MULTISECTORAL COLLABORATION

What Is It?

Young people residing in urban environments are affected by complex, layered issues affecting their self-efficacy, safety, security, and health. Any program attempting to provide sexual and reproductive health (SRH) services in this complex context must take these other socio-economic factors into account. However, it is impractical for one organization to attempt to address all of these factors directly. Instead, building collaborative relationships across sectors – including municipal agencies as well as health service organizations – helps to improve SRH program outcomes.

A Socio-Ecological Framework for Adolescent Health. Source: Adapted from HC3’s Integrating Gender into SBCC I-Kit

What Are the Benefits?

- **Addressing root causes for poor SRH outcomes, like poverty and gender, results in positive behavior change.** Poverty is one of the underlying factors for poor SRH outcomes and it affects individual level factors for behavior change. Poor urban young people need multi-pronged interventions that address their economic, academic and gender considerations in order to positively affect behavior change on SRH (Beguy et al., 2014). Programs that recognize and address the relationship between SRH and a complex web of factors in the environment of urban young people are more likely to be successful (STEP UP, 2013).
• **Building social, human and economic assets for girls has a positive effect on health outcomes.** In fact, vulnerable girls are better served by structural interventions that touch on access to economic resources (Austrian & Anderson, 2014), along with improvements in SRH information, services and technologies (Population Council, 2010).

• **Building trust among urban young people is critical for SRH service uptake (Population Council, 2010).** In addition, the lack of positive adult role models and lack of confidence in civil protection or other services means that urban young people are less likely to access SRH services. Trust has been found to be a significant factor in uptake of long-acting reversible contraception (LARCs) (Sangraula et al., 2017).

### Four Pillars PLUS, Kenya and Nigeria

This school-based program brings together parents and teachers to help them understand the issues being faced by urban young people, specifically related to SRH and sexual and gender-based violence. Participating adults have learned to equitably support their children’s agency and understand the need for urban young people to have safe, judgement-free access to health and reporting services, and as a result, have earned the trust of the young people in their lives.

• **Urban municipal councils and local governments can enable better access to SRH services for urban young people.** Often, poor urban young people—especially those living in informal settlements, on the street or recent migrants—face harassment from law enforcement authorities and do not have protection from violence and exploitation. Working with and advocating to municipal authorities and other local government bodies can enable vulnerable urban young people to obtain formal identification papers; access social services; get recourse for and protection from violence or sexual coercion; and access vocational training, savings mechanisms or income generation schemes.

### How to Implement?

**Locate and partner with people and organizations that can address urban young people’s concerns**

After **working with young people** to identify their specific barriers and concerns, it is critical to follow up on those concerns even if they fall outside of your program’s direct mandate. Partnerships can be established with:

• Organizations working on poverty reduction, livelihoods, and/or food security

• Organizations working on financial literacy and/or financial institutions providing savings and loans

• Organizations led by young people residing in urban environments working on a variety of issues

• Organizations providing legal services or awareness training (for example, on employee rights, domestic workers’ rights and sexual harassment, voting rights, and recognized legal status for migrants)

• Municipal authorities and organizations that can assist young people with obtaining formal identification papers

• Organizations that address other issues, such as harm reduction and/or drug overdose facilities for urban young people who use drugs; literacy and numeracy skills for school drop-outs; scholarships and/or re-introduction into the educational system, especially for girls who are or were pregnant; and shelter and sanitation facilities for street connected or homeless urban young people
Put in place strategies for building girls’ assets

The process of empowerment is multi-dimensional. Building girls’ economic assets along with their social and human assets is important for achieving long-lasting impact on SRH. **Social assets include relationships and social networks.** Human assets include skills, knowledge and self-esteem, which are supported by **comprehensive sexuality education.** Access to income-generating activities for girls as well as boys can reduce poverty, give disenfranchised youth a sense of agency, and provide the opportunity for integration of SRH information and services (**STEP UP, 2013**).

**The Binti Pamoja Center, Kibera slum, Nairobi, Kenya**

The program trains young women on reproductive health, HIV awareness, financial education, and leadership and communication skills. It then provides a stipend to the young women who have graduated from the program to run their own girls’ groups within their communities. This process of building participants’ social, human, and financial assets has resulted in positive health outcomes in relation to unwanted sex, pregnancy and educational achievement.

Work with the government sector to strengthen urban health systems to be more youth-friendly

Existing health structures could be more welcoming to young people residing in urban environments if outreach and service workers had greater capacity and awareness of how best to work with youth. Refer to WHO’s **Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance** document for recommendations institutionalizing national adolescent health programs and adopting an “Adolescent Health in All Policies (AHiAP)” approach for policy formulation, implementation, monitoring and evaluation.

Tools Related to This Approach

- **Reproductive Health Lessons: A Supplemental Curriculum for Young People**, International Youth Foundation

References

- Austrian & Anderson (2014) **Barriers and facilitators to health behaviour change and economic activity among slum-dwelling adolescent girls and young women in Nairobi, Kenya: the role of social, health and economic assets**
- Beguy (2014) **Unintended pregnancies among young women living in urban slums: evidence from a prospective study in Nairobi City, Kenya**
- Population Council (2010) **Understanding adolescent girls’ protection strategies against HIV: An exploratory study in urban Lusaka**
- Sangraula et al (2016) **Integrating Long Acting Reversible Contraception (LARC) Services Into New York City School-Based Health Centers (SBHCs): Quality Improvement To Ensure Provision of Youth-Friendly Services**

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