WOMEN'S REFUGEE COMMISSION

PLAN INTERNATIONAL

CASH AND VOUCHER ASSISTANCE FOR ADOLESCENTS

An evidence review of how cash and voucher assistance can achieve outcomes for adolescents in humanitarian settings

Plan International

Plan International (Plan) strives to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it is girls who are most affected.

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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.

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ABBREVIATIONS USED

ACPHA: Alliance for Child Protection in Humanitarian Action

ALNAP: Active Learning Network for Accountability and Performance

ALP: Accelerated learning program

ASRH: Adolescent sexual and reproductive health

NRC: Norwegian Refugee Council

CALP: Cash and Learning Partnership

OOS: Out of school

CAR: Central African Republic

SIDA: Swedish International Development Cooperation Agency

CCT: Conditional cash transfer

CfF: Cash for food

CfW: Cash for work

CLARA: Cohort Livelihoods and Risk Analysis

CM: Child marriage

CL: Child labour

CP: Child protection

CRS: Catholic Relief Services

CTP: Cash transfer programming

CVA: Cash and voucher assistance

DRC: Democratic Republic of the Congo

DRC: The Democratic Republic of the Congo

EiE: Education in emergencies

FGD: Focus group discussion

GAGE: Gender and adolescence: global evidence

GBV: Gender based violence

HH: Household

HOH: Head of household

ICCS: Islamic Centre Charitable Society

INEE: International Network for Education in Emergencies

IPV: Intimate partner violence

IRC: International Rescue Committee

IRJ: Islamic Relief Jordan

KII: Key informant interview

LMIC: Low to middle income country

M&E: Monitoring and evaluation

MPC: Multipurpose cash

MPCA: Multipurpose cash assistance

PDM: Post-distribution monitoring

Plan: Plan International

PSS: Psychosocial support

RSS: Republic of South Sudan

SADD: Sex, age, and disability disaggregated

SEA: Sexual exploitation and abuse

SGBV: Sexual and gender-based violence

SOP: State of Palestine

SRH: Sexual and reproductive health

TVET: Technical, vocational education and training

UASC: Unaccompanied and separated child(ren)

UCT: Unconditional cash transfer

UN: United Nations

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

WFP: World Food Program

VAWG: Violence against women and girls

WHO: World Health Organisation

WRC: Women's Refugee Commission

LCC MCA: Lebanon Cash Consortium Multipurpose Cash Assistance

BACKGROUND

DESCRIPTION OF THE INITIATIVE

In line with its new organisational strategy for 2017-2022, Plan International (Plan) is driving global work to enhance age- and gender-responsive humanitarian programs. This includes developing program models to support adolescent girls and boys in emergencies which integrate child protection (CP), education, sexual and reproductive health (SRH), and youth economic empowerment interventions. These cover programs to prevent and respond to child labour, child marriage (CM), child abuse or exploitation, or forced recruitment of adolescent girls and boys into armed groups, as well as programs that support access to quality and relevant education opportunities for adolescents to build essential life skills.

In many humanitarian contexts, cash and voucher assistance (CVA) is a relevant and vital modality to support the prevention and mitigation of and response to protection issues and achieve adolescent well-being outcomes. Since the World Humanitarian Summit in 2016, the humanitarian sector has rapidly increased the institutionalisation and funding and scaling of CVA programming (Cash and Learning Partnership [CALP] 2018).

While CVA is an increasingly used modality within Plan's child-centred emergency response programs, there is no organisational guidance on the use of CVA in programming, both sectoral and multi-sectoral, to support adolescents in emergencies. Generalisable evidence and learning on the impact of CVA on CP and education outcomes for adolescents in humanitarian contexts is limited, as is evidence and guidance on directly transferring CVA to adolescents, an emerging approach. These gaps—which are not unique to Plan and also representative of the wider humanitarian community—inhibit standardisation and harmonisation of programmatic approaches, the documentation and promotion of good practices and capacity building of Plan's humanitarian response teams.

Plan International, with support from the Swedish International Development Cooperation Agency (SIDA), and in partnership with the Women's Refugee Commission (WRC), seeks to synthesise learning and strengthen its internal capacity on CVA in multi-sectoral humanitarian programs to effectively achieve protection, education and wellbeing outcomes for crisis-affected adolescent girls and boys. In doing so, Plan wishes to benefit other stakeholders looking to strengthen their policy, practice and field resources.

OBJECTIVES OF THE DESK REVIEW AND CONSULTATIONS

The objective of the desk review and global consultations undertaken by the WRC on behalf of Plan was to collate and document existing programs that deliver CVA for adolescent wellbeing outcomes; and recent evidence related to adolescent-focused programming from the CP, health, and education sectors that can be applied to the use of CVA programming for adolescent wellbeing outcomes.

ADOLESCENCE, ADOLESCENTS IN CRISIS, AND CVA

The World Health Organisation (WHO) defines adolescents as persons between the ages of 10 and 19 (WHO 2013). Adolescents have specific needs that are distinct from both younger children and adults (Thompson 2016). Adolescence is a transitional phase of cognitive, emotional, physical and sexual growth and development between childhood and adulthood (Chavez et al, 2018). Adolescence is varied and diverse, with the transition to adulthood being experienced and defined differently individually and societally (Thompson 2016). This transitional and developmental period is increasingly seen as an "age of opportunity" (United Nations Population Fund [UNFPA], 2014) globally and in humanitarian settings, because of the significant individual and intergenerational implications of adolescent development; as Baird et al (2016) summarised, "young people's capabilities and functioning during this period not only have immediate consequences to their own lives, but also longer-term benefits to their offspring and communities at large" (p. 3-4)

While institutions, systems and community cohesion normally support child and youth development, during crisis these supports break down. Humanitarian response often fails to take the necessary steps to mitigate and counteract the disadvantages that challenge adolescents in crisis in general—and the challenges faced by adolescent girls (Paik, 2014; Robles, 2015) and adolescents living with disabilities (WRC, 2015) in particular.

Adolescents' needs and their capacities should be included in every phase of humanitarian programming (WRC & Robles, 2014) and adolescent-focused programming requires adequate investment (Bakrania et al, 2017, p. 22). Many humanitarian agencies have in recent years adopted strategies for youth inclusion and participation.

Yet "adolescents are under-researched compared to women and younger children, both in terms of the risks and violence they are exposed to, and the impact of interventions to prevent violence against them" (Sheppard, 2019). For instance, there is increasing evidence that adolescent boys in crisis are experiencing significant exploitation which is not being addressed within humanitarian response and current protection mechanisms (Jones et al 2016; Chynoweth, 2018; Chynoweth, 2019).

CVA is increasingly used in humanitarian settings. In 2016, CVA accounted for 10.3% of international humanitarian aid, a 40% increase from the previous year (CALP, 2018). There is ample evidence of the effects of CVA on various adolescent outcomes in low- to middle-income country (LMIC) settings, but at the time of this desk review evidence from humanitarian settings is thin (Doocy & Tappis, 2016). Evidence from development settings is likely to differ from humanitarian settings due to supply side constraints: information constraints; special needs; and volatile funding that characterised humanitarian settings (de Hoop, forthcoming) demonstrating the need for evidence on CVA specific to humanitarian settings. Thompson (2016) recommended exploring cash transfers as a tool that may be used in support of CP, education, health, and nutrition objectives for adolescents. While CVA shows promise for addressing adolescents' needs, a more comprehensive understanding of the impact of CVA on CP and protection of adolescents is critical. In particular, evidence is needed on how and what kinds of CVA designs and modalities might expose adolescents in crisis to further associated risk; how these risks if evident could be mitigated; and how programming approaches can best draw on the assets and capacities of adolescents.

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RESULTS AND FINDINGS

SAMPLING RESULTS OF THE DESK REVIEW AND CONSULTATIONS

See Appendix I for a description of the methodology for this desk review. In all, 72 pieces of literature were identified and have been referenced. See Appendix II for a table of programs reviewed that utilised CVA to reach and support adolescents.

Type of literature	Number (percentage of total included literature)
Academic journal articles	8 (11%)
Study	5 (1%)
Review (literature, desk, or systematic)	3 (4%)
White paper	32 (44%)
Study	6 (8%)
Case study	9 (12%)
Review (literature, desk, systematic)	17 (24%)
Agency report	16 (22%)
INGO	12 (17%)
UN	4 (1.3%)
Other	16 (22%)
Guidance	10 (14%)
Blog post/Article	5 (7%)
Thesis	1 (1%)
Total	**72**

To complement the desk review, experts in CP, education, CVA and adolescents at UN agencies, international non-governmental organisations (INGOs), and independent consultants were interviewed by the WRC on topics in relation to adolescents in crisis, implementation of CVA for adolescents, and the risks/benefits of CVA for adolescents across various outcomes. Experts were identified through purposive sampling with the aim of reaching a representative set of experts and practitioners as well as different types of implementing agencies. Out of 19 key informants sampled and invited to participate, 14 informants responded and participated in consultations. The majority of informants who participated were INGO staff (n=7) and protection practitioners (n=9).

Affiliation	Number of informants				
Type	Protection	Cash	Education	SRH	Total
INGO	5	2	0	0	7
UN agency	2	1	1	1	5
Independent/Other	2	0	0	0	2
Total	**9**	**3**	**1**	**1**	**14**

EMERGENT THEMES FOUND IN THE LITERATURE AND THROUGH CONSULTATIONS

1. Reports on humanitarian CVA programming rarely disaggregate for age, obscuring whether adolescents are included in CVA programming

Most programmatic reports for humanitarian CVA retrieved did not consistently disaggregate by age, making it difficult to know whether programs included adolescents and, if so, how the program affected adolescents. Generally, these age groups were aggregated together as children aged 0 - 18 or 19 years (Chaffin, 2011; Bakrania, 2017). The Compact for Young People in Humanitarian Action (2019) affirmed that "there are currently no reliable figures showing how many young people are direct beneficiaries of cash assistance in emergencies" (p. 31). Without disaggregation, the effects of CVA on adolescents, and the unique needs of adolescents and the potential of CVA to support these needs, is being overlooked.

Within the subset of literature retrieved where adolescents were disaggregated, the majority of programs did not use consistent indicators of adolescent wellbeing across interventions, creating a barrier to understanding what kinds of CVA interventions had what effects on adolescent wellbeing (Bakrania, 2017). Meanwhile, other literature and key informant interviews (KII) highlighted the importance of collabourative approaches to monitoring, and they noted that most indicators of adolescent wellbeing that were in use were not developed in collaboration with adolescents and their communities (Compact for Young People in Humanitarian Action, 2019; Interview, Nov. 2019).

Even when adolescents were included in and disaggregated from assessment and monitoring data, the data was collected at the household (HH) level, directed to the heads of household (HOH) and not to adolescents. This is despite acknowledgement that adolescents are "well positioned to articulate their needs, how they can contribute, and provide feedback on how cash transfer programs are impacting them" (Sarrouh 2018, p. 29; Alliance for Child Protection in Humanitarian Action [ACPHA], 2019). Therefore Thompson (2012) recommended including children and especially adolescents, 14- to 17-year-olds, and child HOHs – who are usually adolescents--in all monitoring and evaluation activities. In order to address this gap, and to consult adolescent girls in particular, WRC and Robles (2014) developed the "I'm Here" approach to operationally identifying the capacities and needs of adolescents in a sudden-onset emergency in order to mainstream these in the response, including guidance to develop and select girl-sensitive indicators to monitor and evaluate (p. 57).

This desk review identified 11 studies over the past 10 years in academic and white literature that evaluated the effects of CVA on adolescents in crisis; most of these interventions took place in the Syria crisis response region, as compared to other emergencies and regions. This lack of generalisable evidence on the effects of CVA on adolescents was identified as a gap and a barrier to greater understanding. Thompson (2012) pointed out that rigorous monitoring and evaluation (M&E), using controls groups to show impact if possible, would increase understanding of the impact of cash on CP. However, in practice, as de Hoop et al (2018) remarked, "very few [CVA programs in refugee settings] have been rigorously evaluated, leaving an important gap in our knowledge about what [CVA] programs work to help refugees" (p. 15).

KIIs for this desk review indicated that humanitarian CVA and CP actors lack resources to do robust evaluations and studies with control groups due to overall underfunding in the sector which perpetuates evidence gaps (Interview, Nov. 2019). Further, key informants expressed that given limited resources, humanitarian cash transfer programming (CTP) is often short-term, which also limits ability to collect robust evidence (Interview, Jan. 2019). Key informants pointed out that when programs have many components (see section on "Cash plus" approaches), it is all the more difficult to measure, monitor, and attribute a certain impact to the CVA component, as doing so would imply conducting multi-arm randomised controlled trials which can be infeasible or unethical in humanitarian settings. As one KII said in reference to a multisectoral project, "Because cash was one component among many – there was a whole suite of psychosocial support (PSS), food distribution, case management – it was hard to attribute the cash with a certain impact. Although we may have said the program overall was relatively successful, it was hard to know how much of that was related to cash" (Interview, Jan. 2020).

Although the more recent literature has indicated a coalescing around the terms "adolescent" and "youth", the literature and KIIs retrieved for this desk review still showed a range of terms used to reference adolescents which sometimes varied by sector. Besides "adolescent", both literature and KIIs alternated between terms such as *children, girl, boy, youth, young people, minors, over-age students, child heads of household, secondary school students, young mothers, child brides, and children formerly-associated with armed forces or armed groups*, among other descriptors used for groups who are almost always adolescents. All key informants referenced contextualisation as a must, noting that adolescence was a newer concept in some contexts. As one key informant noted, "at [the] country-level there's very different interpretations, and that concept [of adolescence] might not even exist in other settings, or even in terms of language it might not exist in the local language" (Interview, Nov. 2019). Within the KIIs, informants evinced different interpretations individually and inter-organisationally as to which age categories of children constitute "adolescents"; in what ways that their organisations support program teams to operationalise adolescence in different contexts; and more theoretically, whether chronological age was an appropriate indicator of adolescence. Key informants noted that adolescence and adolescents are diverse individually and situationally, with adolescence having different understandings over time and place and with individual adolescents experiencing transitions into adulthood in different ways; and that this had to be accounted for in adolescent programming, for instance, through holistic, multisectoral programming. As one key informant said, underlining the non-homogenous character of adolescence:

> *For me, adolescence is about transitions; it's the fact that you have this phase in life where people are going through so many biological and physical changes that lead to the changes in roles and expectations that they have of themselves, and in what they want to do but also the society expects of them. For me it's all about transition, and that might be faster or slower; it might be later or earlier. I recognise that there are these age-specific definitions, and that they can help with data collection and comparison across settings…in an ideal story, I think programming should be based in a local context and as individual as possible assessment of when someone is going through those changes and has those different needs based on those changes.*
> **(Interview, Nov. 2019)**

While some key informants interviewed said their organisations had a strategy for adolescents in crisis, others did not; some interviewees were not familiar with their organisations' strategies when they did exist. One key informant pointed out that their organisation included adolescents within CP, and "usually when you do a CP program more focus goes toward the younger age group, just because sometimes they are perceived to be more vulnerable; or adolescents need specific kinds of programs or specific competencies for practitioners" (Interview, Jan. 2020). As another key informant said, "there's a recognition that we could do more across our technical units; adolescents are a real common denominator, but we aren't as far along in integrated program models" (Interview, Dec. 2019).

1: Recommendations – CVA, data, and adolescents in crisis

- Aim to utilise a shared term such as "adolescent" across humanitarian programming and across sectors to refer to the 10- to 19-year-old age category
- Contextualise the definition of "adolescence" based on assessments that are participatory of diverse young people in the operational context
- To bring adolescents "out of the shadows" (Robles, 2018) and facilitate comparability across projects, use sex, age, and disability-disaggregated (SADD) data in monitoring to disaggregate for adolescent age categories in M&E and Post-distribution monitoring (PDM) of CVA programs
  - Disaggregate at least for the 10- to 19-year-old age category, and for more discrete age categories if possible, such as very young adolescents (VYAs) aged 10-14 and older adolescents aged 15-19
- Develop standardised sets of adolescent wellbeing indicators to measure outcomes associated with CVA interventions; this may include:
  - Indicators for adolescent wellbeing in relation to household-level cash assistance, e.g., Multipurpose Cash (MPC) or Unconditional Cash Transfers (UCTs) distributed to heads of households (HOHs)
  - Indicators for adolescent wellbeing in relation to individual-level cash assistance, e.g., cash transfers to HOHs meant to increase specific adolescent wellbeing outcomes, or cash transfers directly to adolescents

1. See www.womensrefugeecommission.org/research-resources/im-here-steps-tools-to-reach-adolescent-girls-in-crisis

- Use tools such as "I'm Here"[1] to gather information about the diverse profile of adolescents
- *Both* develop monitoring frameworks that include standardised wellbeing indicators, to facilitate comparability across interventions; and develop indicators in collabouration with adolescents and their communities, to facilitate contextualised monitoring
  - Include adolescents in routine monitoring, as respondents of and, insofar as possible, active co-designers of and participants in the monitoring activities
- Situational risk assessments that inform CVA design, especially risk mitigation, must be inclusive, participatory of adolescents and disaggregated by sub-population of adolescents

2. Humanitarian actors are implementing CVA to adolescents as direct recipients; evidence and guidance on doing so effectively and safely remains limited

This desk review identified three ways in which adolescents in crisis benefited from CVA programming:

(a) as indirect beneficiaries of household-level assistance, where the CVA is transferred to an adult in the household where the adolescent lives;

(b) as indirect beneficiaries of individual-level assistance, transferred to an adult; or,

(c) as direct beneficiaries of individual level assistance, transferred to the adolescent.

In most cases identified by this desk review, adolescents were (a) indirect beneficiaries of household-level cash assistance. They benefited indirectly from CVA programming by being part of a household or family that was targeted for CVA. In this scenario, the adult is the recipient of the CVA and may use the CVA for the wellbeing of family members, including adolescents. In some cases, (b) adolescents benefited from CVA programming as indirect beneficiaries of individual level assistance. In these programs, CVA was transferred to an adult in the household where the adolescent was living, and the CVA was designed and implemented with the explicit intended purpose of using the CVA for specific needs of adolescents in the household.

In fewer instances found by the desk review, adolescents were (c) direct beneficiaries of cash assistance. This means adolescents were directly targeted and CVA was transferred to adolescent boys and girls –primarily unaccompanied adolescents in the 14-19 age range.

Unaccompanied and separated children (UASCs) are recognised as one of the most vulnerable groups in the context of emergency, with often higher levels of hardship than adults and facing higher challenges meeting their basic needs and accessing services due to intersecting attributes including age and documentation status (Freccero 2017; El Ghamari & Bartossewicz, 2020). The European refugee crisis in Greece brought the opportunities and challenges of directly targeting unaccompanied adolescents to the forefront. Sarrouh (2019) documented how in Greece, the entire humanitarian response transitioned to cash assistance. Many refugees who entered Greece were adolescents, without guardians or caregivers, and were minors under Greek law. As such, their legal ability to receive and use CVA was unclear. Adolescents who were unaccompanied were thus broadly excluded from humanitarian assistance being delivered through CVA, leaving them without protective mechanisms and vulnerable to risks and exploitation as described above.

Recognising this, one humanitarian responder, the International Rescue Committee (IRC) began to transfer first vouchers and then cash to unaccompanied minors – who were predominantly adolescent boys between the ages of 14 and 18 years old (Allen 2019). In its "Safe Zones cash assistance" project, the IRC delivered a package of interventions – safe zone implementation, case management, and financial training – which included cash transfers to adolescent boys who were staying in safe zones after having migrated into Greece. Beyond the Greece response, other instances of direct cash transfers to adolescents retrieved were from Uganda, the Democratic Republic of he Congo (DRC), and the Republic of South Sudan (RSS). In Uganda, Plan transferred cash directly to 14- to 17-year-old unaccompanied

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and separated adolescent boys and girls, who were either in foster households or child-headed households, as part of case management interventions (McAteer, 2020).
In the DRC as part of a pilot program under the auspices of the COMPASS project, UCTs were transferred directly to 15- to 19-year-old adolescent girls in family care (IRC 2017). In the Republic of RSS during the Girls' Education South Sudan (GESS) program, adolescent girls enroled in secondary school were transferred cash directly, under the guidanceof school staff, contingent upon attendance (Clugston 2018).

Direct cash assistance to adolescents in crisis is likely more widespread: Documents reviewed for this desk review described CVA for child HOH; for girls who were victims of or at risk of Sexual and Gender-Based Violence (SGBV); for cash for work (CfW) that reaches adolescents; for formerly-associated children; etc. While these programs did not specify the age of the cash recipients, based on the descriptors, it is likely that the recipients of the cash were adolescents.

As Sarrouh (2019) noted, despite the widespread practice, there is little guidance or evidence on transferring CVA directly to adolescents. This desk review found that guidelines or recommendations that currently existed were mixed or contradictory. Chaffin & Kalyanpur (2014) noted that some interventions were directly engaging older children in economic strengthening programming but recommended that "children should not directly receive cash" (p. 10); instead, they recommended "circumventing risks of giving money to children" through vouchers for education, vouchers for training, or with individual matched savings accounts. The ACPHA (2016) handbook on unaccompanied children also recommended that to minimise risk, "do not give cash to individual children" (p. 281). Other sources pinned guidance on the specific living situation of the adolescent: Thompson (2012)'s review of CVA and CP outcomes recommended that Conditional cash transfers (CCTs) could be suitable for some adolescents 11 years and older who are living independently: "for children without adult care or support, cash grants or vouchers may be suitable with close monitoring, depending on their age, level of ability, and circumstances" (p. 21). Child Protection in Crisis (CPC) Learning Network & WRC (2013) acknowledged cash transfers directly targeting adolescents and recommended building in protective mechanisms to avoid "coercion or violence by those who want access to their cash," such as safe places to save cash and to mitigate risks that financial incentives may lead to school dropout (p. 15). Forthcoming United Nations High Commissioner for Refugees (UNHCR) field guidance – which was still in draft form but which was shared with WRC for inclusion in this desk review – recommended that direct cash transfers to adolescents only be considered in the case of UASCs living in supervised independent living arrangements and recommended against direct cash transfers to adolescents in family-based care (UNHCR, forthcoming). Forthcoming guidance from the Compact for Young People in Humanitarian Action more directly addressed adolescents and recommended "including adolescents as direct beneficiaries of cash assistance":

> *Some agencies are reluctant to give cash to young people, especially those under 18. But however concerning it may be, many adolescents are working in humanitarian settings, supporting their families and handling cash. Even when livelihood programs do not directly engage adolescents, they are affected by household economic interventions because they usually work in household microenterprises. Restricting them from directly accessing cash assistance may be putting them, and those in their care, at further risk of negative coping.*
> **Compact for Young People in Humanitarian Action, 2020**

Similarly, key informants whom were consulted for this desk review revealed varying perspectives on the approach of direct transfer of CVA to adolescents generally, and specifically on varying categorisations or understandings about the living arrangements and individual life situations of adolescents. Informants said they themselves or their organisations were open to exploring direct transfers to adolescents in relation to specific outcomes, but believed that other humanitarian response actors were hesitant or unwilling to directly transfer cash to adolescents due to concerns including safeguarding, adolescents' ability to manage cash, lack of evidence, and national legal frameworks. As one informant said, "there is a knee-jerk resistance to giving cash directly to children 0 to 18 [years old], including adolescents" (Interview, Dec. 2019). This is also related to ongoing misperceptions that CVA are inherently risky despite evidence to the contrary: as one key informant said, giving out "stacks of cash might put people in harm's way" compared to material disbursement (Interview, Nov. 2019).

In line with this perception, some KIIs foregrounded the risks and limitations of direct CVA to adolescents. These respondents saw potential in the approach, especially for sub-groups such as adolescents in child-headed households or for adolescents in early pregnancy or CM. These respondents were concerned about the effects if an adolescent within an adult-headed household were to receive a cash transfer. As one respondent said, "The biggest thing for me is that adolescents don't have the same say in their households… [there is] a real risk of exposing the adolescent to more risk if there's not really good conversations with the families or caregivers" (Interview, Dec. 2019). Key informants also noted specific concerns, including risk that adolescents can become a target of armed groups or be exposed to trafficking when children on the move use cash to navigate and cross borders. Further, key informants expressed fears about the risk of diversion of the CVA from its intended use: One informant stated, "we have seen children, whether through work or other support, the moment they come into contact with cash, also have tendency to use this cash for recreational activities that may not be in their best interest" (Interview, Jan. 2020). Key informants described the diversion of CVA toward "frequenting bars" or "attire to look good" and that adolescents, compared to adults, may be particularly susceptible to this diversion risk because of peer dynamics with children or other adolescents (Interview, Jan. 2020).

Informants who expressed positive orientations to adolescents as direct recipients of CVA referenced dignity for affected populations and the maturity forced upon adolescents in crisis:

> *I personally feel it's worth [exploring the potential of direct transfers to adolescents] because so often, adolescents are pushed into a situation where they have to have adult lives. They're heads of households, they're young mothers or parents, they might have lost their family or they might be rejected by their family because they've been engaged in armed forces or groups; so they have to manage their own budgets, they have to*

> *manage their own cash. So who are we to say we wouldn't support them [with CVA] when we are supporting adults [with CVA]?*
> **Interview, Jan. 2020**

One informant advocated to support adolescents' agency because "adolescents have more agency, because they have more understanding, because they are sometimes actually the de facto adult in their household or family, however that's understood" (Interview, Dec. 2019). Another key informant couched their response in a framework of youth empowerment:

> *We're always talking about adolescent and youth empowerment and yet many organisations won't even consider giving cash to adolescents. For me that's a contradiction in terms… We're talking about a contradiction when we're talking about adolescents who are old enough to look after themselves; who have been on their own for two or three years and have taken on that responsibility, and so it's really important that we open that up.*
> **Interview, Dec. 2019**

2: Key recommendations – Adolescents in crisis as direct recipients of CVA

- Consider in line with emerging practice transferring CVA only to older adolescents in the age range of, approximately, 14-19 years
  - Consider carefully which sub-groups of adolescents, under which circumstances and living conditions, would benefit as well as potential associated risks – and mitigate potential risks
  - Consider what kinds of complementary programming could be necessary to support direct transfers to adolescents, including: life skills, financial skills, peer support groups, safe spaces, adult mentorship, supervised independent living, case management, and especially vis. legal and statutory context
- Generate more evidence on:
  - How to meet the heightened needs and mitigate vulnerabilities of UASCs through CVA, including design features and appropriate risk mitigation measures;
  - The pros and cons of transferring CVA to adolescents in family-based care, including the intrahousehold effects and appropriate risk mitigation measures; and,
  - CVA design features, such as cash transfers compared to vouchers, the frequency and duration of transfers, and value of transfers vis-à-vis adolescent wellbeing outcomes

3. Associated risks and harms to adolescents, including diversion of CVA and associated risks with specific modalities, were not adequately mitigated in CVA program designs

Similar to existing literature that CVA is not inherently risky (CALP 2020), this review did not indicate evidence of direct harms or increased risks to adolescents because of CVA. Rather, the desk review identified associated risks or harms to adolescents that were not adequately identified or mitigated against in CVA program design. One associated risk that emerged distinctly for adolescents which had not adequately been mitigated at the design stage was diversion of the CVA. For instance, in an IRC program that directly transferred cash to adolescent girls in the DRC, adolescents living in a household reported feeling pressured, obligated, coerced, or desired to use the cash for family expenses, rather than for their own needs as intended (IRC, 2017). Adolescent girls were potentially more subject to this kind of associated risk given their role vis-à-vis male household members. In an assessment of a Plan program in Uganda, adolescent boys corroborated this pressure stating they would consider themselves the decision makers for adolescent girl family members who were directly targeted (McAteer, 2020). Unrestricted CVA transferred to a HOH to support adolescents may be redirected from adolescent wellbeing needs to reduce household debt, which is often incurred by refugees and displaced populations as a way of coping with adverse economic shocks. In the evaluation of the Palestine National Cash Transfer Program (PNCTP), adolescents reported that their parents used cash transfers intended for their wellbeing to pay off preexisting debt (Pereznieto et al 2014 p. 38). Another source of diversion is risk of coercion from influential community members, such as camp leaders demanding a portion of the cash received (IRC, 2017; McAteer, 2020).

Further, another associated risk to adolescents, which had not been adequately mitigated, were community tensions or conflict around which families received CVA. IRC's pilot project in the DRC which transferred cash directly to adolescent girls observed this and recommended that "CTP… be delivered in such a way to reduce risk of community backlash or jealousy… This may include ensuring proper sensitisation of community members and other family or household members" (IRC, 2017; Interview, Dec. 2019). Plan's programming in Egypt and in Central African Republic (CAR), which transferred CVA to families to support adolescent wellbeing, both reported community tensions arising from targeting and misunderstanding as to which families received or did not receive CVA (Plan International & WRC, 2020). Conversely, a consultation with adolescent boys vis-à-vis a Plan CVA program in Uganda indicated that community conflict would be reduced due to CVA because targeted individuals would "be able to cooperate with other members of the community through supporting and sharing the assistance" (McAteer, 2020, p. 5).[2]

Some CVA modalities and delivery mechanisms may present associated risks for adolescents and are likely to affect girls more than boys. In Plan's project in Uganda, whereby cash was directly transferred to adolescent girls and boys, adolescent girls expressed more concerns than boys about the delivery mechanism. Girls requested confidentiality about their recipient status and amount and ranked mobile money as their most preferred mechanism because of its low visibility (McAteer 2020). In Greece, where IRC directly transferred vouchers to unaccompanied adolescents, some adolescents anecdotally sold the vouchers to get cash. The IRC switched from vouchers to delivering transfers as cash-in-envelope, and adolescents subsequently reported this mechanism being more empowering and presenting fewer associated risks.[3]

Literature and KIIs reported that robust risk assessment and risk mitigation measures are essential and foundational to using CVA for adolescent outcomes. Constraints to carrying out robust risk assessment and risk mitigation measures were shared but did not cancel out their importance nor the responsibility of humanitarian actors to take these steps. One informant explained that humanitarian response is characterised by short funding/project cycles and tight deadlines, which can make it challenging for humanitarian actors to understand and situation and properly plan for it, including risks and risk mitigation (Interview, Jan. 2020). Other sources indicated that pre-positioning of CVA, as part of preparedness, is one way to properly plan for well-designed and contextualised CVA. KIIs also pointed out that, apart from merely being vulnerable to risk, adolescents have capacities and assets which can enhance programming, including CVA: "We see overall that youth who are involved in CVA programs have interesting contributions; youth can be a really big span from 14 – 26 [years old] because they can play a pivotal role in community sensitisation, understanding, etc. It's one of these next frontiers we need to be focusing on" (Interview, Dec. 2019). Overall, "The risk of not doing cash programming for unaccompanied [adolescents] is more than the risk of doing it so it's also a matter of measuring and assessing and doing risk mitigation" (Interview, Jan. 2020).

2. Based on WRC's assessments of Plan CVA programs in CAR and Egypt, some misunderstanding among community members in both cases was because the amount of CVA was modulated based on the number of adolescents in the household, such that households with more than one adolescent received more CVA, which caused tensions among community members, indicating that this dimension of CVA design must be carefully communicated to communities.
3. Originally assistance was transferred in the form of vouchers; however, adolescents tended to try to sell the vouchers to obtain cash—a process which created more potential associated risks. IRC programmers then transitioned to cash-in-envelope and adolescent boys ultimately preferred this delivery mechanism. This desk review did not identify any other programs that transferred vouchers directly to adolescents.

3: Recommendations – CVA and risk mitigation for adolescents in crisis

- Ensure sufficient time and resources to conduct inclusive and robust risk assessments that include a focus on CVA modalities and delivery mechanisms
- Mitigate associated risks for adolescent boys and girls, including through modality and delivery mechanism flexibility
  - When possible utilise multiple modalities and delivery mechanisms to meet the different needs of sub-groups of adolescents, especially in the case of direct transfer to adolescents
  - Mitigate risks of diversion
  - Conduct adequate community sensitisation to ensure communities' understanding that the intended purpose of CVA as well as conditions, if relevant, are clear
- Further study household (HH) dynamics across contexts in relation to both approaches – adolescents within HHs as indirect beneficiaries, and adolescents as direct recipients – and how to mitigate diversion at the household level

4. Adolescent boys and girls are susceptible to violence, and programming across sectors fails to adequately mitigate this violence

Literature and KIIs for this desk review documented that humanitarian programming across sectors, including programs that use CVA components, often failed to mitigate adolescents' exposure to violence. Schlecht et al (2017) document very young adolescents' security concerns of physical harm, sexual violence including rape and abuse, kidnapping, arrest, and trafficking. Sexual violence is experienced among adolescent boys as well (Frecerro 2017; Chynoweth 2018; Chynoweth 2019). KIIs for this desk review highlighted other forms of violence that adolescents in crisis face, including targeting by human traffickers/smugglers; gang violence; violence in camps; peer bullying and violence; targeted recruitment by militant groups; and various forms of SGBV. Humanitarian programming has an inadequate focus on violence prevention, leading to unintended negative consequences and harms for adolescent boys and girls.

This desk review identified various types of violence in and around school as a reality for adolescent boys and adolescent girls which had not been prevented or mitigated as part of programs that utilised CVA with or for adolescents (see section on Education outcomes). Several sources documented that CVA which increases adolescent girls' enrolment in secondary school may end up exposing girls to sexual exploitation and abuse (SEA) in those schools because risk mitigation and violence prevention and response are overlooked or inadequate (United Nations Girls' Education Initiative [UNGEI] and Norwegian Refugee Council [NRC], 2016; Abu Hamad et al 2017; Pereznieto et al, 2017, p. 18). A program evaluation from DRC found that adolescent girls who received a scholarship were physically attacked by their male peers who did not receive a scholarship (IRC et al, 2017 p. 8). In an assessment of Plan's CVA programming in Uganda where CVA was used to enrol adolescent girls in school, adolescent girls reported "mistreatment" from school head teachers (McAteer, 2020). In an assessment of Plan CVA programming in CAR, there were indications that some adolescent girls who were enroled in secondary school, as a condition of CVA, were experiencing SEA from teachers (Plan & WRC, 2020[1]). In an assessment of Plan's CVA programming Egypt, adolescent boys who were supported with CVA for education reported they were less motivated to go to school due to verbal and physical abuse and bias from teachers and classmates; conversely however, adolescents reported that the conflict management intervention and teacher training components of the program package partially reduced their experience of these forms of violence (Plan & WRC, 2020[2]).

Preexisting sources of violence against adolescents often manifest as associated risks within CVA implementation, such as adolescent girls experiencing "harassment" from host community members and other refugees when collecting CVA (WRC et al 2018), or adolescent boys formerly associated with armed groups experiencing pressure or threat from armed groups for a share of boys' CVA (Mercy Corps, 2018). As one KII said in reference to the lack of violence prevention and mitigation associated with humanitarian programming in general, including CVA programming:

> *It [violence] is a very big drive in young peoples' lives and we're [humanitarian actors are] not doing much about it; most of the organisations, even those with strong youth or adolescent programs, it's rare to find very good and strong violence prevention or conflict management programs for young people.*
> **Interview, Jan. 2020**

4: Key recommendations – Violence and adolescents in crisis

- Conduct adolescent-specific risk assessments that are participatory and include diverse adolescents
- Conduct response analysis informed by adolescent-specific risk assessments:
  - Include risk mitigation mechanisms in program design to mitigate adolescents' exposure to any associated risks
  - Include intervention components or referrals to prevent violence, such as behavioural change components
  - Include intervention components or referrals to respond to violence, and to build the capacities and assets of adolescents, vis. Exposure to forms of associated violence, such as social-emotional learning (SEL), PSS, life skills, peace education, conflict management
- Enhance accountability to adolescents across the program cycle and across sectoral and multisectoral responses for positive impacts and spillovers

5. CCTs and "Cash plus" programming were seen as best suited to adolescent wellbeing outcomes

Across adolescent wellbeing outcomes, literature and consultations overall did not recommend UCTs. Rather CCTs or "Cash plus" approaches where CVA is implemented with complementary components were preferred. This is because not all barriers to adolescent wellbeing are ones of financial access (Mishra & Battistin, 2018; Harvey & Pavanello, 2018; Jones et al 2019). Jones et al (2019) noted that "given the complexity of adolescent wellbeing, it is unlikely that cash alone will be transformative" and recommended "an integrated cash plus approach that works in tandem with other interventions" (p. 4).
In an instance where an adolescent girls' empowerment program was compared with the same program augmented by a cash transfer to caregivers of adolescent girls, the latter "cash plus" iteration of the program was found to have greater impacts (Allen 2019).

Experts consulted for this desk review agreed that "cash-plus" (e.g., see United Nations Children's Fund [UNICEF] 2019) and CCT approaches are most promising.[4] Case management was widely recommended as a critical component of cash-plus programming, either as a complementary component, or with the delivery of cash embedded within the case management process: as one key informant said, "It's good to ensure they're [CVA] part of a package. For me the big one would be case management alongside the cash, so you can monitor the impact on wellbeing and understand if cash is really what is needed and if it's achieving what we're hoping so you can build a theory of change for individual and cohorts of children" (Interview, Jan. 2020). Another KII reflected on adolescents as direct recipients of CVA, "if it is individuals receiving cash, we need to treat them

4. Though the desk review did not aim to probe in detail cash versus vouchers, some factors driving the trend toward cash over vouchers appeared to be: the speed and ease of implementation of cash compared to vouchers; the preference of household members for cash; a general trend toward less-restricted modalities which are seen by the CVA communities of practice as more dignified; and the strategic choice of aligning or integrating humanitarian CVA with existing national social protection mechanisms, wherever government capacity exists, which are often bank deposits or cash transfers rather than vouchers. Conversely, however, vouchers can be seen as risk-mitigating in some contexts/for some populations because they are less susceptible to theft or diversion. However, more exploration of cash compared to vouchers for adolescent wellbeing outcomes is needed.

as individual cases, assess their best interests in receiving cash… usually a case management assessment" (Interview, Jan. 2020).[5]

Livelihoods and economic strengthening were also heralded in the literature and KIIs as key components of cash-plus for adolescent outcomes. Adolescents themselves, especially older adolescents, consistently request access to technical and vocational education and training. Such components were seen by KIIs as an "exit strategy" given the short lifespan of humanitarian programming and potential associated risks adolescents may face when CVA ends. However, key informants noted that in their experience technical and vocational education and training (TVET) were not effective at improving economic wellbeing of adolescents, and that more evidence is needed on how adding a CVA component to TVET may enhance outcomes for adolescents.

Despite these recommendations, the projects identified and reviewed for this desk review suggest that, where CCTs are used in humanitarian settings to target a wellbeing outcome, the conditionalities are not always adolescent-specific. This means that conditions are not being leveraged to influence adolescent wellbeing. For instance, a Plan program in CAR transferred CCTs to households with unaccompanied or reunified children and adolescents. The project monitored the health of 0 – 9-year-old unaccompanied and reunified children as part of the conditions for families to receive the cash transfer, but did not monitor or condition the health of adolescents as a requirement for families to receive the transfer (Plan and WRC, 2020[1]).

Literature and KIIs noted that CVA design for adolescents has different considerations compared to adults. Consultations for this desk review indicated that national laws and policies play a role in what kinds of modalities and distribution channels could be used to support adolescents with CVA. KIIs and literature unanimously pointed out that parental, guardian or caretaker consent is needed in many contexts and cases prior to adolescents' participation in CVA programming. There may also be regulations that must be complied with in relation to adolescents obtaining identity cards; receiving cash; opening or withdrawing funds from a bank account; obtaining a SIM card for mobile phone use; and participating in labour as part of CfW or vocational training. Humanitarian programmers' compliance with such regulations, in effect, might exclude younger adolescents (roughly, those under 16 years old) from some forms of CVA such as CfW, voucher for work (VfW), and some types of vocational training; and might exclude younger as well as older adolescents from some types of CVA modalities such as bank transfers or mobile money. Where regulations prohibit minors from certain financial activities, the literature and KIIs showed that some programmers identified solutions, such as pairing adolescents with a case manager or mentor.

5: Recommendations – CVA, adolescents in crisis, and program design

- Leverage "cash plus" approaches to enhance adolescent wellbeing outcomes: combine CVA with other interventions such as life skills, social norms change, mentorship, or when possible, supervised living and case management components
- Leverage conditional cash approaches in CVA program design by designing adolescent-specific conditionalities
  - Consider "labelled" cash transfers which might informally condition the cash toward an adolescent wellbeing outcome
- Include livelihoods and economic strengthening components that target and include adolescents to enhance outcomes, mitigate negative coping, and ensure an "exit strategy" once CVA is finished
- Assess the legal and statutory context that might affect how CVA can be used vis. adolescents to design contextualised CVA programs

5. Roelen (2018) pointed out with "cash-plus" programs, "the devil is in the details," meaning that assessing the effect of the CVA component compared to other components is a challenge, as is examining the complexities that result from interactions of different components. In particular, case management that integrates CVA may suffer from the challenges that are known to affect case management in humanitarian settings generally, such as sufficient numbers and training of case workers and high caseloads that can inhibit the quality of assistance (Roelen, 2018).

6. Adolescents with disabilities have heightened needs and are being overlooked and underserved in CVA programming

The desk review indicated that adolescents with disabilities are left out of CVA programming. Adolescents have unique experiences in relation to disabilities, compared to children and adults. Rates of disability are slightly higher for adolescents than children as adolescents have lived more years and thus have had longer exposure to illness and/or injury that might cause disability; globally, 19.4% of persons over the age of 15 are living with a moderate or severe disability (WHO & World Bank 2011). The literature retrieved argued that adolescents with disabilities–even compared to children of other ages with disabilities–are uniquely prone to challenges in part because of the "negative psychosocial outcomes like stress and loneliness can result" when it is more difficult or impossible to participate in social activities at the same rate and level as their peers (Maxey & Beckert, 2017, p. 59). Adolescent girls with disabilities are more likely to be excluded or adversely affected by these general phenomena; Pearce (2019) pointed out that adolescent girls with disabilities in the Cox's Bazaar refugee camps were less likely to be able to access safe spaces, while a Plan assessment found that adolescent girls with disabilities in Nepal were more likely than their peers not living with disabilities to be forced into early marriage (Plan, 2015).

An examination of social protection programs utilising cash transfers in Jordan and Palestine illustrated that targeting approaches failed to capture families with adolescents with disabilities—and that even households which received cash transfers reported values received were insufficient to account for higher costs such as transportation, medicine, medical services, and supplies associated with adolescents with disabilities (Presler-Marshall, Jones & Odeh, 2019). An MCP in Lebanon revealed that disability was missing from the programming, tools, and beneficiary targeting (Foster 2015). In a CCT project in Jordan, services and access to education for boys and girls with disabilities were stressed by community actors as a gap (Pertek 2016). An assessment of Plan's CVA program in Egypt which utilised a cash grant to support retention of 10- to 14-year-old adolescents in school revealed that parents of adolescents with disabilities struggled because the grant value did not meet the needs of their adolescent children with disabilities (Plan & WRC, 2020[2]).[6]

One key informant consulted for this desk review agreed with this assessment; this key informant noted that children and adolescents with disabilities are not sufficiently targeted in CVA programs, and recommended a more intersectional approach to targeting and inclusion criteria used for CVA programming.

6: Recommendations – CVA and adolescents with disabilities in crisis

- Provide an increased value of CVA for households that include adolescent(s) living with a disability
- Include adolescent boys and adolescent girls with disabilities in CVA targeting criteria and take measures to address exclusion errors
  - Explore an intersectional approach to targeting that addresses the diverse profiles of adolescents
- Ensure the inclusion and participation of adolescents with disabilities in needs assessments, risk assessments, and monitoring

6. Relatedly, adolescent girls are often caregivers of family members that have disabilities, and these adolescent girls who are responsible for the care of disabled family members are often excluded from or face barriers to participation in programming (WRC, 2015; Maxey & Beckert, 2017).

ADOLESCENT WELLBEING OUTCOMES LINKED WITH CVA PROGRAMMING

7. Guidance is needed to leverage CVA for adolescent protection outcomes

Adolescents have a distinctive set of protection concerns compared to children and to adults. However, the understanding of the linkages between CVA, protection, and adolescents in crisis is nascent due to evidence gaps in area (Chavez et al, 2018; Harvey & Pavanello, 2018; Sarrouh, 2019).

This desk review identified 13 humanitarian CVA programs that either aimed for CP outcomes from the outset, or which later measured CP outcomes and reported on outcomes for adolescents (see Appendix II). CP outcomes that were measured included CL and conflict and violence in the household. In the PNCTP, which was a suite of cash transfers and vouchers aimed at the poorest households in Gaza and the West Bank, quantitative data suggested that the PNCTP had no significant effect in reducing violence at the household, community or school levels (Pereznieto et al 2014). In a World Vision cash program in Lebanon, there was no significant association found between CVA and CL of adolescents (World Vision Lebanon, 2018). Similarly, in a World Vision cash for food program in Iraq, it was found that families ended CL when the cash assistance began, but the effect faded with the end of the assistance with children and adolescents going back to work when the cash assistance ended (World Vision Iraq, 2018).

As noted above, a distinct protection characteristic of adolescents compared to children is that adolescents are subject to many forms of violence, including SGBV. Generalised links between CVA and SGBV related outcomes for adolescents remained inconclusive based on the literature (Cross et al, 2018; CARE 2019). Though evidence is limited overall given that integrating CVA within gender-based violence (GBV) case management is emergent practice and not yet documented at scale nor across contexts, CVA integrated within a case management framework has been found in some cases to be protective of women and girls who are victims of SGBV (Cross et al 2018). Evidence gaps exist in relation to the links between CVA and empowerment and protection of adolescent girls (Noble et al, 2019; Falb et al, 2019). Simon (2018) noted that there is evidence from the gender and development sector for the positive effects of cash transfers on adolescent girls' empowerment outcomes, but summarised the situation in humanitarian sector as "largely under-researched and not adequately understood" (p. 7). Freccero (2017) documented the risks of sexual exploitation of unaccompanied and separated adolescent girls as well as boys in crisis and positively described CVA as one potential approach to protection: "Evidence from these programs suggests that providing cash transfers directly to youth may be a safe and viable option" (p. 3) while noting that CVA targeting unaccompanied/separated adolescents had yet to be evaluated.

Key informants reflected that unconditional cash, such as MPC or UCTs, without any conditions or complementary protection components could not be expected to result in protection outcomes: "you need to program it [protection] in, you need to have a protection component in your programming to make sure that whatever cash distribution you're doing is directly linked to this protection outcome" (Interview, Jan. 2020). As another key informant put it: "Don't expect that [a CVA program] will have a CP impact if the program wasn't designed from the very beginning to have a CP impact" (Interview, Jan. 2020). Key informants implied that this was because of the complex and cross-cutting nature of protection which is inclusive of yet more than economic and requires changing social norms that led to those protection issues. As another key informant said, "Cash programming is one of the components; it's not the only component. It has to be tied to other CP interventions, whether behavioral change programs or education" (Interview, Jan. 2020). Another key informant noted that many protection issues, rather than being based on economic stress, may be due to social norms. These responses indicated a perception that programming using CVA either are not addressing social norms or cannot be designed to do so. As one key informant said:

What are we missing as protection actors when we just assume that cash is the answer? …We agree that there are links between some CP risks and economic pressure on households; however, there is assumption that cash will automatically reduce or prevent protection risk which is not 100 %. Some of those or most of those protection risks are also linked to social attitudes and behaviours; without addressing those root causes, it wouldn't serve the purpose; children would still be at risk even with provision of cash (Interview, Jan. 2020).

Finally, the desk review and consultations indicated that there has been a gap between protection and cash actors which limits the use of CVA for protection, including for adolescents. As one key informant said, protection actors "often avoid doing CVA for any form of child; they have a feeling or have heard a rumour or think there are too many risks and safeguarding concerns" while at the same time "CP actors don't yet have the tools to understand cash well" (Interview, Nov. 2019). Another KII referenced "contention with cash transfer purists" who advocate for unconditional approaches, and protection actors who advocate for conditional approaches (Interview, Nov. 2019). However, KIIs noted that this divide is changing, and that "organisations are realising that protection people cannot work in silos when it comes to cash programming specifically. They have to work with cash teams, livelihood teams; they have to make sure the language they are speaking, the tools they are developing, are also used by non-protection actors" (Interview, Jan. 2020).

7: Key recommendations – CVA and protection outcomes for adolescents in crisis

- Where non-financial barriers, such as social norms, are found to be drivers of protection issues, use "cash plus" and multisectoral approaches in CVA program design to address non-financial barriers to adolescent protection, such as complementary components or conditionalities that address social norms
- Where financial barriers are drivers of protection issues, consider design features such as a higher CVA value for adolescents compared to younger children, in order to provide an adequately strong incentive to counteract the stronger economic pull of adolescents into CM, CL
  - To protect adolescent girls and in some cases adolescent boys from sexual exploitation in particular, a greater CVA amount may be necessary to offset the gains related to sex work

8. Higher costs and supply-side barriers of secondary schooling must be accounted for in design of CVA for adolescent education outcomes

Adolescents have distinct education needs compared to children and adults, and particularly adolescents in conflict; adolescents in conflict-affected countries are half as likely to complete secondary school, compared to those not affected by conflict (UNICEF 2019). Adolescents aged 10-18 are often in middle school or secondary school, levels which are often associated with higher school fees and a lower supply of school facilities and qualified teachers as compared to basic, primary education. If an adolescent has been out of school (OOS) due to conflict or crisis, they may need specialised alternative or accelerated learning programs (ALPs) while some adolescents may prefer TVET. Meanwhile, the pull factor of adolescents' increased responsibilities– including household chores, CL, and CM – create greater opportunity costs of schooling as compared to younger children (UNHCR 2016; Watkins, 2016). Gender and ableist norms create disadvantages: adolescent girls are less likely to be enroled, overall, than adolescent boys; while in some contexts, adolescent boys have been shown to drop out of secondary schooling at greater rates than their female counterparts (Abu Hamad, 2018; Plan & WRC, 2020). As noted above, adolescents with disabilities consistently face barriers that manifest in access to education.

The literature retrieved identified economic and non-economic barriers –including demand-side and supply-side barriers – to educational outcomes for adolescents. The literature noted that adequately designed CVA can be an enabling factor to address these economic barriers and address adolescent educational wellbeing (Thompson 2016; Pereznieto et al, 2017; Truhlarova-Cristescu, 2018). Economic barriers to education are higher for adolescents as compared to younger children, largely because the direct costs of secondary schooling are higher than primary schooling.[7] However, there are many non-economic barriers to adolescent education outcomes; and therefore, CVA must be intentionally designed, e.g. with appropriate conditionality, or "Cash plus" approaches along with complementary programming to address social norms and coordination to support supply-side barriers (Harvey & Pavanello 2018; Pereznieto & Magee 2017).[8]

Based on humanitarian CVA projects retrieved for this desk review, and perhaps given the particularly distinctive educational needs of adolescents, education outcomes were one of the most common for CVA programs that reach adolescents and had associated evaluations available. Based on this literature, CVA designed with conditionalities has been found to have an overall positive effect on enrolment of adolescents including adolescent girls, largely because the CVA overcomes economic barriers—e.g. child labour, child marriage—while conditioning the use of the CVA toward education wellbeing outcomes (Cross et al, 2018; Crawfurd 2016; WRC & Save the Children, 2018; WRC, IRC & Mercy Corps, 2018). In assessment of a Plan program in CAR, CCTs to caregivers—conditional on enrolment of adolescents—were reported to have increased enrolment of UASC adolescents (Plan & WRC, 2020). Notably, a CVA program in Jordan delivered "labelled" UCTs to caregivers of 6 to 16-year-old children and adolescents and it was found to have increased enrolment rates of 12- to 16-year-old adolescents, likely because it overcame the opportunity costs of CL in the context (UNICEF 2018).[9]

Where CVA programs were not found to have an effect on adolescent education outcomes, it was often because of inadequate value of CVA to overcome economic barriers; or because non-economic barriers had not been addressed. In the case of the GESS program in the RSS, the CVA value was found to be too low to cover costs of textbooks and learning materials needed for secondary education (Clugston 2018). In a cash transfer program in Palestine, indirect and opportunity costs of schooling remained a barrier for adolescents entering or staying in secondary school that were not overcome by the cash transfer (Pereznieto et al, 2014). In the Plan program assessed in CAR, the CVA amount was reported to have been too low to meet the heightened cost of secondary school fees; the CVA value was linked to the minimum expenditure basket (MEB) which, however, did not account for education costs (Plan & WRC, 2020). Therefore, CVA programs with adolescent education wellbeing as an outcome often transferred larger CVA amounts to families with adolescents: the Conditional Cash Transfer for Education (CCTE) for Refugees program in Turkey transferred a higher value to families with secondary school students (UNICEF 2019). Similarly, the "Min Ila" program in Lebanon transferred a larger amount to families with adolescents 10 and older, which resulted in higher enrolment of this age group (de Hoop et al, 2018).

Non-economic barriers to adolescent education wellbeing outcomes were reported as well. The program in Lebanon experienced a "ceiling effect" on the impact of CVA on enrolment because of supply-side constraints in the number of spaces available in schools for interested students (de Hoop et al, 2018). In the

7. Economic barriers that were identified for education outcomes of adolescents in crisis were opportunity costs; school fees; examination fees; school uniforms; school books and materials; and transportation to school; all of which may be more costly in secondary school and may need to be met in order for an adolescent to attend and persist in school (Pereznieto et al, 2014). A Plan & WRC (2020) assessment revealed, however, that parents can see these supplies as luxuries despite their centrality to adolescents themselves.
8. Non-economic barriers to education for adolescents in crisis were social norms and supply-side constraints. Social norms included violence against adolescent boys and girls in and around schools (see section on Adolescents and violence above) which are a main reason for non-attendance or drop-out reported by adolescents (Pereznieto et al 2014, p. 6); gender social norms that isolate adolescent girls, that pressure adolescent girls into child marriage, which is stronger for adolescent girls than for younger girls given puberty; and those that pressure adolescent boys into the labour market given the higher earnings of an adolescent boy compared to a younger boy. Supply-side constraints that affect education outcomes of adolescents in crisis include lack of schools; lack of trained teachers; exclusion based on displacement status of adolescent learners from national education systems or access to accredited examination; and lack of alternative education programs to remediate adolescent learners with interrupted education. Given the currently relatively fewer resources dedicated to secondary compared to primary schooling in contexts of emergency, these constraints affect adolescents more strongly than younger children.
9. "Labelled" transfers are cash transfers that are unconditional while implemented with clear messaging about the importance of a wellbeing outcome such as education. The labelled UCT approach is promising because it reduces resources required to monitor conditionalities; enhances dignity of families and individuals in use of CVA; and based on emerging evidence appears to be able to have effects on conditioning the use of the CVA toward a specific outcome.

Palestine cash transfer program, implementation issues related to documentation also caused issues in access or retention of adolescents to education (Pereznieto et al, 2014). Conversely, in an assessment of a Plan program in Egypt, adolescents reported that complementary components focused on violence prevention reduced forms of violence from parents, teachers, and peers, which were non-economic barriers to continuation of adolescents in schooling (Plan & WRC, 2020).

Key informants who had knowledge of education in emergencies (EiE) and CVA noted that their organisation mainly utilised school-based grants, school improvement grants, and scholarships. Similar to the literature which pointed out the supply-side constraints in relation to education for adolescents, this approach was said to "incentivise engagement with schools which is important for educational outcomes" (Interview, Nov. 2019). The key informant noted that "it's very hard to give unconditional grants in education" and recommended that CVA for education outcomes must be conditional, and conditionalities should at least include attendance. Finally, given the importance of demand- and supply-side factors, the key informant recommended that CVA for adolescent education outcomes should be accompanied by robust community engagement and mobilisation components.

8: Recommendations – CVA and education wellbeing for adolescents in crisis

- Use CVA to mitigate economic barriers, opportunity costs of CL and CM for adolescents and their families associated with enrolment
  - Transfer larger value transfers to enrol/retain older adolescent girls and boys in school; higher values of CVAs are necessary to cover higher direct costs of secondary schooling, in most contexts, compared to primary schooling
    - CVA must take into account that direct costs for school materials (textbooks, uniforms, examination fees) seem to be higher for secondary-school students than for primary; and that adolescents may be less motivated to persist in schooling if their needs for these materials aren't met
  - In some contexts, a higher CVA value may be needed for adolescent girls (as compared to adolescent boys) to mitigate against social norms that keep girls OOS
- CVA aiming to increase education outcomes for adolescents should note demand-side barriers and consider designing a conditional form of CVA (e.g., CCT, voucher) to support increased demand for schooling for adolescents
- CVA aiming to improve education outcomes for adolescents in crisis should note any supply-side barriers, e.g. teachers, schools, documentation/registration issues, violence exposure
  - CVA aiming to improve education outcomes for adolescents in crisis must include assessment and mitigation measures of community violence and school-based violence (e.g., bullying, gang violence, sexual harassment)


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9. Uptake of adolescent-specific health indicators is central to generating evidence on CVA for adolescent health and SRH outcomes

Adolescents have many of the same needs as adults and children for routine preventative and therapeutic healthcare. However, the overall link between CVA and health outcomes in humanitarian settings remains inconclusive given evidence gaps (Pega et al, 2015). The Global Health Cluster, noting the evidence gaps, indicated that CVA has the potential to reduce the economic and financial barriers to access and utilisation (Global Health Cluster and WHO, 2018, p. 3). As for education, access to and uptake of healthcare services by adolescents will be affected by both demand-side factors and supply-side factors, as well as by financial and non-financial barriers, and more evidence is needed to understand the effects of CVA on these factors (Global Health Cluster et al, 2020).

Broadly, increased spending on adolescents' healthcare may be attributed to CVA design factors, however, a general absence of health indicators and conditioning for and monitoring of CVA for health outcomes of adolescents inhibited conclusion. Only one project identified by this desk review—the Lebanon Cash Consortium Multipurpose Cash (LCC MCA) program—used CVA for adolescent health outcomes. The LLC MCA program measured and reported health outcomes for children aged 0 to 18 years old whose families were targeted for MPC, but did not disaggregate for adolescent age categories; however one relevant finding of this program was that families were more likely to pursue more qualified medical providers after receiving CVA (Foster 2015). Similarly, UN cash assistance in Jordan was reported to have increased families' spending on children's healthcare; however, the report retrieved did not disaggregate adolescent age categories (Abu Hamad et al 2017 p. 19).[10]

Adolescents' distinctive health needs arise in their distinct SRH needs compared to children and adults. For example, menstrual hygiene management (MHM) for adolescent girls and contraception access and uptake and STI prevention and treatment for adolescent boys and girls (Patton et al 2016; WHO 2017). Specific evidence gaps exist on how CVA affects adolescent SRH (ASRH) outcomes in humanitarian contexts: for example, how CVA affects condom use, number of sexual partners, and MHM were not clear (Simon, 2019; Sommer et al 2016). CM is a driver of negative ASRH outcomes; the effect of CVA on CM in emergency contexts is also mixed, with some findings showing that cash payments to parents may

10. Experts on primary health in humanitarian response were not able to be reached for the desk review.

increase the likelihood of CM (Thompson 2012; Yoshikawa 2015; Freccero & Whiting 2018; CARE 2019).

Adolescents face specific supply-side barriers to ASRH because in many countries, adolescents under a certain age such as under age 18, who are unmarried, and/or have engaged in specific sexual activities, are not legally allowed to seek out and/or consent to treatment on their own. This means that an adolescent's decision to seek health services for sexual health care is likely to be influenced by parents, guardians, or the law (WHO, 2018). For this reason, one KII who was knowledgeable in SRH and had knowledge of CVA remarked that they did not see CVA as a way to improve ASRH outcomes given the significant non-economic barriers to ASRH. This key informant pointed out that the barriers to ASRH tend to be the known and documented supply-side barriers (accessibility of health facilities; availability of SRH-related supplies and commodities; provider knowledge; etc.); demand-side barriers (knowledge and awareness of SRH); and social norms and/or legal barriers (e.g., policies that affect adolescent SRH; attitudes of health service providers toward delivering SRH services to adolescents; etc.). However, other KIIs who were knowledgeable in protection agreed that, where supplies are available, direct CVA to adolescents might be one way to support adolescents to access ASRH-related items, e.g. contraceptive methods from a private-sector pharmacy, where access may otherwise be difficult due to personal, household, or community attitudes or stigma. As one key informant said, "These children [adolescents] are being placed in this adult position and certain needs of adolescents are taboo or not understood, like condoms—we [cash programming] might support them when their parents might not" (Interview, Nov. 2019).

9: Recommendations – CVA and health outcomes for adolescents in crisis

- Promote uptake of adolescent-disagregated health indicators in program design and monitoring
- Generate more evidence on the links between CVA and adolescent health outcomes in crisis, e.g. by monitoring for health outcomes of CVA programs and disaggregating for adolescent age categories
- Assess context-specific legal barriers and social norms which prevent adolescents from being able to access ASRH services
  - Employ "cash-plus" approaches to help address the economic and social barriers to ASRH
  - Generate evidence as to which CVA designs, including complementary components and risk mitigation could support ASRH

10. Use "cash plus" approaches to address demand-side drivers of nutrition, and uptake adolescent-specific nutrition indicators in program design and monitoring to better address adolescents' specific nutritional needs and bridge evidence gaps

While adolescents' overall requirements for food security and nutrition, such as secure access to foods for a varied healthy diet, aligns with that of children and adults, adolescents also have distinct nutritional needs. WHO guidelines have acknowledged the importance of the specific nutritional needs of adolescents (WHO 2017; WHO 2018). For instance, all adolescents have an increased macro and micronutrient requirements in relation to their increased growth patterns. Nutrition in adolescence has gendered dimensions as adolescent girls have an increased need for iron-rich foods linked with the onset of menstruation, and aside from the individual developmental needs of the adolescent, low iron in adolescence for girls can lead to intergenerational effects, e.g., adverse maternal and neonatal outcomes for those who become pregnant (WHO 2018). Given the gendered patterns of CM, coerced sexual work, etc. which lead to pregnancy, these nutritional gaps in adolescence may adversely affect health and life outcomes of women and adolescent girls.

However, the overall link between CVA and nutrition outcomes of adolescents remains inconclusive due to evidence gaps in attributing nutritional impact to humanitarian interventions, including CVA (Bailey & Hedlund 2012). Impact evaluations of CVA on nutrition outcomes identified for this desk review did not disaggregate for child or adolescent age categories (Hoddinott et al 2014). Smith (2019) pointed out that barriers to nutrition are not only economic; addressing non-financial barriers such as supporting demand for nutritious food through sensitisation or education is also necessary because families must prioritise purchasing nutritious food and adolescents must seek out nutritious food.

Across the projects retrieved for this desk review, two projects targeted and reported on nutrition outcomes for adolescents. In the PNCTP adolescents reported having a more varied diet which they enjoyed eating (Pereznieto et al, 2014, vii). In a World Food Programme (WFP) Protracted Relief and Recovery Operation (PPRO) in Niger which delivered CVA to families with adolescents, Anemia rates among adolescent girls increased after the CVA initiation, possibly due to menarche during the pilot of the program, while in adolescent boys Anemia decreased likely because boys were more likely to purchase iron-rich meat-based snacks (Pirola et al, 2018).[11] More broadly, where humanitarian CVA did aim to improve food security or nutrition, it tended to target and measure improved nutrition for children (e.g., aged 0 – 5 years old) and not do the same for adolescents.

10: Recommendations – CVA and nutrition for adolescents in crisis

- Design and promote uptake of adolescent-specific and adolescent-disaggregated nutrition indicators in CVA program design and monitoring, and especially adolescent-girl-specific nutrition indicators
- Promote uptake of adolescent-specific nutrition conditionalities on household-level CVA and MPC
- Use “cash plus” approaches to sensitise adolescents, families, and communities on the specific nutritional needs of adolescents and address demand-side barriers to adolescent nutrition
- Generate additional evidence on CVA for nutrition outcomes in crisis, including for adolescent nutrition outcomes

11. Use livelihoods and economic strengthening components as exit strategies for the end of the CVA; gather more evidence on how to effectively leverage CVA for adolescent economic wellbeing outcomes

It is documented and acknowledged that adolescents in crisis are economically active, in household microenterprises and in their communities (Compact for Young People in Humanitarian Action, 2019). Becoming economically active is a priority for adolescents in crisis, yet adolescents in crisis face additional barriers as they try to pursue livelihoods such as lack of training or education and risks of crime, violence, and risky forms of labour (INEE et al, 2017). Although avoidance of certain types of labour, including risky CL, is an important objective, it is now acknowledged that adolescents benefit from economic strengthening activities (CPC Learning Network & WRC, 2013) and that appropriate adolescent participation in income-generating work can be positive especially for adolescents in crisis (INEE & Chaffin, 2010). CVA can support livelihoods and economic

11. Nutrition experts were approached for the consultations but did not participate.

strengthening programming in a variety of ways, including as an input for an income-generating activity, for example to purchase or upgrade an asset or to increase stock or re-stock, or to support enrolment in a vocational activity or offset opportunity costs. This could be especially important for adolescents, and especially adolescent girls, because they may lack access to cash, savings, and other financial capital that could lead to economic advancement, without which they may be engaged in negative coping such as sexual exploitation (WRC, 2014; Plan 2018).

Literature retrieved for using CVA for economic wellbeing of adolescents in crisis included guidance such as targeting older adolescents with disabilities, and adolescent girls, who are often excluded; including complementary components such as girl-friendly savings accounts, mentorship, life and financial skills training in order to mitigate risks and increase the effectiveness of the cash on the economic strengthening of adolescents; using gender analyses to avoid gender stereotypes in income-generating activities[12]; and using age verification techniques so as to avoid participation of underage participants (Thompson 2012; Thompson 2016; CPC Learning Network, 2013; WRC, 2014). WRC (2013) pointed out that, when adolescents cannot meet their basic needs, they should not be provided with loans; and laid out guidance specific to adolescents who are refugees in urban settings, such as using a "graduated" approach and collabourating with refugee self-help organisations, CBOs, informal rotating savings and loan groups, and mutual assistance associations.

The review identified three CVA projects which reached adolescents in crisis and which utilised livelihoods or economic strengthening components, although evaluation findings were not available. A World Vision Uganda program delivered, along with livelihoods training, cash grants to refugee households, including child-headed households—who are usually headed by adolescents—and households fostering UASC (Mukitale, 2018). The Mercy Corps "I-Sing" program in Borno State, in Northeast Nigeria delivered VSLAs, youth-inclusive market assessments, referrals to TVET, and—for a subset of participants identified as most vulnerable—grants in the form of vouchers to IDP and host community adolescent girls and boys aged 15-19 to use to support investment in a business plan (Mercy Corps, internal document). Thompson (2012) reported on a CP program in Liberia which adopted cash transfers to empower 12- to 20-year-old adolescents and young people through CfW and UCTs; implementation challenges were reported including contextualisation and age verification. In a different use of a livelihoods component, a Plan program in CAR intended to use livelihoods training referrals as an "exit strategy" for households that had received CVA to support adolescents; staff found that there was a vacuum of organisations delivering livelihoods programming in the target area making referral impossible. Plan staff pivoted to advising families on how to save or invest the CVA received to support care for reunified and UASC children and adolescents (Plan & WRC, 2020[1]).

Key informants consulted for this desk review predominantly viewed livelihoods and economic strengthening components as an "exit strategy" for the end of a CVA program, irrespective of the main objectives of the program. One key informant reported that their organisation frequently links CVA with economic resilience programming because programmers "can't assume that unconditional cash will solve problems of economic stress. So there is need to link [CVA] more to vocational training, entrepreneurship, [and] economic resilience programs in general" (Interview, Jan. 2020).

Alongside agreement about the importance of economic strengthening of adolescents and of linking short-term CVA with long-term economic strengthening, the desk review indicated that humanitarian actors may struggle with how to most effectively implement economic strengthening components with adolescents because of national laws and policies; lack of market analysis skills within CP teams; or lack of collabouration between CP and CVA/market practitioners. Overall, one key informant described an ongoing lack of consensus in CP communities of practices vis. labour force participation of children and adolescents; the informant described that some practitioners still

12. Thompson (2016) pointed out that "during assessments adolescents may describe their needs in a way that is confined by social expectation and gender discrimination" (p. 97).

advocate against any form of CL, including of adolescents. One key informant described a potential project component in Lebanon which would have provided TVET to adolescents, but which was ultimately not implemented due to concerns about working age restrictions in the context. Another key informant described a project that transferred cash to groups of adolescents along with complementary livelihoods training, saying, "The cash side of it was a total flop… There was some chicken rearing, pig rearing, hairdressing, but all of them didn't make money, so they [adolescents] basically used the money and it [the program] didn't have sustainability" (Interview, Nov. 2019). Another key informant noted their experience of implementing cash grants for adolescents, highlighting the need to ensure that CP staff understand gender and market analyses to inform programming:

> *Especially coming from an SGBV angle, they [cash grants for livelihoods] often reinforce gender discrimination and stereotypes. They've [cash grant programs] been purely set up by CP actors and there isn't that kind of market analysis or the understanding; we haven't been working across sectors enough to have the full understanding to be able to implement something that might be more effective; we [CP practitioners] repeat the same old patterns and ways of working on this.*
> **Interview, Jan. 2020**

11: Recommendations – CVA and economic wellbeing for adolescents

- Link short-term CVA with longer-term economic strengthening programming to mitigate negative economic coping strategies and to create a safe "exit strategy" with the end of the CVA
- Where CVA is linked with a form of labour, such as cash/VfD or cash/voucher for food, assess the statutory and regulatory context around labour laws and adolescents' ability to work and receive cash in each context and contextualise the CVA program accordingly based on labour laws
  - Include adolescents in CVA programs in contexts with favourable regulations and explore program designs such as case management, mentorship, and savings accounts that engage adolescents, while mitigating any associated risk
- Conduct gender analyses to ensure that CVA and linked livelihoods/economic strengthening does not reinforce gender stereotypes; to engage men and boys in a way that promotes transformative approaches to gender; and to identify gendered risks and appropriate mitigation mechanisms, e.g. using Cohort Livelihoods and Risk Analysis (CLARA) (WRC 2016)
- Incorporate design features or complementary components with CVA for adolescent economic wellbeing such as mentorship, peer support groups, safe spaces, youth groups including boys' and girls' clubs, youth leadership networks, and/or engagement of community leaders
- Start "at the margin" (WRC, 2013) in finding and recruiting adolescents for participation in CVA programs for economic wellbeing:
  - Include older adolescents with disabilities in CVA programs that aim for economic strengthening of adolescents
  - Use complementary components that facilitate inclusion and participation of adolescent girls in economic strengthening activities—including adolescent mothers and married adolescent girls—such as safe spaces, girl-friendly savings accounts, girls' clubs, girls' leadership networks
- Generate more practice and evidence on how to effectively integrate CVA with economic strengthening/livelihoods programming

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DISCUSSION AND CONCLUSIONS

The desk review and stakeholder consultations undertaken reveal that humanitarian actors are increasingly aware of adolescents in humanitarian response and their role in accountability to adolescents, including in programming that uses CVA. Many humanitarian programs using CVA are reaching adolescents in crisis, either by transferring cash to adolescents' caregivers or directly transferring CVA to adolescents themselves. However, currently data is insufficiently disaggregated for early and older adolescent age groups within the broader child (0-18 years old) category and this merits attention going forward. Some programs have assessed and disaggregated for adolescents and their wellbeing outcomes; some have been evaluated and/or shared their findings and learning with the broader humanitarian community. However, critical gaps in evidence and practice remain and need to be tackled. In practice, adolescents' needs and capacities remain insufficiently integrated into humanitarian response as a whole, including within CVA, and adolescents are overlooked broadly and in CVA in particular.

Misconceptions remain about the riskiness of CVA overall despite evidence that CVA is not inherently risky. Anecdotal fears and misconceptions about the competencies of adolescents to manage CVA have led to an avoidance of using CVA for adolescent outcomes in a systemic and scaled manner. The desk review suggested that humanitarian actors either avoid engaging adolescents in CVA; or resort to engagement of adolescents when it is unavoidable, in the cases of unaccompanied and separated youth, child-headed households, young mothers, and other profiles of adolescents. The desk review showed that there were situations—such as the humanitarian response to the influx of refugees and asylum seekers in Greece—where adolescents were left out of humanitarian CVA and needed to be engaged as direct recipients of cash assistance. The desk review suggested that humanitarian actors may be directly transferring cash to adolescents, at a greater scale than is currently acknowledged or communicated in programmatic documents. Learning is not being shared widely to benefit the humanitarian community and move the field forward through greater evidence and evidence-based practice. The potential of CVA to enhance adolescent wellbeing has not been and is not being achieved.

In some programming examples retrieved which used CVA, adolescents experienced age-specific associated risks which were not adequately mitigated during program design. Adolescent girls faced gender-specific risks in some of these programs. Even in programming using CVA that aimed to reach adolescents, adolescents living with disabilities were broadly overlooked or their intersectional needs and capacities were overlooked.

There are positive trajectories toward increased engagement of adolescents in CVA. Literature and KIIs recognised the non-homogeneity and diversity of adolescents' developmental needs as well as capacities to lead themselves and their communities. The desk review identified several examples of programming using CVA which did successfully engage adolescent girls and boys.

Much of the literature and KIIs acknowledged that CVA is a more dignified form of humanitarian assistance and acknowledged that adolescents have a right to dignified humanitarian assistance. With adequate guidance and tools, humanitarian responders can more effectively and safely engage adolescents in CVA for adolescent outcomes and as recipients of and leaders in CVA programming. Existing sectoral guidance on education, SRH and Protection, can be built upon to address CVA for adolescent wellbeing.

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APPENDICES

APPENDIX I: METHODOLOGY

Desk review questions

1. What interventions (2010 – present) implemented in crisis contexts reported using CVA to achieve adolescent well-being outcomes in the sectors of interest: CP, livelihoods (including economic strengthening), education, health (including SRH), and SGBV (including empowerment)?
2. What do existing and available evidence reviews, assessments, or evaluations of such interventions suggest regarding the effectiveness of the use of CVA to meet adolescent wellbeing outcomes in the sectors of interest?
3. For each intervention: Which modalities of CVA have these interventions utilised?

Inclusion and exclusion criteria

Topic	Inclusion	Exclusion
Program areas	CP; AND/OR Education; AND/OR Livelihoods; AND/OR Health AND OR GBV; AND/OR Multisectoral/multipurpose	Other sectors/ program areas
Interventions	Utilise CVA, defined as one of the following modalities; 1. Multipurpose Grants (MPG) 2. MPC 3. Unconditional Voucher (UV): Commodity 4. Unconditional Voucher (UV): Value 5. CCT 6. Conditional Voucher Transfer 7. CfW 8. VfW 9. Shock Responsive Social Protection 10. Mixed Modality 11. Cash Plus 12. Cash for Training 13. Voucher for Training Aim to address at least one outcome related to the wellbeing of adolescents within the predefined sectors listed above; or evaluated such outcomes after implementing UCT or MPC	Microfinance Savings clubs Inclusive financial services
Population	Children between the ages of 10 and 19, inclusive	Age unclear or not specified

Search terms

Additional literature that were provided by informants, or that were referenced in included literature, and which fit the criteria were also included.

Type of CVA intervention	
CVA	Cash; CVA; cash transfer*; cash grant*; conditional cash transfer; cash for work; cash plus
Sector	
CP	CP; family separation; abuse; CL; violence; case management
Livelihoods	Livelihood*; economic empowerment; economic strengthening; vocational; vocational training
Education	Education; schooling; informal learning; informal learning centre / cent*; formal learning cent*; enrolment; attendance; academic performance; social emotional learning; dropout; girl* education; primary education; secondary education
Health	Mortality; morbidity; survival; reproductive health; SRH; early pregnancy
Nutrition	Nutrition; Anemia
GBV	Empowerment; girl* empowerment;
Population and context	
Population	Children between the ages of 10 and 19, inclusive
Context	Humanitarian; conflict; crisis; conflict affected; crisis affected; displaced; emergency; fragile; host population*; refugee*; refugee camp*; internationally displaced person; IDP

Analysis

The results of the desk review searches were collated to enumerate the number and types of literature obtained; and the results of the desk review were collated in a table of programs (see Appendix II) and summarised in a narrative synthesis. During KIIs with practitioners, an interviewer recorded the sessions with consent of the participants. The recordings were summarised for key themes and synthesised with the findings of the desk review.

Limitations

As this was a rapid desk review, it may not have captured all of the applicable literature. The literature that met the criteria was listed and summarised. Literature and evidence that was included in this review were not systematically evaluated on quality measures. The desk review did not aim to compare the effectiveness of different modalities; only to summarise which modalities were used to aim to achieve adolescent wellbeing outcomes or which modalities were used that reached adolescents as indirect beneficiaries or direct recipients.

This desk review did not aim to consistently disaggregate different age groupings of adolescents; results were mainly analysed aggregating all adolescents, defined as those between the ages of 10 and 19 years old.

Key informants in the sectors of health – except for SRH – nutrition, and food security in humanitarian settings were not reached as part of the global consultations; therefore, those sectors/outcomes were less fleshed out in this review. In addition, CP experts were disproportionately sampled, therefore CP is more well represented in this review compared to other sectors/outcome areas. The KIIs did not sample for adolescents who are affected by conflict as key informants; however, the desk review included assessments with adolescent participants.

The desk review limited its search to English-language documents, and therefore may be missing relevant literature in languages other than English.

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APPENDIX II: TABLE OF PROJECTS REVIEWED

The table below[13] represents the projects that were captured through this desk review; it does not and is not meant to represent all humanitarian CVA projects which may have reached adolescents in crisis; rather, it represents projects which utilised CVA in a humanitarian setting between 2010 and 2019, which reached adolescents in some way. Projects with a checkmark (✔) were identified as evaluated (defined broadly as an endline evaluation; pretest/posttest; or impact evaluation with a control group) and the results of the evaluation were reported or shared with WRC for this desk review. Projects with a star (★) were identified as having included or consulted adolescents in needs assessment, monitoring, and/or evaluation as informants and/or as participants in data collection. In all, this desk review identified 26 documented projects within the parameters above. Of those, eight projects underwent some form of evaluation within the parameters above; 16 of these appeared to have included adolescents in the evaluation.

Inclusion and exclusion criteria

Project *Implementing organisation*	**Location** *Population(s)*	**Intervention modality(ies)** *Complementary component(s)*	**Description of adolescents reported as having been reached (indirectly or directly) through the intervention**	**Role of adolescent vis. CVA**[14]	**Relevant sector(s) referenced**[15] *Selected outcomes for adolescents*
★ **Liberia Child Protection Cash Transfer Program**[16] *Save the Children*	Liberia • Refugees • Host community members	● UCTs (cash in envelope) Case management	● Adolescent boys 10-14 ● Adolescent girls 10-14 ● Children who are heads of household ● Pregnant teenagers ● Child mothers ● Children living independently	Indirect beneficiaries[17]	● **Empowerment/ SGBV** • Risky behaviours ● **Livelihoods** ● **Nutrition/ Food security**
			● Adolescent host community members, 14-19 ● Adolescent camp members, 14-18	*Unclear*	
★✔ **Girl Empower Program**[18] *IRC*	Liberia *Community affected by post-conflict environment*	● CCTs to caregivers of adolescent girls • *Mentoring* • *Asset building* • *Caregiver trainings*	● Adolescent girls 13-14	Indirect beneficiaries	● **Empowerment/ SGBV** • Life skills • Sexual abuse and exploitation • Risky sexual behaviours • CM

13. The projects are not listed in any particular order.
14. Indirect beneficiary: CVA was transferred to a family or adult caregiver of an adolescent, either as multi-purpose cash or for a specific adolescent wellbeing outcome; direct recipient=adolescent directly received a cash transfer; unclear=document did not specify
15. Sectors of interest to this desk review; the projects may have included other sectors not included in this review, e.g., shelter, WASH, etc.
16. Thompson, 2012
17. "With teenage mothers and child-headed households, the money was given to a mentor and not to the children themselves" (Thompson 2012, p. 34). It is unclear whether adolescents in the CfW component received cash directly as payment for work.
18. Allen, 2019, p. 11.

Project *Implementing organisation*	**Location** *Population(s)*	**Intervention modality(ies)** *Complementary component(s)*	**Description of adolescents reported as having been reached (indirectly or directly) through the intervention**	**Role of adolescent vis. CVA**[14]	**Relevant sector(s) referenced**[15] *Selected outcomes for adolescents*
★ **Safe Zones Cash Assistance**[19] *IRC*	Greece *Migrants entering Europe*	UCTs to adolescents[20] • *Safe zones and shelters* • *Case management* • *Financial skills training*	● Adolescent boys 14-18, living in safe zone or in government-funded shelters	Direct recipients	● **CP**
★ **Cash-based Intervention**[21] *Save the Children*	Niger *Community affected by conflict*	● UCT via mobile transfer	● Adolescent boys ● Adolescent girls	Indirect beneficiary	● **Nutrition/ Food security** ● **CP**
Conditional Cash Transfer for Education (CCTE) for Refugees[22] and **Cash for Protection** pilot program *UNICEF, Republic of Turkey Ministry of National Education, Turkish Red Cross*	Turkey • *Refugees* • *Host community members*	● CCT via bank transfer ● E-vouchers • *Case management follow-up (CCTE for Refugees)* • *Comprehensive suite of CP services, in which e-voucher was a part of case management process (Cash for Protection)*	● Adolescent boys 10-18 ● Adolescent girls 10-18[23]	Indirect beneficiary	● **Education** • *Enrolment* • *Attendance* ● **CP**
★ **Gender-based violence response and prevention program**[24] *IRC*	Jordan *Refugees*	● UCTs ● GBV case management	● Adolescent girls	Indirect beneficiary	● **Empowerment/ SGBV**
UN social assistance for Syrian refugees in Jordan[25] *UNHCR, UNICEF, WFP*	Jordan *Refugees*	● "Cash assistance" ● UNICEF "Child Cash Grant" ● WFP vouchers	● Adolescent boys 10-19 ● Adolescent girls 10-19	Indirect beneficiary	● **Health** ● **Nutrition/Food security** ● **Education** ● **CP**
★ **Conditional Cash Project for Vulnerable Syrian and Jordanian Children in Irbid, Jordan**[26] *IRJ, ICCS*	Jordan *Refugees and host community*	● CCTs for rent, conditional upon child school attendance	● Adolescent boys 10-16 ● Adolescent girls 10-16	Indirect beneficiary[27]	● **Education** • *Attendance* • *Enrolment*

21. WRC & Save the Children, 2018
22. UNICEF, 2019.
23. The report describes that the transfer value was increased for adolescents in upper secondary school; and for learners in ALPs who are often adolescents.
24. WRC, IRC, and Mercy Corps, 2018.
25. Abu Hamad et al, 2017.
26. Pertek, 2016.
27. The implementer transferred the cash assistance directly to landlords.

Project *Implementing organisation*	**Location** *Population(s)*	**Intervention modality(ies)** *Complementary component(s)*	**Description of adolescents reported as having been reached (indirectly or directly) through the intervention**	**Role of adolescent vis. CVA**[14]	**Relevant sector(s) referenced**[15] *Selected outcomes for adolescents*
✔ **Cash, Food Vouchers, and Food Transfers among Colombian Refugees and Poor Ecuadorians in Carachi and Sucumbios**[28] *WFP*	Ecuador • *Refugees* • *Host community*	● UCT ● Vouchers for food[29]	● Adolescent boys 10-16 ● Adolescent girls 10-16	Indirect beneficiary	● **Nutrition/ Food Security** ● **CP**
★✔ **LCC MCA Program**[30] *Lebanon Cash Consortium*[31]	Lebanon *Refugees*	● UCT (MPC)	● Adolescent boys 10-18 ● Adolescent girls 10-18	Indirect beneficiary	● **CP** • *'Youth Health Behaviour Survey' items* ● **Health** • *Frequency of illness* • *Types of illness* • *Reasons for medical treatment* ● **Nutrition/ Food security** • *Dietary diversity* • *Resources to purchase food*
★✔ **Min Ila "No Lost Generation" Cash Transfer Program for Displaced Syrian Children in Lebanon**[32] *UNICEF, WFP*	Lebanon *Refugees*	● UCTs via ATM card	● Adolescent boys 10-14 who lived near a second-shift school ● Adolescent girls 10-14 who lived near a second-shift school	Indirect beneficiary	● **Education** • *Enrolment* • *Attendance* ● **CP** • *CL participation* • *CM* • *Subjective wellbeing*
★✔ **Multipurpose cash assistance in Bekaa, Lebanon**[33] *World Vision Lebanon*	Lebanon Refugees	● Voucher "food e-card" ● Cash for food "e-card" ● MPC for essential needs "e-card"		Indirect beneficiary	● **Education** • *Enrolment* ● **CP** • *CL* • *Workplace risks* • *HH chores participation*

28. Hidrobo et al 2013.
29. There was a nutrition community sensitisation component; however, according to the program summary, the nutrition sensitisation components did not cover adolescent nutrition.
30. Foster, 2015.
31. Save the Children (Consortium Lead), IRC (Monitoring and Evaluation and Research Lead), ACTED, Care International, Solidarités, and World Vision
32. De Hoop et al, 2018(2). The endline evaluation administered a child instrument to 10-14 year old adolescents to measure child-level indicators, e.g. self-esteem, stress, optimism.
33. WV Lebanon, 2018.
34. Blackwell et al, 2019; Falb et al, 2019. A mixed-methods evaluation without a comparison group was done.

Project *Implementing organisation*	**Location** *Population(s)*	**Intervention modality(ies)** *Complementary component(s)*	**Description of adolescents reported as having been reached (indirectly or directly) through the intervention**	**Role of adolescent vis. CVA**[14]	**Relevant sector(s) referenced**[15] *Selected outcomes for adolescents*
★✔ **Cash for basic needs program**[34] *IRC*	Syria *IDPs* *Host community*	● UCT for NFIs	● Adolescent boys ● Adolescent girls ● Adolescent girls 18-19 who are HOHs	Indirect beneficiary Direct recipient	● **Empowerment/ SGBV** • *Sexual exploitation* • *Intimate partner violence (IPV)*
★✔ **Palestinian National Cash Transfer Program (PNCTP)**[35] *State of Palestine Ministry of Social Affairs*	State of Palestine • *Refugees* • *Camp residents* • *Host community*	● UCTs ● Cash grants ● Vouchers *Referrals to complementary services*	● Adolescent girls 10-19 ● Adolescent boys 10-19	Indirect beneficiary	● **Education** ● **CP**
★ **Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) Program**[36] IRC	DRC • *IDPs* • *Conflict-affected host community*	● UCTs (cash in envelope) • *Case management* • *Safe spaces*	● Adolescent girls 15-19	Direct recipients	● **Empowerment/ SGBV** • *Risky behaviours* • *CM* • *IPV* ● **CP** • CL
Accelerated Bridging Education (ABE) Programs[37] *NRC*	Somalia *IDPs*	● Vouchers for education, conditional on attendance • *School feeding* • *Take-home rations*	● Adolescent boys ● Adolescent girls	*Unclear*	● **Education** • *Enrolment* • *Attendance* • *Retention* ● **CP** ● **Nutrition/Food security**
★ **BNO Project**[38] *Plan*	• CAR *IDPs* • *Returnees*	● CCTs • *Family reunification* • *Case management*	● Adolescent boys 10-18 ● Adolescent girls 10-18	Indirect recipient	● **CP** • *Separation* • *CL* ● **Education** • *Enrolment*
★ **Tawasol "Learning for Coexistence"**[39] *Plan*	Egypt • *Refugees* • *Host community members*	● CCT "education grant" ● UCT "education grant" • *Material distribution* • *Trainings* • *Sensitisation* • *Peace clubs*	● Adolescent boys 10-14 ● Adolescent girls 10-14	Indirect beneficiaries	● **Education** • *Enrolment* • *Attendance* ● **CP**

34. Blackwell et al, 2019; Falb et al, 2019. A mixed-methods evaluation without a comparison group was done.
35. Pereznieto et al 2014. The evaluation collected data from adolescent boys and girls aged 11-17.
36. IRC, 2017; Allen, 2019, p. 4-5
37. Skeie, 2012; cited in Pereznieto & Magee, 2017, p. 26.
38. PI & WRC 2020. The project is currently being evaluated by an external evaluator; however, the results of the evaluation are awaited.
39. Plan & WRC 2020.

Project *Implementing organisation*	**Location** *Population(s)*	**Intervention modality(ies)** *Complementary component(s)*	**Description of adolescents reported as having been reached (indirectly or directly) through the intervention**	**Role of adolescent vis. CVA**[14]	**Relevant sector(s) referenced**[15] *Selected outcomes for adolescents*
Imvepi settlement cash grant [40] *World Vision Uganda / UNHCR*	Uganda *Refugees*	● Cash grant ● Start-up capital • *Foster placements for UASCs*	● Child-headed HHs ● Adolescent boys, separated ● Adolescent girls, separated	Direct recipient Indirect beneficiary	● **Livelihoods**
★ **Girl Empower (GE) Program** [41] *IRC*	Liberia *Host community*	● CCT, conditional on girls' attendance to GE sessions	● Adolescent girls 13-14	Indirect beneficiaries	● **SGBV/ Empowerment** • *CM* • *Risky sexual behaviours*
WFP and PPRO pilot program in Niger (Dogo, Gaffati and Koleram) [42] *WFP, UNICEF*	Niger *Host community members*	● CCTs ● UCTs	● Adolescent boys 10-15 in grades 5 and 6 ● Adolescent girls 10-15 in grades 5 and 6 ● Adolescent boys in secondary school ● Adolescent girls in secondary school	*Not clear but most likely indirect beneficiaries*	● **Empowerment/ SGBV** ● **Education** • *Enrolment* • *Attendance* • *Retention* • *Performance* ● **Nutrition/ Food security** • *Anemia prevalence* • *Dietary diversity* • *Nutrition knowledge* • *Iron-rich food consumption* • *Supplementation*
Hajati 'My Needs' CT program [43] *UNICEF, UNHCR, ODI*	Jordan • *Refugees* • *Host community members*	● Labelled UCT to caregivers • *"Nudging" strategies with SMS* • *Referrals to service provision*	● Adolescent boys 10-16 ● Adolescent girls 10-16	Indirect beneficiaries	● **Education** • *Enrolment* • *Attendance*
★ **I-Sing Program** *Mercy Corps* [44]	Nigeria • *IDPs* • *Host community members*	● Vouchers • *VSLAs* • *Youth-inclusive market assessments* • *Vocational skills training*	● Adolescent boys 15-19 ● Adolescent girls 15-19	Unclear	● **Livelihoods** • *Financial literacy* • *Safer livelihoods* • *Access to savings and loans*

40. Mukitale 2018.
41. Allen, 2019.
42. Pirola et al, 2018.
43. UNICEF 2018; UNICEF 2019. A PDM report after one year was issued reporting some impacts compared to ineligible households; the PDM did not appear to have included monitoring or consultations that included adolescents. An impact evaluation has been planned but has not been made available.
44. Internal document provided by Mercy Corps

Project *Implementing organisation*	**Location** *Population(s)*	**Intervention modality(ies)** *Complementary component(s)*	**Description of adolescents reported as having been reached (indirectly or directly) through the intervention**	**Role of adolescent vis. CVA**[14]	**Relevant sector(s) referenced**[15] *Selected outcomes for adolescents*
✔ **Girls' Education South Sudan (GESS) Program, Phase 1**[45] *DFID*[46]	RSS *Host community members*	● CCT, distributed from schools to students[47] *School capitation grants*	● Adolescent boys enroled in the last five years of primary school ● Adolescent girls enroled in the last five years of primary school ● Adolescent boys enroled in secondary school ● Adolescent girls enroled in secondary school	Direct recipients[49]	● **Education** • *Enrolment* • *Attendance*
Girls Education South Sudan (GESS) Phase 2[48] *Mott MacDonald and consortium partners*	*RSS* *Host community members*	● "Lightly conditioned" CCTs • *Behaviour change communication* • *School capitation grants*	● Adolescent girls in secondary school	Direct recipients	● **Education** • *Enrolment* • *Attendance* • *Retention*
Valorisation de la Scolarisation de la Fille (VAS-Y! Fille)[50] *IRC, Save the Children, CRS*	*DRC* *Host community members*	● Vouchers for education fees • *Scholarships* • *Teacher training* • *Community engagement* • *ALPs*	● Adolescent girls in secondary school ● Adolescent girls who are "over-aged and OOS"	Indirect beneficiary	● **Education** • *Enrolment* • *Attendance*

45. Crawfurd, 2016.
46. Funded by DFID and implemented by Mott MacDonald, BBC Media Action, Charlie Goldsmith Associates, and Winrock International
47. "Schools must first submit enrolment forms for each pupil, linked to enrolment and attendance records, after which payment was made to school bank accounts (2014) or local bank payment agents (2015), who then distributed cash payments to students at schools" (p. 6).
48. Clugston 2018; http://girlseducationsouthsudan.org.
49. "The money then goes directly into the hands of the girl. If the girl is under 18, a parent, guardian or teacher can sign on the girl's behalf" (http://girlseducationsouthsudan.org/getting-cash-transfers-to-288000-girls-in-south-sudan/).
50. IRC et al, 2017.


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