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CASH TRANSFER PROGRAMMING FOR ADOLESCENTS IN EMERGENCIES

From Guidelines to Action

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Acknowledgments

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Acronyms

CaLP: The Cash Learning Partnership

CARMs: Community Accountability and Reporting Mechanisms

CFW: Cash-for-Work

CCT: Conditional Cash Transfer

CTP: Cash Transfer Programming

GBV: Gender-based violence

KYC: Know Your Customer

MEB: Minimum Expenditure Basket

SADD: Sex- and age-disaggregated data

SEA: Sexual exploitation and abuse

UCT: Unconditional Cash Transfer

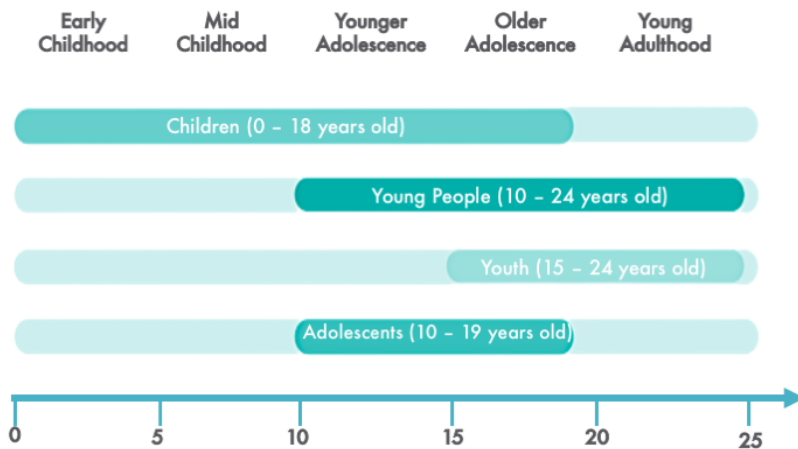
UN: United Nations

USAID: United States Aid for International Development

Terminology

For the purposes of this report, “cash transfer programming” (or “CTP”) refers to all programs in which cash (or vouchers for goods or services) is directly provided to program participants. This may refer to unconditional or conditional transfers, as well as vouchers and cash-for-work programs, unless specified.

FIGURE 1. TERMINOLOGY



¹ This report adheres to Mercy Corps’ definition of “**adolescents**” as individuals between the ages of 10 to 19. “**Youth**” is defined by the United Nations as individuals from age 15 to 24, overlapping with adolescents from 15 to 19.² Occasionally, this report may use “**young people**” as a reference inclusive of both adolescents and youth, following the terminology of the guidelines for The Compact for Young People in Humanitarian Action.³

Meaningful participation or engagement of adolescents and youth in humanitarian response is one of the calls for sector-wide transformation

coming out of the World Humanitarian Summit and resulting Compact for Young People in Humanitarian Action.⁴ To make participation meaningful, humanitarian actors should ensure adolescents are involved throughout the humanitarian program cycle—from preparedness to response and recovery—in ways that build their knowledge, skills and capacities. Meaningful engagement is not tokenizing. It ideally reflects the higher rungs of Hart’s Ladder of Children’s Participation or the spheres of the Lundy Model.⁵

Participatory action research is a participatory research approach whereby researchers and participants collaborate in building understanding of a problem related to social change.⁶ While there are many approaches to participatory methods, this method has been used successfully to support young researchers.⁷ Adolescent and youth-led participatory action research engages young people while giving an opportunity for them to learn and lend their voices and actions to change in their community.

A **positive youth development approach** views young people as positive assets and rights-holders with agency and the ability to contribute to their community.⁸ In the context of emergency response, adolescents and youth are already being engaged as first responders in different recovery efforts.⁹

An **intersectional approach** refers to the use of a critical framework for conceptualizing the numerous discriminations and disadvantages that challenge a person, group of people, or social problem. It takes into account multiple overlapping identities and experiences in order to understand the complexity of prejudices and vulnerabilities involved in a given context or life experience.¹⁰

Key Findings and Recommendations

Global

- **Adolescents matter.** The world's population of young people is growing. Adolescents are and will continue to be a part of crisis-affected communities; as such, humanitarian response initiatives must recognize and address their interests. Supporting young people has potential for dividends multiplied over their life course and through the lives of their families and communities. Young people not only have desire to contribute to humanitarian actions in their communities, but they also have the ability to positively contribute to response efforts.
- **Invest in research to support informed action.** As the demand for cash as a modality grows, along with the number of young people in emergency contexts, CTP may support adolescent resiliency and sustainable response. However, the current lack of research into the effectiveness and impacts of CTP to support adolescents in emergencies precludes investment in such programming.
- **Adolescents have diverse needs and vulnerabilities.** Investment in research, data and programming that studies how to target this population and tap their potential will support preparedness and quality humanitarian response. Sex- and age-disaggregated data is critical.
- **Direct adolescent participation and engagement are essential** to develop a robust understanding of crisis-affected adolescents' needs and to ensure humanitarian actors are responsive and accountable to them. Incorporate and seek young peoples' voices, and build their life skills in the process.
- **Adolescent inclusion should be intentional.** Adolescents should be consulted during, and adolescent perspectives should be incorporated into, all stages of the humanitarian project cycle—from proposal development and needs assessments to implementation and evaluation. Programs that fail to recognize and account for adolescents as a target population until the monitoring and evaluation phase act too late to ensure project scope and budget reflect adequate resources for appropriate interventions.
- **Withholding a modality of assistance is exclusive and may do harm.** Implementing a modality without reflecting on context, intentions and objectives may do harm as well. CTP is flexible and can promote dignity and agency, but it is not a panacea. Program developers should reflect on emergency context, project objectives, alternative and complementary modalities, exit strategy and sustainability.
- **Integrate minimum standards for child protection and safeguarding with standards for cash as a modality.** Case management must accompany CTP with adolescent direct recipients. Intentional design of CTP with young people in mind improves risk preparedness, and reduces the likelihood that programs will need to adapt or react during implementation with unforeseen delay and resources costs.

Case-specific (Colombia)

- **There are unique opportunities and challenges in targeting adolescent participants** for cash transfers in this context due to wide variation in migration patterns between Venezuela and Colombia. These patterns include transit, circular, permanent, or pendular migration.
- **Venezuelan adolescents who are unaccompanied, involved in organized crime and/or involved in organized sex work are especially vulnerable from a protection standpoint**, and have the fewest financial, social and other resources to help them navigate their situation in Colombia. No one knows exactly how many Venezuelan adolescents are in Colombia, although some can be tracked as part of households by household surveys used by humanitarian organizations. Those who are unaccompanied, involved in organized crime and/or involved in organized sex work are typically more difficult to access and more likely to be missed by demographic studies—a factor that exacerbates their vulnerability and lack of resources.


- **The vulnerability of Venezuelan adolescents in Colombia varies significantly based on intersecting identities, social factors and circumstances.** Gender is a significant differentiating factor shaping systemic exclusion of Venezuelan adolescents in Colombia, particularly in the case of young girls. Vulnerability levels and risk factors are also highly gendered.



IMAGE 1 © EZRA MILLSTEIN/MERCY CORPS
May 2019, Paraguachón, Colombia - Families cross the Venezuela-Colombia border at Paraguachón, Colombia.

- **The desire for continuing education is strong.** Most young Venezuelan adolescents in Colombia had to disrupt their schooling when leaving Venezuela and many are interested in continuing their education in Colombia. Pregnant adolescents also voice desire to return to school after delivering their babies. Challenges around the difference in schooling systems between the two countries and concerns over entering the school system without documentation may discourage some migrants and refugees from continuing their education. Women, girls, men and boys expressed need for legal documentation that would facilitate access to opportunities and services. Venezuelan adolescents are often engaged in informal markets, supporting business endeavors to support their families or their own sustenance.

Executive Summary



Global forced displacement is reaching unprecedented levels. The need is greater than ever for research-backed humanitarian programming to save lives and alleviate the suffering of those affected and deprived of the basic necessities of life, including healthcare, water and sanitation, shelter, food security, education, livelihoods and protection for those made vulnerable by this worldwide crisis.

Cash Transfer Programming (CTP) has emerged in the last decade as a preferred form of aid in emergencies. However, existing research into CTP's potential impact in emergencies, best practices for CTP planning and implementation, and current funding flows are primarily oriented towards adult and household recipients of cash aid. Adolescents in emergencies are less well researched and less supported as a population relative to other age groups. To help address this gap, Mercy Corps tasked a capstone team of Columbia University School of International & Public Affairs graduate students to assess CTP as a potential tool to support adolescents in emergencies. These efforts support Mercy Corps' commitments from the World Humanitarian Summit of 2016—specifically, the initiative for the Compact for Young People in Humanitarian Action.

This report contains the team's findings over four months of research. Key products include a review of potential benefits and limitations of CTP for adolescent program participants and a review of existing research regarding adolescents in emergencies as a target population for humanitarian programming—including their needs, the risks they face, and negative coping strategies they may engage in when their needs are not met. Key recommendations include emphases on the importance of case management and child protection in any cash transfer program with adolescents as direct cash recipients; emphasis on the importance of including adolescents in planning and research and incorporating adolescent perspectives into all stages of program cycles; and a call for greater effort in sex- and age-disaggregated data collection and target population research on adolescents in emergencies, as the characteristics of this population are highly contextual and still inadequately understood by existing literature.

I. Introduction

70.8 million individuals have been forcibly displaced worldwide by persecution, violence and human rights violations—the highest level of displacement on record.¹¹ The number of refugees and migrants from Venezuela is expected to reach up to 6.5 million, 2.4 million of whom will relocate to Colombia, by the end of 2020.¹² These numbers include adolescents, who have unique social, informational, health and developmental needs and who are at a higher risk of violence, exploitation, trafficking, and domestic and sex slavery relative to adults. However, existing research on the particular needs of adolescents in emergencies is scarce, as is research on how to effectively adapt programming to meet their needs. Given the unprecedented and increasing scale of both global and specifically Venezuelan displacement, there is an urgent need for more research in this area.

As emergencies have become more protracted, humanitarian actors have recognized cash transfers as a high-potential intervention: it is particularly promising as a tool to allow aid recipients greater agency and flexibility in meeting their needs. It also supports local economies and increases financial inclusion. However, cash transfer programming (CTP) typically targets potential recipients using indicators developed for identifying adults—meaning that adolescents in need may not be identified through current targeting, and are likely to have reduced access to aid. Additionally, except in the case of adolescent heads of households, cash transfers are usually delivered to adult heads of households rather than to adolescent household members.¹³ Cash transfers are usually insufficient to cover a household’s basic needs, meaning that adolescents may never see their unique needs met if those needs are not prioritized in that household’s spending.¹⁴ Our team’s research seeks to help fill the gap in existing knowledge about the hardships faced by a large and growing displaced adolescent population, and contribute to the development of much-needed best practices to effectively and sensitively target, engage with and support this group. Although this report focuses primarily on the Colombian context, many elements apply to adolescents in humanitarian emergencies globally.

Mercy Corps is a leading partner in following through on the commitments of the 2016 World Humanitarian Summit. The expansion of CTP and accountability to adolescents and young people were among the Summit’s transformative aims to strengthen quality and accountability in global emergency response. This report builds upon previous efforts to elevate the need for humanitarians to work *with and for* young people, as reflected by the *Compact on Young People in Humanitarian Action*. As cash becomes more prevalent as an aid modality, and the number of young people affected by emergencies increases, industry practices in areas of CTP, adolescent services, and protection must be integrated to ensure life-saving, life-changing assistance is accordingly extended to adolescents in humanitarian settings.

This report presents our team’s findings over a four-month research period in Spring 2020, consisting primarily of secondary research, key informant interviews and analysis of CTP program documents provided by Mercy Corps. Section I begins with an overview of the current situation of adolescents in humanitarian

emergencies, existing research relevant to this population, and the near- and long-term impact of programming and research to support this population. We also include an introduction to CTP in the humanitarian context, and outline our team’s research methodology and methodological limitations. Section II details the needs and attributes of adolescents in emergencies, both globally and in the Colombian context, and risks that this population faces. Section III presents findings and recommendations regarding the CTP program cycle and space for improvements to better serve adolescents in emergencies. Section IV concludes with key takeaways for programming with adolescents in emergencies and considerations for future research.

Why Focus on Adolescents in Humanitarian Emergencies?

This report defines adolescents as young people ages 10-19. As they navigate the transition from childhood to adulthood, adolescents have unique social, informational, health and developmental needs. In emergency contexts, they are typically at a higher risk of violence, exploitation, trafficking, and domestic and sex slavery relative to adults. In some contexts they may be an even more vulnerable age group than children under ten: for instance, adolescents often require age-specific health treatment and information, and face uniquely high protection risks in contexts of child marriage, sexual exploitation and abuse (SEA) and legal protection within criminal justice systems.¹⁵ Unaccompanied minors, pregnant adolescent females, adolescent heads of household and other subgroups are particularly vulnerable. When adolescents’ needs are not met, they may engage in negative coping strategies, including transactional sex and substance abuse. (See “Needs and Vulnerabilities of Adolescents in Colombia” for details.)

Adolescence is a critical period of cognitive, physical, social and emotional development.¹⁶ Supporting this age group can not only help adolescents access their basic necessities, but can also help consolidate benefits gleaned from global advancements in provision for children’s health and well-being, interrupt cycles of poverty and exclusion, and prepare adolescents to transition successfully into adulthood.¹⁷ However, adolescents in emergencies are typically overlooked by funders, humanitarian organizations and programming. Although the UN Convention on the Rights of the Child applies to adolescents under the age of 18, and the UN Convention on the Elimination of All Forms of Discrimination Against Women applies to adolescent girls, the international community has fulfilled considerably fewer of its commitments to adolescents as it has to young children and adults.¹⁸ There is limited existing research and disaggregated data on adolescents in emergencies and the effectiveness of programming to support them, relatively few programs focus specifically on meeting adolescents’ needs, and funding for humanitarian aid to support young people is



In some contexts, adolescents may be an even more vulnerable age group than young children: for instance, adolescents often require age-specific health treatment and information and face uniquely high protection risks in contexts of child marriage, sexual exploitation and legal protection within criminal justice systems

typically directed towards children (ages 10 and below) rather than towards adolescents.¹⁹ This may be due in part to the lack of standardization on age definitions, the overlaps between childhood, legal minor, adolescent, and youth as well as resulting differences in specific age-brackets and data disaggregation. In addition, the widespread recognition of the importance and long-term impact of early childhood intervention, may impact impetus to support adolescents, as may cultural stigma around adolescents: for instance, young children may be more likely to be viewed as victims and assumed to lack culpability for their circumstances, while adolescents may be afforded less benefit of the doubt and assumed to have had more agency in creating the difficult circumstances they face.²⁰

Effective intervention to support young people, including adolescents, in need has the potential to create long-term positive ripple effects, as young people are the next generation's leaders, workers, teachers and peacebuilders. Adolescents in particular are often already fully engaged global citizens, contributing actively to households, communities, societies and economies.²¹ As climate effects and global insecurity raise levels of displacement and cause emergencies to become increasingly protracted, informed humanitarian aid to support the security and well-being of particularly vulnerable affected populations is more critical than ever. The comparative lack of programming and program funding oriented towards adolescents in emergencies relative to other age groups in emergencies creates an age-based imbalance in aid that does not reflect adolescents' real needs and vulnerabilities. The humanitarian sector must commit to complementing steady support for young people in emergencies with aid that supports those transitioning to adulthood²²

What Is Cash Transfer Programming?

Cash transfer programming (CTP) provides emergency assistance to program participants in the form of money payments. In humanitarian contexts, CTP is typically intended for vulnerable households by enabling them to purchase food or non-food items to meet basic needs, or to buy assets essential to recover livelihoods.²³ Cash transfers may be delivered via bank transfers, mobile phone transfers, prepaid smartcards, physical cash or other modalities.²⁴ They are direct grants, and do not need to be paid back.

Conditional cash transfer programs require program participants to meet particular work or other requirements, such as enrolling school-age children in school or attending trainings, in order to receive cash payments, while unconditional cash transfer programs place no conditions on program participants beyond eligibility criteria for program participation.²⁵ Further research is needed to clarify the advantages that each type of cash transfer offers over the other, and the tradeoffs involved in choosing one or the other program type.²⁶ Mercy Corps generally prefers unconditional cash transfer programs, since research suggests that this program type maximizes recipients' choice and agency regarding how cash assistance is spent;²⁷ therefore, our team focused our research on unconditional rather than conditional cash transfer programs in emergencies.



CTP typically targets potential beneficiaries using indicators developed for identifying adults—meaning that adolescents in need may not be identified through current targeting, and are likely to have reduced access to aid.

Development organizations and programs have deployed cash-based assistance for decades.²⁸ In recent years the humanitarian sector has increasingly favored cash transfer programs as a form of humanitarian aid, based on evidence that CTP may increase recipients' ability to make decisions about their own needs and boost local markets.²⁹ CTP is also viewed as a relatively cost-effective intervention relative to food or other non-

monetary aid, which typically requires substantial logistical capacity to deliver.³⁰ However, there is a dearth of rigorous evidence regarding the effectiveness, advantages or risks of CTP for adolescents relative to other interventions, particularly since very few humanitarian organizations provide cash transfers directly to adolescent recipients or target adolescents as potential program participants.

Methodology

This report presents findings gathered over a four-month capstone research project undertaken by our six-member team of graduate students at Columbia University. Our client, Mercy Corps, set the project's objective: to assess how cash transfer programming (CTP) can best support adolescents as part of emergency response programming, both globally and in the Colombian context.

To conduct this assessment, our team developed the following research questions. Given significant research limitations (see "Limitations" below), these questions reflected aspirational rather than concrete research objectives.

1. *Is CTP programming a viable, safe aid modality for supporting the well-being of adolescents in emergencies? Is it a viable, safe aid option for Venezuelan adolescents in Colombia? If so: for what well-being outcomes and for which attribute(s) of adolescents?*
 - a. What are the attributes and needs of this group?
 - b. What are the risks that this group faces? How are they distinct from those faced by children under the age of 10 and adults affected by emergencies in Colombia?
 - c. Are there subgroups of adolescents with distinct additional needs and if so, what groups and what are the specific needs of these groups?
 - d. What are adolescents' legal rights in the Colombian context?
 - e. What are the barriers to adolescents accessing and benefitting from CTP?
 - f. What are current concerns, e.g. risks, legal issues, operational/implementation challenges, capacity challenges, etc., around CTP for adolescents in this context?
 - g. How might CTP improve outcomes for adolescents compared to other modalities of aid? What objectives should CTP take on in supporting adolescents in this context?
 - h. What CTP programming, multipurpose cash assistance (MPC), social assistance etc. might exist to meet the basic needs of displaced families and their adolescent children; and/or to

- meet the needs of unaccompanied/separated adolescents? Can adolescents in this context access it?
- i. What risks could CTP pose to adolescent participants?
 - j. How might standard practices for CTP need to be modified, or what capacity might need to be built, to serve adolescents?
2. *How might we best serve adolescents in emergencies via CTP? How might we best serve Venezuelan adolescents in Colombia via CTP?*
- a. How might we identify adolescents in need of CTP?
 - b. How do we mitigate the risks and concerns?
 - c. How do we conduct post-distribution monitoring for adolescents?
 - d. What modality of cash (e.g. mobile, cash in envelope, etc.) should we adopt for meeting adolescents' well-being needs in this context?
 - e. What implementation challenges etc. do we face that could affect the CTP for adolescents?

To answer these questions, we conducted secondary desk research, interviewed 18 humanitarian experts and academics, and analyzed program documents provided by Mercy Corps. We identified and contacted most interviewees by leveraging our own pre-existing networks and Mercy Corps Colombia's list of in-country partners; a minority of expert interviewees joined the study in response to cold email or LinkedIn solicitation. Some quotations have been minimally edited for clarity.

Limitations

This research project was originally designed to draw heavily upon field research in Bogotá, Medellín and Valledupar, Colombia to be carried out by our team in person in mid-March 2020. This period coincided with the onset of the COVID-19 pandemic, to which Columbia University and the United States and Colombian national governments responded by instituting travel restrictions that precluded our team's travel for field research. In lieu of traveling to Colombia, our team conducted a reduced number of in-country staff and expert interviews virtually rather than in person, conducted an increased number of expert interviews not specific to the Colombian context, and developed a suggested focus group methodology (see Appendix 1 and 2) for use in future research into this topic.

Although our case study country is Spanish-speaking, our sources are largely limited to English-speaking experts within our preexisting networks and English-language secondary source material. We identified expert interviewees primarily through our and Mercy Corps' existing networks, rather than conducting a systematic or thorough survey of experts in this field; as a result, we expect some degree of systematic bias among our expert interviewees towards perspectives generally aligned with Mercy Corps' and our own. Of our 18 interviews, 16 were conducted in English (one was conducted in Spanish, and one was conducted in a combination of Spanish and English.) Our secondary research sources are all English-language,

although some Spanish-speaking members of our team followed Spanish-language news about Colombia (not cited) for background knowledge purposes.

Our research questions outline a project considerably more in-depth than our team had time or resources to explore in our short project period. Despite our resource limitations, we chose to generate an aspirational list of research questions in order to establish suggested directions for future research into this timely topic.

II. Case Study: The Crisis in Venezuela

Globally, the Venezuelan population has been displaced at a rate second only to that of the Syrian population. As of March 2020, there are over 4.9 million Venezuelan migrants, refugees, and asylum seekers.³¹ Response For Venezuelans, a regional inter-agency coordination platform, predict that this number will increase to 6.5 million by the end of the year.³² Displaced Venezuelans are predominantly located in Latin America and the Caribbean.³³ Among neighboring countries affected, Colombia stands to be the most severely impacted by this migration with well over 1.8 million Venezuelan people in the country.³⁴

Over 5,000 people are estimated to cross the border from Venezuela into Colombia every day.³⁵ This movement is characterized by four mixed migration patterns: transit, circular, permanent, and pendular. Populations in transit do not define Colombia as their end point; rather, they seek to travel to other countries, such as Chile, Peru, Ecuador, or Uruguay.³⁶ People in circular movement travel regularly between countries: for instance, many circular Venezuelan migrants travel to Colombia for a few months at a time before returning to Venezuela.³⁷ Permanent migrants do not intend to return to Venezuela; many have relocated to Colombian cities like Cartagena, Bogotá, Medellín, Villavicencio, Pasto, Barranquilla, Bucaramanga, and Cali.³⁸ Those undertaking pendular movement, including binational indigenous groups who often lack full national recognition in either country, cross into Colombia temporarily.³⁹



As of March 2020, there are over 4.9 million Venezuelan migrants, refugees, and asylum seekers. Colombia has received over 1.8 million Venezuelans, with over 5,000 border crossings per day.

Colombia hosts the plurality of Venezuelan people, in part because the two countries share both a long border, as well as a long history of economic and social symbiosis. For instance, Venezuela has received an estimated three million Colombian migrants as a result of Colombia's internal armed conflict, and many permanently settled Venezuelan people currently reside in the same neighborhoods previously occupied by internally displaced Colombians.⁴⁰ Colombian President Duque stated before the UN Secretary General in September 2019 that Venezuelans were welcome into Colombia.⁴¹ Towards this commitment, the

Colombian government developed various forms of documentation for Venezuelan people, including visas, special residence permits (Permiso Especial de Permanencia, or PEP, and PEP-Registro Administrativo de Migrantes Venezolanos, or RAMV) and Border Mobility Cards.⁴² At the time of this writing, these legal migration pathways have been suspended: Colombia closed its border with Venezuela in March 2020 in response to the COVID-19 pandemic.⁴³

Young Venezuelans in Colombia

With legal status, Venezuelans in Colombia may benefit from social policies. Social policies such as Law 789, the *Sistema Nacional de Bienestar Familiar* (National System of Family Welfare), the *Sistema de Compensación Familiar* (Family Compensation System), and *Más Familias en Acción* (More Families in Action) seek to address the needs of vulnerable families in Colombia.⁴⁴ Initiated in the early 2000s, the *Familias en Acción* program provided cash transfers to mothers of poor households on the condition that their children attend school and participate in medical checkups.⁴⁵ The 2012 *Más Familias en Acción*

expanded the original *Familias en Acción*, enshrining this cash transfer policy into national law.⁴⁶ This policy is scoped to families with a child 18 or younger and in poverty; it also includes specific provisions for families displaced by armed conflict.⁴⁷



IMAGE 2 © EZRA MILLSTEIN/MERCY CORPS
May 2019, Riohacha, Colombia. Ana Maria is Venezuelan. She and her family left their home and fled, seeking survival in Colombia. The family received a cash disbursement from Mercy Corps which helped provide for medical care for the birth of her daughter, Fabiola.

Driven by a desire to bolster its local economy as well as provide Venezuelan people with better access to social services, Colombia expanded its visa renewal and procurement policies for Venezuelans in January 2020.⁴⁸ With respect to a desire to enhance migrant access to social services, President Ivan Duque granted citizenship to 24,000 children born in Colombia to Venezuelan parents in August 2019.⁴⁹ These

policies attest to Colombia's national interest in supporting vulnerable minors.

The Venezuelan investigative news website *Armando.Info*, estimates that there are nearly 25,000 unaccompanied young Venezuelans living in Colombia and Brazil as of 2020.⁵⁰ Different circumstances motivate young Venezuelans to cross state borders: some Venezuelan families hope that their most able-bodied family members—oftentimes, males between the ages of 12 and 17—may be able to earn an income outside of Venezuela.⁵¹ Other young Venezuelans seek to reunite with family members abroad.⁵²

Needs and Vulnerabilities of Adolescents in Colombia

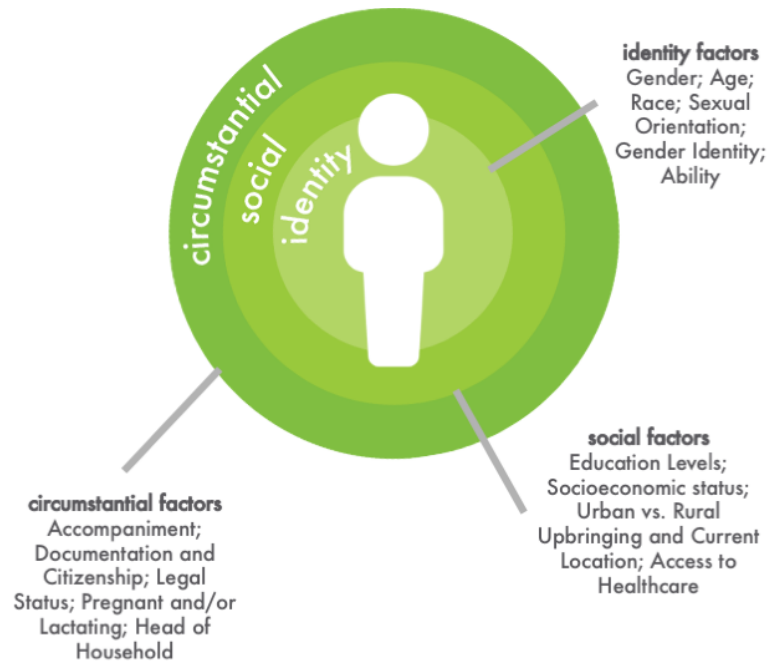
Adolescents, like children under 10 and adults, have age-group-specific needs that distinguish them as a population. However, most humanitarian needs assessments and vulnerability indices developed for emergency contexts are designed for adults or children under the age of 10.⁵³ Adolescents' needs and concerns often slip through the cracks throughout the humanitarian program planning cycle – from assessment and design to implementation and evaluation.⁵⁴ This holds true in Colombia, where millions of Venezuelan refugees and migrants have settled since 2015 and where a growing number of Venezuelan adolescents and unaccompanied minors cross international borders in search of safety, food, health care and work opportunities.⁵⁵

This report defines adolescents as those ages 10-19. Within this population there exists a multitude of subgroups, each with specific needs and vulnerabilities based on overlapping identities, social positions and circumstances. It is helpful to employ the concept of intersectionality in order to understand the layered needs and vulnerabilities that exist for adolescents navigating the Colombian humanitarian response to the Venezuelan political crisis.⁵⁶ Age, gender, documentation, accompaniment status, as well as whether the adolescent is pregnant and/or lactating, significantly impact the nature and level of vulnerability in this context and in complex emergencies in general.⁵⁷

The list of intersecting factors of vulnerability in emergencies is long and humanitarian actors must anticipate serving individuals and communities who fall into multiple categories of inequalities and exclusion.⁵⁸ Those who were at risk of marginalization and exclusion due to social, economic, political and cultural factors before an emergency become even more vulnerable in an emergency context. Especially where forced displacement is prevalent, new and significant risks form around adolescents' ability to fully complete cognitive and social development, lack of access to education and livelihoods, human rights abuses, and access to sexual and reproductive health care.

For instance, the experiences and vulnerabilities of a 15-year-old female who has completed lower secondary education in Caracas, is accompanied by her family, has a birth certificate, and has no children differ vastly from those of a 17-year-old female from a peri-urban agricultural community who is semi-literate, unaccompanied, Afro-Venezuelan, without documentation, and who is a lactating mother who

FIGURE 2. COPING STRATEGY INFLUENCES



crossed the border in order to give birth more safely in a Colombian hospital. Likewise, both of these circumstances are distinct from those of a 13-year-old Wayuu male adolescent, who is binational, unaccompanied, illiterate and indigenous, and who is expected to find work in Colombia and send home money to his family in Venezuela.

The interplay of intersecting identities can manifest in innumerable ways, making service provision for adolescent refugees and migrants difficult. For instance, provision of case management, an essential component of CTP for adolescents, is considerably more difficult in the case of youth who are migrating since locations and logistics for meetings and monitoring become more complex.⁵⁹ Another challenging factor is adolescents’ position between the life phases of childhood and adulthood.⁶⁰ For instance, some Venezuelan adolescents desire access to primary education, which typically falls under programming for children.⁶¹ On the other hand, many need and want livelihood support or prenatal health care, both of which fall under programming typically associated with adults.⁶²

FIGURE 3. NEEDS & VULNERABILITIES OF ADOLESCENTS IN COLOMBIA

Protection concerns	Negative coping strategies	Gender and sexuality	Healthcare
<ul style="list-style-type: none"> Sexual abuse and exploitation Physical, psychological and economic abuse Gender-based violence State violence/police brutality Human trafficking Recruitment into organized crime and armed non-state groups 	<ul style="list-style-type: none"> Hair cutting Meal reduction Neglecting health care needs Transactional sex Informal work Working/begging in the street 	<ul style="list-style-type: none"> LGBTQIA+ status Gender-Based Violence Early marriage Early pregnancy & birth Poor access to contraception 	<ul style="list-style-type: none"> Poor mental health and medication access Neglecting health care needs Migration by pregnant women to give birth in Colombia High levels chronic disease
Legal Status	Education	Shelter	Food
<ul style="list-style-type: none"> Lack of official Venezuelan documentation to prove citizenship and identity Gaps in PEP and PEP-RAMV programs Barriers to entry in programs to legalize status for unaccompanied minors and illiterate Birth registration and statelessness 	<ul style="list-style-type: none"> Adolescents are behind due to collapse of Venezuelan education system Lack of access to Colombian education system Lack of remedial learning opportunities 	<ul style="list-style-type: none"> Inability to pay rent Inability to find stable housing due to Xenophobia 	<ul style="list-style-type: none"> Meal reduction/hunger Malnutrition Food insecurity

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This is not an exhaustive list of the needs and vulnerabilities of adolescent refugees and migrants in Colombia. Rather, our intention is to highlight examples of such needs and vulnerabilities that may affect service provisions for adolescents.

Intersecting identities, social factors and circumstances also play a role in influencing the coping strategies Venezuelan adolescents in Columbia use to access income, health care and shelter. For example, some Venezuelan women and adolescent females have been found to sell their hair in exchange for money after

crossing the border.⁶⁴ As in much of Latin America, long, lustrous hair is a cultural marker of beauty in both Colombia and Venezuela.⁶⁵ Cut hair may signal desperation and poverty, thereby increasing risk of exploitation, recruitment into domestic or sexual slavery and other forms of GBV.⁶⁶ In such cases, CTP combined with case management could potentially support adolescent girls in meeting their basic needs, which some development programs have shown as positively correlated with decreasing transactional sex as a coping strategy.⁶⁷

Drawing from secondary research and expert interviews with practitioners in and outside Colombia, we have identified key areas of vulnerability necessary to explore in order to understand the needs of crisis-affected adolescents in Colombia and how CTP may fit into a broader country level response. The specific examples that have been reported from the field do not constitute an exhaustive list; rather, they represent a starting point for future research, and serve as a sample of factors to consider in assessments and program planning.

Compounding Factors: COVID-19 and Colombia's Fragile Peace



Both the pandemic and the state's restrictions put in place to curb its spread have dramatically impacted the humanitarian response in Colombia for Venezuelan refugees and migrants

The influx of Venezuelan people into Colombia is compounded and complicated by the armed conflict in the host country and the outbreak of the COVID-19 pandemic in early 2020. Before the outbreak, the state of the 2016 peace agreement between the Colombian government and the FARC was tenuous.⁶⁸ Despite a unilateral cease fire undertaken by the ELN for the month of April 2020, it remains uncertain whether the group will attempt to

capitalize on the chaos sowed by COVID-19 to expand its territory and/or influence. Tensions between Colombia and Venezuela also continue to be high after diplomatic relations were suspended in 2019; as of publication, both borders remain closed and informal crossings are monitored by state police or armed non-state groups, trapping Venezuelans on either side and limiting their resources to stave off unemployment, hunger, homelessness and illness.⁶⁹

Social unrest – especially in urban areas – began in 2019, fed by popular anger over gaps in social services, inequality and corruption.⁷⁰ This is coupled with increases in xenophobia against Venezuelans.⁷¹ Humanitarian officials have observed that the unfolding health and economic crises related to COVID-19 are exacerbating the already tense social situation in Colombia.⁷² The Colombian central government commits substantial resources to a social safety net for poor Colombians, including 7.9 million Colombian IDPs – but there are major gaps and many Colombians remain poor.⁷³ Alongside Venezuelans crossing into neighboring Colombia have come an estimated 500,000 Colombian refugees returning from Venezuela, where they previously sought shelter from conflict.⁷⁴ These significant demands on the Colombian state's capacity to deliver resources and services to its own citizens add to the difficulty of

absorbing over 1.8 million vulnerable Venezuelans into Colombia’s social, education, economic and healthcare systems.

In the month following Colombia’s “lockdown” on March 14, 2020, the humanitarian fallout from the pandemic happened swiftly. Venezuelans already made vulnerable by systematic exclusion saw their ability to earn just enough income to live day-to-day evaporate due to state social distancing orders which mandated sheltering in place and restricted labor activities to essential workers only. Most Venezuelans in Colombia work in the informal labor market – as construction workers, street hawkers, sex workers, domestic workers, cooks or restaurant wait staff – and most have completely lost their meager incomes.⁷⁵ Poverty levels and food insecurity have risen since March 2020 when the pandemic began in Colombia.⁷⁶ The situation changed so rapidly and became so dire that an estimated 40,000 - 50,000 Venezuelans may have returned to Venezuela in March and April 2020, where the situation is arguably worse.⁷⁷

In this extremely challenging environment, both the pandemic and the state’s restrictions put in place to curb its spread have dramatically impacted the humanitarian response in Colombia for Venezuelan refugees and migrants. Strict social distancing measures ban groups of 50 or more, require people to shelter in place and restrict all immigration. Moreover, the Colombia government has mandated that humanitarian services in border areas be halved and made an appeal to the international community for additional resources to manage health care and aid for Venezuelans as the state struggles to keep pace with growing need.⁷⁸ These conditions and new regulations are forcing humanitarian organizations to rapidly adapt their programming and modes of service delivery in the country as the humanitarian space shrinks.⁷⁹

As humanitarian actors adjust implementation to respond to COVID-19, access to assistance by crisis-affected people is increasingly complex. While CTP has emerged as an even more powerful tool given the circumstances brought on by the pandemic, it is not without challenges.⁸⁰ The modality’s advantage in the COVID-19 crisis is its ability to distribute desperately needed aid without convening large numbers of people – which supports organizations’ duty of care to their staff, aid recipients and the greater public. However, pre-existing challenges around participatory programming, gender sensitive data collection, case management and inclusive targeting that covers the most vulnerable – which certainly includes unaccompanied adolescents and adolescent head-of-households – are all the more difficult to resolve given humanitarian workers’ curtailed mobility.



IMAGE 3 © MERCY CORPS
April 2020 - Antioquia, Colombia. Mercy Corps is adapting its cash assistance programming in Colombia in response to the COVID-19 pandemic.

III. Cash Transfer Programming Cycle With and For Young People

This section highlights four components of the cash transfer programming cycle with and for young people. Underscoring the importance of involving young people throughout all phases of the program cycle, we highlight four main areas of the programming cycle: research and needs assessments, design implementation, monitoring and evaluation, and resource mobilization. For each section, we share potential areas of concern and provide recommendations for action.

Research and Needs Assessments

Depending on the emergency context, needs assessments and response planning must strike a balance between offering detailed, scientifically robust data and ensuring that data is available to inform program planning in a time-sensitive manner.⁸¹ Assessments should include both primary and secondary research, and should gather sex- and age-disaggregated data in order to capture differential experiences and needs of crisis-affected populations. We underscore the importance of committing to young people’s inclusion and meaningful engagement in programming from the earliest phases of the humanitarian program cycle.⁸²

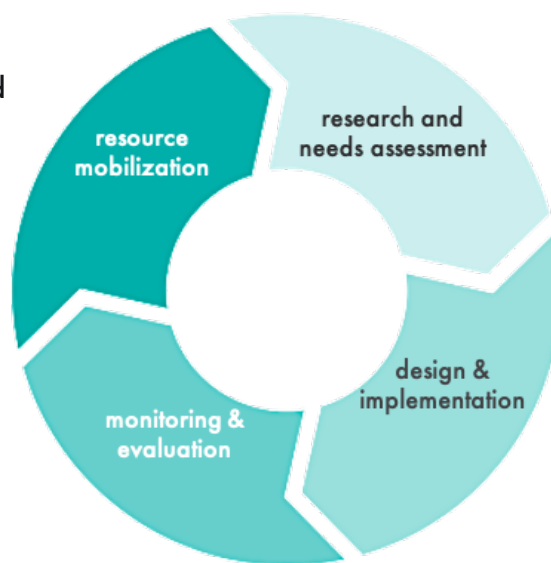


FIGURE 4. CASH TRANSFER PROGRAMMING CYCLE

Areas of Concern

Given the dearth of humanitarian literature and baseline data focused on adolescents in emergencies, needs assessments— particularly primary data collection that directly engages adolescents—are all the more important. Information gaps regarding the needs and risk factors of adolescents in emergencies abound due to lack of standard age reporting and data disaggregation. Baseline data may have a singular emphasis on educational enrollment and child protection, or adolescent vulnerabilities and access constraints. Although useful in program planning, it does not offer insight for humanitarian actors on young people’s preferences, opinions, and aspirations, or inform strategies to support adolescents in emergencies through responsive, effective programming.⁸³

That said, lack of data on adolescents in emergencies and the paucity of well-established best practices for CTP with and for adolescents should not in and of themselves be reasons not to implement programs at all, particularly in the case of unaccompanied minors or adolescent heads of household. Elizabeth Tromans, a senior technical advisor in cash and emergencies at the International Rescue Committee, spoke with our

team about the need for humanitarian organizations to actively gather data and pilot programs for this group:

“When there are caregivers involved, the best practice is often to target caregivers, but for unaccompanied youth the situation is more straightforward. Unaccompanied youth need to cover their expenses. If we’re not helping youth meet their basic needs, they have to do that in some other way, which is an entry point for exploitative labor or exploitative sex work. I have a hard time making a case that there are protection risks in the case of unaccompanied youth that outweigh the protection risks they face that arise from lack of access to cash...]

The problem is the lack of evidence and guidance—but also that we [humanitarian organizations] often let that be a reason we just don’t act in this area. Instead of piloting a program, incorporating all the safety and risk mitigation measures we know how to do, and monitoring it to see and learn from what happens, we end up in a debate about whether programming is too risky. We tend to default to not doing it at all, instead of trying it and measuring it, which I think is a big mistake.”⁸⁴

— Elizabeth Tromans

Young people should be meaningfully engaged in the assessment process. Drawing on a positive youth approach, participatory action research with adolescents is an opportunity to build and assess quality programs that reflect adolescents’ self-identified needs and challenges, while in the process activating young people’s agency and capacity. Beyond direct consultation and collaboration with young people, assessments should include methodology, questions, and indicators that are inclusive of adolescent participants and partners.⁸⁵ Because participatory research methodologies solicit self-identified needs, challenges and dynamics from research participants, they are more likely to elicit unanticipated data and insights than structured traditional research methodologies (such as focus groups in which questions determined by researchers in advance are posed directly to participants). (See Appendices I and II for further guidance on recommended practices for participatory research with adolescent participants.)

Interviews with adolescents, conducted in programs’ specific geographic and community context, are a meaningful way to engage adolescents during primary data collection. Staff conducting assessments should seek to locate and engage adolescents by conducting research activities in places youth frequently gather in a given context. These may include schools, youth groups or religious institutions.⁸⁶ While key informant interviews typically require fewer resources than other methods of data collection, they are subjective and may not necessarily be representative of the population. Ideally, the interviewer should be of the same sex as the interviewee. Surveys may also be a useful assessment tool, depending on the context. In research with adolescent participants, it is crucial to choose a methodology appropriate to participants’ ages and developmental stages. It can be challenging to gather primary data on adolescents’ exploitation and other vulnerability and risk factors or adolescents’ engagement with negative coping mechanisms, as adolescent participants in research may not be willing to discuss sensitive subjects in research settings; this difficulty may be mitigated if researchers invest time and effort into developing rapport with the target population.⁸⁷

Engaging humanitarian and social service practitioners, including those engaged in social service, protection, and mental health and psychosocial support with the target population and are familiar with the program context, can also help illuminate context-specific patterns in adolescents' risk and vulnerability factors and in adolescents' engagement with negative coping mechanisms.

Needs assessments should reflect adolescents as part of target populations, regardless of whether programs engage with adolescents as direct recipients of aid or as members of households. As needs assessments may inform baseline market price surveys, assessment questions have implications for costing out desired goods that align with the heterogeneous needs and priorities of young people. Assessments conducted with the target population should include adolescents, and questions should explore contextual factors and dynamics affecting young people's roles, experiences, and agency within their social environment. Household-level surveys that only interview heads of household may not adequately capture different needs of individual members based on gender and age.⁸⁸ Although frequently underestimated or excluded, young people are perceptive and capable of providing rich data on household needs and dynamics.⁸⁹ Assessments to establish household expenditure profiles and identify baskets of goods should consider items like school fees and feminine hygiene products for girls, and assessments to inform selection of distribution channels should consider age limits on access to various institutional resources, access to mobile phones, or understanding of technology for e-transfers. When target populations include adolescents, assessments should explore adolescents' livelihood and entrepreneurial activities as well as their experience with handling cash. Unless informed by research into young people's needs and the costs of relevant goods, cash transfers are unlikely to achieve desired outcomes, especially when adolescents and youth are not direct recipients. Intentional evaluation of young people's needs and vulnerabilities from the start, by consulting young people directly, can be critical to budget and design adequately for mitigation of risk, exploitation, and unintended harm.⁹⁰

Staff conducting needs assessments should be gender balanced.⁹¹ Other identity characteristics, such as race, ethnicity, religion, language, and political affiliation, should also be taken into account in order to represent the adolescent population that they are working with. Staff should have adequate training on participatory methods of needs assessment to design with and for adolescents. Staff should also be aware that adolescents may express their needs in ways confined by social expectations and various forms of discrimination.⁹² For instance, boys may be more likely to express need for cash transfers for the purpose of starting a business, rather than for subsistence purposes or to facilitate access to sexual and reproductive healthcare. To gain a fuller understanding of adolescents' needs, when engaging adolescents in assessments staff should present and discuss framings of needs that do not necessarily conform to gender stereotypes and cultural norms.

Recommendations

1 - Donors and humanitarian organizations should invest in participatory research into adolescent needs.

This research is needed to serve as an evidence base for program funding and design, as the current evidence base is small. Coordination with other agencies can strengthen both research efforts and advocacy for programming that better meets adolescents’ needs.⁹³

2 - Needs assessments should ask questions and set objectives that reflect adolescents as part of the target population, regardless of whether adolescent program participants are served as direct recipients or members of households.

Assessments conducted with the target population should include adolescents, and questions should explore contextual factors and dynamics affecting young people’s roles, experiences, and agency within their social environment. Assessments to inform selection of distribution channels should consider age limits on access to various institutional resources, access to mobile phones, or understanding of technology for e-transfers. When target populations include adolescents, assessments should explore adolescents’ livelihood and entrepreneurial activities as well as their experience with handling cash. Assessments to establish household expenditure profiles and identify baskets of goods should consider items like school fees and feminine hygiene products for girls. Intentional evaluation of young people’s needs and vulnerabilities from the start, by consulting young people directly, can be critical to budget and design adequately for mitigation of risk, exploitation, and unintended harm.

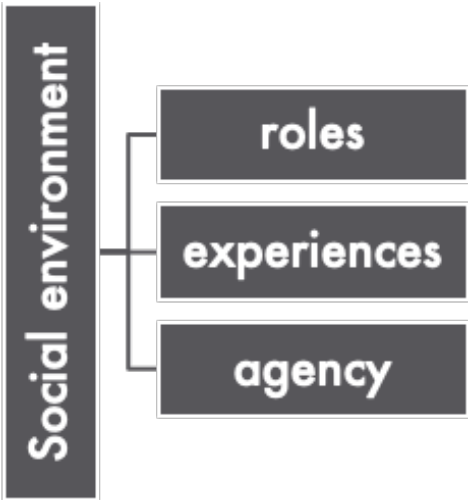


FIGURE 5. CONTEXTUAL FACTORS AND DYNAMICS

3 - Research and needs assessments should employ methodologies that actively seek and include adolescents’ voices and perspectives, and that are appropriate to adolescent assessment participants’ developmental stages.

Drawing on a positive youth approach, participatory action research with adolescents is an opportunity to build and assess quality programs that reflect adolescents’ self-identified needs and challenges, while in the process activating young people’s agency and capacity. Beyond direct consultation and collaboration with young people, assessments should include methodology, questions, and indicators that are inclusive of adolescent participants and partners. Because participatory research methodologies solicit self-identified needs, challenges and dynamics from research participants, they are more likely than more structured and traditional research methodologies (such as focus groups that put questions determined by researchers in advance directly to participants) to gather unanticipated data and insights. (See Appendices I and II for further guidance on recommended practices for participatory research with adolescent participants.)

Design and Implementation

Most current CTP is designed to generate household-level impact. Unfortunately, this design often reduces adolescents to indirect or passive recipients of aid, which may not result in equitable distribution amongst household members: different members of a household may have differing levels of access to household resources, as well as differing levels of influence and agency regarding how resources are spent. Cash transfer programs that serve young people either as direct or indirect program participants may need to incorporate additional protection measures and analysis that recognize adolescents' age-specific vulnerability factors. Given these considerations, cash transfer programs that deliver aid to households rather than individuals may not always be appropriate.

Areas of Concern for Household-Level Analysis

Program design is determined by program objectives. When objectives do not consider adolescents' specific needs and risk factors, program design elements—including the types and modalities of CTP employed, methods for targeting and selecting participants, amount and frequency of transfers, monitoring and evaluation design, program duration and exit strategies—are likely to exclude adolescent interests. For example, less frequent cash transfers that concentrate cash payments into higher amounts are more conducive than frequent small to supporting aid recipients in starting microenterprises. Programs that explicitly include adolescents' interests in program objectives may be more likely to recognize the differential impact of more concentrated cash infusions on adolescents: for instance, adolescents who start microenterprises may reduce their engagement with education systems, and may see higher rates of school dropout.⁹⁴ Such age-specific dynamics should be intentionally studied and considered by programs that include adolescents in their target population.



Programs that explicitly include adolescents' interests in program objectives may be more likely to recognize the differential impact of more concentrated cash infusions on adolescents

According to guidance issued by the World Food Programme, which transferred over \$1.7 billion in cash transfers (35 percent of their portfolio) to program participants in 2018,⁹⁵ minimum expenditure baskets (MEBs) used in CTP design aim to “capture minimum essential needs for average households. It does not account for additional requirements of distinct groups such as pregnant and lactating women, infants, young

children, adolescents, the elderly, people living with disabilities, and people with chronic diseases.”⁹⁶ Consequently, when humanitarian organizations employ this methodology to determine the appropriate monetary amount of cash transfers, numerous individual and disparate household needs are neglected, including the age-specific needs of any adolescents present in the household. Unless adolescents' needs are highly prioritized in the family's spending, they will not see benefits or improvement in outcomes related to their age group.⁹⁷

Loyal Sarrouh, a senior child protection expert, described her concerns regarding distributing aid through a household-focused framework:



“All the questions and indicators that track progress and outcomes are then crafted at a household level. [...] That becomes the unit of analysis, the whole household. Where that’s a problem for children and adolescents in particular is that you don’t pick up their risks, their vulnerabilities, and their needs when you’re looking at a whole household unless the household comprises them alone. What that doesn’t show you is whether that [outcome] was equitable within the household.”⁹⁸

– Loyal Sarrouh

Similarly, Columbia University professor Mary Mendenhall highlighted: “Just because the family is receiving a cash transfer doesn’t mean there isn’t exploitative behavior happening in the household.”⁹⁹

Before launching any cash transfer program, distribution channels must be examined to determine their appropriateness for both staff and cash recipients; considerations should include the safety of both staff and recipients and the accessibility of the channel to recipients. Considerations for youth recipients, however, may differ from those of adult cash transfer recipients. Young people are especially vulnerable to robbery, theft, and exploitation by adults. Organized crime, gangs and certain cash distribution systems may compound these vulnerability factors.¹⁰⁰ Additionally, young people, especially migrants, may not have access to resources that reduce these risks. For instance, Know Your Customer (KYC) regulations

governing financial institutions, which aim to curb access to criminal enterprises, may exclude minors under the age of 18.¹⁰¹ Young people may not have access to personal phones to receive mobile cash transfers, and migrant populations may be excluded from financial institutions due to lack of documentation.



IMAGE 4 © MERCY CORPS

April 2020 - Antioquia, Colombia. Mercy Corps is adapting its cash assistance programming in Colombia in response to the COVID-19 pandemic.

Feedback mechanisms are an important measure to support accountability for crisis-affected communities on the part of humanitarian actors. Adolescents, as a part of the target population at either the individual or household level, must be informed of such accountability measures. Methods for receiving feedback should consider means and methods that enable adolescent participation and interactions.

Prevention of sexual exploitation and abuse is an important risk for humanitarian organizations to consider in advance of implementation.¹⁰² Especially where case management becomes a robust complimentary intervention in coordination with post-distribution monitoring, all field staff must be properly trained in appropriate measures related to safeguarding and protections. This is critical given the power differential where staff are delivering and monitoring assistance, whether adolescents are direct recipients or not.

Areas of Concern for Selection and Eligibility

Further research is needed in the area of tailoring CTP eligibility to increase adolescent and young people's access. Adolescent participation and feedback from the start of implementation may support contextual understanding of adapting participant selection while maintaining alignment with project objectives.¹⁰³ Eligibility criteria reflecting implementation resources, such as needs assessments, gender analyses, cluster-specific standards and indicators may provide additional layers of analysis to support identification of vulnerable individuals within the target population. As selection is frequently based on household-level indicators of need and vulnerability, scoring factors should be piloted and assessed for reflection and inclusion of vulnerable individuals within the home, particularly in the case of adolescent heads of household.¹⁰⁴

Many implementing agencies may hesitate to offer CTP to young people at all, given that potential risks CTP may pose to adolescent recipients remain poorly understood. Withholding CTP does harm by blocking adolescents' access to a modality with inherent dignity and flexibility.¹⁰⁵ However, choosing to initiate CTP implementation without active consideration of adolescent needs and without sufficient research to illuminate

potential risks also has potential for harm. Eligibility criteria designed to identify vulnerable adults may underestimate young people's level of need or vulnerability, potentially placing them at risk for exploitation within their households, communities, or at the hands of humanitarian actors.



Robust referral networks can be time-consuming in rapid-onset emergencies, but is a necessary step for case management as a component of child protection

Scorecard adaptation is complicated without awareness of young people's specific needs and challenges. It would be preferable for young people and other crisis-affected community stakeholders to be consulted for responsive scorecard adaptation and participant identification. Understanding of program selection criteria on the part of the host community may mitigate concerns of jealousy or stigma that could be associated with cash assistance.¹⁰⁶ Screening adolescents under the legal age of consent for participation also raises context-specific questions for standard operating procedures for unaccompanied minors, and staff capacity to responsibly administer the scorecard and lead responsible discussion of sensitive topics. Scorecard interviews or surveys may not be appropriate or effective opportunities to explore indicators of child protection or gender-based violence.¹⁰⁷

Recent evidence on integration of child protection and cash assistance points to the benefits of referral systems, in combination with screening and mobile identification teams, in identifying and enrolling vulnerable households that otherwise might not have been reached by other targeting methods. Setting up robust referral networks can be time-consuming and complex in rapid-onset emergencies, but is a necessary step for quality case management as a component of child protection.¹⁰⁸ As child protection and cash minimum standards for quality response are integrated, it will be important for practitioners to monitor access by vulnerable adolescents who could otherwise fall through the cracks.

Recommendations

1 - Define program objectives with adolescents' needs in mind.

Objectives are highly contextual, and need to be formed based on needs assessment that speak to adolescents' needs. Program design should reflect the intentional inclusion of adolescents in objectives.

2 - Approaches to calculate a household's minimum expenditure basket (MEB), or otherwise determine cash transfer amounts, should account for adolescent needs. Assessments of adolescent needs should utilize data gathered from participatory engagement of adolescents, including members of vulnerable subgroups of adolescents.

Current practices to determine household needs and amounts of aid distributed inherently underserve and overlook adolescent needs, especially the needs of adolescents who belong to particularly vulnerable subgroups. Programs that seek to engage young people must prioritize and focus on their individual needs from the initial design and planning stages in order to be effective. Sarrouh reiterated that humanitarian organizations that try to incorporate adolescent needs and perspectives later in the program cycle act too late to substantially benefit adolescent program participants:



“If you don't have people advocating and considering those things at the very beginning...you've missed it. Afterwards, it's too late to factor in their needs, their risks, and how those needs and risks have financial implications that need to be considered in the actual design and distribution phase.”¹⁰⁹

– Layal Sarrouh

Research efforts to better understand the needs of adolescents should incorporate participatory research methodologies. CTP practitioners should actively engage young people and adolescents to better understand how their needs may differ from those of an adults, as well as how the needs of households including or headed by adolescents may differ from the needs of households without adolescents or headed by adults.

3 - Selection of cash transfer distribution channels should consider the protection needs of adolescents, including of particularly vulnerable subgroups, and should consider adolescents' ability to access resources and financial systems, which differs systematically from those of adults and children.

Disbursement of cash can take many forms. Selection of distribution channels may depend on a variety of factors, including the frequency and amount of cash transfers. Electronic transfers, such as mobile money systems, the use of mobile vouchers, or payments made via ATM, credit, or debit cards have increased in prominence in recent years due to their ability to increase programs' efficiency and their safety for both recipients and implementing organizations.¹¹⁰ However, adolescents may be unable to access electronic cash transfer distribution channels due to lack of documentation, lack of personal mobile devices or country- or industry-specific age restrictions. For instance, KYC regulations requiring photo identification in Haiti

inhibited locals from participating in a World Food Programme cash transfer program following the 2010 earthquake.¹¹¹ In July 2011, the Haitian Central Bank eased these rules by allowing mobile money transfers to those without documentation (only requiring a name and date of birth), which increased access to humanitarian services.¹¹² Other distribution alternatives, such as public queueing, may increase both the risk to in-country staff administering programs and the risk to adolescents, especially those who are already members of particularly vulnerable subgroups. Design of CTP for adolescents should gather context-specific information about and consider these risk factors before implementation.

Monitoring & Evaluation

Despite some limited informal inclusion of adolescents in existing humanitarian CTP, there has been very little research and analysis done to understand the potential impact of CTP on adolescents in emergencies, both as indirect and direct recipients of aid. As such, designing and implementing CTP for young people is inherently riskier, and therefore requires incorporation of additional monitoring and evaluation tools and systems.

Post-distribution monitoring can be integrated with case management; this may streamline adolescent-targeted assistance.¹¹³

Areas of Concern

Although adolescents are typically underserved in the humanitarian space, significant headway has been made in the development sector, especially in Latin America, to include youth as direct recipients of cash.¹¹⁴ Development programming over the past 25 years has provided the sector with evidence-driven program design and thorough documentation on implementation considerations, leading to more targeted and efficient outcomes. However, while some of these practices can be translated to the humanitarian sector, effective CTP in emergency settings is likely to differ significantly from effective CTP in non-emergency development settings, with different considerations, objectives and risk factors. As Professor Mendenhall cautioned, “in a crisis setting child protection will need to be ramped up, especially considering risks like child marriage, teen pregnancy and physical abuse.”¹¹⁵

Humanitarian programming oriented towards the household level generally neglects to consider or prioritize adolescents’ population-specific needs (see “Design and Implementation” for details). As such, adolescents are left out of these programs’ monitoring and evaluation systems. Positive or negative effects of such programming on adolescent outcomes are therefore not recorded, and cannot be drawn upon to contribute to the development of best practices for CTP.

Recommendations

1 - Existing humanitarian aid programs that operate at the household level should collect information on how CTP benefits and/or harms adolescents within recipient households and adapt as needed to better meet adolescents' needs and minimize risk to adolescents.

It is improbable that aid modalities will cease to be implemented at the household level, especially when a number of benefits, such as improving relationships within household members and effectively addressing



IMAGE 5 © ERIN WILDERMUTH/MERCY CORPS
Dec 2010. Silvena is a cash transfer beneficiary. In this image, she is being interviewed by mobile money monitoring and evaluation officer in post-earthquake Haiti.

young people's risk factors via multidisciplinary approaches, are associated with such methodology.¹¹⁶ However, programs that operate at the household level should integrate youth needs and perspectives in the design stage and develop monitoring and evaluation tools to document and analyze their impact on adolescent direct and indirect program participants.

2 - A monitoring framework is needed to understand how adolescent recipients are directly affected by CTP, how transfers are being used, and whether additional protections should be included.

UNICEF's Program Guidance for programming with and for adolescents highlights the need for a "consolidated monitoring and evaluation framework for adolescent results and monitor progress," and suggests supporting "government and partners to apply participatory monitoring and evaluation with adolescents."¹¹⁷ Data collected should be disaggregated by sex and age, as well as by context-specific sub-groups experiencing unique risks and vulnerabilities. Providing cash transfers directly to adolescent recipients requires a monitoring and evaluation framework given the additional vulnerabilities adolescents in emergencies face (see "Needs and Vulnerabilities of Adolescents Affected by Emergencies in Colombia" for details) and the limited evidence base available to inform programmatic design.

Child protection expert Josh Chaffin argued that cash transfers cannot be ethically distributed directly to program participants under the age of 18 "without following up with them and understanding the impact the money is having."¹¹⁸ He suggested collaboration across humanitarian organizations, pairing cash and child protection professionals together, to inform post-distribution monitoring and facilitate holistic and comprehensive CTP analysis and assessments. Economic interventions will ultimately result in changes in household and community economies, as well as time use patterns, and only appropriate M&E strategies will help to map and gauge these impacts.¹¹⁹

Resource Mobilization

As crises and conflicts grow more complex and numerous worldwide, the global community has seen an ever-increasing need for humanitarian aid. Unfortunately, funding has not kept pace with ever-increasing need, leaving many humanitarian organizations, regions and programs perpetually underfunded: from 2009 to 2019, unmet requirements for global humanitarian funding hovered between 27 and 44 percent.¹²⁰ Adolescents in emergencies, a systematically under-resourced and underserved population, have borne a disproportionate amount of this burden. Supporting this group is essential to meet their unique needs.

Areas of Concern

Young people have historically been underserved by humanitarian programming, as humanitarian assistance has typically focused more heavily on the needs of children under the age of five and their parents.¹²¹ There have been even fewer resources and programs dedicated to the unique needs of particularly vulnerable adolescent subgroups, such as adolescents with disabilities, adolescents of minority ethnic groups, or adolescents with culturally stigmatized sexual orientations and gender identities.¹²² Additionally, adolescents are more likely than children under the age of ten to be perceived as threats or burdens to their host communities, rather than as potential partners or catalysts for positive change or impact.¹²³

Furthermore, funding requests to target and support adolescents often lack sufficient data and information to inform decision-making. Despite widespread efforts to standardize data across humanitarian organizations, Plan International reported in 2016 that many humanitarian organizations still use “incomparable data collection methods, do not collect sex- and age-disaggregated information, and do not subscribe to the same age-graded definitions.”¹²⁴ As a result, data collected cannot easily be analyzed to determine needs across adolescent subgroups. In the same 2016 study, Plan International found that for donors interested in expanding funding for adolescent needs, “little needs assessment data is received at their level to justify funding.”¹²⁵ Youth programming is also inherently more costly since international standards call for programs targeted towards youth to be paired with case management services.¹²⁶ In regards to CTP, such services may mirror a “cash plus” model, in which cash transfers are delivered alongside additional services such as mentorship, psychosocial support and financial management training.¹²⁷

Because case management services require significant financial and human resources from implementing agencies, the majority of the humanitarian organizations our team engaged with during our research and interview process chose not to deliver cash transfers directly to adolescents at all, rather than do so without case management services attached and risk causing harm to adolescents in the process. In other words, lack of funding and research focused on adolescents in emergencies forces implementing organizations to

choose between risking unknowingly doing harm to adolescents and perpetuating age-based imbalances in access to humanitarian aid.¹²⁸

Since implementing agencies tend to respond to this dilemma by choosing not to deliver cash transfers directly to adolescents, the existing literature on CTP with adolescent direct recipients does not gain the benefit of research and assessment data that those programs would generate in the process of serving adolescent direct recipients, and in turn less evidence is available to justify increased funding for CTP with adolescents. Increased funding for research into the needs of adolescents in emergencies and increased funding for programming that explicitly recognizes and includes adolescents' interests are critically necessary in order to break this cycle of underfunding programming for adolescents in emergencies, underserving adolescents in emergencies and underinvestment in research into this population.

Recommendations

1 - All stakeholders should counter unproductive perceptions of adolescents in emergencies and fund programs to support them.

Adolescents are entitled to social, economic and other human rights in addition to these age-specific rights, and yet are systematically underserved by humanitarian funding and programming; this calls for donors to fund programs that intentionally target and engage adolescents to provide aid adapted to their needs.

The humanitarian sector has historically and laudably supported improving early childhood outcomes and emphasizing early childhood intervention. However, adolescence has gone under-recognized as a similarly critical period of “substantial neurological development [...] during which significant and rapid neural and physiological changes occur [...] that affect [long-term] emotional skills and physical and mental abilities.”¹²⁹ This makes adolescence a unique and impactful entry point for intervention, as interventions during this stage of life may help support positive relationship-building, develop impulse control, and provide safe environments for constructive risk-taking. Supporting this age group can not only help adolescents access their basic necessities, but can also help consolidate benefits gleaned from global advancements in provision for children's health and well-being.¹³⁰

Finally, supporting adolescent health, education, livelihoods, and skill development can help break intergenerational cycles of poverty and exclusion.



“Youth programming “yields a triple dividend of benefits—in the present, into adulthood and for the next generation.”¹³¹

– UNICEF's Programme Guidance for the Second Decade

2 - All stakeholders should recognize the vital role of case management in making CTP for adolescents less likely to do harm and more likely to yield sustainable positive impact.

Although case management requires substantial human resources, several key informants interviewed for this report stated that case management is an essential component of any cash transfer program for adolescents in emergencies.¹³² Interviewees stressed that case management is necessary to mitigate protection-related and other risks CTP may pose to adolescents, and that case management should therefore be integrated into any programming carried out with and for this target population. Case management can also impart life skills which help participants lower their vulnerability level as they mature into adulthood.

Case management offers further potential benefits specific to CTP. Chaffin stated to our team that case management tools may lead to more ethical, comprehensive and sustainable programming:



“[Case management with CTP can] enable aid workers to better understand what services...[program participants] are accessing, and what new and different effects...[the cash transfer] is causing. [...] A case can probably be made that you could do cash without case management or without the ‘plus’ and get just as good economic outcomes as if you had the ‘plus,’ [but the improvement of non-economic outcomes such as protection and education will be greatly reduced without case management services.]”¹³³

– Josh Chaffin

CARE Cash and Markets Technical Advisor Holly Radice echoed Chaffin’s sentiment: “Cash is the complement to something else...cash is not enough.”¹³⁴

IV. Conclusion

In recent years, humanitarian organizations have committed to various standards to increase quality and effectiveness of programming and to increase accountability with communities as reflected in the Sphere Handbook, the Core Humanitarian Standards and the outcome of the 2016 World Humanitarian Summit.¹³⁵ Efforts to advance cash programming and increase adolescent inclusion reflect these shared aims to develop quality humanitarian responses that are appropriate, relevant, effective, timely, participatory and, ultimately, avoid doing harm.¹³⁶ With the Grand Bargain, cash programming has expanded.¹³⁷ Recently, the Compact for Young People in Humanitarian Action affirmed how humanitarian actors may practice accountability by engaging young people in service of their diverse and unique needs and priorities.¹³⁸ Still, donors and humanitarian organizations have not yet determined how both initiatives—cash and adolescent inclusion—may be integrated for optimal effect, despite the growth of cash assistance as an aid modality coinciding with a marked global increase in unaccompanied young migrants and refugees.¹³⁹ Given that an estimated half of the 1.4 billion people living in countries affected by emergencies are under

age 20, the humanitarian sector cannot satisfy the principles of humanity and impartiality without ensuring that modalities like cash assistance support adolescents in emergencies.¹⁴⁰

Adolescents matter. The proportion of the world’s population under age 25 is increasing rapidly, and is projected to continue expanding through 2065.¹⁴¹ Already in 2016, the global population of people from 10 to 24 years was 1.8 billion—the largest population of this age group in history.¹⁴² Young people are stores of great potential: supporting adolescents’ social, emotional, and physical well-being and resilience is multiplied over the span of their life course.¹⁴³ Such support yields a sustainable “triple dividend” for the present that carries forward into their future and that of the subsequent generation.¹⁴⁴

Adolescents have diverse needs and vulnerabilities; these are amplified in humanitarian crises. Adolescents may be unaccompanied, or they may be caregivers, spouses, parents, siblings or children in a household. Gender, and other physical and acquired elements of identity—race, ethnicity, socioeconomic status—are all factors that can lead to differential experiences for adolescents in emergencies. Adolescence is a critical period of biological development and social and emotional learning. Interruptions in this period of growth may have implications into adulthood. Supporting adolescents through humanitarian programming may facilitate the communities’ recovery and capacity building for future resilience and preparedness.¹⁴⁵



Greater donor investment in research, data, and technical capacity to support quality implementation is essential to expand our understanding of the ways that adolescents access and engage with humanitarian programming.

To facilitate greater understanding of ways that adolescents can access and engage with humanitarian programming, further donor commitment to invest in research, data, and technical capacity to support quality implementation is essential. Sex- and age- disaggregated data is a particularly critical component. Yet, integrating adolescents only at the point of data collection is insufficient: there should be intentional consideration for how response interventions address, include and impact adolescents from the point of program design onwards.¹⁴⁶ Intentionality from the start translates to awareness for quality and accountability for adolescents throughout the project cycle.

The most direct approach to incorporate adolescent needs is through their participation and feedback. Young people are willing and able to contribute to and strengthen humanitarian response for their communities’ present and future. Ask them their needs and how their households might be impacted by cash assistance. Ask them their worries and priorities, and support activities and feedback mechanisms that align their access to opportunities. Asking and engaging is an entry point to ensure effective and dignity-based implementation that promotes their growth and agency. Participation and meaningful engagement of young people at each stage of the project cycle is possible and should be an overarching goal, as part of a larger commitment to high-quality programming and adolescent capacity building.

Withholding access to assistance can do harm. Considering cash as a modality for assistance to adolescents is not in and of itself harmful; the flexibility and dignity inherent to cash makes it an attractive modality that

gives power and agency back to crisis-affected communities. However, implementation of cash transfer programming (CTP) without conscious consideration of adolescents' unique characteristics, such as needs and risk factors, may unjustly restrict extension of this same dignity. This, in turn, may empower adolescents as the target population, assessing their needs and reflecting relevant objectives, indicators, costs and workflows in project resources, design, implementation and exit strategy. As direct recipients, adolescent heads of household may experience different challenges related to displacement and migration. Accordingly, implementation must account for their specific social and cultural roles and barriers to their agency, as well as risks they face of exploitation and negative coping mechanisms. CTP that seeks to target adolescents must include case management and tailored post-distribution monitoring. Combining cash, protections and adolescent programming expertise can facilitate more sensitive and inclusive identification, distribution and monitoring to promote project outcomes. Sustainability and dependency concerns must be examined and accounted for in short, mid, and long-term project objectives.¹⁴⁷

Further research is needed, in particular, research that integrates voices of young people receiving cash assistance as direct and indirect recipients. Unfortunately, while our team endorses participation and meaningful engagement of adolescents, our ability to employ such methods for the purposes of this report was limited by the COVID-19 pandemic (see "Limitations" for details).

To actualize the humanitarian sector's commitments to locally driven, high quality and accountable assistance, CTP must shift to acknowledge and include adolescents. CTP may not fit every emergency context; yet where it is possible to implement CTP, it is humanitarian actors' responsibility as duty-bearers to integrate adolescents into programming. Challenges should not overshadow opportunities for innovation and dignity-based interventions that meet the needs of all individuals affected by emergencies.

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Appendices

Appendix 1: Force Field Analysis

(Suggested Methodology for Participatory Research with Adolescents)

The purpose of the participatory activity described below is to gather information about a population of young people: their understanding of their current situation, their hopes and aspirations for the future, and their perceptions of factors that they understand as fostering or preventing their ideal future from materializing. Data gathered will represent perspectives shared by participants, rather than perspectives held by individual participants.

Guidelines

- *Venue*
 - Choose a space able to accommodate not only small group breakouts (3-5 members per group), but also a full-group discussion centered around a presentation area.
 - Choose a time and place that will be convenient for attendees, and in which they are likely to feel comfortable to talk, including about potentially sensitive subjects.
- *Staffing*
 - Staff from the organization(s) administering aid programs should not be present, particularly if focus group participants identify as past, current or future program participants, as participants may tailor their responses to fit their beliefs about what staff would like to hear.
 - Ensure that additional staff is available to supervise any participants who may choose to leave the activity early. Because participants are likely to be underage, arrangements should be in place to ensure they are appropriately supervised or accompanied.¹
- *Expectation setting*
 - All verbal, written or other communication during recruitment, the activity itself, and any follow-ups should foster a relationship between researchers and participants based on respect and valuing participants' contributions. This can help participants, particularly young participants, feel welcome and feel less anxiety about participation.²
 - Seek to establish an informal setting and tone. For instance, arrange seats so as to maximize interactions among participants and facilitate observer involvement.³ Sitting on the floor may help younger children to feel more at ease, and inclusion of a table may help participants feel less self-conscious.⁴

- Inform participants that, although the session will be recorded, no personally identifying information will be collected.
- Inform participants about the general purpose of the research activity and its expected duration.
- Note to participants that participation is not compensated. Do not suggest to participants that research will lead to program development or changes unless those outcomes are guaranteed; for ethical reasons, researchers should not place participants at risk of disappointment or unmet expectations.
- Note to participants that their participation is voluntary, that they may leave at any time, and that there are no right or wrong answers.
- *Optional:* Set aside time at the start of the session for the group to establish norms and expectations (active listening, respect, etc.)
- **Participants**
 - Assemble a group of participants that is as demographically and situationally homogenous as possible. Participants will produce data they consider to be generally representative of their group, so a more homogenous group is likely to produce more specific data and insights. Be conscious of power dynamics that may result from age, sex, nationality, ethnicity and other demographic factors. Separating groups along these demographic factors to create more homogenous groups may result in better information collection.
 - Age is an important factor in selecting participants. Small groups of four to six participants may engender more lively discussion and manageable activity among younger children (10 or younger); larger groups may be possible with older participants.⁵ If at all possible, groups should be no more than one to two years apart in age, as style, ability, sensitivities and level of comprehension and abstraction vary substantially among young people of different ages.⁶

Unless cited otherwise, content below is adapted from the Vision Analysis Tool by the Action Evaluation Collaborative.⁷

Time: 1.5 – 2 hours

Materials

- Butcher paper
- Colorful markers
- Tape (to mount butcher paper on a wall or easel during presentations, if space allows) and/or easel
- Recording device

- Note-taking materials
- Camera (to document group drawings)

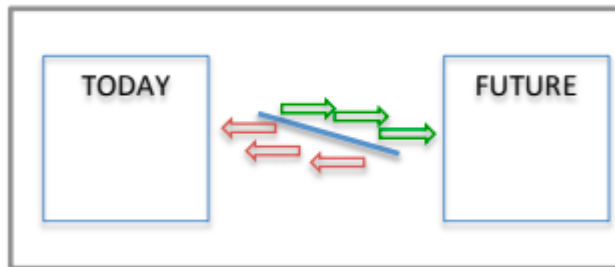
Process

1. If time allows, open with an icebreaker, which may help put participants at ease.⁸
2. Separate participants into groups of 3-5 individuals.
3. Have each group draw out one box at both ends of a very large piece of paper and label the first box "Today." In the box, have the groups draw (draw, not write!) out either their current lives, or the current life of a character.¹ If groups use a character, the character should represent a fictional person whom they would consider a peer, or who might live in their community. Groups may name the character, create a brief background story for the character, etc. if they wish. Have participants discuss their ideas before drawing. This section should take approximately 20 minutes.
 - a. Ask questions to stimulate reflection. Examples:
 - i. What does he/she do?
 - ii. Where does he/she go?
 - iii. How does he/she feel? What makes him/her happy? What makes him/her sad or anxious?
 - iv. Where does he/she turn when in need of help or support?
4. Have each group label the second box "Future". Provide a specific time frame (six months, one year, three years, etc.) In this box, have the groups draw their ideas for what they, or their character, hopes that the future—one year from now—may be like for them/him/her and their/his/her peers. Have participants discuss their ideas before drawing. This section should take approximately 15 minutes.
 - a. Ask questions to stimulate reflection. Examples:
 - i. What does he/she do?
 - ii. Where does he/she go?
 - iii. What does he/she feel?
 - iv. Where does he/she turn when in need of help or support?
 - v. What does he/she have that he/she does not have Today?
5. Have the groups draw a diagonal line between the Today and Future boxes. This is where participants will identify forces helping and limiting positive change. Forces can be described in terms of resources, policies, cultural norms, infrastructure, health, skills,

¹ The researcher should decide whether groups should use a character or not. Using a character may help participants feel less anxiety discussing sensitive topics or potentially distressing concerns or events. However, using a character may also extend the amount of time needed for the activity, as groups will likely need more time to deliberate.

access, knowledge, etc. Introduce participants to both categories before giving them about 20 minutes to discuss and draw.

- a. Positive forces, above the line, help drive, support, facilitate or contribute to a better future; they help the character or participants move from Today to the Future.
- b. Negative forces, below the line, hold the character or participants back; they are challenges or limitations preventing or inhibiting positive change.



6. Have each group present their analysis to the larger group and facilitator(s). Each group member should participate in the report back, if possible. During the report back, take detailed notes and recording on groups' presentations. Depending on the number of groups, each should take 8 to 20 minutes.
 - a. Ask clarifying questions as necessary. Examples:
 - i. What does that drawing mean?
 - ii. Can you give me an example?
7. Discuss in a group with all focus group participants. Take detailed notes/recording on this discussion. This should take approximately 15 minutes.
 - a. Ask reflective or clarifying questions. Examples:
 - i. Was there anything group members were surprised to hear?
 - ii. Anything they expected to hear and didn't?
 - iii. Was there anything particularly interesting or powerful that they heard or learned?
8. Save group drawings and recording for later analysis. Immediately record researcher observations, expand notes and check note accuracy.⁹

Optional adaptation: Body Mapping

Unless cited otherwise, content below is adapted from the Body Mapping Directions Guide by Unleashed.¹⁰

This exercise can be combined with body mapping for a more guided activity. Instead of drawing boxes at either end of the piece of paper, participants can draw large outlines of a human body at either end and draw their Today and Future concepts within or near those outlines. This process creates a fun icebreaker option: at the start of the session, the researcher can direct participants to trace one of their peers lying down on paper in order to create the two body outlines. As above, the researcher may choose to have participants either describe their own situations or create a character.

To populate the Today and Future outlines with drawings, participants will place drawings within or near the body outlines in accordance with symbolic meanings of each body part. Example questions the researcher can pose for participant reflection are below. Questions may be posed either in terms of the participants themselves or in terms of their co-created characters.

- Head
 - What ideas does he/she have? What does he/she think?
 - What are his/her perceptions of his/herself?
 - What does he/she see on a day to day basis?
- Hands
 - What skills, capacities or strengths does he/she possess?
 - What responsibilities does he/she have? What contributions does he/she make?
 - What activities is he/she involved with? What activities is he/she not involved with?
- Body
 - How does he/she perceive his/her health?
 - How does he/she perceive his/her body?
 - What or whom does he/she love or value?
 - How does he/she feel about school? Work? His/her community? His/her family?
- Feet
 - Are there places he/she would like to go? Are there places he/she feels he/she cannot go?

Appendix 2: Body Mapping

(Suggested Methodology for Participatory Research with Adolescents)

The purpose of the participatory activity described below is to gather information about a population of young people: their understanding of their current situations, their attitudes towards themselves and their surroundings, and their hopes and aspirations for the future. Data gathered will represent perspectives shared by participants, rather than perspectives held by individual participants.

Guidelines

- *Venue*
 - Choose a space able to accommodate not only small group breakouts (3-5 members per group), but also a full-group discussion centered around a presentation area.
 - Choose a time and place that will be convenient for attendees, and in which they are likely to feel comfortable to talk, including about potentially sensitive subjects.
- *Staffing*
 - Staff from the organization(s) administering aid programs should not be present, particularly if focus group participants identify as past, current or future program participants, as participants may tailor their responses to fit their beliefs about what staff would like to hear.
 - Ensure that additional staff is available to supervise any participants who may choose to leave the activity early. Because participants are likely to be underage, arrangements should be in place to ensure they are appropriately supervised or accompanied.¹¹
- *Expectation setting*
 - All verbal, written or other communication during recruitment, the activity itself, and any follow-ups should foster a relationship between researchers and participants based on respect and valuing participants' contributions. This can help participants, particularly young participants, feel welcome and feel less anxiety about participation.¹²
 - Seek to establish an informal setting and tone. For instance, arrange seats so as to maximize interactions among participants and facilitate observer involvement.¹³ Sitting on the floor may help younger children to feel more at ease, and inclusion of a table may help participants feel less self-conscious.¹⁴
 - Inform participants that, although the session will be recorded, no personally identifying information will be collected.

- Inform participants about the general purpose of the research activity and its expected duration.
- Note to participants that participation is not compensated. Do not suggest to participants that research will lead to program development or changes unless those outcomes are guaranteed; for ethical reasons, researchers should not place participants at risk of disappointment or unmet expectations.
- Note to participants that their participation is voluntary, that they may leave at any time, and that there are no right or wrong answers.
- *Optional:* Set aside time at the start of the session for the group to establish norms and expectations (active listening, respect, etc.)
- **Participants**
 - Assemble a group of participants that is as demographically and situationally homogenous as possible. Participants will produce data they consider to be generally representative of their group, so a more homogenous group is likely to produce more specific data and insights. Stay aware of power dynamics that may be based on age, sex, nationality, ethnicity and other demographic factors. Separating groups by these demographic factors may result in better information collection.
 - Age is an important factor in selecting participants. Small groups of four to six participants may engender more lively discussion and manageable activity among younger children (10 or younger); larger groups may be possible with older participants.¹⁵ If at all possible, groups should be no more than one to two years apart in age, as style, ability, sensitivities and level of comprehension and abstraction vary substantially among young people of different ages.¹⁶

Unless cited otherwise, content below is adapted from the Body Mapping Directions Guide by Unleashed.¹⁷

Time: 1 – 2 hours

Materials

- Butcher paper
- Colorful markers
- Tape (to mount butcher paper on a wall or easel during presentations, if space allows) and/or easel
- Recording device
- Note-taking materials
- Camera (to document group drawings)

Process

1. Participants may work either independently or in groups of 3-5 individuals. If time allows, and if participants are separated into groups, use a group drawing process as an icebreaker; this may help put participants at ease.¹⁸ Direct participants to select one member in each of their groups to lie down on a very large piece of paper. Have them trace a full body outline onto the paper in colored marker, so that each group has a body outline to work from.
2. Have each group draw (draw, not write!) out either their current lives, or the current life of a co-created character, on the paper with the body outline.² If groups use a character, the character should represent a fictional person whom they would consider a peer, or who might live in their community. Groups may name the character, create a brief background story for the character, etc. if they wish. Announce one body part at a time, along with reflective questions to clarify that body part's symbolism; wait for groups to discuss their ideas and draw before announcing the next body part. This section should take approximately 30 minutes. Example body parts and questions:
 - a. Head
 - i. What ideas does he/she have? What does he/she think?
 - ii. What are his/her perceptions of his/herself?
 - iii. What does he/she see?
 - iv. What does he/she hear?
 - b. Hands
 - i. What skills, capacities or strengths does he/she possess?
 - ii. What responsibilities does he/she have? What contributions does he/she make?
 - iii. What activities is he/she involved with? What activities is he/she not involved with?
 - c. Body
 - i. How does he/she perceive his/her health?
 - ii. How does he/she perceive his/her body?
 - iii. What or whom does he/she love or value?
 - iv. How does he/she feel about school? Work? His/her community? His/her family?

² The researcher should decide whether groups should use a character or not. Using a character may help participants feel less anxiety discussing sensitive topics or potentially distressing concerns or events. However, using a character may also extend the amount of time needed for the activity, as groups will likely need more time to deliberate.

- d. Feet
 - i. Are there places he/she would like to go? Are there places he/she feels he/she cannot go?
3. Have each group present their drawings to the larger group and facilitator(s). Each group member should participate in the report back, if possible. During the report back, take detailed notes and recording on groups' presentations. Depending on the number of groups, this section should take approximately 30 minutes.
 - a. Ask clarifying questions as necessary. Examples:
 - i. What does that drawing mean?
 - ii. Can you give me an example?
4. Discuss in a group with all focus group participants. Take detailed notes/recording on this discussion. This should take approximately 15 minutes.
 - a. Ask reflective or clarifying questions. Examples:
 - i. What are common themes across all groups' body maps?
 - ii. Was there anything group members were surprised to hear?
 - iii. Anything they expected to hear and didn't?
 - iv. Was there anything particularly interesting or powerful that they heard or learned?
5. Save group drawings and recording for later analysis. Immediately record researcher observations, expand notes and check note accuracy.¹⁹

¹ Gibson, Faith, "Conducting focus groups with children and young people: strategies for success," *Journal of Research in Nursing*, vol. 2, issue 5., 1 September 2007, journals.sagepub.com/doi/10.1177/1744987107079791, accessed 7 March 2020.

² Ibid.

³ Ibid.

⁴ Ibid.

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⁶ Ibid.

⁷ "Vision Analysis Tool," Action Evaluation Collaborative.

⁸ Ibid.

⁹ Dawson, Susan and Manderson, Lenore, "A Manual for the Use of Focus Groups," International Nutrition Foundation for Developing Countries, 1993. archive.unu.edu/unupress/food2/UIN03E/UIN03E00.HTM#Contents, accessed 10 February 2020.

¹⁰ "Body Mapping Directions Guide," Unleashed.

¹¹ Gibson, Faith, "Conducting focus groups with children and young people: strategies for success." *Journal of Research in Nursing*, vol. 2, issue 5., 1 September 2007. journals.sagepub.com/doi/10.1177/1744987107079791, accessed 7 March 2020.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ "Body Mapping Directions Guide," Unleashed.

¹⁸ Ibid.

¹⁹ Dawson, Susan and Manderson, Lenore, "A Manual for the Use of Focus Groups," International Nutrition Foundation for Developing Countries, 1993, archive.unu.edu/unupress/food2/UIN03E/UIN03E00.HTM#Contents, accessed 10 February 2020.

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