

Rapid Gender Analysis for Adolescents and Youth

Step-by-Step Guide



MEXICO: Two sisters play a game together in a safe space at the migrant shelter. © Plan International

Acknowledgements



Between 2022 and 2024, Plan International and CARE collaborated to expand CARE's standard Rapid Gender Analysis (RGA) Toolkit to ensure and strengthen the safe participation of adolescent girls and boys, young men and women, and other groups that are often marginalised or not consulted in humanitarian settings. This work was funded and co-coordinated by Plan International Belgium. [CARE's RGA toolkit](#) is subject to a [Creative Commons Attribution - Non-Commercial-ShareAlike 4.0 International Public License](#).

The Adolescent RGA Toolkit draws on Plan's extensive experience working with children, adolescents and youth, and CARE's leadership in rapid gender analysis. This toolkit was piloted by Plan International and the final version developed to support the broader humanitarian sector. Its goal is to strengthen the capacity of humanitarian practitioners to respond effectively to the unique needs of adolescents and youth (particularly girls and young women) and their families in emergency contexts.



BENIN: A girl and her grandmother smile at the camera. © Plan International

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Ethics Approval for the Rapid Gender Analysis Step-by-Step Guide

Please note this guide and its tools have been pre-approved by the Plan International Ethics Review team in order to facilitate rapid data collection in the case of emergencies. However, teams will still need to do a **safeguarding risk assessment** for data collection.*

Any changes to this toolkit will need to be approved by Plan International's Ethics Review Team. For other MERL activities that fall outside the RGA step by step guide, you are likely to still need to obtain ethics approval from Plan International ERT or another Institutional Review Board. See which MERL initiatives need approval **here**.

However, it is strongly recommended that you also review the Checklist for Ethical MER.

Additional resources, including the Checklist, can be found **HERE**

Background

About this toolkit

Adolescents, particularly girls, are chronically overlooked in humanitarian settings,¹ and their needs, capacities, and aspirations often remain unrecognised in humanitarian action. In addition, they “face elevated risks of gender-based violence because of the intersectionality of age and gender, and the additional and exacerbated risk factors relevant to emergencies. Because there is no clear division of labour between the gender-based violence and child protection sectors, adolescent girls are often neglected by both groups, and violence against this subpopulation goes unaddressed.”²

This **Step-by-Step Guide** aims to provide guidance and practical tools in order to better understand adolescents' experiences in crisis contexts and respond accordingly. In working with and for adolescents, Plan International strives to:

- 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**, and where possible **multi-sectoral or integrated programmes** covering protection, education, SRHR and economic empowerment interventions, tailored to the context-specific needs of and gaps in provision for adolescents, particularly girls.³



MEXICO: A girl reads a booklet provided by Plan International on child protection. © Plan International

1 Stark, L. Seff, I and Reis, C., “Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence,” 2020.

2 *ibid.*

3 Plan International., “Adolescent Programming Toolkit: Guidance and tools for adolescent programming and girls' empowerment in crisis settings,” 2020.

This **Step-by-Step Guide** provides guidance on conducting a Rapid Gender Analysis for Adolescents and Youth, including:

- **Who** should lead and be involved
- **What** steps to follow and tools to use
- **When** in a crisis it should be used
- **How** to use it so that data collection is safe and ethical and results in driving change

It is **distinct** from the [Plan Adolescent Programming Toolkit](#), which covers the entire project cycle. The RGA for Adolescent and Youth step-by-step guide will focus on assessing girls' and adolescents' needs. Once you finish the Rapid Gender Analysis for Adolescents and Youth, for the design phase, you are strongly advised to use the Adolescent in Crisis Result Framework (tool 12).

What is this Step-by-Step Guide for?

This Step-by-Step Guide **aims to strengthen humanitarian actors' understanding of how gender inequality impacts** the lives of communities and the unique needs, interests, risks, and capacities of adolescents and youth.

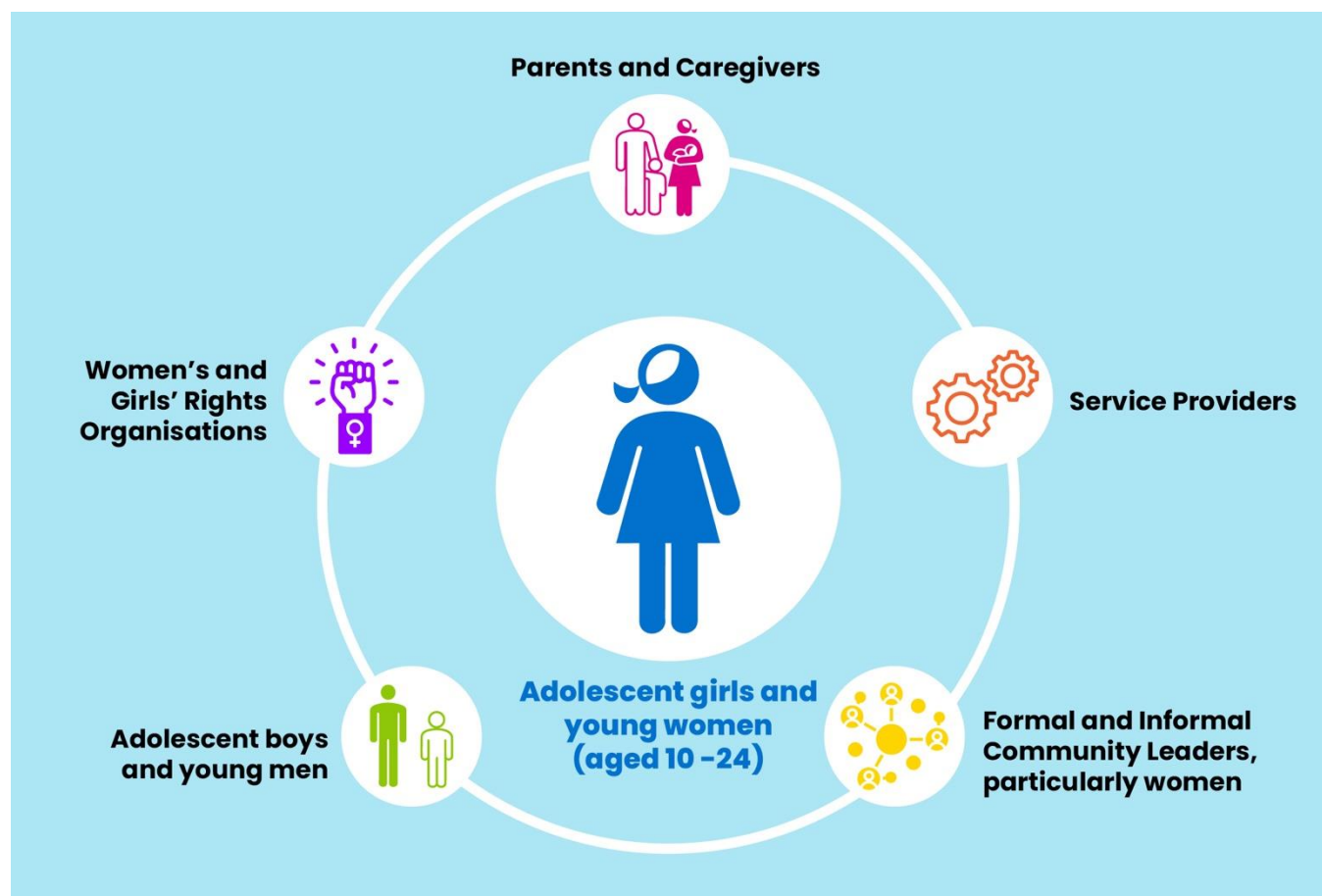
The Step-by-Step Guide primarily focuses on **young adolescent girls (10-14 years), older adolescent girls (15-19 years), and young women (20-24 years old)**⁴ to support Plan International's vision for becoming "a global leader and the NGO partner of choice for promoting gender equality and protecting girls' rights in disaster and conflict settings".⁵

However, it also recognises that this demographic does not exist in a vacuum, and their lived realities are influenced by their environment, particularly by their male peers, their parents and caregivers, formal and informal community leaders, and service providers. Consultations with parents and caregivers, and other relevant gatekeepers help understand whether they share and support the needs and priorities of adolescent girls and young women. Understanding the perspectives and roles of those who influence the lives of adolescents, particularly girls, helps develop effective strategies to support their priorities. Therefore, the Step-by-Step Guide also includes opportunities to seek the perspectives of men and boys, supporting them to become allies in promoting girls' and women's rights and advancing gender equality.

⁴ Age definitions are aligned with both the UN age definitions and Plan International., "Adolescent Programming Toolkit: Guidance and tools for adolescent programming and girls' empowerment in crisis settings," 2020.

⁵ Plan International., "Emergency Response Manual – Programme," 2023.

The graph below intends to illustrate the scope of the Step-by-Step Guide:



Use and application of this Step-by-Step Guide:

- Facilitates teams to identify and respond to the needs of affected people, with a specific focus on adolescent girls and young women, ensuring programming that is tailored and responsive.
- Supports the design of programmes that are appropriate, relevant, and effective, in line with the [Core Humanitarian Standard](#).
- Enhances the capacity of humanitarian organisations to advance gender equality through the application of a socio-ecological perspective that considers the experiences of adolescent girls and young women within their wider environment.
- Strengthens Plan's commitment to ensuring adolescent girls and young women have safe and equal access to, use of, and influence over programming.

When to use this Step-by-Step Guide?

Scenario 1

In the case of a rapid onset emergency where no gender analysis for adolescents and youth has been developed, use this Step-by-Step Guide within **two to four weeks** of the onset. Include the Gender in Brief as part of the desk review.

Scenario 2

If a rapid onset emergency occurs and another organisation plans to conduct an adult-focused rapid gender analysis (e.g., CARE, Oxfam, UN Women, Save the Children, a local Women's and Girls' Rights Organisation), collaborate⁶ to conduct a joint gender analysis. Use this Step-by-Step Guide alongside the toolkit of the other organisation(s) to gather perspectives from adolescents and youth.

Scenario 3

In the case of a protracted crisis suddenly shifting to a rapid onset emergency where Plan is already present, but no gender analysis has been developed:

OPTION

1

Option 1: If the unexpected event brings significant changes to the existing needs, use this Step-by-Step Guide and include existing project documents (baseline, endline, mid-term review, final evaluations) in the desk review. Employ all tools for consultations with parents and caregivers, formal and informal community leaders (particularly women), adolescent girls and boys, young women and men, WGROs and service providers.

OPTION

2

Option 2: If there aren't major changes, ensure all Monitoring and Evaluation (M&E) processes are gender-sensitive and all sector-specific needs assessments are gender-sensitive, using the Minimum Standards included in this guide.

Scenario 4

In the case of a protracted crisis where an adult-focused gender analysis already exists, developed by another organisation, use this Step-by-Step Guide and include existing project documents (baseline, endline, mid-term review, final evaluations) in the desk review. Include all tools for consultations with adolescents and youth to complement the existing adult-focused gender analysis. Add the adult-focused gender analysis as an annex in your report for easy reference.

Who should use this Step-by-Step Guide?



Lead(s): Emergency Response Manager and Gender Equality and Inclusion Advisor

Supported by: Country Office Director and/or Head of Programmes

Key Involvement:

Monitoring, Evaluation, Research and Learning (MERL) Manager

Accountability to Affected Populations (AAP) Manager/ Focal Point⁷

Sector Specialists (EiE/CPIE/SRHRiE and others)

Safeguarding Specialist

⁶ To prevent duplicated efforts and research fatigue within the communities we work with, it is advisable to collaborate with other organisations conducting gender analysis. These organisations may include Women's and Girls' Rights Organisations, CARE, Oxfam, Save the Children, UN Women, and others. Particularly when these organisations prioritise the adult population, it is recommended to collaborate in order to incorporate the perspectives of the adolescent and youth population in the final gender analysis report.

⁷ Plan International, "Emergency Response Manual – Programme," 2023. This states that "if the CO has an AAP/CEA team, the RGA must also be done in coordination with them."

Intentional Inclusion of Marginalised Populations

Plan International is committed to gender equality and inclusion and working with and for adolescents and youth in all their diversity. This section includes some brief notes on working with particularly marginalised and hard-to-reach groups that may require special consideration in the consultation process.

Working with young people of diverse SOGIESC

It is recommended that gender analysis incorporates the perspectives of people with diverse SOGIESC (Sexual Orientation, Gender Identity, and Expression, and Sex Characteristics) who face unique challenges and experiences in society. Understanding the experiences, challenges, and needs of individuals with diverse SOGIESC can promote inclusivity, equality, and social justice. Gender analysis that acknowledges and amplifies these perspectives can contribute to the development of policies, interventions, and support systems that address the specific concerns of marginalised communities. Additionally, including diverse SOGIESC perspectives in gender analysis fosters a more accurate and comprehensive understanding of human diversity and helps challenge traditional binary notions.

However, it is important to recognise that some contexts with conservative attitudes towards non-conforming sexual orientations, gender identities, and expressions may limit access to research participants or hinder open discussions on these topics. In such contexts, the research team may face challenges in recruiting participants, accessing data, or ensuring the safety and well-being of those involved. In these instances, ethical considerations must be carefully weighed, and researchers should prioritise the protection and dignity of potential participants. They may need to exclude such consultations or explore alternative research methodologies⁸ to mitigate potential risks. Alternatively, they can work in collaboration with a specialist organisation⁹ with experience in working with young people with diverse SOGIESC. Such an organisation can help to inform decision-making on whether it is safely possible to conduct consultations with LGBTQI+ youth, and, if so, how to do so with safety and sensitivity.

Suggested actions to prepare for consultations with LGBTQI+ youth, to be done in collaboration with the identified specialist ally organisation, would include:

- Thoroughly understand the laws (or lack thereof) around LGBTQI+ rights and protections to gain an understanding of the safety risks involved in conducting consultations.
- Conduct a risk assessment and develop a risk mitigation plan, considering all stages of the consultation process, including recruitment, participation, data storage and analysis, etc.
- Identify potential capacity strengthening needs among key staff – particularly the research team – to ensure they are able to establish and facilitate safe and inclusive spaces. Put in place a capacity strengthening plan – which may include training, ongoing coaching or shadowing, etc. – to address any identified gaps in knowledge, attitudes, and skills needed for working sensitively with LGBTQI+ youth.
- Identify safe referral services able to provide relevant support to LGBTQI+ youth (including psychosocial, health, shelter, etc.).
- Build understanding and awareness and make an effort to understand potential barriers or worries that LGBTQI+ youth may have about participating (e.g. being misgendered or stigmatised). Take time also to learn about respectful and appropriate terminology and language that will make young people feel welcome and accepted.
- Take extra care with building a safe space, emphasising the importance of confidentiality.
- Use positive messaging that is explicit and open about a commitment to inclusion.

⁸ For example, online surveys or anonymous data collection.

⁹ Where possible, you can consider engaging an LGBTQI+ rights organisation to conduct their own assessment and share the findings and recommendations, ensuring remuneration for their time.

Working with young people with disabilities



Worldwide, about 1 in 10 children have a disability.¹⁰ Adolescents and youth with disabilities face many barriers to participation, and gender inequality can further exacerbate exclusion for adolescent girls and young women with disabilities.

It is crucial to consult with adolescents and youth with disabilities, as they are the best experts on their own needs and lived experiences. Their insights and contributions are invaluable in guiding programme design and in decision-making. Therefore, it is the responsibility of the research team to ensure that the consultation methodology is inclusive of adolescent girls, boys, young men and young women with differing abilities. This may include:

- Additional training on working sensitively and effectively with young people with different forms of impairments (hearing, visual, physical, intellectual).
- Adapting exercises and tools where needed
- Ensuring venues for consultation are accessible for people with disabilities
- Inclusion of carers or interpreters to support young people's participation in consultation activities
- Utilising the Washington Group Questions on Disability, an internationally recognised approach and set of questions for identifying people living with disabilities.¹⁰

Plan International has produced [Guidelines for Consulting with Children & Young People with Disabilities](#),¹¹ which provides detailed suggestions and examples of good practice. The research team is strongly encouraged to refer to this guidance for support. Additionally, it is recommended to collaborate with a specialist organisation dedicated to people with disabilities. Such an organisation can help to inform decision-making on how to conduct the consultations.

¹⁰ UNICEF, "Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities," 2021.

¹¹ Plan International, "Guidelines for Consulting with Children and Young People with Disabilities."

How to conduct a Rapid Gender Analysis for Adolescents and Youth: step-by-step¹²

PHASE 1: PREPARATION

Step 1: Conduct a literature review of existing analysis and data related to adolescent girls' and young women's rights and gender equality. This would include Plan's Gender in Brief (if available) and additional assessment reports, survey data, research reports, scholarly articles for the existing context. To access data relevant to the context you can use the [SDG Gender Index](#) (developed by the Equal Measures 2030 partnership); OECD's [Social Institutions and Gender Index](#); World Economic Forum's [Global Gender Gap Report](#); World Bank's [Gender Data Portal](#); UNICEF's [State of the World's Children Report](#); ¹³ Girls Not Brides' [Child Marriage Atlas](#); ¹⁴ UNESCO's [World Inequality Database on Education](#); UN Women's [Global Database on Violence Against Women](#); Population Council's [The Adolescent Experience In-depth Guides](#).¹⁵

Other potential data sources that may be available to draw from might include:

- Gender Analysis reports conducted by other agencies
- Multi-Cluster/Sectoral Initial Rapid Assessment
- Cluster/Sector-specific Needs Assessments
- Humanitarian Needs Overviews

Before collecting any primary data, take time to review existing information and determine specific gaps. This is important in order to avoid duplication of effort and research fatigue amongst affected communities.

Step 2: Identify the Research Team ¹⁶ who will be responsible *for both managing the process and collecting data*. This team will be comprised of specialists in MERL, Protection, Gender, Safeguarding and other relevant staff. This team can review the findings from the desk review and work collaboratively to make decisions about the methodology – including identifying target groups and stakeholders, reviewing and [contextualising tools](#), deciding sample sizes and target locations. (for more information on contextualizing tools, [see here](#)).

When conducting data collection, it is crucial to consider the gender composition of the team. If the goal is to include more women's and girls' voices, it is recommended that the team be predominantly female. Similarly, when seeking equal participation from both adolescent girls and boys (e.g., in the survey), it is important to ensure gender balance within the team. It is recommended to have at least three staff members present for quality data gathering, and a designated note taker.

Step 3: Decide on tools to use. If the findings from the desk review suggest that there are some information gaps and that primary data collection is necessary to complement the information collected through the desk review, this Step-by-Step Guide offers several tools for use with different stakeholder groups. The tools aim to:

1. Identify adolescent girls' and young women's needs, risks and barriers: explore the unique needs and risks of adolescent girls and young women and the barriers they face in accessing, using and influencing humanitarian programming.
2. Support the design of programme activities for fulfilling adolescent girls' and young women's rights: involve adolescent girls and young women in developing solutions for addressing the identified needs, risks and barriers to inform more girl-friendly humanitarian programming. This will involve engaging adolescent boys and young men as allies.

¹² Steps inspired by Plan International's "Child-centred Multi-risk Assessments: a field guide and toolkit," 2018.

¹³ This provides national prevalence rates for marriage of girls by 15 years and 18 years. Published annually around June, the reports use data from a range of different sources including: Demographic and Health Surveys (DHS) – which are nationally representative household surveys, Multiple Indicator Cluster Surveys (MICS) supported by UNICEF, and other national surveys, which all offer detailed statistics.

¹⁴ The Girls Not Brides reports and publication page has a wide range of reports specific to child marriage in different countries and regions.

¹⁵ These use DHS data analysis and help provide an overview of the situation of adolescents from 10 to 24 years old in over 40 countries.

¹⁶ Where possible, engage a Women's and Girls' Rights Organisation (WGRO) partner in the research team and ensure remuneration for their time.

Selected tools will require review by all sector leads to ensure collected data is relevant to their existing or future programming.

Stakeholder group	Consultation tool	Purpose
Qualitative Data		
Adolescent girls 10-14 years 15-19 years	Tool 1.1: Body Mapping	To understand the unique needs of adolescent girls in relation to Education, Protection, Health (SRHR), Food Security, and Livelihoods. This understanding will support humanitarian programming ¹⁷ that is girl-driven and responsive to their needs and preferences.
	Tool 1.2: Community Mapping	To understand the communities where adolescent girls live, identify safe and unsafe locations, and assess the risks girls might face in accessing and using services. This will support humanitarian organisations in effectively mitigating and preventing a wide range of gender-based violence (GBV) risks.
Adolescent boys and young men 10-14 years 15-19 years 20-24 years	Tool 1.3: Focus Group Discussion	To explore strategies for fostering adolescent boys' and young men's engagement in advancing gender equality and cultivating their role as allies for adolescent girls and young women.
Young women 20-24 years	Tool 1.4: Focus Group Discussion	To understand the barriers young women, face in accessing, using, and influencing programmes, and to identify their proposed solutions.
Parents/caregivers	Tool 1.5: Circles of Influence	To engage parents/caregivers to understand the influences and limitations on adolescent girls' and young women's access to, use of, and influence over programming, and to identify various actions that should be taken to realise their rights.
Service providers	Tool 1.6: Key Informant Interviews	To understand the barriers for adolescent girls and young women in accessing and using programmes, and to identify the support and additional interventions required to improve the availability and suitability of those programmes.
Women's and Girls' Rights Organisations (WGROs)	Tool 1.7: Key Informant Interviews	To gather insight from other allies working to advance women's and girls' rights, focusing on what works in the specific context and identifying the remaining gaps.
Formal and informal community leaders, particularly women¹⁸	Tool 1.8: Key Informant Interviews	To gather perspectives from influential figures in the community - both women and men - on the challenges and opportunities they see for adolescent girls and young women.
Quantitative Data		
Adolescent girls and boys	Tool 2.1 Survey	To understand and compare the impact of the crisis on adolescents of different gender and age groups (10-19 years). The focus is on identifying needs and risks to inform tailored programming and advocacy.

¹⁷ The term programmes encompass all services, activities and resources provided by humanitarian organisations.

¹⁸ Community leaders tend to be disproportionately male - frequently non-elected and self-appointed - who tend to hold disproportionate power. Relying solely on consultations with them can reinforce a power imbalance in the community and marginalise women's and girls' voices.

Step 4: Decide who to consult. The results from the literature review will inform the selection of stakeholders to be consulted. When collecting primary data, it is important to engage specific groups of adolescents and youth, including younger adolescents (age 10-14), older adolescents (age 15-19) and young women and young men (age 20-24), taking into account sex and age segregation.

It is also recommended to involve both male and female parents and caregivers, service providers, and Women's and Girls' Rights Organisations (WGROs) using the provided tools. Surveying both adolescent girls and boys is also recommended to generate comparative data. Additionally, depending on the context, consultations with formal and informal community leaders, particularly women, as well as adolescent boys and young men, should be considered.

The sample size for this Rapid Gender Analysis for Adolescents and Youth does not need to be large. Given the urgency to obtain information within a two-four-week window, it is crucial to prioritise the timely availability of data to inform programming. For each stakeholder group, it is recommended to collect data from the outset of the humanitarian response, which can later be expanded upon as part of ongoing Monitoring and Evaluation (M&E) processes. A proposed sample size could look like this:

Stakeholder	Tool	Proposed sample size
Adolescent girls	Body Mapping and Community Mapping	Four consultations with 10-14 years; Four consultations with 15-19 years
Adolescent boys and young men	Focus Group Discussion (FGD)	Three consultations with either 10-14 years or 15-19 years or 20-24 years* *To ensure the relevance of collected data for programming purposes, it is important to select the age group of boys which you are engaging/will engage in programming to advance gender equality.
Young women	Focus Group Discussion (FGD)	Four consultations with 20-24 years
Parents/caregivers	Circles of Influence	One consultation with male caregivers; One consultation with female caregivers
Service providers	Key Informant Interview (KII)	One consultation with each sector: Education, Protection, Health (SRHR), Food Security, and Livelihoods
Women's and Girls' Rights Organisations (WGROs)	Key Informant Interview (KII)	Two consultations
Formal and informal community leaders, particularly women	Key Informant Interview (KII)	One consultation with female community leader; One consultation with male community leader* *Consultations with community leaders should be conducted exclusively in contexts where both male and female community leaders are present.
Adolescent girls and boys	Survey	30 adolescent girls 30 adolescent boys



Additionally, keep in mind that adolescents are not a homogenous group; their experiences and risks they face will vary based not only based on their gender and age but also on factors such as ability, ethnicity, marital status, sexual orientation, and more. It is important to carefully consider how to capture a diversity of perspectives and identify specific groups of girls that may require particular attention and engagement. Some groups of adolescent girls and young women that may be harder-to-reach and require tailored outreach and consultation strategies include girls and young women who are:

- out-of-school
- engaged in child labour, including domestic work
- engaged, married, divorced, widowed or abandoned
- living with disabilities
- separated, unaccompanied or orphaned
- living with HIV/AIDS and other chronic illnesses
- survivors of gender-based violence
- pregnant and lactating girls, and adolescent mothers ¹⁹
- displaced or refugees
- from ethnic or religious minorities or groups facing oppression
- with diverse SOGIESC (Sexual Orientation, Gender Identity, and Expression, and Sex Characteristics)



LAOS: Parents feeding their child. © Plan International

¹⁹ Plan International., "Adolescent Programming Toolkit: Guidance and tools for adolescent programming and girls' empowerment in crisis settings," 2020.

You may consider conducting separate consultations with some of these groups, such as girls with disabilities, if they have specific needs and face challenges in accessing or meaningfully participating in other consultations. However, it is crucial to exercise great care when engaging with at-risk groups to ensure that it never leads to stigmatization or stereotyping. It is important to prioritize the confidentiality and safety of individuals, particularly when **addressing gender-based violence (GBV)**. Therefore, it is not appropriate to seek out GBV survivors for group consultations in order to uphold their confidentiality. For more guidance on working with marginalised populations, including adolescents with disabilities and those who identify as LGBTQI, please refer to the section below on [Intentional Inclusion](#).



To ensure the inclusivity and safety of consultations and groupings, it is essential to collaborate with **colleagues in Child Protection and Safeguarding**. This will help to avoid stigmatising individuals from marginalised groups and ensure that mechanisms for identification and participation are safe. By working closely with these colleagues, you can ensure a sensitive and inclusive approach throughout the consultation process.

Step 5: Conduct a Safeguarding Risk Assessment.²⁰ Before embarking on primary data collection, it is essential to assess potential safeguarding risks associated with engaging with adolescents and youth and take proactive steps to mitigate those risks. This assessment becomes particularly important if intentionally reaching out to and consulting with specific groups, such as LGBTQI individuals, as accidental breaches of confidentiality could pose significant harm to participants. [Please refer to Annex 6 for Plan International's Safeguarding Risk Assessment.](#)

Key actions to include in the risk mitigation plan involve ensuring that all team members receive training on Plan International's Safeguarding Policy and Code of Conduct. Additionally, team members should be equipped with the knowledge and skills to sensitively and safely refer participants to relevant services in the event of any disclosures of abuse during data collection.

Identify the available Gender-based Violence (GBV) Referral Pathways, Child Protection services, and Mental Health and Psychosocial Support (MHPSS) services, along with the contact details of the respective service providers, in case of a disclosure. It is important to ensure that the contact details of the Child Safeguarding Focal Point and the PSEA (Prevention of Sexual Exploitation and Abuse) Focal Point are up to date and easily accessible in case any safeguarding concerns are identified or shared.

Step 6: Train the research team on data collection. Ensure that the majority of members in the research team collecting qualitative data are female, or if not possible, strive for gender-balance, given their primary focus on engaging with adolescent girls and young women. For collecting quantitative data (the survey), it is important to maintain a gender-balanced team. It is essential to have facilitators (and translators, where needed) of the same gender as the participants (i.e. male facilitators engaging with boys or men, and female facilitators engaging with girls or women).

Ensure that all members of the research team receive training before directly engaging with adolescents. The training session will likely take 2-3 hours and should encompass all aspects of the consultation process, including introducing the study, obtaining consent/assent, establishing a safe space, conducting Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) or surveys, handling disclosures, and making referrals.

It is essential for all members of the research team to have a clear understanding of their respective roles and responsibilities throughout the process. This includes determining who will ask questions and who will take notes, as well as emphasising the importance of documenting participants' comments verbatim rather than summarising them.

²⁰ Inspired by Plan International., "Adolescent Programming Toolkit: Guidance and tools for adolescent programming and girls' empowerment in crisis settings," 2020.

PHASE 2: DATA COLLECTION

Step 1: Engage communities and identify participants. The initial process of entering and engaging with communities is crucial for setting a positive tone for future interactions. Pay careful attention to first impressions and focus on establishing relationships based on trust and respect. Community-based staff or volunteers can provide valuable advice and guidance during this phase. It is recommended to initially meet with formal and informal community leaders, particularly women, to clearly introduce the purpose of the exercise before engaging with adolescent girls, boys, young women, and men. Clearly communicate the objectives of the exercise and the expected outcomes.

Once you have obtained permissions and agreements to proceed, consider how to recruit adolescents and youth for participation in the consultations based on the criteria established by the research team. For example, if you need to identify home-bound girls or girls with mobility impairments, conducting door-to-door outreach may be necessary²¹. You may also find it helpful to collaborate with existing groups or organisations that work with girls and women and already have strong networks and relationships within communities.

Step 2: Identify safe spaces. Carefully consider where and when the consultations will be conducted. Identify venues that are easily accessible for participants, and that provide a sense of privacy where participants, especially girls, can feel comfortable speaking without being heard or observed. For consultations with adolescent girls and young women, consider using Girl Friendly Spaces. Take into account any safety risks associated with the venue, including issues that girls may face when travelling to and from the consultations, and issues related to accessibility for participants with disabilities.

Step 3: Obtain consent/assent. It is necessary to obtain consent from parents or guardians for adolescents to participate, as well as the assent of the adolescents themselves.²²

Both parents /caregivers and adolescents should have a clear understanding of the purpose of the exercise, the time commitment involved, procedures regarding confidentiality, potential benefits of participation, how the data will be used and shared, and the option to withdraw at any time.

Generally, where the participant is under 18, Plan International first seeks the appropriate consent of the participants' parent or guardian.²³ Assent is then gained from the child participant. Importantly, both the parent or guardian's consent and the child participant's assent are required, data collection cannot commence without both. For example, if the parent or guardian provides consent, but the child participant does not provide assent then they cannot be involved in the data collection activity, and vice versa.

Plan International recognises that there might be exceptions to this rule due to local context or the context of the young person.²⁴ Exceptional cases must be assessed by local staff and documented in the safeguarding risk assessment. In addition, processes to collect voluntary and informed consent from participants will need to be adapted accordingly to ensure children and young people's safe and ethical participation.

For sample tools, please refer to [Annex 5 which includes Plan International's "Assent form for children and adolescents under the age of 18" and "Consent form for adult participants \(age 18+\)"](#). The latter can be used for consulting young women.

²¹ Plan International., "Adolescent Programming Toolkit: Guidance and tools for adolescent programming and girls' empowerment in crisis settings," 2020.

²² There may be rare instances where Child Protection staff believe that seeking caregiver consent could put the child at risk; this situation is not anticipated, but should it occur the Child Protection staff and the research team would discuss options, such as seeking consent from another trusted adult.

²³ This principle is set out in Plan International's Data Privacy Policy as well as the MERL Standards.

²⁴ Exceptions to obtaining the parent's or guardian's consent for participants who are under the age of 18 might include the following situations: where a participant of the age of under 18 is married and lives with their spouse; where minors are living in separation from their parents/guardians due to humanitarian disaster or migration, where the legal age of majority is below 18. This is not a comprehensive list of exceptions given the many contexts within which Plan International operates.

Step 4: Conduct consultations with adolescents and youth. When conducting consultations with adolescents and youth, it is crucial to establish a safe space. This involves facilitating discussions in sex and age segregated groups with facilitators of the same gender as participants. It is important to choose a private and secure venue and follow the instructions provided in the box below on Opening and Closing Consultations. To ensure effective adolescent- and youth-friendly consultations, consider the following tips:

1. **Positive framing:** Use positive, simple, and direct language to communicate. Avoid negative or judgmental language that may discourage participation.
2. **Listen more, talk less:** As facilitators, refrain from sharing personal opinions during the consultations. This is an opportunity for participants to express their own opinions and perspectives.
3. **Be flexible:** Have a set of tools but be open to adapting them based on the needs of the group. Allow participants to direct the conversation and be prepared to switch between different categories of questions based on their interests and priorities.
4. **Break down hierarchies:** Make a conscious effort to create an environment where hierarchies are minimised. For example, arrange the seating in a circle to promote equality and ensure that facilitators sit at the same height as the participants. A circle encourages everyone to feel equal and be seen.
5. **Encourage equal participation:** Create an inclusive space where everyone's voice is heard. Support adolescent girls to actively participate by asking questions and giving everyone an equal opportunity to answer. Pay attention to individuals who may be quieter or shy and provide support to enable them to share their thoughts in a way that they feel comfortable with.



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Opening a Consultation:

- Introduce the research team: clearly state the name and role of the facilitator and note-taker.
- Share the following introductory information:
 1. State the purpose of the session.
 2. Explain how the information collected will be used and shared.
 3. Outline what is required of participants if they choose to take part.
 4. Emphasise the importance of confidentiality:²⁵
 - Clarify that names and identifying factors will not be used during data analysis and when sharing the report.
 - Emphasise the expectation for participants to respect each other's confidentiality by keeping the discussion private.
 5. Provide the estimated duration of the consultation.
 6. Provide contact details for further information and reporting.
- During consultations with adolescent girls and young women, acknowledge their expertise in their communities. Explain that by sharing their experiences and knowledge, they are contributing to influencing how humanitarian organisations design programmes and operate in the community.
- Obtain assent/consent (more details in Step 3) and emphasise that participation is voluntary, and participants can leave at any time.
- Make clean water and healthy snacks available in all consultations with adolescent girls and boys, and young women and men.
- Ask all participants to introduce themselves by stating their name, age, whether in or out of school, and whether they live in a rural or urban context (take notes of all information except for the participant's name).



Closing a Consultation:

- Thank participants for their time and for sharing their experiences and suggestions.
- Inform participants about the next steps in the process.
- Always provide refreshments for participants in the form of clean water and healthy snacks and reimburse transportation costs of participants to enable their participation of FGD. In some situations, it may be relevant to recognise the valuable contributions of adolescent girls and boys, as well as young women and men, by providing some form of remuneration for their time, such as in the form of cash and voucher assistance. However, remunerating participation in consultations creates the risk of bias and incentivizing participation for the wrong reasons, the research team should therefore weight the potential risks and benefits carefully prior to taking a decision.
- Provide the opportunity for participants to ask questions to the research team.
- Inform participants that the research team will remain available in the space for a while after the consultation has ended if anyone wants to speak privately.

²⁵ The following statement on confidentiality must always be included in the script: "Anything you tell us will be confidential. Confidential means that we all agree that we will not tell others the personal stories and things we hear and talk about together. We will not use names of others in these stories. But, if I think that a child or young person is in danger, then it is my job to share this information with people who can protect the child or young person. I would only tell people who need to know and can help."

Step 5: Gather additional data with parents/caregivers, formal and informal community leaders (particularly women), WGROs and service providers. Use the tools provided in the Annexes to gather diverse perspectives from these stakeholders. This will help identify how they can be allies in creating an enabling environment for adolescent girls and young women, as well as deepen the understanding of the barriers adolescent girls and young women face in accessing, using, and influencing programming.

Step 6: Refer where needed. During consultations, be prepared to refer participants to available services as needed. It is important to note that facilitators should never explicitly ask about individual experiences of gender-based violence, especially in a group setting, as it may put participants at risk or re-traumatise them. However, if such experiences naturally come up in the conversation or if a participant privately discloses an experience of abuse after the consultation, facilitators should be equipped with information on available support services for survivors.



NEPAL: A counsellor from Plan's information booth in Banke speaks to girl crossing the border about her safety. © Plan International

PHASE 3: DATA ANALYSIS

Step 1: Analyse Data. Conduct a daily de-brief with the research team at the end of each day of consultations. In a humanitarian context, adopt a basic process of thematic analysis. This involves sharing transcribed data, identifying emerging themes, and categorising the data accordingly. During the de-brief, the research team is advised to:

1. Share participants' responses.
2. Organise and share notable observations by sector – Education, Health (SRHR), Food, Security and Livelihoods using the headings provided in the PowerPoint template / Report template.
3. Identify trends and commonalities.
4. Highlight any concerning or alarming issues. If any safeguarding concerns are raised or identified, report them to Plan International Safeguarding Focal Point without delay.

By following this streamlined approach, you can simplify and expedite the data cleaning and analysis process in a humanitarian context.

Step 2: Validate findings and generate recommendations. Facilitate a workshop to collectively validate findings and generate recommendations with WGROs, Sector Leads and the research team, based on the analysis developed with the research team.

Ensure that the recommendations generated are aligned with the following inter-agency and Plan International guidance:

- [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#)
- [Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#)
- [IASC The Gender Handbook for Humanitarian Action](#)
- [Plan International's Adolescent Programming Toolkit – "Interventions targeting adolescents"](#)

Step 3: Validate recommendations and generate buy-in. Facilitate a workshop with the Senior Management Team, Sector Leads and Department Leads to present a summary of findings and recommendations, validate recommendations, and complete the Summary of Key Actions section of the report ([using Annex 4 as a guide](#)).

Step 4: Share and revise the report. Depending on the available time, choose either to complete the PPT template or the Report template in [Annex 3](#). The priority is to develop and share the findings and recommendations per sector **within the 2–4-week window**. Once you have populated the chosen template, share it with the Regional Gender in Emergency Specialist or Gender and Inclusion Specialist for review and then incorporate their feedback. You can do both, PPT to share the information for programming design and the Report template for influence, however, always prioritize first to share information for programming.

Step 5: Finalise and disseminate. Finalise the report and share it widely, whether in the form of a PowerPoint presentation or a full report. Share it internally with the Senior Management Team, Sector Leads, and all Department Leads, as well as externally through relevant clusters or working groups. Remember that the primary importance lies in sharing information that can inform gender-sensitive and girl-friendly humanitarian programming as soon as possible, with the layout and design of the report considered of secondary importance compared to timely dissemination. Also, consider also how you will provide feedback to those who were involved in the consultation process, informing them of what you have heard and how you have acted - or will act - on that information.

Summary of steps for a Rapid Gender Analysis for Adolescents and Youth

Phase	Step	Timeframe			
		Week 1	Week 2	Week 3	Week 4
Preparation	Step 1: Conduct a literature review				
	Step 2: Identify the Research Team				
	Step 3: Decide on tools to use				
	Step 4: Decide who to consult				
	Step 5: Conduct a Safeguarding Risk Assessment				
	Step 6: Train Research Team for data collection				
Data Collection	Step 1: Engage communities and identify participants				
	Step 2: Identify safe spaces				
	Step 3: Obtain consent/assent				
	Step 4: Conduct consultations with adolescents and youth				
	Step 5: Gather additional data with parents/caregivers, formal and informal community leaders, WGROs and service providers				
	Step 6: Refer where needed				
Data Analysis	Step 1: Analyse Data				
	Step 2: Validate findings and generate recommendations				
	Step 3: Validate recommendations and generate buy-in				
	Step 4: Share and revise the report				
	Step 5: Finalise and disseminate				

Annex 1: Tools for qualitative data collection

Tool for consulting adolescent girls

Please note that these tools are a basis for humanitarian actors to adapt to their settings and needs. Technical staff must contextualize tools, including removing or adding questions and changing the wording to be appropriate and understandable.

Tool 1.1 Body Mapping

Purpose	To understand the unique needs of adolescent girls in relation to Education, Protection, Health (SRHR), Food Security, and Livelihoods. This understanding will support humanitarian programming that is girl-driven and responsive to their needs and preferences. Note to facilitators: <i>It is best to do this activity in a secure and private space to allow girls to express themselves freely. A child-friendly space or safe space for women and girls is preferred. In addition, specific questions should never be asked about participants' personal experiences of violence, which risks stigmatizing participants.</i>
Time	120 minutes
Participants	The target participants for these consultations are adolescent girls, categorised into distinct age groups: younger adolescents (10-14 years) and older adolescents (15-19 years). Each session should have a minimum of 6 participants and a maximum of 10 participants.
Materials	Paper large enough for body tracing (4–6 sheets of flip chart paper, or brown paper roll), 3 or 4 non-permanent markers of different colours, Tape (or other adhesives)

Step 1: Explain to participants what the activity entails. Be sure to emphasise throughout the session that participants do NOT need to share personal information but rather provide general information about adolescents their age in their community.

"Today we will be doing an activity called 'body mapping'. This is a fun group activity where we will draw the body of a girl your age who goes to school in this community. Remember there are no right or wrong answers. We just want to hear your opinion."

Step 2: If brown paper roll paper is not available, ask participants to stick together 4–6 sheets of flip chart paper with tape. Place the paper on the floor. Ask for a volunteer to lie down on the paper and have others trace the outline of their body. If it is not appropriate to do this, ask participants to draw the outline of a body on the flip chart paper.

You can ask participants to give their body map a NAME (e.g. Esther, Fatima, etc). Explain that this drawing is meant to represent girls in their community (not any specific individual in the room). Decide together how old NAME is, aligning with the age of the group.

Step 3: Introduce the following body parts one by one, in the order in the table below. For each body part: 1) first ask participants to draw the details of the body part; 2) then ask each of the core questions. Say each question slowly and repeat or rephrase the question, if necessary.

- If the girls are literate: they can discuss the answer amongst each other and then write the answer they have agreed on, on the body parts.
- If they have lower levels of literacy: then the note taker should take detailed notes of the discussion and answers as they speak.

Body Part	Core Question
Head	<ol style="list-style-type: none"> 1. What is NAME thinking about? 2. Where does she learn or get an education from? 3. What are some of the barriers to her going to school? <p><i>For example:</i></p> <ul style="list-style-type: none"> - not enough female teachers - lack of menstrual hygiene management items - lack of girl-only activities or spaces - latrines that are mixed-sex or don't have lights or locks - no safe transportation and distance is too far - sexual harassment on the way to, or in, school - sexual exploitation and abuse by teachers/staff
Eyes	<ol style="list-style-type: none"> 1. What does she see happening to girls in her community? 2. What changes has she seen for girls like her recently? 3. What are some of the services or activities that exist for girls? 4. For example: Girl Friendly Spaces 5. What safety risks now exist for girls, who poses those risks and where can those risks be reported? 6. For example: Sexual Exploitation and Abuse by aid workers
Arms and hands	<ol style="list-style-type: none"> 1. What kinds of responsibilities does she have? At home and in her community? 2. Have her tasks or responsibilities changed recently? 3. Based on those responsibilities, what times of the day is she free to participate in activities and access services? <p><i>[For older adolescents]</i></p> <ol style="list-style-type: none"> 1. What opportunities are there for her to learn new skills and earn an income? What opportunities would she like to have?
Legs and feet	<ol style="list-style-type: none"> 1. Can she go where she wants to go? Are there any restrictions on where and when she can move? 2. Are there any places she would like to go that are too far away or hard to get to? 3. What might stop her from accessing humanitarian programmes (e.g. information, activities, services or resources)?
Stomach	<ol style="list-style-type: none"> 1. Does she always have enough good food to eat? 2. Is it food that meets her specific needs? 3. If no, what are some of the barriers in getting enough good food? For example: <ul style="list-style-type: none"> - no women at food distribution points - food distribution in an unsafe location - food distribution at the wrong time - the last to eat and the one who eats the least (due to cultural beliefs)

Lower body	<ol style="list-style-type: none"> 1. What health issues might be affecting her body? 2. Does she have access to safe latrines that are for females only? 3. Is she able to manage her menstruation? 4. What information or items would she like in order to better manage her menstruation? (e.g. what items to include in Dignity Kits?) 5. Does she have access to girl-only safe spaces for seeking information and services? <p><i>[For older adolescent girls]</i></p> <ol style="list-style-type: none"> 1. What are her needs related to her sexual and reproductive health? 2. Is she able to get information and access to contraception if she needs it? 3. Is she able to make her own decisions about whether and when to have children? 4. Is she able to make her own decisions about whether and when to marry?
Mouth	<ol style="list-style-type: none"> 1. If she had a question about something in her life, who would she ask? 2. If something bad happened and she was hurt, who could she tell? 3. Is she consulted by the humanitarian organisations that work in this community?
Heart	<ol style="list-style-type: none"> 1. What does she love? 2. Does she have a safe place to spend time with girls like her and have fun? 3. Is the space girl-only? 4. What activities would she like to participate in to build her confidence and self- esteem?

Step 4: Once you've gone through all the body parts, congratulate all the participants on their body map.

Step 5: In plenary, ask the following questions:

- If the girls were in charge of their community, what would they change to make things better for girls like the one they have drawn?
- If they worked at Plan International, what programmes or activities would they start for girls like the one they have drawn?



Notes for using this tool with adolescent girls with disabilities:

This activity can be adapted to adolescent girls with different types of impairments. For example:

1. If working with participants with visual impairments, add a fabric thread around the outline so that they can use touch
2. Participants with speech impairments may need an assistant or interpreter.
3. For participants with physical impairments, it may be necessary to have cushions available or use a table or wall instead of sitting on the floor.

Tool 1.2 Community Mapping ²⁶

Purpose	To understand the communities where adolescent girls live, identify safe and unsafe locations, and assess the risks girls might face in accessing and using services. This will support humanitarian organisations in effectively mitigating and preventing a wide range of gender-based violence (GBV) risks.
Time	90 minutes
Participants	The target participants for these consultations are adolescent girls, categorised into distinct age groups: younger adolescents (10-14 years) and older adolescents (15-19 years). Each session should have a minimum of 6 participants and a maximum of 10 participants.
Materials	Flip chart paper, stickers or coloured markers of different colours (green, red, purple, orange, yellow, black, blue).

Step 1: Give the group a sheet of flip chart paper and a marker. Give the group 15 minutes to draw a map of their community as it is now, with the key landmarks. Please use these landmarks as prompts:

Schools, churches/mosques (other religious sites), shops, health clinics, bus stops, roads, locations where menstrual hygiene management items are distributed, women and girl safe spaces or girl friendly spaces etc..

Step 2: Ask girls the following guided questions on the map they have drawn. Clarify that what they draw and say should correspond with their current realities. Give markers or stickers for the corresponding colours. When you ask the probing questions, the note taker should take detailed notes of what is said.

- 1. Where on this map are the places you feel safe during the day, and you are able to access without worry or fear? Can you circle those in YELLOW?**
 - Would you like humanitarian organisations to provide services or run activities in these places?
- 2. What about the places where you don't feel safe during the day? Could you circle those places in RED?**
 - What are the reasons why you don't feel safe there?
 - What types of violence (eg sexual harassment etc) might girls be exposed to in these spaces? What would make these places safer?
- 3. Where on this map are the places where you don't feel safe during the night? Can you circle those places in BLACK?**
 - What are the reasons why you don't feel safe there?
 - What types of violence (e.g. sexual harassment) might girls be exposed to? What would make these places safer?

²⁶ Adapted from Plan International's "Adolescent Girls' Consultation Toolkit: Plan For Girls", 2021.

4. **Are there places that are dedicated for girls only? Could you circle those places in PURPLE?**
 - Can you tell me about the places where you are able to socialise with other girls? Can all girls go there (girls of all ages, girls with disabilities, etc.)?
 - Do these spaces have female staff who can help you if you need help or support?
 - If there are no girl friendly or girl-only spaces, is this something you would like? How can humanitarian organisations support you with this?
5. **In this community, where do girls go to access services, resources, information? For example, food or menstrual health and hygiene items? Could you put an ORANGE star to indicate this on your maps?**
 - Are the services, resources and information meeting the needs of girls? If not, why?
 - Are these places safe and comfortable? If not, why? e.g. spaces that are mixed sex or mixed age
 - How could these places be made more girl-friendly? e.g. more female staff
6. **In this community, where do girls go to learn? Could you put a GREEN circle to indicate this on your maps? Please draw a green heart if there is a female teacher present in your classroom.**
 - What difference does it make when there is a female teacher present in the classroom and when there are only male teachers?
 - Do you consider the available learning spaces to be safe? Or, for example, is there a risk of corporal punishment from teachers or sexual exploitation and abuse by teachers? or perhaps a risk of sexual harassment?
 - Do you consider the route to the learning space safe and if not, why not?
7. **In this community, what is the best place to go to ask for help if someone is hurt or has experienced violence? Can you put a BLUE question mark to indicate this on your maps?**
 - What makes this place the one you choose to go to for help? What type of services or information can you get there?
 - What kind of service or information would girls like to have there?
 - What are the reasons that would prevent some girls from using this place?

Step 3: Thank the girls for sharing this information. Now ask the girls to think about how they would like their community to be different so that girls are safe and can have fun. Ask them to draw a new picture of their community as they would like it to be. Give girls 20 minutes to draw.

Step 4: Ask the girls to explain their drawing – what they have changed, how it is different from their current community, and what top 3 recommendations they have for humanitarian organisations to address the challenges they face.

Tool for consulting adolescent boys and young men

Tool 1.3 Focus Group Discussion

Purpose	<p>To explore strategies for fostering adolescent boys' and young men's engagement in advancing gender equality and cultivating their role as allies for adolescent girls and young women.</p> <p>Please note: It is important to conduct consultations with adolescent boys and young men in contexts where there is a clear intention to engage them as allies in promoting girls' and women's rights and advancing gender equality. These consultations should support the organisation's commitment to advancing the rights of adolescent girls and young women.</p>
Time	60 minutes
Participants	<p>The target participants for these consultations are adolescent boys and young men, categorised into distinct age groups. Please select the age group that aligns with your programming and intended reach, whether 10-14 years, 15-19 years, or 20-24 years. Although it is recommended to conduct Focus Group Discussions with older adolescents (10-19 years), if your programming involves a different age group, consult the relevant age group accordingly. Each session should have a minimum of 6 participants and a maximum of 10 participants. Based on who you are talking to, either choose to mention boys/men or girls/women where you see this: [adolescent boys/young men]</p>

Step 1: Ask the adolescent boys and young men the following guided questions:

Introduction

1. How do you feel about participating in this discussion?
2. What suggestions do you have to make this conversation as comfortable and enjoyable as possible?
3. How has the crisis affected [adolescent boys/young men] in your age group?
4. In what ways do you think the impact differs for [adolescent girls/young women] in your age group?
5. What is the daily life of boys and young men your age in your community? How do boys your age pass their time each day?

Barriers and Opportunities

6. What activities or games do you think society expects [adolescent boys/young men] to enjoy or excel at? Are there any activities that you feel [adolescent boys/young men] are discouraged from participating in? If yes, why?
7. In your community, are there any rules or expectations that are imposed on [adolescent boys/young men] but not on [adolescent girls/young women]? How do you feel about these rules?
8. What about rules or expectations that this community imposes on [adolescent girls/young women] but not on [adolescent boys/young men]?
9. Are there any jobs or professions you believe are perceived as exclusively for [adolescent boys/young men]? Similarly, are there any jobs you think are considered only for [adolescent girls/young women]? What are your thoughts on this?

10. Can you think of certain qualities or characteristics often associated with [adolescent boys/young men]? How about qualities or characteristics associated with [adolescent girls/young women]?
11. What are the three key differences between the experiences of [adolescent girls/young women] and the experiences of [adolescent boys/young men] in this community?
12. What 3 recommendations would you make for how [adolescent girls/young women] and [adolescent boys/young men] can have the same opportunities in this community?
13. What 3 recommendations would you make for how [adolescent boys/young men] can support the safety of [adolescent girls/young women] in this community?
14. What additional services, activities and resources do you believe should be made available to adolescent boys and young men like you? (for example, clubs to gather with other boys/young men, skills training, etc.)
15. How do boys/young men prefer to receive information (e.g in person, through audio, video, posters, leaflets)?
16. Are boys and young men involved in community-level decision making? In which structures/bodies/groups?
17. If not, why not?
18. How would you like to be involved in/consulted on the design of activities and services in this community?



BOLIVIA: Boys on their way to school. © Plan International

Tool for consulting young women

Tool 1.4 Focus Group Discussion

Purpose	To understand the barriers young women face in accessing, using, and influencing programmes, and to identify their proposed solutions.
Time	90 minutes
Participants	The target participants for these consultations are young women (20 - 24 years). Each session should have a minimum of 6 participants and a maximum of 10 participants.

Step 1: Ask young women the following guided questions:

Introduction

1. How do you feel about participating in this discussion?
2. What suggestions do you have to make this conversation as comfortable and enjoyable as possible?
3. What impact has the crisis had on young women?
4. In what ways does the impact of the crisis differs for women compared to younger girls and older women?
5. What is the daily life of young women such as you in this community? How do young women like you pass their time each day?

Barriers to Access

6. Who is vulnerable in this community and what are they vulnerable to? *(note to facilitator: try to determine how gender, age, displacement status, disability status, ethnicity, and religious factors might affect vulnerability).*
7. Is anyone in the community not able to access services, activities, and resources?
8. What (physical or cultural) access barriers do they face?
What difficulties do young women like you face in accessing services ? *(note to facilitator, probe for physical and cultural barriers, e.g. women can't travel without male companions; lack of female friendly spaces etc).*
What difficulties are faced specifically in accessing education?
9. What difficulties are faced specifically in accessing healthcare, including sexual and reproductive health and rights?
10. Solution: what would be your top 3 suggestions for improving access to services, activities and resources for young women in particular?

Barriers to Service Use

11. What services are available for young women?
12. Which services are most useful and why?
13. Which services are least useful and why?
14. What gender are the majority of service providers in this community? What impact does that have on young women's use of services (*Note to facilitator: Probe if women and girls are able to access services if they are provided by men*)?
15. What additional services, activities and resources do you believe should be made available to young women? (e.g. menstrual health and hygiene management items etc)

Barriers to Influence

16. How do young women prefer to receive information (note for facilitator: e.g. in person, through audio, video, posters, leaflets)?
17. Are young women involved in community-level decision making? If yes, in which structures do they participate? If not, why not?
18. How would you like to be involved in the design of activities and services in this community?
19. Solution: what activities or services would support you to increase your ability to participate in decision making at household and community levels?
20. Is there anything else you would like to share with me today?



UGANDA: A teacher and two of her students laughing at the camera. © Plan International

Tool for consulting parents and caregivers

Tool 1.5 Circles of Influence²⁷

Purpose	<p>To engage parents/caregivers to understand the influences and limitations on adolescent girls' and young women's access to, use of, and influence over programming, and to identify various actions that should be taken to realise their rights.</p> <p>Note to facilitator: In low-resource settings, facilitators may pose the questions in the format of a basic focus group discussion instead of utilizing the activity set-up described in Steps 1-3 below.</p>
Time	90 minutes
Participants	The target participants for these consultations are female [male] and mothers [fathers] or caregivers of an adolescent girl or young woman (10 - 24 years), in sex-segregated groups. Each session should have a minimum of 6 participants and a maximum of 10 participants.
Materials	Flipchart paper, 3 or 4 non-permanent markers of different colours, tape (or other adhesives), image cards for circle of influence activity.

Step 1: Arrange participants in a circle and place the flipchart at the centre. Explain that today the group will be drawing circles of influence to better understand the lives of adolescent girls in their community.

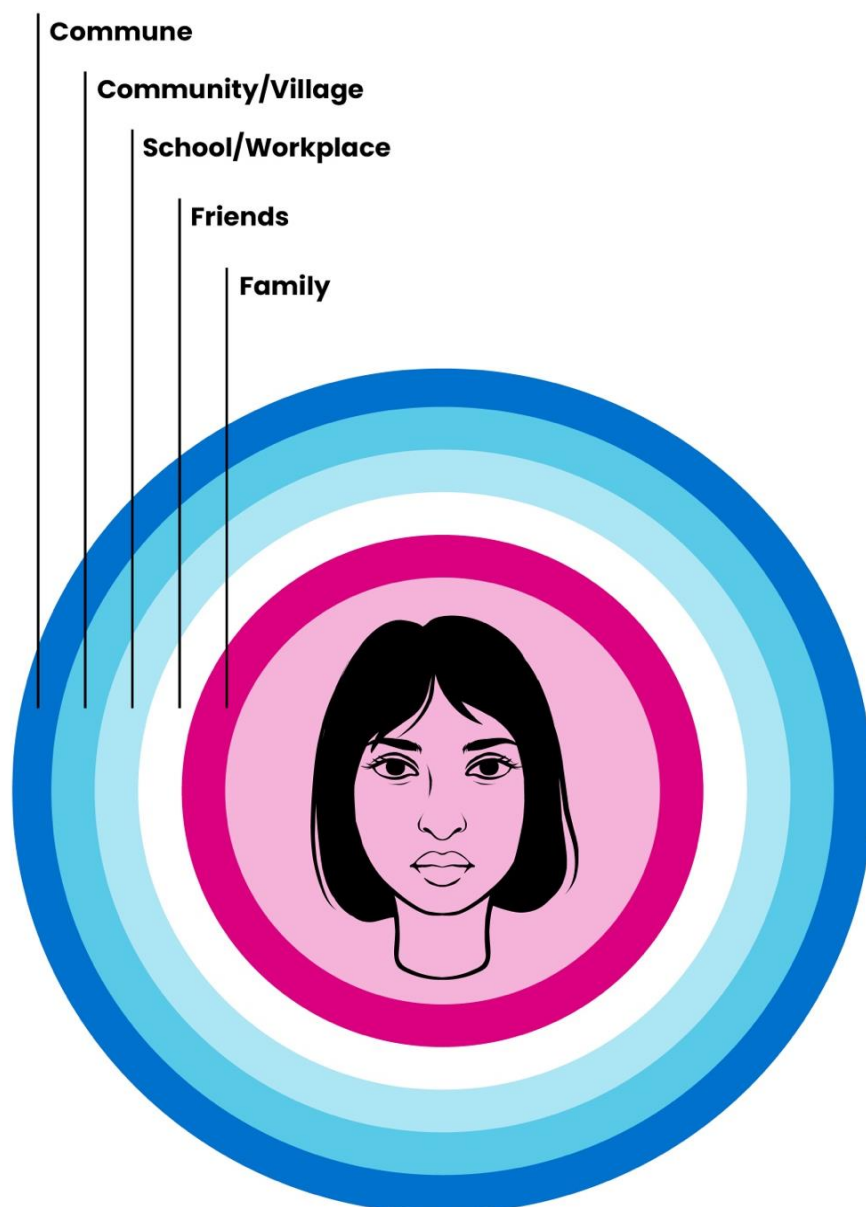
Step 2: Ask participants to brainstorm who has influence in an average adolescent girl's life. Solicit responses such as:

- Siblings
- Parents
- Friends
- Teachers/School
- Place of worship e.g. Mosque or Church (remove as appropriate, based on context)
- Religious leaders
- Humanitarian organisations
- Neighbours/wider community
- Community leaders
- Any other?

²⁷ Adapted from Plan International's "Adolescent Girls' Consultation Toolkit: Plan For Girls," 2021.

Step 3: On the flipchart paper, draw a child at the centre. Explain that this child represents an adolescent girl in your community who is 17 years old. Then draw circles around her and explain that each circle represents a circle of influence. The closer to the adolescent girl the circle is, the more influence it has on the girl. The further away from the adolescent girl, the less influence they have. Ask participants in which circle to put the actors from Step 2.

An illustrative example is provided below:



Step 4: Explain that we want to learn more about who influences decisions that affect adolescent girls and boys. One by one, present the different cards and ask participants which actors in the circles influence a girls' or boy's decision or ability to do that activity. Start with easier cards and progress towards cards that might be more difficult to discuss. Place the cards next to the circle that has the most influence.

Card (Girls)	Questions (Girls)
If she attends school	<ol style="list-style-type: none"> 1. Who decides if a girl will attend school? 2. What could convince and support this person/these people to support a girl going to school?
When she will stop going to school	<ol style="list-style-type: none"> 1. Who decides when a girl leaves school? 2. What affects this decision? Eg: safety concerns, fees, household chores, the number of siblings she has, distance to school/lack of transport, lack of female teachers, lack of menstrual hygiene items, if she is pregnant etc. 3. What could convince and support this person/these persons to support a girl to stay in school?
If she attends a club or activities outside of school	<ol style="list-style-type: none"> 1. Who decides if a girl can attend a club or activities outside of school? 2. Which activities are seen as permissible for girls to do? Which activities are not accessible? 3. Is the decision of whether a girl can access a club / activity influenced by whether it is mixed-sex or girl-only? 4. What factors can prevent her from participating in clubs/activities outside of school? 5. What could convince this person/these persons to support a girl to participate in clubs/activities outside of school?
If she can work outside the home	<ol style="list-style-type: none"> 1. Who decides if a girl can get a job outside the home in order to earn money? 2. Who influences/decides what that job is? 3. What could support access to a safe income for the girl?
If she can visit the health clinic	<ol style="list-style-type: none"> 1. If a girl wants health information or services, can she visit a health clinic by herself? If not, who influences her decision to go to a health clinic? 2. What factors might stop her from going to a health clinic (e.g. <i>access, perception of quality, availability of services etc.</i>)? <u>If there is no health clinic, what options does she have?</u> 3. What could support her safe access to health clinics? 4. If she wants to get contraceptives such as condoms or contraceptive pills, where could she go? <u>Would she need someone's permission in order to practice birth spacing/family planning?</u> Who is this person/these persons? 5. What barriers might she face to practice birth spacing/family planning? 6. How can we help remove those barriers?
When and who she marries	<ol style="list-style-type: none"> 1. Who decides if/when she will marry and to whom? 2. Does the girl have any say in these matters? 3. What would help to delay the age of marriage?

Card (Boys)	Questions (Boys)
If he attends school	<ol style="list-style-type: none"> 1. Who decides if a boy will attend school? 2. What could convince and support this person/these persons to support a boy going to school?
When he will stop going to school	<ol style="list-style-type: none"> 1. Who decides when a boy drops out of school? 2. What affects this decision? <i>Eg: safety concerns, fees, household chores, the number of siblings he has, need to support family by working, distance to school/lack of transport, lack of teachers etc.</i> 3. What could convince this person/these persons to support a boy to stay in school?
If he attends a club or activities outside of school	<ol style="list-style-type: none"> 1. Who decides if a boy can attend a club or activities outside of school? 2. Which activities are seen as permissible for boys and which are not? 3. Is the decision of whether a boy can access a club / activity influenced by whether it is mixed-sex or boy-only? 4. What factors can prevent him from participating in clubs/activities outside of school? 5. What could convince this person/these persons to support a boy to participate in clubs/activities outside of school?
If he works outside the home	<ol style="list-style-type: none"> 1. Who decides if a boy gets a job outside the home in order to earn money? 2. Who influences what that job is? 3. What could support access to a safe income for the boy?
If he can visit the health clinic	<ol style="list-style-type: none"> 1. If a boy wants health information or services, can he visit a health clinic? If not, who influences his decision to go to a health clinic? 2. What factors might stop him from going to a health clinic (access, perception of quality, availability of services etc)? 3. What could support his safe access to health clinics? 4. If he wants to get contraceptives such as condoms, where could he go? 5. What barriers might he face to obtain information and materials to support his sexual and reproductive health? 6. How can we help remove those barriers?
When and who he marries	<ol style="list-style-type: none"> 1. Who decides if/when he will marry and to whom? 2. Does he have any say in these matters?

Image Cards

Below are some suggested cards that can be used. However, it is advised that the research team find corresponding pictures relevant to their specific context.



If she attends school



When she will stop going to school



If she attends a club or activities outside of school



If she can work outside the home



If she can visit the health clinic



When and who she marries

Tool for consulting service providers²⁸

Tool 1.6 Key Informant Interviews

Purpose	To understand the barriers for adolescent girls and young women in accessing and using programmes, and to identify the support and additional interventions required to improve the availability and suitability of those programmes.
Time	60 minutes

KII with Child Protection and/or Gender-based Violence (GBV) Actor

1. What types of abuse and protection issues affecting adolescent girls and young women are most common in this community?
2. How does the social status of adolescent girls and young women (*e.g. displacement status, whether they have a disability, the language/s they speak, their religion, ethnicity*) affect their experience?
3. How does it impact their vulnerability to violence?
4. How does it impact their ability to safely access services?
5. How does the social status of adolescent boys and young men (*e.g. displacement status, whether they have a disability, the languages they speak, their religion, ethnicity*) affect their experience?
6. How does it impact their vulnerability to violence ?
7. How does it impact their ability to safely access services?
8. What mechanisms and services exist to protect adolescents and youth (10-24 years)? *Choose from the following and add options as necessary:*
 - Child friendly spaces
 - Girl friendly spaces / Girl-only spaces
 - Women's and girls' safe spaces
 - Mental health and psychosocial support (MHPSS) services
 - Case management
 - Emergency shelter or placement in foster families
 - Social protection or cash and voucher assistance (CVA) for protection
 - Family reunification
 - Healthcare for survivors of violence and abuse
 - Justice/ legal aid
9. Do all adolescents and youth have access to those services? If not, which groups of adolescents face the most challenges in accessing those services (*e.g. adolescent girls, girls or boys with disabilities, etc.*)?
10. If an adolescent girl or young woman experienced GBV, where could she report the incident?
11. Where could she receive medical support?
12. Where could she receive psychosocial support?
13. What other services are available to girls and women who have experienced GBV?
14. What factors affect access to GBV response services for adolescent girls and young women?
15. What is currently being done to prevent GBV in this community?
16. What do you think needs to change to ensure girls are safe from GBV and can seek response services when needed?

²⁸ Adapted from Plan International's "Adolescent Girls' Consultation Toolkit: Plan For Girls," 2021.

KII with Livelihood Actor

1. What livelihood opportunities exist for young women and young men?
2. What would you consider barriers for young women in undertaking an income-generating activity?
3. How does the social status of a young woman impact her ability to earn an income (*for example, disability status, displacement status, religion, ethnicity*)? And a young man?
4. What opportunities are available to support young women's economic participation? And young men's economic participation?
5. What protection risks might a young woman face in undertaking an income-generating activity? How can these be mitigated?
6. What protection risks might a young man face in undertaking an income-generating activity? How can these be mitigated?
7. What do you think needs to change to enable young women's economic participation? And young men's participation?

KII with Education Actor

1. From your experience, what are some of the main challenges facing adolescent girls in education?
2. What are some of the main challenges facing adolescent boys in education?
3. How does the social status of a girl impact her ability to access education (for example, disability status, displacement status, religion, ethnicity)? And of a boy?
4. Do school facilities meet girls' needs? If not, what is missing?
5. Do school facilities meet boys' needs? If not, what is missing?
6. Is the way to/from school is safe for girls? If not, what could make it safer?
7. Is the way to/from school safe for boys? If not, what could make it safer?
8. For students who have been out of school for some time, what mechanisms are in place to help them return to school?
9. What can humanitarian actors do to ensure girls can safely access and regularly attend school?
10. What can humanitarian actors do to ensure boys can safely access and regularly attend school?



RWANDA: Teenage girls learning in school. © Plan International

KII with Health (including an SRHR) Actor

1. What are the main health issues affecting adolescent girls and young women? (Probe for SRHR health issues)
2. What are the main health issues affecting adolescent boys and young men? (Probe for SRHR health issues)
3. How does the social status of a girl impact her sexual and reproductive health and rights? *(for example, if she is living with a disability, if she is part of a minority group, her age)*
4. How does the social status of a boy impact his sexual reproductive health and rights? *(for example, if he is living with a disability, if he is part of a minority group, his age)*
5. Where do adolescent girls and young women go when they have a question about their sexual and reproductive health (probe for if they speak with a female relative or a friend, or a service provider) ? Where do girls go to obtain SRHR services (probe for contraception, abortion)?
6. Where do adolescent boys and young men go when they have a question about their sexual and reproductive health (probe for if they speak with a male relative or a friend, or a service provider)? Where do boys go to obtain SRHR services (probe for contraception)?
7. What specific sexual and reproductive health services do you provide for adolescent girls? What specific services do you provide for adolescent boys?
8. How can adolescent girls and boys be encouraged to seek out counselling and care on sexual and reproductive health?
9. What needs to change to improve adolescent girls and young women's access to sexual and reproductive health services?

KII with Food Security / Nutrition Actor

1. How do most adolescent girls and young women meet their nutritional needs?
2. What barriers exist for girls to meet their nutritional needs? *(for example, do girls tend to eat after other family members, are they often pregnant or breastfeeding?)* How does the social status of girls affect their nutrition *(for example, if a girl is living with a disability does she eat differently than other family members?)*
3. What barriers exist for boys to meet their nutritional needs? *(for example, do boys work long hours?)* How does social status of boys affect their nutrition *(for example, if a boy is living with a disability, does he eat less than other family members?)*
4. What services do you provide for adolescents?
5. How can adolescent girls and boys be supported to have safe and equal access to nutritional programmes?

Tool for consulting Women's and Girls' Rights Organisations (WGROs)

Tool 1.7 Key Informant Interviews

Purpose

To gather insights from other allies working to advance women's and girls' rights, focusing on what works in the specific context and identifying the remaining gaps.

1. What are the biggest challenges faced by adolescent girls and young women in this community?
2. What are the biggest challenges faced by adolescent boys and young men in this community? How does the social status of adolescent girls and young women (*displacement status, whether they have a disability, the language/s they speak, their religion, ethnicity*) affect their experience?
 - How does it impact their vulnerability to violence?
 - How does it impact their ability to access services?
3. How does the social status of adolescent boys and young men (*displacement status, whether they have a disability, the languages they speak, their religion, ethnicity*) affect their experience?
 - How does it impact their vulnerability to violence?
 - How does it impact their ability to access services?
4. In your opinion, what resources (*human, financial, technical*) are needed to better advance gender equality in this community?
5. In your opinion, how important is it to work on gender equality in this context?
6. What in your opinion is working to hinder gender equality (*for example, cultural norms, religious discourse, instability*)?
7. What approaches are you adopting to advance gender equality?
8. What strategies or interventions are effective for advancing gender equality in this community?
9. What activities/approaches are you using to empower women and girls? And to protect women and girls?
10. What are humanitarian actors doing well in terms of protecting and empowering girls?
11. What should humanitarian actors do more of?

Tool for consulting formal and informal community leaders

Tool 1.8 Key Informant Interviews

Purpose	<p>To gather perspectives from influential figures in the community - both women and men - on the challenges and opportunities they see for adolescent girls and young women.</p> <p>Please note: Consultations with community leaders should only take place in contexts where there are <u>both</u> male and female community leaders (these can be either formal or informal). In contexts where there is an absence of female community leaders, it is advisable to forgo consultations and instead engage with community leaders solely for community buy-in and access to the community, rather than for consultation. This approach prevents reinforcing power imbalances between men and women in the community.</p>
Time	60 minutes

1. In your role as a community leader, you know the community well. What do are the biggest challenges faced by adolescent girls and young women in this community?
2. What are the biggest challenges faced by adolescent boys and young men in this community?
3. Are adolescent girls able to access quality education? Are boys?
 - If not – what are the barriers boys and girls each face?
4. Are adolescent girls able to access quality health care? Are boys?
 - If not – what are the barriers boys and girls each face?
5. Do you hear of cases of violence or abuse against adolescent girls and young women in your community? What types of violence or abuse affect them?
6. For example, is it common in this community for girls to marry before the age of 18 years?
 - If yes – what are the primary reasons?
 - Is it possible to prevent child marriage and what would be your 3 recommendations for doing this effectively?
7. Is it common in this community for girls to become pregnant before the age of 18?
8. Do you hear of cases of violence or abuse against adolescent boys and young men in the community? What types of violence or abuse affect them? (For example, forced recruitment)
9. What do you see as positive factors and opportunities that support adolescent girls and young women in your community to develop and thrive?
10. In your view, what could be done to support adolescent girls and young women to be more involved in decision-making in this community?
11. In your view, what could be done to support adolescent boys and young men to develop and thrive?
12. Based on our discussion, what 3 things should be done to improve adolescent girls and young women's well-being in this community? Including improving their safety and access to opportunities and resources.
 - What needs to change at household level?
 - At community level?
 - In service provision?
13. Based on our discussion, what 3 things should be done to improve adolescent boys and young men's well-being in this community?
 - What needs to change at household level?
 - At community level?
 - In service provision?

Annex 2: Tools for quantitative data collection

Tool for conducting a survey with adolescent girls and boys

Tool 2.1 Survey

Purpose	<p>To understand and compare the impact of the crisis on adolescents of different gender and age groups (10-19 years). The focus is on identifying needs and risks to inform tailored programming and advocacy.</p> <p>Please note: <i>If this data is available from the literature review, please skip the survey. Also, if another team is carrying out a survey in the community and are upholding the correct ethical standards - including male enumerators consulting male participants and female enumerators consulting female participants - then it is recommended that you add these questions to the planned survey, to reduce the burden on communities.</i></p>
Participants	<p>The target participants for this survey are adolescent girls (10-19 years) and adolescent boys (10- 19 years) to enable comparative data. Based on who you are talking to, either choose to mention girls or boys where you see this: [girls/boys]</p>
Materials	<p>KoBo Toolbox is recommended. It is a free open-source tool for mobile data collection, which allows you to collect data using mobile devices such as mobile phones or tablets, as well as with paper or computers.²⁹</p>
Location	<p>To streamline the process and minimise logistical requirements, it is advisable to conduct the survey in the same location as the consultations with adolescents. Furthermore, it is not recommended to administer the survey through house-to-house visits, as this approach may compromise quality of data. In such visits, girls may be less inclined to openly share their thoughts in the presence of their brothers, fathers, or other family members. Instead, when arranging consultations with adolescent girls or boys (10-14 or 15-19 years), the research team can administer the questionnaire to each participant as they enter or exit the consultation. It is recommended to choose a quieter corner of the space to ensure increased privacy during this process.</p>

²⁹ Why use KoBo Toolbox? Data does not need to be transcribed from paper to computers before it can be analysed; Some analyses can be applied within minutes of the data being collected; It is accurate; Enumeration errors are minimised because of the data validation that can occur in real time as data is collected; Transcription errors are entirely eliminated; It is optimised for humanitarian work; It works offline, is easy to use (requires no technical knowledge to manage).

Introduction

Geographical area:		Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed
Date:		Earning money:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender of respondent:	<input type="checkbox"/> female <input type="checkbox"/> male ³⁰	Age of respondent:	<input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19
In-school/out of school:	<input type="checkbox"/> In-school <input type="checkbox"/> Out-of-school	Currently living in:	<input type="checkbox"/> Rural <input type="checkbox"/> Urban
Parental Status:	<input type="checkbox"/> No children <input type="checkbox"/> Expecting (pregnant) <input type="checkbox"/> 1 child <input type="checkbox"/> 2 or more children		

Education

Do [girls/boys] typically go to school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what age do [girls / boys] typically drop out of school?	<input type="checkbox"/> 5-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-15 <input type="checkbox"/> 16-18
What is the usual reason for dropping out?	<input type="checkbox"/> Chores at home <input type="checkbox"/> School or uniform fees <input type="checkbox"/> Lack of female teachers (girls only) <input type="checkbox"/> Distance is too far/lack of transport <input type="checkbox"/> Lack of menstrual hygiene items (girls only) <input type="checkbox"/> Safety concerns <input type="checkbox"/> Other
Are there female teachers in the place you go to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you feel about your learning experience?	<input type="checkbox"/> I feel great and confident in my progress <input type="checkbox"/> I sometimes find it challenging <input type="checkbox"/> I feel like I need more help or support
Are there separate toilets for girls and boys in the place you go to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

³⁰ If the context allows, it is recommended to include another option with "other"

Protection

Do you feel generally safe or unsafe in the area where you live?	<input type="checkbox"/> Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> Sometimes safe, sometimes unsafe	
What are the most common forms* of gender-based violence which [girls / boys] are exposed to?	<input type="checkbox"/> Child Marriage <input type="checkbox"/> Sexual Exploitation and Abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Female Genital Mutilation/Cutting (FGM/C) <input type="checkbox"/> Physical Assault <input type="checkbox"/> Psychological or Emotional Abuse <input type="checkbox"/> Denial of resources, opportunities or services <input type="checkbox"/> Other <small>*forms taken from the IASC GBV Guidelines</small>	
Do you know where to go to report an incident of gender- based violence in order to get help and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where: <input type="checkbox"/> Community Leaders <input type="checkbox"/> Women's and Girls' Rights <input type="checkbox"/> Organisations <input type="checkbox"/> Family Members <input type="checkbox"/> Friends <input type="checkbox"/> Police Station <input type="checkbox"/> Health Centre <input type="checkbox"/> Religious Leaders <input type="checkbox"/> Other

Livelihoods

Do you have any money of your own that you alone can decide how to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently expected to work and get an income to support the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to activities which increase your knowledge and skills to get an income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel comfortable participating in mixed-sex activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health (SRHR)

Are you able to get information and access to contraception if you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to decide when and if to have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Girls only: Do you have supplies to manage your menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annex 3: Report template

Purpose	To be used to synthesise findings and recommendations from the consultation process
Region	
Geographical Coverage	
Date of report	
<p>Insert photo – with relevant permissions.</p>	
<p>Statement of Commitment</p> <p>Senior Management Team in Country Office to insert a statement on how this will be implemented and how the implementation will be monitored: section to be removed when sharing report externally.</p>	

Summary of Key Findings and recommendations

Insert here key points/information from the Rapid Gender Analysis for Adolescents and Youth in bullet points.

Examples:

- Key finding: Safety is lacking on children's journey to school
- Recommendation: Provide safe transportation to the school or 'walking bus' teams
- Target group: school children, parents
- Responsible /coordinate with: Education, CP, CCM, logistics

Summary of Key Actions

Based on a workshop with all sector and department representatives where findings of the Rapid Gender Analysis for Adolescents and Youth are presented, each sector and department lead to insert commitments in line with Needs, Risks and Barriers. Section to be removed when sharing report externally.

Programmes

	Education	Health (SRHR)	Protection (CP and GBV)	Livelihoods	Food Security and Nutrition
Barriers					
Needs					
Risks					

Operations

	HR	Logistics	MERL	Finance	Communications & Advocacy	Safeguarding & PSEA
Barriers						
Needs						
Risks						

Background

Add briefly information about the current context and some key information about the crisis and if available information that helps to understand how girls and adolescents have been affected by the current crisis.

Methodology

The Rapid Gender Analysis for Adolescents and Youth captures the perspectives of adolescents (defined as the period from 10 to 19 years of age), in line with United Nations practice, and of youth (defined as the period from 20 to 24 years of age), along with the following age definitions:

- Early adolescence: 10 to 14 years
- Late adolescence: 15 to 19 years
- Youth: 20 to 24 years

Within this demographic group, the Rapid Gender Analysis for Adolescents and Youth has focused on capturing the perspectives of adolescent girls and young women. Due to three primary factors:

- Adolescent girls face elevated risks of gender-based violence in humanitarian settings because of the intersectionality of age and gender, and the additional and exacerbated risk factors relevant to emergencies³⁹
- Adolescent girls face historical and systematic exclusion from accessing, using, and influencing humanitarian aid⁴⁰
- Adolescent girls' involvement throughout all stages of the programme cycle is essential for the success and effectiveness of programmes: "to achieve long-lasting change, it is critical that girls and young people are involved in your work from the very beginning - and that this is maintained throughout all stages from project analysis and design, to implementation, monitoring and evaluation. Failure to do so can lead to ineffective project strategies, unsafe or irresponsible activities, and can mean that resources are not spent in a way that will generate impact"⁴¹

Intentionally engaging adolescent girls in the methodology of conducting Rapid Gender Analysis for Adolescents and Youth serves to⁴²:

- provide them with opportunities to contribute to positive changes in their communities, and be positive agents for change
- contribute to their personal development and can help them feel more empowered and motivated to speak out
- provide a deeper understanding of their human rights so they are more likely to voice their concerns and problems, and to make more informed choices
- increase their capacities and skills for effective engagement, tolerance and respect for others

Insert the following information:
What tools were used
Who was consulted (age for adolescents and youth, and gender of all stakeholders)
How many stakeholders were consulted
Who was in the research team (organisation, job title and gender)
Any challenges and limitations

39 Stark, L. Seff, I and Reis, C., "Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence," 2020.

40 <https://plan-international.org/7-reasons-world-needs-girls-rights-platform/>

41 Girls Not Brides., "Design for success! A guide to developing end child marriage projects and how to fundraise for them," 2017.

42 Girls Not Brides., "Design for success! A guide to developing end child marriage projects and how to fundraise for them," 2017.

Overarching Findings and Actions: Barriers, Needs and Risks of Adolescent Girls

BARRIERS	
Barriers to Access	
Current Barriers	<i>Insert a bullet point list of barriers e.g. risks of Gender-based Violence; insufficient women staff offering services; mixed sex or mixed age spaces and services.</i>
Required Actions⁴³:	
Action 1	
Action 2	
Action 3	
Barriers to Use	
Current Barriers	<i>Insert a bullet point list of barriers e.g. available services not responsive to adolescent girls' and young women's specific needs; timing of service-delivery conflicts with girls' other priorities.</i>
Required Actions⁴³:	
Action 1	
Action 2	
Action 3	
Barriers to Influence	
Current Barriers	<i>Insert a bullet point list of barriers e.g. consultations are carried out in mixed-sex groups; consultations prioritise the community leaders and adolescent girls and young women aren't included in community leadership roles; consultations are conducted by male enumerators; consultations take place in a location which is not seen as safe or private enough for adolescent girls and young women to participate.</i>
Required Actions⁴³:	
Action 1	
Action 2	
Action 3	

⁴³ All actions are taken from IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action; Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming; and IASC The Gender Handbook for Humanitarian Action.

NEEDS

Education needs

Current Challenges	School attendance: <i>[insert which girls are typically not accessing school]</i> girls do not participate in school due to <i>[insert reasons girls have given for why they don't go to school]</i>
	School retention: girls leave school at approximately <i>[insert]</i> years of age
	Availability of women teachers: <i>[insert]</i>
	Girls' perspectives on available WaSH facilities and menstrual health and hygiene management in schools: <i>[insert]</i>
	Availability of girl-only activities or spaces eg Girls' Clubs: <i>[insert]</i>

Required Actions:

Action 1	
Action 2	
Action 3	

Protection Needs

Current Challenges	Access to girl-only safe spaces for seeking help: <i>insert what spaces or stakeholders are available for adolescent girls and young women and seen by them as safe to disclose and seek help.</i>
	Availability of women case workers and women service providers: <i>[insert]</i>
	Adolescent girls' and young women's perspectives on existing forms of GBV at household and community levels: <i>[insert]</i>
	Adolescent girls' and young women's perspectives on primary perpetrators (eg aid workers) and access to reporting mechanisms: <i>[insert]</i>

Required Actions:

Action 1	
Action 2	
Action 3	

Food Security and Nutrition Needs	
Current Challenges	Availability of food and nutrition that meets adolescent girls' and young women's specific needs: <i>[insert]</i>
	Availability of women service providers: <i>[insert]</i>
	Adolescent girls' and young women's perspectives on existing distribution mechanisms and their impact on adolescent girls and young women: <i>[insert]</i>
	Adolescent girls' and young women's perspectives on existing distribution locations and their impact on adolescent girls and young women: <i>[insert]</i>
Required Actions:	
Action 1	
Action 2	
Action 3	
Health (Sexual and Reproductive Health and Rights) Needs	
Current Challenges	Access to girl-only safe spaces for seeking services and information: <i>Insert what spaces and how many are available for girls and seen by girls as safe to access.</i>
	Availability of women service providers: <i>[insert]</i>
	Adolescent girls' and young women's perspectives on whether their specific SRHR needs are being met: <i>[insert]</i>
	Availability on comprehensive sex education and information about contraception: <i>[insert]</i>
Required Actions:	
Action 1	
Action 2	
Action 3	
Livelihood Needs	
Current Challenges	Access to girl-only safe spaces for developing skills: <i>Insert what spaces and how many are available for adolescent girls and young women and seen by them as safe to access.</i>
	Availability of women trainers/staff: <i>[insert]</i>
	Adolescent girls' and young women's perspectives on existing types of income-generating activities and whether they are in line with what adolescent girls and young women want and their aspirations: <i>[insert]</i>
Required Actions:	
Action 1	
Action 2	
Action 3	

RISKS

Risks in Households

[insert]

Risks in Communities

[insert]

Risks from humanitarian programming (e.g. sexual exploitation and abuse)

[insert]

Enabling environment: opportunities

What key allies can humanitarian organisations collaborate with and draw on to drive change?

Adolescent boys and young men	<i>Insert existing attitudes and beliefs and what solutions were proposed by this stakeholder group to advance adolescent girls' and young women's rights.</i>
Women's and Girls' Rights Organisations	<i>Insert existing attitudes and beliefs and what solutions were proposed by this stakeholder group to advance adolescent girls' and young women's rights.</i>
Service providers	<i>Insert existing attitudes and beliefs and what solutions were proposed by this stakeholder group to advance adolescent girls' and young women's rights.</i>
Parents and caregivers	<i>Insert existing attitudes and beliefs and what solutions were proposed by this stakeholder group to advance adolescent girls' and young women's rights.</i>
Formal and informal community leaders	<i>Insert existing attitudes and beliefs and what solutions were proposed by this stakeholder group to advance adolescent girls' and young women's rights.</i>

Conclusion

[insert]

What does this Rapid Gender Analysis for Adolescents and Youth link to?

Plan International has committed to conducting Gender Analysis within the **Adolescent Programming Toolkit**³¹; within **Getting it Right: A Guidance Note for Gender Transformative Programming and Influencing**³²; within the **Emergency Response Manual – Programme**; within the **Gender, Age and Inclusion Analytical Framework**; and within the **Gender Equality and Inclusion Policy**³³.

A Rapid Gender Analysis should be conducted within the first two-four weeks of an emergency response³⁴. In line with Plan International's **Adolescent Programming Toolkit**, this Rapid Gender Analysis for Adolescents and Youth supports adolescent girls and young women in particular to learn, lead, decide and thrive. Both through the *process* of conducting the Rapid Gender Analysis for Adolescents and Youth and through its *outcomes*.

This Rapid Gender Analysis for Adolescents and Youth provides specific, practical actions for Plan to fulfil its commitment - as outlined in the Adolescent Programming Toolkit - to: Place adolescents particularly 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.

What is the purpose of this Rapid Gender Analysis for Adolescents and Youth?

Gender analysis helps to identify gender inequalities, both their causes and consequences. Knowledge of how gender inequality impacts on communities helps inform and adapt humanitarian responses, making sure everyone has safe and equal access to, use of, and influence over, the available programmes, to ensure we 'do no harm' and to ensure that no one is left behind on account of their gender and the systematic discrimination they face. As outlined in the Emergency Response Manual, a gender analysis "helps teams better identify and respond to affected people's needs, based on their gender, age, (dis)ability and other exclusion factors".³⁵

Gender analysis explores how power relations give rise to discrimination, subordination and exclusion in society, particularly when overlaid across other areas of marginalisation such as class, ethnicity, caste, age, disability status, sexuality.³⁷

Gender inequality disproportionately impacts women and girls. Gender analyses therefore proactively look to understand women's and girls' perspectives so they are reflected in humanitarian responses. This focus is reinforced in the Emergency Response Manual which states that "Plan International's focus on the particular needs of girls, adolescent girls and young women means that RGAs must intentionally collect data relevant to these groups. (See also Plan International's Adolescent Programming Toolkit.)"

A Rapid Gender Analysis for Adolescents and Youth is available quickly to inform humanitarian response planning - used by Plan International in rapid onset and protracted crises. It is simple and practical, **providing programming and operational recommendations**.

As outlined in the Emergency Response Manual: "The RGA is a simple way of identifying and understanding the different roles, needs, priorities, challenges, norms and contextual dynamics that should inform programme design and implementation. Its findings should include information about gender-, age-, and disability-related risks, and should be used to inform programme design, implementation, feedback mechanisms and other essential response elements."³⁸

31 "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" (Preparedness).

32 "To get it right, we must conduct a gender, inclusion and age analysis during the situational analysis."

33 The need for RGA is stipulated in the Policy's Implementation Guidelines: This requires all staff to ensure that projects: Incorporate aspects of gender, inclusion and power in its situation analysis including analysis of the intersections of gender with other factors that contribute to discrimination and exclusion. In particular, disaster preparedness plans include strong gender analysis that identifies key risks and mitigations in order to ensure any response has a strong foundation based in gender.

34 Plan International, "Emergency Response Manual – Programme," 2023.

35 *ibid*.


Annex 4: Agenda for Action Planning Workshop

Purpose	To provide a sample agenda for a workshop with internal stakeholders to share findings and recommendations and develop appropriate actions.
Duration	2 hours
Participants	Senior Management Team, Sector Leads and Department
Leads purpose	<ul style="list-style-type: none"> - To ensure a shared understanding of findings and recommendations - To develop joint ownership and drive accountability for taking action - To complete the Summary of Key Actions section of the Rapid Gender Analysis for Adolescents and Youth report

Workshop agenda

Time	Purpose	Responsibility
10 mins	Introductions and overview of agenda	
30 mins	Presentation of Rapid Gender Analysis for Adolescents and Youth findings and recommendations	
10 mins	Discussion in plenary: areas of particular concern and urgent issues	
40 mins	Breakout groups: Each sector or department lead to complete the "Summary of Key Actions" table in the report template with actions to be taken and to share back in plenary what actions will be taken	
15 mins	Rotate between the teams, so that each sector lead is also able to review and input into the actions of other sectors. This will support the development of a more holistic approach to programming	
15 mins	Discussion in plenary: agree to frequency and modality for regular follow up on progress	

Annex 5: Assent and Consent Forms

	<h3>Assent Form (consultation)</h3> <p>Children and adolescents under the age of 18*</p>	
<p>What are we doing and why? Plan International are conducting an assessment on the experiences of adolescents in crisis situations. Our research will centre on adolescent girls and ask questions about their lives and experiences to understand how different experiences impact them. We are asking questions to understand the experiences of adolescents like you in the place where you live, we will do this through a number of different activities. We are talking to adolescents to hear your opinions and views – there are no right or wrong answers. If you agree take part, your responses will remain anonymous, which means that while things you say may be used in any report, we will not publish your name, record your name or share it with anyone.</p> <p>How will your responses be used? We will use the information that you and other adolescents share to identify adolescents' needs and to help the design of programme activities. We may also write up our findings into a report or presentation that will be which will be shared around the world to help Plan International and other organisations supporting girls and young women.</p>		
		<p>Tick box if you approve</p>
<p>I understand why you are doing this consultation.</p>		<input type="checkbox"/>
<p>I understand that I can stop at any time and that I don't have to answer any questions that I don't want to.</p>		<input type="checkbox"/>
<p>I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.</p>		<input type="checkbox"/>
<p>I understand who I can speak to should I feel worried or sad about this consultation.</p>		<input type="checkbox"/>
<p>I know that you will not share my name or other personal information in your reports or other publications.</p>		<input type="checkbox"/>
<p>I am happy for you to record the information with notes / flipcharts.</p>		<input type="checkbox"/>
<p>I am happy to talk to you and take part in this consultation initiative.</p>		<input type="checkbox"/>

* For adolescents below the age of 18 years, verbal consent/assent is obtained from both the adolescent and the parent.



Consent Form (consultation)

Adult participants (18+)*

What are we doing and why? Plan International are conducting an assessment on the experiences of adolescents in crisis situations. Our research will centre on adolescent girls and ask questions about their lives and experiences to understand how different experiences impact them. We are asking questions to understand the experiences of adolescents like you in the place where you live, we will do this through a number of different activities. We are talking to adolescents to hear your opinions and views – there are no right or wrong answers. If you agree take part, your responses will remain anonymous, which means that while things you say may be used in any report, we will not publish your name, record your name or share it with anyone.

How will your responses be used? We will use the information that you and other adolescents share to identify adolescents' needs and to help the design of programme activities. We may also write up our findings into a report or presentation that will be which will be shared around the world to help Plan International and other organisations supporting girls and young women.

Tick box if
you approve

I confirm that I have understood the purpose of the consultation.

I have been given the opportunity to consider the information, ask questions and a reply was given for all the questions to my satisfaction.

I understand that participation is voluntary and that I may withdraw at any time without giving a reason.


I understand that my name will not appear in any reports, articles or presentations.


I give permission that the data collection can be recorded by using written notes.

I understand who I can speak to at any time should I have any questions about the research.

I consent to take part in the consultation.

* For adolescents and adults above the age of 18 years, verbal consent/assent OR written consent can be obtained.

	Verbal assent and consent	
Verbal consent has been given by participant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Data Collector Name:		
Signature:	Date:	

	Written consent	
Signature/Thumbnail of Participant:	Date:	
Data Collector Name:		
Signature:	Date:	

Annex 6: Safeguarding Risk Assessment

Purpose

To assess potential safeguarding risks related to the involvement of adolescents (aged 10-19 years) and young people (20–24 years) in planned activities. **Note** – Internal to Plan please use the [safeguarding risk assessment](#) document.

Description of activity and/or event(s)

Step 1: Who is at risk?	Step 2: What are the risks?	Step 3: What are the control measures currently in place and how effective are they?	Step 4: Risk calculation			Step 5: What are the agreed controls / actions to be put in place to mitigate the risk?	Step 6: By whom?	Step 7: By when?
			Likelihood	Impact	Risk level			
<i>Think about the factors that put them at risk, e.g., adolescents aged 10-14 years</i>	<i>Risk of road accidents as the road to the feedback collection point that the children might use is unsafe</i>	<i>Children invited to the consultation should be accompanied by an adult on their way to the consultation venue</i>	L	H	M	<i>Ensure chaperones for young adolescents. Or ensure Plan International staff are present on the road where adolescents walk/cross. Ensure safe alternative transport for children, etc.</i>		

		Impact		
		L	M	H
Likelihood	H-3	M	H	H
	M-2	L	M	H
	L-1	L	L	M

Minimum Standards for Gender-Sensitive Rapid Needs Assessment

The **Rapid Needs Assessment (RNA)** focuses on identifying the immediate needs in a community after a crisis. The differences between a Rapid Needs Assessment and a **Rapid Gender Analysis (RGA)** for Adolescents and Youth are:

- **RNA** is done within 72 hrs and Report to be ready by 96 hrs following a crisis by the Country Office Emergency Response Team (ERT).
- **RNA** is an initial overview of the situation **to enable immediate identification** of top priorities, needs, vulnerabilities and capacities of girls, boys, women and men, providing managers with information on first-response activities.
- **RGA** is done within the timeframe between 2 weeks and 4 weeks.
- **RGA** is a simple way of identifying and understanding the different roles, needs, priorities, challenges, **norms and contextual dynamics** that should inform programme design and implementation. Its findings should include information about gender-, age-, and disability-related risks

Every **RNA** in Plan International should have a strong gender lens. Below are Minimum Standards to support this:

1	All consultations with communities are conducted separately for girls, boys, women, and men, ensuring sex-segregation.
2	Facilitators conducting consultations are of the same sex as the participants.
3	Female facilitators are paired with female interpreters, and male facilitators are paired with male interpreters.
4	Consultations are scheduled at a time that is convenient for women and girls, as determined by them.
5	Consultations are held in a location that is safe to travel to and from, as determined by women and girls.
6	Data collectors/enumerators are trained to make safe and ethical referrals, equipped with up-to-date gender-based violence (GBV) referral pathways, in case of any GBV disclosures during data collection (though disclosures are not encouraged).
7	Women's and Girls' Rights Organisations are consulted and/or engaged in data collection and analysis.
8	Gender inequalities are understood through a desk review on gender, which includes using the Gender in Brief (if available).
9	No photos or videos are taken of focus group discussion (FGD) participants.
10	Participants in FGDs receive refreshments in the form of clean water and snacks, and when relevant, coverage of transportation costs to ensure safe access to focus group discussions.
11	Childcare is provided or FGDs are arranged near child-friendly spaces to enable meaningful participation of mothers.
12	Research tools used take into consideration lower literacy levels of women and girls.



Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls. We believe in the power and potential of every child but know this is often suppressed by poverty, violence, exclusion and discrimination. And it is girls who are most affected.

Working together with children, young people, supporters and partners, we strive for a just world, tackling the root causes of the challenges girls and vulnerable children face. 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.

For over 85 years, we have rallied other determined optimists to transform the lives of all children in more than 80 countries.

We won't stop until we are all equal.

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