Update: ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

February 2017

Adolescence represents a critical window of opportunity when young people are learning to make independent decisions and forming their own attitudes and beliefs. Adolescent sexual and reproductive health and rights (ASRHR) programs take advantage of this window of opportunity to improve health and well-being for adolescents now, for adolescents in their future adult lives, and for the next generation.

Save the Children’s ASRHR portfolio covers the full adolescent age spectrum. Save the Children implements programs designed to support the formation of supportive gender norms, support transitions through puberty, and provide access to information about sexuality and SRH services for very young adolescents (VYAs; ages 10-14). As VYA transition into the later years of adolescence (15-19), our programs provide comprehensive sexuality education (CSE), connect adolescents to SRH services, and support married and parenting adolescents.

Why ASRHR? Quick Facts
In 2015, the US-based Guttmacher Institute released Adolescent Women’s Need for and Use of Sexual and Reproductive Health Services in Developing Countries. This report uses survey data from 70 countries to examine adolescents’ need for and use of SRH services. Key findings include:

- 13 million adolescents aged 15-19 give birth annually, and 95% of these births occur in developing countries.
- Pregnancy- and birth-related complications are the second leading cause of death among girls age 15-19.
- 50% of newly-acquired STIs (including HIV) occur in youth aged 15-24.
- An estimated 2.1 million youth aged 10-19 were living with HIV in 2012.
- Only 34% of youth under 15 years old living with HIV received treatment.
- In 2008, adolescents had 3.2 million unsafe abortions.
- 1/3 of abortion-related deaths occur among women under 25.
- 10% of adolescent girls in Africa and Asia visited a health facility and received FP information in the last 12 months.
- In low- and middle-income countries, only 1/3 of married adolescent women hoping to avoid pregnancy use a modern method of FP.
- In Africa, 50% of sexually-active unmarried 15-19 year olds have an unmet need for FP.

This ASRHR Update shares country program updates and innovations from 22 countries and six member agencies supporting ASRHR. Because of the importance of family planning (FP) to help adolescents fulfil their potential, contraception for youth is highlighted throughout this update.
GLOBAL ASRHR UPDATES

What doesn’t work in ASRH

In August 2015, Global Health: Science and Practice published this examination of the shortfalls of common ASRH practices, focusing on approaches not found to be effective. The authors, representing the World Health Organization, USAID, and UNFPA, found that the limited success of many ASRH programs results from a tendency to use popular approaches that have been proven not to work, as well as poorly implementing approaches that have been proven to work, minimizing their success. ASRH approaches that are not effective include:

**Peer education** is a popular but largely ineffective approach; it is popular for its engagement of adolescents and capitalization on social networks, but unsuccessful in improving health outcomes. Peer educators themselves have much greater gains in knowledge, attitude and behavior change than the peers that they reach. Note that The Lancet Commission (see page 3) has a different view of peer education, believing that youth involvement at every stage of programming is beneficial. For this reason, Save the Children programs are not likely to discontinue the use of peer education; rather, we must be realistic in our expectations of what results the approach can yield and strive to improve the quality of our programs that include peer education.

**Providing ASRH services through youth centers** has been proven to have limited effect on Family Planning utilization and when they are aimed at youth for the purposes of connecting them to ASRH information and services, youth centers are often mainly utilized by older boys mostly for recreational purposes, therefore limiting the effect on ASRH behaviors in youth.

In addition to using ineffective approaches, the article finds that many programs undermine the success of proven methods by failing to implement them properly. For comprehensive sexuality education programs, essential components such as participatory teaching methods, strong factual curriculum content, and adequate teacher preparation are often overlooked as they may be seen as limiting program productivity. Additionally, insufficient project duration or intensity can limit the ability to foster lasting change. For example, one-off campaigns to reduce adolescent pregnancy or prevent early marriage are rarely effective without ongoing programming targeting these behaviors and social norms.

*Talk to your program support technical assistance provider to discuss how to ensure your programs use strategies that have been proven to be effective in increasing ASRH information and services.*
The Lancet Commission on Adolescent Health

In 2016, The Lancet partnered with four leading academic institutions (The University of Melbourne, University College London, the London School of Hygiene & Tropical Medicine, and Columbia University) to establish a Commission on Adolescent Health and Wellbeing. The Commission brought together the fields of public health, political and social science, economics, neuroscience, and behavioral science, to develop an integrated framework for responding to the shifting global determinants of health and health needs of adolescents and young adults.

The Commission confirms that adolescence is an opportune time to influence health behaviors and beliefs as family, education, peers, and the media all are significant determinants of health during this time. Intervening with adolescents is also an efficient way to reach global health goals, as adolescents make up a large percentage of the world’s population.

Further, interventions targeting adolescents will not only improve their current health status, but the future health status of adults and their children.

The Commission makes five recommendations for adolescent health programs:

1. The focus of adolescent health must expand from HIV and SRH to include youth-centered planning and services for mental health, infectious disease, violence, substance abuse, injury, and chronic illness.

   More attention should be paid to determinants of risk factors for adverse health outcomes, part of a larger shift towards preventive measures.

2. A country’s stage in the epidemiological transition (multi-burden, injury excess, or non-communicable disease prevalent) must be periodically reevaluated and approaches should align with the needs of each stage.

3. Universal health coverage is recommended; existing universal systems are advised to extend coverage to the non-covered, include more services, and reduce cost-sharing/fees.

4. Adolescent health actors should seek out opportunities to work with other development fields to facilitate further benefits. For example, increasing the years of education for girls lowers the adolescent fertility rate. Youth should be engaged in decision-making processes and empowered to make healthy decisions.

5. Finally, to ensure sustainability of adolescent health interventions, local knowledge and capacity should be fostered and utilized.

SAVE THE DATE
JOIN THE GLOBAL SCI ASRHR COMMUNITY OF PRACTICE
At a global ASRHR meeting
2018, Quarter 1
Date and location to be announced soon!
Questions: asrh@savechildren.org
SPOTLIGHT ON CONTRACEPTION FOR ADOLESCENTS AND YOUTH

Committing to Full and Informed Choice of Contraceptives for Adolescents and Youth

In 2015, Save the Children USA endorsed the Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception. Highlights include:

- **Providing access to the widest available contraceptive options**, including long-acting reversible contraceptives (LARCS, i.e., contraceptive implants and intrauterine devices) to all sexually active adolescents and youth, regardless of marital status and parity.

- **Ensuring that LARCs are offered and available among the essential contraceptive options**, during contraceptive education, counseling and services.

- **Providing evidence-based information to policy makers, ministry representatives, program managers, service providers, communities, family members, and adolescents and youth** on the safety, effectiveness, reversibility, cost-effectiveness, acceptability, continuation rates, and the health and non-health benefits of FP options, including LARCs, for sexually active adolescents and youth who want to avoid, delay or space pregnancy.

Read the full statement [here](#).

For Save the Children USA, our endorsement of this statement means that our ASRH programs should provide age-appropriate information on all FP methods and ensure access to quality FP services offering the full range of FP options to youth.

Save the Children and Family Planning

Family Planning is essential to Save the Children’s global strategy and priorities; in particular, FP contributes directly to achieving two of our three global breakthroughs by 2030:

1. **SURVIVE**: No child dies from preventable causes before their fifth birthday. When couples are able to avoid having children too early and to allow three or more years between each birth, women are less likely to experience complications in pregnancy and delivery, babies are less likely to be born too small or too early, and children are more likely to survive and be healthy in the first years of life.

2. **LEARN**: All children learn from a quality basic education. When families use FP to plan the number and spacing of births, they are able to invest more in each child’s education and less likely to have to send their children to work instead of school. Girls who can use FP to delay pregnancy are better able to complete their education.

Table 1: Populations targeted by projects with FP activities*

<table>
<thead>
<tr>
<th>Population</th>
<th># (%) of projects</th>
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<tbody>
<tr>
<td>Rural populations</td>
<td>34 (71%)</td>
</tr>
<tr>
<td>Older adolescents (15-19)</td>
<td>30 (63%)</td>
</tr>
<tr>
<td>Youth (15-24)</td>
<td>29 (60%)</td>
</tr>
<tr>
<td>Adults</td>
<td>29 (60%)</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>28 (58%)</td>
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<tr>
<td>Couples</td>
<td>25 (52%)</td>
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<tr>
<td>First-time parents</td>
<td>19 (40%)</td>
</tr>
<tr>
<td>In-laws</td>
<td>13 (27%)</td>
</tr>
<tr>
<td>Urban populations</td>
<td>14 (29%)</td>
</tr>
<tr>
<td>Emergency/humanitarian</td>
<td>11 (23%)</td>
</tr>
<tr>
<td>Pastoralists</td>
<td>5 (10%)</td>
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</tbody>
</table>

*Multiple responses permitted
Save the Children already works to increase access to and demand for FP, often with a specific focus on adolescents and youth. In 2016, Save the Children International (SCI) members in Norway, the United Kingdom, and the United States collaborated to map the current portfolio of FP activities across the SCI movement. Save the Children’s FP activities target many populations; 60% target youth; see Table 1 on previous page. Most frequently, FP activities focus on increasing access to quality FP services. Many projects include a component to build demand for FP; 92% reported FP education activities, and 85% reported community mobilization activities. Less than half of projects (46%) reported an advocacy/policy component, and 25% reported conducting research.

COUNTRY UPDATES

In 2016, Save the Children members implemented ASRHR activities through 39 programs in 22 countries in Sub-Saharan Africa, Asia, the Middle East, and Latin America/the Caribbean.

Do you know of any ASRHR programs missing from this document? We would love to hear about them! Please contact asrh@savechildren.org to share information about additional ASRHR programs.
Current Programs

Africa

Democratic Republic of Congo

Passages/Growing Up GREAT: The project is implemented as part of the global Passages project; it supports VYAs’ successful transition through puberty into the later years of adolescence. The Global Early Adolescent Study evaluates the project via long-term follow-up with participants and non-participants. In 2016, the project developed/adopted materials, including elements of the GREAT toolkit used in Uganda (flipbooks, puberty books, activity cards, game) and adapted the Nepal Voices videos for parents; implementation begins in 2017. Funder: USAID, Bill & Melinda Gates Foundation

Ethiopia

Adolescent Development: The AD Program in West Showa supports adolescents to adopt positive practices and use health, educational, and economic opportunities. The project provides age-tailored SRH education to in- and out-of-school children and youth aged 10-24. In 2015, activities focused on increasing quality and utilization of SRH services, including use of FP counseling/services. There were 11,303 new adolescent RH service visits in 2015 (59% by females) and 81 community youth RH agents were trained on FP. All health centers in the impact area feature special times for youth and have a constant supply of condoms. Funder: Sponsorship

Promoting SRHR — universal access to RH: This project will improve the wellbeing of the most vulnerable adolescents in Amhara and Afar by building demand for/access to quality SRH services for vulnerable women and adolescents, via capacity-building and material support for adolescent-friendly SRH units and maternal-friendly waiting rooms. It raises community awareness of and builds local authorities’ commitment to combat HIV and AIDS and harmful traditional practices, e.g., child marriage. Launched in 2015, the project strengthened in- and out-of-school clubs, trained health extension workers, engaged 2,734 government officials/community members, and reached 69,199 adolescents and adults. As a result, 316 child marriages were cancelled. Funder: European Commission

Kenya

Enabling Sustainable Health Equity Family Planning Programme (ESHE):
Since 2014, this program in rural Wajir and Mandera has improved demand for, access to, and utilization of FP among married adolescents and adult women. The project addresses FP uptake barriers in a Muslim Somali context; traditional demand creation approaches, e.g., awareness-raising via community health volunteers and mass media, were ineffective due to sociocultural and religious barriers. Instead, the project supports religious leaders to create awareness of and demand for FP; these leaders refer community members for services. The project also trained health workers to provide LARCs. FP clients increased from 500 new and 304 revisits in 2014 to 5,708 new and 2,379 revisits from January - April 2016. Funder: UK Department for International Development (DFID)
Adolescent Girls Initiative-Kenya (AGI-K): The AGI-K project, led and evaluated by the Population Council, will test multisectoral packages, including combinations of violence prevention, education, health, and wealth creation, with the aim of assessing whether interventions for very young adolescents will impact girls’ life chances. Save the Children implements activities in rural Wajir County and will reach 2,500 girls ages 11-14. In 2016, the project trained 34 mentors to facilitate activities in safe spaces and provide financial skills education, and 124 community facilitators were trained to facilitate community dialogue. It supports girls with school fees and supplies, school kits as well as home banks, including 300 Kenyan shillings as seed money, to promote savings habits. **Funder: DFID**

**Liberia**

**Maternal and Child Survival Program:** Activities focus on creating materials to improve counseling for adolescents at health facilities. **Funder: USAID**

**Madagascar**

**Maternal and Child Survival Program:** Activities focus on a pilot intervention to address the needs of first-time parents (FTPs). In 2016, the program conducted formative research to identify the needs of FTPs, examining the factors that influence decisions to use or to not use FP, antenatal care, and maternal health services. In 2017, the program will use these findings to develop and launch an intervention for a comprehensive FTP program. **Funder: USAID**

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**Breaking Intergenerational Transfer of Poverty in Vanilla Producing Communities:** This livelihoods-focused project, launched in 2016, includes a component focused on SRH especially for adolescents and youths, to address high prevalence of teenage pregnancy and prevent STIs and HIV. The project expands health insurance to cover the poorest households, created youth groups in 36 villages, provides life skills education and engages adolescents and youth in exploring pathways to opportunities for their future, through access to skills development and SRH services. It also trains health workers to provide a range of modern FP with an emphasis on LARCs. **Funder: Unilever and Walls**

**Malawi**

**Adolescent Development:** The AD Program in Chikowi and M’Biza in the Zomba District aims to increase quality, access to, and availability of youth-friendly health services (YFHS), develop adolescents’ ASRH knowledge and skills, increase educational and economic opportunities for youth, and support a social/policy environment that promotes AD. The program launched and distributed a puberty book and oriented teachers to its contents and use; among girls using the books, menstrual health knowledge increased from 37% to 82%. Out-of-school youth were linked with local artisans for vocational skills training. **Funder: Sponsorship**

**Girl’s Empowerment through Education and Health Activity (ASPIRE):** The project improves educational achievement for girls in upper primary and secondary schools in Balaka, Machinga, and Zomba districts through an approach combining evidence-based approaches for effective teaching of foundational literacy skills in the context of gender-sensitive learning environments, and proven, socially-driven approaches to positively change social norms and behaviors influencing girls’ retention. ASPIRE aims to reduce new HIV infections among vulnerable adolescent girls and young women by promoting positive sexual health behaviors, increasing access to SRH services, and creating an enabling environment. **Funder: USAID**
Comprehensive Sexuality Education and FP for Protection and Empowerment of Adolescents and Women in Malawi: The project promotes use of quality SRH services and adoption of SRH behaviors among young people. In particular, the project aims to reduce pregnancies and early motherhood among adolescents and unplanned/high-risk childbearing among sexually active women in hard-to-reach areas of Neno, Mwanza, Nchisi, Nkhata Bay and Rumphi. In 2016, the project supported YFHS in 30 health facilities and reached 41,141 people with services and information through open days, HIV testing and counseling weeks, and dedicated outreach clinics. **Funder: European Commission**

More Educated Girls – Reducing Teenage Pregnancies (RTP) in Malawi: RTP aims to increase use of key SRH practices and services, reduce girls’ school dropout rate, and increase re-entry rates after pregnancy. In 2014, RTP facilitated a mapping exercise in 30 schools to help adolescent girls identify safe and unsafe places within their communities. In 2015, RTP applied this information to reach 17,761 girls aged 10-19 from 478 schools with safe space activities. In 2016, the project supported 1,722 teachers and trained matrons and patrons who support youth clubs, reaching an estimated 20,000 students. RTP also trained 999 members of mothers groups to talk to their children about SRH issues and facilitated 68 community dialogue sessions reaching 5,295 individuals. **Funder: NORAD**

Mali

Adolescent Development: The AD Program was launched in August 2015 in the Sikasso and Yorosso districts and is implemented by local partner AGIR. As SRH is sensitive, the project has prioritized community mobilization; public meetings allow community members to discuss and propose solutions to local ASRH issues. As a result, local influential individuals formed community mobilization committees and were trained on gender-based violence (GBV) prevention. The program will launch an intervention to engage grandmothers and other influential older women to provide information about puberty and sexuality to girls. **Funder: Sponsorship**

Mozambique

Maternal and Child Survival Program: MCSP/Mozambique seeks to improve the quality of health services for adolescents and young first-time parents. A key component is to improve antenatal care (ANC) and post-partum group-based support for pregnant/parenting adolescents to provide messages about child spacing and other critical information. In 2016, MCSP developed a facilitation guide for working with young women and men on priority ASRH issues, including prevention of early pregnancy and promotion of healthy behaviors amongst pregnant adolescents (utilization of ANC and facility-based delivery services, and the involvement of male partners in those services). **Funder: USAID**

Reducing Teenage Pregnancy by Keeping Girls in School 2015-2018: The program supports completion of quality basic education by addressing barriers to access for and retention of marginalized children through integrated child protection and health interventions. The project also creates and supports child rights clubs in schools for awareness-raising on child rights and child protection, including issues of early marriage and pregnancy, violence, and exploitation. The project is working in 12 schools with the intention of keeping girls in schools through peer-to-peer education on SRHR and a focus on getting teenage mothers back to school. In the first year of the project, 166 child rights clubs were established and provided with training in 166 schools. **Funder: Norad**
Adolescent Development: After conducting its situational analysis and baseline studies in 2014, the AD Program began implementation in 2015 and focuses on non-formal education, livelihoods, and ASRH. Via community adolescent clubs, 5,007 adolescents were trained on ASRH and 8,131 participated in mobile medical brigades, offering voluntary testing and counselling. After one year of implementation, 66% of adolescents said they had adopted good practices and abandoned risk behavior, a 39% increase from baseline. Funder: Sponsorship

Nigeria

Maternal and Child Survival Program: MCSP’s ASRH work aims to improve the quality of health services for adolescents and young mothers/parents by building knowledge and skills necessary to delay early pregnancy, care for pregnancy, birth, and the postpartum period. In 2016, Save the Children developed the Adolescent Age and Life Stage Assessment and Counseling Tools, which support health providers to tailor ASRH counseling sessions based on the needs of the individual adolescent. MCSP is also conducting research to inform a strategy to meet the needs of first-time parents. Funder: USAID

See the Spotlight on First-Time Parents on Page 16

Rwanda

Maternal and Child Survival Program: MCSP’s ASRH work focuses on increasing the availability of YFHS. In 2016, MCSP developed an observation checklist for YFHS and trained 72 health providers on YFHS. MCSP also oriented 95 site facilitators (nurses and staff in-charge of community health at health centers) from two districts in order to ensure a common understanding on how to sensitize community health workers about their role in providing ASRH services in the community. 2,712 CHWs were oriented on their role in ASRH service provision, including in following-up with pregnant adolescents and young parents. Funder: USAID

Sierra Leone

Adope Fo Mama: Improving the Lives of Pregnant Women and Young Mothers: This project pilots methods to prevent/respond to teen pregnancy in 20 communities via a holistic approach integrating interventions across the health, education, child protection and livelihoods sectors to support families and communities to prevent teenage pregnancy, while supporting pregnant teens/teen mothers to achieve better health and livelihood outcomes for themselves and their children. The project engages a range of stakeholders who play a role in reducing teen pregnancy and supporting teen mothers, from parents and adolescents, to community chiefs and religious leaders, local and national governments. Funder: Individual Philanthropist

Fambul Welbodi III: This project leverages successful interventions from two previous projects that increased adolescents’ access to SRH services in selected slum communities of Freetown, and support from families, communities and service providers for adolescents to access these services. Communities, service providers, parents and children are supported to take local and sustainable actions to prevent teen pregnancy, respond to GBV, and support teenage mothers. The project ensures access to supportive health and education services for teen mothers and their children, and that referral systems for GBV response are functional and sustainable. The project also advocates nationally to lift the ban on pregnant teenagers to sit exams and to maintain school enrolment. Funder: Irish Aid
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Tanzania

**Discover:** Save the Children is the implementing partner on a project launched in 2017, led by The Center on the Developing Adolescent from the University of California, Berkeley. The project will develop and test the Discover Learning intervention with a goal of promoting positive, gender norm transformative, social-emotional learning for VYAs. The work builds on developmentally informed principles that emphasize the importance of orchestrating a sensitive balance between promoting autonomy and providing adult engagement. **Funder: Bill & Melinda Gates Foundation**

Uganda

**GREAT:** The recently-ended 6-year GREAT (Gender Roles, Equality and Transformation) Project supported boys and girls to form equitable gender norms and adopt attitudes and behaviors that positively influence SRH outcomes and reduce GBV. The project brought together community stakeholders to discuss gender issues. Among older adolescents exposed to GREAT, 48% held gender-equitable attitudes compared to 37% who were not exposed. GREAT led to an increase in FP use among older adolescents and newly married/parenting couples: among those exposed, 43% adopted positive attitudes towards and were more likely to use FP, compared to 33% of those unexposed. **Funder: USAID**

**Adolescent Development:** Save the Children focuses on the SRH of very young adolescents (VYA), as the entry into their Sponsorship AD core program in Uganda. They have adapted the GREAT project materials to improve attitudes and behaviors surrounding gender norms among VYA in Namayumba, Wakiso, Uganda. **Funder: Sponsorship**

Asia

Bangladesh

**Adolescent Development:** The AD Program in the Meherpur district continued to implement projects working towards its goal of equal opportunity for adolescents to achieve positive educational and health outcomes. Projects include livelihood interventions, awareness-raising about child marriage, and work on improving gender norms. Menstrual hygiene management (MHM) manuals and kits were distributed to 25,773 adolescent girls, and teachers provided ASRH instruction to 18,406 secondary school students. There was a 65% increase in adolescents receiving ASRH services from government health facilities: from 4,496 visits in 2014 to 7,451 visits in 2015. Activities in the urban project area of Rayerbazar, Dhaka began in 2016, where the program oversees three adolescent resource centers and conducted a menstrual hygiene management assessment. **Funder: Sponsorship**
Nepal

**Adolescent Development:** AD Programs work in Siraha, Saptari, Pyuthan, and Kapilabstu districts to address the development needs and issues of adolescents through a focus on Experiential Learning, ASRH and Livelihood Readiness. The program worked with government ministries to scale up adolescent-friendly health services at health facilities. Ninety-one percent of adolescents know where to get ASRH services (17% increase from 2014) and 91% of those who sought services were satisfied with the quality of care (56% increase from 2014). With support from a private donor, the program expanded the use of *My First Baby* in partnership with the Ministry of Health and Population. Furthermore, the program is collaborating with the Institute of Reproductive Health to evaluation the Choices, Voices, Promises gender norms package. **Funder:** Sponsorship, Individual Philanthropist and Nike Foundation

Philippines

**Adolescent Development:** The AD Projects in Caloocan, Malabon and Navotas in Luzon and South Central Mindanao concentrate on increased access for adolescents to quality adolescent-friendly SRH services. The program conducted ASRH learning sessions, trained peer educators on topics including pregnancy prevention, and provided support to 13 health centers to offer SRH services. Efforts to strengthen the policy environment surrounding ASRH led to the drafting of a municipal Reproductive Health Ordinance in South Central Mindanao, which ensures all adolescents (married and unmarried) have access to RH services including check-ups, counselling and FP. **Funder:** Sponsorship

**Building Sustainable Livelihoods and Resilient Communities:** This livelihoods-focused project, launched in 2016, improves livelihoods and quality of life of poor communities beyond pre-typhoon Haiyan levels by increasing food security and economic resilience for vulnerable households. The project also increases access to quality YFHS, including modern FP services, and trains peer educators to ultimately reduce adolescent pregnancy and STIs. **Funder:** Big Lottery Fund

Vietnam

**Adolescent Development:** Launched in 2016, the AD program aims to improve adolescents’ SRH knowledge, attitude and practices, the quality and accessibility of health information and services, and the social and policy environment. Interventions include capacity-building for school health officers and community health service providers on YFHS, community networks on ASRH knowledge and communication skills, and adolescent peer educators. Communication campaigns engage community members in sharing information on SRH, gender, early marriage, child abuse and violence. A mechanism for experience sharing and peer coaching will also facilitate cross learning between in- and out-of-school clubs, and between different communities/districts. **Funder:** Sponsorship

Latin America and the Caribbean

Bolivia

**Adolescent Development:** The AD Program works towards positive health and education through such interventions as training 216 teachers and healthcare staff on adolescent-friendly methodologies and supporting 10 health centers in utilizing the Partnership Defined Quality for Youth methodology to improve quality with participation of adolescent clients. Access to SRH information was improved with the approval of a Menstrual Hygiene guide for school-aged girls, the first of its kind. Pregnant adolescents were engaged through health center-based support groups using our *My First Baby* curriculum. **Funder:** Sponsorship
Adolescents: Protagonists of Development: The project, launched in 2016, empowers adolescents and youth between the ages of 13 and 20 who are in situations of economic and social vulnerability, in suburban and rural areas. The SRH module of the multi-sector training system strengthens young peoples’ decision-making ability concerning SRH and includes prevention of adolescent pregnancy, FP methods, gender, violence, sexual and reproductive rights, HIV and self-care. **Funder:** Bulgari

El Salvador

Strong Youth and Communities to Prevent Violence and Boost Youth Development: This project increases the capacity of vulnerable VYA to improve their lives, make decisions, transition to economic life, and to promote protective environments for them and their peers. The project works to connect schools with the health system and other institutions providing health products and services for youth. As many adolescents are not enrolled in the school system, community health fairs provide basic screenings and deliver key health messages. In 2016, the Choices gender norms curriculum reached 467 adolescents girls and 473 boys in 37 schools. **Funder:** Save the Children Italy

Adolescent Development: The AD Program has developed and is implementing an intervention to promote adolescent skills for successful transitions, providing education, health, and protection support. In response to increasingly prevalent gang violence in intervention communities, the project promoted appropriate practices for violence prevention and response using Choices. The program also supported the Ministry of Education in implementing SRH education in schools: 70% of participating adolescents have improved their school performance and 72% report using the life skills to prevent violence. **Funder:** Sponsorship

Haiti

Maternal and Child Survival Program: MCSP/Haiti’s ASRH work supports a local non-governmental organization (NGO), FOSREF, to orient and train health providers on YFHS and connect key populations to HIV and FP services. In 2016 the project reached high-risk populations including sex workers, men who have sex with men (MSM) and youth with health messages and sensitization on HIV and FP, and distributed 4,850,218 condoms. Via mobile clinics, 420 sex workers and their clients, and MSM were tested and received their results. **Funder:** USAID

Adolescent Development: The AD Program is currently reaching 40 communities in the sponsorship impact area with an intervention package including: sexuality education in schools, training of parents on ASRH, YFHS and exchange visits between health providers and adolescent clients, and peer education approaches to reach adolescents in- and out-of-school. The program is also targeting adolescent mothers with SRH, financial literacy and vocational training. **Funder:** Sponsorship

New Resource Spotlight: Sponsorship Adolescent Development Program Guide

In 2016, the Adolescent Development module of the Common Approach to Sponsorship Programming (CASP) was updated to include ASRH and Adolescent Skills for Successful Transition (ASST) as the two areas of programming; a new strategic objective aimed at building protective factors and reducing risk factors within the context of the socio-ecological model; and a comprehensive list of key strategies, activities and indicators for each intermediate result.

The new AD CASP module can be accessed here.
Mexico

Adolescent Development: The AD Program in Queretaro State focuses on strengthening the support systems around VYAs and youth as they grow. The program seeks to create an integrated care approach for adolescent girls who become pregnant, particularly those at risk of abandonment and isolation. The program seeks to create dialogue by holding workshops with adolescents, parents, teachers and health center staff for members of communities to reflect and dialogue on how to better support young people to stay healthy and how to support when an adolescent does become pregnant. The project has reached 2,129 students, 148 mothers and fathers, 163 teachers, and 87 health centers. **Funder: Sponsorship**

Middle East

Egypt

Adolescent Development: The AD Program in Abnoub district increases economic opportunities for youth and self-reliance among adolescent girls. A Holistic Integrated Curriculum developed by the program includes SRH information and has been expanded to 59 schools. **Funder: Sponsorship**

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**Menstrual Hygiene Management**

Save the Children addresses menstrual hygiene management (MHM) as a cross-cutting programmatic intervention incorporating education, water and sanitation health (WASH), child protection and ASRH interventions. MHM is included in both school health and nutrition (SHN) education programming and ASRH health programming. MHM interventions engage girls, boys, men and women to transform attitudes, beliefs and practices about menstruation that reinforce gender norms and stigma that constrain and harm girls’ development. MHM program strategies strive to be gender transformative.

Save the Children is partnering with academic institutions to build evidence on MHM and the link to self-efficacy, stress and school participation. In 2016, we worked with behavior change researchers to assess effectiveness of program activities and develop tools to understand the relationship between MHM and psychosocial outcomes.

Interventions begin with formative research or a situational analysis; based on these findings, programs are designed to address the unique challenges, interventions may include a combination of age appropriate health education for girls and boys starting at age ten, WASH infrastructure and operations and maintenance improvements, iron and folic acid distribution, access to sanitary materials, implementing school policies for managing disposal, consistent access to water, and teasing/anti-bullying awareness. National and local advocacy initiatives include advocacy for making sanitary materials accessible in schools, improving school WASH facilities and improving teachers’ confidence and skills for teaching puberty to boys and girls.

Currently Save the Children implements MHM activities in projects in Afghanistan, Bangladesh, Bolivia, China, El Salvador, Ethiopia, Haiti, Kyrgyzstan, Mali, Malawi, Nepal, Philippines, Uganda and Zambia.

Previous projects took place in Kenya, Nigeria, Pakistan and Tajikistan.
The Keep It Real Project delivered youth-centered sexuality education to young people in- and out-of-school in Kampala, rural Northern Uganda and North Wollo Zone, Amhara State, in Ethiopia. The project’s aim was to increase the proportion of VYAs and youth (15-19, 20-24), both in-school and out-of-school, who are informed about their SRHR, and are therefore able to make healthy choices about their sexuality. Key outcome indicators included condom use among older adolescents, increased HIV and AIDS and comprehensive sexuality knowledge, gender-equitable values and attitudes, and self-efficacy to make healthy decisions related to sexuality. Eight models were tested: Sexuality education for in-school VYA and youth; School clubs; Paper-based curriculum for out-of-school VYA and youth; Computer-based instruction for out-of-school VYA and youth; Video-based approach for out-of-school VYA and youth; SMS platform for out-of-school girls; Health services and Radio.

A total of 57,994 VYAs and youth were reach directly by project interventions in Uganda and 74,087 in Ethiopia.

**Essential elements and key lessons learned in Uganda:**

- Linkages between schools and health facilities for provision of scientifically accurate health information, delivery of YFHS, and identification of unmet adolescent health needs.

- Buy-in and support from teachers, school management, and young people.

- Supportive supervision, ongoing mentoring of, and reflection by, educators on their own values and attitudes are critical for the delivery of quality CSE.

- Collaboration with Ministries on content and use of CSE manuals, and active engagement in CSE-related fora for promoting ownership, sustainability and scaling up of CSE.

**Essential elements and key lessons learned in Ethiopia:**

- Community engagement and extensive consultations with stakeholders (including parents, adolescents and youth and government sector officials), followed by joint promotion of CSE with government partners, to create acceptance of and commitment to CSE, promote dialogue on sexuality in communities and within families, and ensure ownership.

- Adolescents and youth who completed CSE by trained educators are the main agents informing their parents, siblings and others and serve as advocates in their communities.

- Fostering and strengthening linkages and task forces across sectors was key in implementing CSE and promoting access to youth-friendly SRHR information and services and fostered government ownership, guidance and support.
Multi-Country Projects

**More Than Brides Alliance**: The More Than Brides Alliance aims to reduce child marriage and its adverse effects in India, Pakistan, Malawi, Niger and Mali through: (1) empowering at-risk and already married adolescents through life-skills and sexuality education; (2) providing alternatives to child marriage through increased access to educational and economic opportunities and strengthened child protection systems; (3) increased access to ASRH services for young people; (4) changing social norms; and (5) influencing legal and policy frameworks. *Funder: Netherlands Ministry of Foreign Affairs*

**Pan-African Comprehensive Sexuality Education and Information Project**: Phase 1 was implemented in Côte d’Ivoire, Kenya, Nigeria, Senegal, South Africa, Swaziland, Zambia, Liberia, Malawi, Tanzania, Uganda and Zimbabwe. Highlights include working with religious/community leaders as entry points into communities, and training teachers, school governing bodies, and parents in CSE. A key success was the development of the **Process Oriented Approach** to build the capacity of 17 organizations to deliver CSE and address socio-cultural barriers; the methodology has been adopted by UNESCO and others and integrated into other SC programs. The project contributed to criminalizing child marriage in Zimbabwe; in Senegal, advocacy resulted in the establishment of a task team to review a life skills curriculum and integrate CSE. Phase 2 was launched in 2016 and will strengthen the capacity of implementing partners and SC country offices in knowledge management, documentation and dissemination. *Funder: Embassy of Sweden*

**SRHR-HIV Knows No Borders: Improving SRHR-HIV Outcomes for Migrants, Adolescents and Young People and Sex Workers in Migration-Affected Communities in Southern Africa**: The project was launched in November 2016 in Lesotho, Malawi, Mozambique, South Africa, Swaziland and Zambia. The project aims to contribute to greater freedom of choice for young migrant populations regarding their sexuality via demand creation for SRHR-HIV services, facilitating supply of and access to responsive SRH and HIV services; and creating an enabling environment. *Funder: Embassy of the Netherlands*

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**Launch of Global SCI ASRHR Strategy Group**

Under the direction of the Global Health Theme, the SCI ASRHR Strategy Group was launched in late 2016. The purpose of the strategy group will be to:

1. Provide global vision and support to the ASRHR ambition statement held within the Global Health and Nutrition Thematic Plan.

2. Hold an overview of Technical Working Groups and Communities of Practice relating to ASRHR.

3. Bring the three corners of our organisation together, Humanitarian, Development and Advocacy, while forging connections between members, regional offices and country offices around ASRHR.

Members engaged include Canada, the Netherlands, Norway, the United Kingdom, the United States, and representatives from the West and Central Africa, Latin America and Caribbean, and East and Central Africa regional offices.
PROGRAM SPOTLIGHT: FOCUS ON FIRST-TIME PARENTS

While delaying pregnancy is the ultimate goal for ASRHR programs, working with first-time parents (FTPs) to delay rapid repeat pregnancies and improve maternal and child health outcomes and gender and social norms has been a growing priority of the ASRHR portfolio. The intention is to reach FTPs, both mothers and fathers, with knowledge, skills, awareness and build skills for health decision-making; provide essential SRH services; and foster enabling support from communities and health institutions. Save the Children has several projects designed to address the needs of FTPs:

✓ SCI Nepal, with support from Sponsorship Innovation Funds, developed the My First Baby Guide for married adolescent girls. This guide, adapted from the Bolivia adolescent program, provides step-by-step information along the reproductive lifecycle that helps girls think and plan for their reproductive health.

✓ In Uganda, the REAL (Responsible, Engaged and Loving) Fathers Initiative aimed to build positive parenting practices among young fathers in Northern Uganda to reduce intimate partner violence (IPV) and the use of physical discipline with children. The project trained mentors to deliver a curriculum to build positive parenting and relationship skills. A poster series used emotion-based messages to encourage reflection on fatherhood norms, parenting practices and IPV. The pilot has finished interventions on the use of physical punishment and IPV were significantly less frequent among the intervention group at endpoint. With additional funding, an expansion began in Northern Uganda and Karamoja in northeast Uganda in October 2015. Activities are ongoing and end in March 2017.

✓ In 2016, via the global Maternal and Child Survival Program (MCSP), formative research was conducted in Madagascar and Nigeria to inform the development of programs to meet the needs of FTPs.

✓ In Madagascar, findings showed that determinants of FP use included availability of a variety of methods, accessibility to free or low-cost methods, and a welcoming and efficient health center. Determinants of non-use included lack of information, fear of an incision for an implant, and potential side effects. Decisions to use FP were most often driven by the young mother and service providers, though greater support for spacing was associated with higher education levels of the mother’s partner. The Nigeria study will be completed in 2017.

✓ In Mozambique, MCSP is adapting My First Baby to include a focus on fathers, and led formative research with adolescents and community leaders to identify the needs of young couples and their challenges in interactions with the health system. Findings showed gaps in knowledge and access to information regarding fertility, pregnancy, and birth, and that both young men and women would like to see the father of the child take a more active role in the life of the child and the family. MCSP will develop a simple facilitator’s guide for adolescent and pregnant youth (including FTPs).