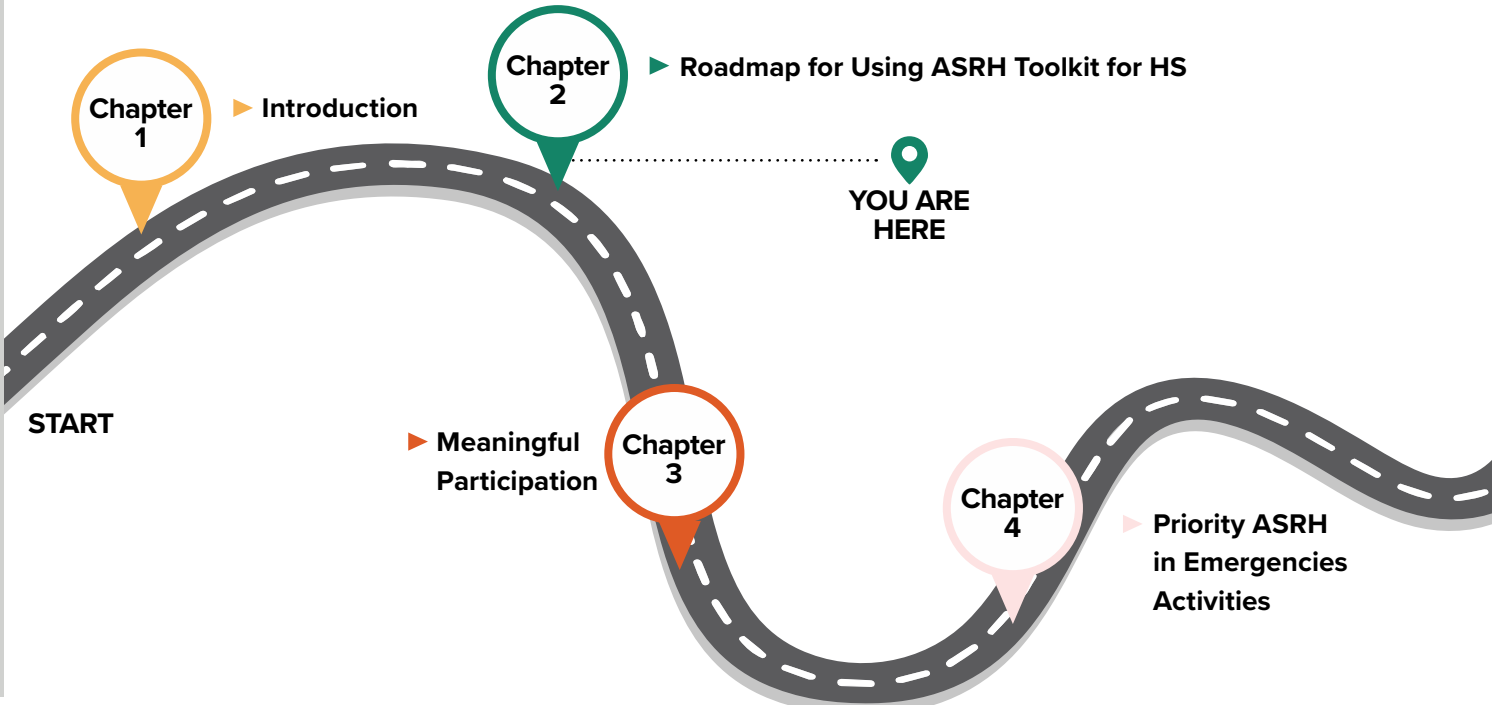


Photo : Jonathan Hyams

CHAPTER 2: ROADMAP FOR USING ASRH TOOLKIT FOR HS

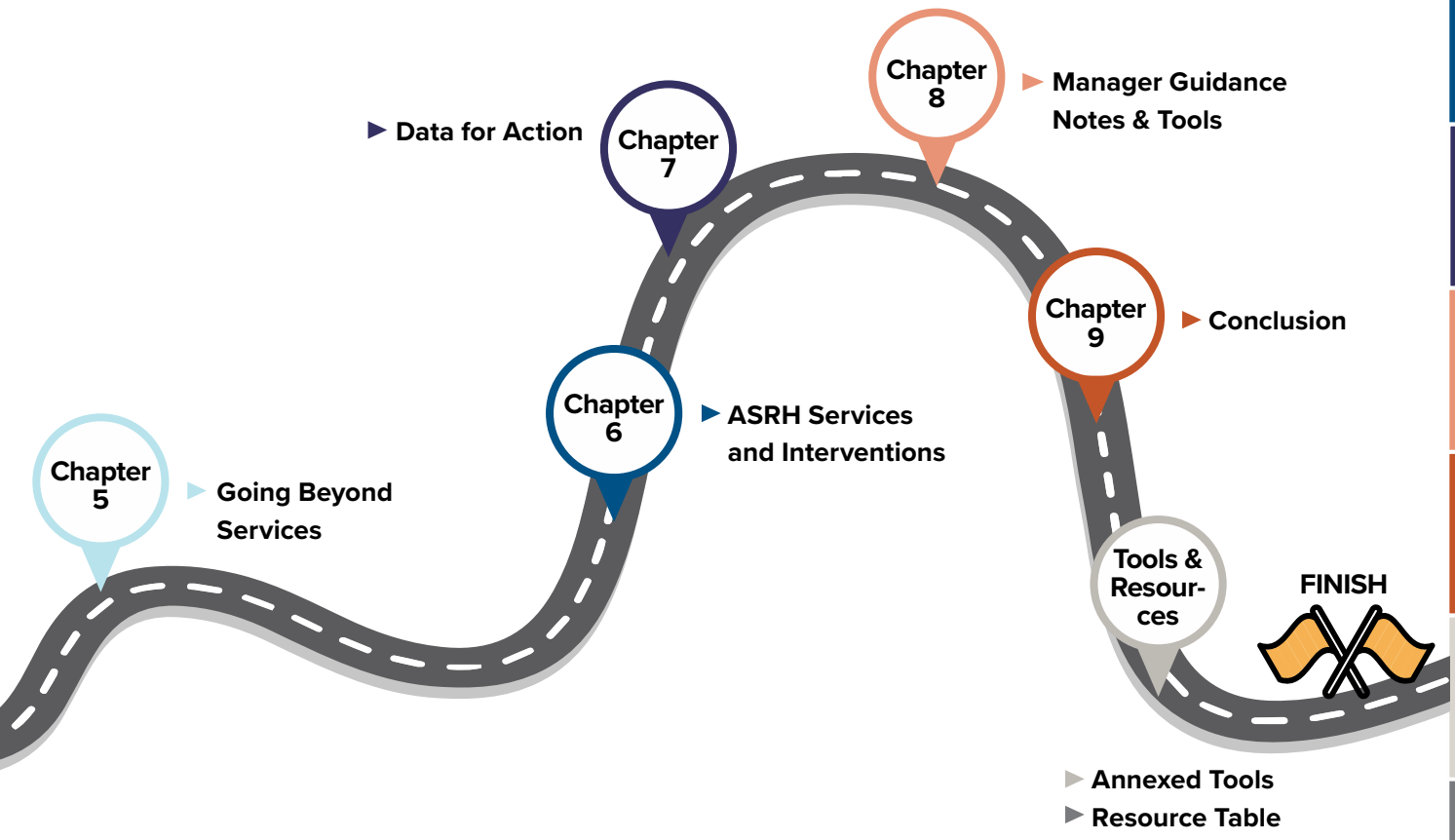


ASRH Toolkit for Humanitarian Settings

What (the Toolkit is): The Toolkit provides practical guidance to assist sexual and reproductive health (SRH) humanitarian staff and organizations in designing, implementing, monitoring, and evaluating adolescent sexual and reproductive health (ASRH) activities, with the ultimate goal of increasing access to and delivery of SRH services for adolescents in emergency contexts. The Toolkit will also assist organizations and their staff, in collaboration with national implementing partners (government offices, community-based organizations, local non-governmental organizations [NGOs], etc), to invest in local capacity, as well as health system strengthening. The Toolkit is a complementary resource to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM) and the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP). The first iteration of the Toolkit was in 2012; the main updates to the 2020 Toolkit version include:

1. increased emphasis on meaningful participation of adolescents and community members throughout the program cycle and across the emergency-to-development continuum;
2. added prioritization of integrating ASRH activities across all humanitarian sectors;
3. and a shift from stand-alone ASRH projects to more holistic programming.

All of the updates to the Toolkit align with the changes made to the IAFM in 2018. In accordance with IAFM's Chapter 6 on ASRH, the programming modalities, intervention activities, and project guidance discussed in this Toolkit are based on the current evidence base and emerging best practices for initiating and scaling up ASRH programs—using a human-centered approach. The revised Toolkit also adds guidance on data for action and management tools for program and field managers to utilize when implementing ASRH activities.



What the toolkit is not: A depository of all ASRH activities, interventions, and programs from across the world. However, the Toolkit does provide guidance on the necessary components to include in ASRH activities and programs, as well as tools and links to several ASRH intervention resources and tips.

Why (we are updating it now): The ASRH Toolkit was originally developed in 2009 by Save the Children and the United Nations Population Fund (UNFPA) as a companion to the IAFM. Since 2009, there has been an increase in evidence and knowledge acquired from the field. Thus, in 2019, the IAWG ASRH Sub-Working Group began revising the original ASRH Toolkit for Humanitarian Settings in accordance with changes to the IAFM (2018) and MISP (2019) and release of Compact for Young People in Humanitarian Action's Guidelines on Working with and for Young People in Humanitarian and Protracted Crises (2020).

Who (the Toolkit is for): SRH coordinators and managers in humanitarian settings are the primary audience for the 2020 ASRH Toolkit for Humanitarian Settings. These include, but are not limited to, individuals from youth organizations and networks, local and international NGOs, government entities, UN agencies, and private institutions. However, other health professionals, such as service providers (doctors, nurses, midwives) and non-health humanitarian staff, such as case management coordinators, will also find useful information about a range of SRH issues affecting adolescents in emergency settings.

How (to use the Toolkit): The Toolkit includes nine chapters, as well as annexed tools, a resource table, and alphabetized lists of all sources cited throughout the Toolkit (available online), which are organized by chapter.* As the above roadmap shows, the chapters are color-coded and chapter links are provided at the start of each chapter for quick navigation. The Toolkit also includes several breakout boxes to draw readers' attention to important messages, considerations, and case studies. For key messages and implementation considerations, readers will find these in this color box. For case studies, readers will find these in this color box. For links to additional guidance or resources, readers will be taken to the resource table, where a short description, citation, and link to the resource is included.

**Note: For more information on sources for specific sentences or paragraphs, please contact* info.iawg@wrcommission.org.

What should humanitarian responders do to better identify and respond to adolescents in humanitarian crises?

The level of effort to address the SRH and rights of adolescents in emergency settings has simply not corresponded to the level of need, and, over time, ASRH programming in humanitarian settings has been deprioritized and underfunded. The results from an IAWG mapping exercise showed that ASRH proposals made up only 3.5% of all health proposals from 2009–2012, and even at that extremely low level, few efforts were funded. More recently, ASRH has emerged as a priority area for the global humanitarian agenda, which has helped generate more resources and mechanisms of support for ASRH programming.

There are a few specific actions that can be taken at the onset of a humanitarian response that will ensure ASRH is acknowledged and addressed. These three key actions are emphasized throughout the Toolkit chapters and align with IAFM standards and World Health Organization (WHO) global guidance. WHO has also developed a set of global standards for providing quality health care services for adolescents, in line with their adolescent-responsive framework. For more information on the global standards, see Annex A: WHO's Global Standards for Quality Health-Care Services for Adolescents. Both the IAFM and WHO's sets of standards push for humanitarian health staff to implement an appropriate package of ASRH services at well-provisioned and welcoming facilities and other entry points with competent staff and in collaboration with community stakeholders and adolescents themselves.

1. Include and Involve Adolescents

Humanitarian responders must understand the diversity of adolescents and develop tailored and inclusive ASRH programming that targets specific vulnerable groups. Programs should aim to address the full range of adolescents' SRH needs, risks, and preferences, and consider the numerous challenges and barriers they face. A one-size-fits-all approach is not effective and fails to reach the most vulnerable adolescents.

Humanitarian responders must create opportunities for young people to be engaged in the design, implementation, and evaluation of ASRH programs. Evidence shows that meaningfully engaging adolescents is essential for accurately identifying needs, appropriately addressing barriers, and providing tailored and relevant services for adolescents. In addition, effective ASRH programming utilizes the capacities of adolescents to lead their own empowerment. A humanitarian crisis presents adolescents with an opportunity to demonstrate their capacity to assume new responsibilities and leadership roles, as well as their adaptability to rapidly changing environments. Humanitarian responders can ensure adolescents' voices are involved in program design, implementation, and monitoring of a project, but it does not stop there. They can further engage adolescents as:

- active team members
- first responders
- powerful spokespersons

More on this approach is outlined in Chapter 3: Meaningful Participation, as well as how to work with community members to successfully fulfill ASRH programming.



Photo : Joshua Roberts

2. Implement Adolescent-Inclusive MISP

The MISP—a chapter within the IAFM—provides guidance for reproductive health provision during different phases of a humanitarian crisis, and, when implemented from the onset of a crisis, saves lives and prevents illness, especially among women and girls. It is a coordinated set of priority activities aimed at preventing and responding to sexual violence, reducing Human Immunodeficiency Virus (HIV) transmission, preventing unintended pregnancy, and transitioning to more comprehensive SRH services, as the situation permits.

KEY MESSAGE

Ensuring adolescents' access to quality contraception—as well as safe abortion care—to the full extent of the law is aligned with the MISP's goal to reduce maternal mortality and ensure the rights of adolescents are upheld.

The MISP is implemented as part of the humanitarian program cycle, which is a coordinated series of actions undertaken to prepare for, plan, manage, deliver, and monitor collective humanitarian responses. Throughout the Toolkit, guidance will refer to the humanitarian program cycle to illustrate how specific considerations, approaches, and tools should be used during every part of this cycle—from preparedness efforts through implementation and during early recovery and development strategies. Figure D—taken from the IAFM—provides an illustration of how the MISP should be implemented during a humanitarian crisis, as well as how to prepare for a crisis and/or transition toward comprehensive SRH care during a humanitarian emergency.

The IAFM's MISP chapter is not tailored specifically to adolescents. This is why the ASRH Toolkit for Humanitarian Settings exists—to provide additional guidance on the provision of MISP services that meet the unique needs of adolescents in emergency contexts, including subgroups of adolescents at increased risk, and to provide other resources and tools needed to fully address the SRH and rights of adolescents. The Adolescent-Inclusive MISP provides information not only on how to tailor MISP activities for adolescents but also on how to involve adolescents in preparedness efforts, implementation of the SRH activities during a crisis, and moving toward comprehensive SRH care during protracted crises and/or early recovery phases. These strategies for engaging adolescents before, during, and after a crisis are also integrated throughout all chapters of the Toolkit.

Further guidance on how the MISP can be inclusive of adolescents' needs is provided in Chapter 4: Priority ASRH in Emergencies Activities.

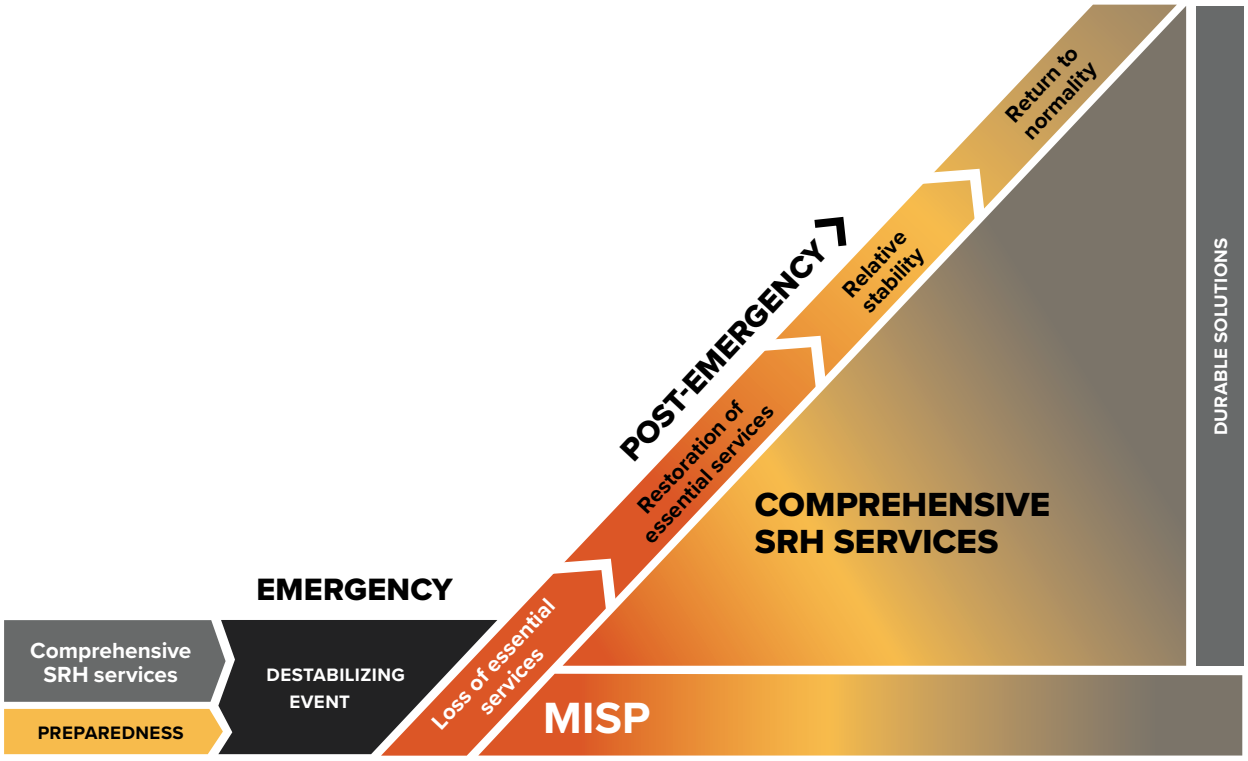
3. Ensure Holistic ASRH Programming

Humanitarian responders must approach ASRH activities, programming, and projects with a holistic lens. A holistic approach looks at the needs of the "whole" person, not just providing clinical SRH services. To provide holistic programming, responders must examine the multiple levels of influence that impact adolescents' access to and use of SRH services, using the social-ecological model. In addressing these multiple levels of influence, responders must engage several stakeholders (family, community, health partners, non-health colleagues, gatekeepers, decision-makers, etc) in activities for adolescents—beginning early in adolescence to provide age- and developmentally appropriate SRH information and services that address the multiple barriers facing adolescents. Responders must also strengthen program linkages, referral pathways, and coordination mechanisms between health and related sectors to deliver multi-sectoral responses, which is particularly critical in humanitarian settings. While engaging ASRH stakeholders and bolstering multi-sectoral linkages, responders should utilize best practices, employ flexibility, and be creative to overcome challenges in addressing the unique needs of this population.

More information on this approach, how it applies to adolescents in emergency contexts, and what steps humanitarian responders can take in achieving ASRH holistic programming is included in Chapter 5: Going Beyond Health Services.

In the following chapters, the Toolkit will address how to capitalize on the momentum and energy from the global community in regards to adolescents' SRH and rights through case studies, evidence-based interventions, and global guidance and materials from the humanitarian field—with the ultimate goal of saving more lives.

Figure D: The Continuum of an Emergency



Note: Crises seldom take a linear, clear-cut path from emergency, stability, recovery to development. Often, they are complex, with settings experiencing varying degrees of improvement or deterioration that can last decades. The provision of RH services must therefore take into account the non-linear trajectory of a crisis, and the gaps in services due to insecurity, competing priorities or swindling funds in protracted settings. The IAFM is applicable for all settings, wherever an agency finds itself on the emergency continuum.

In the following chapters, the Toolkit will address how to capitalize on the building momentum and energy from the global community to address the SRH and rights needs of adolescents, and ultimately, save lives, by providing case studies, evidence-based interventions, and global guidance and materials from the humanitarian field.