

IMAP Statement on Comprehensive Sexuality Education for Adolescents in Protracted Humanitarian Settings

Introduction

Adolescents face compounded risks and threats in times of crisis. There is often a breakdown in their protective and nurturing structures: their families, communities, schools, recreational outlets, and places of worship. They may face family-separation and be exposed to violence, forced recruitment, sexual abuse, and exploitation. They may also be compelled to take on adult roles that they are ill-prepared for and/or be coerced into engaging in risky behaviours to survive, cope, or care for their families. As a result, the emotional and psycho-social impacts of adolescents living in a humanitarian crisis are immense.

Ensuring Adolescent Sexual and Reproductive Health (ASRH)¹ is critical in a humanitarian crisis, yet adolescents are often over-looked as

a vulnerable group. Essential life-saving services for adolescents in humanitarian emergencies must be provided. These include preventing adolescent pregnancy, unsafe abortion, and adolescent maternal mortality; providing services for adolescent survivors of gender-based violence (GBV); and providing information and protection to avoid contracting HIV and other STIs.

While ASRH is an important service during all stages of a humanitarian response, this statement emphasizes that Comprehensive Sexuality Education (CSE)² should be promoted in protracted emergencies. In these contexts, where a humanitarian situation may continue for decades, children become adolescents and adolescents become adults. Some may not experience a stable living environment which

¹ ASRH is a rights-based and life-saving approach that includes providing information and services; promoting sexual diversity, well-being, and gender equity; and autonomy and protection of adolescents.

² At IPPF, Comprehensive Sexuality Education (CSE) is defined as a “holistic, scientifically accurate, age appropriate and culturally relevant learning process grounded in human rights, gender equality, citizenship and a positive approach to sexuality.”

greatly impacts their physical and mental health, education, economic, and socio-behavioural outcomes. It is therefore important to ensure a well-tested methodology and pedagogy – used within CSE – to approach their information and learning needs regarding sexuality, health, well-being, and relationships.

Purpose of this Statement

IPPF envisions a world where “all people are free to make choices about their sexuality and well-being in a world without discrimination.” Therefore, Member Associations must strive to reach all adolescents with rights-based and contextually-relevant CSE to realize their sexual rights. In line with the IPPF Humanitarian Strategy 2018–2022, this statement brings together promising practices to guide IPPF Member Associations and partners in the provision of CSE in protracted humanitarian crisis environments. The statement also serves as a call to action for the humanitarian community to recognize and resource sexual and reproductive health (SRH) needs and rights of adolescents in emergency responses.

CSE must be culturally relevant and appropriate to the context and it may include the following characteristics:

- scientifically accurate
- incremental
- age and developmentally appropriate
- curriculum based
- based on a human rights approach
- conscious about the intersecting barriers that face young people
- inclusive of all diverse individuals
- based on gender equality
- develops life skills needed to support healthy choices

Promising Practices of CSE and ASRH Education in Protracted Settings

CSE emphasizes teaching approaches that are participatory to help learners personalize information, strengthen their communication and decision-making skills, and empower young people to be agents of change. A recent evaluation¹ showed that although CSE is mostly suited for development contexts, programmes that emphasize gender, power, and rights through “an empowerment approach”, especially for girls and marginalized young people, were successful in impacting their ability to recognize themselves as equal partners in relationships and to protect their bodies. The findings also showed that such approaches are more likely to reduce STIs and unintended pregnancy.

When implemented, CSE is typically integrated into formal education and school curriculums. However, adolescents who are out of school also have a right to access ASRH information and services as they are more vulnerable to misinformation and exploitation. CSE sessions for out-of-school adolescents can be held in a variety of settings, ideally identified by the adolescents themselves and scheduled at convenient times and places. A useful resource includes UNFPA recently published *International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education*².

While reviewing best practices,⁴ we identified a number of criteria for interventions to be effective and successful:

⁴See table in annex 1 that includes examples of these promising practices, the modality of interventions, what worked, and recommendations.

- **Meaningful engagement of adolescents and young people at every stage of the project cycle** to ensure that programmes respond to their needs and context.
- **Involvement of caregivers, teachers, health workers, and the community** to understand the risks faced by young people; to remove barriers to access; to build their confidence and skills to communicate with adolescents and young people; and to advocate on their behalf.
- **Linkages to services** to ensure youth-centred and gender-responsive SRH services are available for adolescents and young people in a safe and non-judgemental environment.
- **Advocacy** to shift norms and policies to enable adolescents and young people to have unrestricted access to ASRH information and services.

Recommendations on Expanding CSE in Protracted Humanitarian Settings

The recommendations are based on the following:

- Guidelines from the Adolescent Sexual and Reproductive Health (ASRH) Toolkit for Humanitarian settings.
- Consultations with young people ages 10–14, 15–19, and 20–24, facilitated by IPPF Member Associations.
- Documentation of promising practices by IPPF and partners on CSE in humanitarian contexts.

Recommendations on Expanding CSE in Protracted Humanitarian Settings

IPPF Member Associations are well-positioned to advance CSE programming in protracted humanitarian environments by implementing the following recommendations:

1. **Train staff and youth volunteers on the Minimum Initial Services Package (MISP)³ for Reproductive Health and the ASRH Toolkit in Humanitarian Settings.** This will complement the knowledge of

Member Associations on CSE curricula, such as *It's All One* curriculum. It will also help them integrate CSE curricula and ASRH programming within a humanitarian framework.

2. **Aim to 'be flexible' and 'think outside the box'.** This may include calling CSE by another term – **content and approach are more relevant than the label** – or seeking alternative solutions to in-person sessions. Trusted modalities of integrating ASRH sessions into IPPF's mobile medical teams or referring young people to Youth Drop-in Centres which are standard programming benchmarks could be expanded based on the context and enhanced with strategies to reach marginalized young people.
3. **Conduct comprehensive community mapping exercises to inform your understanding of the intersecting vulnerabilities that young people especially adolescents are facing.** These vulnerabilities include chronic poverty, protracted violence, conflict and displacement, coupled with weak health, education and protection systems which provide a backdrop to adolescents' lives. Also, ensure that your ASRH and CSE interventions are inclusive to the needs of adolescents in all their diversity including gender, age, race, wealth, ability and sexual orientation.
4. **Know the needs of the young people you seek to serve.** It is good practice to include adolescents and young people from the beginning in the needs assessment stage as they are closest to their peers. Consider implementing participatory research approaches with young researchers.
5. **Explore options to complement the peer education and youth volunteer model.** In-person sessions may not always be conducive and are not always the most cost-

effective option. The COVID-19 experience has demonstrated that a **digitalized humanitarian response** is possible and a **hybrid model of in-person and digital mediums can be brought to scale** especially when complemented by a holistic ASRH programme package to increase effectiveness.

- 6. Scale-up innovative CSE interventions to include adolescent refugees.** It is good practice to extend the reach of existing CSE interventions in development settings to the refugees hosted in these settings. This could also include the use of **technology including mobile devices and internet and other digital health interventions.** While access to technology is often seen as a barrier to digital humanitarian programming and digital health interventions (DHI), adjustments can be made such as the use of cash transfers and vouchers for mobile phones and internet access to promote access to digital services. Also, to address the reduced social interaction with digital interventions for CSE, mentorship or other community-based programmes including with host community young people can be incorporated. In all these strategies, it is important to engage young people in the design and implementation in DHI to determine their behaviour and barriers to access technology. Community mapping exercises should also determine groups with restricted access so that the programme design can bridge this gap and ensure that the most vulnerable are not left behind.
- 7. Design and implement Very Young Adolescent (VYA) programmes to provide critical information and skills to adolescents before they**

enter their highest risk years. These programmes should address menstrual hygiene management, life skills, sexual and reproductive health education, and provide care for survivors of sexual abuse and violence. Health and protection programming is essential to address the often-overlooked risks to this group. Most importantly, safeguarding adolescents and other vulnerable groups is a duty of care for all IPPF and Member Associations staff, volunteers and partners and it is their responsibility to raise any safeguarding concerns including through the safe report platform: <https://secure.ethicspoint.eu/domain/media/en/gui/107397/index.html>.⁵

- Remember that the **needs of adolescents in all their diversity are similar in different humanitarian contexts** and often overlap with the needs of other population groups. Therefore, the recommendation is to **adapt existing ASRH and CSE tools and guidelines** to the needs of the context rather than invest resources into creating new tools.
- Ensure the availability of **rights-based accountability mechanisms** to help identify barriers to SRH information and services and improve access, especially for adolescents. In addition, promote **social accountability processes that prioritize the community, including young people participating** in decision-making.

Recommendations to the Humanitarian Community

- 1. Prioritize ASRH information and services in the acute phases of an emergency.** This will likely result in ASRH programming being recognized, funded, expanded, and integrated

⁵ More information about IPPF's Safeguarding Policy for Children and Vulnerable Adults is available at: <https://www.ippf.org/sites/default/files/Policy%201-17%20SAFEGUARDING%20CHILDREN%20AND%20VULNERABLE%20ADULTS.pdf>

into programming in protracted emergency settings. For example, the recently revised ASRH Toolkit specifically provides guidance on how to implement an adolescent-inclusive MISIP.^{6,4}

2. Strengthen coordination of ASRH actors within the humanitarian structure and integrate CSE sessions with other humanitarian interventions. Coordinating for ASRH at an acute stage provides the opportunity to communicate with various clusters and actors across different sectors. There is opportunity for every sector – protection, education, health, water and sanitation, shelter, camp management – to contribute to adolescent health and well-being. The goal should be to integrate adolescent specific considerations across every sector where possible and to keep them separate only when it is not feasible or fails to adequately address adolescents’ needs.

3. Promote integrated, multi-sectoral programming, a protracted setting can benefit from a forum such as an Adolescents and Youth Working Group.⁷ This group would include representatives from different sectors, adolescent and youth representatives who work together to fulfil programming for young people. A goal should be to integrate adolescent specific considerations across every sector where possible and to keep them

separate only when it is not feasible or fails to adequately address adolescents’ needs.

4. Establish partnerships and coalitions among agencies providing ASRH programming. These partnerships can maximize resources and expand reach by conducting joint assessments; consultations and community sensitization; establishing a unified CSE curriculum; conducting trainings of peer educators and health facilitators; and jointly identifying and sharing spaces to conduct ASRH sessions. This also helps to expand reach through economies of scale.

5. Advocate and pursue opportunities for multi-year funding in line with the humanitarian-development nexus model. Protracted emergencies specifically reflect the humanitarian-development nexus environment and have the capacity to implement the New Way of Working (NWOW) approach.⁸ One of the key concepts of NWOW includes a multi-year timeframe for strategizing, planning, and financing operations in complex and protracted emergencies. A main barrier to ASRH programmes not moving beyond pilot projects is that they are short-term and have limited funding. However, protracted settings can reflect multi-year programming portfolios implemented by humanitarian agencies who have a long-standing footprint in those locations. Donor negotiations can

⁶ Refer to Chapter 4 of the *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*. Available from: https://cdn.iawg.rggn.io/documents/ASRH%20Toolkit%202020%20Edition/English/ASRH%20Toolkit/Ch4%20uploads/IAWG-Toolkit_Chapter-4.pdf?mtime=20210719203053&focal=none

⁷ This group would ensure that young people are engaged in identifying their needs, risks, opportunities and threats, and offering adolescent and youth-led solutions. An example is the Youth Task Force in the Za’atari Refugee Camp that is an action-oriented field-level forum focused on youth advocacy and coordination while addressing the cross-cutting needs of all population groups, and works toward advancing the youth agenda in humanitarian settings in line with the Global Compact for Young People in Humanitarian Action. Available from: <https://www.youthcompact.org/blog/2020/6/1/youth-task-force-in-zaatari-refugee-camp-young-people-and-covid-19>

⁸ The New Way of Working (NWOW) approach recognizes that greater collaboration, coordination, and coherence between humanitarian and development actors can be accomplished through collective outcomes, comparative advantage, and multi-year timeframes. <https://www.unocha.org/es/themes/humanitarian-development-nexus>

include developing consortium models with other SRH or youth organizations to maximize funding and expand reach. Another approach is to merge programmes and have every RMNCAH+N, protection, or education project integrate adolescents and ASRH interventions.

6. Reinforce a strong measurement mechanism to document impact and design data-driven programmes. A protracted setting allows the time and capacity to measure changes in attitudes and health-seeking behaviours. It also includes collecting nuanced indicators, such as how many adolescents and young people who attended CSE sessions directly accessed services and the type of services they received, as well as the impact of CSE on their attitudes and behaviours, disaggregated by age and gender, keeping in mind intersectionality. The data generated must be consistently used to design and reshape programmes for evidence-driven programming and results.

7. Integrate protection with the provision of ASRH services to ensure a continuum of CSE programmes and services. A significant gap in humanitarian settings remains how to reach and inform adolescent girls (and to a large extent, women as well) on protection issues such as physical safety, mobility, and sexual and gender-based violence. This also applies to adolescents and young people who are at the margins and made vulnerable by external factors (e.g. LGBTQI community, young people living with HIV, drug users, sex workers etc.). Safe spaces⁵ address this need through case management, referral, information, and response services. This can be replicated in protracted humanitarian settings in hard-to-reach areas and to complement the outreach and mobile teams and clinics that are usually the main space to provide protection-related information and services. ASRH services – including ensuring access to

contraception, comprehensive safe abortion and post-abortion care, care for survivors of sexual violence, STI/HIV testing and treatment, assisted deliveries for adolescent mothers and other sexual reproductive health services, and maternal newborn child and adolescent health and nutrition services – can be easily complemented by protection information, case management, and services. This allows adolescents to act on the information they receive through CSE programming and ensure a continuum of services and care for adolescents.

Conclusion

Ensuring access to life-saving SRH services for adolescents in humanitarian contexts is a priority that requires further evidence and investments. Lessons learned from delivering CSE in development and protracted emergencies can inform strategies to enhance engagement, expand reach and better serve and support adolescents and young people living in crisis settings.

Further Reading

IPPF Resources

1. IPPF (2021) *Comprehensive Sexuality Education for 10-14 year olds Activity Guide*. Available from: https://www.ippf.org/sites/default/files/2021-03/IPPF_CSE-ACTIVITY-GUIDE_web_spreads_ENG.pdf
2. IPPF (2019) *Youth in Humanitarian Action: How we work with young people in humanitarian settings*. Available from: https://www.ippf.org/sites/default/files/2019-12/2019%20IPPF%20Humanitarian_Youth%20Capability%20Statement.pdf
3. IPPF (2016) *Everyone's Right to Know: delivery comprehensive sexuality education for all young people*. Available from: ippf_cse_report_eng_web.pdf

Resources from other Agencies

4. Inter Agency Working Group (IAWG) on Reproductive Health in Crisis (2020) *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*. Available from: https://iawg.net/resources/adolescent-sexual-and-reproductive-health-asrhtoolkit-for-humanitarian-settings-2020-edition?fbclid=IwAR07DukZbBUzD_bbaQ42QzKFZ4hIVsur2Q5Vm3S_OqtKfTFxaTwiPhDsL2E
5. United Nations Population Fund (UNFPA) (2020). *International Technical and Programmatic Guidance on Out-Of-School Comprehensive Sexuality Education: An Evidence-informed approach for non-formal, out-of-school programmes*. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf
6. United Nations Population Fund (UNFPA) (2016). *Adolescent Girls in Disaster and Conflict: Interventions for Improving Access to Sexual and Reproductive Health Services*. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-Adolescent_Girls_in_Disaster_Conflict-Web.pdf
7. Plan International (2020) *Putting the C in CSE: Standards for Content, Delivery and Environment of Comprehensive Sexuality Education*. Available from: file:///C:/Users/Seema/Downloads/glo-putting_the_c_in_cse-eng-eo-nov2020_digital_1.pdf
8. International Committee of the Red Cross (ICRC) (2016). *Protracted conflict and humanitarian action: some recent ICRC experiences*. Available from: *International Rescue Committee (IRC) (2020) They Know Best: Testing intervention packages to improve adolescents' access to and use of sexual and reproductive health services in emergencies*. Available from: <https://www.rescue.org/report/they-know-best-testing-intervention-packages-improve-adolescents-access-and-use-sexual-and>
9. World Health Organization (WHO) (2014) *Health for the World's Adolescents: A second chance in the second decade*. Available from: <https://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html>
10. Governance and Social Development Resource Center (GSDRC) (2016). *The impact of protracted crises on attitudes and aspirations*. Available from: <https://reliefweb.int/sites/reliefweb.int/files/resources/HDQ1388.pdf>

References

- ¹ Haberland N, Rogow D. Journal of Adolescent Health. 2015;56(1) (Suppl): S15–S21. (2015) *Sexuality Education: Emerging Trends in Evidence and Practice*. Available from: [https://www.jahonline.org/article/S1054-139X\(14\)00345-0/fulltext](https://www.jahonline.org/article/S1054-139X(14)00345-0/fulltext)
- ² United Nations Population Fund (UNFPA) (2020). *International Technical and Programmatic Guidance on Out-Of-School Comprehensive Sexuality Education: An Evidence-informed approach for non-formal, out-of-school programmes*. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf
- ³ Inter Agency Working Group (IAWG) on Reproductive Health in Crisis (2021). *Minimum Initial Service Package MISP For Sexual and Reproductive Health (SRH) in Crisis Situations: a Distance Learning Module*. Available from: <https://iawg.net/resources/minimum-initial-service-package-distance-learning-module>
- ⁵ United Nations Population Fund (UNFPA) (2020). (2015). *Women & Girls Safe Spaces: A guidance note based on lessons learned from the Syrian crisis*. Available from: <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20UNFPA%20Women%20and%20Girls%20Safe%20Spaces%20Guidance%20%5B1%5D.pdf>
- ⁶ International Sexuality and HIV Curriculum Working Group (2009). *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*. Available from: *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*, vol. 1, Guidelines (ippf.org)
- ⁷ International Planned Parenthood Federation (IPPF). *Get Up Speak Out for Youth Rights (GUSO)*. Available from: <https://www.ippf.org/get-up-speak-out-youth-rights>

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⁸ Georgetown University Institute for Reproductive Health and Family Health International 360 (FHI360). (2003). *My Changing Body: Fertility Awareness for Young People*. Available from: <https://www.fhi360.org/sites/default/files/media/documents/My%20Changing%20Body%20-%20Fertility%20Awareness%20for%20Young%20People.pdf>

⁹ CARE (2020). *Amal Initiative*. Available from: <https://www.care.org/our-work/disaster-response/health-in-emergencies/amal/>

¹⁰ Women's Refugee Commission (WRC) (2021). *I'm Here Approach Implementation in Cox's Bazar: Key Findings and Recommendations for Identifying and Engaging Isolated Adolescents*. Available from: <https://www.womensrefugeecommission.org/wp-content/uploads/2021/04/Im-Here-Approach-Implementation-Key-Findings-Recommendations.pdf>

¹¹ United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF). (2019) *Boys on the Move*. Available from: https://eeca.unfpa.org/sites/default/files/pub-pdf/7_boys%20on%20the%20move%20brochure.pdf

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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Annex 1: Examples of Promising Interventions of CSE and ASRH Education in Protracted Settings:

Promising interventions	Location	Implementing agency	Modality of intervention	What worked?	Recommendations and Suggestions
Contextualizing the <i>It's All One</i> ⁶ curricula and using peer education to reach adolescents and youth in refugee and host communities	Palestine and Lebanon	Palestinian Family Planning and Protection Association (PFPPA) and Lebanese Association for Family Health (SALAMA)	Adapting the CSE curricula to the needs of affected young people and engaging peer educators to conduct community outreach sessions in refugee camps as well as within schools, youth centres, and women's centres. During COVID-19, peer educators continued to provide these sessions via Zoom, WhatsApp, and videos on Facebook.	<ul style="list-style-type: none"> Adapting existing tools for protracted settings. The outreach model has been effective among young people especially those with no consistent access to school and who are marginalized due to gender, disability, and poverty. Peer communication worked in these settings as young people found it easier to locate and reach each other outside formal education structures and achieved a deeper level of trust and relatability. 	<ul style="list-style-type: none"> Hard to capture conversations and learnings that happen outside a structured CSE or ASRH session. This approach was specifically successful among adolescents (15–19 years) and youth (18–24 years). Evidence on peer education suggests that while the approach works for information sharing, it may have limited impact on promoting healthy behaviours and improving health outcomes.
<i>My Changing Body: Fertility Awareness for Young People</i> ⁸	DRC	Save the Children and Women's Refugee Commission	The programme implemented a curriculum targeting VYAs between the ages of 12 and 14 through in-school peer education and a separate curriculum for pregnant adolescents and adolescent mothers run at a health facility.	<ul style="list-style-type: none"> Using participatory methods with young people and building acceptance among community gatekeepers. Ensuring the availability of essential supplies and services that correspond to the CSE knowledge areas. For example, when peer educators raised awareness on menstrual hygiene management (MHM) they noticed reduced uptake due to the unavailability of MHM products. As a result, MHM Committees were set up at schools and consisted of a female teacher and female peer educators to ensure supplies were at latrines and provided directly to the girls. 	<ul style="list-style-type: none"> While the programme did not provide a sustainable solution, it did point to a wider issue: CSE without access to services could compromise ASRH outcomes. CSE interventions should be linked to provision of ASRH services, at the facility and community level. ASRH services must be embedded within the routine delivery of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N) services.
<i>Adolescent Mothers Against ALL Odds (AMAL) Initiative</i> ⁹	CARE	Syria	Specific to the needs of pregnant adolescents and first-time mothers affected by crisis while addressing issues of gender, power, and social norms.	<ul style="list-style-type: none"> The programme end-line evaluation reported a 34% increase in self-esteem, confidence, ability to communicate on SRH matters, and health-seeking capacity. Qualitative findings reflected an increased acceptance of use of family planning post-marriage. 	<ul style="list-style-type: none"> Guidance and evidence are scarce on how to reach the many vulnerable adolescents, especially in crisis settings.
The Skilled Girl Force Project using the <i>I'm Here Approach</i> ¹⁰	Cox's Bazar, Bangladesh	Partners in Health and Development (PHD) and Women's Refugee Commission	Implementing a set of steps and tools designed to help humanitarian actors identify, engage, and be accountable to the most marginalized adolescents.	<ul style="list-style-type: none"> Prioritizing the adolescent girls who faced limited mobility and restrictions in leaving their house. The programme trained 300 girls to implement the <i>I'm Here Approach</i> to provide CSE to the most-hard-to-reach girls from their communities. 	Include questions on mobility that identify barriers in access to programming from childhood to youth and include screening questions to identify marginalized groups (i.e. married adolescents).
<i>The Boys on the Move</i> ¹¹ model	Global	UNFPA and UNICEF	A life-skills programme for unaccompanied adolescent male migrants and refugees.	<ul style="list-style-type: none"> The objective was to create a safe space for boys and men to reflect on their experiences and develop coping and interpersonal skills in order to make informed decisions. 	It is important to enhance programming for adolescent boys while ensuring an all-inclusive model of ASRH programming for all harder-to-reach, marginalized groups including adolescents with disabilities, male adolescents experiencing SGBV, and LGBTQI adolescents among others.