Improving Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings

Background

Access to quality reproductive health care is essential to the health and well-being of adolescents, including those living in areas affected by conflict. Globally, 16 million girls aged 15 to 19 years and two million girls under age 15 give birth every year. Adolescent girls are at the highest risk of maternal mortality. The risks for girls are compounded in humanitarian settings where sexual violence and exploitation is pervasive. The disintegration of community and family support structures also weakens protection for adolescents and often leads to an increase in risky behaviors among young people.

Despite growing awareness of the need for adolescent sexual and reproductive health (ASRH) programs in humanitarian settings, a recent mapping of existing ARSH programs by the Women's Refugee Commission and Save the Children found significant gaps in programming, including access to family planning.* The mapping exercise found only 37 programs implemented since 2009 that focused on the sexual and reproductive health needs of 10- to 19-year-olds. Of these, only 21 offered at least two methods of contraception, and none were implemented in the critical early months of a new emergency. Furthermore, a review of humanitarian funding appeals found that proposals for ASRH programs comprised less than 3.5 percent of all health proposals per year. The majority of those ASRH proposals have gone unfunded.

The gaps in funding and programming at every phase of the relief-to-development continuum are sobering and require increased attention and support from donors, policy makers and practitioners. The encouraging news is that the mapping exercise also identified emerging good practices that can guide an expanded and scaled up response to ASRH needs in humanitarian settings. Investing in ASRH may help delay first pregnancy, reduce maternal mortality and improve health and development outcomes.

Key Components of Good Practice in ASRH Programs

- Successful programs ensure stakeholder involvement (parents, community leaders, teachers) to build community trust and support.
- Adolescent participation and engagement—beyond tokenistic participation and from the onset of an emergency—are critical to building adolescent buy-in and increasing demand for services. Successful ASRH programs are responsive to the different needs of adolescent sub-populations, including those married/unmarried; in-school/out-of-school; and with disabilities.
- The provision of comprehensive SRH services at a single site can increase service utilization. Comprehensive services include sexuality education, skills building to negotiate safe sexual practices, family planning, HIV and comprehensive abortion care where legal.
- Through network models, strong referral mechanisms or comprehensive programming, stronger programs take a holistic, multi-sectoral approach to encompass protection, life skills, literacy, numeracy, vocational training and livelihood skills, among other relevant services.
- Stronger programs place heavy emphasis on identifying and recruiting staff with appropriate backgrounds—including clinical—as well as investing in staff awareness and ongoing training. Stronger programs provide refresher trainings, structured supervision, recognition and ongoing mentorship to peer educators to address motivation and retention challenges.
- Flexible outreach strategies, as well as the inclusion of transportation budgets, are necessary to

* This paper summarizes key findings from Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings: An In-depth Look at Family Planning Services. To access the report in English, French, Spanish or Arabic, the methodology or the full program mapping, please visit www.womensrefugeecommission.org/reports or www.savethechildren.org. The English and translated reports for the study participants are also available from the websites.

Adolescent girls in Mali, by Joshua Roberts, Save the Children.

reaching adolescents in insecure environments and otherwise hard-to-reach areas.

- Addressing ASRH during emergency preparedness can help to ensure that the critical needs of this population are not overlooked at the onset of emergencies.

Recommendations to Improve Access to Quality Reproductive Health Care for Adolescents

Donors and governments should:

- Urgently fund programs addressing ASRH within the context of the Minimum Initial Service Package (MISP) for RH to meet life-saving needs in acute emergencies.
- Increase support for holistic, comprehensive, flexible ASRH programming through protracted crises and recovery, taking into account good practices.
- Commit to multi-year funding to support sustained improvements in programming that integrate the voices of adolescents.
- Strengthen the capacity of development programs, especially those in areas prone to conflict or natural disaster, to address the SRH needs of adolescents in emergency preparedness and response efforts.

The health sector in crisis settings should:

- Advocate, prioritize and approve ASRH-inclusive projects in humanitarian funding appeals to ensure ASRH is addressed in emergency response.
- Mainstream ASRH among partners implementing health programs to ensure a coordinated response.

Humanitarian organizations in crisis settings should:

- Ensure from the start of an emergency response that the cross-sectoral aspects of ASRH needs are addressed by integrating these concerns into proposals for programs dealing with health, gender-based violence, child protection and education.
- Provide integrated ASRH services according to the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings "Adolescent Reproductive Health" chapter.
- Involve stakeholders (parents, community leaders and teachers) and adolescents themselves as full partners in the design, implementation, monitoring and evaluation of ASRH programs.
- Strengthen program linkages and referral pathways, and coordinate with related sectors, including protection, education and livelihoods, for a holistic, multi-sectoral response.
- Monitor service usage through collection of sex- and age-disaggregated data. This disaggregation can include 10-14, 15-19 and 20-24 years.
- Evaluate and document ASRH programming, especially those programs that measure the impact of interventions at the population level or examine cross-sectoral outcomes.

Development organizations providing SRH services and working in crisis-prone settings should:

- Play a stronger role in emergency preparedness efforts to respond to urgent SRH needs of the population when crises occur, including for adolescents.
- Coordinate with humanitarian actors at the onset of an emergency for a multi-sectoral response.

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