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) question-naire, 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?

72% No

20% Yes

8% Unspecified
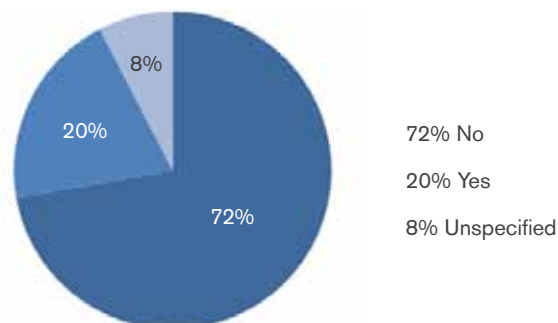
Result from Girl Roster

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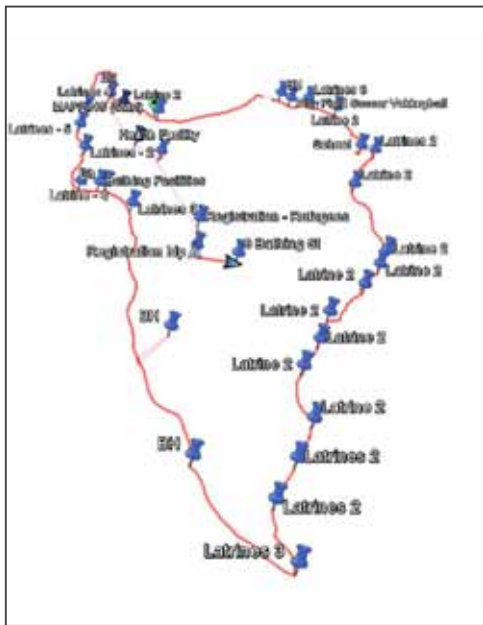
Service area mapping output: Humanitarian Camp, Warrap St, South Sudan.

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				
	Living with both parents	Living with just one or neither parent	Living with both parents	Living with just one or neither parent	Has a child	Doesn't have a child	
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
    - o 92 girls, 10-14
    - o 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.
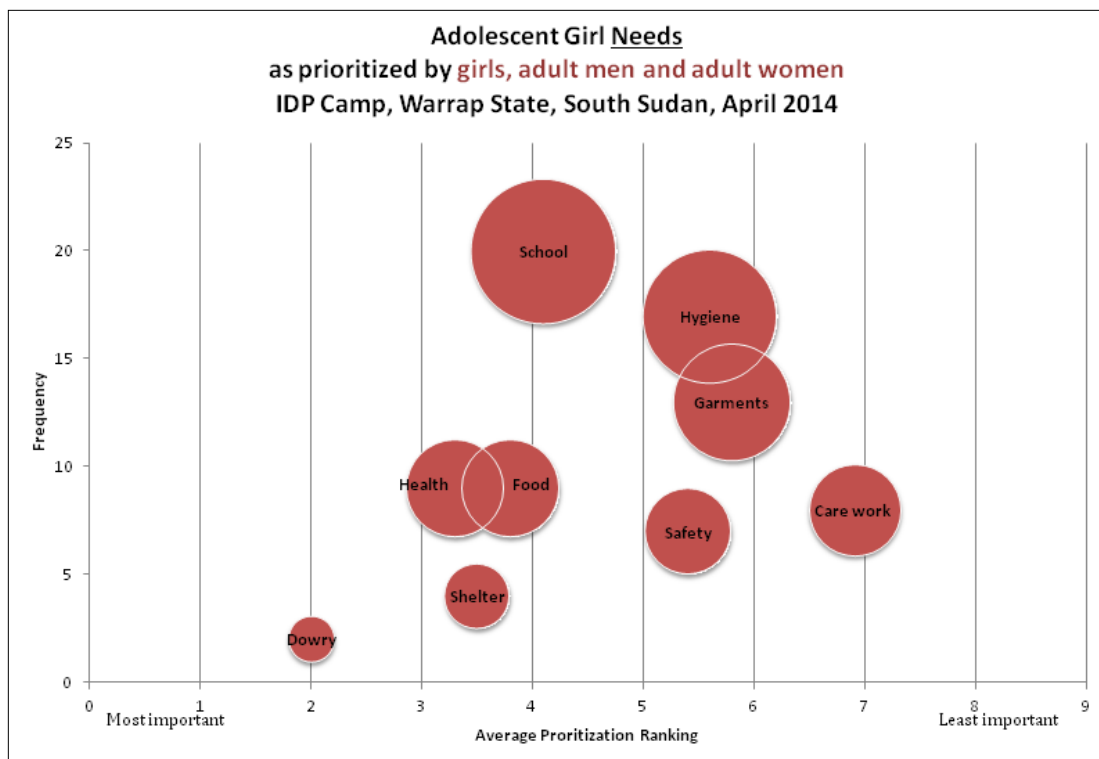
Summary Table: Fears for adolescent girls[I]			
	Adolescent girls and adults, average ranking (frequency)*	Adolescent girls average ranking (frequency)	Adults average ranking (frequency)	Adolescent boys average ranking (frequency)**
Insecurity	3.4 (22)	3 (14)	4 (8)	4 (3)
No access, mistreatment at health 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.
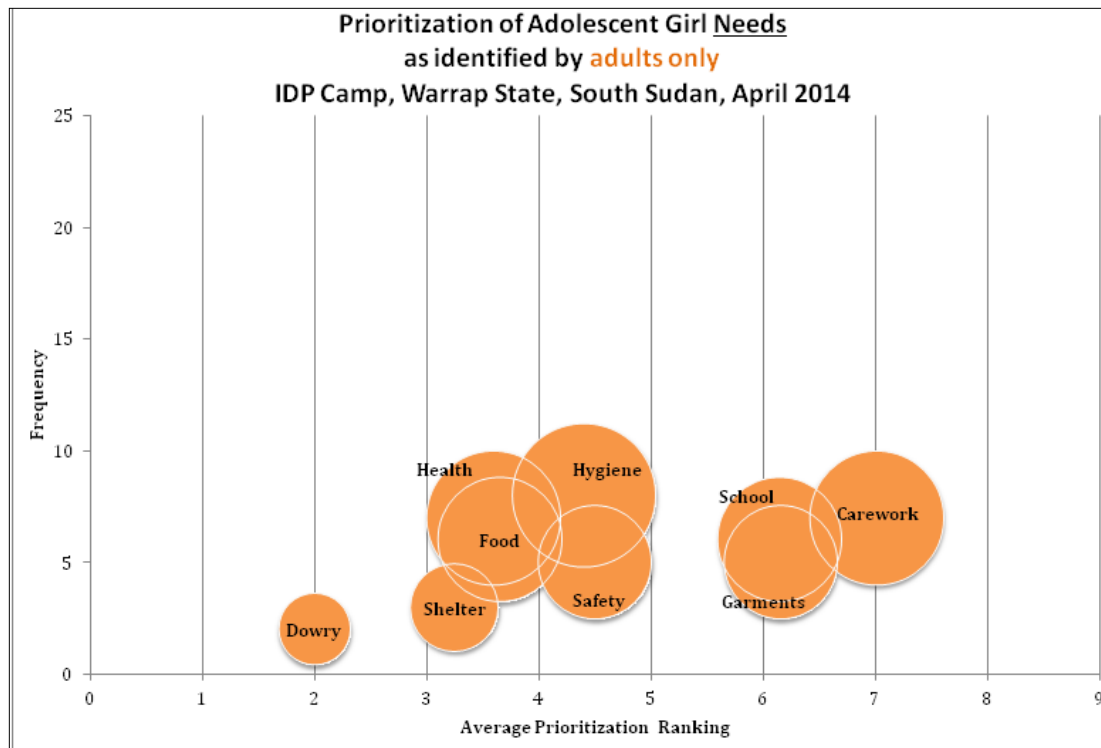** **Adolescent boys and adolescent girls** were asked to report on their own experiences, while adults reported only on girls' experiences.

Bubble size corresponds to the frequency value.
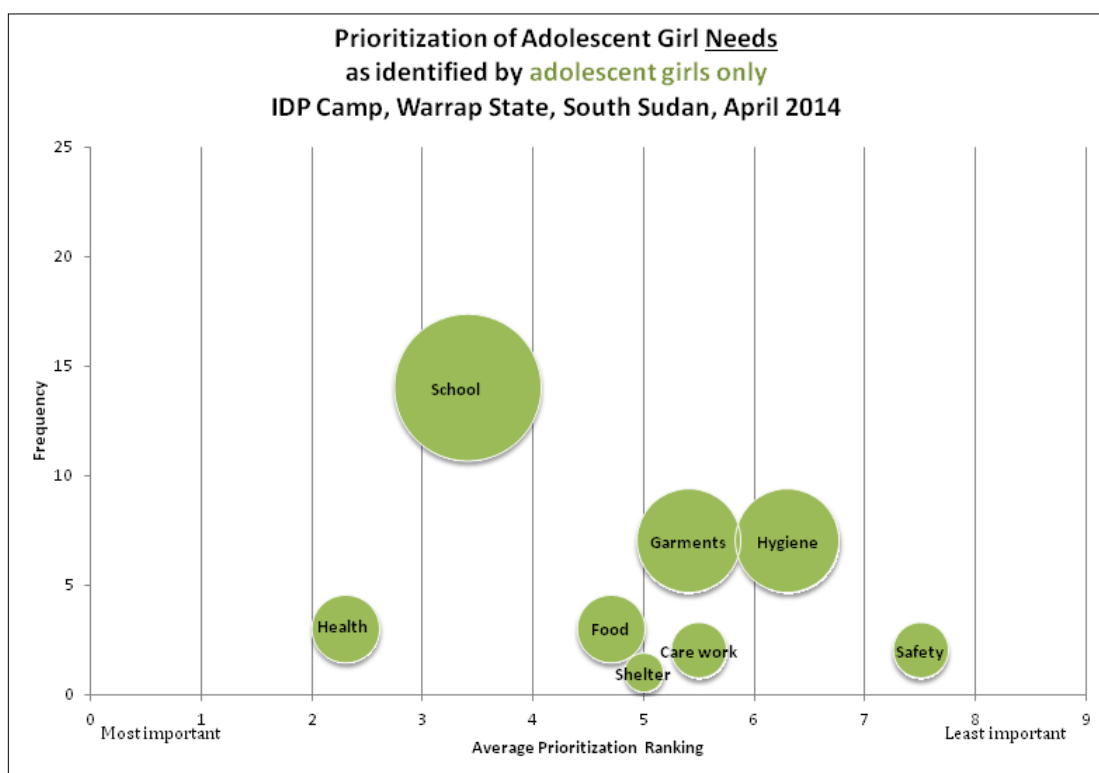
Bubble size corresponds to the frequency value.

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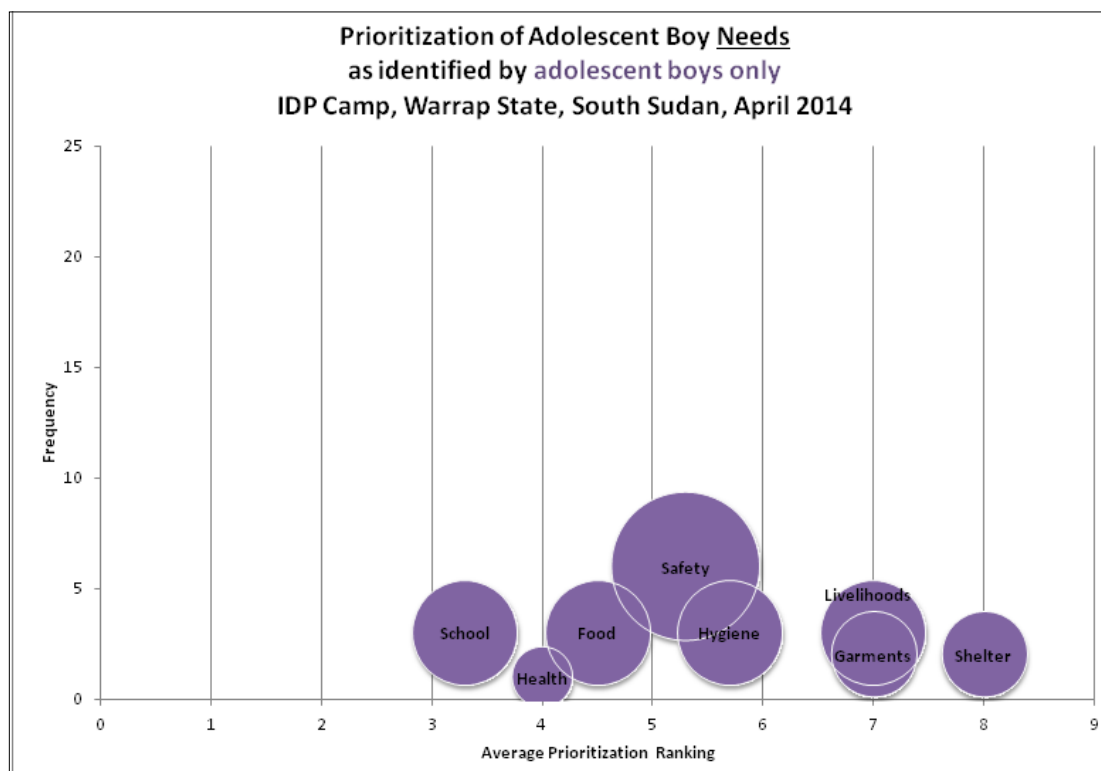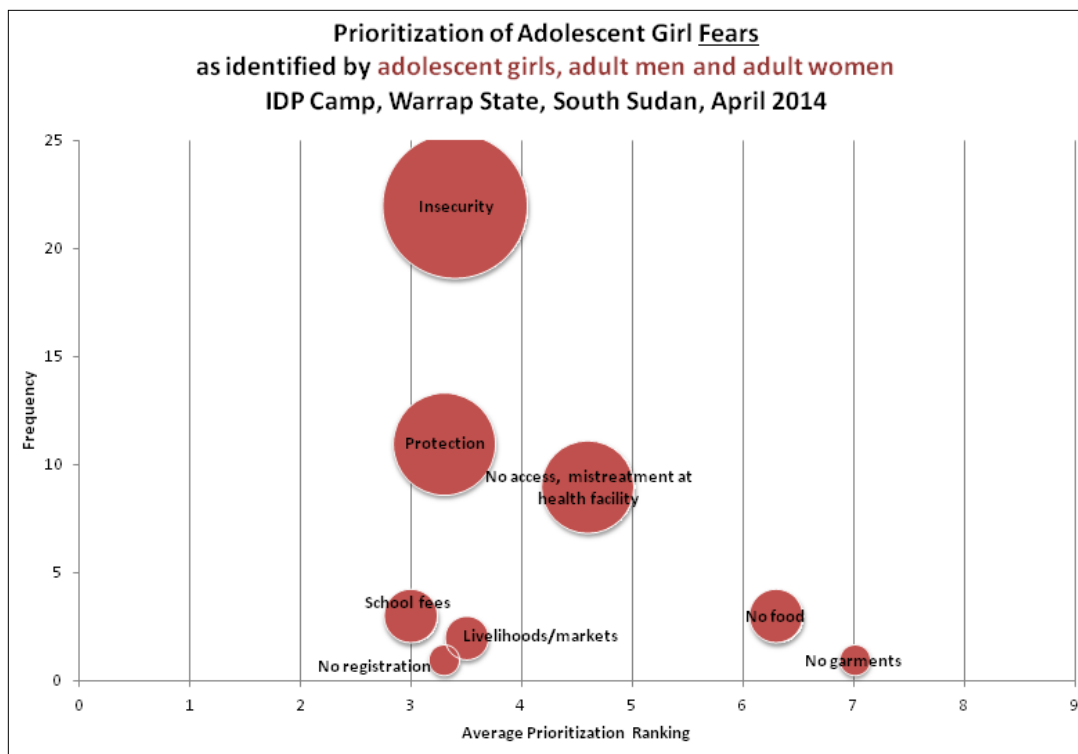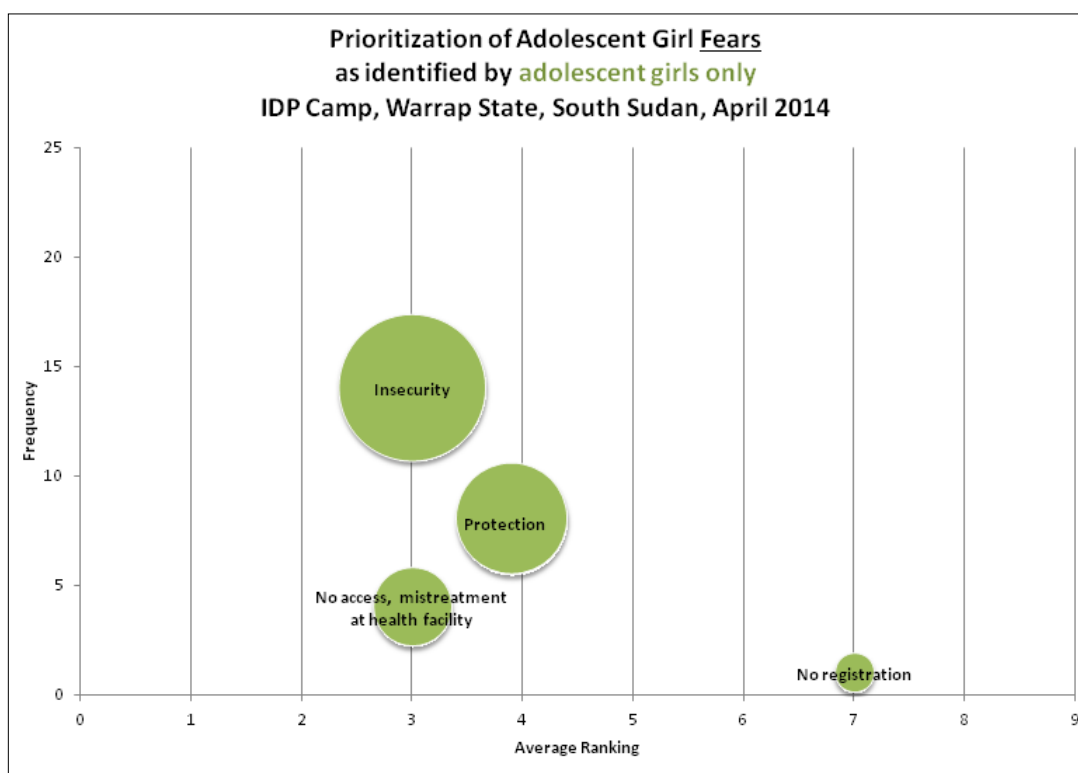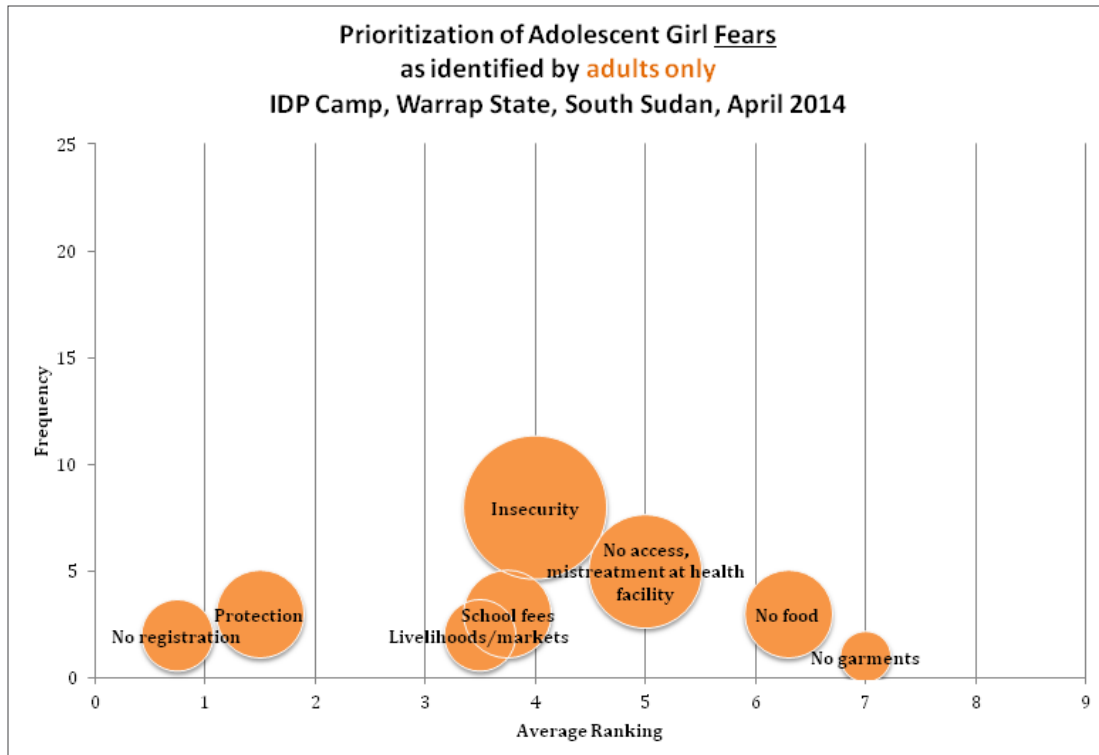

Bubble size corresponds to the frequency value.

Bubble size corresponds to the frequency value.

Bubble size corresponds to the frequency value.

Prioritization of Adolescent Girl _Fears_
as identified by adults only
IDP Camp, Warrap State, South Sudan, April 2014

Frequency

Insecurity

No access, mistreatment at health facility

Protection

No registration

School fees
Livelihoods/markets

No food

No garments

Average Ranking

Bubble size corresponds to the frequency value.

Prioritization of Adolescent Boy Fears
as identified by adolescent boys only
IDP Camp, Warrap State, South Sudan, April 2014

Frequency

Protection

Insecurity

Livelihoods/Markets

School Fees

Average Ranking
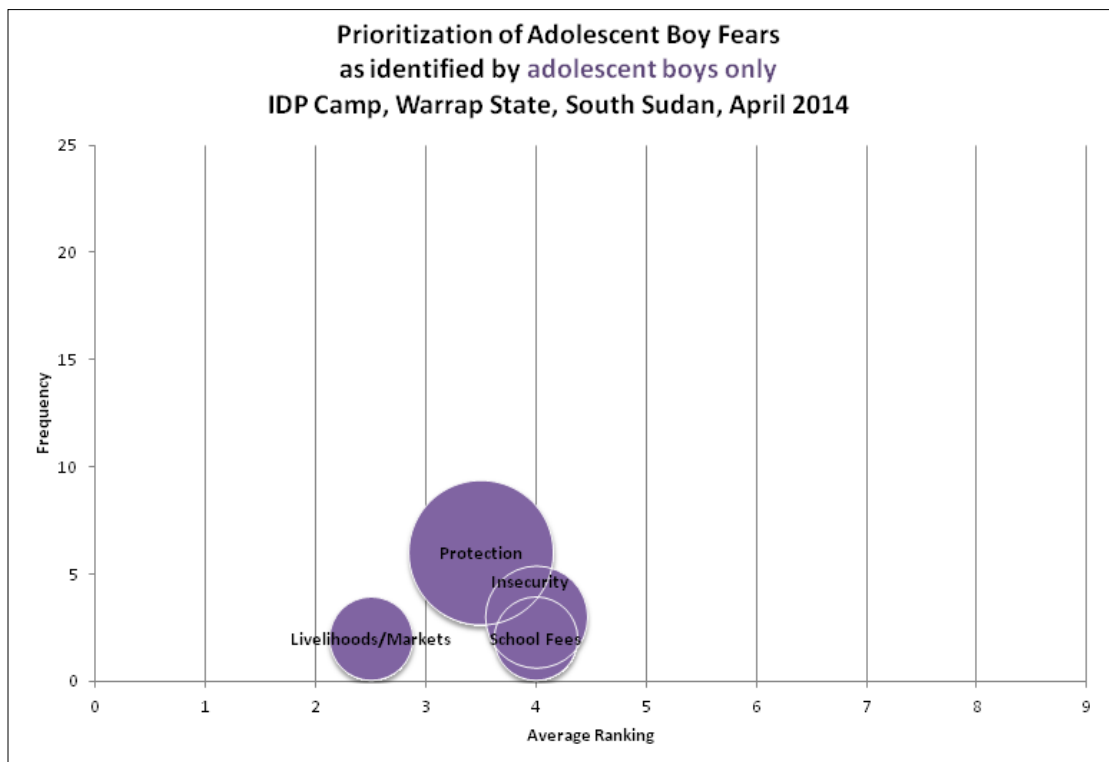
Bubble size corresponds to the frequency value.

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

I'm Here: Prioritizing Results for Adolescent Girls
Mainstreaming and Targeted Operations in Emergencies

Targeted
Customized programs
for girls, as soon as possible

How? *Asset-building* model

Mainstreaming

All sectors, from Day 1

How? *I'm Here* approach
1. Girl Roster | mobile-based resources
2. Participatory consultations
3. emergency Girls Analysis Integration Matrix (eGAIM)

Protect | Serve | Engage in Recovery