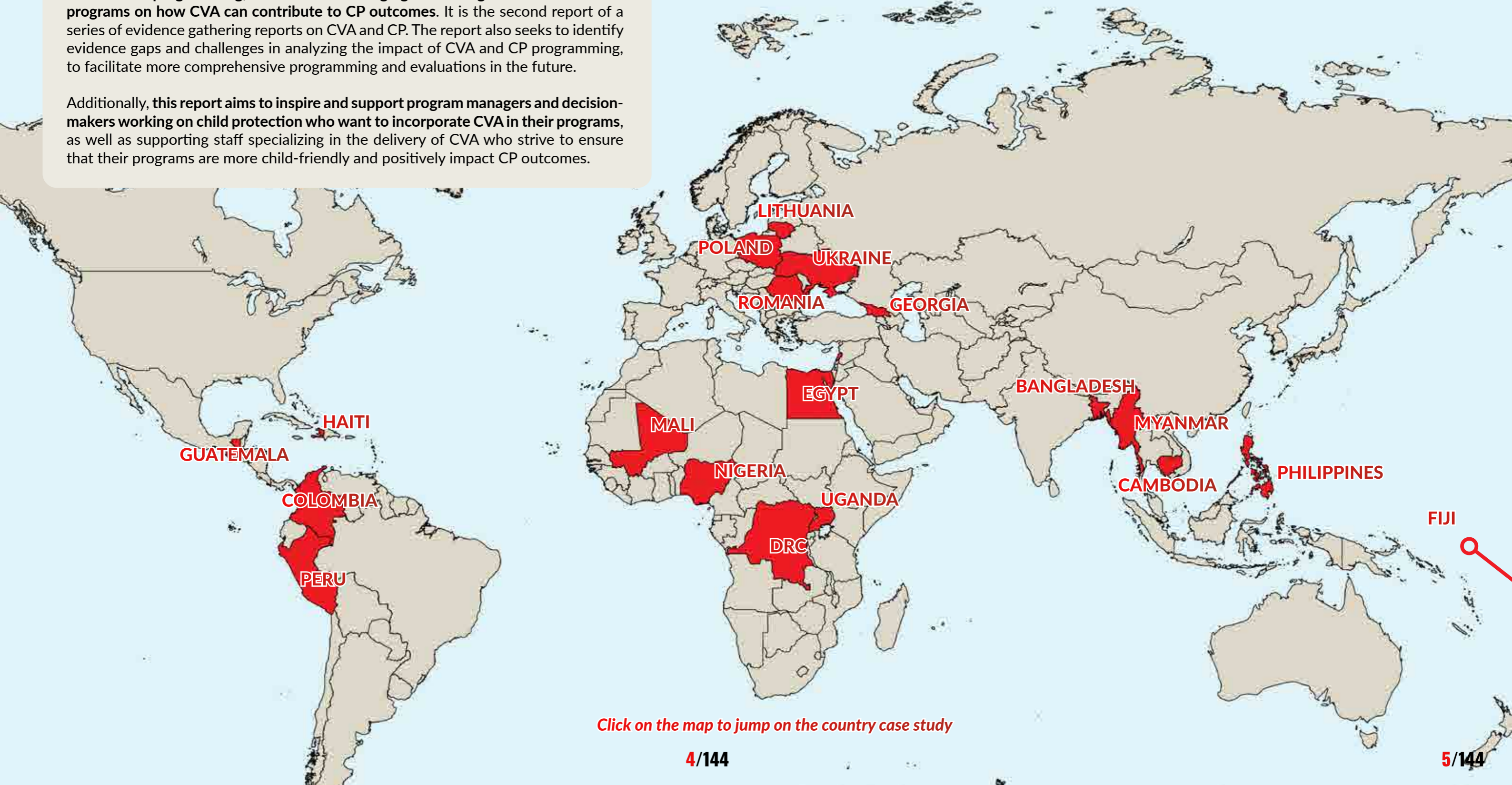
The case studies presented here are drawn from Save the Children programs in 20 countries: Bangladesh, Cambodia, Colombia, DRC, Egypt, Fiji, Guatemala, Haiti, Georgia, Lebanon, Lithuania, Mali, Myanmar, Nigeria, Peru, Philippines, Poland, Romania, Uganda, Ukraine. Data has been gathered from programs that were completed, on-going, or that had recently started. Similarly, the length, size and monitoring of the programs differed significantly from one country to another.

This report aims to provide the reader with an overview of Save the Children's CVA and CP programming, as well as the emerging evidence generated from these programs on how CVA can contribute to CP outcomes. It is the second report of a series of evidence gathering reports on CVA and CP. The report also seeks to identify evidence gaps and challenges in analyzing the impact of CVA and CP programming, to facilitate more comprehensive programming and evaluations in the future.

Additionally, this report aims to inspire and support program managers and decision-makers working on child protection who want to incorporate CVA in their programs, as well as supporting staff specializing in the delivery of CVA who strive to ensure that their programs are more child-friendly and positively impact CP outcomes.

## For each case study, the report presents:

- A short description of project activities and MEAL activities, and targeting/selection criteria used;
- Program design: how CVA program design intended to contribute to child protection outcomes, in conjunction with other forms of assistance;
- CVA delivery and protection mainstreaming: how potential child protection risks, linked to the delivery of CVA, are mitigated against;
- Emerging evidence: what does data show.



[Click on the map to jump on the country case study](#)



## Data collection and analysis

This report is based principally on an analysis of post-distribution monitoring (PDM) data from child protection and CVA programs implemented by Save the Children in 20 countries. Much of the data has been collected using the [MPCA MEAL toolkit](#), which includes standardized questionnaires for household (HH) surveys and focus group discussions (FGD), complemented by the [Toolkit for Monitoring and Evaluating Child Protection When Using Cash and Voucher Assistance](#) for selection of additional indicators, methodologies and tools.

Data was collected from project participants between 2021 and 2023, analyzed by monitoring, evaluation, accountability and learning (MEAL) specialists in Save the Children's country offices, as well as by a Data Analyst at global level, for the purposes of this report.

In addition to the analysis of monitoring data, numerous project documents (proposals, reports, case studies, etc.) were reviewed. Findings were validated with MEAL and project staff in country offices.

## Study limitations

There were several limitations to this study despite the use of harmonized data collection tools across many of the projects presented in this report. These limitations include:

- **Project design variability and integration of CVA:** Most of the projects included Cash and Voucher Assistance (CVA) alongside other activities, making it challenging to determine whether the observed changes can be solely attributed to CVA, other project components, or a combination of both.
- **Limited global standardized indicators on CP and adaptation of data collection tools:** Data collection tools, such as questionnaires, were adapted to fit the context of each project, further limiting comparability of data from different case studies. The lack of global standardized indicators also make it challenging for implementers to measure the same outcomes in the same consistent manner. The [Grand Bargain indicators](#) on CP and the [CVA & CP toolkit](#) are now helping to address that gap.
- **Inconsistent data on cash transfers:** In some countries, beneficiaries were included in projects on a rolling basis, and PDMs did not specify the number of cash transfers received by each household, making it difficult to consistently assess the relative impact of duration of cash assistance.
- **Lack of baseline data:** In some cases, there was a lack of baseline prior to project implementation, preventing a comparison of pre- and post-intervention data. This is often the case in humanitarian contexts, where rapid response to needs takes priority over data collection.
- **Panel vs non-panel methodology:** not all countries surveyed the same beneficiaries from baseline to PDM to Endline, which may also limit the comparability of data as some case studies are longitudinal and some are not.
- **Response bias:** the data is based on respondent self-report, and thus, may reflect bias based on social norms and experiences of participants.
- **Generalization:** the findings are not generalizable to all individuals in the studied countries/contexts, but rather they reflect the experiences of participants who received child protection and/or cash assistance from Save the Children through specific programs.

Despite these limitations, the findings of this report provide valuable insights into the impact of child protection and CVA programs implemented by Save the Children in the 20 countries studied.



The analysis has been conducted on three different types of programs:



CVA programs with no complementary CP activities



CVA programs with complementary activities (Cash +), such as CP activities, MHPSS, nutrition or livelihoods provided to some or all CVA recipients



CVA programs integrated with CP (i.e. CVA for Protection), where CVA was integrated into CP activities, with a primary CP objective





# EXECUTIVE SUMMARY

The analysis of Child Protection outcomes in Save the Children's CVA programs clearly demonstrate that economic vulnerability and financial barriers constitute root causes driving child protection risks. This report further documents the concrete and practical ways in which CVA can be used as a powerful tool to reduce and mitigate such risks. By ensuring the theoretical evidence is underpinned by practical implementation considerations, this Evidence Summary forms a core component of Save the Children's Research Agenda: How do we deliver Cash Plus for Child Outcomes.

Overall, this analysis shows that:

- There is a direct correlation between the ability to meet basic needs and reduction in child protection risks.
- The use of CVA is particularly effective in contributing to reducing/mitigating CP risks when integrated within case management and complemented with livelihoods.
- Intentionally designed CVA programs (transfer value meeting basic needs as well as specific protection risks) directly and positively impact child protection outcomes.
- Even programs that were not explicitly designed to address child protection outcomes saw positive effects within the timeframe of humanitarian response.

*This report was written by Antoine Sciot and reviewed by Save the Children experts. We thank the country offices for their support in providing necessary documents, context, and data interpretation.*

- The greatest improvements in CP outcomes were in programs where the transfer value aimed to cover basic needs, significantly more so than in those where the transfer value only aimed to meet individual sectoral needs.
- Child labor decreased in almost all contexts where it was measured, up to twofold in complex responses such as Nigeria, DRC, or Colombia.
- School dropouts significantly decreased in the vast majority of contexts, notably in Bangladesh, Guatemala, DRC, Haiti, or Mali. In countries where it didn't, primary reasons were seasonal (data collected during summer holidays) or were linked to exogenous factors (economic crises or shocks throughout the implementation).
- Family perception of risk of recruitment of children into armed forces or armed groups reduced in the only context where it was measured (DRC) with CVA facilitating the reintegration and rehabilitation of ex-CAFAAGs.
- CVA contributed positively to a number of cases of family reunification and to preventing family separation in various contexts, such as Ukraine, Egypt, and Cambodia.
- When designed for intentional protection outcomes, combined with CP case management, CVA had a positive impact on the reduction of the risk of child marriage. Further interventions such as social behavioral change and longer duration of cash assistance may further increase impact, and further research is recommended to define the most effective response modalities.
- CVA contributed to reducing risks of violence against children, by positively impacting household relationships, decreasing the level of stress, and improving the psychosocial well-being of children and caregivers.

Based on the research findings and conclusions, the following recommendations should be considered when designing Cash and Voucher Assistance (CVA) programs to address child protection risks:

- Prioritize the design of integrated programs, tailored to address the multiple root causes of protection risks. This might not be limited to the provision of assistance and child protection services but also include other sectorial interventions, such as livelihoods.
- Conditionality should not be automatic and should be exclusively integrated where and when the risk analysis indicates the need for it at the design stage.
- Transfer values should be designed to address the economic root causes of protection risks, include covering basic needs. Transfer values calculated to cover specific sectorial costs exclusively have proven to be inefficient in this research. This can be achieved, for instance, by integrating with standard MPCA interventions, by complementing xsocial protection, or by tailoring transfer values on a case-by-case basis through case management.
- Future research aiming at comparative analysis should ensure comparable transfer values are provided (based on contextualized costs of living) as well as targeting methodology.
- There is a lack of global guidance regarding the definition, measurement, and interpretation of child protection indicators such as child safety & well-being, child abuse/neglect, and violence in the home. As such, these indicators should be standardized by global CP & CVA actors to improve the overall quality, consistency, and comparability of CVA for CP evidence globally.



# EMERGING EVIDENCE: KEY FINDINGS RECAP

Click on the country name to jump on the case study

This table presents a summary of the evidence reviewed for this study, showing the effect of cash and voucher assistance (CVA) on child protection (CP) outcomes, as measured in SC programs. The table shows the change in CP indicators (improved/mixed/deteriorated) after project participants had received CVA. It should be noted that in some programs, the CVA was designed to meet CP outcomes. In others, the CVA was designed primarily to meet basic needs and complemented with CP activities). **This table therefore shows the effect of integrated programming on CP outcomes, rather than the effect of CVA alone.**

	% COUNTRIES WITH IMPROVEMENT*	BANGLADESH	FIJI	GEORGIA	HAITI	POLAND	ROMANIA	CAMBODIA	GUATEMALA 2022-2023	GUATEMALA 2023-2024	MALI	NIGERIA	UKRAINE	COLOMBIA RESEARCH	DRC	EGYPT	LEBANON RESEARCH	LEBANON	LITHUANIA	MYANMAR	PERU PHASE 1	PERU PHASE 2	PHILIPPINES	UGANDA
CHILD LABOUR	77%	Green		Light Green				Grey	Green	Green				Green	Green	Red	Green	Green	Light Green	Red	Grey	Grey	Green	Green
SCHOOL DROPOUTS	67%	Green			Green			Red	Green	Grey	Light Green		Light Green	Grey	Light Green	Red	Red		Light Green		Green	Grey	Green	Green
CHILD WELL-BEING	100%					Green								Green	Green	Green	Green		Green				Green	
FAMILY RELATIONSHIPS	94%			Green	Green	Green		Green	Green	Green	Light Green		Grey	Green					Green		Green	Green		
HOUSEHOLD WELBEING	98%			Green			Green	Green			Light Green			Green	Green		Green	Green					Green	Green
SENSE OF SAFETY (CHILD)	75%					Green	Green				Light Green		Green	Green	Green	Green	Green		Green			Green	Green	Green
FAMILY SEPARATION	56%						Green						Light Green			Grey							Light Green	
CHILD MARRIAGE	75%													Light Green		Light Green		Light Green					Green	
CAAFAG	75%													Light Green										



Programs with CVA only

Programs where CVA was primarily designed to meet basic needs and be complemented with other activities ("Cash Plus")

Programs that were specifically designed to achieve CP outcomes

\*% of countries showing improvement in the specified Child Protection (CP) indicator. A weighting of 0.75 was assigned for slight or indirectly measured improvements, 1 was assigned for improvements more directly attributable to the intervention.

- Findings indicate an improvement in the given child protection indicator since the beginning of the project
- Findings indicate a slight improvement, or the indicator used is a proxy for the given child protection outcome
- Findings indicate no change, or mixed findings
- Findings indicate a deterioration
- Findings indicate a deterioration, and then an improvement, or vice versa





## IMPACT OF CVA ON PROTECTION OUTCOMES

The provision of CVA had a positive effect on **child well-being** (7 countries), **family relationships** (12 countries; 1 neutral), and **household well-being** (10 countries). In some countries, such as Lithuania, Colombia or Lebanon, further analysis was conducted to highlight the impact this had specifically on **reducing violence in the home**.

As part of the child well-being indicators monitored across countries, the study also looked at caregivers' reported **stress levels** and their perception regarding **the safety and well-being of their children**. Various studies have shown for instance that "parental well-being, family self-sufficiency, and family resilience have been reported to improve family well-being including developmental parenting and child well-being. 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>1</sup> Studies have also shown that higher parental stress levels can be associated with more physical violence against children.<sup>2</sup>

This study demonstrates that CVA can have unintended multiplier effects on **intra-household dynamics** that positively impact child protection outcomes, even when the program was not purposely aiming at achieving child protection outcomes, as seen in all countries where intra-household dynamics and feeling of safety were monitored (15/20 programs). In **Cambodia**, levels of stress and tensions within the household reduced from 36% to 1% and in the **DRC**, 90% of households reported a decrease in violence against children and 88% a decrease in child neglect at community level. In **Colombia**, program participants having received CVA integrated with child protection interventions experienced greater

improvements on their children's safety in schools and in their community compared to those having participated in child protection interventions only or having received CVA only. In **Egypt**, 47% reported a significant improvement on their children's safety and 62% on children's well-being by the end of the CVA program. In Lithuania, 75% of households reported that the CVA improved relations/reduced tensions between family members. All the 13 monitored signs of child distress within the household in **Lithuania** decreased from baseline to endline and 8 of them were still below baseline levels two months after the end of the assistance.

The study also highlighted the impact that CVA can have on reducing risks of **child labor** (11 countries out of 13), and **family separation** (3 out of 4, 1 neutral) and particularly when it is combined with a livelihoods intervention. In **Cambodia**, households reporting child separation from caregivers decreased from 14% to 1% across 2 years (CVA was provided during the first year, and livelihoods during the second). The outcome of this indicator positively points to both the cash distribution and the livelihood assistance keeping parents/caregivers and children together; and highlights the powerful impact that graduating families out of assistance through livelihoods can have on reducing family separation. Migration is a major factor in family separation in Cambodia which itself is driven mostly by economic instability. Respondents reported cash assistance as being vital during the worst economic periods of COVID-19 and that the livelihood assistance enabled them to recover from the economic shock by improving their finances, and in turn strengthening the family unit in a more sustainable manner.

[1] 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)

[2] 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 (2023).



## ECONOMIC ROOT CAUSES OF PROTECTION RISKS

**Well-designed, shock-responsive cash assistance helps to address root cause of child protection risks. CVA seems to be an effective modality/tool to prevent households from further falling into poverty/adopting negative coping strategies detrimental to children.** CVA appears to be effective as a preventive tool to mitigate socio-economic deteriorations in the context of significant global shocks (COVID-19, Ukraine crisis, food and energy price shock etc.) that led to school closures, higher inflation and reduced purchasing power.

In the DRC for example, where the average income was well below the poverty line, and where armed conflicts leads to recurrent forced displacements and a chronic deficit to access essential services, the CVA significantly reduced rates of **school dropouts** and **child labor**, and reduced the perception of risk of **child marriage** at community level by 83%. In turn, poor and very poor households significantly reduced intra-household tensions, violence and neglect

against children and were able to invest into their livelihoods in an effort to build their coping and resilience capacities in a more sustainable manner.

**School dropouts** significantly decreased over the course of the projects (in 13 programs out of 17): in Guatemala, the number of households who reported their children dropping out of school decreased fourfold from 12% to 3%, in Haiti from 29% to 6%, and Uganda from 6% to 1%. In most countries, households cited that they withdrew their children from school **due to a lack of financial resources. Education expenses** reportedly increased for instance in Haiti and Mali, and cash assistance was often reported as helping to maintain children at school and/or improving access to school. In countries where school drop out rates were not reduced as sustainably or efficiently, national economies were significantly impacted by economic crises, once again highlighting the need to adapt transfer values to evolving living costs and economic shocks.

## CVA DESIGN

The amount and duration of cash assistance can significantly influence the impact on child protection outcomes. Overall, **100% of programs analyzed in this study where the CVA transfer value was high (compared to national living costs/ minimum wage) had positive impact on child protection risks.** Reversely, all countries where limited impact on CP outcomes was recorded had a proportionally low transfer value (i.e less than the minimum wage). For instance, child labor did not decrease when measured in Myanmar and Egypt, suggesting that cash assistance should be distributed for a more prolonged period of time (only 1 transfer of 15 USD in Myanmar) and/or with a value more tailored to address the economic root causes of the protection risk and adapted to evolving market dynamics as shown in Egypt. If insufficient to meet basic needs or economic drivers of CP risks, the HHs will still have to prioritize expenditures and potentially continue using negative coping strategies. A direct correlation can in fact be established between basic needs or food security indicators (ex rCSI) and positive impact on protection outcomes (for instance in Peru).

Evidence shows that CVA is particularly effective when delivered in a **complementary manner (cash+)** with other program activities to address the multi-dimensional nature of risks. While the methodology of this research doesn't allow for comparative analysis across all programs (the same indicators were not measured in all countries, with similar sampling methodologies), evidence highlighting the impact of complementary programming can be generated from certain programs, and particularly around case management and livelihoods.

**Overall, we observe that the proportion of reduction of some risks was higher in integrated programs than in stand-alone cash programming, or stand-alone protection programming. For instance, the top 3 programs in terms of impact on reducing child labor had both CVA and case management.** The same applies to other sever risks such as family separation or early and forced marriage.

The report shows that CVA had a limited impact in the Philippines where temptations of sending children into **early and forced marriage/unions** are deeply rooted into social and cultural norms. While the CVA addressed households' economic hardship and in turn reduced the needs to send children into labor and/or early and forced marriage/unions, the awareness-raising sessions proved particularly effective at addressing socially and culturally embedded behaviours. In this context, conditions put on CVA to attend the awareness-raising sessions were strong incentives for program participants to attend those sessions. **However, conditionality has shown to be unnecessary in the majority of contexts (18 out of 20), and therefore doesn't emerge as a de-facto prerequisite for CVA & CP design,** but rather an option to consider when conducting the protection risk analysis at design stage.

It should be noted that not all complementary CP or MHPSS activities enable to increase the reduction of CP risks: the case of Guatemala did not demonstrate a significant improvement in reduction of CP risks since the introduction of PSS activities and CP sensitization with adults (including on topics of child labor). In fact, the project has been implemented in the same location, with the same transfer values, and the results on phase 2 are very similar to phase 1 despite the fact of adding PSS activities.

**What's more, this study has demonstrated that the provision of CVA as a stand-alone intervention can have a positive impact on child protection outcomes** (in all programs where it was measured). However, this finding should not be interpreted as a recommendation to implement standalone CVA interventions, but rather emphasising the importance of economic root causes of protection risks. In fact, the methodology used for this report doesn't allow for comparative analysis between CVA only and CVA & CP programs. The only program where such analysis has been conducted (in Colombia) has shown mixed findings.



## Child labor

Child labor decreased in almost all contexts where it was measured, with significant decreases observed up to fivefold in **Bangladesh** and over twofold in **Nigeria, DRC, Colombia, Uganda or Egypt** for children under 14, and quite significantly in **Guatemala, Lebanon** as well as in **Peru or Georgia**. Cash assistance played a role in keeping children out of harmful work, as reported by beneficiaries in **Cambodia**, where the proportion of households reporting a lack of money as the reason children had to work halved from 100% to 54%, and in **Nigeria**; where a third of respondents reported that their children have stopped working as a result of the cash assistance. However, in **Myanmar** (where the cash transfer value was designed to address economic barriers to education exclusively, and arguably insufficient to address the barriers to exiting child labor) the proportion increased. In **Egypt**, child labor reduced during the project implementation, but increased again 3 months after the implementation. Based on the limited gender disaggregated data obtained from the reviewed projects in Bangladesh, Guatemala and Nigeria, **child labor primarily affected boys rather than girls**.

## Recruitment and use of children in armed forces & armed groups

Only measured in **DRC**, this risk has been perceived by the large majority of households as having decreased since the CVA integrated to child protection case management intervention was held. Data from the project demonstrate the potential role of CVA in facilitating the reintegration and rehabilitation of children associated with armed forces and armed groups, fostering community resilience, and promoting sustainable solutions to complex protection challenges.

## Family separation

Overall, **CVA contributed positively to a number of cases of family reunification** based on the testimonies of CVA beneficiaries in countries such as **Cambodia, Philippines or DRC**. Many households across contexts (including **Ukraine or Egypt**) also reported that the cash assistance played a part in preventing family separation. In Cambodia for instance, the separation (or reported risk of separation) was due to lack of financial means to sustain the child or meeting essential needs of the household.

## Child Marriage

When designed for intentional protection outcomes and combined to CP intervention, **CVA has a positive effect on reduction of risk of child marriage**. In **Philippines** the risk of child marriage decreased from 16% to 1% and the perception of child marriage changed for the HH. In **DRC**, 62% of responded reported that child marriage was very common in their community prior to the program. This proportion was brought down to 15%, 3 months after the program had ended. However, as drivers leading to child marriage are various, cash alone may not be enough to prevent or stop child marriage, including when it is complemented with case management, as showed in **Lebanon and Egypt**. Further interventions such as social behavioural change and longer duration of cash assistance may be required, and further research is recommended to define most effective response modalities.

## Violence in the home

A variety of proxy and perception based indicators were used to measure the effect of CVA on reduction of violence in the home. **Cash assistance was reported to have a positive effect on household relationships in all projects** where it was measured apart from **Ukraine**, where the majority of respondents reported it had no impact. Specifically, cash assistance improved these relationships by allowing parents to spend more time with their children and pay for basic needs. In most countries where it was measured, households generally reported improved psychosocial well-being and decreased stress levels as a result of the cash assistance. For instance, in **Cambodia**, a self-reported reduction of stress went from 36% to virtually none; while stability, peace, and happiness in the household were reported as direct consequences of cash assistance in **Mali**, alongside a self-reported decrease in the level of violence in the household. In **Egypt, DRC, Lithuania and Philippines**, parents reported perceiving that the prevalence of violence (physical, emotional, sexual) against their community significantly reduced thanks to CVA, even though this improvement was not sustained in time in **Egypt**. The majority of caregivers also reported feeling significantly or slightly less stressed since receiving CVA, because it resulted in increasing the household's ability to cover its basic needs.

## School dropouts

School dropout has been measured as a proxy indicator of Child Protection, enabling to better assess the protective environment of the child but also better understand child labor trends. **Overall, school dropouts significantly decreased over the course of the majority of projects**, notably in **Bangladesh, Guatemala, DRC, Haiti or Mali**. For instance, in **Guatemala**, the number of households who reported their children dropping out of school decreased fourfold from 12% to 3%, in **Haiti** from 29% to 6%, and **Uganda** from 6% to 1%. In most countries, households cited that they withdrew their children from school primarily due to a lack of financial resources. In countries where it didn't (such as Peru - phase 3 only; Egypt or Lebanon) the primary reasons were simply seasonal (data collected during summer holidays) or were linked to exogenous factors (economic crisis or shock throughout the implementation) once again highlighting the need to adapt transfer values to evolving living costs and economic shocks.

## Use of cash for child well-being

Overall, the additional cash provided to the households is generally **spent on children**. The analysis of the use of cash offers insight as to how it contributed directly or indirectly to children's well-being by allowing a general improvement of family conditions, which enabled them to be safer, adequately sheltered and fed. Beneficiaries reported that cash primarily benefited women and children in **Mali**, and almost half of respondents (44%) reported spending half or more than half of their family's assistance directly on children in **Lebanon**. Households reporting not being able to afford childcare or child protection expenses decreased from 27% to 16% in **Lithuania**. Education expenses (used as a proxy indicator to child protection) reportedly increased in **Haiti** and **Mali**, and cash assistance was very often reported as helping to maintain children at school and/or improving access to school (Mali), or helping to buy school supplies (Lithuania) and **even** improving the overall literacy level of children in integrated programming (**Myanmar**).



## BANGLADESH

Cash was given as part of an integrated program that aimed to protect vulnerable children and help them return to school safely. Child labor reportedly decreased significantly, from 49% at the start of the project to 9% at the end, while school attendance increased slightly throughout the project. None of the children got married, although child marriage is prevalent in Bangladesh.

## CAMBODIA

The program involved child-sensitive cash assistance and livelihood promotion interventions during COVID-19. Households reporting child separation from caregivers sharply decreased from 14% to 1% at the end of the intervention, with almost all respondents acknowledging the role of CVA in enabling them to do so. Beneficiaries citing lack of money as the reason to send their child to work also decreased from 100% before receiving the cash to 53% at the endline, highlighting the role CVA has to play in reducing child labor. A decrease in stress and tension in the household and more time spent with their children was also observed.

## DRC

A pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, with a specific focus on children associated with armed groups/forces (CAAFAG). Child labor has significantly decreased (almost threefold) throughout the project, and school dropouts have decreased as well. The effects on child well-being and household were overwhelmingly positive. At the community level, child protection risks have all decreased, particularly the risk of recruitment of children into armed forces and armed groups, which has reportedly decreased in the community since the start of the project for 87% of households.

## COLOMBIA research

Households with at-risk children received 6 months of CVA and case management to reduce child labor and violence in the home in this quasi-experimental study to understand the effectiveness of CVA on reducing or mitigating CP risks. The study was implemented in Arauca and La Guajira employing a comparison and intervention group in each region. In both regions, the intervention group received both CVA and CP assistance; in Arauca, the comparison group received only CVA while in La Guajira the comparison group received only CP. Overall, the effect of CVA on perceived safety & well-being of children was positive, particularly on safety in the home. Improvements were also observed in the corrective measures used by caregivers to discipline their children.

Across both regions, an increase was observed in positive discipline measures such as explaining the child's behavior or taking away privileges, and a decrease was observed in more severe measures such as corporal punishment. The impact on school attendance was mixed, with a marginal increase in attendance in the CVA-only group but a decrease in the CVA+CP group. A marginal decrease in child labor and participant's acceptance of child practices was observed in both groups by the project's end.

## EGYPT

A pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, with a specific focus on child labor and unaccompanied and separated children (UASC). Child labor has decreased twofold for children under 14-15, while it has unfortunately increased for children above 15. School dropouts have also increased throughout the project, but 88% of parents and caregivers who did not have to withdraw children from school over the last month acknowledged that the CVA helped children stay in school. These findings should be read while considering Egypt's recent economic crisis, characterized by double-digit inflation rates and a massive currency devaluation that considerably reduced the purchasing power of the general population during the project implementation.

## FIJI

The Fiji Cash Assistance Project was a wide-reaching social assistance project that aimed to support 39,000 vulnerable families affected by the economic impact of COVID-19. The project demonstrated that the cash improved household well-being and was used for the household's basic needs, including children's needs, and education to a certain extent (cited by 21% of PDM respondents).

## GEORGIA

In 2023, Save the Children (SC) launched its first pilot Cash and Voucher (CVA) assistance project in Georgia through its Universal Cash Assistance Network (UCAN) online platform. The assistance targeted Ukrainian refugees residing in Georgia who had fled the conflict in Ukraine to support them in meeting their basic needs. Although based on a very small sample, 2 respondents indicated that their children stopped working as a result of the cash assistance. Finally, households overwhelmingly reported that relations in their HH had improved as a result of the cash assistance, and the general well-being of the HH has improved as well.

## GUATEMALA

Cash was part of a larger, multi-objective project that aimed to reduce food insecurity, enable families to access water and sanitation, and improve agricultural production. Child labor reportedly halved from the first to the last evaluation, suggesting that the integrated approach, including multi-purpose cash assistance, had an unintended impact on reducing child labor in targeted locations. It also decreased during the second phase, although in a smaller proportion. There has also been a notable and consistent decrease in the percentage of children withdrawing from school since the inception of the project, from 12% to 10% to 3%, but not in the second phase. Households almost unanimously (99% in phase 1, 100% in phase 2) reported that relations in their HH had improved as a result of the cash assistance.

## HAITI

The Haitian case study describes a stand-alone cash assistance project designed to empower and enable the most vulnerable earthquake-affected households to meet their basic needs. The evaluations show that households reporting having recently withdrawn their school-age children due to a lack of cash have decreased from 29% to 6%, which can be safely assumed to be attributed to the positive impact of the cash transfer program. An additional benefit of the assistance is the observed increase in the share of budget expenses allocated for children's education (up to 19% of total expenses at the endline). Furthermore, households overwhelmingly acknowledged the positive impact of cash assistance on their overall well-being.

## LEBANON research

A quasi-experimental study in Colombia and Lebanon to better understand the effectiveness of CVA on reducing or mitigating child protection risks such as child labor and violence in the home in humanitarian settings. Households with at-risk children received six (6) months of CVA combined with case management and CP services to reduce child labor and violence in the home.

In Lebanon, two groups – one intervention (CVA+CP) and one comparison (CP-only) – were established in Greater Beirut. Similar to Colombia, the effect of CVA on perceived safety & well-being of children was predominantly positive, particularly in regard to safety within the home. Improvements were also observed in the corrective measures used by caregivers to discipline their children, which was used as a proxy for violence in the home. Although child engagement in income-generating activities was low in both groups, an overall improvement was observed during the study period, with significant decrease in child labor among both groups (from 10% to 4% in CP-only and from 16% to 10% in CVA+CP). However, caregivers did note that while they would prefer to prioritize their children's education, their "family economic situation encourages child labor practices". As such, a decrease was observed in the proportion of children in both groups attending school; however, the change was not statistically significant.



## LEBANON

The “cash plus” Child Well-being Assistance (CWA) program in Lebanon utilized a holistic approach that combined cash transfers with financial counseling at the household level, nutrition messaging, and referrals. A majority of households (44%) reported spending at least half of the cash directly on their children, and 94% of families reported using less risky coping strategies as a result of the program. The program also led to a decrease from 13% to 9% in the proportion of households whose children had to work to meet basic needs. Finally, reported cases of child marriage slightly increased during the project (although on a small subset).

## MYANMAR

Cash assistance was a short-term intervention provided as part of an integrated approach to all children who participated in community-based Catch-up Clubs (CuCs) to overcome economic barriers that prevent children from attending school regularly. However, despite this assistance, the prevalence of child labor remained high. This reinforces the need to provide integrated programming to effectively address the various barriers to child labor. Additionally, it indicates that the total amount of USD 45 distributed in 3-4 tranches was not adequate amount to address economic causes of child labor.

## PERU

Lifesaving assistance was provided to vulnerable and at-risk Venezuelan migrants in Peru to cover their basic needs throughout their migration and settlement process, along with supplementary nutrition interventions. However, the overall impact of the program was less positive than the previous year (2021-2022). Because of the deteriorated economic conditions prevailing at the time of the project, (particularly in the months that followed the escalation of the conflict in Ukraine), prices of basic commodities in Peru increased a lot, which drastically impacted and worsened food security, and basic needs outcomes. As a consequence, the percentage of households reporting child labor remained relatively high throughout the project, yet it slightly decreased from 21% to 16% at end line. On the other hand, school dropouts were reported in higher proportions at the end of the project than at the beginning. On a positive note, cash assistance resulted in an improvement in the relationships between children and adults in the vast majority (82%) of households. The second phase of the project shows more positive findings, with child labor decreasing from 21% to 13% and school dropouts decreasing from 36% to 23%. Cash has also reportedly had a positive impact on households, notably by improving child safety, and household relationships, and decreasing the level of stress.

## ROMANIA

This project’s activities focused on the Isaccea border, a significant transit point for Ukrainian refugees with harsh weather conditions, resulting in extensive queues and waiting times during crossings. SC provided vouchers (USD 55/child) for buying basic necessities in shops, alongside other services and activities. Children’s safety has reportedly improved a lot after the cash assistance, and stress in the household has significantly decreased.

## LITHUANIA

Cash assistance in Lithuania was distributed to ensure that the most vulnerable Ukrainian families with CP risks have sufficient financial resources to meet their basic needs during winter; combined with referral pathways, nutrition counseling, and PSS. Child protection risks such as child labor and school dropouts were not reported to have diminished during the project. Since this micro-grant project only distributed a one-off cash transfer, these findings suggest that cash should be distributed for a more prolonged period to have an impact on these two outcomes. However, children’s safety and well-being were reported to have improved since the start of cash transfers, and proportionally more households said that they were able to afford child care.

## NIGERIA

Cash and Voucher Assistance was distributed in Nigeria as part of a broader project to ensure that vulnerable families have access to survival food and clean water, while also receiving the necessary nutrition and protection services (not to all beneficiaries). Beneficiaries’ psycho-emotional well-being indicators showed a general increase from baseline surveys to endline surveys, indicating the positive impact of the assistance on these outcomes. Another multi-sectorial project in Yobe State where cash was distributed to strengthen coping capacities, cover essential needs, and reduce exposure to protection risks saw a threefold decrease in child labor (from 29% at baseline to 10% during PDM2), with a third of respondents reporting that their children have indeed stopped working as a result of the cash assistance. Quite positively as well, school dropouts decreased from 23% to 16% within the same timeline. Participants also overwhelmingly (87%) reported the positive effect of cash on their households.

## PHILIPPINES

A pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, with a specific focus on Child, Early, and Forced Marriages and Unions (CEFMU). Unconditional cash assistance was provided alongside three awareness-raising sessions on CEFMU with additional transfer on the condition of attendance. The project had a positive impact on all indicators measured, with child labor almost disappearing (from 4% to 1% at endline and follow-up survey) to school dropouts reducing fourfold (from 20% to 5%). More related to the specific objective of the project, 87% of households reported that child marriage has decreased since the Save the Children project in the follow-up survey, while 80% reported that their view on child marriage has changed since the Save the Children project. The majority of respondents also reported big improvements in their children’s safety and their households.

## UGANDA

Cash assistance was implemented alongside nutrition activities in Uganda to intensify and scale up treatment for existing cases of acute malnutrition, as well as address immediate nutrition gaps among women and children. According to the results of the three PDMs, there has been a notable and persistent decrease in the percentage of children who dropped out of school since the inception of the project, from 6% to 1%. There has also been a noticeable decrease in cases of child labor, from 7% to 2% to 4%. This suggests that the MPCA had an unintended, overall positive impact on both these child protection risks.

## MALI

The cash transfers in Mali were distributed alongside child protection and education activities. Almost all households reported that the provision of cash assistance has improved access to school, notably by enabling the purchase of school supplies and covering the costs of other school fees. Respondents almost unanimously reported that cash primarily benefited women and children and that it had a positive impact on their household, particularly as it relates to relationships between members, and led to a decrease in the level of violence.

## POLAND

Displaced families and their boys and girls have increased access to basic needs, thanks to payments being transferred once a month lasting 3 months to beneficiaries’ Polish bank accounts. Children’s safety and well-being have reportedly much improved since the start of the cash assistance, and the impact on the household was overwhelmingly reported to be positive in all aspects studied - relationships, living conditions, stress, and reduction of financial burden.

## UKRAINE

Multiple donors came together to fund CVA in Ukraine as an emergency response to meet the basic protection needs of conflict-affected and displaced children and their families. CVA has been used in multiple forms, notably to support families evacuating non-governmental controlled areas, families affected by shelling, but also families identified through case management. CVA has reportedly enabled a vast proportion (54%) of families to keep all their children together and therefore prevent family separation. It also reportedly positively impacted education outcomes, and increased children’s safety and dignity.



# CASE STUDIES FROM SAVE THE CHILDREN PROGRAMS

This report seeks to answer the following questions by summarising current practice and emerging evidence from Save the Children programs that use CVA and where child protection (CP) outcomes were measured in emergency contexts:

**H**ow can CVA be used to achieve CP outcomes, such as reducing child labor, child marriage, school dropout and family separation?

**H**ow can CVA be used to improve the psychosocial wellbeing of children and their caregivers?

This is the second report in a series of evidence gathering reports on CVA and CP, the first edition is accessible via this [link](#).





### Context



In Bangladesh, due to COVID-19 restrictions, the prolonged closure of schools has led to learning loss, increased dropout, and higher inequality including gender discrimination and GBV. This also increased the risk of children engaging in hazardous and exploitative labor, and of early and forced marriage for adolescent girls.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ **To protect vulnerable children and support them for safe return to school, especially those who are drop-out or at risk of drop-out, through community-level integrated case management.**

The Safe Back to School (SB2S) Community Case Management (CCM) project worked with teachers, school management committees, school authorities and community members to 1) Increase access to vital multi-sectoral services (Child Protection, health and nutrition, education and social protection / CVA) through an integrated case management approach for children vulnerable to protection and other risks as a result of prolonged school closure and 2) improve knowledge and skills of communities, parents and children to create an enabling environment to return safely back to school, especially for children at high risk of dropping out.

The project assessed individual needs and provided educational and play materials, hygiene kits, cash support, psychological counselling, support for birth registration and referrals to relevant service providers. To create an enabling environment and mainstreaming protection, the project worked with parents, communities, teachers, service providers and line departments. A one-off transfer valued at 2,500 BDT (USD 26) was issued to 1,000 children and their families.



### TARGETING/ SELECTION/ REGISTRATION

The project worked with 21 secondary schools in Mirpur area and Dhamsona union respectively under Dhaka North City Corporation and Savar upazila, targeting children and adolescents between the age of 10-18 years to provide integrated case management support for ensuring their safe return back to school. The most vulnerable children were identified through analysing dropout data collected from school in targeted areas, followed by a vulnerability assessment



#### Vulnerability assessment criteria:

- School drop-out or at risk of drop-out (mandatory);
- Engaged in child labor;
- Victim or at risk of any type of abuse/harassment;

#### Household vulnerabilities were also considered such as:

- Single earning member of the HH;
- HH with more than 5 members;
- HH with more than two children;
- Family member with chronic illness.
- Women headed HH;

### IMPLEMENTATION AND MEAL TIMELINE

Total project cost : \$200,000

Unconditional - Unrestricted	Total cash distributed	Total beneficiaries	Delivery mechanism	
	\$27,500	1,000 HHs	Mobile money	Cash in hand

1 cash transfer \$26/HH  
May 2022



Vulnerability assessment  
6066 Resp.  
Feb. 2022

➔

Selection of  
1,000  
beneficiaries

PDM+Endline  
272 Resp.  
June 2022





### Project outcomes

#### CHILD LABOR

Proportion of HHs reporting child labor in the 30 days prior to survey **decreased significantly** from:



49%

Vulnerability assessment

to



9%

Endline Evaluation

“ After being engaged in child labor I did not get time to play. Now I returned to school with the help of this project and I am feeling good for getting another opportunity to learn again. ”

Fahad, project beneficiary

During the vulnerability assessment, a higher proportion of boys (61%) were found to be engaged in child labor compared to girls (41%). Similarly, at the endline assessment, although in significantly lower proportions, the prevalence of child labor remained higher for boys (13%) compared to girls (6%)

#### SCHOOL ATTENDANCE

Child attendance (general participation) in school **increased** from 76% to 84%; while reported regular attendance **increased** from 79% to 98%



76%

March 2022

to



84%

May 2022

100%

of children who dropped out of school were successfully able to return back to school

#### OTHER CHILD PROTECTION OUTCOMES

% of children who received their birth registration certificate **increased** from:



51%

Vulnerability assessment

to



98%

Endline Evaluation

NB: a dedicated complementary activity to support obtention of birth certificate was provided.

- None** of the targeted children were married during the 8 months of implementation of the project, despite the relatively high prevalence of child marriage in Bangladesh.
- 98%** of households reported having spent the MPCA on “child education” (in a multiple choice question).
- 86%** of cases closed with the objectives of the case plan achieved.

#### CVA DELIVERY AND PROTECTION MAINSTREAMING



- Each family received cash support that helped to manage expenses associated with education i.e school/ tuition fees, procuring school uniforms, and educational items). By amplifying children’s voices and enabling their interactions with local duty bearers, a culture was built where children were listened to and considered as a part of planning by the duty bearers. This created a foundation of accountable decision-making which is expected to continue beyond the project duration.
- The protection services were provided through case management in coordination with children, families and local duty bearers. In addition, the teachers were trained on safe identification and referral and are expected to utilize their knowledge even after the project ends.

#### CHALLENGES AND MITIGATION

**Scarcity of time for project implementation:** Due to short project duration, it did not align with the time required to provide quality case management services. As case management addresses a host of protection risks and needs, some of the cases require additional time and follow up. Limited resources for case management imply that often case workers had to work overtime to provide follow-up with children and their families respecting project timeframe.

**Identification of children:** In some instances, vulnerable children who were identified and referred for case management support had already migrated from the locations before the initiation of case intake. As a result, there was no opportunity to follow up with and provide them the necessary support. This occurrence was particularly prevalent in urban areas. As a result, the project team had to revise the list with new children; with a delayed assessment and development of the individual care plan for the children, therefore causing a delay in referring to the mobile money transfer and enrolment in the social protection schemes.

#### LESSONS LEARNT



- Community level integrated case management was found to be an effective approach for supporting children to return safely back to school:** To improve children’s education, protection and social well-being community level case management was found to be an effective approach for the reduction of school drop outs, and preventing those who were at risk of dropping out due to COVID-19. Moreover, psychosocial counselling, positive parenting, and immediate referral services for children who have been engaged in child labor, or who are at risk of child marriage, play an important role in school reintegration as well as other social well-being improvements.
- Cash assistance played an important role for supporting children to return safely back to school** The targeted population faced severe economic hardships, forcing them to deprioritize funds related to education. Providing cash support, education and learning materials, safety and sports equipment, and referral services helped to reduce a multitude of barriers, including financial.
- Effective collaboration with government:** This project provided direct support and referral services to beneficiaries according to needs which proved to be very effective. In collaboration with the Bangladesh Government Department Social Services, Social Welfare Scheme and Local Government Security Scheme, children were able to successfully public and non-government health services.
- Parents’ awareness and support was crucial to preventing child marriage :** Socio-economic factors were listed as a primary driver of child marriage. The project found that cash assistance coupled with awareness raising on the risks and harms associated with child marriage, counseling and positive parenting sessions had a positive impact on addressing drivers of child marriage.



### Context

Children in Cambodia face numerous protection issues, such as a high prevalence of violence, family separation, neglect, exploitation, and child labor. Over 50% of children experience physical violence, 25% experience emotional abuse and approximately 5% experience sexual abuse (UNICEF, 2020). COVID-19 has exacerbated existing inequalities and increased CP risks such as family separation among an already marginalised population.



### OBJECTIVES & DESCRIPTION OF ACTIVITIES

**To support vulnerable families affected by the secondary impacts of COVID-19, to stay together in a caring and nurturing environment and to reduce protection risks for their children.**

The program involved 1) **Child-sensitive cash assistance** to support households in situations of high economic insecurity due to the impacts of COVID-19 to prevent people from resorting to negative coping strategies that could lead to increased child protection risks (between December 2020 and July 2021) followed by 2) **Child-sensitive livelihood promotion interventions** for the same vulnerable households who have lost their sources of income due to COVID-19 to prompt restoration of livelihoods and prevent the use of negative coping strategies potentially harmful for children, in a sustainable manner (from July 2021 to March 2022).

FCF child protection partners co-designed the cash and livelihood assistance to complement the existing FCF program (link), whereby case management and support were provided to vulnerable children and families, who are at-risk of separation.

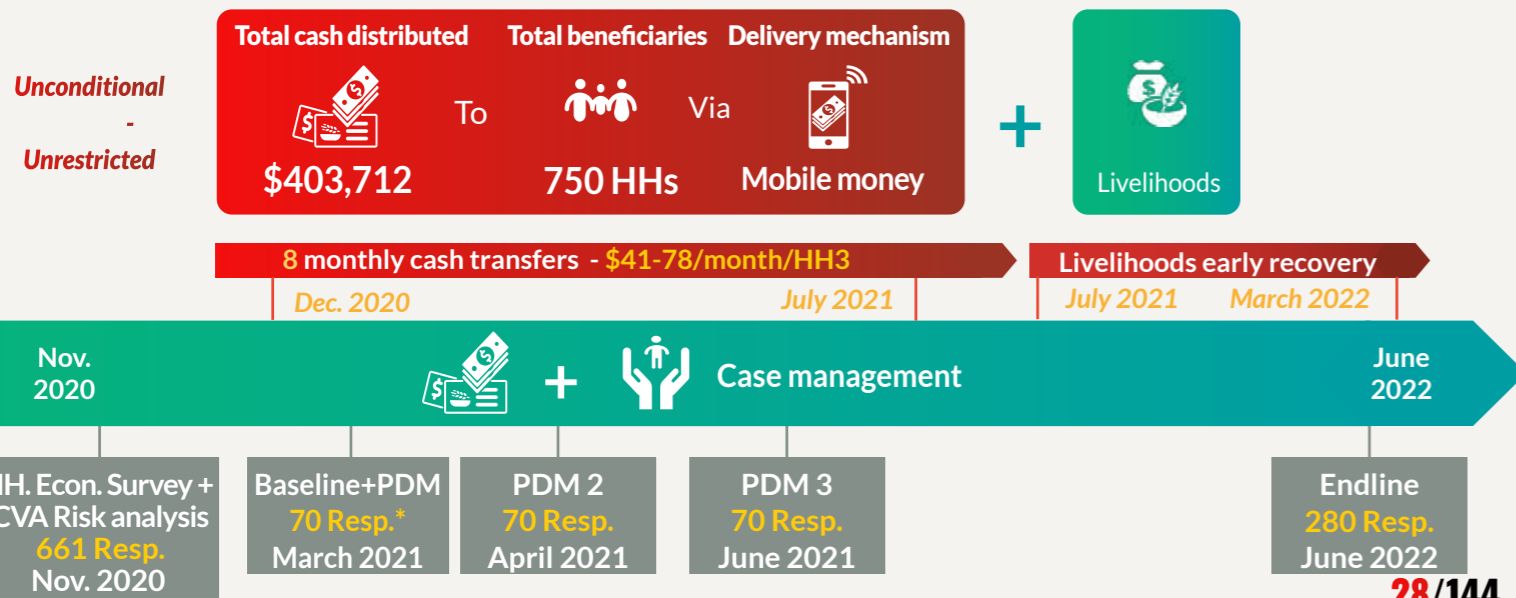
### CVA DELIVERY AND PROTECTION MAINSTREAMING

As common practice, at design stage, the team conducted FGDs (using Tool 1 from the [CVA & CP MEAL toolkit](#)) to identify potential protection, security and operational challenges related to receiving the cash transfer via mobile money. Findings were integrated in the monitoring tools, to track the impact on identified risks. As a result:

- ➔ 100% of households reported feeling safe (up from 96% at baseline) while receiving the cash transfer and 100% also reported that they had not heard of anyone else experiencing an unsafe situation.
- ➔ 100% of households agreed that cash transfers are the most effective method of helping them to meet their basic needs after 8 cash transfers (up from 96% at baseline+PDM)

### IMPLEMENTATION AND MEAL TIMELINE

**Total project cost : \$2,000,000**



### TARGETING/ SELECTION/ REGISTRATION:

750 households received cash transfers for basic needs, among which 615 received livelihoods grants.

Households already receiving case management by child protection partners took part in a household economic survey (HES) as well as a child protection assessment, the latter having been led by case workers. Households having obtained a score equal or above the eligibility threshold were selected for the cash and livelihood assistance.

This score is a calculation of vulnerability based on:

- HH composition (dependency ratios);
- Socio-demographic factors (PLW, PwDs, migrants and female/child-headed HHs / chronically ill);
- Economic vulnerability (indebtedness, levels of income);
- Food insecurity (HHs, rCSI);
- CP risks (likelihood of family separation): overall vulnerability and risk of family separation was assessed by CP case managers;
- HH adopting coping strategies harmful for one of their children, such as child labor.



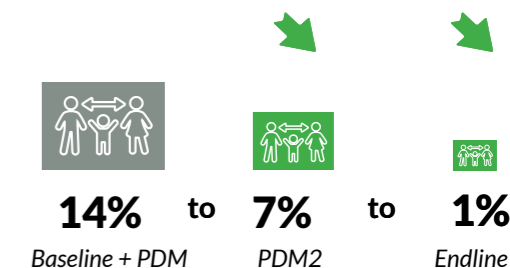
All regions of project implementation highlighted in red



### Project outcomes

#### FAMILY SEPARATION

Households reporting child separation from caregivers since the start of distribution decreased from:



The outcome of this indicator positively points to both the cash distribution and/or livelihood assistance keeping parents/caregivers and children together; and highlights the powerful impact that graduating families out of assistance through livelihoods can have on reducing family separation. Migration is a major factor in family separation in Cambodia which itself is driven mostly by economic instability. Respondents reported cash assistance as being vital during the worst economic periods of COVID-19 and that the livelihood assistance enabled them to recover from the economic shock by improving their finances, and in turn strengthening the family unit in a more sustainable manner.

While the cash transfer helped families to meet their essential needs regarding food, clothes and education, over the life of the program, it also enabled parents to avoid reliance on negative coping strategies, such as migration due to the livelihoods intervention.

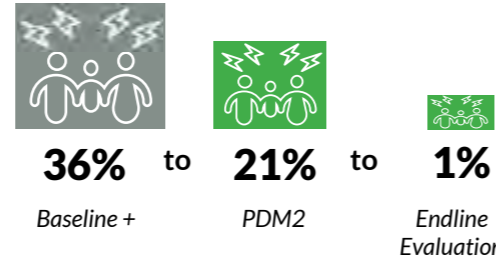
- ➔ **99%** (276/280) of the respondents had the same number of children living with them now (at endline) compared to 86% (60/70) prior to receiving cash assistance.
- ➔ **99%** (267/276) of those who remain with the same number of children in their household at the end of program agreed that either the cash transfers or livelihood assistance helped make it possible to keep all of the children in the house.



# Project outcomes

## Effect on households

Households reporting that stress and tensions in the home **decreased** from:



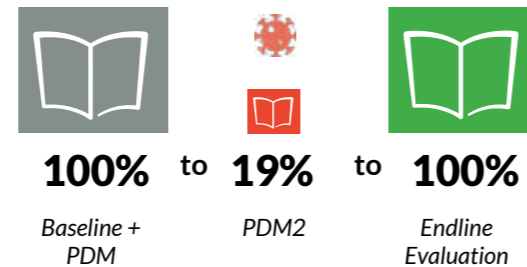
**99%** (278/280) of respondents reported that the cash transfers received had positive impacts on the household and the relationships within the household; and 92% (258/280) reported the livelihood assistance received had positive effects on their household.

The most commonly reported positive effects of cash transfers were: Children were eating more often than before (32%), family eating more varied types of food (32%), families invested in income generating activities (30%). The most reported effects of livelihood assistance were similar.

**67%** (187/280) of households reported that during the time of the cash transfers they had been able to enjoy more time together than prior to the cash assistance. At the time of the livelihood assistance, 73% (205/280) of respondents reported the same. This is a continued increase from both the Baseline(+PDM) (54% - 38/70) and 46% (32/70) in the PDM2.

## Education

Households reporting children accessing basic education **decreased** and then **increased** from:

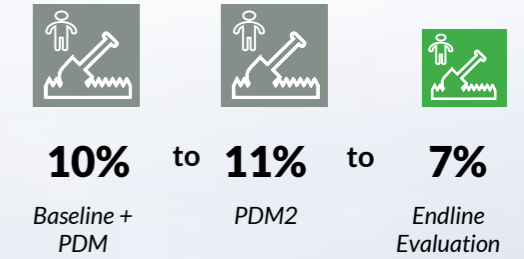


At the start of the project in 2020, 100% of the children attended education on a regular basis. During COVID-19 and school closures, this percentage fell to 19% in PDM 2 (where 95% of HH cited school closures as a reason for not attending schools, and 4% reporting not being able to afford school), while at the endline evaluation almost 100% (389 of 391 students) had returned to formal education.

Although within the quantitative survey 100% of children attending school prior to COVID-19 have since returned to school, the qualitative interviews specifically screened respondents who migrated and/or had children engaged in child labor. During these qualitative interviews, some children who had dropped out of school were identified. Interviewed parents/caregivers reported having their children drop out from school at secondary or high school due to family financial constraints that hindered further educational opportunities and as such, they moved to the labor force.

## Child labor

Households reporting children having to go to work in order to meet HH basic needs in the past 30 days **slightly decreased** from:



Child labor can often be a negative coping strategy used by a household to meet basic needs. If a household reported children going to work in the past 30 days either regularly or frequently because the household had insufficient income to meet basic needs (to the opposite of "schools being closed" or "children wanted to work"), they were counted towards this indicator.

The proportion of HHs reporting that lack of money was the reason children had to work decreased from 100% (however on a small subset of 7/7) before the intervention to 73% (subset of 8/11) in PDM2 and 54% (19/35) in the endline evaluation. In the endline evaluation, 43% of respondents reported that the children "wanted to work". This highlights the impact that the combination of cash, case management and livelihoods can have on reducing child labor caused in-part by lack of financial resources

The average age of children working was 15 (n=35), up from the Baseline (+PDM) of 14 (n=7) but below the PDM2 age of 16 (n=11).

Only 17% (6/35) of households who had children working at the Baseline reported that their children worked regularly (i.e., in recurring shifts), this was down from 55% (6/11) in the PDM2.

“ Since having my own business, the children in my care no longer need to work anymore. After studying, they help me do some chores and help wash vegetables for me, but they do not miss school as they did before ”

Caregiver





### Context



Funding provided by the United States Government

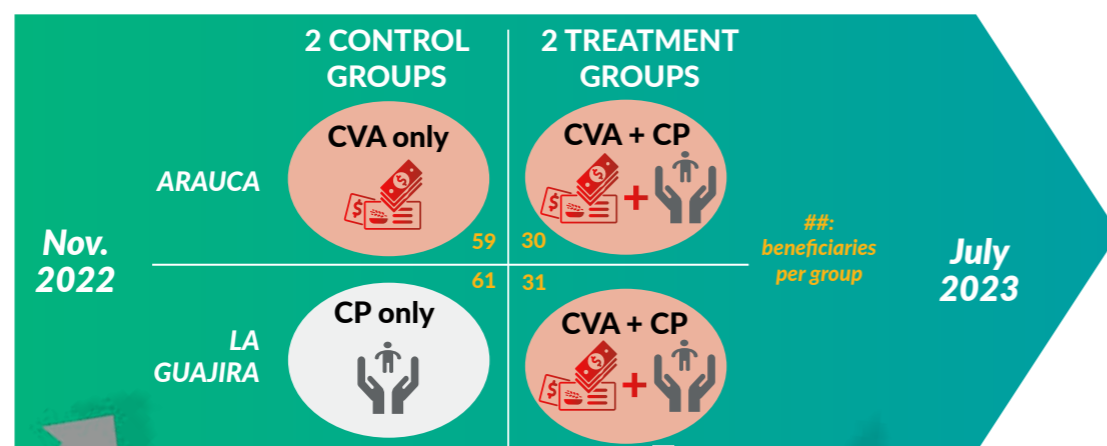
Since December 2023, Colombia has been host to the largest population of Venezuelan refugee and migrants outside of Venezuela at 2,9 million individuals (R4V platform). The 2022 Regional Migrant and Refugee Response Plan (RMRP) identified nearly 5 million Venezuelan refugees/migrants, Colombian hosts and returnees in need of assistance, of whom over one-third (38%) were children under 18 years of age. 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.

### OBJECTIVES OF THE PROGRAM



A pilot operational research project aiming 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?

### BPRM Research Study



**Baseline**  
180 caregivers  
Nov 22 - Feb 23  
(rolling basis)

**Endline**  
120 caregivers + FGDs  
July 2023

Participants were selected from the USAID/BHA VenEsperanza program that were in the process of receiving any CVA or CP.

**BHA VENESPERANZA (\$54,600,000)**

**BPRM (\$3,500,000)**

**CVA assistance scope (for pilot research)**

Total cash distributed  
**\$75,060**

Total beneficiaries  
**To 120 HHs**

Delivery mechanism  
**Via Mobile money**



### TARGETING/ SELECTION/ REGISTRATION

Children were identified directly by SC through its wider multipurpose cash assistance (MPCA) and child protection programming referrals.

- Participants were selected from the USAID/BHA VenEsperanza program that were in the process of receiving any CVA or CP (a two-way referral pathway between CVA and CP projects was established to identify caregivers and children for the study)

The selection criteria at large prioritized households with children and adolescents between 5 and 17 years of age; detailed criteria for each group was as follows:

- CVA (59 HHs):** the selection was based on an eligibility survey that measures the vulnerability of households and produces a vulnerability score that allows to see which families are in greater need. 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.
- CP only (61 HHs):** people referred or identified as having problems or high protection risks (see specific risks below).
- CVA + CP (31 HHs in La Guajira, 30 in Arauca):** eligible for CVA and facing protection risks.



### DESCRIPTION OF ACTIVITIES

To better understand how the CP and CVA programs in Colombia is contributing to children's experience of child labor and violence in the home, this research activity was conducted using a quasi-experimental, mixed method, panel design. Specifically, the impact of CVA on reducing child labor and violence in the home was compared with the CP programs that do not include CVA. This research program captured data about specific activities in the CVA programs that build on CP programming and relate to reduced risks in the lives of children, caregivers, and households. The intervention group in the study included participants in CVA programs who are also involved in CP programming. The comparison group did not receive CVA programs, but received CP programming.

This study had four (4) groups: 2 control groups (1 CVA-only in Arauca, 1 CP-only in La Guajira) and 2 treatment groups (CVA + CP in Arauca and La Guajira).

- CVA assistance was provided for six (6) months (transfer value per capita).
- Specific CP activities implemented and Protection risks addressed: Case management and accompaniment or referral to other programs implemented by StC were carried out. Additionally, within the protection services there were also group training activities and individual awareness raising on risks for minors, possible dangers and care routes (sensitization on the issues of child labor prevention and consequences of physical punishment) The protection risks that were addressed were: physical, emotional and sexual abuse; negligence; child labor or exploitation; and abandonment in cases of minors who migrate unaccompanied

Click on the grey and beige boxes to learn more about the projects activities



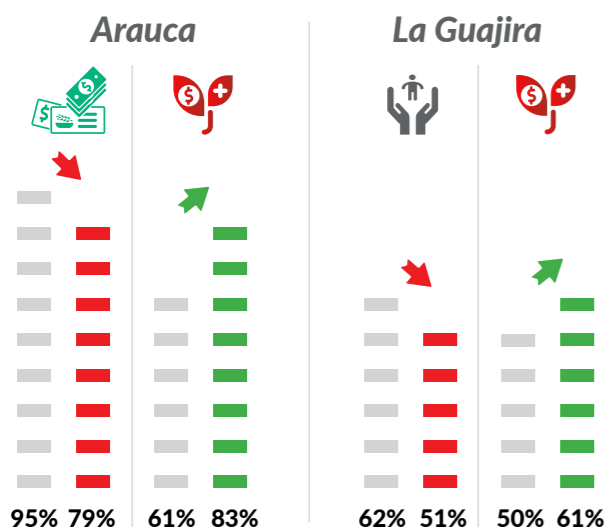


# Project outcomes

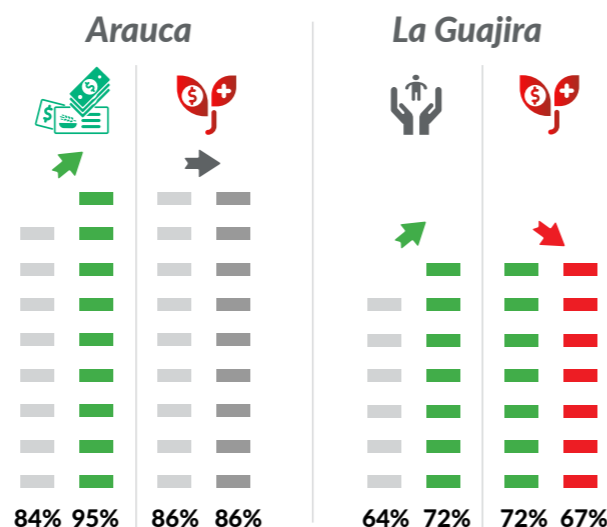
**Demographic Data & Respondent Characteristics:** A total of 180 caregivers were interviewed at baseline (89 in Arauca, 91 in La Guajira), of which, 120 (55 in Arauca, 65 in La Guajira) were also reached at endline and are included in this analysis. Among the 55 households in Arauca, 19 (34%) received only CVA and the remaining 36 (65%) received both CVA and child protection (CP) services. Of the 65 households in La Guajira, 47 (72%) received only CP and 18 (27%) received both CVA and CP.\*

## EFFECT ON SAFETY AND WELL-BEING

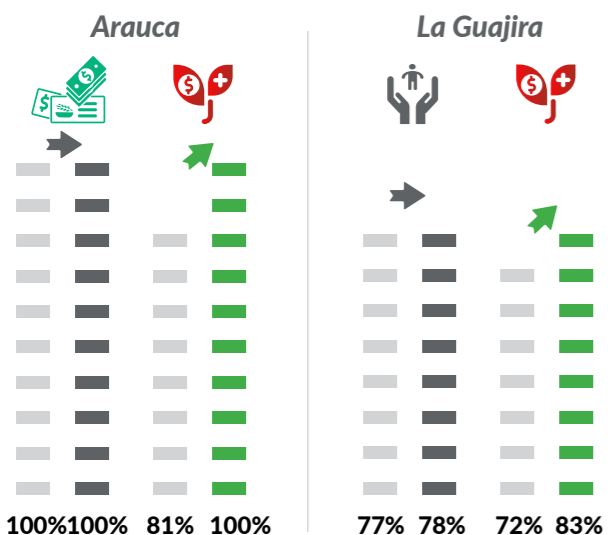
% of households reporting that their children are safe in their community



% of households reporting that their children are safe at school

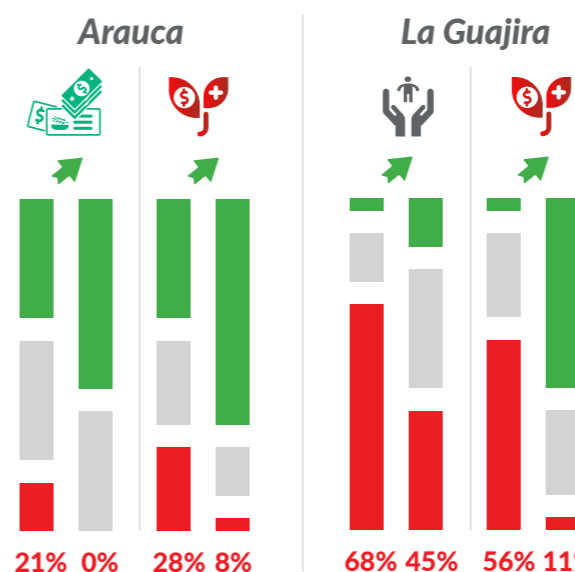


% of households reporting that their children are safe at home

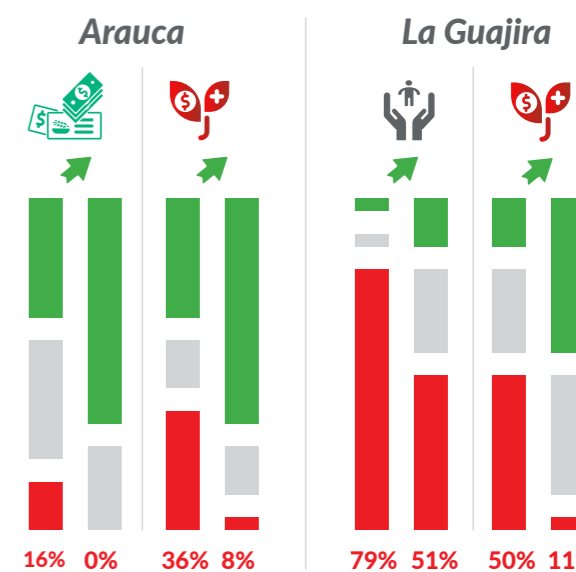


“ During a FGD one adolescent from La Guajira shared their community “is not a place where we feel in danger...” ”

General well-being of children



General well-being of household



Very poor or poor (figure in red #%) Average Good or very good

In Arauca, an overall increase is observed in the perception of household well being, with a higher proportion reported by participants that only received CVA compared to participants that received both CVA and CP services. In La Guajira, a similar trend was observed, with a much higher improvement reported for HH benefiting from CVA and CP compared to CP only. A direct correlation can therefore be established here between provision of CVA and improved well-being. 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.





### USE OF DISCIPLINE

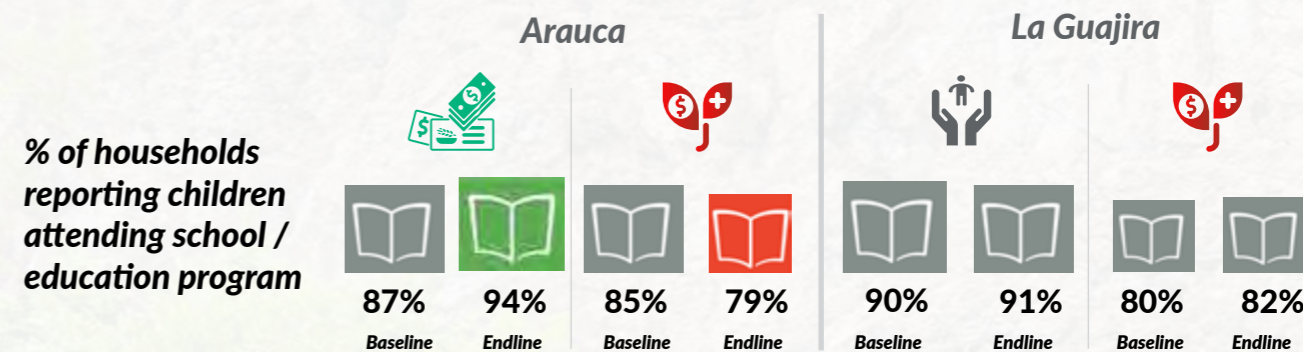
When asked whether they had used specific behaviours to discipline a children in the past month, 95% of CVA only and 86% of CVA+CP participants in Arauca reported using at least one discipline behaviour at baseline and all participants in Arauca reported using at least one behaviour at endline. In La Guajira, all participants reported at least one discipline behaviour at baseline, and similarly 97.9% of CP only participants and all CVA+CP participants did so at endline. Participant reporting of specific discipline behaviours is presented in the table below:

Respondent Use of Behaviours to Discipline Child(ren) in past month	Arauca				La Guajira			
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Took away privileges, forbade something child liked, or did not allow them to leave the house	84%	79%	75%	94%	51%	77%	78%	100%
Explained why their behaviour was wrong	84%	74%	72%	92%	94%	92%	100%	100%
Gave them something else to do	42%	32%	28%	47%	53%	60%	56%	89%
Shook them	5%	0%	3%	0%	4%	0%	11%	6%
Shouted, yelled, or screamed at them	5%	5%	19%	0%	23%	13%	50%	28%
Spanked, hit, or slapped them on the bottom with bare hand	0%	0%	6%	0%	11%	13%	22%	0%
Hit them with something like a belt, hairbrush, stick, or other hard object	11%	5%	14%	0%	11%	2%	11%	0%
Called them a name (dumb, lazy, etc.)	0%	0%	6%	0%	11%	13%	11%	11%
Hit or slapped them on the face, head, or ears	0%	0%	3%	0%	0%	2%	0%	0%
Hit or slapped them on the hand, arm, or leg	0%	0%	3%	0%	13%	0%	6%	6%
Twisted their ear	5%	0%	0%	0%	0%	0%	0%	0%

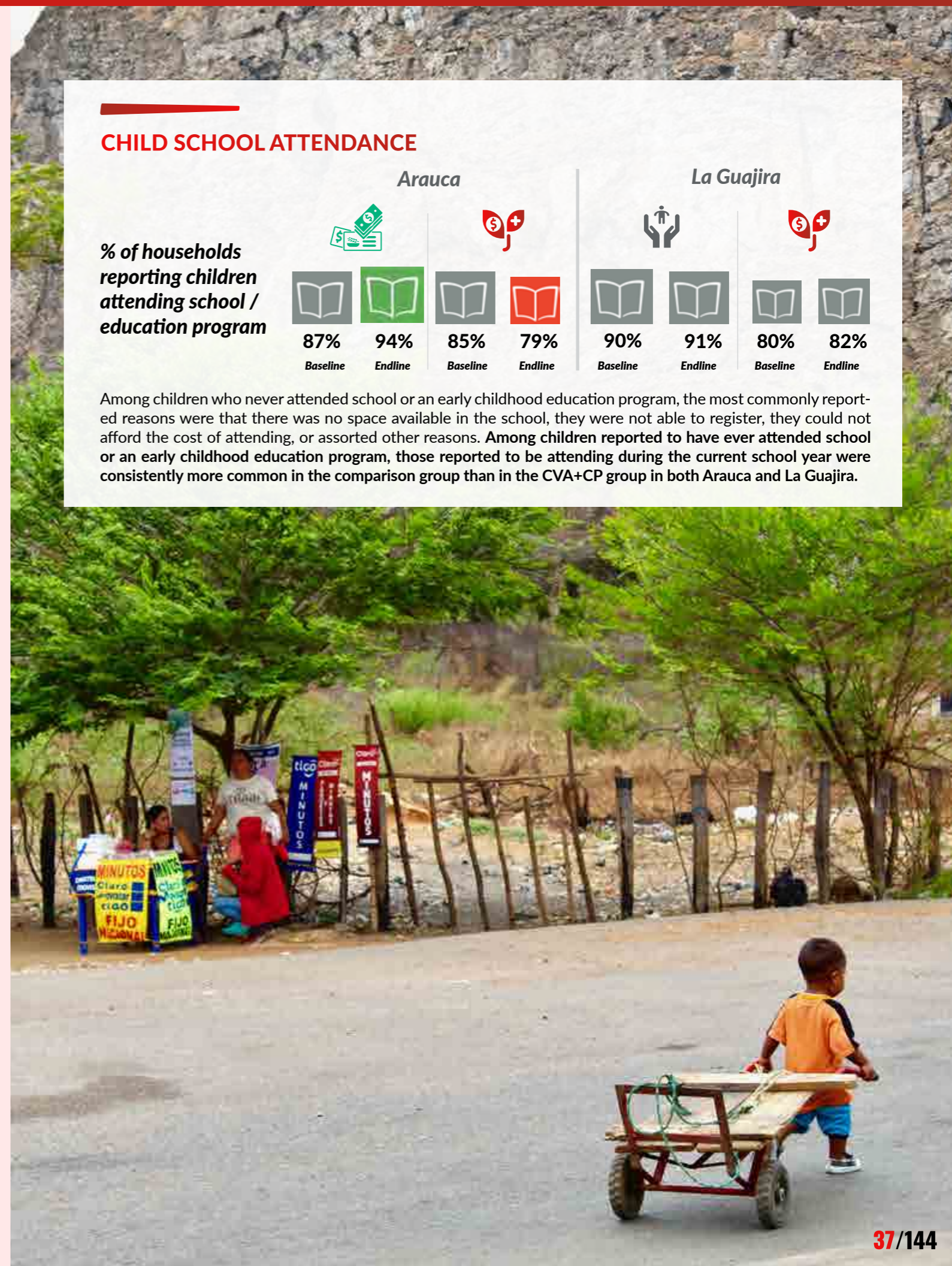
Very few participants overall reported believing that “in order to bring up, raise, or educate a child properly, the child needs to be physically punished: hitting, slapping, beating, or smacking”. In Arauca, this belief was reported by 16% of CVA only participants and 6% of CVA+CP participants at baseline but only 10% of CVA only participants and no CVA+CP participants at endline. In La Guajira, 2% 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**

“*When children 9-12 years of age (in Arauca) were asked about the methods used at home to “correct” their behavior 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”.*

### CHILD SCHOOL ATTENDANCE



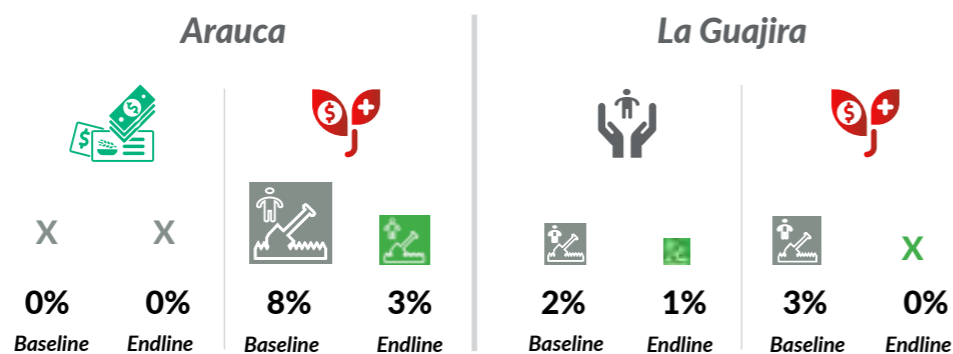
Among children who never attended school or an early childhood education program, the most commonly reported reasons were that there was no space available in the school, they were not able to register, they could not afford the cost of attending, or assorted other reasons. **Among children reported 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.**





**CHILD LABOR**

Households reporting children engaged in income generating activities



Child engagement in income-generating activities (IGA) in the prior month were uncommon in all groups, locations, and time periods. Most children were employed in only occasional work.

In Arauca, among the five children working in the CVA+CP group at baseline, the average age when starting work was 15 years old, the average amount earned per week was US\$13, 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 years old, the average amount earned per week was US\$18, and one child received other compensation for their work.

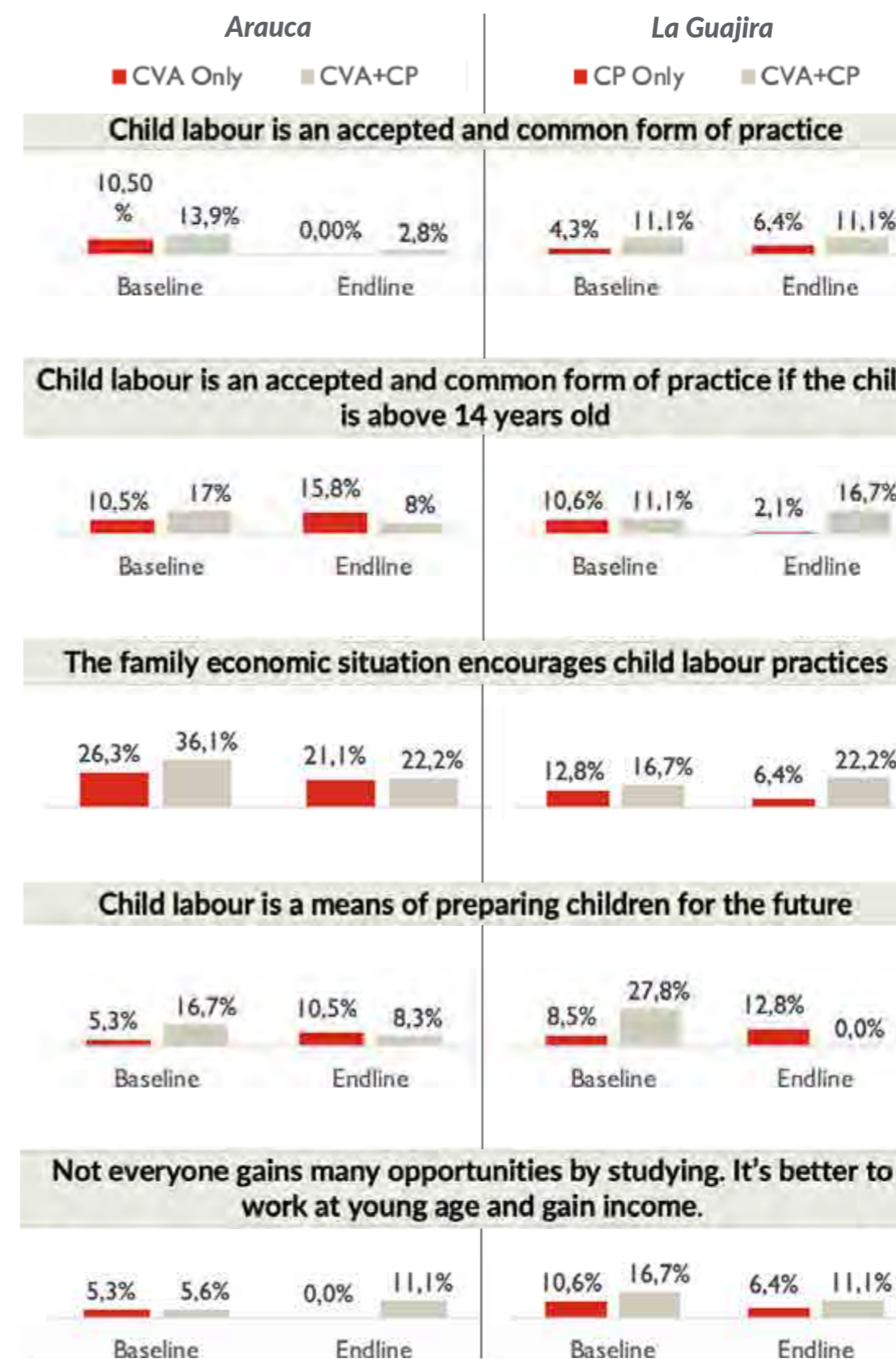
In La Guajira, the singular child in the CP only group who was working at baseline and endline reportedly started at 16 years old and made US\$11 per week at baseline and US\$28 per week at endline.

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.

“ Most common activities mentioned by both groups of children (9-12 and 13-17 years old) in La Guajira were, “selling sweets on the streets”, “selling water”, “packing rice”, and “asking for money on the street”. ”

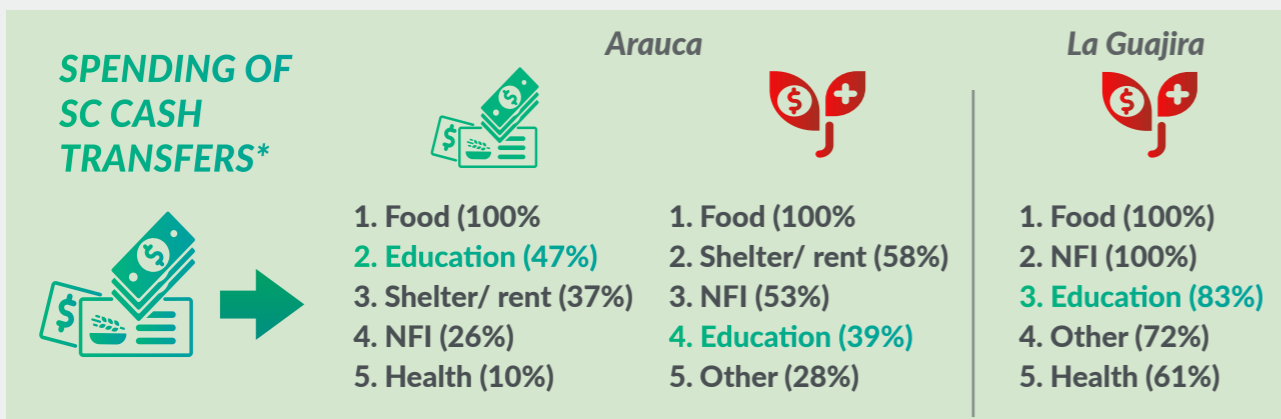


Respondent agreement with statements about Child Labor:





UTILISATION, EXPERIENCE & PERCEPTION OF CASH ASSISTANCE



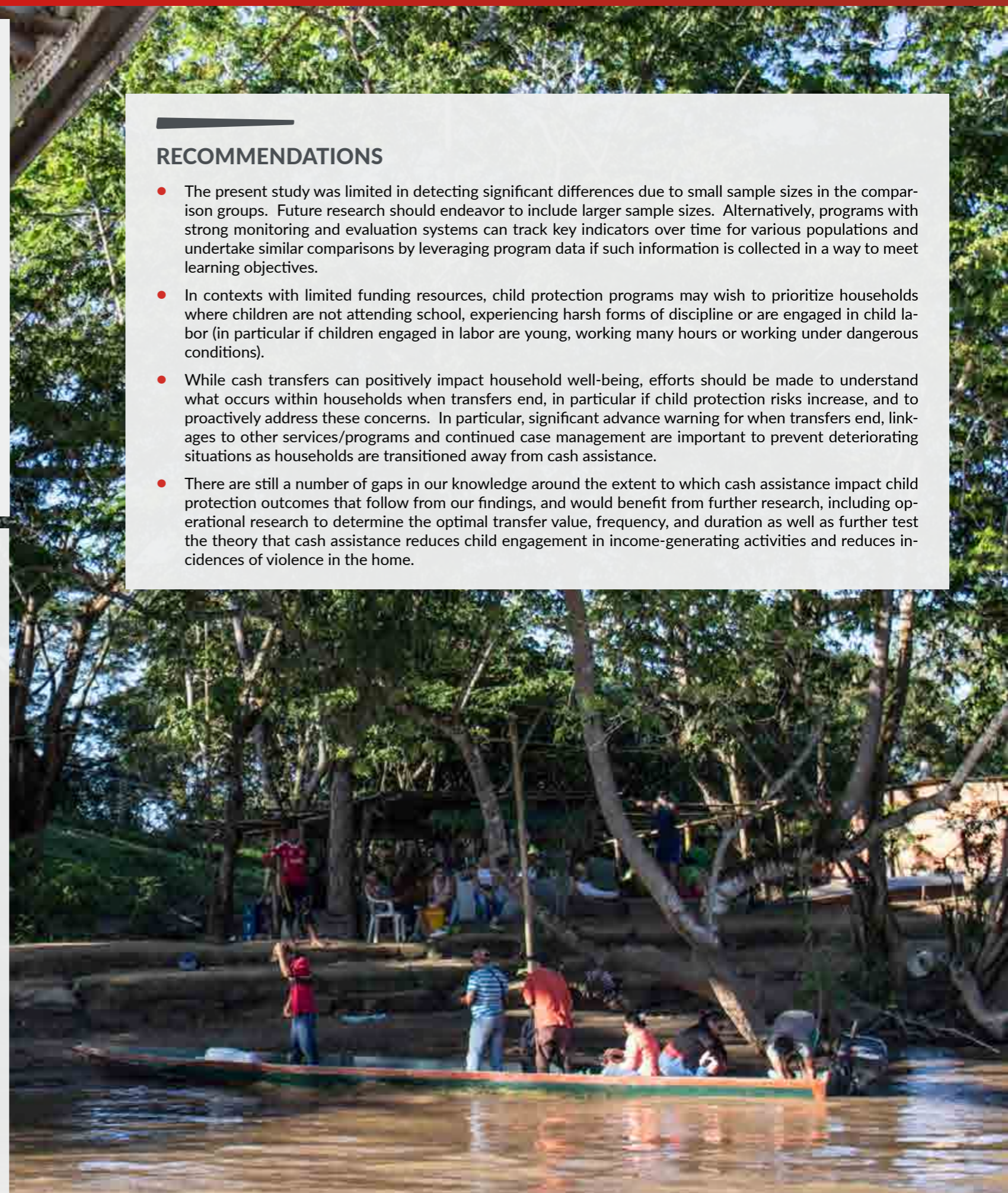
Cash assistance was generally perceived positively. No participants reported encountering any issues because of the cash assistance. All participants in Arauca and nearly all (94%) of participants in the CVA+CP group in La Guajira reported feeling very safe receiving the cash assistance. Additionally, 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 also suggested that livelihoods/entrepreneurship training would be beneficial to incorporate in future program.**

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 behaviours 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.
- ➔ 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, 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. Change 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 the cash assistance. All participants who received CVA reported food among the two categories on which they spent the most of their cash transfer.

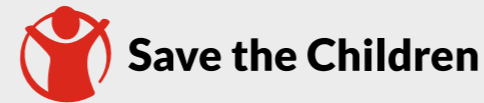
RECOMMENDATIONS

- 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.
- 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 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.





# Context



Recruitment of children into armed groups and armed forces (CAAFAG) is considered a major risk in DRC. The main drivers of recruitment include the lack of money, limited livelihoods and education opportunities, the absence of knowledge on children's rights, lack of protection monitoring as well as forced recruitment by armed groups/forces in search of new recruits. Unaccompanied children and child-headed households are considered by communities as those most at-risk of recruitment. Child labor is also very prominent (beyond association with armed groups/armed forces which is considered as one of the worst form of child labor), as well as child marriage and violence against children.

## OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ A pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, identify evidence and gaps, and document programmatic best practices, with a specific focus on children associated with armed groups/forces (CAAFAG).

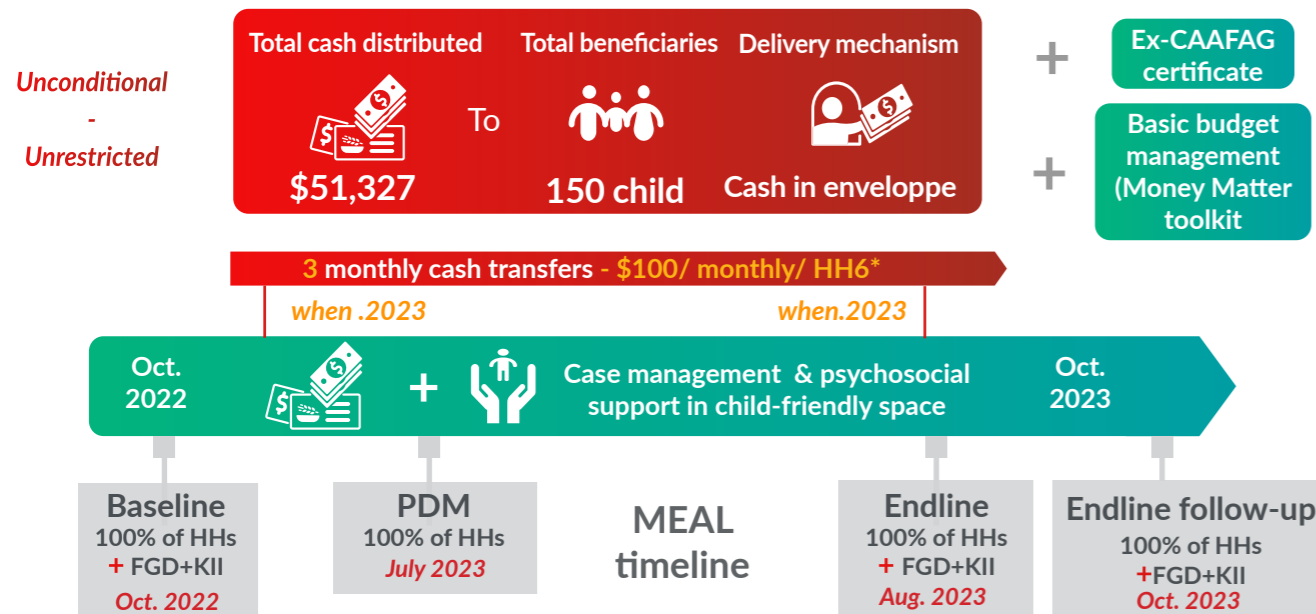
The project targeted 150 households in South Kivu (Malinde and Fizi) with (a) ex-CAAFAG reintegrated at community level within the last six (06) months after having been associated with armed groups/forces, and (b) children at risk of becoming associated with armed groups/forces. Three (03) unconditional and unrestricted multi-purpose cash transfers (MPCA) were carried out over three consecutive months, in collaboration with TMB as the financial service provider delivering cash in-hand at community level. Two distribution sites were identified for around 75 households each.

### Complementary activities:

- ➔ **Legal protection - ex-CAAFAG certification:** ex-CAAFAG targeted by this cash transfer program received an official certificate from national authorities as a standard practice of their Demobilization, Disarmament and Reintegration (DDR) Program, attesting their reintegration into their community and in turn contributing to reduce their exposure to the risks of abuse and exploitation at community level. 78 ex-CAAFAG have been certified by national authorities leading the Disarmament, Demobilization and Reintegration (DDR) program and in close collaboration with SC RDC .
- ➔ **Case management and psychosocial support:** throughout the CVA intervention, the 150 beneficiary children received case management by para-social workers as well as access to child-friendly spaces (CFS) where they receive access to psychosocial support;
- ➔ **Basic budget management (Money Matters):** The 150 beneficiary households receive counselling sessions lead by para-social workers on basic budget management as part of regular case management activities, using the «Money Matters» methodology and toolkit developed by the Alliance for Child Protection in Humanitarian Action.

## PROJECT IMPLEMENTATION AND MEAL TIMELINE

Total project cost \$100,000



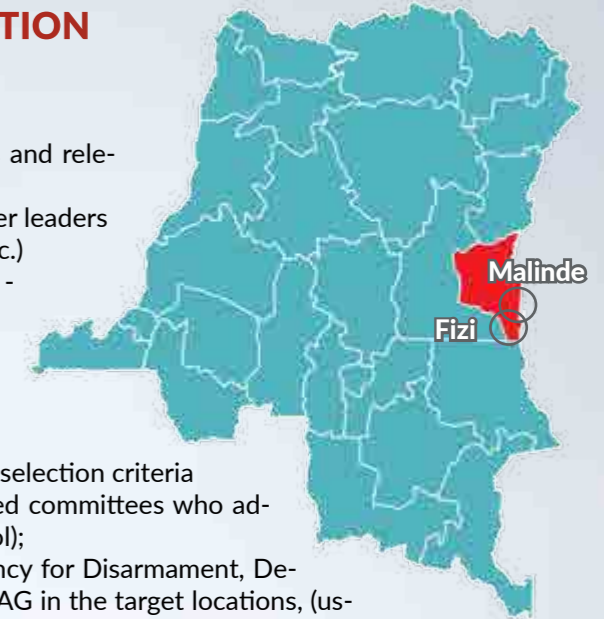
## TARGETING/ SELECTION/ REGISTRATION

### Community engagement

- Project presentation with local leaders, community members and relevant national authorities.
- Joint definition of selection criteria with local leaders and other leaders of opinions (i.e. teachers, CP community network members etc.)
- No emphasis put on CAAFAG to limit risks of stigmatization - instead, the project referred to child protection outcomes in a broader sense.

### Community targeting

- Pre-selection of households by local leaders based on agreed-selection criteria
- First verification of households' eligibility by community-based committees who administer a household survey door-to-door (SCI verification tool);
- Second verification by the national authority as the lead agency for Disarmament, Demobilization and Reintegration (DDR) programming for CAAFAG in the target locations, (using their own verification tool and criteria);
- Cleaning of the database by SC's MEAL team according to the outcomes of the verification exercises
- Counter-verification by SC's MEAL team through a household economy survey (individual score card and eligibility threshold);
- Communication of final results (a) in a close group with the national authorities, the community-based verification committee and local leaders and (b) with selected beneficiaries.



[Click here to access the comprehensive case study related to this pilot project](#)

[Click here to access the infographic related to this pilot project](#)





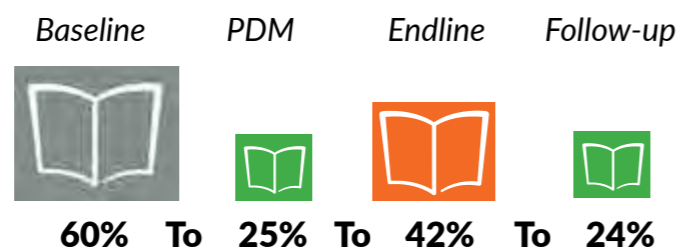


## Project outcomes

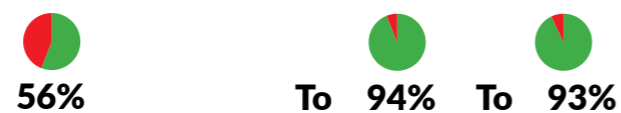
**87%** of households reported that the risk the of **recruitment of children into armed forces and armed groups** had decreased in their community since the start of project (80% in follow-up survey)

### SCHOOL DROPOUTS

% of households reporting having taken their children out of school in the last 30 days **decreased from:**



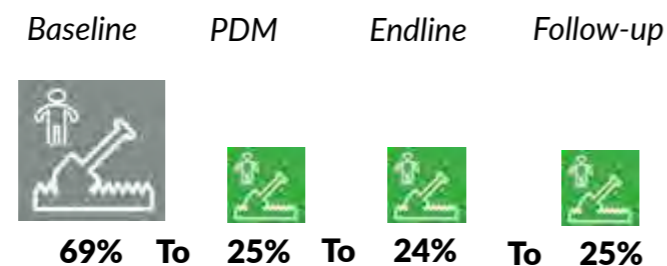
% of households where all the children are registered to school or in a training program **increased from:**



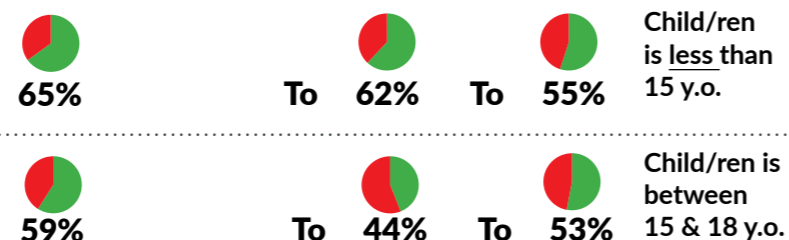
For school dropouts; in most cases, the reason was the lack of financial resources. Similarly, in 90% of cases at baseline and 88% at endline, the reason for NOT registering the child/adolescent to school was the lack of financial resources

### CHILD LABOR

% of households with children having to work in the last 30 days **decreased from:**



% of HHs reporting NOT relying on children's income to cover HH basic needs **remained unchanged:**



### EFFECT ON CHILD WELL-BEING AND ON HOUSEHOLD

- 67%** reported a **significant improvement on their children's safety** (56% in follow-up)
- 83%** reported that their **children's well-being improved a lot** in comparison to before the cash (63% in follow-up)
- 72%** reported that the Cash had a **positive effect on their household** or on intra-household relationships (PDM)

"In the Child Friend space, I learn a lot about how to live in the community. The money that SAVE gave me allowed me to buy 2 goats and build a house. For now, I no longer consider returning to the armed forces and groups because I feel good, I study and play football with my friends.

FGD with women, Fizi Centre

"Before the SAVE project, I was involved with armed forces and groups. I helped the commander and his team prepare food. But thanks to the SAVE project, I was able to leave the armed group and return home, and found my way back to school (...) I am very grateful to SAVE for assisting us with cash and for organizing the child-friendly space for us.

FGD with boys, Fizi Centre

### TOP EXPENSES MADE WITH CVA



1. Food (100%)
2. Education (82%)
3. Livestock (56%)
4. Health (33%)

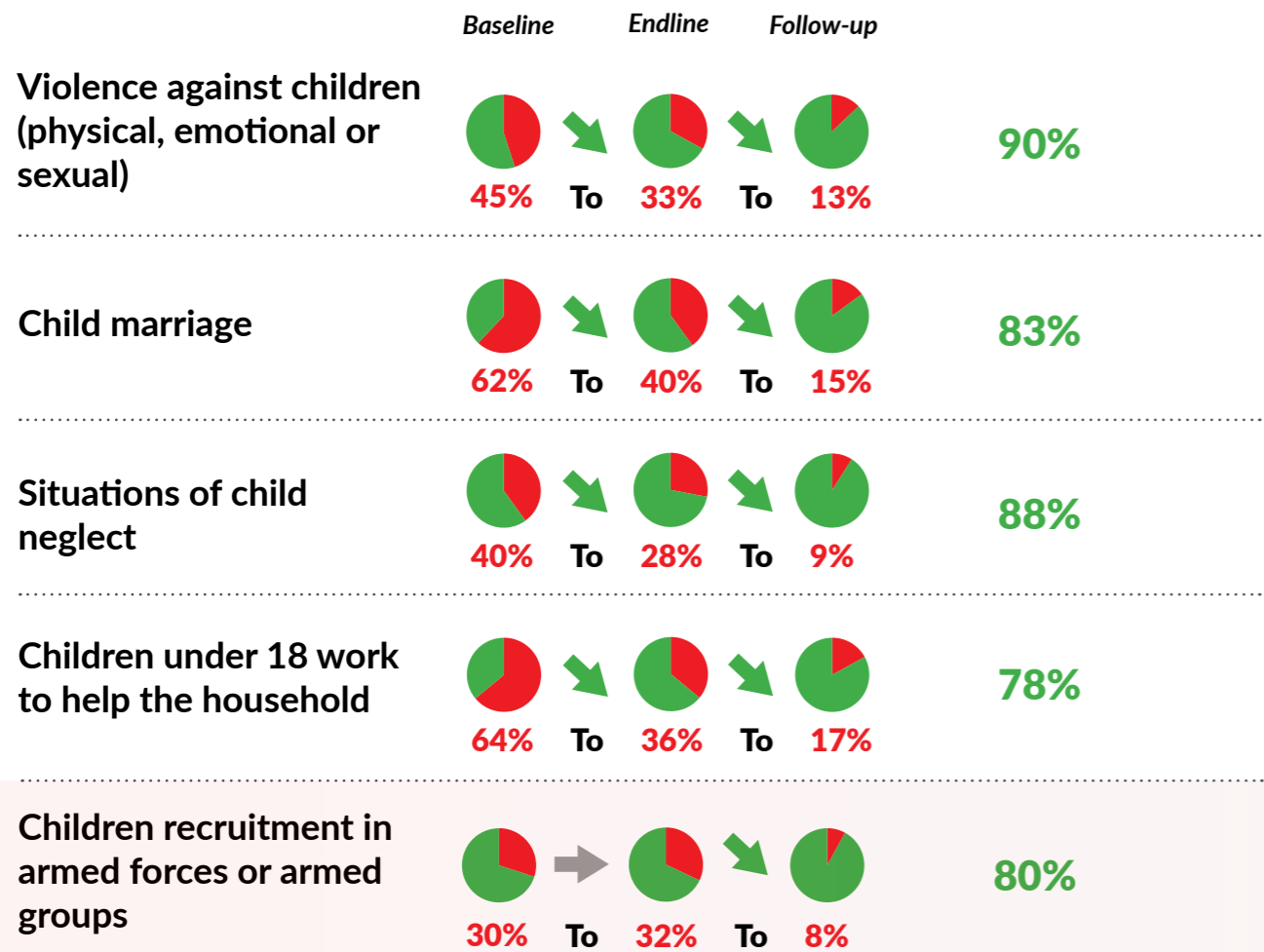
\* Most reported expenditures, results are more than 100%



**EFFECT ON THE COMMUNITY AND PERCEIVED RISKS**

HHs reporting that the following risks are **very common** in their community

% of households reporting a decrease since the start of the SC project (in follow-up survey)



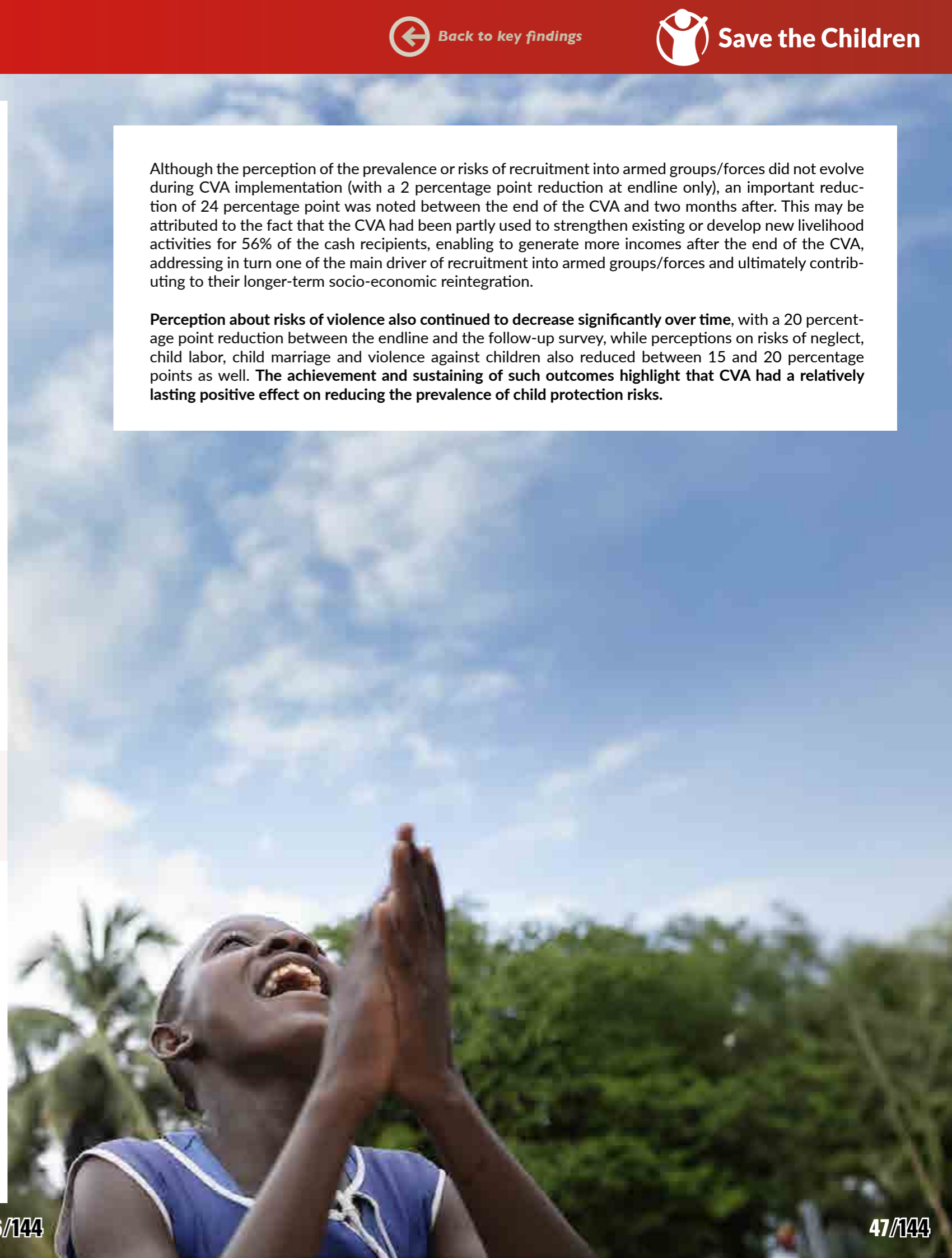
The prevalence of child protection risks has largely decreased during the CVA implementation period according to community perceptions, on average by 15 percentage points between baseline and endline across all the risks monitored. These outcomes also sustained two months after the end of the CVA, with an average 21 percentage point reduction across all monitored risks compared to endline.

The most noticeable change in the community perception of risks between baseline and endline is about the risks of child labor and child marriage, which both starkly reduced by 28 percentage points and 22 percentage points respectively, followed by the risk of violence against children and neglect, which both decreased by 12 percentage points.

This may be attributed to the fact that the CVA helped the majority of households move from the IPC Phase 3 (crisis) to the IPC Phases 2 (stressed) or Phase 1 (minimal/secure) at endline, strengthening households' capacities to cover their essential needs and reducing intra-household tensions and the need to adopt negative coping strategies. Such positive outcomes also sustained, if not amplified, two months after the end of the CVA.

Although the perception of the prevalence or risks of recruitment into armed groups/forces did not evolve during CVA implementation (with a 2 percentage point reduction at endline only), an important reduction of 24 percentage point was noted between the end of the CVA and two months after. This may be attributed to the fact that the CVA had been partly used to strengthen existing or develop new livelihood activities for 56% of the cash recipients, enabling to generate more incomes after the end of the CVA, addressing in turn one of the main driver of recruitment into armed groups/forces and ultimately contributing to their longer-term socio-economic reintegration.

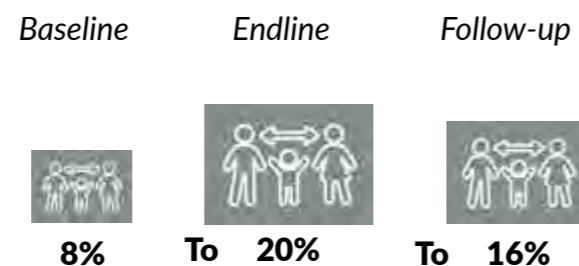
Perception about risks of violence also continued to decrease significantly over time, with a 20 percentage point reduction between the endline and the follow-up survey, while perceptions on risks of neglect, child labor, child marriage and violence against children also reduced between 15 and 20 percentage points as well. The achievement and sustaining of such outcomes highlight that CVA had a relatively lasting positive effect on reducing the prevalence of child protection risks.





## EFFECT ON FAMILY SEPARATION

**% of households reporting NOT having the same number of children living them as in the previous 3 months increased:**



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, 5 had left home due to a lack of financial means and/or had married, and in the other cases the child had gone elsewhere for education or 'gone with the others into the bush', which could mean that the child had joined an armed group. Among the 3 cases where children recently joined targeted households, one child married someone in the household, one child came to be safer and another **child came to live with them because they were 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.**

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, and for the other two, **the child had left because the household could no longer afford to look after him or her**, and 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), **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.

*\* Note that the sample size utilized here is relatively small, it is therefore imperative to approach the findings with caution.*

## CVA DELIVERY AND PROTECTION MAINSTREAMING



- **Step 1.** Update the risk matrix and mitigation measures by the national CVA technical advisor
- **Step 2.** Assessment and analysis of the potential additional risks that CVA may generate, through FGDs and KIIs with local child protection stakeholders as part of the baseline survey;
- **Step 3.** implement mitigation measures before the first cash transfer;
- **Step 4.** Monitor risks through a PDM survey: two (2) weeks after the second cash transfer, the team conducted a post-distribution monitoring (PDM) with all 150 HHs to assess processes and outcomes, and monitor risks.

## LESSONS LEARNT



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 initially explained that this scenario was relevant because it was reported that the scenario was common in their community. CVA was considered an appropriate form of assistance in this type of case-case as it could "enable him not to return to the bush<sup>14</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 cash assistance CVA could be used by the family or the youth himself for medical care related to the injury, to start an income-generating activity IGA and to build a shelter; this was confirmed by the youth themselves during the FGDs. The analysis of the qualitative data collected from youth also confirmed those hypotheses. 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, and 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.



### Context



In Egypt, the hyper inflation, currency devaluation and subsequent gradual reduction in purchasing powers are especially detrimental for already-poor households; while issues such as poverty, limited access to quality education, and inadequate healthcare disproportionately affect children. The situation of children in Egypt is a complex interplay of traditional practices, socio-economic factors, and the need for more robust child protection mechanisms. Child labor, exploitation, and abuse are significant concerns, with many children being vulnerable to these risks. 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. Throughout the implementation, the context in Egypt was marked by the deepening of the economic crisis with successive waves of price increase inflation from the second half of 2023. Some products went up by 150% or 200% in comparison to April 2023 .

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

**A pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, identify evidence and gaps, and document programmatic best practices, with a specific focus on child labor and unaccompanied and separated children (UASC)**

This pilot project targeted 200 beneficiaries from the refugees and migrant communities living in Greater Cairo and North coast (Alexandria and Damietta). The project targeted unaccompanied, separated and accompanied children who are engaged or at risk of child labor and provide them with multi-purpose cash assistance (MPCA) for a duration of five consecutive months.

#### Complementary Activities (Cash+)

- ➔ All the target beneficiaries received case management from SC's child protection team following referral from the UNHCR and/or internal programs. The project adopted a holistic approach to case management, whereby both social and economic factors leading to child protection risks are considered in the need assessment and the response analysis/case plan.
- ➔ All caseworkers/mentors who were involved in the CVA pilot project were trained and receive continuous coaching on the CVA risk/need assessment to ensure appropriate internal referral system from case management to cash assistance in the best interest of the child.
- ➔ All caseworkers/mentors were trained on the Money Matters toolkit and equipped with the tools to lead basic budget management sessions as part of case management and in turn to ensure appropriate cash utilization in the best interest of the children.

### PROJECT IMPLEMENTATION AND MEAL TIMELINE

**Total project cost \$100,000**

Unconditional - Unrestricted

Total cash distributed	To	Total beneficiaries	Via	Delivery mechanism
\$89,194	To	229 HHs	Via	Cash in hand/ Mobile money*

\* Mobile money to cash-out over the counter

5 cash transfers for 4 months - up to \$221/ 3 weeks /HH4

March 2023

Sept. 2023

Previous CVA project



**Baseline**  
209 HHs  
+ FGD+KII  
March 2023

**PDMs**  
310 HHs in total  
July - Sept. 2023

x3

**Endline**  
135 HHs  
+ FGD+KII  
Sept. 2023

**Follow-up**  
78 HHs  
+FGD+KII  
Nov. 2023



### TARGETING/ SELECTION/ REGISTRATION

In Egypt, the micro-grant focused on child labor and unaccompanied and separated children (UASC) and targeted 229 of these children and refugee children aged 10-17 at risk of or engaged in child labor in the North Coast and their family members engaged in or at risk of child labor referred by the UNHCR. In total, 229 cases received at least one cash transfer; including 58 households with children engaging/at-risk of child labor; and 171 UAC/CHH engaging/at-risk of child labor.



#### Targeting

- Step 1 - Referral from the UNHCR and other SC's Programs
- Step 2 - Vulnerability-Based Eligibility

CVA eligibility is confirmed when the individual/household (a) receives case management by Save the Children, (2) does not receive both food vouchers from the WFP and UNHCR's cash assistance and (c) complies with at least 1 of the below vulnerability criteria:

#### At-risk of child labor

- Unaccompanied children
- Children having engaging in child in their country of origin and/or in country of asylum
- Children seeking work opportunities

#### Engaging in child labor (based on statement of the child)

- Child-headed household (CHH)<sup>1</sup>
- Unaccompanied or separated children (UASC) under 17 years old having worked in the last six months, currently working or expressing the need to engage in child labor, including the worst form of child labor

#### Selection and referral

- Step 1 - CVA Need/Risk Assessment
- Step 2 - Case Worker Recommendation and Review
- Step 3 - Review committee for cases engaging in the worst forms of child labor
- Step 4 - Internal Referral - From Case Management to Cash Assistance

“ 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 participants - parents females - online

[Click here to access the infographics related to this pilot project](#)

1. This link includes a question to identify if the child is the head of the household: [Young People Who Care.pdf \(bettercarenetwork.org\)](#)





## Project outcomes

The findings showcased on these pages should be read while considering Egypt's recent economy crisis, characterized by double digit inflation rates and a massive currency devaluation that considerably reduced the purchasing power of the general populations during the project implementation while further constraining the capacities of already vulnerable households to cover their most essential needs.

### CHILD LABOR

Children under 14 or 15 old

	Baseline	Endline	Follow-up
<b>% of households reporting children under 14 years old having to work in the last 30 days</b>			
UASC respondents	2%	1%	2%
Caregiver respondents	24%	8%	12%
<b>% of households who report relying on their children's (under 15 years old) income to cover the household basic needs</b>			
Both respondents	61%	25%	44%

Children between 14-15 and 18 years old

	Baseline	Endline	Follow-up
<b>% of households reporting children between 14 &amp; 18 years old having to work in the last 30 days</b>			
UASC respondents	35%	24%	43%
Caregiver respondents	54%	56%	80%
<b>% of households who report relying on their children's (between 15 and 18 years old) income to cover the household basic needs</b>			
Both respondents	63%	56%	92%

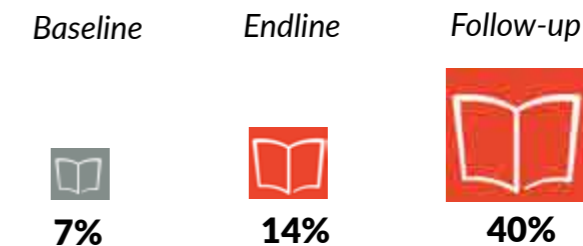
There was a significant decrease in the number of caregivers reporting that some of their children (under 14 years old) were engaged in child labor, dropping from 24% at baseline to 8% at endline, as shown in the first table above. This decrease correlates with the overall reduction in households' reported reliance on income generated by children under 15 to cover their basic needs (from 61% at baseline to 25% at endline). However, this proportion increased again at the follow-up to almost half of the respondents, suggesting that the effects of cash assistance did not fully persist after 3 months. Additionally, very few Unaccompanied and Separated Children (UASC) respondents below 14 reported children having to work at baseline, endline, and follow-up.

The situation is less positive for children between 14 and 18 years old. The proportion of UASC respondents reporting child labor decreased only slightly (from 35% at baseline to 24% at endline) and increased to 43% during the follow-up survey. More concerning, the reported incidence of child labor among caregiver respondents increased from 54% to 56% at endline and surged to 80% during the follow-up survey. Nearly all respondents indicated a need, to some extent, for their children between 15 and 18 years old to work in order to cover the household's basic needs.

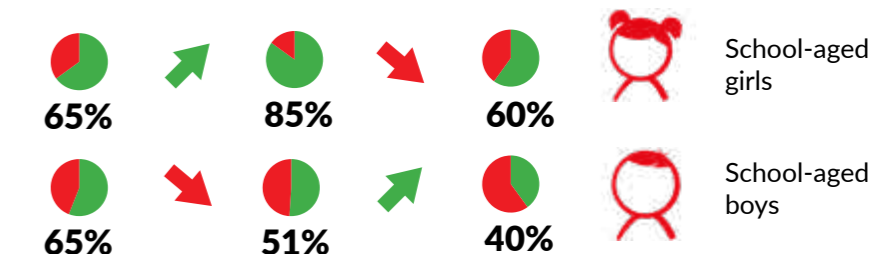
Among caregivers who mentioned that none of the children leaving with them were working, the majority of respondents reported that the CVA helped them stay out of labor.

### SCHOOL DROPOUTS

% of households reporting having taken their children out of school in the last 30 days **increased from:**



% of households where all the children are registered to school or in a training program **fluctuated from:**



Overall, the findings in terms of education are also nuanced, as more HH had to withdraw their children from school, from 7% at BL to 14% at endline and 40% at follow-up survey; which might be due to contextual factors as discussed above. While there seems to be a slight increase at endline of girls' schooling within the targeted households according to the parents and caregivers survey, they then returned to the baseline situation during the follow-up survey. On the other hand, boys' enrolment in schools seems to have decreased over time. The main reason given by parents in households where all children were not in school was lack of financial means and in few cases safety and security concerns/health issues or disability. In the adolescent survey, we also saw a limited effect of the assistance on schooling of UASC (from 72% at baseline to 73% at endline).

88% of parents and caregivers who did not have to withdraw children from school over the last month acknowledged that the CVA helped children stay in school either by reducing the number of hours they had to work (32%) or by covering the school fees (38%) or materials (18%)





EFFECT ON HOUSEHOLD

- ➔ **47%** reported a **significant improvement on their children's safety** (0% in follow-up)
- ➔ **62%** reported that their **children's well-being improved a lot** in comparison to before the cash (0% in follow-up)

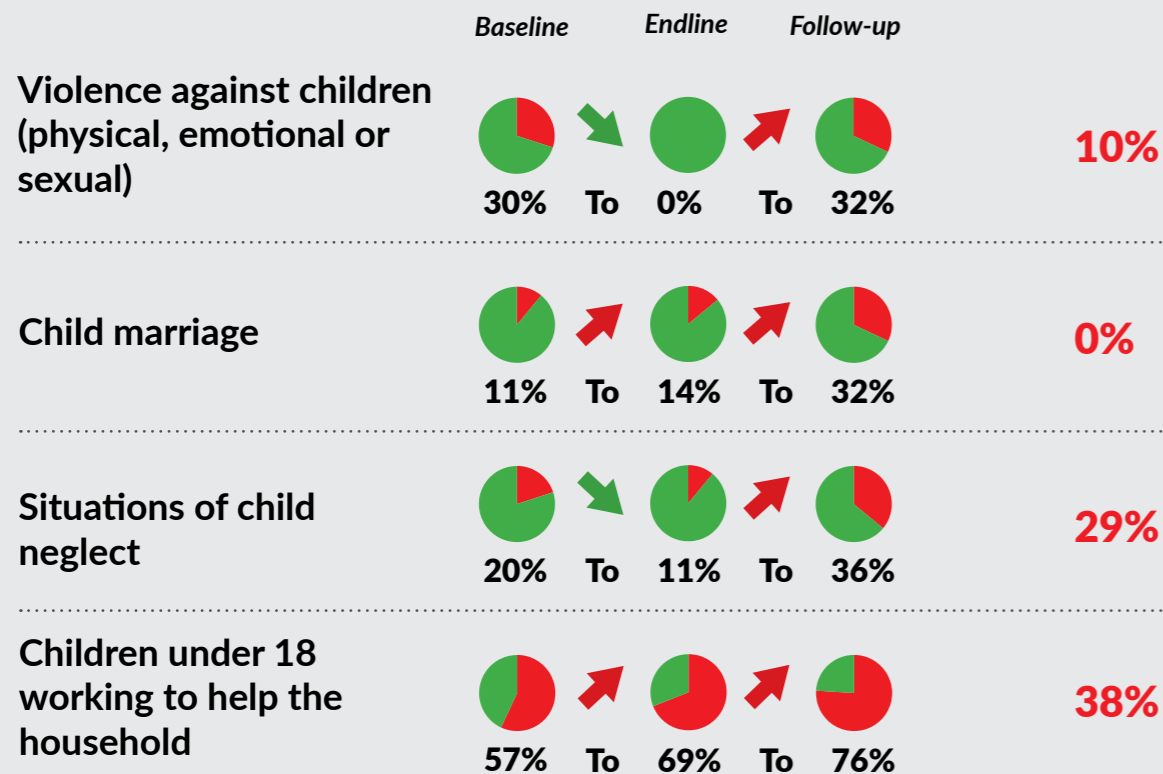
Family separation

At endline, **all households reported that they had the same number of children** as 3 months ago. 66% of them also declared that the CVA helped all children stay with the household, explaining that the assistance made the whole family feel safer.

IMPACT ON COMMUNITY AND PERCEIVED RISKS

HHs reporting that the following risks are **very common** in their community

% of adults respondent reporting **a decrease** since the start of the SC project (at endline)



CVA DELIVERY AND PROTECTION MAINSTREAMING

Risk Assessment & Child Safeguarding:

- **Step 1** - Overall CP and CVA risk assessment
- **Step 2** - Determining overall mitigation measures
- **Step 3** - Best interest assessment
- **Step 4** - Case-by-case CVA needs and risks assessment and identification of mitigation measures
- **Step 5** - Risk monitoring and iterative mitigation measure implementation



LESSONS LEARNT

Child protection actors were mobilized to provide feedback on hypothetical but realistic scenarios related to child labor, 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.

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, child protection actors highlighted the need for more sustainable solutions such as vocational training or income generating activity (IGA), 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.



## Context

Concerns were raised in May 2021 that already marginalised people in Fiji would face increased vulnerability as a result of COVID-19 and cyclones. The Fiji Cash Assistance Project was extended with a Phase 2 and a larger target scope during COVID-19 due to concerns over deepened vulnerabilities for already-marginalized people in Fiji as a result of the pandemic's secondary impacts.

## OBJECTIVES & DESCRIPTION OF ACTIVITIES

**To support vulnerable families affected by the economic impact of COVID-19 in Fiji to meet their basic needs.**

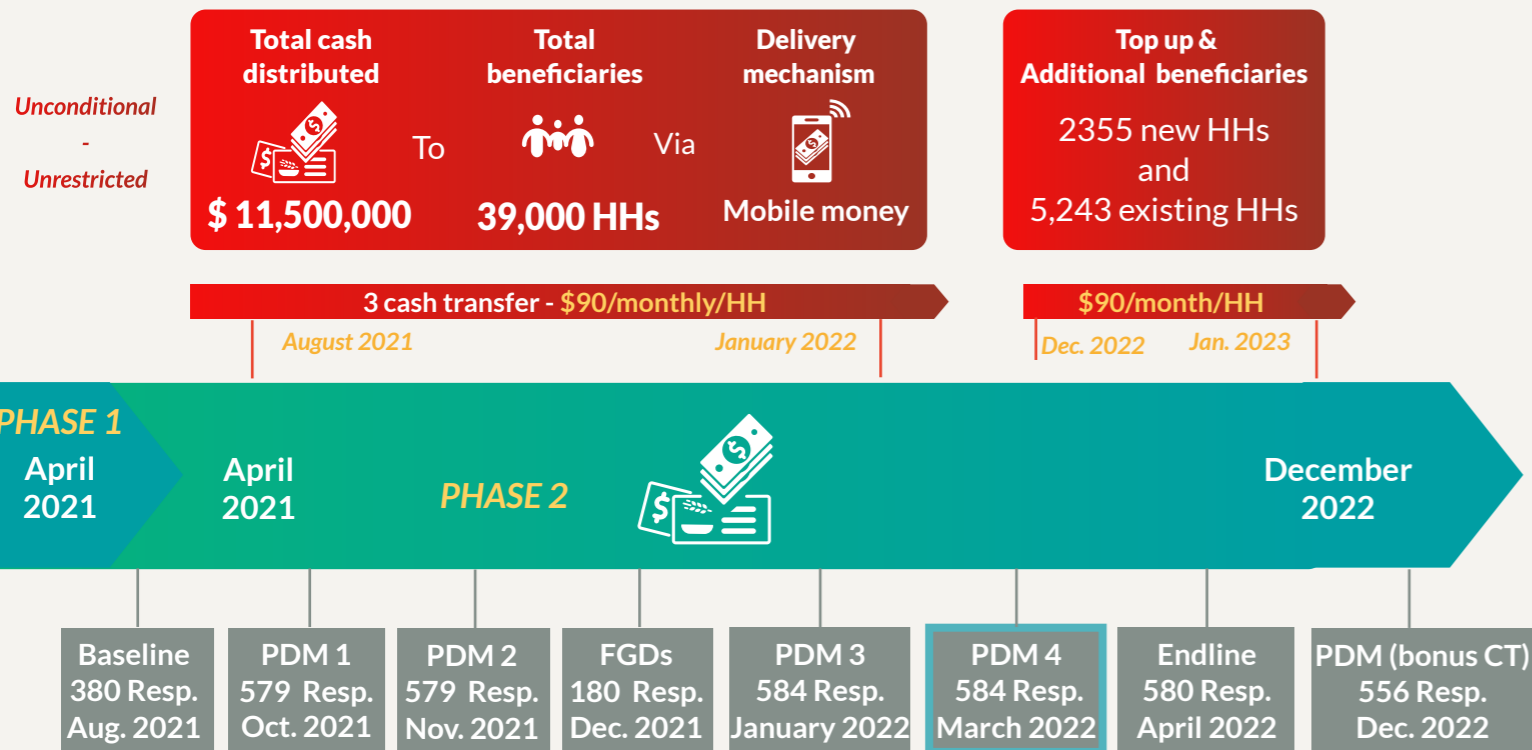
Between 2021 and 2022, Save the Children Australia (SCA), in partnership with Save the Children Fiji (SCF) expanded the Fiji Cash Assistance Project to its second phase, to provide cash transfer to 39,000 Fijian households experiencing increased vulnerability and hardship as a result of the COVID-19 pandemic and recent cyclones (part 1 of the project). The project was also designed to continue capacity development within Save the Children and the wider sector to provide long-term sustainability to cash program delivery (part 2).

The project was successful in providing critically-needed cash payments to 41,355 households, an estimated 22% of the Fijian population.

In phase 2, 39,000 households received three payments of \$200 FJD (approximately USD 90). These 39,000 households were comprised of 16,772 households supported under Phase 1, plus an additional 22,228 households who were added in Phase 2. A smaller cohort of 7,598 of the most vulnerable households were supported with a final payment of \$200 FJD (comprised of 5,243 out of the existing 39,000 households and 2,355 new households).

## IMPLEMENTATION AND MEAL TIMELINE

Total Phase 2 cost: \$15,862,069



CP outcomes were only monitored in PDM6



## TARGETING/ SELECTION/ REGISTRATION

### Geographical and poverty/vulnerability-based targeting:

- Referral approach from partners and government' beneficiary lists of vulnerable communities - these households were identified in collaboration with the Fiji Council of Social Services (FCOSS), the Fijian National Disaster Management Office (NDMO), Medical Services Pacific (MSP) and other civil society organisations.
- Household Economy Survey (HES) to target the most vulnerable households based on livelihoods profiling (for final payment only)

### The following profiles were prioritized:

- HH not currently receiving financial assistance (including Social Protection or Welfare Program Assistance);
- HH who have lost their income due to COVID-19;
- HH with dependents (HH of 5+ individuals; HH with 3+ children; HH with elderly members, members suffering from chronic diseases or disabilities);
- Single-headed households, particularly single mothers or child-headed households;



The project was implemented across all Fiji regions

- Pregnant and lactating women;
- Survivors of GBV;
- Members of marginalized groups.



## Project outcomes

TOP EXPENSES WITH CVA



Across all PDMs:

1. Food
2. Utilities
3. Hygiene items
4. Education (21%)

Most beneficiaries agreed that the cash assistance enabled them to meet their basic needs and increase house-hold well-being (FGD findings). The majority reported that they spent the money on buying food for the family and pay bills.

**“ I bought food, school stuff for my children, diapers and milk for my baby and kept some as savings ”**

FGD participant, Tovata community

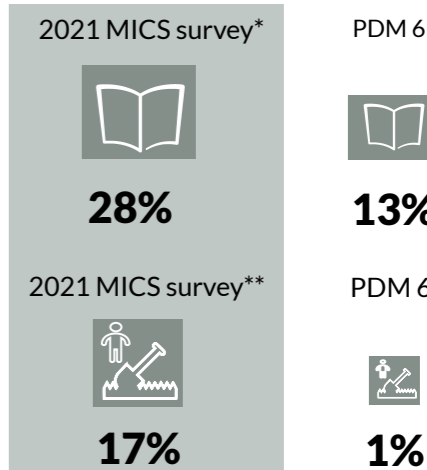
### EDUCATION & CHILD LABOR

#### Households reporting children NOT attending school regularly

\* Data taken from Multiple Indicator Cluster Survey (MICS) for reference only - 28% of children in upper secondary school age do not attend school

#### % of children aged 5-17 who are involved in child labor, representing 5% (4 out of 78) of the children who are reportedly not going to school.

\*\* MICS survey for reference only - 17% of children aged 5-17 involved in child labor.



MICS data For reference only



## Context



As of June 2023, Georgia has hosted close to 24,000 Ukrainian refugees, who primarily reside in Tbilisi (45%) and Batumi (40%). Based on the study completed by UNHCR Georgia and World Vision Georgia, Ukrainians fled to Georgia hoping for education opportunities for their children and affordable accommodation. The situation of Ukrainian refugees in Georgia is challenging, especially in terms of finding affordable housing and accessing services for those with disabilities, as rental prices in Tbilisi have surged, leading to some Ukrainian refugees experiencing evictions or facing demands for higher rents without the legal protections to safeguard their rights.

## OBJECTIVES & DESCRIPTION OF ACTIVITIES

**To support Ukraine refugee families to meet their basic needs**

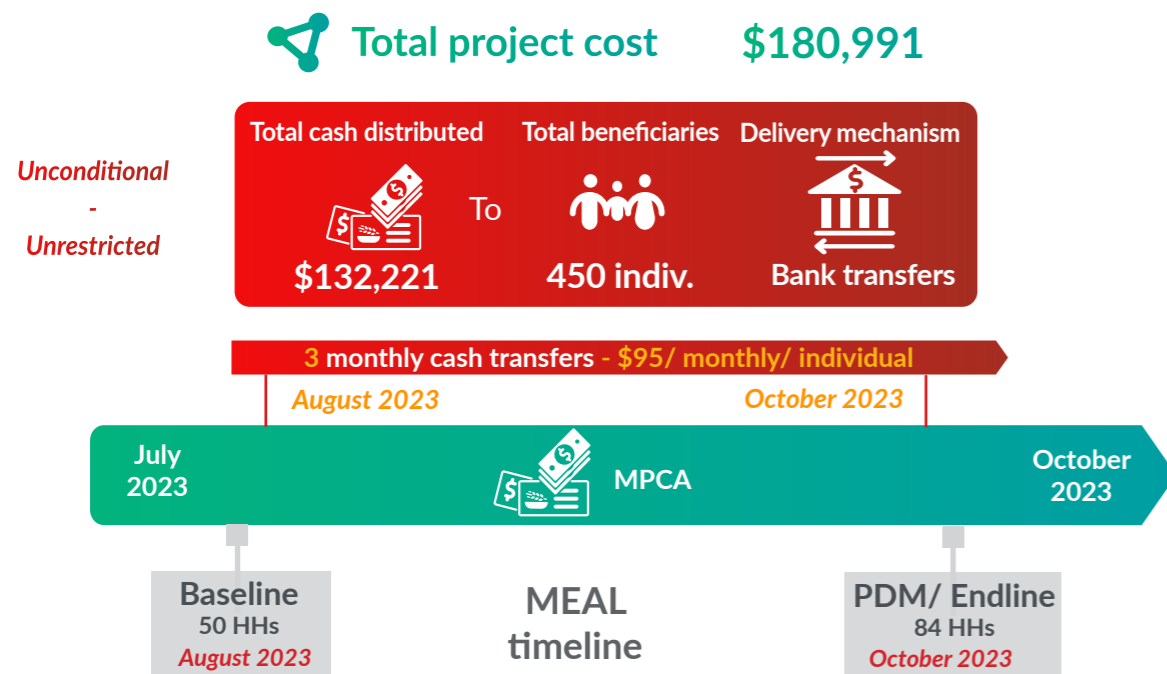
### DESCRIPTION OF ACTIVITIES

In 2023, Save the Children (SC) launched its first pilot Cash and Voucher (CVA) assistance project in Georgia through its Universal Cash Assistance Network (UCAN) platform. The assistance targeted Ukrainian refugees residing in Georgia who had fled the war in Ukraine and arrived in Georgia after February 24, 2022. After a thorough validation/verification process, 161 households with children were selected for the cash assistance pilot project. In total, 450 individuals, 238 of which were children, benefited from the project.

The selected households received 3 monthly MPCA transfers, starting in August 2023. The amount was calculated based on number of family members and Minimum Expenditure Basket (MEB) as designated by the Cash Working Group of Georgia. For families with more than 5 members, the assistance amount was fixed at five times the MEB value. The latter amounted to 255 GEL at the time of assistance.

[Click here to access the methodological note related to this pilot project](#)

## PROJECT IMPLEMENTATION AND MEAL TIMELINE



## TARGETING/ SELECTION/ REGISTRATION

### Entry point of CVA Selection:

- Majoritarily Ukrainian families that are already actively participating in the child-friendly spaces ran by SC Georgia. Information was disseminated mostly through the CFS' closed Telegram groups.

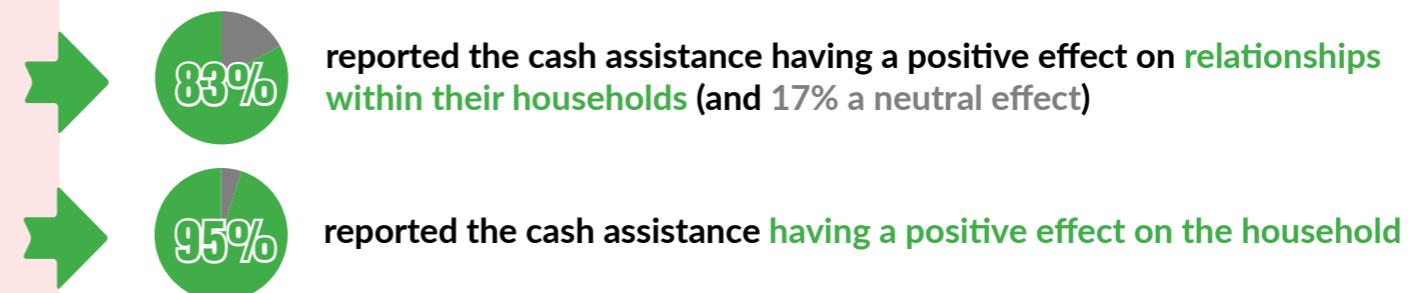
### Selection criteria for CVA program

- Ukrainian families who have fled the war after 24th February 2022
- Selected for the assistance were mostly Ukrainian refugee households whose children were attending SC's child-friendly spaces (CFSs) in several kindergartens and schools in Georgia or had participated in summer outdoor activities, primarily in Tbilisi.
- Exclusion criteria: those who are currently receiving any CVA from other international organisations.



## Project outcomes

### IMPACT ON HOUSEHOLD



While elaborating on the effect, most of the respondents mentioned that cash assistance was an opportunity to spend more on children, which includes buying food, clothes, hygiene products, school supplies, paying for medical services and necessary medicines. One participant specified: "It helped my child to continue sensory therapy for autism" (Female, 29). Education was also one of the need that the cash assistance seemingly alleviated the most, especially with the challenges placed on maintaining continuity in children's education. The assistance helped some of respondents to cover rent fees and one person revealed their family was able to buy medical insurance for the child.

### IMPACT ON CHILD LABOR

	Baseline	Endline
% of households with children engaged in paid work in the last 30 days decreased from:	4 HHs (7%)	2 HHs (3%)
Average number of hours worked increased slightly from:	4,7 hours	6,5 hours

*In the endline survey, 2 respondents indicated that their children stopped working as a result of the cash assistance*



### Context

The Quiché department is located in the Dry Corridor of Guatemala and suffers from historically high rates of poverty and inequality. It is particularly vulnerable to seasonal shocks, such as droughts and the recent Eta and Iota storms. In addition, the socio-economic effects of the COVID-19 pandemic had continued to increase families' vulnerabilities in 2022. These shocks further exacerbated food insecurity and malnutrition, specifically affecting children under 5. Indigenous households in the region have also suffered the most from these impacts given their already high levels of social, political, and economic marginalization.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ **To provide humanitarian assistance to reduce food insecurity, allow families to access water and sanitation, and improved agricultural production in three municipalities of Quiché, Guatemala**

Save the Children implemented the PRO MEJORAS project in 2022 in 44 rural and remote communities highly affected by the storms Eta/Iota, targeting poor/extremely poor households. The project included a MPCA component, aimed at covering beneficiaries' food needs in a context of extremely reduced purchasing power, while ensuring the coverage of basic and wash needs without having to resort to negative coping strategies potentially harmful for their children and families.

The PROMEJORAS project phase 1 (April 2022- May 2023) was composed of the below activities:

- ➔ **MPCA:** 3,000 vulnerable households received four multi-purpose cash transfers with an average transfer value of USD 80 per household during the critical lean season period, a period characterized by heightened food insecurity and needs to rely on negative coping strategies
- ➔ **Water, sanitation, and hygiene (WASH)** via hygiene promotion on food storage, water management and hand washing; but also food preparation and cooking demonstration sessions and rehabilitation of water supply/ systems.
- ➔ **Communication strategy** for social and behavior change on WASH and nutrition was designed for mothers, fathers, and caregivers of children under two years of age utilizing public demonstrations, movie nights, home visits, and support material.
- ➔ **Agriculture/ livestock** via livestock distribution and improvement of poultry raising infrastructures, seed and agricultural kit distribution and trainings on water and soil management/conservation, planting practices, as well as natural fertilizer techniques.

The PROMEROJAS 2 (July 2023 - July 2024) consists of the following activities:

- ➔ **MPCA:** 2,700 vulnerable households in 3 municipalities of the Quiché department receives three monthly multi-purpose cash transfers with an average transfer value of USD 80 per household during the lean season period (June to August). Outside the lean season (September to January), the same household also received two cash transfers of the same amount, but bi-monthly.
- ➔ **Protection:** SC established Child-Friendly Spaces (CFS) and Adolescent Clubs to deliver physical, psychosocial and emotional support for 2,000 boys and girls as well as sensitization activities for 1,000 adults to prevent risks of violence against children, including child trafficking, gang recruitment and child labor.
- ➔ **Agriculture:** SC delivers climate-smart agriculture training and technical assistance and introduces a black bean seed variety resistant to droughts in order to improve soil conservation, seed security and agricultural production for 2,160 vulnerable households, including 2,000 households receiving the black bean seeds.



### TARGETING/ SELECTION/ REGISTRATION (PHASE 1 & 2)

#### Geographical and poverty/vulnerability-based targeting:

- (1) Household Economy Analysis (HEA) to target the most vulnerable livelihood zones and wealth groups ([link to HEA resource](#))
- (2) Socio-economic vulnerability assessment and scoring to confirm households' eligibility by SCI

#### Vulnerability criteria

- HHs with children under 5 in situation of acute malnutrition;
- Women-headed household
- HHs with elderly members and/or chronically ill/ people with disabilities.

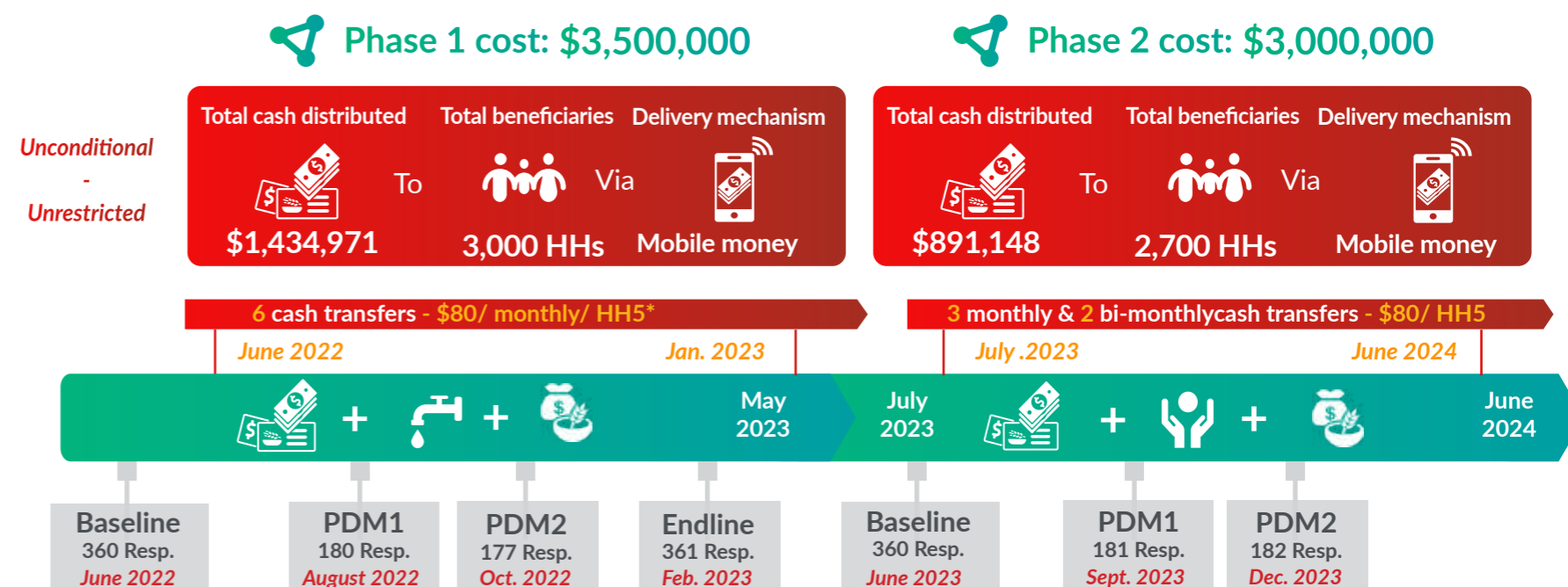
#### Economic criteria:

- HH with scarce economic resources;
- HH having lost their harvest;
- HH without a regular income.



\* **Calculation of cash Transfer value:** Each family received an amount equivalent to USD 80 per month. This amount was calculated to cover the gap between average income and expenditures (as calculated per the MEB), and was sufficient to cover more than 41% of the minimum costs to buy food (USD 70) and almost 50% of the wash items (USD 10) for an average family of five.

### PROJECT IMPLEMENTATION AND MEAL TIMELINE







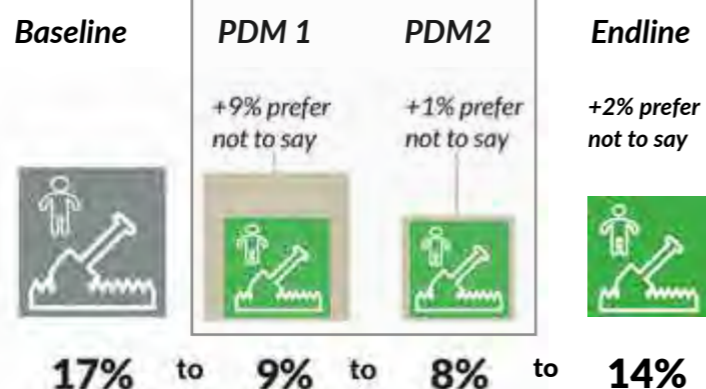
### Project outcomes

#### PHASE 1\*

The PDMs here employs a different sampling methodology and serves only as a point-in-time snapshot. The results cannot be compared directly to the baseline and endline. However, they are indicative of the very positive effects cash assistance can have in the short-term on child labor.

#### CHILD LABOR

Households reporting children having to go to work in order to meet basic needs in the past 30 days continuously **decreased from:**

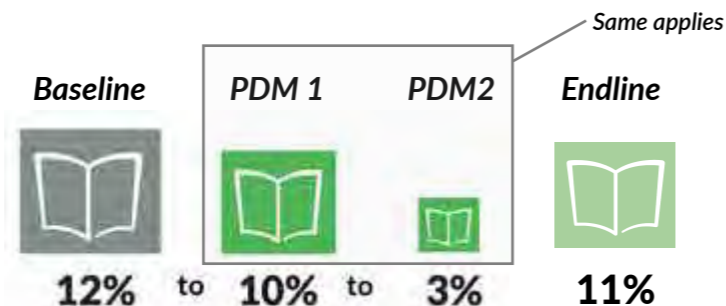


It should be noted that the reporting period did not correspond with the school holiday period, suggesting that children had to work either in addition to or instead of going to school (see "out of school" indicator below). The vast majority of these children (83% at baseline, 73% at endline) were involved in agricultural labor.

After receiving 2 cash transfers, the proportion of children involved in child labor reduced by almost half (9%, but with 9% of respondents preferring not to answer) and remained at this level in the following months, but re-increased at endline. This suggests that the MPCA had, as an unintended outcome, a positive short-term impact in reducing child labor in targeted locations. For children still involved in child labor by the end of the program, parents reported that almost half of those (7/15) were under 15 years old, with two-thirds involved in agricultural labor, and two-thirds working for more than 10 hours per week. The findings, when disaggregated by gender, reveal that the majority of working children in both PDMs were boys (respectively 15 out of 17 or 88%, and 11 out of 15, or 73%). Complementary child protection interventions may have been required to remove those cases (15) from child labor. Finally, it should be noted that these positive developments are consistent with the trend observed in the average rCSI score, which decreased from 4 to 2.2 to 0.6 within the same timeframe.

#### EDUCATION

% of households reporting having taken their children out of school in the last 30 days (due to lack of money) **decreased from:**



Findings from the PDMs show a significant immediate, short-term effect on school dropout since the start of the project, which started at 12% of the respondents reporting school dropouts, and decreased to 10% during the first survey and then 3% at PDM2, indicating a fourfold reduction. We can still see a marginal decrease at endline (11%) in comparison to the Baseline, which represents the change over time (longitudinal) compared to only a snapshot or one-point-in-time as with the PDM. Given that the survey specifically enquired about school dropouts attributable to financial constraints, we can reasonably infer that this reduction can be, at least in part, attributed to the positive impact of the cash transfer program.

#### HOUSEHOLD RELATIONSHIPS

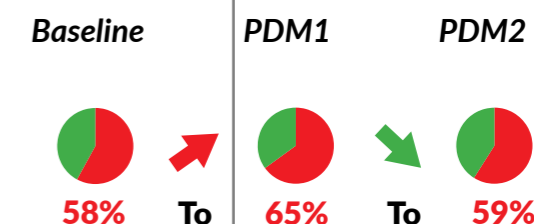
**98%** of HHs reported that **relationships in their household have improved** as a result of the cash assistance. (PDM2)

#### PHASE 2

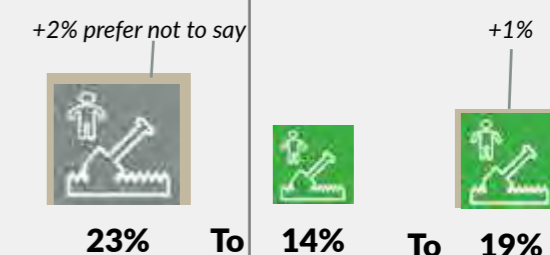
Same MEAL limitations apply as in Phase 1.

#### CHILD LABOR

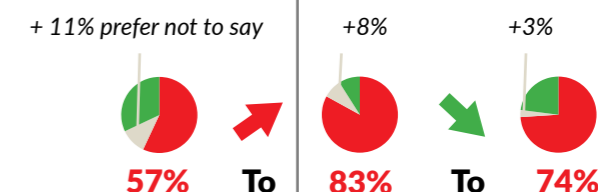
Households reporting the Child Labor is common in their community **remained consistent:**



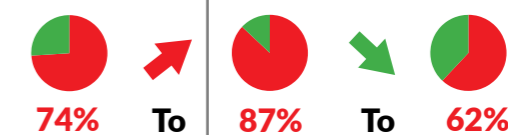
Households reporting children having to go to work in order to meet basic needs in the past 30 days continuously **slightly decreased from:**



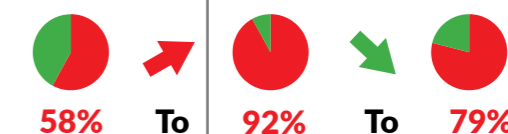
Households reporting that their children are receiving money for their work



Households reporting that the child/ren work because HH doesn't have enough income to satisfy basic needs



% of children working MORE than 1-5 hours per week



Due to the same MEAL methodological constraints as in Phase 1, and the absence of an endline survey deployment, it is not possible to assert that cash assistance has had a statistically significant influence on child labor. Nevertheless, it is worth noting that there is a modest reduction in child labor incidence, from 23% at baseline to 14% immediately following the disbursement of cash during the first PDM1. Furthermore, this reduction persisted slightly below the initial figure at 19% during PDM2.

The majority of working children were reportedly working in agriculture (73% at baseline, 71% at PDM1 and 56% at PDM2).



Between 79% and 88% of working children were boys.

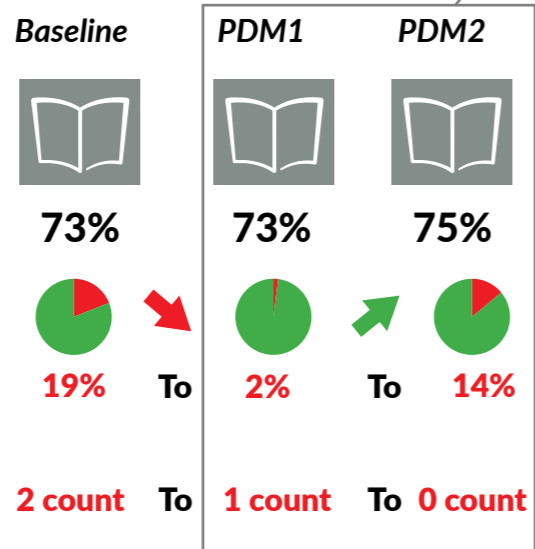


PHASE 2

Same MEAL limitations apply as in Phase 1.

EDUCATION

% of households reporting that their child/ren are enrolled in schools remained stable:



% of households reporting that their child/ren are NOT going to school everyday decreased then increased from:

# of households reporting that the child/ren is missing school because they should work to help the HH:

HOUSEHOLD RELATIONSHIPS

➔ 100% of HHs reported that relationships in their household have improved with the cash assistance (PDM2 - 99% in PDM1)



CVA DELIVERY AND PROTECTION MAINSTREAMING



Child and adult safeguarding in participating communities:

- ➔ Orientation was carried out for newly hired personnel in Save the Children's policies on Child Safeguarding.
- ➔ Protection against Abuse and Sexual Exploitation, and reporting channels: likewise, staff carried out virtual training on safe identification and referral to inform new hires how to identify problematic and harmful behaviours.
- ➔ Key safeguarding messages were incorporated in different materials to raise awareness on what type of behaviour can be expected by staff and volunteers, and how to report any concerns.
- ➔ Project staff underwent refresher training on safeguarding, how to mainstream child protection in the MPCA sector and how to assess and mitigate any risks. In the municipalities of Santa María Nebaj, San Juan Cotzal and Chajul, child safeguarding posters and reporting channels were on display so that when participants attend the transfers, they can see this information.
- ➔ Additionally, a game aimed at children was developed that contains key child safeguarding messages and how to report concerns or incidents. This game reinforced children's right to report if something bothers them.
- ➔ During the delivery of the multipurpose cash transfers, feedback boxes were placed in communities as an accountability mechanism. There were no reports of safeguarding concerns or incidents through this mechanism.

Potential risks (in bold) and associated risk mitigation measures:

- ➔ **The person withdrawing the transfer amount is not the person enrolled in the program:** Verify the person's government issued Personal Identification Card (DPI) ensuring the same data enrolled as in the program.
- ➔ **People may be assaulted when going to take out their multipurpose cash transfer:** It has been recommended that beneficiaries travel in groups coming and going to cash out their transfers. Market purchases were done while being accompanied by SC staff. The initial justification was to ensure appropriate cash utilization, although the utilization of cash was unrestricted. Access to safe transportation was provided during the Phase 2 to prevent exposure to potential safety risks when traveling from remote rural areas.
- ➔ **The beneficiaries are not able to cover their basic needs with the amount transferred:** From the start of the project, teams promoted the importance of utilizing the transfer to purchase items or food to cover basic needs. Furthermore, beneficiaries are encouraged to make their shopping list before going to pick up the multipurpose cash transfer to take advantage of shopping at the municipal/local market.
- ➔ **Increase in prices of food and hygiene products:** Carry out market monitoring of food, hygiene products and other basic need items identified in the MEB on a quarterly basis, as well as context monitoring. Formation of cooperative groups to quote prices and negotiate discounts and better prices.

LESSONS LEARNT



The use of cash alone can have unintended multiplier effects that positively affect child outcomes, including child protection. Best practices recommend the integration of MPCA with protection activities, however this case studies did not demonstrate a significant improvement in reduction is CP risks since the introduction of PSS activities and CP sensitization with adults (including on topics of child labor). In fact, the project has been implemented in the same location, with the same transfer values, and the results on phase 2 are very similar to phase 1 despite the fact of adding PSS activities.



Context



For several decades, Haiti has been confronted with a recurring situation characterized by socio-political and economic unrest, as well as natural disasters, which have profoundly affected access to basic services for the population, as well as the wellbeing and the safety of children. Like other departments of the country, the southern zone is not immune to major natural disasters during recent years. On August 2021, an earthquake of magnitude 7.2 severely hit this department with many life losses, not to mention major damage to the property of the inhabitants and their loss of livelihoods; as well the provision of public services. The population relies heavily on humanitarian assistance.

OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ Empower and enable the most vulnerable earthquake-affected households to meet their basic needs.

During the period of implementation, the project contributed to providing vital emergency cash assistance to 590 of the most vulnerable households in the Commune of Camp-Perrin (2nd communal section).

➔ 3 rounds of cash transfers of USD 100 took place between January and April 2021. Sensitization activities were also conducted to promote spending of cash on food, health costs and tarpaulins as many houses were destroyed during the earthquake.

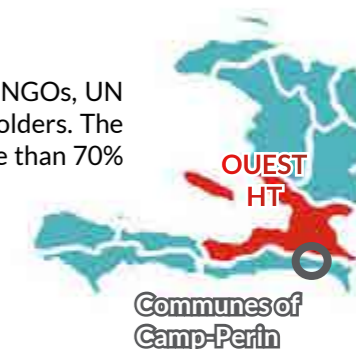
➔ Complementary services were provided (under other awards) to the same beneficiaries, as part of Save the Children's holistic response to the earthquake and the hurricane that followed. Integrated activities include WASH, protection, nutrition, education, and health that allowed beneficiaries to sustain themselves through the emergency phase, protect their children and send them back to school as well as recover their livelihoods. For example, in Camp-Perrin, Save the Children set up Child Friendly Spaces in which children could attend play activities designed for different ages in a safe and protected environment. Within these spaces, Save the Children also set up corners to provide mothers with Infant and Young Child Feeding advice from trained nutritional counselors.



TARGETING/ SELECTION/ REGISTRATION

The process of identifying the intervention areas was done in coordination with NGOs, UN systems, local organizations, state institutions, local authorities, and local stakeholders. The commune of Camp-Perrin was chosen as one of the high-priority areas since more than 70% of households were impacted by the earthquake in this Commune.

In addition, the Commune was classified as phase 4 of the Integrated food Security Phase Classification. Furthermore, Save the Children has considered ongoing/ planification or ending cash intervention of other actors in the commune of Camp-Perrin to identify gaps and avoid duplication.



To ensure the identification of the most vulnerable households, the selection criteria have been identified with communities in focus groups (3 focus groups in total). The main vulnerability criteria are:

- HH headed by an elder person > 60 years old, pregnant, breastfeeding, widow or a divorced woman, a person with a physical disability affecting the ability to engage in physical activity;
- HH headed by a young female mother (under 18);
- HH with breastfeeding or pregnant woman;
- HH with children under 2 motherless because of the earthquake;
- HH that lost its house in the earthquake and enable to rebuild.

Following this, a scoring system was applied, with households scoring the highest selected for the cash transfer.

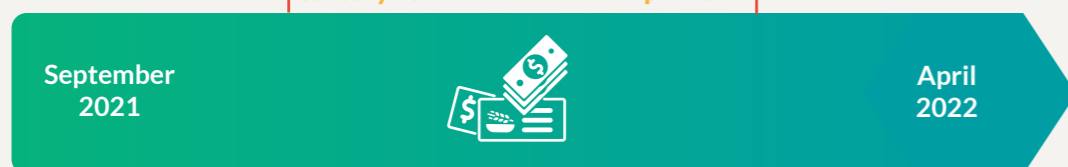
IMPLEMENTATION AND MEAL TIMELINE

Total project cost: \$ 353,163

Unconditional Unrestricted	Total cash distributed	To	Total beneficiaries	Via	Delivery mechanism
	\$ 177,000		590HHs		Mobile Money

\* Final round of cash transfer of USD 150 to cover urgent needs

3 monthly cash transfer - USD100 / month/ HH3\*



Baseline  
88 Resp.  
Nov. 2022

Endline  
89 Resp.  
April. 2022

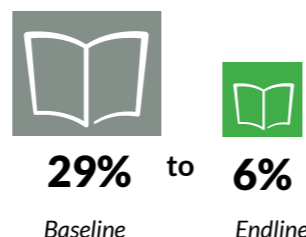




**Project outcomes**

**EDUCATION**

Households reporting withdrawing their children from school in the last 30 days prior to data collection due to a lack of financial resources has **sharply decreased** from:



Given that the survey specifically enquired about school dropouts attributable to financial constraints, we can reasonably conclude that the quite substantial reduction (a quarter of respondents) could be partially due to the multisectoral CVA program.

Moreover, when asked to provide feedback on how the project helped to meet households' basic needs (open-ended question), 18% reported that CVA enabled household to keep children in school.

**HOUSEHOLD EXPENDITURE PRIORITIZATION**

TOP EXPENSES WITH CVA



At baseline

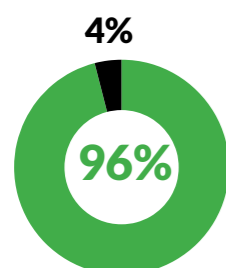
- 1. Ceremonies
- 2. Education (15%)
- 3. Food & Hygiene
- 4. Health

At endline

- 1. Education (19%)
- 2. Food & Hygiene
- 3. Health
- 4. Debt

The share of education in reported expenses has slightly increased from baseline to endline.

**IMPACT ON HOUSEHOLD**



of households reported that the **cash assistance had a positive impact** on their households.



**CVA DELIVERY AND SAFEGUARDING**



- 100% of respondents confirmed that they did not face any risk of violence inside or outside of their household due to the cash distribution.
- An assessment of safeguarding risks specific to the distribution of cash in communities was undertaken and the mitigation measures put in place to prevent them.
- The main risk identified for the project was risk of sexual exploitation by members of the Community Targeting Committees. To minimize this risk, all 30 members of the targeting committees were trained and signed their adherence to SCI's safeguarding policies, of which they have each received a copy in their local language.
- The mechanism for identifying new and emerging concerns was also communicated to the trainees. Cards containing the hot line number was distributed to each beneficiaries. However, of the 7 safeguarding incidents reported during the project period, none of them were related to the cash transfer program.



### Context



Funding provided by the United States Government

Lebanon is experiencing overlapping crises: a severe economic and fiscal crisis, the COVID-19 pandemic, Cholera outbreak, the Port of Beirut explosion and most recently a food security crisis compounded by the war in Ukraine. According to the World Bank, the country's nominal GDP had contracted by 58% since 2019 having plummeted from close to USD 52 billion in 2019 to a projected USD 21.8 billion in 2021. The exchange rate continues to deteriorate sharply, keeping inflation rates at triple digits. The economic crisis in Lebanon is affecting most aspects of children's lives, including access to education and healthcare, engagement in labor, and food security, as well as their general safety in light of the deteriorating security situation in the country. These crises will have lasting impacts on children, affecting their future livelihoods and physical and psychological well-being.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ A pilot operational research project aiming 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?

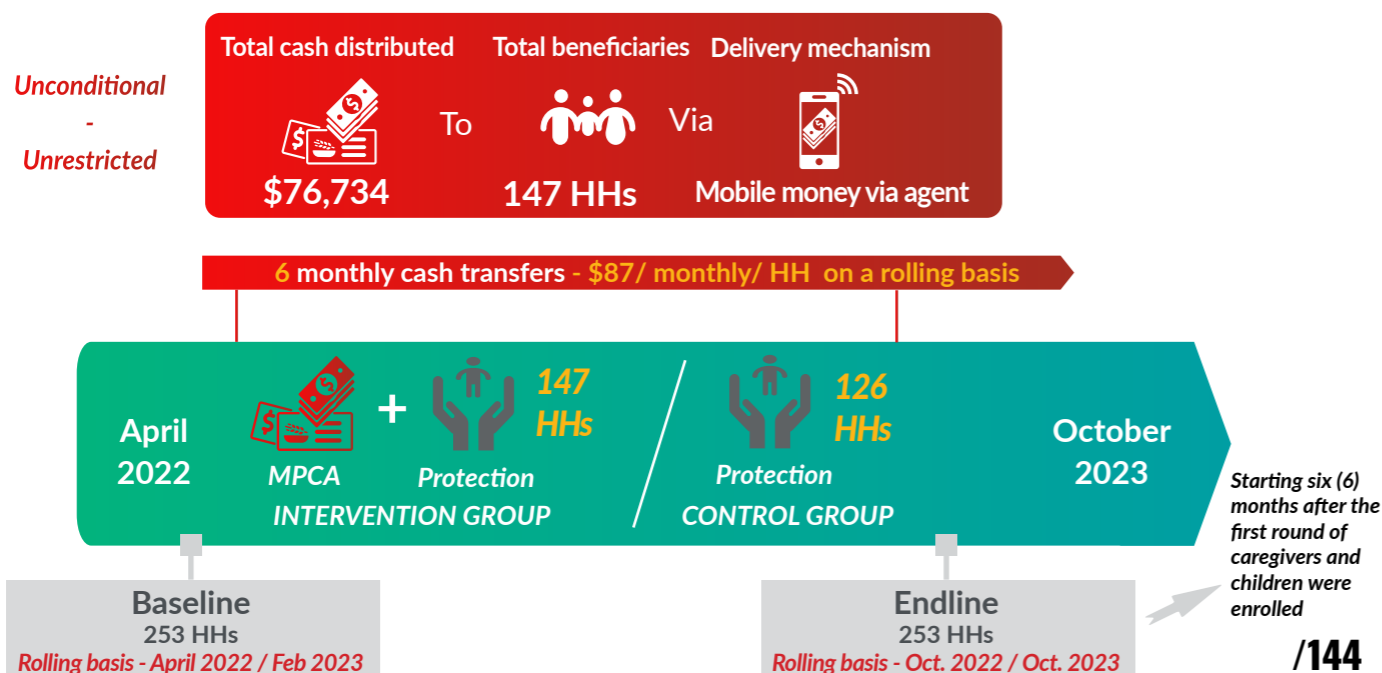
To better understand how the CP and CVA programs in Colombia and Lebanon are contributing to children's experience of child labor and violence in the home, this research activity was conducted using a quasi-experimental, mixed method design. Specifically, the impact of CVA on reducing child labor and violence in the home was compared with the CP programs that do not include CVA. This research program intended to capture data about specific activities in the CVA programs that build on CP programming and relate to reduced risks in the lives of children, caregivers, and households.

### DESCRIPTION OF ACTIVITIES

➔ The **intervention group** in the study included participants in CVA programs who are also involved in CP programming. **MPCA:** On Average, 87 USD per month were transferred to each one of the 147 beneficiaries through a money transfer agency (OMT), where beneficiaries showed their ID cards and received the agreed amount. The CVA was provided over 6 months for all beneficiaries. **Child protection activities** consisted of case management, where children participated in CBPSS and caregivers participated in parenting activities and support group sessions. The protection risks addressed through these activities were child abuse, neglect, child labor, and child separation.

➔ The **comparison group** only received CP services (description above).

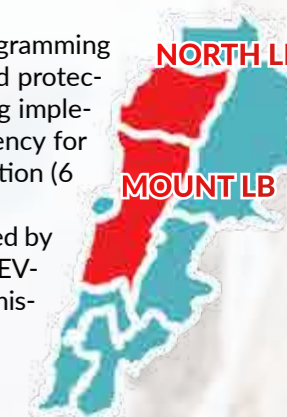
### PROJECT IMPLEMENTATION AND MEAL TIMELINE



### TARGETING/ SELECTION/ REGISTRATION

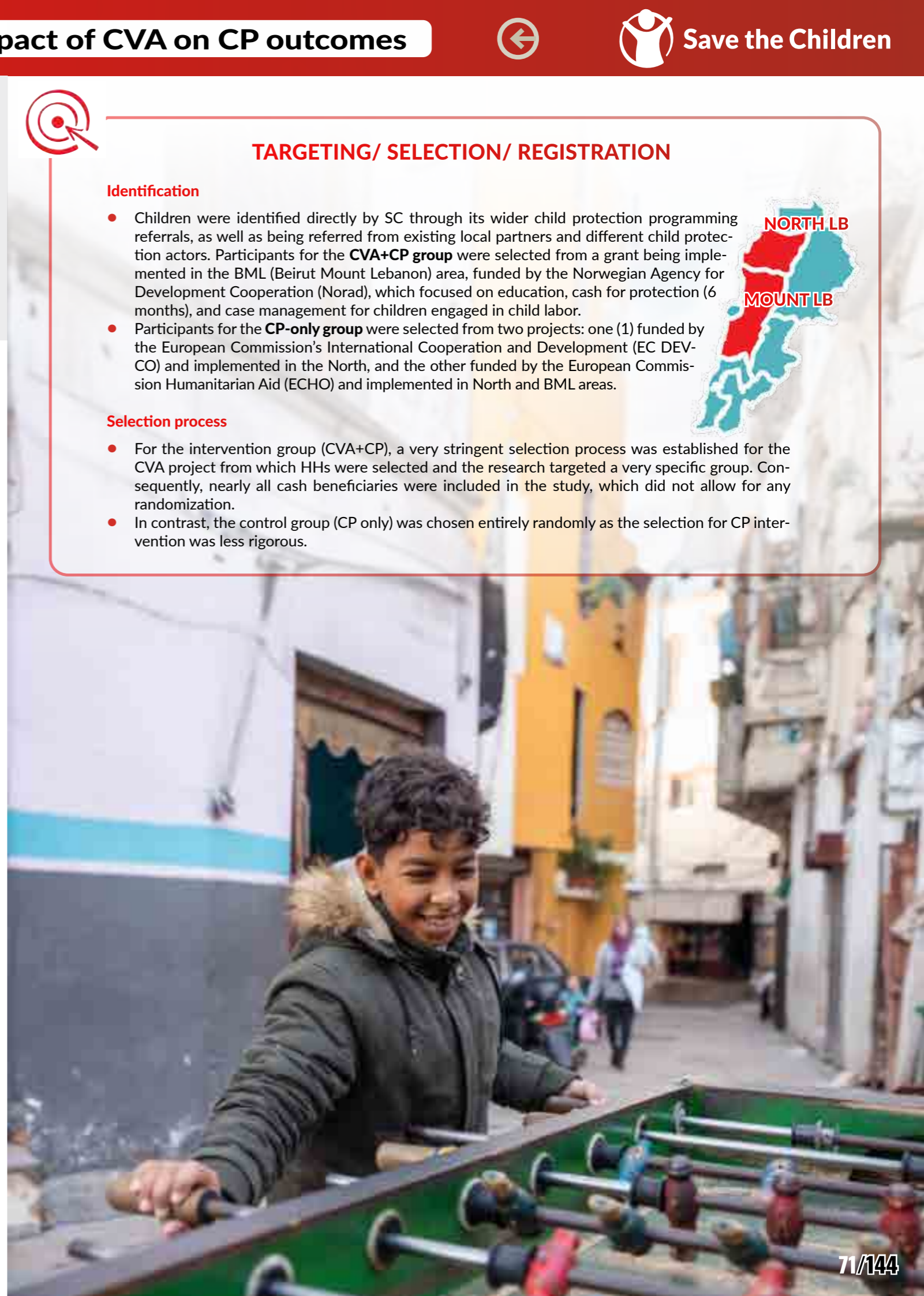
#### Identification

- Children were identified directly by SC through its wider child protection programming referrals, as well as being referred from existing local partners and different child protection actors. Participants for the **CVA+CP group** were selected from a grant being implemented in the BML (Beirut Mount Lebanon) area, funded by the Norwegian Agency for Development Cooperation (Norad), which focused on education, cash for protection (6 months), and case management for children engaged in child labor.
- Participants for the **CP-only group** were selected from two projects: one (1) funded by the European Commission's International Cooperation and Development (EC DEV-CO) and implemented in the North, and the other funded by the European Commission Humanitarian Aid (ECHO) and implemented in North and BML areas.



#### Selection process

- For the intervention group (CVA+CP), a very stringent selection process was established for the CVA project from which HHs were selected and the research targeted a very specific group. Consequently, nearly all cash beneficiaries were included in the study, which did not allow for any randomization.
- In contrast, the control group (CP only) was chosen entirely randomly as the selection for CP intervention was less rigorous.

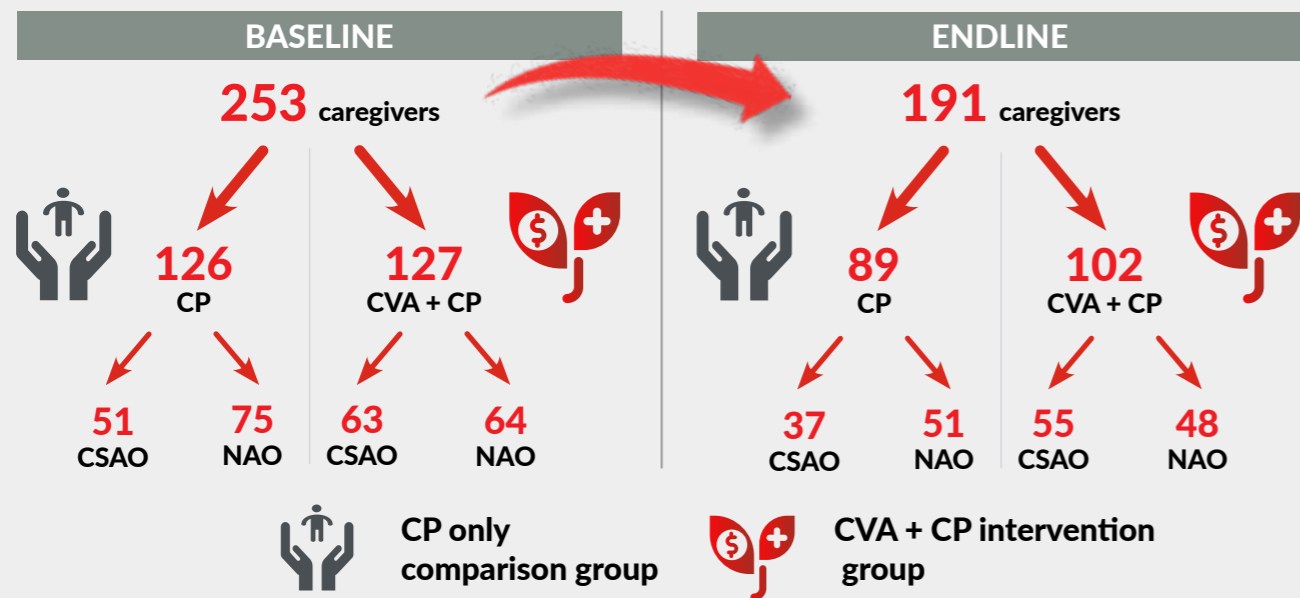






### DEMOGRAPHIC DATA & RESPONDENT CHARACTERISTICS:

A total of 253 caregivers were interviewed at baseline (126 CP only and 127 CVA+CP beneficiaries) – in the CP only group, 51 were from Central South Area Office (CSAO) and 75 from North Area Office (NAO); and in the CVA+CP group, 63 from CSAO and 64 from NAO. Of the 253 caregivers interviewed at baseline, 191 were reached at endline and are included in this analysis. Among the 191 households included in the analysis, 89 (47%) received only child protection (CP) services and the remaining 102 (54%) received both cash or vouchers assistance (CVA) and CP services.



According to the FGDs, near all the caregivers who received CVA, shared that it enabled their children to work less or quit altogether. All the caregivers who received CP services (in both groups) consistently reported their utilization of the program's services and the positive effects of case management on the levels of happiness and satisfaction of their children. However, caregivers (CP-only) also shared experiencing many challenges in accessing services they were referred to via CM. Some caregivers felt that the social workers that were providing the services were not giving reasonable solution for their problems, such as access to education for their children and access to affordable healthcare.

When asked what SC could do better or more in future programs, many caregivers agreed that case management is very important in keeping children safe and improving their self-confidence. Caregivers in the CVA+CP group also agreed that the combination of case management and cash assistance is an effective tool to address or mitigate child labor. Some parents across both groups also recommended SC provide vocational trainings, extend cash assistance, provide psychosocial support to parents, and support children's education.

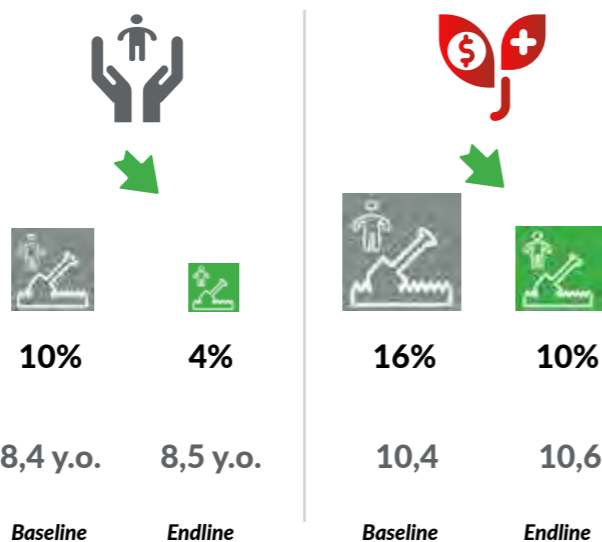
### Community perceptions of child labor risks

	CP only comparison group		CVA + CP intervention group	
	Baseline	Endline	Baseline	Endline
Child labour is an accepted and common form of practice	0%	0%	4%	0%
Child labour is an accepted and common form of practice if the child is > 14 y.o.	0%	0%	3%	0%
The family economic situation encourages child labour practices	26%	7%	27%	24%
Child labour is a means of preparing children for the future	2%	0%	1%	0%
Not everyone gains many opportunities by studying. It's better to work at young age and gain income	1%	0%	0%	1%

## Project outcomes

### CHILD LABOR

Households reporting children engaged in income generating activities



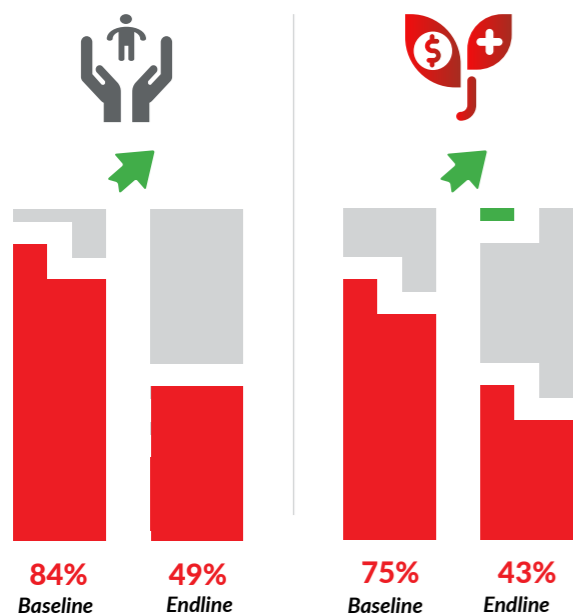
Child engagement in activity(ies) in return for income [cash or in kind] in the prior month was uncommon in both groups, but nominally more common among children in the CVA+CP group. **The proportion of children engaged in income generating activities decreased in both groups at endline** to 4% of children in the CP-only group and 10% of children in the CVA+CP group (endline group comparison p=0.310); change during the study period was not statistically significantly different between groups.



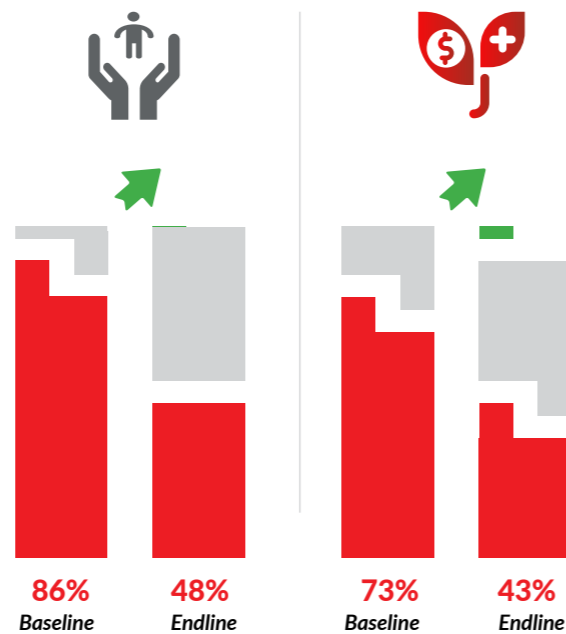


EFFECT ON SAFETY AND WELL-BEING

General well-being of children



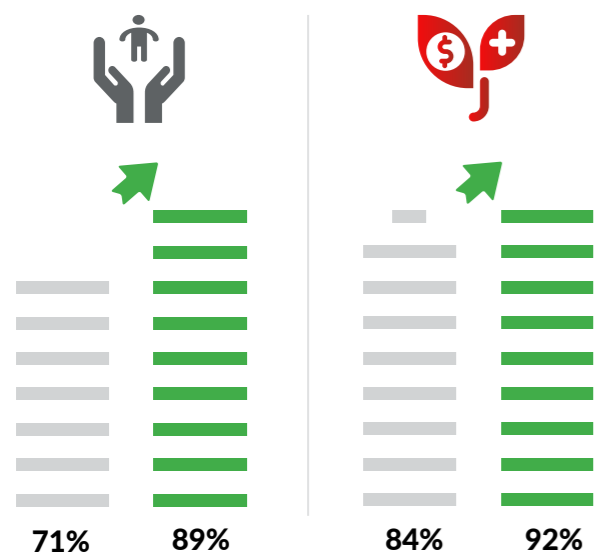
General well-being of household



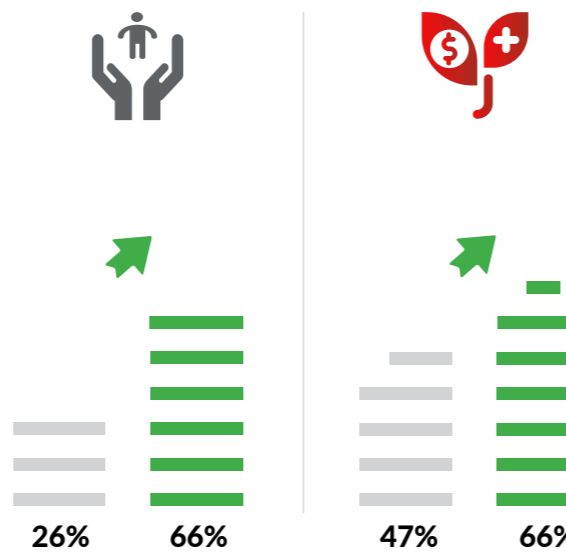
■ Very poor or poor (###%)    ■ Average    ■ Good or very good

Overall, the proportion of women reporting that their children's and households' general well-being were 'good' or 'very good' increased in both groups, even if only nominally, during the study period, but remained low in both groups. No participants felt that their children's general well-being was 'good' or 'very good' at baseline and at endline, this was reported by only 1% of CP only participants and 5% of CVA+CP participants. Significantly more CP only participants reported their child's well-being as 'very poor' at baseline (63%) compared to CVA+CP participants (37%), but at endline significantly more CVA+CP participants felt their child's well-being was 'very poor' (27% vs. 10% for CP only).

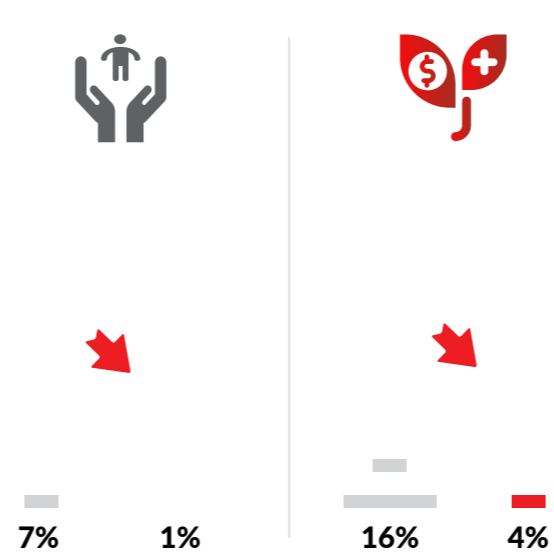
% of households reporting that their children are safe at home



% of households reporting that their children are safe at school



% of households reporting that their children are safe in their community



During FGDs, caregivers (male and female) across both groups reported high levels of violence in the community due to "the economic and security situation in Lebanon". Some caregivers, particularly females in both groups, also reported some level of violence in the home as "parents are stressed, people stay at home, and no work", which negatively affects the entire household. The majority of the children in the FGDs also reported high levels of insecurity in their community. During a 'thumbs up, thumbs down' activity, the majority of children (both boys and girls) gave a 'thumbs down' when asked to respond to the statement, 'I feel safe in my community'. A few Syrian children from the CP-only group shared they had been bullied, harassed, and robbed due to their ethnicity. However, children shared they had a support system they could rely on when asked 'what helps you feel safe?'

Nearly all the children (20 out of 24) across both groups gave a 'thumbs up' when asked to respond to the statement, 'I feel safe at home' and reported high levels of trust in their parents.

During FGDs, majority of parents shared that they "observed that their children have improvement in self-confidence, and they are more social after receiving CP services". Children, on the other hand, reported mixed feelings. During FGDs, children participated in an activity where they were asked to choose different facial expressions (e.g., smiley or frowny faces) and emotions (e.g., excitement, happiness, sadness etc.) from a handout. A couple of children circled the annoyed facial expression to represent the fluctuation of their feelings (from happy/positive/grateful to negative) at home due to the unstable economic situation, while others circled the happy face because they were consistently surrounded by their family, which brought them joy and sense of security.





### USE OF DISCIPLINE

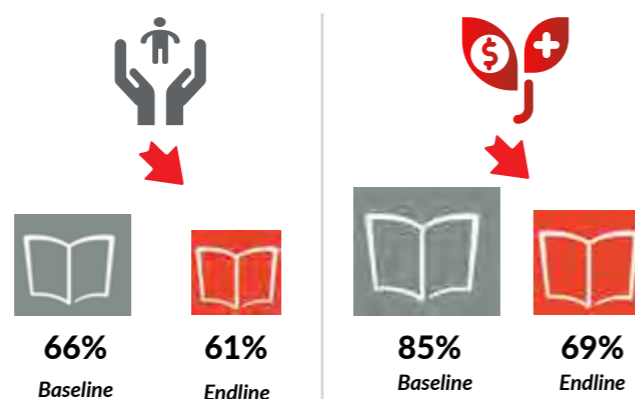
Nearly all participants (from 96% to 99%) at both time points reported believing that “in order to bring up, raise, or educate a child properly, the child needs to be physically punished: hitting, slapping, beating, or smacking”. Similar proportions of participants in each group reported believing that belittling, threatening, scaring, or ridiculing a child is necessary to bring up, raise or educate a child properly.

When asked whether they had used specific behaviours to discipline a child(ren) in the past month, nearly all participants (99% for both groups) reported using at least one discipline behaviour at baseline and all participants reported using at least one behaviour at endline. Participant reporting of specific discipline behaviours is presented in the table below:

Respondent Use of Behaviours to Discipline Child(ren) in Past Month	CVA+CP		CP	
	Baseline	Endline	Baseline	Endline
Explained why their behaviour was wrong	97%	100%	99%	98%
Took away privileges, forbade something child liked, or did not allow them to leave the house	19%	47%	52%	1%
Shouted, yelled, or screamed at them	7%	0%	28%	47%
Hit them with something like a belt, hairbrush, stick, or other hard object	2%	0%	3%	0%
Gave them something else to do	0%	0%	19%	0%
Spanked, hit, or slapped them on the bottom with bare hand	1%	0%	6%	0%

### CHILD SCHOOL ATTENDANCE

% of households reporting children attending school / education program



Those reported to be attending school or an early childhood education program during the current school year were more common in the CVA+CP group than in the CP only group at both baseline and endline. While the proportion of children currently attending school decreased in both groups, the decrease was notably, though not statistically significantly, larger in the CVA+CP group.

Among children who never attended school or an early childhood education program, the most commonly reported reasons were that the child needed to generate income to support their family. We can observe an improvement in the group of children that only benefited from CP services (27% citing “needing to work” down to 13%). However, the additional provision of CVA did not contribute in this case to decrease the proportion of children reporting never attending school because of income generating activities (8% to 16%).

### UTILISATION, EXPERIENCE & PERCEPTION OF CASH ASSISTANCE

#### SPENDING OF SC CASH TRANSFERS\*



1. Food (86%)
2. Debt repayment (42%)
3. Shelter/ rent (35%)
4. NFI (32%)
5. Health (23%)
6. Education (8%)

\* Top two categories [unless money was spent only on one category]

Cash assistance was generally positively perceived. No participants reported encountering any problems because of the cash assistance and nearly all (89%) of CVA+CP participants reported feeling ‘very safe’ receiving the cash assistance (the remaining participants did not provide a response). Additionally, participants were largely satisfied with the programming and support received from SC Lebanon in the preceding six months. Overall, nearly all of participants (98%) across both groups were ‘very satisfied or satisfied’ with the program.

All the caregivers in the FGDs agreed that their household economic situation plays a very important role in promoting child labor; most of the participants also agreed that their children become angry when they cannot afford to buy them the things they desire so children are forced to provide for themselves as well as supports their parents, which also leads to school dropout. One parent shared that, “the money the child makes is not enough as well but it’s better than nothing”. A few other parents also shared that they worry continuously about their children and sometimes they follow them to their place of work place to ensure their safety. Nearly all of the children (19 out of 24) – both boys and girls – confirmed that they work outside the home to support their household economically. Some shared feelings of independence and happiness while others were less enthusiastic as they were bullied at work, and some felt completely indifferent to this obligation.





## SUMMARY OF KEY FINDINGS

- ➔ Participants in both groups more positively perceived their children's and their own safety at home compared to in the community where they live and at school, but agreement with all statements about safety increased in both groups during the study period.
- ➔ Participants' perceptions of the general well-being of their children and households also improved during the study in both groups, but relatively few participants rated general well-being as good or very good.
- ➔ Use of discipline behaviors was high throughout the study period with notable increases in participants' taking away children's privileges, forbidding something children liked, or not allowing children to leave the house at endline.
- ➔ Children reported to be attending school or an early childhood education program during the current school year were more common in the CVA+CP group than in the CP only group at but decreased in both groups at endline, though change was not statistically significantly different between groups.
- ➔ Child engagement in income-generating activities in the prior month was uncommon in both groups, but nominally more common in the CVA+CP group and decreased in both groups during the study period.
- ➔ Few participants agreed with most statements favorably justifying child labor, though small proportions of participants in both groups agreed that their family's economic situation.

## RECOMMENDATIONS

- 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 and establish rigorous comparison and intervention groups. 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.
- In this study, most children attended school, did not experience harsh forms of discipline and were not participating in child labor. When considering study design, having a baseline understanding of prevalence for these or similar indicators may be helpful in selecting outcome measures that can better reflect changes in experiences or perceptions of a broader proportion of participants.
- 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 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.





### Context



Lebanon is experiencing overlapping crises: a severe economic and fiscal crisis, the COVID-19 pandemic, Cholera outbreak, the Port of Beirut explosion and most recently a food security crisis compounded by the war in Ukraine. According to the World Bank, the country's nominal GDP had contracted by 58% since 2019 having plummeted from close to USD 52 billion in 2019 to a projected USD 21.8 billion in 2021. The exchange rate continues to deteriorate sharply, keeping inflation rates at triple digits. Faced with political inaction, the unresolved crises have created long-lasting scars on the Lebanese economy and society - basic public services are failing, unemployment is rising unabatedly, and human capital is severely depleted largely due to emigration. The economic crisis in Lebanon is affecting most aspects of children's lives, including access to education and healthcare, engagement in labor, and food security, as well as their general safety in light of the deteriorating security situation in the country. These crises will have lasting impacts on children, affecting their future livelihoods and physical and psychological wellbeing.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

**Child Wellbeing Assistance (CWA) is a SC Lebanon "cash plus" approach to support the multidimensional wellbeing of children. Cash transfers are combined with household level financial counselling, nutrition messaging, and referrals to encourage spending on and support in the best interest of the child.**

As seen in Lebanon, cash transfers, particularly when provided alongside access to basic services and complementary interventions, can be transformational in breaking the intergenerational cycle of poverty, fulfilling children's rights, and helping families to better manage shocks that would otherwise push them deeper into poverty. To ensure that the potential of Lebanon's children is guaranteed, SC's cash and social protection programming delivers vital financial assistance to the most economically vulnerable families.

#### "Cash Plus" Programming

The Child Wellbeing Assistance (CWA) program is a holistic approach to providing cash 'plus' assistance to children and their families. The value of the cash transfer ensures families meet the survival needs of their children and family, and can also afford other basic services to ensure the wellbeing of their children. The nature of a child's wellbeing is also integrated, to include good health and nutrition, safety and a supportive environment, and access to learning. These are the core domains of "objective wellbeing" that the assistance aims to address.

#### Eligible families received a comprehensive package of:

- ➔ 12 months of cash assistance in order to ensure the most meaningful support to families in a period of chronic needs and survival deficits,
- ➔ Tailored counselling on financial management and savings,
- ➔ Nutrition messaging specifically on IYCF,
- ➔ Case management and/or referrals to social services as per the needs assessed. Referrals for mental health and psychosocial support (MHPSS) activities for both caregivers and children, reentry to education, and cash for rent or other shelter support are provided to families as needed.

Post Distribution Monitoring (PDM) surveys were conducted within one month of each distribution



The value of the cash transfer is based on the number of children in the family. For families with 1 child it is USD 80, USD 120 for family with two children and USD 160 for families with three+ children.

Selection of 1,255 HHs eligible for CWA  
**80/144**

### TARGETING/ SELECTION/ REGISTRATION

Targeting for the CWA was mainly done in two ways:

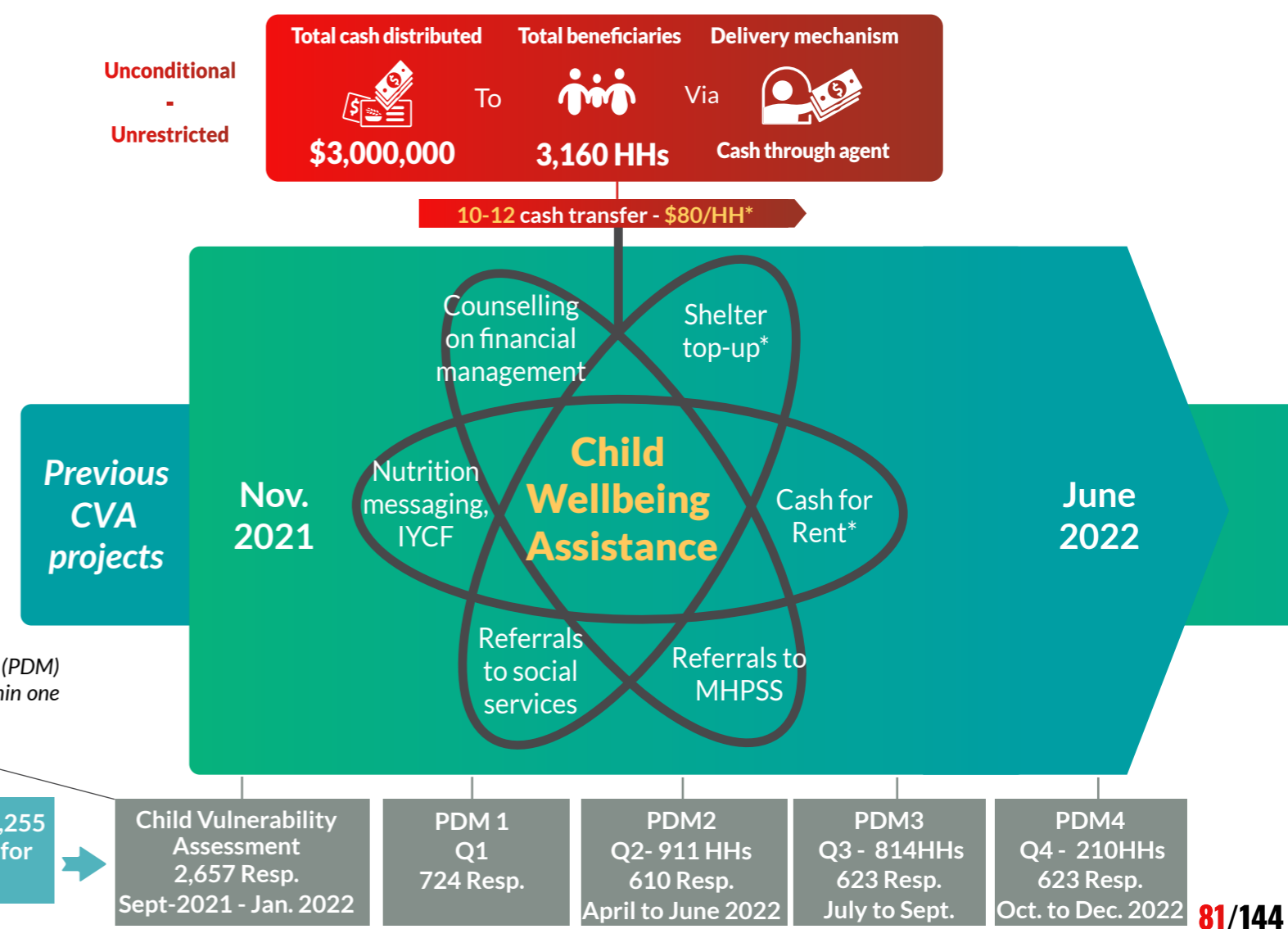
- **Through municipalities:** SC met with the municipalities before the launch of the project to explain the intervention, duration of the project, its objective, and eligibility criteria. During the implementation phase, the municipalities shared list of vulnerable households with SC, who in turn conducted the vulnerability assessment (as a second screening).
- **Referrals of cases of malnutrition:** SC shared with the nutrition cluster in Lebanon that it is accepting cases of malnourished children for its CWA. Cases were then screened against SC's eligibility criteria and included in the program.
- **CWA targets children in the family and their caregivers:** As such, only families with children are eligible to receive the support. SC's child vulnerability assessment tool takes a comprehensive approach to the vulnerability of children in the household, combining risks from many sectors to establish a multidimensional assessment of child vulnerability, and therefore eligibility for CWA.

**Selection criteria used:**

- Cases of malnutrition;
- Child labor cases (referred to case management while receiving CWA);
- Socio-economic vulnerability, specifically for Pregnant and Lactating Women (PLW);
- Female-heads of household.

The project was implemented across all Lebanon regions

### IMPLEMENTATION AND MEAL TIMELINE

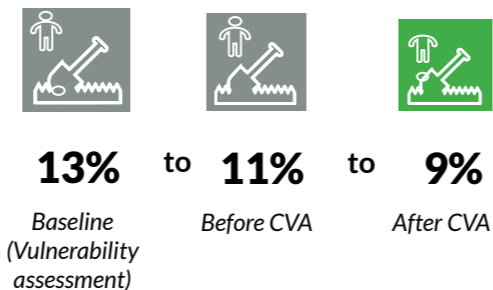




# Project outcomes

## Child labor

Households reporting children having to go to work in order to meet basic needs in the past 30 days slightly decreased from:



Female headed households (20%) have more child labor cases compared to male headed households (12%), and Syrians reported to have child labor within their households more than other nationalities.

## Child Marriage

Households reporting a marriage of their children slightly increased from 7 before receiving CVA to 11 after receiving CVA.

7 to 11 Cases

These reported figures point to the various drivers that cause or lead to child marriage. In this case, cash alone may not have been enough to prevent or stop child marriage, Further interventions such as social behavioral change and longer duration of cash assistance may be more effective.

## Use of coping mechanisms

94% of families are using less risky forms of negative coping strategies as a direct result of CWA

This means that fewer school-aged children are being sent to work, and families are less likely to spend a whole day without eating and are then able to invest in essential non-food expenditure. A reduction in these and other negative coping strategies impact children directly, enabling them and their families to be safer, adequately sheltered, and fed. In another separate endline evaluation, 72% of CWA beneficiaries reported that the cash assistance alone was enough to reduce the use of negative coping strategies, specifically asking for money or begging, acquiring debt and skipping on payments such as rent or medical bills.

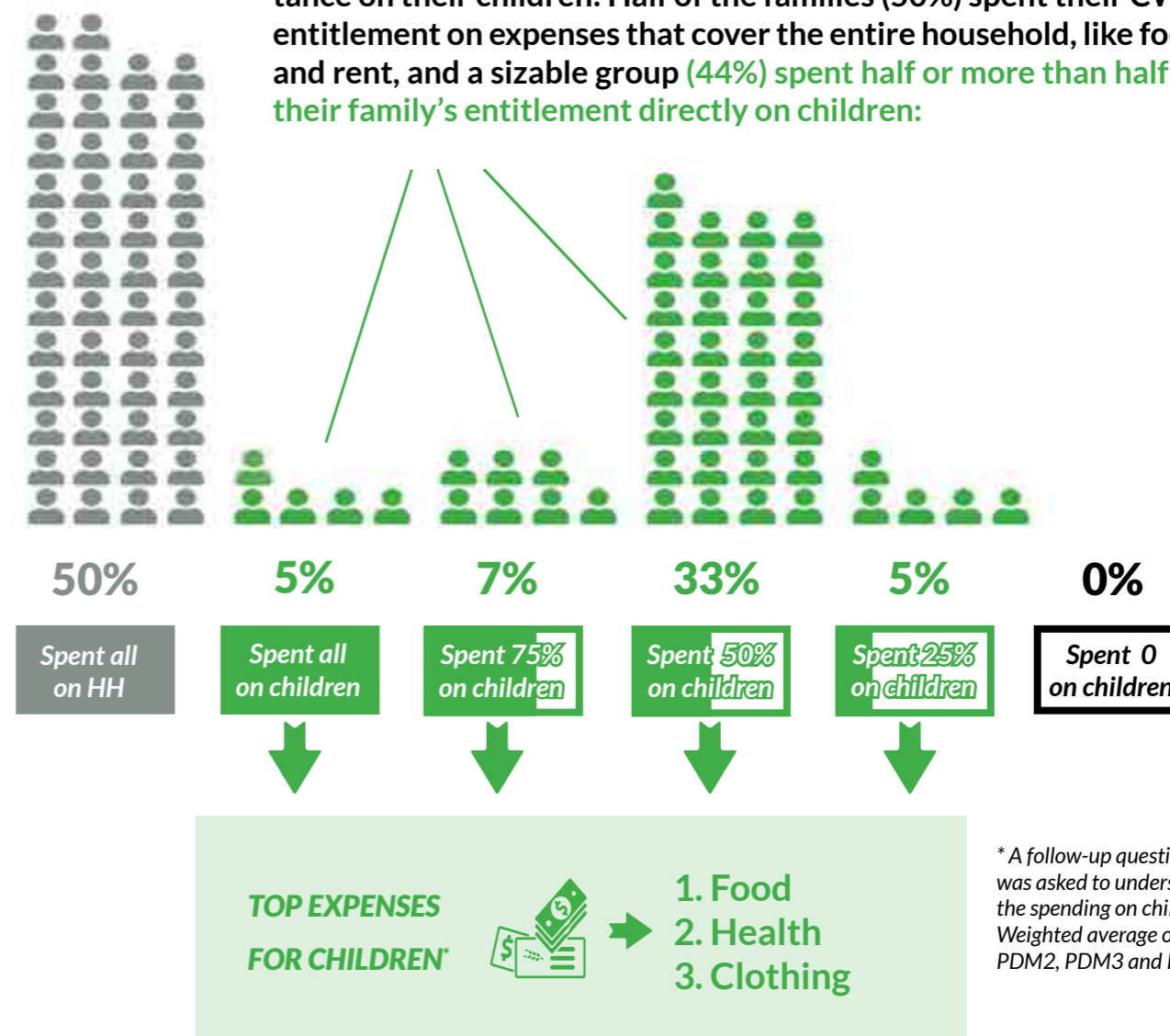
## CVA DELIVERY & PROTECTION MAINSTREAMING

99% of households reported that the cash assistance did not cause disagreements or have a negative impact within the household or the community.

Of the 1% that reported issue, one respondent reported that it reignited family feuds, while another stated that the amount of money received was insufficient to cover school enrollment expenses. The third respondent expressed concerns that if their husband were to become aware of the money, he would use it for his own personal benefit.

## Use of cash

Households reporting on their share of spending the cash assistance on their children: Half of the families (50%) spent their CWA entitlement on expenses that cover the entire household, like food and rent, and a sizable group (44%) spent half or more than half of their family's entitlement directly on children:



The proportion of CVA spent on children is higher than in previous, non-child specific cash assistance programs from StC Lebanon; which indicates the effectiveness of the counselling and communication on CWA to benefit children's wellbeing.



### Context



The escalation of hostilities in Ukraine has resulted in mass population displacement into neighboring countries. In Lithuania as of March 2023, 75,217 refugees have been registered with the Lithuanian Migration Department from which more than 25,000 are children. With the cold season and an extremely high annual level of inflation (20%), it became increasingly difficult for the refugees to handle their daily financial expenses.

In addition, even though Ukrainian refugees, who have obtained temporary residence permit, are entitled to various forms of social assistance from Lithuanian Government, they are facing various administrative obstacles to receive it promptly. Current situation especially affects the most vulnerable – single pregnant and lactating women, and single mothers with children up to 2 years old. The increase in costs of living combined with inflation during winter has further increased their economic vulnerability, implying all possible subsequent threats to child safety and wellbeing.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ **To ensure that the most vulnerable Ukrainian families with CP risks have sufficient financial resources to cover their minimum costs during winter and keep them out of poverty conditions.**

Save the Children Lithuania has been implementing a pilot project aiming at reducing child distress and violence in the home within 474 Ukrainian families who arrived in Lithuania after 24 February, 2022, including pregnant and lactating women and/or single headed households with children. **This one-off transfer amounted to an average of EUR 270 per household per month** with an additional top-up of EUR 20 for pregnant women.

In addition to cash assistance provided to the refugees, **referral pathways have been established for cases with identified MHPSS, CP or other specific needs**, such as enrollment into Lithuanian education system, nutrition counselling on IYCF guidelines, provision of information on support services for violence victims, shelter, employment and social protection possibilities in Lithuania.

### IMPLEMENTATION AND MEAL TIMELINE

**Total project cost : € 385,950**

	Total cash distributed	Total beneficiaries	Delivery mechanism
Unconditional - Unrestricted	€ 385,950	To  474HHs	Via  Bank transfers

1 one-off cash transfer (3 months total) - 810€ / HH3



### TARGETING/ SELECTION/ REGISTRATION

#### Registration of beneficiaries

Beneficiaries were identified through SCLT protection activities, by receiving referrals from SCLT Child Daycare Centres and family support coordinators network. Once the contacts of vulnerable households were received and the list was prepared by the CVA team, they were contacted via SMS with an invitation to complete an online baseline/registration form within 3 working days. The KoBo registration form was developed by the CVA program coordinator and MEAL manager in cooperation with Child Safeguarding team, based on and using [Save the Children's MEAL and CP tools](#), and inclusive of SCLT feedback and reporting mechanism (FRM).



The project was implemented across all Lithuanian regions

A support hotline was opened for the CVA program in order to assist target beneficiaries in completion of the registration form and respond to any inquiries in relation to the cash distribution process.

All beneficiaries were identified through SC Lithuania protection activities. Out of these, the below were prioritized:

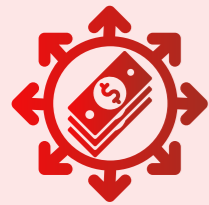
- Families with urgent protection risks
- Single HH's with more than 3 children;
- Single pregnant women
- Single HH's with children with disabilities (if not covered by Red Cross Lithuania)
- Single HH's with children up to 5 years old



[Click here to access the infographics related to this pilot project](#)

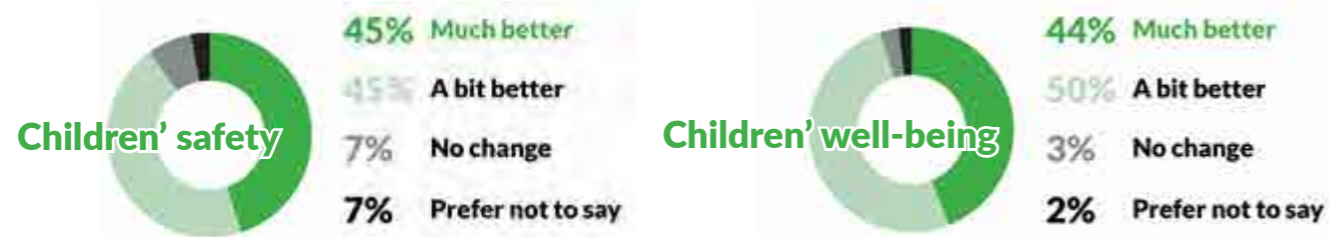
[Click here to access the methodological note related to this pilot project](#)





## Project outcomes

### FAMILY RELATIONSHIPS AND EFFECT ON HOUSEHOLD

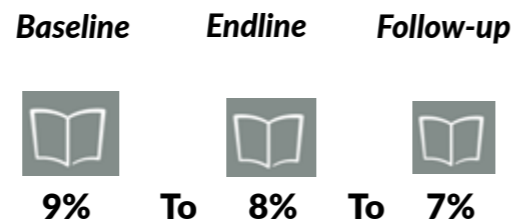


**75%** of households reported that the cash assistance **improved relations/reduced tensions** between the family members.

These findings suggest that cash assistance can have a positive impact on reducing stress levels at the household level, potentially mitigating tensions and associated child protection risks.

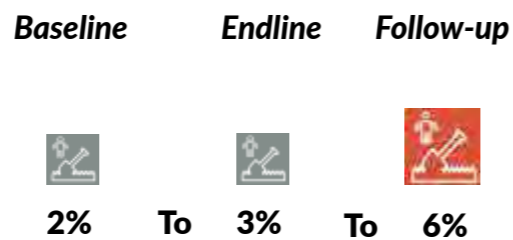
### EDUCATION

Households reporting school-age children NOT enrolled in school in Lithuania slightly decreased from:



### CHILD LABOR

HHs reporting children engaging in income-generating activities to meet basic needs in the past 30 days **slightly increased** from:



The difference in sample sizes must be noted here, as overall we counted 18 children reportedly working at baseline, 16 at endline and 18 during the follow-up survey; which still accounts for a relative increase in child labor.

**On average, children were working 7 hours at baseline, 12 hours at endline and 8 hours during the 3-month follow-up**

During the baseline assessment, one case of child labor involved carrying heavy loads, while the other case involved exposure to dust, fumes, or gas, as well as extreme cold, heat, or humidity. At endline, one case of carrying heavy loads and two cases of extreme cold, heat, or humidity were reported. In both assessments, all children were enrolled in schools in Lithuania, except for one continuing in Ukraine through distance learning.

### EFFECT ON HOUSEHOLD PURCHASING POWER

- 38%** of HHs reported that the cash assistance helped them afford child care (or other related expenses).
- 52%** of HHs reported that children under 18 were the primary beneficiary of the purchases made with the cash transfer, while "all members of the HH" was reported by 47% of HHs (and 1% for adult females).

### FAMILY SEPARATION

- 3 HHs** were asked to house additional children from the community when they were selected for the assistance (anticipating they would receive additional cash).
- 1 HH** reported that a child who had been previously separated was able to return due to CVA.

### EFFECT ON DISTRESS AMONG CHILDREN

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

	Baseline	Endline	Follow-up
Changes in sleeping and eating patterns	47%	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) behaviours	8%	5%	13%
Stop or less talking	5%	4%	6%

The data show overall a decrease in the proportion of children showing signs of distress with 100% at baseline, endline and 3-month follow-up reporting that children showed at least one sign of distress over the past months but only 35% of households at endline compared to 51% at baseline with children showing more than 3 signs of distress. 3 months after the last transfer, this figure went up to 42%.



## CVA DELIVERY, SAFEGUARDING AND PROTECTION MAINSTREAMING



- ➔ Families who have reported specific CP or MHPSS needs have been provided with relevant assistance and information by Save the Children Lithuania staff or referred further for individual services.
- ➔ To assure humanitarian dignity; families have been selected for the program on equal terms, irrespective of their social groups, status or beliefs.
- ➔ Beneficiaries who did not have an active account in a Lithuanian bank were offered a possibility to register with Revolut, and were provided with support in the registration process via CVA program Support Hotline.
- ➔ The program Support Hotline has been activated for any assistance required by beneficiaries during registration and later stages of the program. A feedback and reporting mechanism was introduced, with possibilities to contact the team via e-mail, telephone, and via social networks.
- ➔ All stages of the program have been designed following Child Safeguarding guidelines. All data received were securely stored, with access only granted to necessary employees working within the program.

## LESSONS LEARNT



- ➔ A number of households with urgent CP and MHPSS risks were identified. In addition to the cash assistance, families have been referred for other CP, MHPSS, social or medical services, and assisted by SCLT social workers to successfully accessing them.
- ➔ Discovering other vulnerable groups and ability to adapt the program accordingly, while still prioritizing specific vulnerabilities. For example, while implementing the program, mothers with two/older children appeared to be facing substantial financial challenges, although were not initially prioritized.
- ➔ Baseline data has shown that a number of beneficiaries, besides being unemployed, do not get any social benefits, as initially assumed, so the program should be adapted accordingly, with cash assistance amounts corresponding to individual situations in terms of actual income of a household.
- ➔ Findings from post distribution monitoring suggest that while the intervention contributed to improving the economic situation of families and reducing child protection risks (one of the objectives of the project), the improvements on the economic front were relatively limited, which can be attributed to the transfer value being too low.
- ➔ Based on this, SCLT decided to redesign their transfer value calculation methodology by adopting a tailored approach, reflective of each cases needs and capacities. For each new case, an in-depth interview is conducted to understand the family's financial situation, income sources, access to social protection assistance and needs.



## Context



The widespread security crisis, which extended south and towards bordering countries, combined with the devastating effects of COVID-19 and climate change, has exacerbated pre-existing vulnerabilities and pushed the number of people in need of humanitarian assistance to record high levels. According to estimates by OCHA and its partners, 11.7 million people are affected by the crisis, of which 5.9 million need lifesaving humanitarian aid across all sectors. Gender-based violence, including different forms of sexual violence, is a significant protection risk for girls and women alike, exacerbated by the conflict. Figures from 2021 indicate that cases of sexual violence and child marriage constitute over 40% of all reported protection cases. Child marriage, along with early pregnancy, excessive domestic work and sexual violence on the way to school, have been identified as the main reasons for early dropout from school by girls in the Mopti region, also confirmed by SC analysis. The enrolment and completion rate for girls remain low, estimated at 45% and 25% respectively during the 2020-2021 school year in the region.

## OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ **Preserve the life, dignity and rights and ensure the access to basic services of children and their families affected by conflict in Koro and Bankass circles through integrated, multi-sectoral assistance with protection at the centre.**

The project offered a holistic approach to saving lives through interventions in the sectors of education, child protection and food security via **unconditional cash transfers**. Save the Children provided MPCA to vulnerable internally displaced families in the region of Mopti. The MPCA was provided during the lean season in order to ensure vulnerable families are able to meet their basic needs without having to resort to negative coping strategies. **In parallel, SC worked on strengthening existing local case management** through improving the coordination between relevant actors, increasing the quality of referrals and psychosocial support, piloting the adoption of the inter-agency CPIMS+ and delivering refresher capacity building sessions to social workers and child protection case management supervisors. **SC has also supported Child Friendly spaces** in order to improve the resilience and wellbeing of vulnerable girls and boys.

## CVA DELIVERY

➔ 100% of beneficiaries in both PDMs reported that they had not been exposed to dangers or violence following the receipt of the cash transfer.

## IMPLEMENTATION AND MEAL TIMELINE

Total project cost: **\$900,000**

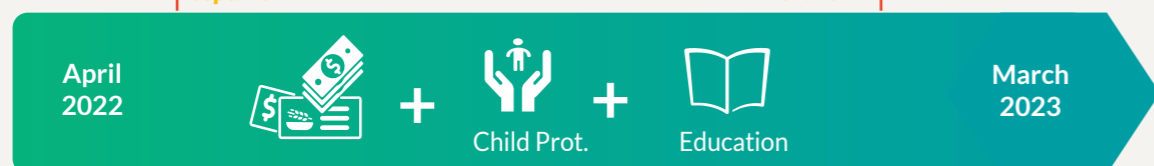
Unconditional - Unrestricted

Total cash distributed	To	Total beneficiaries	Via	Delivery mechanism
\$167,228	1000 HHs	1000 HHs	Mobile money / Cash in Enveloppes	Mobile money / Cash in Enveloppes

3 monthly cash transfers - \$65\*/ monthly/HH6

Sept. 2022

Nov. 2022



PDM 1  
315 Resp.  
Oct. 2022

PDM 2  
427 Resp.  
Dec. 2022

\* CT value designed to cover 80% of the kilocalories needs of a 6 person household



## TARGETING/ SELECTION/ REGISTRATION:

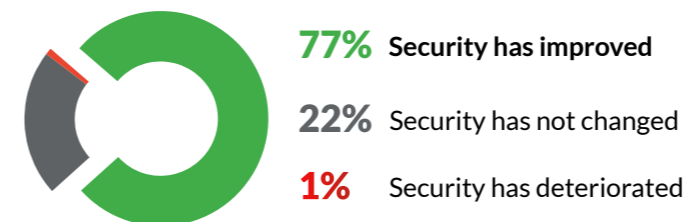
The targeting of the new villages was done through a one-day workshop in **close col-laboration with the communal authorities**, NGO representatives, and decentralized technical services (such as...). The workshops took place in the main towns of the communes to promote ownership and accountability. The workshop resulted in a classification of villages directly guiding beneficiary selection and a communication plan to inform all communities was jointly developed.

**Households were selected by the household targeting committee** according to an agreed list of social, economic, demographic criteria including the protection and education status of the children in the household. The list was then validated by the Village assembly. Child protection cases identified during these activities were referred and households were sensitized on gender equality.



## Project outcomes

Evolution of own children or other children in the community security since start of cash Transfers, after 3 CTs (PDM2)



**99% OF HOUSEHOLDS REPORTED THAT THE PROVISION OF CVA HAS IMPROVED ACCESS TO SCHOOL, NOTABLY BY ENABLING THE PURCHASE OF SCHOOL FURNITURE AND COVERING COSTS OF OTHER SCHOOL-RELATED FEES (95% OF HHS IN PDM1)**

Beneficiaries massively reported that cash primarily benefited women and children (respectively 87% and 75% in PDM1; 68% and 95% in PDM2)

➔ **100%** of respondents reported that cash assistance has had a positive impact on their household

**Stability, peace and happiness in the household** were reported by 11% of respondents as one of the positive impacts brought by cash assistance (findings cleaned from the Open-ended question.

➔ **99%** of respondents reported that the provision of CVA has improved the relations between children and adults at household level (98% PDM1; 99% PDM2)

➔ **98%** of respondents reported a reduction of level of violence within the household since receiving the cash transfer. This was reported equally by women and men.



# Context

## Asia Springboard / Norton Rose Fulbright

The COVID-19 pandemic and the combined effects of the conflicts and humanitarian crisis derailed an already fragile education system with added economic strains on vulnerable groups. The World Bank reported only 60% of children were engaged in learning activities in Myanmar in 2020. This number is likely to have worsened since the military coup in 2021, after which education disruptions resulted in children being out of school. Children in displaced communities and in ethnic minority settings were disproportionately affected. Poverty, disability, poor health, and lack of interest (potentially associated with a feeling of hopelessness) were also noted as major barriers for children accessing education across Rakhine. In Kayin state, there is a widespread resistance to children attending formal schools, combined with education facilities being physically hard-to-reach due to the mountainous nature of the state.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

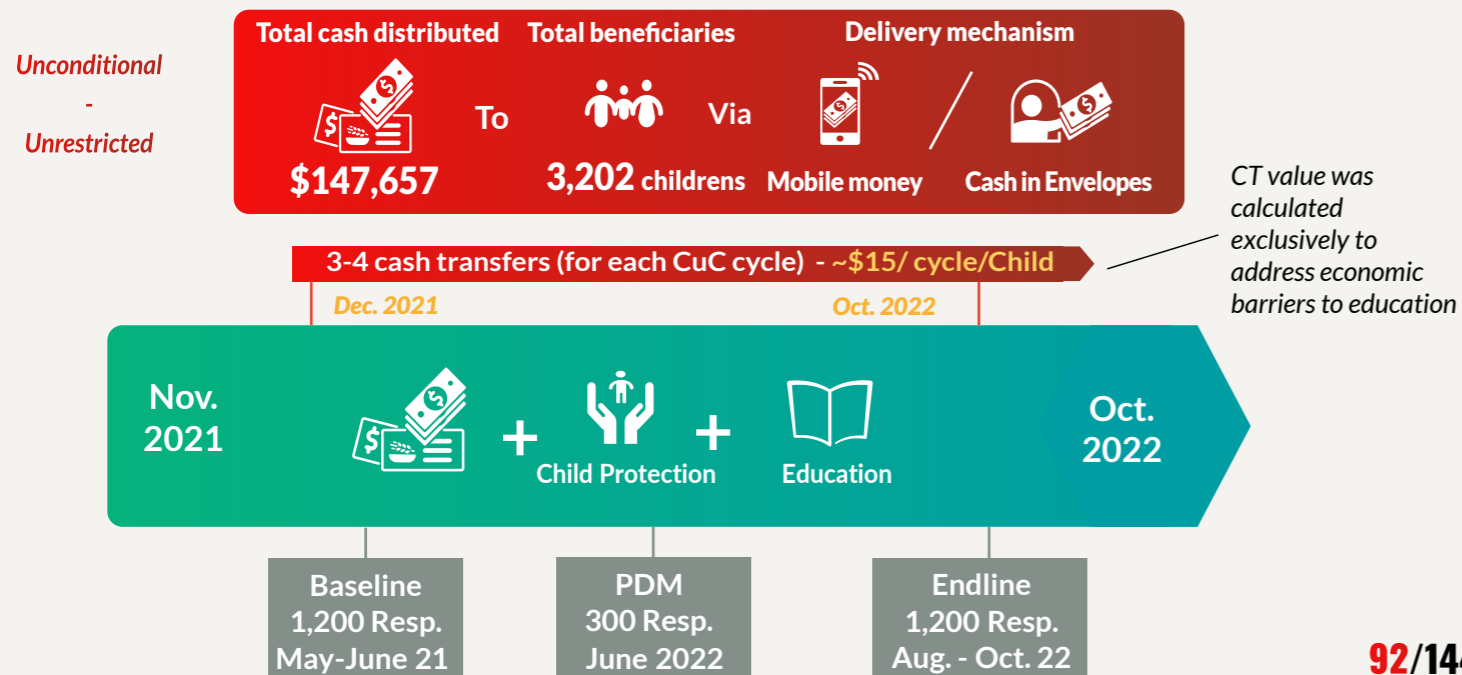
➔ **Girls and boys in grades 3-6 that have experienced significant disruption to their education improve in literacy and wellbeing through community-based Catch-up-Clubs.**

Catch-up Clubs is a global innovation that was piloted in Myanmar, among other countries ([link](#)), from April to September 2022 with a goal to improve children's literacy and social and emotional learning (SEL). It reached over 3,000 upper-primary children most affected by discrimination and inequality in the context of (1) conflict-affected villages in Kayin state and in Central Rakhine state, (2) children in non-conflict affected areas but internally displaced, and (3) children of the host communities in Kayin and Rakhine. The CuCs approach integrates elements from other programs that have successfully demonstrated learning gains, building on Save the Children's expertise in community-based learning, as well as tailored CP and child poverty programming. CuCs provide remedial learning opportunities that have been demonstrated to be effective, actively working to reduce barriers to participation for vulnerable children and their families. The activities are aimed to boost learning and provide social support to academically vulnerable children.

As a part of the CuCs, children were provided with:

- ➔ **Community-level integrated case management** to provide child protection support to children and their families, connecting them to relevant specialist services.
- ➔ **CVA was distributed in three tranches** to all CuCs children's households in Kayin and in four tranches in Rakhine, and aimed to address economic barriers related to attending both school and CuCs. Almost all CuCs children received learning materials as well. Some children in FGDs revealed that the cash and learning materials were one of their motivations to join or continue to attend the CuCs.
- ➔ **Learning activities** in community-based clubs to boost their literacy and social and emotional learning (SEL).

**Total project cost: \$175,000**



### TARGETING/ SELECTION/ REGISTRATION:

#### Selection criteria:

Children in grades 3-6 who were enrolled in school pre-pandemic and not yet reading at level for their last completed grade of primary school.

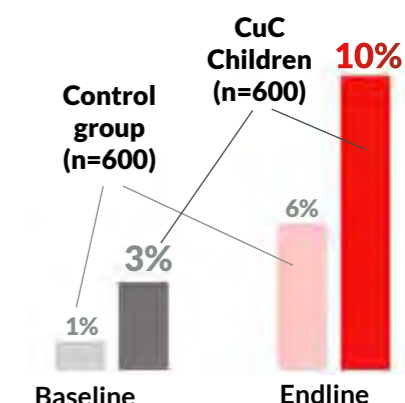
Approximately 3,000 children aged 8 to 15 years (in upper primary grades) who were falling behind in their learning were invited to join CuCs. These children who could not reach the grade 2 literacy level, were unable to progress with the curriculum and were therefore at high risk of dropping out.



## Project outcomes

### IMPACT ON CHILD LABOR

**Households reporting children having to go to work in order to meet basic needs in the past 30 days increased from 3% to 10% (control group from 1% to 6%)**



At the endline, the survey results showed a higher proportion of CuCs children than non-CuCs children (10.3% vs 5.6%) engaged in paid work or labor and reported it as a barrier to attending CuCs and/or school. **The prevalence of child labor remained high and increased despite the support of CVA, indicating that offsetting education costs isn't enough to have parents pull children from labor, and perhaps requires an increased value of assistance and/ or additional interventions to affect the other drivers such as social norms and behavioral change.**

The total amount of USD 45 distributed in three or four tranches may also not be sufficient to overcome the financial barriers associated with child labor.

#### Risk mitigation measures:

- ➔ The [Money Matters toolkit](#) was used, as well as financial literacy training, which was provided to the team to be shared to the CuCs family. If there was any report of a child labor case from the CuCs facilitators, the team would refer the case to the child protection case workers.



**CuCs effectively increased the literacy level of children, by nearly one level.** CuCs children were more than twice as likely to reach the highest literacy level (comprehension) than the non-CuCs children and nearly eight times more likely to progress their literacy by at least one level than the non-CuCs children. However, this positive outcome is most probably not to be attributed to the effect of CVA but rather to other integrated components of the project).



### Context



The northeast Nigeria region has experienced a violent conflict setting for 13 years, producing a range of humanitarian crises in Borno State, as well as in Adamawa and Yobe. Impacts have included widespread displacement, food insecurity and nutrition challenges, a shortage of health care services, and a reduction in households' purchasing power. In 2023, it was estimated that more than two million internally displaced people were unable to return to their homes because of widespread insecurity, seeking refuge in garrison towns, and the number of children impacted by severe acute malnutrition almost doubled compared to 2022, with 690,000 children for which life was at risk.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

**To ensure that vulnerable families can access survival food needs and clean water while receiving the nutrition and protection services they need to survive and be protected. Each of its interventions are designed to contribute towards addressing the urgent needs of conflict-affected households, and to enhance their resilience to ongoing challenges.**

#### DESCRIPTION OF ACTIVITIES

- Food Assistance (23,101 beneficiaries):** Unconditional Food Assistance was delivered to selected vulnerable conflict-affected households through restricted electronic vouchers (e-voucher). The e-voucher system was cashless and offline, enabling participating households (HHs) in locations of intervention to access food items from nearby vendors participating in the program. The system allowed the beneficiaries to shop at times and locations of their choice, and use their voucher once or on multiple occasions.
- Multi-Purpose-Cash Assistance (3,465 beneficiaries):** Targeted project participants received three rounds of MPCA via an e-voucher based system, with the approved minimum expenditure basket developed by the cash working group.
- Nutrition (13,210 beneficiaries):** Surveillance, tracking and referral of acutely malnourished children were all delivered as continuous routine operations throughout the project. SC supported HHs receiving food assistance - including Pregnant and Lactating Women and/or children under five years - with supplementary nutrition assistance during the lean season (June - September). Identified HHs received a monthly e-voucher equivalent for nutritious food items (Dried Okra, Canned Fish (Sardines), Orange, Tomato Paste, Sachet Milk). One-on-one counselling, support group meetings, and sensitization at vendors' outlets were all used as channels for age-appropriate and gender-inclusive Social Behavioural Change Communication (SBC) on infant and young child feeding (IYCF) best practices to improve nutrition outcomes.
- Agriculture:** Female to Female support group members were trained on micro-gardening, and each received a micro-gardening kit to help improve their household's access to diverse and nutritious foods.
- Economic Recovery and Market Systems (ERMS) Livelihoods Restoration Assistance (3001 beneficiaries):** Cash for inputs was disbursed to assist vulnerable households in re-starting their preferred Income Generating Activity (IGA) through cash vouchers. Micro-enterprise management training was also provided to the participants to provide them with basic skills to help their businesses grow.
- Water, Sanitation, and Hygiene (WASH) (1544 beneficiaries):** Several hand pump boreholes at settlements serving individuals within IDPs and host community settings were upgraded. Water user committees (WUC) were established across multiple locations. SC distributed WASH NFIs to households in need. SC further identified and trained community-based hygiene promoters to conduct hygiene promotion sensitization in their communities.
- Protection (45,461 beneficiaries):** Participants received a range of child protection services, including case management, psychosocial support, S/GBV response services, referrals to appropriate services, and information through awareness and direct training. SC provided Psychosocial Support services to younger girls and boys through the Child-Friendly Spaces (CFS) and house-to-house approach.



### TARGETING/ SELECTION/ REGISTRATION

SC identified and enrolled newly arrived IDPs HHs across communities in Mafa and Konduga. The eligibility of newly arrived IDPs HHs is determined using these set of criteria:



- Female head of HHs;
- HHs with 7 to 10 dependents;
- Head of HHs with disability;
- HHs with malnourished children.

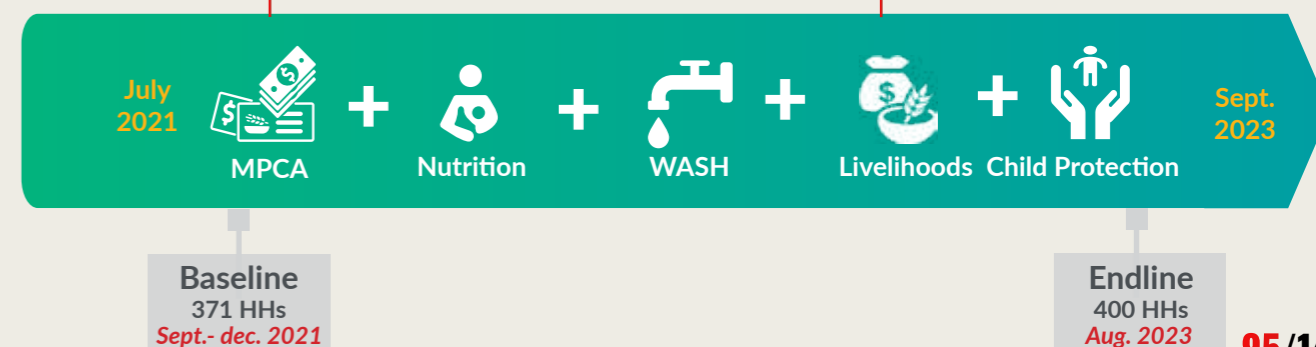
#### Conditions

- Current HHs were identified using community-based vulnerability criteria and IPC thresholds. New HHs were identified through a combination of referrals from child protection and nutrition activities, and via the assessment of food insecurity of new arrivals in intervention areas.
- SC conducted HH assessments for project participants to be enrolled in the program in Gwozari TH community, which is located in the Mafa local government areas (LGA). The eligibility of the assessed HHs in this community was determined by using the vulnerability screening criteria, food security outcome indicators (i.e., reduced Coping Strategies Index (rCSI), Household Hunger Scale (HHS) and Food Consumption Score (FCS)). Additionally, the anthropometric screening using Middle Upper Arm Circumference (MUAC) and Oedema for HHs with children under 5 was completed.
- The eligibility of assessed HHs was based on proxy global acute malnutrition (GAM) rate, and HHs under the IPC 3 (crisis) or above.

### PROJECT IMPLEMENTATION AND MEAL TIMELINE



\* These values are averages, as the currency exchange rate between Naira and USD has fluctuated significantly throughout the project



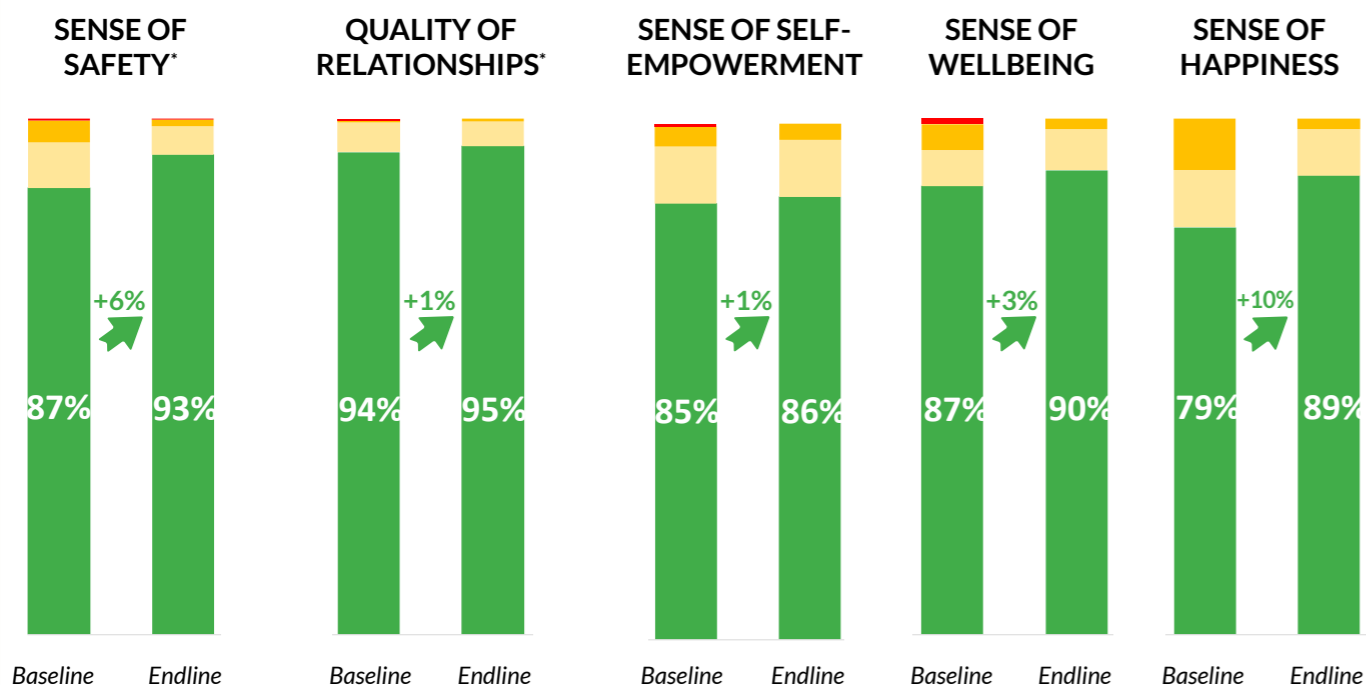




## Project outcomes

### IMPACT ON PSYCHOSOCIAL WELLBEING

% of **child respondents** reporting on various indicators of psychological and psy-chosocial wellbeing:



■ No problems      ■ Frequent OR severe problems  
■ Occasional or mild problems      ■ Frequent AND severe problems

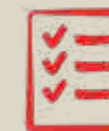
\* "Sense of safety" is the average value of the following indicators: "Sense of safety at home", "Sense of safety at school", and "Sense of safety in the community"

\*\* Likewise, "Quality of Relationships" is the average value of the following indicators: "Relationship with teachers", "Relationship with friends", and "relationship with family members"

We can observe a general increase in all child-reported indicators related to psychosocial wellbeing of beneficiaries between the baseline surveys and endline surveys, which indicate a positive impact of the integrated assistance on these outcomes. While the overall improvement is moderate, due to the fact that wellbeing was reportedly high already at baseline stage, the cases showing frequent AND severe problems disappeared after the provision of assistance (apart from one case remaining reporting lack safety at home).

However, these relatively positive findings in safety and psychosocial wellbeing are not consistent with the discussions in the FGDs and KIIs. In these discussions, the main narrative reported by participants is that children's wellbeing and safety are at risk across target locations, due to the high levels of poverty, crime, and violence, and the limited livelihood and education opportunities.

### CVA DELIVERY, SAFEGUARDING AND PROTECTION MAINSTREAMING



#### Reported CP risks:

➔ Among the beneficiaries who did not bring their children to the distribution point (8% of total), 62% say they left their children in the custody of an adult caregiver, while 35% say they left their children in the custody of other persons under 18 and 11% say they left their children at home alone without any caregiver.

#### Protection mainstreaming activities put in place:

- ➔ Cash transfers for livelihood restoration or development were distributed by local Financial Service Provider agents. These agents were trained on standard SCI policies regarding fraud, data protection and management, child safeguarding, PSEA, human trafficking and slavery, anti-harassment, intimidation, and bullying policy, and beneficiary engagement, which all FSPs contracted to deliver CVA for Save the Children are contractually obligated to follow;
- ➔ SC and partner staff were provided with refresher training on child safeguarding, accountability, the Inter-Agency Standing Committee guidelines on the Prevention of Sexual Exploitation and Abuse of beneficiaries, and Save the Children's Code of Conduct;
- ➔ UASC and caregivers were referred to food assistance to reduce the adoption of negative coping strategies due to insufficient/absence of financial capacities to cover food needs, including family separation, street begging and child labor (i.e. street hawking);
- ➔ The protection team conducted regular follow-up in child protection cases;
- ➔ Suitable sites were chosen for any activities including meetings, focus group discussions and key informant interviews of beneficiaries with community leaders. Secure sites that are in close proximity to beneficiaries were given priority to ensure that people can return home before dark to minimize risks.







LESSONS LEARNT

→ Adopting a mixed-modality approach that combines cash and vouchers provides the flexibility required to adapt the CVA in a timely manner according to contextual developments (i.e. cash scarcity).

**Effective referrals from CP case management to CVA and vice-versa require:**

→ An harmonization of targeting and selection processes and criteria between CP and CVA sectorial interventions. CVA eligibility as part of CP case management should be determined as an outcome of the referral process and should not require additional vulnerability screenings as part of other CVA interventions (i.e. food-security indicators for cash for food etc.);

→ An harmonization of program/activity plans across CP and CVA : CP and CVA teams need to clearly communicate about their respective program durations/timelines (i.e. when does CP case management starts/ends and when does CVA starts/ends);

→ Case workers should have the knowledge and capacities to assess CVA appropriateness, identify and analyze potential risks, and identify appropriate mitigation measures.

PRIORITY EXPENDITURES AFTER CVA\*



1. Food (70%)
2. Child & Education needs (10%)
3. Hygiene needs (8%)
4. Shelter needs (6%)
5. Medical needs (5%)





### Context

The northeast Nigeria region has experienced a violent conflict setting for 13 years, producing a range of humanitarian crises in Borno State, as well as in Adamawa and Yobe. Impacts have included widespread displacement, food insecurity and nutrition challenges, a shortage of health care services, and a reduction in households' purchasing power. In 2023, it was estimated that more than two million internally displaced people were unable to return to their homes because of widespread insecurity, seeking refuge in garrison towns, and the number of children impacted by severe acute malnutrition almost doubled compared to 2022, with 690,000 children for which life was at risk.



### OBJECTIVES & DESCRIPTION OF ACTIVITIES

**To enable targeted conflict-affected HHs to meet their immediate multi-sectoral needs, while building resilience, reducing the use of negative coping strategies, and increasing access to safe, quality, lifesaving WASH, protection, nutrition, and health services for crisis-affected communities.**

The SCL consortium (Save the Children (SC), CARE International, and Life Helpers Initiative) implemented an integrated multipurpose cash program with lifesaving and life sustaining nutrition, health, water, sanitation and hygiene, and protection services. These were complemented with life-building income generating activities.

**Nutrition (1,737,128\$USD - 105,600 beneficiaries):** The SCL consortium supported the prevention and treatment of malnutrition through the provision of supplementary nutrition assistance (SNA) during the lean season for vulnerable HHs with children U5 and PLW. Children under-5 will be screened to detect acute malnutrition. SAM and MAM children will be referred to OTPs, Stabilization Centre or Tom Brown groups, as appropriate. The program will ensure caregivers are provided with knowledge regarding optimal child feeding, nutrition and hygiene practices through Maternal, Infant, and Young Child Nutrition in Emergencies (MICYN-E) activities.

**Health (1,267,621\$USD - 37,180 beneficiaries):** The program will provide health care services to ensure a holistic package of lifesaving assistance through consultations, outpatient management, and pharmaceutical supplies with referral to higher level services.

**WASH (550,528\$USD, 50,350 beneficiaries):** WASH related activities including improved access to water supply at health facilities and hygiene promotion will be integrated across nutrition and health activities. Sanitation facilities will be provided at OTP and Stabilization Centers facilities.

**Protection (1,330,426\$USD - 19,000 beneficiaries):** Similarly, protection cases will be identified and supported according to the referral pathway provided with cash (cash for protection) and livelihoods support for sustainability.

**MPCA (497,800\$USD - 4,800 beneficiaries or 800 HHs):** New arrivals displaced by conflicts or flood will be provided with MPCA for three months, then selected HHs will be transitioned to **Livelihoods (Economic Recovery and market systems (571,63\$USD - 5,700 beneficiaries) and Agriculture activities (304,863\$USD - 5,400 beneficiaries)** with training and cash grants to recover from the shocks and build their resilience in a sustainable manner.

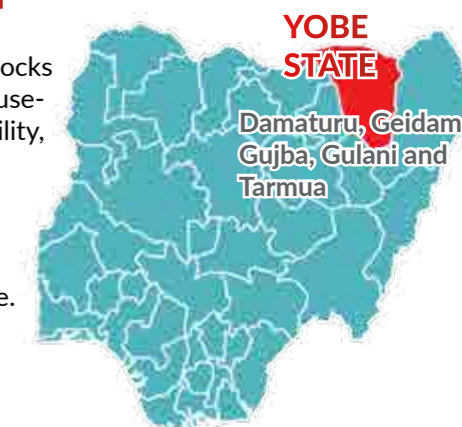
**Focus on MPCA sector:** This intervention will support 800 HHs (4,800 individuals) with MPCA. Each HH will receive 225,300 NGN (USD 333.78) to strengthen their capacities to cover their essential needs and reduce their exposure to protection risks, including access to food, fuel for cooking, basic WASH items/NFIs for three (3) months (through three (3) rounds of cash transfer), plus a basic contingency for transportation and communication. The transfer value aligns with the Cash Working Group (CWG) recommendation for the Northeast. The electronic cash will be transferred directly to households' bank accounts or credited onto pre-paid/NFC-enabled cards for those not already possessing a bank account.

Subsequently, some of these HHs will be selected for livelihood restoration assistance. Cases of child protection identified by SC's child protection team will also be referred for MPCA upon a counter-evaluation by SC's CVA team. Upon confirmation of eligibility by CVA teams, the household will receive a monthly MPCA over three months to strengthen its capacity to care for its children and reduce their exposure to child protection risks. CVA teams will also be trained to detect child protection and GBV cases for referral to SC's child protection and CARE's GBV team.



### TARGETING/ SELECTION/ REGISTRATION

SC supported 800 newly arrived, displaced HHs affected by natural shocks and/or conflict by applying a Kobo Toolbox survey considering the households' composition and associated specific needs, economic vulnerability, food insecurity and the adoption of negative coping strategies.



#### Criteria

Vulnerable Households with:

- Case (s) of child protection, and survivors of GBV domestic violence.
- Newly arrived, displaced as well as host community households affected by natural shocks and/or conflict
- Pregnant and Lactating women referred from SNA.

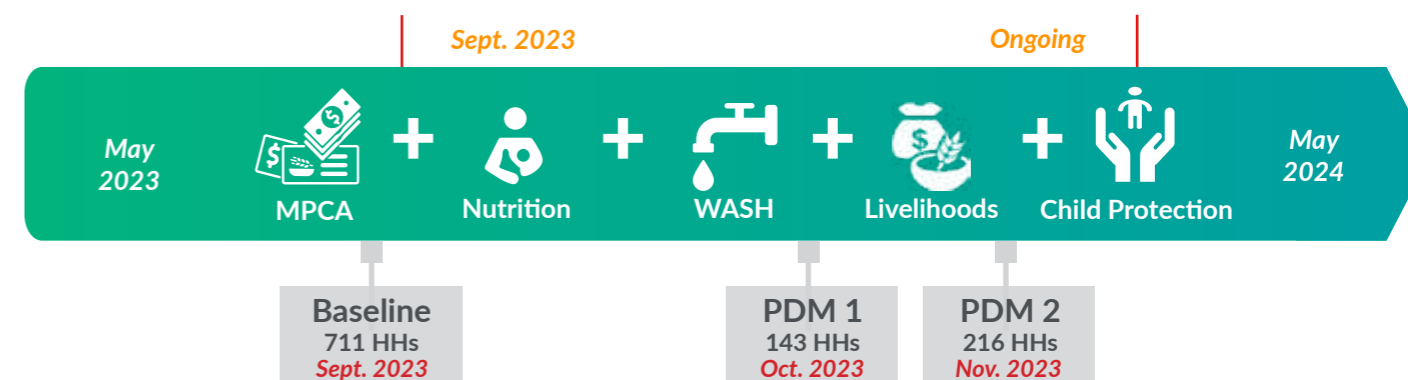
Criterion (A) above encompasses the cases of UASC, Child exploitation and labor, CHH, GBV and domestic violence survivors, CAAFAG, family separation, child out of school, early marriage, and other vulnerable children identified by SC's child protection team. These were referred for MPCA upon a counter-evaluation by SC's CVA team.

The process of targeting is participatory and inclusive of all gender, age, and diversity through internal referral from case management to SC's CVA teams to access cash (MPCA) for child protection assistance.

The CVA teams were trained in detecting child protection cases for immediate registration when leading CVA activities in the field, while caseworkers were trained on IASC case management guidelines, to identify and refer cases for registration.

**Overall, the intervention identified, linked, and registered caregivers or households with child protection, nutrition cases, GBV and domestic violence survivors to SC's cash assistance.**

**Total project cost: \$6,250,000**





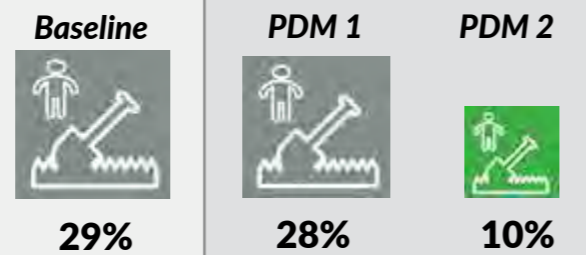


## Project outcomes

The PDMs here employ a different sampling methodology and serves only as a point-in-time snapshot. The results cannot be compared directly to the baseline and endline. However, they are indicative of the very positive effects cash assistance can have in the short-term on child labor.

### CHILD LABOR

HHs reporting children having to go to work in order to meet basic needs in the past 30 days **decreased from:**



HHs reporting Children who stopped working as a result of the assistance:



% of male working children:



At baseline, one-third of project participants (29%) reported that their child had to work or beg to meet the household's basic needs. This proportion stagnated after PDM 1 and then **decreased threefold after PDM2 to reach 10% of households**. The working age has also significantly decreased, as working children under 15 years old represented almost half of the respondents in PDM1, but only 11% in PDM2.

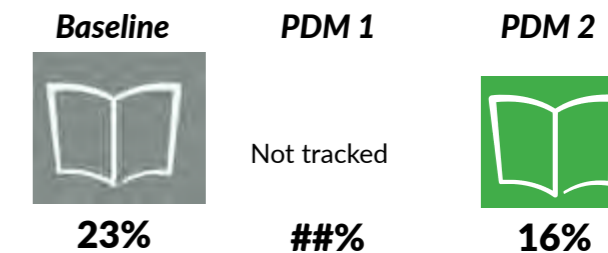
On average, 58% of those working children normally work less than 10 hours per week, 13% reported working 10-20 hours, and 14% reported children working for over 20 hours per week. **None were working more than 20 hours per week at PDM2, which also constitutes a significant improvement.**

**31%** of respondents reported that their children have stopped working as a result of the cash assistance.

These findings are all the more positive given that almost **two-thirds (59%) of working children (at baseline) were exposed to dust, fumes, extreme heat, among other health hazards, thereby being engaged in some of the worst forms of child labor**. Children were most commonly reported working in farming and trading, including hawking, while qualitative information (gathered through KIIs and FGDs) showed that the majority of male children are engaged in begging and farming, and female children are mainly engaged in cap knitting and other petty trading. Other mentioned types of work included firewood collection, brick making, and 'mai shayi' (the sale of tea, bread, eggs, and noodles)."

### SCHOOL DROPOUTS

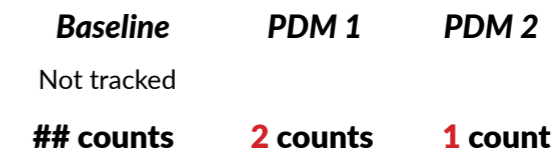
Households reporting school-aged children who are not in school



The proportion of school aged children who are reportedly not in school is 23%, which slightly decreased at PDM2 to represent 16% of the surveyed beneficiaries. **At baseline, lack of capacity to cover for school fees was mentioned by 65% of the project participants as the main reason why their children were not enrolled in school, while this proportion slightly decreased to 51% after PDM2.**

### CHILD MARRIAGE

# of HHs reporting that a child has gotten married in the past 30 days



### HOUSEHOLD WELL-BEING

**87%** reported that the Cash had a **positive effect on their household** or on intra-household relationships (PDM2, 73% in PDM1).

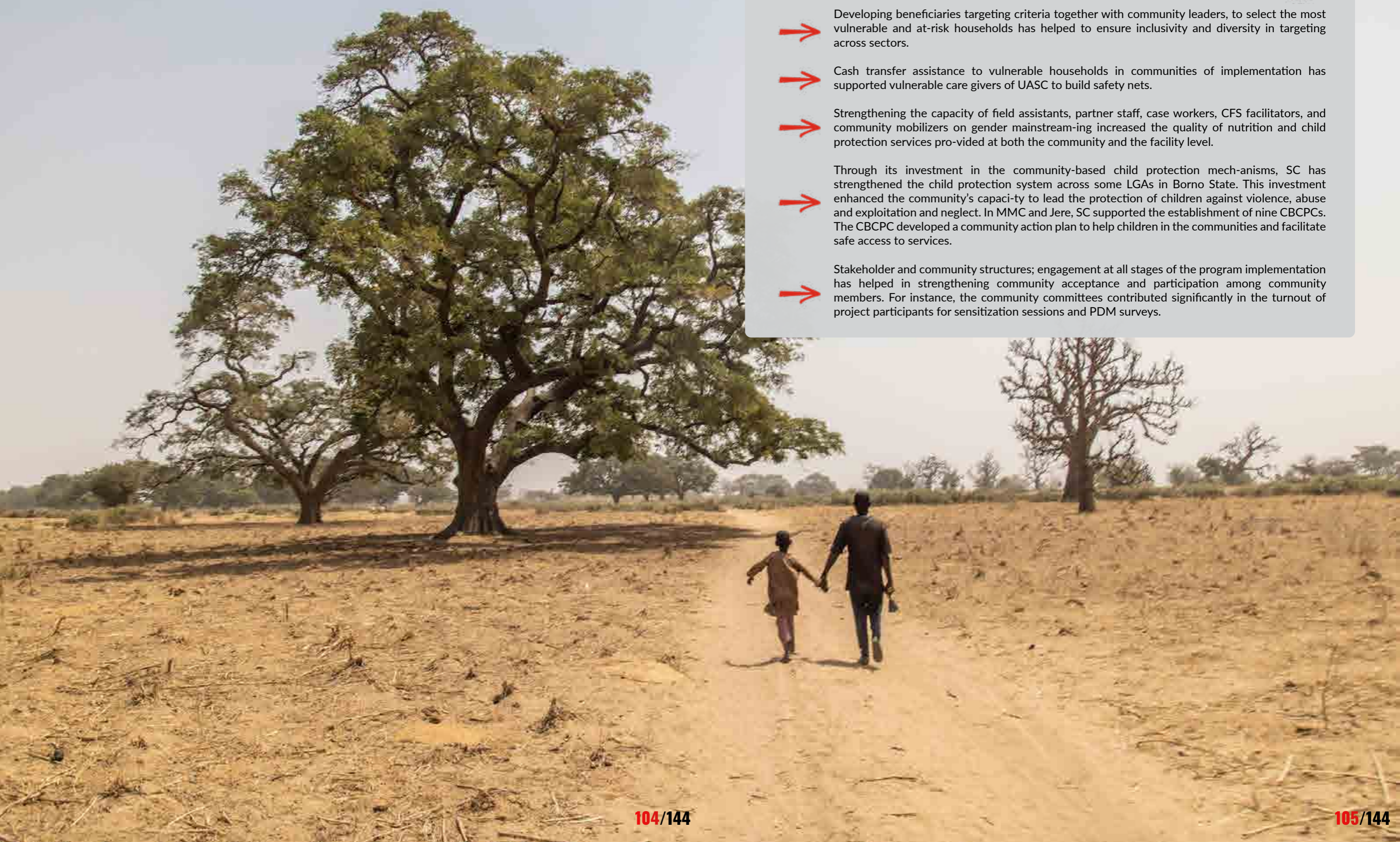
#### SPENDING OF SC CASH TRANSFERS\*



1. Food (95%)
2. Education (45%)
3. Medical needs (43%)
4. HH NFIs (31%)
5. Hygiene NFIs (25%)

\* Respondents who reported spending money on something they would normally not spend money on.





## LESSONS LEARNT



- ➔ Developing beneficiaries targeting criteria together with community leaders, to select the most vulnerable and at-risk households has helped to ensure inclusivity and diversity in targeting across sectors.
- ➔ Cash transfer assistance to vulnerable households in communities of implementation has supported vulnerable care givers of UASC to build safety nets.
- ➔ Strengthening the capacity of field assistants, partner staff, case workers, CFS facilitators, and community mobilizers on gender mainstreaming increased the quality of nutrition and child protection services provided at both the community and the facility level.
- ➔ Through its investment in the community-based child protection mechanisms, SC has strengthened the child protection system across some LGAs in Borno State. This investment enhanced the community's capacity to lead the protection of children against violence, abuse and exploitation and neglect. In MMC and Jere, SC supported the establishment of nine CBCPCs. The CBCPC developed a community action plan to help children in the communities and facilitate safe access to services.
- ➔ Stakeholder and community structures; engagement at all stages of the program implementation has helped in strengthening community acceptance and participation among community members. For instance, the community committees contributed significantly in the turnout of project participants for sensitization sessions and PDM surveys.



# Context



Venezuela's deteriorating economic and political situation has caused a mass exodus to other countries in Latin America, with Peru admitting the second largest number of Venezuelan refugees and migrants in the world after Colombia. As of November 2023, 1,54M Venezuelan migrants and refugees had arrived in Peru, mainly Venezuelan women with small children (0-5 years old) and young adults (ages 18 to 24). Upon arrival, Venezuelans face numerous challenges to start their new lives and these difficulties have been further exacerbated by the COVID-19 pandemic. The war in Ukraine has had a notable effect on the country's economy and food security, with the prices of food being driven up as a result.



## OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ Provide lifesaving food assistance to the most vulnerable and at-risk Venezuelan migrants in Peru through unconditional cash, together with supplementary nutrition interventions to improve the nutrition practices and outcomes of PLWs and children <5 years of age.

### DESCRIPTION OF PHASE 4 ACTIVITIES (continuation of phase 3)

- ➔ SC provided **Unconditional Food Assistance** through cash for migrants in transit and settling migrants to cover their needs as they self-prioritize them, either through pre-paid cards or mobile money to cash-out over the counter.
- ➔ **Supplementary nutrition services:** Cash assistance was complemented with nutrition activities to improve the nutritional status of pregnant/lactating women and children under 5, and in turn their well-being: promotion of MIYCN-E good practices through high-quality nutrition services and skill support through various delivery platforms as well as capacity-strengthening activities to local health workers. This aimed to improve the nutritional status of pregnant and lactating women and children under 5 years, and therefore, improve their well-being.

[Click here to access the previous CVA & CP evidence building report covering the Phase 1 & Phase 2 of the project.](#)

## PROJECT IMPLEMENTATION AND MEAL TIMELINE (PHASE 3 & 4)

Total project cost: **\$12,000,000**

Unconditional - Unrestricted

Total cash distributed	Total beneficiaries	Delivery mechanism
\$6,440,126	25,934 indiv.	Prepaid cards / Cash by agent

Total project cost: **\$8,500,000**

Total cash distributed	Total beneficiaries	Delivery mechanism
\$3,904,163	7,341 HHs	Prepaid cards / Cash by agent

### Migrants in transit vs. settling migrants

The CVA design differentiated vulnerable Venezuelan migrants transiting through Peru from those settling in Peru.

The CVA for transit was delivered up to two times in different locations to ensure a safe journey while the CVA for settlement was delivered up to three times at the settlement location to facilitate socio-economic integration.

3 monthly cash transfers - \$170/ monthly/ HH5

Sept. 2021

Nov. 2022

Sept. 2021

Nov. 2022

CASH+ Program (link)

July 2021



July 2022

July 2022



July 2023

Baseline  
394 HHs  
Sept.- dec. 2023

PDM 1  
83 HHs  
Dec. 2022

PDM 2  
133 HHs  
April 2022

Endline  
355 HHs  
June 2022

Baseline  
312 HHs

106/144

PDM 1  
70 HHs  
Nov. 2022

PDM 2  
70 HHs  
Jan. 2023

PDM 3  
70 HHs  
March 2023

Endline  
312 HHs  
April-June 2022





## TARGETING/ SELECTION/ REGISTRATION

Beneficiaries were initially identified through a combination of self-identification (online request to be considered for MPCA assistance, made directly by the beneficiary to Save the Children); direct identification by Save the Children (when COVID-19 situation allowed); and referrals from SC activities or other organizations working with the Venezuelan population. **Participants from the BHA- and BPRM-funded program with protection needs or at risk of protection vulnerabilities were automatically referred through a Kobo-based tool to SC MHPSS teams for assessment.**

### Targeting and registration mechanisms:

- Arrival points mapping;
- Direct identification by SCI mobile teams (from protection and nutrition activities) and partners;
- On-demand remote registration;
- Vulnerability and eligibility assessment;
- Duplication check (internal database and inter-agency online platforms);
- Registration and ID document verification to a HH sample.

**Households' eligibility was assessed using the 'Vulnerability Score Card', which includes demographic factors, social factors, economic criteria and food security criteria.** The targeting process identifies vulnerable Venezuelan migrant households (single-headed, female-headed, households with pregnant or lactating women, persons with disabilities, elderly persons, persons sleeping in public spaces) and households using negative coping strategies, based on the reduced coping strategy index (rCSI).

### For transit beneficiaries, the selection survey included:

- **Eligibility criteria:** only individuals/households planning to travel to other locations in Peru (or another country) within the month of identification will be eligible. Additionally, selected households would need to comply with at least two of the vulnerability or economic criteria;
- **Vulnerability criteria:** households with PLW, single headed households with children and households with children under 5, households with a high number of dependents, women headed households, women travelling alone, elderly persons, and households with individuals with disabilities or chronic diseases;
- **Economic and food security criteria:** households/individuals sleeping in public spaces, on the streets, in albergues or without a reliable shelter option; households/individuals with limited or no sources of income or savings; households with poor food security scores (such as HHS, rCSI or FCS), including households having to rely on 'comedores' for survival;
- **Exclusion criteria:** household members registered in the inter-agency database as receiving a cash transfer from other organizations for the same sector or for the multipurpose cash assistance sector, will not be considered as beneficiaries. Requests for a second transit cash transfer in the same region and/or less than 7 days after the first cash transfer will not be eligible.

### For settlement beneficiaries, the selection survey included:

- **Eligibility criteria:** only HH planning to settle in the targeted areas will be eligible for the settlement package. Moreover, selected HH would need to have at least one of the economic criteria and one of the vulnerability criteria, in order to prioritize the most needed and at high-risk households.;
- **Vulnerability criteria:** households with PLW, single headed households with children, and households with children under 5, households with a high number of dependents, single women headed households, women and/or youth travelling alone, households or individuals with disabilities or chronic diseases;
- **Economic criteria:** households/individuals sleeping in the street, in albergues or without a reliable shelter option; households/individuals with highly limited sources of income; households with poor food security scores (such as HHS, rCSI or FCS), including households having to rely on street kitchens for survival;
- **Exclusion criteria:** HH already receiving food assistance or multi-purpose cash/voucher assistance from other organisations will not be eligible for this program; however, if HH are receiving cash from another sector, such as shelter, will not be excluded;
- **Peruvian households:** These cases will be referred by local partners who identify Peruvian families in vulnerable situation who are not supported by government programs or other NGO. These HH will be evaluated with the vulnerability and economic criteria mentioned above as they indicate extremely vulnerable situations.

## LOCATIONS OF INTERVENTION



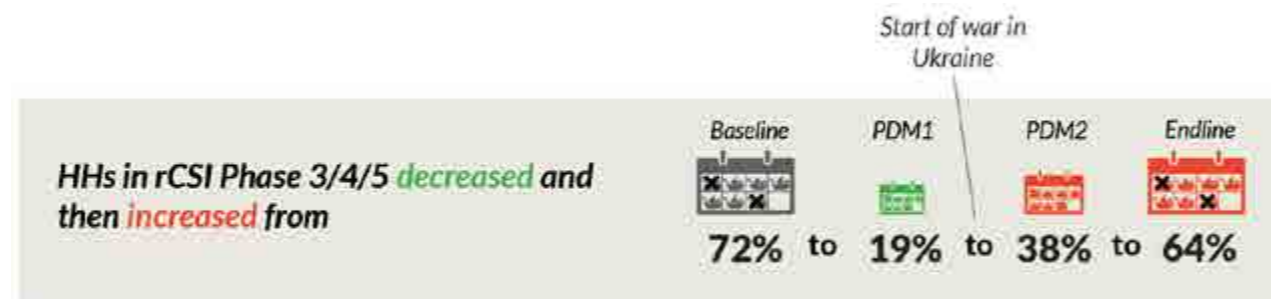


**OVERALL IMPACT OF PROJECT IN A DETERIORATED ECONOMIC ENVIRONMENT (PHASE 3)**

For the second year in a row, CP outcomes were captured in SC's CVA 'Plus' CP program in Peru. The program continued to be complemented by a livelihoods intervention for a portion of MPCA beneficiary households, MHPSS support and additional cash for health assistance was provided to specific population groups (such as PLWs, PLwD and chronic diseases, children under 5 and emergency cases as well).

Despite this, the overall impact of the program was less positive than the previous year (looking at child protection but also food security outcomes). Different elements could explain this: in phase three, the months that followed the beginning of the conflict escalation in Ukraine, had a high impact in prices of fuel, fertilizers and food, increasing the MEB; during phase four, the sociopolitical crisis in Peru (coup d'etat) had a severe impact in people's livelihood, especially those of the Venezuelan migrant and refugee families. Additionally, migration restrictions in Chile had a negative impact on the migration flux in Peru, increasing discrimination and xenophobia episodes to this population.

Prior to analyzing the impact of CVA on CP outcomes, it is important to understand the changes in vulnerability patterns in this phase of the project. Overall, the comparison of households vulnerability at baseline stage indicate that households enrolled in 2022 were slightly more vulnerable than in 2021 (note that no changes to selection criteria were made). For instance, 9% of households were able to meet 'all' or 'most' of their basic needs in 2021 compared to 7% in 2022. Similarly, food consumption score used to be better in 2021 (75% had an "acceptable" food consumption score) than in 2022 (66%).



When looking at the post distribution monitoring conducted prior to the war in Ukraine (in December 2021), all households food security and basic needs indicators significantly improved, in a comparable manner as in the previous project. However, the data collected in April 2022 shows a sharp worsening of the situation, with all food security indicators deteriorating (ex: 38% of households were using negative coping strategies to purchase food compared to 19% 4 months earlier. The food consumption score deteriorated to a level that was even worse than prior to the intervention - 57% vs 66%).

Similar patterns can be observed for the two child protection outcome indicators measured in 2022 (see next page on child protection outcomes).





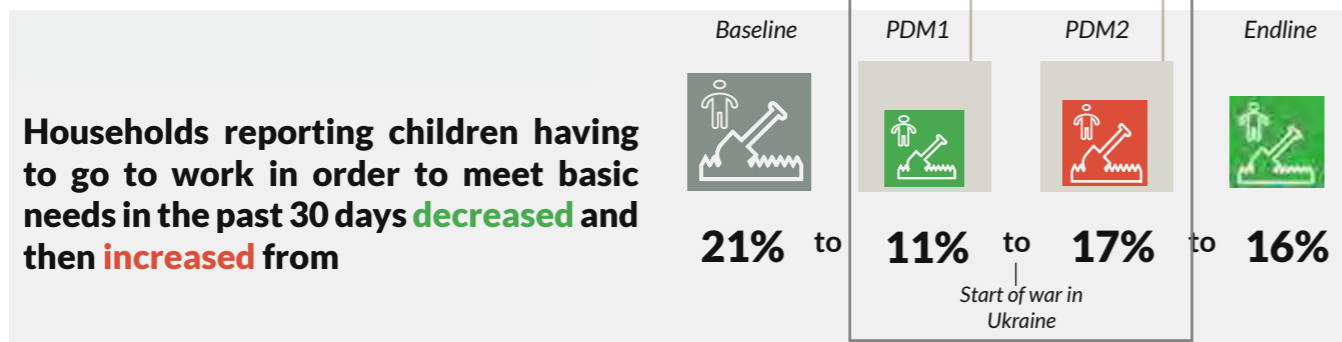


## Project outcomes

### PHASE 3\*

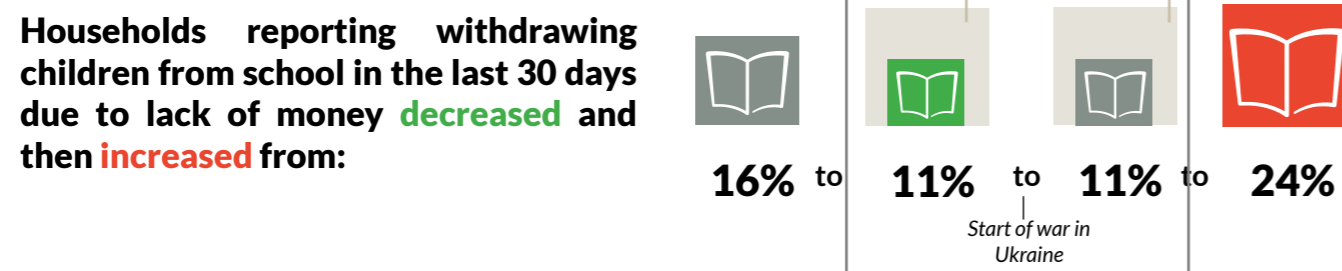
The PDMs here employs a different sampling methodology and serves only as a point-in-time snapshot. The results cannot be compared directly to the baseline and endline. However, they are indicative of the very positive effects cash assistance can have in the short-term on child labor.

#### CHILD LABOR



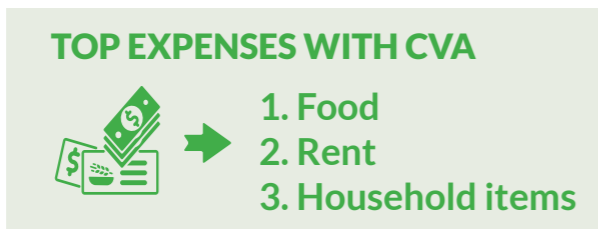
The proportion of children engaged in child labor in 2022 was higher than in 2021 (21% compared to 18%). During the first PDM of 2022, the proportion decreased to 12%, which highlighted positive impact of cash in reducing child labor. However, after February 2022, the proportion increased again to 17% (with 16% of respondents who preferred not to say) and stabilized at 16% at endline stage (14% of respondents preferred not to answer the question). While this still demonstrate the positive impact that the assistance had (as a multiplier, and unintended outcome) on this child protection risk, this indicates how **the worsening of the economic situation can directly influence the reliance of certain families on child labor as a negative coping strategy for survival.**

#### SCHOOL DROPOUTS



Similarly, school drop out due to lack of financial resources reduced from 16% at baseline stage (an improvement compared to 2021) to 10% at the end of the program. In April, a minimal increase was observed (11%) but the situation significantly worsened in July, with over 24% of respondents reporting having to drop children out of school due to lack of financial resources (a proportion much higher than prior to the intervention). It should be noted that the PDM1 was conducted during school holiday period (which runs from October to January).

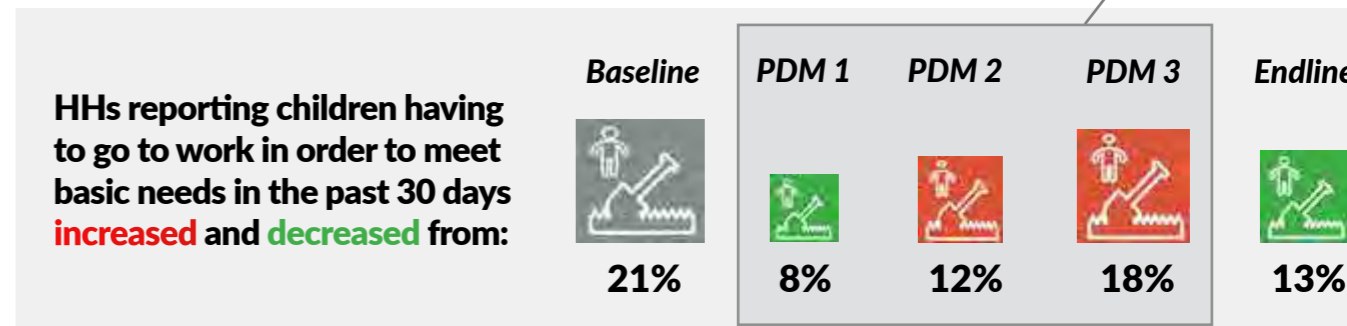
**82%** of households reported an **improvement in relationships** between children and adults within the household due to cash assistance, 16% reported no change, and 1% declined to respond.



### PHASE 4

Same MEAL limitations apply as in Phase 3

#### CHILD LABOR

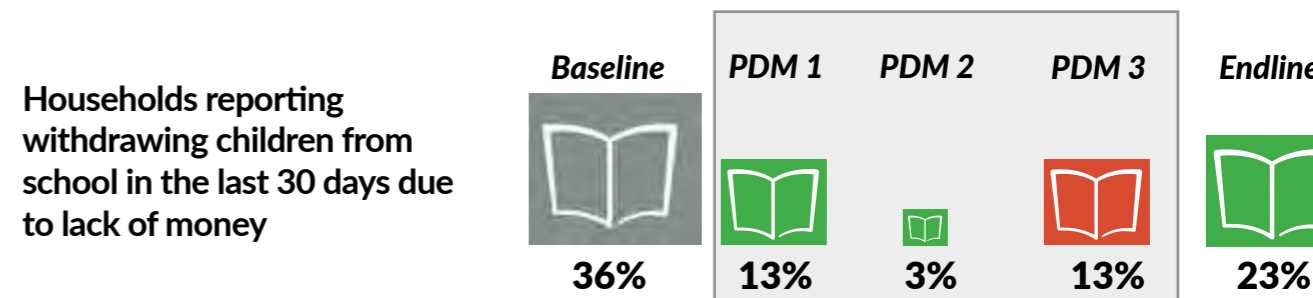


Average of children is **LESS** than 15 y.o



A positive impact of cash in reducing child labor can be observed when comparing the results of the baseline and the endline, as the percentage of children engaged in child labor decreases from 21% to 13% in those representative samples. However, when comparing the results of the PDMs, an increase in child labor is noticeable. A possible explanation is that during the second and third PDM there was a political crisis (coup d'état) in the country with relevant economic impact for migrant families. SC implemented a separated small survey to migrant families to understand this impact and 76% stated that their families had been affected economically or socially due to the mobilizations. As a result, some families may have had to rely on child labor as a negative coping strategy for survival.

#### SCHOOL DROPOUTS



For school dropouts, the % also reduced from baseline to endline (36% to 23%). To understand the results from the second PDM, it is important to consider that this was implemented during the summer vacations when children are not signed up in the schools and they cannot be withdrawn.

#### EFFECT ON HOUSEHOLD AND CHILDREN'S SAFETY

- 95%** of respondents reported that their **children's safety improved** since they received the cash assistance (PDM 3).
- 62%** of respondents reported that the **relationships in their household have improved** since they receive the cash assistance (PDM 3).
- 60%** of respondents reported **feeling much less stressed** since they received the cash assistance (PDM 3).



### CVA DELIVERY, SAFEGUARDING AND PROTECTION MAINSTREAMING (PHASE 3)



- ➔ Most beneficiaries (95%) reported feeling “completely or mostly” safe at all times traveling to and from home to receive assistance, while receiving assistance and upon returning home. Those who reported feeling a little insecure said it was due to taking public transportation, going to withdraw cash at the cash outlet of the financial provider (Jet Peru) for the first time or not fully understanding the withdrawal process.
- ➔ When asked whether cash assistance negatively affected relationships with others outside the home or with other community groups (e.g., between children inside school vs. children outside school; host communities, etc.), almost all (92%) said no. (4) people answered “yes” and indicated that they were reprimanded by other migrants for being chosen to receive the aid.

#### Save the Children has put in place a number of mitigating measures to reduce the potential risks associated with the delivery of CVA in Peru:

- ➔ To avoid protection risks when travelling to collect the cash transfer and safety when returning home, SC chose to work with a financial service provider that has numerous agencies in the five regions where the project were implemented.
- ➔ Regular direct communication with beneficiaries, through different channels (registration calls, psychological support sessions, post-distribution monitoring)
- ➔ PDM surveys include questions to detect cases of gender-based violence, intra or inter-household conflict, or changes in family dynamics as a result of receiving the cash transfers.
- ➔ Save the Children staff are trained to provide referrals to the national protection system through the PRM project.
- ➔ Online complaints box and hotline for beneficiaries.



### Context



The humanitarian context in the Philippines is notably shaped by its vulnerability to natural disasters, such as typhoons, earthquakes, and volcanic eruptions, along with man-made crises like armed conflicts. These situations disproportionately affect children, exposing them to a multitude of risks including displacement, loss of education, physical harm, psychological trauma, and exploitation. The situation is further complicated by socio-economic factors, such as poverty and limited access to healthcare and education, exacerbating the vulnerabilities of children in the Philippines.

### OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ A pilot operational research project to assess the impact of cash and voucher assistance (CVA) on child protection outcomes, identify evidence and gaps, and document programmatic best practices, with a specific focus on Child, Early and Forced Marriages and Unions (CEFMU).

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 recently passed during project implementation, which prohibits the practice of child marriage in the country.

➔ The project targeted 166 adolescent girls aged 10-18, and their families at risk of CEFMU in armed conflict-affected areas in 2 municipalities (Mamasapano and Datu Salibo) of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) through a **cash assistance** of PhP3,800 (approx. \$68 USD - unconditional) per month for 3 months.

➔ **Three awareness raising sessions** on CEFMU were delivered and participants received PhP300 (approx. \$5 USD) per sensitization session on the condition of attendance. Finally, all households were benefitting from child protection case management as a complementary support.

### PROJECT IMPLEMENTATION AND MEAL TIMELINE

**Total project cost: \$100,000**



### TARGETING/ SELECTION/ REGISTRATION

#### Community engagement

Community-based consultations were organized in the municipalities of Mamasapano and Datu Salibo to get the perspectives from community members and leaders on the criteria to select vulnerable households for the cash & voucher assistance.

This process ensured the participation of local stakeholders in the design process and enabled to determine the following selection criteria:

- Families with at least one daughter below 18 years old
- Families that are low-income earners or without any viable sources of livelihood, or who do not have their own land to farm
- Families with daughters who are not in school
- Parents or primary caregivers with disabilities
- Single parents
- Families where the children are orphaned and living under the care of relatives or guardians
- Parents with low literacy

Community-based selection committees were created with key stakeholders, including women's groups and local government officials to serve as the project's local reference points of contacts for community members and to respond to queries/concerns regarding the objective of the intervention, the selection process and the nature of the assistance.

A vulnerability score card was developed and used by the selection committees to screen and select households according to their vulnerabilities. SC team verified the outcomes of the selection process and conducted a baseline survey before the start of the cash & voucher assistance.



[Click here to access the infographics related to this pilot project](#)



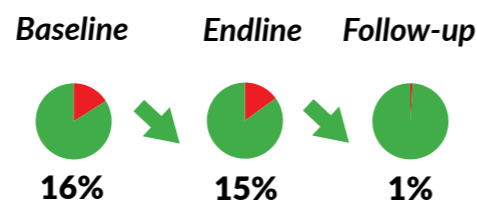




## Project outcomes

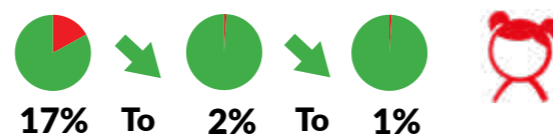
### CHILD MARRIAGE

HHs reporting that child marriage (under 18 y.o.) is very common or somewhat common in their community **decreased significantly**

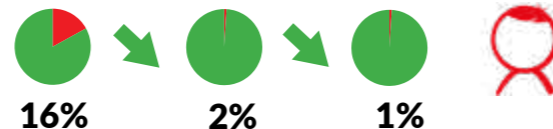


**87%** of households reported that child marriage has decreased since the Save the Children project in follow-up survey (74% at endline)

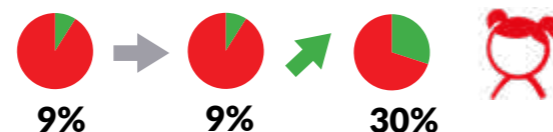
HHs reporting seeing any advantages of marrying a girl under 18 y.o **decreased significantly**



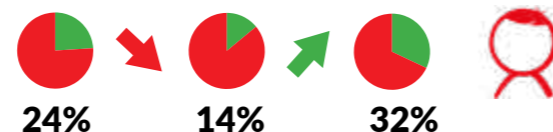
HHs reporting seeing any advantages of marrying a boy under 18 y.o **decreased significantly**



HHs reporting that the girl is always or often involved in the decision for her own marriage **increased significantly**



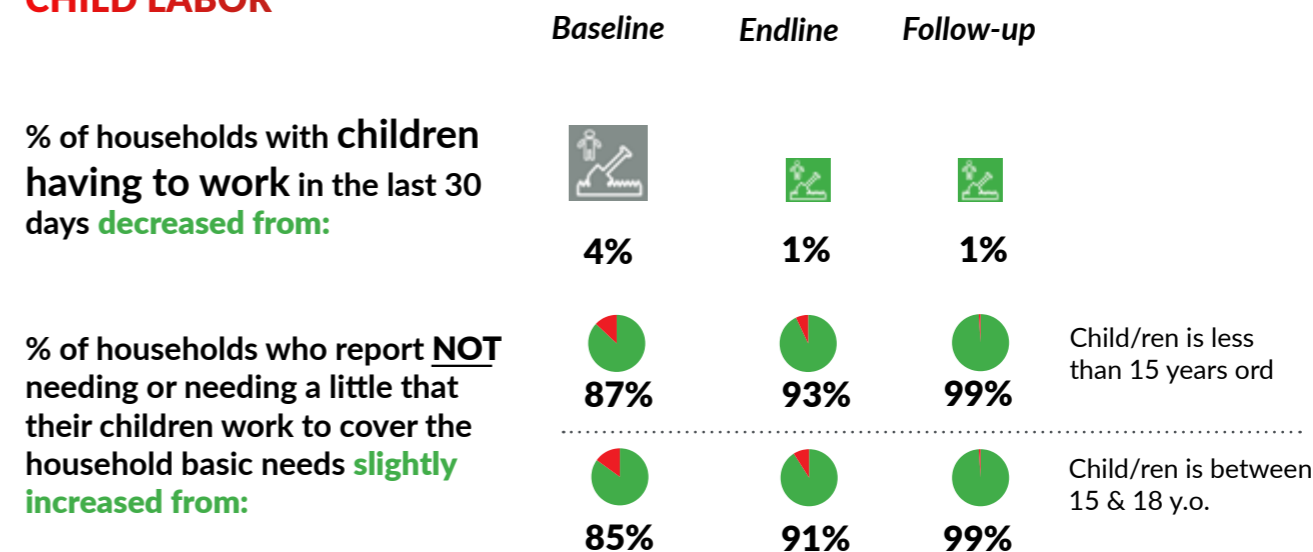
HHs reporting that the boy is always or often involved in the decision for his own marriage **decreased and then increased:**



**80%** of households reported that their view on child marriage has changed since the Save the Children project

Perception of risks seems to have decreased for all risks between baseline, endline and during the follow-up survey. Early marriage and teenage pregnancy were found to be the highest perceived risks among the households interviewed at baseline and endline, but not anymore during the follow-up survey. It is also showing an overall decrease as well: 51% of respondents said at baseline that child marriage was either somewhat common or very common compared to 18% at endline, and 43% said the same about teenage pregnancy at baseline compared to 20% at endline. The same analysis was drawn from the analysis of child protection actors survey data, which generally showed the same findings as the household survey data. The same risks were identified in the focus group discussions (FGDs). In addition, FGDs participants also identified health risks and the traumas carried by some children following the armed conflicts.

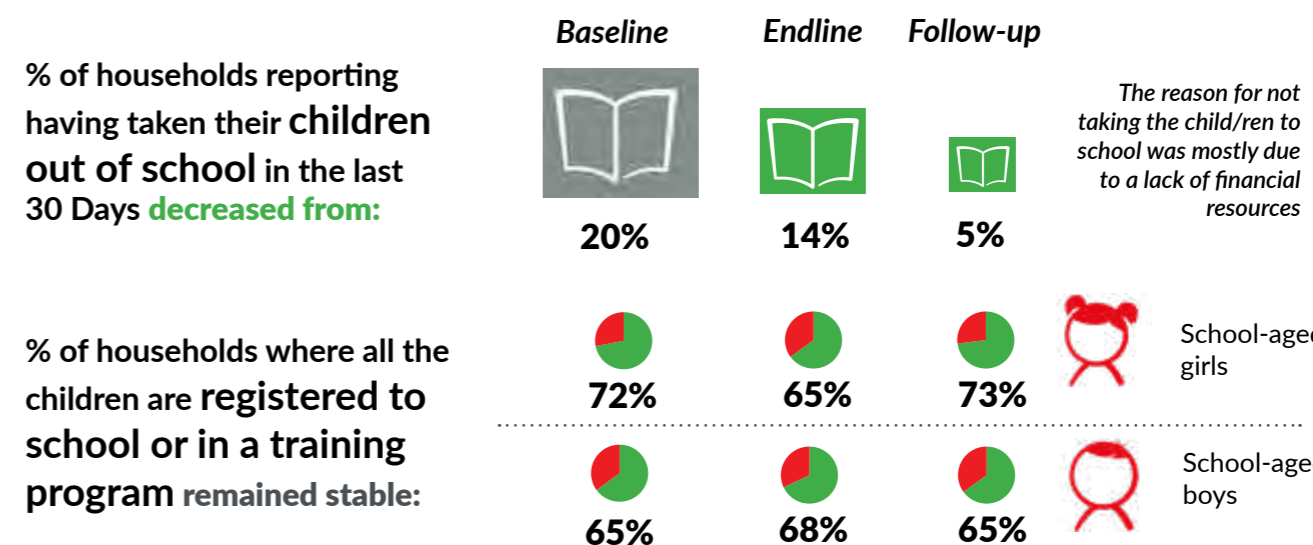
### CHILD LABOR



In total, at baseline the 4% of respondents represented 14 children, with 9 children under the age of 15. At endline, this represented 2 children of reportedly 5 and 11 years old. During the follow-up survey, this included 1 household with 3 children of 13, 15 and 17. The main reason for sending children to work was to cover basic needs. At baseline and endline, agriculture was the main activity undertaken by children, followed by domestic work and in few cases laborer and trading/ production or sell handicrafts, clothes, food, or agricultural products.

On a positive note, the number of children engaged in risky work decreased from 3 at baseline to none at endline and only 1 in follow-up survey. Moreover, smaller proportion of households reported not needing the income generated by children at all or rather not at all to cover their basic needs during the follow-up survey (99%) than at baseline (85%).

### SCHOOL DROPOUTS

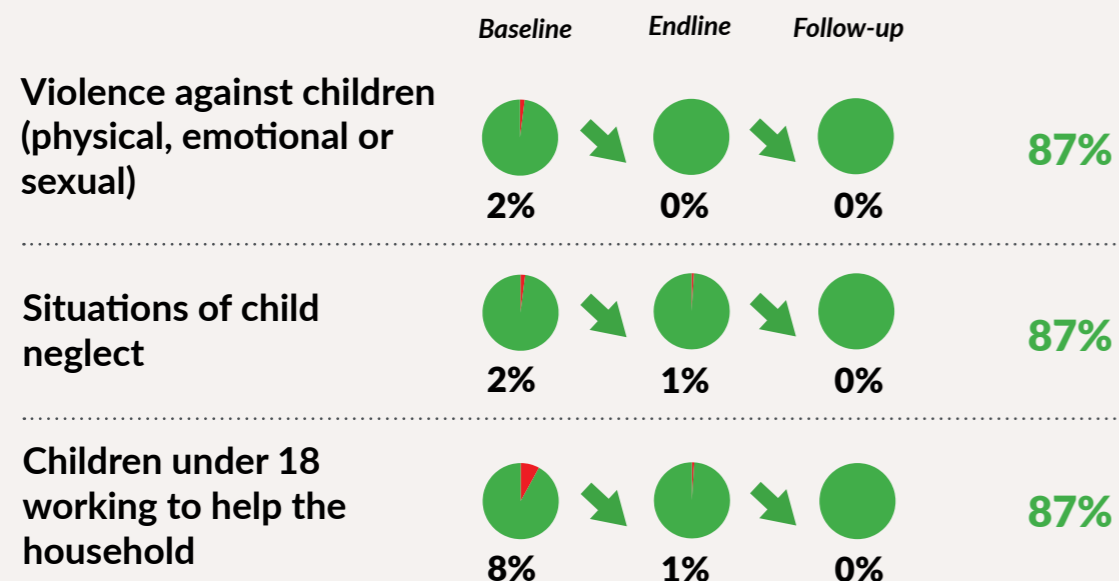




### PERCEPTIONS OF DIFFERENT CHILD PROTECTION RISKS

HHs reporting that the given indicator is **very frequent** in their community

% of households reporting that the given indicator has **decreased** since the start of the SC project (in follow-up survey)



Perception of risks seems to have decreased for all risks between baseline, endline and during the follow-up survey. Early marriage and teenage pregnancy were found to be the highest perceived risks among the households interviewed at baseline and endline, but not anymore during the follow-up survey. It is also showing an overall decrease as well: 51% of respondents said at baseline that child marriage was either somewhat common or very common compared to 18% at endline, and 43% said the same about teenage pregnancy at baseline compared to 20% at endline. The same analysis was drawn from the analysis of child protection actors survey data, which generally showed the same findings as the household survey data. The same risks were identified in the focus group discussions (FGDs). In addition, FGDs participants also identified health risks and the traumas carried by some children following the armed conflicts.

### EFFECT ON CHILDREN'S SAFETY AND WELL-BEING

- ➔ **83%** reported a significant **improvement on their children's safety** at endline (and 69% in follow-up).
- ➔ **85%** reported that their **children's well-being improved** a lot in comparison to before the cash (and 68% in follow-up).
- ➔ **72%** reported that the Cash had a **positive effect on their household** or on intra-household relationships (PDM).

### EFFECT ON FAMILY SEPARATION

➔ **57%** reported that the Cash assistance had **made it possible to keep all children with them** (40% reported no influence).

Over two-third (68% or 19) of the 28 households that reported having more children living with them shared that **children previously separated were able to return because of the assistance**. During the follow-up survey, 4 households reported having less children (mostly to get 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.





### SPENDING OF SC CASH TRANSFERS\*



1. Food (99%)
2. Education (91%) \*\*
3. Debt repayment (56%)
4. Wash NFIs (47%)
5. Medical costs (28%)

\* Most reported expenditures, results are more than 100%

\*\*Among the 45% of respondents who reported spending money on something they would normally not spend money on; 71% reported spending it on education

“ We really felt protected especially since 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 rights to decide for ourselves even though we are just 18 years old ”

Interview with children, female, Mamasapano

### LESSONS LEARNT



In the case of child marriage, **CVA can contribute to addressing 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 complexity of 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.

#### Lessons learnt from CVA & CP Actors Kills:

In the Philippines, **CVA was 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. **Through the use of a condition** (receiving the full amount each month if all sessions organised during the month were attended), **it was considered that CVA had acted on CVA had a positive effect on the two main drivers of CEFMU:** economic deprivation (through the income support it provided) and changes in attitudes through the use of 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.



Context



With more than 1.7M refugees affected by the war in Ukraine entered Poland since February 2022, Poland has transformed from a country hosting relatively few refugees into one of the world's main refugee-hosting countries, with safe and dignified accommodation remaining one of the most pressing needs. While the majority of refugee households live in rented apartments and host families, the most vulnerable refugees are still living in collective centers. **46% of refugees reported facing challenges with generating enough income to meet their basic needs.** Moreover, the widespread uncertainty about long-term accommodation agreements risks further constraining people's ability to access other services (education, social and protection services, etc), or being able to find a job. 35% of respondents are currently unemployed, of which around 13% is left out of the job market due to care duties.

OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ Affected families and their boys and girls have increased access to Basic Needs, as they define and prioritize them, through Safe, Accessible, Accountable, and Participatory Economic inclusion and CVA intervention.

DESCRIPTION OF ACTIVITIES

➔ At the time of PDM implementation, all beneficiaries except one had already received the complete three transfers (the said beneficiary received the third payment at the end of October, shortly after the PDM interview.

[Click here to access the methodological note related to this pilot project](#)

PROJECT IMPLEMENTATION AND MEAL TIMELINE

Total project cost \$2,478,874

	Total cash distributed	To	Total beneficiaries	Via	Delivery mechanism
Unconditional - Unrestricted	\$2,478,874		2,407 HHs		Bank transfers

3 monthly cash transfers - \$170/ monthly/ individual

Feb .2023

July 2023



PDMs HHs x 4  
July - Oct. 2023  
(on a rolling basis)

PDM 5  
245 HHs  
Nov. 2023

Findings in this case study are mostly coming from the analysis of this PDM



TARGETING/ SELECTION/ REGISTRATION

Prioritization

In order to prioritize our cash assistance to the most vulnerable households affected by the armed conflict, affected household who meets:

- 3 of the vulnerability criteria below or;
- 2 of the criteria given that one of them is "not being able to generate income from work".

... shall be provided with MPCA assistance from our CVA program.

Included vulnerabilities:

- HH with elderly/ disability/ chronic illness/ PLW (but not the head of HH).
- Female headed HH (defined as any HH with the registered head as female despite the presence of any males of 18+).
- HH with 2+ children under 5.
- Elderly, persons with disability/chronic illness, PLW headed HHs
- Not able to generate income from work.

Exclusion criterias:

- HH who are currently receiving any assistance from other agencies I/NGOs







## Project outcomes

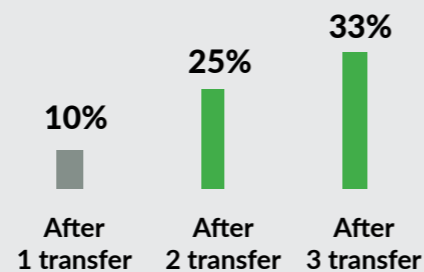
### IMPACT ON CHILDREN WELL-BEING AND SAFETY



1 respondent reported that someone in their household below 18 was engaged in paid work to help satisfy HH basic needs (and 1 preferred not to say)

### IMPACT ON HOUSEHOLD (COMBINED FINDINGS OF PDM1 TO PDM4)

Households reporting\* being able to save money increased with the number of transfers received:



92% reported the cash assistance having a positive effect on relationships within their households

87% reported that cash has contributed to improve their living conditions.

93% reported a reduction in feelings of stress (91% in PDM 5)

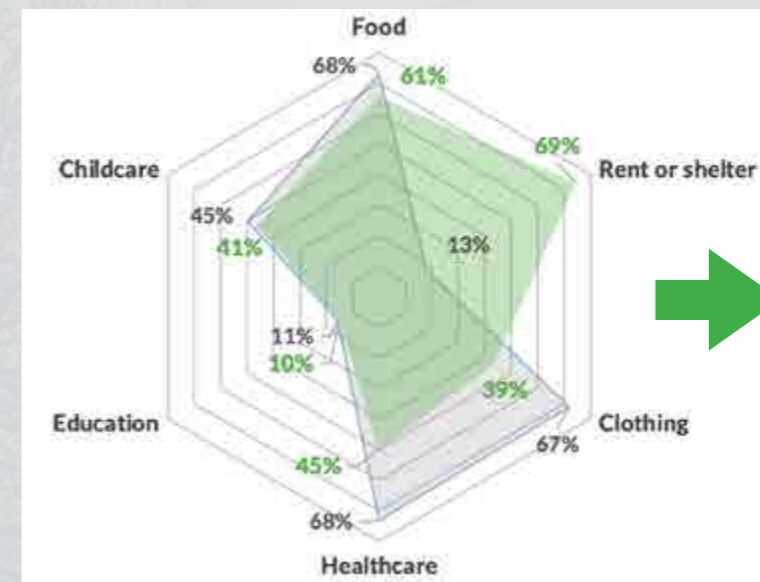
94% reported a reduction of their financial burden



The proportion of households reporting "significant" improvement in their livelihoods increased proportionally with the number of transfers they have received

\* % of respondents reporting on behalf of their households

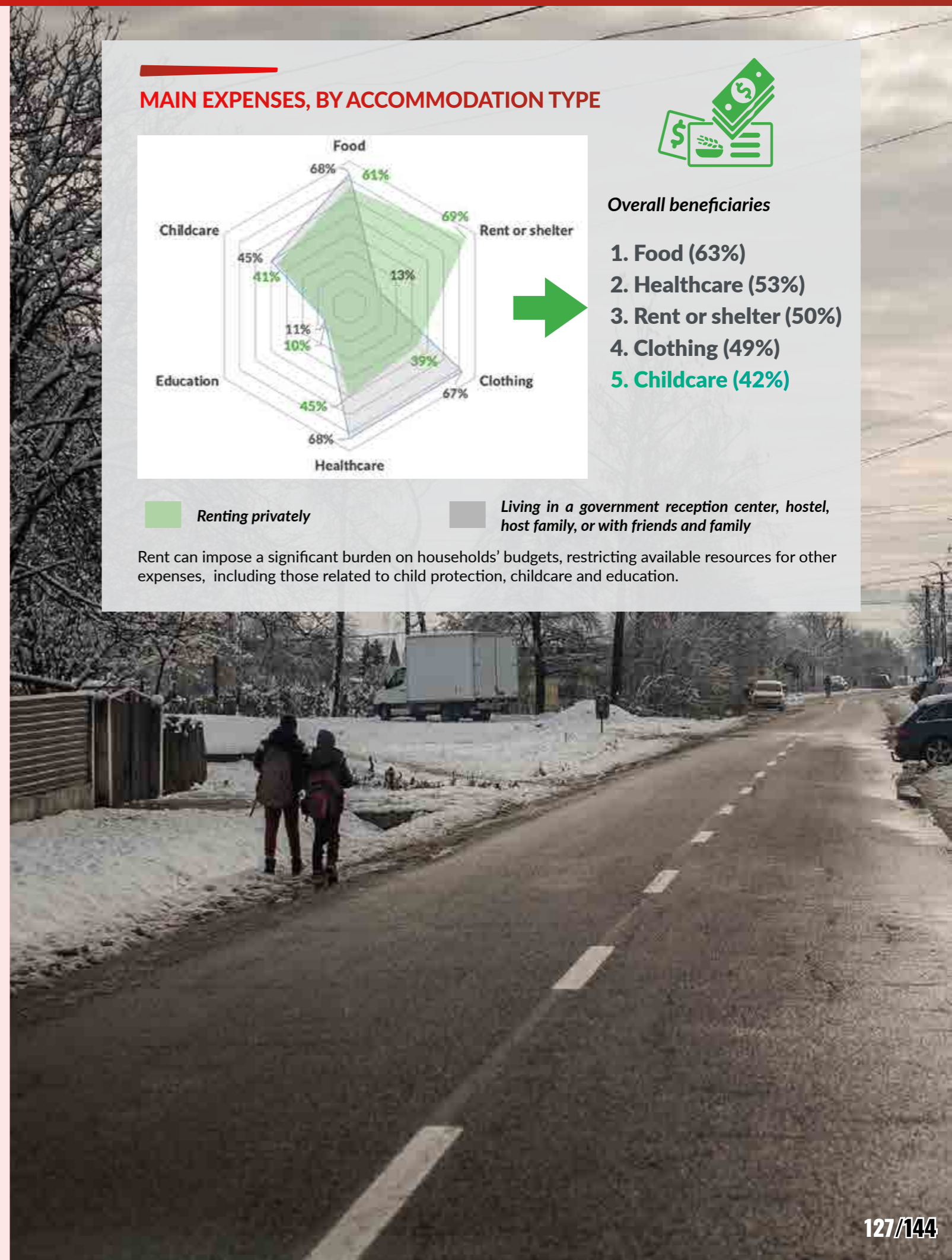
### MAIN EXPENSES, BY ACCOMMODATION TYPE



Overall beneficiaries

1. Food (63%)
2. Healthcare (53%)
3. Rent or shelter (50%)
4. Clothing (49%)
5. Childcare (42%)

Rent can impose a significant burden on households' budgets, restricting available resources for other expenses, including those related to child protection, childcare and education.





### Context

The portion (83k) of the 4.2 million Ukrainians who transited through Romania that decided to remain in country have been facing various challenges in accessing governmental benefits: recently, a change to the legislation further reduced their access to shelter support. Language, availability of jobs and lack of child care constitute significant barriers to employment, making Ukrainian refugees highly dependent on financial assistance. In Romania, the response is led by SC Romania (Salvati Copiii), who has a long-standing presence in the country. SC Romania has responded to the crisis as of February 25th and begun working with the refugees arriving in North East Romania.



### OBJECTIVES & DESCRIPTION OF ACTIVITIES

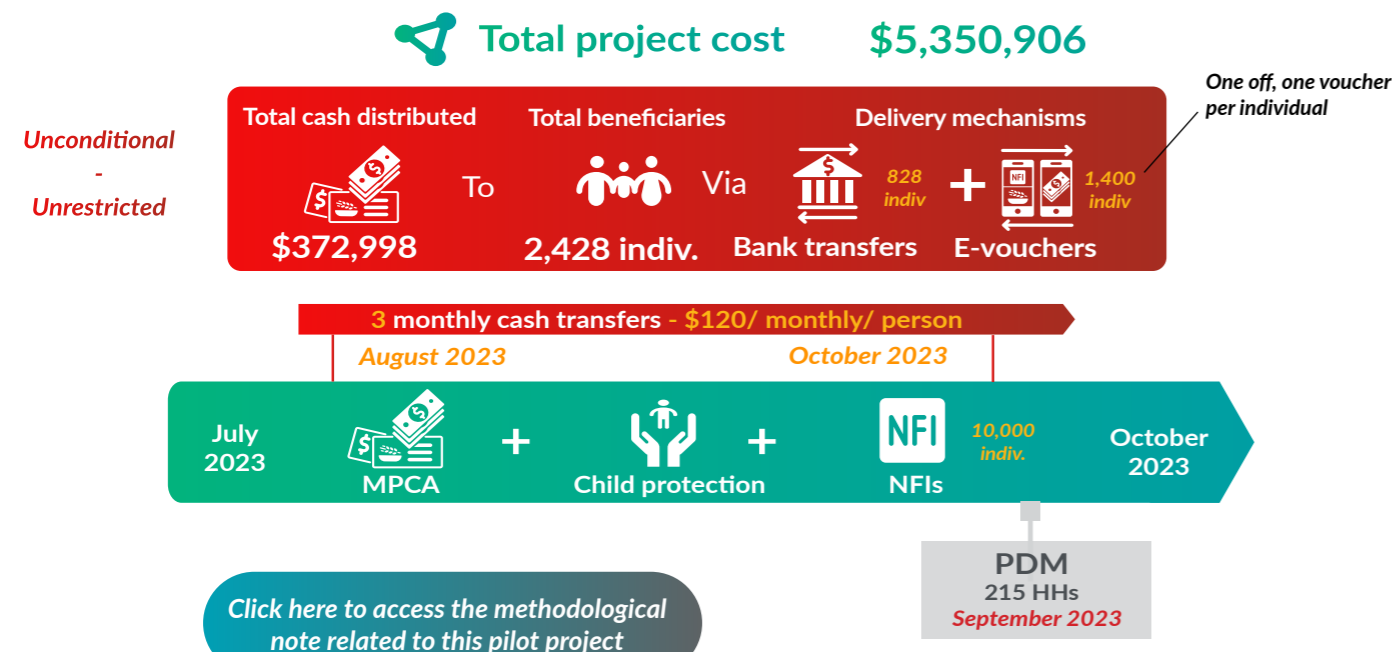
➔ With the support of Radiohjälpen, Save the Children successfully implemented services and activities at the Isaccea border, a significant transit point for Ukrainian refugees with harsh weather conditions, resulting in extensive queues and waiting times during crossings.

#### DESCRIPTION OF ACTIVITIES

This project's activities focused on the area of Galati in the south-east of Romania, bordering with Rep. of Moldova and Ukraine.

- ➔ SC provided vouchers (USD 55/child, in line with national policy) for buying basic necessities in shops (SC is currently scaling up capacities to deliver cash) in the area for targeted vulnerable families; distribute targeted non-food items for children and coordinate support towards local authorities and legal advice;
- ➔ Distribution of necessary items for children and families;
- ➔ Child Friendly Spaces (CFSs), Mother-Baby Areas (MBAs);
- ➔ Safeguarding training for local authorities, other organisations and volunteers, incl. awareness and support on gender and GBV;
- ➔ In coordination with the Romania CP system, SC provided support staff for the identification and assessment of unaccompanied and separated children, as well as supporting the CP system with required equipment;
- ➔ Establishment of a "Counseling Hub" in Galati to provide MHPSS, Psychological First Aid (PFA) and legal advice for conflict-affected and displaced children and their families.

### PROJECT IMPLEMENTATION AND MEAL TIMELINE



### TARGETING/ SELECTION/ REGISTRATION

#### Targeting

- Self-identification, SC programs
- (Integrated hubs, counselling hubs, mobile teams)

#### registration

- Remote and direct registration using Kobo
- Deduplication (100%) through RAIS



The following inclusion criterias were applied:

- HH with temporary protection.
- PLWs, young people aged 18-21 with chronic medical problems.
- Single parent families with 2 or more children.
- Elderly headed HH
- Disabled/ chronically ill head of HH
- Families who do not have access to medical services.
- Families who do not have a source of income.
- Families in which the adult attends Romanian language classes, regardless of organization.

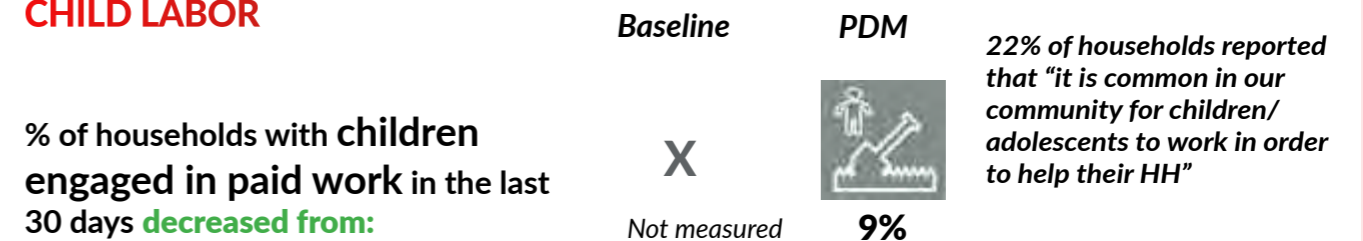


### Project outcomes

#### IMPACT ON CHILDREN WELL-BEING AND HOUSEHOLD



#### CHILD LABOR



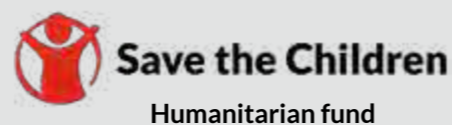
For a quarter of respondents (25%) who had a working child, the reason given was that the household had insufficient income to meet their basic needs. The vast majority of working children (90%) were working between 1 and 5 hours per week; and the majority (80%) weren't paid for doing so. 60% were boys and 40% girls.

#### SCHOOL DROPOUTS

➔ **6%** Of children were reported to have not attended at all (5%) or just 1-2 days a month (1%) from May to June 2023.



## Context



Karamoja experienced a very high Acute Malnutrition and recurrent food insecurity, with a continuous increase in the percentage of households in Acute Food Insecurity Phase 3 or above (from 30% of HHs in 2021 to 40% in 2022), with 91,600 cases of children aged 6-59 months acutely malnourished. Moreover, an inadequate response to the most urgent needs of the affected population over time is leading to a recurrent and worsening of the malnutrition situation. In the project period, the overall situation is expected to remain the same. Additionally, Uganda faces several child protection risks, including violence and abuse, child labor as relatively prevalent issue, child marriage, trafficking, separation from family, and lack of access to education.

## OBJECTIVES & DESCRIPTION OF ACTIVITIES

➔ **Intensifying and scaling up treatment of existing cases of acute malnutrition as well as address immediate nutrition gaps at the household among women and children**

Save the Children is giving cash assistance for the emergency malnutrition crisis response in Moroto district (Lopotuk, Rupa and Lotisan), in Kotido district (Longaroe) and Kabong district (Lodiko and Kakamar) to avert further deterioration in the nutrition status among children and PLWs in the region. Appropriate, relevant and feasible actions were urgently needed to break the continuous worsening of the situation and prevent acute malnutrition in future.

- ➔ The Project Intervention works with government health structures to ensure timely case identification and referrals, and strengthen the adherence to treatment and follow-up. Monthly cash transfers are completed to households identified with a severely acute malnourished child / children worth 150,000/= and recently 1,168 children received cash assistance.
- ➔ The purpose of the cash grant was to enhance the capacity of the mothers and caregivers to address immediate nutrition gaps at the households, coupled with SBC activities via mother care groups and Intensify and scale-up treatment of existing cases of acute malnutrition among children and PLW in the most affected districts.
- ➔ While the programme did not have specific associated child protection interventions, it did measure child protection outcomes based on an integrated approach focusing on CVA and nutrition.



## TARGETING/ SELECTION/ REGISTRATION:

### Targeting and registration

- Outpatient Therapeutic Care register;
- Inpatient Therapeutic admission register.

### Selection criteria

- Screened and enrolled at Outpatient Therapeutic Centers and Inpatient Therapeutic Centers;
- Aged between 6-59 months.



## CVA DELIVERY & PROTECTION MAINSTREAMING

- ➔ **96%** of the respondents felt safe when collecting their cash from the mobile money service points, 4% felt unsafe because they had to travel long distance to access mobile money service yet there is insecurity in their area and robbers/thieves.
- ➔ **99%** of beneficiaries reported no conflict in their household or in the community caused by the cash grant across all PDMs. The 1% generally signaled a conflict over the way the cash was spent or given away by beneficiaries.

## IMPLEMENTATION AND MEAL TIMELINE

Total project cost : **\$350,000**

Unconditional - Unrestricted	Total cash distributed	To	Total beneficiaries	Via	Delivery mechanism
	\$237,495		1,168 HHs		Mobile money

6 monthly cash Transfers - \$41\*/ monthly/HH

August 2022

Dec. 2022



PDM 1	PDM 2	PDM 3
816 Resp. Oct. 2022	812 Resp. Nov. 2022	782 Resp. Jan. 2023

\* Calculation of CT value: cash grant to cover expenses related to food, medical, WASH NFIs (hygiene items), transportation to health facilities

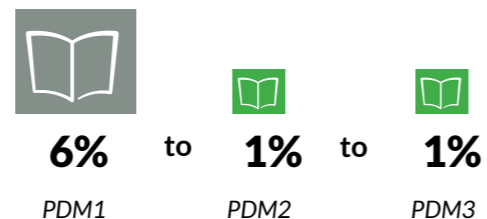




**Project outcomes**

**Education**

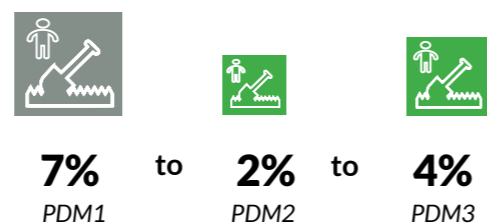
Households reporting children having to drop out of school because of a lack of money (as a negative coping strategy) **decreased** from:



There has been a notable and persistent decrease in the percentage of children who dropped out of school since the inception of the project. Specifically, at PDM1, 6% of the respondents reported school dropouts, which decreased to 1% at PDM2 survey and stayed at this level at PDM3, indicating a notable reduction; despite that PDM3 was deployed during school holidays. Given that the survey specifically enquired about school dropouts attributable to financial constraints, we can reasonably infer that this reduction can be, at least in part, attributed to the positive impact of the cash transfer program.

**Child labor**

Households reporting children having to go to work in order to meet basic needs in the past 30 days **slightly decreased** from:



Findings from SC monitoring indicated that prior to the beginning of the MPCA, 7% of households reported that children had to go to work in the past 30 days in order to contribute to meeting the basic needs of the household. After receiving 4 cash transfers, the proportion of children involved in child labor reduced threefold to 2% and then re-increased to 4% in the following months at PDM3 after 6 cash transfers. PDM 3 was deployed during school holidays, and since children usually get a meal from school during regular school days, this means that parents or caregivers had to feed the children, which add to the financial needs of the household. To earn money for food, some families may have had to resort to having their children engage in work during the holidays.

This suggests that the MPCA had, overall, as an unintended outcome, a positive impact in reducing child labor and prevent school drop out in targeted locations.

**TOP EXPENSES WITH CVA**

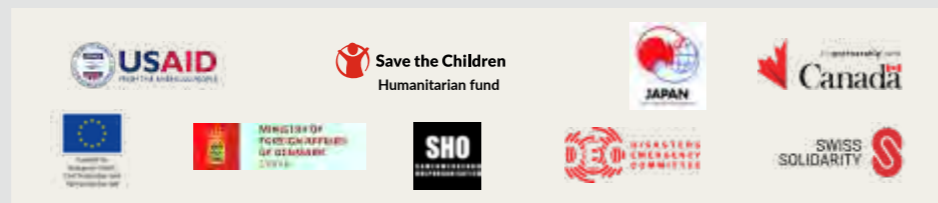


- 1. Food
- 2. Savings
- 3. Debt repayment





### Context



The rapidly deteriorating situation in Ukraine has triggered mass displacement as the civilian population from areas affected by the 8 year conflict as well as from newly affected areas move westward through the country and outwards to neighbouring countries. The loss of life, immediate physical and psychological impacts and loss of infrastructure and basic services, have had devastating impact on girls, boys and their communities, including through fueling displacement and protection risks, and carries significant humanitarian implications, worsened by harsh winter weather. **In this context, it is critical to support the most vulnerable people affected by conflict so that they can meet their basic needs in the short term and build their resilience and self-reliance in the long term.**

### OBJECTIVES & DESCRIPTION OF PROJECTS

➔ **Emergency response to meet the basic needs including protection of conflict affected and displaced children and their families in Ukraine**

The Obimi program, which provides cash to households affected by conflict and displaced children and their families in Ukraine, receives contributions from various donors. During the first month of the escalation, SC started implementing a MPCA program, aiming at addressing the most immediate needs of conflict affected and displaced populations. In the following weeks and months, child protection activities were established and strengthened, including CP Case Management and MHPSS.

SC has then set up a cash for CP program reaching families and child-headed households, providing them with case management and MPCA. **The program is composed of two main activities interventions:**

- ➔ Referral to child protection teams and services of UASC identified during MPCA registration
- ➔ Provision of MPCA to case management beneficiaries whenever economic root causes of protection risks are identified during the case management process.

### TARGETING/ SELECTION/ REGISTRATION

Households were excluded/not registered IF:

- They are currently receiving or registered to receive financial assistance from another organization
- They have been receiving financial assistance in the past 3 months

There are 3 main categories of exclusion criteria, which differ by geographical area:

#### Exclusion criteria for HH in Conflict affected Locations

- The HH earns/generates more than 5,400 UAH per person per month on average with the exception of HHs whose homes have been destroyed/damaged by shelling.

#### Exclusion criteria for HHs in Formerly Occupied and Newly Accessible Areas

- They have not lived under occupation unless they are returnees whose homes have been damaged/destroyed

#### Exclusion criteria for HHs in IDP Host Location and Evacuees Hotspots

- They are not displaced
- They have access to safe shelter (unless they have been displaced in the last 3 days - Evacuee Category - in which case they only need to meet one of the vulnerability criteria listed below)

➔ The only exception to these exclusions criteria are for households referred from protection OR child headed household/UASC

Households were eligible for assistance IF they meet one of the below vulnerability criteria:

- Household with 2+ dependents;
- Household with 1 dependent and 1+ elderly;
- Household with pregnant women or children under 2 years old;
- Female single headed household;
- Household caring for other children;
- Households whose home has been destroyed/damaged ;
- Single Individuals who are living with disabilities/chronic diseases;
- Household with 1+ disabled/chronically ill child ;
- Elderly household with 1+ dependent .



The projects were implemented across all Ukrainian Oblasts apart from Crimea

#### Registration process:

Registration is carried out both directly through partner organizations and SCI staff, and remotely-through SMS mailing, which contains a link to registration

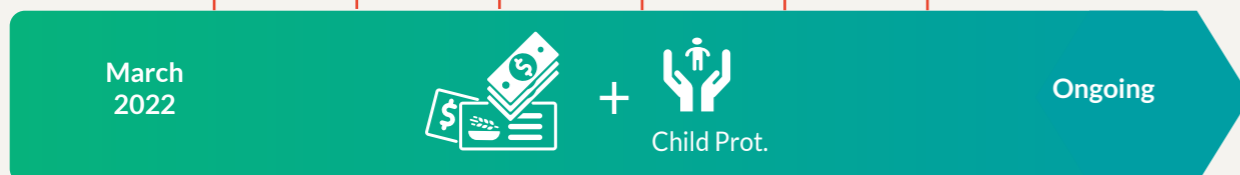
### IMPLEMENTATION AND MEAL TIMELINE

Total projects cost: \$27,000,000

	Total cash distributed	Total beneficiaries	Delivery mechanism
Unconditional - Unrestricted	\$33,756,791	37,105	Bank transfers / Over the counter

March 2022

ongoing



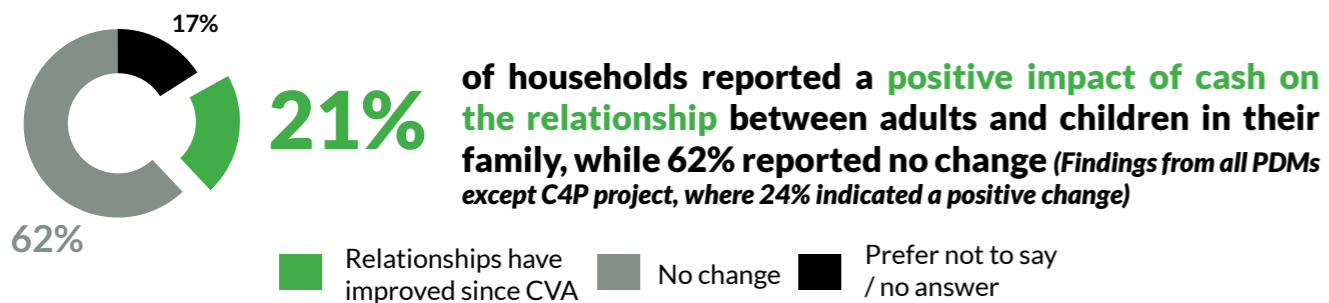
[Click here to access the methodological note related to this project](#)





**Project outcomes**

**Impact of cash on relationships and children**



Cash assistance reportedly had a limited impact on the relationships between adults and children in the beneficiaries' family; with the vast majority of respondents reporting "no change".

**Impact of cash on children**



Analysis of the follow-up question on children safety and dignity mostly show that CVA was used for the children health, and better clothes.

**1/21** respondents reported that the children in the household **stopped working** as a result of the received money

"I was left without a job and salary (...). I bought warm shoes and clothes for the child, and there was enough left for groceries. I spent part of the money on hairdressing scissors. I started with haircuts for myself, and now I cut hair for my neighbors and their friends generating income"

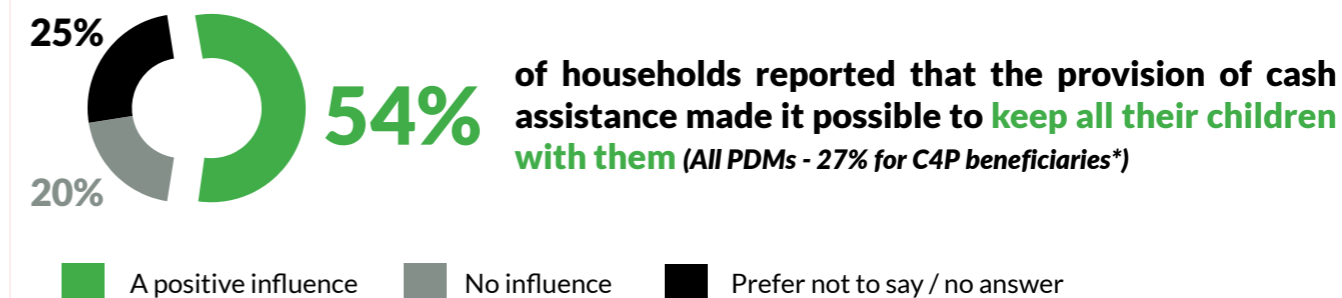
"Thanks to CVA I was able to buy crutches for my child with cerebral palsy"

"(...) As a single mother raising a child with a disability, this was a very important help for us"

**Impact on family separation**

**97%** of households reported that they did have the same number of children after the cash assistance than before (All PDMs - 99% for Cash 4 Protection project beneficiaries)\*

- + The most commonly reported reason for having MORE children before assistance than before is the arrival of new babies; but also the improved security situation in the current HH.
- The reported reasons for having LESS children were that some children returned to their original home to be reunified with their own family; while others went somewhere else safer, and two went to study elsewhere.



For most respondents, children would have reportedly stayed with the family anyway, but cash assistance supported the household with paying chores and rent, but also more specifically to improve the living conditions of their children (such as heating in the apartment as mentioned) and their basic needs (clothing, food, hygiene and education, and the necessary medical care).

In an expanded PDM, 19 respondents (or 8% of the subset) specifically mentioned that the cash helped to prevent family separation, as there was no need to send children to relatives or vice versa; while 2 respondents reported that the cash helped them to evacuate with the children.

CVA reportedly did not a significant impact on family separation, as it does not seem to be economically motivated in the Ukrainian context, apart from rare cases.

**Impact on education**

**78%** reported that overall, receiving money from Save the Children has helped them regarding **education** in general

**17%** of HHs reported being able to provide their children with school items and fees and address their educational needs as a result of the assistance, although they weren't being able to do so before (DANI-DA and DEC project)



“  
The cash assistance provided allowed my child to continue his education near me. There is no need to send the child to relatives (anymore)  
”

Woman, 40, DEC project

“  
I was able to evacuate my children and rent an apartment  
”

Woman, 38, SwS project

“  
I bought the children a bed and now the child can sleep comfortably and unharmed  
”

Woman, 33, DANIDA project

SPENDING OF SC CASH TRANSFERS\*



1. Shelter
2. Food
3. Health

CVA DELIVERY, SAFEGUARDING AND PROTECTION MAINSTREAMING



Protection Risk Analysis:

The most commonly mentioned protection concern since the escalation of the conflict was the threat to life and injuries from ongoing fighting. Almost all respondents agree that there is a high risk of family separation, due to a loss of one or both of the parents. The most often reported protection threats include being subjected to gunfire and shelling, presence of mines, family separation, limitations on freedom of movement, a lack of identifying documents, and difficulty getting an education. Lack of financial resources was both cited among the top obstacles for persons to leave, as well as a reasons to return to one's area of origin despite it being affected by active hostilities.

Risk identified from PDMs:

- ➔ A small proportion of respondents (4% or less in all PDMs) reported that they did not feel safe during registration or travelling to and from their place to receive their assistance, and while receiving the assistance; this was largely due to the insecurity ongoing military operations, and crossing the frontline).
- ➔ 1% of respondents in the BHA project reported that the assistance caused some tension or aggression, notably because not everyone was able to receive assistance, but also because of the long waiting time for registration.
- ➔ One respondent noted that the distribution was held in a tent with no organized place for shelter.

LESSONS LEARNT



- ➔ Gather systematic information of beneficiaries during the registration period. Conducting regular PDMs to get feedback from beneficiaries is also paramount to ensure that those registered received the cash assistance.
- ➔ Ensure CVA and CP teams co-design the project to ensure the most vulnerable are met.
- ➔ Where feasible, engage CP colleagues in supporting the monitoring of the CVA through standard case management activities.
- ➔ Ensure the provision of CVA is driven by the need to address a protection risk. This must be based on an updated child protection risk assessment.
- ➔ As rent was a widely reported expense, up to the second need in places like Zaporizhyya; as this is provisional place for IDPs arriving, it may therefore be important to take the value of rent into consideration in the design and value of CT.



# RECOMMENDATIONS





Based on the research findings and conclusions, the following recommendations should be considered when designing Cash and Voucher Assistance (CVA) programs to address child protection risks:

**CVA project design requires a comprehensive and context-specific approach.** This is even more the case when addressing child protection risks. Program 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 Labor 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 the specific 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 to address the multidimensional challenges faced by children and their families. Otherwise consider safe referral to complementary appropriate services. **Complex CP issues are also unlikely to be addressed through a short series of cash transfers unless the CVA is embedded within or bridges to other approaches such as livelihoods.** Also recognize 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 contexts where the assistance was aimed at children who survived traumatic experiences (fleeing armed conflicts) for instance.

**Transfer value and frequency directly impact CP outcomes.** When calculating the transfer value, project designers should consider including expenses related to shelter, 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 and 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. Transfer value should be calculated to address specific risks identified and include protection services. **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. For future research aiming at conducting comparative analysis across countries, it is essential that the same methodology is used to calculate transfer values (in addition to targeting and sampling).

**Analyse whether conditions would bring adding value to your project design:** based on your thorough situation analysis and identification of the root causes of the targeted child protection risks, decide whether adding a condition to the delivery of each transfer is relevant or not to achieve your objectives. Make sure that you consider also the downsides of conditionalities such as the extra time and money spent on monitoring for example. As part of this study, conditionality was only used in Myanmar and the Philippines to ensure the full participation of caregivers in the learning sessions but we still noted great results in other contexts where no condition was applied. More research would be recommended to better inform the decision of integrating of conditionalities to address specific risks, or in specific contexts.

**Think about the sustainability and minimal length/ amount of the assistance** as we saw as part of this research that short term assistance can lead to positive outcomes with an adequate transfer value 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 duration and amount of assistance is sufficient and is adjusted to the rise in prices** in contexts of high inflation to reach the intended objectives and not create more despair when the assistance stops. This is particularly important in projects addressing social norms and behaviours such as CEFMU.



**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 in order 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 well-being. 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 well-being in general. It worked particularly well in combination of the parental stress indicator which can also be a good reflection of the level of well-being 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.

**For future research and more robust monitoring and evaluation of CVA for CP interventions, the use**

**of experimental design studies should be strongly considered** (such as the PRM funded research in Colombia and Lebanon, with an even larger sample size), 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. Moreover, for future research aiming at conducting comparative analysis across countries, **it is essential that the same methodology is used to calculate transfer values (in addition to targeting and sampling).**

**While it is important to note that the evidence presented primarily reflects the effect of integrated and complementary programming on CP outcomes and should not be attributed solely to CVA transfers.** Further analysis should also be conducted to measure the differences **in impact (if any) of transfer value and MEB designs. The effect of transfer frequency and size on family behavior and decisions** should also be explored, to understand the impact that lump sums or expectations of transfer regularity can have on what are considered longer-term socio-cultural considerations. This is critical for the humanitarian context in order to inform the design of future programs, and provide evidence for the humanitarian-development nexus.

**Data collected through case management is rarely used in combination with CVA PDMs**, in order to better cross-reference and quantify impact of CVA on specific CP outcomes. This is a missed opportunity, as case management offers a unique source of qualitative information that can also be quantified (for example, the number of cases of child labor closed after receiving CVA) and complement overall impact analysis.

**Finally, ensure rigorous ethical protocols are followed including training data collectors on Psychological First Aid (PFA), and ensuring adequate referral and reporting pathways in place.**

## FOCUS ON CHILD LABOR

**When measuring child labor outcomes, it is essential to capture variables that influence the severity of child labor, notably:**

- Age of the child
- Type of labor
- Frequency and average working hours

Utilizing quantitative data collection and analysis to study child labor can introduce subjectivity and potentially lead to biased conclusions. Therefore, ensuring a well-designed questionnaire, following established frameworks such as [the Alliance MEAL toolkit for CVA & CP for Adolescents](#) or the [ILO model questionnaire](#), and employing indicators recommended in the Alliance toolkit are essential steps.

**Meticulous cleaning of responses is equally important.** For example, some parents may respond "Yes" to the question "Has your child been involved in child labor in the past 30 days?" However, upon further inquiry (often through open-ended questions that are frequently overlooked in analysis), these parents may reveal that their child occasionally accompanies them to their workplace or during school holidays due to a lack of childcare. Such cases are not comparable to instances of children engaged in the worst forms of child labor. Without proper articulation in survey design, both scenarios could be erroneously considered similar during analysis, leading to biased conclusions.



# NEED ADDITIONAL HELP?

This guidance has been designed together with Save the Children technical and country office staff and is underpinned by existing tools, internal and external guidance, and examples of good practice. It does not attempt to replace or reinvent the plethora of information that already exists. If you need additional help or require further information, please contact: **Julia Grasset** ([julia.grasset@savethechildren.org](mailto:julia.grasset@savethechildren.org)) and **Roberta Gadler** ([Roberta.Gadler@savethechildren.org](mailto:Roberta.Gadler@savethechildren.org))

