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 labour and unaccompanied and separated children (UASC).

This pilot project targeted 209 beneficiaries from the refugees and migrant communities (mostly from Syria (almost half), Eritrea, Sudan, and Ethiopia) 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 labour and provide them with multi-purpose cash assistance (MPCA) for a duration of five consecutive months.

**PROJECT IMPLEMENTATION AND MEAL TIMELINE**

- **Total project cost**: $100,000
- **Total cash distributed**: $89,194
- **Total beneficiaries**: 229 HHs
- **Delivery mechanism**: 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

- **Unconditional - Unrestricted**

- **Basic budget management** (Money Matters toolkit)

- **Case management (click for more information)**

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

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

- **PDMs**: 310 HHs in total
  - July 2023

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

- **A CASE STUDY FROM SAVE THE CHILDREN IN EGYPT**

- **CASH & VOUCHER ASSISTANCE TO REDUCE CHILD LABOUR**
MAIN FINDINGS

PRIORITIZATION OF NEEDS - UTILIZATION OF CASH*

* The findings showcased on this page 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.

Capacity of household to cover their basic needs

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>78%</td>
<td>36%</td>
<td>72%</td>
</tr>
<tr>
<td>Most</td>
<td>13%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Half</td>
<td>9%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Some (less than half)</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>9%</td>
<td>36%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Coping strategies

% of households in rCSI phase 3

- From Baseline: 36%
- From Endline: 21%
- From Follow-up: 23%

Average rCSI

- From Baseline: 93%
- From Endline: 53%
- From Follow-up: 60%

Main uncovered needs*

<table>
<thead>
<tr>
<th></th>
<th>Food</th>
<th>Education</th>
<th>Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>78%</td>
<td>53%</td>
<td>21%</td>
</tr>
<tr>
<td>PDM</td>
<td>76%</td>
<td>49%</td>
<td>21%</td>
</tr>
<tr>
<td>Endline</td>
<td>92%</td>
<td>58%</td>
<td>36%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>100%</td>
<td>61%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Main utilization of Cash (in PDM)*:**

1. Food (83%)
2. Rent/shelter (77%)
3. debt repayment (21%)
4. Health (20%)

* Multiple choice question, results are more than 100%

** We also noted a decrease in the proportion of households citing debt repayment as a priority (from 41% to 19%) which could be explained by the fact that households managed to pay back some of their debt with the assistance.

81% of households reported feeling less stressed or anxious since receiving the cash (endline survey)

9% of households reported that some of the positive changes brought by cash have persisted until the follow-up survey (and 48% reported worse conditions than before the project).
CVA was effective at reducing child labor for children under 14 but not so much for children between 15 and 18 (except for UASC respondents when comparing BL/EL). The need for households to send children into labor was even higher 3 months after the last CVA disbursement compared to the baseline.

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 labour.

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

- Baseline: 7%
- Endline: 14%
- Follow-up: 40%

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

- Baseline: 65%
- Endline: 85%
- Follow-up: 60%

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.

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%).

47% reported a significant improvement on their children’s safety (0% in follow-up)

62% reported that their children's wellbeing improved a lot in comparison to before the cash (0% in follow-up)
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 - endline

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

FGD participants – UASC males - endline

43% of households reported that their opinion was taken into account by SC

83% of households reported to have an adequate level of information about the assistance

97% of households reported to be very satisfied (73%) or satisfied (24%) with the assistance
### HHs reporting that the following risks are very common in their community

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Baseline</th>
<th>Endline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence against children (physical, emotional or sexual)</td>
<td>30%</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td>Child marriage</td>
<td>11%</td>
<td>14%</td>
<td>32%</td>
</tr>
<tr>
<td>Situations of child neglect</td>
<td>20%</td>
<td>11%</td>
<td>36%</td>
</tr>
<tr>
<td>Children under 18 working to help the household</td>
<td>57%</td>
<td>69%</td>
<td>76%</td>
</tr>
</tbody>
</table>

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

- Violence against children: 10%
- Child marriage: 0%
- Situations of child neglect: 29%
- Children under 18 working to help the household: 38%
KEY CVA PARAMETERS

TARGETING, SELECTION AND REFERRAL

- Step 1 - Referral from the UNHCR and other SC’s Programs
- Step 2 - Vulnerability-based eligibility assessment

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
- Household with children and having contracted debts

Engaging in child labor (based on statement of the child)
- Child-headed household (CHH)\(^1\)
- 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 labour

The following steps were undertaken for all the eligible cases meeting the above vulnerability criteria, receiving case management by SC Egypt:

- Step 1 - CVA need/risk assessment
- Step 2 - Case worker recommendation for referral and review
- Step 3 - Committee reviews case worker recommendation for referral
- Step 4 - Internal Referral – from case management to cash assistance

RISK ASSESSMENT AND MITIGATION MEASURES

- 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

TRANSFER VALUES AND MEB COVERAGE

<table>
<thead>
<tr>
<th>Household size</th>
<th>Transfer value (USD)</th>
<th>Transfer value (EGP)</th>
<th>% of sMEB covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>71</td>
<td>2,200</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>129</td>
<td>3,993</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>173</td>
<td>5,341</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>221</td>
<td>6,828</td>
<td></td>
</tr>
</tbody>
</table>

A sMEB of USD 93 is estimated for an individual per month and an average of USD 341 for the same period for an average family of 5. Transfer values have been calculated to cover 64% to 68% of the sMEB.

SC Egypt will adapt transfer values by considering (a) the cash assistance already provided by the UNHCR and/or the WFP to the same beneficiaries, as well as (b) household size.

DELIVERY MECHANISMS (CLICK TO SEE MORE)

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