



## CHAPTER 8: MANAGER GUIDANCE NOTES & TOOLS

We have navigated our way through the Adolescent Sexual and Reproductive Health (ASRH) Toolkit Roadmap. We have grasped the multifaceted and interrelated programmatic considerations for sexual reproductive health (SRH) managers to prioritize at the onset of a crisis and technical guidance to incorporate throughout preparedness and response interventions along the humanitarian continuum. This chapter provides SRH managers with guidance on how to apply this technical knowledge in a humanitarian crisis.

### Chapter 8 Learning Objectives

After reading this chapter, readers should be able to:

- Describe the role and responsibilities of SRH coordinators and/or managers
- Explain the main components and considerations in developing an ASRH proposal and/or adding ASRH components to a larger health/SRH proposal
- Describe typical costs associated with ASRH programs and provide justification for those costs
- Discuss importance of supportive supervision and provide examples of program implementation tools for ASRH programs

### What are the roles and responsibilities of an SRH manager?

A large component to prioritizing ASRH programming involves seeking funding, subsequently managing ASRH programs, and building and monitoring program quality. Program managers are expected to lead or assist in proposal development, including developing monitoring and evaluation (M&E) frameworks and budgets. Once funding is secured, managers recruit and supervise project staff. Through the duration of the project, managers monitor implementation through work plans, monthly and quarterly reporting, and tracking of spending—budgeted versus actual spending. During both resource mobilization and project implementation, managers coordinate with other sector managers to ensure a more integrated approach to serving beneficiaries and to maximize impact using available resources.

SRH managers also play an important role in advocating for [meaningful participation](#)—both internally within their agencies and externally. This is especially true of ASRH activities in emergency settings, where often the case still has to be made for the urgency and need of ASRH programs given other competing health priorities.

SRH managers wear numerous and simultaneous hats on a day-to-day basis. The primary roles and functions of SRH managers are:



1. **Coordination**
2. **Strategy Development**
3. **Resource Mobilization & Proposal Development**
4. **Program & Budget Management**
5. **Documentation & Dissemination of Evidence**
6. **Technical Advocacy & Representation**
7. **Technical Support & Capacity Development of Implementing Partners**
8. **Staff Recruitment, Support & Management**
9. **Procurement of Reproductive Health Commodities & Supplies**

The primary roles and functions of SRH managers are:

- **Coordination:** In line with [Objective 1 of the Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations \(MISP\)](#), SRH managers should coordinate with health, SRH, protection, and gender-based violence (GBV) stakeholders within the cluster system to collate and share data and information, design their organization's SRH response strategy and plans, and liaise and establish equitable partnerships with local community-based organizations (CBOs), including youth-led organizations and donors.
  - Represent organization's work and ASRH activities in Health Cluster, Reproductive Health Working Group, and GBV Sub-Working Group meetings, as well as other coordination meetings with the Ministry of Health. Advocate for representation of adolescents and other young people at coordination and decision-making tables.
  - Network with key donors, such as the United States Agency for International Development (USAID) [Bureau of Humanitarian Assistance](#) (BHA; replacing the Office of U.S. Foreign Disaster Assistance [OFDA]), United States' State Department's [Bureau of Population, Refugees, and Migration](#) (BPRM), [Foreign, Commonwealth & Development Office](#) (FCDO; replacing Department for International Development [DFID]), and [European Civil Protection and Humanitarian Aid Operations](#) (ECHO) at cluster and working group meetings. Submit proposals with specific adolescent considerations/funding to the flash appeal.
  - Coordinate with other sector responses within organization (health; water, sanitation, and hygiene [WASH]; shelter; food; GBV; disaster risk reduction [DRR], etc) to ensure a multi-sector approach to ASRH.
  - Coordinate with all appropriate organizational departments, such as communications and global technical teams (if applicable), on ASRH programming and developments.
- **Strategy Development:** SRH managers should work with emergency response team members to develop a strategy for integrating ASRH into emergency programming, including linkages with specific sectors. For example, in distributing clean delivery kits, condoms, and newborn kits through non-food item (NFI) distribution, SRH managers could develop a dissemination strategy to reach adolescents with information on where to find SRH commodities and services. It is also important for SRH managers to develop an exit and handover strategy for partners and local stakeholders, as this ensures communities in fragile settings are equipped to remain resilient, thrive, and take ownership of the interventions and commit to meeting quality standards for ASRH service delivery.
- **Resource Mobilization & Proposal Development:** The SRH manager must remain proactive in establishing funding requirements for SRH/ASRH activities, identifying and mapping out funding opportunities, and integrating ASRH into proposals with other technical sectors for emergency response and for transitioning toward comprehensive SRH programming and early recovery efforts. It is imperative for SRH

### KEY MESSAGE

Within the SRH Sub-Cluster, SRH managers should advocate for ASRH to be a standing agenda item and invest in adolescent leadership to engage in humanitarian and technical coordination and decision-making.

### KEY MESSAGE

SRH managers should work with SRH stakeholders to convene discussions with adolescents on financial barriers in resource mobilization, and utilize inputs from adolescents to inform fundraising strategies.

managers to advocate for ASRH funding and network with donors to make funding available and/or increase funding for ASRH. Refer to [Resource Mobilization](#) for detailed additional guidance.

- **Program & Budget Management:** The SRH manager is responsible for the SRH programmatic and financial portfolio, liaising with other members on the senior management team, and coordinating with partners and donors to ensure implementation of the [MISP](#). This includes providing technical leadership to program staff to support the preparation of proposal narratives, budget, and associated narrative and budget reports to donors. The Toolkit provides standard template tools for budgeting ASRH programming in [Budget Guidance & Design](#).
- **Documentation & Dissemination of Evidence:** These two components are fundamental responsibilities of SRH managers during all phases of the program cycle and humanitarian continuum. Documentation and dissemination require SRH managers to be proactive and diligent to ensure data is shared with and used by all ASRH stakeholders. If you do not have M&E staff to support this scope of work, refer to [Chapter 7: Data for Action](#) for detailed step-by-step guidance. Key responsibilities for documentation and dissemination of ASRH evidence include:
  - Determining ASRH needs and programmatic gaps to ensure ASRH is included in all organization proposals, regardless of the proposal's focus (health, protection, education);
  - Adapting and/or developing primary data tools—alongside adolescents/youth—so that they are relevant, friendly, and inclusive for all adolescents/youth;
  - Orienting staff and partner agency staff on the significance of utilizing and documenting ASRH activities;
  - Analyzing M&E data to propose areas of improvement and support future initiatives to assess gaps, challenges, and solutions for meeting adolescents' SRH needs; and
  - Disseminating data via donor reports and/or use for journal articles, campaigns, and advocacy strategies.
- **Technical Advocacy & Representation:** During an emergency, SRH managers advocate for initiatives aimed at ensuring women and girls have access to life-saving SRH services in line with core humanitarian principles and human rights standards. Managers need to liaise with donors within the cluster system, government line agencies, local stakeholders, and within their own organization to ensure ASRH activities are integrated into emergency response plans and initiatives. Managers may utilize the [Advocacy Toolkit: A Guide to Influencing Decisions That Improve Children's Lives](#) from the United Nations Children's Fund (UNICEF) and CARE's [Emergency Toolkit](#) to provide additional guidance on effectively advocating for ASRH in emergency settings. The [Advocacy in Emergencies](#) resource from the United Nations High Commissioner for Refugees (UNHCR) and [ASRH in Emergencies Fact Sheet](#) from the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) also provide several advocacy tips. **As a manager, representation and advocacy does make a difference to influence senior management and leadership to allocate funds! Keep persisting and use ASRH facts to pursue your case!**

- **Technical Support & Capacity Development of Implementing Partners:** Local and/or implementing partners are resilient and well versed in understanding their community. It is SRH managers’ responsibility to provide their partners with accompaniment, supervision, and support to execute their assigned roles. This includes providing technical resources, tools, training, and supportive supervision to ensure program activities are implemented in a collaborative and successful approach. Refer to the section below for detailed guidance.

### KEY MESSAGE

Per [Sphere Standards](#), all staff and implementing partners should be trained on child safeguarding and prevention of sexual exploitation and abuse (PSEA) standards and protocols. For examples of these standards and protocols, see [Save the Children’s Policy of Child Safeguarding](#) and the UN’s [Protocol on Allegations of Sexual and Exploitation and Abuse Involving Implementing Partners](#).

- **Staff Recruitment, Support & Management:** One of the priorities of an SRH manager is creating a high-functioning and supportive SRH team. An essential set of activities for recruitment, support, and management include:
  - Developing tailored job descriptions based on priorities outlined in their SRH emergency response strategy. The job description in [Annex S](#) can be adapted to ensure it is context specific and addresses the organizational standard operating procedures for humanitarian programming. In addition, [Annex L](#) outlines essential characteristics of supervisors to implement, support, and manage ASRH programming;
  - Disseminating the job descriptions, as well as developing a short-list of candidates to interview and conducting the interviews; and
  - Providing new staff with tailored onboarding plans, training, and ongoing supportive supervision. Refer to [Staff Recruitment, Support, and Responsibilities](#) for further guidance.

- **Procurement of Reproductive Health Commodities & Supplies:** There are 12 designed and pre-packaged Emergency Reproductive Health kits associated with each of the [six objectives of the MISP](#). You can refer to the [MISP Cheat Sheet](#) and [Inter-Agency Reproductive Health Kits for Crisis Situations manual](#) for a detailed description of the life-saving SRH medical drugs, commodities, and supplies. These kits are intended to speed up the procurement channels and thereby provision of reproductive health services in humanitarian settings.

### KEY MESSAGE

SRH managers should strengthen SRH commodity supply lines to ensure the full range of contraceptive methods and safe abortion methods—approved by the World Health Organization (WHO)—are available to adolescents. Managers should also transition from Inter-Agency Reproductive Health Kits to non-governmental organization or United Nations Population Fund (UNFPA) procurement channels to avoid additional costs and wastage.

## Staff Recruitment, Support, and Responsibilities

The foundational requirements of creating a robust and sustainable ASRH team in humanitarian contexts involves four important responsibilities of SRH mangers:

1. **Staff recruitment:** While it may be unlikely to recruit a position specific to ASRH, it is recommended to ensure that recruited SRH staff have some ASRH training or experience or that the organization has plans to train those staff on ASRH. [Annex S](#) provides a sample job description for a key ASRH position—an ASRH Coordinator—who will be responsible for the overall implementation of the project. Staff recruitment in humanitarian settings needs to be swift, as project timelines tend to be short and recruitment is competitive.
2. **Onboarding:** In emergencies, especially in new emergencies, high staff turnover is common. An onboarding plan is a standard tool used to efficiently and effectively orient staff to an organization and set them up on a path for success. An onboarding plan should encompass organizational standard operating procedures and the wide-range of technical, programmatic, and training aspects of their roles. It should be adapted accordingly to the strengths and areas of growth for that staff person. Refer to [Annex T](#) for an onboarding template.
3. **Staff training:** Trainings are often an essential first step of programming and an ongoing professional development process to equip staff with the knowledge and skills to initiate and sustain an ASRH project (see [Training and Capacity Building of Staff](#) for training materials and tools).
4. **Supportive supervision and mentoring staff:** Supportive supervision has been mentioned throughout the Toolkit because it is an important approach to support staff in continuously improving their work—rooted in a culture that promotes learning, teamwork, and reporting without fear. Supportive supervision and mentoring are approaches that can be utilized internally with staff but also programmatically. Refer to [Program Implementation](#) for additional guidance on supportive supervision.

### KEY MESSAGE

SRH managers should prioritize recruitment of local staff to build local capacity and create ownership of SRH services and activities, in addition to avoiding high turnover of staff.

As you can see, SRH managers wear many hats. This chapter provides further guidance on staff recruitment, resource mobilization, and program implementation, as well as tools and resources to consult for additional information.



Photo : Katie Meyer

# Resource Mobilization

The consequences of the funding gap for women and girls in humanitarian crises is alarming. Global estimate analyses by UN Women in [Figure R](#) provide information on the funding levels required for women and girls in humanitarian crises, per sector. Additionally, as mentioned earlier, the [IAWG mapping exercise](#) completed in 2012 revealed poor prioritization of SRH programming for adolescents.

Resource mobilization is critical to SRH preparedness and response plans in humanitarian crises because:

- 1. SRH services are often not at the forefront of humanitarian interventions;
- 2. Mobilizing resources is crucial to meeting the SRH needs of adolescents;
- 3. Mobilizing resources enables the scale-up and improvement of SRH services and activities for adolescents along the humanitarian continuum; and
- 4. Mobilizing resources to support ASRH interventions facilitates long-term sustainability by empowering local communities to remain resilient, engage actively, and respond to the SRH needs of their community, including adolescents.

## What is resource mobilization?

The term resource mobilization refers to “all activities undertaken by an organization to secure new and additional financial, human, and material resources to advance its mission. Inherent in efforts to mobilize resources is the drive for organizational sustainability.” The [RESOURCE Mobilization Implementation Kit](#) by John Hopkins University and Management Sciences for Health provides SRH managers with detailed guidance and templates on the resource mobilization process. The Toolkit has extracted key steps from this resource for SRH managers to use when mobilizing resources for ASRH.

## What are the steps for ASRH resource mobilization?

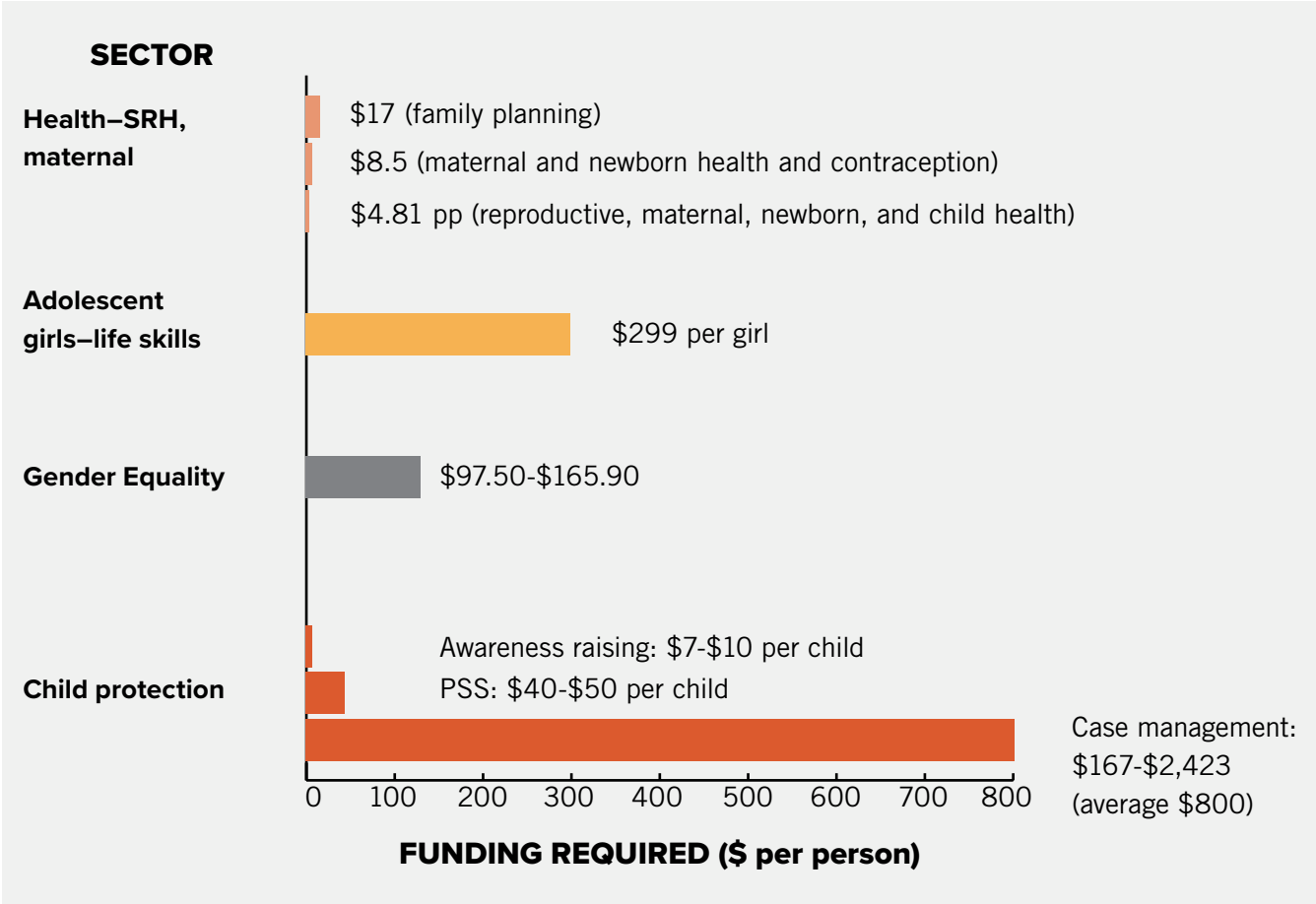
**Identify donors and funding opportunities:** Scan, track, identify, and respond to requests for proposals on ASRH. While coordinating within the cluster system during the initial onset of an emergency, SRH managers should understand and make use of the following funding mechanisms (which may vary depending on the emergency): the UN Office for the Coordination of Humanitarian Affairs (OCHA) [Flash Appeal](#), [Central Emergency Response Fund](#) (CERF), OCHA’s [Humanitarian Needs Overview](#) (HNO), OCHA’s [Humanitarian Response Plan](#) (HRP), and other institutional funding mechanisms. Note that funding opportunities may not be specific to SRH, but the MISP and ASRH standards outlined in this Toolkit can be integrated by the SRH manager into health, nutrition, gender-based violence (GBV), protection, etc proposals.

As the response continues, it is the SRH manager’s responsibility to remain proactive by identifying new donors and diversifying their organization’s donor base. Developing a resource mobilization/donor mapping tool can help track and manage the organization’s resource mobilization strategy, activities, and can analyze trends (see RESOURCE kit templates [here](#)). This approach can also be utilized as part of the organization’s disaster risk reduction and preparedness strategies before crises. A donor mapping tool can assist SRH managers in ensuring that funding is earmarked and allocated specifically for ASRH and provide flexibility in delivering SRH services, as outlined in the MISP and ASRH Toolkit.

## KEY MESSAGE

An SRH manager should diversify their organization’s donor base as part of their preparedness (and/or recovery) strategy to help secure and earmark funding to respond ASRH needs at the onset of a crisis and support program sustainability along the humanitarian continuum.

Figure R: Humanitarian Funding Levels for Women & Girls



**Network with donors:** Donors are critical partners in reaching adolescents in emergency settings. It is crucial for SRH managers to advocate for the SRH needs of adolescents in crises and ensure funding does not lag behind any further. Utilizing the evidence gathered through assessments and mapping exercises outlined in [Chapter 7: Data for Action](#) can help SRH managers reinforce the realities on the ground and spark an interest with donors to fund ASRH work and distribute calls for proposals. Regularly meeting with donors also provides SRH managers and their organizations visibility and positions them to be informed of progress, areas for improvement, and expansion of activities.

**Engage SRH and ASRH stakeholders:** Coordination—as outlined in [Objective 1 of the MISP](#) within the SRH sub-cluster, overall cluster system, and SRH stakeholders—is imperative for identifying collective funding opportunities, mapping out response activities, and creating localized partnerships for the implementation of the MISP. Mobilizing partnerships through the cluster system, inter-agency mechanisms (such as IAWG and Inter-Agency Standing Committee at the global- and country-level, particularly SRH Sub-Working Groups) before

and throughout a crisis is crucial for ensuring the MISP and ASRH priority activities are implemented from the onset of an emergency. It is important for SRH managers to engage in these coordination mechanisms and establish partnerships to ensure participation in funding allocations and logistics, specifically supply chain and procurement, and resource allocations for emergency reproductive health kits, as outlined in the MISP and [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) for each of the priority activities. SRH managers should utilize and build upon existing networks, platforms, and technical working groups for ASRH programming, including those established prior to the emergency situation.

**Contribute to proposal writing and budget development:** : After funding opportunities are identified, managers are expected to contribute to proposal writing and budget development. Donors have different proposal and budget templates that require strict adherence. SRH managers can use information from [Budget Guidance & Design](#) to develop an ASRH proposal and/or integrate ASRH activities into a larger humanitarian proposal. This section also provides tips to managers on proposal language for ASRH programs, sample activities, indicators, and timelines.

## IMPLEMENTATION CONSIDERATION

### ASRH Integration

It is unlikely that proposals, especially during the acute emergency phase, will be submitted solely for ASRH. There is a greater possibility for ASRH to be integrated into a wider health proposal, a general SRH proposal, or even a protection proposal (such as GBV or child protection). Remember, it is also important to diversify your donor base as much as possible!

Please find two examples of proposals/appeals for ASRH resource mobilization in Annex U and Annex V. [Annex U](#) provides guidance on what to include in different sections for a stand-alone ASRH project proposal. [Annex V](#) provides guidance on what to include in the different sections of an OCHA Flash Appeal proposal template.

## Budget Guidance & Design

A critical component to ensuring implementation of high-quality ASRH programming is to adequately budget for staffing and activities.

### KEY MESSAGE

Even when ASRH programming intersects with other health or protection programs, it is imperative to include separate budget lines for ASRH so there is no compromise to the level of staffing, trainings, logistics, community meetings, and other routine activities that are required to positively impact ASRH outcomes.

Programs should use the findings from ASRH assessments to design their staffing structure and budget. [Annex W](#) provides a table of guiding questions from the International Rescue Committee for using ASRH assessment findings to determine staffing and budget needs.

[Annex X](#) provides a sample budget for an ASRH program. The table includes some of the essential budget categories and budget line items to submit for a new ASRH project. To note, Annex X contains the minimum proposed budget lines. ASRH project budgets will increase or decrease based on the amount of funding available and the scope of the project.

Along with the budget, SRH managers will need to provide budget notes (also called narratives or justification), which usually accompany budgets to describe the budget line and costs. Depending on the donor, there may be a requirement to explain each budget line or category and provide justification for the inclusion of budget line items in the ASRH budget. [Annex Y](#) provides a sample of budget notes for a new ASRH project, with brief explanations of budget categories for the budget provided in Annex X. The budget notes provide guidance on line items and their associated costs.

### KEY MESSAGE

Per the [MISP](#), SRH managers should plan and budget for comprehensive SRH services, including services for adolescents, into primary healthcare interventions. This means SRH managers should assess how to provide the full comprehensive package of ASRH services, including violence prevention and care; sexually-transmitted infection (STI) prevention and care; antenatal, intrapartum, and postpartum care; comprehensive sexuality education; contraception counseling and provision; prevention of harmful tradition practices; and safe abortion care.



Photo : Save the Children

# Program Implementation

SRH managers should support their implementing partners in receiving training and tools to successfully implement an ASRH program. The success of an ASRH project, as with most projects, lies in planning and coordination. At the start of the ASRH project or when initiating new ASRH activities, SRH managers should organize a program kick-off meeting to facilitate an open and productive discussion on the deliverables and what form of ASRH technical support they may need. The two conventional interrelated approaches of strengthening the quality of program activities are training and supportive supervision of implementing partners (eg clinical health providers, community health workers, or CBOs).

**Trainings** are often conducted at the start of a project, as well as repeated throughout the project via refresher trainings. Trainings are an essential first step to equipping practitioners with knowledge and skills to initiate an ASRH project (see [Training and Capacity Building of Staff](#) for training materials, tools, and training strategies). Evidence shows that through routine supportive supervision, the most impactful form of teaching and learning is accomplished.

**Supportive supervision** is a process of helping staff of implementing partners to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of staff working at different levels of the [Social-Ecological Model](#). Experiences in various and diverse countries, including Chad, the Democratic Republic of the Congo, Pakistan, Somalia, and Yemen, have demonstrated success in using supportive supervision to enhance service provision.

Many contexts use the traditional, authoritarian style of supervision, which is more control-driven. The differences between a control approach and a supportive approach to supervision are outlined in Table 8 . Supportive supervision encourages open, two-way communication, builds team approaches, and facilitates problem-solving. In other words, **“supportive supervision is helping to make things work, rather than checking to see what is wrong.”** More guidance on supportive supervision is provided in [WHO’s Training for Mid-Level Managers](#) curriculum. Table 8 also provides further guidance on the different approaches to supervision; the Toolkit advocates for the supportive approach.

Table 8: Control Versus Supportive Approaches

CONTROL APPROACH	SUPPORTIVE APPROACH
<ul style="list-style-type: none"><li>• Focus is on finding faults with individuals</li><li>• Supervisor is like a police person</li><li>• Episodic problem solving</li><li>• Little or no follow-up</li><li>• Punitive measures are taken</li></ul>	<ul style="list-style-type: none"><li>• Focus is on improving performance and building relationships</li><li>• More like a teacher, coach, or mentor</li><li>• Use of local data to monitor program performance and solve problems</li><li>• Provide regular follow up</li><li>• No punitive measures taken—only support provided to improve behavior</li></ul>

Supportive supervision checklists are essential tools for program implementation. The ASRH Health Facility Checklist—introduced in Chapter 6 with [Annex H](#) and [Annex I](#)—can be used as an initial assessment and as a supervision checklist on a routine basis (recommended to complete every six months). Managers can also consult IRC’s [Supportive Supervision Checklist](#) for another tool for conducting supervision visits. The Toolkit also provides a sample Action Plan Form in [Annex Z](#) that can be used during supervision visits, as well as for developing, conducting, and implementing program activities.

## KEY MESSAGE

In fragile and restricted settings, SRH managers must remain creative in identifying how supportive supervision activities can be achieved when in-person support cannot be provided. Working with available technology and sharing and documenting information across the region and internationally are all helpful and cost-effective tools for achieving these objectives.

## What is an Action Plan?

An action plan allows ASRH program staff and implementing partners an outline for developing and planning ASRH programming. SRH managers can then refer to their action plan to track progress and highlight specific activities that need extra attention (this may include additional trainings for staff; procurement of additional supplies; and increased community engagement). Activities included in action plans should be time-bound—meaning they include dates by when staff will accomplish them. An action plan also states the team member responsible for the activity, so an SRH manager can follow up directly with the assigned staff on progress or challenges. The Toolkit’s Action Plan in [Annex Z](#) has a column for adolescent participation—a theme that has been highlighted throughout the Toolkit and which is critical to all activities, including program design and monitoring. SRH managers should develop their action plans with health providers, community health workers, and community representatives, including adolescent/ youth representatives, to ensure collective ownership and accountability of the project’s progress and durability.

