

ADOLESCENT PROGRAMMING TOOLKIT

**GUIDANCE AND TOOLS FOR
ADOLESCENT PROGRAMMING
AND GIRLS' EMPOWERMENT
IN CRISIS SETTINGS**

June 2020

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Cover photo: The Lake Chad crisis is one of the most severe humanitarian emergencies in the world. Student Hamida*, 17, wants to study medicine and become a doctor so she can help her community. * Names have been changed to protect identity of adolescents.

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FOREWORD

Adolescents are a rapidly growing segment of the world's population; they account for nearly a quarter of the 1.4 billion people who are living in countries affected by crisis and fragility. Yet, adolescents are chronically overlooked in emergencies and their capacities, innovations and aspirations often remain unrecognised in humanitarian action.

Without targeted interventions, adolescents face unique risks. They are the group most likely to drop out of school in times of crisis and economic hardship, leaving them at high risk of child labour, forced recruitment and child marriage.

Girls are disproportionately affected by crisis: they live in fear of experiencing violence, they lack freedom of movement and limited access to school, friends and health care. Adolescent girls are less likely to meet their basic needs compared to boys and they have limited control and power over their lives.

Responding to crises and meeting the unique needs of adolescents, particularly girls, is core part of Plan International's work. The devastating impact of the COVID-19 pandemic on girls' and young women's health, protection, education, economic opportunities and the digital gender divide has once again highlighted the importance of our distinct focus on empowering adolescent girls in crisis settings.

Our own evidence and experience suggest that in taking this focus, we should:

- **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.

The Adolescent Programming Toolkit has been designed to support frontline teams to work with and for adolescents in emergencies and protracted crises. The toolkit is aligned with the: [IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises \(2020\)](#).

I'd like to thank the many adolescents, frontline responders and technical experts who have contributed to shaping this guidance. We hope that this toolkit will help our teams deliver effective humanitarian action that has a clear focus on the unique needs of adolescents and girls in crisis.



Jorgen Haldorsen

Director of Disaster Risk Management
Plan International



For Rohingya adolescents in Cox's Bazar, life has been turned upside down. Having fled from Myanmar, they now live one of the largest refugee camps in the world. For adolescent girls in particular, life can be hard. Large parts of the day, they are confined to their shelter. The friendships they form are particularly important in helping them keep their hopes and dreams alive. 14-year-old Tasmin is described by her friends as "always smiling".*

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TOOLS

(attached)

Tool 1.	Adolescents Assessment Framework
Tool 2.	Safeguarding Risk Assessment
Tool 3.	Adolescent Profile
Tool 4.	Adolescent Consultation Guide
Tool 5.	Adolescent Consultation Reporting Form
Tool 6.	Day in a Young Person's Life
Tool 7.	Visioning Exercise
Tool 8.	Preference Ranking
Tool 9.	Problem Tree Analysis
Tool 10.	Stakeholder Analysis
Tool 11.	Service Mapping
Tool 12.	Adolescents Results Framework
Tool 13.	Adolescent-Responsive Programme Actions

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome	MHM	Menstrual Hygiene Management
CMR	Clinical Management of Rape	MHPSS	Mental Health and Psychosocial Support
CP	Child Protection	MISP	Minimum Initial Service package
CPIMS	Child Protection Information Management System	MIRA	Multi-Cluster/Sector Initial Rapid Assessment
CRVS	Civil Registration and Vital Statistics	MNCH	Maternal, Newborn and Child Health
CVA	Cash and Voucher Assistance	NFI	Non-Food Item
DRR	Disaster Risk Reduction	PEP	Post-Exposure Preventative
ECD	Early Childhood Development	PFA	Psychological First Aid
FGD	Focus Group Discussion	PSEA	Protection from / Prevention of Sexual Exploitation and Abuse
FGM/C	Female Genital Mutilation/Cutting	PSS	Psychosocial Support
FSL	Food Security and Livelihoods	RNA	Rapid Needs Assessment
GAM	Gender with Age Marker	SADDD	Sex, Age, Disability Disaggregated
GBV	Gender-Based Violence	SEA	Sexual Exploitation and Abuse
GBVIMS	Gender-Based Violence Information Management System	SOP	Standard Operating Procedure
HIV/	Human Immunodeficiency Virus Infection	SRHR	Sexual and Reproductive Health and Rights
IASC	Inter-Agency Standing Committee	STI	Sexually Transmittable Infection
ICT	Information and Communication and Technologies (also: IT)	TVET	Technical and Vocational Education and Training
IEC	Information, Education and Communication	UNCRC	United Nations Convention on the Rights of the Child
IUD	Intrauterine Device	WASH	Water, Sanitation and Hygiene
INEE	Inter-agency Network for Education in Emergencies	WFCL	Worst Forms of Child Labour
ISP	Information Sharing Protocol	YEE	Youth Economic Empowerment
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning, and other terms including Asexual, Non-Binary, Pan Sexual and Two-Spirit		



In Rwanda's refugee camps, Plan International is working with boys refugee camps to stop gender-based violence. Boys and men play a crucial role in overcoming gender inequality through solidarity, respect, and empathy towards girls, women and other males. John, 15: "My sister used to do all the household chores alone and I would just do a few tasks like fetching water. Now I have become a changed person, I sweep the compound and do the cleaning at home by myself."*

INTRODUCTION

The Adolescent Programming Toolkit builds upon the great motivation, energy, innovation and capacity of adolescents and the agency of girls, supporting them to learn, lead, decide and thrive in crisis settings. The guidance and tools have been developed by and for Plan International staff working in emergencies and protracted crises based on programme evidence, numerous accounts of adolescents and good practices shared by frontline staff globally.

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

The toolkit can be used in various crisis settings, ranging from rapid onset emergencies to protracted crises and global pandemics. The guidance may be used for programming with younger (10-14 years) or older adolescents (15-19 years); girls, boys and adolescents with non-binary gender identities, adolescents who are in or out of school or working; married, unmarried, or young caregivers; living in camps, rural or urban settings. In other words: the content can be used across a wide variety of settings and with diverse groups of adolescents globally.

The guidance and tools have been designed for practitioners working directly with and for adolescents in crisis settings. However, they can also be used by staff working on emergency preparedness, business development and humanitarian policy, advocacy and research.

The Adolescent Programming Toolkit contains four chapters:

- 1. 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** which presents our results framework and key interventions;
- 4. Step-by-step Guide** for programming with and for adolescents in crisis settings, with key considerations for reaching and supporting adolescent girls.

1. WHY WE SHOULD INVEST IN ADOLESCENTS IN CRISIS SETTINGS

ADOLESCENCE: A TIME OF TRANSITION

Adolescence marks the transition from childhood to adulthood when a young person experiences a number of drastic changes in their body, mind and the way they relate to the world. Adolescents start to form stronger connections with peers, while seeking more independence from their parents and families. Whilst gender norms are shaped from early childhood, adolescence is a critical time to influence gender norms, roles and expectations of young people as they become more solidified¹.

Adolescence is a time of great opportunity. It is a time of exceptional brain development where adolescents develop new skills and gain more advanced thoughts and emotions. With new abilities and insight, adolescents are often curious, creative and great innovators². This greater sensitivity of the brain renders adolescents particularly vulnerable to difficult experiences and emotional circumstances, for example during emergencies and crisis situations, which can disrupt their positive development.

Global evidence highlights ten competency domains that are critical to develop for adolescents to overcome adversity and promote their wellbeing³:

- Identity and self-esteem
- Communication and expression
- Motivation, leadership and agency
- Conflict management, problem solving and negotiation
- Stress management
- Respect, cooperation and team work
- Interpersonal competence, tolerance and empathy
- Hope for the future and goal setting
- Critical thinking and decision making
- Creativity and innovation

For many girls, adolescence is a pivotal time as the changes that occur during this period shape the direction of a girl's life and that of her family. For many girls in crisis and fragile settings, the onset of puberty marks a time of restricted mobility and heightened vulnerability as many are forced to leave school and marry early. Many girls have to take on greater responsibilities in the household yet they have little control over economic resources and limited knowledge and ability to participate in decisions affecting their lives⁴.

Age definition of adolescence

Plan International defines adolescence as the period from 10 to 19 years of age, in line with United Nations (UN) practice, along with the following age definitions:

- Early adolescence: 10 to 14 years
- Late adolescence: 15 to 19 years

While the changes that adolescents experience are universal, the understanding and definition of adolescence varies across cultural contexts. There is also overlap between various terms such as: children, adolescents, young people and youth. In this guide and toolkit common UN definitions are used, but it is important that definitions used in a specific context reflect local and cultural understandings of adolescence, as well as align with age definitions used in national policy and legislation and by donors.

UN age definitions

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Children: 0-17																							
									Adolescents: 10-19														
									Young adolescents: 10-14				Older adolescents: 15-19										
									Young people: 10-24														
															Youth: 15-24								
																			Young adults: 20-24				

THE IMPACT OF EMERGENCIES AND CRISES ON ADOLESCENTS

Adolescents are a rapidly growing segment of the world's population. While adolescence is in normal circumstances already a turbulent time of change that can cause instability in a young person's life, conflict and disaster can bring further disruption to education, family structures, friendships and other aspects of normal routines.

Crisis situations can accelerate or even skip the transition of adolescence into adulthood. In situations of economic pressure, adolescents are more likely than younger children to be pulled out of school to take on caregiver or breadwinner roles in the family, or to migrate away from their families to seek work elsewhere. While carrying adult responsibilities, adolescents are not treated as such by society; their access to information and services is limited, as is their ability to participate in decisions affecting their lives. Whilst many adolescents learn new skills in crisis settings, it is important to remember that both physically and mentally, adolescents have not yet reached the same maturity level as adults. Heavy workloads, separation from caregivers, child marriage and teenage pregnancy have significant and long-lasting impacts on adolescent (girl) physical, mental and social development.

Crisis increase risks of violence, abuse and exploitation for adolescents, while support structures and protective mechanisms often break down. Violence has both immediate and long-term consequences for adolescents that pose significant restrictions to their opportunities and potential. When experiencing distress and violence, adolescents are more likely to develop negative trajectories of low self-esteem and risk-taking behaviour than are younger children or adults. To prevent adolescents from continuing to struggle with the long-term impact of violence and distress, timely and supportive protection and mental health interventions are critical.

Despite their unique needs and capacities, adolescents are chronically overlooked in humanitarian responses. Adolescents often fall between the cracks of child-focused and adult-focused assistance as neither offer tailored support to their age- or gender specific needs and capacities. Failing to address the specific needs and capacities of adolescents has major and long-term implications for them and for wider society. In a growing number of protracted crises worldwide, adolescents are missing multiple years of education and are entering young adulthood without having had opportunities to develop skills, become economically independent or contribute meaningfully to society. This jeopardises their potential dividend towards recovery, peace building and long-term development.

THE REALITIES FOR ADOLESCENT GIRLS

While emergencies and crises affect all vulnerable adolescents, girls face specific challenges:

Girls' lives are restricted. Adolescent girls see their world shrink when they enter adolescence as their mobility typically becomes more restricted to their home environment, limiting their access to information, education and services. In situations of displacement, where families live in poor and crowded conditions, concerns over limited privacy, insecurity and “honour” often lead to movement restrictions imposed on girls by their parents and families. Deprivation of basic needs also occurs when families give boys preferential treatment over girls when it comes to accessing food or education, negatively impacting on girls' nutritional status, health, education, and ultimately on their social, physical and cognitive development. The invisibility of adolescent girls in crisis leads humanitarian actors to largely overlook their needs, and thus fail to provide tailored services and programmes that meet these needs. Particularly neglected groups of adolescent girls include pregnant, lactating, married, divorced and/or widowed adolescent girls, as well as those who identify as LGBTIQ+.

Girls live in fear. Unequal power places adolescent girls at higher risk of experiencing GBV virtually everywhere; within their families, communities, in intimate relationships, at school, in the workplace and even when accessing humanitarian assistance. Sexual violence has been shown to increase in each of these settings during crises, and is used as a weapon of war. Conflict, insecurity and economic hardship fuel harmful practices such as child marriage. Due to their limited mobility, lack of information and fear of stigma, adolescent girls who are survivors of GBV face additional barriers to seeking help and accessing protection services. Even if they do so, services are typically not adolescent- and gender responsive, causing further harm and distress.

Girls want to go to school. Restricted mobility, deprioritisation of girls' schooling and increased domestic roles confine girls to their homes and exclude them from education and economic opportunities, severely limiting

their opportunities later in life. Girls who are out of school are three times as likely to marry before the age of 18 than their peers, often with life-long and devastating consequences. Reversely, educating girls has a direct impact on the next generation; girls who finish education have healthier children who are more likely to go to school.

Girls struggle to stay healthy, mentally and physically. Adolescent girls are often denied the choices, opportunities and life-saving information and services needed to prevent early or unintended pregnancies and sexually transmitted infections (STIs), and to manage the consequences of sexual violence. Due to lack of support from their families and communities, stigma and lack of privacy and confidentiality, adolescent girls often struggle to access health services, in particular SRHR and mental health and psychosocial support (MHPSS), if these are available at all.

Girls want more control and power over their lives. Crisis and instability change social norms around girls' representation, participation and decision-making power. Adolescent girls prior to crisis already face limited opportunities to engage in decision making at different levels, but in crisis settings, they are even more likely to be taken out of school, marry early, be abducted or be exploited against their will. Married girls or unaccompanied girls who live without their parents or caregivers often have even less decision-making power. Also in the humanitarian space adolescents experience limited opportunity for meaningful participation in the design and implementation of humanitarian interventions.

Girls have great agency and capacity to contribute. Despite of specific risks they face, adolescent girls express great motivation and capacity to contribute to the recovery of their families and communities. They play instrumental roles within their families and communities, even though these roles remain largely invisible, and make significant contributions to global advocacy and influencing efforts to realise the rights of adolescent girls and women in crisis settings.

Intersectionality: risk factors other than gender and age that affect adolescents

Risk factors that contribute to adolescent vulnerability

While gender inequality, discrimination and exclusion overwhelmingly affect adolescent girls, and require due attention and resources, many other groups of adolescents also face heightened risks.

Risks that globally mostly affect **adolescent boys** include family separation, physical violence and homicide, specific forms of child labour and sexual exploitation, as well as child recruitment, arbitrary arrests and detention¹⁵. **LGBTIQ+ adolescents** are often found to be facing higher risks of violence, discrimination and denial of access to services. They may require specific action to ensure safe access to services and adapted assistance to meet their needs.

Other at-risk groups may include **unaccompanied and separated adolescents**, adolescents **on the move**, adolescents who are **out of school**, adolescents **associated with armed groups and armed forces**, adolescents living with **HIV or AIDS**, adolescents with **disabilities**, adolescents in **child labour**, adolescents who are **survivors of GBV**, adolescents who are **stateless or who are missing documentation** such as birth registration, and those living in **rural or indigenous** communities, or in **discriminated ethnic/religious minorities**⁶.

Risks for adolescents are specific to each context and must be assessed and addressed carefully, as a minimum requirement of adolescent-responsive programming.

PLAN INTERNATIONAL'S COMMITMENT TO ADOLESCENTS AND GIRLS IN CRISIS SETTINGS

Supported by a growing momentum in the humanitarian sector, Plan International is committed to driving change with and for adolescents with special attention to adolescent girls. Adolescent-responsive humanitarian action can serve as catalyst for change and present great opportunity to promote gender equality and girls' rights by promoting positive role models and to open up space for girls and women to learn, lead, decide and thrive.

To achieve this, we aim to do the following:

- **Place adolescents at the centre of action** and 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, SRHR and economic empowerment interventions, tailored to the context-specific needs of and gaps in provision for adolescents, particularly girls.

This toolkit outlines our theory of change, results and key interventions, and programme approach for working with and for adolescents in crisis settings. This resource can be used alongside other available materials and will reference relevant manuals, guidelines, methodologies and programme models.

Global efforts to support adolescents and young people in humanitarian action

Growing momentum for adolescents and young people in crisis settings

The **Global Compact for Young People in Humanitarian Action (2016)** is an unprecedented and collective commitment of key actors to ensure that the priorities, needs and rights of young people affected by disaster, conflict, forced displacement and other humanitarian crises, are addressed, and that they are informed, consulted and meaningfully engaged throughout all stages of humanitarian action. Guidelines published by the Youth Compact call for specific attention to young people, particularly girls and young women; in accessing services and promotes their systematic inclusion in humanitarian efforts:

The Compact for Young People in Humanitarian Action. 2020. *Nothing about us, without us: IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and the Norwegian Refugee Council.

The **Global Compact on Refugees (2018)** is set to become the most important global standard guiding multi-stakeholder action to address the needs and rights of refugees. The Compact for Refugees comprehensively addresses the rights of refugee girls and promotes specific measures to increase their access to services, particularly education, livelihoods and protection. The Compact also highlights the urgency of addressing gender-related risks and barriers for girls and young women, including prevention and response to sexual and gender-based violence and harmful practices.



2. THEORY OF CHANGE

IMPACT

ADOLESCENTS LEARN, LEAD, DECIDE AND THRIVE IN EMERGENCIES AND PROTRACTED CRISES

RESULTS



ADOLESCENTS ARE EMPOWERED WITH SKILLS, INFORMATION AND SERVICES AND GIRLS AND AT-RISK ADOLESCENTS HAVE EQUAL OPPORTUNITIES TO PARTICIPATE AND LEAD.



ADOLESCENTS LIVE IN SAFE AND SUPPORTIVE FAMILIES AND COMMUNITIES WHERE THEIR BASIC NEEDS ARE MET AND GIRLS AND AT-RISK ADOLESCENTS ENJOY EQUAL RIGHTS AND OPPORTUNITIES.



ADOLESCENTS HAVE ACCESS TO ADOLESCENT-RESPONSIVE SERVICES AND INCLUSIVE POLICIES AND LAWS THAT SUPPORT THEIR SURVIVAL AND WELL-BEING.

STRATEGIES



INVEST

in adolescents and address barriers for girls and at-risk adolescents through intentional, multi-sectoral adolescent-response programmes.



MOBILISE

parents, families and communities to support at-risk adolescents and promote equality for girls.



INFLUENCE

services providers, policy makers and duty bearers to develop adolescent-responsive services, inclusive policies and laws that are inclusive for girls and at-risk adolescents.

BARRIERS

- X** Data gaps about the adolescent population.
- X** Adolescents are an overlooked group and girls face double marginalization due to gender discrimination and inequality.
- X** Harmful gender norms and practices result in “invisibility” of girls in humanitarian responses.
- X** Violence and insecurity increase risks to gender-based violence.

OPPORTUNITIES

- ✓** Exceptional capacity of the adolescent brain to rapidly learn and develop, offers a unique “window of opportunity” to influence healthy development during crisis.
- ✓** Adolescents have great motivation to learn and contribute to the recovery of their communities.
- ✓** Growing momentum in the humanitarian sector to engage adolescents as contributors in response, recovery and peacebuilding efforts and in wider society.
- ✓** Increasing visibility and recognition of adolescent girls and young women as powerholders and leaders.

The Theory of Change visualises how we expect to reach our intended impact, which is a world in which **adolescents learn, lead, decide and thrive, before, during and after emergencies and protracted crises**. This section describes our efforts (strategies) to address the needs, risks and barriers of adolescents, with particular attention to girls and at-risk adolescents, as well as the broader changes (results) which are necessary for adolescents, families and communities and wider society to achieve our desired impact.

OUR STRATEGIES

Strategy 1: Invest in adolescents and address barriers for adolescent girls and at-risk adolescents through intentional, multi-sectoral, adolescent-response programmes.

Plan International's humanitarian programmes place adolescents at the centre of action and provide tailored support to meet their distinctive developmental needs, while tackling identified barriers and risks for girls. Socio-emotional learning, stress management, self-confidence, positive peer relations and mentorship are key supports for adolescents, particularly during early adolescence (ages 10 to 14) when the adolescent brains are more sensitive to negative influences such as violence, psychosocial distress, bullying and peer pressure. Access to information, skills, services, and positive social networks, as well as opportunities to participate and lead are critical for all adolescents in crisis, and particularly for girls to realise their equal rights.

Our theory of change is that adolescents who have access to quality education, protection, economic empowerment, healthcare and opportunities to participate and lead, are less likely to experience violence and are more likely to be skilled, confident and economically independent as young adults. Girls who have the opportunity to realise their rights are more likely to stay in school, are better able to make uncoerced, informed decisions about whether, when and whom to marry, to plan their families and pregnancies, and stand for gender equality later in life.

Strategy 2: Mobilise families and communities to support at-risk adolescents and promote equality for girls.

Safe and supportive environments are a key protective factor for the healthy development, wellbeing and empowerment of adolescents. We work with parents and caregivers of adolescents to enhance their parenting skills and self-care and to strengthen the adolescent-caregiver relationship. We link at-risk families to multi-sectoral and economic services to enhance the protective home environment and prevent family violence.

We engage with power holders in families and communities, including decision makers in the family as well as local, traditional and religious leaders in identifying, preventing and responding to specific risks for adolescents and promoting equality for girls.

Communities play an important role in supporting at-risk adolescents and families as they are often the first responders to a crisis. Communities organize themselves to support adolescents. We work alongside communities to identify existing protective responses and ways we can support them to strengthen their initiatives with girls and at-risk adolescents.

Strategy 3: Influence service providers, policy makers and duty bearers to develop adolescent-responsive services, inclusive policies and laws that are inclusive for girls and at-risk adolescents.

In crisis settings, existing services may be less functional and must be supported to provide quality and coordinated services to adolescents and to tackle barriers for girls and at-risk adolescents. Service providers across education, health, protection and livelihoods sectors, as well as basic needs, social welfare and justice must be supported to promote adolescent-responsive (i.e. gender and age-responsive and inclusive) assistance.

We call for aid agencies, coordination bodies and government actors to ensure that humanitarian needs assessments, response plans, policies and legislation reflect the distinctive needs and capacities of adolescents and promote equality for girls. Aid agencies and donors should collect and use sex- and age-disaggregated data and use this information to call for adequate resourcing and institutional support for tailored assistance to adolescents.

OUR OBJECTIVES

Objective 1: Adolescents are empowered with skills, information and services, and girls and at-risk adolescents have equal opportunities to participate and lead.

Crisis-affected adolescents have the knowledge, coping skills and assets that help them to prevent, mitigate and overcome adversity, and adolescent girls are free from gender discrimination, violence and marginalisation. Adolescents are aware of how -and are able- to access humanitarian services, in particular those facing risks of violence, abuse and exploitation. Adolescent girls and at-risk adolescents are effectively reached and safely included in humanitarian assistance and do not face additional harm when seeking assistance. Adolescents have space and meaningful opportunities to participate and lead before, during and after crisis; more specifically, girls are empowered to lead and decide in decisions affecting their lives, and boys and young men actively work against gender discrimination and are engaged in promoting gender equality.

Objective 2: Adolescents live in safe and supportive families and communities where their basic needs are met, and girls and at-risk adolescents enjoy equal rights and opportunities.

Crisis-affected families provide adolescents with adequate care, protection and information as well as access to services, and address barriers for girls and at-risk adolescents. Caregivers and families, including foster families who take care of unaccompanied and separated adolescents, are connected to the services and support they require to care for themselves and adolescents. Families and communities, including boys and men, local power holders (such as male and female traditional and religious leaders), are free from violence and challenge harmful social norms and practices including child marriage, and promote equality for girls.

Objective 3: Adolescents have access to adolescent-responsive services, inclusive policies and laws that promote their survival and wellbeing.

Service providers in the core sectors of education, protection, health including mental health and SRHR, and youth economic empowerment are supported by Plan International and partners to provide inclusive, gender and age-responsive assistance. Referrals to and mainstreaming of key considerations related to adolescents are extended to other sectors that provide services such as food security, water, sanitation and hygiene (WASH), non-food items (NFIs) including menstrual hygiene management (MHM) materials and information, cash and voucher assistance, mental health and legal assistance.

Humanitarian response plans, policies and laws are informed by sex-, age- and disability-disaggregated data on the needs and priorities of adolescents. They commit clear actions, responsibilities and dedicated resources to supporting adolescents before, during and after crisis. The participation of adolescents is supported at all levels across projects, sectors, agencies, institutions, and coordination bodies through youth committees, national youth advisory groups and on national platforms. Humanitarian actors support adolescents, particularly girls, to safely dialogue and engage with decision makers to advocate directly on their needs and priorities and to be part of decision making. Where possible, we work with adolescents themselves, service providers and duty bearers to develop disaster-resilient services and strengthen preparedness plans with essential service providers.

OUR IMPACT

Adolescents learn, lead, decide and thrive in emergencies and protracted crises.

Impact is reached when the humanitarian needs of all crisis-affected adolescents have been met, and when barriers and risks for girls and at-risk adolescents have been addressed, so that they can complete their education, access age-appropriate economic opportunities, be healthy and free from violence, abuse, neglect and exploitation, and have the opportunities to meaningfully participate and lead in decisions affecting their lives.



14-year-old Sarah* and her family have been living in a refugee camp in Gambella since they fled South Sudan in 2017. While on their way to Ethiopia, Sarah was bitten by a snake on the leg. "Since that time, I have not been able to walk properly, I was seriously sick. There was no hospital, no medicine and no food at all, as a result, my injury has been hard to recover from." Now, Sarah is a grade three student and her favourite subject is mathematics. She is also member of an adolescent girls' club, where she meets other girls, participants in activities and discusses issues that are important to them.

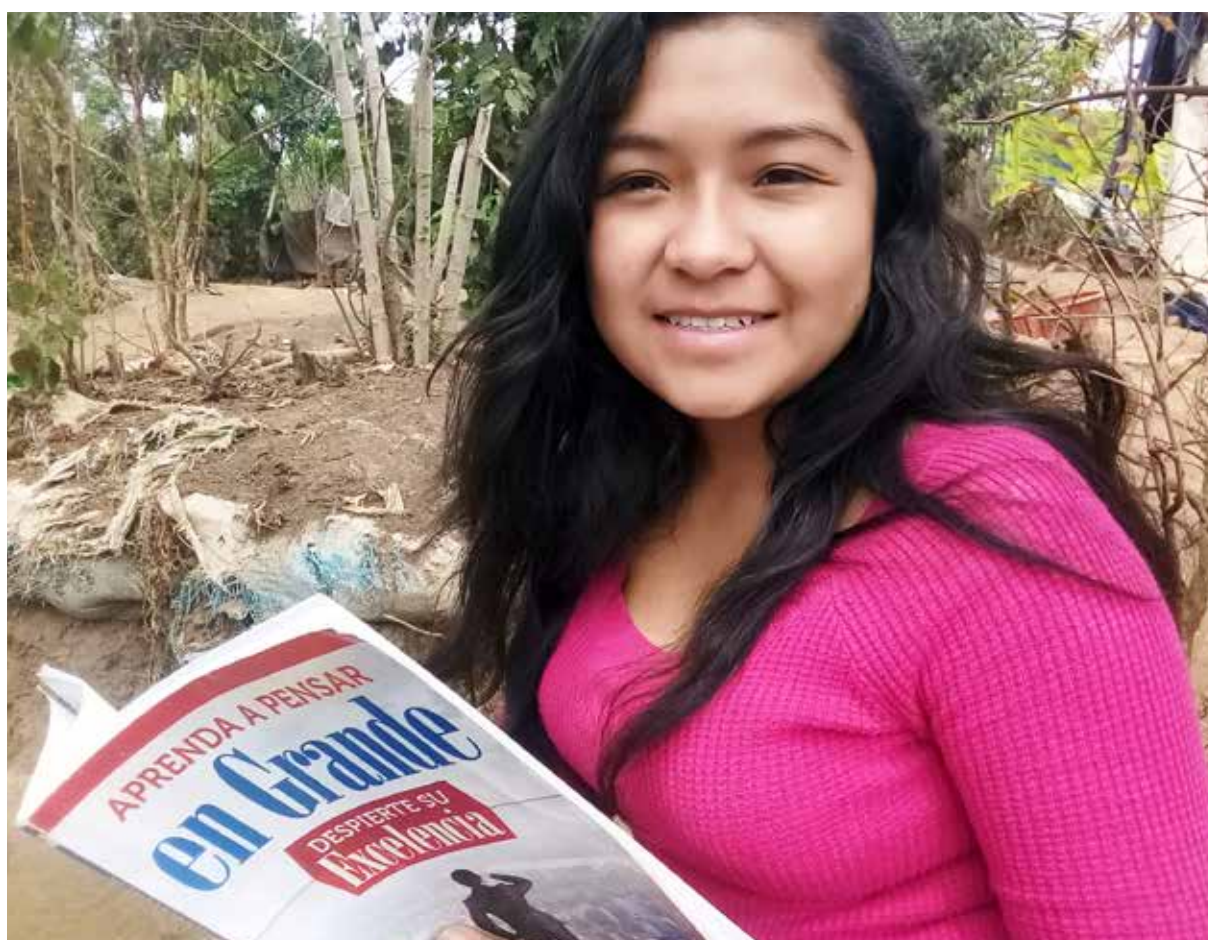
3. PROGRAMMATIC FRAMEWORK

The programmatic framework of the Adolescent Programming Toolkit provides a practical tool for designing programmes with and for adolescents in emergencies and protracted crises settings. It has two parts:

- **Results Framework:** reflects Plan International's goal, objectives and nine specific outcomes of adolescent-responsive programming.
- **Key Interventions:** Key interventions and activities for adolescents in crisis that contribute to the nine outcomes.

The programmatic framework promotes multi-sectoral and multi-level programming. This means that interventions are not (solely) organised by thematic sector but by intervention-level. Following this structure, the interventions are listed by actor:

- Interventions listed under objective 1 (outcomes 1.1-1.5) are directly provided to adolescents, with specific attention to adolescent girls and at-risk adolescents;
- Interventions listed under objective 2 (outcomes 2.1-2.2) are targeting families and communities;
- Interventions listed under objective 3 (outcomes 3.1-3.2) are targeting aid agencies, donors, governments and other societal actors.



RESULTS FRAMEWORK



IMPACT

ADOLESCENTS LEARN, LEAD, DECIDE AND THRIVE IN EMERGENCIES AND PROTRACTED CRISES

OBJECTIVES

OUTCOMES



1. ADOLESCENTS ARE EMPOWERED with skills, information and services and girls and at-risk adolescents have equal opportunities to participate and lead

1.1 PROTECTION
Adolescents are protected from violence, abuse, neglect and exploitation, and survivors have access to quality protection services and psychosocial support

1.2 EDUCATION
Adolescents have access to safe and inclusive learning opportunities, and specific risks and barriers for girls and at-risk adolescents are addressed

1.3 SRHR
Adolescents have access to SRHR information and services, and exercise the right to decide over their own bodies

1.5 LEAD: PARTICIPATION AND LEADERSHIP
Adolescents have the skills, connections and opportunities to participate and lead in decisions affecting their lives

1.4 YOUTH ECONOMIC EMPOWERMENT
Adolescents have the skills and opportunities to access decent work of their choosing and specific barriers for girls and at-risk adolescents are addressed



2. ADOLESCENTS LIVE IN SAFE AND SUPPORTIVE FAMILIES AND COMMUNITIES where their basic needs are met and girls and at-risk adolescents enjoy equal rights and opportunities

2.1 CAREGIVERS AND FAMILIES OF AT-RISK ADOLESCENTS have continuous access to their basic needs, support and services that help them to care for and protect adolescents and promote equality for girls

2.2 COMMUNITY-LEVEL ACTORS, SERVICES AND NETWORKS support at-risk adolescents and families, and drive community-action to promote equality for girls



3. ADOLESCENTS HAVE ACCESS TO ADOLESCENT-RESPONSIVE SERVICES AND INCLUSIVE POLICIES AND LAWS that support their survival and well-being

3.1 SERVICE PROVIDERS have the capacity to continuously deliver adolescent-responsive services that are provided in line with humanitarian standards and principles

3.2 HUMANITARIAN ACTORS, POLICY MAKERS AND DUTY BEARERS facilitate adolescent-responsive and inclusive policies, legislation, preparedness and response plans

KEY INTERVENTIONS

OBJECTIVE 1: ADOLESCENTS ARE EMPOWERED WITH SKILLS, INFORMATION AND SERVICES AND GIRLS AND AT-RISK ADOLESCENTS HAVE EQUAL OPPORTUNITIES TO PARTICIPATE AND LEAD

Outcome 1.1 Protection: Adolescents are protected from violence, abuse, neglect and exploitation, and survivors have access to quality protection services and psychosocial support.

Protection covers a range of child protection (CP) and SGBV interventions that include prevention, mitigation and response actions to protection concerns. CP prevention and mitigation interventions target adolescents 10-17 years and help them to learn about their rights, recognise protection risks, build coping skills and adopt behaviours that can help them to stay safe from violence, abuse, neglect and exploitation, as well as help them to know how to access protection services and support.

CP programming is underpinned by multi-risk assessments to understand the diverse and compounding risks that affect adolescent safety and well-being. These can be complimented by SGBV assessments using tools such as safety audits and community mappings, to identify risks and vulnerabilities in the community and inform gender and age-appropriate, inclusive programming that does not reinforce existing harmful practices and norms.

CP response services are provided to at-risk adolescents and survivors of violence through individual CP case management, which includes psychosocial support and counselling, direct support provision and referrals to other services to meet the holistic needs of survivors – including survivors of SGBV. Within CP programming, psychosocial support activities are essential; they equip adolescents with life skills, stress management and positive support networks to improve wellbeing and build their resilience and overcome adverse experiences. Psychosocial activities can be provided at the individual level or as a group, occurring as a one-off activity or as a module-based curriculum delivered over a period of time.

Beyond emergency response, Plan International also works on disaster preparedness and resilience building in child protection, including strengthening social safety nets and developing disaster preparedness plans with families, communities and services providers to ensure essential child protection support and services continue to be provided during emergencies.

Plan International integrates best practices from the SGBV sector in all programmes with children, adolescents and youth. In coordination with other protection actors at the national and sub-national level, we aim to mitigate the risks of GBV for all adolescents across our interventions. SGBV activities can target all children, adolescents and young people, except for case management which focusses only on children and adolescents aged 0 to 17 years. For case management services for adult SGBV survivors, including for older adolescents and young people aged 18 to 24 years, referrals to specialized SGBV agencies should be made.

Interventions targeting adolescents:

- **Safe spaces** provide a physically, emotionally and socially protective environment for adolescents. Safe spaces can be dedicated to adolescents or be for adolescent girls or boys only, or adolescents can be given dedicated times within broader child-friendly spaces, female-friendly spaces or youth-friendly spaces. Safe spaces typically offer a combination of essential protection and psychosocial support, and may offer multi-sectoral services such as education, health, nutrition and livelihoods. It is recommended to support dedicated safe spaces for adolescent girls and young women in order to empower adolescent girls, facilitate access to GBV response services and other services, and allow them space

for social relations with their peers, dialogue on sensitive issues and opportunities to have their voices heard or provide feedback on services. Adolescent girl or women safe spaces also support safe disclosures and referrals to GBV services.

- **CP and SGBV information and awareness activities** help adolescents to recognise protection risks, learn how to protect themselves and others, and where and how to safely report (gender-based) violence, abuse, neglect or exploitation. Awareness raising with adolescents is most effectively done through group-based and interactive activities, for example, as part of PSS activities or life skills sessions. Effective SGBV awareness raising involves communities and parents/caregivers to support the uptake of messaging and create a more enabling environment for adolescents to thrive and begin to start a dialogue to reduce harmful practices and norms.
- **Life skills programming** is a type of focused psychosocial support that build essential competencies for adolescents to cope with adversity, to stay safe and adopt healthy behaviour. Life skills interventions for adolescents may cover competencies related to socio-emotional learning, protection, SRHR, menstrual hygiene management (MHM), nutrition and financial skills. They may also promote social cohesion, peacebuilding and positive gender norms and positive gender norms. Life skills interventions may be part of community-based protection, health or youth economic empowerment programmes or take place in formal and non-formal education settings.
- **Peer group activities** help adolescents foster positive peer relationships, receive mentorship and develop leadership skills. Peer or youth group activities can offer a venue for life skill sessions and other activities that equip younger and older adolescents with information, skills and discussions about key protection issues. Peer groups can also play an important role in community-led protection work (see Outcome 2.2).
- **Psychological First Aid (PFA)**. PFA involves a humane, supportive and practical approach to assisting children, adolescents, adults and families in the aftermath of disaster and crisis. PFA aims to make a survivor feel safe and heard, connected to others and to social, physical and emotional support. Train frontline staff, service providers, community-level actors and government staff in PFA for adolescents, including teachers and other education personnel.
- **Child protection case management** is individual support for children and adolescents below the age of 18 years who have experienced violence or other protection concerns. Case management provided to adolescents must be tailored to their capacity and support meaningful participation in case planning and decision making. Decisions should be in the best interest of the adolescent and where appropriate, adopt a survivor-centred approach. The case worker coordinates comprehensive services including psychosocial, health, protection and/or legal support, as well as specialised support for child survivors of sexual and gender-based violence (SGBV), unaccompanied minors and separated adolescents, or reintegration support for children associated with armed groups or forces.

Note on case management for adults: Plan International' primarily provides case management for child survivors (below the age of 18 years). Adult survivors must be referred to specialised SGBV agencies who have the mandate and expertise to provide holistic support to adult survivors of SGBV.

- **Alternative care** for separated adolescents and unaccompanied minors and other children, is provided through the case management approach and in coordination with relevant formal authorities. Alternative care could be formal or informal arrangements, through kinship care, foster care or other community-based care arrangements. Older adolescents who have been living alone previously may be supported in a supervised independent living arrangement with regular monitoring and quality assurance by relevant authorities.

- **SGBV risk mitigation** activities with adolescents and youth must be facilitated by specialised SGBV, CP or PSS staff or a caseworker. In contexts where it is safe to do, provide adolescent girls and boys with SGBV awareness sessions, prior to engaging young people in safety audits and community mappings to identify community-based SGBV risks. Adolescents and the facilitator work together to identify ways to prevent and mitigate SGBV risks at the community level. SGBV risk mitigation should never be conducted at the individual level due to confidentiality of SGBV disclosures. Before starting this activity, conduct a thorough safeguarding risk assessment to ensure that participants do not face any harm from engaging in this activity. Facilitators should be trained and ready to handle SGBV disclosures.

Resources:

Child Protection:

- Plan International. 2016. [Child Protection in Emergencies Briefing Paper](#)
- Plan International. 2018. [The Rights of Children to Live Free From Violence Position Paper](#)
- Plan International. 2020. [Child Protection and Sexual and Gender-Based Violence & COVID-19 Response Guide](#).
- Plan International. 2016. [Child Friendly Space Toolkit](#)
- Plan International. 2016. [Case Management Toolkit](#)
- Plan International. 2018. [Child-Centred Multi-Risk Assessments: A Field Guide and Toolkit](#).
- Plan International. 2020. [Coping with COVID-19: support sessions for adolescents, parent and caregivers](#).
- Plan International. 2020. Adolescents in Crisis: Life Skills and Parenting package.
- Alliance for Child Protection in Humanitarian Action. 2019. [Minimum Standards for Child Protection in Humanitarian Action](#)
- IASC. 2017. [IASC Guidelines on Mental Health and Psychosocial support in Emergency Settings](#)
- Unicef. 2018. [Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families \(field test version\)](#).
- International Rescue Committee. 2012. [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings](#)
- Save the Children. 2013. [Alternative Care in Emergencies Toolkit](#)
- IRC and IMC. 2020. [Women and Girls Safe Spaces: A toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#).
- Alliance for Child Protection in Humanitarian Action. 2019. [Case Management and Supervision and Coaching Package](#)

Sexual and Gender-based Violence:

- IASC. 2015. [Guidelines for Integrating GBV Interventions in Humanitarian Action](#)
- Gender-Based Violence Area of Responsibility. 2019. [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#)
- IASC. 2015. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#)
- International Rescue Committee. 2017. [GBV Case Management resource package](#)

Outcome 1.2 Education: Adolescents have access to safe and inclusive learning opportunities, and specific risks and barriers for girls and at-risk adolescents are addressed.

Adolescence contains windows of great opportunity for learning. Flexibility in the adolescent brain enables adolescents, even those who have missed years of education during childhood, to learn and develop rapidly. Education must therefore be a priority for all adolescents. Education helps adolescents regain a sense of normalcy through the routine and support

provided by peers and teachers, helps them to access life-saving information and to remain protected from violence. Quality education supports the development of skills (social, emotional and practical) required to transition into youth employment and contribute to society. Schools and learning centres can act as a reference point to access other services such as health, including sexual and reproductive health, psychosocial support and nutrition.

Beyond emergency response, Plan International also works on disaster preparedness and resilience programming in education, including through conducting multi-risk assessments to understand the diverse and compounding risks that affect adolescents' access to education, developing school disaster preparedness plans and working with authorities and ensure safe, quality and inclusive education continues to be provided during emergencies.

Education can contribute to gender-transformative change through addressing the root causes of gendered social and economic barriers to education, and by promoting gender equality and inclusion in both education systems and service provision. Gender-responsive pedagogy, curricula and school systems that promote gender equality are critical in promoting girls' education.

Interventions targeting adolescents:

- **Inclusive quality education opportunities** that are relevant and context appropriate should be provided to support the learning and development needs of adolescents. Adolescents should be consulted to determine the range of gender and age responsive formal and non-formal education opportunities that are needed to meet their needs. This may also include the provision of flexible and alternative learning opportunities, including mobile education and distance learning. Where online learning modalities are used it is important that interventions aim to reduce the digital gender divide.
 - **Access to primary, secondary and higher formal education** for adolescents should be supported wherever possible.
 - **Remedial education programmes** that run concurrently with regular classes in formal education can help adolescents succeed by providing additional targeted support in school.
 - **Bridging programmes** are short-term and take various forms such as language acquisition or programmes that address differences between home and host country education curricula. They can support adolescents, particularly displaced adolescents, to enter a different type of certified education.
 - **Catch-up programmes** provide students with the opportunity to learn content missed because of a short education disruption and support their re-entry to the formal system. These short-term transitional education programmes can support adolescents who had been actively attending school prior to an educational disruption.
 - **Accelerated education programmes (AEP)** are intended for overage and out-of-school adolescents (usually aged 10 to 18 years) who have missed one or more years of schooling. They enter flexible, age-appropriate learning programmes that run in an accelerated timeframe in order to gain basic education competencies needed to integrate either into formal education, or into technical and vocational education and training (TVET).
 - **Vocational training** can be part of the formal or non-formal education system and equips adolescents with market-relevant skills and capabilities in order to pursue decent work of their choosing, either waged or self-employment opportunities.

- **Basic literacy and numeracy** classes may be appropriate in settings where adolescents are unable to access certified learning opportunities, ideally in combination with life skills education. However, care should be taken to avoid creating parallel systems and, wherever possible, adolescents should be supported to develop certified competencies.
- **Peer learning** fosters learning and mentorship between adolescents and young people that may involve peer-directed learning circles, homework classes or mentoring. Peer learning helps adolescents to build self-confidence, fosters trust and collaboration, and promotes social integration. Peer learning can also be used for building life skills.
- **Materials, financial aid and/or logistical support** can be provided to support adolescents' access to education. Adolescents should be consulted to ensure support is inclusive, gender and age-responsive. Materials support may include grade-appropriate learning materials, uniforms as well as menstrual hygiene materials for adolescent girls. Logistical support may include safe transportation, school meals or childcare for adolescent mothers and fathers. Financial aid may include the provision of scholarships, school fees or opportunity costs (the money adolescents may bring in or save the household when not going to school). Where possible, this can be provided through cash and voucher assistance (CVA).
- **School councils / clubs** provide opportunities for adolescents to actively participate in school. They are effective ways of supporting adolescent's learning and development, including social and emotional learning, leadership and decision making.
- **Inclusive, gender and age-responsive WASH and MHM facilities** should be put in place at all schools, learning spaces and other community spaces, including safe spaces. WASH facilities are a critical component of effective service delivery to adolescents, particularly girls. Work with relevant stakeholders to ensure toilets are clean, well maintained and lit, as well as sex-segregated (with clear signage), lockable from the inside and accessible for girls, boys and children with disabilities in line with WASH minimum standards. Facilities should also include handwashing facilities, adequate water supply and the discrete disposal or laundering of hygiene/menstrual hygiene products.

Resources:

- Plan International. 2017. [Inclusive quality education](#) (internal document).
- INEE. 2010. [Minimum Standards for Education: Preparedness, Response, Recovery](#).
- INEE. 2012. [Engaging Youth-Led and Youth-Serving Organizations in Disaster Relief Efforts](#).
- INEE. 2016. [INEE Background Paper on Psychosocial Support and Social and Emotional Learning for Children and Youth in Emergency Settings](#).
- INEE. 2019. Gender Guidance Note: gender equality in and through education.
- UNHCR. 2020. [Accelerated Education Working Group](#).

Outcome 1.3 Sexual and Reproductive Health and Rights: Adolescents have access to SRHR information and services and exercise the right to decide over their own bodies.

Sexual and Reproductive Health and Rights (SRHR) in emergency interventions cover life-saving information and services that help adolescents to have control over their sexual and reproductive health and to enjoy the rights to make their own free and informed choices, without coercion and violence. SRHR is critical not only in its own right, but also to achieve humanitarian objectives in other sectors such as child survival and education.

Beyond emergency response, Plan International also works on disaster preparedness and resilience programming in SRHR programming, including through conducting multi-risk assessments to understand the diverse and compounding risks that affect adolescents' access to SRHR, develop disaster preparedness plans and work with families, communities and service providers to ensure adolescents' access to quality and appropriate SRHR information and services during emergencies.

SRHR interventions can offer opportunities for gender transformative change through promoting positive gender norms, and empowering adolescents with knowledge and skills and access to services that help them to stay healthy and decide over their own bodies.

Interventions targeting adolescents:

- **Sexuality information and education** empower adolescents to make informed choices regarding their bodies and relationships. Core topics include human body development, menstrual health, contraception, STIs including HIV, safe abortion where legal and post-abortion care, relationships, sexuality and sexual behaviour, and harmful practices such as child marriage, female genital mutilation/cutting (FGM/C), and sexual violence and other forms of GBV, including how to access health and protection services, as well as maternal health.
 - **SRHR awareness raising** aims to provide SRHR knowledge and skills, and increase demand for and utilisation of SRHR services. It can be provided through peer educators, as part of safe spaces, through community awareness activities or through distribution of information, education and communications materials, including in community centres, safe spaces, service facilities, or other community gathering areas. Awareness-raising activities can be facilitated by staff or partners, or with the appropriate support it can be adolescent-led.
 - **Sexuality education** offers more structured, educational approaches which can be integrated into the curriculum at school, in learning spaces or in safe spaces, as part of life skills curricula, or can take place during dialogues between adolescents and their caregivers, covering a range of issues that relate to adolescents' SRHR. It is recommended that trained and supervised facilitators lead (comprehensive) sexuality education to ensure correct information is communicated in an adolescent-friendly manner, and to do no harm.
- **Sexual and reproductive health services** include a range of information, supplies and services tailored to married and unmarried adolescents including counselling, testing and treatment of STIs or diseases. For example, adolescents should have access to:
 - **Prevention of unintended, unwanted pregnancies** through provision of modern contraceptives including condoms, oral contraceptive pills, injectables, implants, intrauterine devices (IUDs) or emergency contraception.
 - **Prevention of transmission of STIs including of HIV** through the provision of condoms, awareness raising and access to services, including testing and treatment. Plan International does not provide direct care and treatment of STIs and HIV/AIDS but will establish safe and confidential referral pathways with medical partners.
 - **Prevention and management of the consequences of sexual violence and other forms of GBV** that covers clinical care including provision of Post-Exposure Preventative (PEP) kits, forensics/legal-medical counselling, and basic psychosocial support through trained and supervised health staff (often referred to as clinical management of rape (CMR) focal points), as well as referrals to relevant CP and GBV services for (child) survivors of sexual violence.

- **Menstrual hygiene management (MHM)** promotes appropriate information, materials and dignity for adolescent girls and young women to manage their menstrual health and hygiene. Address stigma and discrimination against girls during menstruation and strengthen education and health systems to promote better MHM.
- **Maternal, newborn and child health (MNCH) for adolescent mothers** covers maternal and newborn health, child health, immunisation, nutrition and health promotion.

Resources:

- Plan International. 2020. [SRHR in Humanitarian Settings Programme Priorities](#) (internal guidance note)
- Plan International 2017. SRHR Position Paper
- Plan International. 2019. [MHM Rapid Assessment guide](#)
- IAWG. 2018. [The Inter-Agency Field Manual on Reproductive Health in Crisis](#) particularly:
 - Chapter 3: The Minimum Initial Service Package (MISP)
 - Chapter 6: Adolescent Sexual and Reproductive Health
- UNFPA. 2009. [Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings \(revised version forthcoming in 2020\)](#)
- UNFPA 2016. [Adolescent Girls in Disaster & Conflict: Interventions for Improving Access to Sexual and Reproductive Health Services](#)
- SPHERE. 2018. [The Sphere handbook: Health chapter, section on SRH.](#)
- Columbia University and International Rescue Committee. 2017. [Menstrual hygiene management \(MHM\) in emergencies toolkit](#)
- International Rescue Committee. 2012. [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings](#)
- Gender-Based Violence Area of Responsibility. 2019. [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#)
- Women's Refugee Commission (2012) [Incorporating Sexual and Reproductive Health into Emergency Preparedness and Planning](#)
- WHO 2015. [Global standards for quality health care services for adolescents](#)
- WHO 2018. [WHO Recommendations on adolescent sexual and reproductive health and rights](#)

Outcome 1.4 Youth Economic Empowerment: Adolescents have the skills and opportunities to access decent work of their choosing and specific barriers for girls and at-risk adolescents are addressed.

Youth economic empowerment (YEE) in emergencies interventions cover economic recovery interventions for adolescents and their caregivers before, during and after crises. YEE programmes enable younger and older adolescents in age-appropriate ways to have the decision-making power to generate, safely use and control resources. YEE also supports older adolescents (15 to 19 years) to access age-appropriate livelihoods and protect them socially and economically from violence and economic exploitation. YEE interventions are highly contextual, market-based and promote integration of adolescents and young people into the local economy. Plan International supports adolescents of working age and young people to access diverse and sustainable livelihoods and green economic opportunities as part of a just transition. Youth labour market assessments should be carried out prior to YEE interventions where possible.

YEE interventions can offer opportunities for gender transformative change through creating greater access for girls to local economies and empowering them with knowledge, skills and income-generating ability. YEE forms a key protection for at-risk adolescents, as it offers an alternative to child marriage, child labour and other protection concerns.

Interventions targeting adolescents:

- **Technical and vocational education and training (TVET)** aims to create pathways to (self) employment as part of broader YEE programming, and should be layered with life skills, job placement, coaching and mentoring, and employability training.
- **Employment Intensive Work** (also: cash for work) is short-term employment that may be appropriate for older adolescents who have reached the legal working age. It provides a large group of individuals with earning opportunities aimed at stabilising household income, lessening reliance on humanitarian assistance, and reducing negative coping strategies.
- **Job placements** provide older adolescents of working age with paid employment opportunities coupled with job counselling, mentorship and apprenticeship. Additional support may be provided to remove barriers for adolescent girls such as childcare or transportation fees.
- **Employability training** involves group-based, structured sessions that help older adolescents to build self-esteem and develop interpersonal skills such as teamwork, CV design, communication skills, creative thinking and decision making, essential to employment or entrepreneurship.
- **Business skills and financial literacy** classes help older adolescents to develop competencies to develop and manage a small business and/or to sustainably manage their personal income. It includes financial management (e.g. numeracy, budgeting, saving) and business development (e.g. business model development, identification of market and customer needs, and selling).
- **Income-generating activities/support to entrepreneurship** consists of financial and material aid coupled with coaching and mentoring of older adolescents to help them set up their own business. In rural areas this is commonly aimed at agricultural and livestock production.
- **Access to financial services** includes formal services (in partnership with the private sector and/or micro-finance institutions) or – more commonly for adolescents – informal services (e.g. through Village Savings and Loan Associations), coupled with financial literacy training.

Resources:

- Plan International. 2019. [Area of Global Distinctiveness: Skills & Opportunities for Youth Employment and Entrepreneurship](#)
- SEEP Network. 2017. [Minimum Economic Recovery Standards](#)
- IASC. 2018. [Gender Handbook for Humanitarian Action](#) (p.248. Livelihoods).
- Village Savings and Loan Associates. 2015. [VSLA webpage \(multiple resources\)](#).
- Food Security Cluster. 2019. [Cash for Work Guidance Note](#).
- Livelihoods Centre. [Livelihoods project cycle toolbox & Indicators](#).
- UNHCR. 2020. [Graduation approach webpage \(multiple resources\)](#).

Outcome 1.5 LEAD: Adolescent participation and leadership: Adolescents have the skills, connections and opportunities to participate and lead in decisions affecting their lives.

Adolescents have the right to meaningfully participate in decisions affecting their lives and should have opportunities to do so before, during and after emergencies and crises. Humanitarian response plans should include dedicated and safe opportunities for girls and young women to be informed and consulted, and to actively participate in and lead recovery efforts. Initiatives aimed at supporting adolescent girls' leadership and contributions to decision making should always be accompanied by work on the knowledge and attitudes of community leaders and decision makers, parents and families to create support for adolescent girls' participation and leadership.

Adolescent participation and leadership can lead to gender-transformative change, when adolescents, particularly girls and young women, have opportunities to influence change processes and empower the most vulnerable.

Interventions targeting adolescents:

- **Adolescent-friendly information provision and communication:** provide age-appropriate information to adolescents about the response programme, available services and messages on how adolescents can support themselves and others. Whilst information and communication work cuts across all humanitarian programming, information provision is a crucial enabler for youth engagement programming. Support adolescents to develop their own messages and disseminate these through peer-to-peer activities.
- **Supporting adolescent-led humanitarian action:** identify formal or informal adolescent or youth-led organisations, and other groups or networks and support adolescents to meaningfully engage. Short-term support may include provision of technical support, in-kind support or grants to adolescent-led groups related for emergency preparedness or response. Adolescents can also participate in (education) disaster risk reduction planning and decision-making at school level through child-centred hazard, vulnerability and capacity assessments.
- **Facilitating peer connections and networks:** identify formal or informal adolescent or youth-led organisations, and other groups or networks and support adolescents to meaningfully engage. These can be alliances, networks and different types of collaborations on a technical area or policy issue that they are engaged in. This might involve development of organisational vision and strategy; strengthening (gender-transformative) organisational structures and processes; emergency preparedness work, and other types of support.
- **Connecting adolescents to civil society platforms:** broad range of actions that help adolescents understand and analyse their socio-political context at local and national levels and assess this context from a perspective of gender equality and human rights and become active in influencing issues that matter to them. Mentors and role models can play vital roles in supporting adolescents in doing so.
- **Adolescent-led influencing** involves safe and meaningful advocacy work with (local) decision makers to drive changes that are identified and championed by adolescents themselves. Influencing can include dialogues, campaigns, publications and other awareness-raising activities targeting actors, institutions and coordination bodies at local and/or national level.

- **Adolescents' participation in planning and accountability processes:** Adolescents should receive information about Plan International's policy on Children and Young People Safeguarding and Code of Conduct including measures for Prevention of Sexual Exploitation and Abuse (PSEA), and about available feedback and reporting mechanisms. To prepare adolescents to meaningfully participate in planning and accountability processes we must ensure that their participation is adequately resourced, that there are meaningful and safe spaces and ways of participation, in person or remotely, and to work on the attitude of decision makers to ensure that adolescent's views are listened to and taken seriously.
- **Social cohesion and peace-building** initiatives can take place in schools or communities and be integrated in life skills or leadership education through themes like peaceful communication, empathy, conflict analysis and resolution and respectful decision making and addressing root causes of conflict. Adolescents are in a unique position of being able to shift their own perceptions and thereby promote social cohesion and non-violent conflict resolution among their peers, families and communities.
- **Participatory Action Research** including preparation, training and coaching of adolescents as researchers. Research can focus on any issue affecting the adolescent population including adolescent girls and at-risk groups, and be linked to awareness raising, influencing and civic engagement.

Resources:

- The Compact for Young People in Humanitarian Action. 2020. *Nothing about us, without us: IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and the Norwegian Refugee Council.
- Unicef. 2018. [UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents](#).
- Unicef. 2015. [The Adolescent Kit for Expression and Innovation](#).
- Plan International. 2020. Strengthening Resilience package.
- Plan International. 2019. Sharing Stories of Peace. In *Champions of Change: Curriculum for Gender Equality and Girls' Rights*. Woking, UK: Plan International.
- Unicef. 2018. [Toolkit for Adolescent and Youth Engagement](#).
- Plan International. 2018. [Child-Centred Multi-Risk Assessments: Field Guide and Toolkit](#).
- Plan International. 2010. [Child-Centred DRR Toolkit](#)
- Unicef and Voices of Youth. 2020. [Toolkit to spread awareness and take action on COVID-19](#).

OBJECTIVE 2: ADOLESCENTS LIVE IN SAFE AND SUPPORTIVE FAMILIES AND COMMUNITIES WHERE THEIR BASIC NEEDS ARE MET AND GIRLS ENJOY EQUAL RIGHTS AND OPPORTUNITIES.

Outcome 2.1 Caregivers and families of at-risk adolescents have continuous access to their basic needs, support and services that help them to care for and protect adolescents and promote equality for girls.

Raising adolescents during emergencies and crisis situations can be a challenging task for caregivers. Adolescents may need additional support and parents may have their own difficulties in dealing with the effects of the crisis. It is important that caregivers can support themselves, so that they can support their children. Parenting education and programmes can provide short and longer-term support to parents in times of crisis, help strengthen their social support systems and promote gender equality in families and communities. Parenting sessions may focus on self-care, positive parent-adolescent communication, stress management and positive parenting practices.

Families of at-risk adolescents may require additional assistance to provide a safe and protective environment for their adolescents, for example cash and voucher assistance, food security and livelihoods support or protection support.

Caregiver interventions:

- **Parental information and awareness raising** includes information provision and (one-off) sensitisation activities on self-care, how to care for and protect adolescents, and/or where and how to access services.
- **Parenting programmes** involves a more structured programme that aims to equip parents and other caregivers of adolescents, including foster caregivers, with tools to practise self-care, positive parenting skills in crisis settings. Regular group-based sessions provide caregivers with a better understanding of the impact of emergencies and crises on adolescents, and strengthen skills to promote self-care, positive parent-child communication and non-violent family relationships. Parenting programmes should promote gender equality and shared parental responsibilities, and include strategies to actively involve fathers as well as mothers in the programme.
- **Parenting for adolescent caregivers** equips adolescent caregivers with tools to practice self-care, life skills and positive parenting skills suitable to their age and role. Sessions can also offer information and services related to early childhood development (ECD) to support the health, wellbeing, care and stimulation of young children. Parenting programmes can also support healthy relationships between young caregivers themselves, promote non-violent relationships and development of social support networks.
- **Inter-generational dialogues** involve conversations around specific topics, practices or norms that are held between adolescents and caregivers or between caregivers and elders in the family, in order to facilitate the exchange of perspectives and opportunities to learn about each other's views.

Family interventions:

- **Family protection support** is provided when parents/caregivers or the family as a whole requires immediate protection assistance in addition to the adolescent who has a protection concern. For example, in situations of family violence, parental distress or during and after family reunification. Family protection and social support may include but is not limited to family counselling or psychosocial support as part of child protection case management.

- **Family assistance** involves delivering assistance to families for a period of time in order to promote the wellbeing of adolescents, particularly girls. Assistance may include food security, NFIs, health, nutrition, WASH, shelter or livelihoods support, provided in-kind or through cash and voucher assistance (CVA). For adolescents, good nutrition is essential, particularly for pregnant and lactating adolescent girls. Family assistance can also help prevent protection risks such as family separation, child labour, and child marriage.

Resources:

- Plan International. 2020. Adolescent in Crisis Life Skills and Parenting Package.
- Plan International. 2020. Coping with Covid-19: support sessions for adolescents and caregivers.
- Plan International Australia. 2020. Parenting Under Pressure: A Curriculum for Parents and Caregivers of Young Children (birth to 8) in Emergencies and Protracted Crises.
- Plan International. Guidelines for using Cash and Voucher Assistance to support Adolescent Wellbeing (forthcoming).
- Plan International. 2016. [Champions of Change](#).

Outcome 2.2 Community-level actors, services and networks support at-risk adolescents and families, and drive community-action to promote equality for girls.

Communities play a central role in the lives of adolescents and their families, through the social norms, practices, culture, religion and structures that affect the well-being of adolescents. In emergencies and protracted crises, communities can be a source of support to adolescents, through direct support between individuals or groups, through community-level services and support, and through linkages with formal services or through the socio-cultural fabric of communities. In settings where affected adolescents have limited or no access to formal education, healthcare or livelihoods, communities can play an important role in providing informal learning opportunities, services and support. In (post-) conflict settings, communities are central to reintegration, social cohesion and peace processes.

Community-level action has a potential to be gender transformative if this promotes positive gender norms and/or tackles discrimination and harmful practices. It can involve engagement with local power holders including boys and men, as well as local, religious and/or traditional leaders.

Community interventions:

- **Community dialogue** about the issues affecting adolescents and families (see sectoral priorities under Outcomes 1.1–1.5), with regular monitoring of community perceptions and development of locally led messages, awareness and sensitisation approaches.
- **Community-level child protection** requires an approach of engaging with communities to facilitate discussions about protection and other risks and concerns for adolescents, identify protective capacities and local understandings of adolescent well-being, and collectively design actions to prevent and respond to risks. This may involve community/adolescent-led CP risk-mapping and GBV safety audits; strengthening existing community-level structures and support systems; community-/adolescent-led initiatives; community conversations; and engagement with local power holders including boys, men and local, religious and traditional leaders, to promote the protection and wellbeing of adolescents and equality for girls.

- **Facilitating linkages between formal and informal child protection systems** including establishing and/or strengthening referral mechanisms between community-level structures and formal services, community-led monitoring and referral of at-risk adolescents.
- **Community-level education initiatives** such as community-schools and home-schools can complement or extend formal education, and can create learning opportunities for out-of-school adolescents when there are insufficient or no learning opportunities for adolescents. Always work in partnership with the Ministry of Education (MoE) to support community based-education models and, wherever possible, encourage the MoE to provide facilitator salaries, curriculum and textbooks, technical supervision and auxiliary services.
- **School Management Committees** as well as Parent Teacher Associations play a critical role in supporting access to quality education for adolescents as well as in bringing communities together. While these committees usually focus on formal education, they can also protect and advocate for access to education for all adolescents, including out of school adolescents and young mothers. SMCs should be encouraged and should have representatives of all groups in the community, including adolescents.
- **Community-level livelihoods rehabilitation** strengthens community access to critical economic infrastructures, livelihoods and market assets, which can support older adolescents, particularly girls, to access safe economic opportunities.
- **Supporting adolescents to participate in community-life** including in planning, decision-making, building social cohesion, disaster risk reduction (DRR) and response planning. Volunteerism can be a key strategy in engaging adolescents in community work.

Resources:

- The Alliance for Child Protection in Humanitarian Action. 2020. [A Reflective Field Guide: Community-level Approaches to Child Protection in Humanitarian Action](#).
- Child Resilience Alliance. 2018. [Guide and Toolkit for supporting a community-led approach to child protection](#).
- Unicef. 2018. [Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families \(field test version\)](#).
- INEE. 2004. [Good Practice Guide: Community](#).
- INEE. 2010. INEE Minimum Standards for Education - Preparedness, Response, Recovery.

OBJECTIVE 3: ADOLESCENTS HAVE ACCESS TO ADOLESCENT-RESPONSIVE SERVICES, POLICIES AND LEGISLATION THAT SUPPORT THEIR SURVIVAL AND WELLBEING

Outcome 3.1 Service providers have the capacity to continuously deliver adolescent-responsive services that are provided in line with humanitarian standards and principles.

In crisis situations, services must be gender responsive, rights-based and inclusive, and be available to all adolescents and young people without discrimination. Preparedness actions include conducting multi-risk assessments to assess the diverse risks affecting adolescents, and identify key actions to ensure services are available and accessible before, during and after emergencies for the most vulnerable and excluded adolescents, including but not limited to displaced adolescents, those from minority groups, survivors of violence, those living with disabilities and those identifying as LGBTIQ+.

Comprehensive and holistic care interventions should be provided for adolescents at-risk or those who have experienced violence, including linkages to other services for them and their families. All sectors should ensure they have staff trained on PFA/safe identification and referral pathways to protection, MHPSS and SRHR services. Services should work together through multi-sectoral approaches to prevent and respond to CP and GBV concerns as well as to promote gender equality.

Service modalities should be informed by assessments and adapted to contexts, with a focus on improving access for marginalised populations, (and if possible, several modalities to be provided together to offer further entry points).

Service provider interventions:

- **Service mapping and strengthening referral pathways** including child- and adolescent-friendly information dissemination about available services, and where and how to access them, and the development of inter-agency referral pathways and Standard Operating Procedures/Information Sharing Protocols, covering protection, MHPSS and SRHR services.
- **Capacity building of protection actors to provide inclusive, gender and age-responsive assistance to adolescents** through operational support (infrastructure rehabilitation, supplies) and technical support (such as development of standard operating procedures and referral pathways, strengthening case management services and principles, provision of coaching and mentoring).
- **Capacity building of health/SRHR actors to provide inclusive, gender and age-responsive assistance to adolescents** to deliver adolescent-responsive services. Work with health providers to make services affordable for at-risk adolescents and their families. Support adolescents to set quality benchmarks, assess and develop recommendations to improve local adolescent-responsive services.
- **Capacity building of education actors** to design and deliver inclusive, gender and age-responsive education services and systems. Support may include, but is not limited to: operational support (infrastructure rehabilitation, supplies, spaces); technical support (gender-responsive teaching and learning, curriculum development sexuality education for adolescents, safeguarding and school-related gender-based violence); and policies and support for teachers (recruitment, conditions of work and professional development opportunities). Specific support to enable female (assistant) teachers to access the profession is particularly important in settings where a lack of female teachers is cited as a barrier to education for adolescent girls. Support Education Information Management Systems (EMIS) and absence management systems such as EduTrac and [Waliku](#), to monitor attendance in order to better inform programmatic decisions for adolescents.

- **Capacity building of food security and livelihoods (FSL) actors to provide inclusive, gender and age-responsive services.** Work with FSL providers to ensure at-risk adolescents and their families are registered for distributions and prioritised for prevention and response services to address protection concerns. Where possible and appropriate, advocate with governmental social protection / social safety nets to include families of vulnerable adolescents.
- **Mobile services** can help overcome barriers for adolescents to access age-appropriate information and multi-sectoral services and provide feedback or report complaints. Services can be provided by mobile outreach teams who provide information, counselling, contraceptives, medical tests and basic treatments, and other services, as well as referrals to (mental) health facilities and protection services for further care, including for protection concerns. Mobile services teams may be deployed to high-risk areas where 'static' services are not feasible, or be used to support hard-to-reach groups such as married and unmarried girls and young mothers.
- **Civil registration and vital statistics (CRVS)** systems and services of local or national authorities are supported to function in emergency or crisis contexts. Birth registration as well as marriage and divorce certification can support adolescents, including for their own young children if they are parents, to prove their age, legal status and identity, as well as to ensure their safety and access to services.
- **Support and monitor employers to prevent child labour and exploitation** as a strategy to keep adolescents safe in the workplace. Develop harm reduction strategies with adolescents, caregivers and employers, including alternatives to the worst forms of child labour.

Resources:

- Plan International. 2020. Integrated Protection Mobile Service Delivery: Guidance (forthcoming).
- INEE. 2014. [Teachers in Crisis Context](#) resource package.
- International Rescue Committee. 2018. [Guidelines for Mobile and Remote Gender-Based Violence \(GBV\) Service Delivery](#).
- Child Protection Area of Responsibility. 2017. [Mobile Programming Key Considerations and Resource Menu](#)
- Alliance for Child Protection in Humanitarian Action. 2020. Child Labour in Emergencies Toolkit (forthcoming).
- The Brookings Institution. 2016. [What Works in Girls Education](#).
- Consider all resources listed under outcome 1.1-1.5.

Outcome 3.2 Humanitarian actors, policy makers and duty bearers facilitate adolescent-responsive policies, legislation, preparedness and response plans

Humanitarian advocacy and policy work is essential to promote the humanitarian needs of adolescents and to protect their equal rights. In crisis settings, adolescent girls face gender and age-specific risks and barriers which must be addressed as a matter of urgency. Through policy, advocacy and coordination work, Plan International promotes rights of all vulnerable children and young people, including adolescents, and advocates girls' equal access to humanitarian assistance and climate justice.

Policy, advocacy and coordination interventions:

- **Promote adolescent-responsive design including sex-, age- and disability-disaggregated data collection and consultations with adolescents** for more targeted, intentional programming with and for adolescents. Advocate for data

collection on the adolescent population through (inter-agency/multi-sector) assessments and strategies, along disaggregated age brackets, as well as gender and other diversity considerations. Advocate for gender- and age-specific questions about adolescents in protection, health, education, FSL, communication and other sector assessments. Promote the use of the Gender and Age Marker (GAM) in short-term responses or Plan International's Gender Transformative Marker in multi-year responses as a tool to review gender- and age-responsive programme design.

- **Inter-agency coordination to address the priorities and needs of adolescents** in humanitarian sector responses, inter-agency groups and technical task forces, donor round tables, and other inter-agency platforms. Raise the voices of adolescents, particularly girls, and advocate for inclusion of adolescents' needs, priorities and feedback to be addressed in the response.
- **Inclusive, gender and age-responsive preparedness and response plans and policies** that reflect the needs and priorities of adolescents in crises, particularly considering adolescent girls and excluded adolescents. Advocate with government actors to endorse, support and formalise referral pathways and services. Hold government duty bearers accountable for international obligations under international human rights law, international humanitarian law and refugee law, as well as the Paris agreement and Sendai framework.
- **Gender-responsive education sector planning** that supports strategies for education for adolescents in crisis settings. These may include the provision of flexible and accelerated learning opportunities for out of school adolescents and the removal of school admission policies that prevent pregnant girls and young mothers from attending school.
- **Track and analyse funding specifically dedicated to children and adolescents** disaggregated by age, gender and other diversity considerations, and use this as a tool to advocate for greater investment in life-cycle programming and specific investment in adolescents, particularly girls.
- **Adolescent-led policy and advocacy work** should be promoted where possible, and always be safe, meaningful and in line with the Do No Harm principle. Providing adolescents with influencing opportunities should always be coupled with interventions to build adolescents' confidence, public speaking and negotiation skills, as well as mentoring support.
- **Mainstreaming of adolescent-specific needs and considerations**, including but not limited to age, gender, diversity considerations, into other sectors aims to ensure that humanitarian assistance is adolescent-responsive, risk-informed and does not cause (further) harm.
- **Adolescent-friendly feedback and accountability mechanisms** should be promoted across the broader humanitarian response. Involve adolescents in the design and implementation of feedback mechanisms to ensure these are appropriate and accessible for all adolescents, including girls and at-risk groups. Where relevant, safe and appropriate, engage adolescents in social accountability and human rights monitoring and reporting mechanisms.

Resources:

- Plan International. 2018. [Child-Friendly Feedback Mechanism: Guide and Toolkit](#).
- IASC. 2017. [Policy: Gender Equality and the Empowerment of Women and Girls in Humanitarian Action](#).
- Plan International and Women's Refugee Commission. 2019. [Age, Gender, and Diversity Tip sheet for Global Refugee Forum Pledges](#).
- GPE and UNICEF. 2017. [Guidance for Developing Gender-Responsive Education Sector Plans](#).

4. STEP-BY-STEP GUIDE FOR PROGRAMMING WITH AND FOR ADOLESCENTS IN CRISIS SETTINGS



This section provides step-by-step guidance and practical tools for designing and implementing adolescent-responsive programmes, with specific attention to reaching and supporting adolescent girls.

The steps follow the humanitarian programme cycle and are aligned with Plan International's response procedures⁷. Each step of the process describes key actions to implement a specific crisis context.

STEP	GO TO THIS STEP IF YOU NEED TO...	TOOLS
Needs Assessment and Analysis		
Step 1. Define what we need to know	...know what information we need to collect about the situation of adolescents in crisis settings	Tool 1 – Adolescent Assessment Framework Tool 2 – Safeguarding Risk Assessment
Step 2. Identify who is at risk	... know which groups of adolescents should be targeted for consultation	Tool 3 – Adolescent Profile
Step 3. Consult with adolescents	... understand the views and priorities of at-risk adolescents	Tool 4 – Adolescent Consultation Guide Tool 5 – Adolescent Consultation Reporting Format Tool 6 – A Day in a Young Person's Life Tool 7 – Visioning Exercise Tool 8 - Preference Ranking Tool 9 – Problem Tree Analysis Tool 10 – Stakeholder Analysis Tool 11 – Service Mapping
Step 4. Analyse needs	...analyse data and develop a needs overview	
Response Design and Strategic Planning		
Step 5. Design an adolescent-responsive programme	...design an adolescent-responsive programme	Tool 12 – Adolescents in Crisis Results Framework
Step 6. Mobilise resources	... mobilise resources and engage with donors	
Implementation and Monitoring		
Step 7. Mobilise adolescents	...mobilise adolescents to participate in the programme	Tool 2 – Safeguarding Risk Assessment
Step 8. Promote adolescent-responsive action	...ensure the programme is inclusive, and adolescent and gender responsive	Tool 13 – Adolescent-Responsive Programme Actions
Step 9. Monitor programmes with adolescents	...establish monitoring, information management and accountability systems	Tool 3 – Adolescent Profile
Review and Evaluation		
Step 10. Evaluate and learn	... learn about the effectiveness and impact of adolescent-responsive programmes	
Preparedness		

Throughout the guide, the following icons are used to signal important information.



Key action

This icon identifies key actions to be completed throughout the programme cycle. These actions can be used as a “checklist” during programming.



Tool

This icon signals a tool which is included in this guide.



Key considerations for adolescent girls

This icon and blue text boxes are used to draw attention to specific considerations for programming with and for adolescent girls.



Important information

This icon highlights important information to consider in adolescent-responsive programming.



PROGRAMMING PRINCIPLES

ADOLESCENTS AS RESOURCES:

We approach adolescents as positive assets and resources, rather than as problems or threats. Our programmes are designed to support their positive development, unique capacities, talents and creativity.

PUT ADOLESCENTS IN THE LEAD:

We do not merely see adolescents as recipients of aid; they are also our partners in humanitarian action. We make specific efforts to ensure adolescent girls can raise their voices and safely and meaningfully participate and lead in humanitarian action.

GENDER-TRANSFORMATION:

We commit to promoting gender equality, girls' rights and inclusion. Our short-term humanitarian action should be gender aware i.e. respond to the sex, age and disability specific needs of adolescents, while our multi-year programming aims for gender-transformative and inclusive change by tackling root causes of gender inequality, addressing harmful gender norms and promoting equal rights realisation for (adolescent) girls and young women.

LIFE-CYCLE APPROACH:

We recognise that adolescence is a crucial time of transition from childhood to young adulthood. Our programmes strive to meet the developmental needs and capacities of younger and older adolescents, and to support their healthy transition to adulthood.

WORKING AT ALL LEVELS:

We work at and across all levels to support adolescents affected by crisis. Our humanitarian action targets both adolescents and the people and systems around them, such as parents, families, peers, communities, service providers and government duty bearers.

HUMAN RIGHTS-BASED AND PRINCIPLED ACTION:

Our humanitarian programmes promote a human rights-based approach whilst also upholding humanitarian principles. We promote the protection and inclusion of the most affected adolescents and communities, regardless of their status or background.

SUSTAINABILITY:

Our humanitarian programmes aim contribute to sustainability by reducing our environmental footprint and -especially in multi-year programmes- by promoting social and gender equity and economic resilience.

NEEDS ASSESSMENT AND ANALYSIS

Assessing the needs of affected adolescents, particularly adolescent girls, is a crucial part of humanitarian response. During needs assessment and analysis, we try to understand the impact of the crisis on adolescents to build an evidence-base for a targeted response. We answer the following questions:

- **Which groups of adolescents and/or adolescent girls are most affected by the crisis?**
- **What are the needs, risks, vulnerabilities, capacities and priorities of at-risk adolescents, particularly girls?**
- **What services and support should be provided to address the needs of adolescents, particularly girls?**

STEP 1. DEFINE WHAT WE NEED TO KNOW

Depending on the stage of the emergency or crisis, different types of needs assessments can be carried out, from rapid needs assessments to more detailed assessments. A first step of any assessment is to define what we need to know about affected population, in particular: adolescents.



Tool 1 - Adolescents Assessment Framework provides an overview of key pieces of information that need to be collected about the situation of adolescents. This assessment framework can be used as a reference when collecting and reviewing information during a desk review or when deciding what information should be collected during a (rapid) needs assessment.



The objective of the Adolescents Assessment Framework is not to answer all pieces of information; there is rarely a need for in-depth information on all topics. When time and resources are limited, select only those pieces of information that are critical for decision-making and strategic response planning.

Adolescents Assessment Framework – What We Need To Know About Adolescents

LEVEL	WHAT WE NEED TO KNOW (WWNK)
<p>ADOLESCENTS Basic demographic data, well-being and coping, basic needs, access to services, hopes and aspirations</p>	<ul style="list-style-type: none"> • Adolescent population data: on sex, age, disability, education, marital status, accompaniment, family status, work status and other relevant data on the adolescent population. • Access to basic needs of adolescents and their families, and how this affects girls and other at-risk adolescents • Needs and access to information and services related to: <ul style="list-style-type: none"> - Protection: safety and risks to (gender-based) violence, abuse, neglect and exploitation - Psychosocial support - Education - Sexual and Reproductive Health and Rights (SRHR) - Menstrual Hygiene Management (MHM) - Economic assets and youth economic empowerment (YEE) • Mobility, decision-making and participation of adolescent girls • Views and expectations of adolescents on their own gender-specific roles and responsibilities (now and in the future) • Adolescents' hopes and aspirations for themselves and their communities
<p>FAMILY AND RELATIONSHIPS Relationships with caregivers, family and intimate partners</p>	<ul style="list-style-type: none"> • Parental care and the relationship between adolescents and caregivers • Views and expectations of caregivers on gender-specific roles and responsibilities of adolescents (now and in the future) • Views and expectations of partners/husbands/in-laws about roles and responsibilities of (married) girls (now and in the future) • Families' levels of access to basic needs, livelihoods and support
<p>COMMUNITY Networks, groups, services, environments, social norms and cultural practices</p>	<ul style="list-style-type: none"> • Vulnerabilities and capacities in peer relations • Community organisation and social cohesion including participation of adolescents/girls and women • Social and gender norms and cultural practices that reinforce male dominance over women, parental dominance over children/ adolescents, etc. • Presence and reach of community-level services including outreach
<p>SERVICE PROVIDERS AND ENABLING ENVIRONMENT Policies, laws, norms, social and geographical changes</p>	<ul style="list-style-type: none"> • Availability, capacity and quality of (humanitarian) services • Availability and accessibility of information, communication and technology services • Work and capacity of Plan International and partners relevant to a potential adolescent-responsive programme • Work and capacity of other actors, relevant to a potential adolescent-responsive programme • Policies, (customary) laws and governance / leadership structures around education, gender, protection, labour, identity and registration, freedom of movement (refugees, displaced people), etc. • Risks to conflict, natural disasters etc. that cause crisis, conflict, displacement etc.



Key action: Conduct a desk review



Before collecting any primary data, review existing information and determine what is still missing. Reviewing secondary data information is an important step of needs assessments to limit the burden of data collection on affected people, including adolescents. **Use Tool 1 - Adolescent Assessment Framework** to review available data. Ensure that data collected during the desk review is as much as possible organised along relevant age brackets (10-14; 15-17, 18-19), as well as disaggregated by sex, disability and other diversity factors.

Consider the following sources of information:

- Existing Rapid Needs Assessment (RNA)⁹ reports
- Multi-Cluster/Sector Initial Rapid Assessment (MIRA)
- Sector/cluster-specific needs assessments
- Existing gender-assessments or analyses
- Humanitarian needs overviews
- Humanitarian response plans
- National or regional context analyses
- National and/or local adolescent population data
- Policy and legal frameworks
- Evaluations and research studies
- Data from ongoing response monitoring
- Project baselines, monitoring and/or evaluation reports
- Multiple Indicator Cluster Surveys (MICS)



Ideally, a desk review is undertaken during the preparedness phase. During the response, regularly update the desk review as new data and information becomes available.



Key action: Coordinate with other stakeholders

Work with partners and inter-agency coordination mechanisms to coordinate needs assessment. Always engage with other actors to understand what information they might have about the situation of adolescents and where possible and appropriate, advocate for joint needs assessment and analysis.

During needs assessment and situation analysis, coordination may revolve around:

- Joint desk review and secondary data analysis on the situation of adolescents
- Joint mapping of available response needs and capacities
- Planning for inter-agency assessments and data collection
- Mainstreaming sex, age, disability and key diversity considerations into data collection
- Advocate for equal representation of adolescents in data collection efforts
- Planning of joint analysis of primary and secondary data
- Dissemination of assessment findings to relevant clusters/sectors and government
- Validation of findings with adolescents and other stakeholders in affected communities



STEP COMPLETED: DEFINE INFORMATION NEEDS

We know what information is available and what data must be collected

STEP 2. IDENTIFY WHO IS AT-RISK

Adolescents are not a homogeneous group; their experiences may be diverse as a result of their family situation, education, health status and other living circumstances. During needs assessment and analysis, it is therefore important to identify which adolescent groups are most at-risk and should be consulted about their needs. Even when targeting only adolescent girls or boys, the same applies; be must be mindful of other factors that intersect with gender and age and increase vulnerability.

At-risk adolescents commonly include:

- very young adolescents (10-14 yrs)
- older adolescents (15-17 or 15-19 yrs)
- out-of-school adolescents
- those engaged in child labour and the worst forms of child labour (WFCL)
- adolescents who are engaged, married, divorced, widowed or abandoned (or at-risk)
- adolescent caregivers
- adolescents living with disabilities
- adolescents who are displaced adolescents on the move or without appropriate care
- separated, unaccompanied or orphaned adolescents
- adolescents who identify as LGBTIQ+
- adolescents living with HIV/AIDS and other chronic illnesses
- adolescents (formerly) associated with armed groups and forces
- adolescents with other protection concerns such as experience of (gender-based) violence, abuse, neglect, exploitation, statelessness, etc.



Adolescent girls are disproportionately affected by emergencies and crises because they are young and female. They should therefore be seen as a priority target group in humanitarian action. As their experiences might be diverse, it is important to identify specific groups of girls within the broader adolescent girl population who require specific attention. These groups commonly include⁹:

- younger adolescent girls (10-14 years)
- older adolescent girls (15-17 or 15-19 years)
- girls who are engaged, married, divorced, widowed or abandoned
- pregnant and lactating girls, and adolescent mothers
- survivors of sexual and gender-based violence
- domestic workers
- girls engaged in sexual exploitation.



Key action: Develop an Adolescent Profile

Create a demographic “Adolescent Profile” of how many adolescents (10-19) make up the affected population, disaggregated by sex, age and disability and other diversity- and vulnerability factors such as school drop-out, child marriage, or teenage pregnancy. This profile helps to prioritise and target adolescents who share these vulnerabilities for further consultation and assistance¹⁰.

In many crisis situations however, adolescent population data can be hard to find, or may not exist. Depending on the phase of the emergency, different approaches can be used to gather this data:



In rapid onset emergency responses, or when time and resources are limited, ongoing programmes, a desk review and/or rapid needs assessments may result in sufficient information to identify (initial) groups of adolescents who are known to be more vulnerable prior to and/or during the emergency or crisis. If no data is available, consult (remotely) with local (partner) organisations about vulnerabilities and capacities among crisis-affected adolescents.



Important: Data gaps about the adolescent population are common. When critical information is missing, use existing data to set *initial* targets, so that humanitarian action does not get delayed. Adjust or expand targeting criteria as more information becomes available or when the situation changes.

When time and resources are available, collect new data in targeted communities using a household survey. Collect missing population data among a sample of the targeted adolescent population including sex, age, disability, education, marital status, childbearing status and other relevant factors. At community level, this data creates an “Adolescent Profile” that highlights existing vulnerabilities as well as capacities among the adolescent population, which in turn can provide a basis for more intentional, adolescent-responsive programme design¹¹.



Tool 3 – Adolescent Profile¹² provides guidance and sample survey questions that can be adapted to a specific crisis context.

While household data collection can be time- and resource-intensive, experience shows that door-to-door visits help response teams to gain a better understanding of how and where (hard-to-reach) adolescents live. Having a better understanding of their target group(s) will help frontline staff better identify and mobilise adolescents for support services or activities.

While the basic population data that makes up an Adolescent Profile can help identify **who** is at-risk, but it does not provide in-depth analysis about **why** these vulnerabilities exist and **how** they impact adolescents. To explore this, additional qualitative data should be collected, where possible through direct consultations with adolescents (see step 3).

Adolescent profile: vulnerability and capacity factors

Adolescent Profile			
Age	Population data on specific ages and age brackets e.g. 10-14; 15-17; 18-24 years	Work status	Working; not working; type of work; working hours
Sex	Female, male (optionally non-binary gender identities)	Marital status	Unmarried; married; divorced
Health	Impairment, health concerns, type and functioning	Childbearing status	No children; children; pregnant
Location / status	Living area; mobility status, displacement / refugee status	Economic assets	Access to own economic resources, livelihoods
Education	In school; out of school; grade	Access to healthcare	Access to healthcare including SRHR information and services
Accompaniment situation	With both parents; with one parent; separated; unaccompanied; with spouse; large family		



It is recommended to collect data among the broader adolescent population and develop an Adolescent Profile of **all** adolescents, even when girls are a priority target group. Data about the broader adolescent population is not only better for comparison between the adolescent girls and other groups, but it can also help identify other at-risk groups of adolescents, including but not limited to: boys, adolescents with non-binary gender identities, with disabilities or with a displacement status.



Key action: Conduct a safeguarding assessment

Before starting any data collection with adolescents, agree on (inter-agency) safeguarding procedures for data collection and other activities that involve direct contact with adolescents during needs assessment. Consider the following actions:



- Conduct a **Safeguarding Risk Assessment** to assess potential safeguarding risks associated with data collection or other activity with adolescents during needs assessment and mitigate those risks prior to engagement with adolescents. Use: **Tool 2 – Safeguarding Risk Assessment** or a locally used risk assessment tool.
- Ensure that all staff and other actors involved in data collection are trained on Plan International's Safeguarding Children and Young People policy, Code of Conduct, PSEA) and other relevant (inter-agency) policies and know how to respond to and report violence and misconduct against adolescents and affected populations.
- Obtain informed consent and assent of adolescents and their caregivers prior to primary data collection including surveys or consultations.
- Nominate one or more trained staff member(s) as safeguarding focal point(s) who can respond to any safeguarding or child protection concerns identified during needs assessments.
- When involving adolescents as data collectors, ensure they are briefed on the safeguarding policy and accompanied by a staff member as the safeguarding focal point.
- When consulting with at-risk groups of adolescents, ensure their selection for consultation does not cause further harm, discrimination or exclusion and is done in a respectful and transparent manner.



STEP COMPLETED: TARGETING

We understand who is at risk and who we should target.

STEP 3. CONSULT WITH ADOLESCENTS

Once we know which adolescents at most likely to be at-risk, it is important to understand their needs and priorities, in order to design an appropriate response. Understanding the specific barriers that girls are facing, can help design strategies for gender-aware and gender-transformative programming.

Where possible and safe to do so, consult directly with adolescents. Participation is not only adolescents' right, but their views also contribute to more relevant responses; adolescents also often know best what their needs are and how these can be addressed. Experience shows that not engaging with at-risk adolescents, particularly girls, often leads to incorrect assumptions that will limit programme reach and impact¹³.

Participating in consultations can give adolescents a sense of control over the situation and agency to contribute to their own recovery. Through this process adolescents can also access information that they have the right to receive and they can be supported to take their own actions to claim their rights.

Consultations with adolescents can be carried out as part of needs assessment in the first phase of the response, as well as later on during programme implementation. Depending on the stage of the emergency or crisis, decide whether to hold a rapid consultation or a more detailed consultation.



Key action: Identify the consultation questions and topics

Use the existing information gaps to identify the assessment questions and topics of the consultation. Generally, consultations focus on:

- **Identifying adolescents' needs, risks and priorities:** explore adolescents' experiences including their needs, risks and priorities and/or their ideas about gaps in the humanitarian response.
- and/or:
- **Designing programme activities with adolescents:** involve adolescents in identifying, prioritising and structuring programme activities in line with their needs and interests, including deciding on the timing, location and/or content of planned or ongoing response activities.



Use **Tool 1 – Adolescent Assessment Framework** to select relevant topics and questions that need to be answered by the consultations – adapt and contextualise questions as needed.



Important: Keep consultations concise by selecting a limited number of consultation topics and questions. The broader the data collection, the harder it will be to analyse and report good quality information. Instead, plan for consultations with adolescent (girl) groups early on in the response and repeat these periodically during implementation to monitor the situation.



Key action: Select participants for consultation

Decide which adolescents to consult with, based on the identified groups of at-risk adolescents and the topics of the consultation. Create groups based on the locally applicable age brackets, to ensure sex- and age-disaggregated data is generated. The age brackets listed below, follow the developmental stages of early adolescence (10-14 years), middle adolescence (15-17) and older adolescence/young adulthood (18-24):

- young adolescent girls (10-14 yrs)
- older adolescent girls (15-17 yrs)
- young adolescent boys (10-14 yrs)
- older adolescent boys (15-17 yrs)
- if applicable: young women (18-24 yrs)
- if applicable: young men (18-24 yrs)

Decide whether it is desirable to consult with adolescents with specific characteristics in separate groups. This may be the case for married girls, young mothers or unaccompanied adolescents. However, it is important to Do No Harm and ensure separate consultations do not lead to stigmatisation.



Important: When consulting with at-risk groups make sure this never leads to stigmatisation or stereotyping. For this reason, never seek out SGBV survivors for group consultations. Confidentiality of GBV survivors of violence must be protected at all times.

Where and when possible, also consult with parents and caregivers of adolescents, and other relevant gatekeepers, such as husbands, employers or community leaders to understand whether they share and support the needs and priorities of adolescents. Understanding the perspectives and roles of those who influence the lives of adolescents, particularly girls, helps develop effective strategies to support the priorities of adolescents.



Important: When it is not possible to consult directly with adolescents, identify other ways to gather information. For example:

- Consult with local organisations with an existing programme that focuses on or includes a significant number of adolescents, or with agencies with access to parents and community gatekeepers;
- Build flexibility into new programmes to further shape or design activities together with adolescents during the implementation phase.



Key action: Select tools

Based on the objective of the consultation, select suitable consultation tools that help gather the desired information. For example, if the objective of the consultation is to understand the impact of the crisis on perceived protection risks of adolescents, Risk and Resource mapping or Body Mapping might be useful tools to use.

Tool selection will depend on the phase of the emergency and the available time and resources:

In rapid onset emergency responses, or when time, access and resources are limited short (remote) Focus Group Discussions (FGD) or Key Informant Interviews (KII) may be the quickest and easiest way to consult with adolescents.

When time, access and resources are available, select one or more participatory tools that allow adolescents to explore, collaborate and discuss various topics, such as a Visioning Exercise.

The table on the next page presents a selection of participatory and adolescent-friendly tools that can be used to consult with adolescents. These qualitative tools can be used with both younger (10-14) and older (15-19) adolescents as long as instructions and questions are adapted to age and ability. The tools can be used as stand-alone exercises or in combination with other assessment tools.

Note that this list is not exhaustive; other, locally available tools may be used as appropriate.

Adolescent-friendly Consultation Tools

Adolescent-friendly Consultation Tools

Name	Purpose of the tool	Tool
Focus Group Discussion (FGD)	To explore adolescents' views about one or more topics. FGDs are suitable as rapid assessment methodology or when time is limited.	Tool 4 - Adolescent Consultation Guide Tool 5 – Adolescent Consultation Reporting Format MHM Rapid Assessment guide by Plan International (2019)
Risk and Resource Mapping	To identify risks and resources, including safe and unsafe places, in the community from the perspective of adolescents of different ages.	These tools can be found in the Child-Centred Multi-Risk Assessments: Field Guide and Toolkit by Plan International (2018) Available in English, French and Spanish on Planet
Transect Walk	To identify adolescents' perceived risks and protective assets within the community including at school, markets, home and community spaces.	
Body Mapping	To explore how a specific event or situation affects adolescents' experiences, thoughts and feelings.	
A Day in a Young Person's Life	To describe adolescents' daily routines, and how their activities and (gender) roles have changed after the crisis.	Tool 6 – A Day in a Young Person's Life
Visioning Exercise	To explore adolescents' hopes and aspirations for their future and identify both enabling factors and barriers to reaching these goals.	Tool 7 – Visioning Exercise
Preference Ranking	To prioritise issues, as well as the solutions and supportive capacities to overcome identified challenges. Preference ranking can also be used to prioritise programmatic activities.	Tool 8 - Preference Ranking
Problem Tree Analysis	To explore the inter-connected (root) causes and consequences of a specific issue or problem, such as child marriage.	Tool 9 – Problem Tree Analysis
Stakeholder analysis	To identify key stakeholders and their power and interest in relation to identified needs or problems.	Tool 10 – Stakeholder Analysis
Service Mapping	To identify which formal and informal services are available and accessible adolescents in their community, who is eligible and where and how they can be accessed.	Tool 11 – Service Mapping
Girl Empowerment Star	To monitor girls' perceptions of the opportunities and empowerment in their lives	Instructions for this tool can be found on Planet Available in English, French and Spanish
Asset Building	To identify the information, social and economic assets and services that adolescents of different ages should have access to.	Instructions for this tool can be found in the Asset Building Exercise (2015) by Population Council



Key action: Prepare for consultations



Use the guidance provided in **Tool 4 – Adolescent Consultation Guide** to plan for consultations with adolescents and select consultation questions. Where possible and safe to do so, train adolescents as data collectors or assistants in consultations. It can be an empowering experience for adolescents to be leading consultations with peers and develop actionable priorities.



TOP TIPS FOR CONSULTING WITH ADOLESCENT GIRLS

- Consider door-to-door outreach to mobilise home-bound girls to take part in consultations.
- Inform parents and caregivers of adolescent girls about the purpose, location and duration of the assessment and seek their permission before inviting the girls.
- Consider sampling limitations given the restrictions on many adolescent girls' freedom of movement and their limited engagement in humanitarian activities. Where required, collaborate with organisations with an existing programme that either focuses on or includes a significant number of adolescent girls, and those with access to parents and community gatekeepers.
- Consider gender balance among data collectors/assessors; often girls feel more comfortable speaking to female staff.
- Where required, engage female community members or leaders to mobilise adolescent girls and accompany staff during consultations with at-risk adolescent girls.
- Regularly conduct risk assessments/safety audits with girls to identify and monitor existing security and safety risks - use findings for (local) influencing work.
- Advocate for periodic consultations with adolescent girls; data can make the issues girls experience visible and help to realise more dedicated programming to address the risks and barriers girls face.

Resources:

- The Alliance for Child Protection in Humanitarian Action and the Women's Refugee Commission. 2023. [Toolkit for Engaging Adolescents in Child Protection and Cash and Voucher Assistance Monitoring and Evaluation](#).
- Plan International. 2016. [Child Protection in Emergencies Programme Impact, Accountability and Learning toolkit](#).
- Plan International. 2018. [Child-Centred Multi-Risk Assessments: Field Guide and Toolkit](#).
- The Girl Effect. 2013. [Girl Consultation Research Toolkit](#).
- The Girl Hub. [The Insights Toolkit](#).
- Save the Children. 2004. [So You Want to Involve Children in Research? A toolkit supporting children's meaningful and ethical participation in research related to violence against children](#).
- Word Vision International. 2019. [Child-led Research: From participating in research to leading it: addressing inequalities in decision-making](#).



STEP COMPLETED: CONSULTATION

We have now consulted adolescents about their needs and priorities.

STEP 4. ANALYSE NEEDS

Needs analysis is the process of making sense of all the collected information about the vulnerabilities and capacities of affected adolescents and their communities. Depending on the phase of the emergency and the available time, a needs analysis can be rapid or detailed.

Needs analysis includes the following steps:

1) **Consolidate data:** bring all collected data together and review what we know about adolescents (i.e. which assessment questions have been answered) and what information is still missing. Break down data as much as possible by sex, age and disability as well as other factors relevant to the assessment.

2) **Validate findings:** Gather relevant internal and external staff, for example programme staff from different thematic areas (e.g. Education, Child Protection, SRHR, Youth Economic Empowerment,) or different functions (e.g. management, business development, frontline staff, MEAL) to validate the findings and compare between different sources (triangulation). Involve national counterparts and peer agencies as relevant. Where possible and appropriate, directly involve adolescents, particularly girls, in the validation of findings.

3) **Prioritise key issues:** Based on the scale, severity and urgency of the identified needs, agree on key issues that must be prioritised in the response. Ensure priority issues reflect gender- and age-specific needs, such priorities for younger and older adolescent girls. When developing gender-transformative programmes, identify key root causes that must be tackled.

Needs analysis feeds into emergency response planning or programme design (Step 5). At inter-agency level, needs analysis feeds into a humanitarian needs overview and subsequently response planning.



STEP COMPLETED: NEEDS ANALYSIS

We have developed a needs overview.

RESPONSE DESIGN AND STRATEGIC PLANNING

Response design and strategic planning is guided by an analysis of the needs, existing capacities and gaps or constraints in context, in this case with specific attention to adolescents. During this phase we answer the following questions:

- **How are the urgent needs of adolescents, particularly girls, best addressed?**
- **What resources do we need to implement our response?**

STEP 5. DESIGN AN ADOLESCENT-RESPONSIVE PROGRAMME

Whilst there are many different ways of working with adolescents in crisis settings, this guide focuses specifically on designing and planning 'adolescent-responsive' programmes.

Plan International defines **adolescent-responsive programming** as “intentional design and implementation of actions that meet the gender and age-specific and diverse needs, priorities and capacities as identified by adolescents themselves, with special attention to girls and at-risk adolescents”.

Adolescent-responsive programming goes beyond conducting single (sector) activities for adolescents within a broader child or youth-focused programme. It is about *responding* to the holistic needs of adolescents and tackling the -often complex- issues affecting adolescent girls, which requires dedicated investment, resources and expertise. Whether designed as a short-term response or a longer-term strategy, adolescent-responsive programming should have:

- A context-specific goal or objective(s) framed around the (humanitarian) needs and well-being of adolescents, and;
- A set of interventions and activities, spanning across relevant sectors and implemented at different levels, that address the gender and age-specific needs of at-risk adolescents.



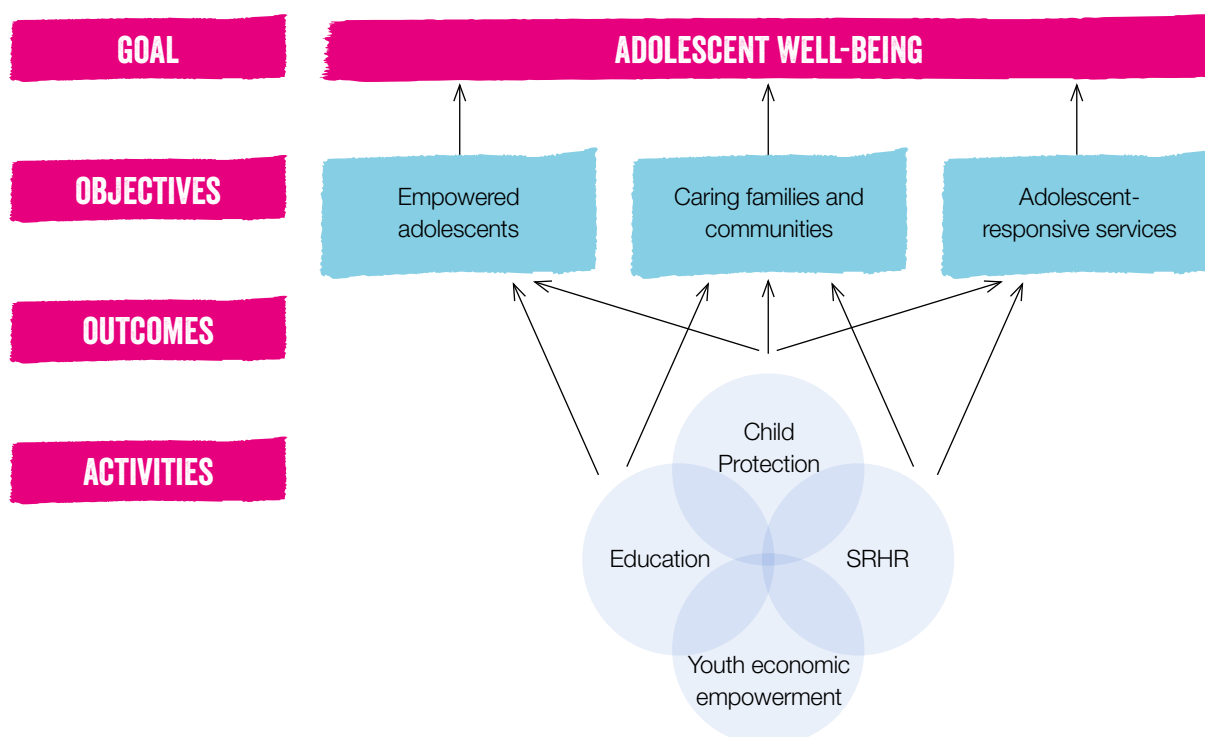
Summary table: Characteristics of adolescent-responsive programming

Adolescent-responsive programming

Approach	<ul style="list-style-type: none"> An intentional, multi-sectoral programme that specifically targets adolescents and is designed to address their holistic, gender- and age-specific needs
Strategic objectives and outcomes	<ul style="list-style-type: none"> Goal and/or objective(s) reflect adolescent-well-being, highlight specific at-risk groups, and/or aim to tackle specific issues (e.g. prevention and response to child marriage) Outcomes reflect change(s) at different levels (individual, family/community, services and/or society)
Data and indicators	<ul style="list-style-type: none"> Data is collected along the following age brackets 10-14; 15-17; and 18-19 (or: 18-24) Indicators measure progress at the level of adolescents Indicators and targets are sex, age and disability-disaggregated (SADDD) and reflect other relevant diversity factors
Activities and interventions	<ul style="list-style-type: none"> Interventions are designed to meet the holistic needs of adolescents instead of addressing issues in a fragmented way Activities range across sectors (multi-sectoral) and where possible, are implemented in an integrated manner
Examples of adolescent-responsive programme actions	<ul style="list-style-type: none"> A (multi-sectoral) needs assessment is conducted to identify the holistic needs of adolescents Safe spaces have a dedicated space and time for adolescent girls where they can access a range of multi-sectoral services and receive support tailored to them Married adolescents and young caregivers (14-17) benefit from age-appropriate learning and/or income generating activities and life skills tailored to their unique needs
Investments required	<ul style="list-style-type: none"> Dedicated time and attention to develop an intentional programme or strategy design Might require dedicated resources (funding, expertise, staffing)

The intentional and multi-sectoral nature of adolescent-responsive programming increases potential for integrated programming, when activities or interventions across multiple sectors contribute to shared objectives or goals.

Illustrative example of how an adolescent-responsive programme promotes an integrated approach to programme/strategy design



PROGRAMMING MODALITIES



Different programming modalities can be used to address the needs of adolescents, ranging from individual support to group-based activities; from targeted interventions to broader child- and youth interventions; and from direct support to adolescents to indirect support through strengthening family, community- and wider society systems.

Below overview classifies the various programme delivery modalities¹⁴.

Direct support, specifically targeting adolescents:

- **One-to-one services tailored to the individual needs of adolescents** (e.g. case management of unaccompanied adolescents, mental health support for young mothers)
- **Group-based interventions designed for adolescents** (e.g. vocational training for married girls, adolescent peer group activities, life skills or sexuality education designed for adolescents)

Direct support, not specifically targeting adolescents:

- **Including adolescents in child or youth-focused activities** (e.g. including adolescents in broader child (0-18) or youth (15-24) activities or groups)
- **Including adolescents in broader community-level activities** (e.g. including adolescents in broader community-awareness raising or community decision-making processes)

Indirect support:

- **Strengthening systems and services to directly or indirectly support the needs of adolescents** (support functioning referral pathways, strengthen community child protection efforts, support awareness raising, community dialogues, and capacity building initiatives)

This categorisation is not intended to indicate a preference of the ways of working with adolescents, but may enable a fuller understanding of the range of options available to teams designing their programmes in a specific context. An effective adolescent-responsive programme may include a mix of these modalities, as reflected in the 'key interventions' in Part 3 of this guide (Programme Framework).



Key action: Define a goal, objectives and outcomes

Setting a goal, objective(s) and outcomes for a response is best done as a collaborative effort between key members of the response team, external partners, and other relevant stakeholders. Where safe and relevant, engage adolescents in the program design process.



Use **Tool 12 - Adolescents in Crisis Results Framework** as a reference when formulating a context-specific goal, selecting strategic objectives and/or outcomes.

This step is illustrated by an example. Programme design should always be based on a context-specific needs analysis.

1. Formulate the goal

The goal reflects the high-level impact that the programme, project or strategy will contribute to. The goal should reflect adolescents as a target group and be framed around adolescent well-being and/or specific issues that are to be addressed (e.g. child marriage).

Example: In the context of a slow-onset drought-response a goal of an adolescent-responsive programme targeting adolescents between 10-17 years, could be formulated as follows:

Adolescents (10–17 years) affected by the drought can learn, lead, decide and thrive before, during and after the crisis, and girls are protected from child marriage.

2. Select objectives

Objectives should reflect the bigger changes (results) of the programme, project or strategy. The Adolescents in Crisis Result Framework has objectives for each 'level' at which changes can take place: individual, family and community, and broader societal level.

Use **Tool 12 - Adolescents in Crisis Results Framework** to select one or more relevant objectives that reflect the prioritised 'levels' of intervention - contextualise formulation as needed:

1. **Adolescents (individual):** "Adolescents are empowered with positive skills, information and services and girls have equal opportunities to participate and lead in crisis and fragile settings"
2. **Family and community:** "Adolescents live in safe and supportive families and communities where their basic needs are met and girls enjoy equal rights and opportunities in crisis and fragile settings"
3. **Services, policy and society:** "Adolescents have access to adolescent-responsive services, inclusive policies and laws that promote their survival and wellbeing in crisis and fragile settings"

Example: In the context of a slow-onset drought the 12 month-response plan prioritises supporting adolescents, as well as their families and communities. Less emphasis is placed on strengthening external service providers or humanitarian systems. In this situation, two objectives could be:

Objective 1. Adolescents, particularly (married) girls, are empowered with skills, information and services and girls have equal opportunities to participate and lead in crisis and fragile settings.

Objective 2. Adolescents, particularly (married) girls, live in safe and supportive families and communities where their basic needs are met and girls enjoy equal rights and opportunities

3. Select outcomes

Per objective, multiple changes might need to occur to achieve them. These changes are the outcomes. Outcomes reflect the concrete changes expected by the end of the programme, project or strategy.

Review the nine outcomes in the **Tool 12 - Adolescents in Crisis Results Framework** and select relevant outcomes that reflect prioritised changes – contextualise as needed:

Example: In the context of a slow-onset drought-response, the country office has a strategic focus on Child Protection, Education and Youth Economic Empowerment, and family- and community food security is an urgent priority. In this situation, the following outcomes could be selected:

Outcomes supporting objective 1:

- 1.1 **Adolescents**, particularly (married) girls, are protected from violence, abuse, neglect and exploitation, and survivors have access to quality protection services and psychosocial support.
- 1.2 **Adolescents**, particularly (married) girls, have access to safe and inclusive learning opportunities.
- 1.3 Adolescents, particularly (married) girls, have skills and opportunity to access livelihoods

Outcomes supporting objective 2:

- 2.1 **Caregivers and families** of at-risk adolescents have access to food-security and other services that enable them to care for and protect adolescents, and prevent child marriage amongst girls.
- 2.2 **Community-level actors, services and networks** support at-risk adolescents and families, and drive community-level actions to promote equality for girls.



Key action: Select relevant activities and interventions

Once the goal, objective and/or outcomes have been defined and it is clear what changes need to occur, identify the activities and interventions that are needed to achieve these changes.

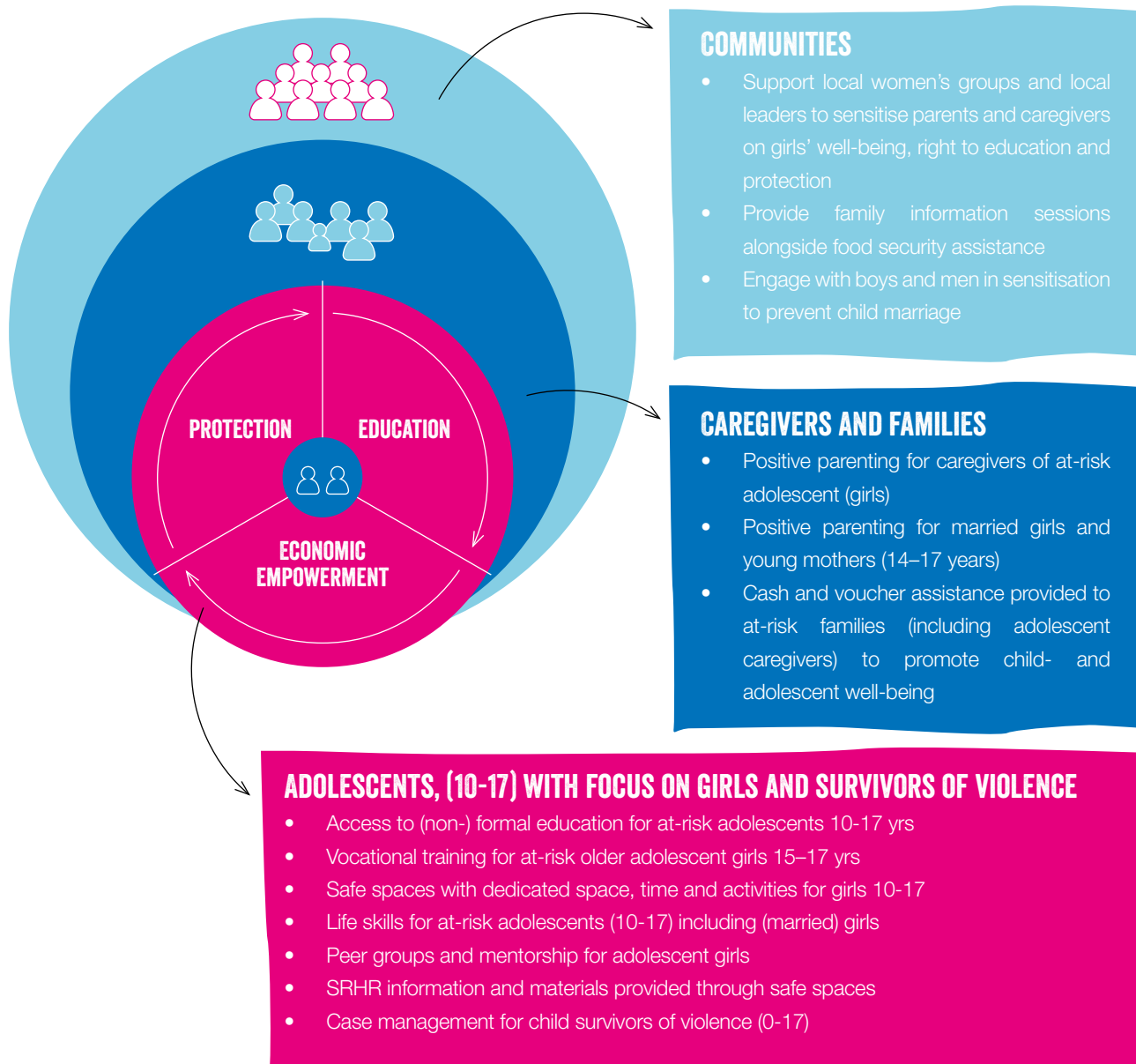
An adolescent-responsive programme includes activities and interventions that meet both **age**-specific (developmental) needs of adolescents as well as **gender**-specific needs and barriers. In multi-year programmes with gender-transformative outcomes and objectives, selected activities and interventions should address **root causes** of identified issues.

To select key interventions, use the following two resources as a reference:

- The key intervention list in **chapter 3** of this toolkit.
- Plan International's Emergency Response Programme Manual (2020).

Example: In the context of a 12-month drought response, a selected number of activities have been identified under each of the prioritised objectives and outcomes. Other-sector activities may be integrated to meet the urgent needs of adolescents. Illustrative example of multi-sectoral and multi-level interventions of an adolescent-responsive programme

Illustrative example of how an adolescent-responsive programme promotes an integrated approach to programme/strategy design



Always assess what specific approaches and programme modalities are required to reach and include the most vulnerable adolescents. Where possible and safe to do so, engage directly with adolescents, particularly with girls and at-risk groups, as well as gatekeepers, to ensure these measures are included in response activities and interventions.

Below are specific tips for designing programmes with and for adolescent girls:



TOP TIPS FOR ADOLESCENT GIRL-RESPONSIVE PROGRAMMING

Evidence¹⁵ shows that the following approaches help to tackle barriers for girls and increase their mobility, access to services and overall well-being:

Outreach

- Conduct targeted outreach to hard-to-reach girls, such as married girls and young mothers.
- Involve trusted peers or female community members in outreach to and mobilisation of at-risk girls

Time, location, proximity

- Reduce barriers of time and distance to services for adolescent girls by bringing education, safe spaces, health services and other essential facilities closer to girls' homes, for example by establishing community-level services or deploying mobile teams.
- Make the environment safer for girls by promoting appropriate group or class sizes, safe and private latrines, and by ensuring a gender-balanced selection of mentors, facilitators or teachers.
- Establish girl-only safe spaces or dedicated times within existing spaces where adolescent girls can meet, participate in activities and receive services.
- Ensure programme activities do not add to girls' work load

Promote skill building, mentorship and peer support

- Promote girls' access to peer activities, social networks, mentorship and role models.
- Promote socio-emotional learning and other skills through life skills, vocational skills, peer-to-peer education and leadership opportunities.
- Create opportunities for girls to monitor and address their own protection needs, including through local (peer) groups, committees or security patrols, as applicable.
- Create opportunities for girls to be economically empowered, through engaging in livelihoods opportunities, running small businesses, and financial literacy, for example.
- Support girls' health through the provision of SRHR and MHM information and materials and nutrition information and services, as part of broader programmes.
- Create opportunities and space for girls to participate and lead, for example through project or community committees or bodies, supported by actions aimed at building girls' confidence, public speaking and negotiation skills.

Tailor services to married girls and young mothers

- Work to prevent or delay child marriage by understanding the drivers behind child marriage in context and designing behavioural change and mitigation strategies.
- Cater to married adolescent girls and young mothers in safe spaces, protection, education, health and other programmes, by providing childcare or pre-school services, and offering additional support such as positive parenting, NFI support and (financial) literacy.
- Increase access to services for married and working adolescent girls and young mothers by offering flexible timing and locations of service-provision and where needed, cater for childcare services.

Prevent and respond to (gender-based) violence

- Involve girls in designing strategies to address harmful (gender) norms affecting girls such as child marriage or FGM/C, and mitigate related risks.
- Conduct risk mitigation of girls' and young women's (economic) empowerment as related to GBV, e.g. family members or partner uses violence to take women's earnings, or as a punishment for transgressing norms on traditional gender roles and male dominance.
- Support community-level social cohesion activities that promote inclusion, reduce stigma and tackle discrimination against adolescent girls, such as girls (formerly) associated with armed forces and armed groups, divorced, abandoned or unmarried mothers, and girls living with disabilities.
- Analyse and address root causes of GBV to design gender-transformative programme strategies

Engage with boys and men

- Engage with boys and men as partners and allies in promoting gender equality and fighting against violence aimed at girls and women.
- Consider and support the basic needs, mental health, education and livelihoods needs of adolescent boys and young men, male caregivers and spouses living with girls, in order to reduce risks of GBV occurring against girls and young women, as well as reduce negative impacts of violence on the future wellbeing of boys and men themselves.

Engage with gatekeepers

- Involve caregivers and other gatekeepers such as local and religious leaders and designated "champions" in developing strategies to raise awareness, sensitise and shift community attitudes to reduce stigma and increase support for adolescent girls to access services.
- Establish feedback mechanisms that include adolescent girl-friendly feedback channels that enable girls to privately and confidentially report barriers, risks and safeguarding concerns.
- Involve local and religious leaders as allies in changing harmful social norms affecting girls.
- Support local (women's) organisations who provide services and support to adolescent girls.



Important: Plan International's short-term programmes and influencing work in emergencies and crisis settings should be at minimum gender aware, whilst longer-term programming should contribute to gender transformative and inclusive change.

It is important to be reminded that changing gender norms or root causes of gender-based violence can take time and may need a careful, time-intensive approach. Attempting to change long-held gender dynamics quickly may cause tensions and result in a backlash against the adolescent girls. Risk mitigation strategies must be in place to anticipate and prevent any harm.

Gender marker

Use gender marker tools to review extent to which projects, programmes or strategies consider gendered needs and contribute to gender-transformative change.

For projects with a short duration (0-12 months) use the [IASC Gender with Age Marker](#)

Beyond 12 months, projects can use [Plan International's Gender Transformative Marker](#).

Use Plan International's guidance for conducting a [Rapid Gender Analysis](#).

Key actions for preparedness, disaster risk reduction (DRR) and resilience programming with and for adolescents include but are not limited to¹⁶:

- Provide adolescents on information about disaster risks, as well as preparedness and/or mitigation measures to share with their peers, within their households and wider communities.
- Undertake adolescent-led multi-risk assessments as part of the disaster preparedness process or as part of disaster risk reduction or resilience programming. Involve younger and older adolescents in assessing hazards and vulnerabilities and developing youth- and community-led action plans¹⁷.
- Include disaster-related information into life skills, safe space and educational programmes as well as in parenting sessions.
- Develop partnerships with adolescent- and/or youth-led organisations in crisis-prone areas and train members in key skills for response including but not limited to: first aid, outreach, communication and awareness raising, monitoring and evaluation, humanitarian standards, human rights including refugee rights.
- Promote sustainable (green) economic opportunities for adolescents of working age.

5. Set targets and develop indicators

Set targets and indicators that specifically track the progress and impact of an adolescent-responsive programme. Break down targets and indicators by sex/gender, age and disability - use locally relevant age brackets (e.g. 10-14 years; 15-17 years; 18-19 or 18-24 years). Disaggregated data is a condition for effective reporting on gaps and results for younger and older adolescents. Ensure that indicators do not only track the direct changes as a result of activities (outputs) but also the short- and longer-term changes (outcomes).

Example: In the context of the 12-month drought response, possible outcome indicators could be:

- % of enrolled adolescents (F/M) who have graduated from their learning programme
- % of trained adolescent girls with a reliable source of income as a result of income-generating activities
- % of adolescent girls who report they can safely access spaces and activities designed for them
- % of targeted adolescent caregivers (F/M) who demonstrate improved parenting skills
- % of targeted food insecure families who used CVA and FSL to promote well-being of adolescents
- % of targeted boys and men including husbands and fathers who report positive attitudes towards gender equality and girls' economic empowerment



TOP TIPS FOR TARGETS AND INDICATORS TO TRACK PROGRESS FOR ADOLESCENT GIRLS

- Ensure all indicators are disaggregated by sex, age and disability (SADDD).
- Ensure outcome indicators focus on tracking the outcomes of specific project interventions on adolescent girls' protection, health, education or economic status, wellbeing and empowerment; identified safety risks; and/or identified barriers for girls.
- Indicators should always be programme- or project-specific but could focus on adolescent, caregiver or community attitudes related to the rights of adolescent girls; support for gender equitable norms around aspects such as the division of household labour or freedom of movement; equitable access to services for girls; utilisation and satisfaction rates of key services such as protection, education and health; proportion of adolescent girls reporting engagement in decision making about their lives/their communities; use of contraceptive prevalence rate among married adolescents; as well as specific indicators for vulnerable or hard-to-reach adolescent girls.
- Include outcome indicators in monitoring frameworks, real-time evaluations, mid-term reviews and end-of-project evaluations.
- Ensure output and outcome indicators measure the specific impact of interventions on identified safety risks and barriers to access services.
- Monitor risks to (economic) empowerment of girls related to GBV e.g. family members or partner uses violence to take women's earnings, or as a punishment for transgressing norms on traditional gender roles and male dominance.
- Always involve a protection specialist when monitoring prevalence of CP issues including SGBV.



Key action: Develop a budget

Develop a budget based on the designed programme interventions, the targets set for adolescents, and staff required for the programme. In addition to budget required to implement selected interventions, consider the following budget lines¹⁸:

Staff positions

- Technical specialists who can lead the design and implementation of adolescent-responsive programmes, with specific focus on adolescent girls.
- Gender-balanced staff with competencies in working directly with and for adolescents including master trainers for specific Plan International methodologies such as life skills and parenting.
- Gender-balanced community-based facilitators and mentors, who work directly with adolescents (as volunteers, incentive-workers or as junior staff members).

Capacity building

- Essential trainings for all staff working with adolescents, including partner staff and youth/community volunteers.
- Training for staff and community facilitators on relevant methodologies (e.g. adolescent life skills and parenting).
- Training for staff and community facilitators on receiving and reporting CP/GBV cases, provided by a CP/GBV specialist.
- Team-building and ongoing mentoring activities for community volunteers, mentors and young staff members.

Programme activities

- Regular consultations with adolescents to inform response priorities and design as well as to monitor and evaluate the programme.
- Outreach to and mobilisation of adolescent girls and their families.
- Flexible budgets for adolescent peer groups and networks for their own projects and initiatives.
- Budget to enhance inclusion of adolescents and caregivers with disabilities in the programme (e.g. staff training on inclusion, targeted activities or materials for people with impairments).
- Cash or in-kind incentives for families of adolescents, to promote adolescent well-being outcomes, or if/when appropriate, to facilitate participation of at-risk adolescent (girls) in programme activities.
- Plan for specific feedback channels for (at-risk) adolescents as part of broader feedback mechanisms.

Materials

- Age-appropriate recreational and learning kits tailored to younger and older adolescent girls and boys including those with disabilities.
- Dignity kits for adolescent girls and female caregivers and hygiene kits for adolescent boys and male caregivers, each with content prioritised by affected groups in context.
- Information, communication (including ICT) and education materials tailored to the language and abilities of younger and older adolescents, including those with disabilities.
- Materials for adolescent peer group activities such as mats, handcraft materials or cooking supplies.



TOP TIPS FOR ADOLESCENT GIRL-RESPONSIVE BUDGETS

- Female staff members dedicated to working with adolescent girls
- Incentives and capacity building for female community facilitators and mentors to support adolescent girl programme activities through mentoring, supervision or facilitation
- Specialised CP case management staff to respond to adolescent survivors including child marriage cases
- Budget for (referrals to) psychosocial, medical and legal services for adolescent survivors of GBV
- Dedicated safe spaces for adolescent girls
- Dedicated WASH facilities for adolescent girls to manage their periods, e.g. MHM rooms



Key action: Develop a Detailed Implementation Plan

Develop a Detailed Implementation Plan (to prepare project or programme implementation. Plan for staffing and capacity, tailored programme tools and methodologies, communication and procurement. Also outline the roles and responsibilities of adolescents and other community members in the implementation and monitoring of the project.

Staffing and capacity building

- Develop a gender-balanced staffing structure / organogram to support the adolescent-responsive response strategy, programme or project.
- Ensure key competencies for staff working with adolescents are reflected in job descriptions, recruitment and learning and development tools.
- Develop a capacity-building plan for the programme or project team including all community/youth facilitators who work with and for adolescents.

Tools and methodologies

- For each selected key intervention (see chapter 3), review and select appropriate tools and resources for programme implementation.
- Select gender, age, and context-appropriate methodologies for adolescent-responsive programming, including but not limited to: life skills and parenting curricula, including adapted sessions for adolescent caregivers, SRHR information and sexuality education curriculum, recreational and psychosocial activity manuals, employability training manuals, etc.
- When adapting programme methodologies, such as life skills and parenting curricula, ensure content and approach is aligned with Plan International's global programme models and approaches.
- Adapt selected programme tools to the local context, including but not limited to: registration forms, databases, feedback forms and other MEAL tools. Ensure sex-, age- and disability-disaggregated data (SADDD) is collected.
- Include creative methodologies play-based activities including games, creative exercises including drama, story-telling, dance, music and arts-based methodologies.

Communication

- Develop an adolescent-friendly communication plan by mapping out the targeted adolescent groups and their information needs, preferences and barriers.
- Develop adolescent-friendly information, education and communication (IEC) materials.
- Plan for the development of key messages and IEC materials with adolescents, particularly girls.
- Ensure that any media work respects the dignity and confidentiality of all at-risk adolescents and survivors of violence in line with Plan International's safeguarding policy and procedures.
- Work with media actors on ethical and responsible reporting about protection concerns.

Procurement plan

- Consult with adolescents about the composition of kits (e.g. hygiene kits or family kits) and engage with adolescent girls about the content of dignity kits (e.g. type of menstruation pads, underwear).
- Select local vendors to reduce environmental impact and stimulate the local economy, and where possible, promote procurement with (local) female entrepreneurs.
- Consider if items such as furniture for safe spaces or learning centres, menstruation pads, play equipment and toys, can be produced as part of Cash-for-Work programmes.

Information management

- Ensure information collection and management systems collect at minimum sex-, age and disability-disaggregated data (SADDD) and other criteria, in line with national policy and legislation and international norms and standards.
- Track how many adolescents make up the affected population and how many are reached by the response.
- Ensure the needs of adolescents and response actions specific to adolescents are reported through internal information management channels including through SitReps and reports.
- When required, set up inter-agency information management systems such as the Child Protection Management System (CPIMS) or Gender-Based Violence Information Management System (GBVIMS).



STEP COMPLETED: DESIGN

We have designed an adolescent-responsive programme.

STEP 6. MOBILISE RESOURCES

When developing proposals or approaching donors, the messages and data in chapter 1 of this guide and toolkit may be useful. In addition, the following tips mobilisation are helpful during resource mobilisation for adolescent-responsive programming:

- **Provide data.** The gaps in adolescent-responsive programmes and funding are often traced back to a lack of clear data and understanding of the specific needs of adolescents. Present clear data and key messages on the needs of adolescents in the specific crisis context.
- **Build relations.** Engage with donors before and during a humanitarian response, keep them informed about the situation and advocate consistently for including adolescents in their priorities and budget allocations.
- **Inform donors.** Share needs analysis with donors and present a reasonable response strategy.
- **Demonstrate collaboration.** Where possible, demonstrate a collective response among humanitarian actors, including local actors.
- **Start small.** When a comprehensive adolescent-responsive programme is not (immediately) feasible, start at small scale by including single activities in (sector-specific) response plans. This may provide a starting point for more comprehensive programming.
- **Communicate.** Work with communication and media actors to communicate the progress and positive results of intentional targeting of adolescents. Share good practice examples and stories that demonstrate the impact of responding to the needs of adolescents in crisis settings.
- **Gender with Age Marker (GAM):** Humanitarian project proposals should be entered into the GAM website to examine levels of gender and inclusion, accountability, protection during the proposal development process to ensure we “leave no one behind”.



STEP COMPLETED: RESOURCE MOBILISATION

We have engaged with donors and mobilised resources.

IMPLEMENTATION AND MONITORING

A first step of implementing adolescent-responsive programmes is outreach and mobilisation of adolescents to join activities that are designed for them. During implementation, we ensure that activities are tailored and that we are reaching the targeted adolescents.

During this phase we answer the following questions:

- **How can we best mobilise adolescents, particularly adolescent girls, for participation in activities?**
- **How can we ensure our programme activities are adolescent-responsive?**
- **Are we reaching the right groups of adolescents?**

STEP 7. MOBILISE ADOLESCENTS



Key action: Conduct a safeguarding risk assessment

A safeguarding risk assessment is part of standard Plan International safeguarding procedures and also applies to partner-implemented programmes. Before implementing any activity involving children, adolescents or young people, use **Tool 2 – Safeguarding Risk Assessment** to identify safeguarding risks and develop a plan to mitigate those.



Key action: Conduct outreach and mobilisation

Some groups of adolescents may be more difficult to identify and mobilise; adolescent girls, married girls and adolescent mothers, as well as working adolescents are typically less visible in the community than younger children or school-going adolescents, due to their specific roles and responsibilities. It is therefore important to develop a mobilisation plan to include them.

- Sensitise gatekeepers (parents, employers, husbands) on the rights of adolescents and the benefits of their engagement in activities such as education, livelihoods or recreation.
- Deploy mobile teams to identify and engage adolescents who may not be immediately visible, such as working adolescents or home-bound adolescent girls.
- Involve adolescents themselves in developing strategies to build trust with caregivers and other gatekeepers in the community to include hard-to-reach adolescents.



Key action: Explain services to adolescents and their caregivers

Another key aspect of building trust is to provide information to both adolescents and their caregivers about the programme, activity or service provided.

- Inform adolescents and their parents, caregivers and/or spouses, as well as other influential community members about the programme, days, times and conditions for participation.

- Seek their input about the circumstances that will allow adolescents, particularly girls, to join.
- Always seek the consent of parents, caregivers but where appropriate husbands/in-law family or other community decision makers, for girls' participation.
- Ensure that language on protection is defined by girls and young women and framed around their wellbeing, so not to put them further at risk.



STEP COMPLETED: MOBILISATION

We have now mobilised and informed adolescents and their caregivers.

STEP 8. PROMOTE ADOLESCENT-RESPONSIVE ACTION



Key action: Set up adolescent-friendly feedback mechanisms

Feedback mechanisms must be set up from the very beginning of a response. A feedback mechanism must be gender and age-responsive, safe and confidential, and conflict-sensitive and be accessible for all children, adolescents, young people and adults that Plan International (and partners) work with. Design specific information and feedback channels are designed for adolescents, and that adolescent girls and at-risk adolescents have equal access to these mechanisms.

More guidance on how to set up feedback mechanisms and a variety of child- and adolescent-friendly tools can be found in Plan International's [Child-Friendly Feedback Mechanisms Guide & Toolkit](#).



Key action: Promote adolescent-responsive action across sectors

The multi-sectoral nature of adolescent-responsive programming require strong coordination between actors. Work with partners and through inter-agency coordination mechanisms to promote the needs and priorities of adolescents, particularly girls in crisis settings.



Use **Tool 13 – Adolescent-responsive Programme Actions** to ensure sector-specific activities, information, and services are adapted to the needs and capacities of adolescents, particularly girls.

Other actions to advocate for in inter-agency and coordination mechanisms include:

- Data collection and indicators disaggregated by sex, younger and older adolescent age brackets, disability and other relevant diversity factors
- Needs assessments and response planning and with for adolescents, particularly girls
- Inclusion of the needs and priorities of adolescents in sector-specific response plans.
- Funding for multi-sectoral programmes for adolescents, particularly in the areas of child protection, sexual and reproductive health, secondary education and livelihoods, with specific attention to girls and at-risk groups of adolescents

- Dedicated safe spaces for the most vulnerable adolescent girls
- Creating space for community initiatives led by adolescents and young people
- Partner with youth-movements and -organisations and provide technical and operational support
- Continued learning and pathways to livelihoods for adolescents on the move including refugees
- Inclusion of adolescents in local/national disaster response mechanisms
- Joint monitoring and evaluation, and sharing learnings about adolescent-responsive programmes
- Initiate or support inter-agency coordination to promote the needs and rights of adolescents in crisis.

INTER-AGENCY COORDINATION: YOUTH WORKING GROUP (YWG) IN COX'S BAZAR, BANGLADESH

In Bangladesh, children and adolescents comprise 55 per cent of the Rohingya refugee population. The YWG is a coordination structure built by the Education and Child Protection sectors to gather data on, advocate for, and support programmes for young people in the Rohingya and host communities. The YWG developed a Skill Development Framework for displaced Rohingya adolescents aged 10 to 18 years in Cox's Bazar. The purpose of this framework is to empower younger (10-14) and older (15-18) adolescents through foundational, transferable and job-specific skills

In addition, the Youth Working Group has led:

- the development of advocacy messages for the government to allow Rohingya adolescents and youth to take part in an income-generating programme;
- mapping of existing initiatives for young people made available for all humanitarian partners;
- a review of existing adolescents and youth-focused life skills materials to complement the effort; and
- training of partners in adolescent girl-centred programme design.

Adapted from: The Compact for Young People in Humanitarian Action. 2020. Nothing about us, without us: IASC Guidelines on *Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and the Norwegian Refugee Council.

WORKING WITH DISPLACED ADOLESCENTS



Adolescents who are forced to flee, including asylum seekers, refugees and internally displaced people as well as adolescents who are stateless often face additional challenges in emergencies and crisis situations. Consider the following when implementing programmes targeting displaced adolescents and/or stateless adolescents²⁰:

- Displaced and stateless adolescents may have specific (protection) concerns as a result of social exclusion, discrimination and lack of access to available services.
- Likewise, adolescents in host communities might be excluded from services that are available to displaced populations and not for marginalised persons within host communities.
- Monitoring systems including data collection, information management, and case referral systems may not cover displaced and stateless populations, meaning that they may be excluded from (humanitarian) services and that their long-term needs are not addressed.
- Refugee contexts might be politically sensitive and complex settings where the policy environment is ambiguous and the role of national duty bearers of protecting these adolescents remains unclear.
- Programming with refugees should focus on durable solutions including voluntary repatriation, local integration, and resettlement, as well as options for adolescents to work or study abroad.

Resources:

- INEE. 2019. [INEE Guidance Note on Gender](#)
- Women's Refugee Commission. 2015. [Including Adolescent Girls with Disabilities in Humanitarian Programmes: Principles and Guidelines](#)
- The Compact for Young People in Humanitarian Action. 2019. [Guidelines for Working with and for Young People in Humanitarian Settings](#).



STEP COMPLETED: MOBILISATION

We have promoted adolescent-responsive programming and influencing

STEP 9. MONITOR PROGRAMMES WITH ADOLESCENTS



Key action: Monitor adolescent-responsive actions

Whether a humanitarian response programme is specifically designed for adolescents or targets a broader population group, it is always important to monitor how programme actions affect adolescents, particularly girls. Always monitor the following:

- Whether the programme or project reaches the intended outcomes, beyond basic tracking of outputs. Use existing guidance on [developing indicators](#) and minimum [beneficiary disaggregation](#) in humanitarian settings.
- Whether there are unintended consequences of humanitarian action on adolescents and whether 'Do No Harm' principles are adhered to. For example, distributions may unintentionally pull adolescents out of school and push them into child labour if these risks are not mitigated.
- Whether adolescents' feedback is responded to appropriately and whether it sufficiently influences programme decisions.
- Whether the programme or project is reaching the groups of adolescents that were initially targeted, or if certain groups are under- or over-represented.



To monitor coverage, i.e. whether the targeted groups of adolescents are being reached, collect basic demographic data (see [Tool 3 – Adolescent Profile](#)) as part of project baselines and in monitoring and evaluation activities. Ensure individual registration forms, attendance sheets and other programme tools can provide data on key indicators such as school enrolment, marriage and childbearing status.

Where possible and safe, involve adolescents in monitoring programme activities. Select age-appropriate, participatory tools to monitor programme progress, adolescent participation and to capture feedback with adolescents.



Monitoring and ongoing dialogue with adolescent girls is especially important to identify any shifts in community dynamics and perceptions of adolescent-programming. For example, risks of GBV related to the (economic) empowerment of girls and young women may involve a partner using violence to take women's earnings or as a punishment for transgressing norms on traditional gender roles and male dominance. Where and when risks arise, implement mitigation measures such as consultations with men on programme design and sensitisation with male gatekeepers and family members.

MONITORING AND REPORTING ON CHILD PROTECTION AND GENDER-BASED VIOLENCE



Trend data about child protection concerns and gender-based violence produced at inter-agency level, can inform decision-making on programming and advocacy based on trends over time.

It is not recommended to collect or report specific GBV incidents or prevalence rates. Never share data that may be linked back to an individual or identifiable group, such as GBV survivors.

Why sharing case numbers of survivors is not recommended:

- **Sharing case figures can lead to the identification of survivors, service providers and communities**, even where no identifying information is shared. For example, sharing data related to survivors with disabilities at a lower geographical level (i.e. town or camp) can lead to the identification of the survivor if there are few persons with disabilities in this specific town or camp.
 - **Case numbers give the false perception that it is representative of the prevalence of GBV incidents in a given situation**, even when provided with contextual information on how the data was collected and that under-reporting should be considered. Reporting on case numbers can undermine the work done by GBV actors and service providers and might push donors and decision-makers to de-prioritize attention given to the GBV sector in the humanitarian response.
 - **It encourages recipients of data to ask for identifying information and follow up on individual cases** – hoping to understand the name behind the number. This will more likely break the principle of confidentiality of survivors.
 - **In the long term, it perpetuates an unnecessary dependency on numbers in order to trigger responses**, and limits our capacity to respond to nuances in the context. Looking at trends (percentages), rather than numbers, encourages actors to conduct more in-depth analysis and understand better how to respond to the needs and gaps identified from the data.
 - **In places where CP or GBV Information Management System is not rolled out, sharing case number raises the question on whether informed consent was provided by survivors to share their information.**
- Sharing case data, even in aggregate format without the survivors' consent for against CP and GBV guiding principles.

Further information on safe and ethical data sharing can be found in the GBVIMS [learning products](#).



STEP COMPLETED: MONITORING

We have monitored our programmes and collected relevant information

REVIEW AND EVALUATION

Review and evaluation of our programmes encompasses a range of activities from knowledge management to evaluation and research. During this phase we answer the following questions:

- **How effective are we in meeting needs of adolescents, particularly girls?**
- **What are effective approaches in promoting well-being outcomes for adolescent girls?**

STEP 10. EVALUATE AND LEARN



Key action: Review and evaluate programmes with adolescents

Evidence is essential for effective programming with and for adolescents in crises. Besides assessing or studying the specific issues that affect adolescents in crises, it is also key to assess the effectiveness of intentional programming that is designed to address their needs and tackle barriers for girls. It is important to think through the different types of evaluation methodologies and tools that can best answer your evaluation questions. Moreover, evaluations should always be undertaken in line with the seven criteria of evaluation in complex emergencies²¹: Relevance/appropriateness; Connectedness; Coherence; Coverage; Efficiency; Effectiveness; and Impact.

Where possible and safe, involve adolescents in review and evaluation of the programme they were part of. Select age-appropriate, participatory tools to capture progress against the goals set by and for adolescents. Always consider using the consultation tools listed under step 3 of this chapter. At country and regional levels, identify specific research and learning priorities that can feed into the learning agenda.

Resources

- [Guidance on Research with Adolescent Girls in Crisis \(draft version 2019\)](#) developed by Plan International and Monash University following five studies with adolescent girls in protracted crisis settings.
- Save the Children's [A Kit of Tools for participatory research and evaluation with children, young people and adults \(2010\)](#).
- [Child Protection in Emergencies Programme Impact, Accountability and Learning toolkit](#)
- Plan International's Monitoring, Evaluation, Research and Learning (MERL) resources on [Planet](#).



STEP COMPLETED: EVALUATION AND LEARNING

We have reviewed and evaluated our programmes.

PREPAREDNESS

Disaster preparedness is a key component of Plan International's work which involves preparations by country offices to rapidly respond when a crisis occurs. Consider the following preparedness actions to prepare to respond to the needs of adolescents and girls in crisis:

- **Desk review:** use secondary data to create a profile of the adolescent population in country, including pre-existing, gender- and age-specific risks and key issues in previous emergencies.
- **Gender analysis:** carry out a (rapid) gender analysis of the country or specific locations/populations prior to the emergency and review key (gender) impacts of previous crises to understand potential vulnerabilities of adolescent girls during a future crisis.
- **Response scenarios:** identify key rapid response actions for adolescents, particularly girls for different disaster scenarios, using this toolkit as well as Plan International's DRM programme Manual.
- **Proposition stocks:** select potential vendors of adolescent girl-specific NFIs or kits, and develop relevant partnerships. Where possible, consult with adolescents when developing content lists.
- **Build staff capacity:** Ensure rapid response staff have key skills and knowledge to work with adolescents in the first phase of a response and to implement key interventions and methodologies. Ensure technical staff are familiar with this resource including tools to use during response.
- **Identify partners and allies:** Identify peer agencies and existing adolescent engagement fora such as youth groups, and join forces to promote the needs of adolescents (girls) in crisis, and undertake preparedness actions jointly where possible.

Resources

- Plan International. 2019. [Emergency Response Operations Manual](#).
- Plan International. 2020. Emergency Response Programme Manual.
- Plan International. 2020. Strengthening Resilience Package.

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20. Ibid p.37; UNHCR (2016) We Believe in Youth: Global Refugee Youth Consultations.
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Plan International is an independent development and humanitarian organization that advances children's rights and equality for girls.

We believe in the power and potential of every child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. Working together with children, young people, our supporters and partners, we strive for a just world, tackling the root causes of the challenges facing girls and all vulnerable children.

We support children's rights from birth until they reach adulthood. And we enable children to prepare for – and respond to – crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge.

We have been building powerful partnerships for children for over 80 years, and are now active in more than 71 countries.



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