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# Approval Sheet

Intentional Programming for Adolescents in Emergencies:  
A Case Study on Implementing the *I'm Here Approach* in Yemen

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## Abstract

**Background:** Adolescents face distinct challenges during an emergency, yet they are frequently overlooked in humanitarian response. By weakening social structures and protection mechanisms, conflict and displacement exacerbate existing vulnerabilities and reinforce gender inequalities which place girls at greatest risk. The *I'm Here Approach*, developed by Women's Refugee Commission (WRC) and inclusive of Population Council's Girl Roster™, is a set of steps and tools designed to help humanitarian actors identify, engage, and be accountable to the most vulnerable adolescents in an emergency. In December 2016, Mercy Corps, with support from WRC, implemented the *I'm Here Approach* across six crisis-affected communities in Yemen's southern Governorate of Aden.

**Objectives:** This special studies project aimed to assess the feasibility, adaptability and utility of Mercy Corps' implementation of the *I'm Here Approach* in Yemen.

**Methods:** The project used a case-study approach and drew upon a variety of sources including field notes, key informant interviews, direct observations and experiences, and outputs from implementation. Analysis involved consolidating, reducing, interpreting, and linking data across sources in order to draw conclusions.

**Results:** Over the course of five weeks the Mercy Corps Yemen field team reached 876 households in 6 walkable communities, identified 455 adolescent girls and 567 adolescent boys (ages 10-17), and engaged 650 adolescent girls, boys and caregivers in focused conversations around needs and fears. Convening girls with similar vulnerability and capacity profiles proved to be both an opportunity to gather information about priority needs and concerns, and a first step in building girls' social assets. Disclosures of sensitive information during implementation emphasized that the steps and tools are not without risk to participants. These risks highlighted the importance of implementation timing, the distinction of the approach as a programming tool vs. an assessment, and the need to continuously reflect on overarching ethical questions, such as whether the benefits outweigh the risks.

**Discussion:** By documenting successes, challenges and lessons learned, project findings can be used to inform future practice and strengthen Mercy Corps' and the broader humanitarian community's capacities to identify and integrate adolescents' needs into humanitarian action and make programming more inclusive of their participation as agents of change.

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## ACRONYMS

FGD	Focus group discussion
GBV	Gender-based violence
GIE	Girls in Emergencies
GPS	Global positioning system
INGO	International non-governmental organization
IRB	Institutional review board
IT	Information technology
HIV	Human immunodeficiency virus
LNGO	Local non-governmental organization
MC CBO	Mercy Corps Capacity Building Officer
MRE	Mine risk education
PRM	Participatory Ranking Methodology
SADD	Sex- and age- disaggregated data
TA	Technical assistance
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, sanitation and hygiene
WHS	World Humanitarian Summit
WFP	World Food Program
WRC	Women's Refugee Commission
WRC SPO	WRC Senior Program Officer
WRC RO	WRC Research Officer

## DEFINITION OF TERMS

**Adolescence** – A critical period of transition between childhood and adulthood. The United Nations (UN) defines adolescents as those between 10 and 19 years (UNFPA, 2007).

**Boy Matrix** - Developed by Women’s Refugee Commission, the Boy Matrix is a brief questionnaire and rapid analysis tool which captures the number of boys in a service-area, sorted by age, work, school and accompaniment status (WRC, 2015).

**Child** – Defined by the UN Convention on the Rights of the Child as anyone under the age of 18 (The United Nations, 1989).

**Clusters** – Groups of humanitarian organizations in each sector of humanitarian response (i.e. shelter, protection, nutrition, education, health). Organizations include both UN and non-UN agencies (Humanitarian Response, n.d).

**Elite capture** – Describes a phenomenon where those with the most resources benefit most from the programs, and where those most vulnerable are still unreached (Bruce, 2011).

**Girl Roster™** – Developed by Population Council, the Girl Roster™ is a brief, non-sensitive household questionnaire and rapid analysis tool which generates a snapshot of how many girls are in a service-area, sorted by age, schooling, accompaniment, marital and childbearing status (WRC, 2015).

**Gender**- Refers to social differences between men and women.

**Gender synchronized** – “Gender-synchronized approaches are the intentional intersection of gender transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being” (Greene & Levack, 2010, p.5).

**Inclusion Now** – Developed by Women’s Refugee Commission and adapted from the Washington Group’s Short Set of Questions on Disability, Inclusion Now is a short questionnaire designed to assess disability statuses within households and communities in humanitarian settings (WRC, 2015).

**Participatory Ranking Methodology (PRM)**- PRM, developed by Columbia University’s Program on Forced Migration and Health, is a mixed-methods rapid appraisal tool designed for use in humanitarian settings. Using an engaged participatory process, the method provides categories, frequencies and rankings of issues raised by participants alongside contextualized notes (Ager, Stark, Sparling, & Ager, 2011).

**Youth** – Defined by the UN as persons between the age of 15 and 24 (UNFPA, 2007)



## CHAPTER 1: INTRODUCTION

### 1.1 RATIONAL

Over the past 10 years, the number of people affected by humanitarian crises has doubled (OCHA, 2014). An estimated 1.5 billion people are living in states of conflict and fragility (World Bank, 2016) and in 2015, 65.3 million people were forcibly displaced from their homes due to violence or persecution – the largest number in recorded history (UNHCR, 2016). Humanitarian actors have struggled to cope with these rising numbers and systems are falling drastically short in meeting the needs of individuals affected by ever more complex and protracted crises (Humanitarian Policy Group, 2016).

Adolescents are among the most vulnerable during emergencies, yet they are frequently overlooked during humanitarian response (Cahill, Beadle, Mitch, Coffey, & Crofts, 2010). During this critical period of transition between childhood and adulthood, adolescents are more likely than younger children to miss out on education, be forced to engage in exploitative labor, or be recruited by armed forces (Inter-Agency Network for Education in Emergencies [INEE], 2011; UNICEF, 2014). Because conflicts and natural disasters exacerbate gender inequalities that exist during times of peace and stability (Neumayer & Plümper, 2007; UNFPA, 2002), adolescent girls' risks of early marriage, sexual exploitation and abuse, HIV, unwanted pregnancies, and maternal mortality often skyrocket (Plan, 2014).

While adolescents face increased vulnerability during an emergency, they also possess tremendous capacity to transform communities and drive response and recovery processes

forward (Felice & Wisler, 2007; McEvoy-Levey, 2001; Mercy Corps, 2013; UN Inter-Agency Network on Youth Development, 2016). According to UNESCO (2015), one study found that doubling the number of youth with a secondary education can reduce the risk of conflict by half.

Recognition of adolescents' unique vulnerabilities and capacities, particularly those of girls, as well as their lack of visibility and prioritization during humanitarian response, has prompted a surge of humanitarian actors committed to changing the status quo (World Humanitarian Summit, 2016; Girls in Emergencies Collaborative, 2015)

### *Girls in Emergencies Collaborative*

In 2013, a group of humanitarian response and research organizations, including Population Council, Women's Refugee Commission (WRC) and Mercy Corps, came together to form the Girls in Emergencies (GIE) Collaborative<sup>1</sup>. With the mission of "making emergency response immediately protective of and specifically responsive to the most at-risk populations of adolescent girls" (Atkinson & Bruce, 2015, pp. 327), the GIE Collaborative put forth three actionable steps to drive change:

1. Identify and gather critical information about girls in the earliest days of an emergency when the risk may be highest;
2. Develop specific and visible mechanisms that connect girls to basic human needs services and logistical support;

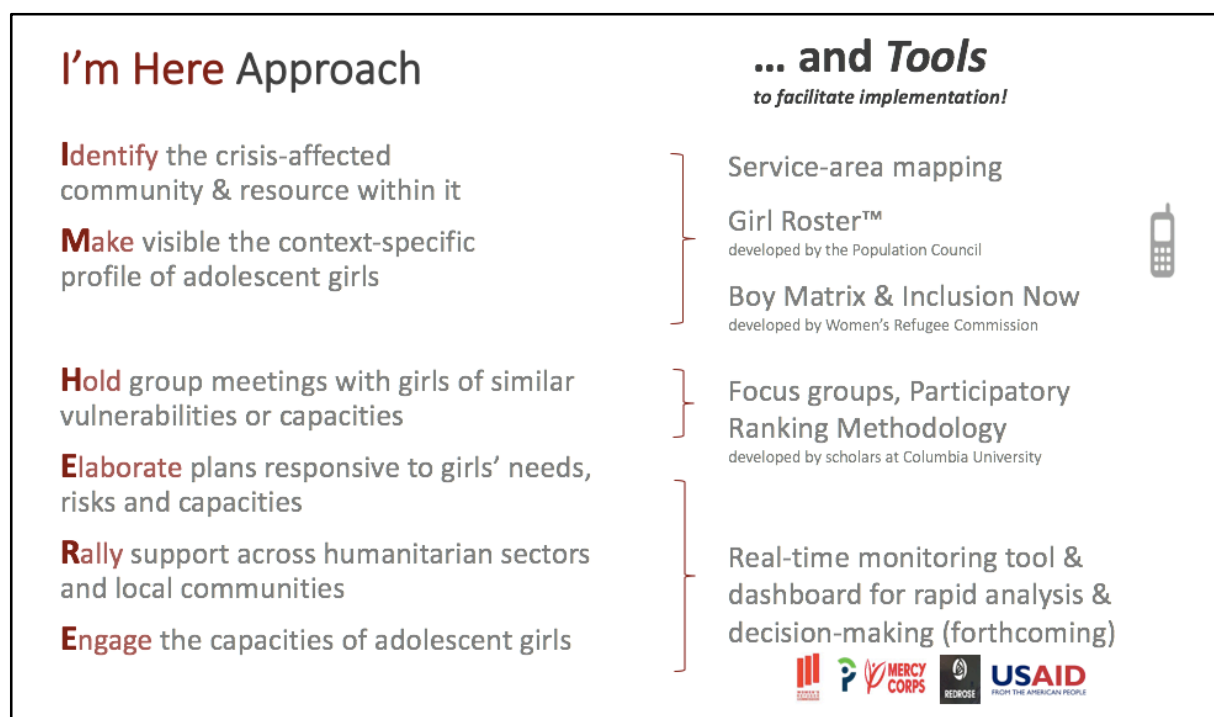
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<sup>1</sup> Organizations that have signed on to the Girls in Emergencies Collaborative Statement and Action Agenda as of September 2015 include the International Rescue Committee; Mercy Corps; Human Rights Program, Arnold Institute of Global Health at Mount Sinai; Plan USA; the Population Council; and Women's Refugee Commission.

3. Engage girls in the relief and recovery process (Girls in Emergencies Collaborative, 2015, pp. 332).

Women's Refugee Commission | I'm Here Approach

As a leading research and advocacy organization dedicated to “improving the lives and protecting the rights of women, children and youth displaced by conflict and crisis” (Women's Refugee Commission [WRC], 2016), WRC has played a pivotal role in moving GEI's mission forward. In 2014, following a thorough review of the literature and 100 key-informant interviews with humanitarian practitioners, WRC began piloting a set of steps and complementary tools to reach the most vulnerable adolescents and be accountable to their needs from the onset of an emergency - the *I'm Here Approach*. The steps and tools of the *I'm Here Approach*, in their most recent iteration, are outlined in *Figure 1*.



**Figure 1. I'm Here Approach steps and tools (WRC, 2016)**

Between April 2014 and March 2016, WRC, together with implementing partners,<sup>2</sup> piloted the *I'm Here Approach* in twenty-five communities across humanitarian settings in six countries: South Sudan, Egypt, Turkey, Nigeria, Lebanon and Iraq. Learning from these pilots revealed that humanitarian actors were able to rapidly<sup>3</sup> generate a snapshot of 1) how many adolescents were living in a service-area, disaggregated by age, sex, schooling, marriage, accompaniment, and disability status; 2) what resources were available to adolescents in the service-area; and 3) how adolescents with different vulnerabilities and capacities expressed their needs and concerns (WRC, 2016). A map of the six initial country pilots can be seen in Figure 2.



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<sup>2</sup> Implementing partner organizations for first 6 pilots were Mercy Corps, Save the Children, Action Against Hunger, and the Danish Refugee Council.

<sup>3</sup> In Gaziantep, Turkey, implementation of the *I'm Here Approach* and generation of key outputs occurred within 4 weeks.

## **Figure 2. Map of first six country pilots of *I'm Here* Implementation**

### *Mercy Corps*

Mercy Corps, an international development and humanitarian response organization and member of the GEI collaborative, served as WRC's implementing partner in initial pilots of the *I'm Here Approach* in Nigeria, Iraq and Turkey. In 2016, Mercy Corps received funding to expand implementation of the approach in Niger, Mali, Yemen, Guatemala and Nigeria.

Mercy Corps, in collaboration with WRC, is documenting implementation processes and learning from each of the six field sites and intends to feed key findings into the development of an agency toolkit that builds internal capacity to independently adapt the *I'm Here Approach* for use in multiple contexts and to use the support implementation of the *I'm Here Approach* to ultimately inform programmatic decisions at the field level.

## **1.2 PROBLEM STATEMENT**

Mercy Corps, WRC and the broader humanitarian community recognize that to reach the most vulnerable adolescents in humanitarian emergencies, the status quo won't work. Early pilots have demonstrated that use of the *I'm Here Approach* holds promise in shifting humanitarian response towards being intentional and inclusive of adolescents, but there is still more to learn about the feasibility, adaptability and utility of the approach across humanitarian contexts.

Additionally, concrete guidance on implementing the *I'm Here Approach* is needed for humanitarian actors who continue to rely heavily on in-country and remote technical assistance (TA) from WRC.

### 1.3 PROJECT PURPOSE

The purpose of this special studies project is to assess the feasibility, adaptability and utility of implementing the *I'm Here Approach* in crisis-affected communities in Yemen. Using a case-study approach, the project will address the following research questions:

1. What considerations went into deciding to implement the *I'm Here Approach*?
2. What modifications were made to enable full or partial employment of the *I'm Here Approach*?
3. What worked well and what challenges were faced during implementation?
4. What information about the adolescent girl and adolescent boy population was generated?
5. How has the information generated influenced programmatic decision-making?
6. What recommendations were made to strengthen the appropriateness, feasibility and utility of the *I'm Here Approach*?

### 1.4 SIGNIFICANCE STATEMENT

This special studies project will contribute to a collection of cases and growing body of research on the *I'm Here Approach*. By documenting the successes and challenges of implementation in Yemen, this case study will inform the development of technical guidance on use of the approach and support the continued refinement of its steps and tools. In doing so, it will advance Mercy Corps' aim to systematically identify, integrate and address adolescents' needs into current and

new humanitarian response programs, while also supporting the aims of the broader humanitarian community to move practice towards being inclusive and accountable to all.

## CHAPTER 2: LITERATURE REVIEW

### 2.1 DEFINING ADOLESCENCE

Adolescence refers to a period of biological and social transition between childhood and the emergence into adulthood. Understandings of this phase of life and the social and developmental milestones associated with it, such as puberty, marriage and educational attainment, vary greatly across geographic and cultural contexts. While there is no universal definition, to support harmonization and comparison of data across contexts and sectors, the United Nations (UN) defines adolescents as those between 10 and 19 years, youth as 15-24, and young people as 10-24 (UNFPA, 2007). Adolescents and youth under the age of 18 are also defined and protected as children through the UN Convention on the Rights of the Child (The United Nations, 1989). Because of the rapid sexual, cognitive and social changes that occur during adolescence, this decade of life is often further broken down into early adolescence (10-14) and older adolescence (15-19) (UNFPA, 2007).

### 2.2 ADOLESCENTS | VULNERABILITIES & CAPACITIES

Adolescents face heightened vulnerability and opportunity as they transition from childhood into the roles and responsibilities of adulthood. This is particularly true for adolescent girls in developing contexts who, compared to their male peers, face systematic disadvantages in indicators related to education, health, nutrition, livelihoods, and social isolation (Levine, Lloyd, Greene & Grown, 2009; WRC, 2014). Girls are less likely to attend secondary school (WRC, 2014) and experience shrinking access to the public sphere at the onset of puberty; in contrast, adolescent boys experience an expansion of their public space (Hallman, Kenworthy, Diers,



Swan & Devnarain, 2015). Adolescent girls are also vulnerable to child marriage, sexual violence and early pregnancy (Bruce, 2011). Fifteen million girls are married before the age of 18 each year (ICRW, 2017) and complications from pregnancy and childbirth are the leading cause of death from girls 15-19 globally (WHO, 2014). Forty-five percent of girls who experience sexual initiation before the age of 15 report that their experience was forced (UN Women, 2013) and 50% percent of all sexual assaults are experienced by girls under the age of 16.

Just as the challenges faced by adolescent girls are enormous, so are the dividends when investments are made in their education, health and economic empowerment (Girl Effect, 2001). When a girl receives seven or more years of education, she delays marriage and first pregnancy by an average of four years, has 2.2 fewer children, and is better equipped to contribute to her community's economic development (Levine, Lloyd, Greene & Grown, 2009). Research shows that if all adolescent girls in Kenya completed secondary school, they would contribute US \$27.4 billion to the economy over the course of their lifetime (Girl Effect, 2011). Investments made in the education and health of an adolescent girl benefits her family and community for decades to come (Patton et al., 2016).

### **2.3 ADOLESCENTS IN HUMANITARIAN EMERGENCIES**

Today, as global humanitarian crises have reached unprecedented levels, one-third of the world's 1.8 billion adolescents and youth are living fragile and conflict-affected states (Das Gupta et al., 2014; UN, 2016). In 2015, 51% of the world's 21.3 million refugees were under the age of 18 and nearly 100,000 of them were traveling alone as unaccompanied and separated minors

(UNHCR, 2016). By breaking down social and economic structures, conflicts and natural disasters heighten adolescents' existing vulnerabilities and reinforce gender inequalities (Cahill, Beadle, Mitch, Coffey & Crofts, 2010). Girls are more than twice as likely to be out of school if they live in conflict-affected countries (UNESCO, 2015) and are commonly charged with adult responsibilities in order to support their families (Plan International, 2014). They may travel long distances for water and food, raising their risks of sexual violence and exploitation, and rates of child marriage and transactional sex to meet basic needs may rise (Cahill, Beadle, Mitch, Coffey, & Crofts, 2010). Research shows that child marriage increased among Syrian refugee communities in Jordan three years into the crisis (Chahine, Al-Masri, Samra, & Abla, 2014).

Adolescent girls are not a homogenous group. Particularly vulnerable sub-groups include *very young adolescents* (10-14) who lack power in decision making and fall through the cracks of youth programming and interventions targeting younger children (Jaswal, 2016); *pregnant adolescents*, particularly those under 16, who face the highest risk of obstructed labor, maternal and infant morbidity and mortality (World Health Organization, 2014), ; *marginalized adolescents* who may experience stigma, discrimination, violence and barriers to services related to their HIV status, sexual orientation, disability, or ethnicity (Plan International, 2016b), and *unaccompanied and separated minors* who face increased risks of sexual exploitation and abuse, school drop out, and early marriage as they attempt to care for themselves, and who experience comparatively greater levels of depressive symptoms and traumatic stress (Derluyn, Mels & Broekaert, 2009; Bean et al., 2007).

## 2.4 FALLING SHORT | HUMANITARIAN RESPONSE

Despite widespread recognition that women, girls, boys and men experience different needs, vulnerabilities and capacities during an emergency, in the rush to provide life-saving aid and protection, humanitarian response often defaults to ‘catch-all’ programming that drastically fails adolescent girls.

### Humanitarian Guidelines

In 2014, Plan International published an extensive report highlighting the ways in which girls are ignored before, during, and after natural disasters. Research conducted for the report evaluated key humanitarian guidelines and standards and found very few references to adolescents and even fewer instances of adolescents being referred to as a distinct group. In the 2011 edition of the Sphere Handbook, the most widely known and used set of humanitarian response guidelines, adolescents were only referenced 6 times throughout the 376-page handbook and were absent from the list of cross-cutting themes which included children, gender, older people, and persons with disabilities (Plan International, 2014).

### Sex- and Age- Disaggregated Data

The collection, analysis and use of sex- and age- disaggregated data (SADD) is a core humanitarian standard and critical step in identifying and accounting for the unique experiences and needs of women, men, boys during an emergency, yet the reality on the ground leaves much to be improved. In 2015, the United Nations High Commissioner for Refugees (UNHCR) reported that sex-disaggregated data was only available for 46% of its total people of concern and age-disaggregated data on only 33% of those of concern. Furthermore, UNHCR’s SADD

standards do not currently require the collection of information on youth or adolescent specific age brackets, but instead, lump these populations in with younger children or older adults (Evans, Lo Forte & McAslan Fraser, 2013). When SADD is collected humanitarian actors, it is primarily used for reporting purposes and rarely leveraged to inform targeted, evidence-based programming (Benelli, Mazurana & Walker, 2012).

### Elite Capture

Humanitarian programs that intentionally target adolescents and youth as distinct populations often fail to recognize and account for the diversity among these groups, making it difficult to meet adolescent girls' unique needs. These programs may reach fewer adolescent girls than intended or suffer from "elite capture", where those with the most resources also benefit from the programs more and where the most vulnerable are still unreached (Bruce, 2011).

## **2.5 TOWARDS A MORE INCLUSIVE RESPONSE**

In June of 2016, during the first ever World Humanitarian Summit (WHS) held in Istanbul, Turkey, Mercy Corps joined nearly 30 humanitarian partners in signing the *Global Compact for Young People in Humanitarian Action*. This historic compact outlined six actions to ensure that the "priorities, needs and rights of crises-affected youth are addressed, and that young people are informed, consulted and meaningfully engaged in all stages of humanitarian response" (World Humanitarian Summit, 2016). Further strengthening its commitment to this population, Mercy Corps identified the "advancement of adolescents living in complex crises" as a key objective in the agency's Strategic Roadmap for fiscal year 2017 (Mercy Corps, 2016a)<sup>4</sup>. To facilitate a

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<sup>4</sup> Source derived from the intranet (not publicly available) of Mercy Corps

transition from commitment to action, Mercy Corps has partnered with WRC to build capacity around implementation of the *I'm Here Approach*. The specific steps of the approach and complementary tools in their most recent iteration are outlined in Table 1 below.

**Table 1**

<b>I'm Here Approach   Steps and Tools</b>	
<b>Steps</b>	<b>Tools</b>
1. <b>Identify the specific crisis-affected community where adolescent girls are concentrated</b> and map its key features and service points	<b>Service-Area Mapping</b> uses mobile phones and free GPS mapping applications to identify key resources within a 'walkable community', as well as features that may impact girls' mobility and access to these services.
2. <b>Make visible the diverse context-specific profile of adolescent girls.</b> Be gender synchronized: also identify boys.	<b>The Girl Roster<sup>TM</sup>, Boy Matrix and Inclusion Now<sup>5</sup></b> use brief, non-sensitive household questionnaires and rapid analysis tools to generate a snapshot of how many adolescents are in a service-area, sorted by sex, age, education status, marital status, accompaniment status, disability and childbearing status.
3. <b>Hold group meetings with adolescents of similar vulnerabilities or capacities to learn top-line needs, fears, and protection concerns, as well as to record the vital information, skills, and assets they need.</b> Be inclusive of girls with disabilities and engage caregivers.	<b>Participatory Ranking Methodology (PRM)<sup>6</sup></b> is a rapid appraisal method for needs assessments in humanitarian settings. Using single framing questions, the methodology produces categories, frequencies, and rankings, along with personal statements to contextualize the issues raised (Ager, Robinson & Metzler, 2014).
4. <b>Elaborate specific plans that respond to the context-specific profile of girls' vulnerabilities, capacities, needs, and risks.</b>	<b>Real-time monitoring tool &amp; analytics dashboard</b> facilitate analysis and decision-making, to monitor collective action, and to track girls' use of existing service and changes in their protective assets (forthcoming <sup>7</sup> )
5. <b>Rally support across humanitarian sectors and local actors to be active partners who ensure adolescent-sensitive emergency response, strategies, indicators and rights across all sectors and clusters.</b>	<b>Real-time monitoring tool &amp; analytics dashboard</b>
6. <b>Engage the capacity of adolescent girls to continuously inform and actively support humanitarian response and recovery operations.</b>	<b>Real-time monitoring tool &amp; analytics dashboard</b>

<sup>5</sup> The Girl Roster was developed by Population Council. The Boy Matrix and Inclusion Now were developed by Women's Refugee Commission.

<sup>6</sup> PRM was developed by Columbia University's Program on Forced Migration and Health and the Child Protection in Crisis Network

<sup>7</sup> The real-time monitoring tool & analytics dashboard is currently being developed through collaborative work between WRC, Mercy Corps and Red Rose in Mali.

## **2.6 YEMEN'S HUMANITARIAN CRISIS**

Yemen is currently facing a humanitarian crisis of monumental proportions. Classified by the UN as a 'level 3' emergency - a status reserved for the most severe and large-scale humanitarian crises - the country's two year civil has wounded more than 44,000 people and forced 3 million people from their homes (OCHA, 2016). According to most recent estimates, 2.18 million people (8% of the population) are internally displaced within the country (TFPM, 2016), 18.8 million people are in need of humanitarian aid and protection, and 10.3 million are in need of life-saving services (OCHA, 2016).

Even prior to the current conflict, Yemen was one of the poorest countries in the Middle East, ranking 160 out of 187 countries in the Human Development Index (UNDP, 2013) and listed as the 7<sup>th</sup> most food insecure country in the world (World Food Program, 2014). Now, the country's economy is on the verge of collapse and millions of people lack the livelihood opportunities necessary to meet their basic needs. Over 8.2 million people are in acute need of water, sanitation and hygiene (WASH) services; 3.3 million children and pregnant and lactating women are acutely malnourished (UNICEF, 2016); and 14.8 million require access to health services. Rates of GBV and child rights violations are steadily rising and six million children are in need of protection (OCHA, 2016).

As the frontlines of Yemen's conflict have moved north to the city of Taiz, an estimated 370,000 IDPs have returned to their homes in the southern Governorate of Aden (OCHA, 2016) which, now solidly under government control, is experiencing a respite from fighting. Early recovery work is underway to clear rubble, remove unexploded mines and bombs, and reopen schools

and hospitals; however, the stability of this area remains precarious and returnees risk the presence of landmines, suicide bombings, lack of reliable livelihoods and sporadic availability of commodities (OCHA, 2016). Alongside IDPs, returnees and local settled communities, Aden also hosts approximately 110,000 refugees and migrants from the Horn of Africa (OCHA, 2016).



**Figure 3. Map of Yemen**

## **2.7 MERCY CORPS' PROGRAMMING IN YEMEN**

Mercy Corps has been present in Yemen since 2010 and is currently operating 3 site offices in the cities of Sana'a, Taiz and Aden. At present, the agency's humanitarian programming

focuses on food security, water, sanitation and hygiene (WASH), livelihoods, agriculture, and mine-risk education (Mercy Corps, 2016b)<sup>8</sup>.

In alignment with Mercy Corps' Global FY 2017 Strategic Roadmap, "advancing opportunities for adolescents living in complex crises" is a distinct priority for Mercy Corps Yemen. In its country-level strategic plan for fiscal year 2017, Mercy Corps Yemen expressed its primary goal "to reduce conflict and improve social and economic opportunities for households and individuals by improving food and water security and harnessing youth and adolescents to be catalysts for change." This priority was underscored by commitments to the following actionable steps within the fiscal year: 1) conducting an assessment of protection needs for children, adolescents and youth; 2) utilizing gender tools to strengthen protection mainstreaming in all program design; and 3) proactively taking into account gender equality considerations including the unique needs of women, girls, men and boys (Mercy Corps, 2016c)<sup>9</sup>. The *I'm Here Approach* was identified as one specific mechanism to drive these strategic objectives forward.

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<sup>8</sup> Source derived from the intranet (not publicly available) of Mercy Corps

<sup>9</sup> Source derived from the intranet (not publicly available) of Mercy Corps



## CHAPTER 3: METHODS

### 3.1 RESEARCH DESIGN

A case-study approach was used to explore a broad set of research questions around the *I'm Here Approach* within a specific, real-life context. Case studies allow researchers to work closely with participants to understand, in-depth, the circumstances and complexities of a contemporary event using multiple sources of evidence (Yin, 2013). Implementation of the *I'm Here Approach* in Yemen was identified as an instrumental case to 1) explore the feasibility, adaptability and utility of the *Approach* in complex crises and 2) inform the development of user-friendly technical guidance. Table 2 in Section 3.2 outlines the specific research questions for this case.

### 3.2 COLLECTION OF DATA & INFORMATION

Five sources of information were used to develop the case study: 1) Mercy Corps program documents; 2) field notes; 3) direct observations and experiences; 4) key informant interviews; and 5) outputs generated from implementation of the *I'm Here Approach*.

#### *Mercy Corps' Program Documents*

Background information on the rationale for implementing the *I'm Here Approach* in Yemen was drawn from Mercy Corps Yemen documents (e.g. grants reports, strategic roadmaps, and Mercy Corps Yemen's *I'm Here* proposal).

### Field Notes

Field implementation logs were provided to the Mercy Corps Capacity Building Officer (MC CBO) leading the *I'm Here* implementation in Yemen and the WRC Senior Program Officer (WRC SPO) providing TA in order to track successes, challenges and recommendations during the implementation process. These notes were reviewed prior to the post-implementation key informant interviews in order to adapt the interview guide and probe on specific points raised in the notes.

### Direct Observations & Experiences

Direct observations and experiences of the first author of this study were used in the development of this case. As a Mercy Corps intern, the author observed implementation processes remotely via email communication between the WRC TA and MC CBO and played a role in the analysis and interpretation of data and the drafting of programmatic recommendations.

### Key Informant Interviews

Pre- and post-implementation interviews were conducted with the MC CBO leading the implementation. The pre-implementation interview took place in-person and was carried out by WRC's SPO. The post-implementation interview was conducted via Skype, 3 weeks after implementation, by the first author of the case study, a graduate student intern with Mercy Corps' Youth, Gender and Girls (Y2G) Technical Support Unit. In an attempt to garner a more complete picture of the implementation from both field and remote-TA perspectives, the WRC SPO was also included as a participant in the post-implementation interview to allow both participants to build on each other's insights. Mercy Corps' Senior Protection Advisor was also

interviewed by the first author and WRC SPO to gain insights into Mercy Corps guidance around ethical and safety considerations relating to specific implementation challenges identified.

### Outputs from I'm Here Approach

Data from the *I'm Here Approach* implementation, including GPS mapping; Girl Roster™, Boy Matrix and Inclusion Now outputs; and PRM results were used to understand learnings and programming implications.

**Table 2**

Research questions	Data Sources
What considerations went into deciding to implement the <i>I'm Here Approach</i> ?	Key informant interviews; Program documents
What modifications were made to enable full or partial employment of the <i>I'm Here Approach</i> ?	Key informant interviews; Field notes
What worked well and what were the challenges faced when implementing the <i>I'm Here Approach</i> ?	Key informant interviews; Field notes; Direct observation and experiences
What information about the adolescent girl and adolescent boy population was generated?	Key informant interviews; Outputs from implementation
How has the information generated influenced programmatic decision-making?	Key informant interviews; Direct observations and experiences
What recommendations were made to strengthen the appropriateness, feasibility and utility of the <i>I'm Here Approach</i> ?	Key informant interviews; Field notes; Direct observation and experiences

### 3.3 ANALYSIS

Analysis involved consolidating, reducing, interpreting and linking data across sources in order to draw conclusions. NVivo 10.2 served as a case study database to code, organize and manage textual data. Thematic codes were developed collaboratively by the first author, WRC SPO and WRC research officer (WRC RO) and were based off of the central research questions outlined for this case, as well as broader learning objectives for Mercy Corps implementations of the *I'm*

*Here Approach* across Guatemala, Yemen, Niger, Mali, and Nigeria. The codes were iteratively revised as data collection and analysis progressed. The codebook used for the case can be found in Appendix F. Outputs from implementation, both numeric and textual, were separately managed in Excel and Ona, a web-based data management system. After coding, data was summarized by each research question and interpreted within the specific context in order to better understand the complexities of the findings and their implications.

### **3.4 ETHICAL CONSIDERATIONS**

Because this case study was focused on the improvement of programming, it was not considered human subject research and Emory IRB approval was not required. Participants in interviews were informed of the purpose of interviews and use of information and verbal consent was obtained to record interviews.

### **3.5 STRENGTHS & LIMITATIONS**

While the restricted focus of a single-case study does not lend itself to generalizability, it allows for in-depth exploration of a complex phenomenon that is difficult to obtain with a broader inquiry. These deeper insights are critical to the development of sound technical guidance that is rooted in evidence from the field. Though the findings cannot be generalized to other implementations, taken with other cases, they contribute to a nuanced understanding of the multitude of interconnected factors that can influence both the effectiveness and utility of the approach across contexts.

This case study bases its conclusions off of just a few perspectives, namely those of the MC CBO leading the implementation and the WRC SPO providing remote TA. While having

multiple data sources helps to mitigate the likelihood that findings are narrowly focused on any one informant, future case studies should broaden the insights to additional field team members, in order to identify strengths and challenges of the approach that may be specific to different implementation roles.

The first author of the case study was not present during implementation in Yemen, and therefore, could not triangulate data gathered by secondary sources with direct field observations. While direct observation may have provided a more comprehensive understanding of the implementation processes and timeline, as well as the context in which implementation was situated, it may have also unintentionally influenced implementation processes and field team behaviors.

While the case study intended to use field implementation logs from both the WRC SPO and MC CBO, the data source was not available for the MC CBO.

## CHAPTER 4: CASE STUDY

### 4.1 SUMMARY OF IMPLEMENTATION

In December 2016, Mercy Corps began implementation of the *I'm Here Approach* across six walkable communities in [B] and [A] districts<sup>10</sup> of Yemen's southern Governorate of Aden. Implementation of the first three steps of the approach took place over the course of five weeks. Using mobile devices and *Track My Trip*, a free GPS mapping application, the field team defined the perimeters of six walkable communities and used GPS pushpins to mark key structures, service points, and hazards. Following GPS mapping, the field team visited households across the defined communities and administered *Girl Roster*<sup>TM</sup>, *Boy Matrix* and *Inclusion Now* questionnaires to heads of households. Using rapid analysis tools, tables were then generated to visualize the total number of girls and boys in these communities, segmented by their top-line vulnerabilities and capacities (i.e. in-school, out-of-school, married, disabled). PRM focus group discussions were then convened with targeted segments of adolescent girls, boys and their caregivers. The segments were chosen based on *Girl Roster*<sup>TM</sup>, *Boy Matrix* and *Inclusion Now* results in order to capture specific needs and experiences of groups with similar vulnerability-capacity profiles.

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<sup>10</sup> To protect confidentiality, the names of target districts in Aden have been replaced with [A] and [B]

## 4.2 RESEARCH QUESTIONS

### What considerations went into deciding to implement the *I'm Here Approach*?

Summary:

Key informant interviews and program documents provided insight into the rationale behind the decision to implement the *I'm Here Approach* in Yemen. Support from leadership at the global headquarters (HQ) and country-level, availability of funding, and an agency-wide and country team commitment to mainstreaming adolescent's needs and protection into new and existing programming were all key considerations which informed decisions-making.

Mercy Corps' commitment to meet the needs of adolescents in emergencies, at the global and country-level in Yemen, along with a call for *I'm Here Approach* implementation proposals from HQ, prompted the decision to pursue funding and support for *I'm Here* implementation in Yemen.

At the proposal stage, the intention was to implement the *I'm Here Approach* in the Al Ta'iziya district of Yemen's Governorate of Taiz. The district and surrounding areas have experienced intense fighting and airstrikes, leaving infrastructure, including public water sources, badly damaged, and in previous assessments, community members highlighted access to safe drinking water as one of the most pressing problems (Mercy Corps, 2016d)<sup>11</sup>. The majority of families are living in areas without any access to safe drinking water and adolescent girls, traditionally tasked to carry water, are forced to travel long distances to vendors, risking harassment and violence. To avoid these risks, the alternative for many families, is to rely on unprotected water points,

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<sup>11</sup> Source derived from the intranet (not publicly available) of Mercy Corps

increasing their risks of waterborne diseases (Mercy Corps, 2016d).

By identifying adolescent girls in Al Ta'iziya with consideration for their vulnerabilities and capacities (in or out of school, unaccompanied, married or with children), and by engaging these girls around their priority needs and protection concerns, Mercy Corps Yemen's objectives for implementing the *I'm Here Approach* were to 1) strengthen current gender and protection considerations planned for water, sanitation and hygiene (WASH) interventions; 2) provide general recommendations that promote accountability to adolescent girls across programs and sectors; and 3) use findings to advocate for the allocation additional resources and earmarking of funds for emergency relief operations that explicitly target adolescents (Mercy Corps, 2016d).

**Question: What modifications were made to achieve the intended goals of the approach?**

**Summary:**

Program documents, key informant interviews and field notes provided insight into several modifications that were made to the implementation. Most notable, were changes made to the location and tools based on safety and security concerns.

Safety and security for field teams presented significant challenges to the original implementation plan in Yemen, leading to several modifications in the steps, tools and target communities. Prior to implementation, growing concerns around security of executing household surveys in the Governorate of Taiz, and well as the feasibility of obtaining government permission to do so, prompted the decision to move implementation the southern Governorate of Aden. The choice of Aden was based on several factors: 1) Mercy Corps is currently programming in Aden, with specific focuses on WASH, livelihoods and mine-risk education (MRE); 2) the situation in Aden is comparatively stable, posing less risk to field teams; and 3)



there is greater government support for NGO programming, increasing the feasibility of obtaining permission.

Prior to implementation in Aden, additional security concerns were raised around the use of tablets in a door-to-door survey. To mitigate these risks, the decision was made to switch from tablets to paper-based versions of the household survey. This allowed implementation to move forward in a manner that felt safe to the field teams; however, this switch was not without drawbacks. Because data was not collected electronically, it had to be re-entered on mobile tablets by enumerators at the end of each day before it could be uploaded to Ona, the web-based data management and analysis platform. This significantly increased time and level of effort for the field team. The paper-based approach also eliminated a key feature of the mobile version: the ability to assign a GPS location to each household. By attaching a GPS location to each specific survey, adolescents' vulnerabilities can be spatially mapped to understand how they might be clustered or dispersed within a community.

In addition to the logistical and operational changes were changes to the questionnaire. A set of WASH-specific questions was added to the household questionnaire in order to better understand girls' and boys' experiences around the collecting water – a key objective of implementation. The full household questionnaire can be found in Appendix B.

**Question: What worked well?****Summary:**

Information generated through field notes and key informant interviews highlighted several aspects of implementation that worked particularly well: *engagement with government stakeholders, adolescent girls' engagement with PRM, and local non-governmental organization (LNGO) partnership.*

*Engagement with government stakeholders:* Prior to implementation, the MC CBO leading implementation held meetings with government officials in Aden to present the purpose and methodology of the approach and request permission for implementation. During these meetings, the MC CBO highlighted Mercy Corps' achievements in Aden, current programming, and the status of adolescents, personalizing the conversations by asking the officials about their own daughters. Officials were welcoming and receptive to the approach, and eager to grant permission.

*Adolescent girls' engagement with PRM:* The MC CBO noted that girls responded well to the interactive nature of the PRM discussions and enjoyed the social opportunity to be together and have their voices heard.

*"They were very interactive and happy. In the beginning as they were beginning to understand it and as I show the pen, they would bring something from the room and they would bring something else and be very interactive...we had fun in the focus group, they were singing, they were doing all that." – MC CBO*

LNGO partnership: A local NGO working in [A] district was interested in supporting Mercy Corps' work and provided facilities to convene the focus groups discussions.

**Question: What challenges were faced during implementation?**

Summary:

Key informant interviews, field notes, direct observations, and outputs generated from implementation revealed numerous operational and methodological challenges. Most significant of these challenges were disclosures of GBV in group settings and the lack of current or planned Mercy Corps programming in targeted communities.

Disclosures of GBV: While PRM does not explicitly ask participants about personal experiences, girls felt safe in the discussions and spoke openly about their personal experiences with GBV in their homes, communities, and schools.

*“They were speaking about their menstrual hygiene, they were speaking about rape, they were speaking about family sexual abuse, they were speaking about sexual abuse in schools, they had the chance to speak up.” – MC CBO*

These disclosures raised ethical and safety concerns related to 1) challenges in maintaining confidentiality in group settings the field team's level of training to respond to such sensitive information, 2) data collection and security procedures (i.e. identifying information in notes the existence of photos), 3) the lack of available services to provide basic care and support if desired (i.e. referral pathways), and 4) the field team's level of training to respond to such sensitive information.

Lack of current or planned/funded Mercy Corps programming in communities: Mercy Corps' limited programming in target communities (MRE programming in [B] district and no community-level presence in Carter district) and the absence of planned future actions or earmarked funding for adolescent programming, created uncertainty in how information generated from the approach could be used to drive change that would directly benefit participating adolescents and caregivers, and their communities, outside of the development of proposals.

Information and Technology (IT) support: Because Mercy Corps' IT point-person in Aden was on leave during implementation, the field team had to rely on remote support from the Mercy Corps Sana'a office. Issues with the payment and licensing of the initial Ona account meant that household survey data, already uploaded to the system, was unable to be processed and analyzed. In two days, the field team had to re-enter nearly 900 forms to a new Ona account.

Security: Explosions in Aden suspended implementation for two days. Because this increased the gap between household surveys and PRM discussions, the MC CBO held a one-day refresher training on PRM methodology for field teams while they waited to resume implementation.

Approvals from HQ over the holidays: Implementation occurred during the Christmas and New Years holiday which caused delays in financial reviews and approvals signatures needed from Mercy Corps Headquarters, located in the United States.

**Question: What information about the adolescent girl and boy population was generated through the approach?**

Summary:

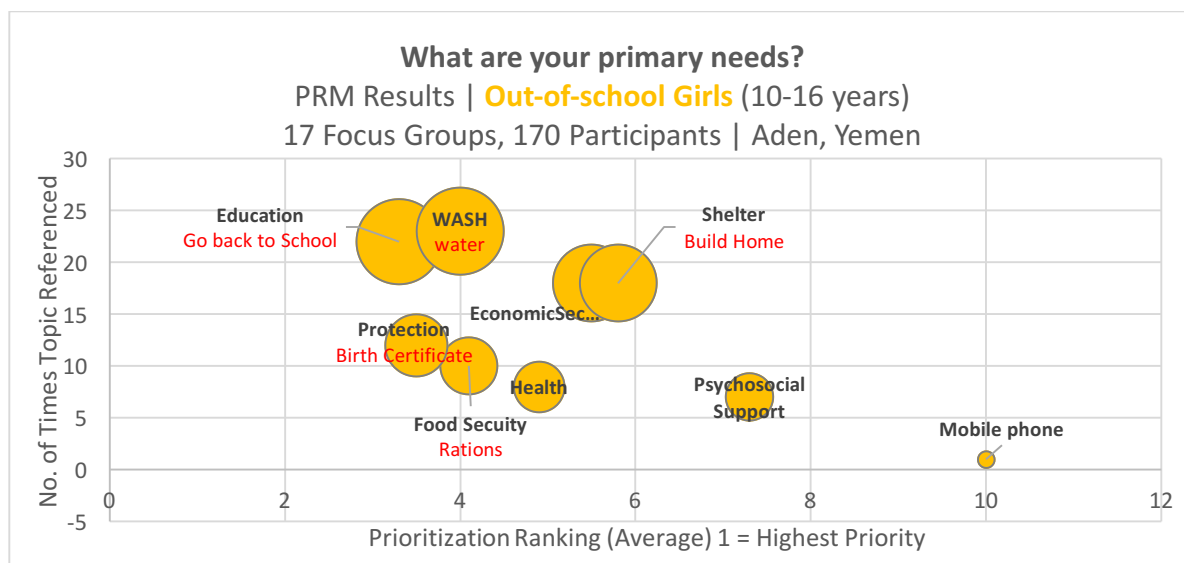
Key informant interviews and outputs from service-area mapping, household questionnaires (Girl Roster™/Boy Matrix/Inclusion Now), and PRM discussions revealed nearly half of adolescent girls were not in school. Education, vocational training, water and food were raised as priority needs. Protection concerns including mines, war, harassment and GBV were overwhelming referenced as fears.

Forty-two percent of adolescent girls (10-17) are not in school. Surprisingly, an even higher proportion (55%) of younger girls (6-9) are out of school. Lack of a birth certificate was commonly referenced as an obstacle to accessing education and was identified by adolescent girls as a priority need, along with access to vocational training, water and food. The rapid analysis vulnerability-capacity profile of adolescent girls is presented in Table 3. Expressed needs of out-of-school adolescent girls are presented in Figure 4.

**Table 3**

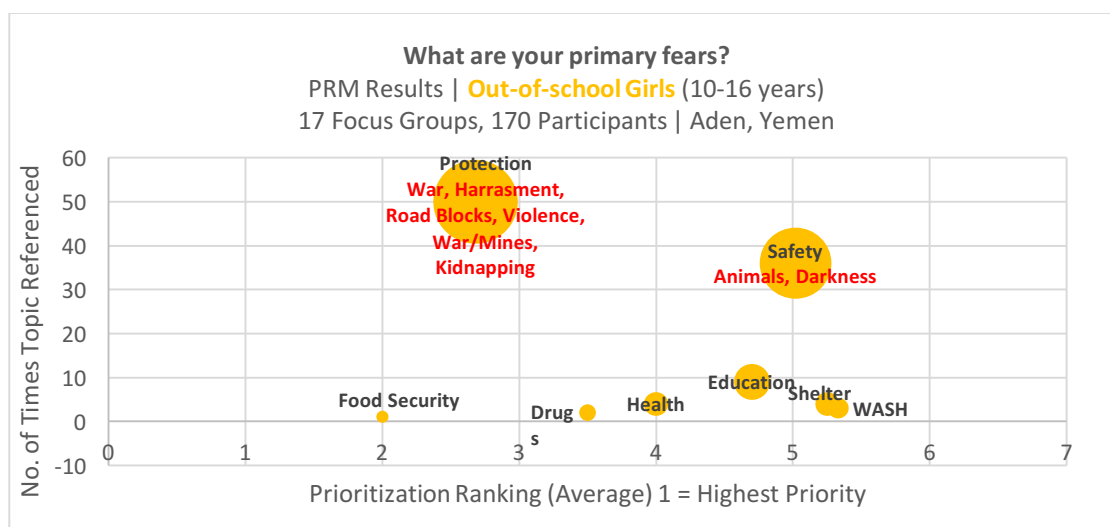
Girl Roster   Results from [A] & [B] Districts of Aden, Yemen									
Age Group	Unmarried						Married		Total
	In school			Out of school			Has a child	Doesn't have a child	
	Living with both parents	Living with one parent	Living with neither parent	Living with both parents	Living with one parent	Living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

\* Girls identified as most vulnerable or 'off-track' are highlighted in red, followed by girls highlighted in yellow

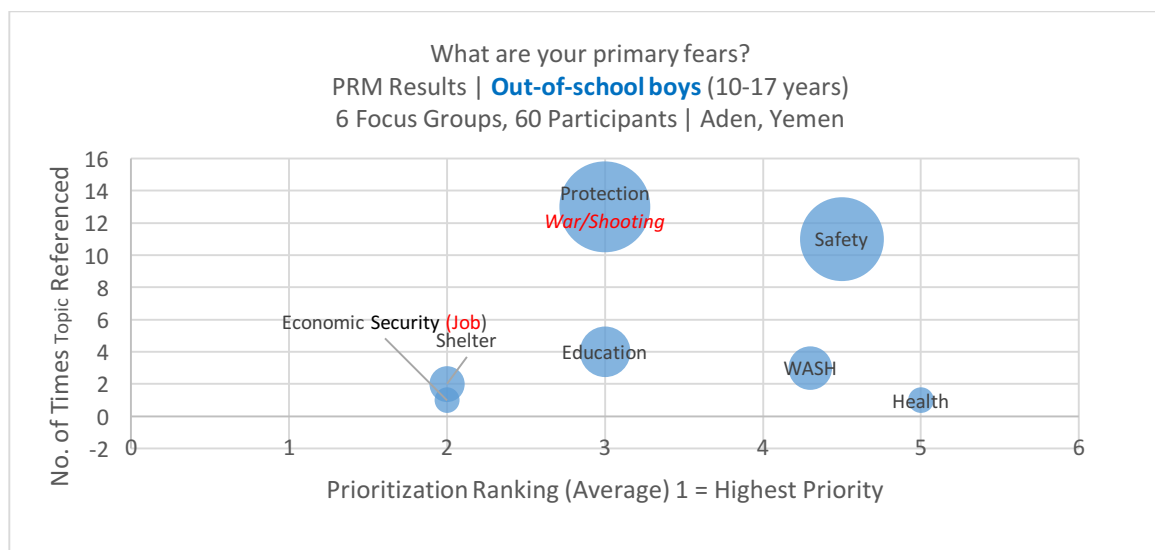


**Figure 4. PRM Results, Needs of Out-of-School Girls**

Adolescents spoke of violence in schools, homes and communities. Fears related to protection were raised most frequently by girls, boys and caregivers during PRM discussions. While war, explosions and mines were referenced by girls and boys, girls and their caregivers specifically shared fears and instances of harassment, kidnappings, and physical/sexual violence. Expressed fears of out-of-school adolescent girls, in school adolescent girls, and out-of-school boys are presented in Figures 5, 6, and 7.



**Figure 5. PRM Results, Fears of Out-of-School Girls**



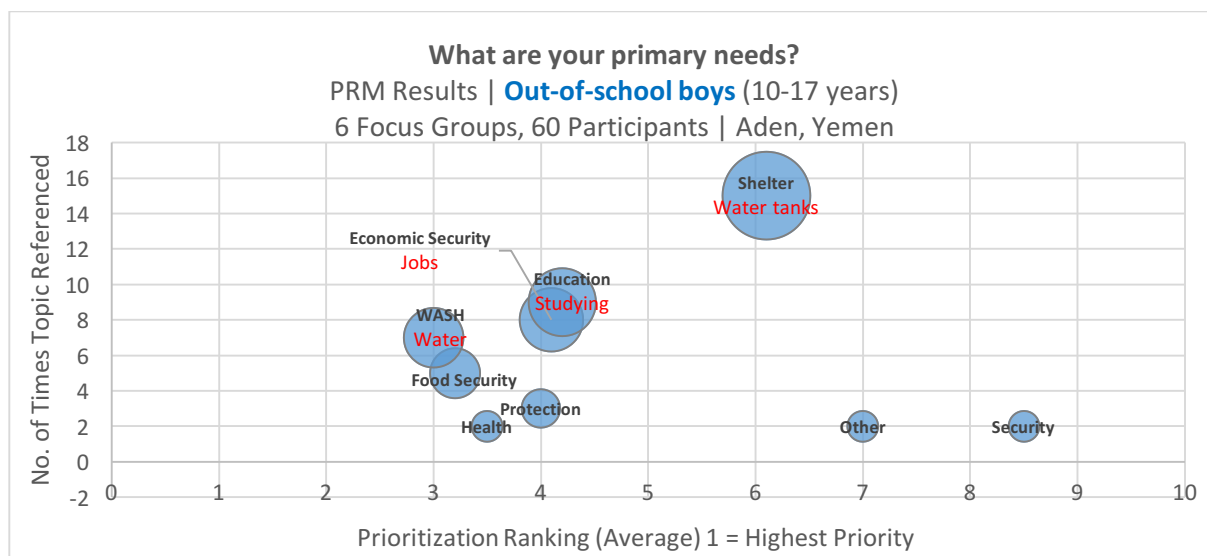
**Figure 6. Fears of Out-of-School Boys**

While higher proportions of adolescent boys (84%) are in school than girls (53%), among boys not in school, 72% are not working and expressed needs for jobs, water, and opportunities to study as their top priorities. The rapid analysis vulnerability-capacity profile of boys is presented in Table 4. Expressed needs of out-of-school adolescent boys are presented in Figure 7.

**Table 4**

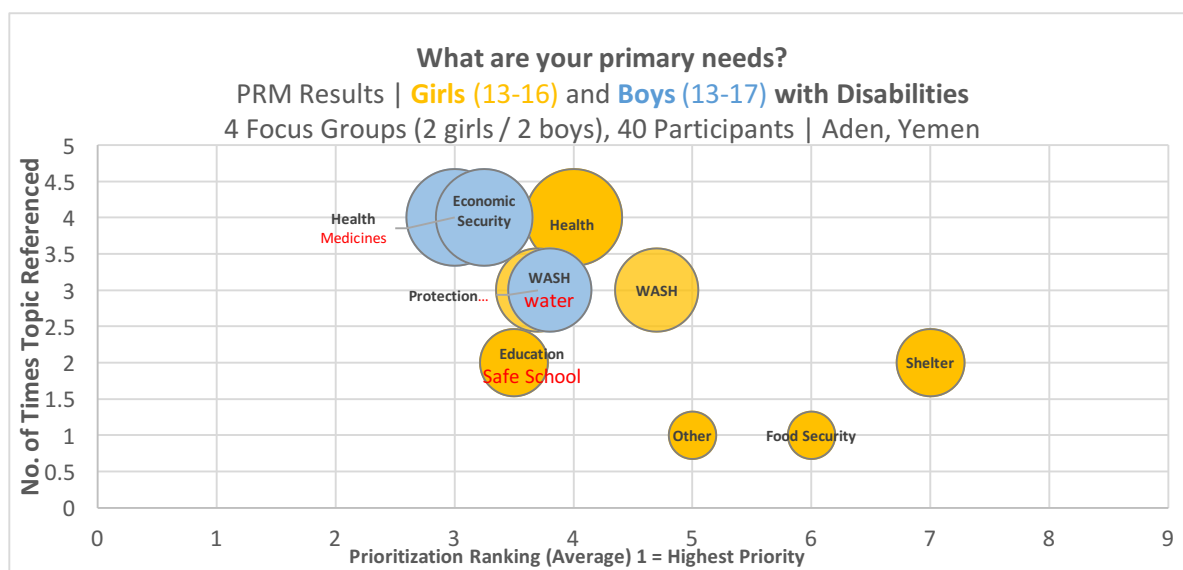
Boy Matrix   Results from [A] & [B] Districts of Aden, Yemen													
Age Group	Student Only			Work Only			Student & Work			Neither			Total
	Living with One Parent	Living with Both Parents	Living with Neither Parents	Living with One Parent	Living with Both Parents	Living with Neither Parents	Living with One Parent	Living with Both Parents	Living with Neither Parents	Living with One Parent	Living with Both Parents	Living with Neither Parents	
06-09	1	144	3	0	3	1	0	0	0	1	79	2	234
10-11	6	86	5	0	2	1	0	0	0	1	17	1	119
12-15	6	157	14	1	10	1	0	0	0	0	44	4	237
16-17	3	116	9	2	25	6	0	0	0	2	46	2	211
18-24	3	89	0	4	59	13	0	4	0	5	32	2	211
<b>Total</b>	19	592	31	7	99	22	0	4	0	9	218	11	1012

\* Boys identified as most vulnerable or 'off-track' are highlighted in red, followed by boys highlighted in yellow



**Figure 7. Needs of Out-of-School Boys**

Adolescent boys with disabilities prioritized health services (namely access to medicines and surgical operations) and economic security as their top needs and fears. In contrast, adolescent girls with disabilities discussed protection and education most frequently, and prioritized these as their top needs and fears. Needs of adolescent girls and boys with disabilities are shown in Figure 8.



**Figure 8. Needs of Girls and Boys with Disabilities**



The presence of mines, military camps and major highways hindered access to key services in communities.

**Question: What programming recommendations were made, based on results of the I'm Here Approach?**

**Summary:**

Based on the identified vulnerabilities, capacities, needs and priorities of adolescents in Aden's [A] and [B] districts, key informant interviews and direct observations and experiences provided insight into recommendations for immediate next steps to ensure accountability and future programming to build social and protective assets.

Recommended Next Steps to Ensure Accountability:

- **Identify and link girls to services that can address expressed priority needs and concerns. If existing services are identified** (i.e. birth certificate programs, vocational trainings, GBV referral pathways), reconvene targeted groups of girls and caregivers in safe spaces to share information. Even if they do not explicitly address adolescents' priority needs, connecting communities to any available services that are not currently being accessed is one way to maintain accountability.
- **Advocate for adolescent-friendly protection and GBV programming in communities** by identifying a trusted organization within the Protection Cluster and sharing relevant findings in a safe and ethical way. Highlight expressed fears and experience of violence in homes, communities and schools. Also share findings with LNGO partner in [A].

- **Assess gaps in Mercy Corps' MRE program in [B] district relating to its inclusion of adolescents.** Mercy Corps' MRE campaign currently targets schools for the provision of child-friendly Information Education and Communication (IEC) materials. Complementary strategies to reach adolescents and younger children who are out of school should be identified. Adolescents should be consulted in IEC material design and the collection of age-specific data should be sensitive to differences between younger children and adolescents in order to determine whether adolescent girls and boys are effectively being reached. Consult Mercy Corps' guidance on the collection and use of sex- and age- disaggregated data. Adolescent girl and boy community focal points should be identified (if safe to do so).

#### Programming to Build Social and Protective Assets:

- **Prioritize safe spaces for adolescent girls** where girls can build social networks, acquire skills, and access psychosocial support and GBV response services. Strive for girl-driven program by engaging girls of various vulnerability-capacity profiles (in-school, out-of-school, married, with disabilities) in program planning, implementation and evaluation. Based on the context-specific profile of girls in these communities, consider:
  - With the large number of 6-9 year-old girls out of school, targeted times and activities for younger girls should be integrated into programming if child-friendly spaces aren't currently available.
  - High numbers of adolescents with disabilities, the presence of mines and highways in communities, and fears around harassment and violence suggest mobile approaches to programming may be a vital compliment to stationary safe spaces - as a method of delivering services to girls who may otherwise be unable to access them.

- Girls in-school, out-of-school, and married expressed desires for vocational trainings, specifically referencing sewing, hairdressing and henna tattooing as opportunities to generate income. Some girls are already skilled in these areas but lack the tools and resources to pursue these economic opportunities.
- Many girls are traveling for 3 to 4 hours each morning and afternoon to fetch water, others are tasked with staying home to care of family members. Both of these activities were identified as barriers to school, suggesting that hours of programming operation will be critical and should be identified in consultation with targeted segments of girls and their caregivers.
- **Be gender-synchronized and prioritize community engagement at every step to promote safety for girls.** Education, vocational and WASH interventions should prioritize the needs of adolescent girls while also identifying ways to engage boys in meeting their expressed needs, challenging harmful gender norms, and promoting positive masculinity. Programs that target women and girls may inadvertently increase certain vulnerabilities to violence by disrupting gender dynamics and challenging understandings of masculinity and male power and control. In these communities, out-of-school boys expressed fears around economic security and prioritized needs for jobs, education, water, and food. One boy was quoted saying “the best thing in life is to work”. Mounting pressure and an inability to live up to masculine roles, engage in work, and provide for families can lead to escalated violence against women and girls and drive subscription into armed forces by boys and men. Therefore, community buy-in for girls’ participation and the engagement of men and boys as allies must be central to any programmatic effort.

**Question: What recommendations were made to strengthen the utility, appropriateness, and feasibility of the I'm Here Approach?**

Summary:

Key informant interviews, direct observations and experiences highlighted several key recommendations to strengthen the utility and appropriateness of implementation. These recommendations focused heavily on strengthening ethics and safety to participants.

To strengthen ethics and safety of implementation -

**1. Minimize risk of personal GBV disclosures in group-settings:**

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

**2. Prepare field-teams for potential GBV disclosures:**

- Prior to implementation, consult GBV specialists prior to identify safe, confidential and appropriate systems of care (i.e. access to counselors or protection officers if not a formal referral pathway) for survivors.
- Ensure a case manager is on field team, present in focus group discussions, and can provide psychological first aid, particularly if no referral pathways to care exist.

- Have protocols in place on what to do when GBV comes up in one-on-one and group settings.
- Ensure field teams have the basic skills to provide information on any existing services to caregivers and adolescents.
- Use scenarios and role-plays in training to demonstrate how to handle GBV issues as they arise in one-one-one and group settings.

**3. Strengthen guidance and training around safe and confidential collection, documentation, and sharing of sensitive data:**

- Ensure protocols are in place for de-identification and safe storage of data, and the use of audio and video recordings. Outline considerations for teams deciding when and how to share information.

To strengthen utility and ethics of implementation –

- 1. When deciding whether to implement the approach:**
  - Assess risks vs. benefits of implementation.
  - Ensure that programmatic funding is in place and Mercy Corps is committed to a timely response that will directly benefit the participating adolescents and communities.
- 2. Once priority needs and concerns of adolescents are identified through initial engagement (i.e. Girl Roster™/ Boy Matrix and PRM Discussion):**
  - An internal audit and stakeholder analysis should be conducted to identify what needs Mercy Corps is best positioned to meet vs. needs where partners & other actors might come in.

To strengthen operations and feasibility:

1. Confirm that every person needed to support implementation is in place (IT, financial approvals, etc.).
2. Develop a fixed curriculum and instructions for enumerators that can guide them, step-by-step is security concerns prohibit team leads from being in the field.
3. Consider potential benefits of a cascading enumerator training design or refreshers if there is significant time between each step.

## CHAPTER 5: DISCUSSION AND CONCLUSION

### 5.1 DISCUSSION

This case study yielded valuable insights for future implementations of the *I'm Here Approach*, for the development of technical guidance, and for the refinement of its steps and tools.

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

The approach, however, was not without risks to girls and their communities, and personal disclosures of GBV, alongside limited Mercy Corps programming in communities, raised several questions around the utility, ethics and safety of implementation in this context at this particular time. Ethical dilemmas around the documentation of sexual violence, the participation of children in research, and the general gathering of information in humanitarian emergencies have been widely reported and explored (Graham, Powell, & Taylor, 2015; Hijazi & Weissbecker, 2010; WHO, 2007). Burnout among community members who are asked to participate in numerous assessments and information gathering activities (Hijazi & Weissbecker, 2010), questions of how and when information will directly benefit participants and their communities, and risks associated with the collection of sensitive information, particularly from children and

other vulnerable populations, are common dilemmas faced by researchers and programmers (Graham, Powell, & Taylor, 2015).

These issues highlight the critical importance of ensuring any information gathering activity is necessary, justified and beneficial to the community. Prior to any implementation of the *I'm Here Approach*, teams should reflect on 1) the specific purposes of implementation; 2) whether the benefits outweigh the risks; 3) whether the information can be gathered another way (or already exists); and 4) how likely is it that information gathered will achieve its intended purpose and benefit participants and their communities. Answers to these questions are cornerstones of upholding the basic ethical principles of respect, beneficence and justice outlined in The Belmont Report's Ethical Principles and Guidelines for the Protection of Human Subjects of Research (1979).

## **5.2 CONCLUSION**

Information generated by the *I'm Here Approach* in Yemen highlights the utility of the steps and tools in understanding the unique vulnerability and capacity profiles of adolescents in humanitarian contexts and in identifying their priority needs and concerns. The case also underscores the importance of clearly distinguishing the approach as a programming tool and the need for earmarked programmatic funding prior to implementation, in order to ensure accountability to participating adolescents and their communities. Future research is needed to explore the specific ways in which *I'm Here* implementations inform programmatic decisions across various contexts, as well as what additional criterion should be used when considering implementation of the approach.



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## APPENDICES

### APPENDIX A – KEY INFORMANT INTERVIEW GUIDES

#### Pre-Implementation Interview Guide

1. What other efforts has/have the program(s) taken to reach and engage adolescents?
2. Had you ever brainstormed ways that the program(s) could more effectively reach and engage adolescents? If yes, what came to mind?
3. What, if any, different actions are taken to reach and engage boys vs. girls?
4. Please think about the moment when you first heard about the *I'm Here* Approach. What initial thoughts did you have?
5. Why did you decide to implement the I'm Here Approach, and were your expectations? (Probe for both considerations and expectations)

#### Post-Implementation Interview Guide

1. Could you share what your role is with Mercy Corps Yemen and what made you decide to do the I'm Here Approach?
2. What surprised you during the implementation process? These could be positive or negative surprises... [Probe: IT/operations issues; findings]
3. What worked well? Why do you think it worked well? [probes: enumerator training, steps]
4. What didn't work so well? Why didn't it work? And could anything have been done to make it work better? [probe enumerator training, steps]
5. Did you have to modify *I'm Here* implementation to make it more relevant to your context, and if yes, what modifications did you make? [Probe: switching communities (need to switch-criteria for need); switching to paper-based surveys]
6. If you could do it again, what would have done differently, and why?
7. What steps did you follow for stakeholder engagement? Prompt: with whom did you meet, how did you present the activity, did you avoid any specific messages and why?
8. *The next questions focus on the learnings or insights generated from each step/tool and plans for how to act on the findings. We recognize that analysis is still happening, so any initial ideas are okay!*
  - a. Starting with, GPS Mapping
    - i. What insights did implementation generate (i.e., what do you learn?) [Probe: Did you learn of new services?]
    - ii. how do you plan to act on the findings/or what does this mean for your programs? Initial ideas are okay!
  - b. Adolescent mapping
    - i. What insights did implementation generate (i.e., what do you learn?)

- [PROBE: Thinking back on the assumption crosscheck activity that Omar had you complete before implementation – were there any difference between what you thought you'd find and what you did find?]
- ii. How do you plan to act on the findings? Initial ideas are okay!
  - c. Focus groups
    - i. What insights did implementation generate (i.e., what do you learn?)
    - ii. How do you plan to act on the findings? Initial ideas are okay!
  - d. How do you think the steps complementing each other (or don't)?
9. Thinking about beginning to integrate these findings into programming, are there any social/contextual considerations and concerns that will affect
    - a. Program planning and implementation?
    - b. Girls' access to programs (Probe: mobility; security)
  10. What additional guidance or resources do you believe would be helpful? [Probe: logistics, enumerator training, components]
  11. Aside from the I'm Here Approach, in your context, what other steps that could help Mercy Corps more effectively reach and engage adolescent girls and adolescent boys do you believe would be helpful?
  12. Reflecting globally thinking about using this across crisis contexts, even if you couldn't carry out a resource mapping or go door-to-door (i.e., acute emergency, security concerns, etc.), what actions do you believe might help Mercy Corps do a better job at reaching and engaging adolescent girls and boys?
    - a. Can you describe practical steps?
    - b. Can you describe any steps you think might be considered a bit out-of-the box or creative?
  13. Is there anything we haven't already discussed that you feel would have made the *I'm Here Approach* better, stronger, more effective?
    - a. In terms of process (logistics? components?)
    - b. In terms of gathering the Information you need?
    - c. The tools?
    - d. Your ability to act on the findings?
  14. Knowing other Mercy Corps countries are going to be doing the *I'm Here Approach*:
    - a. [Please complete this sentence] If I could chat with a Mercy Corps colleague who was going to implement the approach, I would recommend he/she ...
    - b. If you were to tell a colleague about the most beneficial outcome of applying the approach what would you tell them?
    - c. If you were to tell a colleague about the most challenging part of applying the approach what would you tell them?
    - d. Are there any considerations you think they should take into account when deciding whether to implement the approach?
  15. [Complete this sentence] When I think about our work implementing the I'm Here Approach, I really wish I had known, done or had access to \_\_\_\_\_
  16. Is there anything else you'd like to talk about regarding the *I'm Here approach* that we didn't ask about?

## APPENDIX B – CODEBOOK

Codes	Definition	When to code	When not to code
Feasibility	Learnings around whether/what made I'm Here Approach was feasible	Includes infrastructure, cost, time/staffing	
Utility	Information that is new, that directly informs decision making, and information that validated assumptions	When the information/method is most useful/gives deeper understanding, and directly informs decision making; and when information is not new, but validated assumptions.	
Utility: useless			
Modifications/Adaptations	When modifications/adaptations were made by program staff. Include if a challenge or then working well.	When program staff had to make modifications or adaptations to the I'm Here approach instructions in order to achieve the intended goals of the approach	When changes were not made
Recommendations	Recommendations to improve approach/steps		When these are not recommendations but what they wish they'd learned
Challenges	Challenges voiced by program staff		If it led to a modification and should be coded as modification.
What worked well	Examples of what went well	What worked well including successes	
Intentionality	Ideas for other steps/actions outside of the approach that can make visible and engage adolescents; rationale for deciding to implement the <i>I'm Here</i> approach		
Guidance request	When program staff ask for further guidance from TA		



<b>Codes</b>	<b>Definition</b>	<b>When to code</b>	<b>When not to code</b>
What they wish they'd known beforehand	Examples given of what information program staff which they had known before starting I'm Here approach/steps including lessons from challenges		
Impact: next steps	Impact on program design seen in next steps	When impact is seen in immediate next steps for programs	When impact as seen in follow up through measurable change from modified programs/designed programs from I'm Here Approach
Impact: measurable change	Impact seen as measurable changes by modified program, seen in follow up (attributed to I'm Here learnings)	When impact is seen in follow up interviews with measurable change from program data and staff interviews	
<b>Cross cutting codes</b>			
Immediate feedback to playbook	Learnings integrated immediately into I'm Here Approach methodology	Examples include changes in steps taken or important considerations needed in order to implement I'm Here approach (needed by next country); identified feedback whether or not they're recommendations	When learning is summarized across countries and can be for final playbook learning
Future learnings	Learnings to be integrated into final playbook or studies	Examples include case studies, general considerations	When they need to be integrated into I'm Here approach methodology for next country
GPS Mapping			
Girl Roster/Boy Matrix/Inclusion			
PRM			
Analysis & Action			
Decision tree	When information can help design a decision tree		