MINI GUIDE
MONITORING AN
adolescent-responsive
cash voucher assistance
programme
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OVERVIEW

PURPOSE
This tool helps you to develop and implement a monitoring system for your adolescent-responsive cash and voucher assistance.

HOW TO USE THIS MINI-GUIDE
Use this mini-guide for instructions on how to monitor your adolescent-responsive CVA.

TOPICS COVERED
Baseline data collection, process monitoring, post-distribution monitoring (PDM), market monitoring; red flag indicators, feedback mechanisms, data protection

SUPPORTING TOOLS
- Sample CVA Indicators for Adolescent-responsive Cash and Voucher Assistance
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- Adolescent Consultation Guide
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INTRODUCTION

Monitoring is a process of collecting and analysing data at regular intervals to understand progress against programme plans and objectives. Data collection is normally done through the organisation’s staff – thus it is an internal process. Gathering data frequently throughout the life of the programme and including adolescents and their families in the process enable us to quickly adjust implementation to avoid harm from and maximise the benefits of CVA. Monitoring data is core to any programme evaluation (see below).

This section takes you through the key steps of the monitoring process:

1. Agree on questions to be addressed by your data collection process
2. Develop your data collection process
3. Engage a range of diverse and relevant stakeholders who know about the lives of adolescents
4. Collect the data
5. Monitor the risks and red flags
6. Analyse the data

Programming aspects you need to confirm through monitoring

Through your monitoring process, you will seek to confirm that:

- Planned activities have been implemented.
- CVA is implemented in ways that do not cause harm.
- Diverse adolescents and their families are able to buy the goods and services they need most and are spending the CVA received in ways the project intended.
- Adolescent-responsive CVA and complementary programming are achieving their objectives and goals.

How is this guidance structured?

This guidance is split into two main parts.

PART 1 » Key steps to be taken in all activities for monitoring adolescent-responsive cash and voucher assistance

PART 2 » Different forms of monitoring processes used in adolescent-responsive cash and voucher assistance

This section explains the different data collection processes used when implementing adolescent-responsive cash and voucher assistance. This section covers:

- Baseline data collection
- Process monitoring
  - Post-distribution monitoring (PDM)
  - Monitoring markets
  - Monitoring adolescent wellbeing
  - Feedback mechanisms
PART 1  KEY STEPS TO BE TAKEN IN ALL ACTIVITIES FOR MONITORING ADOLESCENT-RESPONSIVE CASH AND VOUCHER ASSISTANCE

This section takes you through the key steps of all adolescent-responsive cash and voucher assistance monitoring activities – both baseline data collection and process monitoring.

Key steps of all adolescent-responsive cash and voucher assistance monitoring activities

1. Agree on questions to be addressed by your data collection process
2. Develop your data collection process
3. Engage a range of diverse and relevant stakeholders who know about the lives of adolescents
4. Collect the data
5. Monitor the risks and red flags
6. Analyse the data

These six steps are relevant to all forms of baseline data collection and monitoring.
**STEP 1: AGREE ON QUESTIONS TO BE ADDRESSED BY YOUR DATA COLLECTION PROCESS**

Questions that all adolescent-responsive CVA monitoring processes should help us to understand

**What activities have been implemented?**
- How many diverse adolescents and their parents/caregivers have directly received CVA?
- How many diverse adolescents and their parents/caregivers have benefitted from CVA received by others?
- What were the transfer amounts and frequency?
- What other programme interventions were implemented alongside CVA?
- What other assistance are adolescents and their families accessing?

**Is CVA implemented in ways that do no harm?**
- What modalities and delivery mechanisms do adolescents and their parents/caregivers prefer?
- What are diverse adolescents’ and their parents/caregivers’ perspectives on the programme, staff, and partners?
- What are diverse adolescents’ and their parents/caregivers’ perspectives on the quality of the CVA?
- Are there any possible (child) protection risks or issues within the home associated with CVA and other programme activities, particularly where CVA is new to the community or the organisation?
- Are there any possible (child) protection risks or issues within the community associated with CVA and other programme activities, particularly where CVA is new to the community or the organisation?
- What risk mitigation strategies are used by adolescents, their parents/caregivers, and their communities?

**Are diverse adolescents and their families able to buy the goods and services they need most, and are they spending the CVA received in ways the project intended?**
- What are diverse adolescents’ and their parents/caregivers’ perspectives on the quantity of the CVA?
- Are there any changes in the cost of goods and services needed by diverse adolescents and their families?
- How have diverse adolescents (who are direct recipients of CVA) used their CVA entitlements?
- How have diverse parents/caregivers used their CVA entitlements?
- How have diverse adolescents (who are indirect recipients) benefitted from CVA received by others?

**Are adolescent-responsive CVA and complementary programming achieving their objectives and goals?**
- Are there any changes in:
  - The knowledge, attitudes, and practices of adolescents and their parents/caregivers?
  - Adolescents’ and their families’ capacities and resilience?
  - Adolescent wellbeing?

Work with a range of diverse stakeholders to discuss, consider options for, and agree upon the questions you want to answer through your monitoring process.

- Select and develop additional questions to those listed in Box 2, depending on your context and programme.

See TOOL – Sample CVA Indicators for Adolescent-responsive Cash and Voucher Assistance.
STEP 2 DEVELOP YOUR DATA COLLECTION PROCESS

- Coordinate with other actors to understand:
  - What monitoring activities are being undertaken by other humanitarian actors?
  - What monitoring tools are being used?
  - What questions relating to adolescent responsive CVA are already being asked/addressed?
  - Are adolescents already being included in monitoring activities?
- Map out existing monitoring data.
  - Has the data you need already been collected by other actors?
  - Do you need to collect your own monitoring data?
- Involve adolescents in the development of a monitoring plan and tools for your adolescent-responsive CVA if it is safe and ethical to do so.
- Adapt the globally developed tools for baseline data collection and/or process monitoring where gaps in data collection processes exist.
  - Update or revise existing, adequate tools that need small edits to be able to take into account adolescent-responsive CVA.

See the Monitoring and Evaluation Toolkit | Cash and Voucher Assistance and Child Protection for Adolescents. This has a range of relevant tools including:
- Adolescent Baseline
- Risk Mapping with Adolescents
- Story-based Focus Group Discussion
- Design them to disaggregate responses by sex, age, disability, other aspects of diversity, and household composition.

See TOOL – Data Disaggregation for Adolescent-responsive Cash and Voucher Assistance.

- Include contextually appropriate questions relating to adolescents in your own CVA baseline data collection and monitoring tools.
- Advocate for the inclusion of questions relating to adolescents in the baseline data collection and monitoring processes of other actors implementing CVA.
- Include post-distribution monitoring tools that are adapted for use with adolescents and their families in your system for monitoring your adolescent-responsive CVA.

See the Monitoring and Evaluation Toolkit | Cash and Voucher Assistance and Child Protection for Adolescents.

- Work with monitoring and evaluation experts to review the option of having a control group. Consider the context-specific advantages, disadvantages, and ethics of having a control group.
- Request an ethics panel review of your baseline data collection and monitoring plans and all your tools prior to use. An ethics review panel will confirm that your methods will do no harm and suggest improvements if there are potential issues.
- Use your adolescent-friendly post-distribution monitoring questionnaire in interviews with adolescents.

See the Monitoring and Evaluation Toolkit | Cash and Voucher Assistance and Child Protection for Adolescents.

- Schedule data collection visits at hours that do not interrupt planned activities for adolescents and their families. For example, avoid talking directly with adolescents during formal or informal learning hours.
STEP 3 ENGAGE A RANGE OF DIVERSE AND RELEVANT STAKEHOLDERS WHO KNOW ABOUT THE LIVES OF ADOLESCENTS

- Consult with MEAL experts on sample size and sample selection.
  - In order for you to be able to draw conclusions from the analysis of your baseline and monitoring data you will need to engage a specific number of respondents. MEAL experts will be able to tell you the ideal number of respondents and how best to choose them in your setting.
- Consult with a range of actors in your setting, including:
  ~ Diverse adolescents
  ~ Diverse parents/caregivers
  ~ Market service providers
  ~ Adolescent-focused organisations
- Set out a plan and dedicated budget for engaging different sets of stakeholders in adapting the process and methodology, mitigating any identified risks, implementing the monitoring process, analysing data, and adapting interventions afterwards.
- Confirm that you have budget available to address any (child) protection and/or safeguarding needs stakeholders may disclose or identify during the research process.
- Identify a schedule and locations for data collection that minimise the diverse risks to the diverse stakeholders participating. Be prepared to hold consultations with different stakeholders at different locations and/or different times of day.

See TOOL – Adolescent Consultation Guide
See TOOL – Tips for Consulting Different Stakeholders when Implementing Adolescent-responsive Cash and Voucher Assistance

URGENT ACTION PROCEDURES
Whenever you are carrying out direct consultation with adolescents, their families, and communities, put in place a system to respond if a child protection, gender-based violence or safeguarding incident is disclosed, suspected, observed or reported.

See the Urgent Action Procedures for details of the actions to take when there is a suspicion or report.

See TOOL – Urgent Action Procedures
STEP 4 COLLECT THE DATA

• Have strict protocols in place for collecting, storing, and analysing data in a way that keeps children and their families safe.
• Conduct any discussions about children and the protection concerns they face in private settings.
• Record group discussions without identifying individual participants’ names or any other identifying details.

Options for data collection on adolescent wellbeing

Use data from the child protection information management system.
• The information collected on individual adolescents and recorded in your child protection information management system can be aggregated, removing identifying information.
• Analysis can then be done to determine trends in your caseload.
• This can give information such as the number of adolescents/families receiving CVA who are attending school, the number of families receiving CVA where adolescents report experiencing violence, and changes in levels of distress over time of adolescents in households receiving CVA.

Carry out an interview with adolescents and/or their parents/caregivers.
• Case workers may use a survey or set of interview questions during case management meetings.
  – For example, see the adolescent PDM.
• The data can be collected from each adolescent in a household receiving CVA.
• The data can be collected at set intervals, taking advantage of caseworker contact with adolescents.

Interview service providers.
• Service providers may include case workers, teachers, school directors, health and nutrition workers, youth group members, sports coaches, etc.

• Seek only aggregate information.
• Carry out key informant interviews or focus group discussions with service providers who have regular, direct contact with adolescents.
• Ask them questions about the diverse adolescents engaged in your programme.
• Beware not to breach confidentiality in relation to the adolescents and their families who are recipients of CVA.

Consider complementary data collection.
• Home visits allow the caseworker to observe the household and note any changes in conditions over time. This can indicate changes in adolescent and family well-being that individuals may be ashamed or scared to report in discussions.
• Completing a survey or interview process with other family members and/or community members can allow for triangulation of data collected in discussion with adolescents and/or their caregivers.
STEP 5 MONITOR THE RISKS AND RED FLAGS

Your monitoring process must seek to identify any risks as soon as they arise so you can adjust activities to prevent any possible on-going or future harm.

- Establish a set of red flag indicators that can enable early detection of risks.
- Seek the views of diverse stakeholders – including diverse adolescents – on what risks exist in your setting at different points in time. This information should determine the scope of the risks captured in your red flag indicators.
- Include questions about risks and mitigation strategies in all your post-distribution monitoring and focus group discussion tools. These questions should align with and monitor data that can enable you to trigger any red flag indicators.

See TOOL – Sample CVA Indicators for Adolescent-Responsive Cash and Voucher Assistance for a set of example red flag indicators.

STEP 6 ANALYSE THE DATA

The data you collect should enable you to understand:

- What activities have been implemented
- What has been achieved
- Any challenges in implementation
- Any risks to adolescents and their families
- The analysis of this data should help you to determine the adjustments needed to your programme.
- For details on how to partner with adolescents when conducting data analysis for adolescent-responsive CVA, see section “Action 8: Analyse and interpret the data with adolescents” of the Mini-guide – Evaluation.
There are a number of different data collection processes that help us to monitor adolescent-responsive cash and voucher assistance (see Figure 2). These are:

- Baseline data collection
- Post-distribution monitoring
- Monitoring adolescent wellbeing
- Market monitoring
- Feedback mechanisms.

In the following section, we describe how to make each of these processes adolescent-responsive.

**Different ways of monitoring adolescent-responsive cash and voucher assistance**

**Baseline Data Collection**

**Options:**

1. Establish control group + collect data from a sample of CVA recipients
2. Collect data from a sample of CVA recipients who will be monitored throughout as part of longitudinal study

**Process Monitoring**

- Post distribution monitoring
- Monitoring adolescent wellbeing
- Market monitoring
- Feedback mechanisms

**Evaluation**

An assessment of performance, focused on results (outcomes and impacts) that can be internal or external.

**May occur:**

1. In real time
2. At set intervals, for example after three or six months, or half way through a project
3. At the end of a project

For further details on carrying out an evaluation, see Mini-guide: Evaluation.
**BASELINE DATA COLLECTION**

A “baseline” for adolescent-responsive CVA is a set of data that gives an overview of the situation before CVA is implemented. It focusses on:

1. the wellbeing of adolescents and their families; and
2. the status of goods and services that adolescents and their families need.

This provides a benchmark against which progress can be assessed. Establishing a baseline is essential to understanding the outcomes achieved by the CVA intervention.

Use the same tools for your baseline data collection as you will use throughout the monitoring process. This enables comparison of data over time (longitudinal study).

Adapt the Baseline for Adolescent Recipients of CVA from the Monitoring and Evaluation Toolkit | Cash and Voucher Assistance and Child Protection for Adolescents.

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**Use of a control group versus a longitudinal study**

1. **What is a control group for adolescent-responsive CVA?**

   It is a group of randomly selected adolescents who:
   - Have similar characteristics to the adolescents who are participating in the programme
   - Do not receive CVA, either directly or indirectly
   - Are included in the monitoring process to compare any changes in their wellbeing over time with changes in wellbeing of adolescents who DO benefit from cash and voucher assistance.

   Establishing a control group helps us to isolate the results of the CVA intervention as opposed to other modalities of assistance. Any differences in outcomes between the two groups (control group versus adolescents participating in the programme) are attributed to the CVA.

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**ETHICAL CONCERNS WITH THE USE OF A CONTROL GROUP**

There are ethical concerns when consulting with adolescents who have similar characteristics to those benefitting from the CVA but who will not themselves directly or indirectly benefit from the CVA:

- If they have similar characteristics to those directly or indirectly receiving CVA, do they not have the same needs? If yes, then it is unethical to exclude them from receiving assistance.
- Asking adolescents to participate in a monitoring process when they are not benefitting from the programme seems inappropriate.

Most often, the control group and CVA recipients are not randomly allocated. Programme managers put in place a selection process. This means that the outcomes for adolescents included in the CVA cannot be directly attributed to the CVA.

1. **What is a longitudinal study?**

   A longitudinal study monitors or observes the same set of subjects (in this case, adolescents) repeatedly over a period of time. This is done to identify change caused by an intervention from which they have benefitted.

   - **Advantages** – They provide information on change over time, may indicate a sequence of interventions that maximise benefits for adolescents, and give indications of cause-and-effect. They are also less challenging ethically, as all those participating in the study will be recipients of CVA.
   - **Disadvantages** – A large sample size is needed to draw conclusions on causality. Costs are higher due to the time-consuming nature of longitudinal research.
PROCESS MONITORING

Process monitoring looks at the way programme activities are implemented. It confirms that activities have been implemented as planned and that CVA is implemented in ways that do not cause harm. (These are the first two “Programming aspects to be confirmed” listed in Box 1). The details of the data collected tell us if adolescents and their parents/caregivers received what they needed, how they needed it, in a way that was safe and problem-free.

Process monitoring helps us to identify any access or protection barriers or risks that may have made CVA unsafe. On-going monitoring enables us to address any problems as soon as they arise and to prevent further issues with implementation.

Aspects of your programme to monitor

Process monitoring must happen at regular intervals, ideally after each CVA transfer takes place. It should take into account: status of activity implementation, risks arising and related mitigation strategies, ways in which CVA is used, and progress made in achieving objectives.

Ways of collecting process monitoring data

Process monitoring data collected for adolescent-responsive CVA may come from

1. post-distribution monitoring;
2. focus group discussions with adolescents and their caregivers; and/or
3. reports made through feedback and complaints mechanisms.

Post-distribution monitoring and focus group discussions

Post-distribution Monitoring (PDM) allows you to: monitor your distribution process, quickly identify any risks arising, adjust your programmes as soon as any issues or risks are noticed, and capture vital data to track progress against indicators.

Review and edit any existing question sets/tools for focus group discussions (FGDs) and post-distribution monitoring (PDM) to ensure the data collection tools:

- Allow for age disaggregation that distinguishes adolescents from adults and younger children and younger from older adolescents. Suggested age ranges are as follows:
  - Young adolescents (10–14 years old)
  - Older adolescents (15–17 years old)
  - Adolescent adults (18–19 years old)
- Seek feedback on risks and benefits of CVA for adolescents and their caregivers.

• Take into account the needs of adolescents and their caregivers (in terms of services and goods).
• Identify diverse adolescents, caregivers, and community-level strategies to mitigate risks for adolescents.

For examples of FGD and PDM tools, see the Monitoring and Evaluation Toolkit | Cash and Voucher Assistance and Child Protection for Adolescents.

Monitoring adolescent wellbeing

Monitoring adolescent wellbeing can be a useful way to determine the efficacy of your adolescent-responsive CVA. Wellbeing is multi-dimensional and thus requires a complex data collection process. Options for monitoring wellbeing are set out below.

• Collaborate with adolescents and communities to develop a set of context-specific indicators for adolescent wellbeing. Diverse adolescents and the community should give input on the key determinants of adolescent wellbeing.


• Collaborate with adolescents and communities to create a survey or interview tool to gather data for monitoring progress against your wellbeing indicators.
  – Surveys or interviews to assess adolescent wellbeing should be composed of questions that cover topics including: physical and mental health, economic condition, family relations, community acceptance, psychological and interpersonal competencies, sexual life, sanitation and hygiene, nutrition.

  All these dimensions are covered in the questions in the Adolescent PDM tool that is part of the Monitoring and Evaluation Toolkit | Cash and Voucher Assistance and Child Protection for Adolescents.

  The PDM can thus be adapted to gather data on the indicators you selected.

• Set up a process for collecting the data. The preference, where possible, is for the data collection tool to be administered by case workers, as they are experienced in working with adolescents and can respond to any protection risks that may be disclosed.

Feedback mechanisms
Key actions for implementing feedback mechanisms for adolescent-responsive CVA are:
• Identify any existing feedback mechanisms.
• Assess if existing feedback mechanisms are adolescent-friendly. Ask yourself:
  - Are adolescents providing feedback through the mechanisms?
  - If not, why not?
  - Does the feedback mechanism need to be adjusted? If yes, implement an action plan to make them adolescent-friendly.
• Review feedback being received through any existing feedback mechanisms to determine whether or not there is a need to adjust CVA implementation. Ask yourself if any of the reports relate to:
  - The experiences of adolescents
  - The implementation of CVA
  - Risks relating to CVA
  - Mitigation strategies

For detailed, step-by-step guidance on establishing adolescent-friendly feedback mechanisms, see:


Monitoring markets
Market monitoring should take into account the priority goods and services that adolescents and their families have to buy to address their needs and ensure their wellbeing.
• Lobby for market monitoring processes that are already taking place to consider the goods and services needed by adolescents and their families.

Where other actors are not taking into account adolescent needs:
• Conduct market monitoring at regular intervals of the goods and services that adolescents need. This should establish and verify if:
  – Market conditions (prices and availability) of adolescents’ goods and services are undergoing substantive changes
  – CVA for adolescents is still an appropriate and feasible modality
  – Vendors operate in ways that are safe and accessible for diverse adolescents
• Analyse the data from your market monitoring to inform decisions about possible changes to your adolescent-responsive CVA transfer amounts, frequency, duration, delivery mechanisms, etc.

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