

A photograph of a smiling woman with dark skin and short, dark hair, wearing a blue and yellow patterned top. She is holding a baby in her arms. The baby is looking towards the camera. In the background, other people are visible, some sitting at desks, suggesting a classroom or community center setting. The woman is holding a book or document in her left hand.

ACT WITH US AND FOR US

**PROGRAMME DESIGN CONSULTATIONS
WITH ADOLESCENT GIRLS IN DISPLACED
SETTINGS IN ETHIOPIA AND UGANDA**

April 2021

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

First published 2021 – Text and photos © Plan International 2021

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Recommended citation: Plan International (2021). *Act With Us and For Us: Consultations with adolescent girls and young mothers in displaced settings in Ethiopia and Uganda*, United Kingdom: Plan International.

Plan International's *Youth Employment For South Sudanese Refugees and Host Communities* project and the consultations are supported by the Australian Government through the Australian NGO Cooperation Program (ANCP).



This publication and the Adolescent Programming Toolkit has been co-financed by the Swedish International Development cooperation Agency, Sida. Responsibility for the content rests entirely with Plan International. Sida does not necessarily share the expressed views and interpretations.



**“BEING A YOUNG MOTHER IS
CHALLENGING. WE CARRY A HEAVY
RESPONSIBILITY; YET WE ARE NOT FREE
TO TAKE OUR OWN DECISIONS.”**

**WEL COME TO
CHILD FRIENDLY SPACE
ENTERANCE**



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CONSULTING WITH ADOLESCENT GIRLS AND YOUNG MOTHERS IN DISPLACED SETTINGS: SUMMARY OF FINDINGS AND RECOMMENDATIONS

INNOVATIVE GIRL-CENTRED METHODOLOGY

Plan International's [Adolescent Programming Toolkit](#) was used to support consultations and programme design with adolescent girls and young mothers from South Sudanese refugee and host communities in Ethiopia and Uganda. The toolkit offers a range of adolescent-responsive tools that support participatory consultations, co-led by adolescent girls themselves.

The consultations used mixed methods with an emphasis on qualitative data. The consultations were held using **Visioning**, a group-based consultation activity that helps girls to explore their vision for the future, their direct and longer-term needs and priorities, as well as existing barriers and risks to realising their vision. Older adolescent girls and community mentors were trained as co-facilitators of the Visioning exercise. A total of 255 adolescent girls and young mothers participated in the consultation.

KEY FINDINGS: WHAT WE LEARNED ABOUT ADOLESCENT GIRLS AND YOUNG MOTHERS IN DISPLACED SETTINGS

During the consultations, adolescent girls and young mothers highlighted the following points:

DISPLACEMENT INCREASES RISK OF CHILD MARRIAGE

Adolescent girls told us that child marriage rates are not only increasing as a result of the insecurity and displacement, but also that girls are marrying at a younger age due to the economic pressure on displaced families and their host communities. This also affects girls' own attitudes about marriage.

MARRIED GIRLS AND YOUNG MOTHERS FACE MORE RISKS

Married girls and young mothers face multiple challenges. They not only miss out on opportunities to continue their schooling and access jobs, but they often also experience social isolation and high levels of violence, abuse, neglect and exploitation at the hands of their parents, husbands or family-in-law. Girls who are single mothers or survivors of sexual violence face additional stigma and discrimination.

ADOLESCENT GIRLS AND YOUNG MOTHERS WANT TO LEARN AND EARN

Girls are highly motivated to go to school and get jobs. However, they face several challenges in achieving these goals. Girls' education is not prioritised, they do not feel safe in school, and most are not able to complete their education or have their own income later in life. Married girls and young mothers who are refugees face the greatest social, cultural and legal barriers to economic empowerment.

YOUNG MOTHERS WORRY ABOUT THEIR HEALTH AND THAT OF THEIR CHILDREN

Adolescent girls say that a lack of sexual and reproductive health and rights information, supplies and services increases the risks of school dropout, risky sexual behaviour and unwanted pregnancy for girls. Girls and young mothers from refugee communities face more health concerns and barriers to healthcare for themselves and their young children.



THE PRIORITIES OF ADOLESCENT GIRLS AND YOUNG MOTHERS

Adolescent girls and young mothers identified not only the risks and barriers to achieving their goals but also priority actions that should be taken to address these barriers. This has resulted in the following programming priorities which were included in a multi-year project in Ethiopia and Uganda.

SUPPORT US TO LEARN AND EARN AND TO STAY HEALTHY AND PROTECTED

- Information that helps adolescents to develop new skills, stay safe and promote our sexual and reproductive health
- One-on-one counselling for adolescent girls
- Peer-group activities
- Access to education including vocational training
- Access to income-generating opportunities
- Access to menstrual hygiene products and information

WORK WITH OUR FAMILIES AND COMMUNITIES

- Engagement with parents and caregivers to promote gender equality and girls' education
- Information and support for parents and caregivers
- Family livelihoods support, especially for single mothers
- Engagement with male and female gatekeepers to influence change within the community

IMPROVE SERVICE PROVISION

- Safe access to healthcare for all adolescent girls, especially refugees and young mothers and their children
- Safe referral pathways to report protection concerns
- Engagement with teachers, schools and organisations to promote scholarships for adolescents to continue and/or return to education

CONTEXT: SOUTH SUDANESE REFUGEES IN ETHIOPIA AND UGANDA

Now more than half a decade long, the conflict in South Sudan has displaced 4 million people – one in three South Sudanese – and has placed more than 8 million in need of humanitarian assistance.ⁱ Almost 2.3 million people have sought refuge in neighbouring countries, the vast majority of whom are women and children. The consultations with adolescent girls and young mothers took place in refugee settlements in neighbouring countries Ethiopia and Uganda, which jointly host more than half (58 per cent) of South Sudanese refugees.

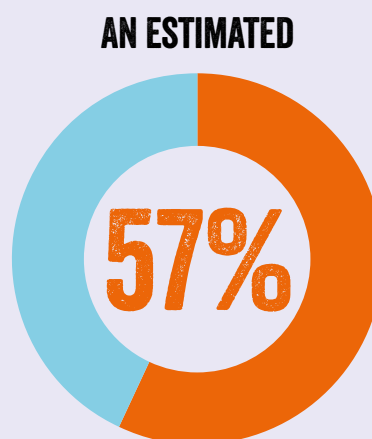
SOUTH SUDAN

OF THE
4 000 000
DISPLACED, OVER HALF (2.4 MILLION)
ARE UNDER THE AGE OF 18



ALMOST
2M

WOMEN AND
GIRLS ARE AT
RISK OF
GENDER-BASED
VIOLENCEⁱⁱⁱ



OF THE SOUTH SUDANESE
POPULATION STILL IN
COUNTRY IS UNDER THE
AGE OF 18ⁱⁱ

AN ESTIMATED
HALF
OF SOUTH SUDANESE
GIRLS GET MARRIED
BEFORE THE AGE OF 18^{iv}

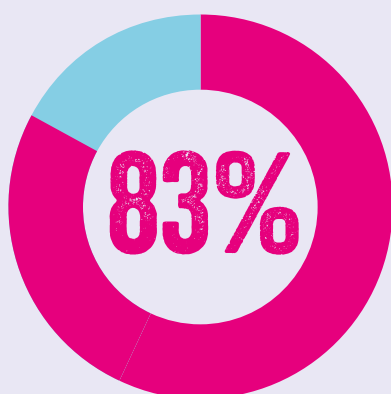


REFUGEES FROM SOUTH SUDAN

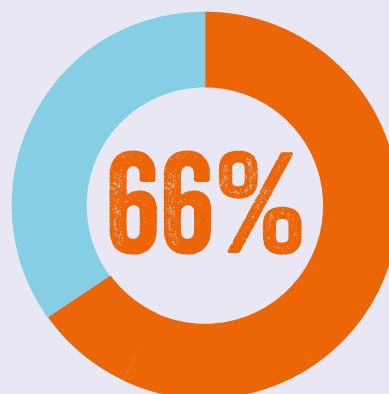
ALMOST

2.3M

ARE SEEKING REFUGE IN NEIGHBOURING COUNTRIES^v



OF SOUTH SUDANESE REFUGEES
ARE WOMEN AND CHILDREN^{vi}



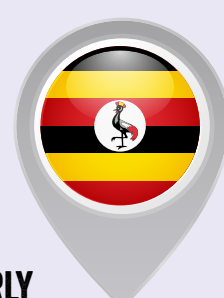
OF SOUTH SUDANESE REFUGEES ARE
BELOW THE AGE OF 18^{vii}



MORE THAN

360 000

SOUTH SUDANESE REFUGEES
LIVE IN ETHIOPIA^{ix}



NEARLY

900 000

SOUTH SUDANESE REFUGEES
LIVE IN UGANDA^{viii}

THE ADOLESCENT PROGRAMMING TOOLKIT

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

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

The toolkit contains four parts:

1. **Why** we should invest in adolescents in crisis settings;
2. **Theory of Change** to support adolescents to learn, lead, decide and thrive in crisis settings;
3. **Programmatic Framework**, which presents our results framework and key interventions;
4. **Step-by-step Guide** for programming with and for adolescents in crisis settings throughout the humanitarian programme cycle, including 13 practical tools and key considerations for reaching and supporting adolescent girls.

Between October 2019 and January 2020, the guidance and tools from the toolkit were used in Ethiopia and Uganda to hold consultations with adolescent girls and young mothers from South Sudan and host communities in Ethiopia and Uganda with the specific purpose to inform the design of a new adolescent programme.



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

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

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

CONSULTATIONS WITH ADOLESCENT GIRLS AND YOUNG MOTHERS

The consultations explore how adolescent girls (aged 10 to 19) and young mothers (aged 14 to 24) understand the unique impact that displacement has upon them. They enable girls and young mothers to raise their voices about their immediate needs and future priorities. The consultations were driven by two main questions:

- **What are the main risk factors and vulnerabilities experienced by adolescent girls and young mothers in displaced settings?**
- **What do adolescent girls and young mothers see as their immediate needs and future priorities?**

METHODOLOGY

The consultations were conducted by Plan International Ethiopia and Uganda, supported by Plan International's Centre of Excellence for Girls in Displaced Settings.* The consultations took place in refugee and host communities across four locations in Gambella, Ethiopia and two locations in West Nile, Uganda.

The consultations used mixed methods with an emphasis on qualitative data. The consultations were held using **Visioning** with single sex groups of around 10 to 12 participants in all locations. The groups were split according to age: adolescent girls aged 10 to 14 years; adolescent girls aged 15 to 19 years; and young women aged 20 to 24 years. A total of 255 adolescent girls and young women participated in the consultations.

Additionally, 70 parents and caregivers of adolescent girls were consulted through focus group discussions.

The quantitative household survey tool **Adolescent Profile** was conducted with individual adolescents and young people

Adolescent Assessment Framework

This framework presents the pieces of information that we need to know about the situation of adolescents in crisis. This tool was used as a checklist during the desk review to identify what information was available and what was still missing, and to select more specific themes and questions for the consultations.

Adolescent Profile

This household survey collects basic demographic data on the adolescent population in a targeted community. This tool helps to fill data gaps and can help to identify initial risk and protective factors related to, for example, school attendance, family and marriage status.

Visioning exercise

This qualitative consultation tool was used during the consultations with adolescent girls and young women. Visioning helps girls to explore their vision for the future, their direct and longer-term needs and priorities, as well as existing barriers and risks to realising their vision.

For more information about these tools, see: [Adolescent Programming Toolkit](#).

aged 10 to 24 years, including adolescent boys and young men, to cross-reference findings from the consultations. A total of 416 surveys were carried out across Ethiopia and Uganda using KoBo Collect.

The consultation methodology places the voices of adolescent girls and young women at the centre of needs assessment and programme design. In Uganda, six older adolescent girls from the same communities were trained as data collectors to administer the surveys and visioning exercises with their peers.

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



FINDINGS: WHAT WE LEARNED ABOUT ADOLESCENT GIRLS AND YOUNG MOTHERS IN DISPLACED SETTINGS

Despite the different contexts, cultural backgrounds and displacement stories of the adolescent girls and young women consulted in Ethiopia and Uganda, they also have a lot in common. The experiences of adolescent girls and young women in displacement settings show both hardship and strength. Compared to their male peers, adolescent girls and young women are more likely to face multiple risks such as school dropout, family separation, early marriage, teenage pregnancy and limited access to work. Married girls and young mothers face specific challenges. They often carry a heavy burden, while experiencing limited social and financial support.

During the consultations, adolescent girls and young mothers demonstrated tremendous capacity and willingness to visualise their futures, and to support themselves and others; yet they are often denied opportunities to realise their goals, participate in everyday community life and take their own decisions.

FINDING 1: DISPLACEMENT INCREASES RISK OF CHILD MARRIAGE

In South Sudan, 50 per cent of adolescent girls are married by the age of 18 years, while boys get married at a later age. This percentage is even higher in Ethiopia where more than 76 per cent of surveyed refugee girls were married before the age of 18 years. In Uganda the reported child marriage rate was much lower (25 per cent of surveyed adolescents), but frontline staff in Uganda indicated that this was most likely due to underreporting of the issue given that child marriage is illegal in Uganda.

“THE COMMUNITY BELIEVES THAT GIRLS SHOULD GET MARRIED AT THE AGE OF 14”

During the consultations, adolescent girls explained that many South Sudanese refugee girls in Uganda go back to South Sudan to get married and then return to Uganda. South Sudanese girls also highlighted that child marriage is widespread in their communities, and that displacement not only increases the number of girls getting married before the age of 18 years, but also leads to underage girls getting married at an even younger age.

“THE BRIDE PRICE IS USED TO MEET BASIC NEEDS, SETTLE DEBTS OR COVER COSTS OF THE MARRIAGE OF THE GIRL’S BROTHER(S)”

Child marriage is a pre-existing cultural practice in South Sudan, underpinned by pervasive gender inequality and limited decision-making power assigned to girls.^{xi} However, adolescent girls highlighted that in times of crisis and displacement, child marriage has become an economic coping mechanism for families. In Ethiopia, girls highlighted that the food rations are

often not sufficient to sustain a family and that some girls are forced by (male) family members to get married at an early age in order to get a higher bride price: “the younger the girl, the higher the bride price”. The bride price is used to meet basic needs, settle debts or cover costs of the marriage of the girl’s brother(s).

**“MALE FAMILY MEMBERS
WILL FORCE A GIRL TO
MARRY EARLY IN ORDER
TO GET A HIGHER BRIDE
PRICE”**

Child marriage is also strongly associated with the overall safety and security situation. For some families, perceived insecurity risks motivate parents to marry off girls at a younger age to “prevent them from being raped”. In both the refugee and host communities, girls mentioned that girls who have experienced sexual violence, including rape, are often forced to marry their perpetrator in order to avoid stigma and to “save” their family’s reputation.

Apart from social and economic drivers, adolescent girls from refugee and host communities also highlighted peer influence, the idealisation of married life, the lack of parental guidance and low value given to education as key factors that increase risks of child marriage. Girls explained that marriage is seen by some girls as a way to escape the poverty and abuse in their own families; however, once married, girls often also experience violence, abuse, neglect and exploitation at the hands of their husbands and family in-law.

Child marriage is strongly associated with teenage pregnancy. At 158 births per 1,000 women aged 15 to 19 years, South Sudan has one of the highest rates of adolescent pregnancy in the world.^{xii} The survey data from this research showed similar rates: 13 per cent of surveyed older adolescent girls (15 to 17 years) in Uganda, and 22 per cent of surveyed older adolescent girls (15 to 17 years) in Ethiopia reported to have at least one child. Teenage pregnancy was described as both a cause and consequence of child marriage: girls who got pregnant before marriage were then often forced to get married early. Conversely, adolescent pregnancy often follows child marriage.

Parents and caregivers of adolescent girls in both refugee and host communities identified poverty as the most critical driver of child marriage, while parents and caregivers from the refugee communities also mentioned the influence of cultural norms and adolescents wanting to get married. While most parents and caregivers said they would support girls to stay in school if they had the means to do so, they also highlighted that delaying marriage was difficult due to an inability to afford school fees, stigma from the community against older unmarried girls, and concerns over having fewer children when getting married at a later age. Parents also highlighted that receiving a bride price motivates families to marry off their girls. Parents and caregivers highlighted their concerns about the “hard life” that many girls have as a result of hard domestic work, limited access to basic needs like food and clothing, and general levels of poverty. They also acknowledged the significant health risks of teenage pregnancy and childbirth for adolescent girls.

**“PARENTS WOULD NOT
WANT TO MISS OUT ON AN
OPPORTUNITY TO GET
MONEY WHEN THEIR
DAUGHTER GETS MARRIED”**

RISK FACTORS FOR CHILD MARRIAGE IDENTIFIED BY ADOLESCENT GIRLS AND YOUNG MOTHERS:

- Child marriage as a pre-existing cultural practice in South Sudan
- Girls are seen as “assets” for marriage and a source of income or labour
- Cultural expectations of the roles of girls (as wives, domestic workers and caregivers)
- Low value placed on girls’ education by families and communities
- Sexual violence
- Teenage pregnancy
- Lack of access to education
- Abusive family environment including alcohol abuse by parents
- Girls’ own wishes to get married
- Negative peer groups and peer pressure to engage in sexual activity or get married early

PROTECTIVE FACTORS THAT ADOLESCENT GIRLS AND YOUNG WOMEN THINK WILL HELP DELAY CHILD MARRIAGE:

- Adolescent girls have positive attitudes towards delaying marriage
- Financial means to pursue an education or livelihood
- Knowing how to prevent unwanted pregnancy
- Positive peer relations
- Supportive parent–child relationships
- Parents place high value on girls’ education
- Safe and protective family environment free of abuse and other forms of mistreatment
- Male family members value education and do not pressure girls to get married early
- Role models in the community such as female teachers and local leaders who can advise parents on girls’ education and prevention of child marriage
- Community awareness of importance of education and delaying child marriage

GIRLS WHO FACE HIGHEST RISKS OF CHILD MARRIAGE:

- Girls who are out of school
- Girls who are separated from their family and/or orphaned
- Survivors of sexual violence
- Girls from families who live in extreme poverty
- Pregnant girls and young mothers

FINDING 2: MARRIED GIRLS AND YOUNG MOTHERS FACE MORE RISKS

Married girls and young mothers experience multiple, compounding risks. Once they get married or have their first child, the lives of adolescent girls change drastically. Most girls drop out of school due to pregnancy, heavy domestic responsibilities, or because they lack the financial means to continue their education.

Married girls who are living with their husband and in-laws express having limited freedom to take decisions and being excluded from community initiatives. Some girls report experiencing violence, abuse, neglect and exploitation perpetrated by their husband or in-laws. Parents and caregivers of adolescent girls recognise the high burden of domestic work placed on adolescent and married girls, and highlight this as a key concern.

Young mothers feel that their young age is a challenge in and of itself. While they carry the heavy burden of looking after their children and their household, they express that they do not feel that they have the experience, information, social and financial support to “take good decisions”. Many adolescent mothers report that they completely depend on others, particularly their husband and in-laws, limiting their opportunities in life. They feel different from other girls in the community and report feeling stigmatised for being a young mother. Some feel disrespected by adult community members.

“BEING A YOUNG MOTHER IS CHALLENGING. WE CARRY A HEAVY RESPONSIBILITY; YET WE ARE NOT FREE TO TAKE OUR OWN DECISIONS”

Young mothers continue to face multiple, compounding risks as they enter young adulthood. By the time they reach the age of 24, most have two or more children. However, young women explain that many early marriages result in divorces or the abandonment of girls and young women, because “marriages take place too early and without proper guidance and support”. South Sudanese girls explain that many girls and their children are being abandoned when their husband returns to South Sudan. Young mothers in host communities in Uganda cite violence, abuse and alcoholism by their husband as main reasons for divorce or separation. Both in Ethiopia and Uganda, girls report that adolescent girls and young mothers who are single parents or survivors of violence face stigma and discrimination within their families and communities.

Married girls and young mothers face multiple and compounding risks:

- Social isolation
- Lack of freedom
- Poverty and high economic dependency on others
- Lack of access to education, healthcare and economic assets
- Gender-based violence, including domestic violence
- Divorce, abandonment and separation
- Stigma and discrimination

FINDING 3: ADOLESCENT GIRLS AND YOUNG MOTHERS WANT TO LEARN AND EARN

Learning and earning an income are two priorities for all adolescent girls and young mothers. However, the reality for most adolescent girls is that they drop out of school around the age of 16 years. Apart from child marriage and teenage pregnancy being cited as two main causes of school dropout, adolescent girls also highlight that dropout is more likely to occur when parents, husbands or in-laws do not value or prioritise education for girls or when their families lack financial means. Girls also highlighted that lack of menstrual hygiene materials and lack of safe and clean toilets at school form barriers to school attendance and attainment for them. Some girls highlighted that the school environment feels unsafe for girls, as a result of bullying, poor treatment of students by teachers and congested classrooms.

Older adolescent girls and young mothers in both Ethiopia and Uganda have a strong desire to learn vocational skills and to earn an income, particularly when they are taking care of children without support from their husband, in-laws or other family members. Girls express an interest in tailoring, hairdressing and income-generating through gardening or farming on their own land. Parents and caregivers of adolescent girls also identified education and income-generating activities as priorities for (older) adolescent girls, as well as for themselves.

Both in Ethiopia and Uganda, adolescent girls described having limited possibilities to earn an income. Some married girls reported that their husband does not allow them to work, while other girls said that their husbands or other family member would take away their income. Girls from refugee communities do not have access to their own land and face barriers in accessing legal employment. According to girls, financial desperation can increase risks of exploitative work including worst forms of child labour and sexual exploitation.

“I WANT TO DO GARDEN WORK SO THAT I CAN GROW MANY CROPS, CHANGE OUR DIET AND ALSO SAVE MONEY, INSTEAD OF ALWAYS SELLING OUR FOOD RATIONS AND BUYING FOOD”

Young mothers face multiple barriers to accessing financial resources:

- Lack of access to land and other economic resources to set up a small business
- Limited opportunities for paid employment in the community
- Corruption and exploitation in existing jobs in the host community (particularly affecting refugees)
- Partners’/husbands’ refusal to allow their female partners to work
- Husbands or other family members take away earned income
- Health concerns and food insecurity (famine) limit girls’ ability to work

FINDING 4: YOUNG MOTHERS WORRY ABOUT THEIR HEALTH AND THAT OF THEIR CHILDREN

Adolescent girls and young mothers from refugee communities reported experiencing more health concerns (respectively 10 per cent and 21 per cent of surveyed refugee adolescents in Ethiopia and Uganda), compared to their peers in host communities who reported almost no health concerns. Health problems included chronic illnesses and problems in hearing and seeing (mostly reported by adolescent girls) and mobility issues (mostly adolescent boys).

In the consultations, young mothers reported great difficulties in accessing healthcare for themselves and their children. Both in Ethiopia and Uganda, girls identified key gaps in health services, both for themselves and their young children.

“THE HEALTH CENTRE IS FAR. IF WE DON’T HAVE MONEY, WE CAN’T GO”

Parents and caregivers of adolescent girls shared these concerns about limited access to health services. In addition, parents felt it was a shortcoming of their family when they were not able to send their children to the doctor when they were sick or needed healthcare.

Adolescent girls and young mothers identify the following barriers to healthcare and sexual and reproductive health and rights (SRHR) services:

- Lack of information and advice on sexual and reproductive health, preventing unwanted pregnancy and family planning
- Lack of financial means to access services or buy medication
- Long distances to health services
- Service providers do not have sufficient medical staff or lack female healthcare staff
- Lack of professional consultation, advice and medication for girls and young women
- Stigma and discrimination of survivors of sexual and gender-based violence

Adolescent girls between the ages of 10 and 14 years expressed that it is important for them to access information and materials to manage their periods, particularly as it helps them to continue their education. Older adolescent girls between the ages of 15 and 17 years also highlighted that the lack of sexual and reproductive health information is a key risk factor for unwanted pregnancy.

THE PRIORITIES OF ADOLESCENT GIRLS AND YOUNG MOTHERS

Adolescent girls and young mothers know best what they need. They have a clear vision for their future and that of their children. However, the consultations show that they do not get the support they need to realise their goals. Gender inequality continues to affect all aspects of girls' lives. They continue to be marginalised and lack access to their basic humanitarian needs, including education, protection from violence, healthcare and economic opportunities.

Despite these challenges, adolescent girls in both Uganda and Ethiopia are clear about what needs to change. They identified specific actions that humanitarian actors and service providers should take to make these changes happen. During the consultations, they made the following recommendations for action:

1. SUPPORT US TO LEARN AND EARN AND TO STAY HEALTHY AND PROTECTED

- Provide us with important information that helps us to develop new skills, stay safe and promote our sexual and reproductive health, and about other topics that interest us.
- Organise gatherings for adolescents and talk to them on how to take good care of themselves.
- Make one-on-one and group counselling available to adolescent girls.
- Support married girls and young mothers to have a healthy relationship with their partner and provide parenting support.
- Provide us with access to quality health services that are closer to the places where we live.

“I WOULD LIKE TO GO TO SCHOOL SO THAT I CAN EDUCATE MY CHILDREN”



- Provide us with access to education and other learning opportunities close to the places where we live.
- Provide menstrual hygiene and sanitation materials for adolescent girls and young women.
- Provide vocational training and income-generating opportunities for older adolescent girls and young mothers including tailoring, hairdressing and gardening or farming on their own land.

2. ENGAGE WITH OUR FAMILIES AND COMMUNITIES

- Influence parents to treat girls and boys equally, to value girls more and to invest in education for girls.
- Organise family meetings to support parents and caregivers of adolescents where they can receive advice on how to support their adolescent children, to address protection concerns such as violence, abuse and alcohol/drug abuse in the family and to address child marriage.
- Support family livelihoods and economic assets, so that (young) parents and caregivers, especially single mothers, have the means to support their children.
- Work with our mothers and other female caregivers, as well as with senior teachers and women's groups to promote the rights of girls and address child marriage – if supported, these community-level female gatekeepers can play an important role in influencing parents in the community.

“MOTHERS CAN SUPPORT US; THEY HAVE BEEN A PARENT BEFORE”

“WHEN MY HUSBAND IS DRINKING, I GO TO CHURCH AND TALK TO THE CHURCH LEADERS; THEY CAN ADVISE HIM TO BE A RESPONSIBLE MAN”

- Engage with local and influential people in the community such as church leaders, community leaders and our male family members (e.g., brothers, fathers and husbands) to mobilise more support and awareness of the situation of girls, particularly married girls and young mothers.
- Engage with community leaders to influence adolescents not to go out at night and to make sure girls are protected from violence.

3. IMPROVE SERVICE PROVISION

- Provide us with access to health centres and hospitals for all health-related concerns, as well as safer service provision.
- Provide us with safe ways to report our concerns to our community leaders, senior female teachers and the police.
- Promote cooperation between teachers and other actors in providing scholarships to adolescents.
- Reach out to the most at-risk adolescent girls in the community.
- Compensate adolescent girls and young mothers for their participation in programmes if this means they miss out on income or work.

“WHEN WE ATTEND MEETINGS AND WE LEAVE BEHIND WORK, WE MISS OUT ON THE LITTLE MONEY THAT COULD HAVE BOUGHT OUR FAMILY SOAP”

PUTTING PRIORITIES INTO PRACTICE: GIRL-CENTRED PROGRAMMING

The consultations with adolescent girls and young mothers informed the design of a three-year multi-sectoral project with and for adolescent girls (2019–2022).

The vision shared by adolescent girls informed the overall project goal: **to ensure that adolescent girls (10 to 19 years) and young mothers (14 to 24 years) have opportunities to realise their rights and be protected from child marriage.**

The changes at different levels identified by adolescent girls and young mothers guided the development of three broader project objectives:

1. Adolescent girls and young mothers **are empowered with life skills, information and access to services**, and with equal opportunities to participate and lead.
2. Adolescent girls and young mothers live in **safe and supportive families and communities** where their needs are met and girls enjoy equal rights and opportunities.
3. Adolescents have access to **adolescent-responsive services** that promote their survival and wellbeing.

Finally, the concrete ideas of adolescent girls about their needs, interests and priorities, as well as the people who should be involved, informed the selection of a range of adolescent girl-centred activities, ranging from child protection, SRHR and economic empowerment interventions. Whilst the project has been designed with and for adolescent girls and young mothers, it also targets adolescent boys and young men.



LESSONS LEARNED FROM GIRL-CENTRED CONSULTATIONS AND PROGRAMME DESIGN

The consultations and project design process were part of piloting Plan International's new Adolescent Programming Toolkit in 2019 and 2020. The following lessons were identified:

1. **Consult with adolescent girls in order to understand their needs and priorities.** Adolescent girls, especially those who are married, young mothers, pregnant or at risk, face unique risks that are easily overlooked when adolescent girls are not consulted. Directly involving adolescent girls results in a more accurate and comprehensive view of their needs, compared to merely consulting with adults, such as their parents and caregivers or community representatives.

“IN SCHOOL AND OUT OF SCHOOL, GIRLS HAVE DIFFERENT CHALLENGES THEY FACE. FROM THE CONSULTATION EXERCISE, I LEARNED HOW TO WORK WITH PEOPLE WITH DISABILITIES. MY CONFIDENCE WAS BUILT DURING THE EXERCISE, I CAN NOW ADDRESS OTHERS, ESPECIALLY MY PEERS. I LEARNED TO ADVISE PEERS.”
— ADOLESCENT GIRL IN BOROLI REFUGEE SETTLEMENT, UGANDA

2. **Involve adolescent girls and young mothers in programme design.** Where possible and safe to do so, actively involve adolescent girls in designing programme responses that address their unique and intersectional risk factors and build on their protective factors. Young mothers and other at-risk groups of adolescent girls know best what they need, how they can and want to be involved, and who else can support a successful programme.
3. **Use girl-centred, participatory tools during consultations and programme design.** Adolescent girls highlighted that the Visioning activity was very interesting as it guided them to think about their own future and that of their children. It encouraged them to open up about their immediate needs as well as their longer-term priorities and aspirations, and placed them in the “driving seat” of recommending actions towards the desired changes.
4. **Train adolescent girls as researchers.** In Uganda, adolescent girls and community mentors were trained as facilitators of the Visioning exercise. Girls reported that it was an empowering experience for them, and that it helped to create a safe and trusted environment for their peers. By talking to each other, adolescent girls shared insights into the critical issues that shape their daily lives and provided compelling evidence of the barriers they face in realising their potential.



“I GOT TO KNOW SOME OF THE RISKS AND CONCERNS THAT ADOLESCENT GIRLS AND YOUNG MOTHERS ARE EXPOSED TO. I FEEL SO EMPOWERED AND CONFIDENT IN TALKING AND EXPRESSING MYSELF IN PUBLIC AND TO A GROUP OF PEOPLE. (...) BEFORE I USED TO FEAR PEOPLE. I HAVE LEARNED HOW TO USE A TABLET AND KOBO COLLECT, SOMETHING WHICH I HAD NEVER DONE OR USED BEFORE. I ALSO LEARNED COUNSELLING SKILLS AND GUIDING ADOLESCENTS.”
— ADOLESCENT GIRL IN PAGIRINYA REFUGEE SETTLEMENT, UGANDA

- 5. Create space for continuous, meaningful engagement with adolescent girls.** Participation and engagement of adolescent girls must be consistent throughout the programme cycle, and not be limited to only the consultation phase. Adolescent girls and young mothers are powerful change agents, and humanitarian actors should continuously identify actions that help to elevate and amplify their voices.



ENDNOTES

- i. UN OCHA (2021). [Humanitarian Needs Overview](#) South Sudan.
- ii. UN OCHA (2021). [Humanitarian Needs Overview](#) South Sudan; World Bank (2020). South Sudan Economic Update, February 2020.
- iii. UN OCHA (2021). [Humanitarian Needs Overview](#) South Sudan.
- iv. Plan International (2018). [Adolescent Girls in Crisis: Voices from South Sudan](#).
- v. UN OCHA (2021). [Humanitarian Needs Overview](#) South Sudan.
- vi. [UNHCR website](#) [accessed on 19 February 2021].
- vii. Ibid.
- viii. [UNHCR website](#) [accessed on 19 February 2021].
- ix. Ibid.
- x. Plan International's Centre of Excellence for Girls in Displaced Settings aims to promote evidence-based programming, organisational learning and thought leadership for girls' rights in displacement settings.
- xi. Plan International (2018). [Adolescent Girls in Crisis: Voices from South Sudan](#).
- xii. UNICEF (2018). [Progress for Every Child in the SDG era](#).



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