



When crises occur, adolescents are vulnerable to heightened risks including violence, poverty, separation from families, sexual abuse and exploitation, child marriage, and sexual and reproductive health-related concerns. In these settings, adolescent girls are at a higher risk of gender-based violence due to economic and social conditions exacerbated by the emergency itself and the displacement that results from it. Additionally, during this time, adolescents may engage in risky sexual behaviors increasing their risk of sexually transmitted infections (including HIV) and unplanned pregnancies. Through a rights-based approach, we work to ensure that adolescents have access to comprehensive information and a full range of sexual and reproductive health services.

Certain sets of behavioral and contextual characteristics (e.g. physical and biological development, cultural norms, familial relationships, financial literacy) matter for adolescents in the ways they approach and interact with health care services, providers and settings. When these characteristics are addressed in the design of health services for adolescents, those services offer quality care that is particularly attuned to the needs of this age group. Progress toward universal health coverage requires a transition from adolescent-friendly projects to adolescent-responsive health systems, and our reproductive health programs in humanitarian settings strive to be responsive to the needs of adolescents through a variety of approaches.

## Technical Leadership and Engagement with Global ASRH in Emergencies Community

Save the Children co-leads the Adolescent Sexual and Reproductive Health (ASRH) in Emergencies sub-working group of the Interagency Working Group (IAWG) on Reproductive Health in Crises, playing a key role in advancing the capacity of partners to enhance their ASRH programs in crisis settings. In collaboration with key actors in the field, the working group ensures technical updates and evidence are incorporated in new tools, leads the dissemination of the products through engagement at global events, and provides hands on support and training to partners in emergency responses.

## Adolescent-Responsive Services for Rohingya in Bangladesh

Since August 2017, 687,000 displaced Rohingya have crossed into Bangladesh fleeing large-scale violence and human rights abuses in Northern Rakhine state, Myanmar. In response, we have established nine fixed health posts in Ukhyia and Teknaf districts of Cox's Bazar. The health posts provide primary health care in hard-to-reach areas where there are massive gaps in access to services. Services are designed to be responsive to the needs of adolescents, including through provider training and a new cadre of community health workers who are focused on engaging adolescent girls and their families through Girl Friendly Spaces. Nearly 40% of family planning clients at supported sites are under the age of 25.

## Integrating ASRH into Clinical Training in the Democratic Republic of the Congo

We worked with the North Kivu Ministry of Health (MOH) office to integrate family planning and postabortion care services in conflict-affected areas of the province. We have integrated ASRH in clinical trainings and supportive supervision for midwives and nurses working in MOH facilities. To increase responsiveness of services to adolescents, and encourage meaningful participation of adolescents in health services, we organized participatory dialogues between young people and MOH officers and engaged with adolescent groups. In 2018, more than 35 percent of family planning clients are under the age of 25 with 11 percent under 20.

## Reaching Urban Adolescents in Egypt

We are strengthening health systems to increase access to and use of quality family planning services by marginalized Egyptians and refugees in urban slum areas in Greater Cairo, many of whom are adolescents and youth. Following an assessment of knowledge, attitudes and practices influencing access to quality services, Save the Children is addressing constraints with a holistic set of interventions across facility and community levels. These interventions ensure ASRH is integrated into efforts to strengthen service provider capacities and supervision mechanisms and outreach to promote access to reproductive health services. In 2017 and 2018, more than 30 percent of family planning clients at supported sites were under the age of 25, and nearly 42 percent of those clients chose a long-acting method.

## Addressing Bias and Engaging Youth in Pakistan

Save the Children is working to improve the quality of reproductive health services, with a specific focus on ASRH in two districts of Sindh province. Service providers receive training, including values clarification, and supportive supervision to improve both clinical capacity as well as address underlying biases in serving adolescents. In addition, community mobilization efforts include youth forums where theater shows and other interactive activities advance ASRH knowledge and community support for ASRH. Save the Children is also supporting the development of the Sindh province Adolescent Family Planning Strategy as part of the sub-working group of the Population and Welfare Department.

## Engaging Communities to Ensure Adolescents' Access to Services in Somalia

In order to more effectively integrate ASRH into the facility and community-based reproductive health response in Somalia, Save the Children and Ministry of Health staff from two districts in the Karkaar region of Puntland, Somalia, were trained on the use of the ASRH Toolkit in Humanitarian Settings. Facility-based ASRH services work in tandem with community health workers, community health committees and other community structures to reach adolescents and youth to increase knowledge, acceptance and utilization of facility-based services. In 2018, nearly 35 percent of family planning clients are under the age of 25.

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The Reproductive Health in Emergencies Initiative supports reproductive health services in humanitarian settings by training and mentoring frontline health providers, providing commodities and supplies, strengthening supply chains and supporting communities to mobilize to increase awareness and use of reproductive health services. Our reproductive health programs increase access to basic health services for the most vulnerable in the hardest to reach areas. Through long-standing partnerships with ministries of health and organizational capacity in over 100 countries, we can deploy quickly and stay long-term to meet needs and deliver family planning and postabortion care services in any setting.

Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

### ASRH Toolkit for Humanitarian Settings

The Toolkit, a companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, was developed by UNFPA and Save the Children to guide humanitarian program managers and healthcare providers to ensure interventions are friendly to the needs of adolescents. It provides user-friendly tools for assessing the impact of a crisis on adolescents, implementing an adolescent-friendly Minimum Initial Service Package, and ensuring that adolescents can participate in the development and implementation of humanitarian programmes. In the upcoming year, it will be revised to reflect a shift from adolescent-friendly to adolescent-responsive services.