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LISTENING TO ADOLESCENT GIRLS

A REVIEW OF THE INCLUSION OF ADOLESCENT GIRLS' NEEDS WITHIN
THE HUMANITARIAN RESPONSE IN NORTHEAST NIGERIA

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Introduction and Background

Adolescent girls (ages 10 to 19) are one of the groups at the highest risk of experiencing gender-based violence (GBV) in humanitarian emergencies, including conflicts, disasters, and public health emergencies.¹ They face barriers to accessing sexual and reproductive healthcare (SRH), limited access to public spaces and peer networks, and are often the first to lose access to education in a crisis.^{2,3} Instances of early, forced, and child marriage of girls and female genital mutilation (FGM) can also increase during emergencies.^{4,5}

Despite their multiple needs in humanitarian situations, adolescent girls' needs are not systematically considered in the design and delivery of humanitarian responses.⁶ Adolescent girls rarely have an opportunity to participate in decisions that will affect their access to aid and its suitability and appropriateness to meet their unique needs.⁷

At the November 2023 High-level Roundtable hosted by the Emergency Relief Coordinator and the Call to Action on Protection from GBV in Emergencies (Call to Action), UNICEF and UNFPA made a joint commitment to carry out an inter-agency multi-sectoral analysis in a humanitarian context to determine if and how adolescent girls' needs are being met. The findings from the review provide important information to humanitarian actors and decision-makers, including within UN agencies, international and national NGOs, and funders, on how to ensure that adolescent girls' needs are identified and met in crises.

¹ IRC (2017) Protection and Empowering Adolescent Girls from Gender-Based Violence in Emergencies

<https://www.rescue-uk.org/sites/default/files/document/1590/p708ircadolescentgirlspolicylowressinglepages1012171.pdf>

² Women's Refugee Commission, Save the Children, UNHCR & UNFPA (2012) Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings

https://www.unfpa.org/sites/default/files/resource-pdf/AAASRH_good_practice_documentation_English_FINAL_0.pdf

³ Education Cannot Wait (2022) If Not Now, When?: Advancing gender equality and girls' education in emergencies and protracted crises – a call to action to Empower Her

<https://www.educationcannotwait.org/sites/default/files/2022-04/ecwempowerher.pdf>

⁴ UNICEF (2023) Is An End to Child Marriage Within Reach?: Latest trends and future prospects – 2023 update

<https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/>

⁵ AIDOS, END FGM EU Network, GAMS Belgium (2020), Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Context – Results from the Virtual International Stakeholder Dialogue

https://www.endfgm.eu/content/documents/reports/Report_Preventing-and-responding-to-FGM-in-Emergency-and-Humanitarian-Contexts_17.12.20.pdf

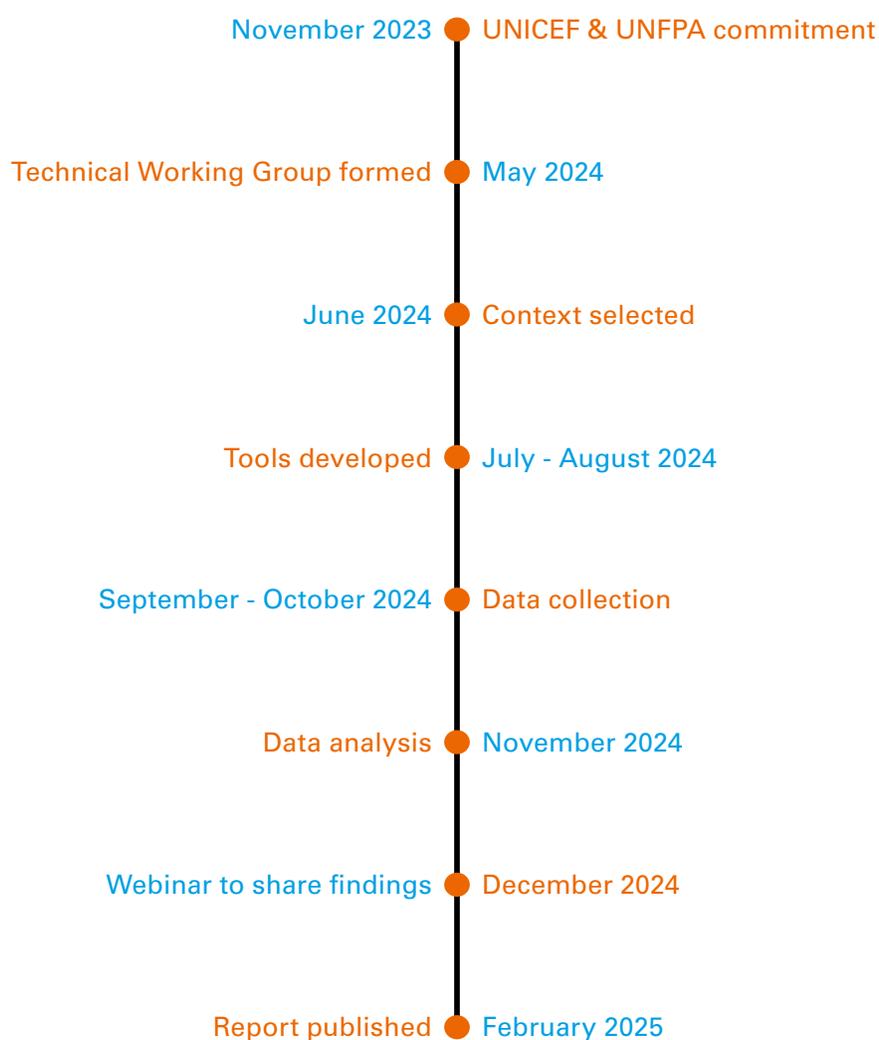
⁶ IASC (2020) With Us and For Us: Working with and For Young People in Humanitarian and Protracted Crises

https://interagencystandingcommittee.org/sites/default/files/migrated/2021-02/IASC%20Guidelines%20on%20Working%20with%20and%20for%20Young%20People%20in%20Humanitarian%20and%20Protracted%20Crises_0.pdf

⁷ Singh NS, DeJong J, Popple K, Undie CC, El Masri R, Bakesiima R, Calderon-Jaramillo M, Peprah E, Naseri S, Cornier N & Blanchet K. (2023) "Adolescent wellbeing in humanitarian and fragile settings: moving beyond rhetoric." *BMJ*: Mar 20 <https://pmc.ncbi.nlm.nih.gov/articles/PMC10019456/>

Selection of Context and Methodological Approach

A global Technical Working Group (TWG), chaired by UNICEF and UNFPA, was established to provide expert guidance and advice on the review.⁸ With the input of the members of the TWG and using criteria that included contextual accessibility and operational demands on humanitarian actors' time, UNICEF and UNFPA identified the humanitarian response in the Borno, Adamawa, and Yobe (BAY) States in northeast Nigeria as the location to carry out this first-of-its-kind review.



⁸ The TWG, co-chaired by UNFPA and UNICEF, includes Church World Service, Global Survivors Fund, International Rescue Committee (IRC), InterSOS, OCHA, Plan International, Norwegian Refugee Council (NRC)/NorCap, Save the Children, UNHCR, USAID-Bureau of Humanitarian Affairs (BHA), WFP, Women's Refugee Commission (WRC).

CONTEXT OVERVIEW⁹

The Borno, Adamawa, and Yobe (BAY) States of northeastern Nigeria have experienced 15 years of conflict and underdevelopment that has seen thousands killed and abducted by non-State armed groups and millions are living with the effects of violence. In 2024, 7.9 million people are in need of humanitarian assistance and many geographic areas receive little to no humanitarian aid due to insecurity and access constraints.

Adolescent girls face abduction, rape, sexual servitude, force and child marriage, and other violations of their rights. Women and girls are disproportionately affected by the crisis due to prevailing gender inequality upheld by harmful social norms.

In September 2024, flooding left over 300 people dead and affected 1.3 million people in Borno State, exacerbating the need for humanitarian support in a situation of protracted crisis.



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⁹ Context overview is summarized from OCHA (2024) Nigeria Humanitarian Needs Overview <https://reliefweb.int/report/nigeria/nigeria-humanitarian-needs-overview-2024>, OCHA (2024) Nigeria Humanitarian Response Plan <https://www.unocha.org/publications/report/nigeria/nigeria-humanitarian-response-plan-2024>, and OCHA (2024) Nigeria: Floods – Situation Report No. 5 <https://reliefweb.int/report/nigeria/nigeria-floods-situation-report-no-5-1-november-2024>

To guide the development of tools and the collection of data during the review, the TWG agreed on the following five approaches:

- ◆ **Interagency** – The review was co-led by UNICEF and UNFPA, but required the participation of other humanitarian actors, which improved the collection of data and information and contributes to the collective advocacy towards meaningful inclusion of adolescent girls within humanitarian responses.
- ◆ **Multi-sectoral** – Adolescent girls have multiple and diverse humanitarian needs in crises that can only be met through a comprehensive response encompassing delivery across the UN-led humanitarian coordination system, including health, protection (including child protection and GBV), education, water, sanitation and hygiene (WASH), nutrition, shelter, and food security.
- ◆ **Participatory** – The review ensured that adolescent girls could participate to provide their perspectives and inform the findings and recommendations in a manner that is safe and appropriate to their age, abilities, and the context.
- ◆ **Survivor-centered** – While this review does not specifically target survivors of violence, in case survivors disclosed violence during data collection, the principles of safety, dignity, confidentiality, and non-discrimination were important and referrals could be made to available services with the informed consent of survivors.
- ◆ **Intersectional** – Adolescent girls are not a homogenous group and there are subgroups that experience discrimination and barriers to accessing aid differently. For instance, girls living with disabilities, HIV, and/or mental health problems, those who are married and/or mothers, and girls from the lesbian, bisexual, transgender, intersex (LBTI) community have additional and/or unique needs that will require adaptations to humanitarian aid programming and wherever possible and safe to do so, these were assessed during the review.

The review employed a mixed methods approach to collection of data and included the following elements:

- ◆ **A desk review** of 28 documents, including academic articles, advocacy papers, the 2024 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), and program-related reports. See Annex A for a list of documents included in the desk review.
- ◆ **An online survey** to capture the perceptions of humanitarian actors in Northeast Nigeria on the inclusion of adolescent girls' needs within the humanitarian response; 270 responses were received, including from Nigerian Government Ministries, UN agencies, international NGOs, local NGOs, and the donor community.¹⁰ All Sectors of the humanitarian system responded to the survey.¹¹ See Annex B for the survey questions.
- ◆ **Twenty-nine key informant interviews (KIIs)** were held with 61 key informants, including Sector Coordinators, staff from international NGOs with adolescent-focused programming, local women-led organizations (WLOs), and local youth-led organizations, and representatives of State Ministries. KIIs focused on the following themes:
 - ◇ What is working well within the humanitarian response regarding adolescent girls' needs?
 - ◇ Where are the gaps in the current humanitarian response?
 - ◇ What are the barriers to identifying and meeting adolescent girls' needs?
 - ◇ What actions can be taken to improve the response and meet adolescent girls' needs?

- ◆ **Interactive and engaging focus group discussions (FGDs)** with adolescent girls (and their caregivers, where appropriate) were undertaken by Plan International, International Medical Corps (IMC), International Rescue Committee (IRC), Norwegian Church Aid (NCA), and Save the Children in Adamawa, Borno, and Yobe States. Nineteen FGDs were held and 192 adolescent girls and 28 caregivers participated. FGDs followed safety and ethical protocols and were held in locations

METHODOLOGY IN NUMBERS
28 documents reviewed
270 online survey respondents
29 key informant interviews
61 key informants
19 focus group discussions
192 adolescent girls
28 caregivers
8 women-led organizations
2 youth-led organizations

¹⁰ The breakdown of survey responses by actor: Nigerian Government Ministries (10.4%), UN agencies (5.2%), international NGOs (20.7%), local civil society organizations (CSOs) (62.2%), donor community (1.5%)

¹¹ In Nigeria, the term 'Sector' is used to describe the components of the UN-led humanitarian system and the breakdown of survey responses by Sector are: Protection (including Child Protection, Gender-based Violence, Housing, Land and Property & Mine Action Sub-Sectors) (56.7%), Nutrition (7.0%), Logistics (1.1%), Health (including SRH Working Group) (13.0%), Food Security and Livelihoods (3.7%), Education (9.6%), Early Recovery (0.7%), CCCM (6.7%), Shelter (0.7%), WASH (5.9%), Humanitarian Cash Transfers (0.7%), multisector (4.0%)

that were accessible and familiar to adolescent girls, such as a women and girls' safe space (WGSS) or adolescent-focused sessions near health facilities. Trained female facilitator(s) known and trusted by adolescent girls facilitated the discussions, ensured that consent was provided for participation, and were prepared to receive disclosures of violence and make safe and confidential referrals to specialized child protection and GBV services. No questions were asked about individual experience of violence, no FGDs of survivors were convened, and no personally identifiable information was collected at FGDs. For the FGD tool used, see Annex C.



Limitations

Survey responses, while captured anonymously, were self-reports of humanitarians' perceptions on their own organization's performance and are likely to include conscious and unconscious biases, which could lead to individuals' over or under stating the inclusion of adolescent girls' needs within the humanitarian response.

Due to the flooding caused by the failure of the Alau Dam on September 18, 2024, the review faced unexpected limitations and the planned in-person workshops and KIIs had to be cancelled.¹² As an alternative, remote KIIs were held, but some planned KIIs were not possible due to the competing demands for humanitarian staff time in the flood response and connectivity challenges, especially for some local organizations. In addition, some FGDs were not possible due to interruptions in adolescent-focused programming and the necessary prioritization of the flood response among FGD hosting organizations

Many of the participants of the FGDs were adolescent girls and their caregivers that were already accessing support through targeted programming, which may have lent bias to the responses of where the gaps in the humanitarian response are, however, FGDs were not aimed only at participants' experiences, but also those of other girls within their communities.

Due to the harmful social norms that exist around gender roles, GBV, SRH, and the LGBTQI community, the risks and experiences may not have been fully expressed by participants, especially FGD participants. Similarly, there could have been risks of backlash and harm to raising issues faced by girls associated and formerly associated with non-State armed groups due to a fear of being perceived as being associated with the non-State armed group.

This review was not designed to carry out a full needs assessment in every Sector and the report should not be read as the full account of where there are gaps, however it does highlight important areas that adolescent girls' needs are not being met and where they feel more needs to be done. Similarly, this report does not include all best practices and examples of successful integration of adolescent girls' needs across the multi-sector and inter-agency response. Examples of promising practices that were identified during the review have been provided throughout the report and the recommendations listed at the end of the report are targeted towards the stakeholders within the humanitarian ecosystem within northeast Nigeria, which includes Sector coordinators, international and local humanitarian organizations, the international donor community, and the Government of Nigeria who all have important parts to play in ensuring that adolescent girls needs are met and identified in the BAY States.

¹² For more information on the flooding in Borno State in September 2024, see ACAPS (2024) Briefing Note – Nigeria: Humanitarian impact of floods in Borno State <https://reliefweb.int/report/nigeria/acaps-briefing-note-nigeria-humanitarian-impact-floods-borno-state-24-september-2024#:~:text=By%2018%20September%2C%20the%20floods,largest%20city%20in%20northeastern%20Nigeria.>

Findings

Translating Awareness of Adolescent Girls' Needs into Action

There is awareness among humanitarian actors about the challenges faced by adolescent girls across the BAY States, including from survey respondents, 32.2% of which felt that adolescent girls' needs were fully captured during needs assessments and planning processes and 49.6% felt they were partially captured. **Many humanitarian actors are aware of the unique needs among adolescent girls**, including access to education, menstruation hygiene management information and materials, availability of healthcare, and the unique risks they face to violence, including abduction by non-State armed groups.

KII QUOTE

"There have been very good efforts to identify girls' needs, but the humanitarian system has not been able to meet them."

But despite a reasonable awareness of their needs, there remains **a considerable gap in effectively and comprehensively responding to adolescent girls' needs**. Only 16.7% of survey respondents believed that adolescent girls' needs were fully met through the delivery of humanitarian aid and 55.2% stated that their needs were only partially met.

All of the FGDs outlined multiple unmet needs and described the hardships experienced by adolescent girls in the BAY States and while the 2024 HRP acknowledges the incredible limitations and constraints on the humanitarian system to deliver against its ambition, **adolescent girls are disproportionately underserved**.

KII QUOTE

"I would say that we are at 2/10 on the inclusion of adolescent girls' needs, in other words, there is lots of room for improvement"

Reasons for the gaps in the existing response for adolescent girls are the lack of humanitarian financing and shrinking humanitarian space, security constraints that prohibit humanitarians from accessing communities affected by conflict and prevent adolescent girls from accessing humanitarian aid, and harmful social norms that affect the way in which services are delivered and limit their appropriateness and accessibility.

The 2024 HRP identified 7.9 million people in need of humanitarian assistance and required \$926.5 million to meet their needs. Between January and June 2024, the numbers of people reached was less than half of the target (44.8% or 2 million people)¹³ and only \$516.6 million or 55.8% of the funding required had been received or committed by November 2024.¹⁴

However, despite the overwhelming challenges faced by the humanitarian system to meet all needs of the affected population in the context, **the review identified specific unmet needs of adolescent girls as well** as actions that can be taken by humanitarian actors and other stakeholders to meet them.

Sexual and reproductive healthcare (SRH) for adolescents, both boys and girls, is considered a sensitive issue in the BAY States and not included in the regular educational curriculum, which **prevents adolescent girls from accessing accurate information and education on SRH**. Social norms that dictate that adolescent girls should be sexually active exacerbate the barriers they face to accessing lifesaving healthcare.

However, **adolescent girls want information on their anatomy, puberty, reproduction, and menstruation**, especially for younger adolescent girls who have recently started menstruating.

Older adolescent girls who are in intimate relationships, including those who are married, want information on contraception. Yet this information is not readily available through comprehensive sexual and reproductive health education in schools nor through the healthcare system and it is not available in formats and language that is appropriate for an adolescent audience.

When girls cannot access SRH-related information through formal channels, especially on family planning, they are **receiving inaccurate information from their peers on contraception leading to unintended pregnancies and transmission of HIV**. Due to the poor and judgmental treatment they face from healthcare facility staff, including clinicians, pregnant adolescent girls experience distress and shame and may stop accessing antenatal care, leading to poor birth outcomes. In some cases, girls have sought out

PROMISING PRACTICE

UNFPA and their partners Norwegian Church Aid (NCA) in Adamawa State and Centre for Comprehensive Promotion of Reproductive Health (CCPRH) in Yobe State have established youth-friendly spaces near health facilities.

These spaces are meeting points for adolescents where they can receive safe, non-clinical, age-appropriate, and accurate information on SRH and GBV as well as access to services if needed.

¹³ OCHA <https://humanitarianaction.info/plan/1190> (retrieved November 5, 2024)

¹⁴ OCHA Financial Tracking Service (FTS) <https://fts.unocha.org/plans/1190/summary> (retrieved November 5, 2024)

unsafe abortions, which has led to sepsis and even death. The gaps in the availability of SRH information and services are particularly important in a context where the power imbalances and harmful social norms have led to an increase in transactional sex and in the risks of sexual exploitation and abuse (SEA) in a context where women and girls are not able to negotiate safer sex, including condom use. Further, the lack of SRH education and information also limits the knowledge men and boys receive on pregnancy, contraception, transmission of HIV, and consent, which ultimately affects women and girls in the BAY States.

Moreover, **clinical management of rape is not always available** for adolescent girls who are targeted with GBV and staff of healthcare centers, both clinicians and administrative, often hold harmful values and beliefs about GBV and girls are faced with discrimination and blame when they do seek services.

Health centers and facilities are not always present in adolescent girls' communities and do not consistently offer adolescent-friendly healthcare meaning that adolescent girls may have to pay for consultations and treatments, have their parent or caregiver present, miss school to access health services due to their timing, or travel distances to reach health facilities, which comes with a cost. There are also insufficient numbers of female clinicians within health centers and facilities, whom adolescent girls would prefer to receive care from as they feel safer disclosing their need for SRH information and services and their experience of violence. Adolescent mothers and their children are often excluded from health and nutrition programming, due to the barriers linked to stigma they face within their community and the lack of interventions that target them.

PROMISING PRACTICE

The International Rescue Committee (IRC)'s WASH team carried out a consultation with adolescent girls and women of reproductive age.

During focus group discussions, IRC found out that reusable sanitary pads were preferable to single-use pads and a change was made to the menstruation hygiene management kits that were distributed within IRC WASH programming.

Despite concerted efforts to distribute sanitary pads to adolescent girls, including distributions of sanitary pads to schools for students and teachers and within adolescent-focused interventions at safe spaces in the community, a consistently reported gap in the response is **the need for more frequent distribution of menstruation hygiene materials** (which girls described as sanitary pads, underwear, detergent, buckets, and water) or cash to purchase these items. In addition, consultations need to be done at community level to determine what types of sanitary materials

are most suitable, single-use or reusable, based on availability of water and girls' preferences, and distribution of information on menstrual hygiene management and how to use sanitary pads is required by some adolescent girls, especially for younger adolescent girls who have recently started menstruating.

Reports were received during the review that sanitary pads provided within WASH kits distributed to households were not always shared with adolescent girls in the family, highlighting **the need for targeted distribution methods and post-distribution monitoring** to ensure that adolescent girls receive the supplies intended for them.

Adolescent girls across the BAY States are targeted with **multiple forms of GBV** by perpetrators in their communities, their homes, and at school. Girls associated with non-State armed groups are subjected to physical and sexual violence and abuse, including forced marriage to fighters, forced pregnancy, and acts of torture. Girls in the BAY States live with the threat of abduction by non-State armed groups, including on the journey to and from school, which limits their movements and prevents their attendance at school.

Survivors of GBV, including adolescents, do not have regular and consistent access to multi-sector services, including mental healthcare, SRH, and access to justice that are safe and respectful.¹⁵ Services that are available do not always operate using a survivor-centered approach and do not respect the privacy, confidentiality, and agency of adolescent girls or respond to disclosures of violence without judgement and instead with kindness and empathy.

PROMISING PRACTICE

Education Sector partners have hired and trained female teachers to teach adolescent girls to sew reusable sanitary pads and WASH Sector partners have constructed segregated latrines for boys and girls as well as installed changing rooms for girls to use when they need to manage the periods during the school day, including waste systems in case pads and other materials need to be discarded.

Existing GBV reporting systems, including two free hotlines, require access to phones and credit as well as safe and private spaces to make a call, neither of which are typically available to adolescent girls. If girls are able to disclose their experience of violence or access services, they fear backlash from their community and family members. **GBV services that are available are insufficient to meet the need**, including for case management; there are insufficient numbers of social workers/para-social workers with the skills and experience in caring for child survivors of GBV and who

¹⁵ For a more comprehensive review of the availability of GBV services for adolescent girls, see GBV Sub-Sector Nigeria (2024) *Adolescent Needs Assessment on Gender-based Violence Services: Health and Community Perspectives*

can provide psychosocial support and facilitate access to specialized services for girls that have experience violence.

KII QUOTE

"It is a nightmare for a woman here.
Anyone can hit you, slap you, attack you."

Justice systems are weak and not survivor-centered in northeast Nigeria and perpetrators of GBV are able to act with impunity. Law enforcement officers are often perceived as unsafe for adolescent survivors of GBV who face victim-blaming attitudes when they make a police report of sexual abuse and assault as do their parents, caregivers, and family members.

Adolescent girls do not feel safe in their communities and not only fear abduction by non-State armed groups, but also sexual violence and harassment from community members and humanitarian actors, including when moving to and from school and when using the toilet or latrine. Girls mentioned that they wish there was more lighting within their communities and that there were more well-lit and lockable latrines located closer to their homes so they did not have to go to the bush to use the toilet. While some Sector members carry out safety audits to identify actions to mitigate risks of violence at intervention sites, this approach is not systemic nor a requirement of for Sector reporting or the NHF.

PROMISING PRACTICE

Members of the Education Sector and the GBV Sub-Sector have trained female teachers and school-based Girls Clubs on violence, including GBV, so that girls understand and can speak up about what they are facing at school and on the way to and from school. The GBV referral pathways have been distributed through schools, including information on hotlines available for reporting incidents, which has allowed survivors of GBV to access services, including case management.

The Education Sector has also introduced the Incident Monitoring Tool into schools to better understand safety and safeguarding issues faced by students.

Mental health and psychosocial issues are a concern for survivors of GBV, especially for adolescent girls that have returned and were formerly associated with non-State armed groups or who live in constant fear of being forcibly taken by the non-State armed group. While there are interventions to support the psychosocial needs of adolescent girls, including peer networks and women and girls' safe spaces, **specialized mental healthcare is unavailable** to those who need it.

A form of GBV, sexual exploitation and abuse (SEA) was raised by participants in the survey that the lack of resources within communities and the gendered disparities in wealth and access to resources, adolescent girls are at risk sexual exploitation in exchange for food and access to humanitarian aid.

Adolescent girls and their caregivers are concerned about child marriage within their communities.¹⁶ Lack of resources, including cash and food, within the home paired with the harmful social norms on gender roles and discriminatory practices against girls are key drivers of early marriage. While **there are efforts to prevent child marriage, they are not reaching all vulnerable girls** who are at risk of marriage and married girls are falling through the cracks of many humanitarian interventions and their specific need are being neglected.

While it is not legal to marry before the age of 18 under Nigerian law, in practice there are many early, child, and forced marriages, including in instances of GBV and pregnancy where girls are forced to marry their perpetrator. **Nigerian law does not prohibit rape within marriage** and adolescent girls in violent and/or coercive intimate partnerships are unable to access services and support or leave their abusive partners.

FGD QUOTE

"We want education so that we can read and write and also get good jobs."

A consistent gap in the lives of adolescent girls in northeast Nigeria is **access to quality and appropriate primary and secondary school education**. There are shortages of teachers, including women teachers, and in some instances one teacher is instructing over one hundred students and where teachers are present in schools, their wages may not be paid regularly by the State Ministry. There are not always secondary schools in girls' communities or they are located a far distance from where adolescent girls live, similarly, education is not consistently available for girls on the move or residing in transit or displacement camps.

¹⁶ The Multiple Indicator Cluster Survey (MICS) in 2021 found 48.8% of young women (aged 20-24) had been married before the age of 18 in Borno and Yobe and 27% in Adamawa.

Even when teachers and schools are available, **adolescent girls face multiple barriers to receive an education**, including pregnancy, marriage, competing household and domestic demands, unsafe journeys to and from school, and financial barriers to school attendance, including the cost of school fees, uniforms and hijabs, sandals and socks, books, supplies, and transportation.

FGD QUOTE

“There is no school for our daughters to learn in the camp and they are remaining illiterate.”

Good practices were identified, including targeted reinsertion efforts and accelerated learning programs for girls who are returning to formal education after an absence, which include **engagement with parents and caregivers to ensure their support for girls' continued education**. Notable efforts have been made to ensure that displaced girls have access to temporary learning spaces and a condensed curriculum. However, there remain considerable constraints to educating adolescent girls in the BAY States that will require investment and commitment at all levels of Government and within the international development community.

Despite the many challenges, **schools can be instrumental in ensuring that adolescent girls who have experienced violence, including in their homes, can access support**, especially when school-going girls trust their teachers and feel safe to share their challenges and struggles. Schools in the BAY States have been linked with GBV referral pathways, which is a first step to improving adolescent girls' access to case management and referrals to other available services, but this is currently limited to the sharing of referral pathways and could be deepened to embed social workers who can provide case management within the school setting.

PROMISING PRACTICE

UNICEF is delivering multi-sector messages on hygiene, nutrition, and sexual and reproductive health via safe spaces in displacement camps and has piloted an approach that integrates key nutrition messages into schools via Girls Clubs, but this has only been possible in two local government authorities (LGAs) due to limited funds.

Nutrition Sector members are aware of **specific nutritional concerns among adolescent girls**, particularly the need to treat anemia to address iron deficiency and provide folic acid to girls, but it has not been possible due to the absence of approvals from relevant Ministries to proceed with school-based nutrient supplementation as these interventions are usually for pregnant women and this is presumed to be inappropriate for girls and to lead to early pregnancies.

Nutrition actors have made efforts to ensure that pregnant adolescent girls are able to participate in nutritional counselling for infant and young feeding and nutritional information, food preparation, and kitchen gardens but these **interventions are not always designed in collaboration with adolescent mothers** so may not always be relevant or reaching them.

These multi-sector and unmet needs can only be addressed through **increases in funding for the humanitarian response, increases in investment by development partners, including the Government of Nigeria, and a cessation of conflict to allow for access to communities where adolescent girls live.** The funding and space for humanitarian action is shrinking and where interventions are funded, it is typically from short-term funding sources that do not allow for the necessary scale-up and longer-term programming that is required to meet the needs of adolescent girls. As long as humanitarian actors need to make difficult decisions on what to prioritize, the needs of adolescent girls are at risk of being further left behind.

Building on the Existing Foundation

The 2024 HRP¹⁷ recognizes that the ongoing conflict disproportionately affects women and girls as well as the harmful social norms that hinder girls' ability to live lives free of violence, exploitation, and abuse and enjoy equal opportunities as their male counterparts. Within the HRP, the Protection and Education Sectors state that adolescent girls should be prioritized for targeted interventions to ensure they have access to education and training as well as protection-related programming. However, the 2024 HNO only mentions girls in relation to demographic numbers and does not provide details on their unique needs. As there are no specific questions within multisector assessment tools on adolescent girls' needs, **there are no indicators in the HRP that are specific to adolescent girls**, meaning there is no way to measure progress against the ambition to prioritize interventions targeted towards them.

KII QUOTE

"We need to be deliberate about including adolescent girls as standard practice."

Some of the **building blocks for a strong response for adolescent girls are in place** within the humanitarian system in the BAY States and good practices within the coordination architecture were found during the review. For instance, a strong approach to localization and accountability to affected populations (AAP) has been adopted by OCHA and within the coordination structure used in the BAY States. The Community Engagement Accountability and Localization Working Group

¹⁷ Nigeria Humanitarian Response Plan 2024 <https://www.unocha.org/publications/report/nigeria/nigeria-humanitarian-response-plan-2024>

(CEAL) is a cross Sectoral thematic working group whose secretariat is co-led by Jireh Doo Foundation, a local WLO.

A national Gender Technical Team (GTT) is co-led by OCHA and UN Women and within the WASH and Nutrition Sectors there are working groups on gender that are co-led by international and local NGOs. The GBV Sub-Sector regularly advocates for the needs of adolescent girls across the interagency coordination system. These structures provide entry points for discussion about the unique needs of adolescent girls and if and how they have been integrated into the response, but there is **no interagency forum exclusively focused on the multi-sector needs of adolescent girls**.

Although the protection needs of adolescent girls are well understood within the GBV and Child Protection Sub-Sectors, the lack of a space to discuss their crosscutting needs leads some key informants to feel as though there is **a lack of accountability for meeting adolescent girls' multisector needs**. Key informants for the review felt that when OCHA has the lead on a thematic area (for instance, on AAP and on disability), it gets a higher profile within assessments and planning processes. A platform hosted by OCHA and dedicated to adolescent girls could be the vehicle for collective advocacy on the inclusion of adolescent girls' unique needs in assessments, ensuring adolescent girls have the opportunity to participate in intervention design and monitoring as well as coordination.

Some actors within the humanitarian response report integrating measures into programming, especially members of the Protection Sector and its Sub-Sectors, Child Protection, GBV, Housing, Land and Property, and Mine Action, but **there is room to improve the systemic use of measures that will improve the identification and response to adolescent girls' needs**, especially on consultation and participation of adolescent girls and their accessibility to grievance and reporting systems as shown in *Table 1*.

Measure to include adolescent girls	Survey respondents reporting using the measure from all Sectors	Survey respondents reporting using the measure with Protection-focused actors removed
Ensure all data is disaggregated by sex, age, and disability	78.2%	72.7%
Co-design of programming with adolescent girls (and their caregivers)	36.7%	28.7%
Include indicators within results frameworks that are specific to adolescent girls' needs	40.8%	33.6%
Capture the unique needs of adolescent girls in needs assessments (eg. management of menstruation, sexual and reproductive health education and services, risks of GBV against adolescent girls)	69.3%	61.5%
Hold consultations with adolescent girls (and their caregivers) during response assessments/planning	43.1%	31.5%
Hold consultations with adolescent girls (and their caregivers) during response monitoring	34.8%	25.9%
Make adaptations to programming based on feedback received from adolescent girls (and their caregivers)	38.2%	28.7%
Provide adolescent girls opportunities to participate in decision-making that affects their lives (eg. establishing a committee made up of adolescent girls to provide advice and guidance to decision-makers)	43.8%	35.7%
Dedicated programming to meet adolescent girls' needs (eg. girls' safe space programming, adolescent-friendly SRHR education and services, parenting interventions for adolescent mothers)	45.3%	38.5%
Ensure adolescent girls have access to feedback and reporting mechanisms by ensuring they are age and gender appropriate and safe and accessible	58.8%	49.7%

Table 1: Use of measures to incorporate the needs of adolescent girls as reported by survey respondents

Survey data aligns with information gathered during the KIs with Sector Coordinators, who shared that there are **no guidance or tools are readily available** to support their members to understand the Sector-specific needs of adolescent girls and how to meet them.

Critical Transition from Childhood to Adulthood Through Adolescence

The period of adolescence covers a range of ages between childhood and adulthood and is one of great physical, psychological, and social changes, yet there is **limited support for older adolescent girls to safely, securely, and smoothly transition through this time in their lives.**

In the humanitarian response in the BAY States, disaggregated data is collected by all of the Sectors, but as the global and Nigerian working definitions of adolescence are ages 10 to 19, this age range is not reflected in age disaggregation of data that is divided into children (up to 17 years) and adulthood (18 years and up). The result is that **data is not regularly disaggregated in a way that reflects the unique experiences and needs of adolescents**, including the differences between younger and older adolescents.

Adolescent girls find themselves caught between child-focused interventions that they feel too old for and adult-focused interventions that do not cater to their differing needs. For instance, married adolescent girls are seen as adults by their peers, communities, and service providers and have domestic responsibilities that can prevent them from accessing education or child friendly spaces. Similarly, antenatal and postnatal healthcare services may be inaccessible for adolescent mothers as the services are not offered in an adolescent-friendly manner, for example, providing information in age-appropriate language and format, ensuring that staff have non-judgmental attitudes, and pro-active outreach to adolescent mothers to provide information and services outside of health facilities.

PROMISING PRACTICE

The Global Survivors Fund (GSF) has co-designed interventions with women and girls who are survivors of Boko Haram's sexual violence to support their return to Nigeria, facilitate their healing, and as an interim reparation measure for the human rights abuses they have suffered.

These young women and adolescent girls have been able to access to suitable education as the opportunity to learn was what they most wanted, especially as many lost the chance to go to school during the time of their abduction.

To do so, GSF identified a private educational institution to provide an adapted trauma-informed and values-based curriculum to support psychosocial and educational needs.

Many adolescent girls and young women who were formerly associated with non-State armed groups, including Boko Haram, **missed their transition through childhood adulthood through adolescence** due to their abduction.

Both they and their children have received limited formal education and typical educational reinsertion efforts are not appropriate as they face shame and stigma and may be too old to return to formal school or feel as though they are no longer children who require formal education.

During FGDs, older adolescent girls shared that they want vocational training opportunities to **learn practical skills that can support them to work and make money**. This is especially the case when older adolescent girls cannot or do not want to attend school, where secondary schools are not available, or when girls are too old to return to secondary school.

Skills-based capacity building projects that have previously been well received by adolescent girls include tailoring, food preparation, computer skills, photography, bag and shoe making, and making reusable sanitary pads. **Financial literacy and basic business skills are also important** to include in skills-focused interventions, which are necessary for adolescent girls to translate knowledge into livelihoods. Participants in KIs also shared examples of when skills training were ineffective when they were not based on market assessments, were only offering one type of practical skill for training, were not paired with basic business skills, and were unsustainable and required regular financial support to transition into viable livelihoods.

KII QUOTE

“Adolescent girls need something that will provide them with a livelihood.
Apprenticeships or other work schemes would be helpful.”

Beyond skills training, **work experience, apprenticeship, or other job-related schemes would be beneficial** to get adolescent girls the exposure to employment and livelihoods possibilities that exist within their communities. For older adolescent girls that wish to start a small enterprise, start-up capital should be provided to allow for self-sufficient businesses and a chance to provide girls with an income.

Investing in the safe and smooth transition from childhood to adulthood through adolescence is not only good for adolescent girls, but also for their families and for future peace, prosperity, and economic development in northeast Nigeria.

More of What Works - Targeted Interventions in Spaces Safe for Adolescent Girls

Throughout the review, many participants flagged the **importance of humanitarian interventions that target adolescent girls in dedicated and secure places where they are safe to access information, psychosocial support, and receive services.** These 'safe-space' interventions are typically implemented by members of the GBV and Child Protection Sub-Sectors and the SRH Working Group and are premised on the fact that adolescent girls do not have free and equal access to public spaces, cannot move freely within their communities, and cannot easily connect with their friends and peer networks so spaces are provided for them to do so.

FGD QUOTE

“Our girls need more female facilitators, mentors, and role models in the community that will teach our children positive life skills and self-development.”

This type of targeted intervention allows for **multisector support to be delivered to adolescent girls**, including health (i.e. SRH, antenatal, and postnatal care), psychosocial support through peer networks, counselling, mentorship, case management for survivors of GBV and other forms of



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violence against children, skills training to support livelihoods, and the distribution of supplies they need (i.e. sanitary pads). These interventions are particularly important for adolescent girls who otherwise cannot access information and support, such as those not in school, adolescent mothers, and married girls, but only when they are designed with these groups in mind.

Targeted interventions within safe spaces also allow for the empowerment of girls and offer an opportunity for them to participate in decision-making, including decisions about the type, frequency, and location of where they receive humanitarian assistance.

In fact, the FGDs for this review were only possible because there were existing safe spaces operated by international NGOs where adolescent girls felt safe enough to share their thoughts and opinions on the humanitarian response.

PROMISING PRACTICE

In Borno and Adamawa States, IRC has supported at least 5,700 girls with essential services and mentorship using their Girl Shine curriculum, which addresses safety, health, emotional well-being, and financial literacy, empowering girls to make informed decisions and advocate for themselves.

Through a holistic approach, the IRC creates supportive environments, including by establishing safe spaces, offering life skills training, engagement with communities, and fostering mentorship relationships, helping girls overcome challenges and reach their full potential.

KII QUOTE

“When asked, adolescent girls will normally share their needs for food, education, shelter, and general health, but when they have the opportunity to discuss with someone they know and trust in a safe place, they will share more on their protection and sexual and reproductive health needs.”

These targeted interventions are most successful when they have sufficient funding to run over multiple years, allowing for trust and relationships to build between safe spaces' facilitators and adolescent girls as well as among adolescent peers and mentors, but also with caregivers and within the communities especially because delivering a project that aims to empower girls may be perceived as transgressing social norms and can face resistance from caregivers and the community if they do not understand and appreciate its wider benefits.

While the value of these interventions is widely understood by the humanitarian community, **dedicated safe-space interventions currently only reach limited numbers of adolescent girls across the BAY States**, due to limitations in funding, insecurity and access, and limited capacity and experience among local organizations to establish and operate long-term targeted programming using tested models and curricula.

Rare Opportunities to Participate in Decisions

Adolescents offer energy, enthusiasm, and creativity to improving their own lives as well as their communities during times of crisis. They can also contribute to humanitarian response efforts in multiple ways from participating in assessments, finding creative solutions to problems that affect them and their peers, to being a source of support to family and friends to cope with the effects of the crisis.

However, adolescents, and particularly adolescent girls, in the BAY States, **do not have opportunities to participate in decisions that affect their lives**. Adolescent specialists that participated in the review felt that adolescent girls' agency was not understood nor appreciated among all humanitarian actors and that adolescent girls were viewed simply as recipients of aid and not as active participants within the humanitarian system. This was a view shared for both older and younger adolescent girls, who are particularly distant from decision-making spaces, including safe space programming (which this review relied on to gather insights and perspectives from adolescent girls). older and younger adolescent girls, who are particularly distant from decision-making spaces, including safe space programming (which this review relied on to gather insights and perspectives from adolescent girls).

KII QUOTE

“Adolescent girls are shadow members of the community – their plight is not brought to the table”

To ensure they have opportunities to speak about their experiences and preferences within the response, **concerted efforts are needed to provide adolescent girls with information, spaces, and platforms and to ensure their safety when they participate** as in the context, social norms dictate that older adults speak on behalf of younger family members, including among adolescents.

Currently, no platform exists to allow girls a voice in decisions taken by local government authorities or the humanitarian coordination system on issues that will affect them. One key informant recommended that adolescent girls' committees be formed at local government authority (LGA) level, recalling the past success of the Children's Parliament in Nigeria. Another key informant suggested that the humanitarian system create a dedicated platform, for instance an advisory group, for adolescents within the humanitarian architecture that would allow them to speak directly to the Humanitarian Country Team (HCT) and share their views on issues they are facing at home, at school, and in their communities.

FGD QUOTE

"We use dramatic tools when working with adolescent girls. This approach allows them to share experiences through storytelling and can be used as a way of consulting with adolescent girls."

When there have been community-based consultations, for instance during the development of the 2024 HNO, the spaces created for **community engagement sessions are not typically safe or open to adolescent girls' participation.**

Adolescent girls need to have **improved access to reporting mechanisms, especially to report SEA**, that are accessible and safe for them to use and where they can share their thoughts and feedback on the delivery of humanitarian assistance in their communities. Not only is a reporting system necessary, but information and training on how and when to use it will be important as adolescent girls in the BAY States are not accustomed nor familiar with processes where they are asked to provide their views, especially in public fora.

While interagency feedback systems exist, including the Community Engagement Accountability and Localization Working Group (CEAL) Working Group's collective accountability information management system, feedback is not received from adolescent girls, signaling that the **reporting system is not one that is trusted, known about, or accessible to adolescent girls.**

PROMISING PRACTICE

Plan International consulted with adolescent girls in the development of their Nigeria country strategy (2024-2028) through their Youth Advisory Panel and via the Girls Get Equal platform, created following a global Plan campaign to allow girls access to places and processes of decision-making.

The engagement with adolescent girls is not just a one-off event, adolescents are regularly invited to Plan's offices to share their perspectives and input into programming design and monitoring.

A good practice identified is **holding consultations within women and girls' safe spaces that are run by NGOs**. By holding consultations with adolescent girls in places they know and are facilitated by women or adolescent girls they trust, girls are able to speak honestly and openly, including about topics that would be considered taboo or could expose them to backlash if done in a public setting, such as about menstruation, violence, and SRH.

KII QUOTE

“Adolescent girls may have different food production needs, but we have not had the chance to ask them. For example, they might need livelihood options that are closer to home like raising poultry.”

But in order for adolescent girls to be able to participate in decision-making spaces, they **need to have age and gender-appropriate information in formats that are accessible to them, especially on decision-making, negotiation, and self-sufficiency**. Suggestions were provided on what could work to ensure to reach adolescent girls with information and messages. For instance, providing opportunities for adolescent girls to create their own content on topics that are important to them and using platforms they regularly access, such as mobile apps or messaging platforms. Another proposal shared is working with girls to develop adolescent-friendly campaigns with messages in local languages that could be distributed through Girls Clubs at schools and through faith-based networks, including mosques and churches.

Harmful, Patriarchal Social Norms Limit the Effectiveness of Humanitarian Response

Frequently cited during the review are the **harmful social norms that act as a barrier to adolescent girls' participation and access to the humanitarian aid that is available**. Rigid beliefs and attitudes that dictate the appropriate roles for adolescent girls within families, relationships, and communities are linked with behaviours that perpetuate the subordinate position of women and girls relative to men and boys and are the root cause of GBV, child marriage, and other forms of discrimination. There was a unanimous agreement among those who participated in the review that harmful social norms are present in within communities, services providers, but some informants also flagged that they exist within the humanitarian system in Nigeria.

These **harmful social norms mean that adolescent girls' needs are not prioritized, adolescent girls' voices are not heard, and they are not receiving life-saving aid** in the BAY States, where it is customary to expect girls to undertake domestic chores such as cooking, childbearing and rearing, which can lead to parents, caregivers, and husbands/partners preventing girls from accessing education, healthcare, psychosocial support. This is particularly problematic when parents/caregivers and partners/husbands are the channels through which adolescent girls receive information, including about available services and support.

KII QUOTE

“Adolescent girls are shadow members of the community - their plight is not brought to the table”

Service providers that demonstrate harmful social norms, especially those that believe that adolescent girls should not be sexually active and if they become pregnant or experience sexual violence that girls are to be blamed, are **not providing services in a non-judgmental and neutral way**.

Attitudes based on harmful social norms that underpin gender inequality are also expressed by members of the humanitarian community. Advocates for the prioritization of adolescent girls' needs within the humanitarian system have been met with resistance or challenges on why this is necessary, despite mounting evidence that adolescent girls are underserved within the response, including the well documented targeting of girls with abduction and sexual violence by non-State armed groups, the continuing challenges of retaining girls in schools, and the pervasiveness of marriage of girls throughout the BAY States.

To shift harmful social norms, **more dedicated programming is required and that works at all levels of the socio-ecological model**, including individual, community, and institutional levels to change the collective understanding of gender roles and particularly, what rights adolescent girls hold, including equal access to opportunities and services, especially humanitarian aid.

PROMISING PRACTICE

Norwegian Church Aid (NCA) implements the Enhancing Girls Agency and Gender Equality (ENGAGE) project in Borno State, which is a holistic approach to prevention and response of child marriage in emergency contexts. It includes:

- ◆ Community outreach targeting male and female caregivers of adolescent girls, teachers, religious leaders, and community members through workshops and dialogue sessions to change harmful social norms.
- ◆ Improving information and services available to adolescent girls to support their empowerment and psychological wellbeing.

Along with local partners Green Concern for Development (GREENCODE) and EYN Projects, they have reached 3,000 adolescents.

To implement interventions that will change beliefs, attitudes, and behaviours at each of these levels, programming needs to be carefully designed, but evidence now exists on how this can be done, including in emergencies.¹⁸

Diversity Among Adolescent Girls

Adolescent girls are not a homogenous group and **there are multiple subgroups that are particularly at risk of missing out on lifesaving humanitarian aid**, requiring consideration of the diversity within the population of girls between the ages of 10 and 19. Various factors will affect girls' vulnerability, access to information and services, and educational and empowerment opportunities, including their age within the range of adolescence.

Girls living with disabilities, both physical and intellectual, are unable to physically access intervention sites, are kept in their homes, and often do not have information and messages on services available that is tailored for them. They face discrimination from their peers and families due to lack of respect for their rights and assumptions on what they are and are not capable of doing. If there are available programs they can participate in, a women and girls' safe space for example, their parents/caregivers may not support their attendance. Accessible facilities are a challenge across the BAY States and humanitarian services, including latrines, schools, and aid distribution points, are not always accessible to people with mobility and communication challenges. Girls involved in the review shared their concerns that they know of girls with

¹⁸ For an overview of the evidence, see What works to prevent violence against women and girls in conflict and humanitarian crisis: Synthesis Brief <https://www.preventvawg.org/evidence-hub/what-works-to-prevent-violence-against-women-and-girls-in-conflict-and-humanitari>

disabilities who are begging in the street or are involved in street selling instead of being in school.

Adolescent mothers, pregnant girls, and married girls are often stuck between services that are not adolescent friendly and child-focused programming that is not accessible or appropriate for them. There are harmful attitudes that assume that adolescent mothers and pregnant girls that are not married are to blame for their situation and face isolation, shame, and stigma.

Households that are headed by adolescent girls, particularly adolescent widows, girls formerly associated with non-State armed groups, and girls caring for their children and siblings, are not always prioritized within humanitarian targeting and require dedicated efforts to reach, especially in displacement settings. Traditional family tracing and reunification and alternative care efforts are not always appropriate for these adolescent girls who cannot or do not want to be reunited with their family members.

Young women and adolescent girls formerly associated with non-State armed groups, including those that were abducted and forced to marry combatants, face complex distress and mental health concerns paired with ostracization from their communities. Many of these women and girls lost their adolescence and are caring for children that were born to Boko Haram fighters, but they face judgement and exclusion when they return. Safe space programming for adolescent girls may not be seen as something that these girls can or



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should participate in and these interventions may not offer the types of specialized support, especially mental health and psychosocial support (MHPSS), that these girls need.

Adolescent girls living with HIV not only face extremely limited access to specialized healthcare, but they are also vulnerable to discrimination and rejection from their families and partners. Moreover, due to limited testing facilities, they may not be aware of their HIV status and miss out on available medical treatment if it is available.

In order to reach these groups, **proactive outreach efforts are required** to subgroups of adolescent girls as well as gatekeepers, such as their parents, caregivers, family members, and service providers to ensure they are aware of services and support that are available and that they have a right to access it and that barriers that exist are identified and removed.

Services designed for, and ideally with, adolescent girls may need to consider adaptations to ensure that they are appropriate, accessible, and safe for all girls, especially girls living with disabilities, adolescent mothers, married girls, younger adolescent girls, and young women and girls formerly associated with non-State armed groups and their children.

PROMISING PRACTICE

CARE originally piloted the Adolescent Mothers Against All Odds (AMAL) approach in Syria and in 2022 brought the model to the BAY States of Nigeria, where pregnant adolescent girls receive support on decision making, social norms, empowerment, and access to services, including healthcare.

The model includes:

- ◆ Adolescent Mothers' Clubs facilitated by midwives, nurses, or social workers
- ◆ Community engagement with community leaders, imams, and traditional birth attendants to promote access to services and support the program
- ◆ Equipping service providers with the training and supplies they need to provide quality care to pregnant adolescents and adolescent mothers.

A Stronger Role for Local Women-led and Youth-led Organizations in the Humanitarian Response

Efforts have been made to **realize the ambition of the localization agenda** in the humanitarian response in northeast Nigeria. There is an active Community Engagement Accountability and Localization Working Group (CEAL), co-led by OCHA and a local WLO and the NHF is accessible to local organizations, has had a special funding window for local WLOs, and has a WLO representative on its Advisory Board.

No adolescent girl-led organizations were identified to participate in the review, which could be due to the lack of opportunities that adolescent girls have to participate in decision-making spaces and be leaders at all levels of their communities and Government and/or could also demonstrate that if girl-led organizations exist that they are not active or face barriers to participating within the humanitarian response.

However, **local women-led and youth-led organizations continue to face barriers to active participation in the humanitarian architecture**, yet they best understand the challenges facing adolescent girls and can offer sustainable solutions that are grounded in their lived experiences. Working through local organizations is widely acknowledged as being more sustainable, especially where there are security and access constraints, and when humanitarian funding and operational space is reducing. This is especially important for WLOs in the delivery of interventions that are considered sensitive or taboo, such as GBV and SRH services, and that require significant advocacy and support directly to girls.¹⁹

Eight WLOs and two youth-led organizations participated in this review and shared the ongoing challenges they face as they work to promote and protect the rights of adolescent girls. Many face **continued funding constraints** and do not feel they have access to the humanitarian funding provided by international donors, including as downstream partners of UN agencies and international NGOs, which are perceived as gatekeepers of humanitarian financing.

There have been **dedicated efforts to strengthen local organizations** so they can participate in decisions and access humanitarian funding opportunities. For instance, UNFPA has supported a national network of youth-led organizations and UN Women has supported the creation of networks of WLOs in each of the BAY States who can speak with a collective voice on issues affecting women and girls within their constituencies. These networks have been instrumental in

PROMISING PRACTICE

In 2023, the Nigerian Humanitarian Fund, a country-based pooled fund managed by OCHA, had three critical funding opportunities:

- ◆ 6 million USD went to partners in underfunded sectors, including Protection, to deliver innovative and integrated interventions to protect women and girls.
- ◆ 3 million USD went to building the capacity of WLOs to deliver women-led solutions to humanitarian challenges.
- ◆ 2.5 million USD projects designed to remove barriers for persons living with disabilities, particularly women and girls, so they can actively participate in their communities and homes.

¹⁹ For an overview on the importance of working with WLOs to address GBV, a main issue adolescent girls are facing in the BAY States, see Robinette, K (2023) GBV AoR Helpdesk Evidence Digest: Why Partnering with Local Women's Organizations for GBVIE Programming is Crucial <https://gbvaor.net/node/1823>

reflecting the experiences of women and girls in northeast Nigeria within their advocacy and influencing efforts because they are able to consult directly with adolescent girls. But funding for their activities is insufficient and inconsistent and some organizations within the networks lack the institutional capacity to meet donor conditions, including of the NHF, including due diligence requirements on financial accountability and safeguarding.

To challenge harmful social norms that underpin gender inequality, **more women and WLOs are needed within humanitarian leadership positions**, including as co-leads of Sectors and as staff of implementing organizations. None of the Sectors that participated in the key informant interviews are co-led by WLOs and more can be done to ensure that constraints WLOs face to attend Sector meetings, including investing in their technical and administrative capacity through the provision of core funding.



Recommendations

Based on the analysis of the data collected through the multiple methods used in this review, the following recommendations are made to improve the lives of adolescent girls living in the BAY States that are receiving or should receive humanitarian assistance. While the recommendations are specific to northeast Nigeria, they have wider implications in the inclusion of adolescent girls within interagency, multisectoral humanitarian responses.

As many issues were raised during the review that are outside the scope of the humanitarian response, the following recommendations have been framed to reflect what is required to meet the needs of adolescent girls as identified during the review and the responsibility for fulfilling these actions should be shared between the humanitarian system, the Government of Nigeria, and development partners.

1

Expand the targeted safe-space interventions that are in place (for instance, those operated by Global Survivors Fund, Save the Children, Plan, IRC, IMC, and NCA) to reach more girls, especially those that are living with disabilities, HIV, and were formerly associated with non-State armed groups. This scale up will require funding, access, and organizations that are able to expand without losing the fidelity of effective models and should include women-led organizations local (WLOs), girl-led organizations, and organizations led by women and girls with disabilities. In any new intervention, adolescent girls should be part of the design and decision-making processes.

2

Increase the frequency of distributions of menstruation hygiene management (MHM) materials, including sanitary pads, underwear, detergent, buckets, and water supply, including through schools and safe spaces as well as through targeted distributions to adolescent girls outside of household distributions. Identify opportunities to include MHM material distributions within other Sector programming to increase coverage, including Health, Nutrition, Education, Protection, and WASH projects and ensure post-distribution monitoring includes adolescent girls.

3

Expand the availability and quality of case management for survivors of gender-based violence (GBV), access to justice, clinical management of rape, and mental health and psychosocial support (MHPSS) as well as the use of survivor-centered and adolescent-friendly approaches by service providers. Provide more safe and confidential channels for reporting GBV, including SEA, that are accessible to adolescent girls and ensure that they are aware of those channels and how and when to use them.

4

Expand efforts, including through advocacy with national and state Ministries and local authorities, to increase the availability and quality of SRH information and services that are adolescent-friendly, including through schools, safe space, and in healthcare facilities. This should include family planning, HIV prevention and treatment, and clinical management of rape.

5

Fully implement the ***Minimum Standards for Safe Schools in Nigeria*** across the BAY States, ensuring multiple pathways to formal education are open to adolescent girls, including those that wish to return to formal education. Build on the integrated interventions that have been put in place within the Education Sector, including deepening the integration of GBV and child protection referral pathways and case management within schools and providing menstruation hygiene management (MHM) information and materials, sexual and reproductive health (SRH) information, peer support, and mentorship via Girls' Clubs at schools.

6

Design and implement more adolescent girls-focused skills and livelihoods interventions, especially for adolescent girls who cannot return to formal education, such as married and/or pregnant girls, adolescent mothers, and girls formerly associated with non-State armed groups. These skills and livelihoods interventions should be evidence-based, include market assessments and start-up capital and be designed and delivered in regular consultation with adolescent girls.

7

Ensure that information provided to affected communities is done in a manner that is adolescent-friendly, for instance uses edutainment approaches, encourages sharing among peers, or uses social media and mobile technology that is familiar, accessible, and safe to use for adolescent girls. Adolescent girls should be involved in the development of messages and consulted on how best to reach girls that are typically excluded.

8

Contextualize the 2020 IASC guidance ***With Us and For Us: Working with and For Young People in Humanitarian and Protracted Crises*** for use in integrating consultations with adolescent girls as part of assessments and monitoring and across all Sectors to ensure that adolescent girls have an opportunity to express their views, to ensure that their needs are captured, and that adaptations are made to existing interventions to make them more appropriate, accessible, and safe.

9

Systematize the use of safety audits across all Sectors to identify risks of GBV and appropriate and effective mitigation measures. Training and guidance should be designed and provided to all Sectors on how to carry out safety audits with the participation of adolescent girls and their use should be a requirement of projects under the Nigeria Humanitarian Fund (NHF) and of Sectors members.

10

Design and deliver multi-year, evidence-based social norm change interventions to shift harmful beliefs, attitudes, and behaviors on the roles adolescent girls can play in their communities and homes, that underpin gender inequality and GBV, prevent survivors of violence from accessing support, limit girls' education, and are a barrier to girls accessing SRH information and services. These efforts should be evidence-based, work at all levels of the socio-ecological model, engage with men and boys, be delivered in partnership with local WLOs, and be coordinated with existing social norm change programming. Harmful norms held by members of the humanitarian system should be challenged and leaders within humanitarian organizations should model positive norms and promote the principle that adolescent girls are deserving of humanitarian aid and have been underserved in the current response.

11

Establish an interagency working group focused on and informed by adolescent girls and develop an interagency strategy with adolescent girls to meet the ambition within the 2024 HRP to target interventions towards them and ensure that their needs are understood by all Sectors.²⁰ An interagency working group could also be the platform that would facilitate adolescent girls' participation and allow them to speak directly to the Humanitarian Country Team (HCT) and the Inter-Sector Coordination Group (ISCG) on issues that affect them.

12

Include indicators and targets in future planning documents, including HRPs, that specifically measures the progress towards the goal of meeting adolescent girls' multi-sector needs.

²⁰ For an example of an interagency strategy on adolescent girls, see Listen, Engage and Empower: A Strategy to address the needs of adolescent girls in the Whole of Syria <https://reliefweb.int/report/syrian-arab-republic/strategy-address-needs-adolescent-girls-whole-syria>

13

Improve reporting and feedback systems, including SEA reporting mechanisms, to ensure they are confidential and safe for adolescent girls to use, that they are age and gender appropriate and accessible, and that adolescent girls know about them and how and when to use them. Multiple channels of reporting should be established (eg. face-to-face, community-based, digital reporting mechanisms) and adolescent girls should be consulted on which channels they feel safe and are most likely to use.

14

Build on the existing localization efforts to ensure that WLOs and girl-led organizations have opportunities to co-lead Sectors, participate in Sectors as members, and can access available humanitarian funding, including from the NHF and as implementing partners of UN agencies and international NGOs. The Community Engagement Accountability and Localization (CEAL) Working Group should actively promote the participation of WLOs and provide a platform for discussion on the unique needs of adolescent girls. A mapping of girl-led organizations should be undertaken to identify existing formal and informal organizations and they should be supported to safely participate in humanitarian coordination spaces.

15

Mobilize multi-year resources for scale up of proven models that reach adolescent girls, including safe space and social norm change approaches. This will require targeted advocacy for long-term investment in programs from the Government of Nigeria, the international donor community, and multilateral financial institutions. This could include advocacy papers co-authored by Sectors, articulation of concept notes to demonstrate how integrated approaches can meet adolescent girls' multiple needs, or high-level events focused on adolescent girls in northeast Nigeria.

Annex A: Documents reviewed

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Annex B: Survey questions: Interagency, multi-sectoral review focused on adolescent girls in Northeast Nigeria

Despite the multiple needs of adolescent girls (ages 10-19 years) in humanitarian contexts, which include risks of violence, barriers to accessing age-appropriate healthcare (including sexual and reproductive health services), access to education, and risks of female genital mutilation (FGM) and early marriage, their needs are not systematically considered in the design and delivery of humanitarian responses. Moreover, adolescent girls rarely have an opportunity to participate in decisions that will affect their access to aid and its suitability and appropriateness to meet their unique needs.

To support global efforts to improve the meaningful inclusion of adolescent girls' needs in humanitarian responses, UNICEF and UNFPA are leading an inter-agency and multi-sectoral review to determine if and how adolescent girls' needs are identified and met in the emergency response in Northeast Nigeria.

The findings from this review will provide important information to global and Nigerian humanitarian actors and decision-makers, including within UN agencies, international and national NGOs, and funders, on how to ensure that adolescent girls' needs are identified and met in crises.

This survey is an important component of the review and all responses will be anonymous. We appreciate your timely response and for more information on the survey and the review, please contact Lara Quarterman at lquarterman@unicef.org and Isabella Flisi at flisi@unfpa.org.

Please only complete the survey once per person.

1 – What type of organization do you work for?

- » UN agency
- » Red Cross movement
- » International NGO
- » Local NGO/CSO
- » Nigeria Government Ministry/agency
- » International Government/donor agency
- » Other

2 – Which sector do you predominately work in?

- » CCCM
- » Early Recovery
- » ECT
- » Education
- » Food Security
- » Health
- » Logistics
- » Nutrition
- » Protection (including Child Protection, GBV, HLP & Mine Action)
- » Shelter
- » WASH
- » Humanitarian cash transfers
- » Other

3 – In your opinion, do you believe that adolescent girls' needs are effectively and accurately identified during humanitarian response assessment/planning processes?

- » Yes, fully
- » Yes, partially
- » No
- » Do not know

4 – In your opinion, do you believe that adolescent girls' needs are adequately met during humanitarian response implementation?

- » Yes, fully
- » Yes, partially
- » No
- » Do not know

5 – In your organization, which of the following actions have been undertaken during response planning and implementation?

- » Ensure all data is disaggregated by sex, age, and disability
- » Co-design of programming with adolescent girls (and their caregivers)
- » Include indicators within results frameworks that are specific to adolescent girls' needs
- » Capture the unique needs of adolescent girls in needs assessments (eg. management of menstruation, sexual and reproductive health education and services, risks of GBV against adolescent girls)
- » Hold consultations with adolescent girls (and their caregivers) during response assessments/ planning

- » Hold consultations with adolescent girls (and their caregivers) during response monitoring
- » Make adaptations to programming based on feedback received from adolescent girls (and their caregivers)
- » Provide adolescent girls opportunities to participate in decision-making that affects their lives (eg. establishing a committee made up of adolescent girls to provide advice and guidance to decision-makers)
- » Dedicated programming to meet adolescent girls' needs (eg. girls' safe space programming, adolescent-friendly SRHR education and services, parenting interventions for adolescent mothers)
- » Ensure adolescent girls have access to feedback and reporting mechanisms by ensuring they are age and gender appropriate and safe and accessible
- » Other

6 – As adolescent girls are not a homogenous group, are any of the following populations of adolescent girls' needs not meaningfully included in the humanitarian response?

- » Ethnic minorities
- » Married or partnered girls
- » Adolescent girls that are mothers
- » Adolescent girls living with physical disabilities
- » Adolescent girls living with intellectual disabilities
- » Displaced adolescent girls
- » Adolescent girls living in host communities
- » Adolescent girls who are not in school
- » Adolescent girls that have been associated with armed groups or armed forces
- » Adolescent girls that are heads of their household or have caring responsibilities
- » Adolescent girls living with HIV/AIDS
- » Younger adolescent girls (aged 10 – 14)
- » Older adolescent girls (aged 15 – 19)

7 – If you are aware of a good practice where adolescent girls' needs have been identified/met within the humanitarian response in NE Nigeria, please provide a short summary

8 – What more do you feel the humanitarian system could do to ensure the needs of adolescent girls are identified and met?

9 – If you are interested in participating in a key informant interview for this review, please provide your name, title, organization, and email address.

Annex C: Focus Group Discussion Concept Note

Focus group discussion (FGDs) for *interagency, multi-sectoral assessment focused on adolescent girls in Northeast Nigeria*

Background and objective

As part of the *interagency, multi-sectoral assessment focused on adolescent girls in Northeast Nigeria*, focus group discussions will be held with adolescent girls (and their caregivers when appropriate) to ensure the review is participatory and reflective of the lived experiences of adolescent girls and to reflect the participatory approach of the review.

A target of at least five FGDs has been set for the review and the review aims to have at least one FGD in each of the three Borno, Adamawa, and Yobe (BAY) States of Nigeria.

FGDs planning and logistics

FGDs will be planned with coordination and cooperation between UNICEF, UNFPA, and organizations implementing adolescent-focused humanitarian programming in the BAY States.

Prerequisites for FGDs to be held will include:

- ◆ the existence of a space that is accessed by adolescent girls, such as a safe space as part of a protection-focused intervention or a girls' club in a school
- ◆ trained female facilitator(s) known and trusted by adolescent girls, such as social workers, safe space facilitators, or teachers
- ◆ existing referral pathways and services for referrals in the case of disclosure of violence, including child protection and GBV services

FGD locations and hosting organizations will be determined using the following priorities:

- ◆ meet all above pre-requisites
- ◆ coverage across BAY States
- ◆ representation across organizations

Roles and responsibilities

Organizations who host FGDs will be international and local NGOs and/or Government agencies and departments that wish to support the data collection for the review and meet the pre-requisites for FGDS listed above.

Organizations hosting FGDs will be responsible for:

- ◆ communicating the timing and location of the session with adolescent girls and determine if their caregivers should also be present
- ◆ ensuring that appropriate consent/assent is obtained for participation in the FGDs
- ◆ ensuring FGD facilitators understand and apply the GBV Guiding Principles, survivor-centred approach, and are able to respond to disclosures of violence appropriately and make referrals as necessary
- ◆ ensuring facilitators of the FGDs are competent and capable of facilitating FGDs using the FGD Guide (Annex A), if it is useful
- ◆ ensuring that notetakers are present and able to take notes of the FGD
- ◆ providing a report in English for each FGD that summarises the discussion and inputs from FGD participants using the FGD Report Template (Annex B)

UNICEF and UNFPA will be responsible for:

- ◆ providing a FGD Guide (Annex A) that can be used by FGD facilitators
- ◆ providing a FGD Report template (Annex B) to be completed by hosting organizations for each FGD
- ◆ providing support to hosting organizations, for instance, developing a specific consent/assent form, providing clarifications on the FGD Guide and Report as well as the how FGDs fit into the overall review
- ◆ covering refreshments for participants of FGDs and other costs pre-approved by UNICEF and UNFPA
- ◆ collating, summarising, and analysing FGD reports

Safety and ethical considerations

To ensure that the review is safe and ethical and follows best practices in carrying out research and data collection with children and potential survivors of violence, the following actions will be taken:

- ◆ While the review will not focus on experiences of violence, no direct questions about individuals' experiences of violence will be asked during FGDs (or KIIs), and FGDs specifically of survivors of violence will not be convened. However, we recognise the high rates of GBV and violence against children (VAC) globally as well as in NE Nigeria and recognise that many participants in FGDs may have experienced or witnessed violence. Therefore, facilitators of FGDs will have received training on the GBV Pocketguide, including psychosocial first aid how to receive disclosures of violence and make appropriate referrals to services. The GBV and CP AoRs will be engaged to provide referral pathways and local contact information to ensure that survivors are able to access services, including case management.
- ◆ FGDs will only be convened by organizations that have programming to respond to the needs of adolescent girls and have facilitators/programme officers that are known to and trusted by adolescent girls (for example, safe space interventions). FGD facilitators will be provided with basic training on the FGD methodology and be supported to carry out FGDs by UNICEF and UNFPA.
- ◆ Where younger adolescent girls are invited to FGDs, their caregivers will also be invited to participate in FGDs. Wherever possible, younger adolescents (and their caregivers) and older adolescents will be invited to separate FGDs.
- ◆ Consent and/or assent will be obtained by FGD participants and/or their guardians.
- ◆ Any safeguarding/child protection concerns regarding violence, exploitation, abuse, or neglect of children will be referred to UNICEF's Child Protection team, the relevant line Ministry (Ministry of Women's Affairs and Social Development in Adamawa and Borno and Ministry of Women's Affairs in Yobe), and NGO reporting channels as appropriate.
- ◆ No personally identifiable information, including photos, will be collected through FGDs (for instance, names, ages, location, contact details) and only aggregated information will be used for the review.
- ◆ Where names, locations, and contact information needs to be collected for workshops or KIIs, this will be held on a password-protected device and not be shared beyond the immediate review team without prior consent.

Reporting template for FGDs

A template (Annex B) will be provided and is expected to be completed as a report for each FGD. It will facilitate the summarization of the topics discussed in a systematic way and support the analysis of the data collected during FGDs.

Annex A: FGD Guide

Date:

Location:

Name of facilitator(s):

Name of notetaker:

Participants:

Total number of adolescent girls:

Total number of adolescent girls' caregivers (if they are present):

Age range of adolescent girls:

Example script

Hello and thank you for joining us today. I am [YOUR NAME] and I work with [YOUR ORGANIZATION]. I am joined by [INTRODUCE ANY OTHERS IN THE ROOM, SUCH AS NOTETAKERS].

We are here because we are doing a review of the humanitarian response, including the UN and NGOs, and how they are making sure that your needs are being met. We want to hear from you about:

- ◆ What needs girls your age have, for example for water, shelter and education
- ◆ If you think these needs are being met
- ◆ What you think the humanitarian organizations could be doing better

We are going to do some activities and asking some questions and there are no right or wrong answers. You don't have to share anything about your own life if you do not want to and you do not need to answer any of our questions. You are free to leave the discussion at any point and you can speak to us privately after the discussion if anything that is discussed is upsetting or you have any questions.

We will not be sharing your names, where you live, or who said what with anyone outside of the room or in the report that we will write. Instead, we will make sure that what you say is included in our report that will be shared with decision makers within humanitarian responses. We ask you don't share the details of what anyone says outside of this room.

Finally, your participation in today's discussion group does not mean you will receive any additional benefits. In other words, it is entirely voluntary.

Does anyone have any questions before we start?

What are the needs that adolescent girls in this community have? For example, a safe place to live, a chance to go to school, supplies to manage periods.

- ◆ Solicit responses from girls, which could be within the group discussion or written down to allow for anonymity. They could do this in pairs or individually, if that is more appropriate.
- ◆ Review the responses in plenary, writing/drawing/sticking them in a space where all the girls can see and grouping those that are linked.
- ◆ Ask probing questions on the responses to understand if their needs are being met, including:
 - ◇ Where and how do girls get information about what services and support are available?
 - ◇ Do girls have a chance to tell decision makers what they need? How does this happen?
 - ◇ What can girls do if they need something that is not available?
 - ◇ What can girls do if they have a problem, for example if the items in the dignity kit they received are missing or damaged?
- ◆ Ask if there are any needs that are missing from the list, for example, what do they do if they need to see a doctor? Where could they go if they were feeling scared at home or at school? How do they get the things they need when they have their periods?

What are things that humanitarian organizations could do better to make sure girls' needs are met?

- ◆ Solicit responses from girls, which could be within the group discussion or written down to allow for anonymity. They could do this in pairs or individually, if that is more appropriate.
- ◆ Review the responses in plenary, writing/drawing/sticking them in a space where all the girls can see.
- ◆ Ask probing questions to understand where the gaps are and the details of the challenges, such as:
 - ◇ Were the materials girls received in dignity kits enough to help girls manage their periods?
 - ◇ Were married girls welcome in schools or skills-building activities?
 - ◇ Did girls need support with their identification documents?
 - ◇ Are girls normally asked about what they are interested in or what they need before a project starts?

The information you shared today will be very helpful for this review and I will make sure I share your recommendations and suggestions to people who make decisions about what is provided and how it is provided. We will be preparing a report and I will make sure what we talked about today is included, but no one will be identified.

If you have any additional thoughts you want to share or if something we talked about today has made you upset or been unsettling, please make sure you speak to someone you trust and you can also speak with [SAFE SPACE FACILITATOR'S NAME] privately if you would like to.

Annex B: FGD Reporting template

Date:

Location:

Name of facilitator(s):

Name of notetaker:

Participants:

Total number of adolescent girls:

Total number of adolescent girls' caregivers (if they are present):

Age range of adolescent girls:

What were the needs of adolescent girls that were identified during the FGD? (for example, the need for family planning for married adolescent girls or the need for access to better quality sanitary pads)

Where do adolescent girls (and their caregivers) think there are gaps in the response? (for example, there is little information about how to register for school in some communities or the dignity kits include items that are not useful or there is limited information on the rights of adolescent girls to access sexual and reproductive healthcare)

What were the recommendations adolescent girls (and their caregivers) had for improvements to the humanitarian response? (for example, make sure that washing facilities are better lit, construct more latrines closer to communities, ensure that health care facilities have female staff)

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Were there any concerns shared that were specific to the below groups of adolescent girls? If nothing was proactively shared, these can be left blank.

Ethnic minorities	
Married or partnered adolescent girls	
Adolescent girls that are mothers	
Adolescent girls living with physical disabilities	
Adolescent girls living with intellectual disabilities	
Adolescent girls living with HIV/AIDS	
Displaced adolescent girls	
Adolescent girls living in host communities	
Adolescent girls who are not in school	
Adolescent girls that have been associated with armed groups or armed forces	
Adolescent girls that are heads of their household or have caring responsibilities	
Younger adolescent girls (aged 10 – 14)	
Older adolescent girls (aged 15 – 19)	
Other groups not listed above	



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