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REFUGEE
COMMISSION

CASH TRANSFER

AND CHILD PROTECTION

An integrated approach to address the needs of unaccompanied and separated adolescents in the Central African Republic

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Plan International

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The Women’s Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Recommended citation: Plan International (2020) *Cash transfer and child protection – An integrated approach to address the needs of separated adolescents in the Central African Republic*. United Kingdom: Plan International and Women’s Refugee Commission.

ACKNOWLEDGEMENTS

The assessment team expresses appreciation to the members of the Berbérati and Gamboula communities who took time to share their experiences. A translated copy of this report will be shared back with communities consulted.

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INTRODUCTION

Plan International, with support from the Swedish International Development Cooperation Agency (SIDA) and in partnership with the Women's Refugee Commission (WRC), is undertaking the "Cash and Voucher Assistance for Adolescents in Crisis Initiative." This initiative, which runs through April 2021, seeks to synthesise Plan's internal learning and strengthen its capacity to integrate Cash and Voucher Assistance (CVA) across its programs to effectively achieve protection, education and wellbeing outcomes for crisis-affected adolescent girls and boys (10-19 years).

In November 2019, WRC conducted an assessment of Plan CAR's "Monetary transfer and Child Protection (CP)" Project in Central African Republic (CAR)* to understand the perceived strengths and weaknesses including implementation challenges and successes, benefits and associated risks for beneficiaries, and priorities for continued capacity building.

* This 18-month project was funded by the Belgium's Directorate-general Development Cooperation and Humanitarian Aid, implemented by Plan International from July 2018 until January 2020.

ADOLESCENT WELLBEING AND THE “MONETARY TRANSFER AND CHILD PROTECTION” PROJECT

The prefecture of Membéré-Kadéï – a rural area in the southwest of the Central African Republic (CAR) bordering Cameroon – has been affected by recurrent bouts of civil conflict since 2012 with a recent resurgence of armed group conflict in 2017. The protracted crisis has resulted in mass displacement in Membéré-Kadéï; according to the government census two-thirds of residents are internally displaced. According to Plan International (Plan) needs assessments, many Internally Displaced Persons (IDPs) are children and adolescents who have been “separated” from their families and caregivers in the process of fleeing armed group conflict, or due to deterioration of living conditions of families.²

To respond to the needs of these unaccompanied and separated children (UASCs) in CAR, Plan implemented the “Monetary transfer, child protection and digital data analysis” project, an integrated approach addressing the needs of separated girls and boys in the CAR. The “Monetary transfer and Child Protection (CP)” project aimed to provide holistic, innovative and quality support for girls and boys under 18 years of age who were separated or at risk of being separated³ from their families to improve their protection and wellbeing. The project was implemented by Plan CAR from December 2018 to December 2019 and targeted internally displaced and returnee UASCs affected by the conflict in CAR. See Figure 1 for project components.

FIGURE 1: Impacts and components of Plan CAR’s “Monetary transfer and child protection” project

<p>IMPROVED ADOLESCENT PROTECTION</p>	<ul style="list-style-type: none"> • Family tracing and reunification for UASCs • Alternative care placement with Famille d’accueil transitoire, or “temporary host families” for UASCs • Case management for UASCs and reunified children and adolescents
<p>IMPROVED ADOLESCENT WELLBEING</p>	<ul style="list-style-type: none"> • Trainings in positive parenting for foster families and parents/ caregivers • Life skills trainings for adolescents • Conditional cash transfers for temporary host families caring for UASCs and for families which had been reunified with their separated children

Plan CAR reached 807 IDP UASCs during the project across three sub-prefectures of Membéré-Kadéï – Berbérati, Gamboula, and Amada-Gaza, including 506 adolescent boys and 301 adolescent

girls between the ages of 10 – 18 years who were recently reunited with their families, or were at risk of being separated.

2. “Unaccompanied children” are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
 3. “Secondary separation” is separation of a child from their family taking place after a crisis, conflict, or natural disaster and generally takes place due to the impact of the crisis on the protective structures that were in place, and/or due to the deterioration of living conditions of families.

CASH TRANSFERS IN THE “MONETARY TRANSFER AND CP” PROJECT

The “Monetary transfer and CP” Project was the first Plan CAR project for the protection of UASCs that integrated CVA. Along with a range of intervention components designed to meet various protective outcomes (see Figure 1), cash transfers were provided to families that were hosting a UASC and to families that were recently reunified with a formerly separated child. Families were identified through an assessment led by Plan CAR of households with protection cases referred to Plan by community actors such as Youth Clubs, Feedback Committees, and religious institutions. Standard operational procedures were developed regarding beneficiary identification using inclusion criteria.

Cash transfers were managed and distributed by a partner financial services provider (FSP).⁴ The FSP was meant to transfer one monthly instalment of 50,000 Central African Francs (CFA) per fostered or reunified child or adolescent in each targeted household in three successive tranches totalling CFA 150,000 (about USD \$250).⁵ Transfers were completed to a designated beneficiary adult in the household.

The total transfer value was calculated based on: the value of the reunification kit used by organisations working on CP globally and in CAR; Plan’s needs assessment for the “Monetary transfer and CP” Project which indicated that 5,000 – 10,000 CFA was needed to feed a household of six people for a week; and the value considered as adequate to cover the needs of reunified children and families by the CP Sub-Cluster. FSP staff transferred cash in-hand to recipients in partnership with Plan’s field staff. A member of the community Feedback Committee was present at each distribution site to observe.

Strong preventative measures against fraud were taken by Plan. Beneficiary lists (for the cash transfer component) were produced monthly,



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consolidated, and back-checked by several Plan staff to ensure consistency and that beneficiaries fulfilled the conditions to be eligible for the next tranche.

The designated adult cash recipient needed to: (1) participate in bi-weekly parenting sessions run by Plan and (2) continuously meet a set of 17 conditions focused on adolescents’ protection and education (see Table 1 *overleaf*).⁶ These conditions and cash delivery were monitored by project staff through a digital monitoring and evaluation toolbox which Plan designed in partnership with an IT service provider specifically for this project. The toolbox included: indicators for the effects of cash transfers and other intervention components (as described in Figure 1, previous page), geo-mapping, and disaggregated data for several child age categories, including adolescent age categories.

4. At the time, PI and other INGOs and humanitarian agencies in CAR had been partnering with FSPs due to lack of banking infrastructure, insecurity, and the need to cooperate with government security forces to transport cash.

5. At the time of this assessment, there were no other response agencies providing cash assistance to meet basic needs in Membre Kadei.

6. At the time of this assessment, there were no other response agencies providing cash assistance to meet basic needs in Membre Kadei.

TABLE 1: Monitoring conditions for receipt of cash transfers by beneficiary households

1.	Host families sign a code of conduct
2.	Facilitate and actively participate in the social monitoring visits of the Ministry of Social Affairs and Plan International
3.	Separated and unaccompanied girls and boys in foster families should not be discriminated against and treated in the same way as other children in the family
4.	Both girls and boys must have their basic needs covered
5.	Girls and boys are not be neglected, physically abused, sexually, psychologically and/or affected by violence
6.	Girls as well as boys must have schooling up to 16 years
7.	Girls and boys should not work before the age of 14, except for “light” work in the agricultural and domestic sector, which is possible from the age of 12
8.	Girls and boys should not be married before the age of 18
9.	Girls as well as boys should not be enlisted or associated with armed groups and forces before the age of 18
10.	Girls and boys should have equal time to play
11.	Parents and other adults in the reunited family participate in all sessions on positive parenting practices, psychosocial distress signs of children, gender-based violence, and sexual and reproductive health
12.	Girls and boys are provided with essential information about their identity, that of their family, and where to gather in case of separation
13.	Girls and boys are referred to psychosocial services if signs of psychosocial distress are identified
14.	Girls and boys are provided with information about gender-based violence when they have requested it or expressed the need
15.	Girls and boys are provided with information on sexual and reproductive health when they have requested or expressed the need
16.	Ensure that girls and boys between the ages of 6 and 12 participate in psychosocial activities if they wish
17.	Ensure that adolescents aged 13 to 18 participate in life skills sessions if they wish

ASSESSMENT **METHODOLOGY**

WRC conducted an assessment of Plan’s programming to understand the perceived strengths and weaknesses of the “Monetary transfer and CP” Project, including implementation challenges and successes, risks and benefits for beneficiaries, and any needs

for continued capacity building. In November 2019, following two days of training and tool piloting, the WRC assessment team carried out focus group discussions (FGDs) with parents and caregivers who received cash transfers, participatory activities with adolescents from

households receiving the cash component using an adapted “most significant change” methodology,⁷ and key informant interviews (KIIs) with community leaders, government officials, and Plan project staff.

The WRC assessment team, comprised of a WRC researcher and facilitators, carried out data collection in two program sites: in Berbérati, the second-largest city in CAR; and in Gamboula, a more rural location hosting returnees who had previously fled to Cameroon for refuge from conflict and had recently returned to CAR. FGDs and KIIs were led in Sango by a facilitator of the same gender as respondents. Adolescent FGDs were split into younger groups of 10- to 14-year-olds, and older groups of 15- to 18-year-old adolescents, in order to carry out developmentally

appropriate assessment activities. Assessment activities were held in a Plan Child-Friendly Space or in an agreeable community space, and overseen by WRC’s research advisor. Plan staff provided referrals and support services for protection issues and psychosocial support as needed during assessment activities. Facilitators administered consent and assent processes with participants and shared information sheets with reporting and feedback channels. Data was audio-recorded with the consent of participants and then transcribed and translated into French. WRC researchers coded the data in NVivo12 Pro using a codebook of deductive and inductive codes. The resulting analysis findings were shared with Plan CAR staff for validation of interpretation of findings.⁸

ASSESSMENT SAMPLING RESULTS

Plan CAR recruited and sampled assessment respondents who had been program participants in the selected sites, had fully received the projects’ cash transfer component (i.e. all three tranches), were available, and consented

to participate in assessment activities. 158 program participants as well as stakeholders were consulted across the two sites. 56% of assessment participants were female and 41% were adolescents aged 10 – 18 years old.

	Participant group	No. of participants, Berbérati	No. of participants, Gamboula	Total
FGDs and participatory activities	Adolescent boys, 10-14 ⁹	6	7	13
	Adolescent boys, 15-18	9	8	17
	Adolescent girls, 10-14	9	6	15
	Adolescent girls, 15-18	7	9	16
	Host fathers	9	9	18
	Reunified fathers	6	6	12
	Host mothers	21	12	33
	Reunified mothers	14	8	22
KIIs	Community leaders	4	2	6
	Government partners	2	1	3
	Plan staff	3	.	3
			Total:	158

7. Stories of Change is an evaluation tool developed by WRC based on the ‘Most Significant Change Technique’ (Davies, R., & Dart, J., 2004), to document what changes matter most to children and youth.

8. Limitations of the assessment were: sampling was not designed to be representative; any impacts or outcomes mentioned are perceived experiences of a sample of participants; focus on the cash transfer component in isolation to other program components was a challenge in FGD facilitation; translation from Sango audio to French transcription posed challenges that may have affected the quality of data; monitoring data were not assessed.

9. Adolescent groups gathered adolescents who had been reunified as well as those hosted in families; this was done in order to ensure that adolescents were grouped in age-appropriate groupings.

FINDINGS

Adolescents reported feeling safer after the project's reunifications and host family placements

Overall, assessment participants perceived the project to have improved protective factors of beneficiary adolescents. Adolescents reported that family reunifications enhanced their protection and wellbeing. An older adolescent girl in Berbérati explained, “in the last years with my aunt in Bangui, she mistreated me a lot... I approached [Plan] in order to find my biological mother here in Berbérati... my mother enrolled me in school and takes good care of me.” Reunified caregivers mirrored this sentiment; a reunified father said that “Even if you have more children, if one is missing, that can never be filled. For me to find my child it is an immense joy.” According to adolescents in temporary host families, host family placements also enhanced their protection. A younger adolescent girl in Berbérati said, “I am happy because this family also considers me as a child of the household” and a younger adolescent girl in Gamboula shared similarly that “what I like in the family it does not distinguish between me and the [biological] children of the household; it treats us equally.”

The CP trainings, sensitisations, and monitoring were seen to improve how parents supervised and treated children and adolescents in the household. An adolescent girl in Berbérati shared, “Before my host family did not treat me well, but after the training they received from Plan I noticed a big change in the family.” A host mother in Berbérati said, “Before the training we treated our children violently; this training has helped us as parents to respect the rights of our children now.” Caregivers pointed out that hosting adolescent-age children was particularly challenging but that Plan helped with this transition: a father in Gamboula who hosted an adolescent UASC said, “I received a teenager at home. It took time to adapt to his behavior since there were certain whims in him which were a little difficult. With the training and awareness-raising given by the case managers, I was able to

overcome the whims and at the moment we live without problems.”

Some adolescents faced protection risks and challenges in the household, despite cash transfer conditionalities and parenting trainings

Program staff informants elaborated that the CP outcomes were the most difficult to address, compared to other wellbeing outcomes, due to the complexity and changing nature of protection. Indeed, some adolescent participants across groups reported ongoing negative parenting strategies, such as withholding food as a punishment. In particular, older adolescent boys who resided in host families revealed challenges such as verbal abuse and hostility, especially from male caregivers; one adolescent boy reported that he was expected to complete housework in the morning before being allowed to attend school. An older adolescent boy in a host family in Berbérati said, “There are not so many good relationships between us because we were brought back from outside. We are always sidelined, even behind in everything.”

Education enrolment of adolescents appeared to be met through cash transfers and conditionalities

As program staff put it, education access is relatively easy to address through cash transfers because school fees are standardised. As enrolment was one of the conditions to receive cash transfers that was monitored, all adolescent respondents reported that their caregivers had enrolled them in school, which they saw as a positive outcome of the project. Some adolescents also reported their perception that cash transfers were used to purchase them school materials.

Cash transfers could not fully remedy enrolment and missing opportunities for quality education and vocational training

Some adolescents perceived that caregivers prioritised some needs, such as food or health, over

others, such as education; as an older adolescent boy in Gamboula said, “for me, my parents take good care of my health, but often we are asked for money to buy certain supplies at school, and they refuse to give them to me... which means that we miss a lot compared to the others.” Some caregivers perceived these requests as “luxuries”: as a host father in Berbérati said, “the children of now like to copy what others do... change of clothes or luxurious things and they want to have what others have.” Caregivers spoke about the high cost of school fees vis-à-vis the transfer value; a host father in Berbérati explained that “the cost that we pay to enrol a child in school is very high... you have to pay 44,700 francs. Suppose if you have five or six children, it will become much.” Families were supposed to receive 50,000 CFA per adolescent each month over three months, for a total of 150,000 CHF; yet operationally, due to security and logistic issues, some families received a lower amount: 48,000 XAF at a slower rate, of once every three months. Caregiver and adolescent respondents expressed misgivings about the quality of education available to young people in this context, recognising that regardless of the ability to pay school fees, there were quality issues: a lack of well-qualified teachers, an inadequate number of schools, and high rate of drop-out rates due to

disenchantment with the low quality of education delivered. Adolescents also spoke about bullying in schools and overcrowding in classrooms. As a result, both adolescents and caregivers asked Plan to “build more schools” and many adolescents requested vocational training opportunities.

Cash transfers reportedly helped improve basic health for adolescents

Though participants did not discuss their health status and needs in detail, adolescents and caregivers generally indicated that cash transfers helped meet adolescents’ basic health needs. Adolescents reported that their health needs were met better after the start of the project and attributed this to cash assistance. Caregivers said they spent cash transfers on taking adolescents to the hospital and purchasing prescriptions, when needed. In some cases, it appeared the cash transfers supported a shift from relying on traditional health practices to seeking higher quality modern medicine. An older adolescent boy shared that, “Previously... I taught myself to cure myself and that with traditional means like tree bark and medicinal plants. But since BNO¹⁰ [Monetary transfer and CP project] supported us, I have been treated with tablets.”

10. “BNO” was the abbreviation that communities used to refer to the Monetary transfer and CP project.



Cash transfers did not meet the sexual and reproductive health and gender-based violence (GBV) protection needs of older adolescent girls

Adolescent girls in crisis have specific sexual and reproductive health (SRH) needs, including menstrual health management and access to contraceptive methods. They are at heightened risk of exposure to GBV – such as sexual exploitation—and may engage in risky coping mechanisms to meet their basic needs when unmet by caregivers. Coping strategies include sex work and risky sexual activities with partners from whom they receive financial and material resources. Caregivers perceived these as “difficulties” with adolescent girls. A reunified father in Gamboula explained, “There are specific difficulties in the supervision and support of girl teenagers in 13- to 19-year-old age group. Our girls become uncontrolled [and] the unwanted pregnancy follows.” Caregivers reported that adolescent boys heighten adolescent girls’ vulnerability through their own behaviour, with a foster father saying that when boys “reach a certain age, they do not want to listen to the advice of the parents, and do all that they want. Thereafter these teenagers face difficulties once they make a girl pregnant, and for lack of means, the child [adolescent boy] ends up dropping out of school.” Caregivers praised the SRH knowledge they acquired from Plan trainings, specifically mentioning the usefulness of the Plan training sessions on menstrual cycle tracking.

Food security improved after family placements in households receiving cash transfers

Adolescents reported that their food security improved after the project, with a younger adolescent girl saying, “we eat well. Now we eat three times a day.” However, some adolescents still reported missing meals; one younger adolescent boy in Berbérati said he’s “fine at school” but sometimes “goes all day without eating.” Host mothers acknowledged that, despite cash transfers, their families “have nutritional difficulties” as they remain unable to afford to adequately meet the nutritional needs of the additional adolescent in the family.

Participants were satisfied with cash-in-hand transfers

All participants and key informants reported being satisfied with the cash-in-hand delivery mechanism, which Plan CAR had identified and agreed on with the community through needs and market assessments. When probed, participants agreed that they preferred to receive cash-in-hand compared to vouchers or cash transfers via other available delivery mechanisms. Government key informants confirmed that the delivery mechanism “appeals to everyone” because cash is easy to access and use; in this context there are limited mobile services, limited banking infrastructure, and low literacy rates. Some adolescents reported that, after the start of the project, they received items like shoes, mattresses, and clothes from their caregivers—which they perceived as increasing their holistic sense of wellbeing.

Participants reported challenges with the frequency and value of cash transfers

The most common feedback among caregivers regarding cash transfers was about the frequency and timeliness of the transfers. All caregivers across sites experienced distribution delays. Program staff explained that challenges with the FSP, insecurity and the related need to transport cash from Bangui by flight rather than by road, as well as the geographic distance between targeted reunified families led to delays. Respondents recommended that the transfers take place monthly, as was planned, instead of quarterly. Referencing currency fluctuations driven by the security situation, a host mother in Gamboula said that “compared to the increase in the cost of living after the crisis, the quarterly frequency is too long.”

Caregivers and adolescents also reported that the value of the cash transfers was seen as insufficient to meet all the perceived or experienced needs of the reunified or UASC adolescent in the household. As an older adolescent girl said, “the sum that the [Monetary transfer and CP] project gives to our parents is insignificant; this cannot meet all the health, educational, and nutritional needs” and a host mother in Berbérati agreed that “the amount is too meagre; it cannot cover the education of children, clothing, supplies, and the needs of a

11. Participants had different perceptions as to whether the cash transfers were intended by Plan to support meeting the specific needs of the hosted or reunified child in the household, or whether the cash transfers were meant to meet the needs of all children in the family. Adolescent respondents tended to think that the cash transfers should be dedicated mainly to their needs; adults expected cash transfers to be used for expenditures to meet the needs of all children in the household; and Plan CAR program staff perceived cash transfers as meant to help meet the needs of all children in the family. Regardless, participants agreed that the transfer value was inadequate to meet all the basic protection, education, and health needs of the adolescent.

teenage girl.” Some caregivers said that this was due to inflation which occurred after the start of the project. Others said this was because they received less than they expected; many reported receiving 48,000 CFA instead of 50,000 CFA per tranche. Plan CAR staff clarified that the difference was due to transfer fees incurred working with the FSP. FSP transfer fees should be incorporated into the project budget and paid directly by Plan, not transferred down to beneficiaries. Once program staff learned this, they managed to keep the fees as low as possible. The transfer fee was renegotiated with the FSP, and Plan absorbed the overspend elsewhere.

When probed, caregivers said that a larger transfer value could fund higher-quality schooling in a private school, additional meals for adolescents and other children in the household, and additional health services and medicine for adolescents in their care.¹³ Caregivers agreed “better one than zero” – meaning any amount was better than none.

Cash-related tensions and risks within households and the community

Some participants mentioned household- and community-level social tensions in relation to receiving cash transfers. On the one hand, adolescents remarked that cash transfers smoothed the integration of UASCs into host families; as a member of a Youth Club said, “in families, the separated child feels weak at the start because he is not the biological child, but after the cash transfer he becomes happier.” On the other hand, adolescents mentioned possible household tensions in host families: “When they [host families] receive the money, the child in question wants to benefit the most from this money, so he/she will have problems with the other children of the family.”

Some caregivers noted community tension, as eligibility for cash transfers created “a climate of mistrust... those who were not in the project were jealous,” as a reunified father in Gamboula put it. The project included many community mobilisation activities, including forming Feedback Committees, liaising with Youth Clubs, and collaborating with government officials in each site. However, program staff elaborated that balancing community relations with the best care for UASCs was a challenge, as families who were willing and able to take on one or more UASCs are often more well-off compared to other families in the community, and—in view of the

community—are seen as families least in need of financial assistance.

Satisfaction with Plan staff capacity and performance

None of the participants or key informants identified specific areas for improvement nor capacity gaps among Plan staff. Plan staff themselves expressed various challenges with the cloud-based digital toolbox, which they said was difficult to use in a context with low network connectivity, among other challenges, and said they would have preferred to use preexisting CP monitoring platforms and tools.

Participants reported being satisfied with the Plan staff with whom they interacted for the program, including case managers who conducted CP monitoring visits. Staff were praised by caregivers as being helpful, giving them ideas on care of children and counseling on expenditure. As a host father in Berbérati said, “When these case managers arrive in my family for follow-up, it exceeded my expectations regarding the series of questions to ask the child... they give you directions to properly maintain the child. They went so far as to check the place where the child sleeps. All this helps us to understand a lot of things that we don’t understand.”

Livelihoods training as an exit strategy

One community leader expressed concerns about possible risks that could come to adolescents in alternative care following the end of the project and, in particular, the cash transfer component: “if the project leaves in this moment really there will be a difficult life; these children will come back to the crisis.” All assessment participants across sites—including adolescents, caregivers, and key informants—recommended training in livelihoods or income-generation activities as key to prolonging the positive effect of the cash transfer for adolescents beyond the scope of the project. The project design included an exit strategy; Plan would make referrals for vocational training and other longer-term economic recovery programming to partner NGOs and UN agencies. However, as there were no actors operating livelihoods in the program sites to which program participants could be referred, this exit strategy was not functional.

13. Adolescent girls who participated in the assessment were not probed to discuss child marriage. None of the adolescent girls themselves mentioned child marriage during the activities. This could be due to the young age of adolescent girl beneficiaries and respondents as compared to when adolescent girls in this context might be married.



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RECOMMENDATIONS FOR PLAN'S PROGRAMMING IN CAR

1.

Both host and reunified caregivers were satisfied with the delivery mechanism and found it easy to make expenditures on health, nutritional, and holistic wellbeing needs of adolescents in the family with the cash; adolescents affirmed that their wellbeing in terms of health and nutrition improved after reunification or host family placement with households receiving cash transfers.

- Cash as a modality of assistance and cash-in-hand as a delivery mechanism can help address economic barriers to adolescent wellbeing providing flexibility and choice to targeted families in order to meet adolescents' preferences and individualised, holistic wellbeing needs; and
- Adolescents' material needs that are most accessible in local markets are most likely to be met by CVA; to ensure that their other needs are met, additional conditionalities or soft-skills (training, behaviour change, etc.) components may be needed.

2. There were indications that the SRH and GBV risk mitigation and response needs of adolescent girls were not being met; adolescent girls were experiencing unwanted early pregnancy and reported exposure to STIs. In addition, there were adolescent girl beneficiaries in the program who were young mothers who requested greater financial support, including independent housing.

- More needs to be learned about whether and how CVA can support SRH and GBV outcomes for adolescent girls within a larger package of SRH and GBV services; Plan staff can work with CVA, SRH and GBV stakeholders in CAR to conduct assessments and leverage existing global guidance and tools;
- Future programming must engage adolescent boys as ally agents of change in changing gender norms and behaviors; and
- Older adolescent girl UASCs, including those who are young mothers, may require different protection solutions from Plan and its partners (e.g., supervised independent living) which may call for different CVA design features, such as direct transfers under the guidance of a mentor, given their developmental and life stages.

3. Adolescents reported school enrolment and attendance as positive outcomes of their reunification or host family placement, and caregivers attested that enrolment as a condition was effective in the face of deterrents such as high fees, low-quality education, and few opportunities for secondary schooling in this context. Adolescents at the secondary school level felt their education needs were unmet in terms of school supplies and the poor quality of schooling available; older adolescent boys and older adolescent girls, including young mothers, requested opportunities for vocational training. While secondary-level education in crisis settings varies in quality, poor quality can be a push-out factor even when enrolment is supported through cash transfers.

- Conditions should remain going forward to help incentivise enrolment and retention of adolescents in school;
- Plan should consider increasing the cash transfer value to be better in line with secondary-level school fees and material costs;
- Vocational and technical training should be prioritised as a complement to strengthen adolescents' financial assets; and
- Interventions to improve education quality – such as but not limited to professional development for teachers, should be designed in partnership with affected communities and other key stakeholders.

4. Adolescents, especially reunified adolescents, reported feeling safer after reunification as did those in host family placements receiving cash transfers, with no adolescents reporting participation in armed conflict, child labour (apart from household chores), or child marriage, all protection risks which adolescents face in this context. Caregivers shared that multiple program components, including the monitoring conditions, sensitised and incentivised them to better prioritise and meet the protection needs of adolescents. However, while one of the conditionalities was

caregivers' repudiation of child abuse and caregivers' participation in parenting training sessions, adolescent boys and girls reported instances of neglect, abuse, and negative disciplinary practices within their households. Foster caregivers described these tensions to be especially present for older adolescent boys in temporary host families.

- Conditional cash transfers can help support protective factors against some of the major protection risks that adolescents face;
- To further address household-level protection risks, engage all household members, including adolescents, in monitoring in order to gather more information about household-level child protection outcomes to inform conditionalities; and
- UASC adolescents who are older may require different protection solutions (e.g., supervised independent living) with different CVA design features, such as direct transfers under guidance of a mentor, given their developmental and life stages.

5. Participants expressed that the transfer value was insufficient to fully meet the needs of the adolescent, and they were concerned about meeting the adolescents' needs following the last cash transfer and the end of the project.

- The value of cash transfers should be reassessed and based on the costs of goods and services required to meet the intended adolescent wellbeing outcomes;
- Price monitoring and budget flexibility should go hand in hand to make it feasible to increase subsequent transfer values, if appropriate;
- Sensitise communities on eligibility criteria and cash transfer values and associated costs like transfer fees; transfer fees should be budgeted separately from transfers to beneficiaries to avoid confusion and ensure needs are met; and
- Design general and CVA-specific exit strategies that are integrated into the program design; wherever livelihoods programming cannot be directly delivered, referrals should be based on a stakeholder mapping and available services.

6. Participants reported extensive delays in receiving cash transfers

- Risk analyses should include an assessment of logistics and other operational risks that might affect the timeliness of cash transfers to beneficiaries as well as planning to mitigate potential operational and logistical risks; and
- Partnerships, communication, and coordination with FSPs should be improved to ensure that cash delivery is timely and that the value transferred reflects the value that was communicated to participants.





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