

Meeting Adolescent Sexual and Reproductive Health Needs

The following matrix is intended to be an overview of key interventions for responding to ASRH needs during emergencies. The interventions for each function and sector are organized by:

- Emergency Preparedness
- Minimum Response
- Comprehensive Response

During non-crisis situations, **Emergency Preparedness** actions can be taken. These interventions can facilitate rapid implementation of minimum-response activities in the midst of a crisis. The suggested items in the left column of the matrix summarize key recommended actions for emergency preparedness. Actions that appear in **bold orange** are considered the *minimum standards* and should be prioritized if resources and time are limited.

The middle column corresponds to initial actions to be taken during the height of an emergency. These **Minimum Response** interventions outline priority steps. For certain actions requiring more detailed guidance, links to suggested resources and tools within the ASRH in Crises Package are included. Actions that appear in **bold orange** are considered the *minimum standards* and should be prioritized if resources and time are limited.

In a more stabilized phase of a crisis, the right column suggests steps to be conducted for **Comprehensive Response** of ASRH needs. Implementation details also include links to suggested resources and tools within this package for certain steps.

Meeting Adolescent Sexual and Reproductive Health Needs in Humanitarian Settings

Functions & Sectors	Emergency Preparedness	Minimum Response (to be conducted in the midst of emergency)	Comprehensive Response (to be conducted when situation has stabilized)
Coordination	<ul style="list-style-type: none"> • Determine coordination mechanisms and responsibilities • Mainstream ASRH in preparedness and contingency plans • Map ASRH stakeholders • Identify adolescent-serving/adolescent-led organizations and focal points • Create referral linkages between adolescent-serving organizations and external services (SRH, mental health and psychosocial support, livelihoods, education, etc.) • Engage in strategic discussions/planning with humanitarian donors, government entities, NGOs and CBOs 	<ul style="list-style-type: none"> • Advocate with the Global Health Cluster to ensure ASRH services are accessible to adolescents during implementation of the MISP (MISP Coordination Fact Sheet) • Identify the most-at-risk adolescents and ensure that they have access to RH services (MISP Coordination Fact Sheet) • Use multi-sectoral approaches to identify ASRH needs (MISP Coordination Fact Sheet, RH Entry Points in Adolescent Programs Tool) • Ensure adequate food and nutritional services/programs are available for adolescents • Engage parents and communities in ASRH as soon as possible, as appropriate (Community and Parental Participation Tool) • Engage adolescents in the design, delivery and monitoring of SRH services Adolescent Participation, RH Entry Points in Adolescent Programs Tools) • Engage adolescent-serving/adolescent-led organizations, humanitarian donors, governmental entities, NGOs and CBOs; build on their services. 	<ul style="list-style-type: none"> • Ensure ASRH is given equal importance when comprehensive RH services are put in place (MISP Fact Sheets, Community-based Distribution Tools, Facility-Based Tools) • Through multi-sector approaches, identify and address ASRH needs of adolescents. (MISP Coordination Fact Sheet) • Engage parents and communities in ASRH (Community and Parental Participation Tools) • Work closely with adolescents to ensure that services are accessible, acceptable and appropriate for all adolescents, including high-risk sub-groups. (Adolescent Participation Tool, RH Entry Points in Adolescent Programs Tool) • Continue engaging government entities on ASRH to ensure national leadership and ownership (MISP Coordination Fact Sheet)

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Assessment and Monitoring	<ul style="list-style-type: none"> • Advocate for inclusion of ASRH questions in rapid assessment tools • Identify at-risk adolescents and discuss how to mitigate threats facing them. • Review national laws and policies addressing ASRH • Map adolescent-serving organizations and their strategies to address ASRH • Advocate for collection and reporting of sex- and age-disaggregated data in clinics and health facilities • Analyze lessons learned, good practices and challenges in addressing ASRH in previous emergencies 	<ul style="list-style-type: none"> • Identify most-at-risk sub-groups of adolescents (MISP Fact Sheets, Assessment and Adolescent Participation Tools) • Advocate for the inclusion of ASRH and adolescent demographic questions in initial rapid assessments (Initial Rapid Assessment Tool) • Ensure that sex- and age-disaggregated ASRH data are collected and reported from all clinics and health facilities (ASRH Monthly Reporting Form) 	<ul style="list-style-type: none"> • Conduct an ASRH situational analysis (Situational Analysis Tool) • Include ASRH specific questions in comprehensive RH needs assessment (Comprehensive RH Survey Tool) • Collect and report sex- and age-disaggregated ASRH data regularly from all clinics and health facilities and community-based programs (ASRH Monthly Reporting Form, Community-Based Distribution tools) • Establish feedback mechanisms and ensure that adolescents are involved in the implementation, monitoring and evaluation of ASRH programs (Adolescent Participation Tool) • Analyze and share lessons-learned, good practices and challenges (Sharing Lessons Learned Tool) 	
	<ul style="list-style-type: none"> • Train health staff on rapid response of ASRH and working with at-risk adolescents. • Map facility-based ASRH services and providers • Identify resources for adolescent-friendly health service trainings • Ensure that operational guidelines and protocols of adolescent-friendly services include ASRH in emergency situations • Advocate for collection and reporting of sex- and age-disaggregated data in clinics and health facilities 	<ul style="list-style-type: none"> • Ensure adolescent-friendly health services during MISP implementation (MISP Matrix and Fact Sheets) • Ensure adolescents have access to ARV treatment when needed (MISP Matrix, HIV Fact Sheet) • Ensure that standardized protocols address ASRH (MISP Coordination Fact Sheet) • Establish mental health and psycho-social support services for adolescents (Mental Health and Psychosocial Support Fact Sheet, Adolescent-Friendly RH Services Checklist) 	<ul style="list-style-type: none"> • Train service providers on adolescent-friendly services (Adolescent Friendly RH Services Checklist) • Assess adolescents who come to the health center for psychosocial, protection and RH issues (HEADSSS Assessment Tool) • Ensure adolescents have access to comprehensive ASRH services (Fact Sheets, Adolescent-Friendly Health Services Checklist) 	

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Community-based ASRH Services	<ul style="list-style-type: none"> ▪ Identify where adolescents receive ASRH services (outside of health facilities) ▪ Identify entry points to discuss ASRH in the community ▪ Engage community leaders, parents and other adults on ASRH in emergencies ▪ Determine menstrual hygiene practices and supply resources 	<ul style="list-style-type: none"> ▪ Establish adolescent-friendly condom distribution points (MISP Matrix, HIV Fact Sheet, RH Entry Points in Adolescent Programs Tool) ▪ Provide sanitary materials to adolescent girls (RH Entry Points in Adolescent Programs Tool) ▪ Establish or liaise with special treatment and resource centers for at-risk adolescents (Maternal and Newborn Health Fact Sheet, RH Entry Points in Adolescent Programs tool) ▪ Establish or identify safe spaces for adolescents, where appropriate. 	<ul style="list-style-type: none"> ▪ Establish systems for community-based distribution (CBD) of condoms and family planning (FP) methods for adolescents (Community-Based Distribution Tools) ▪ Assess adolescents at community level for psycho-social, protection and SRH issues (RH Entry Points in Adolescent Programs Tool) ▪ Put into place peer-education system for sharing information on ASRH ▪ Engage boys in deconstructing gender norms (RH Entry Points in Adolescent Programs)
Protection and Human Rights	<ul style="list-style-type: none"> ▪ Review or establish a code of conduct on SEA and train local and international humanitarian actors ▪ Ensure that complaints mechanism for SEA is adolescent-friendly ▪ Review national laws, policies and frameworks that ensure adolescent access to SRH services ▪ Train law enforcement personnel on protection of adolescents in emergencies 	<ul style="list-style-type: none"> ▪ Ensure that all stakeholders are aware of the rights of adolescents (A Human and Child Rights Framework) ▪ Strictly enforce a zero-tolerance policy for SEA (A Human and Child Rights Framework, MISP GBV Fact Sheet) 	<ul style="list-style-type: none"> ▪ Ensure adolescents are included in comprehensive GBV programming (MISP GBV Fact Sheet, Adolescent Participation Tool) ▪ Ensure sex- and age-disaggregated data are included in protection\human rights reporting mechanisms ▪ Ensure that all stakeholders are aware of the rights of adolescents (A Human and Child Rights Framework) ▪ Strictly enforce a zero-tolerance policy for SEA (A Human and Child Rights Framework, MISP GBV Fact Sheet) ▪ Ensure that adolescents are aware of how to access the SEA complaint mechanism

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Information, Education, Communication	<ul style="list-style-type: none"> • Strategize on communication channels to reach adolescents at onset of emergencies • Review, adapt, and develop IEC materials for ASRH in emergencies 	<ul style="list-style-type: none"> • Provide adolescents information about what SRH services are available and where they can be accessed (MISP Matrix, Fact Sheets) • Ensure adolescents can access adolescent-friendly information on SRH (Community-based Distribution tools, Adolescent-friendly Health Services tool) • Ensure access to education, both formal and non-formal (MISP Coordination Fact Sheet, RH Entry Points in Adolescent Programs) 	<ul style="list-style-type: none"> • Ensure SRH and HIV education is included in school curricula (RH Entry Points in Adolescent Programs) • Include puberty education for younger adolescents (10-14 years)(RH Entry Points in Adolescent Programs) • Make linkages with HIV life skills trainings and curricula (MISP HIV Fact Sheet, RH Entry Points in Adolescent Programs) • Generate adolescent demand and community support for health service provision (Community-Based Distribution tools)

Endnotes

¹ United Nations. *World Population Prospects: The 2002 Revision*. New York: Population Division, Department of Economic and Social Affairs, United Nations, 2003.

² UNFPA. "Adolescents and Young People: Key Health and Development Concerns." *State of the World Population 2004*. <http://www.unfpa.org/swp/2004/english/ch9/page5.htm>

³ UNFPA. *Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework*. UNFPA, 2008.

⁴ UNFPA. *State of the World Population 2004*.

⁵ UNFPA. *Making Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework*.

⁶ UNFPA. *UNFPA and Young People: Imagine*. UNFPA 2003. http://www.unfpa.org/upload/lib_pub_file/582_filename_unfpa_and_young_people.pdf .

⁷ UNFPA. *State of the World Population 2004*.

⁸ UNFPA. *UNFPA and Young People: Imagine*.

⁹ Save the Children, UNICEF, *The Evolving Capacities of the Child*, 2005.