WE KNOW WHAT WE NEED

PROGRAMME DESIGN CONSULTATIONS WITH ADOLESCENTS IN TSORE REFUGEE CAMP, BENISHANGUL-GUMUZ, ETHIOPIA

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"WHEN WE LIVED IN TONGO AND GURE, WE HAD INFORMATION ABOUT PREGNANCY, SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND PROTECTION BUT NOW [AFTER RELOCATION] WE FORGOT IT ALL AND WE GIVE PRIORITY ON FINDING SHELTER, FOOD AND OTHER MATERIAL FOR OUR FAMILIES."

- MARRIED GIRL, TEMPORARY SITE FOR REFUGEES, TSORE

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INNOVATIVE ADOLESCENT-CENTRED METHODOLOGY

The consultations in the Tsore Refugee Camp and adjacent temporary site, in Benishangul-Gumuz region, Ethiopia took place in April 2022. Plan International's Adolescent Programming Toolkit was used to guide consultations and programme design with a total of 157 people including **17 married girls and young mothers** and **89 adolescents** from Tsore Refugee Camp and the temporary site. Among these, 52 were younger adolescents aged 10 to 14 years (28 female, 24 male) and 37 were adolescents aged 15 to 17 years (20 female, 17 male). Additionally, 13 male spouses of married girls were consulted along with 34 parents and caregivers of adolescents (19 female, 15 male) and five key informants.

The Adolescent Programming Toolkit offers a range of adolescent-responsive tools that support participatory consultations with adolescents and young people, including girls and young women. For the consultation in Ethiopia, participatory tools were used including an activity called **H-assessment** where adolescents explored the services and programmes in their community and identified things they liked, things they did not like, areas for improvement or ideas for the future. Following this activity, adolescents looked at **barriers and enablers** by identifying challenges facing young people in accessing activities and services, and solutions to overcome these challenges. With parents, caregivers and spouses, **focus group discussions** were held. Key informants were interviewed using a **key informant interview.**

The adolescent consultations focused primarily on **sexual and reproductive health and rights (SRHR)** and **protection from violence** including child protection and gender-based violence. The methodology also included questions around preferences and potential risks relating to the use of **cash and voucher assistance (CVA).**

This initiative was part of a global adolescent consultation process initiated by Plan International in East Africa, covering Ethiopia and South Sudan, the Lake Chad basin, covering Cameroon, Niger and Nigeria, and the Venezuela response, covering Colombia, Peru and Ecuador.

KEY FINDINGS: WHAT WE LEARNED FROM ADOLESCENTS IN THE TSORE REFUGEE CAMP AND TEMPORARY SITE

The findings of the consultations underline why it is critical to consult directly with adolescents, particularly girls and young women, to understand how crises affect them. During the consultations, adolescents, married girls and young mothers highlighted their concerns, which at times differed from the viewpoints of their parents and caregivers.

ADOLESCENTS' SAFETY AND WELLBEING ARE THREATENED BY A LACK OF BASIC SERVICES

The safety and wellbeing of adolescents in the Tsore Refugee Camp are threatened by **severe gaps in services** such as food, water and sanitation, shelter and livelihoods.

In the temporary site the situation is even worse; adolescents and their **families live in collective shelters** that host up to 70 people and **lack essential services** including water and sanitation facilities, healthcare and educational facilities.

Tensions in the community and **gaps in humanitarian aid dramatically increase protection risks** including child labour, sexual exploitation and psychosocial distress among adolescents and their caregivers.

Adolescent girls are exposed to child marriage and female genital mutilation and cutting (FGM/C) which is practised among the refugee community.

The camps have **limited child protection, gender-based violence (GBV) and psychosocial support services.** Furthermore, adolescents report that existing service providers **lack empathy, confidentiality and respect** for adolescents.

ADOLESCENTS' ACCESS TO SRHR INFORMATION, SUPPLIES AND SERVICES IS LIMITED

Adolescents **struggle to access information** about sexual and reproductive health and rights (SRHR), especially younger adolescents and those who are not married. In addition, girls face **strict gender and social norms** that limit their mobility and decision making about their own bodies.

Adolescent girls have **limited access to menstrual health and hygiene** information and supplies, affecting their health, wellbeing and mobility.

SRH services are extremely limited in the camp, especially in the temporary site. There are limited services that provide clinical management of sexual and gender-based violence (SGBV) cases including rape and antenatal/postnatal care.

When accessing the few available services, adolescents face multiple barriers including **security risks, language and cultural barriers, and poor quality of services.**

The lack of information and services leads to significant health risks for adolescents including **sexually transmitted infections (STIs) and unintended pregnancies.**

CASH SUPPORT IS CRITICAL TO MEET THE NEEDS OF ADOLESCENTS

Throughout the consultations, adolescents highlighted the **urgent need for adequate food assistance, shelter, water and sanitation** in Tsore Refugee Camp and especially in the temporary site where services are even more limited.

Adolescents think that **cash and voucher assistance can meet short-term humanitarian needs** as long as measures are put in place to ensure that cash is used appropriately.

Adolescents would use **CVA to buy essential supplies or access services.** They think it can be an effective modality to support adolescent girls and young mothers as well as other at-risk adolescents.

While CVA is welcomed, adolescents **prefer long-term solutions such as livelihoods and other income-generating activities.**

Finally, adolescents highlight that **fraud and corruption** of community members and community leaders during aid distributions are a major concern.

RECOMMENDATIONS

During the consultations, adolescents, married girls and young mothers developed programming priorities for the specific barriers they face in accessing services and support. This has resulted in the following recommendations:

MEET OUR BASIC NEEDS AND EMPOWER GIRLS

Increase adolescents' access to information and education

- Provide information and education to all adolescents to stay safe and promote sexual and reproductive health including menstrual health and hygiene (MHH)
- Offer adolescent clubs for girls and boys where they can access information, participate and lead activities
- Run peer-to-peer outreach and education activities
- Provide dignity kits, MHH supplies and pregnancy kits
- Provide education opportunities for adolescents at the temporary site

Increase the social assets of girls

- Promote girls' education
- Offer skill-building opportunities
- Provide psychosocial support
- Offer life skills programming
- Create dedicated spaces and activities for girls and young mothers
- Enable girls' participation in design, implementation and feedback activities
- Regularly distribute dignity and MHH kits to girls and provide training on the use of these supplies

ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL PRACTICES

Support parents, caregivers and families

- Hold parenting sessions to share information and promote positive parenting skills
- Provide cash and voucher support to at-risk families including families of married girls and young mothers

Engage with communities to address stigma and harmful social norms

- Promote community awareness-raising on available services and to reduce stigma
- Engage with boys and men to ease restrictions for girls and promote positive masculinities
- Promote community dialogues with families, spouses, community and religious leaders and other gatekeepers to address GBV and harmful practices including child marriage and FGM/C
- Use creative methods and multimedia such as radio talk shows to support awareness activities and dialogues

IMPROVE OUR ACCESS TO ADOLESCENT-FRIENDLY SERVICES

Improve living conditions and services in the camp

- Improve the living conditions in the temporary site including the collective shelters, WASH facilities and food assistance
- Ensure regular and equitable distributions of relief items such as food and non-food items, scholastic materials, dignity kits and MHH supplies

Promote adolescent-friendly services for adolescents

- Improve access to SRHR services including MHH information provision, family planning and maternal healthcare
- Improve comprehensive response services for survivors of SGBV including case management, health, protection, psychosocial support and legal assistance
- Train service providers on adolescent (girl) friendly service provision
- Improve case management services to ensure a timely, appropriate and confidential response

MEET OUR BASIC NEEDS AND EMPOWER GIRLS

Promote youth economic empowerment

- Provide cash and voucher support
- Create economic empowerment opportunities for adolescents
- Promote youth saving programmes

ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL PRACTICES

Invest in community-level capacities

- Strengthen community-level networks and organisations to represent the interests of adolescents and promote their health, safety and wellbeing
- Strengthen existing child-friendly and youth-friendly spaces with SRHR information and functional referral pathways for adolescents

IMPROVE OUR ACCESS TO ADOLESCENT-FRIENDLY SERVICES

- Strengthen law enforcement and justice for SGBV survivors
- Integrate SRHR and protection services in existing spaces and centres that are accessed by children, youth, girls and women

CONTEXT: TSORE REFUGEE CAMP AND TEMPORARY SITE

Tsore Refugee Camp was established in 2015 to accommodate Sudanese and South Sudanese refugees seeking international protection. The camp is located in Assosa zone in Benishangul-Gumuz region, about 30 kilometres from the regional capital Assosa.

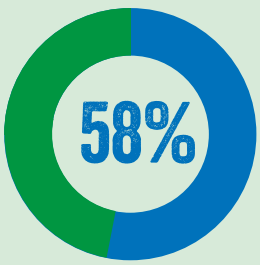
Tsore Refugee Camp hosts refugees in five zones. A temporary site was opened up near to Tsore Refugee Camp in February 2022, after fighting erupted in January 2022 in the town of Tongo. This led to the emergency evacuation of refugees from the Tongo and Gure-Shembola camps. They were transferred to the temporary site.

Plan International's Child Protection Risk Assessment in April 2022[1] revealed that children and adolescents face severe environmental, household, and school-related protection risks in both the Tsore Refugee Camp and the temporary site. Many refugee families are still being housed in large temporary hangars, hosting dozens of families in a small space with inadequate latrines and lighting, causing severe protection and health risks. There are no health or educational facilities in the temporary site and inadequate water facilities, fuel (firewood) and food rations. These circumstances in the temporary site place adolescents, particularly girls, at significant risk.

TSORE REFUGEE CAMP AND TEMPORARY SITE

TSORE REFUGEE CAMP HOSTS 70,000 SUDANESE AND SOUTH SUDANESE REFUGEES

TEMPORARY SITE HOSTS **20,000** REFUGEES



OF THE POPULATION IS UNDER THE AGE OF 18

1. Plan International (2022). "Tsore Refugee Camp and Tsore Temporary Site Community Led Child Protection Risk Assessment", April 2022.

ADOLESCENT PROGRAMMING TOOLKIT

The Adolescent Programming Toolkit builds upon the great motivation, energy, innovation and capacity of adolescents and the agency and potential of girls. The toolkit offers guidance and tools that support adolescents to learn, lead, decide and thrive in crisis settings.

The toolkit promotes adolescent-responsive programming, through the intentional design and implementation of actions that meet the gender, age-specific and diverse needs, priorities and capacities of adolescents, with special attention to girls and at-risk adolescents.

The toolkit contains four parts:

1. **Rationale – why** we should invest in adolescents in crisis settings
2. **Theory of change** to support adolescents to learn, lead, decide and thrive in crisis settings
3. **Programmatic framework**, presenting our results framework and key interventions
4. **Step-by-step guide** for programming with and for adolescents in crisis settings throughout the humanitarian programme cycle, including 13 practical tools and key considerations for reaching and supporting adolescent girls.

In April 2022, the Adolescent Programming Toolkit was used to hold consultations with adolescents, married girls and young mothers from Tsore Refugee Camp and the temporary site, with the specific purpose of informing the design of a new adolescent-responsive project.

Plan International's commitments with and for adolescents in crisis settings

The toolkit was developed based on the numerous recommendations of adolescents and girls in crisis settings, as well as evidence that suggests that humanitarian actors should do the following:

- **Place adolescents and girls at the centre of action,** address them as drivers of their own actions, and promote their participation and leadership.
- **Address specific risks and barriers for girls** and engage with boys and men to tackle gender inequality, discrimination and violence against girls and women.
- **Work at all levels** and engage with families and communities, local power holders, service providers, duty bearers and humanitarian actors to improve action for adolescents.
- **Deliver intentional, multi-sectoral programmes** covering protection, education, sexual and reproductive health and rights, and economic empowerment interventions, tailored to the needs and capacities of adolescents and girls in context.

CONSULTATIONS WITH ADOLESCENTS, MARRIED GIRLS AND YOUNG MOTHERS

he consultations explore how younger and older adolescent girls and boys, married girls and young mothers understand the unique impact that displacement has upon them. The participatory methodology enabled adolescents, particularly girls and young women, to raise their voices about their immediate needs and future priorities, with a specific focus on protection, and sexual and reproductive health and rights.

THE CONSULTATIONS WERE DRIVEN BY THE FOLLOWING QUESTIONS:

- **What actions, activities and services do adolescents, particularly married, pregnant and caregiving girls, prioritise to improve their wellbeing, protection and sexual and reproductive health?**
- **What are the main (gendered) barriers and enablers for adolescent girls to access services and support?**
- **How can cash and voucher assistance support adolescent health, protection and wellbeing outcomes?**

METHODOLOGY

The consultations were conducted in the Tsore Refugee Camp and the nearby temporary site, in the Benishangul-Gumuz region in Ethiopia in April 2022.

Adolescent Assessment Framework
This framework presents the pieces of information that we need to know about the situation of adolescents in crisis. This tool was used to conduct a desk review prior to the consultations.

H-Assessment
This activity helps adolescents to identify existing activities and services in their community, reflect on their strengths and weaknesses, develop recommendations for improvement and share new ideas.

Barriers and enablers
Following the H-assessment, adolescents ranked the most important activities or services for young people, discussed the possible challenges (barriers) and identified solutions (enablers) to these barriers, including social and gender norms.

For more information about the tools and methodology, see: Adolescent Programming Toolkit.

The adolescent consultations focused on qualitative data collection. The consultations were held using the **H-Assessment** tool with single-sex groups of six to nine participants each. Adolescents explored the services and programmes in their community and identified aspects they liked and disliked, as well as areas for improvement or suggestions for future programming. Following this activity, adolescents looked at **barriers and enablers** that support or challenge young people's ability to access services. The adolescent groups were split according to age and gender: adolescent girls and boys aged 10 to 14 years and adolescent girls and boys aged 15 to 17 years were consulted in separate groups. Married and pregnant girls

and young mothers were consulted separately to allow their unique perspective and experience to be at the centre of the consultation.

Spouses of married girls, and parents and caregivers of adolescents were consulted through **focus group discussions.** Key informants were consulted through a structured **key informant interview.**

The consultations focused primarily on **sexual and reproductive health and rights (SRHR)** and **protection from violence,** including child protection and gender-based violence (GBV), and the use of **cash and voucher assistance (CVA).**

CONSULTATION PARTICIPANTS

The consultation process involved a total of 157 people including five key informants. The consultation process involved 89 adolescents from the Tsore Refugee Camp and temporary site – of whom 52 were younger adolescents aged 10 to 14 years (28 female, 24 male) and 37 were older adolescents aged 15 to 17 years (20 female, 17 male) – as well as 17 married girls and young mothers. Additionally, 13 male spouses of married girls were consulted along with 34 parents and caregivers (19 female, 15 male). Five key informants were interviewed, including representatives of the local community, women's association and service providers in the camp.

OVERVIEW OF CONSULTATION PARTICIPANTS IN TSORE REFUGEE CAMP AND TEMPORARY SITE

Zone	Community	Female 10–14	Male 10–14	Female 15–17	Male 15–17	Married girls	Female adults	Male adults	Total
Assosa	Tsore Refugee Camp	8	7	8	7	8	8	12	58
Assosa	Temporary site	20	17	12	10	8	11	16	94

SAFEGUARDING AND ETHICS

The consultation methodology placed the voices of adolescents, married girls and young mothers at the centre of needs assessment and programme design. Plan International staff and facilitators from the same communities were trained as data collectors to conduct the consultations. They were already familiar with the adolescents and their families and were therefore best placed to facilitate the conversations in a safe and trusted environment.

The safeguarding and ethics protocols included conducting a safeguarding risk assessment during the planning phase, safeguarding policies and code of conduct signed by all staff and associates involved; informed consent obtained from both adolescents and their parents/caregivers; referral mechanisms in place for potential protection or safeguarding concerns; local safeguarding focal points in place during the consultations; design of adolescent-friendly consultation tools; and training of data collectors on safeguarding, reporting and referral procedures.

Plan International / Philipp Schütz

FINDINGS: THE PRIORITIES OF ADOLESCENTS IN TSORE

FINDING 1: ADOLESCENTS' SAFETY AND WELLBEING ARE THREATENED BY A LACK OF BASIC SERVICES

CHILD PROTECTION AND GBV: MAIN CONCERNS

Across both the Tsore Refugee Camp and the temporary site, adolescent boys and girls feel unsafe due to a range of protection risks at home, in the camp setting and among peers. Girls and boys reported **domestic violence** whereby parents are abusive and violent towards their children as well as **intimate partner violence** whereby husbands beat their wives. In their communities, adolescents describe fighting among adolescents and abuse by older adolescents who consume alcohol and khat. **Sexual violence** risks for girls were reported in both communities, especially in areas where girls collect firewood or fetch water. **Child labour** affects both girls and boys including involvement in domestic work, gold mining, and collecting firewood and water. Some girls reportedly engage in **sexual exploitation** to earn an income. Adolescents reported that separated children, children without appropriate care, married girls, young mothers and children with disabilities are most vulnerable in the camp.

The situation in the temporary site was described as worse than that in Tsore Refugee Camp in terms of safety for adolescents due to the **harsh living conditions** and **severe service shortages** for food, shelter, water, sanitation and hygiene (WASH), education, health and protection. Adolescents in the temporary site reported that they live in large communal shelters with multiple households. The **limited privacy** makes them feel unsafe. Parents and caregivers highlighted that because there are no play opportunities in the temporary site, children play in the bush, and get **injured** or fall from the trees.

"Women and girls in this temporary site feel unsafe because we are traumatised during the relocation from our previous camp. Even after the relocation, here in the temporary site we also face violence because we live in [a] hanger with more than 70 people." – Married girls and young mothers, temporary site

"Young people have limited opportunity to access services and activities such as reproductive health information, medical services, protection services and menstrual hygiene because this site does not have well-established, all-inclusive and comprehensive services centres to access services and to participate in activities." – husband, temporary site

Insufficient lighting, shortage of water points and shared latrines in the temporary site expose girls to risks of **sexual and gender-based violence (SGBV).** Female caregivers noted that due to the gaps in protection services at the temporary site, girls do not report incidents of violence.

"So many young people in [the] temporary refugee camp especially adolescent girls and young women are experiencing different forms of violence particularly labour abuse and sexual exploitation." – Male caregivers, temporary site

Adolescents report **hostilities, fighting and discrimination** between adolescents of the two camps. This occurs when adolescents from the temporary site visit the main refugee camp to access services, go to the child-friendly spaces (CFS), or when they go to the river to fetch water or wash themselves.

"Whenever young people go to the old [Tsore Refugee] camp, they are experiencing some forms of violence such as abuse, discrimination and sometimes conflict arising from language barriers between youths of the two camps." – Boy, 10–14, temporary site

Child marriage was identified as a significant issue for adolescent girls in both sites. While child marriage is a pre-existing issue and a cultural practice among Sudanese and South Sudanese refugees, adolescents explained that many girls are forced to marry due to **food insecurity** and that some girls decide to get married due to experiences of **domestic violence.** Many refugees do not have access to **birth registration,** which is a risk for school dropout and child marriage. Child survivors of rape are subjected to strict cultural norms and risk being forcibly married to the perpetrator.

> *"Ending child marriage will help us build a more prosperous future for all, but there is limited information among the community"*

"If a girl is raped by someone, and the community is aware, the traditional leaders interfere to make a negotiation for the survivor to marry the perpetrator. This is the cultural attitude that makes that forced marriage is accepted by the culture." – Key informant

Once married, many girls drop out of school and face **barriers to services** due to **domestic and caretaking roles.** They describe the domestic work as extremely heavy and explain that their husbands do not allow them to access services and activities; as a result, many girls experience **social isolation.** Some married girls have experienced **abandonment** by their husbands; if they were pregnant and returned to their parents, they faced **rejection** by their own families. This lack of care, protection and access to basic needs makes young married girls one of the groups most vulnerable to violence, abuse and exploitation.

"Most adolescent girls in this community get married because they think that a husband will buy anything she wants. But the reality is that most of husbands do not have income; even some of them are alcoholics and some of them are students so there is no means of income. Some of us [married girls] used to go gold mining to get some money there even if we are unable to take care of ourselves because there is a lot of work at home including taking care of the children." – Married girls, Tsore Refugee Camp

While girls and young women face significant protection risks, the available **GBV services are limited,** especially at the temporary site. Key informants highlighted that existing GBV services focus mostly on providing materials to survivors rather than prevention and community engagement.

According to adolescents, married girls, young mothers and their caregivers, there are different **barriers** for GBV survivors to report concerns and seek support. Firstly, communities have only limited **awareness**

about the services and referral pathways. Secondly, GBV survivors are often **financially dependent** on their perpetrators. Even if they report a concern, they have nowhere to go to seek refuge once a concern is reported. Survivors of violence also face **stigma, discrimination and blame** from the community when they speak out or seek support. Finally, adolescents mentioned that **low self-confidence of girls, strict cultural norms** and **domestic violence risks** all discourage girls from reporting concerns.

> *"There are no community volunteers to accompany [survivors] to the health centre or report the case to the concerned bodies"*

Girls and female caregivers highlighted that they do not feel comfortable with existing case management services, because there are no social workers or community volunteers who can accompany survivors to services and because staff **lack empathy and confidentiality.** They feel that "too many people are involved" during the case management process and that due to poor coordination, services are not provided in a timely manner. Finally, **weak law enforcement** and **lack of accountability** of perpetrators was a major barrier mentioned by both female caregivers and key informants.

"While raising the level of awareness seems to benefit much more than any other activity, the presence of a legal, social and medical framework to hold everyone accountable becomes equally important." – Female caregivers, temporary site

Adolescents at the temporary site have **no access to child protection and psychosocial support** services such as child- and youth-friendly spaces and recreational activities. Adolescents in Tsore Refugee Camp do have such services, but they indicated that the materials in the safe spaces were of **insufficient quality,** that there are almost **no organised activities** and that the peer group activities are "not joyful for the participants". Girls highlighted that they do not feel comfortable about attending activities at the same time as boys.

"Most of the time adolescent girls are not visiting the youth centre because they fear that there are a lot of boys there." – Married girls, Tsore Refugee Camp

Recommendations from adolescents, married girls and young mothers relating to their protection from violence (child protection and gender-based violence)

To prevent protection risks, adolescent girls and boys, married girls and young mothers prioritise **improving basic living conditions.** They highlighted that providing **water and sanitation facilities, fuel** and building **private family shelters** can help to reduce sexual violence risks for adolescent girls. Furthermore, sufficient **food rations, non-food items** or **cash support** can to help reduce negative coping mechanisms such as school dropout, child labour and child marriage.

Adolescents recommended creating **safe spaces** with quality materials for all age groups in both Tsore Refugee Camp and the temporary site, as well as **separate spaces for adolescent girls.** In terms of activities, adolescents prioritised **recreational activities, informal education, peer group activities and awareness raising.** Adolescents of all ages want to develop their talents and learn **life skills**, through participation in **adolescent clubs** such as music and art, peace and education, sports, and drama clubs. Young mothers should have access to **day care services** for their children and early childhood care, so that they can continue their education or participate in activities.

To **address harmful social and gender norms** that underpin gender-based violence and improve awareness of available services, adolescents presented different strategies. To address the practice of child marriage, adolescents suggest organising **regular discussions** among adolescents, providing **parenting support** for parents and caregivers and **training for community leaders,** and providing children with **birth certificates** as a proof of age. Spouses, parents and caregivers emphasised the importance of **engaging with traditional and religious leaders** and changing their attitudes and gaining their support, before raising awareness with the wider community. Key informants recommended strengthening **community-based protection groups** and organising regular **community dialogues** within communities to discuss harmful practices and identify ways to prevent violence against adolescents and girls. Finally, adolescents recommended using **creative methods** and public media to convey messages related to protection and access of services for adolescents and girls.

"Use myths and storytelling, cultural programmes, exhibitions, dances, music and theatre performances for these leaders while delivering the ways, means and paths in which we can seek services and assistance." – Adolescent, Tsore Refugee Camp

To **prevent gender-based violence,** adolescent girls emphasise that boys should be targeted for awareness raising and activities to **prevent GBV** as "they are often the perpetrators of sexual violence". To respond to protection concerns, adolescents recommend improving the **quality of case management services.** Married girls and young mothers suggest hiring **female social workers,** making it easier to **report violence,** and **improving coordination** between organisations so that help is provided more quickly and with fewer people involved. In addition, girls recommended establishing **safe spaces for survivors of rape** to enhance confidentiality during service provision. To improve access to services, adolescents would like to see a clear **service mapping** to easily identify each organisation working in the camp, its location and type of services provided.

FINDING 2: ADOLESCENTS' ACCESS TO SRHR INFORMATION, SUPPLIES AND SERVICES IS LIMITED

SRHR: MAIN CONCERNS

Adolescents across both sites have **limited SRHR information** about puberty, menstrual hygiene, contraceptives, pregnancy, and available reproductive health services. Adolescents reported that there is nowhere for them to access SRHR information, not even schools or safe spaces. Married girls and young mothers in Tsore Refugee Camp described that they learned about reproductive health and menstruation as it happened but were not prepared for it. Married girls in the temporary site highlighted that since their relocation their access to critical health information is extremely limited.

"When we lived in Tongo and Gure, we had information about pregnancy, sexual and reproductive health issues and protection but now [after relocation] we forgot it all and we give priority on finding shelter, food and other material for our families." – Married girls and young mothers, temporary site

While some adolescent girls said that their mothers taught them about **menstrual health and hygiene,** most girls highlighted that they do not receive information about puberty and menstruation and that when they receive menstrual hygiene materials or dignity kits, they do not always know how to use these products. The lack of information leads to girls **feeling ashamed,** frustrated, stressed and anxious. One girl said this makes her feel "uncomfortable and unhappy and I need to shower twice a day". Adolescent girls and married girls reported that they are happy to receive **sanitary pads and underwear** but that the distributed materials are often of **poor quality** and are not regularly provided. Some girls said that they had not received sanitary pads for the past five months.

Parents and caregivers highlighted that the low levels of awareness among adolescents reflected the general **lack of awareness in the community** about the importance of sexual and reproductive health and rights.

"Influential people in the community need to step up in addressing the sexual and reproductive health of young girls, services for adolescents and children and the prevention of gender-based violence. We need them to demonstrate the importance of maintaining our dignity and safety." – Married girl, Tsore Refugee Camp

Female caregivers considered lack of awareness to be the main cause of **unintended pregnancies** while adolescents made the connection with **child marriage.**

"When a girl is taken for early marriage, she may not know how to keep her children, herself and not even the home clean and healthy. There are too many cases of early pregnancy because of limited information." – Adolescent girl, 15–17

Female caregivers described that when girls "play and spend their time with boys, sometimes they become pregnant". They added that unintended pregnancy among very young girls often leads to **unsafe abortions,** severe health complications or even death. Spouses of married girls, parents and caregivers identified

sexually transmitted infections (STIs) as a major risk resulting from a lack of SRHR information, while adolescents and married girls themselves did not mention this issue at all.

Adolescent girls and married girls expressed concerns over the unrealistic expectations of girls regarding marriage and the **multitude of problems** that pregnant girls experience. Key informants expressed concerns over the situation of very young and unmarried pregnant girls.

"We know some girls experienced early pregnancy and we observed that they didn't take care of themselves because they feel sick and tired every day, especially when the young girl has no parent, because no one will support them. Those children are more exposed because they think their boyfriend will buy clothes and other things for them. And they lose everything like their family, friends, their education. Even some of them may exercise abortion at this age which can lead them to death." – Married girls and young mothers, Tsore Refugee Camp

"If an unmarried girl is pregnant, she will be sent to South Sudan or other camps. Because pregnancy without marriage is unacceptable in our community." – Key informant

Despite these serious concerns **health services are limited** especially in the temporary site. In Tsore Refugee Camp health facilities mostly provide outpatient care, with very limited provisions for sexual and reproductive healthcare such as clinical management of survivors of rape and antenatal and postnatal care. At the clinics there are no adequate staff and medicines; women and children must often wait long periods of time to be seen by a doctor.

"There are no home visits for pregnant and lactating women. Most young mothers don't have information how to care for their child after birth; most of them don't even know how to breastfeed their child." – Key informant, Tsore Refugee Camp

The few available **SRH services only target adults.** Older adolescent girls in Tsore Refugee Camp explained that health providers pay **no attention to the psychosocial needs of pregnant girls and young mothers.** They stated that "the push towards only medical services when girls become mothers is also an unfavourable aspect of the sexual and reproductive health programme".

"Most young people have information about SRH services but the service providers for the refugee community do not allow [support] young people below the age of 15. Because of this, young people below that age lack information, especially about SRH services." – Adolescent girl, 15–17

Adolescents face multiple **barriers** to accessing services. Information about services is not always available in the **local language.** Key informants highlighted the **lack of female counsellors** which is a barrier for girls. Younger adolescent boys in Tsore Refugee Camp highlight a **disconnect between services and the community.**

> *"There are no community health workers to give regular information about sexual reproductive health"*

"There are no community-level health workers to give regular information about sexual reproductive health information and types of service provided in the health centre." – Adolescent boy, 10–14

Many adolescents, particularly girls, face **restrictions imposed** by their parents, caregivers or spouses. At the temporary site, parents and caregivers said that they do not let their girls access services that are far away, to protect them from **sexual violence risks.** Female caregivers at the temporary site added that **cultural and religious beliefs** also influence adolescents' and women's access to reproductive health and stressed that many **girls are not empowered** to make decisions about their own sexual and reproductive health.

"Some adolescent girls and young married girls have experienced restrictions from their parents in accessing SRH services, especially access to contraceptive methods, because the cultural influence of the community considered it as something for prostitute women." – Adolescent boy, 15–17

"The community culture and religious norms prevent females from accessing specific reproductive health services such as contraceptives and family planning activities. Most community members have no detailed knowledge about the importance of these services and [therefore] these services are considered as bad and sinful things that contradict with their religious beliefs." – Caregiver, temporary site

Parents and caregivers from the temporary site explained that the **low quality of services** was also a major barrier for adolescents. They reported that staff in the health centres are not motivated to help them and this attitude is preventing people from utilising services. Male caregivers also reported that fear of abuse in the health centre is a barrier for girls.

> *"No health centre is available in the temporary site. If something happens at night, we face challenges in accessing health services immediately"*

Recommendations from adolescents, married girls and young mothers relating to their sexual and reproductive health and rights (SRHR)

Adolescent boys and girls at both sites want to receive **SRHR information and services** including information about basic health and hygiene, puberty, contraceptives, STIs, HIV/AIDS, prevention of early marriage, female genital mutilation and cutting (FGM/C), and how to report GBV.

Adolescents recommend different strategies to disseminate information, for example by creating **SRHR clubs** and **discussion groups** for adolescents and **integrating health information** into various existing community services beyond health clinics. Married girls and young mothers also recommend that safe spaces for children and adolescents should have **simple illustrative education materials** and should **incorporate SRHR services.** Parents and caregivers suggested promoting access to education as a way for adolescents, particularly girls, to access SRHR information and prevent unintended pregnancy. Key informants suggested providing information through **culturally appropriate sexuality education,** which was supported by parents and caregivers.

All consulted groups recommend **scaling up SRH services** in Tsore Refugee Camp and extending these services to the temporary site, including SRH counselling, STI testing and treatment, HIV/AIDS prevention and treatment, maternal and newborn healthcare, and clinical management of rape cases. To prevent STIs and unintended pregnancies, married girls, young mothers and their spouses emphasise increasing **access to contraceptives** and **family planning services.**

To increase the uptake of services, adolescents and caregivers recommended **engaging with community leaders,** identifying positive **role models** as influencers and providing **incentives** for the community to take **ownership** of SRHR awareness and service provision. Adolescents recommended large-scale **community awareness raising** on available services and **engaging with parents and caregivers** to ensure that girls can access services.

To promote menstrual health and hygiene, adolescent girls recommended creating **menstrual health and hygiene rooms** in schools and washrooms, more regular **distribution of sanitary pads** and **training on the use of dignity kits** for girls. Married girls highlighted that **cash support** could help them to access menstrual health and hygiene products.

Married girls, young mothers and their spouses highlighted the importance of **maternal healthcare** including antenatal care, postnatal care, and neonatal care and **kits** with supplies for mother and child. They highlighted the importance of **psychosocial support** for young mothers as part of SRHR, rather than only focusing on the medical side of services. Parents and caregivers emphasised the importance of **nutrition** for pregnant and lactating girls and their children.

To strengthen the **response to GBV survivors,** key informants suggested establishing **safe houses** that offer accommodation for survivors and equipping health services with facilities for the **clinical management of rape cases.** At community level, they suggested creating more **safe spaces** where

survivors can receive support and **reproductive health counselling.** Finally, to improve the quality of SRH services, key informants recommended hiring **more staff** and providing them with **training on adolescent-friendly SRH services and counselling.**

To address the financial barriers to accessing services and to reduce negative coping mechanisms, key informants suggested providing **cash and livelihoods support** to adolescents and their families.

FINDING 3: BASIC NEEDS AND CASH SUPPORT ARE ESSENTIAL FOR ADOLESCENT WELLBEING

BASIC NEEDS AND LIVELIHOODS

Throughout the consultations, adolescents of all ages, married girls and young mothers highlighted the shortage of humanitarian assistance as the main driver of their health and protection concerns. The top priority for adolescents at the temporary site is to improve their basic living conditions. Adolescents report decreased food rations and relief items, halted nutrition programmes, shortages in drinking water, and lack of gender-disaggregated showers. They urge humanitarian actors to provide **adequate food assistance, shelter, water and sanitation.**

"Most young people are going to [the] bush to use open defecation because of the shortage of latrines inside the community residential areas." – Adolescent boy, 15-17

Adolescents at the temporary site also prioritise **education;** however, in their camp there are no schools. In Tsore Refugee Camp there are some schools, but many adolescents are out of school or have no school supplies. In both sites, adolescents reported limited opportunities for **vocational training** and **income-generating activities.** They highlight that **livelihoods** activities for adolescents and their families can help to improve their self-reliance and reduce risks.

"Education services are most important to develop our skills and knowledge and to protect children and young people from risks." – Adolescent boy, 15–17

Male caregivers reported **fraud and discrimination** occurring during relief distributions.

"During the selection of beneficiaries for distributions, we often observe bias and discrimination by social workers. We recommend to any humanitarian organisation to set their own criteria and use their own beneficiary database. This information needs to be shared with community leaders so they can inform the wider community and manage their expectations." – Male caregiver, Tsore Refugee Camp

Adolescents and their caregivers want to be **consulted** when relief agencies plan their activities. They suggest that young people should be involved in needs assessment and that the community should be empowered through **leadership development,** improving communication, and community mobilisation.

"Consulting young people, like what you are doing, is very important to assess and identify what materials and other services are needed. This enables humanitarian actors to know the service provision gaps and to address it in future planning." – Spouse, Tsore Refugee Camp

HOW CVA CAN SUPPORT THE HEALTH, PROTECTION AND WELLBEING OF ADOLESCENTS

Across both sites, adolescents agreed that cash and voucher assistance (CVA) could help young people to **buy supplies** or **access services,** support their families, or start income-generating activities.

Married girls highlighted that cash could help them to seek services "independently, without interference from families or spouses". They added that CVA can help survivors of violence to recover from violence and become financially independent. Adolescent boys said that CVA could also help to **reduce protection risks** such as child labour and sexual exploitation. Parents and caregivers highlighted that cash support might reduce financial stress and tensions in the family.

"Cash can help adolescents, especially girls, so they do not need to go to the [gold] mining place. It can help reduce child labour, sexual exploitation and child marriage for financial reasons." – Adolescent boy, Tsore Refugee Camp

Cash can be used to buy:

- dignity kits
- sanitary pads
- medicine
- educational materials
- ecreational materials
- clothes and shoes
- bags for school
- food to eat at school
- transport to visit family outside the camp

PREFERRED MODALITY: CASH OR VOUCHERS

Most adolescents and married girls preferred cash, rather than vouchers because it is more flexible and they can buy what they need, when they need it. They added that cash can be managed by adolescents. A few adolescents preferred vouchers to mitigate the risk that cash would be used by their parents and caregivers for other purposes. Others preferred vouchers because they thought it would be a more stable option than cash. Some parents and caregivers felt that vouchers had a more specific purpose and would therefore be less likely to cause tension in the family.

"Financial support through voucher is preferable because voucher may contain a lot of items and voucher cannot be exploited or abused by the parents or other family members. If it will be cash support, the cash may be not enough to cover all the necessary needs of young people; because of the current market inflation, the value of cash becomes … less and less." – Adolescent boy, 10–14

WHO SHOULD RECEIVE CVA

Opinions differed on who should receive cash. Married girls preferred to receive the cash directly instead of via their spouse. While some spouses agreed, others felt that they should be involved or in control of the funds. Some adolescents, especially older adolescent boys, felt that they should receive cash directly while younger adolescent boys and unmarried girls thought that cash should be given to their parents, preferably their mother.

Some parents and caregivers were strictly against providing CVA directly to adolescents. They suggested that cash was better managed by parents and that this would help adolescents to respect their parents. Other parents considered that giving vouchers to adolescents could be a responsible way to ensure adolescents' needs were met. Female caregivers added that in the case of GBV survivors, it was better to provide cash directly to girls.

"Young people receiving the cash or voucher directly is not acceptable because we think they are not mature enough. They may not use it properly and may use for unnecessary needs." – Male caregiver, Tsore Refugee Camp

WHAT ARE THE RISKS?

Older adolescent boys from Tsore Refugee Camp did not identify any risks, while girls identified multiple risks. These included potential risks of violence, theft and conflict within families and the community. Adolescents explained that older siblings may take the cash to drink alcohol while fathers also may use the cash for their own needs. In the community, adults may take the cash of adolescents after it has been distributed.

"Cash can be ironically a reason for child abuse. In addition to the physical harm that we will face, we will also be shunned from the community, stigmatised among our peers and we will be looked at differently everywhere we go." – Adolescent girl, 10–14

Parents and caregivers identified the risk of intimate partner violence or social tensions within the community. Female caregivers shared that the provision of cash assistance could place survivors at further risk of isolation and bullying. Spouses suggested that the targeting and selection of recipients of cash must be done with the involvement of influential community structures, not just by social workers.

"Pressure from the family will put us in a much more dangerous position than before. So, we suggest confidentiality and discreetness to be a very necessary aspect of the financial assistance programme." – Adolescent girl, 15–17

"We may face isolation and stigmatisation if we do not comply with the demands of our parents and caretakers, even other parts of the extended family. We will also face psychological pressure and may be forced to avoid the services at all. But [despite these risks] we need the money more." – Married girls and young mothers, Tsore Refugee Camp

"CVA will change the social status of GBV survivors. They might look favoured for what the community believes to be [a] trivial reason [i.e. their experience of violence]. Therefore, educating the community needs to go in parallel with the provision of cash assistance." – Female caregivers

CONCLUSION AND RECOMMENDATIONS

Displaced adolescents in the Tsore Refugee Camp and the temporary site live in dire circumstances with growing gaps in humanitarian assistance. Especially at the temporary site, adolescents do not have access to sufficient water, sanitation, shelter and food assistance. This situation leads to increased risks to their health, particularly sexual and reproductive health, and protection from violence. Harmful traditional practices such as child marriage have become survival mechanisms for financially desperate families. Adolescent girls face high risks of gender-based violence, in particular sexual violence, as they have to walk far to fetch firewood, access water, or seek services.

Adolescents, married girls and young mothers shared that their main priority was to improve their basic living conditions and access to basic services. This was particularly the case for adolescents living at the temporary site. They recommended addressing their basic needs alongside SRHR and protection programming in order to tackle important risk factors such as food security. Married girls and young caregivers prioritised more tailored services with greater attention to the psychosocial needs of young mothers. Adolescents of all ages also expressed a desire to be more regularly consulted about humanitarian action; however, they have very few opportunities to do so.

1. MEET OUR BASIC NEEDS AND EMPOWER GIRLS

BASIC NEEDS AND LIVELIHOODS

Across all consulted groups and locations, adolescents, married girls and young mothers prioritised actions to **improve basic living conditions,** in particular **food assistance, nutrition, shelter support** and **non-food items.** In-kind support and CVA support can help to relieve short-term needs, but most adolescents prioritise **income-generating** and **youth saving activities.** Especially for adolescent girls, married girls, young or single caregivers and survivors of violence, income-generating activities will be more sustainable and promote their self-reliance. Access to **education** is a priority, particularly for adolescents living at the temporary site where there are no educational facilities. Adolescents should have opportunities to **actively participate** in design and implementation of humanitarian action including feedback mechanisms.

INCREASE ACCESS TO INFORMATION, SUPPLIES AND SUPPORT

Adolescents – whether married or unmarried – must have access to **SRHR and protection information and education** including information on where and how to access services. Effective strategies to inform and educate adolescents include adolescent clubs, peer-to-peer discussions, culturally appropriate sexuality education, individual and group-based activities and audio-visual materials. Information should be disseminated through safe spaces, schools, health centres and community-level services. Alongside information, adolescents must have access **to SRHR supplies** such as dignity kits, MHH supplies and contraceptives.

INCREASE SOCIAL ASSETS FOR GIRLS

Gendered barriers must be removed and girls' social assets must be built up. This means **girls' access to education and economic opportunities** should be promoted and **safe spaces for adolescent girls**

created with activities that build their confidence and skills, such as psychosocial support, life skills and peer support. It is important to conduct outreach and mobilisation of at-risk girls and young mothers, and to provide **day care** services for their small children so they can attend activities or services.

2. ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL NORMS AND PRACTICES

SENSITISE PARENTS, CAREGIVERS AND FAMILIES

Space should be created to discuss and **transform harmful social and gender norms** with parents and caregivers through **parenting support.** Male caregivers must be engaged to ease the strict restrictions placed upon girls and to promote their participation in education and activities that are designed for them. It is important to develop safety precautions with parents and caregivers to reduce risks for adolescents and to ensure that girls can safely access services. Parents and caregivers should be linked to **cash and voucher assistance** and **economic-strengthening** opportunities to enable them to meet the needs of their adolescents.

SENSITISE COMMUNITIES AND RELIGIOUS AND TRADITIONAL LEADERS

Comprehensive **community awareness raising should be conducted** through discussions with adolescents, by engaging men and boys and with traditional and religious leaders about the needs and risks affecting adolescents and on the social norms and traditional practices that affect girls including gender-based violence. Useful methodologies can include **community dialogues** and **creative methods** such as drama, music and myths. **Community-based protection** initiatives should be strengthened to advocate for the rights of children and adolescents and to identify, report and monitor protection concerns in the community.

3. IMPROVE OUR ACCESS TO ADOLESCENT-FRIENDLY SERVICES

INCREASE ACCESS TO SAFE SERVICES

It is critical to ensure that adolescents and their families at the temporary site have **access to basic services. Water points should be established** closer to communities. Toilets, sanitation and menstrual health and hygiene facilities should be provided near adolescents' homes. Families should have private shelters to mitigate the risks of sexual violence for girls and women. **SRHR services must be scaled up** in Tsore Refugee Camp with extensions to the temporary site, including access to contraceptives, family planning services, maternal healthcare, and STI testing and treatment. Adolescents, traditional leaders, parents and women-led groups should be engaged to **increase community acceptance** of SRHR information and services.

IMPROVE THE QUALITY OF SERVICES FOR ADOLESCENTS

Psychosocial support such as counselling and group-based psychosocial support should be integrated into maternal care and other SRH services, tailored to the needs of married girls and young mothers. More staff should be recruited and trained on **adolescent-friendly SRH services and counselling**. It is important to work with service providers to **address corruption and fraud** that are associated with humanitarian services and aid distributions.

STRENGTHEN THE RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE

Alongside efforts to prevent SGBV, communities and service providers must collaborate to strengthen efforts to respond to SGBV. **The quality of case management services must be improved** by hiring more female social workers and extending services to the temporary site. Referral mechanisms between agencies should be strengthened to ensure a timely, coordinated response that meets minimum standards for child protection and SGBV. Safe spaces should exist where child and adult survivors can receive quality and tailored case management services, along with psychosocial support, legal and medical care.

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