Reproductive Health Entry Points in Existing Adolescent Programs

Rationale:
Because of barriers that prevent adolescents from accessing RH information and services, it is important to look for alternative ways to reach adolescents. The matrix below lists non-RH adolescent programs that may be present in a community after an emergency has stabilized. The matrix suggests entry points that might be accessed or used to provide SRH information to adolescents and link them with SRH services, either in a facility or the community. It may also be useful during RH coordination and multi-sectoral meetings where adolescent SRH issues are discussed.

Type of adolescent program	Reproductive health entry points
Schools	• "Peer" educators offer age-appropriate RH education sessions in schools; • RH outreach staff provide RH question-and-answer sessions to older adolescents in classroom settings; • Teachers or school nurses are trained to deliver health curriculums, including education on puberty and menstruation; gender and sexuality; FP; HIV prevention; GBV; and age-appropriate life skills such as identifying values and understanding consequences of behaviors (for young adolescents) and negotiating relationships and condom use (for older adolescents);[26] • Teachers and peer educators provide RH orientation sessions for adolescents, using such methods as the Letter Box Approach (see FP fact sheet); • Train teachers to identify high-risk adolescents and develop a system linking them with ASRH services; • Teachers or school nurses act as community distributors of condoms and other contraceptives (such as OCPs); teachers distribute sanitary materials for menstrual hygiene.

Adolescent clubs and centers (drama, sports, religious)	• Support drama or music groups to disseminate accurate ASRH information, including information about services available. Organize performances at community events.
	• Invite peer counselors to provide ASRH information sessions for participants before each adolescent sporting event.
	• Train sports coaches to provide and incorporate ASRH information into coaching sessions.
	• Ask group leaders to set aside a private space within their meeting areas and:
	  • Offer HIV counseling and testing at adolescent program activities;
	  • Schedule health/RH clinics during adolescent activities and gatherings;
	  • Invite adolescents trained in CBD to group activities.
	• Offer group counseling for HIV at adolescent meetings or gatherings (ONLY if testing is available - either onsite or at facility)
	• Establish condom distribution points.

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Type of adolescent program	Reproductive health entry points
Vocational or skills training program; non-formal education programs for out-of-school adolescents	• Using peer counselors, organize monthly "Youth Talk" sessions for out-of-school adolescents to address ASRH topics. • Work with program leaders to establish system linking high-risk adolescents to RH information and services.
Disarmament, demobilization and reintegration (DDR) programs	• Train adult mentors in HIV counseling. Link CAAFAG with HCT services, as well as care and treatment services (including PMTCT) for HIV+ girls and boys. • Work with CAAFAG and adolescents in DDR programs to identify peers who have not been included into DDR program (particularly girls and older adolescents) and identify ways to link them to life skills and SRH education programs and to SRH services • Work with mentors and program leaders to establish system linking high-risk adolescents to RH services • Receiving communities should be prepared for returning children and young people through awareness raising and education; particular attention should be paid to myths that may circulate among communities about returning boys and girls (e.g. reports of real or presumed rates of prevalence of HIV among children) which can lead to stigma or discrimination. • Provide SRH and life skills training for demobilized boys and girls, including HIV prevention, GBV, FP, gender and sexuality, negotiating relationships, condom use.
Media and communications	• Support adolescents to develop and broadcast adolescent-friendly radio "spots" and programs that provide SRH information and inform adolescents of services available and where to access them. • With adolescent participation, publish a newsletter or newspaper that addresses ASRH topics.

SUGGESTED READING:

1. African Youth Alliance. *Reaching Out-of-School Youth with Life-Planning Skills Education: The African Youth Alliance's Behavior Change Communication Efforts in Arusha, Tanzania*. Dar es Salaam, Tanzania: PATH, 2005. http://www.path.org/files/AH_aya_chawakua.pdf.

2. Family Health International. *YouthNet Brief: Zambia, Peer Educators bring RH/HIV messages to the Classroom in Zambia*. http://www.fhi.org/NR/rdonlyres/eajhaq5ugapy4qb5a2slwmykuejfnbofa3vr-j3gfe2mlzd3yhhoapnjk5ekm5zgowyny2wtuyfpzoa/Zambiaclassroompeeredenyt.pdf.

3. INEE Gender Task Team. *Gender Strategies in Emergencies, Chronic Crises and Early Reconstruction Contexts*. "Gender Responsive School Sanitation and Hygiene," www.ineesite.org/uploads/documents/store/doc_1_58_Gender_Strategies_in_ Emergencies.WT2.doc.

4. Specht, I. "Children and DDR." *Seen, but not Heard: Placing Children and Youth on the Security Governance Agenda*. Ed. Nosworthy, D. , Zurich: LitVerlag GmbH &Co., 2009. pp. 191-217. http://se2.dcaf.ch/serviceengine/FileContent?serviceID=21&fileid=A24C89E1-6860-7370-A2F3-97D908B23F29&lng=en.

5. United Nations. *Integrated Disarmament, Demobilization and Reintegration Standard*. Module 5.20: "Youth and DDR," 2006. http://www.unddr.org/iddrs/05/download/IDDRS_520.pdf.

6. United Nations. *Integrated Disarmament, Demobilization and Reintegration Standards*. Module 5.30: "Children and DDR," 2006. http://www.unddr.org/iddrs/05/download/IDDRS_530.pdf.

7. WHO, UNFPA, UNHCR. *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. Chapter 4: "Adolescent Reproductive Health." 2009.

Endnotes

[23] Adolescent leaders include those who represent their peers or have leadership roles in social, community or other groups and those who have positive influence over other adolescents.

[24] High-risk adolescents refer to those listed in the introduction: very young adolescents, pregnant girls, marginalized adolescents and sub-groups, such as separated adolescents and adolescent heads of household, survivors of sexual violence, adolescents who sell sex and CAAFAG.

[25] IAWG. *Community Pathways to Improve Adolescent Sexual and Reproductive Health: a Conceptual Framework and Suggested Outcome Indicators*. Oct. 2007.

[26] Teachers, coaches and any other persons interacting with adolescents should be trained in and abide by a *Code of Conduct*, which regulates their interactions. All adults interacting with adolescents should be monitored, and adolescents should be allowed to provide feedback on their interactions.