



UNICEF

Adolescent Development and Participation in Humanitarian Response

E-Document
September 2015

unite for
children

unicef 

COVER PHOTO: TACLOBAN, PHILIPPINES, 2015

Young people paint a mural at the Tacloban City Youth Hub. Supported by UNICEF and opened two years after Typhoon Haiyan hit the city in 2013, the Youth Hub provides young people and adolescents with access to health and social services, and opportunities for peer engagement and community leadership.

©UNICEF Philippines/2015/Faye Balanon

© United Nations Children's Fund (UNICEF)
September 2015

Published by: UNICEF Philippines
31st Floor, Yuchengco Tower
Rizal Commercial Banking Corporation (RCBC) Plaza
6819 Ayala Avenue corner Gil Puyat Avenue
Makati City, Philippines 1200

Any part of this document may be freely reproduced with appropriate acknowledgement.

ISBN: 978-971-529-074-6

ACKNOWLEDGEMENTS

The following people contributed to the development of this document:

Authors: Emma Brathwaite (UNICEF), Margaret Sheehan (UNICEF), Jordan Chaffin (UNICEF), Sylvi Hill (UNICEF), Zoë Dawkins (Storyscape)

Editors: Zoë Dawkins (Storyscape), Pip Chandler (Storyscape)

Contributions: Sarah Norton-Staal, Will Zeck, Verity Rushton, Ma Bella Ponferrada, SweetC Alipon, Faye Balanon, Aladin Borja, Arlene Aragonés, Scheree Herrera, Maulid Warfa, Cris Cayon, Rebecca Pankhurst

Design and Layout: Nicole Goodman

CONTENTS

5	Introduction
7	Adolescents in Emergency
8	Adolescent Development and Participation in the Philippines
9	Immediate Relief (1-8 Weeks)
11	Recovery, Rehabilitation + Rebuilding (2-6 Months)
13	Lessons from the Philippines: The 4 Pillars of Action
14	Pillar 1: Safe Spaces
17	Pillar 2: Health and Social Services
21	Pillar 3: Youth Participation and Networks
24	Pillar 4: Policy and Partnerships
25	Emergency Response Transition to Development (6 Months+)
26	Recommendations
27	References and Additional Resources
28	APPENDIX A: CASE STUDY - Tacloban City Youth Hub
32	APPENDIX B: CASE STUDY - Iloilo Adolescent Friendly Health Service

INTRODUCTION

Purpose of this document

This E-Document has been prepared by UNICEF to document Adolescent Development and Participation¹(ADAP) inclusion in humanitarian response², based on recent experiences and lessons learned from the Haiyan Level 3 (L3) Typhoon disaster, and the Zamboanga conflict response in the Philippines.

The purpose of the E-Document is to provide practical guidance on adolescent inclusion in humanitarian response to strengthen future response efforts and to support UNICEF Emergency Operations (EMOPS). This E-Document and the accompanying Technical Guidance Paper include strategy examples, case studies and promising programmes, as well as links to additional UNICEF resources on adolescent programming. The E-Document has been developed to assist programme managers working in humanitarian settings, particularly in countries with large adolescent populations.

The E-Document is based on the experience and lessons learned from the Philippines country office, which responded to multiple emergencies in 2014. These included Typhoon Haiyan, the Bohol earthquake, Zamboanga siege, and the protracted conflict in central Mindanao.

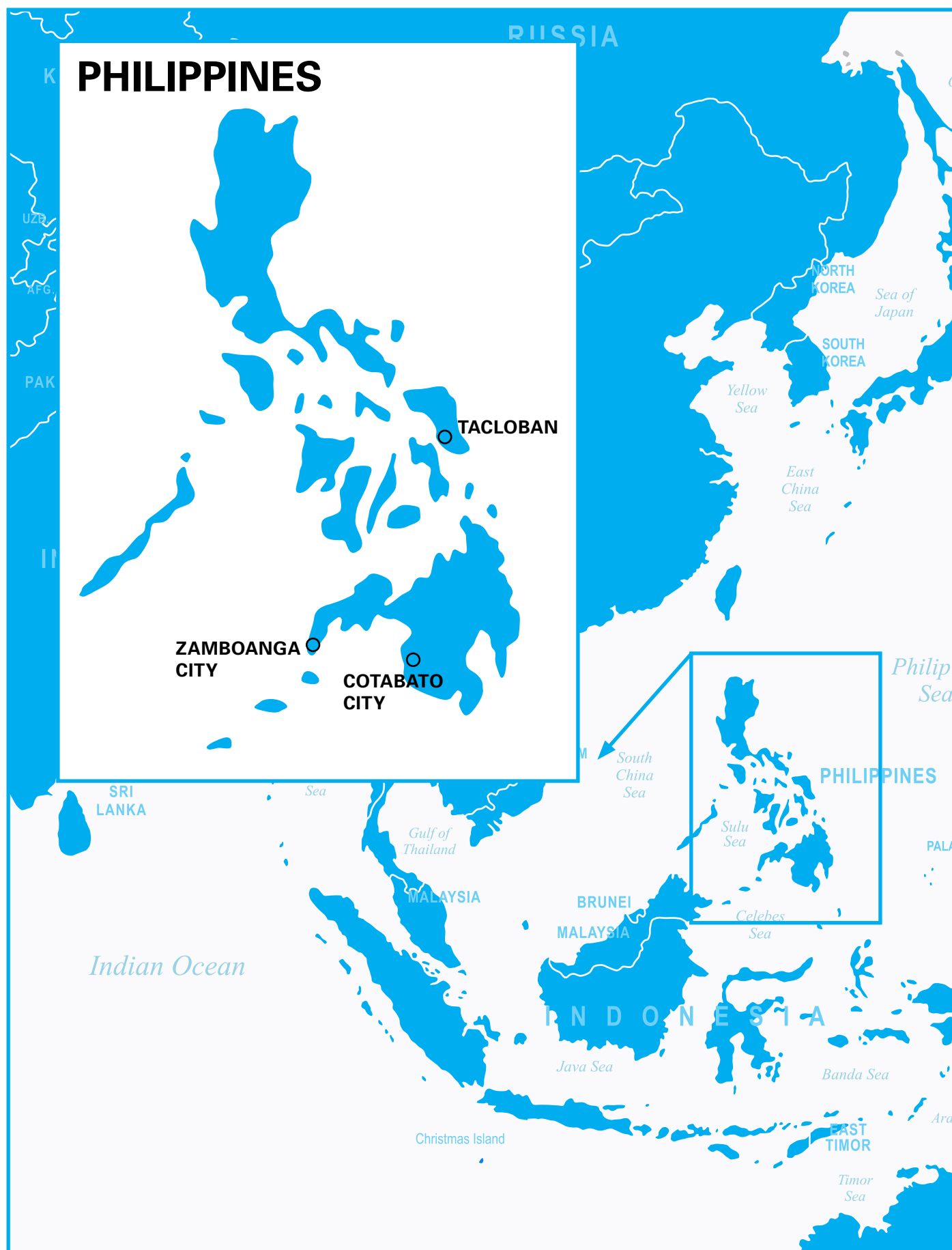
How to use this document

This E-Document presents UNICEF Philippines' programming approach to adolescent inclusion in humanitarian response. It can be used as a stand-alone document or in conjunction with the Technical Guidance Paper. The E-Document contains a series of videos outlining the ADAP programme in the Philippines. Each section also includes a text based introduction and overview of the video content. Most content is presented through the video case studies. These case studies document examples of how ADAP programmes are implemented in practice. The Technical Guidance Paper outlines the process of programme design and development.

¹ Adolescent Development and Participation is commonly used to describe the areas of adolescent programming, including: life skills; health and wellbeing; participation and engagement; education and learning; and specific adolescent and gender initiatives.

² In this document the terms "emergency" and "humanitarian response" are used interchangeably. For more information on these terms and UNICEF definitions, please refer to the UNICEF Strategic Plan available online at: <www.unicef.org/strategicplan/files/2013-21-UNICEF_Strategic_Plan-ODS-English.pdf>

UNICEF FIELD OFFICES IN THE PHILIPPINES



ADOLESCENTS IN EMERGENCY

Sizeable youth³ populations are both an opportunity and major challenge. Development can be accelerated when the majority of young people are able to make significant contributions to economic, social, and political life in a way that reduces poverty, ensures greater stability, and promotes healthier societies. Alternatively, peace, progress, and prosperity are often held back when nations are unable to meet the basic needs of their young people.

In humanitarian emergencies, young people are often neglected in the delivery of relief and recovery efforts or treated as passive victims (Cahill et al., 2010). Most relief and recovery efforts focus on small children, considered most vulnerable, and adults, considered most capable to respond.

UNICEF has a responsibility to work with and provide services for young people during humanitarian emergencies (UNICEF, 2007). Young people can be parents, heads of household, and experience a wide range of impacts during humanitarian emergencies, such as increased rates of teenage pregnancy, sexually transmitted infections, mental health and mental illness, trafficking, disruptions to education, and violence (Cahill et al., 2010). Young men and women are also vulnerable to different impacts during disasters, with young women experiencing a double burden in countries with high levels of gender inequality (Plan International, 2013).

While the unique vulnerabilities and needs of adolescents must be considered, it is also important to recognise the ability of young people to participate in decision-making processes and to develop solutions (Cahill et al., 2010).

Young people can make significant and valuable contributions in emergency responses, in both relief and recovery efforts (UNICEF, 2007). Despite this, most documentation in emergencies focuses on young people as recipients of aid, rather than emphasising their participation in rebuilding and in development programming (UNICEF, 2007).

This E-Document shares the work of the UNICEF Philippines country office in their ADAP programming, delivered through relief and recovery efforts in Haiyan affected areas in the central Visayas region, and in conflict affected areas in southern Mindanao. This E-Document outlines a series of promising programmes implemented in the Philippines, across the emergency response timeline: from immediate relief; to recovery, rehabilitation and rebuilding; through to the transition to development.

FIGURE 1: TIMELINE OF RELIEF AND RECOVERY EFFORTS (SUDDEN ONSET MODEL)



³ The terms “adolescents”, “youth”, and “young people” are used to refer to people between the ages of 10-24 years. These terms are used interchangeably throughout this E-Document.

ADOLESCENT DEVELOPMENT AND PARTICIPATION IN THE PHILIPPINES

Adolescents and young people (aged 10-24) make up around 22 per cent of the population in the Philippines. A youth profile of the Philippines emphasises a “youth bulge” demographic, with increasing urban migration of young people. Compared to other population groups however, young people receive relatively little programming and policy attention, and the poorest adolescents have limited civic engagement roles within society.

Typhoon Haiyan, known locally as “Yolanda”, made landfall in the central Visayas region of the Philippines on 8 November 2013 (UNICEF, 2014). The typhoon had a devastating impact with an estimated 6,000 to 8,000 people killed, and approximately four million people left homeless (UNICEF, 2014). UNICEF responded quickly with government and humanitarian partners, after a Level 3 (L3) emergency was declared on 11 November 2013, deploying the Immediate Response Team (IRT) and other surge capacity to the cities of Tacloban, Roxas, Guiuan, and Manila (UNICEF, 2014: ix).

The UNICEF Response Plan⁴ did not include specific programmes and indicators for young people, with immediate relief efforts predominantly targeting younger children and women. UNICEF and partners identified adolescents as a response gap within the first two months of relief efforts as the need for and absence of adolescent services became apparent.

In order to address this gap in programming, the UNICEF country office in the Philippines requested surge capacity for an Adolescent

Specialist and began coordinating activities targeting adolescents. The ADAP programme response in Haiyan-affected areas was initiated through the Child Protection Working Group, and later moved into work with the health and education clusters. UNICEF was then able to apply ADAP programming lessons learned from the Haiyan response, to Zamboanga City⁵ in the first instance, and then to conflict-affected Mindanao more broadly.

⁴ The Humanitarian Country Team (HCT) Strategic Response Plan (SRP) is the overarching SRP, which guides sectoral clusters and resources mobilisation. The UNICEF Response Plan is an internal document linked to the HCT SRP, and is based on the Core Commitments for Children.

⁵ In September 2013, armed conflict in Zamboanga City resulted in the displacement of over 120,000 people (UNICEF, 2014).

IMMEDIATE RELIEF

1-8 WEEKS

During immediate relief efforts (the first few days), the focus of response remains on survival and life-saving interventions. Young people are sometimes engaged as early responders, which should be encouraged, however they are also in need of services, support, and protection during this time. Asking key programmatic questions early on can help ensure young people's needs are considered and included.

For example, the Haiyan response in the Philippines was a natural disaster response. Therefore rape kits and land-mine clearing were not prioritised. However, in other emergency contexts these might be key priorities for adolescents. The following table includes trigger questions that can be used to identify priorities for adolescent programming in immediate relief efforts.



Photo: UNICEF staff member orients Women's Police Force on Rapid Family Tracing and Reunification in the wake of Typhoon Haiyan in Region VIII of the Philippines, November 2013.

© UNICEF Philippines 2015/Rapid FTR Team

TABLE 1: TRIGGER QUESTIONS TO HELP PRIORITISE ADOLESCENT PROGRAMMING IN IMMEDIATE RELIEF EFFORTS

CHILD PROTECTION	<ul style="list-style-type: none"> • Are adolescents included in family-tracing services? • Do the psychological first aid (PFA) and psychosocial support (PSS) services include young people? • Are detection and referral systems for mental health problems and protection issues accessible to young people? • Do temporary shelters and facilities provide privacy and safety (including lights)? • Are there safe spaces for adolescents?
HEALTH AND NUTRITION	<ul style="list-style-type: none"> • Can young people access basic health care, including Adolescent Sexual Reproductive Health? • Are post-rape kits (including adolescents) required?
WATER, SANITATION AND HYGIENE (WASH)	<ul style="list-style-type: none"> • Can young women easily access WASH and Hygiene Kits (and commodities, including sanitary napkins)? • Do bathing facilities and latrines provide privacy and safety (including lights)?
SOCIAL PROTECTION (CONDITIONAL CASH TRANSFERS)	<ul style="list-style-type: none"> • What is the proportion of adolescents in the population? • Are adolescent head-of-households included?
EDUCATION	<ul style="list-style-type: none"> • How many adolescents have experienced disrupted schooling? • How many adolescents are engaged in work, not school?

PHOTO: Tacloban City, Philippines

Yanyan (in blue) poses with one of the new friends he met in the mobile child-friendly space (CFS). Yanyan is one of the children in the streets of Tacloban who regularly attends the sessions in the mobile CFS, July 2015.

© UNICEF Philippines/2015/Joey Reyna



RECOVERY, REHABILITATION + REBUILDING 2 - 6 MONTHS



Photo: Mampang Transitory Site,
Zamboanga City, Mindanao, April 2015.

Most of UNICEF's ADAP programme in humanitarian response takes place during the recovery phase. In the Philippines experience, the Adolescent Specialist supported UNICEF section teams⁶ to identify adolescent needs based on available data, to prioritise the provision of support, and then to define inclusion and exclusion criteria for the ADAP programme.

DATA + ANALYSIS

It is important to consider how to include adolescents in Child Friendly Spaces (CFS). For example, in the Haiyan experience, targets for Child Friendly Spaces (CFS) included children up to the age of 18, however in practice only younger children were included. The Adolescent Specialist helped section teams review and include adolescents in their targets for children.

There was a need to consider how to include adolescents in CFS. For interventions where the targets do include adolescents, it is useful to consider how to age-disaggregate the data. While this can be burdensome in emergencies, it is important for these flagship UNICEF interventions. During immediate relief efforts in typhoon-affected areas of the Philippines, most of the reports on adolescents were based on individual cases and worst-case scenarios. There were cases of trafficking, teenage pregnancy, and reports of sexual violence. At this stage it was important for UNICEF to triangulate the data and validate reports to move beyond individual cases to focus on priority areas for programming.

As experienced in the Philippines, there is also the potential risk that programmes and sections focus on the most serious (worst-case scenario) incidents and issues that do not reflect burdens faced by the majority of young people. For example, there is the risk that intensive investment and focus on particular issues, such as help desks at ports to prevent trafficking, will divert funds and attention away from the issues affecting the majority of the population (such as getting young people back to school, and providing psychosocial support (PSS) for traumatised adolescents and adolescent sexual reproductive health (ASRH) services).

CONSENSUS + PRIORITISING

UNICEF is an agency with multiple sectoral expressions, both within the emergency response and in regular programming. The ADAP portfolio crosses all of these areas: child protection, health, education, and communication for development (C4D). During emergencies, there is often little attention on adolescents because they are not considered as a separate target group in the development of the UNICEF Response Plan.

As a result, adolescents are often identified as a gap during cluster coordination and through information management processes. As was the case in the Philippines, adolescents were not on the agenda and only identified as "missing" during early recovery. Once adolescents were identified as a response gap, there was enthusiasm to deliver programmes in this area.

⁶ Where appropriate, the Adolescent Specialist worked with UNICEF led clusters. For example, child protection and education.

Requests included support for programming in the areas of child marriage, teen pregnancy, child labour, trafficking, sports, theatre, and citizen journalism; and across every sector including health, WASH, nutrition, education, and child protection.

Priorities need to be identified and communicated effectively with partners. Specialised ADAP support can help different UNICEF sections identify their adolescent programmes and then convene the broader UNICEF response teams to prioritise adolescent actions. Table 2 includes a list of activities that can help sections prioritise their response efforts.

INCLUSION + EXCLUSION CRITERIA

In the Philippines context, the 4 Pillars of Action were developed to define inclusion and exclusion criteria for ADAP programming. The 4 Pillars of Action were developed in collaboration with all UNICEF sections to guide the ongoing implementation of the ADAP programme. Clear lines of communication were established, funding was allocated, and new and diverse partners were engaged. Information on the 4 Pillars was then shared with partners through a series of ADAP workshops run in partnership with cluster focal points.

TABLE 2: ACTIVITIES TO PRIORITISE SUPPORT

PRIORITISATION ACTIVITIES	<ul style="list-style-type: none"> • Surge capacity to map UNICEF and partner adolescent activities across sectors • Adding “adolescents” as a permanent agenda item in cluster and working group meetings (especially child protection, health (sexual and reproductive health), and education) • Identifying ADAP focal points within sections/clusters • Specialised ADAP capacity to support sectors and clusters identify their “best wins” for adolescents and technical support needs • In some cases, a separate cross-sector Technical Working Group on Adolescents might be useful, as in the Philippines • Convening ADAP focal points and section chiefs in regular programme meetings (updates, progress, red flags)
----------------------------------	---



Photo: Youth participants in the mobile child-friendly space interact with UNICEF during a life skill session in Tacloban City, July 2015.

LESSONS FROM THE PHILIPPINES: THE 4 PILLARS OF ACTION

The 4 Pillars of Action now guides all UNICEF work with adolescents in the Philippines through their ongoing programming.

The 4 Pillars of Action are:

PILLAR 1: SAFE SPACES

PILLAR 2: HEALTH AND SOCIAL SERVICES

PILLAR 3: YOUTH PARTICIPATION AND NETWORKS

PILLAR 4: POLICY AND PARTNERSHIPS

The following video provides an overview of the ADAP programme and introduces the 4 Pillars of Action as they have been implemented in the Philippines.



<https://youtu.be/5XLUhNqqU6c>



© UNICEF Philippines 2015/Jeff Sabayle

Photo: Young people from Zamboanga taking part in a Participatory Video workshop, April 2015.

PILLAR 1: SAFE SPACES

Pillar 1 of the ADAP programming in the Philippines focuses on reorienting and creating safe spaces for young people⁷. The following video outlines the way safe spaces were used in the Philippines during the Haiyan emergency response.



https://youtu.be/_ckU6RouA9U

REORIENTING CHILD FRIENDLY SPACES

"Little children and adolescents share the one space"

Child Friendly Spaces (CFS) and child protection are a key entry point for engaging adolescents in emergency response. While most CFS are geared towards young children, in reality they are also places where adolescents gather. Adolescents seek connection with their peers and friends, and therefore might not seek support from the CFS facilitator in the same way as little children. As soon as the tents go up, programmes for adolescents can be implemented through these spaces.

This includes implementing existing psychosocial support and life skills activities that are fun and engaging, as well as age-appropriate and suited to the unique needs of adolescents (see Pillar 2). Little children and adolescents can be separated for these activities, by either splitting the space or managing the time allocations for different populations.



Photo: Adolescents and younger children learn at a Child Friendly Space in Capiz Province, February 2014

© UNICEF Philippines/2015/Jordan Chaffin

⁷ Adolescents are often not prioritised as beneficiaries, which has led to a failure to address adolescent needs in disaster preparedness and recovery activities (Cahill et al., 2010). This section concentrates on adolescents as beneficiaries during an emergency response.

ADOLESCENT-SPECIFIC SPACE

“Adolescent-only spaces”

Developing a one-stop-shop for adolescents works in identified sites that have larger numbers of young people, often times in urban or transitional settings.

It requires a tent or semi-permanent structure, and facilitators who are confident and competent to manage adolescent groups. If existing youth programmes are being implemented prior to the emergency, then an adolescent-specific space is a good option.

THINKING ABOUT SPACE DIFFERENTLY

“Working to make informal (youth-identified) spaces safe”

There may be other areas outside of traditional models of Child Friendly Spaces (CFS), where young people spend their time. These could include non-traditional spaces such as: open areas within transitional sites (camps, evacuation centres, etc.); basketball courts, football fields, and other “hang-out” spaces typically frequented by young people.

These models aim to strengthen youth-identified spaces that emerge naturally during a response. In the first instance, this might include expanding lighting and ensuring camp managers can provide some security to ensure safety for these spaces at night.

It might also include the introduction of simple programming for adolescents beginning with the presence of a trusted adult, such as a social worker or teacher who can engage in discussions with young people. Not all CFS can be reoriented to include adolescent programming, therefore it is important to think creatively about space, safety and security.



Photo: Youth in the streets share their personal experiences during a Usap Tayo session in the mobile child-friendly space, Tacloban City, July 2015.

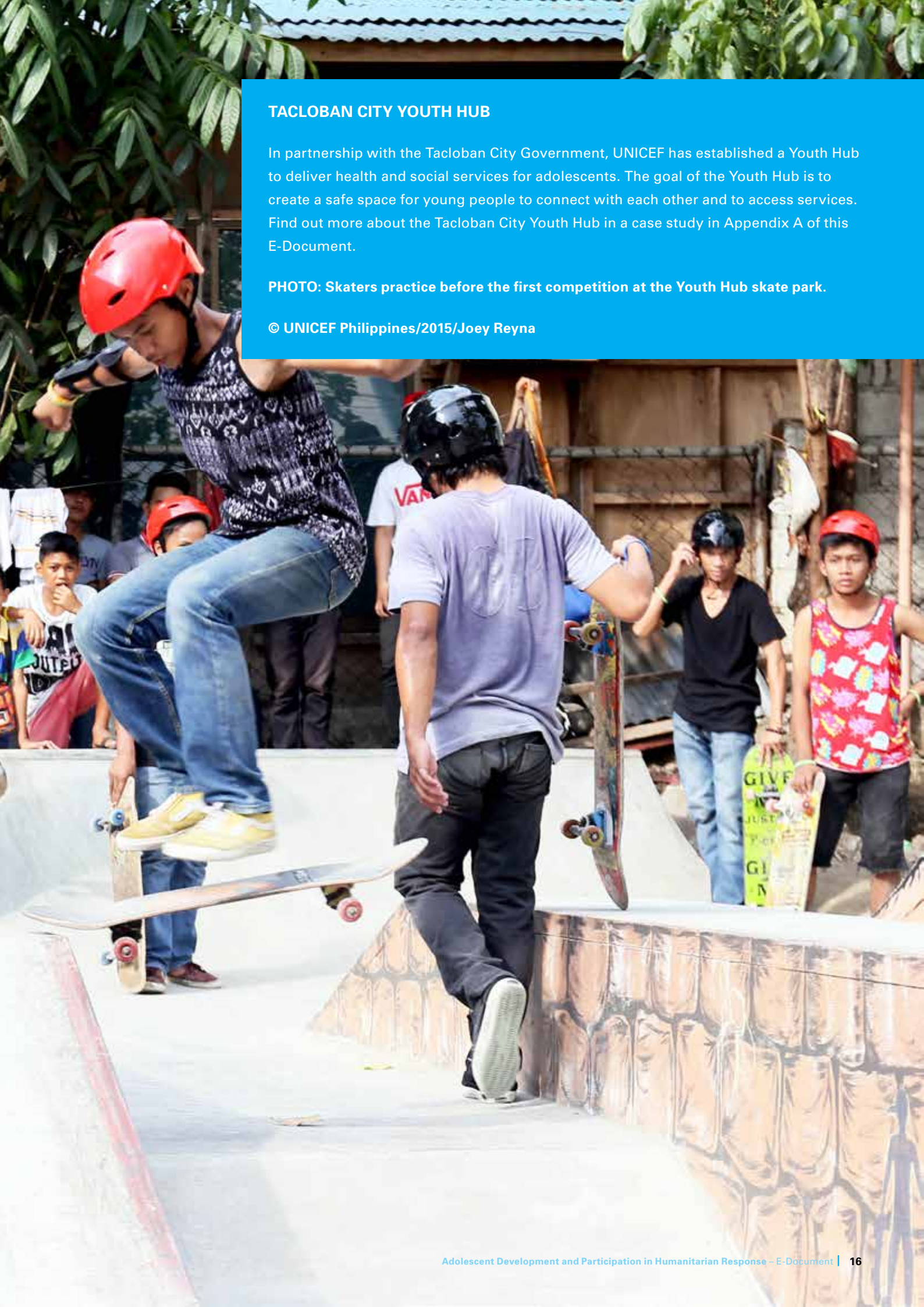
© UNICEF Philippines/2015/Pailyn Tan

TACLOBAN CITY YOUTH HUB

In partnership with the Tacloban City Government, UNICEF has established a Youth Hub to deliver health and social services for adolescents. The goal of the Youth Hub is to create a safe space for young people to connect with each other and to access services. Find out more about the Tacloban City Youth Hub in a case study in Appendix A of this E-Document.

PHOTO: Skaters practice before the first competition at the Youth Hub skate park.

© UNICEF Philippines/2015/Joey Reyna



PILLAR 2: HEALTH AND SOCIAL SERVICES

Pillar 2 of the ADAP programme covers the delivery of health and social services for adolescents. Many services are delivered through safe spaces identified and established through Pillar 1, or delivered through partners and collaborating services.

SOCIAL SERVICES

“Comprehensive life skills for adolescents”



<https://youtu.be/ZJx_saGH2G4>

A key focus of the ADAP programme is the delivery of comprehensive life skills for adolescents, ideally through the delivery of one programme that contains all relevant knowledge and skills, not just sector-specific programmes. Often in emergency response, multiple life skills programmes are delivered to the same group of young people through different sectors. During the early recovery phase in the Philippines, there was a request to review and harmonise different sectoral life skills programmes to have one comprehensive model, and at the same time to identify quality standards and recommendations for government and partner endorsement. UNICEF in the Philippines endorsed the Creating Connections Life Skills Programme, however there are a number of comprehensive life skills models that exist. It is also important to ensure Sexual Orientation and Gender Identification (SOGI) messages are included in life skills material and, where possible and appropriate, to include young key affected populations in the response.

There are many visual tools that can also be employed to help build facilitator confidence to work with adolescents and identify key issues that young people are facing in their particular context. In the Philippines UNICEF created Usap Tayo (“Let’s Talk”), a simple photo-based discussion tool used by Child Friendly Spaces (CFS) facilitators, social workers, youth leaders, peer educators and teachers. The application of Usap Tayo also helped to build buy-in with gatekeepers, as partners could see the programme was not just addressing sexual reproductive health. This is important in contexts where the delivery of reproductive health services to adolescents is a sensitive issue. The Usap Tayo resource is available at: www.unicef.org/philippines/usaptayo.pdf



CREATING CONNECTIONS LIFE SKILLS PROGRAMME

Creating Connections is a life skills curriculum originally developed in Vietnam. The curriculum was localised and adapted for the Philippines, covering topics such as teenage pregnancy, sexually transmitted infections, violence, relationships, and disaster risk reduction. The curriculum also identified and incorporated minimum standards on adolescent sexual and reproductive health (ASRH), as most programmes were providing abstinence-only messaging. Initially Creating Connections was sampled and localised through the Social Welfare Department (as aligned with their mandate on psychosocial support) and later transitioned to the Population Commission. A facilitation guide was developed, mentoring support was provided to facilitators using the curriculum, and advocacy work was undertaken with gatekeepers on Conflict Sensitive Education (CSE).

The Creating Connections curriculum is available online at: www.unicef.org/philippines/creatingconnections.pdf

Photo: ©UNICEF Philippines/2015/Perry Amoylen

HEALTH SERVICES

“Creating adolescent friendly health services”

During emergency response, it is important that young people can access health commodities that ensure they can make safe decisions about their lives. This includes access to family planning and condoms. Adolescents do not easily access health services so it is important that the temporary health stations are inclusive and “adolescent friendly”. In some countries, such as the Philippines, the provision of adolescent sexual and reproductive health (ASRH) services remains sensitive, and restrictive legal barriers can prevent access to essential services.

Emergencies can help open the dialogue on ASRH and adolescent rights, especially where this has been sensitive and closed. This has been the experience in the Philippines where activities first focused on building government understanding and buy-in, supporting government strategic planning processes and strengthening workforce capacity to deliver adolescent health services.



<https://youtu.be/pT8tCG5sQZA>

BUILDING BACK BETTER HEALTH SERVICES

In the Philippines, UNICEF selected and prioritised “adolescent friendly” clinical facilities to partner with, including NGO partners and rural health units. Quality assessments were undertaken of these prioritised clinical facilities in order to establish a baseline for monitoring purposes. Adolescent health competency-based skills training for health staff focused on: privacy and confidentiality; communicating with the adolescent client; taking a sexual history; HEADSS psychosocial assessment; sexually transmitted infection (STI) syndromic management; referrals and collaboration with the City Social Welfare Department and community-based organisations; and complex case management.

ILOILO ADOLESCENT FRIENDLY HEALTH SERVICE

In Iloilo Province, UNICEF is supporting a partnership model of service delivery for adolescents to address increasing rates of teenage pregnancy, HIV, and STIs. This model is being delivered in partnership with the Family Planning Organization of the Philippines (FPOP) and the local government. Find out more about the Iloilo service delivery model in a case study in Appendix B of this E-Document.

ADDITIONAL RESOURCES:

Adolescent Job Aid: A handy desk reference tool for primary level health workers
<http://whqlibdoc.who.int/publications/2010/9789241599962_eng.pdf?ua=1>

Adolescent Health GP Resource Kit
<<http://www.kidsfamilies.health.nsw.gov.au/publications/gp-resource-kit/>>

Photo: A midwife delivers adolescent friendly health services in Eastern Samar.
© UNICEF Philippines/2015/Perry Amoylen

PILLAR 3: YOUTH PARTICIPATION AND NETWORKS

Pillar 3 covers youth participation and networks, with an emphasis on young people as rights holders. The following video outlines youth participation and engagement strategies employed by the UNICEF country office in the Philippines.



<<https://youtu.be/wqMf7PF6cck>>

Programming within this pillar includes: (i) providing opportunities for young people to participate in the response, including involvement in build back better activities⁸; (ii) activating and strengthening youth networks; and (iii) identifying and applying strategies to engage young people in health and wellbeing programmes, including life skills education.

The arts, sports, theatre, and participatory methodologies and tools were used in the Philippines to include the most vulnerable and harder to reach young people, as aligned with UNICEF's guiding principles of inclusion, equity, and diversity.

THE ARTS

UNICEF implemented arts programs in the Philippines to bring young people together, to share important messages through peer-to-peer communication, to build confidence, and to break down conflict and create a shared sense of belonging. Approaches that UNICEF used include Theatre for Development, Participatory Video, the Eye-See participatory photography project, and One Minute Juniors filmmaking workshops. Many of these approaches are particularly useful when working with low literacy communities. However, there are many other approaches that can be used, such as fine art, puppetry, music workshops, and dance. It is important to tailor activities to the specific communities participating, and where possible to incorporate local cultural and arts practices.

⁸ Build back better activities include: CFS facilitators; assisting to clear debris; Disaster Risk Reduction (DRR) community mobilisers; search and rescue; family tracing and reunification; care and support for the elderly and very young.

THEATRE FOR DEVELOPMENT

© UNICEF Philippines 2015/Communications



Photo: Actors from Dagway Sigmahanon enact a scene, as part of the UNICEF Theatre for Development (T4D) project in Region VI, February 2015.

UNICEF partnered with Tanghalang Pilipino, a professional theatre company based in Manila, to work with student actors to create a forum theatre production about family and community life in the wake of a natural disaster.

University students were trained by professional actors and received technical input from UNICEF on Disaster Risk Reduction (DRR), adolescent sexual and reproductive health, and child protection. The forum theatre was performed across typhoon-affected areas from October 2014 to February 2015. Audience feedback and participation in the performance by young people and their communities helped them process their experiences together in a powerful way.

PARTICIPATORY VIDEO IN ZAMBOANGA

© UNICEF Philippines 2015/Storyscape



Photo: Young people from Zamboanga taking part in Participatory Video training, April 2015.

In April 2015, UNICEF ran a Participatory Video workshop in Zamboanga City, Mindanao, for young people living in the Mampang Transitory Site. The workshop included the participation of 20 young people from different local ethnic groups, including the Tausug, Badjao, and the Chavacanos.

The workshop was held over one week and participants were trained in story development, filmmaking techniques and editing, and worked in groups to create their own films. Three films were produced over the week (view one of the films below). The films were written, filmed, directed and edited by young people with support from local and international filmmakers.

Other films from this workshop:

My Friend <<https://youtu.be/mMXIO-nXF0g>>,

While There's Life, There's Hope <<https://youtu.be/8QnB56Oaqcg>>



<<https://youtu.be/RyUBtcjxPul>>

ONE MINUTE JUNIORS IN TACLOBAN

One Minute Juniors is a UNICEF initiative. The five-day seminar teaches children and young people how to create 60-second videos. The seminar includes steps to create a short film, from developing the film idea through to the technical process of filming and editing.

In March 2015, 19 young men and women participated in a workshop in Tacloban to create their own 60-minute films. One Minute Juniors films can be viewed on the UNICEF Philippines YouTube channel:

Take a Look at Yourself: <https://www.youtube.com/watch?v=N_THyrju0AI>,

Ghosts: <<https://www.youtube.com/watch?v=6pHKa9ct9aY>>,

Not My Cousin: <<https://www.youtube.com/watch?v=Ib1EJqe8H-s>>

For more information on the One Minute Juniors process, please visit the website: <<http://www.theoneminutesjr.org/>>



© UNICEF Philippines 2015/Perry Amoylen

Photo: Participant from the One Minute Juniors seminar held in Tacloban, April 2015.

SPORTS ENGAGEMENT

Sports activities were also used in Haiyan affected areas to engage young people, particularly through a partnership with Football for Life Tacloban (see the video below). This project, implemented through child protection, used football as a vehicle to first of all engage young people, and then to share life skills.



www.youtube.com/watch?v=JuAudyplrfq

© UNICEF Philippines/2015/Perry Amoylen



Photo: Participants from Football for Life in Tacloban.

PILLAR 4: POLICY AND PARTNERSHIPS



<https://youtu.be/sHmoZodh4uc>

UNICEF often engages with local gatekeepers, working in partnership to deliver programmes and to build local capacity, as these partners will be the ones to sustain programmes into the future. Local partners include both government agencies, as well as smaller local organisations. Partnerships with government, civil society, and communities, underpinned all of UNICEF's ADAP relief and response programming in the Philippines.

Initially, policy and partnership work involved identifying key organisations and people to work with in affected areas of the country. ADAP programming then moved into policy work through the various programmes under each Pillar, such as health and social services, as well as other UNICEF programmes such as Disaster Risk Reduction (DRR). Work included adapting existing policy frameworks and tools, such as Child Friendly Space (CFS) guidelines; and sharing lessons learned for replication in other settings, for example in conflict affected Mindanao. In addition, UNICEF supported the harmonisation of all life skills materials into one package (with agreed minimum standards and consensus on key messages) endorsed and recommended for use by the Philippines Government.

Supportive policies create enabling and resilient environments for adolescents, and underpin a country's ability to deliver results for young people. Lessons learned from emergency response can be used during the recovery phase to inform policy and legal reform. For example, this could include: adolescent-inclusive child protection guidance; the inclusion of young people in DRR decision-making; access for minors to essential health and wellbeing services; and social safety nets for adolescent head-of-households. Bringing together the collective evidence from different emergency contexts in the Philippines has shaped the policy reform agenda for adolescents and strengthened government ownership and accountability. At the same time, UNICEF also recognises the challenges of leading on policy reform early in an emergency response, noting that transition to development can provide opportunities to influence the policy agenda.

EMERGENCY RESPONSE TRANSITION TO DEVELOPMENT

6 MONTHS +

Incrementally UNICEF’s work across Haiyan-affected areas is transitioning from emergency response to development. The 4 Pillars of Action remain in place and guide UNICEF’s adolescent programming in the Philippines.

The transition to development has involved identifying and selecting partners willing and able to continue adolescent programming within regular development programmes, such as strong Local Government Units, and embedding tools and curricula with local and government partners.

This work has also included identifying and recommending key ADAP programmes and strategies for conflict-affected Mindanao, including Zamboanga transition sites and evacuation sites in central Mindanao. At the same time, UNICEF acknowledges that not all programming will be sustained and not everything will be replicated or scaled up. Prioritising and investing in promising programmes is a key aspect of the transition to development strategy. Table 3 outlines potential opportunities for ongoing adolescent programming as a result of humanitarian relief and response efforts.

TABLE 3: OPPORTUNITIES TO LEVERAGE RELIEF AND RESPONSE EFFORTS INTO ONGOING PROGRAMMES AND POLICY

ADOLESCENT PROGRAMMING OPPORTUNITIES	<ul style="list-style-type: none">• Open the discussion on sensitive issues and revise legal and policy frameworks (such as adolescent sexual reproductive health, age of consent, universal access, adolescent headed households)• Explore new innovations and approaches while resources allow• Share resources across emergencies to cover unmet needs (within funding agreement terms)• Use investments to build more resilient services, including Disaster Risk Reduction (DRR)• Use funds to build models for ADAP programming in emergency affected areas, which government can replicate across the country• Generate discussions on allocating more government (especially Local Government Units) funding for continued adolescent programming (beyond the emergency response)• Consider academic partnerships and research possibilities to document innovations and lessons learned
---	--

RECOMMENDATIONS

1. Identify the proportion of the population that is between the age of 10 and 24.
2. In countries that have larger adolescent populations, pre-position partners willing and able to deliver ADAP programmes (including government and civil society).
3. Consider including broad adolescent programmes in the Strategic Response Plan (SRP), such as:
 - a. Define adolescent indicators in the first instance (inclusion and expansion of Child Friendly Spaces (CFS), education targets to include adolescents etc.)
 - b. Include life skills as part of providing psychosocial support (PSS)
 - c. Include adolescent led households in all social safety net interventions
 - d. Recognise the contribution of young people as early responders as well as their needs and capacity vis-à-vis smaller children.
4. Assess and identify specialised ADAP capacity within the UNICEF country office.
5. Where capacity is lacking, request specialised ADAP capacity to support sections and clusters to identify their “best wins” for adolescents and technical support needs. Depending on the nature of the emergency, request surge support or identify specialised ADAP technical expertise and make a plan for the recovery process.
6. Employ surge capacity to map UNICEF and partner adolescent activities across sections.
7. Analyse data to ensure programmes target priority issues affecting the majority of the adolescent population. This will help avoid the risk of building programmes around individual stories.
8. Define inclusion and exclusion criteria for programming.
9. Identify UNICEF ADAP focal points within sections and agree on a framework for broad adolescent response programming (e.g. the 4 Pillars of Action). Convene ADAP focal points and section chiefs in regular programme meetings (updates, progress, red flags, and transition to development planning).
10. Communicate with and work through cluster leads to coordinate cluster activities targeting adolescents, in order to reduce duplication of content. This includes adding “adolescents” as a permanent agenda item in cluster working group meetings (especially child protection, health (sexual reproductive health), and education).
11. Identify programmes that could be replicated and scaled up by government and partners.
12. Document lessons learned to support ongoing ADAP programming.

REFERENCES AND ADDITIONAL RESOURCES

Browne, E., Child-friendly spaces for adolescent girls in emergency settings. Helpdesk Research Report. GSDRC, 2013, <www.gsdr.org/docs/open/HDO932.pdf>, accessed 28 July 2015.

Cahill, H., Stretching the policy platform for adolescents. Research Report 40. Youth Research Centre, The University of Melbourne, Melbourne, 2013, <http://education.unimelb.edu.au/_data/assets/pdf_file/0005/1338467/RR40.pdf>, accessed 28 July 2015.

Cahill, H., Beadle, S., Mitch, J., Coffey, J. and Crofts, J., 2010, Adolescents in Emergencies. UNICEF and The University of Melbourne, Melbourne, 2010, <http://web.education.unimelb.edu.au/yrclinked_documents/adolescents_in_emergencies.pdf>, accessed 28 July 2015.

Plan International, Because I am a Girl. The State of the World's Girls 2013. In Double Jeopardy: Adolescent Girls and Disasters, 2013, <<http://becauseiamagirl.ca/downloads/BIAAG/GirlReport/2013/BIAAG2013ReportInDoubleJeopardyENG.pdf>>, accessed 28 July 2015.

UNICEF, Real-Time Evaluation of UNICEF's Humanitarian Response to Typhoon Haiyan in the Philippines, Evaluation Report, UNICEF, New York, 2013, <www.universalia.com/sites/default/files/rapports/fichiers/jul-2014-unicef-philippines-haiyan-rte_0.pdf>, accessed 28 July 2015.

UNICEF, The Participation of Children and Young People in Emergencies: A guide for relief agencies, based largely on experiences in the Asian tsunami response, UNICEF East Asia and Pacific Regional Office: Bangkok, 2007, <www.unicefinemergencies.com/downloads/eresource/docs/Adolescents/the_participation_of_children_and_young_people_in_emergencies.pdf>, accessed 28 July 2015.

APPENDIX A: CASE STUDY TACLOBAN CITY YOUTH HUB

APPENDIX A: CASE STUDY TACLOBAN CITY YOUTH HUB

BACKGROUND

One of the key gaps that emerged during the response to Typhoon Haiyan in the Philippines was health and social services for adolescents. Cases of adolescent pregnancy and abuse were often cited as commonplace and in need of attention, however the lack of access to services such as basic primary health care (including STI testing, prenatal care, and supported referral for adolescents) was a significant barrier.

Social barriers in the Philippines often make it difficult for adolescents to access health services. One of the ways UNICEF sought to bridge the gap was to pilot a one-stop-shop model in an urban setting. This model brings everything to one place, from fun activities to an active health clinic, providing adolescents with a protective environment to connect with people, as well as access to services in a non-threatening environment.

The idea was a good fit for Tacloban City, the urban center for young people in Region VIII where over 30% of the population are age 10-24⁹. Young people also travel from across the region to attend one of the dozens of colleges and universities in Tacloban City. In the months following Typhoon Haiyan, government, United Nations and Civil Society Organisation (CSO) partners came together to discuss the need for services.

The idea was first raised in a rural setting in Eastern Samar, and partners then explored service models such as the Aceh Indonesia one-stop-shop that was developed post Tsunami. Once government partners had consensus, they requested support from UNICEF to establish a youth center and the project was born.

OBJECTIVE

The goal of the Tacloban City Youth Hub is to create a safe space for young people to connect with each other and access the support and services they need. Social connection is a protective factor for young people, and this model combines the 'safe space' concept with direct service delivery.

The design of this project involved diverse, multi-sector partnerships. One of UNICEF's objectives was to model government and CSO coordination for effective programming, and to build consensus among stakeholders around access to services for the most vulnerable young people. This would ensure that an equity agenda be institutionalised and sustained, both in the policy and practice of the Youth Hub.



Photo: Young people gather at the site of the Youth Hub during its construction in June 2015, Tacloban City.

© UNICEF Philippines 2015/Julian Hatfield

⁹ Results of the 2010 Census of Population and Housing for Tacloban City (the most recent survey) are available online at: <https://psa.gov.ph/content/population-tacloban-city-rose-more-200-thousand-results-2010-census-population-and-housing>

ACTIONS (OF THE PROGRAMME)

The Youth Hub project is a multi-sector, complex partnership with many stakeholders. The model is managed and financially maintained by the City Government of Tacloban, however many of the programmes and services are delivered by local NGOs and youth organisations. UNICEF provides technical support to the City Government in the design of the space and the planning of its services.

UNICEF also assists in identifying and linking with local service-providers, who want to deliver activities at the site. UNICEF has acted as convener and offered technical support to approximately a dozen government offices and local organisations who have been involved in planning the Youth Hub. UNICEF also engaged an NGO to involve young people in a participatory design process, and to build the Youth Hub as a semi-permanent structure using shipping containers. All stakeholders agreed that an urban site would be most suitable for the Youth Hub, and the government presented several possible sites before one was agreed upon.

Located in downtown Tacloban City, the Youth Hub consists of two shipping containers with a health clinic, an office, workshop rooms, and open outdoor space with an urban garden and a skate park. Various youth organisations, government offices and local NGOs will be delivering a range of activities and services at the space - from skateboarding lessons and entrepreneur classes, to life skills and agriculture training. The project has developed and taken on new dimensions as various stakeholders come together and take ownership.

METHODS OF REVIEW

Through the design and development of this project UNICEF conducted informant interviews, and facilitated focus group discussions, to determine the appropriateness of the Youth Hub concept for Tacloban City.

A situational analysis was undertaken, reviewing secondary data on one-stop-shop models in the region (namely the Aceh Indonesia model), and further primary data was gathered through discussions with key government partners in the City of Tacloban. Adolescents were consulted and involved from the very beginning of the project, and have contributed in detail to the design, layout, services, and expectations of the Youth Hub.

RESULTS

Through the design and development of the Youth Hub project, several results have been achieved for adolescents in Tacloban City. The process of working with government to build consensus has raised the profile of adolescent issues in Tacloban. The planning process also provided opportunities to sharpen the technical capacity of service providers through training in adolescent participation and development. At the same time, the planning process modeled best practice in coordination and programme design. Taking the time to build relationships with government partners yielded a shift in thinking toward adolescent programming. This shift reflects a willingness to include and target the most vulnerable, rather than only reaching young people that are already well connected to information and services. The partnerships that have been developed within and

among government and CSOs have strengthened not only the Youth Hub project but also the capacity for long-term effective cross-sector programming for adolescents.

LESSONS LEARNED

Given the multi-sector nature of the Youth Hub project and the diverse, numerous partnerships it required, a great deal of time and effort were required to bring it to fruition. Here are a few key lessons we learned along the way:

(A) THE LAND CHALLENGE

Securing land for a one-stop-shop can be difficult. Investigating the ownership of the land is an important consideration given that some sites may be disputed.

If the government is offering a site, it is worth exploring the nature, history, and value of the land. Private sector land also may come with some strings attached, which is worth investigating. Obtaining a formal, written agreement on the use of the land for a one-stop-shop (including time frame and partnerships) is also important.

(B) DETERMINING LEADERSHIP

Depending on the context, it may be more appropriate for the government or a CSO to take the leadership in managing a one-stop-shop model. In this case, the City Government was an important partner. UNICEF had already provided technical support to the City Government, and planned to continue the partnership through modelling best practice in adolescent programme coordination. This model ensured a long-term sustainability for

the project through commitment from the City Government.

(C) MODELLING PARTICIPATORY PRACTICE

Through the development of the Youth Hub, UNICEF prioritised the involvement of local youth in the process, showing the value of including their voice in the design and giving them the opportunity to participate. Often the inclusion of youth voices is tokenistic and only favours those adolescents that are well-connected or represent the majority view on an issue. Making the effort to include every type of young person was a priority in this project, and has now been accepted and adopted by the government.

(D) HEALTH SERVICES IN CONSERVATIVE SETTINGS

The widespread discomfort with 'adolescent health services' in the Philippines made it clear that UNICEF would have to take a different approach to addressing the issue. Leading with a broad "health and wellbeing" agenda made it much easier to present specific services,

and made it more comfortable for government partners. Instead of directly pushing "adolescent sexual and reproductive health", we were able to explore simple examples of how to help adolescents in need. This resulted in a government-supported health clinic that provides referred STI, HIV testing and prenatal care for pregnant adolescents.

(E) MULTI-SECTOR PROGRAMMES

Coordinating a multi-sector project is far from simple. UNICEF invested a great deal of time to bring the different actors together and ensure that everyone shared the same vision for the Youth Hub concept. For example, the livelihoods and agriculture office at the City Government have one set of programmes for youth, while the social welfare department and youth organisations had a very different way of working with teenagers. Few of the groups had previously talked with one another. With the added dimension of outside NGO stakeholders, the recipe became even more complex. It took several months of meeting,

goal-setting and active follow up in order to reach a common ground necessary to set the project in motion.

(F) EMERGENCY VS. DEVELOPMENT

The idea of the Youth Hub was born about six months after Typhoon Haiyan struck the Philippines.

While UNICEF was able to use the response as an opportunity to deliver something meaningful for young people, development programming on emergency timetables with emergency funding is a challenge. It took time to build consensus with the government and engage stakeholders in order to deliver something that will truly meet the needs of adolescents. In most contexts, this project is not something that can easily be done as part of an emergency response.



Photo: Young people perform a dance at the launching of the Youth Hub.

APPENDIX B: CASE STUDY ILOILO ADOLESCENT FRIENDLY HEALTH SERVICE

APPENDIX B: CASE STUDY ILOILO ADOLESCENT FRIENDLY HEALTH SERVICE

BACKGROUND

The Philippines continues to face the challenge of meeting the Millennium Development Goal (MDG) of halting and reversing the spread of HIV and AIDS by 2015 (MDG 6). According to the 2013 UNAIDS Report on the Global AIDS Epidemic, the country is one of only nine countries globally with more than 25 percent increase in HIV incidence for more than ten years¹⁰. Furthermore, recent data shows that the HIV epidemic is concentrated among most-at-risk groups, predominantly among Men who have Sex with Men (MSM) and Injecting Drug Users (IDUs), and disproportionately represented among young people (28% among 15-14; 57% among 20-29)¹¹.

While the adoption of the Reproductive Health Law has been widely acknowledged as significantly advancing the sexual and reproductive rights for women in the Philippines, adolescent rights advocates note the concerning and restrictive articles within the Law which significantly diminishes adolescent rights to access commodities (including contraceptives, condoms) and services without the consent of a parent or guardian. While work is underway at the policy level to strengthen enabling policy environments, which supports universal access, the health service sector remains unprepared for the provision of adolescent HIV and sexual and reproductive health (SRH) services.

OBJECTIVE

In order to address these increasing rates of pregnancy, HIV and sexually transmitted infections (STIs) among teenagers, and bridge the gap for youth-friendly adolescent sexual and reproductive health (ASRH) services, UNICEF is focusing on supporting a partnership model of service delivery. This model reaches adolescents through a 'demonstration' site supported by the local government and an NGO. In partnership with the Family Planning Organization of the Philippines (FPOP), this model is underway in Iloilo province, an area with high reported rates of adolescent pregnancy and increasing trends of STIs. The programme aims to (i) provide essential HIV and SRH services for adolescent minors, including through the 2015 round of integrated HIV behavioural surveillance, and (ii) generate the programme evidence for Government investment and coordination in 2016 and beyond.



Photo: Health provider from the medical team takes the blood pressure of an adolescent client as part of the standard procedure for adolescent services, Iloilo, June 2015.

© UNICEF Philippines/2015/FPOP Iloilo

¹⁰ UNAIDS (2013), Global report: UNAIDS report on the global AIDS epidemic 2013. Available at: <http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf>

¹¹ Tina G. Santos (2014), Philippines new HIV cases 96% predominantly among men having sex with other men: Available at: <<http://www.apcom.org/Regional/PH/96percent-cases-male>>

ACTIONS (OF THE PROGRAMME)

In order to deliver services for adolescents in a challenging legislative and social environment, the Iloilo model functions as a partnership between the local Department of Health and the civil society organisation (CSO) partner. This allows young people to receive necessary treatment while simultaneously building capacity of the government in adolescent-friendly health services:

(A) GOVERNMENT'S ROLE

While government facilities are prohibited to provide health services to minors without parent's consent, there are several key areas that the local health office can be responsible for, including the procurement of commodities, provision of STI and HIV testing kits and treatment, and multi-sector coordination through local service delivery networks and referral pathways.

(B) CSO'S ROLE

The CSO is responsible for the clinical operations that directly provide ASRH and HIV services to adolescents.

Working closely with the local government, they are responsible for: outreach to young people (especially those most-at-risk); HIV counselling and testing (using kits providing by the local health office); maternal health counselling and services (including PMTCT) for pregnant adolescents; and distribution of commodities (procured by the local health office). Local youth organisations are also mobilised in demand-creation for the available health services.

(C) MECHANICS

Health practitioners and trained youth partners assess and provide counselling and facilitate signing of consent forms for adolescents. Minors are given the option to involve their parents/guardian.

If the minor refuses, dual consent will be facilitated: (i) the minor and (ii) the service provider/social worker. Services are delivered through medical missions targeting ages 10-24 and all medical practitioners are trained to use discussion tools and life skills curriculum on ASRH.

METHODS OF REVIEW

The Burnet Institute will provide the technical assistance to create a framework of the service delivery model in Iloilo. Specifically, they will deliver the following:

(A) FRAMEWORK

They will work closely with the government, civil society partners and youth networks in order to develop feasible and acceptable models.

(B) COORDINATION

Organise the series of consultations and follow up meetings in developing the framework per site; identifying protocols, guidelines and modules for the model; and propose systems to be put in place.

(C) MONITORING AND EVALUATION

Provide documentation of the program and evidence of success as well as recommendations for replication and/or scale-up.

RESULTS

In the first month of its implementation, the Adolescent Friendly Health Services model is on track. Six medical missions have been completed, with 340 young people participating in outreach and community mobilisation reaching 930 adolescents. In addition, Integrated HIV behavioural serologic surveillance has also been completed with 55 individuals.

In line with the new Philippines National Standards on Adolescent Health Services, the Iloilo model takes into account: (i) awareness of the services; (ii) youth-friendliness; (iii) respecting confidentiality; and (iv) social barriers to accessing services.

One of the results of this project is the effective partnerships between government, CSO and youth organisations to promote and provide health services for adolescents. These partnerships have been integral in engaging youth and providing social and physical access to ASRH services.

Furthermore, combining ASRH information, counselling and life skills training, with service provision, has created a holistic model that gives adolescents the literacy and comfortability to discuss their health, their experiences, as well as receive treatment. Bringing the information about the services to the communities allows young people and their families to understand the assistance that is available, while also diminishing the social and geographical barriers that often exist.

LESSONS LEARNED

(A) OVERCOMING LEGISLATIVE BARRIERS

Where legislative barriers to ASRH services exist, strong partnership models help ensure the access of minors to a range of services including HIV testing and counselling. Bringing together government and CSO facilitates trust, shared knowledge and skills development where health services for adolescents is a sensitive issue. In addition, convening diverse partners regularly to develop collective, local solutions helps demonstrate possibilities for sustainability and replication.

(B) HOLISTIC APPROACH

In a conservative context, community awareness and engagement is an important part of providing adolescent-friendly health services. Using discussion tools to approach topics such romantic relationships and using participatory methodology to enhance the life skills of adolescents increases their ability to access health services and positively cope with the outcomes they may receive (i.e. HIV positive, adolescent pregnancy).



*Usap Tayo Session facilitated by Peer Educators during the medical mission at Ardemil, Sara, Iloilo, June 2015.
© UNICEF Philippines/2015/FPOP Iloilo*

PHOTO: TACLOBAN CITY, PHILIPPINES

Youth in the streets and UNICEF Goodwill Ambassador participate in one of the sessions at a mobile child-friendly space, July 2015.

© UNICEF Philippines/2015/Joey Reyna

© United Nations Children's Fund (UNICEF)

September 2015

Published by: UNICEF Philippines
31st Floor, Yuchengco Tower
Rizal Commercial Banking Corporation (RCBC) Plaza
6819 Ayala Avenue corner Gil Puyat Avenue
Makati City, Philippines 1200

Any part of this document may be freely reproduced
with appropriate acknowledgement.

ISBN: 978-971-529-074-6

unite for
children

unicef 

