



# HC3 in Action

## Supporting Youth Health with SBCC

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# INTRODUCTION

Adolescents and youth, ages 10 to 24, make up a quarter of the world's total population. They are a driving force, shaping our global future. The Health Communication Capacity Collaborative (HC3), the United States Agency for International Development's (USAID) flagship program for social and behavior change communication (SBCC), uses new, innovative and sustainable ways to reach youth and adolescents in support of [USAID's Youth in Development Policy](#).

HC3 has developed tools that can be adapted by program managers to ensure SBCC programming for youth is based on evidence and strategic principles. This brief, part of the "HC3 in Action" series, describes key examples, challenges and insights from initiatives across the HC3 project that improve sexual and reproductive health outcomes for youth and adolescents.

## Acronyms

AGYW	Adolescent Girls and Young Women
App	Application
CCP	Johns Hopkins Center for Communication Programs
DHS	Demographic and Health Surveys
FP	Family planning
HC3	Health Communication Capacity Collaborative
I-Kit	Implementation Kit
LARC	Long-acting Reversible Contraceptive
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
Phect-NEPAL	Public Health Concern Trust-NEPAL
SBCC	Social and Behavior Change Communication
SHIMS	Swaziland HIV Incidence Measurement Survey
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHIP	Western Highlands Integrated Program



A girl in Tete, Mozambique. © 2011 Arturo Sanabria, Courtesy of Photoshare.

## Health Topics Included in this Brief





## How Super Go Created HIV Prevention Ripples among Youth in Côte d'Ivoire

HC3's goal in Côte d'Ivoire is to reduce vulnerability to HIV among higher-risk populations, including young girls. **Super Go** ("Go" is Ivorian colloquial for Girl) is a community-focused SBCC activity that empowers girls aged 15 to 24 to make the best possible decisions at critical moments:

- delay first sexual experience,
- use condoms and
- negotiate safe sex.

Through health education, entertainment and group trainings, Super Go engages girls in rich conversations and role plays covering a wide range of themes including reproductive health, family planning, gender and HIV. Young girls and women practice negotiation and gain the competence to prevent sexually transmitted infections, HIV and unwanted pregnancies regardless of HIV status.

### Drawing in New Participants

Super Go activities were originally designed for girls not enrolled in school. However, the amusing role plays and judgement-free discussions of culturally taboo topics attracted students as well. Super Go facilitators quickly became aware that some girls were indeed students pretending to be non-students to participate. In addition, the project found evidence that a large number of unwanted and early pregnancies occur among students: Côte d'Ivoire registered 5,076 cases for the 2012-2013 school year according to the Directorate of Planning, Evaluation and Statistics. In 2014, HC3 and implementing partners officially expanded Super Go to include in-school girls.

***As a result, the program reached 51,393 young girls from October 2015 to September 2016, exceeding its objective by over a thousand. About 37 percent of participants tested for HIV and 99 were HIV positive. Since Super Go's start in 2013, 113,230 young girls have been reached and 43,952 of them have agreed to test for HIV. In-school girls account for about 20 percent of the participants.***

### Testing Out a New Approach: Super Boyfriends

To improve negotiation for condom use, Super Go facilitators and implementers began to invite participants' boyfriends, though facilitators were unsure if boyfriends would attend and if girls would talk freely in their presence. Despite these apprehensions, several Super Go sites tested the approach.

## Steps to Success

### For HIV Prevention among Young Girls

- Carefully monitor the program, tracking both intended and unintended effects
- Consider whether HIV prevention activities have the potential to reach important secondary audiences, such as young men
- Examine available evidence along with program documents when adjusting activities

## Resources for Success

### For HIV Prevention among Young Girls

- [Engaging Community Leaders to Provide a Safe and Supportive Environment for Adolescent Girls and Young Women](#) and a [Train the Trainers Guide](#)
- ['I Was About to Stop Using Condoms'](#)
- [When Boyfriends are Brought into the HIV Conversation](#)



*The Super Go program now includes students as well as non-students.*

Surprisingly, Super Go facilitators found that some boyfriends do join and they engage in the role play, provide feedback and create a lively atmosphere. Although including boyfriends has not yet been adopted across the program, this experience suggests that reaching young couples together for HIV prevention may be a promising approach. Ongoing feedback, research and program evaluations are critical components of Super Go's continued success. Testing and monitoring the program's approaches allowed program implementers to see Super Go's ripple effect and to reach a larger audience.



## How Community Mobilization Generated Demand for VMMC in Mozambique

A large body of evidence has demonstrated the power of voluntary medical male circumcision (VMMC) as an HIV prevention intervention. Reaching males aged 15 to 29 is a priority as this age group has the largest potential for immediate impact in reducing HIV ([PEPFAR, 2016](#)).

In Mozambique, HC3 has provided communication support to USAID's VMMC program in Manica and Tete provinces since late 2015. HC3 conducted activities to:

- increase uptake of VMMC among 15 to 29 year-olds,
- improve the quality of in-service communication and counseling and
- ensure that counselors provide age-appropriate information for younger audiences (ages 10 to 14).

***In just one year of partnering with AIDSFree, a VMMC service provider, services among young men dramatically increased. In Manica, VMMC services for 15 to 29 year-olds increased from 6,463 in 2015 to 9,127 in 2016. In Tete, services increased from 3,040 in 2015 to 4,601 in 2016.***

### Strengthened Community Mobilizers

Site-level data revealed the critical role of community mobilizers (“activistas”) as a key source of referrals. Yet when mobilizers failed to follow up or lacked training for the priority age group, potential clients were lost. To strengthen community mobilization, HC3 recruited more mobilizers with secondary education who were satisfied VMMC clients and replaced poor performers. Ongoing evaluations, supervision, improved subsidies, better training, job aids and accessories allowed mobilizers to achieve better results.

### Activated Mobile Brigades

Transport is a common barrier to VMMC service uptake. Fortunately, circumcision procedures no longer require a static facility setting. HC3 and AIDSFree formed 15 mobile brigades staffed with clinical providers, counselors and community mobilizers operating throughout Manica and Tete. Working with community leaders greatly contributed to the success of mobile brigades.

### Personalized Mobilization in Public Spaces

HC3 community mobilizers also reached youth in public spaces, including markets, schools, workplaces and events. For example, by participating in a local music festival (“Super Bock Super Rock”) an additional 200 clients received VMMC. HC3 also created invitations with a specific mobilizer’s

## Steps to Success

### For VMMC Demand Generation among Youth

- Ensure that community mobilizers are trained to communicate age-appropriate information
- Reduce the travel barrier by offering VMMC at places convenient and feasible for youth or by offering transportation
- Build satisfied youth client testimonials into interpersonal communication and mass media

## Resources for Success

### For VMMC Demand Generation among Youth

- [Voluntary Medical Male Circumcision In-Service Communication Best Practices Guide](#)
- [Adolescent Sexual and Reproductive Health Services and Implications for the Provision of VMMC: Results of a Systematic Literature Review](#)
- [Meeting Adolescents’ Needs: Findings from a Three-Country VMMC Assessment Webinar](#)
- [Technical Considerations for Demand Generation for VMMC in the Context of the Age Pivot](#)



*An activitsta speaks with young men at a bus stop.*

contact information, which allows interested clients to have a more private channel to ask questions and register.

### Leveraged Satisfied Client Testimonials

Amplifying the voices of satisfied clients was a key strategy in improving VMMC uptake. Male mobilizers who had been circumcised provided information as well as personal stories to address concerns about the procedure for potential clients. HC3 has also produced videos of satisfied client testimonials to share at mobilization meetings, in health center waiting areas and on social media.



## How Empowerment Reduced HIV Vulnerability among Adolescent Girls and Young Women in Swaziland

Swaziland has the highest prevalence of HIV in the world and prevalence among 20- to 24-year-olds is five times higher among females (20.9 percent) than males (4.2 percent). ([SHIMS2, 2017](#)). Reducing the high rate of HIV among adolescent girls and young women (AGYW) is crucial to address Swaziland's HIV crisis.

With PEPFAR funding from USAID and the DREAMS Partnership, HC3 is reducing AGYW vulnerability to HIV and empowering AGYW and community leaders.

### Community Leaders as Advocates

HC3 Swaziland fosters local ownership and accountability for HIV prevention among AGYW by working with community leaders in 19 local government areas. HC3 developed and used a community leaders manual to increase leader awareness of the vulnerabilities that young women face and actions to protect them. With capacity for community engagement and action planning, community leaders became strong advocates in addressing the social and gender norms that place AGYW at risk, and in working towards greater acceptance of HIV risk reduction.

***HC3's work with leaders reached a total of 5,526 leaders in 2016 and 2017 and was recognized by community and national leaders.***

The Minister for Tinkhundla and Development said, "The presence of HC3 made me realize the need to fast track



*Adolescent girls and young women participating in weekly self-help groups gain financial literacy and business skills.*

### Steps to Success

#### For Reducing AGYW HIV Vulnerability

- Engage revered community members with the credibility needed to convey messages that protect AGYW
- Analyze and address the economic and social contexts that influence youth HIV infections

### Resources for Success

#### For Reducing AGYW HIV Vulnerability

- [Young Women's Saving and Empowerment Clubs – Guide for Mentors](#)
- [Engaging Community Leaders to Provide a Safe and Supportive Environment for Adolescent Girls and Young Women](#) and a [Train the Trainers Guide](#)
- [Swazi Girls4Health – A Standardized Module for Interpersonal Communication](#)

enactment of the Sexual Offences Bill. The gender and HIV workshop opened my eyes on how urgently the country needs the bill to contribute to the reduction of HIV infections in the country."

### Economic and Social Empowerment

For AGYW in Swaziland, access to money is a significant barrier to HIV risk reduction. To foster a savings culture among AGYW, HC3 conducts financial literacy and business skills self-help groups. In these weekly groups, participants gain skills to strengthen their economic assets, strategies to prevent HIV, assertiveness for communicating their needs and wants, job skills such as resume development and interview techniques and networking with mentors. HC3 also partnered with the Ministry of Commerce and Industry to train AGYW in handicraft, horticulture, business management, aftercare and innovation.

HC3 activities also encourage young women to lead community activities that increase awareness and stimulate open discussion on the HIV issues affecting them.

***HC3 community engagement activities in Swaziland reached 49,264 people from 2015 to 2017. A total of 6,856 were tested for HIV and 218 tested HIV positive.***



## How FP INFOcus Increases Youth Contraceptive Knowledge

Improving youth access to long-acting reversible contraceptive methods (LARCs) can have a crucial impact in youth sexual and reproductive health by reducing unintended pregnancies, unsafe abortions and morbidity and mortality rates ([FP2020, Global Census](#)).

Through formative research, HC3 identified multiple barriers to LARCs uptake among youth:

- Health care providers hold cultural beliefs that deem contraception as inappropriate for youth.
- Both providers and young people are often unaware that LARCs are safe and effective for young clients, including those that have not yet had children.
- Furthermore, there were no materials available at the time designed to promote LARCs as a contraceptive choice for youth.

When HC3 pretested its collection of LARCs for youth tools, youth audiences in Nigeria expressed interest in receiving LARC information through more modern channels, including mobile phones, serial dramas and social media. They also wanted to learn about other young people's experiences with contraception.

HC3 saw an opportunity to create a tool that encouraged young people to produce and promote mobile phone videos that share contraceptive information and model essential skills. This was the birth of HC3's Family Planning (FP) INFOcus Guide, which provides step-by-step information and identifies the key considerations for reaching peers through digital storytelling. The guide is designed for self-led rather than facilitated learning and ensures that the videos produced are effective and communicate accurate information.

### Mobile First

The FP INFOcus Guide uses a "mobile first" approach, so videos are filmed, shared and viewed with mobile phones. They are designed with mobile phones in mind, but can be adapted for larger screens. Young people interested in capturing genuine stories for their peers can easily create and share mobile first videos because the method is a relatively easy, quick, low budget and relies on technology that many already have in their pockets. Mobile phones are also a preferred channel among youth for learning about health and sexuality since they provide a private space to get personal information.

## Steps to Success

### For Promoting Contraceptive Choice

- Involve a youth-led organization in design and development of materials intended for youth
- Take advantage of growing mobile and social media popularity among youth by using a mobile first approach
- Create or adapt tools that address provider-related barriers to LARC uptake

## Resources for Success

### For Promoting Contraceptive Choice among Youth

- [FP INFOcus Guide](#) and [Videos](#)
- [LARCs for Youth Materials](#)
- [SBCC Capacity Strengthening in Action: Distributed Social and Behavior Change Communication Capacity Enables Nepal's Young Married Couples to Make Smart Family Planning Choices](#)



*HC3 and HACEY celebrate the successful FP INFOcus pilot workshop.*

### For Youth, By Youth

HC3 decided to partner with [HACEY Health Initiative](#), a youth-led organization in Nigeria, to pilot FP INFOcus. In February 2017, HC3 facilitated a week-long workshop with 14 youth champions from across Nigeria. Youth leaders from HACEY and other youth participants were briefed on key LARC facts. With training, they defined their intended audience, selected topics to address in the videos, developed a creative brief and storyboard, and recorded and edited two sample scripted videos. Using the approach they learned in the workshop, the HACEY team developed

## Partner Spotlight: Phect-Nepal Uses HC3's Demand Generation I-Kit to Develop a Mobile App for Youth

three additional videos, including testimonial videos with young implant users and a Q&A video with national experts. In addition to creating these videos, youth participants contributed to HC3's FP INFOcus Guide.

Partnering with a youth-led organization presents a unique set of opportunities and challenges. Cori Fordham, an HC3 Program Officer who co-facilitated the FP INFOcus pilot workshop in Nigeria and authored the FP INFOcus Guide, noted that youth have high levels of energy and creativity, and are uniquely placed to develop content that will resonate with their peers. She also explained that "There are many young people who are interested in or currently promoting health in their community. Our hope is that both video novices and experts could pick up this Guide and use it to improve FP knowledge and attitudes from other young people—or 'from the source.'"

***Ultimately, the HACEY partnership proved that the FP INFOcus approach can successfully engage youth audiences, from planning to production to promotion. The result? Genuine challenges and solutions told from the perspective of those who understand the audience the best.***

### Provider Tools

To address provider-related barriers to LARC uptake among youth, HC3 created adaptable SBCC materials that can be used by FP program managers:

- A three-minute animated video that demonstrates effective ways to talk to young women about LARCs and discussion guide for providers.
- A video discussion guide that helps program managers or health facility senior staff facilitate deeper dives into the video's key messages, including provider bias.
- A take-home brochure that provides information on LARCs for dissemination to youth in clinic or non-clinic settings.
- Seven LARC posters that encourage young women to talk with a healthcare provider on the benefits of LARCs.

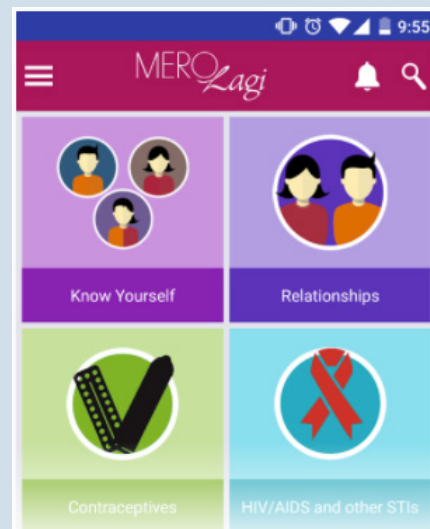
The entire suite of materials is meant to be adaptable according to specific contexts and interventions' needs.

***Since its launch in April 2016, this collection has been adapted 29 times for audiences in over 20 countries.***

Mobile devices are increasingly becoming the dominant source for information sharing. Today in Nepal, about 80 percent of youth ages 15 to 24 in urban areas and about 60 percent in rural areas own mobile phones. Adolescents and youth are by nature curious about sexual issues and it is easy to access sexual content online and from social media. However, young people may not find correct and credible answers to their questions regarding sexual and reproductive health practices. To provide youth with access to credible and correct information about reproductive and sexual health, Public Health Concern Trust-NEPAL (phect-NEPAL) decided to develop an Android-based mobile application (app).

The app, named Mero Lagi which means "For Me" in Nepali, is attractive and includes clear and correct health information that adolescents can easily understand and relate to. In developing the Mero Lagi app, phect-Nepal followed the steps recommended in the [Demand Generation Implementation Kit \(I-Kit\) for Underutilized, Life-Saving Commodities](#), which was developed by HC3 with support from USAID and the United Nations Children's Fund (UNICEF).

Read more about it in the case study, [Development of an Android Mobile Application for Adolescents and Youth on Sexual and Reproductive Health in Nepal](#).



*The Mero Lagi app is available to download in both Nepali and English, free on Google Play™.*

# ESTABLISH HEALTHY HABITS FOR YOUNG COUPLES



## How Two National Campaigns Used the First 1,000 Days to Create Lasting Impact

For many cultures, the coming of age from youth to adulthood is an exciting period of life. At the individual-level, it is a time of rich potential and aspirations. And collectively, youth and adolescents may bring out new generational norms. Marriage is an especially important milestone for young men and women and a window of opportunity to introduce lasting health behaviors.

In Guatemala and Nepal, HC3 strategically focused on improving health outcomes during the “first 1,000 days” of a young family (from pregnancy until a child is two years old).

### New Generations, New Aspirations in Guatemala

The Western Highlands Integrated Program (WHIP) supports USAID Guatemala to address malnutrition and other developmental challenges in the Western Highlands of Guatemala. In a pre-strategy situation analysis, HC3 found that new mother and father aspirations are more hopeful than those of previous generations. Although young mothers (ages 17 to 25) desire better living conditions for their children and know benefits of nutrition behaviors, they have little decision-making power to practice them.

To strengthen the health impact for first 1,000 day outcomes, HC3 collaborated with a dozen WHIP partners to create a [Participatory Communication Strategy](#). The strategy focuses on transforming the home into the “heart of change” by appealing to young family aspirations and deepening the involvement of key influencers and decision-makers:

- mothers-in-law/grandmothers
- young fathers
- religious and community leaders and
- development and health volunteers.

The strategy itself is also aspirational, named *Juntos Prosperamos* (“Together We Prosper”) for uniting the efforts of each WHIP partner to transform the prosperity of villages and the well-being of families.

HC3 identified radio as a widely accessed media channel throughout the Western Highlands, with health being the most popular with listeners. So the project worked with radio stations to create *La Chispa del Cambio* (“Spark of Change”), a 20-episode radio program that explored the journey and adventures of an Altiplano family from the Guatemalan Highlands – their love stories, challenges and struggles to achieve family well-being and good health.

## Steps to Success

For Establishing Healthy Habits for Young Couples

- Appeal to young family aspirations that are supported by healthy choices and behaviors
- Select a mix of channels that reach youth and create communication and dialogue legitimizing new norms

## Resources for Success

For Establishing Healthy Habits for Young Couples

- [Guatemala Participatory Communication Strategy](#)
- [Smart Couple SBCC Spotlight](#)
- [How to Develop a Channel Mix Plan](#)

*The launch in February 2017 drew more than 250 people, including Mayor Pedro Raymundo Cobo, Indigenous Mayor Miguel Rivera Solis, representatives from the Ministry of Health, community leaders and community facilitators of USAID partner projects – Paisano, Agexport, Nutrisalud, HEP+ and HC3.*

A TV series, titled [Seeds of Change](#) was also produced and aired on local cable TV, presenting the life stories of 11 men and women who dared to change their behavior and experienced the benefits of it.

To supplement mass media channels, the WHIP Participatory Communication Strategy equipped community facilitators with a tablet app that has stories of positive change for discussion groups and home visits. Dialogues among couples, men, grandmothers and religious and indigenous leaders were also held to foster communication at the household and community levels.



*HC3 and partners launched an engaging radio magazine program, “The Spark of Change” on health behaviors.*



### A Winning Channel Mix for Young Couples in Nepal

Based on data from the Nepal DHS showing that women and couples under 30 have the lowest contraceptive prevalence rate (DHS, 2011), HC3 focused its Smart Jeewan (“Smart Life”) campaign on these young couples. The campaign showed how family planning fits in with life goals and provided practical information on contraceptive methods so couples could make intelligent decisions on the appropriate method for their life-stage.

The Smart Jeewan campaign combined high-profile events with a digital campaign and focused district outreach efforts to maximize contacts with young 1,000 day families.

In one of the campaign’s Smart Jeewan Mela (“Smart Life Fair”) events, held in Tulsipur Dang, a crowd of over 30,000 attendees watched a skit with actors from a popular local TV comedy series. Attendees also enjoyed musical performances illustrating the value of family planning and received free family photos. By engaging celebrities popular among young people and using mass media channels (television, radio and outdoor advertising), the Smart Jeewan campaign gained significant public attention.

Smart Jeewan’s digital campaign also specifically targeted young 1,000 day couples, reaching 5.8 million Facebook users. In addition, over 6,000 couples downloaded the project’s “Smart Dampati” (Smart Couple) mobile app.

HC3 Nepal project partners worked with local health officials and private sector organizations as well. These efforts aimed to reach young 1,000 day couples in 13 targeted districts.

**Smart Jeewan’s wide exposure and intense outreach approaches have produced steady increases in young couple contacts and referrals since it launched in August 2015. In a cohort study of married young families in six HC3 and six control districts, current contraceptive use was found to increase from 26 percent at baseline to 35 percent at endline among all young couples aged 18 to 24 (see Figure 1).**

**Survey results showed that among young cohabitating married couples with one child, contraceptive use was 68 percent among those of who recalled the Smart Jeewan media campaign (versus 52 percent among those who did not recall the campaign). Among all young couples with a recent delivery, postpartum FP use at six months was 40 percent among those who reported face contact with any HC3 community volunteer workers (versus 28 percent of those who had no contact).**

Smart Jeewan’s overwhelming success also earned it the prestigious Flame Award (Gold), recognizing it as the best Social Development and Corporate Social Responsibility campaign of 2017 in competition’s Emerging Markets/South Asia category.



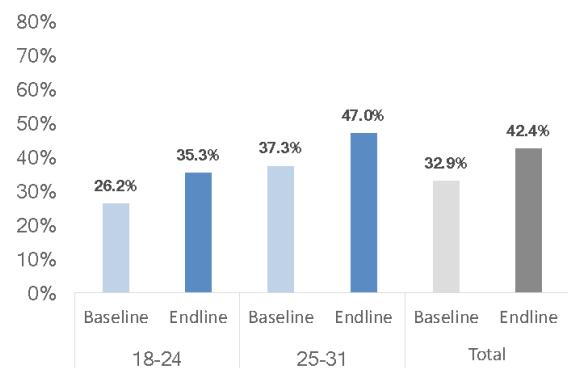
Smart Jeewan was awarded the Flame Award, for best Social Development and Corporate Social Responsibility campaign.

### Entering the Conversation Video Case Studies from Nepal

In three short video case studies, we meet couples in dialogue with the HC3 program in Nepal. We join Peer Facilitators as they “enter the conversation” on health with several young couples, each considering the best course of action to meet their life goals.

- [New Baby, New Parents](#)
- [Towards a Brighter Future](#)
- [Pratima’s Community](#)

Figure 1: Current use of any contraceptive method by age (baseline married young families cohort vs. endline)



# CONCLUSION

Young people are not only critical audiences with unique developmental health needs, but are also powerful actors in the development of the communities and countries they live in. With youth and adolescents making up so much of the global population, ensuring the prosperity of young people becomes an investment in the prosperity of the world. As described in [USAID's Youth in Development Policy](#), this “demographic opportunity” can only be achieved if young people are supported, protected and prepared.

From promoting HIV prevention to contraceptive choice to nutrition behaviors, HC3 has strengthened capacity for youth-focused SBCC to improve a variety of health outcomes. Through these experiences, several promising approaches applicable to any youth program have come into focus. When programming meaningfully engages youth, works across various socio-ecological levels, is carefully monitored and reaches youth during critical windows of opportunity, it supports young people in making a safe and productive transition to adulthood.

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## About HC3

HC3 is a five-year, global project funded by USAID led by the Johns Hopkins Center for Communication Programs (CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR and Internews. It is designed to strengthen developing country capacity to implement state-of-the-art SBCC programs. HC3 fosters vibrant communities of practice at the national, regional and global level that support improved evidence-based programming and continued innovation. More information is available at: <http://healthcommcapacity.org>.

## About the HC3 in Action Series

The HC3 In Action series documents and synthesizes HC3's experiences and lessons learned on topics that cut across the project's diverse portfolio of activities. Each brief draws from HC3's work in 34 countries as well as initiatives, tools and resources developed at the global level.



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