Photo : Victoria Zegler

CHAPTER 4: PRIORITY ASRH IN EMERGENCIES ACTIVITIES

The next stop on the Toolkit roadmap is Priority Adolescent Sexual and Reproductive Health (ASRH) in Emergencies Activities, which provides guidance on how to implement the Adolescent-Inclusive Minimal Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP). The Adolescent-Inclusive MISP outlines the critical sexual and reproductive health (SRH) activities that humanitarians should prioritize in emergency settings to address adolescents' unique needs. These activities should be implemented from the onset of an emergency through to the recovery phase.

Chapter 4: Learning Objectives

After reading this chapter, readers should be able to:

- Provide examples of adolescent-inclusive SRH activities from each of the six MISP objectives
- Describe the key priority action of the MISP—the provision of safe abortion care for adolescents

Let's talk about the MISP

The MISP is a coordinated set of priority life-saving activities that aim to prevent mortality, morbidity, and disability in crisis-affected populations by preventing and responding to sexual violence, reducing Human Immunodeficiency Virus (HIV) transmission, preventing unintended pregnancies, and transitioning to more comprehensive SRH services for the recovery phase or during chronic or protracted crisis situations. The MISP is the international standard of care that outlines the humanitarian response to the SRH needs of populations, including adolescents, at the onset of an emergency (within 48 hours, wherever possible). All MISP activities must be implemented simultaneously through coordinated actions with all relevant partners.

The MISP is a part of the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM)—the authoritative source that provides guidance on SRH service provision during different phases of a humanitarian disaster. The IAFM was last updated in 2018, along with the MISP—Chapter 3 of the IAFM—in 2019. The MISP is also a health standard within the 2018 Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response. When implemented from the onset of a crisis, **the MISP saves lives and prevents illness, especially among women and girls.**

The six objectives of the MISP are:

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.
2. Prevent sexual violence and respond to the needs of survivors.
3. Prevent the transmission of and reduce the morbidity and mortality due to HIV and other sexually transmitted infections (STIs).
4. Prevent excess maternal and newborn morbidity and mortality.
5. Prevent unintended pregnancies.
6. Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sectors/cluster partners to address the six health system building blocks.

   Other priority activity: It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

ANOTHER MISP PRIORITY ACTION: Safe Abortion Care

Making safe abortion care available is critical to saving the lives of women and adolescent girls in fragile settings. In humanitarian crises, adolescent girls experience significant burdens, barriers, and restrictions to accessing safe abortion care. In turn, this creates a perfect storm for adolescent girls to resort to unsafe abortion, delay seeking help for abortion-related complications, and delay accessing services later in pregnancy. As mentioned in Chapter 1: Introduction, the high number of adolescent girls who continue to resort to unsafe abortions makes it critical to ensure that they, regardless of marital status, have access to safe abortion care.

The MISP includes safe abortion care as another priority activity and recommends safe abortion care to the full extent of the law. Post-abortion care remains a signal function of emergency obstetric and newborn care (EmONC), which requires the timely and appropriate management of unsafe and spontaneous abortion (post-abortion care) for all women and girls.

As outlined in Objective 4 of the MISP, the 2018 IAFM explicitly references safe abortion care and provides updated guidance on the provision of safe abortion care at the onset of a crisis, which include:

To respond to the needs of sexual assault survivors.

- Survivors are entitled to: pregnancy testing, pregnancy-options counseling, and safe abortion care to the full extent of the law

To the full extent of the law as another "SRH Priority":

- When capacity exists, access to safe abortion care should be facilitated *from the onset of an emergency*
- When capacity does not exist, safe abortion care should be made available when MISP priority activities are underway

For detailed technical and clinical guidance on providing safe abortion care, refer to the MISP and IAFM manual.

Photo : Sacha Myers

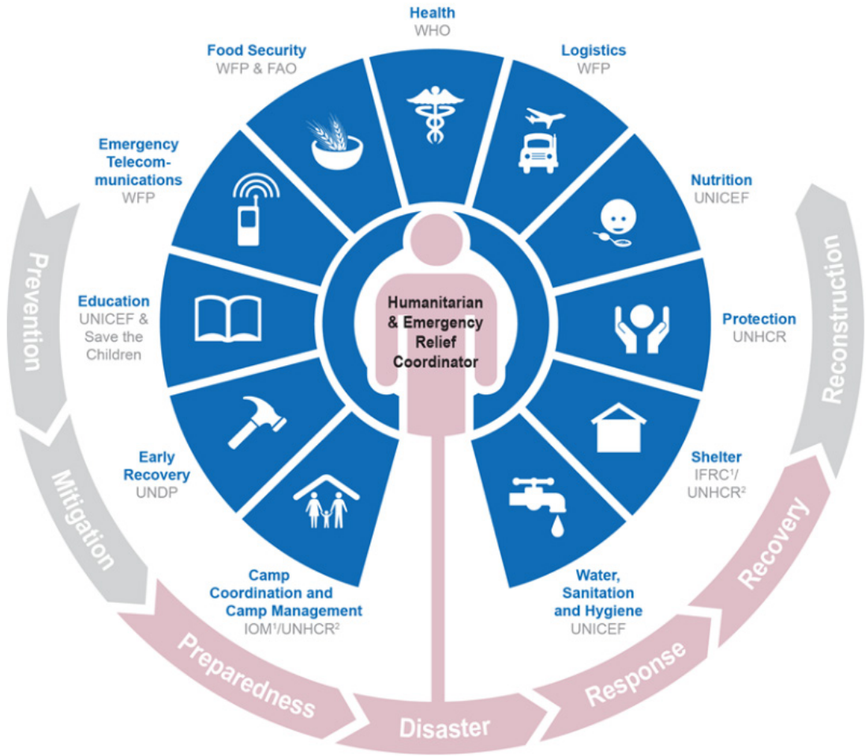
How does the MISP work with the overall health response?

Delivering comprehensive SRH services to a crisis-affected population is the health sector's overarching goal and aim of the SRH response during an emergency. However, the nature of emergencies makes this challenging. In many humanitarian contexts, the population's access to many, if not all, of their basic survival needs—food, sanitation, security, shelter, and water—for their health and well-being are disrupted. Limited resources also further compound the situation for the crisis-affected population. This means that some activities must be prioritized sooner than others to prevent morbidity and mortality. The MISP is a vital resource for humanitarian responders in that it defines which SRH services are most crucial to saving lives as soon as a disaster strikes; it also includes recommendations on how to transition from the MISP to comprehensive SRH services for the recovery phase or during chronic or protracted crisis situations.

CLUSTER APPROACH

The health sector must work with other sectors to ensure crisis-affected populations receive the SRH information and services they need (discussed further in Table 3 under MISP Objective 1). To better understand how the sectors function together, please see Figure H: Cluster Approach. In 2005, the Humanitarian Reform Agenda was established and introduced a number of new elements to improve predictability, accountability, and partnership. The Cluster Approach was one of these new elements. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action (eg education and health). They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination. The aim of the Cluster Approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies and provide clear leadership and accountability in the main areas of humanitarian response. At country level, it aims to strengthen partnerships and the predictability and accountability of international humanitarian action by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations with the host country. Please see the figure below for a visual representation of all of the sectors and how they work under the Humanitarian and Emergency Relief Coordinator throughout all phases of the emergency. For more information on each of the sectors, visit the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) website here.

Figure H: Cluster Approach



While not all actors of the humanitarian system are included in this figure (eg government, line agencies within the UN, civil society actors, non-governmental organizations), these entities are considered essential partners for ensuring robust system-wide preparedness and that response interventions are implemented at the onset of a crisis.

Why do we need an adolescent-inclusive MISP?

While the MISP chapter of the IAFM recognizes the importance of adolescent-inclusive approaches for implementing the MISP, it does not address all the needs of adolescents, nor does it provide guidance on how to do so—enter the ASRH Toolkit for Humanitarian Settings. The ASRH Toolkit for Humanitarian Settings: 2020 Edition is a companion to the revised IAFM and MISP, providing practical tools and resources on implementation of the MISP. The Adolescent-Inclusive MISP ensures that even during emergencies we provide adolescent-friendly services. The Adolescent-Inclusive MISP has tailored activities, specific to the SRH needs of adolescents, beginning in this chapter and extending through the rest of the Toolkit.

The below table provides the key SRH activities, organized by the six objectives of the MISP, as well as implementation considerations for providing adolescent-inclusive SRH programming (**bolded**) based on guidance from the 2012 ASRH Toolkit for Humanitarian Settings, the 2018 IAFM, and humanitarian organization experience.

Table 3: Adolescent-Inclusive SRH Activities: During the MISP

MISP Activities & ASRH Implementation Considerations

Objective 1: Ensure the health sector/cluster identifies an organization to lead implementation of the MISP

The lead SRH organization:

- Nominates an SRH Coordinator to provide technical and operational support to all agencies providing health services
    - **Orient SRH Coordinator to ASRH needs and services**
- Hosts regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP
    - **Ensure adolescents and/or youth are included in coordination meetings and decision-making**
    - **Leverage existing adolescent and youth networks to engage adolescents and youth, as well as local organizations, in stakeholder meetings**
- Reports back to the Health Cluster, Gender-Based Violence (GBV) Sub-Cluster, and/or HIV national coordination meetings on any issues related to MISP implementation
    - **Advocate with Health Cluster to ensure ASRH services and information are accessible to adolescents during MISP implementation**
- In tandem with health/GBV/HIV coordination mechanisms, ensures mapping and analysis of existing SRH services
    - **Advocate with Health Cluster to ensure adolescents' SRH needs are included in rapid needs assessments** (*See* Initial Rapid Assessment *[IRA] under Chapter 7: Data for Action for more guidance and a link to the annexed IRA tool*)
- Shares information about the availability of SRH services, information, and commodities
    - **Coordinate with other organizations to identify adolescents at increased risk and ensure that they have access to reproductive health services**
        - **For example, coordinate with the Health Cluster and other sectors to identify pregnant adolescents in the community and link them to health services**
    - **Map ASRH stakeholders and services and share information among SRH partners to avoid duplication of services and ensure SRH coverage for all adolescent populations** (*See* Risk and Resource Mapping *under Chapter 7: Data for Action for more guidance and tools*)
- Ensures the community is aware of the availability and location of reproductive health services
    - **Strategize with community members and/or adolescents and youth organizations and networks on communication channels to reach adolescents at onset of emergencies** (*See* Community-Based Services & Outreach Platforms *under Chapter 6: ASRH Services & Interventions for more guidance and tools*)

Objective 2: Prevent sexual violence and respond to the needs of survivors

- Work with other clusters, especially the Child Protection or GBV Sub-Cluster, to put in place preventative measures at community, local, and district levels—including at health facilities—to protect affected populations, particularly women and girls, from sexual violence
    - **Develop close coordination with child protection to ensure needs of sexual violence survivors, including adolescent boy survivors, are recognized and adequately responded to**
- Make clinical care and referral to other supportive services available for survivors of sexual violence (eg child protection, GBV, safe abortion care services, etc)
    - **Provide adolescents with information about what SRH services are available and where they can be accessed**
    - **Engage community health workers (CHWs) to link adolescent survivors of sexual violence to SRH and health services**
- Put in place confidential and safe spaces within the health facilities to receive survivors of sexual violence and provide them with appropriate clinical care and referral
    - **Provide adolescent-friendly care and safe abortion services if desired for adolescent survivors of sexual violence at health facilities**

So, what is GBV?

Definition of GBV

The IASC defines gender-based violence, or GBV, as:
An umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed differences between males and females.

There are also different forms of violence: (1) sexual; (2) physical; (3) harmful traditional practices; (4) socio-economic; and (5) emotional and psychological. A root cause of GBV includes unequal power between the genders, where violence and oppression is used against someone because of prescribed roles and perceptions applied to that gender. As discussed, women and girls are most at risk of experiencing GBV in every context due to their perceived inferior status in the gender hierarchy, resulting in systemic gender inequality and the power and advantages experienced by men and boys globally. While GBV affects men, women, girls, and boys, the majority of abuses are carried out against women and girls, and the perpetrators against women, girls, men, and boys are disproportionately men.

It is important to remember that survivors of sexual violence can be of any sex, gender, or age, including women; men; adolescents; people with disabilities; young children; lesbian, gay, bisexual, transgender, queer, intersex, asexual+ (LGBTQIA+) people; ethnic and religious minorities; and people who are sexually exploited and/or who sell or exchange sex, among others. However, as emphasized above, women and children are most affected. Sexual violence perpetrators are often male intimate partners or others known to survivors (family, friends, or community members) or might be individuals in uniform, such as security or peacekeeping forces and combatants.

Select forms of sexual violence:

Rape	Sexual slavery and/or trafficking	Sexual harassment, indecent assault	Female genital mutilation or cutting	Child, early, and forced marriage, as well as levirate marriage
Sexual exploitation and/or abuse	Forced pregnancy, forced abortion, sterilization	Strip searches	Incest	

Objective 3: Prevent the transmission of and reduce the morbidity and mortality due to HIV and other STIs

- Establish safe and rational use of blood transfusions
- Ensure application of standard precautions
- Guarantee the availability of free lubricated male condoms and, where applicable (eg already used by the population), ensure provision of female condoms
    - **Provide adolescents with information about what STI services are available and where they can be accessed**
    - **Promote the use of dual protection methods (prevention of pregnancy and prevention of STIs, including HIV) for adolescents**
- Support the continued provision and adherence of antiretroviral (ARV) treatment for people who were enrolled in an antiretroviral therapy (ART) program prior to the emergency, including women and girls who were enrolled in Prevention of Mother-to-Child Transmission (PMTCT) programs
    - **Ensure adolescents have continued access to ART and provide post-exposure prophylaxis (PEP) to adolescent survivors of sexual violence as appropriate and for occupational exposure**
    - **Ensure ART adherence support activities are available for adolescents**
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV
- Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs
    - **Ensure that adolescent-friendly health services are available for adolescents presenting to facilities with symptoms of STI**

(*See* Counseling Tools & Resources *under Chapter 6: ASRH Services & Interventions more guidance and tools*)

Objective 4: Prevent excess maternal and newborn morbidity and mortality

- Ensure availability and accessibility of clean and safe delivery, essential newborn care, and life-saving EmONC services, including:
    - At referral-hospital level: Ensure availability of skilled medical staff and supplies for provision of comprehensive EmONC (CEmONC) to manage complications
        - **Encourage facility-based delivery for all pregnant adolescents and provide them with information about what SRH services are available and when and where they can be accessed**
    - At health-facility level: Ensure availability of skilled birth attendants and supplies for uncomplicated vaginal births and provision of basic EmONC
    - At community level: Provision of information to the community regarding the availability of safe delivery and EmONC services and the importance of seeking care from health facilities
        - **Clean delivery kits should be provided to visibly pregnant adolescents, as well as to birth attendants to promote clean home deliveries when access to a health facility is not possible**
        - **Raise community awareness about the risks of adolescent pregnancy, danger signs in pregnancy, and the importance of skilled birth attendants and facility-based delivery for adolescent mothers**
        - **Engage trained birth attendants (TBAs) and CHWs to link pregnant adolescents and mothers to health services**
    - Establish a 24-hour, 7 days per week referral system to facilitate transport and communication from the community to the health center and hospital
        - **Engage TBAs and CHWs to link pregnant adolescents to health services**
        - **Provide pregnant adolescents with information about what SRH services are available and when and where they can be accessed**
    - Ensure the availability of life-saving post-abortion care in health centers and hospitals
    - Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable

Objective 5: Prevent unintended pregnancies

- Ensure availability of a range of contraceptive methods (including long-acting reversible contraceptives [LARCs], male and female condoms, and emergency contraceptives) at primary health care facilities to meet demand
    - **Emphasize that all contraceptive methods, including LARC methods, are safe and effective for adolescents**
    - **Ensure service providers are fully aware of local policies to offer adolescents a full range of contraceptive methods to the full extent of the law**
- Provide adolescents with information, including existing information, education, and communication (IEC) materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, patient privacy and confidentiality, equity, and non-discrimination
    - **Health staff should be aware that adolescents requesting contraceptives have a right to receive these services, regardless of age or marital status, in accordance with local laws and policies** (*See* Counseling Tools & Resources and Facility-Based Services *under Chapter 6: ASRH Services & Interventions for more guidance and tools regarding privacy, confidentiality, equity, non-discrimination, and the* Principle of Capability)
- Ensure the community is aware of the availability of contraceptives for women, adolescents, and men
    - **Promote the use of dual protection methods (prevention of pregnancy and prevention of STIs, including HIV) for adolescents**

Other Priority Activities: Safe abortion care

- Ensure availability of at least one World Health Organization (WHO)-recommended safe abortion method (surgical or medical management), specifically manual vacuum aspiration, or mifepristone and misoprostol, or misoprostol only, at all facilities
    - **Ensure at least one trained provider is available to provide adolescents with counseling and safe abortion care services with at least one WHO-recommended method and post-abortion contraceptive services**
    - **Safe abortion care should be provided to adolescents in accordance with local laws and providers should not impose additional barriers for adolescents to access safe abortion care**
- Establish a referral system for abortion cases to facilitate transport and communication from the community to the health center and hospital
    - **Engage TBAs, CHWs, and adolescent champions to link adolescents seeking abortion services to the health facility**
- **Inform community leaders and adolescents regarding the availability of safe abortion services for women and adolescent girls**
- **Conduct outreach activities and distribute IEC materials that outline the national laws and policies related to safe abortion care and consent for adolescents**

Objective 6: Plan for comprehensive SRH services, integrated into primary health care as soon as possible.
Work with the health sector/cluster partners to address the six-health system building blocks.

When planning for comprehensive SRH services, collaborate with all stakeholders to carry out the below activities. This list provides examples of what should be assessed and planned for in each of WHO's six health system building blocks; it is not an exhaustive list. To begin working with health sector/cluster partners in addressing the six health system building blocks, please refer to the section below on how to transition to comprehensive SRH care.

Service Delivery
- Identify SRH needs in the community
    - **Including the needs of adolescents and youth, particularly those from sub-groups that are at increased risk and with unique SRH needs (such as indigenous populations, adolescents living with HIV/AIDS, etc)**
- Identify suitable sites for SRH service delivery
    - **Recognize the importance of privacy and confidentiality for adolescents when identifying sites**

Health Workforce
- Assess staff capacity to deliver SRH services
    - **Including staff capacities to counsel and provide SRH services and information to adolescents and youth (eg family planning, safe abortion care, and clinical management of rape)**
- Identify staffing needs and levels
    - **Including observing staff attitudes and biases toward providing SRH services and information to adolescents**
- Identify and hire local staff from members of the host community, as well as from the affected community who have skills and experience to provide quality contraceptive services
    - **If possible/feasible, hire male and female staff with appropriate skills and experience to allow patients to choose their preferred provider**

(*See* Counseling Tools & Resources *under Chapter 6: ASRH Services & Interventions more guidance and tools*)

Health Information System
- Include SRH information in the health information system
    - **Advocate for and identify approaches to integrate age- and gender-disaggregation of data**

Medical Commodities
- Identify SRH commodity needs
    - **Examine SRH commodity needs of adolescents to better anticipate stock shortages and ensure availability of commodities for crisis-affected adolescents (eg ARV medications, clean delivery kits, and abortion commodities)**

Financing
- Review SRH-related laws, policies, and protocols
    - **Begin discussions with adolescent/youth organizations to understand financial barriers and opportunities**

Governance and Leadership
- Review SRH-related laws, policies, and protocols
    - **Examine how perceptions of SRH services for adolescents affect providers' ability/delivery of SRH services for adolescents**
- Coordinate with the respective Ministry of Health (MOH)
    - **Begin discussion with MOH on adolescent strategies**
- Engage communities in accountability
    - **Discuss opportunities to bring adolescents/youth and community members together to talk about SRH needs, barriers, and opportunities for adolescents to receive the services they need**

How do we transition to comprehensive SRH services?

The MISP not only includes ways to implement life-saving services, it also outlines how to address comprehensive SRH as soon as possible. As displayed in Objective 6, humanitarian responders should begin implementing activities to prepare for comprehensive SRH care during the initial emergency phase. The MISP recommends that as soon as possible (ideally within three to six months, but it could be within weeks), national and international organizations and stakeholders should work toward providing comprehensive SRH services. The intent of transitioning to comprehensive SRH is to "build back better" by working with local actors to reinforce resiliency at all levels of the Social-Ecological Model for ASRH programming; for example, SRH managers can invest in adolescents' capacity to implement SRH/MISP activities and serve as first responders in new emergencies as part of protracted crises responses, recovery and reconstruction strategies, and preparedness efforts. For more information on "building back better", please see the Ready to Save Lives: SRH Care in Emergencies preparedness toolkit. Humanitarian responders should maintain and strive to improve the quality of MISP clinical services established during the initial emergency response, in addition to enhancing those services with other comprehensive SRH services and programming provided throughout protracted crises, recovery, and reconstruction.

As the situation stabilizes, the MISP calls for humanitarian actors to work with community members to fully address the six WHO Health System Building Blocks. Humanitarian actors may have the resources to begin implementing some of the comprehensive ASRH activities earlier than others and/or at the same time as they are implementing priority MISP activities included in Table 3. The ability to plan and begin implementation of comprehensive ASRH activities depends on the context, capacity, and resources of the government and local partners, and prior preparedness efforts and experience with humanitarian emergencies.

IMPLEMENTATION CONSIDERATION

Emergencies in Countries with Established Health Systems

The IAFM calls for humanitarian responders to work within the local, host community, and national health system. If the context has pre-existing mechanisms and functional health operations, utilize them. Do not reinvent the systems or processes. Whenever possible, use existing resources and strengths of the country's health system. For example, during the refugee response effort in Greece, humanitarian responders utilized hospitals and specialists to deliver services to populations affected by the humanitarian crisis. It was not necessary to train staff on how to provide these services, as the health workforce capacity was already present. Similarly, as part of the Venezuelan response in Colombia, social workers have been a part of the humanitarian response—allowing humanitarian responders to use their technical expertise to deliver mental health assistance to affected populations, among other services.

The Adolescent-Inclusive MISP is a minimum and essential set of life-saving interventions for humanitarian practitioners to implement from the onset of an emergency and along the entire humanitarian continuum. The next chapter of the roadmap, Chapter 5: Going Beyond Health Services, provides guidance on how SRH managers can deliver holistic ASRH programming for adolescents in humanitarian contexts.