

REACHING ADOLESCENTS IN EMERGENCIES

A REPORT ON IMPLEMENTING THE I'M HERE APPROACH IN YEMEN

May 2017

ACKNOWLEDGEMENTS

The report is the result of a collaboration between Mercy Corps and Women’s Refugee Commission to document and share learnings of I’m Here implementations across several contexts.

Tremendous gratitude to Mohammed Munnibari, Mercy Corps Yemen’s Capacity Building Officer, whose commitment to elevating the rights and needs of adolescent girls in Yemen drove this implementation and learning. Sincere thanks to Omar J. Robles and Anna Myers of Women’s Refugee Commission for their collaboration in capturing learnings and recommendations, and in drafting this report.

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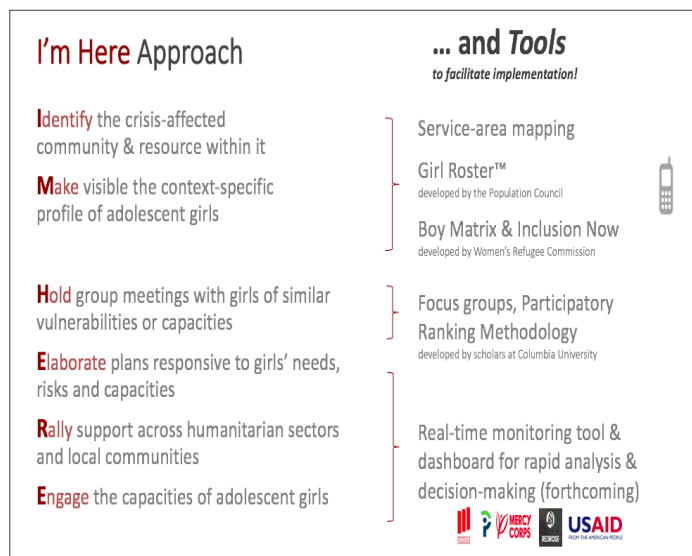
EXECUTIVE SUMMARY

In December 2016, Mercy Corps, with support from Women's Refugee Commission (WRC), implemented the *I'm Here Approach*¹ across six crisis-affected communities in Yemen's southern Governorate of Aden. Mercy Corps Yemen coordinated in-country trainings, tool adaptations and field implementation.

The *I'm Here Approach*, developed by WRC and inclusive of Population Council's Girl Roster™, is a set of steps and tools designed to help humanitarian actors identify, engage, and be accountable to the most vulnerable adolescents in an emergency.

This report describes the process, results and programming implications of *I'm Here* implementation in Yemen.

The report captures operational learnings and outlines core recommendations. The primary audience is Mercy Corps staff within the Youth, Gender and Girls Team.



Background

Ongoing conflict in Yemen has led to a devastating humanitarian crisis. Three million people are currently displaced from their homes and 18.8 million are in need of humanitarian aid and protection.

¹ [Women's Refugee Commission. \(2016\). *I'm Here: Steps & Tools to Reach Adolescent Girls in Crisis. Updates and Learning.*](#)

While instability continues across the country, humanitarian actors are pushing forward with early recovery work to clear rubble, remove unexploded mines and bombs, and reopen schools and hospitals in areas such as Aden, where active fighting has ceased.

Mercy Corps has been operating in Yemen since 2010 and is currently implementing humanitarian programming focusing on water, sanitation and hygiene (WASH), food security, livelihoods, agriculture, and mine-risk education (MRE). In Aden's Crater and Dar Sa'ad districts, where *I'm Here* implementation occurred, Mercy Corps is currently implementing a MRE program in Dar Sa'ad and no community-level initiatives in Crater.

The objectives of implementing the *I'm Here Approach* in Yemen were to:

- Strengthen current gender and protection considerations for WASH interventions.
- Outline actionable recommendations that promote accountability to adolescent girls in Mercy Corps' WASH programming and in operations delivered by other humanitarian actors.
- Advocate for the equitable allocation of additional resources/funds earmarked for programming that responds to adolescents' gender and context-specific needs in Aden's Crater and Dar Sa'ad districts.

Implementation took five weeks and was led by Mercy Corps Yemen's Capacity Building Officer, with support of a 12-person field team and remote technical assistance from Women's Refugee Commission. The field team reached 876 households in 6 walkable communities in Dar Sa'ad and Crater districts. The Girl Roster™ and Boy Matrix identified 455 adolescent girls and 567 adolescent boys (ages 10-17), respectively. Mercy Corps engaged 650 adolescent girls, boys and caregivers in focused conversations around needs and fears.

Key Findings

- **Nearly half of adolescent girls (10-17) are not in school.** Lack of a birth certificate was commonly referenced as an obstacle to accessing education and was identified by adolescent girls as a priority need, along with access to vocational training, water and food.
- **Adolescents spoke of violence in schools, homes and communities.** Fears related to protection were raised most frequently by girls, boys and caregivers during focus group discussions. While war, explosions and mines were referenced by girls and boys, girls and their caregivers specifically shared fears and instances of harassment, kidnappings, and physical/sexual violence.
- **Adolescents are traveling long distances to fetch water.** Girls spoke of frequent harassment on these journeys. Girls routinely collect water in groups or with male peers. Boys referenced collecting water for use in supporting economic activities, whereas girls collected water for use within homes.
- **The presence of mines, military camps and major highways hindered access to key services in communities.**
- **Services are limited**, whether provided by government, civil society or humanitarian actors. No gender-based violence services or referral pathway are available.
- **Significant numbers of households included persons with disabilities.**

Recommended Action

- **Advocate for adolescent-friendly protection and GBV programming in communities** by identifying a trusted organization within the Protection Cluster and sharing relevant findings in a safe and ethical way. Highlight expressed fears and experiences of violence in homes, communities and schools.
- **Assess gaps in Mercy Corps' MRE program in Dar Sa'ad district relating to inclusion of adolescents.** Ensure information, education and communication (IEC) strategies are reaching adolescents and younger children who are out-of-school and that adolescents are consulted in IEC material design.
- **Integrate Dar Sa'ad and Crater districts and the needs identified through *I'm Here Approach* implementation into funding proposals and project plans.** Implementation made clear that there is need for adolescent programming. It also generated resources (i.e., Contact List) for targeted, follow-up engagement. Precursors to this targeted follow-up are funding for adolescent programming.
- **When Mercy Corps secures funds for targeted programming, use the Contact List for intentional engagement in program design and to link adolescent girls (and boys) to key services that can address their priority needs and concerns.** If existing services are identified (i.e. birth certificate programs, vocational trainings, GBV services, access to health care for adolescents with disabilities), reconvene targeted groups of girls and caregivers in safe spaces to share information.

Process Learning & Operational Recommendations

Engagement with PRM - Mercy Corps Yemen's CBO noted that girls responded well to the interactive nature of the PRM discussions and enjoyed the social opportunity to be together and have their voices heard.

Disclosures of GBV – Even though the Participatory Ranking Methodology (PRM) used for focus group discussions does not explicitly ask participants about personal experiences, girls felt safe in discussions and spoke openly about personal experiences with GBV. Recommendation: Ensure PRM facilitators' training includes strategies to minimize risk of disclosures in group settings and outlines protocols for handling disclosures. Prior to implementation, consult with GBV specialists to identify safe, confidential and appropriate systems of care (i.e. referral pathways). Equip field teams to safely provide psychological first aid.

Lack of current or planned/funded Mercy Corps programming in communities – Minimal Mercy Corps programming is currently being implemented in target communities, and the absence of funds committed to future adolescent engagement created uncertainty in next steps. Recommendation: Ensure funding is in place for programmatic response prior to implementation and that leadership is committed to a timely action that will directly benefit participating adolescents and communities.²

Conclusions

² *I'm Here* is designed to inform decision-making—targeted programming and mainstreaming opportunities. As such, the steps and tools requires a heightened level of engagement with caregivers, adolescents and community stakeholders; *I'm Here* is not a needs assessment. And even though implementation guidance aims to mitigate raising expectations within the community, the process itself is more personal and participatory than traditional program start-up tools.

Information generated by the *I'm Here Approach* in Aden highlights the utility of the steps and tools in understanding the unique vulnerability and capacity profiles of adolescents in humanitarian contexts and in identifying their priority needs and concerns. The approach was not without risks to girls and their communities, and personal disclosures of GBV, alongside limited Mercy Corps programming in communities, raised several questions around the utility, ethics and safety of implementation in this context at this particular time.

Prior to any *I'm Here* implementation, teams should reflect on:

- the specific purposes of implementation
- whether the benefits outweigh the risks
- whether the information can be gathered another way (or already exists)
- the likelihood that information gathered will achieve its intended purpose and benefit participants and their communities

BACKGROUND

Adolescents face distinct challenges during an emergency, yet they are frequently overlooked in humanitarian response. By weakening social structures and protection mechanisms, conflict and displacement exacerbate existing vulnerabilities and reinforce gender inequalities which place girls at greatest risk. In the face of these challenges, adolescents possess tremendous capacity to transform communities and drive response and recovery processes forward when their rights and well-being are protected.

Mercy Corps is building its capacity to identify and engage the most vulnerable adolescents from the onset of an emergency and integrate their distinct needs into new and existing humanitarian programming. The *I'm Here Approach* is a set of steps and complementary tools that enable humanitarian actors to visualize the context-specific profile of adolescents within a service-area and engage them in targeted discussions around their needs and concerns. With this information, Mercy Corps, its partners and local stakeholders can modify outreach initiatives; adapt existing programming to be more responsive; and design new programming to account for the specific needs and capacities of the adolescents.

Objectives - Between December, 18, 2016 and January 20, 2017, Mercy Corps implemented the *I'm Here Approach* across 6 crisis-affected communities in Yemen's southern Governorate of Aden. This report outlines the context of Mercy Corps' humanitarian work in Yemen, describes the process, results and programming implications of implementation, and highlights operational learnings and recommendations. As part of a broader collaboration between Mercy Corps and WRC to document and share learnings from *I'm Here* implementations across several countries, it aims to inform future practice and strengthen Mercy Corps' and the broader humanitarian community's capacity to identify and integrate adolescents' needs into humanitarian action and ensure programming is inclusive of their participation as agents of change.

YEMEN: A BRIEF OVERVIEW

Yemen is currently facing a humanitarian crisis of monumental proportions. Classified by the UN as a 'Level 3' emergency, a status reserved for the most severe and large-scale humanitarian crises, the country's two-year conflict has forced 3 million people from their homes and left 18.8 million in need of humanitarian aid and protection³.



Even prior to the current conflict, Yemen was one of the poorest countries in the Middle East, globally ranking 160 out of 187 countries on the Human Development Index⁴ and listed as the 7th most food insecure country in the world⁵. Now, the country's economy is on the verge of collapse and millions of people lack the livelihood opportunities necessary to meet their basic needs.

- Over 8.2 million people are in acute need of WASH services⁶
- 25,506 suspected cases of cholera and 108 associated deaths have been documented across the country since October, 2016⁷
- 17 million people are food insecure and 3.3 million children and pregnant and lactating women are acutely malnourished¹
- 1,600 schools are no longer functioning¹
- Rates of gender-based violence and child rights violations are rising and 6 million children are in need of protection¹

As frontlines of Yemen's conflict have moved north, an estimated 370,000 IDPs have returned to their homes in the southern Governorate of Aden. The stability of these areas, however, remains precarious and returnees risk the presence of landmines, suicide bombings, lack of reliable livelihoods and sporadic availability of commodities. Alongside IDPs, returnees and local settled communities, Aden also hosts approximately 110,000 refugees and migrants from the Horn of Africa.¹

MERCY CORPS' PROGRAMMING IN YEMEN

Mercy Corps has been present in Yemen since 2010 and is currently operating 3 site offices in the cities of Sana'a, Taiz and Aden. At present, the agency's humanitarian programming focuses on food security, water, sanitation and hygiene (WASH), livelihoods, agriculture and mine-risk education (MRE).

³ OCHA. (2016). *Humanitarian Needs Overview 2017 - Yemen*.

⁴ UNDP. (2013). *Human Development Report 2013*.

⁵ World Food Program. (2014). *Yemen situation report 01-15 August 2014*

⁶ OCHA. (2016). *Humanitarian Needs Overview 2017 - Yemen*.

⁷ WHO. (2014) *Cholera Cases in Yemen, 21 March 2017*

In alignment with Mercy Corps FY 2017 Strategic Roadmap, **advancing opportunities for adolescents living in complex crises** is a distinct priority for Mercy Corps Yemen. This priority was underscored by commitments to the following actionable steps within the fiscal year:

- Conducting an assessment of protection needs for children, adolescents and youth
- Utilizing gender tools to strengthen protection mainstreaming in all program design
- Proactively taking into account gender equality considerations including the unique needs of women, girls, men and boys.

MC Yemen FY 2017 Strategic Objective:

To reduce conflict and improve social and economic opportunities for households and individuals by improving food and water security and harnessing youth and adolescents to be catalysts for change

Rational for I'm Here in Yemen

At the proposal stage, the intention was to implement the *I'm Here Approach* in the Al Ta'iziya district of Yemen's Governorate of Taiz. The district and surrounding areas have experienced intense airstrikes and fighting, leaving infrastructure, including public water sources, badly damaged. In previous assessments, community members highlighted access to safe drinking water as one of the most pressing problems. The majority of families are living in areas without any access to safe drinking water and adolescent girls, traditionally tasked to carry water, are forced to travel long distances to vendors, risking sexual violence and harassment.

MC Yemen I'm Here Objectives

- To strengthen current gender and protection considerations planned for water, sanitation and hygiene (WASH) interventions.
- To outline actionable recommendations that promote accountability to adolescent girls in Mercy Corps' WASH programming and in operations delivered by other humanitarian actors.
- To advocate for the equitable allocation of additional resources/funds earmarked for programming that responds to adolescents' gender and context-specific needs in Aden's Crater and Dar Sa'ad districts.

Challenges and Adaptations

Prior to implementation, growing concerns around the security of executing household surveys in the Governorate of Taiz, and well as the feasibility of obtaining government permission to do so, prompted the decision to move implementation to Dar Sa'ad and Crater districts in the southern Governorate of Aden. The choice of Aden was based on several factors:

- MC is currently programming in Aden, with specific focuses on WASH, livelihoods and MRE.
- The situation in Aden is comparatively stable, posing less risk to field teams.
- There is greater government support for NGO programming, which increased the feasibility of obtaining permission to implement.

Current Mercy Corps Programming in Dar Sa'ad and Crater Districts

WASH: A UNICEF funded project to restore public water supply in Aden is currently underway. While the projects will benefit Dar Sa'ad and Crater, no community-level WASH programming is being implemented in these districts.

MRE : Mercy Corps is implementing MRE programming in Dar Sa'ad district, inclusive of information, education and communication (IEC) campaigns and mine risk mapping. IEC materials are distributed to households and posted in public areas by community mobilizers and MRE posters, safety games and stickers with mine risk messages are distributed to children in schools.

IMPLEMENTING THE APPROACH | THE STEPS & TOOLS

The following section outlines the first three steps of the I'm Here Approach in Aden and presents insights generated by each. For a full list of operational activities and timeline, see Appendix A

Identify the community

Tool: GPS service-area mapping

Service-area mapping allows humanitarian actors to identify key resources in girls' communities and note features which may impact their mobility and the access to services.

Service-area mapping was conducted over the course of one day. Using mobile devices and *Track My Trip*, a free GPS mapping application, the field team defined the perimeters of 6 walkable communities in Aden's Dar Sa'ad and Crater Districts and used GPS pushpins to mark key structures, service points (e.g. health clinics and schools), and hazards.



Walkable communities were defined in collaboration with stakeholders (including district managers, local councils, sheikhs, school principals and students) and based on girls' mobility and experiences.

Observations:

- Highways, mines and military camps hindered accessibility to schools and water points.
- Water and sanitation systems at schools, previously assumed to be functioning, were not

Make visible the context-specific profile of adolescent girls

Tools: Girl Roster™, Boy Matrix, Inclusion Now

The **Girl Roster™** uses a brief household questionnaire and rapid analysis tool to generate a snapshot of how many girls are in a service-area, sorted by age, schooling, accompaniment, marital and childbearing status. The **Boy Matrix** and **Inclusion Now⁸** serve as complementary questionnaires to capture the number of boys, sorted by school, work and accompaniment status, and to identify disability statuses within households and communities.

Over the course of 5 days, the field team visited 876 households across the 6 walkable communities and administered questionnaires to heads of households. Tables were generated to visualize the total number of girls and boys in these communities, segmented by their top-line vulnerabilities. The tables can be seen below with segments of girls and boys identified as “off-track” highlighted in red and yellow.

Modifications to Questionnaire

A set of WASH-specific questions were added to the questionnaire to assess girls’ and boys’ experiences around collecting water.

1. Does {your adolescent} fetch water for the family?
2. What time of the day does {your adolescent} fetch water?
3. How long does it take for {your adolescent} to fetch water and return home?
4. Does {your adolescent} travel alone or with anyone else to fetch water?

The full household questionnaire can be found in [Appendix B](#)

Girl Roster Results from Crater & Dar Sa’ad Districts of Aden, Yemen									
Age Group	Unmarried						Married		Total
	In school			Out of school			Has a child	Doesn’t have a child	
	Living with both parents	Living with one parent	Living with neither parent	Living with both parents	Living with one parent	Living with neither parent			
06-09	97	1	8	104	18	8	--	--	236
10-11	60	7	6	25	2	3	--	--	103
12-15	93	17	8	84	11	10	2	4	229
16-17	41	8	3	47	8	3	1	12	123
18-24	30	10	2	82	29	9	62	36	260
Total	321	43	27	342	68	33	65	52	951

Observations:

- **193 (42%) of adolescent girls (10-17), are out-of-school.** 16 (8%) are living with neither parent, 21 (11%) with one parent, and 156 (81%) with both parents
- **130 (55%) of younger girls (6-9) are out-of-school**
- **19 (5%) of adolescent girls (12-17) are married.** 3 (16%) of married girls have children

Boy Matrix Results from Crater & Dar Sa’ad Districts of Aden, Yemen													
Age Group	Student Only			Work Only			Student & Work			Neither			Total
	Living with One Parent	Living with Both Parents	Living with Neither Parents	Living with One Parent	Living with Both Parents	Living with Neither Parents	Living with One Parent	Living with Both Parents	Living with Neither Parents	Living with One Parent	Living with Both Parents	Living with Neither Parents	
06-09	1	144	3	0	3	1	0	0	0	1	79	2	234

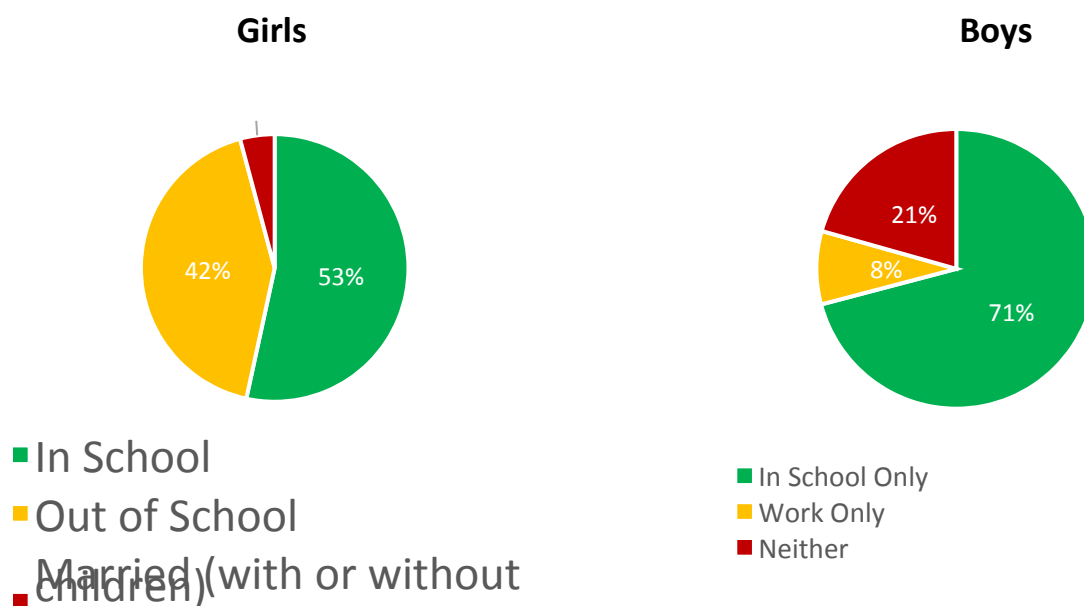
⁸ The *Inclusion Now* questionnaire was adapted from the [Washington Group’s Short Set of Questions on Disability](#)

10-11	6	86	5	0	2	1	0	0	0	1	17	1	119
12-15	6	157	14	1	10	1	0	0	0	0	44	4	237
16-17	3	116	9	2	25	6	0	0	0	2	46	2	211
18-24	3	89	0	4	59	13	0	4	0	5	32	2	211
Total	19	592	31	7	99	22	0	4	0	9	218	11	1012

Observations:

- **491 (87%) of adolescent boys are in-school**
- **117 (21%) of adolescent boys are neither working or in school**
- **48 (8%) of adolescent boys are working only**
- **No adolescent boys are both working and in school**

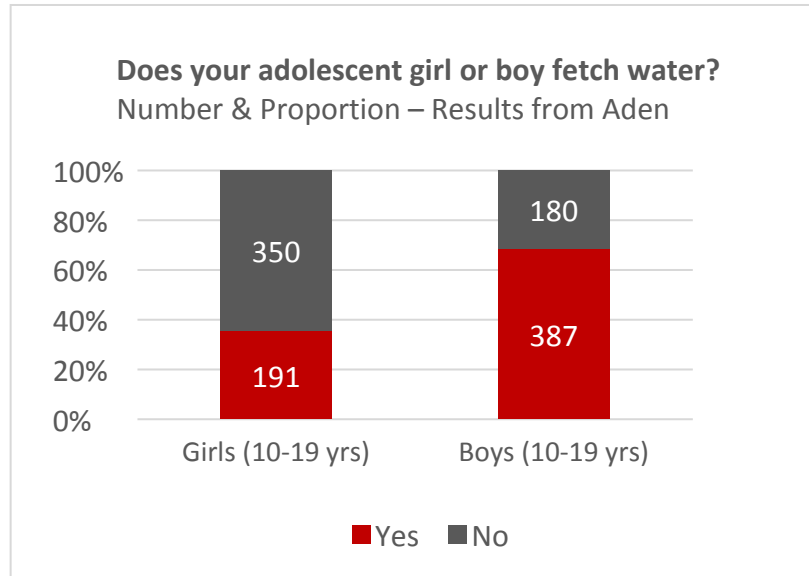
Results from the Girl Roster and Boy Matrix showed differing vulnerability-capacity profiles for adolescent girls and boys (10-17), with higher proportions of girls out-of-school and 'off-track' compared to boys.



The set of WASH-specific questions revealed several key insights:

Adolescents are traveling long distances for water in the mornings and evenings.

Surprisingly, caregivers noted higher percentages of boys (68%) collecting water than girls (35%).



Results also highlighted significant numbers of households with persons with disabilities: 708 (84%) of the 846 households included persons with disabilities.

Hold group meetings with adolescents of similar vulnerabilities and capacities

Tool: Participatory Ranking Methodology

Participatory Ranking Methodology (PRM), developed by Columbia University's Program on Forced Migration and Health⁹, is a mixed-methods rapid appraisal tool designed for use in humanitarian settings. Using an engaged participatory process, the method provides categories, frequencies and rankings of issues raised by participants alongside contextualized notes.

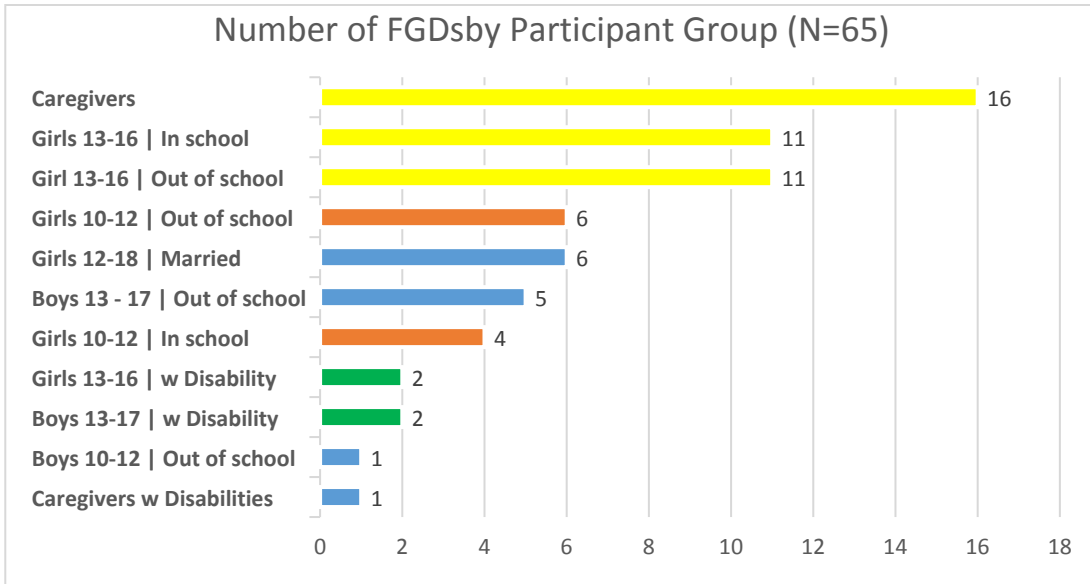
Over the course of 7 days, the field team convened 65 PRM discussions with targeted segments of adolescent girls, boys and caregivers. The segments were chosen based on *Girl Roster™*, *Boy Matrix* and *Inclusion Now* results in order to capture specific needs and experiences of groups with similar vulnerability-capacity profiles.

Two framing questions guided PRM discussions with girls and boys

- “For girls/boys like you who live in the community, what are their **main concerns/needs?**”
- “For girls/boys like you who live in the community, what are their **main fears?**”

* Caregivers were asked specifically about caregivers’ desires and concerns for their **daughters**.

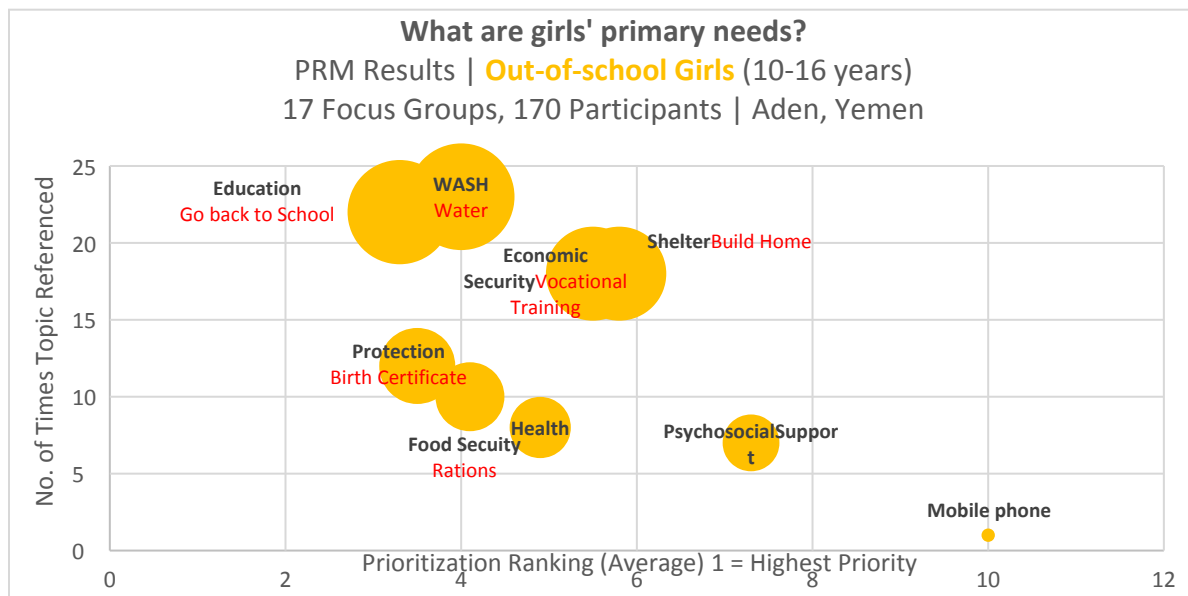
⁹ Ager, A., Stark, L., Sparling, T., & Ager, W. (2011). *Rapid appraisal in humanitarian emergencies using participatory ranking methodology (PRM)*. http://childprotection.wikischolars.columbia.edu/file/view/RAiHE_Participatory%20Ranking%20Methodology%20Manual.pdf



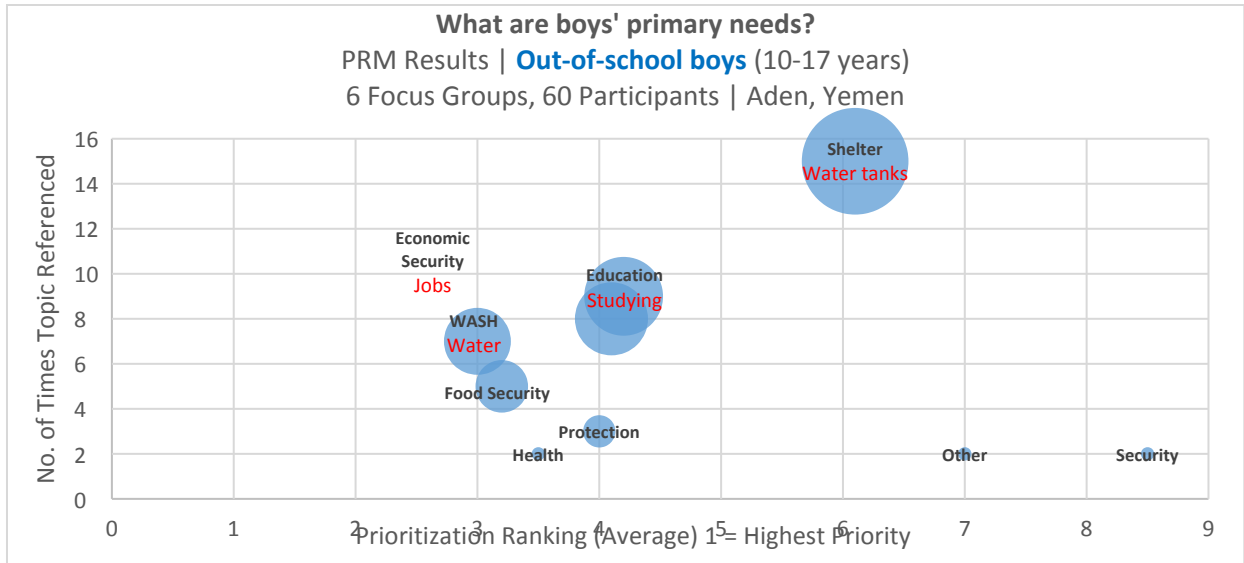
PRM discussions revealed insights into adolescents' priority needs and fears

Needs

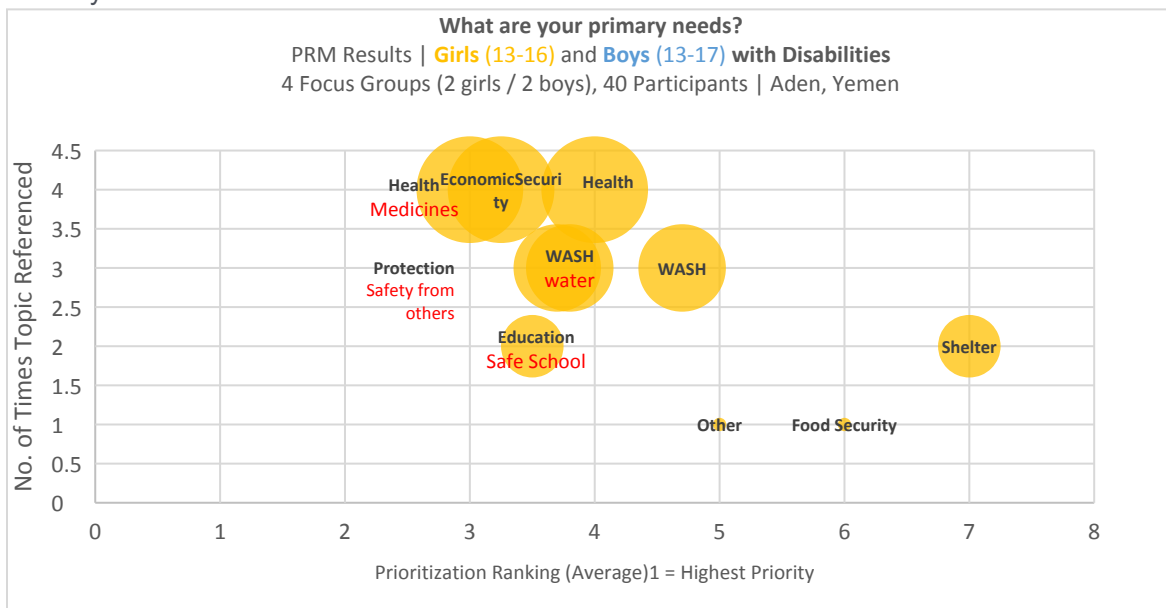
Out-of-school girls prioritized access to education, birth certificates, water, and food as their top needs.



Out-of-school boys prioritized water, jobs and food security as their top needs.

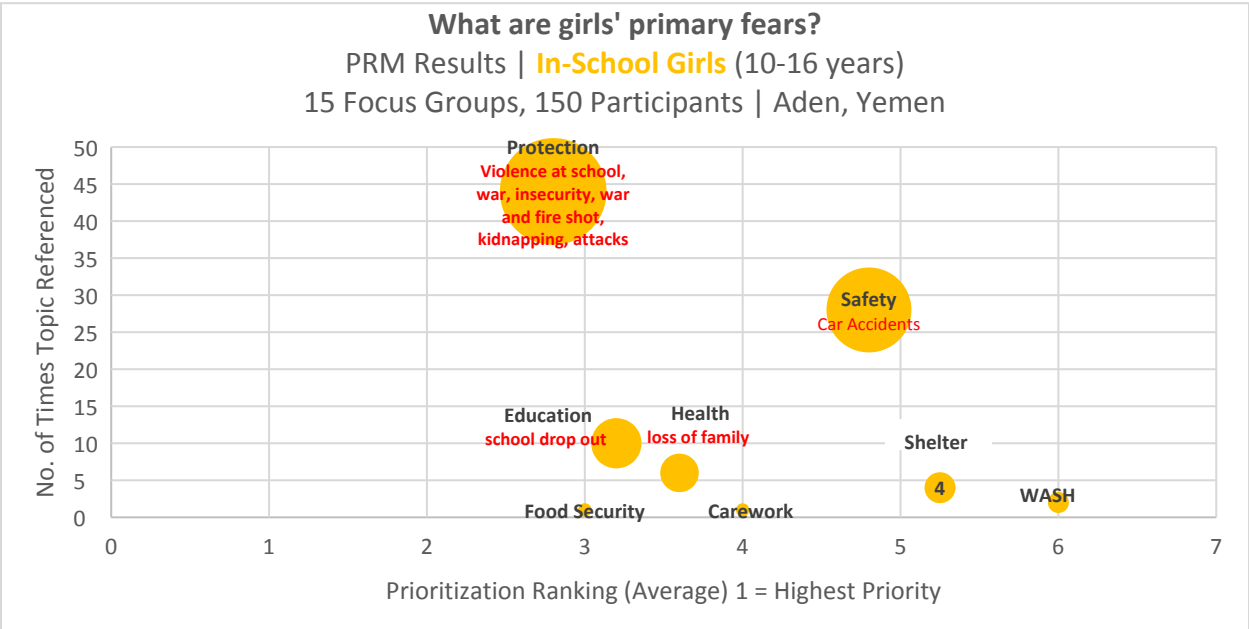
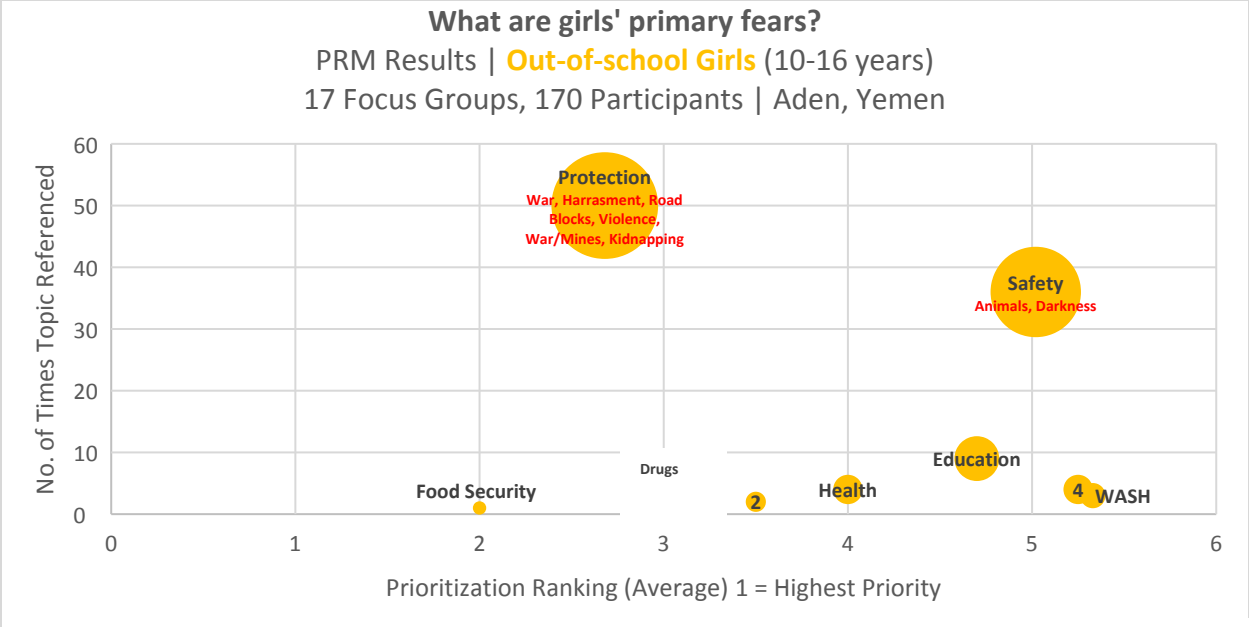


Girls and boys with disabilities raised needs related to health most frequently. Girls also prioritized needs around protection and education, while boys highlighted needs for economic security and water.

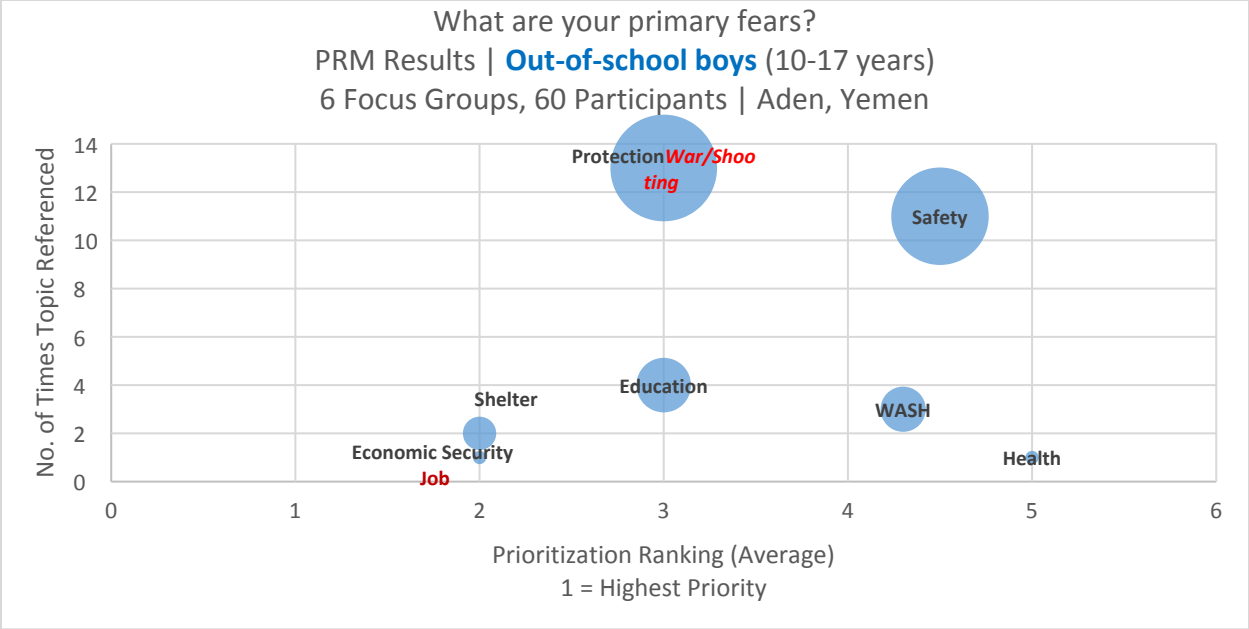


Fears

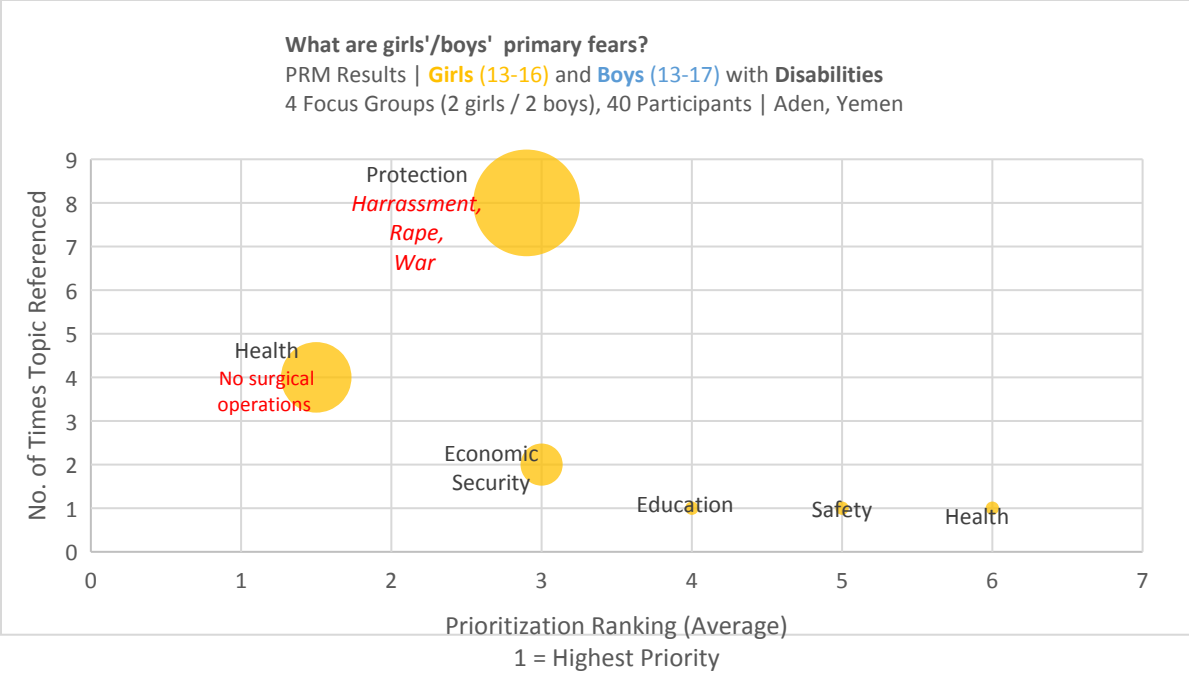
Fears around protection were raised most frequently by adolescents and by their caregivers. While war, mines and explosions were referenced across the board, girls and their caregivers also voiced concerns around harassment, kidnappings, and rape.



Note: Violence at school was originally coded as a fear around 'Education' and moved to 'Protection' during the data analysis phase



Adolescent girls with disabilities overwhelmingly discussed fears around protection, prioritizing fears around harassment, rape and war. **In contrast, adolescent boys with disabilities reported health services** (namely access to medicines and surgical operations), and economic security as their priority fears.



Water Collection - Insights into the differences between adolescent girls' and boys' practices of fetching water emerged from the PRM discussions that contextualized earlier results from the *Girl Roster™* and *Boy Matrix*. The field team learned that, while caregivers reported higher numbers of boys collecting than girls, boys were often doing so as source of income and used donkeys as a mode of transportation. Girls, however, were on foot collecting water for household use.

KEY ACTIONS TAKEN & NEXT STEPS

Based on the identified vulnerabilities, capacities, needs and priorities of adolescents in Aden's Crater and Dar Sa'ad and future programming. districts - the following section outlines key actions taken as well recommendations for immediate next steps

Several **actions to drive change have already been taken:**

- Presented findings to Mercy Corps Yemen's Director of Programs
- Used key learnings to advocate for expansion of age range from (19-30) to (15-30) in newly awarded youth programming grant.

Recommended **next steps to ensure accountability:**

- **Advocate for adolescent-friendly protection and GBV programming in communities** by identifying a trusted organization within the Protection Cluster and sharing relevant findings in a safe and ethical way. Highlight expressed fears and experiences of violence in homes, communities and schools. Also share findings with LNGO partner in Crater.

- **Address any gaps in Mercy Corps' MRE program in Dar Sa'ad district relating to its inclusion of adolescents.** Mercy Corps' MRE campaign currently targets schools for the provision of child-friendly IEC materials. Complementary strategies to reach adolescents and younger children who are out-of-school should be identified. Adolescents should be consulted in IEC material design and the collection of age-specific data should be sensitive to differences between younger children and adolescents in order to determine whether adolescent girls and boys are effectively being reached. Adolescent girl and boy community focal points should be identified (if safe to do so).
- **Integrate Dar Sa'ad and Crater districts and the needs identified through *I'm Here Approach* implementation into funding proposals and project plans.** Implementation made clear that there is need for adolescent programming. It also generated resources (i.e., Contact List) for targeted, follow-up engagement. Precursors to this targeted follow-up are funding for adolescent programming.
- **When Mercy Corps secures funds for targeted programming, use the Contact List for intentional engagement in program design and to link adolescent girls (and boys) to key services that can address their priority needs and concerns.** If existing services are identified (i.e. birth certificate programs, vocational trainings, GBV services, access to health care for adolescents with disabilities), reconvene targeted groups of girls and caregivers in safe spaces to share information.

Future programming to build social and protective assets:

The I'm Here Approach is designed as a programming tool and an initial step towards building social assets and relationships. Therefore, the delay between initial engagement (Girl Roster™/Boy Matrix, PRM discussions) and a programmatic response should be addressed.

- **Prioritize safe spaces for adolescent girls** where girls can build social networks, acquire skills, and access psychosocial support and GBV response services. Strive for girl-driven program by engaging girls of various vulnerability-capacity profiles (in-school, out-of-school, married, with disabilities) in program planning, implementation and evaluation. Based on the context-specific profile of girls in these communities, consider:
 - **Mobile approaches to programming as a compliment to stationary safe spaces.** High numbers of adolescents with disabilities, the presence of mines and highways in communities, and fears around harassment and violence suggest mobile approaches may be a critical mode of service delivery to girls who may otherwise be unable to access them.
 - **Vocation programming with focuses on sewing, hairdressing and henna tattooing.** Girls in-school, out-of-school, and married expressed desires for vocational training, specifically referencing sewing, hairdressing and henna tattooing as opportunities to generate income. Some girls are already skilled in these areas but lack the tools and resources to pursue these economic opportunities.
 - **Sessions tailored for younger girls to complement adolescent programming.** With the large number of 6-9 year-old girls out of school, targeted times and activities for younger girls should be integrated into programming if child-friendly spaces aren't currently available.
 - **Programming which engages caregivers in support of girls' participation in school** and mitigates barriers to girls' participation (6-17 years).

- **Be gender-synchronized and prioritize community engagement at every step to promote safety for girls.** Education, vocational and WASH interventions should prioritize the needs of adolescent girls while also identifying ways to engage boys in meeting their expressed needs, challenging harmful gender norms, and promoting positive masculinity. Put-of-school boys expressed fears around economic security and prioritized needs for jobs, education, water, and food. Mounting pressure and an inability to live up to masculine roles, engage in work, and provide for families can lead to escalated violence against women and girls and drive subscription into armed forces by boys and men. Therefore, community buy-in for girls' participation and the engagement of men and boys as allies must be central to any programmatic effort.

PROCESS LEARNING AND OPERATIONAL RECOMMENDATIONS

The following section outlines key operational learnings and recommendations. For a more detailed summary of successes, challenges and recommendations for strengthening implementation, see Appendix C.

What Worked Well?

- **Engagement with PRM** - Mercy Corps Yemen's CBO noted that girls responded well to the interactive nature of the PRM discussions and enjoyed the social opportunity to be together and have their voices heard.

What Challenges Were Faced?

- **Disclosures of GBV**- While PRM does not explicitly ask participants about personal experiences, girls felt safe in the discussions with each other and spoke openly about their experiences with GBV in their homes, schools, and communities. These disclosures raised several ethical and safety concerns related to 1) challenges in maintaining confidentiality in group settings, 2) the field team's level of training to respond to such sensitive information; 3) information collection and security procedures (i.e. identifying information in notes and the existence of photos); and 4) the lack of available services to provide basic care and support if desired (i.e. referral pathways)
- **Lack of current or planned/funded Mercy Corps programming in communities**- Mercy Corps' limited programming in target communities (MRE programming in Dar Sa'ad district and no community-level presence in Carter district), and the absence of planned future actions or earmarked funding for adolescent programming, created uncertainty in how information generated from the approach could be used to drive change that would directly benefit participating adolescents and their communities, outside of the development of proposals.

Operational Recommendations

To strengthen safety & ethics of implementation:

1. **Minimize risk of personal GBV disclosures in group-settings:**
 - Remove framing question around fears in PRM discussion guide and only ask about needs.
 - Set ground rules for participants to not share sensitive personal experiences, but rather, reference unnamed others or general trends in the community. Inform participants that there will be an opportunity to speak one-on-one about personal experiences outside of the group setting.
 - Develop training scenarios and role plays to build capacity of facilitators to redirect back to community-level discussions when personal disclosures are made.

2. **Prepare field-teams for potential GBV disclosures:**
 - Prior to implementation, consult GBV specialists to identify safe, confidential and appropriate systems of care (i.e. access to counselors or protection officers if not a formal referral pathway) for survivors.
 - Ensure a case manager is on field team, present in focus group discussions, and can provide psychological first aid, particularly if no referral pathways to care exist.
 - Have protocols in place on what to do when GBV comes up in one-on-one and group settings.
 - Ensure field teams have the basic skills to provide information on any existing services to caregivers and adolescents.
 - Use scenarios and role-plays in training to demonstrate how to handle GBV issues as they arise in one-on-one and group settings.

3. **Strengthen guidance and training around safe and confidential collection, documentation, and sharing of sensitive data:**
 - Ensure protocols are in place for de-identification and safe storage of data, and the use of audio and video recordings and photos. Outline considerations for teams deciding when and how to share information.

To strengthen utility and ethics of implementation:

1. **When deciding whether to implement the approach**
 - Assess risks vs. benefits of implementation
 - Ensure that programmatic funding is in place and Mercy Corps is committed to a timely response that will directly benefit the participating adolescents and communities.

2. **Once priority needs and concerns of adolescents are identified through initial engagement (i.e. Girl Roster™/ Boy Matrix and PRM Discussion):**
 - An internal audit and stakeholder analysis should be conducted to identify what needs Mercy Corps is best positioned to meet vs. needs where partners and other actors might come in.

CONCLUSIONS

Information generated by the I'm Here Approach in Aden highlights the utility of the steps and tools in understanding the unique vulnerability and capacity profiles of adolescents in humanitarian contexts and in identifying their priority needs and concerns. The approach generated a layered understanding of issues that one step, in isolation, could not achieve. While the Girl Roster™ provided insight into how many girls were out of school, the barriers to education did not fully emerge until PRM discussions, nor did the references to the presence of violence in schools.

PRM discussions highlighted that convening girls with similar vulnerability and capacity profiles not only serves as an opportunity to gather information about priority needs and concerns, but can also be a first step in building girls' social assets. Bringing girls together, in communities with few resources and safe spaces, provided an opportunity for girls to voice concerns (sometimes for the first time), to play, and to begin building networks of social support with one another.

The approach, however, was not without risks to girls and their communities, and personal disclosures of GBV, alongside limited Mercy Corps programming in communities, raised several questions around the utility, ethics and safety of implementation in this context at this particular time.

Prior to any implementation of the *I'm Here Approach*, teams should reflect on 1) the specific purposes of implementation; 2) whether the benefits outweigh the risks; 3) whether the information can be gathered another way (or already exists); and 4) how likely is it that information gathered will achieve its intended purpose and benefit participants and their communities. Answers to these questions are cornerstones to ensuring implementation is necessary, justified and beneficial to communities.

APPENDICES

APPENDIX A. IMPLEMENTATION TIMELINE

Timeline

December 18-19 (2 days): Field Team Training

December 20-21 (2 days): Stakeholder Engagement

December 23 (1 day): GPS Mapping of Communities

December 26-30 (5 days): Household Questionnaire

January 1 (1 day): Refresher PRM Training

January 2-5 (4 days): Generation of Contact Lists & Scheduling of PRM Discussions

January 12-20 (9 days): PRM Focus Group Discussions

APPENDIX B. HOUSEHOLD QUESTIONNAIRE

APPENDIX C - OPERATIONAL LEARNINGS & RECOMMENDATIONS

What worked well?

- **Engagement with government stakeholders** - Prior to implementation, meetings were held with government officials in Aden to present the purpose and methodology of the approach and request permission for implementation. During these meetings, Mercy Corps Yemen's CBO highlighted Mercy Corps' achievements in Aden, current programming, and the status of adolescents, personalizing the conversations by asking the officials about their own daughters. Officials were welcoming and receptive to the approach, and eager to grant permission.
- **Local partnerships** - A local NGO, Jamyat Al-Aidaros, working in the Crater district was interested in supporting Mercy Corps' work and provided their facility to convene PRM discussions.
- **Engagement with PRM** - Mercy Corps Yemen's CBO noted that girls responded well to the interactive nature of the PRM discussions and enjoyed the social opportunity to be together and have their voices heard.

What Challenges Were Faced?

- **Security-** Prior to implementation in Aden, security concerns were raised around the use of tablets in a door-to-door survey. To mitigate these risks, the decision was made to switch to paper-based versions of the household survey. This allowed implementation to move forward in a manner that felt safe to the field teams, however, this switch was not without drawbacks. Because data was not collected electronically, it had to be re-entered on mobile tablets by enumerators at the end of each day before it could be uploaded to Ona, the web-based data management and analysis platform. This significantly increased time and level of effort for the field team. The paper-based approach also eliminated a key feature of the mobile version: the ability to assign a GPS location to each household. By attaching a GPS location to each specific survey, adolescents' vulnerabilities can be spatially mapped to understand how they might be clustered or dispersed within a community. Explosions in Aden also suspended implementation for two days and increased the gap between household surveys and PRM discussions. To address this gap, a one-day refresher training on PRM methodology was held for field teams while they waited to resume implementation.
- **Information and Technology (IT) support** - Because Mercy Corps' IT point-person in Aden was on leave during implementation, the field team had to rely on remote support from the Mercy Corps Sana'a office. Issues with the payment and licensing of the initial Ona account meant that household survey data, already uploaded to the system, was unable to be processed and analyzed. In two days, the field team had to re-enter nearly 900 forms to a new Ona account.
- **Approvals from HQ over the holidays-** Implementation occurred during the Christmas and New Years holiday which caused delays in financial reviews and approvals signatures needed from Mercy Corps Headquarters (HQ).
- **Disclosures of GBV-** While PRM does not explicitly ask participants about personal experiences, girls felt safe in the discussions with each other and spoke openly about their experiences with GBV in their homes, schools, and communities. These disclosures raised several ethical and safety concerns related to 1) challenges in maintaining confidentiality in group settings, 2) the field team's level of training to respond to such sensitive information; 3) information collection and security procedures (i.e. identifying information in notes and the existence of photos); and 4) the lack of available services to provide basic care and support if desired (i.e. referral pathways)
- **Lack of current or planned/funded Mercy Corps programming in communities-** Mercy Corps' limited programming in target communities (MRE programming in Dar Sa'ad district and no community-level presence in Carter district), and the absence of planned future actions or earmarked funding for adolescent programming, created uncertainty in how information generated from the approach could be used to drive change that would directly benefit participating adolescents and their communities, outside of the development of proposals.

Operational Recommendations

To strengthen operations and feasibility:

1. Confirm that every person needed to support implementation is in place (IT, financial approvals, etc.) Provide MC country offices the authority to conduct financial reviews and approve funds during implementation, if necessary HQ staff will be on leave.
2. Develop a fixed curriculum and instructions for enumerators that can guide them, step-by-step through implementation if security concerns prohibit team leads from being present in the field.
3. Consider potential benefits of a cascading enumerator training design or refresher sessions if there is significant time between each step.

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About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



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