

ANNEX M: Multi-Sectoral Tool for Integrating ASRH in Emergency Responses

This is a tool referenced in the [Tools for Building Multi-Sectoral Linkages](#) section of Chapter 6: ASRH Services & Interventions. IAWG developed a multi-sectoral tool to assist SRH managers with identifying ways to integrate ASRH activities across all humanitarian sectors and identify strategies for reaching adolescents. This tool provides examples of ASRH activities that SRH managers should advocate for integrating within each humanitarian sector. The tool also provides specific activities for reaching [adolescents at increased risk](#) with SRH information and services (**in bold**). Below the table of multi-sectoral examples is a template for SRH managers to use when discussing ASRH opportunities with other sector staff, including questions to use for guiding those conversations (at the top of the template).

Purpose	This tool is intended to assist SRH managers with identifying ways to integrate ASRH activities across all humanitarian sectors, including ways to reach sub-groups of adolescents at increased risk.
Guidance	This tool provides examples of ASRH activities that SRH managers should advocate for integrating within each humanitarian sector. The tool also provides specific activities for reaching adolescents at increased risk with SRH information and services (in bold). Below the table of multi-sectoral examples is a template for SRH managers to use when discussing ASRH opportunities with other sector staff, including questions to use for guiding those conversations (at the top of the template).
Vulnerability of Adolescents	<p>Adolescents are a heterogeneous group of individuals that have unique needs and concerns and can face discrimination based on their age, sex, gender identity, disability, sexual orientation, and bodily diversity. Thus, ASRH programs must be tailored to the individual needs and risk factors of adolescents in need of SRH assistance. A “one size fits all” mentality will not be effective in addressing the SRH needs of adolescents, particularly those in the most difficult of circumstances—a humanitarian crisis. ASRH programs should aim to reach all adolescents, with particular attention on subgroups of adolescents that are at increased risk during humanitarian emergencies. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Pregnant adolescents • Adolescents with disabilities • Adolescents with diverse SRH needs (including indigenous groups, those living with Human Immunodeficiency Virus [HIV], those identifying as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ [LGBTQIA+]) • Adolescent heads of households

Examples of Multi-Sectoral Activities by Humanitarian Sector

Sector	ASRH Integration Activities
All Sectors	<ul style="list-style-type: none"> • Ensure all staff know what SRH services are offered to adolescents, where they are offered, and how to refer services that are unavailable to other facilities/organizations • Ensure information sharing and referral mechanisms are in place between health and other sectors • Train all staff on 1) the sensitivities of SRH information, particularly for adolescents; 2) impact of judgmental language, behavior, and bias on ASRH uptake; and 3) assurance of privacy and confidentiality in delivery of ASRH services • Ensure staff are meaningfully engaging adolescents and community members prior to initiating activities • Staff should share relevant ASRH data collected during focus group discussions or assessments with health staff • Educate staff on discreet locations for adolescents to receive SRH services (eg adolescent entrances, condoms in bathrooms) • Create partnerships with local youth-led organizations and community-based organizations that are addressing needs of adolescents and provide that information to relevant sector staff <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Ensure humanitarian facilities are accessible for adolescents with disabilities (eg providing ramps)
Health	<ul style="list-style-type: none"> • Work with all health staff to implement Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) components <ul style="list-style-type: none"> • Coordinate with other health organizations and local government to understand where ASRH services are available to coordinate referral mechanisms and avoid duplication (MISP Objective 1) • Ensure everyone has access to condoms; provide condoms in consultation rooms, throughout facilities, as well as in discreet locations (such as bathrooms) <ul style="list-style-type: none"> • Ensure that community distributions of condoms are always accompanied by demonstrations on how to use them • Educate health staff on other sector services that benefit adolescents in your organization's program areas • Develop and disseminate ASRH messages to share at other sector entry points • Work with non-health sector staff to design outreach services to increase ASRH service uptake <ul style="list-style-type: none"> • Consider how sexually transmitted infection (STI) services, including HIV, can be integrated into health system and facilities versus having separate, vertical structure for patients to obtain MHPSS services • Conduct anonymous/confidential exit interviews with adolescents to ensure quality service provision • Pilot test activities with adolescents to ensure they are appropriately tailored (eg have adolescents provide feedback for draft information, education, and communication [IEC] materials) <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Create tailored SRH messages, including pictorial messages, for adolescents with hearing impairments and low literacy • Map adolescent subgroups at increased risk (eg pregnant adolescents, orphaned adolescents, etc) within coordination groups/meetings to understand needs & barriers

<p>Cash and Voucher Assistance</p>	<ul style="list-style-type: none"> • Ensure cash-for-health programs include access for SRH services • Ensure minimum expenditure baskets for multi-purpose cash (MPC) assistance include the cost SRH and menstrual hygiene goods and services <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Ensure adolescents at increased risk (pregnant adolescents, adolescent heads of households, adolescent survivors of gender-based violence [GBV], etc) are prioritized and eligible for MPC • Ensure adolescents at increased risk (pregnant adolescents, adolescent heads of households, adolescent survivors of GBV, etc) are prioritized in cash-for-health programs
<p>Education</p>	<ul style="list-style-type: none"> • Make SRH services and information available in formal and non-formal schools and educational and vocational centers • Establish relationships between health staff/providers and education staff to ensure issues affecting adolescents are addressed, as well as opportunities to increase engagement/coordination between education and SRH • Tailor sexuality education and life skills curricula or programs to ensure they are age, developmentally, and culturally appropriate, as well as addressing gender diversity and inclusion <ul style="list-style-type: none"> • Discuss with community which SRH commodities might be possible to have available at education structures for adolescents (eg female hygiene supplies or condoms in bathrooms at an education center) • Teachers could have health staff visit classrooms/education spaces to deliver SRH messages and/or provide demonstrations to adolescents and young people <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Include supportive messaging for young mothers to continue education after marriage and/or childbearing • Create understanding among education staff about needs of LGBTQIA+ • Jointly research, respect, and promote traditional health practices that are helpful and strive to eliminate harmful traditional practices that adversely affect the health of adolescents, particularly adolescents at increased risk (eg adolescents from indigenous groups)
<p>Food & Livelihoods</p>	<ul style="list-style-type: none"> • Ensure adequate food and nutritional services/programs are available for adolescents • Ensure health and hygiene messages (including SRH messages and menstrual hygiene messages) are provided at cash/food/voucher distributions • Integrate SRH information into livelihood programs, especially life skills content that easily bridges both topics • Work with food and livelihoods staff to expand availability of food and cash opportunities beyond male heads of households <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Prioritize adolescents at increased risk in distribution lines (eg pregnant adolescent girls, adolescents with disabilities, adolescent heads of households, etc)

<p>Nutrition</p>	<ul style="list-style-type: none"> • Consider how nutrition programs/services can be integrated into health system and facilities (eg outpatient therapeutic programs in health centers; stabilization centers in hospitals; infant and young child feeding [IYCF] programs) • Ensure SRH messages are promoted, when appropriate, during nutrition consultations • Jointly (with adolescents/youth) develop social behavior communication (SBC)/ IEC materials that support nutrition needs and behaviors of adolescents <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Integrate pre-/post-natal consultations with nutrition services to address needs of pregnant adolescent girls • Simulate or do role-playing exercises during trainings on how to provide IYCF counseling/services to adolescent mothers
<p>Protection/MHPSS</p>	<ul style="list-style-type: none"> • Consider how MHPSS services can be integrated into health system and facilities versus having separate, vertical structure for adolescents to obtain MHPSS services • Make sure that MHPSS consultation rooms are far enough away from other rooms to allow for confidentiality and privacy for adolescents • Encourage adolescent participation in any multi-sectoral GBV prevention task force • Facilitate community dialogues and action plans where a key group of stakeholders—including adolescents/youth representatives—meet regularly to discuss challenges facing adolescents, including GBV, and develop and implement a plan to address at least one of the identified challenges <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Consider placement of child-, girl-, and women-friendly centers close to SRH services to increase access for adolescent girls • Ensure child-, girl-, and women-friendly centers provide areas/space for SRH-related activities for adolescent girls • Place social workers/other protection staff trained on counseling adolescent survivors of GBV at health facility • Utilize safe spaces to collect information on barriers to health services for adolescents at increased risk (eg adolescent survivors of GBV, adolescents selling or exchanging sex for other goods or services, etc) • Ensure MHPSS services are available for adolescents formerly associated with armed groups and adolescents who formerly perpetrated GBV

<p>Shelter and Camp Management</p>	<ul style="list-style-type: none"> • Ensure consultation with shelter advisor on design and construction of temporary/ rehabilitation of health clinics and other health structures to provide adequate privacy and space for adolescents to the extent possible (eg privacy curtains) <ul style="list-style-type: none"> • Enable opportunities for adolescents to speak about barriers and issues with camp management and coordination, including during design and construction of humanitarian infrastructure • Provide sustainable lighting throughout camp to ensure personal security of adolescents <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Ensure all adolescents have opportunity to provide input, feedback, and concerns regarding personal safety, security, and management of the camp or humanitarian setting, including adolescent girls, LGBTQIA+ adolescents, adolescent with disabilities, etc
<p>Water, Sanitation, and Hygiene (WASH)</p>	<ul style="list-style-type: none"> • Ensure safe, sex-specific hygiene facilities are available for adolescents • Consider including ASRH messages at WASH facilities, such as on the back of bathroom doors • Work with protection team to understand WASH concerns affecting adolescents' ability to use WASH facilities <p>Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Ensure appropriate washing facilities are available and accessible, including to adolescents with disabilities • Ensure adolescent girls have access to culturally appropriate, sustainable menstrual products and tools, as well as convenient sites for disposal of sanitary materials • Ensure separate girl-friendly latrines are available

Sources: This tool was adapted based on guidance from the [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) (IAWG, 2018) and supplemental materials from the [ASRH Toolkit for Humanitarian Settings](#) (UNFPA, Save the Children, 2012).

Template for Multi-Sectoral Integration of ASRH Activities

Sector	ASRH Integration Activities
<p>Questions to ask during consultations with other sectors</p>	<ul style="list-style-type: none"> • Where and when do you come in contact with adolescents? What services do you offer them? • Do this sector’s staff know what and where SRH services are provided to adolescents by your organization? And for services not provided by your organization, do they know where to refer adolescent patients? • Are you aware of opportunities for providing ASRH messages or services at your facility (eg food distribution point, livelihood program, education center)? <ul style="list-style-type: none"> • Do your program’s benefits apply to ASRH services (eg can cash programming be used for ASRH services)? <p>Questions for Reaching Adolescents at Increased Risk:</p> <ul style="list-style-type: none"> • Do you know what subgroups of adolescents are at increased risk in your organization’s program areas? • Does your programming give priority to pregnant adolescents or adolescent heads of households?
<p>Cash and Voucher Assistance</p>	
<p>Education</p>	
<p>Food Security & Livelihoods</p>	

Health	
Nutrition	
Protection/MHPSS	
Shelter and Camp Management	
WASH	

Sources: This tool was adapted based on guidance from the [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) (IAWG, 2018) and supplemental materials from the [ASRH Toolkit for Humanitarian Settings](#) (UNFPA, Save the Children, 2012).