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SUMMARY REPORT: PROGRAMME DESIGN CONSULTATIONS WITH ADOLESCENTS IN ETHIOPIA, SOUTH SUDAN, LAKE CHAD BASIN AND THE VENEZUELA RESPONSE

February 2023

This publication is also available online at: www.plan-international.org

Recommended citation: Plan International (2023). *We Know What We Need. Summary Report: Programme Design Consultations in Ethiopia, South Sudan, Lake Chad basin and the Venezuela response,* Plan International.

ACKNOWLEDGEMENTS

The programme design consultations with adolescents were facilitated by Plan International teams in Cameroon, Colombia, Ecuador, Ethiopia, Niger, Nigeria, Peru and South Sudan.

We especially thank the adolescents and young people who have participated in the consultations and shared their insights, ideas and challenges with us. We thank them for their contributions and dedication to improve the situation in their communities. We also thank their parents and caregivers, spouses, elders and religious leaders, and all key informants for their participation in this consultation process. We extend our acknowledgement to all Plan International staff who have adapted and used the tools and guidance of the Adolescent Programming Toolkit.

Finally, we thank Plan International Germany for financial and technical support during the consultation process.

"WHEN A GIRL IS TAKEN FOR EARLY MARRIAGE, SHE MAY NOT KNOW HOW TO KEEP HER CHILDREN, HERSELF AND THE HOME CLEAN AND HEALTHY. THERE ARE TOO MANY CASES OF EARLY PREGNANCY BECAUSE OF LIMITED INFORMATION."

ADOLESCENT GIRL, 15–17, ETHIOPIA

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Plan International / Anika Büssemeier

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In April and May 2022 the first programme design consultations with adolescents took place in Ethiopia, South Sudan and the Lake Chad basin, covering Cameroon, Niger and Nigeria. In Ethiopia, South Sudanese and Sudanese refugees in Tsore refugee camp and temporary site were consulted, alongside adolescents in displaced and host communities in Metekel, both located in Beneshangul-Gumuz region. In South Sudan internally displaced and crisis-affected adolescents in Jonglei and Lakes States were consulted. In Cameroon, Niger and Nigeria, adolescents from refugee, internally displaced and host communities affected by the Boko Haram crisis were consulted. In September and October 2022, programme design consultations centred on the Venezuela response were held in Colombia, Ecuador and Peru. The selected consultation locations represent adolescents, including married girls, and their communities who are living in a range of humanitarian settings and facing diverse and often concurrent risks, such as conflict-related internal displacement, refugee settings, drought, flooding and food insecurity.

The consultations were driven by the following questions:

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

CONSULTATION PARTICIPANTS

Programme design consultations were held with a total of **1.048** people including **262 adolescent girls, 255 adolescent boys and 163 married girls and young mothers** across the eight countries. Additionally, 106 spouses of married girls – both of adolescent and adult age – were consulted along with 259 parents and caregivers of adolescents. In Nigeria, an additional 59 youth group members were consulted to examine the role and possibilities for youth groups to engage actively and meaningfully in humanitarian action and coordination. In addition to the consultations, 100 key informants were interviewed. The key informants included male and female community leaders, service providers, government officials and representatives of youth and community-based organisations.

A limitation of this consultation process was the limited participation of adolescents with disabilities. Only in Ethiopia were adolescents with disabilities included in the broader consultation groups, although they were not consulted separately. The specific needs and priorities of adolescents with different impairments will need to be further assessed during the implementation phase of the projects.

TABLE 1: CONSULTATION PARTICIPANTS

Country	Adolescents					Parents, caregivers and spouses			Total
	Girls 10–14	Boys 10–14	Girls 15–19	Boys 15–19	Married girls[1]	Female parents	Male parents	Male spouses[2]	
Ethiopia	51	47	44	43	44	46	39	35	**349**
South Sudan	16	16	12	12	-	16	16	12	**100**
Cameroon	24	24	24	24	48	12	12	24	**192**
Niger	12	12	12	12	24	12	12	12	**108**
Nigeria	16	16	16	16	16	16	16	16	**128**
Colombia	9	5	8	7	14	15	9	3	**70**
Ecuador[3]	-	-	12	11	11	16	2	3	**55**
Peru[4]	6	10	-	-	6	13	7	4	**46**

ADOLESCENT-CENTRED METHODOLOGY

Plan International's Adolescent Programming Toolkit was used to guide the consultations. The 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. It promotes adolescent-responsive programming, through the intentional design and implementation of actions that meet the gender and age-specific and diverse needs, priorities and capacities of adolescents, with special attention to girls and at-risk adolescents. The toolkit includes an assessment framework that presents the pieces of information that we need to know about the situation of adolescents in crisis settings. This framework was used to conduct a rapid desk review prior to the consultations.

Consultation tools included 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 that face adolescents when trying to access activities and services, as well as solutions to overcome these challenges. With parents, caregivers and spouses, **focus group discussions** were held. Key informants were interviewed using a **key informant interview.**

1 In South Sudan, most of the older adolescent girls aged 15 to 19 years were married, so married girls were included in the consultation group of girls aged 15 to 19 years instead of consulted separately.

2 This group included both married adolescents (up to 19 years) and adults. In Colombia and Ecuador, spouses were all of adolescent age. In other countries their age was not recorded.

3 In Ecuador, adolescents were consulted in age groups of 13 to 19 years. These adolescents are reported under the age group 15–19 years in the table.

4 In Peru, adolescents were consulted in age groups of 11-17 years. These adolescents are reported under the age group 11-14 in the table. All married girls and their spouses were between the age of 18 and 24 years.

The adolescent consultations focused primarily on **sexual and reproductive health and rights** (SRHR) and **protection from violence** including child protection and gender-based violence. However, during the consultations, adolescents also highlighted other needs, gaps and priorities that mattered to them. The methodology also included questions relating to the use of **cash and voucher assistance (CVA)** for adolescent wellbeing outcomes.

SAFEGUARDING AND ETHICS

The consultation methodology places the voices of adolescent girls and young women at the centre of needs assessment and programme design. Data collectors and Plan International staff from the same communities were trained as data collectors to conduct the consultations. The safeguarding and ethics protocols included conducting a safeguarding risk assessment during the planning phase, safeguarding policies and a 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.

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KEY FINDINGS: WHAT WE LEARNED FROM ADOLESCENTS IN CRISIS SETTINGS

Adolescents in crisis settings live in dire circumstances with growing gaps in humanitarian assistance. Across all eight countries, consulted adolescents and married girls highlighted how multi-faceted and inter-linked the challenges they face are. Issues relating to limited economic and educational opportunities, the gendered nature of displacement and poverty, changes in humanitarian funding and interventions, as well as food insecurity all have considerable impacts on their health, protection and wellbeing. This section provides an overview of the most common concerns across these humanitarian settings, grouped by theme.

1. ADOLESCENT GIRLS FACE A MULTITUDE OF PROTECTION CONCERNS INCLUDING CHILD MARRIAGE

Across all eight countries, adolescents face a **multitude of protection concerns** due to ongoing insecurity, armed conflict and displacement, as well as harmful **social and gender norms** that force girls and boys into caregiving, domestic and breadwinning roles at a young age.

Adolescents report that child protection risks such as **family separation, psychosocial distress, child labour** and **sexual exploitation** affect both girls and boys and are worsened by increasing food insecurity and dwindling humanitarian assistance. Adolescents affected by the Venezuela crisis report **discrimination and xenophobia** in schools, in their communities and when accessing services.

In South Sudan, adolescents highlight poor parent-child relationships as being a driver of violence against adolescents. In Ecuador, adolescents highlight that their **parents are overwhelmed** due to the lack of economic opportunities and they need support to manage stress and regain hope.

Across all countries, particularly in food-insecure settings, adolescent girls report **high risks of gender-based violence (GBV).** In Nigeria, adolescents raise concerns over the **normalisation of sexual violence** in their communities.

"We have a high rate of rape cases in our community. Even now a lady has been raped and she is now pregnant and no one cares about her condition." – Adolescent boy, 15–19, Borno, Nigeria

Survivors of sexual and gender-based violence have limited access to services, support and justice. Survivors who seek support or speak out face stigma, discrimination and in some settings, they risk being married off to the perpetrator of the violence.

"Forced marriage is common in our community. We are forced by our parents to have the marriage with someone above our age, an 'old man'. Commonly, a Gumuz [man] has three or four wives and they are responsible to care for him and the children; not for themselves. She is working day and night to fulfil the needs of the children and her husband; the more wealth a Gumuz man has, the more wives he can have." – Adolescent girl, 15–17, Gumuz community, Ethiopia

Across five out of eight humanitarian settings, **child marriage** was highlighted by adolescents as a major protection risk that affects mostly adolescent girls, but also boys in some communities. While child marriage is deeply rooted in cultural and traditional practices, adolescents highlighted how ongoing displacement, compounding crises and food insecurity have increased the practice. For example, in Benishangul-Gumuz, Ethiopia, the traditional practice of "exchange marriages" whereby families exchange their girls and boys for the purpose of marriage, involves increasingly younger girls and boys.

Across all settings, **married girls face significant levels of violence,** including sexual violence and rape, as well as social isolation and lack of access to essential services. **Psychological distress** was mentioned as a major risk for married girls as well as among adolescent boys in Benishangul-Gumuz as a result of exchange marriages. In some locations, adolescents and key informants linked long-term distress with mental health problems such as depression and suicide. In the context of the Venezuela response, **married girls also face legal risks.** Many displaced Venezuelan girls aged 13 years have been independent since leaving their home country and are with (adolescent) partners who are generally adults. In Ecuador, the age of consent is 14 years and therefore these unions can be prosecuted. Key informants highlighted that in some cases authorities cause harm to Venezuelan girls as they are separating couples who already have children.

Adolescents across all countries, highlight that they have limited opportunities to access **prevention services** such as safe spaces, psychosocial and recreational activities that build resilience and equip adolescents with protective information, knowledge and skills. In Ecuador, adolescents point out that there are not enough activities specifically tailored to adolescents and young people.

"Talks and workshops should be dynamic and fun; they should be a safe space where we are allowed to participate, to talk, where our opinions are respected and we are not judged"
Adolescent girl, Huaquillas, Ecuador).

When it comes to **response services**, adolescent girls across all countries highlight that they do not always know how and where to report protection concerns. In Ethiopia, South Sudan and the Lake Chad basin, girls also highlight that there are **not enough case workers** in their communities to whom they can safely report concerns, and that existing services have very high caseloads which make them less responsive. In Colombia, Ecuador and Peru, adolescents highlight that lack of legal documents forms a major barrier to accessing protection services.

2. ADOLESCENTS HAVE LIMITED ACCESS TO SRHR INFORMATION, SUPPLIES AND SERVICES

Adolescents across all countries report limited access to information about sexual and reproductive health. In Ethiopia, South Sudan and the Lake Chad basin adolescents report that accessing information is difficult due **to strict social norms and taboos** surrounding the reproductive health and sexuality of adolescents, particularly for younger adolescents, girls and unmarried adolescents. At the same time, adolescents in many settings are sexually active from a young age, increasing the risks of **sexually transmitted infections (STIs)** and **unintended pregnancies.** In many humanitarian settings, abortion is highly restricted, which increases the risk of **unsafe abortions**.

In the context of the Venezuela response, adolescents highlight that **access to contraceptives** is very limited and that most agencies offer information and workshops as opposed to supplies or services. Moreover, they feel that information is often delivered in ways that are not interesting, relevant or accessible for adolescents.

Adolescents living in rural and remote areas report **low availability and quality of basic healthcare services,** including sexual and reproductive health (SRH) services. Facilities and services for survivors of violence, married and pregnant girls are often **located far** from where they live.
Access is further constrained by **financial barriers** to transport and the services themselves. The **lack of female staff** in health facilities, **limited confidentiality** of services and **negative attitudes of the community and service providers** towards adolescents seeking care, especially those who are unmarried, form major barriers for girls and survivors of violence in accessing SRH services and information.

"The professionals are not friendly to the Gumuz community. The health professionals are not speaking our language and there is [a] language barrier to get the services." – Internally displaced adolescent girl, 10–14, Mandura, Ethiopia

3. CASH AND VOUCHER ASSISTANCE CAN PLAY A VITAL ROLE IN IMPROVING ADOLESCENT WELLBEING, BUT ADOLESCENTS PRIORITISE LONG-TERM ECONOMIC OPPORTUNITIES

Across all settings, adolescent girls and boys of all ages believe that **cash and voucher assistance (CVA) can play a role** in meeting their basic needs and enabling access to essential services. Adolescents would use CVA to cover transportation costs, service fees or costs of supplies such as menstrual hygiene products. Across all settings, girls and young mothers expressed a preference for **using CVA to cover school fees, access training opportunities or set up small businesses.** In Ethiopia and Niger, girls suggested that CVA could be used to support survivors of violence in accessing services.

Preferred modalities vary strongly across settings, age groups, and between girls and boys. However, in general adolescents feel that cash provides more flexibility to spend the money according to their needs. At the same time, they also identify risks such as mismanagement of the money by adolescents or parents, tension between married girls and their spouses (with increased gender-based and intimate partner violence being mentioned as a possible consequence of CVA), or within communities. In Ethiopia, South Sudan and the Lake Chad basin, risks related to gender-based violence and the disruption of spousal or familial power dynamics were highlighted by all groups consulted. In these locations, adolescents express a slight **preference for vouchers to prevent the misuse or redirection of cash** by their parents, and to reduce risks and tension within their family and community.

Adolescents and their caregivers have different opinions on who should receive CVA. In Ethiopia, South Sudan and the Lake Chad basin, many adolescents do not trust their parents to manage the funds responsibly, while **parents and caregivers feel that adolescents are not mature enough to manage CVA.** In most contexts, older adolescents, boys and married girls feel that CVA should be provided directly to them; by comparison, younger adolescents and unmarried girls are in favour of distributing CVA to their parents, particularly to their mothers.

4. ADOLESCENT NEEDS ARE MULTI-SECTORAL AND COMPLEX

The consultations clearly highlight that the needs of adolescents are multi-sectoral and complex. Across all countries, adolescents express concern over **limited access to basic needs,** due to food insecurity, dwindling humanitarian assistance and lack of economic opportunity. In Cameroon, Ethiopia, Niger, Nigeria and South Sudan, adolescents and caregivers highlight the urgent need for food assistance and non-food items such as shelter support, blankets and hygiene products. In the context of the Venezuela crisis, unaccompanied adolescents on the move are at particular risk of malnutrition. In addition, the lack of legal documents prevents them from accessing essential services.

Compared to their younger peers, adolescents are more likely to drop out of school, due to a lack of economic means, increased responsibilities for supporting their families and limited availability of secondary and non-formal education opportunities. In conflict-affected settings, schools may be occupied by armed forces and security incidents make it impossible to continue education.

"The school is still serving as a military camp; almost half of the school blocks are for the Defence Force as shelter. They use some rooms as clinic, some as store. We have no library, no laboratory, no MHM [menstrual hygiene management] service, no latrines, and teachers are not coming to teach regularly."
– Adolescent girl, 15–17, non-Gumuz community, Mandura, Ethiopia

Adolescent girls face additional barriers to education. Once married, many girls are forced to drop out of school and are left without opportunities to build skills or generate an income, increasing their vulnerability to violence, abuse and exploitation. Across all settings, girls highlight limited programmes and spaces that are specifically tailored to their needs.

Adolescents highlight that as long as their basic needs such as food, water, shelter and education are not met, this will continue to affect their health, protection and wellbeing. While CVA is seen as an important modality to meet urgent needs, adolescents, particularly girls and young women expressed a clear **desire for skill-building and sustainable income-generating opportunities**. Adolescents across all settings highlight that they do not want to be dependent on humanitarian assistance and wish to develop skills, work and earn their own income. Older adolescent girls and boys prioritise education and skill-building opportunities such as vocational training, life skills programmes and income-generating activities that can help them to set up small businesses. Across all settings, parents and caregivers of adolescents as well as spouses agreed with this priority.

Our mothers earn little money which only covers a few things. Most of us work in recycling, we do not have a steady job to pay for food and housing.
- Adolescent girl, Ecuador.

In several settings, adolescents are concerned about the **lack of transparency in aid distribution.** In Peru, adolescents highlight that humanitarian assistance should benefit the most vulnerable people and that government and non-government actors should provide clearer information about the activities and services they provide to displaced populations. In Ethiopia, adolescents want to be **consulted** when relief agencies plan their activities.

"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, Ethiopia

In Niger, adolescents report that agencies lack accountability towards young people and that NGOs often do not keep their promises. For example, programme activities are often not implemented in the way they have been presented. Adolescents in Niger call for aid to be carried out as planned, for community feedback to be taken on board and for communication between communities and organisations to be improved. They also call for an end to clannism (i.e. favouring some population groups over others based on affiliation) and favouritism (unfair preferential treatment of individuals and/or population groups based on their connection to more powerful community members).

RECOMMENDATIONS

The following recommendations represent the actions that were most recommended by adolescents and married girls for humanitarian programming. They are grouped by theme and aimed towards Plan International as well as other humanitarian actors including donors, government and non-governmental actors.

1. MEET OUR BASIC NEEDS AND EMPOWER GIRLS WITH INFORMATION AND SKILL-BUILDING OPPORTUNITIES

INCREASE ADOLESCENTS' ACCESS TO INFORMATION AND EDUCATION

- Provide information and education to adolescents to stay safe and promote sexual and reproductive health, including menstrual health and hygiene (MHH).
- Provide safe spaces for adolescents where they can access information and participate in activities that support their health, protection and wellbeing.
- Create space for peer group activities that strengthen social support for adolescents.
- Conduct community outreach activities to reach and mobilise at-risk adolescents, including working adolescents and married girls.
- Provide adolescents and girls with health supplies such as dignity kits, MHH supplies and mother-child kits for pregnant girls.
- Promote access to education for all adolescents and support them to overcome barriers to accessing educational opportunities, in particular primary and secondary education, non-formal education, accelerated learning programmes and vocational training that meet their needs, abilities and interests.

PROMOTE YOUTH LEADERSHIP AND EMPOWERMENT

- Support youth-led actions before, during and after humanitarian responses.
- Create economic empowerment opportunities for older adolescents and young caregivers.
- Create vocational training, business and economic skills training opportunities for (older) adolescents.

INCREASE THE SOCIAL ASSETS OF GIRLS

- Promote girls' participation and leadership in programme design, implementation and feedback activities.
- Create dedicated spaces for girls to meet, interact and access services and include girls who are married, pregnant or young caregivers.
- Mobilise isolated girls and meet the unique needs of girls who are married, pregnant or caregiving.
- Offer life skills programmes to adolescent girls to build their resilience, confidence and social assets.
- Offer adapted education, skill-building and economic opportunities for adolescent girls, especially those who are married, pregnant, young caregivers or survivors of violence.
- Provide mental health and psychosocial support to adolescent girls, in particular survivors of violence and other girls who are at risk.
- Promote leadership training opportunities for adolescent girls.

2. ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM PRACTICES AND NORMS THAT HARM US AND LIMIT OUR OPPORTUNITIES

SUPPORT PARENTS, CAREGIVERS AND FAMILIES

- Create social support opportunities for parents including information, self-care opportunities and positive parenting sessions.
- Build parents' confidence to share SRHR information with adolescents.
- Engage with parents and caregivers to address harmful social and gender norms.
- Provide cash and voucher support to meet families' and adolescents' special needs.
- Consult with adolescents and their parents/caregivers on cash and voucher modalities to identify and mitigate possible risks, and to ensure adolescents' needs are met.

ENGAGE WITH COMMUNITIES TO ADDRESS STIGMA AND HARMFUL SOCIAL NORMS

- Raise community awareness about available services.
- Engage with traditional and religious leaders to address harmful social norms, promote SRH and protection rights of adolescents, and promote girls' safe access to services.
- Engage with boys and men to ease restrictions for girls and promote positive masculinities.

INVEST IN COMMUNITY-LEVEL CAPACITIES

- Support community-level protection networks and organisations, including those led by girls and women (such as gender clubs, women's and girls' networks) to lead prevention activities and to facilitate referrals for survivors or at-risk adolescents.
- Promote coordination between actors at local level to improve the quality and timeliness of service provision for adolescents.

3. IMPROVE OUR ACCESS TO SERVICES ESPECIALLY IN RURAL AND DISPLACED COMMUNITIES

INCREASE SERVICES AT LOCAL LEVEL

- Ensure that service mappings and referral pathways include services for adolescents and girls, including child survivors of gender-based violence, children at risk of the worst forms of child labour, child marriage, adolescents with disabilities, adolescents who are out of school and adolescents without legal documentation.
- Expand the presence of health and protection services to local level and remote areas, for example by deploying mobile teams or investing in community-based services.
- Provide health facilities and protection spaces such as (adolescent) safe spaces, health corners and safe houses with equipment and supplies.
- Hire and train additional health staff and case workers to ensure staff-to-client ratios meet minimum standards, particularly female staff.
- Advocate for refugee families to be able to access legal documentation and local services.

PROMOTE ADOLESCENT-FRIENDLY SERVICES

- Train service providers to deliver adolescent-friendly services and reduce barriers for girls when accessing health and protection services including case management.
- Promote quality response services for (child) survivors of violence by ensuring that child protection and GBV case management and comprehensive response services meet minimum standards.
- Support youth-led initiatives and services to promote SRHR and protection of adolescents.

LESSONS LEARNED FROM THE CONSULTATION AND DESIGN PROCESS

The consultations and programme design process were initiated by Plan International Germany in collaboration with Plan International's humanitarian response teams in Cameroon, Colombia, Ecuador, Ethiopia, Niger, Nigeria, Peru and South Sudan. The following recommendations for practitioners are based on the lessons learned from using the Adolescent Programming Toolkit during the consultation and programme design process:

1. CONSULT DIRECTLY WITH ADOLESCENTS AND GIRLS TO UNDERSTAND THEIR NEEDS AND PRIORITIES

Adolescents are a diverse group of individuals, and they face unique experiences and risks that are easily overlooked if they are not directly consulted. Very often, the perspectives of adolescents are notably different from younger children or adults. At the same time, it is clear from these consultations that they have strong views about what support they need and how they can be supported. Directly involving adolescents and acting on their recommendations will result in a more accurate and comprehensive understanding of their needs, compared to merely consulting with adults, such as their parents and caregivers or community representatives, about adolescents' needs. Indeed, these consultations highlighted that adults' perception of the needs of adolescents do not always reflect the needs that adolescents themselves experience. For example, during the consultations carried out by Plan International, adolescents and their parents expressed very different views on the purpose, modalities and risks associated with cash and voucher assistance. Without directly consulting adolescents, these important perspectives would not have been captured.

When organising broader consultations with adolescents, it is important to create dedicated spaces for younger and older adolescent girls to participate and express themselves, especially those who are married, young mothers, pregnant or at risk. It is imperative that humanitarian practitioners consider stigma and discrimination encountered by diverse groups of adolescents, and the unique experiences and risks faced by particular groups of adolescents. This can be done by creating separate groups for younger and older girls, as mentioned above, or by ensuring that spouses of adolescents are included and informed about the activities taking place. Very often girls face unique barriers to participating in consultation processes due to restrictive social norms or due to domestic roles or childcare responsibilities. Engaging with parents, caregivers, spouses and community leaders is essential to reach and include girls. During the consultations carried out by Plan International, spouses of married girls were purposefully included in the process, to create community acceptance and support for girls' participation.

2. INVOLVE GIRLS, INCLUDING THOSE WHO ARE MARRIED, YOUNG MOTHERS, PREGNANT OR AT RISK, IN PROGRAMME DESIGN

Where possible and safe to do so, actively involve adolescent girls in designing, monitoring and evaluating programme responses that address their unique and intersectional risk factors and build on their protective

factors. Married and pregnant girls, young mothers and girls with disabilities may be easily overlooked and excluded from programming if not intentionally included in the programme design processes. They know best what they need, how they can and want to be involved, and who else can support a successful programme. Adolescents during the consultations also expressed the desire to be kept informed about the outcome of the programmes that would be designed based on their suggestions. Many adolescents are interested in being actively involved in implementation and being encouraged to lead activities, as opposed to being passive recipients of aid.

During the consultations carried out by Plan International, some married girls expressed that they are not normally invited for discussions or local decision-making processes. Girls provided unique insights about not only programming priorities but also important conditions for girls' safe access to services in communities. Adolescent girls and married girls were also the group that was most concerned about the needs of survivors of gender-based violence and that provided most concrete suggestions on how to improve service provision.

3. USE ADOLESCENT-RESPONSIVE AND GIRL-CENTRED PARTICIPATORY TOOLS THROUGHOUT THE PROGRAMME CYCLE

Adolescents were excited to be consulted about priorities for new humanitarian programmes. In Ethiopia and South Sudan, adolescents mentioned that they are not usually consulted about services in their communities. They highlighted their desire to speak for themselves and to be consulted regularly on programmes aimed at them.

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During the consultation process, participatory tools were used to evaluate current programming and services, as well as discussion questions about new programming activities and the role of CVA in meeting adolescents' needs. In the eight countries, Plan International staff were the main facilitators of the consultations. This approach was chosen due to limited time and resources, but also to harness the connections that many Plan International staff have developed through previous programming in the consultation areas.

During the next phases of implementation, monitoring and evaluation of a programme, different participatory adolescent- and girl-centred methodologies can be used to place adolescents and girls at the forefront of designing and leading programme activities with their peers. To address gaps in accountability to affected adolescents in a humanitarian response, tools to promote child- and adolescent-friendly feedback mechanisms should be used.

4. ALIGN THE PRIORITIES OF ADOLESCENTS AND DONORS

The consultations with adolescent girls and boys and married girls in humanitarian settings show clear priorities. They want to see that their basic needs are met; that they have access to education and income-generating opportunities, and to sexual and reproductive health services; and that they are safe from violence. Girls often require additional supports to enable full and meaningful participation and access to services.

Yet, donor priorities are often not aligned with these priorities – indeed, education, livelihoods and SRHR services for adolescents are often de-prioritised in humanitarian response plans and funding allocations. This leaves adolescents, particularly girls, with limited opportunities and facing increased risks of violence, abuse and exploitation. Advocacy with donors and governments is key to change funding priorities and create more investment in adolescents and girls in crisis settings.

5. INVEST IN ORGANISATIONAL "ADOLESCENT PROGRAMMING" CAPACITY AND EXPERTISE

Working with and for adolescents in crisis settings requires dedicated organisational capacity. From consultation design, tool selection and data collection in an adolescent-friendly, participatory, safe and ethical way, to co-designing response plans and implementing adolescent-responsive programme activities, humanitarian practitioners will require specific knowledge, skills and expertise. When working with adolescent girls and young mothers of different ages, abilities and social groups, gender-balanced teams and strong community mobilisation skills are essential for reaching and supporting at-risk adolescents. Humanitarian actors and donors must prioritise dedicated human and financial resources and invest in upskilling of young people and humanitarian staff to work effectively with and for adolescents in crisis settings.

Plan International's Adolescent Programming Toolkit describes the capacity and resource requirements to involve adolescents and girls effectively in all steps of the project cycle. The IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises (2020) offers practical guidance for humanitarian actors, donors and governments to step up and invest in better humanitarian action with and for adolescents.

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