

A young woman with a vibrant, multi-colored patterned headwrap and matching top, smiling warmly. She is wearing large gold hoop earrings and a thick, multi-strand gold necklace. The background is a blurred, natural setting with a tree trunk and some hanging items.

**GOOD PRACTICE BRIEF:
8 KEY ACTIONS TO
IMPLEMENT ADOLESCENT-
RESPONSIVE CASH AND
VOUCHER ASSISTANCE**



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Contact

For more information, please contact:

Anita Queirazza, Global Lead Child Protection in Emergencies, Plan International; Anita.Queirazza@plan-international.org

Noanne Laida, Cash and livelihoods Senior Advisor, Women's Refugee Commission; NoanneL@wrccommission.org



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OVERVIEW

PURPOSE

Highlight key actions you need to take when advocating for and preparing, implementing, and monitoring and evaluating adolescent-friendly cash and voucher assistance (CVA) programming.

HOW TO USE THIS MINI-GUIDE

Review the guidance here *before* starting your needs assessment process so that you integrate all the essential actions into your planning.

TOPICS COVERED

Key actions for practitioners implementing adolescent-responsive cash and voucher assistance:

(i) advocate; (ii) establish a team; (iii) strengthen staff skills; (iv) engage adolescents; (v) analyse and understand the context; (vi) design programmes; (vii) establish a monitoring, evaluation and accountability framework; and (viii) put in place policies and procedures to protect and safeguard adolescents and their families.

Also covered are: policy and regulatory environment; gender analysis; direct and indirect recipients; complementary programming; sustainability / transition; accountability; sex, age, disability, disaggregated data (SADDD); wellbeing indicators; standard operating procedures; data protection.

SUPPORTING TOOLS

 [Urgent Action Procedures](#)



INTRODUCTION

Adolescents are chronically overlooked in humanitarian responses. While humanitarian practitioners are increasingly accountable to adolescents, adolescents continue to be forgotten or neglected because they don't fit neatly into child- or adult-focused assistance. Neither child nor adult programming offers the tailored supports that are required to address adolescents' age-specific needs and capacities. Adolescents are often invisible in humanitarian data, as they are either grouped with the broader child population,¹ with youth, or with adults. As a result, humanitarian needs analyses and response plans fail to reflect the age-specific needs of early and late adolescence and the gendered risks and barriers facing diverse adolescents. Despite the momentum created by the Youth Compact (2016), humanitarian programming still mostly uses a one-size-fits-all approach that overlooks adolescents in all their diversity. This omission also exists in cash and voucher assistance (CVA).

While CVA has great potential to contribute to adolescents' protection, education, health and wellbeing, it is not systematically considered when targeting adolescents. Research conducted by Plan International and the Women's Refugee Commission² shows that practitioners have little understanding of how CVA can be safely and effectively integrated into adolescent programming. As CVA is not yet used at scale in adolescent programming, there is little evidence on (i) the possible benefits and risks of making adolescents direct recipients of CVA and (ii) CVA's ability to contribute to adolescent wellbeing.

The IASC Guidelines for Working with and for Young People in Humanitarian Action (2020) describe key actions to promote adolescent- and youth-responsive programming. These actions are relevant for CVA actors and may result in more tailored and evidence-based approaches for using CVA with adolescents.

The good practice brief emphasises the need to:

1. **Generate evidence using sex-, age- and disability-disaggregated data (SADDD)**
2. **Mobilise dedicated resources and design intentional programmes and service for adolescents**
3. **Support the participation of adolescents in humanitarian action and strengthen their capacity as responders**

1. The UN defines children as 0–18 and adolescents as 10–19 years.
 2. Plan International (2020) [Cash and voucher assistance for adolescents: An evidence review of how cash and voucher assistance can achieve outcomes for adolescents in humanitarian settings](#). United Kingdom: Plan International and Women's Refugee Commission.



Early research findings indicate that CVA may improve adolescent wellbeing. Benefits have been seen in relation to adolescent education, health (including psychosocial health), nutrition and gender equality. Early evidence also indicates that CVA can reduce demand- and supply-side barriers to adolescents' access to essential services and enable adolescents to (i) have greater access to and control over economic resources and (ii) build human, social and financial assets.³ Well-designed CVA can help address adolescents' distinct needs, including mitigating child protection risks and improving child protection outcomes (such as access to education).⁴

Cash and voucher assistance may help adolescents who are out of school or living with disabilities overcome financial barriers so they can access alternative learning programmes or meet additional educational costs. CVA may also cover costs of health services, including age- and gender-responsive SRHR services that address unmet

needs such as contraception, menstrual health and hygiene (MHH), and prevention and care of sexually transmitted infection (STI). CVA may contribute to economic empowerment such as financial asset building for early adolescents and livelihoods support, including vocational education, for older adolescents.

CVA can be very empowering for diverse adolescents, particularly adolescent girls.⁵ Thus, CVA may be a powerful modality to address the marginalisation of adolescent girls within their households and communities. For example, CVA may be able to help delay marriage or equip married girls with financial support to start their own business. CVA can help girls access information, education and services,⁶ which can lead to better social and economic outcomes over their lifetime and those of future generations. CVA also reduces the use of negative coping strategies such as child marriage⁷ and child labour.

3. See: Plan International (2020) [Cash and Voucher Assistance for Adolescents: An evidence review of how cash and voucher assistance can achieve outcomes for adolescents in humanitarian settings](#); Save the Children (2018) [Child Outcomes of Cash Transfer Programming: What works and what doesn't for children in humanitarian and development contexts](#); Save the Children (2020) [The Effectiveness of Cash Transfer Programming for Children](#); and Collins, Olivia and Scot, Antoine (2022) [CVA and Child Protection: Summary of practice and evidence from Save the Children programmes](#). Chae, Sophia and Thoai D. Ngo. (2017) "The Global State of Evidence on Interventions to Prevent Child Marriage," GIRL Center Research Brief No. 1. New York: Population Council, https://www.girlsnotbrides.org/documents/690/2017PGY_GIRLCenterResearchBrief_01.pdf
4. Plan International (2020) [Cash and voucher assistance for adolescents: An evidence review of how cash and voucher assistance can achieve outcomes for adolescents in humanitarian settings](#). United Kingdom: Plan International and Women's Refugee Commission.
5. Ibid.
6. Mathers, Nicholas (2021) How Cash Transfers can contribute to ending child marriage, Girls Not Brides: The Global Partnership to End Child Marriage, https://www.girlsnotbrides.org/documents/1672/How_cash_transfers_contribute_to_ending_child_marriage_Thematic_paper_1.pdf
7. Ibid.

8 KEY ACTIONS

1

ADVOCATE FOR ...

- An enabling policy and regulatory environment
- Use of CVA for adolescent wellbeing

2

ESTABLISH A SUITABLE TEAM

- Select a diverse and qualified team
- Have staff sign protection and safeguarding policies and codes of conduct

8

PUT IN PLACE POLICIES AND PROCEDURES TO PROTECT AND SAFEGUARD ADOLESCENTS AND THEIR FAMILIES

- Standard operating procedures
- Data and information-sharing protocols
- Agree on protection policies and codes of conduct
- Establish referral pathways

3

STRENGTHEN STAFF AND PARTNERS' SKILLS AND KNOWLEDGE IN ...

- Adolescent-responsive CVA programming
- Adolescents' needs, wellbeing, risks and capacities

7

ESTABLISH MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING FRAMEWORKS THAT ...

- Use sex, age, and disability disaggregated data
- Include a standardised set of adolescent wellbeing indicators
 - Generate evidence
- Actively seek feedback from diverse adolescents and their families.

4

ENGAGE ADOLESCENTS MEANINGFULLY IN DESIGN, IMPLEMENTATION, MONITORING, EVALUATION AND ACCOUNTABILITY

6

DESIGN CVA PROGRAMMES THAT ...

- Use cash and/or vouchers early in the response
 - Are multisectoral
- Use "cash-plus" approach
- Consider "exit/transition" from the outset

5

ANALYSE AND UNDERSTAND ...

- Gender dynamics and intersectionality
 - Child protection and safeguarding risks and mitigation
- Possible risks and outcomes of direct and indirect targeting of adolescents

8 KEY ACTIONS FOR PRACTITIONERS

The following key actions will improve the use of CVA for adolescent outcomes in humanitarian settings and evidence collection, including in situations where adolescents are direct recipients of CVA.



1 ADVOCATE FOR ...

An enabling policy and regulatory environment.

Advocate with policymakers and duty bearers to make it easier for diverse adolescents and their families to receive, spend and save CVA. Duty bearers can include governments, donors and non-state actors.

- Collaborate with your in-country child protection and cash and voucher assistance coordination groups to integrate issues related to adolescent-responsive CVA into their advocacy messages. (For example, advocate for the right of adolescents to have bank accounts, other financial products and/ or mobile phone contracts. This may serve the interests of adolescents and their households.)
- Where security issues are a challenge, such as conflict settings, advocate for safe access to affected adolescents, even when implementing CVA.

The use of CVA for adolescent wellbeing in crisis settings. Advocate with donors and humanitarian decision-makers to fund adolescent-responsive CVA programming. Budget for CVA in your adolescent-responsive programmes as appropriate.

2 ESTABLISH A SUITABLE TEAM

Select a diverse team that is representative of the intersecting identity characteristics of the diverse adolescents and their families you are assisting. Choose diverse men, women, and/or those of diverse gender identities from different races or ethnicities who represent different linguistic, religious, and marginal groups and who live with and/ or without disabilities, etc. Having a diverse team may increase access to diverse CVA recipients, reduce bias and mitigate safeguarding risks.

Select a qualified team. No one individual will have all the skills you need, but you can choose a team with diverse skills that complement each other. Skills needed include experience in CVA; working with adolescents; safeguarding; child protection; and monitoring, evaluation, accountability and learning. Staff who do not have skills and experience in working with children/adolescents *must be accompanied* by a staff member who does have those skills when they are working with adolescents.

That have signed and completed safeguarding checks (in line with organisational policy); a code of conduct and/or safeguarding policy.

- See section “6.2 Human resources: staff recruitment, training, and management”, on pages 16–17 of [Designing Cash and Voucher Assistance to Achieve Child Protection Outcomes in Humanitarian Settings](#).

3 STRENGTHEN STAFF AND PARTNER KNOWLEDGE AND SKILLS ON ...

Adolescent-responsive CVA programming.

Include modules on assessment, design and implementation of adolescent-responsive CVA programming in training for humanitarian staff working in child protection and CVA, MEAL teams, partner organisations and financial service providers.

- To see existing sample training modules that can be adapted to context, please contact The Alliance for Child Protection in Humanitarian Action, [Child Protection and Cash Task Force](#).

Adolescents' needs, wellbeing, risks and capacities.

For staff who have no previous experience working with adolescents, focus learning on: (i) child rights; (ii) child development; (iii) organisational protection and safeguarding policies and codes of conduct; (iv) diverse adolescents' specific needs and capacities; (v) adapted communication techniques; and (vi) risks and mitigation strategies.

4 ENGAGE ADOLESCENTS...

As advisors and decision-makers. Offer opportunities for adolescents to meaningfully participate in identifying needs and designing, implementing, monitoring and evaluating (M&E) CVA and related accountability⁸ systems. Promoting adolescent participation throughout the programme management cycle strengthens adolescents' capacities and agency; contributes to safer and more effective programming that meets the best interests of adolescents; and fosters partnerships between adolescents and practitioners.

5 ANALYSE AND UNDERSTAND ...

Gender dynamics in the context. CVA for adolescents must be informed by a gender analysis to understand the unique risks faced by girls, boys and non-binary adolescents. This analysis must take an intersectional⁹ approach. That is, the analysis must seek to understand the diverse characteristics of an individual that may increase vulnerability. This form of analysis may help you to identify and address specific economic barriers to adolescents' access to protection, education and health services. It is crucial for preventing negative coping mechanisms such as child marriage.



Child protection and safeguarding risks and mitigation strategies that apply to CVA programming.

Protection and safeguarding risks for adolescents are not necessarily greater when using CVA compared to other modalities of assistance. However, robust risk assessment and mitigation measures are essential to ensuring that adolescent-responsive CVA follows the principle of “do no harm”. Conduct robust risk assessments to inform the design of CVA. Ensure the participation of adolescents in separate groups according to gender, age and other characteristics. This approach will support the identification of possible risks and mitigation strategies and help ensure the safe, appropriate receipt and use of CVA. Embed monitoring of identified protection risks and benefits, as well as of mitigation measures, into post-distribution monitoring (PDM).

Whether it is best to target adolescents as direct or indirect recipients of CVA (based on a context analysis).

There is limited guidance and evidence on how to effectively and safely transfer CVA directly to adolescents. A decision on directly targeting adolescents as CVA recipients should be based on an assessment of the adolescents' best interests. This includes an assessment of (i) the care situation of the adolescents; (ii) the potential protection risks and benefits of giving cash directly to adolescents; (iii) community expectations and norms around adolescents (specifically adolescent girls) accessing CVA; (iv) the legal and policy frameworks facilitating direct transfer of CVA to adolescents; and (v) the type of complementary programming that could support direct transfers to adolescents (e.g. life skills and case management).

It may be possible to directly target specific sub-groups of adolescents who are living independently, without adult care or support (such as unaccompanied adolescents, adolescents in child-headed households, children in child marriage, pregnant girls or young parents/caregivers). The decision to give CVA directly to adolescents depends on their age, level of ability and circumstances. This must be coupled with close monitoring to avoid coercion or violence by those who may want access to their cash and/or vouchers.

- See page 40–52 of Plan International (2020) [Adolescent Programming Toolkit](#).

8. Accountability systems include, but are not limited to, mechanisms for receiving and handling feedback and complaints.

9. ‘Intersectionality’ refers to the fact that different aspects of a person’s identity may expose them to discrimination, marginalization and risk. Characteristics that can reduce an individual’s power and exacerbate risks include, for example: sexual orientation, gender identity or expression, or sex characteristics; age; economic, religious, social, or political background; ethnicity; disability; statelessness; displacement status; etc. When an individual shows more than one of these characteristics, this may increase their vulnerability.

6 DESIGN PROGRAMMES THAT ...

Use CVA early in the response. To help stabilise household economies, use CVA early in the response. Doing so can help minimise exposure to risks, including parents'/ caregivers' deteriorating mental health. It can also reduce reliance on risky coping mechanisms such as school dropout, child labour, child marriage, family separation, and sexual exploitation. Families should be linked to multi-sectoral services to enhance a protective home environment for diverse adolescents, particularly girls and at-risk adolescents. For example, direct support to adolescent girls may include multi-purpose cash assistance for basic needs and top-ups for menstrual health and hygiene (MHH) supplies and services.

Are multi-sectoral. Multi-sectoral approaches that use CVA (where appropriate) to cover one or more of the following areas – protection, education, sexual and reproductive health and rights (SRHR) and economic empowerment – should be adolescent-responsive. These should tailor CVA to the needs of adolescents so as to address gaps in service provision. The design features of CVA – modality, delivery mechanism, frequency, duration, value of transfers, etc. – should be tailored as much as possible to achieve the intended outcomes for adolescents.

Use complementary programming approaches. Complementary programming (sometimes referred to as “Cash-plus”) implements CVA alongside other modalities of assistance and is considered the most effective way to support adolescent wellbeing. Given the multitude of risks faced by adolescents in crisis settings, cash alone is unlikely to be transformative. An integrated cash-plus approach – where CVA is combined with other interventions such as education and life skills, social norms change, mentorship, financial asset building and livelihoods support for older adolescents – is recommended. Case management is also widely recommended as a critical component of cash-plus programming.

Consider issues relating to sustainability and transition or exit strategies from the start. When CVA is used, there must be a clear “exit strategy”. This is important because of (i) the often-short lifespan of humanitarian programming and (ii) potential risks to adolescents if sustainability has not been considered. Wherever possible, short-term CVA should be linked with longer-term economic strengthening. This may include, for example, economic strengthening for younger adolescents, livelihoods programming for older adolescents, and livelihoods programming for parents/ caregivers of adolescents. This can help mitigate negative economic coping strategies and ensure a safe exit strategy. Note: case management support or other interventions can continue even when CVA has ended.

7 ESTABLISH A MONITORING, EVALUATION AND ACCOUNTABILITY FRAMEWORK THAT ...

Uses sex-, age- and disability-disaggregated data (SADDD) in CVA programming. Without disaggregation, practitioners will fail to address the unique needs of adolescents, understand the potential of CVA to support these needs and measure the effects of CVA on adolescent wellbeing outcomes. Always use context-appropriate age disaggregation. For example, use discrete age categories of 10–14, 15–17 and 18–19 years. This enables you to distinguish early and late adolescents from other children (under 10 years old) and older adolescents (18–19 years) from other adults. Ensure M&E frameworks, tools and reports support the collection of SADDD and that learnings are shared for continuous learning and improvement of CVA programming for adolescents.

Includes a standardised set of adolescent wellbeing indicators for protection, education and health outcomes to measure results associated with CVA interventions. Develop standardised adolescent wellbeing indicators related to protection, education and health to measure the impact of CVA and facilitate comparisons across interventions and contexts. Develop indicators for adolescent wellbeing outcomes in relation to household-level cash assistance (e.g. multi-purpose cash assistance), individual-level cash assistance (e.g. cash transfers to heads of households meant to increase specific adolescent wellbeing outcomes) or cash transfers directly to adolescents. Adolescents should be included in routine M&E activities as respondents and, where possible, as active co-designers and implementers.

Generates evidence on the impact of CVA on adolescents' protection, education and health. More evidence is needed on the impact of CVA on adolescent wellbeing outcomes in humanitarian settings, and more investment is needed to address those evidence gaps. Strengthening M&E systems and carrying out research with larger study sample sizes and with control groups, if possible, will advance the humanitarian community's understanding of the impact of CVA. In general, evidence is needed on (i) CVA design features (i.e. the modality, frequency, value and duration of transfers) vis-à-vis adolescent wellbeing outcomes, (ii) the kinds of CVA designs and modalities that might expose adolescents in crisis to additional risks in specific contexts, (iii) how to mitigate those risks, and (iv) how programming approaches can best draw on the assets and capacities of adolescents. Regarding direct CVA transfers to adolescents, more evidence needs to be generated on (i) the pros and cons of transferring CVA to adolescents in family-based care, (ii) the use of CVA to mitigate vulnerabilities of unaccompanied and separated children (UASC) and (iii) the kinds of complementary programming that may be necessary to appropriately support direct transfers.

Actively seeks feedback from diverse adolescents and their families. Without speaking to diverse adolescents, we cannot fully understand their needs and capacities. We need to establish diverse ways to receive feedback, including face-to-face/ in person, e-mail, telephone messaging services, social media platforms and websites; etc. Staff should regularly, proactively advise adolescents on how they can provide feedback. The mechanisms also need to be regularly monitored. If adolescents are not coming forward to share their thoughts and concerns, then the mechanisms are not working, and alternative approaches should be implemented.

- See pages 68–70 of Plan International (2020) [Adolescent Programming Toolkit](#).

8 PUT IN PLACE POLICIES AND PROCEDURES TO PROTECT AND SAFEGUARD ADOLESCENTS AND THEIR FAMILIES

Develop inter-sectoral, adolescent-responsive CVA standard operating procedures (SOP).

These should (i) contain step-by-step instructions for implementing adolescent-responsive CVA, (ii) assign roles and responsibilities for these actions, and (iii) set out data protection and information-sharing protocols. Include staff representatives from across the organisation in the development of these SOPs. Data protection and information-sharing protocols should describe the appropriate and agreed-upon ways to collect, record, store and share data on adolescent CVA recipients and their families.

Agree upon child protection, prevention/ protection from sexual exploitation and abuse, and sexual harassment policies and Codes of Conduct that are applicable to each set of actors involved in implementing adolescent-responsive CVA.

Establish protection referral pathways for each site where you are gathering data for needs assessments and/or implementing activities. Select service providers who can address the diverse needs of adolescents. The *minimum* services should include medical care, mental health and psychosocial support, legal aid, and safety and security.

- See: Plan International (2018) [Child-Friendly Feedback Mechanisms](#).

See TOOL – Urgent Action Procedures provides guidance on responding to signs of distress and suspicions or disclosures of child protection and safeguarding concerns.





Plan International Global Hub

Dukes Court, Block A, Duke Street,
Woking, Surrey GU21 5BH, United Kingdom

Tel: (+44)1483 755 155

To learn more about our actions for children,
visit www.plan-international.org

Women's Refugee Commission

15 West 37th Street, 9th Floor,
New York, NY 10018

Tel: (+1) 212 551 3115

www.womensrefugeecommission.org