



Save the Children

# CASH & VOUCHER ASSISTANCE

- DECEMBER -  
2023

FOR

# CHILDREN ASSOCIATED WITH ARMED GROUPS AND ARMED FORCES (CAAFAG)

A CASE STUDY FROM SAVE THE CHILDREN IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)



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 Fizzy) 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 due to economic vulnerabilities. **Three unconditional and unrestricted multi-purpose cash transfers (MPCA) were carried out over three consecutive months, with complementary activities:** legal protection with an ex-CAAFAG certification, case management, psychosocial support in child-friendly spaces; and basic budget management ([Money Matters Toolkit](#)).

## PROJECT IMPLEMENTATION AND MEAL TIMELINE

Total project cost: \$100,000

Click on the green boxes to learn more about the additional activities

**3** Unconditional & Unrestricted Cash transfers over three consecutive months

To **150** vulnerable Households

50% at-risk of sending their children into armed groups/ forces  
50% ex-CAAFAG reintegrated in the past 6 months

Total cash distributed  
 \$51,327



**Baseline**  
100% of HHs  
+ FGD+KII  
*January 2023*

**PDM**  
100% of HHs  
*July 2023 (after the 2nd CT)*

**MEAL timeline**

**Endline**  
100% of HHs  
+ FGD+KII  
*August 2023*

**Impact assessment**  
100% of HHs  
+ FGD+KII  
*October 2023*



# TOP TAKEAWAYS



**Take-away #1** - CVA effectively contributes to the realization of some child protection outcomes: CVA is an effective tool enabling a holistic approach to case management. It helps achieve some case plan objective that may not be achieved otherwise, while also amplifying others.



**Take-away #2** - But it is likely not to be sufficient: some of the positive outcomes have sustained while some other deteriorated three month after the last CVA disbursement. CVA should last long enough to stabilize vulnerable households in a meaningful manner and be linked with livelihood/resilience building.



**Take-away #3** - Case management is an effective entry-door to integrate CVA in order to achieve CP outcomes: case workers may be the eyes, voice and arms of the project and have a privileged position to build long and close relationships with beneficiaries. They may communicate about CVA programming, support CVA operations, monitor risks, contribute to the management of complaints/feedback requests and build beneficiaries' capacities on basic budget management as part of regular case management.



**Take-away #4** - Two set of expertise: an integrated CVA for CP program requires two set of expertise and skills, and in turn two dedicated teams able to undertake their work without over-burdening the other. Solely integrating CVA competencies within the case worker's job description/role would not be appropriate without a CVA team. Case workers need to know the "essentials of CVA", the difference between economic and social risk factors and to communicate appropriately about CVA programming - but they are not asked to be CVA experts.



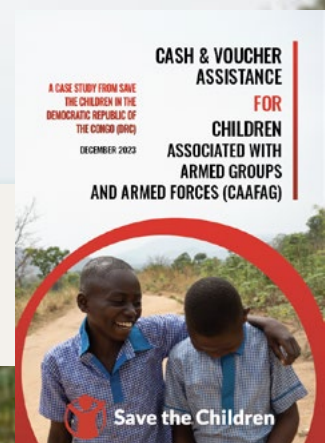
**Take-away #5** - Mitigate risks before CVA starts: undertake a CVA risk assessment in the target locations to consider program adaptations before implementation as well as a CVA risk assessment on a case-by-case basis as part of internal referral from CP to CVA.



**Take-away #6** - Aligning CVA and CP Programming: ensure that CVA and CP interventions are provided hand-in-hand at the same time by aligning CVA and CP program plans, and potentially to allocate shared resources across different awards/budgets



Please click here to access the long case study associated with this infographic





# KEY CVA PARAMETERS



## COMMUNITY ENGAGEMENT



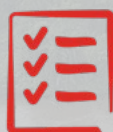
- Project presentation with local leaders, community members and relevant national authorities;
- Joint definition of selection criteria with local leaders and other leaders of opinions (i.e. teachers, CP community network members etc.);
- No emphasis put on CAAFAG to limit risks of stigmatization - 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.

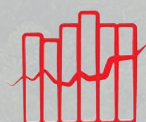
## RISK ASSESSMENT AND MITIGATION MEASURES



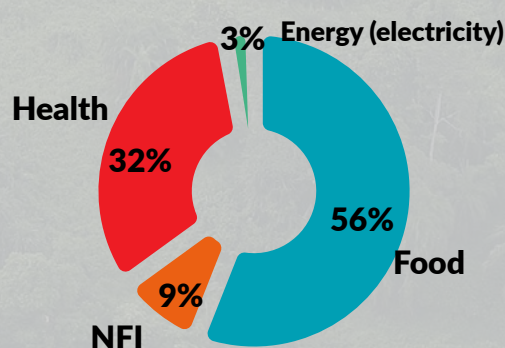
- Updating the risk matrix and mitigation measures by the national CVA technical advisor;
- Assessment and analysis of the potential additional risks that CVA may generate, through FGDs and KIs with local child protection stakeholders as part of the baseline survey; using the tool #1 of [MPCA MEAL toolkit for Adolescents](#);
- Implementing mitigation measures before the first cash transfer;
- Monitoring risks through a PDM survey.

## TRANSFER VALUES AND MEB COVERAGE

	Transfer values*		
	Household size	Transfer value (USD)	Transfer value (CDF)
Unrestricted	2	33	73,400
	3	50	110,000
	4	67	146,700
	5	83	183,400
	6	100	220,000
Unconditional	7+	117	256,700



### % of sMEB covered (Uvira urbain)



\*Transfer values are adapted according to household sizes and capped at 7 members max. due to budget limitations

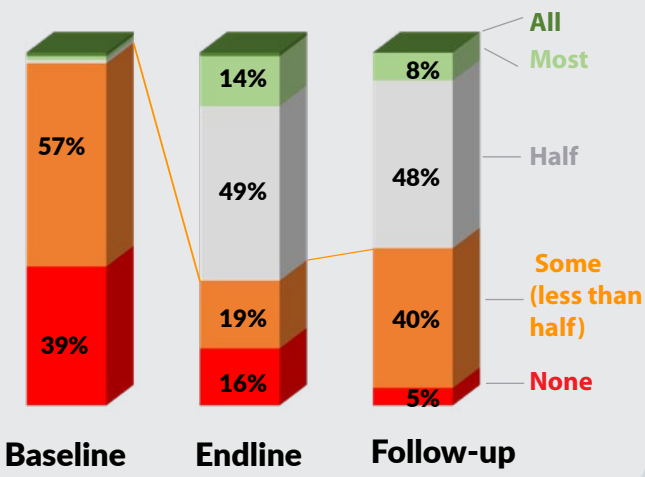


# MAIN FINDINGS

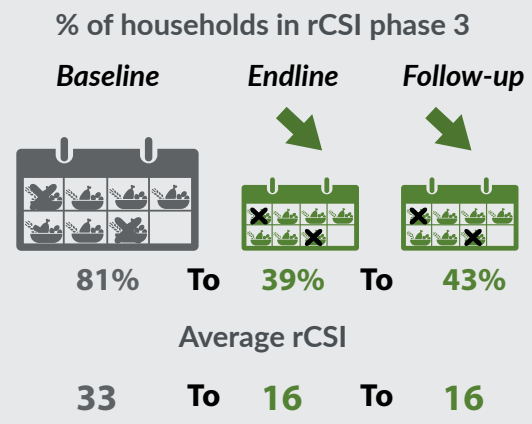


## PRIORITIZATION OF NEEDS - UTILIZATION OF CASH

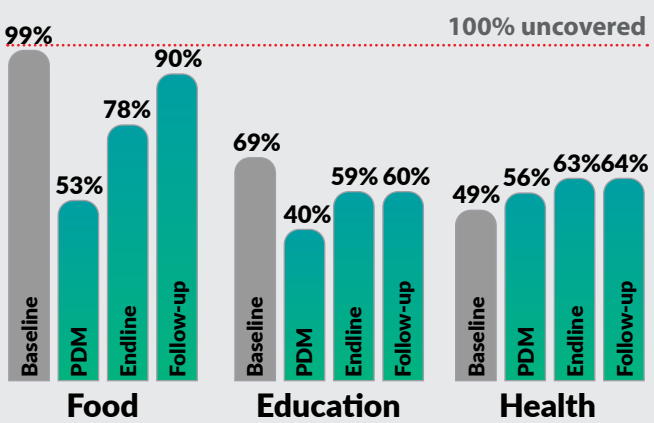
### Capacity of household to cover their basic needs



### Coping strategies



### Main uncovered needs\*



\* From the households who reported NOT having all their needs covered

### Main utilization of Cash (in PDM)

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

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

## FOLLOW-UP RESULTS

**92%** % of households reported **feeling less stressed or anxious** since receiving the cash

**70%** % of households reported that some of the **positive changes brought by cash** have persisted until now



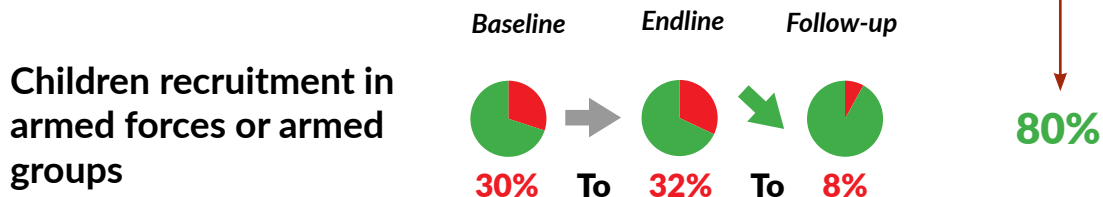
80%

of households reported that they thought that the recruitment of children into armed forces and armed groups has decreased since the Save the Children project

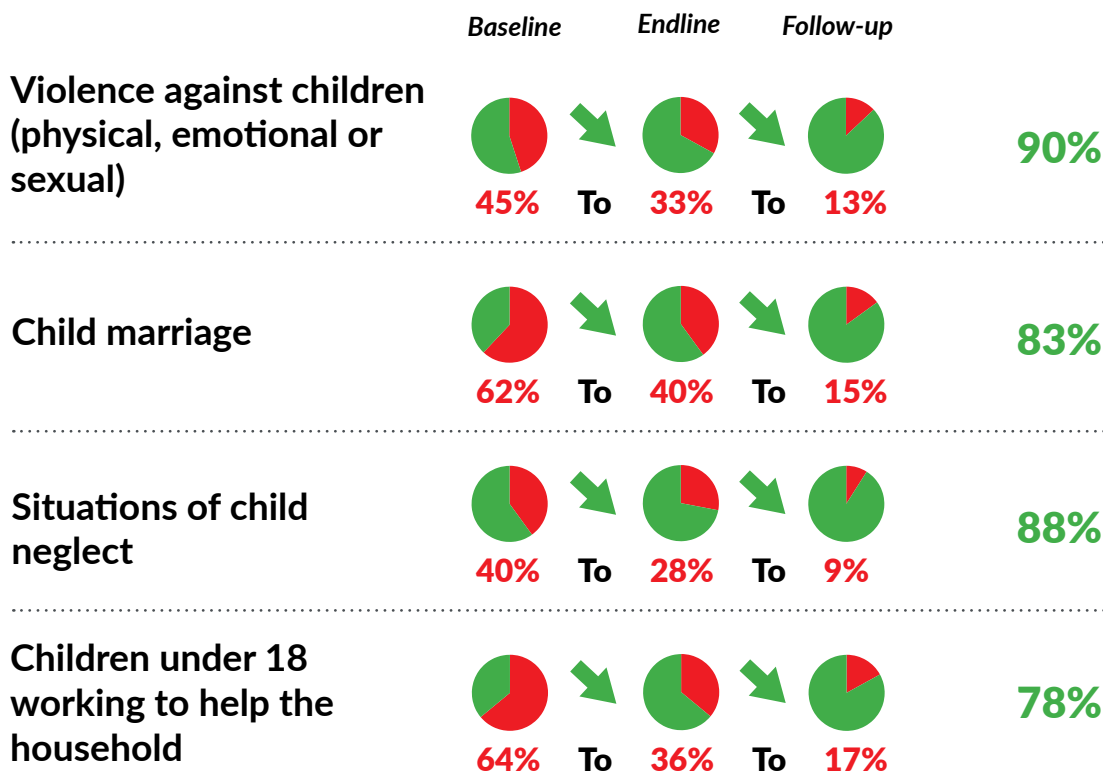
### IMPACT ON CAAFAG PERCEPTION

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)

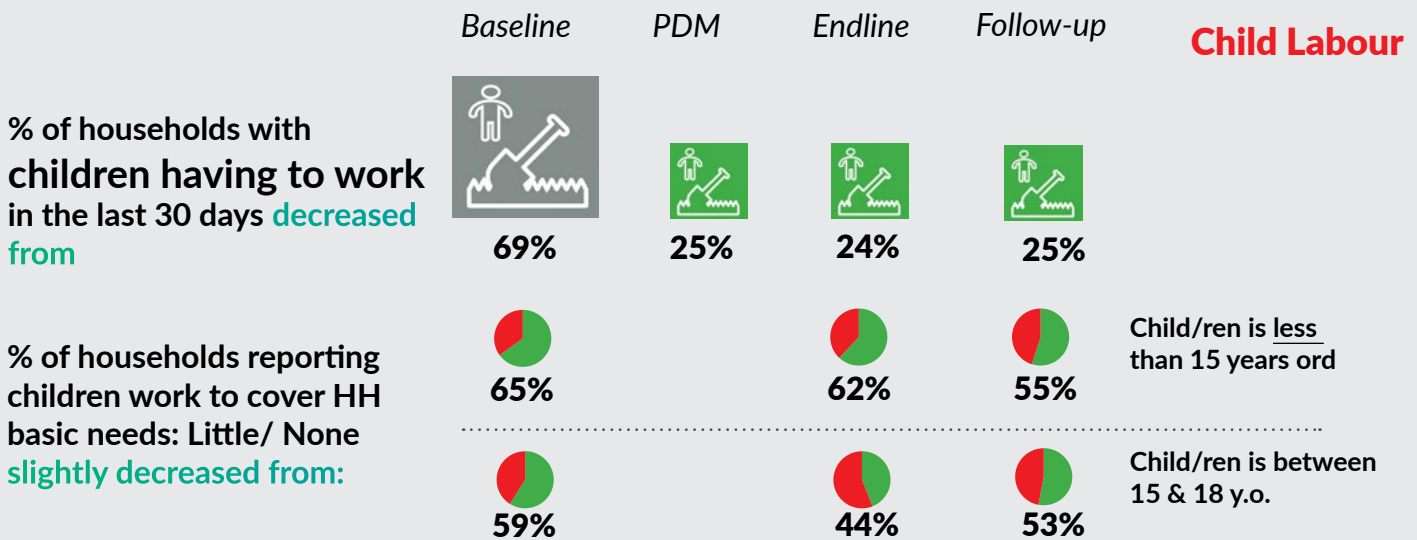
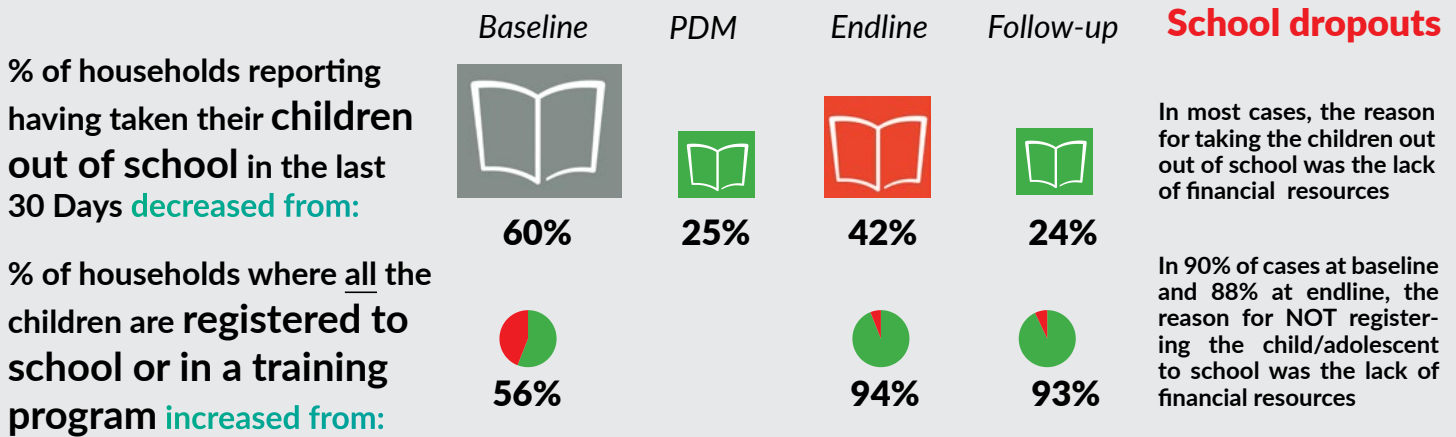


### IMPACT ON COMMUNITY AND PERCEIVED RISKS





## IMPACT ON CHILDREN AND HOUSEHOLD



# 67%

reported a significant improvement on their children's safety (56% in follow-up)

# 83%

reported that their children's wellbeing 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 in our Child Friend space*  
”

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

## SATISFACTION WITH ASSISTANCE AND FEEDBACK MECHANISMS

**98%** of HH reported that their opinion was totally (81%) or mostly (17%) taken into account by SC DRC

**97%** of HH reported to be completely (80%) or mostly (17%) well informed about the assistance available

**96%** of HH reported knowing where to share a feedback or a concern with the assistance

**94%** of HH reported to be very satisfied (74%) or satisfied (20%) with the assistance provided



Please click here to access the CVA & CP evidence-building report, which includes this case study

