Photo : Save the Children

Figure I: Holistic ASRH Programming Along the Social-Ecological Model

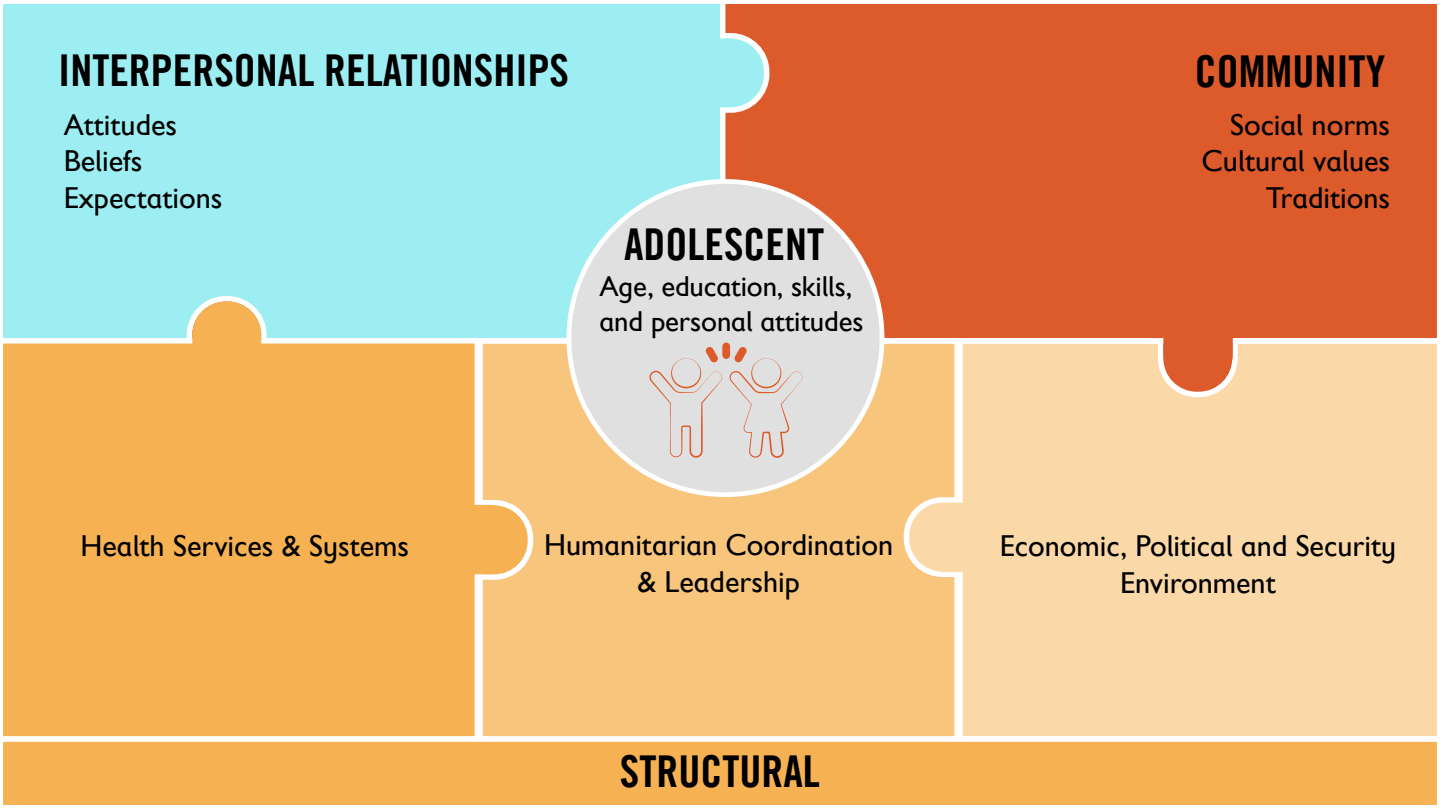

Table 4 provides more details on each of these levels and helps explain how health managers can work with other ASRH stakeholders to overcome the barriers, anticipate needs, deliver services, and ultimately, improve SRH outcomes for adolescents in humanitarian settings.

Table 4: Holistic ASRH Programming Along the Social-Ecological Model

SOCIAL-ECOLOGICAL SPHERE	
DESCRIPTION	**RESPONSE**
Factors at all levels of the Social-Ecological Model that may enable or restrict their access to SRHR information and services.	Sample activities, beyond providing health services, to mitigate risks, overcome barriers, and improve access to SRH information and services for adolescents.
ADOLESCENTS	
DESCRIPTION	**RESPONSE**
At the individual level, biological and personal attributes of adolescents affect their ability and decision to seek and use SRH services and information. This includes their age, education or knowledge, skills, income, past experiences (and/or trauma), attitudes, beliefs, behaviors, and motivations (goals, ambitions).	• Conduct needs assessments and/or focus group discussions with adolescents from subgroups at increased risk (such as very young adolescents [VYAs], adolescents with disabilities, etc) to understand their unique needs and barriers. *See **Chapter 1: Introduction** for more information on adolescents from subgroups at increased risk.* • Work with adolescents to develop age-appropriate and adolescent-friendly information, education, and communication (IEC) materials that provide information on questions they are posing or knowledge they are seeking. • Provide adolescents with sexuality education and dialogue opportunities, such as during puberty initiation rites, to gain knowledge, explore values, and build skills concerning their SRH and rights, including understanding how and when to seek SRH services.

SOCIO-ECOLOGICAL SPHERE

INTERPERSONAL RELATIONSHIPS

DESCRIPTION	RESPONSE
The relationships adolescents have with others affect their ability, motivation, and decision to seek and/or receive SRH services. This includes the opinions, expectations, attitudes, and beliefs of the adolescent's family members/guardians, his or her peers, and in some cases his or her spouse. For example, if other peers have had a negative experience with a humanitarian organization, it may dissuade the adolescent from seeking any SRH services at that organization's program sites.	• Assist with forming peer groups to have adolescents support each other and identify needs/barriers to SRH service provision (these could focus on certain subgroups, such as VYAs or adolescent mothers). • Develop interventions to bolster adult-adolescent relationships, including adolescent-parent communication, and provide education on SRH in a safe environment for the adolescent (such as at an education center, other program site, or community member's home). *See **Chapter 3: Meaningful Participation** for more guidance and tools on conducting meetings with parents.* • Include opportunities to discuss topics concerning relationships, including sexual relationships and sexual consent, in sexuality education initiatives and life-skills trainings.

SOCIO-ECOLOGICAL SPHERE

COMMUNITY

DESCRIPTION	RESPONSE
The community and social environment (including social norms, cultural values, and traditions) surrounding adolescents affect their ability and decision to seek or receive SRH services. This includes the opinions, expectations, attitudes, and beliefs of informal and formal community leaders, religious leaders, and informal and formal youth leaders. For example, if the religious leader is opposed to discussing contraception in their community, this impedes adolescents from accessing SRH information and may hinder them from seeking services.	• Utilize alternate points of entry (***Community-Based Services & Outreach Platforms*** and ***Building Multi-Sectoral Linkages***) to conduct community interventions. • For example, implement participatory reflection and dialogue processes that use drama, games, and videos to advance changes in attitudes and norms. • Facilitate community dialogues led by trained facilitators. *See* ***Chapter 3: Meaningful Participation*** *for more guidance and tools on conducting meetings with community members.* • Identify, support, and promote ASRH champions in the community (such as religious leaders).

SOCIO-ECOLOGICAL SPHERE

STRUCTURAL: Health Services & Systems

DESCRIPTION	RESPONSE
This level includes factors that affect the adolescent's experience at the health facility or clinic, such as the cost of services. Adolescents in humanitarian settings are likely to have limited financial means to take care of themselves and/or are required to take on the responsibility of also taking care of their family. Cost should not be a barrier for them to access services. Other questions that might be asked at this level include: Was the facility welcoming? How did the provider treat the adolescent? Does the facility have the services/commodities they need?	• Provide cash and voucher assistance for adolescents and/or link them with income-generating activities. • Engage with the health sector to improve quality of service provision. *See* ***Chapter 6: ASRH Services & Interventions*** *for more examples of how to overcome barriers at this level.*

STRUCTURAL: Humanitarian Coordination & Leadership

DESCRIPTION	RESPONSE

The capacities of government agencies, local partners, and humanitarian actors to coordinate effectively at national and subnational levels and to respond to the emergency also affects adolescents' ability and decision to seek care and make free and informed choices about their SRH and rights. This includes any preparedness efforts they have completed prior to the onset of the emergency and/or the strengthening of the country's health system to deliver SRH services. This level also looks at how well health services are integrated within the response (with other sectors), as well as how well the humanitarian health organizations coordinate with one another to refer services.
 	
For example, are health staff working with non-health staff to provide other entry points for adolescents to access SRH information and services?
	• Include and empower adolescents, including integrating adolescent and youth networks and organizations, in government leadership bodies, coordination mechanisms, and humanitarian decision-making, such as meetings/inputs for the Humanitarian Needs Overview and Humanitarian Response Plans.
	• Strengthen linkages between sectors, including prioritizing referrals and integration with education, mental health and psychosocial support (MHPSS), and child protection sectors. As well, highlight the particular needs of adolescents across the humanitarian response during coordination meetings.
	  • For example, provide sexuality education, including about menstrual health, puberty, and Human Immunodeficiency Virus (HIV) and post-exposure prophylaxis to adolescents through education centers, child protection safe spaces, and other supported sites. *See the **Menstrual Hygiene Management (MHM) in Emergencies Toolkit** from the International Rescue Committee for additional guidance on implementing MHM in humanitarian contexts.*
	  • With the Child Protection Cluster and Gender-Based Violence (GBV) Sub-Cluster, identify and/or establish referral and complaint mechanisms, such as a multi-sectoral referral network for young survivors of GBV and adolescent-friendly complaint mechanisms for sexual exploitation and abuse.
	  • Work with national authorities, affected community, and (where appropriate) camp management experts to identify possible new sites to deliver comprehensive SRH services (eg sexually transmitted infection [STI] outpatient rooms).
	
	*See other examples provided in **Building Multi-Sectoral Linkages**.*

STRUCTURAL: Economic, Political and Security Environment

DESCRIPTION	RESPONSE

Finally, laws, policies, and mandates affect ASRH information and service provision in the country, including economic conditions (eg if the government can afford to make SRH services free for adolescents or not) and security conditions (how safe are the roads and paths for adolescents to travel to facilities and/or humanitarian program sites).
 	
This level also looks at how development and humanitarian actors work together in planning for comprehensive SRH services, as well as early recovery, resiliency, and stabilization efforts.
	• Work with national leadership to identify where existing policies, guidelines, and protocols do not support SRH and rights or meet international standards and work to address them.
	  • Train national trainers on ASRH.
	  • Advocate to liberalize policies for adolescents to access SRH services. For example, expand policy waivers for refugee adolescents to have access to contraception with or without their parent's/guardian's consent.
	• Continue engaging government entities on ASRH to ensure national leadership, ownership, and accountability.
	  • Work with local partners and government agencies to facilitate citizen monitoring of subnational budgets to ensure sufficient resources are dedicated to ASRH services.
	  • Advocate with leadership of uniformed services (police, military) for establishment and enforcement of zero-tolerance policies for GBV.
	  • Train law enforcement personnel and uniformed persons on protection of adolescents in emergencies.
	• Strengthen regional platforms that link to national and subnational representation of youth.
	  • For example, the ***Ouagadougou Partnership*** (initiative that brings together nine governments of West Africa to accelerate progress in using family-planning services) has youth ambassadors as part of its coalition who work with community leaders, religious leaders, and government officials in building stronger communities and reducing the number of pregnancy-related deaths among youth.