CHAPTER 3: MEANINGFUL PARTICIPATION

The initial and essential stop in the Adolescent Sexual and Reproductive Health (ASRH) Toolkit roadmap is the Meaningful Participation chapter. This chapter includes guidance on how to meaningfully engage adolescents and their communities in the design, implementation, and evaluation of ASRH programming in humanitarian settings. As identified in the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM), creating an enabling environment for youth leadership and meaningful participation of adolescents is a rights-based approach and provides avenues for meaningful and inclusive representation among diverse groups of adolescents in humanitarian settings. It is also important to recognize that adolescents are influenced by individuals, adults, their community, and societal factors; thus, ensuring participation of adults and the broader community is important in creating an enabling environment for adolescents, garnering wide support and commitment from adults for ASRH programs, and easing some of the barriers to accessing services.

Chapter 3 Learning Objectives

After reading this chapter, readers should be able to:

- Describe what "meaningful participation" of adolescents is and the different levels of adolescent engagement

- Explain why involvement of community members in humanitarian programming is necessary

- Recognize adolescents' capacities and identify opportunities and approaches to meaningfully engage adolescents throughout the humanitarian program cycle

- Describe how to involve adolescents in ASRH humanitarian programming

What you will find in this chapter:

- An overview of continuums for meaningful adolescent and community participation

- Guidance on how to integrate meaningful participation strategies for ASHR programming across the preparedness, response, and recovery stages of an emergency

- Practical tools and considerations for the implementation of meaningful participation strategies

So what is meaningful participation?

Meaningful participation requires that people are able to participate in the decisions that directly affect them, including in the design, implementation, and monitoring of health interventions.

Meaningful participation is essential to the success and eventual longevity of knowledge, skills, behavioral change, and commitment to ASRH programming in humanitarian settings. Working with adolescents and building respectful partnerships with communities are fundamental principles of sexual and reproductive (SRH) programming in humanitarian settings, as outlined in the IAFM.

KEY MESSAGE

Remember, adolescents are not a homogeneous group and have diverse needs. As mentioned in Chapter 1: Introduction, their needs are based on intersecting identities and socio-economic factors, such as gender, sexual orientation, race, ethnicity, religion, social class, disability, and much more. It is important to actively seek out guidance and meaningfully engage under-represented vulnerable populations of adolescents on a continuous basis throughout the humanitarian cycle.

CHAPTER 1
CHAPTER 2
CHAPTER 3
CHAPTER 4
CHAPTER 5
CHAPTER 6
CHAPTER 7
CHAPTER 8
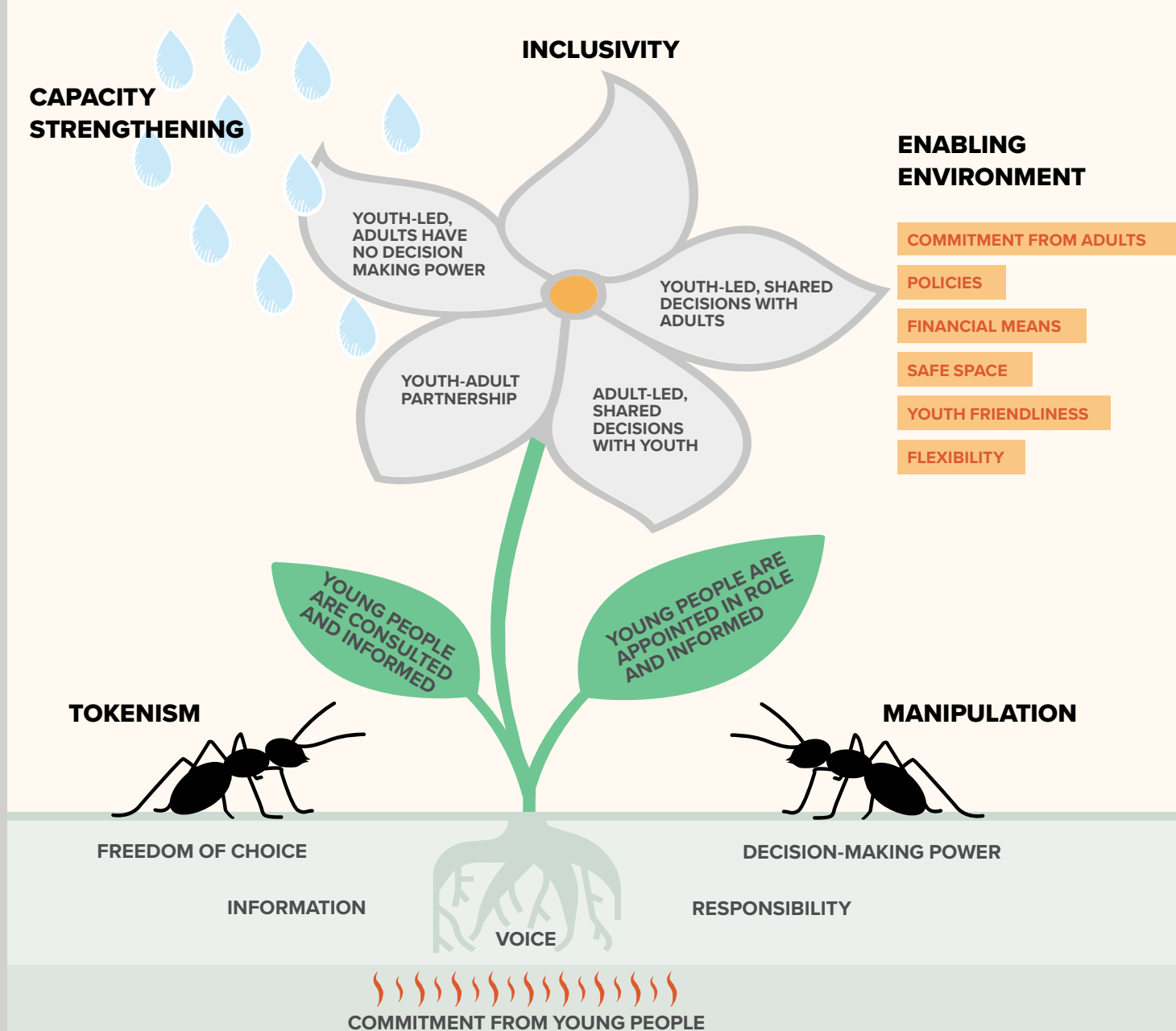CHAPTER 9
ANNEXED TOOLS
RESOURCE TABLE

Adolescent Participation

Adolescent participation at all stages of the program cycle can:

- lead to more relevant programming,

- strengthen program outcomes, and

- contribute to meaningful partnerships between adolescents and adults in humanitarian settings.

Meaningful adolescent participation has varying degrees of non-participation and participation—as illustrated in the flower below. The Flower of Participation is a resource developed by CHOICE for Youth and Sexuality and YouAct that utilizes a blooming flower as a metaphor to describe the various forms of meaningful participation with adolescents and youth, and the environment required to enable meaningful participation to thrive and flourish.

Figure E: The Flower of Participation

CAPACITY STRENGTHENING

INCLUSIVITY

ENABLING ENVIRONMENT

YOUTH-LED, ADULTS HAVE NO DECISION MAKING POWER

YOUTH-LED, SHARED DECISIONS WITH ADULTS

YOUTH-ADULT PARTNERSHIP

ADULT-LED, SHARED DECISIONS WITH YOUTH

COMMITMENT FROM ADULTS

POLICIES

FINANCIAL MEANS

SAFE SPACE

YOUTH FRIENDLINESS

FLEXIBILITY

YOUNG PEOPLE ARE CONSULTED AND INFORMED

YOUNG PEOPLE ARE APPOINTED IN ROLE AND INFORMED

TOKENISM

MANIPULATION

FREEDOM OF CHOICE

DECISION-MAKING POWER

INFORMATION

RESPONSIBILITY

VOICE

COMMITMENT FROM YOUNG PEOPLE

The resource can be used to distinguish between different forms of participation and to explore whether they are meaningful or not using the roots of the flower to represent the core elements of meaningful participation; the leaves and petals to convey the different forms of meaningful participation; the insects to symbolize the non-meaningful forms of participation; and the sun and water to illustrate the preconditions for meaningful participation.

It is important to note that increasing adolescent participation is a **dynamic process** in complex humanitarian settings. Programs should evaluate what forms of meaningful youth participation they are starting off with and set appropriate targets that strive to nourish all forms of participation. Each participation stage should depend on the proposed project and wishes of the adolescents involved.

Different contexts naturally require different levels of participation; however, through the fostering of an inclusive environment, humanitarian responders can afford adolescents and adults opportunities for capacity strengthening and working towards higher levels of participation. Similarly, it is important to note that the benefits of participation are neither automatic nor guaranteed. Participation should not be a one-off event (tokenism); instead, it must be thought of **as an ongoing process**. Participatory approaches must also involve a capacity-building component in order for adolescents to develop their skills while also feeling empowered to contribute to programming in a significant way. Different program components can also operate at different stages of adolescent participation, and programs can combine them depending on the type of decision.

What adolescents are saying: "Engage us in humanitarian programming"

A recent mapping of adolescent and youth participation in humanitarian programs (Humanitarian Response Plans and Regional Refugee and Resilience Plans) highlighted that only 14% of partners support systematic participation in all components of adolescent and youth programming, including assessment, design, implementation, and monitoring of their interventions. Too often, adolescent and youth engagement is reduced to training or consultation. Very seldom does training or consultation translate into action based on young peoples' inputs; if it does, the outcome of their participation is often not documented or measured. There is an urgent need to move away from approaches that merely consult young people as beneficiaries and towards engagement approaches that recognize young people as actors with their own agency and a right to engage in decision-making.

A growing number of humanitarian actors are beginning to recognize and prioritize this need. The Compact for Young People in Humanitarian Action, for example, is an unprecedented and collective commitment of key actors to ensure that the priorities, needs, and rights of young people affected by disaster, conflict, forced displacement, and other humanitarian crises are addressed and that they are informed, consulted, and meaningfully engaged throughout all stages of humanitarian action.

Opportunities to engage adolescents in humanitarian settings

As highlighted in the IAFM, adolescents must be engaged:

- along the program cycle—from assessment to design, implementation, and through to monitoring and evaluation;

- and throughout the emergency-to-development continuum (preparedness, response, and recovery)—not solely during the acute phase of an emergency.

The following matrix provides some examples of ways that program implementers can support adolescents to participate in ASRH program implementation in humanitarian settings.

Table 2: Participation Guidance on ASRH in Humanitarian Settings

Who to engage	• Adolescent leaders
	  • Who are adolescent leaders? Individuals that demonstrate a focused energy in an activity or a cause they care deeply about and have the knowledge and confidence in their ability to take action.
	• Existing adolescent groups and networks
	  • What are peer adolescent groups and networks? They are social mechanisms that adolescents of diverse identities and interests are actively engaged in and that support their well-being and provide avenues by which to advance adolescent social and rights-based causes.
	  • Humanitarian institutions, such as the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) ASRH Sub-Working Group (SWG), actively reach out and partner with adolescent networks to ensure they have a seat at the decision-making table and lead initiatives.
	• Adolescents at increased risk (sub-groups with diverse SRH needs, ideally intersectional considerations). See Chapter 1: Introduction for more information on sub-groups of adolescents at increased risk.

	KEY MESSAGE: Female adolescents should have equal access to and participate equally in all activities. Why? In many cultures, uneven division of household labor starts early; outreach and engagement activities may need to be adapted to a schedule that encourages girls' participation. For example, girls may be caretaking for family members after school; or girls may not be in school due to menstruation or pregnancy. Leadership roles can be rotated to ensure more girls have opportunities to become leaders.

Ways to improve adolescent participation during needs identification & program design
 	
[See Chapter 6: ASRH Services & Interventions for guidance on engaging adolescents and youth as first responders.
	• Support their participation in humanitarian coordination mechanisms, including SRH SWG, Gender-Based Violence (GBV) Sub-Cluster and Child Protection Sub-Cluster, as well as in other decision-making bodies (such as camp committees).
	  • Adolescents are identified or nominated to attend cluster and working group meetings and specifically encouraged to share first-hand information on the ASRH status, needs, and risks among the affected group and how best to reach them.
	  • Provide logistical support to ensure active and sustained engagement.
	• Work directly with adolescents to support ASRH advocacy campaigns and key messages for different humanitarian stakeholder groups.
	• Work directly with adolescents to develop humanitarian response plans and design ASRH strategies.

See Chapter 7: Data for Action for guidance on engaging adolescents in response planning, mapping, and assessment exercises, as well as for examples of FGD guides and resources.]	• Conduct focus group discussions (FGDs) with adolescents (including sub-groups at increased risk) to collect feedback on their needs and solicit assistance in identifying their peers who are most at risk. • Work with adolescents to undertake thorough mapping of adolescent-oriented, gender-sensitive services in support of adolescent-responsive programming.

Ways to improve adolescent participation during program implementation
 	
[See Chapter 6: ASRH Services & Interventions for more information on tools and guidance for engaging adolescents in implementation]
	• Encourage adolescents to share information:
	  • with other adolescents about the importance of seeking medical care for survivors of sexual violence and where that care is available;
	  • with pregnant adolescents about where to seek skilled delivery care when they go into labor;
	  • with peers about where to access adolescent-friendly, gender-sensitive and confidential SRH services, including contraceptive methods (eg emergency contraception), treatment for sexually transmitted infections (STIs), and safe abortion care.
	• Integrate adolescents into response efforts through distribution of SRH supplies (clean delivery kits to pregnant adolescents, menstrual hygiene management supplies, condoms, etc).
	• Encourage adolescents to support other adolescents to access SRH services through accompaniment to the health facility and/or accessing the referral system.
	• As the situation stabilizes/in protracted settings, train youth volunteers to support awareness-raising, community-based distributions (where appropriate and feasible), and referrals to SRH and other relevant humanitarian programming.
	• As the situation stabilizes/in protracted settings, set up clubs that strengthen youth networks to support awareness-raising and social behavior change activities for adolescents at increased risk.
	• Engage with, build capacity of, and include existing youth networks and social media platforms on SRH preparedness efforts to empower them to play a meaningful role in future emergency responses.

Ways to improve adolescent participation in program monitoring, evaluation, and accountability [See Chapter 7: Data for Action for more tools and guidance on engaging adolescents in monitoring, evaluation, and accountability].	• Build adolescent capacity and enable them to provide routine feedback on program implementation through participation in SRH coordination, GBV Prevention Taskforce, child protection coordination groups, camp committees, health committees, and other similar forums. • Capacitate and involve adolescents in monitoring data for decision-making and accountability approaches for SRH programs. • Ensure adolescents participate in the evaluation of ASRH programs by contributing to the elaboration of the methodology, the analysis, and the actual data collection process. • Build leadership skills of adolescents and youth and provide mentorship to support their meaningful participation. • Develop capability statements outlining activities and outcomes of meaningfully engaging adolescents in ASRH humanitarian preparedness and response programming.

Source: Updated from ASRH Toolkit for Humanitarian Settings (IAWG, 2012).

How to identify and engage hard-to-reach adolescents

Identifying adolescents in humanitarian settings can be challenging—particularly if their mobility is restricted, they live in a remote place, and/or possess multiple vulnerabilities. There are a number of steps that can be taken to systematically identify diverse groups of adolescents, their locations, and their unique capacities and needs:

1. Conduct a social mapping exercise to identify different groups of vulnerable adolescents in the emergency-affected community, including those in hard-to-reach locations;

2. Conduct a community mapping exercise to identify all the different places in the community adolescents are concentrated, including key ASRH service delivery points;

3. Identify the unique ASRH needs and capacities of different adolescent groups using assessment and/or mapping results, create plans to address them, and develop approaches to meaningfully engage adolescents in programming.

The Women's Refugee Commission has developed the I'm Here Approach, a complementary set of steps and smartphone-based tools—including global positioning system (GPS) service area resource scans, real-time monitoring tools, and an analytics dashboard. This approach rapidly enables humanitarians to reach the most vulnerable adolescent girls, ensuring their safety, health, and well-being from the start of the response to a crisis.

Engaging adolescents in coordination meetings

Adolescents should be identified or nominated to attend cluster and working group meetings—specifically the Reproductive Health (RH) Working Group/SRH Working Group and the Child Protection Sub-Cluster—to share firsthand information on the ASRH status, needs, and risks among the affected group and how best to reach them. Their representation in these forums ensures that interventions are designed by and accountable to adolescents themselves. It is important to ensure that a mechanism is in place to support these adolescents in developing their confidence, skills, knowledge, and critical reflection, and to have opportunities to exercise agency and contribute to decision-making.

Adolescents who are easily identifiable, such as college students, youth leaders, and peer educators, may not be representative of the majority of affected youth. At the beginning of a crisis, it may be challenging to identify the most representative adolescents, including those from sub-groups at increased risks. However, every effort should be made to set out the criteria for identifying and nominating affected and high-risk adolescents to represent their peers in RH Working Group meetings and in other forums. Remember, adolescent girls and vulnerable adolescent groups should have equal access to and participate equally in all activities!

CASE STUDY

Youth Participation in Indonesia

After the 2018 earthquake in Lombok, Indonesia, the International Planned Parenthood Federation (IPPF), Indonesia Planned Parenthood Association (IPPA), and United Nations Population Fund (UNFPA) Indonesia collaborated to establish an interesting model to allow for youth participation and accountability. It was originally difficult to ensure that various youth voices were included in the coordination mechanisms, and it came to light that youth did not always feel comfortable sharing their experiences within coordination due to stigma and lack of acceptance in some cases. Subsequently, IPPA youth volunteers formed a youth forum—managed and led by youth themselves—that enabled the group to come together and identify specific needs, barriers, and strategies for meeting their SRH needs during the response. The youth forum discussed specific action items, strategies, and recommendations to raise at SRH Cluster meetings via IPPA staff. While it is no doubt important to include youth in coordination mechanisms, IPPA found it was best to establish forums where youth felt comfortable and had a platform to share their opinions free from stigma. It is important these forums are led and managed by youth themselves as a key driver of success.

Adolescent participation remains essential in crisis settings, even though the favorable conditions that encourage adolescents' participation—including time, funding, and commitment—might be limited by emergency circumstances. However, there are unique opportunities in emergencies to engage adolescents right from the onset of the emergency. Adolescents have demonstrated during emergencies how they can serve as active first responders, willing to be quickly trained and mobilized to distribute kits, be involved in data collection for rapid assessments, assist in camp registration and food distribution, disseminate camp announcements and health messages, and serve as volunteers in health and education centers and in child-friendly spaces. Two different organizations have documented how to meaningfully engage adolescent participation in disaster preparedness and contingency planning: Restless Development and ActionAID developed a program guide, Shifting Power to Young People—How Young People Can Lead and Drive Solutions in Humanitarian Action, and UNICEF created Practical Tips on Engaging Adolescents and Youth in the COVID-19 Response. More information on how to involve adolescents as first responders and in data for action activities is included in Chapter 6: ASRH Services & Interventions and Chapter 7: Data for Action.

In addition to adolescent participation in the acute response and protracted situations/recovery phases, it is equally important to ensure their participation in the preparedness phase. This can be facilitated through mapping of youth networks; capacity building in technical SRH areas, as well as in leadership skills; and working to shift gender and power norms to make space for young people's voices in decision-making bodies and accountability structures at the national, provincial, and local/community levels, including technical working groups, camp committees, and health development committees. More information on mapping youth networks is provided in Chapter 7: Data for Action, and information on increasing leadership skills and other assets of adolescents and youth leaders is included in Chapter 6: ASRH Services & Interventions.

Youth involvement in Bangladesh Preparedness Activities

As part of preparedness efforts in coastal areas of Bangladesh, affected by cyclical flooding, Plan International Bangladesh developed youth groups and supported building their capacity to mobilize their communities when the government raised weather warning signals. This enabled young people to serve as first responders by supporting their communities in coordination efforts and sharing information on availability of nearby shelters and where to receive immediate assistance.

How can SRH managers create an enabling environment for meaningful adolescent participation?

- **Attaining commitment from adults and stakeholders** with decision-making power and influence is important to ensure policies, programs, and resources are available to nurture an adolescent-friendly, inclusive, flexible, and equitable environment.

- **Intentionally recruiting** across the diverse cross-section of adolescents creates paid opportunities for young people to participate in programming.

- **Budgeting for adolescent participation** in SRH program plans and activities ensures adequate resources and prioritization of their participation. For example, SRH managers can provide funds to cover travel arrangements and materials for adolescents/youth, as they often have limited capacity to pay for costs associated with travel and participation.

- **Providing ongoing capacity building and mentorship** for adolescents on ASRH, values clarification, representation and advocacy, program implementation, and research into your program plan ensures sustainability and continuous support for adolescents.

- **Building the capabilities and assets** of existing youth movements, youth organizations, and community-based organizations allows these networks and organizations to more fully engage in the response.

- **Training program staff** to adopt adolescent-friendly and non-discriminatory attitudes ensures adolescents are treated respectfully and receive the quality SRH services they need.

- **Adopting a "do no harm" approach** for all interactions with adolescents is necessary to avoid sexual exploitation and abuse, exacerbating disparities, discrimination, conflict, insecurity, and environmental degradation for adolescents in humanitarian settings.

[See Community-Based Services & Outreach Platforms under Chapter 6: ASRH Services & Interventions for more information and tools on these activities, as well as guidance for supervising adolescents/youth as first responders. See also Chapter 8: Manager Guidance Notes & Tools for additional guidance on supervision of staff, including adolescents/youth.]

Common challenges among field practitioners include sustaining adolescent participation throughout the program cycle and reaching adolescents beyond those targeted by the program—such as adolescents with disabilities and pregnant adolescents, or adolescents recruited as leaders, such as peer educators. There is a continued need for intergenerational engagement that involves investing in activities that continue to build adolescent capacity, including ongoing supervision and supporting their ability to serve as mentors to other/younger adolescents.

Photo : Tommy Trenchard
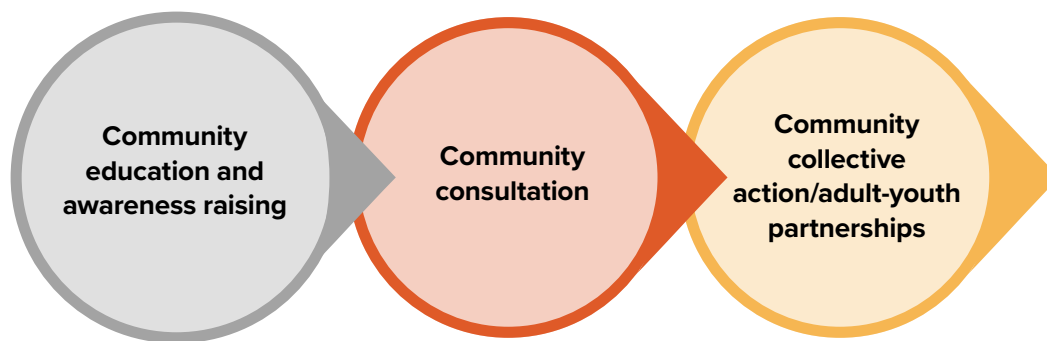
Community Participation

Implementing agencies, health staff, and adolescents may embrace ASRH programs and youth leaders, but these programs are unlikely to be sustainable if they do not have the support and commitment of the local community, including parents and other adult gatekeepers. Communities and gatekeepers play an important role in reducing stigma with ASRH programming and in supporting vulnerable adolescents and families. In order to have lasting effects, a program should lead not only to changes in the knowledge, skills, and behaviors of individuals (in this case, adolescents), but also to social and structural changes. Even in emergency settings, parents and community members should be involved in and consulted from the design phase of ASRH programming.

Community participation encompasses a continuum of approaches, as outlined below. Similar to adolescent participation, there are varying degrees of adult participation, with some more meaningful than others.

KEY MESSAGE

Remember that engaging with decision-makers and stakeholders in the community is important to ensure they are open to the idea of ASRH programming. In addition to intergenerational dialogue, gender-sensitive approaches should be addressed throughout the community participation continuum. Please refer to Chapter 6: ASRH Services & Intervention's breakout box on adopting a gender-integration lens for ASRH programming for additional information.

Figure F: Community Participation Continuum

⬤ Community education & awareness raising

On one end of the continuum, adults and the wider community are simply exposed to ASRH awareness-raising activities, using a variety of information, education, and communication (IEC) techniques. While sustaining interest and attendance can be challenging for any type of community outreach work, these types of ASRH awareness-raising activities can help to encourage intergenerational dialogue, wider discussion on taboo subjects, and help to break down stigma and discriminatory attitudes. Oftentimes, activities such as these are essential in making ASRH interventions possible and for generating a climate wherein they can be introduced. Integrating these IEC activities into community events, such as festivals and sports events, and into multiple social media platforms can be helpful in reaching large numbers of people. However, in order for them to have lasting impact, these activities should be part of a longer, sustained approach, rather than one-off meetings.

CASE STUDY

Building Support for ASRH among Crisis-affected Communities in South Sudan and Nigeria

As part of an ASRH operational research study conducted in Nigeria and South Sudan, the International Rescue Committee (IRC) facilitated meetings with community leaders and parents of adolescents—aimed at improving their knowledge of ASRH and discussing ways they can better support ASRH in their communities. During these meetings, IRC used participatory activities to discuss puberty, common myths and misconceptions around ASRH, and reflect on ways to improve community support for ASRH. The Toolkit has provided IRC's example session plans for conducting meeting with parents and community members.

But what if community gatekeepers don't want to talk about adolescents having sex?

In order for community awareness-raising activities to be most effective, they should involve tackling the stigma and discrimination surrounding adolescent sexual activity, opening up discussion on SRH, and challenging gender norms. Evidence shows that programs that intentionally address gender norms and power imbalances, involve community members and multiple stakeholders, and foster critical awareness and participation among affected community members can significantly improve both health and gender outcomes for adolescents.

⬤ Community consultation

The next stage of the continuum is community consultation—where humanitarian program implementers consult or engage with community members to achieve a concrete goal. For example, community-based organizations, support groups, and both adult and adolescent networks can provide support in identifying at-risk adolescents, making referrals to services, or providing direct support to at-risk adolescents. Consulting with local power-holders, such as traditional and religious leaders, is critical in building a supportive environment for ASRH and raising awareness about the specific risks faced by adolescents.

⬤ Community collection action

On the other end of the continuum, there is community collective action, where the community is involved in the design, implementation, and evaluation of ASRH programming to help ensure the needs of the population are met and are sustainable in the long term.

CASE STUDY

CARE's Vijana Juu Project

One key element of CARE's Vijana Juu project in North Kivu, Democratic Republic of the Congo (DRC), was the use of the Community Score Card—a citizen-driven accountability approach for the assessment, planning, monitoring, and evaluation of service delivery. Through Vijana Juu, CARE invited adolescents to contribute their thoughts on how local clinics could better serve their SRH needs and then invited health providers and community members to consider the identified challenges in delivering SRH services to young people. Representatives from these groups then came together to develop a shared strategy for improvement and indicators—aligned with what youth-responsive services meant to them—that would be tracked to measure progress toward their goals. Adolescents were periodically engaged to monitor youth-friendliness of health service delivery and to collaborate with health providers and leaders to strengthen program quality.

Remember: it's a continuum of inclusive participation and engagement

As outlined in the Minimal Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) and IAFM, in the early stages of an emergency it is often challenging to implement community participation approaches beyond "community education and awareness raising", particularly in contexts where limited development programming or preparedness activities have been undertaken prior to the emergency. However, emergency response efforts can build upon community awareness-raising activities and strive towards implementing approaches that contribute to community collective action, even during emergencies.

Several models initially developed for development contexts and then adapted to fragile contexts for adolescent participation emphasize community collective action and adolescent-adult partnerships. These models are key to bringing together adolescents, parents, health providers, and community members in identifying adolescents' SRH needs and developing and implementing programs to address those needs, all the while ensuring adolescent participation across the program cycle.

IMPLEMENTATION CONSIDERATION

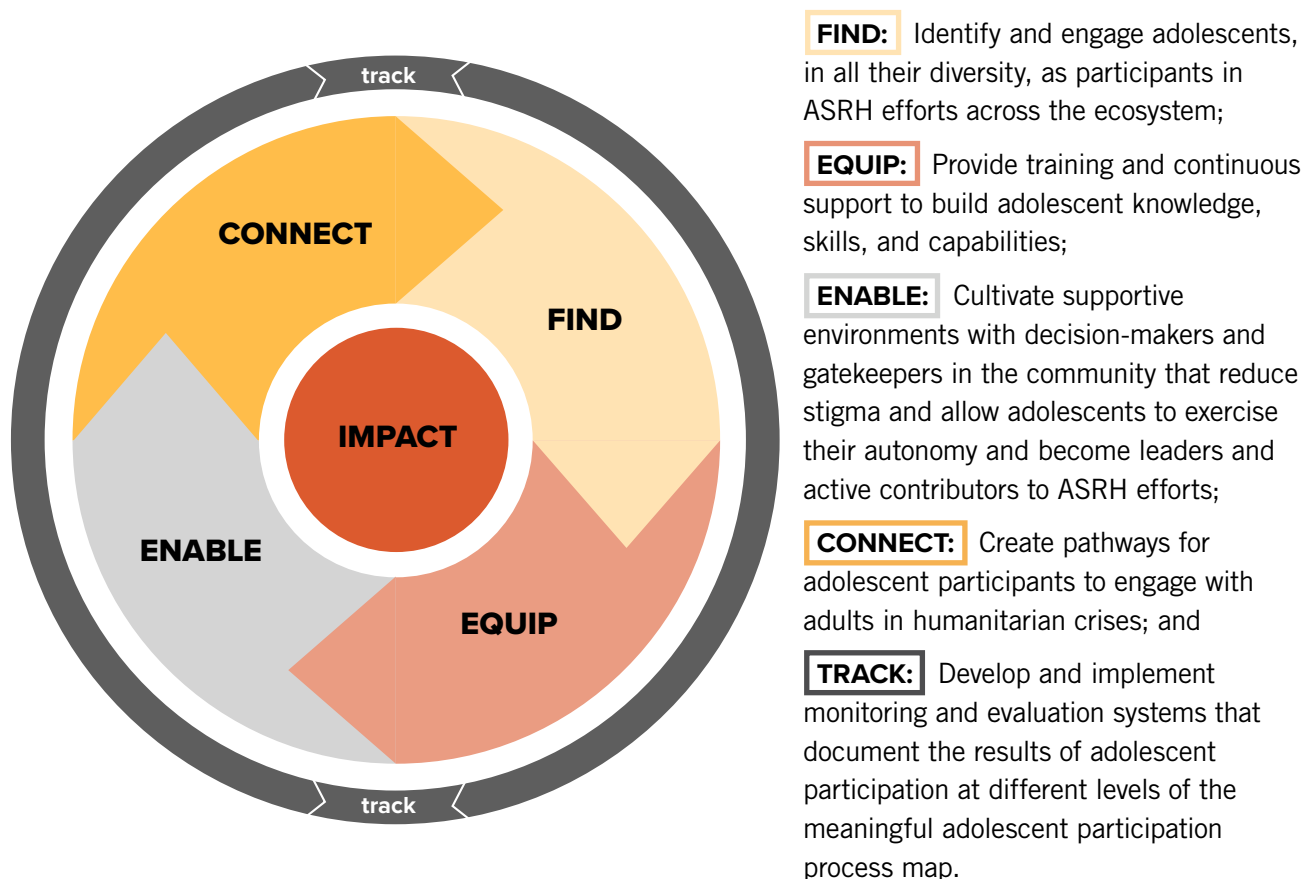**Adult-Youth Relationships Provide Protective Factor**

While a primary focus of ASRH programming is to provide tailored support to meet adolescents' distinctive needs by placing them at the center, safe and supportive environments are a key protective factor for healthy development and well-being of adolescents. As outlined in Figure C: Social-Ecological Model, adults play an important role in this regard and can help adolescents weigh the consequences of their behaviors (particularly risky behaviors) and identify options. The intergenerational influence of at least one positive adult and a nurturing family are protective factors during this period of development and can help adolescents cope with stress and develop resilience.

Programs can work with parents, who are caregivers of adolescents, to enhance their parenting skills and self-care, strengthen adolescent-caregiver relationships, link families to multi-sectoral services, and raise awareness on ASRH. A few examples of curricula and guidance include the Girl Shine Caregiver Curriculum and Families Make the Difference.

This chapter provided guidance on the importance of identifying, enabling, equipping, and connecting adolescents and community stakeholders to ensure meaningful and impactful adolescent participation in the humanitarian program cycle. Figure G summarizes each step of meaningful adolescent participation into a process map, which has been adapted from the YIELD Project.

Photo : Daphnee Cook

Figure G: Meaningful Adolescent Participation Process Map

FIND: Identify and engage adolescents, in all their diversity, as participants in ASRH efforts across the ecosystem;

EQUIP: Provide training and continuous support to build adolescent knowledge, skills, and capabilities;

ENABLE: Cultivate supportive environments with decision-makers and gatekeepers in the community that reduce stigma and allow adolescents to exercise their autonomy and become leaders and active contributors to ASRH efforts;

CONNECT: Create pathways for adolescent participants to engage with adults in humanitarian crises; and

TRACK: Develop and implement monitoring and evaluation systems that document the results of adolescent participation at different levels of the meaningful adolescent participation process map.

As we make our way through the toolkit roadmap, meaningful participation of adolescents and community members will be emphasized throughout all phases of the humanitarian continuum and all parts of the program cycle. The next chapter—Priority ASRH Activities in Emergencies—describes the importance of implementing activities and priorities of the MISP that are inclusive of adolescents' needs, barriers, and capacities.

Participation Tools

Included below are some participation tools and resources for program managers as they begin working with adolescents and young people. As with other guidance documents, these materials should be adapted to each response and setting as appropriate. In Chapters 6, 7, and 8, the Toolkit provides additional guidance, tools, and resources for engaging adolescents in each phase of the program cycle (design, implementation, and monitoring and evaluation) and the humanitarian cycle (preparedness, response, and recovery).

The Adolescent and Youth Engagement Toolkit has a number of practical resources aimed at supporting humanitarian implementers in planning for adolescent participation, including:

• *Principles of Young People's Participation:*
  Outlines key principles to guide adolescent engagement (Annex B)

• *Basic Requirements for Planning Young People's Participation and Engagement:*
  This checklist helps implementers plan for adolescent engagement and can be created by adapting or using the table's requirements (Annex C)

• *Key Actions to Increase Young People's Engagement in Programming:*
  This resource outlines the steps needed to increase youth engagement in the programming cycle as well as in the interagency humanitarian programming process (Annex D)

There are several models for meaningful adolescent and community participation that could be adapted for use in humanitarian settings, as described earlier in CARE's Vijana Juu project. Many of these program models help guide groups of adolescents, community members, and health providers through an iterative process aimed at identifying barriers and enablers to ASRH in their communities; developing and implementing actions to address them; and creating adult-youth partnerships to advance ASRH goals. Each of these tools include an overview of the program framework, as well as a facilitator guide with instructions for different program activities. Program managers should ensure adequate resources, time, and appropriate staffing are available to effectively implement all program activities.

Some examples of meaningful participation models include:

• Partnership Defined Quality for Youth

• The Community Score Card

• Participatory Action Research for ASRH

• Youth Participation Guide: Assessment, Planning and Implementation