Women's Refugee Commission
Research. Rethink. Resolve.

I'm Here: Adolescent Girls in Emergencies

Approach and tools for improved response

October 2014

Research. Rethink. Resolve.

The Women's Refugee Commission works to improve the lives and protect the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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Acronyms & Abbreviations

ACF	Action Against Hunger International
CAP	Consolidated Appeals Process
DFID	UK Department for International Development
eGAIM	Emergency Girl Analysis Integration Matrix
FGC	Female genital cutting
HoH	Head of household
IASC	Inter-Agency Standing Committee
IAWG	Inter-agency Working Group on Reproductive Health in Crises
IDP	Internally displaced person(s)
MISP	Minimum Initial Service Package
NGO	Nongovernmental organization
OFDA	USAID Office of Foreign Disaster Assistance
PRM	Participatory Ranking Methodology
SADD	Sex- and age-disaggregated data
SRH	Sexual and reproductive health
UN DESA	UN Department of Economic and Social Affairs
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
USAID	US Agency for International Development
WRC	Women's Refugee Commission

Executive Summary

I'm Here: Adolescent Girls in Emergencies is a resource for emergency response staff. It outlines an operational approach and recommendations that can help humanitarian sectors be more accountable to adolescent girls from the start of an emergency. Key rationale, findings and recommendations are based on a literature scan, expert interviews, and a field assessment and pilot testing of mobile-based tools in South Sudan. The report structure allows readers to read the full narrative or to access specific sub-sections. Each section begins with a summary of key findings and messages, followed by supporting information. Annexes contain supplementary material and tools.

Why this report?

When the humanitarian system responds to a crisis, the "starting line" is not the same for everyone affected by the disaster. In the hours, days and weeks following sudden-onset crises, people are not equally equipped with the knowledge, the mobility or the assets—physical, human, social, economic and political—that enable safe access to life-saving services. Displacement also affects people's daily routines, needs and vulnerabilities in different ways.

Yet a pervasive belief exists within the humanitarian community that the days immediately after an emergency are not a reasonable time for nuanced delivery of lifesaving information and services. With some exceptions, the rationale is that overwhelming need, weakened infrastructure and limited capacity offer little time for data collection, analysis and use. Emergency responses are, by default, somewhat generic.

This claim is not without some merit, and it is important to understand and acknowledge the context in which emergency personnel operate. When the scale of need is vast, the reach of services limited and the funding tight, the balancing act between decisive action and timely analysis is a challenge.

Emergencies and their challenging contexts, however, do not absolve humanitarian actors across sectors from prioritizing actions and using tools that can improve response effectiveness and accountability, including abiding by the humanitarian principle to *do no harm*.

There are many subpopulations whose needs and risks humanitarian actors must take into account when a sudden-onset conflict or a natural disaster occurs. Of these subpopulations, adolescent girls (aged 10-19) are too often overlooked.

Adolescent girls—who account for an increasing proportion of displaced persons—are at a comparative disadvantage before, during and after crises. In countries where emergency personnel routinely respond to crisis, this transitional period between childhood and adulthood is also when girls begin to assume adult roles, but without key skills, capacities and networks that enable others to safely navigate forced displacement. Additionally, the risks in these contexts—rape, abuse, early marriage and abduction—are greater for adolescent girls compared to other population groups.

When humanitarian actors do not collectively account for adolescent girls, then humanitarian sectors can constrict girls' abilities to safely access life-saving information, services and resources. Proactive action is not solely about reducing adolescent girls' vulnerabilities and mitigating their risks, but also about ensuring that relief operations link girls to resources and harness their capacity to support aid delivery and recovery efforts.

Compensating for adolescent girls' comparative disadvantages from the outset of an emergency response is a matter of improved effectiveness and accountability. It advances results—an outcome all humanitarian sectors prioritize.

Key findings

Summary

Results from an intersectoral sample of expert interviews and from a field assessment in South Sudan find that adolescent girls are rarely consulted in emer-

gency relief operations. Practitioners' awareness about adolescent girls' vulnerabilities and needs differs across humanitarian sectors, including limited understanding about how each sector plays a part in mainstreaming adolescent girls into their response operations and in supporting targeted interventions There also exist a lack of clarity around which operational decisions within and across sectors can help link adolescent girls to life-saving resources or harness the capacity of adolescent girls to support relief operations. Adolescent girls are at a comparative disadvantage, with unique needs and subject to particular protection risks; findings suggest that emergency responses do not account for how their routines, roles and assets shape their abilities to safely access vital resources.

Field assessment findings

At an internally displaced persons (IDP) camp in Warrap State, South Sudan, humanitarian actors had not previously spoken to adolescent girls or modified existing services to accommodate their needs, risks or routines. However, when asked for their input via focus group discussions, girls raised and prioritized different needs and fears than adults and boys. Simply making time for participatory consultations with adolescent girls revealed the need to increase health providers' sensitivity to girls' health needs in the camp. Asking girls to describe and prioritize their fears also elevated their safety concerns, including hazards associated with poor lighting and privacy. Additionally, the field assessment found that operational agencies almost exclusively relied on a school to deliver services to adolescents. Sole reliance on the school to deliver information and services neglected to consider that three out of four girls felt unsafe away from their tents and that almost half of girls in the camp were not attending school.

Literature scan findings

The Women's Refugee Commission (WRC) field assessment findings in South Sudan are in alignment with findings in other emergency settings. A scan of the literature on humanitarian responses in 17 focus countries where humanitarian actors routinely respond did not document any rigorously evaluated emergency interventions that recorded adolescent girl-centered outcomes during the acute phase of a crisis. Program research from development and protracted humanitarian settings, however, has found that structured group learning in a safe physical space confers protective effects against experiencing violence and promotes girls' development and well-being.

What steps can help improve results, effectiveness and accountability?

Piloting a new approach

Grounded within these realities of sudden-onset emergencies, the WRC and Action Against Hunger International (ACF), with technical support from the Population Council, sought to demonstrate what is possible in an emergency context. In South Sudan, the WRC piloted a combination of mobile technologies (the Girl Roster), participant-driven focus group discussions and the Emergency Girl Analysis Integration Matrix (eGAIM) (Annex 4, page 57) that—implemented together—might rapidly yield operational data that could inform the immediate delivery of emergency services and later-stage design of targeted programming for adolescent girls.

The implementation timeline & key outputs:

Within three hours of initiating the pilot, the field team had used smart-phones to produce a visual map of a camp perimeter and its service points. Within three days, the WRC implemented the Girl Roster and produced a timely, concrete profile of adolescent girls within the camp. This profile outlines the ages of girls within a service area, as well as their vulnerabilities (marital status, parental status, accompaniment status and in-school vs. out-of-school status). Within seven days, the research team completed focus group discussions and presented findings to key actors in South Sudan. The research team used the eGAIM to guide briefings with operational actors at the IDP camp in Warrap State and with key coordinating structures in Juba.

The tools:

The **Girl Roster** enables emergency actors from any sector to rapidly identify the specific profile of adolescent girls in the emergency setting and to safely connect adolescent girls to information and services. The Girl Roster also generates a service-area mapping image. For focus group discussions, the approach relies on the Participatory Ranking Methodology (PRM). The PRM is a rapid appraisal method for needs assessments in humanitarian settings.

The **eGAIM** helps humanitarian actors determine how results from the Girl Roster, focus group discussions and secondary data sources will be mainstreamed and integrated into emergency response design, implementation and evaluation. The eGAIM informs the planning and implementation of emergency programming by supporting technical staff to outline adolescent girls' vulnerabilities and needs; answer key girl analysis questions; and determine how to incorporate these considerations into their work.

Learning from pilot implementation:

The research team and several partners—local and international—determined that this new approach can enable humanitarian actors across sectors to prioritize actions that (1) mainstream girls into emergency response from the outset of an emergency and (2) build the information base that can inform modifications to ongoing delivery of aid and the development of targeted programming as soon as possible.

I'm Here | An approach to safely link adolescent girls to life-saving information, services and resources *from the start* of an emergency

Program learning from the literature scan, expert interviews and piloting of the Girl Roster, focus group discussions and the eGAIM informed the development of the *I'm Here* approach.

Its aim is to advance operational results and to support more responsive and accountable humanitarian action that safely meets adolescent girls' needs, engages them in emergency response and ensures their rights from the onset of an emergency through recovery.

From the start of an emergency, all humanitarian sectors[1] have both an obligation and an opportunity to mainstream the protection, safety and needs of adolescent girls into their response preparation, design and implementation. With emphasis on achieving sector-specific goals—that humanitarian assistance measurably responds to adolescent girls' unique needs—during the immediate aftermath of a natural disaster or conflict, humanitarian actors can:

- Identify girls and their vulnerabilities (Girl Roster tool)
- Identify their priority needs and risks (Girl Roster tool and participatory consultations)
- Collate and analyze findings to inform programming (eGAIM).

In collaboration with other sectors and affected communities, humanitarians can both rapidly collect timely information to inform emergency responses and proactively establish an information base upon which to design targeted, girl-centered programs. Over time, targeted girl-centered interventions should be funded and prioritized, with an emphasis on being responsive to the context-specific profile of adolescent girls within a service area.

Girl-centered programs focus on developing girls' assets in a safe environment. The structured delivery and acquisition of information and skills in formal and informal learning environments is associated with a protective effect against experiencing violence and with other positive outcomes for girls' social, physical, cognitive and economic development.

I'm Here Approach

Within a defined area that an organization, sector or coordinating body delivers emergency information and services:

Identify the specific crisis-affected community where displaced adolescent girls are concentrated and map its key service points where humanitarian actors are delivering emergency information and services.

Reference secondary data sources and Girl Roster mobile-based mapping tool

Make visible the *universe of girls*: sort adolescent girls into basic vulnerability and capacity categories, e.g., age, marital status, education, accompaniment status and childbearing status.

Reference Girl Roster output matrix

Hold group meetings with adolescent girls of similar vulnerabilities or capacities to learn girls' top-line needs, fears and protection concerns, as well as to record the vital information, skills and assets they need to overcome the negative consequences of displacement and to mitigate their risks of experiencing violence.

Reference Participatory Ranking Methodology (PRM)

Elaborate specific plans that respond to the *universe of girls* in the crisis-affected area, e.g., set up safe physical spaces where girls can immediately learn about and receive vital information and services, and as soon as possible, benefit from targeted, asset-building support.

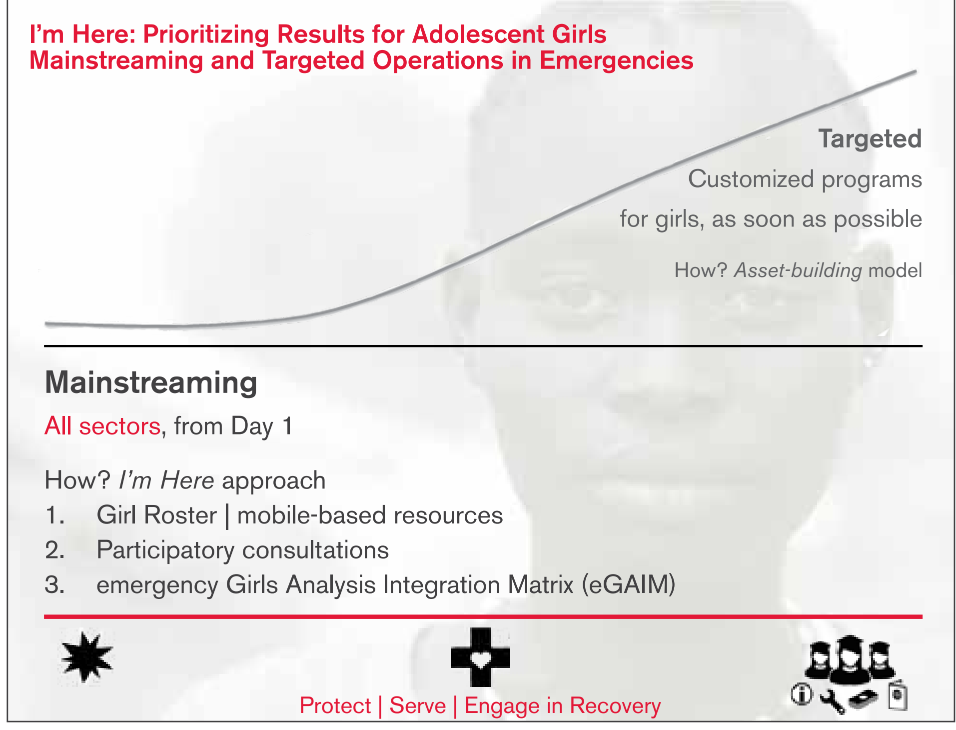
Reference emergency Girls Analysis Integration Matrix (eGAIM)

Rally support across humanitarian sectors and with local actors around the need for adolescent-sensitive emergency response, strategies, indicators and rights.

Reference results of Girl Roster output matrix, Girl Roster mobile-based mapping tool and eGAIM

Engage the capacity of adolescent girls to support humanitarian response and recovery operations.

Reference eGAIM



Mainstreaming considerations

From the start of a sudden-onset emergency, every sector can mainstream adolescent girls into their responses. For example:

FOOD & NUTRITION

- Have consultations with adolescent girls informed distribution times and sites?
- Are adolescent girls' nutrition needs noted in needs assessments, e.g., iron deficiency?
- Are young adolescent mothers and their food and nutrition priority needs addressed in strategies and service delivery?
- Is there consideration for adolescent girls' roles in caring for families and dependents, e.g., decisions regarding size of rations, appropriateness of rations, distribution channels and the monitoring of distribution, collection and use?
- Are there school feeding programs to encourage girls' school attendance/retention?
- Are food security and nutrition indicators disaggregated by sex and age?

WATER, SANITATION AND HYGIENE (WASH)

- Females often hold the primary responsibility for water collection and use. Have consultations with adolescent girls informed WASH sectors' understanding about adolescent girls' roles, responsibilities and needs in ensuring household water supplies are met?
- Are the location of bore holes, water points and latrines decided upon in consultation with adolescent girls? Are water supplies accessible and safe for adolescent girls (as well as for women and men)?
- Are sanitation and hygiene messages and kits adolescent-friendly in content, structure and delivery? Schools or formal learning centers should not be the only dissemination strategy.

SHELTER & CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

- The views of adolescents, youth and the disabled often differ from those of traditional adult representatives.
- Are measures taken to provide for adolescent girls' privacy in group or transit shelters such as schools, public buildings or "child- and safe-spaces" for girls?
- Are young mothers, unaccompanied adolescent girls and/or girl-headed households provided with assistance in building shelters or setting up tents?
- Are adolescent girls represented on camp committees? Participation should not be tokenistic.

HEALTH

- Are adolescent girls' priority needs and risks incorporated during the implementation of the Minimum Initial Services Package?
- Are adolescent mothers identified and safely referred to health services?
- Are health practitioners—both international and local staff—adequately trained to deliver adolescent-friendly sexual and reproductive health services and to recognize and report signs of abuse or violence? The ratio of female-male health staff should reflect the composition of the population.
- Have adolescent girls been consulted on the hours that health facilities operate?
- Are key, life-saving health messages tailored to adolescent girls' developmental stages and delivered via channels that reach (most-at-risk) girls?
- Are food security and nutrition indicators disaggregated by sex and age?

PROTECTION

- Were adolescent girls consulted to record their protection risks and concerns, including areas where they feel insecure and their recommendations for improving their safety and access to services?
- Are physical spaces where adolescent girls can convene and receive age-appropriate information and/or services available to them?
- Is a system in place to identify and register unaccompanied adolescent girls?
- Based on the vulnerability profile of adolescent girls in the service-delivery area, are girls' unique protection risks taken into account by actors across sectors?
- Are the context-specific protection risks (e.g., kidnapping, human trafficking, child marriage, sexual abuse, recruitment into armed groups, among others) being mitigated by strategies and humanitarian action?

EDUCATION

In consultation with girls, families and camp committees:

- Are informal learning opportunities for out-of-school adolescent girls established?
- Are barriers to adolescent girls' participation in formal schooling being addressed?
- Are daily routines, caretaking responsibilities and time poverty considered in learning initiatives (formal and informal) for adolescent girls?
- Are emergency education initiatives inclusive of girls with heightened vulnerabilities, including unaccompanied adolescent girls, out-of-school girls, married girls, young mothers and adolescent girls with disabilities?

Targeting considerations

In addition to modifying relief efforts based on the Girl Roster output matrix and the PRM focus group discussion, humanitarian actors should plan and design targeted, girl-centered programs that respond to the context-specific profile of adolescent girls as soon as possible. Based on the 2014 WRC report titled Strong Girls, Powerful Women: Program Planning and Design for Adolescent Girls in Humanitarian Settings*, the WRC recommends:*

- Allocating and prioritizing time for staff to consult with girls.
  Participatory consultations help ensure that interventions are responsive to girls' needs, concerns and capacities in the crisis-affected area where staff oversee relief and recovery operations.

- Setting up safe spaces to bring girls together.
  With girls' input, identifying a physical space promotes safety and establishes a platform through which to deliver targeted programming.

- Maintaining a focus on girls as the primary beneficiaries.
  Center interventions on girls, creating girl-centered indicators and involving them at every step of the response and recovery cycle.

- Integrating mentorship and leadership models into programs.
  Girls and communities mutually benefit from mentorship and leadership. Strong networks of girl leaders improve the status of females in the community.

- Integrating programs with critical health-related information and services, as well as economic strengthening activities.
  Adolescence is a critical time for girls' sexual and reproductive health (SRH) and for their acquiring skills that support their development. Interventions should ensure that girls receive adolescent-friendly and age-appropriate SRH information and services, as well as the financial literacy, savings and vocational skills training that can improve girls' wellbeing and opportunities.

- Ensuring programs are developmentally and contextually appropriate.
  Health and life skills activities for younger girls should focus on different issues than for pregnant, married and parenting girls; for financial literacy skills, interventions should help younger girls to practice saving and older girls to access loans.

- Involving men and boys in programs as partners and allies.
  Men and boys can be supportive allies who support girls' participation and improved outcomes for girls.

The *Strong Girls, Powerful Women* report captures key learning from a three-year global advocacy project, the Protecting and Empowering Displaced Adolescent Girls Initiative. The WRC initiative focused on a literature review and pilot program implementation in three countries: Ethiopia, Tanzania and Uganda. In collaboration with the Girls in Emergencies Working Group, the WRC will continue piloting and assessing the I'm Here Approach, including the Girl Roster and other rapid response tools.

Introduction

Context

Humanitarian crises are increasing in number and frequency worldwide, affecting more people and challenging the ways humanitarian actors coordinate responses (OCHA, 2012). According to the 2014 Humanitarian Needs Overview process, an estimated 81 million people worldwide are in need of humanitarian assistance. Funding with respect to requirements has averaged 61.7 percent annually since 2011 (OCHA, 2014a).[2]

Set against the shifting backdrop of urgent need and limited resources, what remains static is every sector's responsibility to be accountable to the displaced women, men and children they serve. Among these displaced persons is a sub-population that is one of the most vulnerable and least likely to safely navigate conflict or natural disasters: adolescent girls (aged 10-19).

Compared to their male peers or to adults, adolescent girls in most settings disproportionately lack the information, skills and capacities to navigate the upheaval that follows displacement.

Adolescence—the transitional period between childhood and adulthood—is a critical period in the lives and development of girls *and* boys. However, the paths, risks and needs for girls and boys diverge in considerable ways. These differences must inform emergency responses. In most settings where humanitarian actors respond to crises, adolescence is when girls begin taking on adult roles, but without some of the key capabilities and skills they need. Because of their sex and age, adolescent girls are also particularly susceptible to exploitation and violence—including rape, abuse, early marriage and abduction—during the immediate aftermath of a natural disaster or conflict.

This reality has specific implications for how humanitarian sectors jointly act to ensure that adolescent girls can safely access services. The commonplace, one-size-fits-all approach that bundles adolescent girls' needs and vulnerabilities with those of younger children or adult women relies on misplaced assumptions that compromise girls' access to services and their protection from violence.

> Emergency responses constrict girls' abilities to safely access the life-saving information, services and resources they need when humanitarian actors do not consciously account for adolescent girls.

When the humanitarian system responds to a crisis, the "starting line" is not the same for everyone affected by the disaster. In the hours, days and weeks following sudden-onset crises, some people are not equally equipped with the knowledge, the mobility or the assets—physical, human, social, economic and political—that enable others to safely seek out life-saving services. Displacement also affects people's daily routines, needs and vulnerabilities in different ways. For adolescents, displacement has cascading detrimental effects on educational and employment opportunities, future security and psychosocial welfare.

A matter of accountability and effectiveness

What happens during emergency preparedness, planning and response has implications for adolescent girls' survival, for their recovery and for their resilience against violence and future shocks. Compensating for adolescent girls' comparative disadvantages from the outset of an emergency response is a matter of improved accountability and effectiveness. It advances results.

The 2011 Transformative Agenda—an agreed-upon set of actions that aim is to improve how humanitarian sectors respond to emergencies in a timelier, more effective and accountable manner—reflects a consensus around the collective responsibility to be more effective, to do better (IASC, 2014).

Accountability calls upon humanitarian sectors to balance the urgent need to act decisively with the importance of critical analysis—analysis of the local context, of the vulnerabilities, of how sectors' decisions impact persons'

The "starting line" is not the same for all. Almost everyone has a head-start compared to adolescent girls.

survival and safety. Action and analysis are not mutually exclusive; these are mutually reinforcing concepts that enable every sector to oversee effective programming and to be more accountable to all displaced persons

Assistance and protection efforts are less effective when responses ignore that women, girls, boys and men have different needs, face different threats and have different access to protective assets that influence their recovery and resilience against violence (IASC, 2006b). Yet a combination of limited planning, implementation and evaluation persistently characterize the initial phases of a sudden-onset emergency. This limits response effectiveness and undermines recovery efforts.

Global assessments supported by the United Nations find that sex, age and gender considerations are not appropriately—and often not at all—reflected in the way that humanitarian actors fund, assess, design, implement and monitor and evaluate emergency responses (Mazurana, Benelli, Gupta & Walker, 2011; DARA, 2011). The limited use of disaggregated data has consequences for everyone in need of emergency services, particularly adolescent girls.

Audience, purpose, focus countries and structure

Audience: The primary audience is humanitarian practitioners across all sectors who respond to sudden-onset emergencies or who support humanitarian operations during capacity surges.

Purpose: This report lays out the rationale for why adolescent girls merit particular attention and outlines actions and tools that will enable emergency actors across sectors to leverage their expertise in ways that safely and effectively benefit adolescent girls.

Focus on select countries: The findings and recommendations in this document are relevant to most emergency settings. However, for analysis purposes, 14 focus countries were selected based on the following criteria:

- A top recipient of funding from the USAID Office of Foreign Disaster Assistance (OFDA) in fiscal year 2011 or 2012;
- A global top-10 recipient of humanitarian funding in 2011; or
- A global top-12 recipient of humanitarian funds from 2002-2011. (USAID, 2011; USAID, 2012; Global Humanitarian Assistance, 2013)

An additional three countries—Philippines, Central African Republic and Mali—are included because crises mobilized resources to these countries during the drafting of this report.

Although humanitarian funding is not the sole proxy that accounts for the presence of emergency staff, the rationale for this criterion was that actors who respond to crises are more likely present in areas with a combination of predictable funding streams and urgent needs.

See Annex 1, page 53, for a list of the 17 countries.

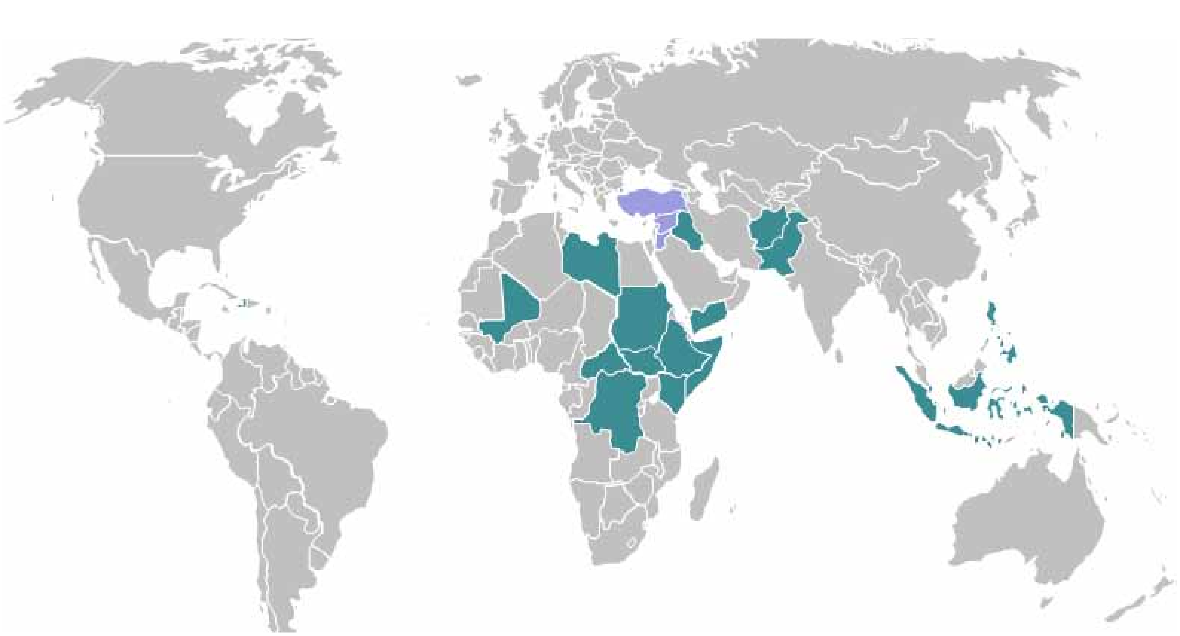
Report structure

This report is divided into five sections. The report structure allows readers to read the full narrative or to access sections and tools relevant to their interests or needs. Each section begins with a summary of key messages, followed by supporting information. Call-out boxes and visuals highlight key points or link content to broader policy dialogue or issues.

I. Methodology: What process informed this report? This section outlines key information about the literature scan, the key informant interviews and the field assessment and pilot that underpins the development of this report.

II. The rationale: Why do adolescent girls merit more attention in emergency response? This section outlines the rationale in support of collective action to identify and

The 17 focus countries



Patterns of crises: Trends lend insights into where emergency actors respond

The international community can often predict where it will respond to crises. Conflict occurs in repeated cycles, and natural disasters routinely strike many of the same countries. The rate at which countries with a previous conflict engage in new conflicts has been increasing since the 1960s, and every civil war that began since 2003 was in a country that had a previous civil war (Harbom, Lotta & Wallensteen, 2010). Since 2002, the United Nations has recorded more than 4,000 natural disasters, with 302 disasters in 2011 alone affecting more than 200 million people (UNISDR, 2012). The 2013 World Risk Report underscores that the increased frequency, scale and impact of natural disasters is on the rise (UN University, 2013). Given these trends, emergency responses increasingly take place in the same countries, for extended periods of time.

address adolescent girls' unique risks and needs from the start of an emergency. The aim is to help practitioners articulate why adolescent girls merit more attention and to begin thinking about how to be more responsive and accountable to this acutely vulnerable population.

III. The status quo: What is the current state of practice? This section documents the current state of practice around safely meeting adolescent girls' needs during sudden-onset emergencies. The section also calls attention to some program research and promising practices from protracted humanitarian contexts and development settings.

IV. Field test: How can actors be more accountable to adolescent girls? This section outlines initial results and program implications from a field assessment and pilot in South Sudan. In collaboration with ACF and the Population Council, the WRC piloted a rapid, three-prong approach for improved, more accountable programming: (1) a mobile-based rapid response tool called the "Girl Roster," which is inclusive of a mobile-based service-area mapping application; (2) the Participatory Ranking Methodology for focus group discussions; and (3) the emergency Girls Analysis Matrix (eGAIM).

V. References, annexes and tools

I. Methodology

The methodology was shaped by a learning initiative. In particular, the WRC sought (1) to document how humanitarian actors across sectors include adolescent girls in their emergency response operations, (2) to identify tools and programming that might help emergency response teams to achieve results for adolescent girls from the earliest days of the emergency and into recovery, and (3) to pilot a set of emergency response tools that rapidly yield data for decision-making in emergency contexts.

Literature scan

The research team conducted a scan of peer-reviewed articles and grey literature. The literature scan was not a structured meta-analysis. The purpose of the literature scan was to identify rigorously evaluated emergency programming that monitors outcomes for adolescent girls, as well as to identify how sudden-onset interventions currently reach or engage adolescent girls. The research team used online databases, including Google, Web of Science, Cochrane Review and PubMed, to locate articles, with an emphasis on material published since 2000.

Even though there is a dearth of interventions in emergency settings that document girl-centered outcomes, the findings from the literature scan identified key approaches used in development and protracted humanitarian contexts that might be modified for implementation during emergency response. The scan of the grey literature included publications disseminated by organizations known to work with adolescent girls in non-emergency contexts. These organizations include but are not limited to CARE, the International Rescue Committee, Mercy Corps, the Population Council, Save the Children and the Nike Foundation. Searches focused on inputs relevant to adolescent girls' health and well-being, girls' protection, girls' resilience to violence and other harmful health-related outcomes.

Key informant interviews

The research team facilitated more than 100 key informant interviews with a purposive sample of humanitarian practitioners and development staff. The sample of key informants cuts across several sectors and disciplines (see chart, page 12). Approximately 85 percent of persons interviewed had on-the-ground experience during a sudden-onset emergency or a capacity surge. The average years of relevant experience for all persons interviewed was 10.2 years. Most key informants worked for international nongovernmental organizations (NGOs) and UN agencies and had responded to crises across a diverse range of countries and regions.

Field assessment and pilot

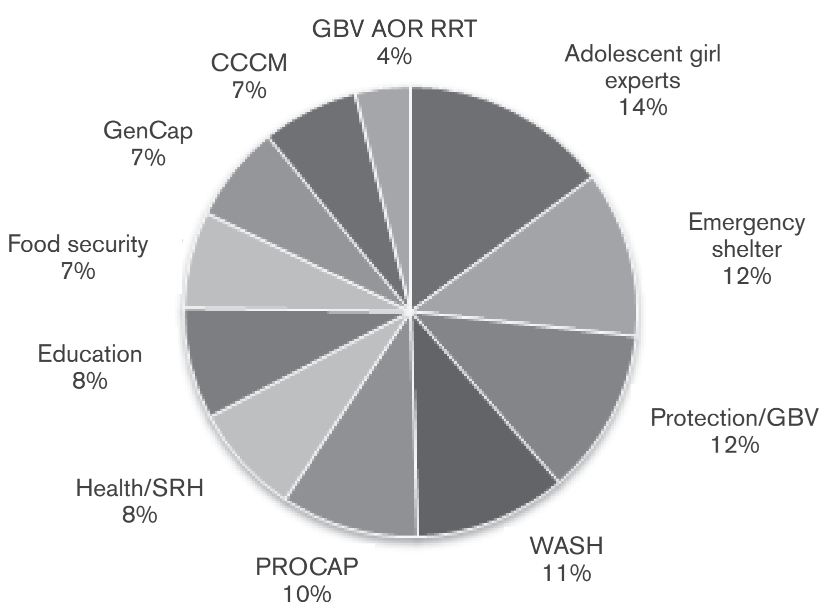
With technical support from the Population Council, the WRC partnered with ACF in April 2014 to conduct a field assessment and to pilot mobile tools in South Sudan. South Sudan was chosen after UN emergency relief coordinator Valerie Amos declared the South Sudan crisis a "Level 3" global emergency on February 11, 2014. A Level 3 designation represents the highest level of humanitarian crisis.

Within an emergency context, the objectives for the field visit were (1) to identify the needs and risks of adolescent girls, (2) to assess how the emergency response enhanced or mitigated the risks and specified needs, and (3) to pilot the Population Council's mobile-based mapping and Girl Roster tools in an emergency context.

Coupled with a resource mapping of a defined service area, the Girl Roster enables emergency actors from any sector to rapidly identify the specific profile of adolescent girls in the emergency setting where actors are working and to safely connect adolescent girls to information and services.

The field assessment team applied the Participatory Ranking Methodology (PRM) to catalogue adolescent girls' self-identified priority needs and concerns. All interactions with minors were conducted in accordance

with the Minimum Standards for Consulting with Children developed by the Inter-Agency Working Group on Children's Participation. These minimum standards include principles of transparency, honesty and accountability, a child-friendly environment, equality of opportunity safety and protection of children (IAWGCP, 2007).



Key | CCCM: Camp Coordination & Camp Management | GBV AOR RRT: Gender-based Violence Area of Responsibility Rapid Response Team | GenCap: UN Gender Standby Capacity Project | ProCap: UN Protection Standby Capacity Project | WASH: Water, Sanitation & Hygiene | SRH: Sexual & Reproductive Health

II. The rationale: Why do adolescent girls merit more attention?

Summary brief

This section outlines the rationale in support of collective action to identify and address adolescent girls' unique risks and needs from the start of an emergency.

The aim is to help practitioners articulate why adolescent girls merit increased attention and to begin thinking about how to be more responsive and accountable to this acutely vulnerable population.

Key findings, based on literature scan and results from key informant interviews, are:

Before and during crises*:*

a. Adolescent girls account for an increasing proportion of displaced persons (see page 14).

b. Adolescence is a critical time—compared to their males peers and to adults, adolescent girls are less likely to have live-saving information, skills and capacities to navigate the upheaval that follows displacement (see page 14).

c. Adolescent girls face a unique set of violence-related risks, including sexual violence, harmful practices and human trafficking (see page 16).

d. Adolescent girls are at a comparative disadvantage in their abilities to safely navigate displacement and overcome crisis, due to historic inequalities and differential approaches (see page 19).

During crises:

a. Pre-existing harmful gender norms are often manipulated as a means of exerting power and dominance over adolescent girls (see page 19).

b. Weakened institutions, poverty and financial hardship leave girls especially vulnerable to multiple forms of sexual and gender-based violence, including as a result of resorting to risky livelihoods (see page 20).

c. Adolescent girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks (see page 20).

d. Adolescent girls have limited access to adolescent-friendly information and services, including health and reproductive health services, shelter, food rations and education (see page 20).

The remainder of this section expands upon the key messages above. The text highlights key associations, formative research and program evidence.

a. *Before and during crises.* Adolescent girls account for an increasing proportion of displaced persons

The number of young people (10-24) who live in the least-developed countries will increase by more than 60 percent between 2010 and 2050 (UN DESA, 2012). Worldwide, there are over 600 million adolescent girls and more than 500 million of them live in developing countries (UNFPA, 2013). These adolescent girls—whose opportunities and experiences during adolescence greatly dictate their safety and well-being—account for more than one-third of the largest generation of young people in history (UN DESA, 2012). If current population trends continue, almost one in four adolescents girls will live in sub-Saharan Africa by 2030 (UN DESA, 2012).

In humanitarian contexts, the 2013 *Global Trends* report estimates that conflicts or gross human rights violations had forcibly displaced 51.2 million people by the end of 2013. This figure includes 16.7 million refugees and 33.3 million IDPs (UNHCR, 2014; IDMC, 2013b; IDMCa, 2013). In 2013 alone, conflict and persecution had displaced 10.7 million men, women and children. These estimates do not account for the additional 144 million people who experience violence and insecurity but do not, or cannot, leave their homes (CRED, 2013). Nor do they include the millions of people who are displaced every year by natural disasters.

Despite limited disaggregated data on displaced girls and boys between ages 10 and 19 years, a review of global estimates on displacement, coupled with the population demographic where humanitarian actors work, suggest that adolescent girls make up a considerable proportion of displaced persons.

Refugee girls and boys under age 18 accounted for 50 percent of the refugee population in 2013; this figure is the highest in a decade (UNHCR, 2014). Taken together, women and girls account for 49 percent of all refugees (UNHCR, 2014). Women and children make up 70 percent of IDPs (IDMC, 2013a; IDMC, 2013b). In the Syria crisis, UNHCR estimates that nearly one in every three of the 1.1 million refugee children is between the ages of 12 and 18 (UNHCR, 2013a). Over the last decade, the proportion of women and children among all displaced persons has remained constant, but the number of children has increased in recent years (UNHCR, 2014).

Recent increases in the number of displaced children align with global demographic trends, including in countries where humanitarians routinely respond to crises. In 2012, more than half of all refugees worldwide came from five countries—Afghanistan, Somalia, Iraq, Syria and Sudan (UNHCR, 2014). In 2013, more than half (53%) of all refugees worldwide came from just three countries—Afghanistan (2.56 million), Syria (2.47 million) and Somalia (1.12 million). Excluding Syria, each of these countries is among the list of top-30 countries with the highest percentage of population under age 15 year and the highest growth rate for the population of girls aged 10-19 years (UN DESA, 2012).

Population trends in many of the countries among the top recipients of humanitarian aid call attention to the fact that adolescent girls and boys will likely continue to account for a greater proportion of displaced persons (See Summary Charts, page 15 and Annex 2, page 54).

Total number of displaced girls has increased in recent years.

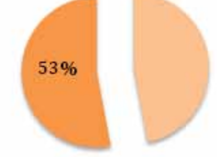
b. *Before and during crises.* Adolescence is a critical time when girls are less likely to have live-saving knowledge or capacities

Adolescence is a transitional period associated with great vulnerability and promise for girls *and* boys. However, compared to their male peers, adolescent girls (10-19)—because of their sex and age—are more socially isolated and less likely to have acquired live-saving capacities.

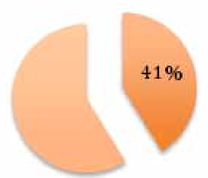
For girls, adolescence is associated with specific health and social risks that they exclusively or predominantly experience. By age 12, girls are relatively disadvantaged and are exceptionally vulnerable to violence as they transition from childhood to adulthood (Levine, Lloyd, Greene & Grown, 2008). In several key countries where humanitarians work, this transitional stage

Summary Charts | Top Humanitarian aid recipients among top-30 list in key categories

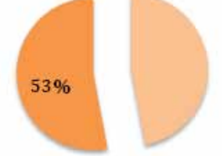
[Top humanitarian aid recipient refers to the focus countries for this report. The "global top-30" refers to the 30 countries worldwide that have the highest value for each indicator]



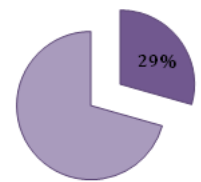
53 | Percentage of top humanitarian aid recipients among the global top-30 list for % current population under age 15



41 | Percentage of top humanitarian aid recipients with % population growth rate for young adolescent girls (10-14) on the global top-30 list



53 | Percentage of top humanitarian aid recipients with % population growth rate for older adolescent girls (15-19) on global top-30 list



29 | Percentage of top humanitarian aid recipients with total and adolescent fertility rates on the global top-30 list

in girls' lives and development is when they begin taking on adult roles, but without some of the capabilities and skills they need.

In many societies, adolescent girls, young and female, remain symbols of purity; this establishes a rigid set of expectations for them and condones harmful consequences for any departure from these expectations. What girls *represent*—not who they *are*—has adverse implications for their access to schooling, to health information, to peer networks, to economic opportunities and to other resources that are often readily available to their male peers or to adults. And particularly in conflict situations, physical and sexual abuse committed against girls is a means to convey conquest over one's adversary.

In most countries, adolescent girls' emerging sexuality during adolescence is a source of anxiety for parents and constrains their mobility and agency. This confinement is often viewed as a protective (and controlling) measure. Before crises, this "protective isolation" prevents girls from building their networks, skills and capacities, including literacy and education (Plan International, 2013). If developed, these assets are advantageous in the aftermath of an emergency.

When a conflict erupts or disasters strike, girls' isolation has dangerous implications for girls who do not have familial and social networks to support them. An intersection of various factors, coupled with limited decision-making and mobility, prevents many girls from reaching safety and limits their access to life-saving knowledge and services (see Figure, page 17).

> Every sector takes actions that can benefit girls, exacerbate their risks or overlook them entirely.

The combination of individual, family, community and structural factors that dictate adolescent girls' trajectories influences girls' abilities to cope with crises,

Association between young demographic age structure and civil conflict

The relationship between the age structure of a population and civil instability is not a cause-effect relationship. However, research has noted a consistent pattern between the "youthfulness" of a society and the likelihood of it experiencing conflict. As a result, humanitarian actors in conflict-affected countries will likely have to account for young people's unique needs and risks. Between 1970 and 2007, 80 percent of all new civil conflicts occurred in countries with at least 60 percent of the population younger than age 30 (Gleditsch, 2002; Madsen, Duamerie & Hardee, 2010). After controlling for level of development, regime type, total population size and past outbreaks of conflict, the Uppsala Conflict Data Program and the International Peace Research Institute found that countries with a large "youth bulge" were 150 percent more likely than those with more balanced age structures to experience civil conflict in the last half of the 20th century (UCDP & PRIO, 2008). This association between demographic age structure and conflict is particularly strong in countries with high fertility rates (Urdal, 2006).

to access life-saving services and to overcome their vulnerabilities to experiencing violence, abuse or exploitation. The interplay between these factors and the diversity of adolescent girls' experiences have implications for how actors across all sectors set out to achieve their goals and objectives; it is not the sole concern of gender advisors, protection officers or development agencies.

Emergency services systematically risk bypassing adolescent girls when humanitarian sectors deliver life-saving services without considering the profile of adolescent girls within the crisis-affected area. Adolescent girls are a heterogeneous group who experience a diversity of needs, risks and vulnerabilities based on age, gender, marital status and accompaniment status, among others. This diversity has implications for girls' abilities to access services, but also for how humanitarian sectors support them. For example, the sole reliance on the perspectives of elders, community leaders or parents may not accurately represent girls' needs and risks.

c. *Before and during crises.* Adolescent girls face a unique set of violence-related risks

Comparable and reliable cross-national data on the prevalence of sexual and gender-based violence against women or girls in humanitarian settings do not exist. Given the methodological challenges, non-standardized definitions for key terms, ethical concerns and underreporting, the available figures are estimates (Rowley, Garcia-Moreno & Dartnall, 2012).

What *is* known, however, is that people whom adolescent girls personally know are most often the perpetrators of violence against them (Pinheiro, 2006; Garcia-Moreno et al., 2005). These are individuals whom girls should be able to trust and look to for protection and support: parents, step-parents or parents' partners, extended family members, caregivers, boyfriends, girlfriends, schoolmates, teachers, religious leaders and employers, among others (Pinheiro, 2006; Greene, Robles, Stout & Suvilaakso, 2012).

Violence against adolescent girls can be condoned by cultural norms (e.g., child marriage and female genital cutting), and may be intimate (e.g., carried out by family members or other trusted persons such as teachers), casual (e.g., opportunistic or stranger-perpetrated) or planned (e.g., trafficking). In emergency contexts, the institutions, systems and familial and community cohesion that might protect civilians from violence are routinely weakened or destroyed.

Key Statistics. Despite data limitations, global and national surveys offer insight into the risks to violence that adolescent girls face before and during crises:

Sexual violence. *Sexual violence against adolescent girls was reported in all 51 countries that have experienced conflict since 1986* (Bastick, Grimm & Kunz, 2006) *and between 500 million and 1.5 billion*

FACTORS SPECIFIC TO GIRLS BY AGE 12

Health and social risks adolescent girls experience, sometimes exclusively and often disproportionately:

- Social isolation at onset of puberty
- Limited knowledge about sexual health, needs, maturation and menstruation
- Rigid, confining expectations of roles and opportunities because of sex and age
- Disproportionate burden of household work, care-giving
- Withdrawal from, and lack of safety in, public spaces
- School drop-out, limited life and/or vocational skills
- Sexual and gender-based violence
- Harmful traditional practices, e.g., early/forced marriage, female genital cutting (FGC)
- Migration for work, limited opportunities to earn and save income

Source: Bruce, J. 2010. Investing in Adolescent Girls: Building the Health, Social, and Economic Assets of the Poorest Girls in the Poorest Communities. DFID presentation: London.

The diversity and intersecting vulnerabilities of adolescent girls' lives

children are estimated to experience violence annually (Pinheiro, 2006).

- Nearly 50 percent of sexual assaults are committed against girls under 16, and up to 48 percent of girls whose first sexual experience occurred when they were younger than 15 years report that sexual initiation was forced (WHO, 2005).
- At the time of the last global estimates in 2002, approximately 150 million girls under 18 had experienced forced sexual intercourse or other forms of sexual violence involving physical contact (Pinheiro, 2006).

Harmful practices (child marriage and female genital cutting). *Among the list of 30 countries with the highest prevalence of child marriage, more than half are considered fragile or conflicted-affected states* (OECD, 2012; UNFPA, 2012).

- Over the next decade, 14.2 million girls will marry as children each year (UNFPA, 2012). Compared to their unmarried peers, married adolescent girls are more likely to experience health-related problems that compromise their well-being (ICRW, 2012).
- Girls who marry early are at a greater risk of experiencing physical and sexual violence than those who marry later, especially if they are much younger than their husbands (Otoo-Oyortey & Pobi, 2003; Malhotra, Warner, McGonagle & Lee-Rife, 2011). In these contexts, adolescent girls often enter servile marriages, an arrangement through which they are reduced to commodities over whom older spouses exert powers of ownership (UN Office of the High Commissioner for Human Rights, 2012).
- Nine out of every 10 births to adolescent girls occur in marriage and complications of pregnancy and childbirth are the main causes of death among adolescent girls in developing countries (UNFPA, 2012).
- Where social norms link female genital cutting (FGC) to girls' marriage prospects, the practice can occur even before girls reach adolescence (Boyden, Pankhurst & Tafere, 2012; Salihu et al, 2012).

Trafficking. *Forced cross-border migration due to internal armed conflict often results in girls being trafficked and forced to provide labor in illicit commercial operations, including mineral mines, rubber plantations and logging operations* (UNODC, 2012).

- Approximately two million children (mainly girls) enter the multi-billion dollar commercial sex trade every year (UNICEF, 2005).
- Women and girls account for 98 percent of the estimated 20.9 million adults and children who are bought and sold worldwide into commercial sexual servitude, forced labor and bonded labor; 80 percent of these women and girls are trafficked for sexual exploitation. Reliable data on trafficking that is disaggregated by sex and age is unavailable (UNODC, 2012).

Why are adolescent girls in emergencies a uniquely vulnerable population?

- Norms are manipulated to exert power and dominance over adolescent girls.
- Weakened institutions, poverty and financial hardship leave adolescent girls vulnerable to abuse, exploitation and violence (including risky livelihoods).
- Restricted mobility and visibility increase adolescent girls' isolation, breaks bonds with peers and with other survival networks.
- Restricted access to adolescent-friendly information and services compromises adolescent girls' survival.
- Limited attention by the humanitarian community to the fact that adolescent girls' unique roles, needs and risks require proactive (equitable) actions.

d. ***Before and during crises.*** **Adolescent girls are at a unique and comparative disadvantage,** due to historic inequalities and differential approaches

Since crises do not affect people equally, comparative disadvantages matter. Because of their age and sex, the roles and responsibilities that adolescent girls assume during crises often isolate them, channel them into adult roles, leave them dependent on others and make them vulnerable to exploitation, abuse and violence.

Before displacement, adolescent girls and boys face pressures to fit into rigid roles and to assume socially acceptable attitudes and behaviors (Connell, 1987). Research affirms that the *hierarchies of power* that societies assign to girls and boys during adolescence establish and drive women's and girls' subordination to men and boys, with negative health, economic and social consequences for adolescent girls (Greene & Levack, 2010; Barker & Ricardo, 2005; National Research Council and Institute of Medicine, 2005).

Worldwide, more than a quarter of girls experience sexual abuse and violence; 66 million are not in school; and in the developing world, one in every three girls is married before her 18th birthday (WHO, 2009; UNESCO, 2012; UNFPA, 2012).. In most countries, these harmful norms that dictate family roles, division of household labor and access to resources overwhelming disadvantage women and girls (Hausmann, Tyson & Zahidi, 2012). The consequences are harmful and life threatening. Humanitarian actors routinely respond to crises in communities where harmful social and gender norms compromise adolescent girls' survival, well-being and development.

The biological and physiological differences between women and men do not explain the large-scale differences in reports of violence, in access to aid and in mortality rates. An analysis of disasters in 141 countries by the London School of Economics (LSE) noted that when it came to disaster-related deaths, the differences between women and men were linked to women's and girls' economic and social standing (Neumayer & Plümper, 2007). In societies where women and men enjoyed equal rights and had comparable access to opportunities and assets, the disasters caused the same number of deaths in both sexes. Some advocacy groups assert that women and children are 14 times more likely than men to die during a disaster (Peterson K. , 2007; Peterson J. , 2002; Plan International, 2013).

Biological and physiological differences between men and women do not explain large-scale differences in reports of violence or access to aid.

The LSE study also noted three key conclusions: (1) large differences between sexes were largely the result of existing inequalities; (2) compared to their female peers, boys were given preferential treatment during rescue efforts; and (3) women and girls suffered more from shortages of food and economic resources after a disaster (Neumayer & Plümper, 2007).

Humanitarian priorities do not necessarily call upon emergency personnel to change the social factors that shape adolescent girls' context-specific realities during the days and weeks that follow a sudden-onset emergency. However, achieving humanitarian goals and remaining accountable to all the populations they serve requires every sector to make programmatic decisions that account for girls' comparative disadvantages, with the aim of ensuring that girls can safely benefit from life-saving information and services.

Emergency staff are not necessarily tasked with changing social norms.

However, all emergency staff are responsible to account for girls' disadvantages when they assess need, deliver aid and monitor response.

Based on key informant interviews with humanitarian practitioners, sudden-onset emergencies leave adolescent girls uniquely vulnerable because:

a. During crises, pre-existing harmful gender norms are manipulated as a means of exerting power and dominance over adolescent girls. The effects of conflict and natural disasters on individuals, communities and institutions can drive people to take advantage of pre-existing norms that condone violence and men's entitlement over young girls (Population Council, 2008; Barker & Ricardo, 2005). Displacement and temporary housing conditions leave young girls vulnerable to perpetrators—known and strangers—of violence.

b. During crises, weakened institutions, poverty and financial hardship leave girls especially vulnerable to multiple forms of sexual and gender-based violence, and to resorting to risky livelihoods. Since the formal and informal institutions and systems that protect civilians from experiencing violence are often weakened or destroyed during crises, women and children who are disproportionately displaced from their homes are more vulnerable to sexual violence, and gender-based violence more broadly (Ghoborah, Huth & Russett, 2003). Sexual violence is often used as a strategy of warfare (Bastick, Grimm & Kunz, 2006). Because of their sex and age, adolescent girls are especially vulnerable (Pinheiro, 2006). In countries with a high prevalence of early marriage, families are more likely to marry off their daughters to relieve financial burdens, or as a perceived protective measure, increasing their vulnerability to GBV (UNFPA, 2012). In Syria, for example, the UN has recorded increases in forced early marriages (UN Women, 2013). Migrating to camps or urban centers with limited resources can encourage adolescent girls to engage in unsafe livelihoods that make them vulnerable to exploitation and violence, including transactional or commercial sex (UNHCR, 2011; Paik, 2012; Schulte & Rizvi, 2012). Perpetrators and traffickers take advantage of the disruption and displacement to prey on, recruit, sell and defile adolescent girls.

c. During crises, adolescent girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks. Crises upend daily routines, leading most persons to assume new roles and responsibilities. Displacement breaks bonds between friends and whatever family and social cohesion existed before a crisis. Adult women and men—the mothers, fathers, grandparents, aunts and uncles—often divert their attention from household tasks to securing work, food and shelter. This shift leaves adolescent girls shouldering a greater portion of household chores, including caring for their brothers and sisters. In assuming such responsibilities, adolescent girls become time-poor and socially isolated. In this context, girls are *invisible* when it comes to child protection programs, GBV and psychosocial services, and referral systems do not actively seek out adolescent girls.

d. During crises, adolescent girls have limited access to adolescent-friendly information and services, including health services, shelter, food rations and education. Given adolescent girls' vulnerabilities to sexual violence and exploitation, not prioritizing adolescent-friendly sexual and reproductive health (SRH) compromises girls' health, rights and well-being. The result is greater risk of early/unintended pregnancies, sexually transmitted infections, including HIV, and unsafe abortions (Bruce, 2010). In camps and refugee settings where access to quality primary and secondary education is limited, girls also miss out on many social and economic benefits associated with an education (Mensch, Bruce & Greene, 1998; National Research Council and Institute of Medicine, 2005; Siddiqqi, 2012).

III. The status quo: What is the current state of practice?

Summary brief

This section documents the current state of practice during emergencies, with a focus on adolescent girls. It draws on program research from protracted humanitarian contexts and development settings.

Within the 17 focus countries, the report did not find, and hence did not document, any rigorously evaluated emergency interventions that recorded adolescent girl-centered outcomes. Evaluated interventions in non-emergency settings have called attention to effective approaches that build girls' knowledge, skills and capacities—outcomes that confer a protective effect against violence and abuse. Most interventions that target adolescent girls rely on a "safe space" intervention model to deliver information, skills and services. In protracted humanitarian settings, the uptake of these effective approaches and formative research is only recently underway (Paik, 2014).

Key findings, based on literature scan and results from key informant interviews are:

- Emergency responses generally overlook adolescent girls' vulnerabilities and their needs. This is driven by several factors, including:
  1. Lack of consensus about whether and when to start population-specific programming. A common refrain is emergency response is by default a generic process, leaving little time for specificity until basic life-saving services are in place. (See page 22.)
  2. Limited engagement of girls in program design, implementation and evaluation. (See page 22.)
  3. Limited focus on violence prevention, more attention given to response. (See page 23.)
  4. Limited attention on equity and targeting in emergency response. (See page 23.)
  5. Narrow focus on population-specific vulnerabilities sidesteps adolescent girls—starts with limited funding and continues with limited registration and sex- and age-disaggregated data (SADD) collection, use and reporting. (See page 23.)
- Emergency responses (and most well-evaluated interventions) for adolescent girls rely on "safe spaces" or "child-friendly" intervention model. (See page 23.) The model is based on four key parts:
  1. The identification of adolescent girls in the target area.
  2. A physical space that adolescent girls themselves identify and can safely access.
  3. A social network/building of social assets for adolescent girls.
  4. The delivery of structured content, for example, informal schooling, life skills, financial literacy and SRH messages.
- Girls who benefit from an education, have access to adolescent-friendly SRH services and are equipped with life skills that strengthen their abilities to enter formal markets are:
  1. Less likely to experience violence as girls or be abused by intimate partner as adults.
  2. More likely to marry later and have fewer children, who in turn will be more likely to survive birth and infancy and be better nourished and educated.
  3. Better able to make uncoerced decisions about whether, when and whom to marry, and to plan their families and pregnancies (see page 24).

Emergency responses generally overlook adolescent girls' vulnerabilities and their needs

Despite some progress, sex and age considerations are not appropriately—and often not at all—reflected in the way the humanitarian community assesses needs, plans and implements emergency response and recovery operations, seeks funding and monitors outcomes (Mazurana, Benelli, Gupta & Walker, 2011; DARA, 2011; Plan International, 2013).

Limited understanding of the sex- and age-specific factors that shape girls' vulnerabilities and needs has significant consequences: resources for this uniquely vulnerable group are inadequate; opportunities to protect vulnerable girls from experiencing violence are overlooked; and efforts to strengthen girls' resilience may be ineffective (Mazurana, Benelli, Gupta & Walker, 2011; IASC, 2006; Plan International, 2013).

Emergency staff consistently emphasize the life-saving dimensions of their work, noting that the generic nature of emergency work does not allow for tailored responses. More mainstreamed or targeted programming during an emergency response is often considered non-essential or a luxury that recovery efforts and development projects have no time to prioritize. When emergency personnel convey a commitment to more accountable responses for girls, they often fall within two camps: (1) advocates for gender-integrated or girl-centered programming or (2) staff who express an inability to translate their commitment into concrete, programmatic steps.

A commonplace, one-size-fits-all approach to emergency responses ignores the differentiated needs of displaced populations. In some cases, the disregard for persons' gender, age and other vulnerability indicators has resulted not only in the most vulnerable and most in need being unable to safely access services, but also in activities that *heighten risks* (Mazurana, Benelli, Gupta & Walker, 2011).

Based on key informant interviews and a review of UN-funded evaluations, the dearth of humanitarian programming that specifically aims to prevent violence against adolescent girls and to meet their unique needs is driven by several factors[5]:

1. **Lack of consensus about whether and when to start targeted, population-specific programming.** Some humanitarian workers assert that the life-saving focus during the earliest, acute stages of an emergency trumps targeted delivery of services and protection initiatives for adolescent girls. Targeted programming is seen as "too complex" in a context where actors face considerable "time constraints." Others assert that engagement of affected populations, including adolescent girls, is a necessity from the earliest stage. Even though most key informants are proponents of taking immediate steps to protect women and girls, the exact needs and investment priorities for adolescent girls across the phases of a humanitarian response are uncertain. Most key informants who did not work in gender, protection or education referenced the need for "actionable data."

2. **Limited engagement of girls in program design, implementation and evaluation.** More is being done to map girls' vulnerabilities to violence (e.g., safety mapping tools), but the feedback loop into operational program design and implementation is weak. Girls' participation should be integrated across the humanitarian programming cycle, from disaster-reduction activities to rapid needs assessments and response evaluations. Without creating incentives and investing resources into making girls' participation a mandatory operational step, humanitarian responses risk misunderstanding how girls' social isolation and their time-poor daily routines restrict their ability to attend traditional programming. Assessments by the WRC across several countries in East Africa find that adolescent girls and boys are too often engaged by humanitarian actors only in an ad-hoc fashion, after realizing the subpopulation was not accessing services or engaged in activities publicized for children or adults (WRC, 2009).

3. **Limited focus on violence prevention, more attention given to response.** Humanitarian sectors have not consistently targeted adolescent girls with well-designed programs that focus on providing them with age- and sex-specific opportunities to build social networks and skills that increase girls' chances of overcoming crises and confer protective effects against experiencing violence. Similarly, humanitarian actors across sectors have varying levels of awareness and understanding about how their actions at the onset of an emergency response can mitigate or exacerbate the risks facing adolescent girls.

4. **Limited attention on equity and targeting in emergency response (beyond the proposal-writing phase).** The IASC gender marker and its grading system—while a positive step towards more accountable response—does not necessarily translate into changes at the field level. The grading system more closely reflects organizations' intentions and their proposal-writing skills, as compared to the realities of field implementation. The gender marker is a tool that codes, on a 0-2 scale, whether or not a humanitarian project is designed to effectively respond to the different needs of women, girls, boys and men within the affected population. Effective response entails compensating for (pre-existing) disadvantages. Most proposals receive a 2a grading, which suggest differences are "mainstreamed" in relief operations. Despite its aim to promote "the accurate targeting that is essential to effective and efficient humanitarian response," most projects do not receive a 2b grade associated with the *targeting* of particular group. According to key informants, this translates into adolescent girls' differing needs becoming subsumed with those of adult women or younger children.

5. **Narrow focus on population-specific vulnerabilities sidesteps adolescent girls—starts with limited funding and continues with limited registration and SADD collection, use and reporting.** Conventional humanitarian programming has largely focused on three priority populations: lactating mothers, expectant mothers and children under five. If funding is earmarked, these three population groups are often the key beneficiaries (OECD, 2012). Adolescent girls are not featured prominently in funding or program budgets (Tanabe, Schlecht & Manohar, 2012). A recent review of funding for five emergencies by the International Rescue Committee, for example, found that GBV programs (for women and girls) accounted for less than four percent of funding requested or provided during the first three to six months of an emergency (Roesch & Zuco, 2012). Strengthening girls' resilience to violence and meeting their survival needs cannot occur without first identifying them; this step is linked to a broader challenge within humanitarian responses: limited SADD collection, analysis, use and reporting. At a macro level, reviews of UN Consolidated Appeals Processes (CAP) for most countries still do not include data disaggregated by sex, much less by age (GenCAP Technical Working Group, 2012).

Emergency responses for girls heavily rely on a "safe spaces" or "child-friendly" intervention model

During adolescence, girls have narrowed social networks and few collective spaces in which they can gather to meet with peers, receive mentoring support and acquire skills. The safe space model is a platform for creating a supportive environment in which marginalized adolescent girls have safe, reliable access to a social network and mentorship, as well as for building the capacity of adolescent girls to overcome the challenges they face.

In non-emergency contexts, safe spaces generally refer to girl-only spaces through which organizations can reach the most vulnerable adolescent girls, those less likely to benefit from non-targeted programming delivered through formal institutions or one-size-fits-all approaches. Programs that convene girls in a safe space vary in their content, structure and frequency of meetings[6] based on program goals and local input (e.g., adolescent girls' self-expressed needs); however,

the safe spaces model is structured around four fundamental components (Population Council, 2011):

1. The identification of adolescent girls in the target area where programming will occur
2. A physical space that adolescent girls themselves identify and can safely access
3. A social network/building of social assets for adolescent girls
4. The delivery of structured content, often via a mentorship component (peer and/or adult)[7]

In recent years, humanitarian organizations have largely adopted the safe spaces platform to reach, serve and protect children and youth. For example, the UN Global Protection Cluster has noted that "child-friendly spaces" are safe environments (e.g., tents, fields or public areas) where children can access free and *structured* learning activities, recreation and life-saving information and services in a humanitarian setting (Child Protection Working Group, 2012).

The safe spaces model is by no means the only way to engage adolescent girls (or boys). Some argue that the approach "infantilizes girls," and neglects to account for how their caretaking or housework responsibilities can prevent them from accessing programs. Yet given the dearth of well-evaluated emergency programming that records girl-outcomes, the "safe spaces" intervention model does build upon program evidence in development and protracted humanitarian context. The creation of a safe physical space that girls can access without fear of abuse or ridicule, coupled with structured delivery of information and services, can help adolescent girls to not only survive crises, but also to thrive afterwards.

Based on a literature scan and key informant interviews, this report did not identify any rigorously evaluated emergency intervention—safe-spaces model or other—that recorded adolescent girl-centered outcomes. However, there are several case-study examples of adaptations of the safe space model for use in humanitarian settings.

As a proxy for what creating a safe environment could achieve during emergencies, findings from Anger and Metzler's 2012 structured literature review of "child-friendly interventions" in humanitarian settings can offer some insights. Inclusion criteria that filtered more than 2,000 documents fell into three broad categories: (1) use of a child-friendly model; (2) use of an evaluation methodology; and (3) application in a humanitarian setting. The study identified three peer-reviewed studies and seven grey-literature reports that met their inclusion criteria.

Of the 10 papers in this most recent meta-analysis:

- Six evaluations took place in conflict-affected areas, four occurred in areas affected by natural disasters. None focused solely on reaching adolescent girls.
- Three evaluations included both baseline and follow-up data; these evaluations, in Belgrade, Gaza and Haiti, reported changes in children's self-respect and their improvement in the peer relations, but none documented direct changes in children's safety and experience with violence (Ispanovic-Radojkovic, 2003; Loughry, 2006; Madfis, Martyris & Triplehorn, 2010).

Even though "child-friendly" interventions and "safe spaces" may seem like synonyms, the child-friendly model outlined by UNICEF does not necessarily target adolescent girls. In fact, not one study included in the Anger and Metzler analysis specifically referenced an intervention for adolescent girls. In addition to a mixed-sex focus, Anger and Metzler also note that child-led participation is limited across all interventions.

Simply creating a safe physical space can increase adolescent girls' safety and reduce the chances they will experience violence (Rushdy, 2012); however, it is the age-specific delivery of information, services and skills that mentors deliver in the safe physical space that seems key to building girls transformative resilience to violence. For example, the body of evidence from development work consistently affirms that **adolescent girls who benefit from an education, have access to adolescent-friendly SRH services,**

and are equipped with life skills that strengthen their abilities to enter formal markets are:

- **Less likely** to experience violence as girls and to be abused by intimate partners as adults;
- **More likely** to marry later and have fewer children, who in turn will be more likely to survive birth and infancy and be better nourished and educated;
- **Better able** to make uncoerced decisions about whether, when and whom to marry, and to plan their families and pregnancies;
- **Better paid** in the workplace, and empowered to participate in socioeconomic and political decision-making;
- **More likely** to break generational cycles of poverty within families. (Pinheiro, 2006; Lloyd, 2009; UNFPA, 2012; National Research Council and Institute of Medicine, 2005; Mensch, Bruce & Greene, 1998; Malhotra, Warner, McGonagle & Lee-Rife, 2011; Upadhyay, 2014)

See Annex 4, page 59, for more information about the rationale and evidence base about the links between social assets, violence prevention and well-being.

Identifying a safe physical space is essential

During the acute phase of an emergency, engaging adolescent girls to identify where and when they might feel safe interacting with their peers without fear of abuse, exploitation or violence is not a high-cost proposition (Bruce, 2010; Hallman, 2009). This initial action can provide protective effects against girls' experiencing violence and also establishes an environment that can more substantively contribute to their safety and well-being.

The process of identifying the safe space, often called "safe-scaping," varies. For example, CARE and the WRC have worked with girls to draw two-dimensional "safety maps," which give mentors an opportunity to view firsthand how adolescent girls perceive their surroundings in terms of not only their safety, but also the relational/spatial importance ascribed to certain places in their environment (Schulte & Rizvi, 2012).

What is delivered in the safe space matters!

Even though working with adolescent girls to identify a safe space for girls to interact with their peers and to access basic information is an essential first step, the transformative changes that might help girls to safely access services and build their lifetime resilience to experience violence are driven by structured content.

Prevention and initial stages of building girls' social assets start with creating a safe physical space where girls can safely and routinely interact with their peers and mentors; however, research affirms that "resilience and empowerment" are promoted through curricula that support adolescent girls' education, access to SRH and life skills. Given the diversity of adolescent girls as a group—their birth order, marital status, family support systems, among others—involvement in curriculum design helps to ensure relevance.

IV. Field test: How can actors be more accountable to adolescent girls? Results from a rapid mobile tool pilot in South Sudan

Summary brief

This section summarizes key findings from a field assessment at an IDP camp in Warrap State, South Sudan, where the WRC and Action Against Hunger International (ACF), with support from the Population Council, pilot tested a mobile software tool called the Girl Roster.

The Girl Roster helps emergency staff rapidly visualize the profile of adolescent girls in a defined area. Already used in several development settings, the Girl Roster pilot application in South Sudan is part of an ongoing initiative to (1) challenge common perceptions about the feasibility of being more accountable to adolescent girls from the start of an emergency and (2) provide emergency staff with user-friendly resources to gather information that can inform response.

In addition to pilot testing the Girl Roster, the field team conducted key informant interviews, completed a service-area mapping of the IDP camp and facilitated participant-led focus group discussions with 384 displaced persons, including 156 girls and 76 boys. To support data use and program applications, the field team also piloted the emergency Girls Analysis and Integration Matrix (eGAIM). eGAIM is designed to inform the planning and implementation of emergency programming by supporting technical staff to capture adolescent girls' vulnerabilities and needs; identify answers to key questions; and determine how these considerations are relevant to emergency response (see Annex 4, page 57).

This section is divided into four parts:

i. South Sudan: Context and IDP site for field assessment and pilot (see page 27)

ii. Girl Roster: Background, results and implications from a pilot test in an IDP camp setting (see page 28)

iii. Focus Groups: Background, results and implications from the participant-led approach (see page 32)

iv. I'm Here: An approach for more responsive and accountable response from Day 1 (see page 40)

Program learning from the literature scan, expert interviews and piloting of the Girl Roster, focus group discussions and the eGAIM informed the development of the *I'm Here* approach.

Its aim is to advance operational results and to support more responsive and accountable humanitarian action that safely meets adolescent girls' needs, engages them in emergency response and ensures their rights from the start of an emergency through recovery.

i. South Sudan: Context & IDP site for field assessment and pilot

Conflict re-erupted in South Sudan on December 15, 2013, when a power struggle between the president and his vice-president sparked fighting between government and opposition groups. According to UN OCHA, since the conflict started in December 2013 (OCHA, 2014):

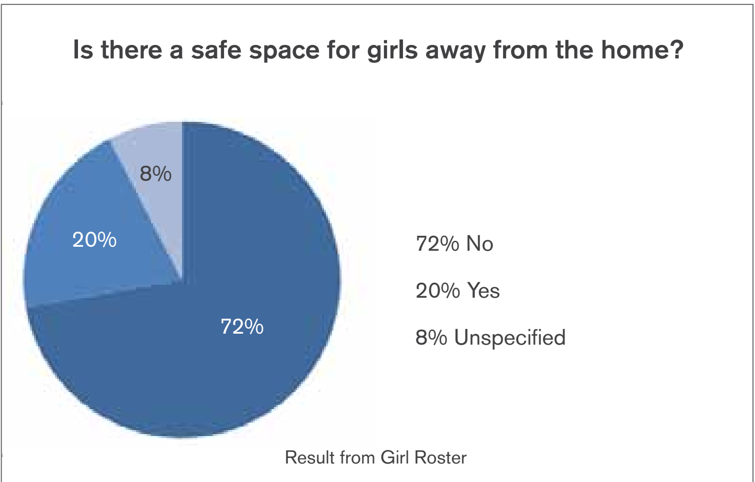
- Over one million people have fled their homes and are now displaced.
- More than 80,000 people have sought refuge at various UN compounds across the country. In Juba, 80 percent of displaced people are women and children.
- More than 4 million people are in need of assistance, and the humanitarian community has reached 1.4 million people since the conflict began.
- More than 350,000 people have fled to neighboring countries, many of whom had to cross the Nile River on their way to Uganda, leaving everything they had behind and risking their lives.
- A cholera outbreak was confirmed mid-May, bringing the imminent threat of a health emergency alongside an escalating food crisis.
- Only 15 percent of displaced people have access to adequate sanitary latrines and 30 percent do not have access to a safe water supply.

The fighting that started in December 2013 spread across Unity State, forcing tens of thousands to seek sanctuary in neighboring areas of Twic County in Warrap State. In response to the displacement, the International Organization for Migration set up three IDP camps: Ajak Kuac, Menhawan and Man-Angui. The research team conducted the assessment at one of these locations; the exact location is not specified because of data security considerations.

Based on results from key informant interviews and from the Girl Roster (tent-to-tent) questionnaire, key baseline assessment findings are:

- **No organization had previously consulted adolescent girls to inform needs assessments, vulnerability analyses or response design and implementation at the camp;** no humanitarian organization managed services or information delivery that mainstreamed or targeted adolescent girls specifically.
- **Actors almost exclusively relied on the school as a gateway to deliver information and services for children,** which was perceived as reaching adolescent girls. Results from the Girl Roster, however, found that almost half of all adolescent girls were not in school.
- Almost 75 percent of surveyed tents reported that there is no area at the camp, outside of the home, where girls are safe.
- **There is limited collection of data disaggregated by sex and age** to inform response design, delivery and evaluation.
- **Female presence in key emergency response positions is limited;** significantly more males managed on-site delivery of emergency services, particularly programming in food, nutrition, health, education and livelihoods.

Is there a safe space for girls away from the home?



Result from Girl Roster

- **One adult female sat on the camp's community committee,** with approximately 15 adult males. Humanitarian actors facilitated their community engagement efforts and participatory dialogue. Sole reliance on community committees, however, does not necessarily mean young and adult women are participating equitably or substantively.

ii. Girl Roster: Background, results and implications from a pilot test in an IDP camp setting

Background: During the upheaval that follows a conflict or natural disaster, emergency actors are pressed for time. In the rush to deliver services and meet overwhelming needs, all sectors try to conduct rapid needs assessments and to begin distributing life-saving information and services. Grounded within these realities, the WRC and ACF, with technical support from the Population Council, sought to pilot the Girl Roster—a mobile-based tool whose outputs can help emergency responders make life-saving decisions that benefit adolescent girls.

The Girl Roster is an operational programming tool that helps emergency and coordination staff understand the lives of girls in a defined area, that is, define the context-specific universe of girls where actors are responding to a crisis.

Coupled with a service-point mapping of a defined area, the Girl Roster output matrix enables emergency actors from any sector to (1) rapidly identify the specific profile of adolescent girls where emergency actors are working and (2) better link adolescent girls to emergency services.

The application of a 7- to 10-minute questionnaire produces the Girl Roster output matrix that "makes visible" the characteristics of adolescent girls within a displacement setting—the matrix sorts girls into categories associated with particular needs, vulnerabilities and risks (see matrix results, page 32).

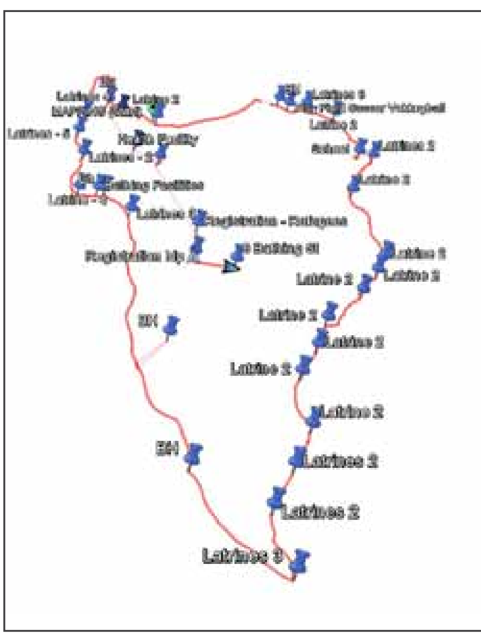
The service-area mapping and the Girl Roster matrix allow humanitarian actors across sectors—child protection, education, WASH, health, food and shelter, among others—to "visualize" the concentrations of girls within each of the matrix's cells. These findings provide humanitarian actors with a timely, concrete snapshot of adolescents' context-specific needs in a crisis-affected service area. With this information, actors can modify existing emergency operations or design and implement new programs in ways that account for the unique profile of adolescent girls. The matrix can also inform sector-specific needs assessments and proposals.

The first step of the Girl Roster is the identification of a clearly defined crisis-affected area and the service points within it. This process requires identifying key facilities, service points or areas within a demarcated zone. These include registration points; health facilities; distribution points for food, water and shelter; latrines; markets; fuel or firewood collection areas; formal or informal learning centers; youth centers; and transportation corridors. In a small camp setting, such as the one where the WRC and ACF piloted the Girl Roster, the demarcated zone is the entire perimeter of the camp setting. In a larger camp with multiple facilities and service points—for example, Juba 3 in South Sudan—it is advisable to group key service points, creating several demarcated zones within the camp perimeter.

Why define the service area? In much the same way that needs assessments are conducted within defined areas—camps, communities, regions—the approach to being more accountable to adolescent girls begins with a mapping of existing services within a defined zone. Ultimately, operational decision-making takes place, and has the highest likelihood of impacting persons, within a particular distance of service points.

Adolescent girls' needs and vulnerabilities can vary within in a camp, based not only on factors in their lives, but also upon how humanitarian sectors do (or do not) provide tailored services for them. Therefore, efforts to reach adolescent girls have to account for what services already exist; what areas or facilities are unused or

underutilized as a place for girls to meet or access services; what services are unwelcoming of adolescent girls based on their location, staff composition, time consideration, program design or some other relevant factor. Coupled with results from the Girl Roster and focus group discussions, this basic information enables emergency responders to visualize (1) gaps between service provision and adolescent girls' access and use, and (2) opportunities for modifying existing response protocols or designing new interventions.



Service area mapping output: Humanitarian Camp, Warrap St, South Sudan.

The second step is the application of a tent-to-tent questionnaire, via a mobile-based data collection process. In South Sudan, the field team took three days to interview all tents within the IDP camp. Once completed, a conversion program created by the Population Council converts questionnaire results into the Girl Roster output matrix. In larger camp settings or in urban areas where interviewing all tents or accommodations in a catchment area is not feasible, humanitarian actors could rely on sampling and implementation methods outlined in the Joint IDP Profiling Service's (JIPS') Profiling Assessment and Resource Kit (PARK) and JIPS' Guidance for Profiling Urban Displacement Situations.

The Girl Roster output matrix (see page 30**) sorts adolescent girls into categories that more specifically describe their needs, vulnerabilities and capacities.** Findings often surprise field staff. For example, in certain camp settings, colleagues have abstractly discussed the need to ensure a program reaches married girls, only to find that unmarried, out-of-school girls make up a considerable portion of girls in a particular setting. These comparisons between program objectives and the profile of adolescent girls translate into more informed, more accountable emergency response.

Care was taken to not collect information that could place girls at risk. Enumerators asked questions, all of a non-sensitive nature, of female heads of households (HoH), if available. When female HoH were unavailable, enumerators interviewed the male HoH.

Based on findings from piloting the Girl Roster matrix in Warrap State, South Sudan, actors at the IDP camp have information from which to determine: *Do our operations reach these girls?*

Some examples of links in this camp between the Girl Roster matrix and programming considerations are:

- **42 percent of adolescent girls (10-17) are currently not attending school,** even though almost all actors relied on the recently built school to disseminate information and services related to health, nutrition and sanitation. This statistic calls upon actors to modify their approach if they are to reach almost half of all adolescent girls at the camp.

  After seeing the table and this statistic, some actors in South Sudan referenced the importance of either establishing safe meeting spaces with targeted messaging for out-of-school girls or tailored interventions for this population group. Some staff recognized that adolescent girls' caretaking and caregiving roles compete for their time, as well as leave them vulnerable to abuse or exploitation. Consideration for girls' time poverty and daily routines should inform the

Girl Roster output matrix | Results from pilot implementation in Warrap State, South Sudan (No. of tents surveyed = 277)							
	Unmarried				Married		TOTAL
Age Group	In School		Out of School		Has a child	Doesn't have a child	
	Living with both parents	Living with just one or neither parent	Living with both parents	Living with just one or neither parent			
06-09	62	7	55	15	--	--	139
10-14	60	10	22	11	1	9	113
15-17	19	1	3	2	9	5	39
18-24	9	0	3	0	11	0	23
Unknown	13	4	30	5	4	0	56
TOTAL	**163**	**22**	**113**	**33**	**25**	**14**	**370**

response strategy and the safe, equitable delivery of services. These considerations include identifying ways to safely increase girls' participation at school where possible.

- **76 percent of girls whose parents do not know their daughters' ages fell into a category of heightened vulnerability.** Even in cases where adult respondents may be unaware about the age of children in the household, the Girl Matrix enables practitioners to identify these girls' vulnerability criterion. In South Sudan, where adult literacy rate is among the world's lowest at 27 percent, the research team interviewed many HoH who did not know the ages of their children. Instead of overlooking these girls, the Girl Matrix collected other relevant information about these girls' lives. Given the links between parents' literacy and education level, and the vulnerabilities that their children face, more than three out every four girls whose parents did not know their age fell into categories of heightened vulnerabilities, for example, out-of-school, married, married with child.

  After seeing the table, some actors were surprised to learn that many adults in the community likely could not read. They discussed the impact on service delivery for all, but an emphasis on being more purposeful in how distributions are announced, as well as how services are targeted to reach young girls.

- **39 adolescent girls and young women are married, of whom 25 already have at least one child.** The SRH needs and risks, including those associated with pregnancy and delivery, for these girls is a heightened concern. Merely having a health facility at the camp may not translate into this population having the capacity and mobility to seek out and access services. Young mothers also have a pressing need to secure food and water for themselves and to fulfill the familial caretaking responsibilities that are commonly expected of them. Young brides who have not yet had children have SRH needs and face

heightened risks, including the leading cause of death among the age group: complications related to pregnancy and childbirth. Additionally, since it is not uncommon for young women's children to be the default entry point for young girls' access to health services, the presence of married girls with no children calls upon actors to take strategic steps to ensure their access to resources.

After seeing the table and this statistic, coupled with the focus group discussions that noted girls' fears around accessing health services, a humanitarian agency at the camp hired an additional female health worker with experience providing adolescent-friendly services. Additionally, a key actor at the camp immediately delivered needed targeted services to a young mother and her newborn daughter.

Descriptive analysis of 39 married adolescent girls at IDP camp

- 12 years | Age of youngest married girl (whose age was known)
- 48.5% | Percentage of married girls who ever attended school
- 2.8% | Percentage of married girls currently attending school
- 2 | average grade level for married girls
- 49.0% | Percentage of married girls who live with partner
- 41.0% | Married, but do not live with partner
- 53 | number of children born to adolescent mothers
- 2.2 | Average number of children per adolescent/young mother

- **Girls' enrolment in school does not necessarily mean they have the skills and capacities typically associated with their age.** Girls' achievement levels are below expected results for their age.

After seeing the table and this statistic, some actors noted that key health messages and other communication materials were likely too complicated for young girls at the camp. In addition, the need to ensure that learning activities were designed in alignment with girls' developmental capacities became more evident.

- **Sex- and age-disaggregated data, for comparison.** Since the Girl Roster matrix collects a snapshot of the age profile of girls in a service area, the matrix provides humanitarian actors with a baseline from which to compare who is currently accessing services (as sex- and age-disaggregated data are recorded, if at all, by operational actors across all sectors).

After seeing the table, several actors referenced the need to be more diligent in their collection and use of data disaggregated by sex and age. Some staff from the nutrition and health sector highlighted that commonplace templates, such as the Child Health Card or health visit form, do not record the age of the mother—a missed opportunity.

iii. Adolescent girls' needs and fears | Rapid assessment at camp in Warrap State, South Sudan

This section outlines an adaptable, rapid and participatory approach whose findings can inform emergency response across sectors.

Adolescents in emergencies are rarely asked to identify and prioritize their needs, risks and capacities. Time constraints, competing needs and onerous data collection methods fuel a perception that sector-specific rapid assessments in emergencies are unable to engage some of the most vulnerable. Too often, adolescents are lumped into programming for children or adults, which can exacerbate their vulnerabilities.

Girls' active participation in decision-making, including involvement in program cycle development from assessment to evaluation, is imperative. To maintain accountability, participation cannot be tokenistic, and emergency responses that seek girls' input should act on their findings. In April 2014, the WRC in partnership with ACF used Participatory Ranking Methodology with 384 IDPs (9 groups) at an IDP camp in Warrap State, South Sudan (see Tables, page 35).

Participant profile

- 156 adolescent girls, 10-19
    - 92 girls, 10-14
    - 64 girls, 15-19
- 76 adolescent boys, 10-19
- 80 adult women
- 72 adult men

Participatory Ranking Methodology | Supporting accountability to adolescent girls

Developed by Columbia University's Program on Forced Migration and Health and the Child Protection in Crisis Network for use in emergency contexts, Participatory Ranking Methodology (PRM) is a rapid appraisal method for needs assessments in humanitarian settings (Ager (Ed.), 2011; Ager, Robinson & Metzler, 2014). This method is flexible, easy to implement as part of a rapid assessment and provides insightful information for donors, programmers and policy makers. PRM's strengths include:

- **Accountability:** The method is guided by one framing question. This question provides participants a platform to express their community's experiences, needs and resources *in their own terms.*
- **Rapid:** Participants identify issues relevant to the framing question and subsequently rank the importance of those issues. Implementers can conduct PRM sessions across multiple groups simultaneously, allowing for a quantitative data set of frequencies and rankings to be immediately collated and analyzed for coordination meetings, funding proposals and programmatic decision-making. Qualitative data gleaned from PRM sessions provides invaluable information to implementers when designing programs.
- **Appropriate for vulnerable populations:** High-quality and ethically sound implementation of PRM creates a safe, interactive and engaging environment for participants, especially children and adolescents and people with varying literacy levels.

PRM is designed for use with other assessment measures, such as key informant interviews, desk reviews, observation and surveys.

The local assessment team asked participants about adolescent girls' needs and fears. Speaking directly to adolescent girls revealed many instances where programming could be strenghtened. Overall, girls, boys, men and women called attention to similar needs and fears; however, their descriptions, prioritization of and frequency in mentioning issues varied greatly across groups.

PRM sessions in South Sudan revealed five key programming imperatives (refer to the tables and charts below for full documentation and visual summaries of focus group results):

1. Programming implication: *In alignment with the humanitarian "do no harm" principle, emergency responders across sectors must implement programs that reflect the context-specific realities adolescent girls face. Adolescents are a heterogeneous group who experience a diversity of needs, risks and vulnerabilities based on age, gender, marital status and accompaniment status, among others. To this end, programs must safely consult adolescent girls to define priorities. While informative, sole reliance on the perspectives of elders, community leaders or parents may not accurately represent girls' needs and risks.*

The overwhelming fear among adolescent girl PRM groups is insecurity (mentioned 14 times, ranked the highest) and protection (mentioned eight times, ranked second highest), whereas adolescent boys and adult groups fear that girls lack school fees, livelihoods, food and garments. This difference in perspective significantly influences programming priorities depending on who is engaged in an assessment. Adolescent boys and adults recognize girls' protection concerns, but prioritize their material needs and economic stability. For adolescent girls, insecurity and protection trump school fees, livelihoods, food and garments.

Exposure to insecurity is described by adolescent girls as (1) restricted movement, (2) the lack of basic facilities that induce privacy, such as latrines, tarps and lighting, and (3) exposure to the elements (rain and flooding, animals, stepping on something sharp).

Adolescent girls say their environment increases protection concerns. Some participants describe how increased fighting and conflict induce drinking among armed groups (rebels, men, police and army), forces mixing among tribes and creates a tense context for those who are displaced. The situational analysis adolescent girls possess—both in reflection of their own fears and their agency—must not be overlooked. Adult participants mention an increasingly tense context for girls, with hitting at school, increased drinking and marrying too soon; however, not at the same level as adolescent girls.

2. Programming implication: *As defined by adolescent girls, emergency responders across sectors must craft programming that safely meets girls' priority needs and mitigates their protection risks, while concurrently engaging key persons within the household and community who influence girls' survival and well-being. Efforts to support girls' survival in the immediate aftermath of a crisis and their empowerment shortly thereafter do not occur in a vacuum.*

The tension between prioritization of education and dowry concerns among PRM participants showcases the need for thoughtful programmatic design.

Among all nine groups, the importance of school was mentioned 20 times, 14 of which were in girls' groups. School received an average prioritization rank of 3.4, the second highest rank out of eight items, compared to a rank of 5.3 among adult males and 7 among adult females. A safe learning environment is adolescent girls' biggest expressed need, whereas adults tend to discuss the need to attend school.

In contrast, only the adult male groups mentioned the need for a dowry to ensure union with a well-off family. Although only mentioned two times, the high prioritization assigned to dowry sheds light on gender norms that define adolescent girls' roles and the social expectations of them.

3. Programming implication: *Emergency responders across sectors must pay diligent attention to the quality of health care, especially provider sensitivity and competence related to adolescent-friendly SRH information and services. Health workers' bias and capacity are linked to adolescent girls' abilities to safely access health services that protect girls or their children from negative health outcomes, including health and psychosocial risks associated with experiencing sexual violence.*

Although not mentioned at a high frequency (three times for girls, five times for adult males and two times by adult females), health was highly prioritized (3.3 among all groups, 2.3 by girls) as a need for adolescent girls across all groups. Male groups discussed the need for access to services, including hospitals. Female groups emphasized provider sensitivity and the need for doctors to be "nicer."

Quality health care services have ripple effects across the household and community. Ongoing programming for girls would best serve their needs by integrating existing guidelines and protocols on SRH and sexual violence, as outlined in the Minimum Initial Service Package (MISP) for Reproductive Health and in Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings (IASC, 2010). This includes ensuring that health care sites act as entry points for access to services in other sectors (UNFPA and Save the Children, 2009). Services must be adolescent-friendly and inclusive, with staff capacity to support girls' healthy transition into adulthood.

4. Programming implication: *Automatic and immediate distribution of non-food items (NFIs), especially hygiene supplies and dignity kits, at the onset of an emergency response is critical to address the basic needs of girls.*

Hygiene was mentioned 18 times across all groups, 11 times across adolescent girl and women groups. Soap and menstrual pads were by far the most mentioned hygiene needs. Girls coming into puberty or of reproductive age experience specific vulnerabilities and role changes in society with the onset of menstruation. Lack of menstrual supplies and private, safe bathing and latrine facilities can restrict mobility to the home and prevent girls from attending school. The lack of other hygiene items, such as underwear and garments, can increase a girls' exposure to violence (SIPA, 2011; Tanabe, Modigell & Manohar, 2014).

5. Programming implication: *Emergency responders across sectors must implement participatory rapid assessment methods that allow adolescent girls to prioritize their issues in addition to describing them and their impact. Merely recording key needs and risks without an understanding of their degree of significance to girls can lead to misinformed responses.*

Among PRM groups, the number of times that participants speak about a key need or risk does not necessarily convey the priority they assign it. For girl groups, health was mentioned three times compared to school, which was mentioned 14 times. However, health was prioritized at a higher average ranking than education among all girl groups.

The prioritization component of PRM also allows for a comparison of priorities between groups, such as girls and adult men and women. For example, girls and women did not mention dowry, whereas men mentioned it two times and ranked it as the highest priority. Such data comparisons allow practitioners to understand the various factors influencing girls' decisions and well-being.

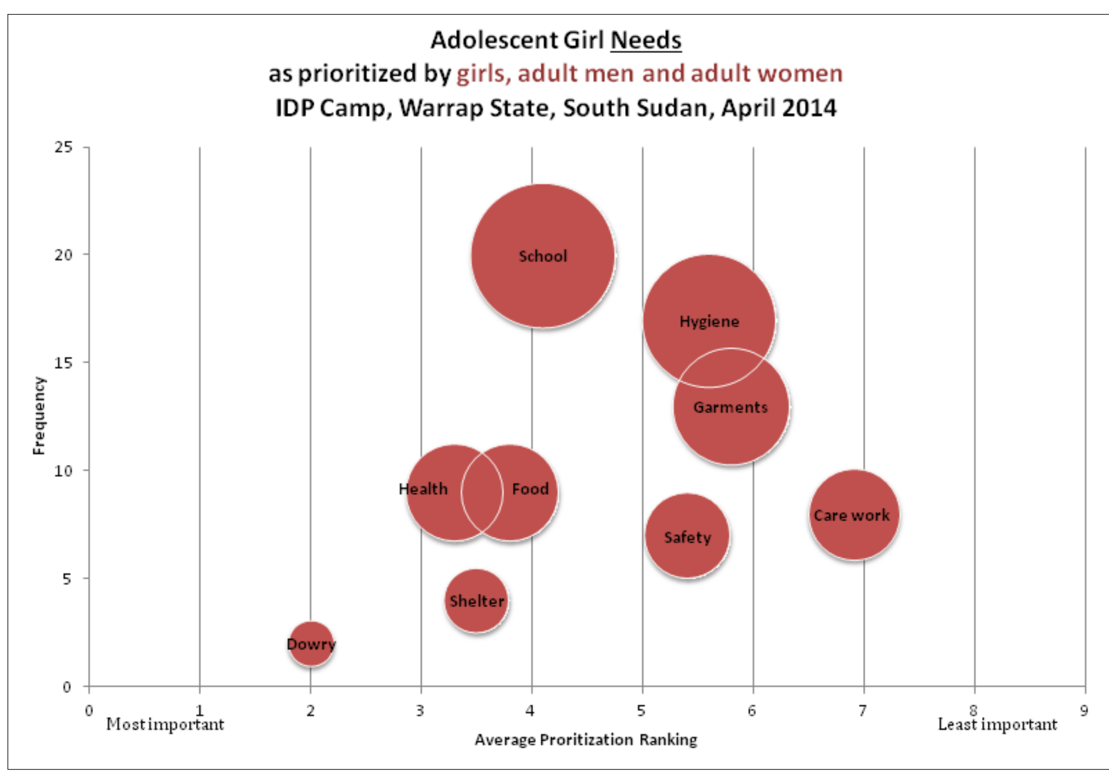
In an environment of limited funding, PRM allows practitioners to design programs and a response that address priority needs. Furthermore, the flexibility of PRM allows practitioners to frequently conduct the exercise and adjust program priorities accordingly.

Summary Table: Needs of adolescent girls[I]				
	Adolescent girls and adults, average ranking (frequency)*	Adolescent girls average ranking (frequency)	Adults average ranking (frequency)	Adolescent boys average ranking (frequency)**
Health	3.3 (10)	2.3 (3)	3.6 (7)	4 (1)
School	4.1 (20)	3.4 (14)	6.15 (6)	3.3 (3)
Food	3.8 (9)	4.7 (3)	3.65 (6)	4.5 (3)
Shelter	3.5 (4)	5 (1)	3.25 (3)	8 (2)
Garments	5.8 (13)	5.4 (7)	6.15 (5)	7 (2)
Care work	6.9 (8)	5.5 (2)	7 (7)	--
Hygiene	5.6 (15)	6.3 (7)	4.4 (8)	5.7 (3)
Safety	5.4 (7)	7.5 (2)	4.5 (5)	5.3 (6)
Livelihoods	--	--	--	7 (3)
Dowry	2 (2)	--	2 (2)	--

Lower number denotes a higher prioritization ranking
[I] **Colors** correspond to the visual data representations below.
* **Frequency** refers to the number of times participants referenced a theme in their response.
** **Adolescent boys and adolescent girls** were asked to report on their own experiences, while adults reported only on girls' experiences.

Summary Table: Fears for adolescent girls[I]				
	Adolescent girls and adults, average ranking (frequency)*	Adolescent girls average ranking (frequency)	Adults average ranking (frequency)	Adolescent boys average ranking (frequency)**
Insecurity	3.4 (22)	3 (14)	4 (8)	4 (3)
No access, mistreatment at health facility	4.6 (9)	3 (4)	5 (5)	--
Protection	3.3 (11)	3.9 (8)	1.5 (3)	3.5 (6)
No registration	3.3 (1)	7 (1)	0.75 (2)	--
Livelihoods/ markets	3.5 (2)	--	3.5 (2)	2.5 (2)
No food	6.3 (3)	--	6.3 (3)	--
No garments	7 (1)	--	7 (1)	--
School fees	3 (3)	--	3.75 (3)	4 (2)

Lower number denotes a higher prioritization ranking
[I] **Colors** correspond to the visual data representations below.
* **Frequency** refers to the number of times participants referenced a theme in their response.
** **Adolescent boys and adolescent girls** were asked to report on their own experiences, while adults reported only on girls' experiences.



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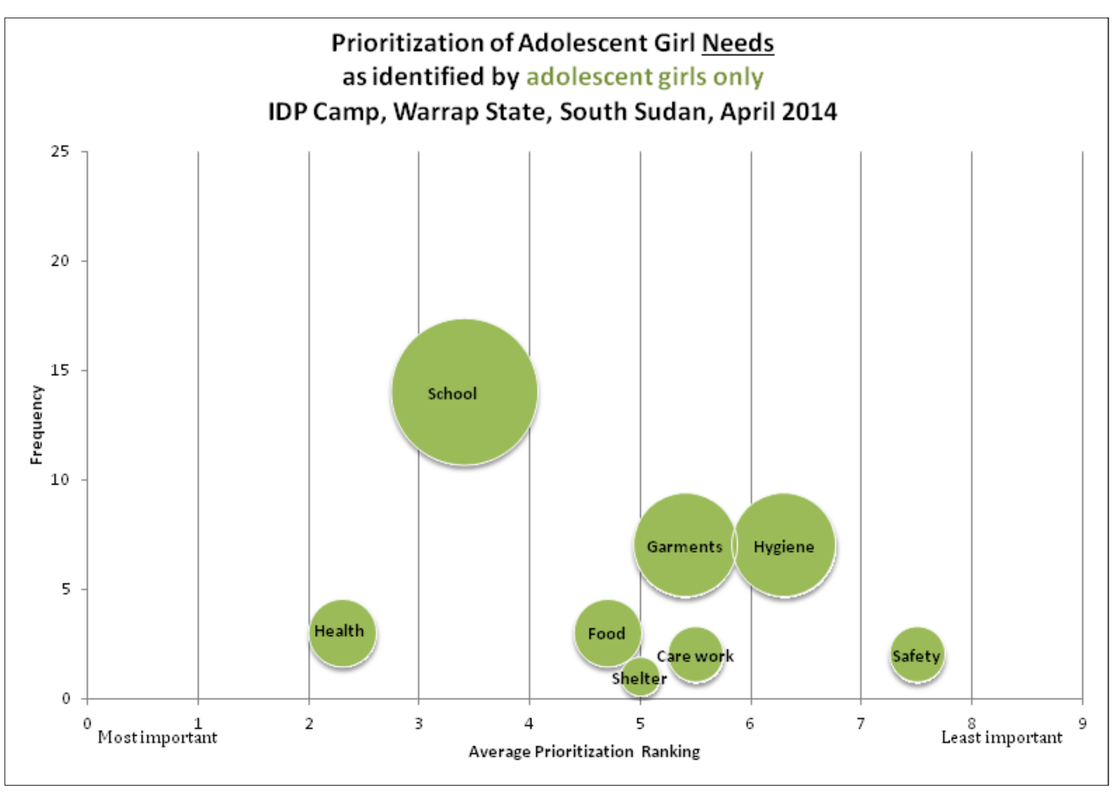

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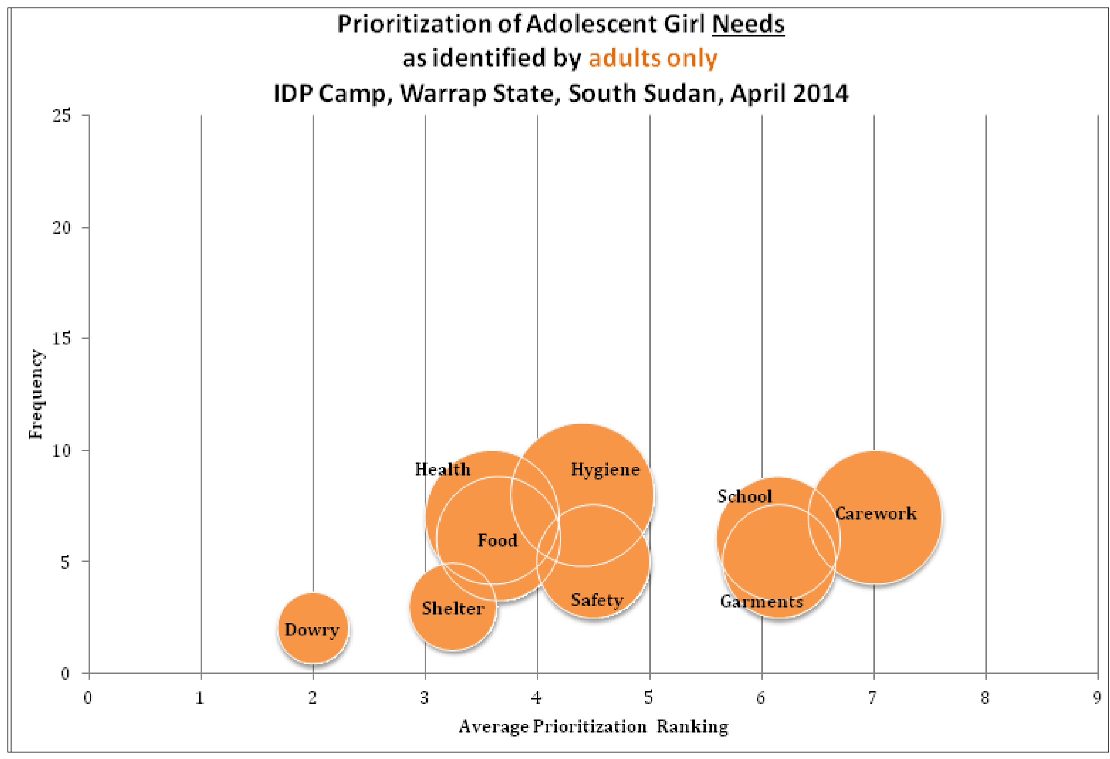

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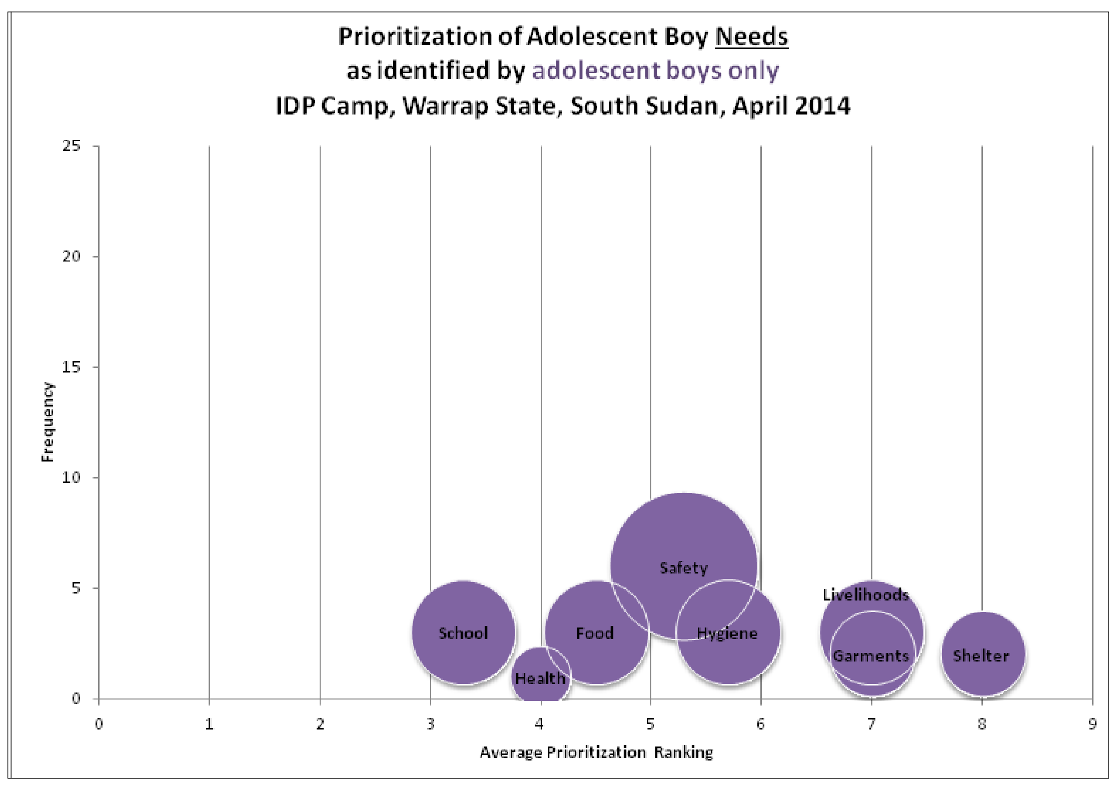

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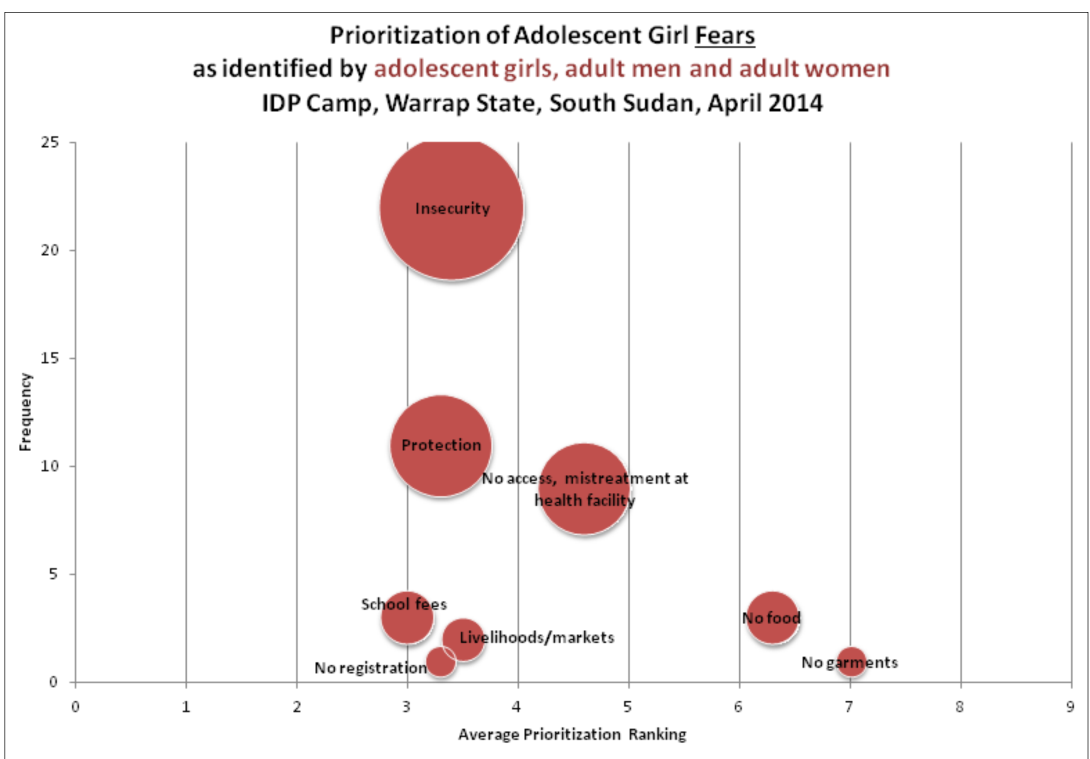

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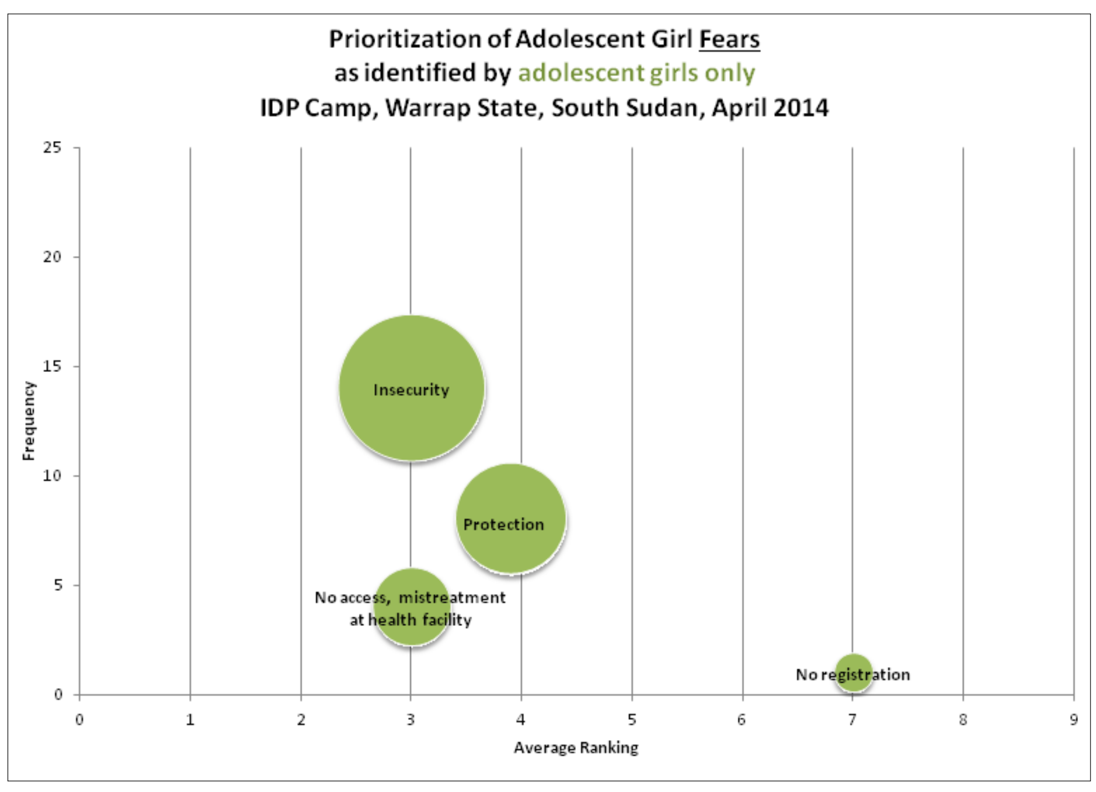

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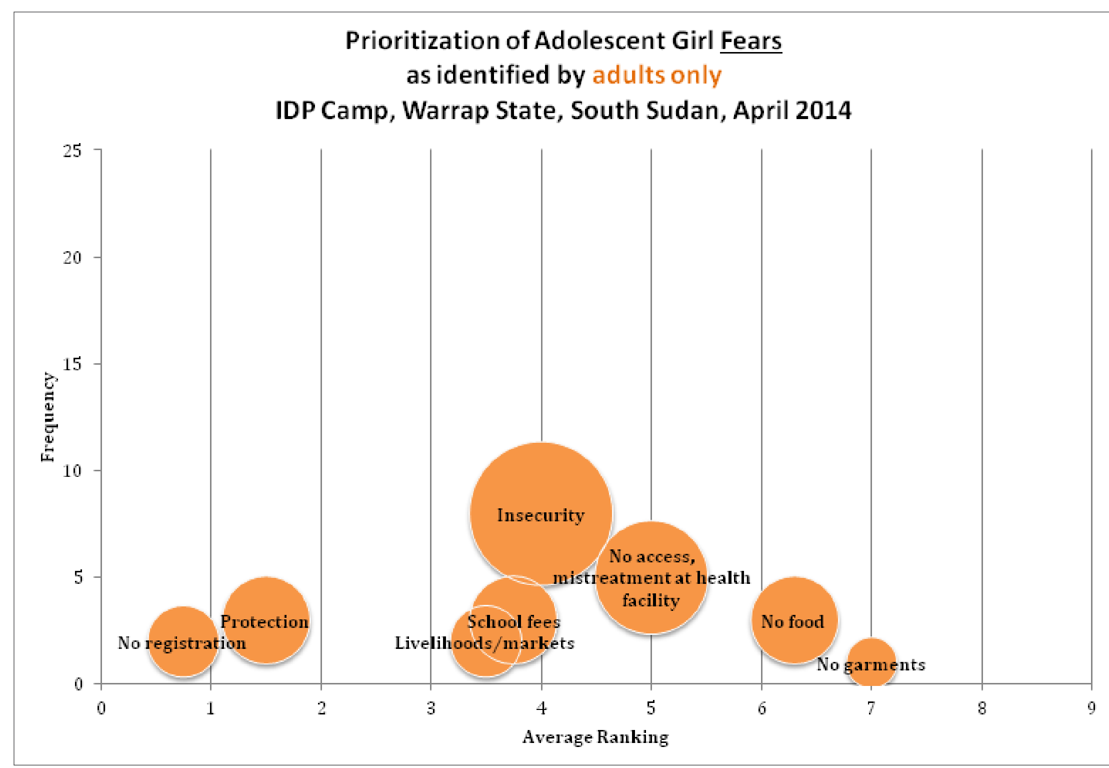

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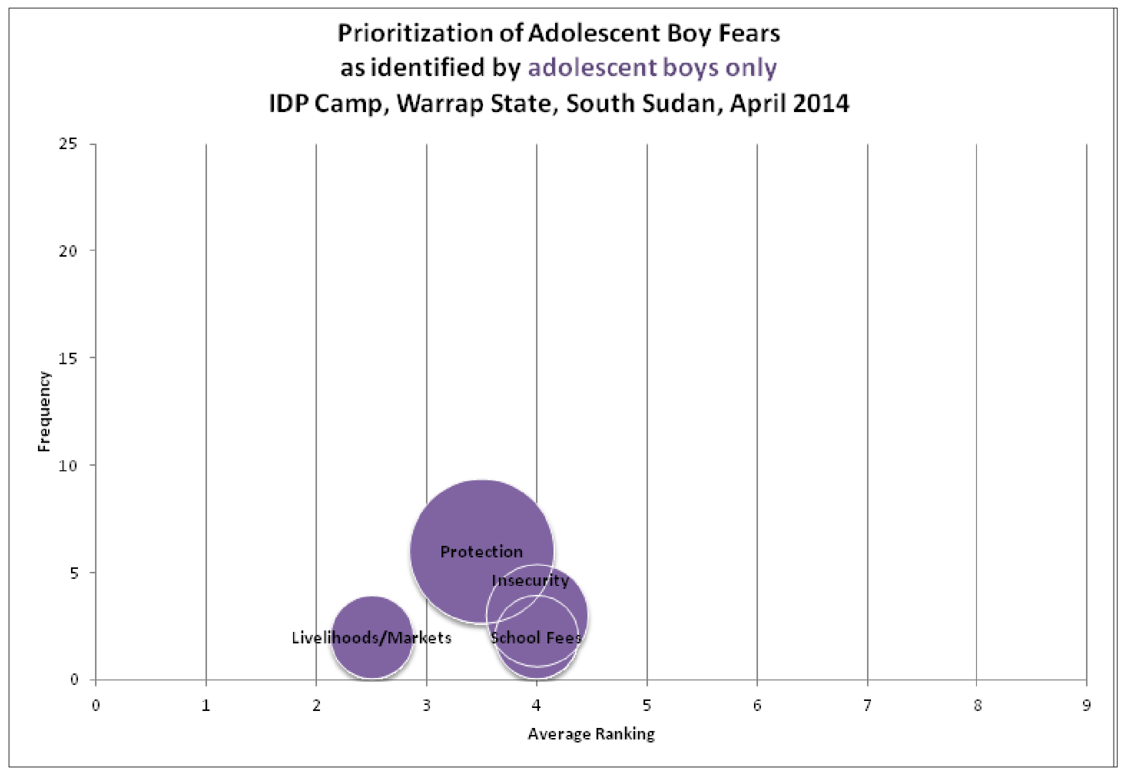

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iv. *I'm Here*: An approach for more responsive and accountable response *from Day 1*

In South Sudan, the WRC sought to learn how a combination of mobile technologies, focus group discussions and the emergency Girl Analysis Integration Matrix (eGAIM) might rapidly yield operational data that could inform the immediate delivery of emergency services and later-stage design of targeted programming for adolescent girls. That no operational actor delivering services at the IDP camp in South Sudan had previously consulted adolescent girls to identify their priority needs and fears is troubling. Limited consultation has implications for girls' abilities to safely access services; priority needs, fears and risks are marginalized or overlooked.

Within three hours of arriving at the IDP camp, the field team had used smart phones to produce a visual map of a camp perimeter and its service points. Within three days, the WRC implemented the Girl Roster and produced a timely, concrete profile of adolescent girls within the camp. Within seven days, the research team completed focus group discussions and presented findings to key actors in South Sudan. The research team used the eGAIM to guide briefings with operational actors at the IDP camp in Warrap State and with key coordinating structures in Juba.

Program learning from piloting the Girl Roster, the PRM and the eGAIM has led to the development of the *I'm Here* approach (see page 41). The *I'm Here* approach outlines a roadmap for (1) mainstreaming adolescent girls into emergency response and (2) for the collection information that can inform the design of targeted humanitarian interventions that build girls' assets, confer protective effects against experiencing violence and engage them in recovery.

The *I'm Here* operational approach complements existing inter-agency guidelines, as well as general recommendations to promote accountability for adolescent girls who are affected by sudden-onset emergencies. General recommendations include:

- Considering adolescent girls a distinct population with unique needs and vulnerabilities
- Identifying and locating adolescent girls within crisis-affected areas, with consideration for girls' vulnerabilities (in or out of school, unaccompanied, married or with children)
- Engaging adolescent girls—consult girls about their priority needs and protection concerns at all stages of preparedness and response
- Modifying or targeting services to account for girls' daily routines and time poverty
- Recognizing the responsibility of every cluster or sector to design and implement programs and services that mitigate (protection) risks that adolescent girls face
- Reducing barriers to access formal education and provide alternative learning options for out-of-school girls
- Allocating additional resources and earmarking funds for emergency relief operations that explicitly target adolescents (Gender marker grade 2b)
- Prioritizing collection, reporting and use of data disaggregated by sex and age

I'm Here Approach

Within a defined area that an organization, sector or coordinating body delivers emergency information and services:

Identify the specific crisis-affected community where displaced adolescent girls are concentrated and map its key service points where humanitarian actors are delivering emergency information and services.

Reference secondary data sources and Girl Roster mobile-based mapping tool

Make visible the *universe of girls*: sort adolescent girls into basic vulnerability and capacity categories, e.g., age, marital status, education, accompaniment status and childbearing status.

Reference Girl Roster output matrix

Hold group meetings with adolescent girls of similar vulnerabilities or capacities to learn girls' top-line needs, fears and protection concerns, as well as to record the vital information, skills and assets they need to overcome the negative consequences of displacement and to mitigate their risks of experiencing violence.

Reference Participatory Ranking Methodology (PRM)

Elaborate specific plans that respond to the *universe of girls* in the crisis-affected area, e.g., set up safe physical spaces where girls can immediately learn about and receive vital information and services, and as soon as possible, benefit from targeted, asset-building support.

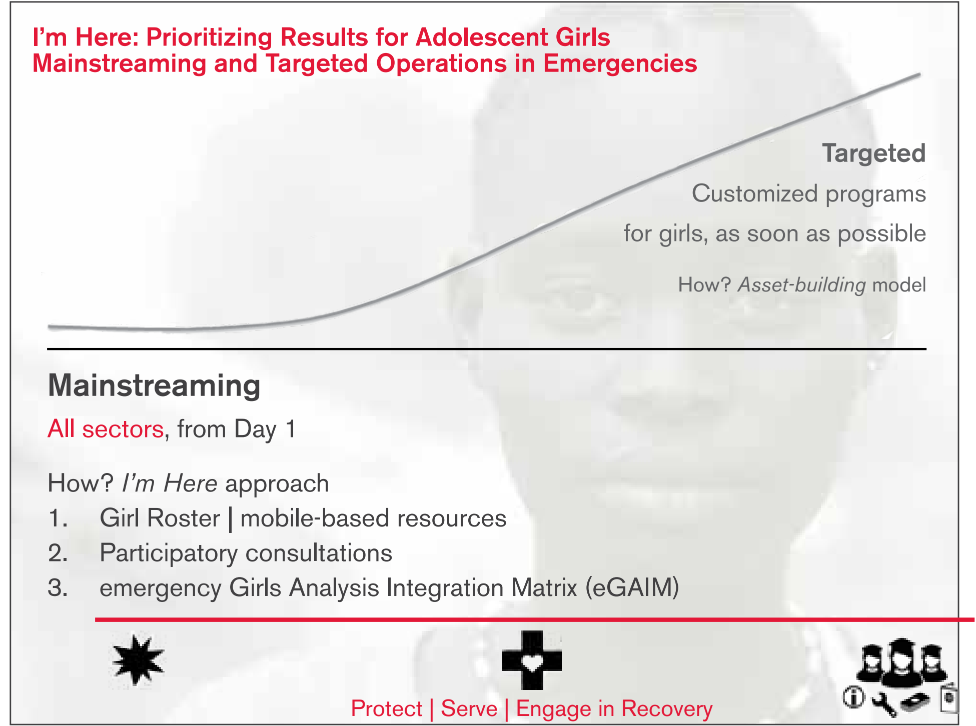
Reference emergency Girls Analysis Integration Matrix (eGAIM)

Rally support across humanitarian sectors and with local actors around the need for adolescent-sensitive emergency response, strategies, indicators and rights.

Reference results of Girl Roster output matrix, Girl Roster mobile-based mapping tool and eGAIM

Engage the capacity of adolescent girls to support humanitarian response and recovery operations.

Reference eGAIM



Mainstreaming considerations

From the start of a sudden-onset emergency, every sector can mainstream adolescent girls into their responses. For example:

FOOD & NUTRITION

- Have consultations with adolescent girls informed distribution times and sites?
- Are adolescent girls' nutrition needs noted in needs assessments, e.g., iron deficiency?
- Are young adolescent mothers and their food and nutrition priority needs addressed in strategies and service delivery?
- Is there consideration for adolescent girls' roles in caring for families and dependents, e.g., decisions regarding size of rations, appropriateness of rations, distribution channels and the monitoring of distribution, collection and use?
- Are there school feeding programs to encourage girls' school attendance/retention?
- Are food security and nutrition indicators disaggregated by sex and age?

WATER, SANITATION AND HYGIENE (WASH)

- Females often hold the primary responsibility for water collection and use. Have consultations with adolescent girls informed WASH sectors' understanding about adolescent girls' roles, responsibilities and needs in ensuring household water supplies are met?
- Are the location of bore holes, water points and latrines decided upon in consultation with adolescent girls? Are water supplies accessible and safe for adolescent girls (as well as for women and men)?
- Are sanitation and hygiene messages and kits adolescent-friendly in content, structure and delivery? Schools or formal learning centers should not be the only dissemination strategy.

SHELTER & CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

- The views of adolescents, youth and the disabled often differ from those of traditional adult representatives.
- Are measures taken to provide for adolescent girls' privacy in group or transit shelters such as schools, public buildings or "child- and safe-spaces" for girls?
- Are young mothers, unaccompanied adolescent girls and/or girl-headed households provided with assistance in building shelters or setting up tents?

Are adolescent girls represented on camp committees? Participation should not be tokenistic.

HEALTH

- Are adolescent girls' priority needs and risks incorporated during the implementation of the Minimum Initial Services Package?
- Are adolescent mothers identified and safely referred to health services?
- Are health practitioners—both international and local staff—adequately trained to deliver adolescent-friendly sexual and reproductive health services and to recognize and report signs of abuse or violence? The ratio of female-male health staff should reflect the composition of the population.
- Have adolescent girls been consulted on the hours that health facilities operate?
- Are key, life-saving health messages tailored to adolescent girls' developmental stages and delivered via channels that reach (most-at-risk) girls?
- Are food security and nutrition indicators disaggregated by sex and age?

PROTECTION

- Were adolescent girls consulted to record their protection risks and concerns, including areas where they feel insecure and their recommendations for improving their safety and access to services?
- Are physical spaces where adolescent girls can convene and receive age-appropriate information and/or services available to them?
- Is a system in place to identify and register unaccompanied adolescent girls?
- Based on the vulnerability profile of adolescent girls in the service-delivery area, are girls' unique protection risks taken into account by actors across sectors?
- Are the context-specific protection risks (e.g., kidnapping, human trafficking, child marriage, sexual abuse, recruitment into armed groups, among others) being mitigated by strategies and humanitarian action?

EDUCATION

In consultation with girls, families and camp committees:

- Are informal learning opportunities for out-of-school adolescent girls established?
- Are barriers to adolescent girls' participation in formal schooling being addressed?
- Are daily routines, caretaking responsibilities and time poverty considered in learning initiatives (formal and informal) for adolescent girls?
- Are emergency education initiatives inclusive of girls with heightened vulnerabilities, including unaccompanied adolescent girls, out-of-school girls, married girls, young mothers and adolescent girls with disabilities?

Targeting considerations

In addition to modifying relief efforts based on the Girl Roster output matrix and the PRM focus group discussion, humanitarian actors should plan and design targeted, girl-centered programs that respond to the context-specific profile of adolescent girls as soon as possible. Based on the 2014 WRC report titled Strong Girls, Powerful Women: Program Planning and Design for Adolescent Girls in Humanitarian Settings*, the WRC recommends:*

- Allocating and prioritizing time for staff to consult with girls.
  Participatory consultations help ensure that interventions are responsive to girls' needs, concerns and capacities in the crisis-affected area where staff oversee relief and recovery operations.

- Setting up safe spaces to bring girls together.
  With girls' input, identifying a physical space promotes safety and establishes a platform through which to deliver targeted programming.

- Maintaining a focus on girls as the primary beneficiaries.
  Center interventions on girls, creating girl-centered indicators and involving them at every step of the response and recovery cycle.

- Integrating mentorship and leadership models into programs.
  Girls and communities mutually benefit from mentorship and leadership. Strong networks of girl leaders improve the status of females in the community.

- Integrating programs with critical health-related information and services, as well as economic strengthening activities.
  Adolescence is a critical time for girls' sexual and reproductive health (SRH) and for their acquiring skills that support their development. Interventions should ensure that girls receive adolescent-friendly and age-appropriate SRH information and services, as well as the financial literacy, savings and vocational skills training that can improve girls' wellbeing and opportunities.

- Ensuring programs are developmentally and contextually appropriate.
  Health and life skills activities for younger girls should focus on different issues than for pregnant, married and parenting girls; for financial literacy skills, interventions should help younger girls to practice saving and older girls to access loans.

- Involving men and boys in programs as partners and allies.
  Men and boys can be supportive allies who support girls' participation and improved outcomes for girls.

The *Strong Girls, Powerful Women* report captures key learning from a three-year global advocacy project, the Protecting and Empowering Displaced Adolescent Girls Initiative. The WRC initiative focused on a literature review and pilot program implementation in three countries: Ethiopia, Tanzania and Uganda. In collaboration with the Girls in Emergencies Working Group, the WRC will continue piloting and assessing the I'm Here Approach, including the Girl Roster and other rapid response tools.

Conclusion

At the global level, the InterAgency Transformative Agenda, the U.K. High Level Call to Action on Protecting Women and Girls in Emergencies and the U.S. Safe from the Start Initiative reflect a broad, intentional effort to ensure that humanitarian action does not overlook women and girls from the initial onset of an emergency.

Being more responsive and accountable to adolescent girls during the acute phase of an emergency advances results. Immediately after a crisis, taking proactive steps to identify and engage girls helps ensure that girls can access life-saving services without experiencing violence, abuse or exploitation. Actions taken in the days after a crisis also represent an opportunity to support girls' long-term development. Once consulted and safely able to access emergency services, humanitarian actors and development practitioners who respond after the acute phase are well positioned to deliver evidence-based interventions.

In close collaboration with key coordinating bodies and partners across humanitarian sectors, the WRC aims to support the development of guidance notes and tools that support greater accountability to adolescent girls. Since greater numbers of refugees and internally displaced persons migrate to or live in non-camp settings, this work will include modifying and pilot testing rapid response tools and methodologies, including the *I'm Here* approach and other methodologies, for use in these settings.

"I'm Here"

Notes

1. E.g., Shelter; Food; Water, Sanitation & Hygiene; Health; Camp Coordination and Management; Nutrition; Education; Protection; and Livelihoods.
2. Funding, as expressed in consolidated plans and appeals.
3. http://www.state.gov/j/prm/policyissues/issues/c62378.htm.
4. http://www.state.gov/j/prm/policyissues/issues/c62379.htm.
5. All international experts with experience in humanitarian context expressed having witnessed activities that worsen the situation of adolescent girls. These same individuals noted that humanitarian funding is rarely, if at all, allocated for specific populations or aligned with process and program-level indicators that would support violence prevention.
6. The Population Council suggests that meetings be held at least weekly. Additionally, groups of adolescent girls should be segmented by age (10 to 14 year olds and 15 to 19 year olds), each supported by a trained female mentor. The curriculum topics vary by intervention partner, but minimally include financial literacy, know your body, fundamentals of puberty, consequences of adolescent pregnancy, basics of HIV and STIs, negotiations and saying no/rights and responsibilities.
7. Mentors are needed to recruit the right girls, initially support them, deliver content effectively, help them retain content and apply skills.

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Annex 1: List of 17 focus countries, the top humanitarian aid recipient countries

	FUNDING				CONTEXTUAL NEEDS	
	OFDA Top Recipient FY11 (Rank)	**OFDA Top Recipient FYI2 (Rank)**	**Global Top-10 Recipient 2011**	**Global Top-12 Funds 2002-2011**	**Conflict-affected/ fragile state 2012**	**Natural Disaster Social Vulnerability Index "Top Quintile" 2012**
Afghanistan		X (6)	X	X (4)	X	X
DRC		X (4)		X (8)	X	ND
Ethiopia		X (5)	X	X (5)		X
Haiti	X (5)		X	X (7)	X	X
Indonesia				X (10)		
Iraq				X (6)	X	
Kenya		X (8)	X	X (11)		X
Libya			X		X	
Pakistan	X (1)	X (10)	X	X (3)		X
Somalia	X (4)	X (3)	X	X (9)	X	ND
South Sudan	X (3)	X (2)			X	ND
Sudan	X (2)	X (1)	X	X (1)	X	X
Syria Crisis		X (9)			X	
Yemen		X (7)			X	X
CAR	*Included because of L3 Emergency*				X	X
Mali	*Included because of Sahel-related attention*					X
Philippines	*Included because of L3 Emergency*				Overall, #3 ranking on World Natural Disaster Risk Index	

Annex 2: Adolescent girl population in top humanitarian aid recipient countries

	Adolescent Girl: Population Estimates			Fertility Rates	
	Current % Population under age 15 (2012) (Rank)	Growth Rate, % Population of girls (10-14) (2010-2015) (Rank)	Growth Rate, % Population of girls (15-19) (2010-2015) (Rank)	Total Fertility Rate (15-49) (2011) (Rank)	Adolescent Fertility Rate (15-19 2011 (Rank)
Afghanistan	42.3 (20)	34.1 (26)	43.9 (21)	5.4 (8)	99.6 (27)
DRC	43.9 (17)	32.9 (27)	40.7 (25)	6.1 (20)	170.6 (2)
Ethiopia	46.3 (6)	5.4 (106)	13.7 (61)	4.8 (13)	48.3 (87)
Haiti	35.3 (55)	2.3 (119)	4.5 (86)	3.3 (68)	41.3 (99)
Indonesia	26.9 (106)	-3.7 (141)	-1.5 (107)	2.4 (107)	42.3 (97)
Iraq	37.6 (45)	38.6 (20)	49.5 (15)	4.1 (47)	85.9 (35)
Kenya	42.5 (24)	45.4 (12)	45.2 (18)	4.5 (44)	98.1 (29)
Libya	32.6 (74)	19.9 (63)	31.5 (37)	2.5 (115)	2.6 (213)
Pakistan	34.7 (58)	6.3 (102)	5.3 (85)	3.3 (64)	28.1 (124)
Somalia	44.5 (13)	45.3 (13)	53.4 (11)	6.8 (3)	68.0 (53)
South Sudan	46.5 (5)	ND	ND	5.1 (9)	ND
Sudan	42.0 (29)	25.0 (50)	30.9 (39)	4.6 (39)	53.0 (73)
Syria	34.6 (60)	8.2 (155)	8.5 (124)	3.0 (74)	36.5 (105)
Yemen	42.5 (24)	44.2 (14)	36.0 (33)	4.3 (34)	66.1 (57)
CAR	40.9 (35)	20.2 (60)	21.9 (48)	4.5 (29)	98.6 (28)
Mali	47.1 (3)	49.3 (9)	57.6 (6)	6.9 (2)	168.9 (3)
Philippines	34.3 (61)	7.3 (95)	11.8 (63)	3.1 (54)	46.5 (89)

Annex 3: Section II supplement: The rationale: Why do adolescent girls merit more attention?

This annex is a supplement to Section III. In more detail, the annex outlines (1) the evidence base that underlies the safe spaces platform and (2) the results in both development and humanitarian contexts. The content is based on select findings from a literature scan.

1. Evidence base

Program evidence from multiple settings finds that the structured, purposeful delivery of information and programs in a safe physical space is integral to meeting adolescent girls' needs and building their resilience. It is the information, services, skills and speedy referrals that are associated with improved outcomes for girls and with "protective effects" against experiencing violence.

Research links between safe spaces, violence prevention and girls' well-being

A formative nine-year, follow-up study of more than 6,900 adults is among the most cited articles in support of the associations between social assets and individuals' safety and well-being; Harvard scholars found that people who lacked social and community ties were more likely to die in the follow-up period than those with more extensive contacts (Berkman & Syme, 1979). Additional longitudinal studies in high-income countries have reaffirmed the importance of social assets for individuals' good health, safety and well-being (Marmot, 1991; Kawachi, 1996).

Building on these formative studies, additional research has shown that social networks positively affect people's well-being and that adolescent girls in low-income countries have limited social capital relative to their male peers. Research with 4,700 girls and boys in Ethiopia found that girls (10-15 years) are less likely to have the networks that can provide them a place to stay, a friend to seek counsel or borrow money from, or information and resources that could protect them from abuse, exploitation or violence (Erulkar & Mekbib, 2007; Erulkar, 2004).

With limited options and fearing for their safety, adolescent girls are pressured to withdraw from interacting with peers who share common fears, needs and dreams; from accessing public spaces where they can build their broader ties to community markets and decision-making; and, in some cases, even from attending school where they fear sexual abuse, coercion and exploitation (Greene, Robles, Stout & Suvilaakso, 2012). In Zambia, a study with 821 young women (15-24) found that for 82 percent of them that their go-to strategy was to stay home (Brady M. (Ed.), 2010).

Parental and self-imposed restrictions on adolescent girls' mobility can limit girls' social networks. These restrictions, often justified under the guise of doing what is best for girls, can compromise girls' long-term self-esteem, independence and access to information and services such as schooling and life skills that have been shown to have protective effects against experiencing violence.

The benefits of expanding girls' social networks are the peer-to-peer interaction and mentorship that can overcome adolescent girls' isolation and ensure their safety. Evaluations of safe space programs that reach out-of-school children in rural Egypt and Ethiopia, with an emphasis on preventing child marriage, have affirmed the benefits of expanding peer networks and broader networks that, while informal, give otherwise isolated girls access to beneficial social support (Brady & al, 2007; Erulkar & Muthengi, 2007).

Role and benefits of mentorship

In its full implementation, an accessible group of female peer and adult mentors is considered a vital asset (Bruce, Investing in Adolescent Girls: Building the Health, Social and Economic Assets of the Poorest Girls in the Poorest Communities. Presentation to DFID, 2010; Population Council, 2011).

Mentorship provides girls with a safe relationship through which they can obtain information, services and support, as well as access justice mechanisms when needed (Bruce, 2009). Mentors also help to recruit girls and to craft “community contracts” with the influential stakeholders in girls’ lives who will respect the safe space and what occurs within it.

Mentors facilitate curricula that often extend non-traditional schooling to vulnerable girls (e.g., literacy to married girls), empower adolescent girls with life-cycle specific information and services (e.g., SRH information to prevent unwanted pregnancies and sexually transmitted infections) and build adolescent girls’ economic assets, (e.g., financial literacy, entrepreneurship training, savings accounts).

Peer vs. adult mentorship model. To date, a randomized control or quasi-experimental evaluation of mentors’ characteristics and traits that might maximize girls’ retention of curricula has not been conducted. Additionally, case-specific lessons about the benefits and challenges of relying on peer versus adult mentors leave an inconclusive picture about which options maximizes results.

In interviews with key personnel at the Population Council and CARE International, staff stressed that recruiting female mentors (and paying them with a small stipend) was not particularly difficult. However, a key lesson reported by the Y-PEER program in three humanitarian contexts (Indonesia, Haiti and Thailand) was that the peer-mentorship model often benefited the mentors more than the adolescent girls. A representative at UNFPA, the agency that funds Y-PEER, believes that attrition due to migration across camps and changes in girls’ daily routines likely account for why field practitioners reported that investments contributed more to mentors’ training and leadership development.

2. Results in both development and humanitarian contexts

In 2012, two structured literature reviews summarized the results that safe space models have achieved in development and humanitarian contexts. The theory of change underlying much of the safe space model is that building adolescent girls’ social, economic and health assets during adolescence yields sustainable, longer-term benefits that directly (e.g., safe space, support, mentorship) and indirectly (e.g., tailored curricula that build up protective effects) reduce their vulnerabilities to violence.

In humanitarian contexts, the use of rigorous, comparable evaluation methods is limited. Despite these limitations, examples of post-intervention results do call attention to some measured increases in girls’ safety and lowered experience with violence (Blanc, Melnikas, Chau & Stoner, 2012; Anger & Metzler, 2012).

In non-emergency settings, Blanc et al. carried a review of interventions aimed at adolescent girls (Blanc, Melnikas, Chau & Stoner, 2012). This paper identified 20 multi-sectoral interventions that targeted adolescent girls and narrowed these programs to 14 interventions that included violence as an actual/planned outcome of measurable interest. Of these 14 interventions, seven relied on the safe space model and only five relied on “high quality” evaluation methods. Even when rigorous methods are applied, all interventions measured attitudinal and knowledge-based variables related to violence—not necessarily their direct experience with violence or behavior change. The paper suggests that safe spaces minimize immediate threats but that the content delivered within safe spaces can help reduce violence.

Annex 4: emergency Girl Analysis & Integration Matrix (**eGAIM**)

Description: eGAIM allows for a more streamlined, user-friendly approach to data collection and use. The matrix (see page 58) is designed to inform the planning and implementation of emergency programming by supporting technical staff to: capture adolescent girls' vulnerabilities and needs; identify answers to key girl analysis questions; and determine how these considerations are relevant to their work. eGAIM records how adolescent girls' realities will be addressed and integrated into project design, implementation and evaluation. This tool is an adaptation of the Gender Analysis Integration Matrix (GAIM), which Iris Group International developed for implementation in development contexts as part of its capacity-building support to USAID Missions.*

Why develop this tool? Recent assessments by the Women's Refugee Commission and other humanitarian organizations have noted that there is a gap in data collection, as well as data use, even when actors have timely access to primary and secondary information. With a focus on improving emergency responses' accountability to adolescent girls (10-19), this tool aims to support the collection and use of relevant data for pragmatic, operational decision-making in emergency contexts. Even before natural disasters occur or conflicts erupt, the norms that dictate family roles, division of household labor and access to resources put adolescent girls at a disadvantage in most countries. Adolescent girls' transition from childhood to adulthood is shaped by rigid expectations that have negative implications for their access to schooling, health services and other resources. Humanitarian crises exacerbate adolescent girls' vulnerabilities. Crises weaken or destroy the institutions, systems and community cohesion that protect girls from violence, support their development and uphold their human rights.

* Omar J. Robles, Kate Paik and Rebecca Katz of the Women's Refugee Commission developed eGAIM, in close consultation with Iris Group International (Iris Group). The Iris Group designed the Gender Analysis Integration Matrix (GAIM) for use in development context, with an emphasis on supporting USAID missions to more effectively integrate gender into their country operating plans and strategies. The Iris Group provides services to ensure that marginalized groups are able to shape—and benefit from—economic and social development.

How to use the eGAIM tool

1. Identify girl analysis questions. What do we need to know to paint a picture of girls' realities in the crisis-affected area. Why are they vulnerable?

- Literacy rate, primary and secondary education levels, age at first sex, control over income, percentage who think husbands are justified in beating their wives, girls' living situations (unaccompanied vs. living with parents), etc.
- List secondary sources—reports, national and local datasets/surveys, etc.
- Primary sources—focus groups and key informant interviews, etc.
  - i. Mobile applications developed by the Population Council: Girls Roster service-area scan and output matrix.

2. Identify the answers to the "girl analysis" questions. What are the barriers and opportunities?

3. Prioritize the barriers and opportunities based on:

- Degree to which barrier might impede the attainment of project objectives/outcomes
- Feasibility to address in this project
- Status as an easily implementable action or programming shift (Relevant idioms: "low-hanging fruit/easy wins")
- Girls' prioritization of needs and risks

4. Identify project response—activity(ies) that will capitalize on the opportunity or mitigate the barriers' impact on girls' abilities to access services.

5. Select girl-sensitive indicator(s) to monitor and evaluate.

emergency Girl Analysis & Integration Matrix | **eGAIM**

GIRL ANALYSIS QUESTIONS	RESOURCES	ANSWERS	RELEVANCE TO PROGRAM DESIGN	PROJECT RESPONSE	ACTIVITY	INDICATOR
What do we need to know? What might determine girls' abilities to safely access services?	Where do we find answers to these questions? Note: Secondary or primary information source.	With answers to these questions: What are the barriers and opportunities? What are girls' self-expressed priorities and safety concerns? Results from Girl Roster mapping and matrix; PRM focus group responses.	To what extent will girls' realities impede or facilitate service delivery? How feasible is it to address in current project—overcome barrier or capitalize on opportunity? What are "easy wins"?	Describe how girls' vulnerabilities and needs are/will be addressed in the design of service delivery.	Link the girl-centered response to specific activities/ actions where applicable.	How will we measure and/ or document our actions? (Where applicable note SADD, and refer to existing indicators in the Program Management Plan, or other M&E frameworks.)
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Glossary

Adolescence (10-19 years) refers to the life stage during which the transition from childhood to adulthood occurs within a given society. Adolescence is the socially defined life stage when children begin to adopt a set of gender-specific activities, responsibilities and rights. During adolescence, girls in many cultures and contexts undergo a sharp transition into more restrictive roles and lifestyles. According to UNICEF and the WHO, the age range for adolescence is between 10 and 19 years, with two distinct phases: early adolescence (10 –14 years) and late adolescence (15-19 years). (UNICEF and WHO, 1995)

Economic/Financial assets (or capital) refer to a subset of individuals' capacities that serve to reduce vulnerabilities and expand opportunities; these economic/financial assets include cash, savings, loans and gifts, regular remittances or entitlements. (Population Council, 2004)

Equity (the process) is a concept grounded in ethics, and when paired with gender, refers to the fairness and justice in the distribution of resources, benefits and responsibilities between women and men. This includes policies and actions that compensate for the structural, communal and individual disadvantages that specific sub-populations face. This "process" is intended to achieve "equality" in the outcome, e.g., safe and reliable access to life-saving information and services during an emergency response. (Braveman & Gruskin, 2003)

Equality (the result) refers to equal access to resources and services for women and men, and within families, communities and society at large; this "result" includes a legal and policy framework that affirms equal treatment of women and men. (Braveman & Gruskin, 2003)*

* It is important to note that the mere presence of disparities across a population is not always an issue of fairness in the allocation and distribution resources.

Gender refers to the socially defined differences between females and males throughout the life cycle that are learned and thus acquired during one's socialization in a specific community/society. These socially defined differences in attitudes, behaviors and expectations are context specific, deeply rooted in culture and amenable to change over time. Gender and other factors, such as social class, race, ethnicity, sexual orientation and caste, determine the economic, social, political and cultural roles, power and resources for females and males before, during and after a humanitarian crisis. (IGWG, 2012)

Gender-based violence (GBV) is a broad term referring to any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions—examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; early/child marriage; harmful traditional practices, such as female genital mutilation; honor killings; and widow inheritance. (IASC, 2006)

Human assets (or capital) refer to a subset of individuals' capacities that serve to reduce vulnerabilities and expand opportunities; these human assets include level of education, skills, knowledge, good health, nutritional status and labor power accrued over time. (Population Council, 2004)

Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. A resolution of the United Nations General Assembly established the global humanitarian mechanism in 1991 to bring together the main operational relief agencies from the United Nations, international components of the Red Cross/Red Crescent Movement, the International Organization for Migration and international nongovernmental organizations. (IASC, 1992)

Intimate partner violence (IPV) refers to any behavior by a man or a woman within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship. This is the most common form of violence against women. (UN, 1993)

Life skills refers to a large group of psychosocial and interpersonal skills that can help people make informed decisions, communicate effectively and develop coping and self-management skills that may help them lead a healthy and productive life. (UNICEF, 2003)

Livelihood (skills) refers to income generation and may include technical/vocational skills (carpentry, sewing, typing), job-seeking skills such as interviewing, business management skills, entrepreneurial skills and skills to manage money. (UNICEF, 2003)

Physical assets (or capital) refer to a subset of individuals' capacities that serve to reduce vulnerabilities and expand opportunities; these physical assets include shelter, housing, jewelry, shoes, clothing, productive assets, tools and equipment for business activities. (Population Council, 2004)

Protection encompasses all activities aimed at obtaining full respect for the rights of the individual in accordance with human rights, refugee and humanitarian law. Protection can involve either removing individuals or groups from a risk, threat or situation of violence that may adversely affect their fundamental human rights and freedoms, or intervening at the source of the violence to reduce or stop it. (IASC, 2006)

Safe spaces is a program approach based on giving girls a physical, girl-only space where they can safely meet friends, expand social networks and learn about important topics under the guidance of a female (peer or adult) mentor. (Population Council, 2011)

Sex refers to the biological characteristics of men and women, which are universal and do not change. Sex differences are concerned with males' and females' physiology. (IGWG, 2012)

Sexual abuse is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal, coercive conditions. (United Nations General Assembly, 2006) Sexual abuse includes sexual activity that is deemed improper or harmful, as between an adult and a minor or with a person of diminished mental capacity.

Sexual exploitation is any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. (United Nations General Assembly, 2006)

Sexual violence refers to any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion. (WHO, 2012; IASC, 2006)

Social assets (or capital) refer to a subset of individuals' capacities that serve to reduce vulnerabilities and expand opportunities; these social assets include membership in organizations, peer and adult networks that increase trust, mentorship, friendship, ability to work together, access to opportunities, reciprocity or informal safety nets. (Population Council, 2004)

Violence against women and girls (VAWG) refers to "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life," according to the United Nations General Assembly. The Declaration on the Elimination of Violence against Women notes that individuals, family members and States can perpetrate sexual violence. (United Nations General Assembly, 1993)

Vulnerability is the diminished capacity of an individual or group to "prevent, anticipate, cope with, resist and

recover from" the impact of a natural or human-made risk, threat or hazard. (Wisner, 2004)

Women's (and girls') empowerment means improving the status of women to enhance their decision-making capacity at all levels, especially as it relates to their sexuality and reproductive health. (IGWG, 2012) Under international law and conventions, the United Nations claims women's empowerment has five key components: "Women's sense of self-worth; their right to have and to determine choices; their right to have access to opportunities and resources; their right to have the power to control their own lives, both within and outside the home; and their ability to influence the direction of social change to create a more just social and economic order, nationally and internationally." (Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action, 2012)

Young people are defined by the United Nations as people aged 10–24 years. Although this category varies by country, it is generally subdivided into adolescents (aged 10–19 years) and youths (aged 15–24 years). (UNICEF and WHO, 1995)

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