

# Urban Adolescent SRH SBCC I-Kit Pilot Qualitative Research & Case Study Report



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**USAID**  
FROM THE AMERICAN PEOPLE



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**Cover photo:** Mpanazava Eto Madagasikara and Projet Jeune Leader at an I-Kit pilot experience-sharing workshop with HC3 in Madagascar. © 2016, Mohamad Sy-Ar, all rights reserved.

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## ACRONYMS

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<b>DHS</b>	Demographic and Health Survey
<b>EBM</b>	Elder Branch Manual
<b>EE</b>	Essential Element
<b>FHOK</b>	Family Health Options Kenya
<b>FP</b>	Family Planning
<b>FTBM</b>	Free to Be Me
<b>GI</b>	Group interview
<b>GREAT</b>	Girls, Reproductive Health, Empowerment, Access and Transformation
<b>HC3</b>	Health Communication Capacity Collaborative
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDI</b>	In-depth Interviews
<b>IPPF</b>	International Planned Parenthood Federation
<b>ISE</b>	Integrated Sexual Education
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender
<b>MEM</b>	Mpanazava Eto Madagasikara
<b>MJCD</b>	Mutuelle de Jeunes Chrétiens pour le Développement
<b>MMC</b>	Modern Method of Contraception
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-governmental Organization
<b>OSV</b>	Organisation pour le Service et la Vie/Jordan
<b>PJL</b>	Projet Jeune Leader
<b>PP</b>	Pilot Partner
<b>PSI</b>	Population Services International
<b>SBCC</b>	Social and Behavior Change Communication
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infection
<b>TA</b>	Technical Assistance
<b>TFR</b>	Total Fertility Rate
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>WAGGGS</b>	World Association of Girl Guides and Girl Scouts

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## INTRODUCTION

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In 2016, the Health Communication Capacity Collaborative (HC3) project worked with five Pilot Partner (PP) organizations in Benin, Madagascar and Kenya to apply HC3's **Urban Adolescent Sexual and Reproductive Health (SRH) Social and Behavior Change Communication (SBCC) Implementation Kit (I-Kit)** to an existing project in its portfolio. The purpose of the I-Kit, available in English and French, is to strengthen program managers' and youth organizers' capacity to create or strengthen SRH SBCC programs for urban adolescents aged 10 to 19.

The I-Kit includes explanatory text to provide users with an overview of SBCC and SRH, seven SRH SBCC program design Essential Elements (EEs), practical worksheets, links to relevant external resources and illustrative examples based on a fictional scenario. The goal of the PP program was for HC3 to understand how organizations might use or adapt the I-Kit according to real project, country and work circumstances.

In Benin, HC3 worked with La Mutuelle de Jeunes Chrétiens pour le Développement (MJCD) and the Organisation pour le Service et la Vie (OSV-Jordan). In Madagascar, HC3 worked with Projet Jeune Leader (PJL) and Mpanazava Eto Madagasikara (MEM). In Kenya, HC3 partnered with Family Health Options Kenya (FHOK). Each PP selected relevant I-Kit sections to apply to its work, oriented its staff to the I-Kit and received HC3 technical support throughout the process. HC3 provided remote technical assistance (TA) on roughly a biweekly basis through email, Skype and phone calls, and on-site TA in Benin in April 2016, in Madagascar in May 2016 and in Kenya in September 2016.

The PP program included the following monitoring and evaluation (M&E) components:

- Pre- and post-tests to quantify learning and I-Kit experience among the PP staff
- Documentation of project progress through activity-specific monitoring and evaluation sheets
- A final report summarizing each PP's I-Kit experience
- A post-project qualitative study to capture PPs' experiences and perceived SBCC capacity strengthening

This report focuses on the latter qualitative study.

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## COUNTRY CONTEXTS

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The I-Kit pilot activities and this study took place with organizations in Benin, Madagascar and Kenya. These countries were selected as focal countries in coordination with USAID and in alignment with the United States Agency for International Development (USAID) Mission's priorities in each nation. Each country presents a unique SRH backdrop for adolescents, and it is helpful to have a contextual snapshot in mind before introducing the qualitative study and its results.

Of the three countries, Benin has the highest total fertility rate (TFR) at 4.9 children per woman; this rate is closer to 4 in urban locations and closer to 3 among women having a secondary education. Only 9.5 percent of adolescent women (aged 15 to 19) use a modern method of contraception (MMC), and 32.6 percent of women report an unmet need for family planning (FP)—also the highest rate of the three countries. The median age at first marriage for women is 19.8 years, and 21 years in urban areas. The median age for first sex is 18.4 years for women and 19 years for men. Approximately 13 percent of women have had sex by age 15. Among adolescents, 17 percent have already had a child or were pregnant with their first child. Adolescent fertility, age at first sex and age at first marriage are highly influenced by a woman's education level; 32 percent of young women with no education were mothers or were pregnant by adolescence, compared to only 3 percent among adolescents with at least a secondary level of education (Benin Demographic and Health Survey [DHS], 2011-2012).

In Madagascar, TFR is 4.1 children per woman, and lowers to 2.7 in urban areas (Madagascar Malaria Indicator Survey, 2016). Per the 2008 DHS, just 7.5 percent of adolescent women use an MMC, and 19 percent of Malagasy women have an unmet need for contraception. The median age at first marriage for women is 18.9 years overall and 20.4 years in urban areas. This is younger than for men, whose median age at first marriage is 22.8 years and 24.8 years in urban areas. Approximately 11 percent of women are married by age 15. The median age for first sexual intercourse was 17.3 years for women overall, and 18.3 years for urban women, which is slightly younger than for men (18.1 and 18.5 years, respectively). The median age for a woman's first birth was 20.1 years; a staggering 57.3 percent of women were either pregnant or have had their first child by age 19—by far the highest proportion of the three countries.

Kenya's TFR is lower than Benin's and Madagascar's, at 3.7 overall, and at 2.8 children per woman in urban areas. Similar to the figures in Benin, 9.3 percent of adolescent women in Kenya use an MMC and, closer to the numbers in Madagascar, 17.5 percent of women report an unmet need for FP. A woman's age at first marriage is highest of the three nations, at 20.2 years, which increases to 21.5 years in urban areas. Approximately 8 percent of women are married by age 15. Women in Kenya typically start having sex about age 17 (18 in urban areas), and men start nearly a year later at 18 years (18.5 in urban areas). The median age at first birth is 20.3 years, and nearly 40 percent have begun childbearing by age 19 (Kenya DHS, 2014).

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## PART 1: QUALITATIVE RESEARCH OVERVIEW

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### STUDY DESIGN, GOAL AND OBJECTIVES

The goal of the study was to determine the I-Kit's contributions toward strengthening the local PP capacity to design and implement state-of-the-art SBCC programs.

The study's specific objectives were to:

- Further understand how the I-Kit was used and adapted by each organization in its particular project, context and work circumstances;
- Identify local knowledge, skills and practices strengthened, collectively or individually, through using the I-Kit;
- Identify knowledge, skill and practice gaps that were identified and addressed through using the I-Kit;
- Identify challenges experienced using the I-Kit and how they were addressed; and
- Identify, from the participants' perspectives, the most important changes in PP organizations' work as a result of using the I-Kit.

Study findings, conclusions and recommendations shaped and informed an I-Kit Supplement. The supplement includes tips on using the I-Kit, gathered from PPs, and aims to improve the I-Kit experience for future users.

### METHODOLOGY

An appreciative inquiry or strength-based approach (Knibbs, et al., 2010) was used to facilitate open discussion on the I-Kit's contribution to individual and organizational capacity strengthening, and self-reflection on what could have been done differently. Issues related to challenges and lessons learned were tackled from a developmental evaluation perspective (Patton, 2010) as part of a continuing learning and improvement process. Methods included: **secondary review** (i.e., pre/post surveys; PP documents, worksheets and final reports) and **in-depth interviews** (IDI) with participants from each PP organization.

### PARTICIPANT SELECTION

HC3 selected three to four members from each PP organization for the IDIs for a total of 15 participants (Table 1). Using a purposeful sampling strategy (Bamberger, 2006), the following selection criteria were applied:

- Varying positions within the organization and roles within the project
- Staff most directly involved in the I-Kit pilot project
- Being able to communicate in English or French
- Availability to participate

Based on in-person TA visit observations and knowledge of the local teams, HC3 staff suggested participants from each PP to participate in the study. HC3 contacted lead PP team coordinators to introduce the researcher, explain the study and invite the PP organization to participate. The names of suggested participants were shared with local PP coordinators to determine their availability and obtain



authorization to contact them for the study. The researcher then followed up with the selected participants from each PP to explain the interview process (e.g., length, individual and in group), invite them to participate and set up the interviews. HC3 obtained consent verbally at the start of each IDI, and participants were not compensated for their participation.

## DATA COLLECTION AND ANALYSIS

One IDI with the PP local coordinator and one group interview (GI) with two to three staff were conducted for each PP organization for a total of 10 interviews. A total of 15 participants participated in the study (Table 1). Tailored interview guides were created for each PP based on the information included or missing from other project documentation. Following the interviews, participants were contacted via email to complete or clarify information, as needed. Interviews were conducted via phone or Skype and recorded for subsequent transcription.

**Table 1: Data Collection Methods and Number of Participants**

Data collection Organization	Number of participants		
	IDI	GI	Total per organization
MJCD	1	2	3
OSV-Jordan	1	2	3
PJL	1	1	2
MEM	1	2	3
FHOK	1	3	4
<b>Totals across organizations</b>	5	10	15

Interviews lasted between 60 and 90 minutes each, and covered the following topics:

- I-Kit implementation approach
- I-Kit pilot successes

- Capacity building (with a particular focus on knowledge, skills and practices) as a result of I-Kit pilot implementation
- Challenges and strategies used to address them during I-Kit pilot implementation
- Salient organizational change(s) as a result of I-Kit pilot project implementation

Although the main focus of the study was on capacity strengthening within SRH SBCC programs with/for adolescents, the actual and potential contribution of the I-Kit and learning process to other areas of work was also explored. All the IDIs were fully transcribed in Microsoft Word for manual analysis. Emerging themes were identified, compiled and analyzed in a two-phase process using grounded theory and an appreciative inquiry approach (Knibbs, et al., 2010; Glasser, 1967; Charmaz, 2000).

## **LIMITATIONS**

The study was designed to take place remotely rather than in-country for efficiency and resource availability. This approach did result in some timeline and technical barriers, including challenges maintaining timely email contact with participants, technical difficulties with Internet and phone connections (e.g., phone and Internet interruptions, and lack of access to computers in some areas, necessitating travel to head offices) and coordinating across multiple participants' shifting schedules (e.g., calibrating with unexpected donors' visits and other competing priorities, and a natural disaster in one country). Additionally, language requirements limited or excluded some PP representative participation, as interviews could be conducted only in English or French, and were not possible in local or other official languages. Including an interpreter would have been more feasible in person than at a distance (e.g., difficulty for the researcher to verify accuracy of interpretation during a Skype interview).

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## KEY FINDINGS

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The key findings and recommendations gleaned from the PP organization qualitative research and secondary document review are summarized below, and presented in more detail in individual case studies in Part 2 of this report.

Many of these lessons learned are included as “tips” for future I-Kit users in the **I-Kit Supplement**, available here: [https://sbccimplementationkits.org/urban-youth/I-Kit Supplement](https://sbccimplementationkits.org/urban-youth/I-Kit%20Supplement).



*Members of the two Madagascar PPs with HC3 staff during an experience-sharing workshop. © 2016, Mohamad Sy-Ar, 2016, all rights reserved.*

## KEY FINDINGS

The HC3 I-Kit was piloted in different settings, for different projects, and by teams that varied in size and technical expertise. Overall:

- **Teams found the I-Kit useful, unique and—although perhaps intimidating at first due to length—easy to use and adapt.** MEM, a faith-based organization, adapted the I-Kit’s heavier SRH emphasis to fit a more life-skills and youth development focus, and OSV-Jordan ultimately adapted the I-Kit to also reach some of its rural priority populations in addition to urban audiences. Some PPs also saw the I-Kit as a solid SBCC resource in general and hoped to use it as a resource to other health topic areas.
- **The I-Kit was an effective self-led and collective learning resource, which increased individual and organizational capacity.** All PPs saw the I-Kit as an effective tool for self- and collective learning. All came away with an increased understanding of SBCC as a field and program methodology, and used the I-Kit to expand and make more uniform the technical expertise and training of their staffs—from technical managers to administrative and finance professionals. Usually, this work was accomplished by a technical manager or team of managers digesting the I-Kit themselves and relaying the information back to the team using visuals, summary presentations or deeper discussions of I-Kit concepts in local languages. Other team leads chose to assign I-Kit sections to other staff members to explore and teach to colleagues themselves. Having a local “lead” to facilitate this process was indispensable, and working as a group helped bring multiple perspectives to project design and revision.
- **Examples provided in the I-Kit were a useful compass.** Because so many concepts introduced in the I-Kit were new to the organizations, PP teams appreciated the additional guidance and clarification offered in the example worksheets. These worksheets used the I-Kit’s fictional setting, Zanbe, and cast of characters to illustrate how to apply each EE to a sample program.
- **The I-Kit introduced PPs to a new, inclusive model for working with adolescents.** Many PP team members across the organizations said the I-Kit allowed them to appreciate their priority audience—youth and adolescents—as participants in project design, rather than simply as beneficiaries. The worksheets especially encouraged PP teams to work directly with youth

moving forward to better understand their needs and wants, the contexts in which they live, how they speak and how they view their communities.

- **PPs identified opportunities to use the I-Kit beyond the HC3 Pilot.** PP team members mentioned that because of their strengthened SBCC capacity, their organizations could work differently and more confidently in the future. Specifically, PPs mentioned feeling more adept in SBCC technical terms, enabling them to more confidently speak to potential funders, work more strongly with external partners, design and scale up SBCC-inclusive projects, incorporate SBCC into future technical proposals and apply I-Kit principles to other health and development topics (e.g., gender-based violence). One PP, which worked in tandem with a local university, also said affiliated professors would be able to bring I-Kit and SBCC elements into their classrooms to enhance the technical capacity of future program managers.
- **Most challenges encountered were ultimately valued learning and growth opportunities.** Although at times the timing of the I-Kit pilot seemed short compared to the I-Kit's volume, each PP formulated its own plan to overcome these difficulties. For example, one PP established key resource individuals or teams that could most effectively absorb and teach material to other team members, which, in turn, helped overcome any language barriers (e.g., between French, English or local languages). Also, the lack of local data revealed opportunities for future research or encouraged the PPs to dig deeper to find the needed information.
- **Pilot exercise highlighted the need to strengthen governments' and donors' support of SBCC programs.** At least one PP mentioned that sometimes donors do not prioritize SBCC or perhaps see its value. They recognized that this level of buy-in is necessary to foster SBCC projects to encourage healthy SRH behaviors from an early age and sustain them throughout adolescence and youth.
- **Time constraints.** Nearly all PPs wished they had had more time to digest the I-Kit—particularly for more time to complete the research-focused worksheets—as the I-Kit's approach and SBCC in general were so new to each team. Most teams overcame this obstacle by working as a team or dividing sections among themselves, but there is a valuable lesson that I-Kit orientation and application should be separate processes



*Members of the Benin Pilot Partner organizations celebrate their I-Kit experience and experience-sharing. © 2016, Mohamad Sy-Ar, all rights reserved.*

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## **PART 2: PILOT PARTNER CASE STUDIES**

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The PP case studies included in Part 2 combine findings from the secondary document review with the qualitative study results. Each case study outlines the PP organization, its I-Kit experience successes and challenges, and the impact that working through the I-Kit had for each PP team. Because each case study is written to serve as a standalone document, selected contextual information is repeated in each.



## URBAN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KIT PILOT

### MUTUELLE DE JEUNES CHRÉTIENS POUR LE DÉVELOPPEMENT: REDUCING ADOLESCENT PREGNANCIES IN BENIN

[The Urban Adolescent Sexual and Reproductive Health \(SRH\) Social and Behavior Change Communication \(SBCC\) Implementation Kit \(I-Kit\)](#) is a resource created by the Health Communication Capacity Collaborative (HC3) project. The I-Kit is a tool for program managers or youth organizers to: expand staff and youth capacity, develop new programs and project proposals, revise existing programs to include SBCC and set organizational research agendas. The I-Kit provides overviews of SBCC and youth development (Part 1); offers examples from a fictional setting, called Zanbe; proposes seven Essential Elements (EEs) of SRH SBCC program design for urban adolescents (Part 2); addresses specific implementation challenges (Part 3); and encourages users to share what they have learned (Part 4). Each EE is accompanied by interactive worksheets allowing users to apply what they learn to their own work:

Essential Element	Worksheet
<b>1. Collecting Helpful Information about Urban Adolescents</b>	#1: Making Sense of Primary and Secondary Research
<b>2. Navigating the Urban Environment for Youth</b>	#2: Urban Assessment #3: Community Mapping
<b>3. Segmenting Your Audience</b>	#4: Segmenting Your Audience
<b>4. Creating an Audience Profile</b>	#5: Summarize Key Information about Your Audience #6: Audience Profile
<b>5. Establishing Behavioral Objectives and Indicators</b>	#7: Behavioral Objectives #8: Behavioral Indicators
<b>6. Identifying Communication Channels in the Urban Environment</b>	#9: "Day in the Life" #10: Reviewing Available Communication Channels #11: Selecting Communication Channels
<b>7. Developing Messages for Urban Adolescents</b>	#12: Creative Brief #13: What Youth Say

To understand real-world application of the I-Kit, HC3 partnered in 2015 and 2016 with five Pilot Partner (PP) organizations in Benin, Madagascar and Kenya. Each organization applied and adapted the I-Kit to one existing adolescent SRH project in its portfolio. In 2016, HC3 conducted field visits to each PP; lessons learned were distilled into an [I-Kit Supplement](#). In 2017, HC3 conducted quantitative research to understand each PP's I-Kit experience. The results are summarized in this case study.

#### INTRODUCTION

Founded in 1993 by Catholic youth, Mutuelle de Jeunes Chrétiens pour le Développement (MJCD) is a secular and apolitical organization working in three main domains: community health, women and youth autonomy and education/training. Since its inception, MJCD has implemented various behavioral health communication projects targeting different population groups, including adolescents and youth. MJCD operates in all 12 geographic departments (regions) of Benin.

Seeking specifically to strengthen efforts to reduce teen pregnancy, MJCD chose to apply the I-Kit to its ongoing project titled *Promouvoir l'égalité de genres pour réduire les grossesses non désirées chez les adolescents* (Promoting Gender Equality to Reduce Unintended Adolescent Pregnancies—hereafter referred to as *Promouvoir*), which is conducted in partnership with Plan International Benin in the Department of Couffo, Klouékammè commune. MJCD's I-Kit pilot activities took place between December 2015 and July 2016.



*The MJCD team with HC3 representatives during a technical assistance visit to Benin. © 2016, Mohamad Sy-Ar, all rights reserved.*

### **I-KIT PILOT OBJECTIVES**

MJCD identified three internal objectives while using the I-Kit:

1. Reinforce the implementation of *Promouvoir*
2. Improve the effectiveness of *Promouvoir's* field activities, especially those addressed to adolescents and youth
3. Inform/refine an internal reproductive health database

### **USING THE I-KIT**

A technical team was established to apply the I-Kit to the *Promouvoir* project. The team included a technical manager, the supervisor of the project selected for the pilot, an animator and two facilitators. The MJCD director and administrative manager were also involved in the project, but were not part of the technical team.

MJCD's I-Kit activities included an initial I-Kit orientation seminar, a literature review, five team workshops to complete selected I-Kit worksheets and repeated visits to *Promouvoir* sites to meet with youth. During the initial orientation meeting, the technical team studied the entire I-Kit, analyzed each EE and accompanying worksheets and chose the pieces that were most relevant for the activities anticipated over the following six-month period. MJCD chose to use **EEs 1, 5, 6 and 7** and all worksheets from the selected EEs, finding these most relevant to the *Promouvoir* project. Once the EEs were selected, MJCD organized the aforementioned workshops to review and complete the worksheets, traveling to project sites as needed to obtain the required information.

### **SUCSESSES AND WHAT WORKED WELL**

MJCD members stated that the I-Kit worked for them as presented. They did not modify any I-Kit sections as they found it "clear and adaptable to the Benin context." The worksheets were easy to use. The team especially appreciated the fictional Zanbe example, which guided the MJCD team throughout with illustrations of how to apply the I-Kit tips and tools. The I-Kit helped MJCD develop its individual skills and strengthened its teams' collective capacity to develop effective SBCC strategies for SRH among adolescents and youth. These new skills had a direct impact on the *Promouvoir* project implementation and its intermediary and end results.

- Communicating with youth.** Through the I-Kit, the MJCD team was able to identify youth’s needs and wants and get acquainted with the language that they use to talk about sexuality. This resulted in more symmetrical, two-way communication processes between MJCD field staff and youth, and increased mutual trust. Field staff realized the importance of being polite and flexible in its interactions with youth in contrast to using an authoritarian tone. Even experienced field facilitators used to working with youth felt that the I-Kit enhanced their understanding of youth and improved their communication skills, which was a great source of satisfaction. Knowing and understanding youth’s terminology about sexuality, identifying relevant topics for them and showing mutual respect during interactions enabled dialogue on delicate topics such as physical changes during adolescence and sexual needs.

*“[MJCD field facilitators] ... have worked with adolescents for years, but using certain worksheets ... allowed them to better understand these youth. Above all, when one facilitator ... witnessed when she discussed with youth their language and their different ways of talking about love, she was really surprised. ... This allowed her to better understand our audiences, our beneficiaries, with whom we’ve worked for so long.”*
- Identifying stronger communication strategies and channels.** The I-Kit helped MJCD scrutinize its own assumptions and develop communication strategies based on youth’s needs and wants and the context in which they live. The PP technical team realized that youth’s preferred communication channels may be different from what MJCD originally thought. The I-Kit helped the MJCD team better design a communication strategy for youth that fits their beneficiaries’ lifestyles—this includes which communication channels to use and “when to approach youth, to what extent [and] at what time of day” they can best reach them. They learned, for instance, that out-of-school kids like posters; even if they cannot read the content, they try to understand it. The identification of preferred channels led the MJCD technical team to initiate an interactive SRH radio program by youth for youth, broadcast at an hour determined alongside youth.
- Understanding audience segmentation and primary and secondary audiences.** Learning about audience segmentation was particularly instrumental in strengthening MJCD’s capacity to reach the most disadvantaged youth in ways that are effective and equitable. As one participant put it, now they no longer place all adolescents and youth under the same umbrella. The I-Kit’s audience segmentation principles and techniques helped the team identify specific intended audiences and craft distinct messages for each. MJCD selected out-of-school adolescents as a primary audience, for example, due to their special vulnerabilities, including the social conditions and behaviors that increase their risk of teen pregnancy. This group was further segmented by age (10 to 14 years old and 15 to 19 years old) and sex (female and male). Although *Promouvoir* focused on youth as primary audiences, the I-Kit spurred MJCD to include secondary audiences (e.g., parents, headmasters) to enable youth to join radio listening sessions on youth sexual health and/or take time from work to go to the health/youth center.
- Understanding gender differences.** I-Kit worksheets also strengthened MJCD’s gender approach at the core of the *Promouvoir* project. Using [Worksheet 9: “Day in the Life,”](#) for instance, helped the project team pinpoint girls’ heavier workloads in relation to boys’ as a key underlying risk factor for teen pregnancy. This finding resulted in tailored approaches and messages for each sex, including messages that encouraged boys to help girls with their daily chores

*“We use the I-Kit not only for [Promouvoir], but in the context of other projects. We have shared it with all of our program officers. It’s clear that we work differently today compared to before.”*



before they go to school or work.

- **Clarifying behavioral objectives and indicators.** Participants stressed that the I-Kit allowed them to better understand and define the work they wanted to do. **EE 5: Establishing Behavioral Objectives and Indicators**, was a key new learning, considered “an important planning and monitoring tool,” because one participant professed that previously, they “were not used to defining behavioral objectives.” This tool has had an important impact not only on the *Promouvoir* project, but on the way MJCD works in general. Individual staff now use I-Kit worksheets on other projects, and the I-Kit has been integrated into MJCD’s overall strategic plan. Prior to the pilot, MJCD had a database of SRH indicators; the team said the I-Kit has helped it refine these indicators and add new adolescent SRH-specific behavioral indicators to its platform. With more specific target audiences, behavioral objectives and indicators, they can now better monitor progress over time.
- **Involving youth.** Applying the I-Kit’s more participatory approaches of involving adolescents in program planning has changed how MJCD interacts with them. Now, MJCD says, its young beneficiaries have become agents of their own change, playing more active roles in program design and implementation and having a more active input on the selection and use of communication channels and messages. MJCD has signed contracts with radio stations for the broadcast of interactive programs/serials with youth radio hosts, whereas, prior to the I-Kit pilot, these programs were animated by adults. Likewise, MJCD no longer offers education sessions facilitated by adults, but rather supports peer-to-peer discussions about sexuality.

## CHALLENGES AND LESSONS LEARNED

Participants stressed that HC3’s technical support helped them to better understand the application of some of the worksheets as the program evolved. They did face some challenges, however, detailed below.

- **Lack of data.** “To work well with the I-Kit, we need information,” one of the participants explained, but in Benin local information and data are “a very rare commodity.” The lack of systematized information at the local level made it difficult to complete some of the worksheets, especially the first few, which focus on research. This was not a problem related to the I-Kit, participants stressed, but rather to current information and data gaps in their country. Outside the scope of the HC3 pilot project, MJCD took the initiative to organize some discussion meetings with youth to help fill in these information gaps.
- **Involving youth.** Involving the intended audience, namely adolescents and youth, was challenging because it requires excellent facilitation skills, a high degree of professionalism and the ability to develop trust and make youth feel safe and comfortable. The capacity of MJCD’s facilitator to make youth feel at ease and not to present herself as a *patronne* (boss) was essential in getting the detailed information it needed to develop an SBCC strategy for SRH that responded to youth needs and wants.

## CONCLUSIONS

MJCD’s I-Kit pilot approach included literature reviews, team meetings and repeated interactions with young people. This was not its regular way of working, but the main advantage of this process, participants stressed, was that it facilitated collective learning. The dialogue and debate elicited during the I-Kit pilot helped them better develop a common understanding of the I-Kit and modify their intervention model accordingly.

The main advice that MJCD would give to other organizations interested in using the I-Kit would be to develop a collective understanding of the resource before attempting to apply or implement it.

Participants also considered teamwork key to their I-Kit pilot success. They recommend completing the worksheets collectively, within a team, as opposed to assigning the task to a single staff member. This approach prevents mistakes while ensuring the inclusion of different points of view and specific information on given topics.

As a crucial next step, MJCD strongly recommends broad dissemination of the I-Kit in Benin and throughout Africa. Many non-governmental organizations (NGOs) work on SBCC and could benefit from the I-Kit. MJCD has decided to apply the I-Kit to all its projects and is committed to sharing this experience with sister organizations, and it suggests that HC3 and donors should initiate activities for even wider dissemination.



## URBAN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KIT PILOT

### ORGANIZATION POUR LE SERVICE ET LA VIE/JORDAN: DEVELOPING SOCIAL AND BEHAVIOR CHANGE COMMUNICATION INTERVENTIONS FOR AN ANNUAL PLAN WITH UNFPA IN BENIN

The [Urban Adolescent Sexual and Reproductive Health \(SRH\) Social and Behavior Change Communication \(SBCC\) Implementation Kit \(I-Kit\)](#) is a resource created by the Health Communication Capacity Collaborative (HC3) project. The I-Kit is a tool for program managers or youth organizers to: expand staff and youth capacity, develop new programs and project proposals, revise existing programs to include SBCC and set organizational research agendas. The I-Kit provides overviews of SBCC and youth development (Part 1); offers examples from a fictional setting, called Zanbe; proposes seven Essential Elements (EEs) of SRH SBCC program design for urban adolescents (Part 2); addresses specific implementation challenges (Part 3); and encourages users to share what they've learned (Part 4). Each EE is accompanied by interactive worksheets allowing users to apply what they learn to their own work:

Essential Element	Worksheet
<b>1. Collecting Helpful Information about Urban Adolescents</b>	#1: Making Sense of Primary and Secondary Research
<b>2. Navigating the Urban Environment for Youth</b>	#2: Urban Assessment #3: Community Mapping
<b>3. Segmenting Your Audience</b>	#4: Segmenting Your Audience
<b>4. Creating an Audience Profile</b>	#5: Summarize Key Information about Your Audience #6: Audience Profile
<b>5. Establishing Behavioral Objectives and Indicators</b>	#7: Behavioral Objectives #8: Behavioral Indicators
<b>6. Identifying Communication Channels in the Urban Environment</b>	#9: "Day in the Life" #10: Reviewing Available Communication Channels #11: Selecting Communication Channels
<b>7. Developing Messages for Urban Adolescents</b>	#12: Creative Brief #13: What Youth Say

To understand real-world application of the I-Kit, HC3 partnered in 2015 and 2016 with five Pilot Partner (PP) organizations in Benin, Madagascar and Kenya. Each organization applied and adapted the I-Kit to one existing adolescent SRH project in its portfolio. In 2016, HC3 conducted field visits to each PP; lessons learned were distilled into an [I-Kit Supplement](#). In 2017, HC3 conducted quantitative research to understand each PP's I-Kit experience. The results are summarized in this case study.

## INTRODUCTION

The Organisation pour le Service et la Vie/Jordan (OSV-Jordan) is a non-governmental organization (NGO) with national coverage, headquartered in Cotonou, Benin. Its intervention areas include sexual and reproductive health (SRH) with a focus on family planning (FP), and the prevention of sexually transmitted infections (STIs)/HIV, malaria and major childhood diseases. OSV-Jordan serves a variety of populations, such as adolescents and youth; women of reproductive age and their husbands; the

lesbian, gay, bisexual and transgender (LGBT) community; religious leaders; and government officials and decision-makers.

OSV-Jordan, along with other civil society organizations, partnered with the United Nations Population Fund (UNFPA) to implement a five-year (2014-2018) program to address early sexual initiation and high-risk sexual behaviors among youth. The program supports the Beninese government's Family Planning Acceleration Plan, which includes improving urban and rural youth access to youth-friendly SRH services, FP and contraception; preventing STIs; and developing key life and professional skills. A priority in OSV's 2016 Annual Work Plan under the program was to improve SRH interventions for in-school and out-of-school youth (10 to 24 years old). In addition, OSV-Jordan had signed technical contracts with the Ministry of Youth and the Ministry of Defense to implement their UNFPA-funded youth SRH programs. HC3's call for proposals to pilot the I-Kit coincided with OSV-Jordan's plans to intensify interventions for/with youth, establish new youth centers and the need to train their staff on effective SBCC approaches for adolescent and youth SRH. OSV-Jordan's I-Kit pilot activities took place between December 2015 and July 2016.



*The OSV-Jordan team outside the University of Abomey-Calavi in Benin during an HC3 technical assistance visit. © 2016, Mohamad Sy-Ar, all rights reserved.*

## **I-KIT PILOT OBJECTIVES**

Two main objectives guided the OSV-Jordan I-Kit pilot:

1. Improve OSV-Jordan's youth SRH intervention planning process, particularly within its annual work plan with UNFPA
2. Strengthen and update OSV-Jordan staff skills to:
  - a. Design and plan SBCC activities; and
  - b. Integrate best practices into the organization's youth SRH interventions.

## **USING THE I-KIT**

The OSV-Jordan pilot project team used the I-Kit cover to cover, including every EE and all accompanying worksheets. Two sites were selected for the pilot: Abomey-Calavi and Azovè. The executive director, in collaboration with a program officer/supervisor, coordinated the pilot activities. The executive director explained the I-Kit contents to the team, providing clarifications as needed, and insisting on the importance of describing "the facts as they are, using simple and appropriate terms." A nine-member, multidisciplinary team was established to implement the pilot. Among others, the team included program managers, logistical staff, a "youth ambassador" and a U.S. Peace Corps volunteer.

OSV-Jordan conducted a literature review of relevant documents, including national policies on SRH and demographic/health data relating to adolescents and youth. The team members then filled out all I-Kit worksheets individually, providing their unique perspectives prior to collective discussions during workshops or working sessions. Discussions were extensive and in-depth; different points of view were considered before reaching consensus. Field team leaders from the two sites facilitated and guided

group brainstorming, did quality assurance (e.g., removed erroneous information), projected responses on a screen for validation and synthesized responses. The youth ambassador played an essential role, ensuring that youth aspirations be consistently reflected in the OSV-Jordan annual work plan.

## SUCSESSES AND WHAT WORKED WELL

OSV-Jordan found the I-Kit “a very useful and practical document for the planning of interventions addressed to adolescents and youth.” Participants stressed that all parts of the I-Kit were useful, that the different EEs and worksheets were complementary and that the progression among the parts followed a logical sequence. Although some worksheets could be used independently, a team member said, completing them sequentially provided a clearer picture of the overall SBCC process. The pilot project objectives were achieved at every level: Applying the I-Kit resulted in an improved planning process, strengthened staff adolescent and youth SRH SBCC skills and a refined annual work plan with UNFPA. OSV-Jordan approached the I-Kit in a manner consistent with that suggested in the I-Kit (e.g., self-led learning and group work), and this method proved essential to achieving these outcomes.

- **Using the I-Kit as a capacity strengthening tool.**

The I-Kit pilot team consistently praised the quality and thoroughness of the I-Kit, stressing that it was a “powerful self-learning and continuing education tool” that helped staff develop their strategic thinking. They said the I-Kit elicited reflection on their own practice and how to improve. The balance between individual work and collective

*“Even at the beginning of using this I-Kit, the director, the coordinator, told us ... we must say that we are training ourselves, and each person felt that it was their own personal development they were working on to acquire new skills.”*

review and discussion was key to including multiple perspectives before developing consensus as a team and to building individual and organizational capacity. Tackling topics that were challenging or required more time or effort during additional working sessions also allowed OSV-Jordan to better understand all of the EEs and the overall SBCC process proposed in the I-Kit.

- **Understanding new SBCC concepts.** The I-Kit allowed OSV-Jordan to learn approaches, develop skills and adopt techniques that were new to it. In particular, the team appreciated the simple and clear explanations of SBCC theories included in the I-Kit’s introductory Part 1. Some EEs were initially difficult for the group, but were therefore especially valued as they brought about a new level of understanding and were viewed as “indispensable phases in the planning of interventions for adolescents and youth.” OSV-Jordan said the Zanbe examples helped the team fully grasp and apply hard-to-understand concepts.
- **Audience segmentation and communication strategy development.** When describing its successes, the OSV-Jordan team tended to talk simultaneously about different interrelated sections of the I-Kit. Learning about audience segmentation, for instance, was one of the “a-ha” moments for staff. Through community mapping, they saw where different pockets of youth gathered. Analyzing “what youth say” revealed that different groups of adolescents call condoms by different slang terms. The I-Kit also helped the team discern distinct communication needs and channels for in-school adolescents—who can read posters and billboards, or prefer SMS/mobile phone contact—compared to out-of-school adolescents, with whom images, cultural presentations and interpersonal contact may be more effective. OSV-Jordan particularly appreciated developing audience profiles; the staff saw that the more accurate the profile, the better the communication strategy to reach youth and adolescents would be. The team ended up submitting two vignettes to UNFPA to demonstrate the different audience segments that its

program activities would prioritize. Using audience profiles together with descriptions of a typical day in the life of an adolescent or youth rendered abstract concepts even more concrete and relevant. Although the work was initially somewhat challenging, OSV-Jordan succeeded in pulling all the pieces together in a creative brief with valuable input from HC3 during the field visit.

- **Behavioral objectives and indicators.** The development of behavioral objectives and indicators was considered essential because “without a behavioral objective, there is no intervention.”

- **Better responding to adolescents’ SRH needs.** The I-Kit helped OSV-Jordan rethink its program at a time when the organization was planning to intensify activities and expecting funds to expand interventions for/with adolescents and youth. OSV-Jordan’s new understanding of adolescents and youth as a result of the I-Kit pilot was reflected in its annual work plan and ensuing initiatives. The community maps helped identify gaps, such as the absence of a youth center (also called a “youth listening center”) in Azovè and the lack of access to youth-friendly SRH services in Abomey-Calavi. As a result, OSV-Jordan added youth listening centers in these areas, and existing centers were redesigned to better respond to youth’s interests and needs (e.g., adding games and activities to attract youth) while providing a safe space to talk about and educate youth on SRH. OSV-Jordan also created a new Multifunctional Centre that offers hairdressing and sewing workshops for out-of-school youth “based on the ideas acquired through the I-Kit,” where SRH sessions are also facilitated. Finally, the results of community mapping exercises enabled OSV-Jordan to explain to service providers the rationale for establishing youth centers within health centers. With their agreement, OSV-Jordan started establishing youth centers within health centers to help “break the wall” and facilitate open dialogue on SRH between service providers and youth. Thanks to the success of the redesigned/new models of youth centers that emerged with the application of the I-Kit, OSV-Jordan received funds to establish similar centers in other geographic areas. The team says donors and partners truly appreciate OSV’s new strategy for working with and reaching youth.

- **Strengthening capacity as a resource organization.** When asked what the success of their pilot project was, the spontaneous response was that everyone in the organization now knows about the I-Kit. OSV-Jordan printed copies of the I-Kit for everyone to have their own version from which to work, their own worksheets to complete, their own “guide” to follow and internalize. Since the pilot, using the I-Kit during activities inside and outside the organization has become second nature for staff. For instance, when an association of evangelical churches requested OSV-Jordan’s support for SRH training for “boys and girls 10 to 24 years old, altogether,” OSV-Jordan referred back to the I-Kit to assert the different needs and

*“How could we find out-of-school youth, and where? [It was] through the community maps that we learned this. Now, which audiences will we address with which message, what kind of language? It’s through the I-Kit that we learned this, also. We segmented our audience into two segments because the message of the first segment cannot be the same as that for the second – [youth] from ages 10 to 14 [use] different language [from those] ages 15 to 24.”*

*“Over the use of the I-Kit, we learned that to get youth [in the centers], we must first understand their needs, the activities that they like to gather them somewhere and from there we can ... share messages on [SRH].”*

*“The I-Kit was useful for us from its first use through today, and we continue to use it for our activities.”*

developmental characteristics among youth aged 10 to 14, 15 to 19 and 20 to 24, and the need to work with each segment differently.

- **Institutionalization, integration and scale-up.** The role that OSV-Jordan plays within intra- and intersectoral partnerships (e.g., work with Ministries of Health, Defense, Youth, Education and civil society organizations) at local, national and multilateral (UNFPA) levels, facilitates an organic multiplier effect. The I-Kit strengthened OSV's capacity to ask the right questions, provide solid critique to proposals and advance evidence-based options for complex and far-reaching initiatives. This strengthened strategic thinking has, in turn, reinforced OSV's ability to influence more effectively, for instance, Benin's socio-educational system. With funding from the Embassy of Netherlands, a partner NGO has created a committee to develop an Integrated Sexual Education (ISE) program. OSV-Jordan has a seat on this committee, and ensures the integration of ideas obtained from the I-Kit, including designing distinct ISE programs for in-school and out-of-school youth and developing strategies and contents that are adapted to different age groups in each case. The I-Kit has transformed "the way of thinking or even of teaching" senior OSV-Jordan members who are also university professors. Other academics, who do not work directly with OSV, have also learned about the I-Kit and plan to use it in their communication courses. In that context, OSV-Jordan explained that the I-Kit will be applied to a variety of populations and topics.
- **Adapting the I-Kit for other contexts.** OSV-Jordan successfully adapted the I-Kit for use in rural areas, as rural areas are arguably more plentiful in Benin than urban centers, and rural youth are included among OSV-Jordan's priority audiences. This step required appreciating the differences between rural and urban youth SRH environments. For instance, addressing early marriage and early pregnancy are higher priorities in rural locales, whereas a top concern in urban areas is the spread of STIs among adolescents and youth.

## CHALLENGES AND LESSONS LEARNED

- **Time constraints.** OSV-Jordan viewed every challenge during the pilot as an opportunity to strengthen staff's skills while adapting the I-Kit to its local needs and context. In hindsight, some team members would have liked more time to study the I-Kit during the pilot to assimilate and apply the contents and explore the numerous additional resources offered.
- **Resources in French.** Although the French I-Kit included French-language resources, it also included selected resources available only in English. OSV-Jordan's level of English proficiency, unfortunately, did not allow it to take advantage of the Anglophone resources, nor did it have the connectivity to download large documents electronically. OSV-Jordan wished that such larger documents and resources were distributed, instead, on a flash drive.
- **More interaction with youth.** OSV-Jordan noted that when organizing an activity with youth, it would have been beneficial to have met and discussed with youth, collected additional data and incorporated the results into its process. Due to internal or ethics review board implications about discussing SRH with youth (especially minors) and timeline constraints, all PPs understood that HC3 resources were not to be used for any formative research activities—although research was possible using other partners' funding as appropriate.

## CONCLUSIONS

For OSV-Jordan, the impact of the I-Kit was "enormous." The team stressed the importance of covering all EEs and worksheets in the I-Kit to get a fuller understanding of the SBCC process proposed for SRH among adolescents and youth. Their thorough and encompassing learning process resulted in the successful design/planning of national programs and local initiatives that have been scaled up.

Using the I-Kit improved individual skills and organizational capacity for the strategic design and planning of SBCC interventions for/with adolescents and youth. The establishment of innovative local youth centers in various health zones is an example of well-designed SBCC initiatives that can be, and are being, effectively scaled up nationally. Tailoring activities to adolescents and youth in these centers has increased reach, while using their “language” has improved communication with them. Further, the I-Kit pilot has had an impact at a macro-sociological level through OSV-Jordan’s active involvement in the design of a national ISE program with the education sector. Finally, training a new generation of university professionals with the I-Kit was an unintended result of the pilot that will positively impact intervention areas beyond adolescent and youth SRH in the short, medium and long terms.

The OSV-Jordan team hopes that the I-Kit pilot can be the beginning of a long-term North-South-North and South-South collaboration on SBCC activities for adolescent and youth SRH. It suggests organizing international exchanges involving various I-Kit users across localities, countries and continents to continue reinforcing SBCC strategies locally, nationally and globally. HC3 has introduced all I-Kit pilot teams to Springboard for this purpose but, to date, the discussion boards have been relatively silent.





## URBAN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KIT PILOT

### PROJET JEUNE LEADER: ADAPTING THE I-KIT TO WORK WITH PARENTS OF ADOLESCENTS IN MADAGASCAR

[The Urban Adolescent Sexual and Reproductive Health \(SRH\) Social and Behavior Change Communication \(SBCC\) Implementation Kit \(I-Kit\)](#) is a resource created by the Health Communication Capacity Collaborative (HC3) project. The I-Kit is a tool for program managers or youth organizers to: expand staff and youth capacity, develop new programs and project proposals, revise existing programs to include SBCC and set organizational research agendas. The I-Kit provides overviews of SBCC and youth development (Part 1); offers examples from a fictional setting, called Zanbe; proposes seven Essential Elements (EEs) of SRH SBCC program design for urban adolescents (Part 2); addresses specific implementation challenges (Part 3) and encourages users to share what they've learned (Part 4). Each EE is accompanied by interactive worksheets allowing users to apply what they learn to their own work:

Essential Element	Worksheet
<b>1. Collecting Helpful Information about Urban Adolescents</b>	#1: Making Sense of Primary and Secondary Research
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<b>3. Segmenting Your Audience</b>	#4: Segmenting Your Audience
<b>4. Creating an Audience Profile</b>	#5: Summarize Key Information about Your Audience #6: Audience Profile
<b>5. Establishing Behavioral Objectives and Indicators</b>	#7: Behavioral Objectives #8: Behavioral Indicators
<b>6. Identifying Communication Channels in the Urban Environment</b>	#9: "Day in the Life" #10: Reviewing Available Communication Channels #11: Selecting Communication Channels
<b>7. Developing Messages for Urban Adolescents</b>	#12: Creative Brief #13: What Youth Say

To understand real-world application of the I-Kit, HC3 partnered in 2015 and 2016 with five Pilot Partner (PP) organizations in Benin, Madagascar and Kenya. Each organization applied and adapted the I-Kit to one existing adolescent SRH project in its portfolio. In 2016, HC3 conducted field visits to each PP; lessons learned were distilled into an [I-Kit Supplement](#). In 2017, HC3 conducted quantitative research to understand each PP's I-Kit experience. The results are summarized in this case study.

## INTRODUCTION

Led entirely by people under 35 years old, Projet Jeune Leader (PJL) is a non-governmental organization (NGO) located in Fianarantsoa, Madagascar, about 400 kilometers (250 miles) north of the capital city of Antananarivo. PJL's goal is to reduce the rates of early pregnancies, high-risk sexual behaviors and school dropout among adolescents (10 to 15 years old) in the Haute Matsiatra region. PJL offers sexual education and leadership training reaching more than 7,500 adolescents in public middle schools. Following the success of PJL's adolescent SRH program and information sessions for teachers and

parents in participating schools, PJJ wanted to develop a complementary component for parents to enable them to better communicate with their adolescent children on delicate topics such as early sexual initiation and early pregnancies. Funding was provided from the Monaco International Cooperation. PJJ's I-Kit pilot activities took place between December 2015 and July 2016.

### I-KIT PILOT OBJECTIVES

PJJ's operational objective was to develop a bilingual (half French, half Malagasy) SBCC-focused curriculum for parents focused on young adolescents' (10 to 15 years old) SRH. The curriculum would include a series of activities to increase parents' understanding of adolescent sexuality and help them adopt appropriate communication styles with their children. A corollary objective was to strengthen organizational and individual staff capacity to develop SBCC programs for adolescent SRH.

### USING THE I-KIT

The PJJ I-Kit pilot team consisted of the executive director and two field staff—the school program field coordinator and a consultant (midwife and family planning adviser with strong training experience).

The executive director (hereafter referred to as the facilitator) assumed the roles of coordinator and facilitator within the pilot. She organized and led learning sessions for the staff using all of the I-Kit worksheets except for three: *Worksheets 2, 9* and *13*. *Worksheets 2* and *9* were not included because the field staff involved in the pilot felt they were already sufficiently familiar with the project catchment area, and these findings would yield known information. In hindsight, however, the PJJ pilot team said it would have been beneficial to test or validate their observations regarding adolescents' environment and daily routines during the I-Kit pilot with parents. *Worksheet 13* on language that youth used when discussing SRH was deemed "non-applicable" by the team because the curriculum would be for adults.



*PJJ team members at PSI offices in Madagascar during an HC3 technical assistance meeting. © 2016, Mohamad Sy-Ar, all rights reserved.*

Using a collaborative learning approach, the facilitator shared the I-Kit with field staff over five sessions that lasted 1.5 to 2 hours each, conducted mostly in Malagasy. She transferred key content from the I-Kit to a PowerPoint presentation, projected the slides on a large screen and took the time to explain each section to facilitate comprehension and encourage dialogue. The facilitator used other visual aids, such as a series of TV spots on condom use from Population Services International (PSI) Madagascar, to elicit discussion about audience segmentation. She slightly modified the worksheets to fit the intended audience of parents rather than adolescents before she shared them with staff.

The two field staff were responsible for designing the parents' curriculum. After the first learning session focused on key SBCC concepts and tools, they searched and compiled the information necessary to start completing the worksheets. These were filled out in the order they are presented in the I-Kit and used as a guide to develop the parents' curriculum. The midwife focused on parents' perspectives while the education coordinator (a youth himself) provided a young person's perspective for the curriculum. Both viewpoints were considered during the discussion sessions with the facilitator and integrated into the worksheets as appropriate.

## SUCSESSES AND WHAT WORKED WELL

Focused on the development of an awareness-raising curriculum for parents, the pilot project simultaneously helped increase individual staff's awareness, knowledge and skills while reinforcing PJJ's overall organizational SBCC capacity and credibility as a youth-led organization. With strengthened internal SBCC capacity for adolescent SRH, the PJJ team was able to design a thorough curriculum.

- **Using the I-Kit for personal and staff enrichment.** The facilitator used the I-Kit both as a self-led learning tool and as a tool for training staff. She first digested the I-Kit herself, and found the I-Kit's organization logical and intuitive. Despite not having any formal SBCC background, the facilitator felt comfortable summarizing salient information and offering sessions to her pilot team members so they could take the lead on designing the parents' curriculum. While the facilitator provided the leadership within the organization required to effectively use the I-Kit, active involvement of field staff in the pilot was instrumental for its success due to their familiarity with PJJ's catchment area and current or potential priority audiences. The facilitator's preparatory work and guidance enabled field staff to fully understand and implement the I-Kit themselves; completing the worksheets as a team rather than individually corresponded to their working style and responded to their context and needs. The fact that the I-Kit was in French greatly facilitated the task of further translating key content into Malagasy for her team.  
*"[The curriculum] really reached the objectives we'd hoped and the I-Kit played a very important role in its development. We can say it framed the activity. I think, otherwise, we would have launched ourselves into something quite vast [and not] targeted."*
- **Developing a tailored product.** Using the I-Kit's EEs sequentially helped structure the parents' curriculum development process and tailor it precisely to its audience. Since the pilot, the curriculum has become a large program that includes clear objectives and pre- and post-quizzes to measure changes in parents' knowledge, attitudes and opinions regarding adolescents' SRH. PJJ has seen an increase in all indicators and can confidently assert that it is an effective SBCC program. Specific intended audiences included illiterate parents. The parents' workshops have since also been offered in rural areas, where literacy levels are low, and have been well received.
- **Developing and reinforcing SBCC skills.** Both field staff members expressed their satisfaction for being involved in the pilot. The I-Kit allowed them to better understand "all the work that needs to be done prior to implementing a program in the field" in a step-by-step process. The pilot also offered a unique opportunity for PJJ to develop skills around key SBCC themes and concepts. Part 1, in particular, which provides an overview of SBCC theory, helped orient PJJ staff members with terms and concepts that were new to them and apply them in a rigorous way. Setting behavioral objectives was also new for the team members, and something they saw being applied beyond the pilot. The facilitator pointed out that the content related to audience segmentation and creating audience profiles was particularly useful in designing the parents' curriculum and changed their way of working. Another participant stressed that the knowledge  
*"We have done a large amount of research on adolescent sexual behavior and have quite a bit of data on the topic, but I had never thought of pulling together those data to create a typical character that reflects those findings. ... [That was] ... the moment where I said that I really learned something that I can use in the long term."*

and skills acquired will help individual staff advance in their careers—a particularly important asset for a youth-led and youth-operated organization.

- Strengthening organizational capacity and increasing credibility.** The I-Kit is well developed for use by NGOs and local associations, the facilitator stated, and at the same time employs “academic” (formal) standards and concepts that are proven, theory-driven and evidence-based. PJJ has integrated these key SBCC concepts and terminology into its organizational practice. Updating its vocabulary to more current, technical and professional terms enables staff members to communicate more professionally with donors and other partners, and will allow them to overcome stigma and biases about young people that often undermine youth organizations’ credibility.

*“The I-Kit is good. For me, it was really interesting. ... I’d previously done a lot ... of trainings with other processes, but when I used this I-Kit, there was an opportunity for me to reinforce, to improve my experience. Above all, it brought a lot of personal development.”*

## CHALLENGES AND LESSONS LEARNED

When processing their overall I-Kit experience, PJJ identified a few challenges, including:

- Overcoming language barriers.** One team member observed that using the I-Kit “required a certain level of instruction.” Although appreciated for its thoroughness, breadth and depth, the I-Kit can intimidate users depending on their level of proficiency in French and lack of experience in the use or adaptation of professional tools developed abroad in a foreign language. The need for a “coordinator-facilitator” was identified early on in PJJ’s process to address these points. The executive director assumed that role because, apart from being fluent in English and French, she had the necessary background and experience to adapt the I-Kit to meet the pilot project requirements and field staff learning needs. She shared the worksheets with the field staff gradually as the project evolved, and provided them with a full copy of the I-Kit only at the end of the project. This helped “reduce the length of the I-Kit,” making it less intimidating for staff. A field staff member corroborated that being gradually introduced to the worksheets enabled them to better understand and assimilate the new concepts contained in the I-Kit.
- Preparing for group work.** Part of the PJJ facilitator’s role consisted of preparing and identifying additional visual support materials (e.g., a PowerPoint presentation, video clips) to elicit group discussion and debate. Although an additional step, this preparation resulted in more effective learning. PJJ

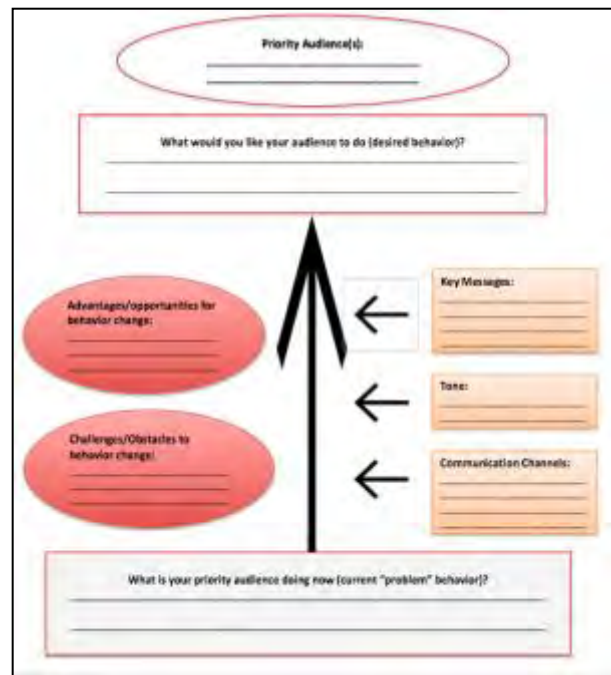


Figure 1: An adapted summary worksheet example from PJJ, which summarizes an SBCC campaign’s key pillars, including: audience, desired behavior change and associated enabling factors and barriers, key messages, tone and communication channels for message delivery. This worksheet is included in the I-Kit Supplement.

suggests that others follow a similar model, and take the time to: 1) Pull together a visual presentation to support dialogue and debate; 2) develop key messages on each EE to share with field staff, translating key content into local language; and 3) prepare a “synthesis worksheet”—preferably, in the form of a chart or diagram (Figure 1)—summarizing an intervention’s key approach. Such a visual approach can provide a simple, clear summary of key EEs to staff who may not be highly proficient in French or feel intimidated by the length of the I-Kit, support a collective reflection on the process and product at the end of the project and provide a quick project snapshot to donors.

- **Finding French resources.** Globally and locally, French resources are less available than English ones. This can make internalizing new concepts a tougher task. To tackle this challenge, PJJ found it useful to review the French resources offered in the I-Kit, search for additional French materials online and use existing local materials (such as the PSI-Madagascar TV spots to promote condom use among youth) to round out team understanding of I-Kit concepts.

## CONCLUSIONS

The HC3 I-Kit enhanced PJJ’s SBCC work. Not only was the parents’ curriculum deemed a success by the organization, but strengthening individual staff’s skills and overall organizational capacity were also key achievements. The team is particularly proud of the curriculum, which is effective because it is based on “proven SBCC theories and strategies,” and has been successfully scaled up since the pilot. SBCC for SRH skills development has been beneficial for individual staff, opening up possibilities for career advancement. But beyond individual staff development, the PJJ pilot has strengthened organizational capacity to design and develop SRH SBCC programs focused on adolescents and, in this case, influencing audiences, like their parents. At a broader level, these achievements have resulted in increased credibility and legitimacy of PJJ as a professional youth-led organization. Adopting more formalized, technical SBCC standards, concepts and terminology has helped legitimize its work as a youth group while increasing its credibility and facilitating communication with public/international institutions and donors.

Not only is the I-Kit transforming the way PJJ works, but individual staff members have integrated the learnings into their professional and volunteer lives outside PJJ. One PJJ pilot team member has used the mapping tool in her activities as a trainer and has applied the concept of “behavioral objectives” in training workshops and during individual service delivery interactions with FP clients.

For PJJ, the I-Kit was more than the sum of its parts. The pilot was not only about the production of the parents’ curriculum, but about the learnings that have stayed with the organization and will be shared with others. The pilot PJJ team strongly supports the broader dissemination of the I-Kit and looks forward to further collaboration with HC3.



## URBAN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KIT PILOT

### MPANAZAVA ETO MADAGASIKARA: DEVELOPING A SELF-ESTEEM PROGRAM FOR GIRLS IN MADAGASCAR

[The Urban Adolescent Sexual and Reproductive Health \(SRH\) Social and Behavior Change Communication \(SBCC\) Implementation Kit \(I-Kit\)](#) is a resource created by the Health Communication Capacity Collaborative (HC3) project. The I-Kit is a tool for program managers or youth organizers to: expand staff and youth capacity, develop new programs and project proposals, revise existing programs to include SBCC and set organizational research agendas. The I-Kit provides overviews of SBCC and youth development (Part 1); offers examples from a fictional setting, called Zanbe; proposes seven Essential Elements (EEs) of SRH SBCC program design for urban adolescents (Part 2); addresses specific implementation challenges (Part 3) and encourages users to share what they've learned (Part 4). Each EE is accompanied by interactive worksheets allowing users to apply what they learn to their own work:

Essential Element	Worksheet
<b>1. Collecting Helpful Information about Urban Adolescents</b>	#1: Making Sense of Primary and Secondary Research
<b>2. Navigating the Urban Environment for Youth</b>	#2: Urban Assessment #3: Community Mapping
<b>3. Segmenting Your Audience</b>	#4: Segmenting Your Audience
<b>4. Creating an Audience Profile</b>	#5: Summarize Key Information about Your Audience #6: Audience Profile
<b>5. Establishing Behavioral Objectives and Indicators</b>	#7: Behavioral Objectives #8: Behavioral Indicators
<b>6. Identifying Communication Channels in the Urban Environment</b>	#9: "Day in the Life" #10: Reviewing Available Communication Channels #11: Selecting Communication Channels
<b>7. Developing Messages for Urban Adolescents</b>	#12: Creative Brief #13: What Youth Say

To understand real-world application of the I-Kit, HC3 partnered in 2015 and 2016 with five Pilot Partner (PP) organizations in Benin, Madagascar and Kenya. Each organization applied and adapted the I-Kit to one existing adolescent SRH project in its portfolio. In 2016, HC3 conducted field visits to each PP; lessons learned were distilled into an [I-Kit Supplement](#). In 2017, HC3 conducted quantitative research to understand each PP's I-Kit experience. The results are summarized in this case study.

## INTRODUCTION

Mpanazava Eto Madagasikara (MEM) is an association in Madagascar for girls and young women that is a member of the World Association of Girl Guides and Girl Scouts (WAGGGS) and recognized by the Ministry of Youth and Sports as a public welfare organization. Its mission is to help its members develop to their full potential through activities focused on self-realization at all levels: physical, moral, spiritual, intellectual, emotional and social. MEM uses Girl Scout methods such as group life, nature, games and learning through action and service.

MEM's sexual and reproductive health (SRH) education program seeks to modify at-risk behaviors among adolescents and youth. Early pregnancy is a particular concern for 16- to 25-year-old youth, who are at a critical phase of personal development and growth. Improving self-esteem and body image are essential not just for the reinforcement of leadership skills (which are at the core of MEM's mandate), but also for the prevention of early pregnancy.



*MEM team members outside their offices in Antananarivo, Madagascar, during an HC3 technical assistance visit. © 2016, Mohamad Sy-Ar, all rights reserved.*

The I-Kit pilot was a unique opportunity for MEM to adapt the self-esteem program titled *Free To Be Me* (FTBM) for use with its Elder Branch, comprising older girls between 16 and 25 years old. FTBM was established in 2013 by WAGGGS in partnership with, and funds from, the Dove Society. This program has been successfully implemented since 2014 with MEM Yellow and Green branches (6- to 10-year-olds and 11- to 15-year-olds, respectively). MEM elected to pilot the I-Kit to create an Elder Branch Manual (EBM), which would integrate SRH and preventing early pregnancies as focal issues. MEM's I-Kit pilot activities took place between December 2015 and July 2016.

### **I-KIT PILOT OBJECTIVES**

The general objective of the MEM I-Kit pilot was to complete an FTBM self-esteem and body image manual for the Elder Branch (16- to 25-year-old members). Specific objectives included:

1. Producing a manual for the Elder Branch, integrating SRH and early pregnancy prevention as core content
2. Improving communication strategies to change youth risky SRH behaviors

### **USING THE I-KIT**

MEM regularly works within multidisciplinary teams and coordinates programs at national and regional levels. The 10-member multidisciplinary team established to carry out the pilot included the association's general commissioner, national program and regional managers, an Elder Branch education methods specialist, facilitators from the FTBM program, a communication specialist, an adolescent and youth SRH specialist and an administrative-financial manager. Three regions were selected for the pilot to ensure inclusion of distinct geographic areas: Analamanga, the capital region; Alaotra, a remote rural area (far from tourist attractions); and Analanjirofo, a coastal city (with an influx of domestic and foreign tourists). A senior pilot coordination group was established with one representative from each region.

The first all-team, all-region session focused on developing a shared understanding of key terms used in the I-Kit. Five subsequent training workshops were organized, with field activities in between for team members to complete the worksheets in their respective regions. Youth from the Elder Branch who were already trained as peer educators were actively involved in mapping exercises, the development of key messages and trying out messages with their peers. Reports from the fieldwork in the regions were shared during the workshops.

All the I-Kit EEs and worksheets were used by MEM during the pilot; EEs were assigned to regional team members to lead according to their expertise. A regional team meeting was held one week before and after each workshop for project planning, monitoring and evaluation. The I-Kit pilot coordination team revised a draft technical design for the EBM toward the end of the pilot during a one-day session. Youth were invited to participate in that session to validate key messages. The resulting final design was the basis for the development of the EBM.

Translating some parts of the I-Kit into Malagasy, such as the worksheets, and conducting the training workshops in Malagasy rather than French facilitated learning and, simultaneously, developed a sense of ownership among the larger pilot team. MEM also replaced the names of the characters in the Zanbe fictional setting with local names to further contextualize the examples during the training workshops.

## SUCCESSSES AND WHAT WORKED WELL

The I-Kit pilot achieved its stated objectives. Developing the EBM was the central objective and output of the MEM pilot. Through applying the I-Kit to the EBM design process, MEM improved its SBCC and education strategies and methodology. National and regional staff involved in the pilot strengthened their skills and learned new methods that can be applied to self-esteem and SRH as well as other domains.

- **Strengthening staff skills.** The I-Kit enabled MEM staff members to use more rigorous methods in their work, such as specifying intended audiences, defining behavioral objectives and indicators, and developing a creative brief. MEM appreciated discovering the SBCC process and learning about behavioral change theories in Part 1 of the I-Kit. The practical examples from Zanbe were particularly useful as they helped explain and illustrate the content of each EE and make theories and concepts more practical, which resulted in a better understanding of the process. In addition, the MEM pilot team appreciated various resources offered in the I-Kit, such as those listed for **EE 6**. This list included examples and models of communication channels for youth from around the world, which have become a key reference for MEM because they could be adapted for use in its programs.
- **Developing a structured final product.** As a result of the audience segmentation conducted with the I-Kit, the intended audience was further specified: from 16- to 25-year-old female youth in general to those in the age group attending school or university. The final EBM manual—designed for use by MEM trainers, regional supervisors and staff responsible for health within the association—incorporates key I-Kit EE concepts, including pre- and post-tests about participants’ intentions, choices and sexual behaviors in relation to the key messages conveyed in each activity. These pre- and post-activity worksheets allow MEM to “better measure the impact and effectiveness of the messages.”
- **New approach to working with youth.** The EBM developed with the I-Kit differs from the younger branches’ manuals in that it is based more on the local context and has been more inclusive of MEM members from the priority audience. The I-Kit encouraged and allowed them to constructively involve adolescents and young women into the process to validate the activities and develop key messages. This level of integration enabled a better understanding of youth’s needs, which was useful not just for the development of the EBM, but for MEM’s educational programs in general.

*“The I-Kit really let us refine our methods in terms of formulating objectives, and also of audience analysis – it is so important to know a priority audience in order to best adapt activities for them.”*



- Adapting to context.** MEM chose three pilot regions with different characteristics to ensure representation of the distinct environments in which youth live throughout the country. The I-Kit not only helped MEM develop three distinct audience profiles but elaborate messages to cover all the cases it found in the three regions. Applying the I-Kit in each region allowed MEM to identify contextual factors, including local habits and customs that influence young women’s behaviors in relation to SRH. When refining audience profiles, it noted that some of the underlying issues (e.g., psychosocial factors) related to self-esteem and female youth’s SRH behaviors, such as lack of confidence to resist peer pressure, were the same regardless of region. Based on these findings, MEM developed more than 10 key messages to include in the EBM so that users could choose the ones that best fit youth’s needs in each context. Identifying these crosscutting issues was crucial as it facilitated the development of one manual with messages appropriate for youth living in different regions and contexts. Having one manual would, in turn, facilitate scale-up at the national level. The rationale for making the link between self-esteem and SRH among young women and the need to increase work on SRH within the organization became increasingly clear.
- Adapting to organizational values.** As a faith-based organization, MEM was somewhat surprised not to need to modify or adapt the SRH-focused I-Kit’s steps, methodology or contents. The pilot team simply chose to address SRH issues in a way that was consistent with their association’s values—framing them within the larger context of youth self-esteem and self-efficacy. Most significantly, this meant creating messages that differed from the sample messages used in the I-Kit in that MEM’s messages focused more on awareness of contraceptive methods, rather than outright contraceptive method use. MEM emphasized that “[i]t would be a shame if other faith-based organizations did not use the I-Kit” because it offers a useful methodology regardless of the issue at stake.

*“We were able to improve our way of working. We [now] have... a new methodology.*

*Whatever the theme ... we can repeat the same procedure, the same methodology by doing the steps [of the HC3 I-Kit].”*
- Institutionalizing the I-Kit and scaling up results.** Since the I-Kit pilot, MEM says the EBM has been integrated into the educational program nationally. Apart from being used in the I-Kit pilot areas, the manual was presented at the MEM national meeting in August 2016 attended by up to 600 MEM staff, including national and regional commissioners and trainers. Every MEM team can now choose worksheets and activities on lifestyle, self-esteem and SRH from this manual for local, regional and national events. The ultimate goal is that all youth are exposed to the manual and that, in turn, these youth use the key messages and activities proposed in the manual with peers in their communities. Likewise, MEM has adopted the I-Kit as a new methodology for the design of other programs and materials. Using the I-Kit led MEM to reflect on “how we work on other themes” and “improve our daily work.” The application of the I-Kit methods has enabled MEM to have a consistent communication strategy when designing a program or project. I-Kit principles are also being used to revise other existing resources and to develop additional manuals on, for example, gender-based violence—a project conducted with the Federation of Girl Guides and Girl Scouts and funds from Optimist International.

## CHALLENGES AND LESSONS LEARNED

MEM was able to identify a selection of key challenges and lessons learned during the I-Kit pilot, including:

- **I-Kit density and length.** At first glance and at the beginning of the pilot, MEM thought the I-Kit would be hard to master because of its intimidating length. However, working as a team and organizing training workshops before using the worksheets helped it overcome that initial perceived obstacle. Also, MEM opted to use all the EEs during the pilot as part of its methodology, but recognized that it was also possible to simplify the process moving forward by selecting only certain EEs according to need. Developing a PowerPoint presentation with key messages and video clips, as another Pilot Partner (PJJ) did, was also regarded as a sound idea for the future, which would make the volume of information less intimidating and facilitate learning by staff with various levels of education and language proficiency. The translation of some parts of the I-Kit into local language and simplification of certain terms were particularly important for MEM given the pilot group’s heterogeneity in terms of levels of formal education—some among them were doctors, others had little or no formal education at all.
- **Time constraints.** In hindsight, the I-Kit pilot coordination group would have liked more time to further master the I-Kit before sharing it with the rest of the pilot group. Assigning EEs to pilot group members according to their expertise and professional backgrounds helped overcome this challenge. Another option, they thought, would have been to train the coordination group on the I-Kit (self- and group learning with HC3’s distance support) before conducting the workshops with the rest of the pilot team.
- **Large team size and simultaneous design for multiple contexts.** MEM acknowledged that the large size and heterogeneity of the I-Kit pilot team was a challenge as it had to consider divergent points of view that were sometimes hard to reconcile. On the positive side, however, this diversity helped enrich the learning process and final product.
- **Lack of local SBCC experts.** MEM found that both large and small/local organizations could benefit from the I-Kit in the future. They suggested that having SBCC experts provide advice to groups that want to use the I-Kit would help small organizations at the local level. Technical terms could be simplified and the EEs tackled separately to facilitate use by these organizations. Although HC3’s distance support was essential and highly appreciated during the pilot, local resource persons could help contextualize the I-Kit moving forward.
- **Setting behavioral objectives and indicators and measuring behavior change.** Regarding I-Kit content, MEM noted that one of the more challenging sections was **EE 5: Establishing Behavioral Objectives and Indicators**. They found that “tangible” changes such as the use of SRH services are easier to measure than self-confidence, which is an “abstract concept” and, therefore, harder to quantify. The MEM pilot team seemed to have been under the impression that it was supposed to identify behavioral change indicators for each of the categories suggested in the I-Kit, namely Opportunity, Ability and Motivation. However, these categories were not meant to be prescriptive but rather suggested as evidence-based options (with sub-categories and examples) from which users could choose as appropriate. Ultimately, with the I-Kit and HC3 team’s support, the MEM team learned how to develop behavioral objectives that were SMART (Specific, Measurable, Achievable, Relevant, Time-bound) along with behavioral-change process indicators.

## CONCLUSIONS

The central objective of the MEM pilot, designing and producing the EBM, was achieved. Already in use in the pilot project sites and regional and national events, the EBM will be further scaled up at regional and national levels. Scaling up the EBM at an international level was beyond the scope of this project and MEM’s plans for the next two years. However, MEM takes pride in being the first WAGGGS member having developed an FTBM manual for the Elder Branch and underlines the great potential for use by

other WAGGGS members internationally. The I-Kit pilot has strengthened participants' SBCC skills while reinforcing MEM's overall organizational capacity to apply SBCC in relation to SRH. The institutionalization of the I-Kit will continue to happen through staff training and the application of learnings to other MEM educational programs and advocacy campaigns.

MEM greatly appreciated the opportunity to pilot the I-Kit with HC3, stressing that it was a particularly valuable collaboration that "has helped us advance." Applying the SBCC steps and methods described in the I-Kit, phase by phase, was fruitful not just for the pilot team but for MEM as an organization. The development of an EBM has filled a gap in the WAGGGS FTBM program. Likewise, addressing the link between self-esteem and SRH explicitly has helped increase MEM's awareness of the importance of working on SRH with its members—something it plans to do more of moving forward.



## URBAN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KIT PILOT

[The Urban Adolescent Sexual and Reproductive Health \(SRH\) Social and Behavior Change Communication \(SBCC\) Implementation Kit \(I-Kit\)](#) is a resource created by the Health Communication Capacity Collaborative (HC3) project. The I-Kit is a tool for program managers or youth organizers to: expand staff and youth capacity, develop new programs and project proposals, revise existing programs to include SBCC and set organizational research agendas. The I-Kit provides overviews of SBCC and youth development (Part 1); offers examples from a fictional setting, called Zanbe; proposes seven Essential Elements (EEs) of SRH SBCC program design for urban adolescents (Part 2); addresses specific implementation challenges (Part 3) and encourages users to share what they've learned (Part 4). Each EE is accompanied by interactive worksheets allowing users to apply what they learn to their own work:

Essential Element	Worksheet
<b>1. Collecting Helpful Information about Urban Adolescents</b>	#1: Making Sense of Primary and Secondary Research
<b>2. Navigating the Urban Environment for Youth</b>	#2: Urban Assessment #3: Community Mapping
<b>3. Segmenting Your Audience</b>	#4: Segmenting Your Audience
<b>4. Creating an Audience Profile</b>	#5: Summarize Key Information about Your Audience #6: Audience Profile
<b>5. Establishing Behavioral Objectives and Indicators</b>	#7: Behavioral Objectives #8: Behavioral Indicators
<b>6. Identifying Communication Channels in the Urban Environment</b>	#9: "Day in the Life" #10: Reviewing Available Communication Channels #11: Selecting Communication Channels
<b>7. Developing Messages for Urban Adolescents</b>	#12: Creative Brief #13: What Youth Say

To understand real-world application of the I-Kit, HC3 partnered in 2015 and 2016 with five Pilot Partner (PP) organizations in Benin, Madagascar and Kenya. Each organization applied and adapted the I-Kit to one existing adolescent SRH project in its portfolio. In 2016, HC3 conducted field visits to each PP; lessons learned were distilled into an [I-Kit Supplement](#). In 2017, HC3 conducted quantitative research to understand each PP's I-Kit experience. The results are summarized in this case study.

### FAMILY HEALTH OPTIONS KENYA: INCREASING SBCC CAPACITY

#### INTRODUCTION

Family Health Options Kenya (FHOK) is a nonprofit, volunteer-based, non-governmental organization (NGO) in Kenya that was established in 1957 and became affiliated with the International Planned Parenthood Federation (IPPF) in 1962. FHOK is a leading service delivery organization that complements the efforts of the Ministry of Health (MOH) by reaching out to marginalized, underserved and vulnerable populations, including young people, with information and services on voluntary SRH and family planning (FP) services.

With funding from USAID through IPPF's Sustainable Networks project, FHOK is implementing the GREAT (Girls, Reproductive Health, Empowerment, Access and Transformation) project in Homa Bay County in Kenya's Western region, about 350 kilometers (220 miles) from Nairobi. Homa Bay (like many other urban regions) provides more sexual freedom for adolescents. Examples of risky SRH environments in Homa Bay County include discos or nightclubs, *matanga* dances/funeral-related functions held at night that attract young people, universities and technical schools and marketplaces.

The goal of GREAT is to increase access to FP information, counseling and services to adolescents, including those at risk of human immunodeficiency virus (HIV) and those living with HIV, while reducing risky sexual behaviors among young people.

In order to improve SRH service delivery for adolescents, the skills of FHOK facility and community-based health workers (including HIV service providers) needed strengthening to meet the FP needs of adolescents and provide FP method mix at service delivery points. Deliberate efforts to reach adolescents living with HIV and AIDS with FP messaging and services were needed. Because FHOK headquarters staff members were in Nairobi, they planned to host a five-day workshop with partners in Homa Bay to use the I-Kit to develop an SBCC strategy to identify the communication objectives, message, target groups and channels of communication to reach these adolescents in Homa Bay. This SBCC strategy was intended to complement the rest of the activities under the GREAT project and be integrated into the implementation of GREAT project activities. FHOK I-Kit pilot activities took place from March 2016 to September 2016.

### **I-KIT OBJECTIVES**

Unlike other PPs, who applied the I-Kit to an existing adolescent SRH project, the goal of FHOK's pilot project was to conduct a workshop with Homa Bay partner organizations and use the Urban Adolescent SRH SBCC I-Kit to gather insights about local youth. The insights would ultimately be used to develop an overarching SBCC strategy to complement GREAT project activities. The main workshop objectives were to:

1. Orient participants to the GREAT project implementation in Homa Bay
2. Enable participants to understand the meaning and importance of SBCC to help priority communities address sexual and reproductive health and rights (SRHR) issues
3. Introduce participants to a selection of EEs and tools that guide the creation, or strengthening, of SRH SBCC programs for urban adolescents aged 10 to 19
4. Teach participants how to use the I-Kit to plan or strengthen an existing SRHR program

### **USING THE I-KIT**

The FHOK PP team included four individuals, referred to hereafter as the training team. Ultimately, the training team consisted of a program manager and monitoring and division manager from FHOK, and a project officer and youth lead from the IPPF-Africa Regional Office (IPPF-ARO). Each member joined the team at different stages during the workshop planning process, and lived and worked in Nairobi at the headquarters of their respective organizations. HC3 provided virtual technical assistance from March to August 2016, specifically aiding the training team to complete [Worksheets 1](#) through [3](#).

The FHOK program manager worked closely with MOH in Homa Bay County, the coordinators of all partners and stakeholders. MOH recommended certain organizations working with adolescents and youth and invited them to participate in the workshop. This activity was also included in its annual work plan, indicating the importance that it placed on this activity. In addition to MOH representatives, a total of 11 partner organizations participated in the workshop from September 19 to 23, 2016.

The training team decided that all of the EEs were important and would be covered during the workshop. It divided the responsibilities so that each member was responsible for facilitating workshop sessions, presenting slides about the EEs and guiding the worksheet exercises.

*"We realized that the Essential Elements are linked and there's no way you can use one and leave the other and that is the reason why we ended up using all the Essential Elements because one Essential Element was building up to the other."*

It is worth mentioning that as service delivery providers, FHOK and IPPF were not very familiar with SBCC. Because IPPF was very interested in learning more and eventually creating a regional strategy, the organization hired the Centre for Communication Programs Nigeria<sup>1</sup> to conduct a training session for regional staff on SBCC strategy development. This training took place the week prior to the Homa Bay workshop and was a good precursor to the I-Kit workshop.

## **SUCCESSSES AND WHAT WORKED WELL**

In addition to achieving the workshop objectives, the training team also strengthened its SBCC capacity and began to incorporate its recently developed skills into other projects. FHOK appreciated that the I-Kit was easy to understand and share with others, provided an opportunity to increase the SBCC skills among other partner organizations working with youth and helped it see its audiences in a new way. Specific successes included:

- **Understanding new concepts.** Participants appreciated the Adolescent Development Chart because it described adolescents developmentally and helped with segmentation. They also found the Zanbe examples very helpful. Having a relatable setting and individuals helped to illustrate the concepts throughout the I-Kit. Referring to the example Zanbe worksheets helped the participants when they were unsure how to complete a worksheet.
- **Expanded knowledge of SBCC program design.** Participants were not familiar with behavior change theories and appreciated learning about the socio-ecological approach because this was a new way to look at addressing an issue. In the past, they only addressed individuals and peer or family structures and not also the community and social structural levels. The P-Process was new and highlighted the need to evaluate and evolve their programs continuously. They also liked the ideas and process introduced in the Diffusion of Innovation theory. Participants also mentioned that they usually were not involved in designing a program and were usually told by donors or headquarters staff what the objectives and activities would be for a program. In the past, when implementing projects, they usually had a program objective and sometimes communication



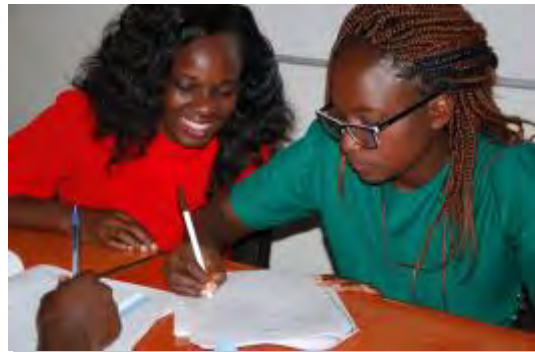
*Workshop facilitators and participants on the last day of the workshop in Homa Bay. © 2016, Allison Mobley, all rights reserved.*

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<sup>1</sup> The Centre for Communication Programs Nigeria is a sister organization of the Johns Hopkins Center for Communication Programs (CCP) in Baltimore, Maryland, the lead organization for the HC3 project.

objectives. The I-Kit taught them how to establish behavior change objectives for the intended audience, and this step was seen as critical. Participants also learned that behavioral indicators are more specific indicators needed for behavior change programs. The participants liked the grouping of indicators on behavior change and found it helpful to avoid overlap of program objectives and behavioral objectives. The categorization of opportunity, ability and motivation indicators was also new to the participants. They realized they needed to have a clear program goal from the beginning to clearly define behavioral objectives.

- **Implications for FHOK and other organizations.** The I-Kit workshop expanded the SBCC knowledge base for FHOK and beyond because individuals came from a variety of partner organizations. FHOK was able to increase the skills among its team and the participants to use SBCC in their current and future projects as well as gather their insights on youth in Homa Bay using the worksheets.
- **The I-Kit provided a new way of thinking about the audience.** Team members found the audience segmentation worksheets very helpful because previous projects had not gone into this level of detail, and the participants found this information useful. Developing an audience profile also brought the audience to life for participants and helped them understand their audience as human beings instead of vague concepts. Additionally:
  - Participants appreciated [Worksheet 5](#), asking that they state the intended behavior of the audience. They felt that this was the most important question. This worksheet helped to define what the program intended and it was pointed out that it will be used again when defining objectives.
  - [Worksheet 9](#) was easy to fill out and was useful to determine which communication channels to use and the messages to reach adolescents based on their activities. Participants commented that referring back to their audience profile helped them think about what people are doing in their lives in order to select the channels.
  - Another new concept was understanding the environment for urban adolescents. Collecting this information and mapping the community provided more insight into what life is really like for an urban adolescent, all of the key influencers and their role in the lives of the intended audience.
  - There was an "a-ha" moment with [Worksheet 12](#) when a participant realized it was not the message for the audience, but for those creating the message. Other participants suggested referring to the previously completed worksheets that can help someone develop a creative brief.
  - Participants enjoyed [Worksheet 13](#), and many thought this was the most interesting worksheet.



*Workshop participants completing a worksheet.  
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## CHALLENGES AND LESSONS LEARNED

The FHOK team pointed out a few challenges working through the I-Kit, including:

- **Help using SBCC models and theories.** Because the participants were less familiar with SBCC models and theories, they were not able to identify the behavior change theory that would help the intended audience and desired behavior change. It was suggested that a section be added

on how to interpret theories and practically apply them. Some participants did not understand how to use theories to sustain behavior. When creating an audience profile in [Worksheet 5](#), participants suggested adding more questions to help the user decide which SBCC theories to use.

- **Collecting data and conduct research.** *EE 1: Collecting Helpful Information about Urban Adolescents* was challenging. Although participants recognized the importance of research, they stated that finding relevant research or conducting it themselves was challenging. They felt that the tasks required someone with research skills to conduct and analyze for both secondary and primary research. They also noted that it would have been helpful to collect secondary data or conduct the research in advance of the workshop. They suggested putting more of an emphasis on research and stress how the findings are helpful at the beginning of the I-Kit and throughout the design process. For example, when they started on [Worksheet 10: Revising Available Communication Channels](#), they realized they did not have the data to complete the worksheet. In the beginning of the I-Kit, it might be helpful to have a checklist of all the data that might be helpful. They also suggested providing examples of primary data that were used in the Zanbe example to encourage people to look beyond DHS data.

After conducting the workshop, FHOK identified lessons learned and ways to adapt the I-Kit for its use moving forward:

- **Adapting the I-Kit to include all "adolescents" and not just "urban adolescents."** In Kenya, the training team suggested renaming the I-Kit "Adolescent SRH SBCC I-Kit," removing "urban" because they felt EEs can be used for all adolescents, whether urban or rural. Several saw less of a need to distinguish between geographic areas and saw more similarities for adolescents across urban, peri-urban and rural areas. For example, an adolescent may live in the rural area but attend school in an urban area. At this time, participants felt, there is less of a stark contrast between rural and urban areas in Kenya than in the past given the proliferation of technology (e.g., mobile phones, the Internet), bars and clubs in rural areas and even some universities relocating to rural areas. Other similarities mentioned included the same educational curriculum, religion, beliefs, language and the life changes of adolescence in general. Participants also thought the I-Kit should address specific issues for lesbian, gay, bisexual and transgender (LGBT) adolescents.
- **Distribute the I-Kit to participants in advance.** For the workshop, FHOK decided not to distribute the I-Kit in advance and, instead, present the elements of the I-Kit in a classroom setting and have participants work in small groups to complete the worksheets. Although this approach was instructive, in the future they recommend giving copies of the I-Kit in advance to all participants to use and refer to throughout the process. This step could encourage individuals to review and identify the challenging concepts to discuss and clarify with others.
- **Involve adolescents.** The workshop included participants from organizations serving youth in Homa Bay, but it did not include members of the intended audience. Suggestions were made to involve adolescents throughout the process and highlight this more prominently in the I-Kit, possibly in red, bold text (currently, specific opportunities to involve youth have a designated icon to draw users' attention).
- **Add SBCC strategy development to the I-Kit.** Although the I-Kit EEs were helpful, the FHOK team had wanted to end with a

*"The I-Kit has put us somewhere. If you look at those components of [the] I-Kit, you will discover the only thing now missing is [to] come up with the strategy because everything else has been set up -- collecting full information about the adolescents, navigating in urban environment, all those sections..."*



strategy. It suggested that the I-Kit conclude with tips on how the worksheets can be used to develop an SBCC strategy. A resource for this purpose is included in the [I-Kit Supplement](#).

- **More technical support and site visits.** Regarding HC3 technical support, FHOK was happy with the guidance provided and requested even more. Instead of one site visit, it suggested three—the first at the start of the project, the second during the workshop and the third to develop the SBCC strategy. The team leader also suggested that FHOK keep in touch with HC3 and others to support the implementation of SBCC programs for adolescents. He suggested setting up South-South exchanges to learn from other pilot teams implementing in their countries.

## CONCLUSIONS

The I-Kit presented new, compelling material that challenged and transformed the way FHOK works. These changes included appreciating the need to be more inclusive of adolescents and youth when designing programs for these unique audiences, and recognizing the importance of the socio-ecological fabric in which adolescent SRH norms are created, perpetuated and changed. Another asset of the I-Kit was its usefulness as a training tool that can be used by multiple organizations across an array of adolescent SRH projects. However, workshop participants and training team members all noted that due to the truly technical nature and amount of reliable information required to complete the I-Kit's exercises and processes methodically, it is important to first take time to review the I-Kit thoroughly before diving in, rather than progressing from worksheet to worksheet in a short timeframe.

Because the training team's overarching goal was to use the I-Kit to help design an SBCC strategy for a new program rather than refine a specific program, as the pilot intended, team members did wish for additional guidance on formulating such a strategy. They also wished for additional technical support to this end. Another point the team debated was how useful was the distinction of urban and rural adolescents within their implementation contexts and, similar to some other partners, saw the potential of applying the I-Kit's EEs to both populations together, particularly given adolescents' common movement between urban and rural areas, and the increasing omnipresence of technology.

Overall, FHOK was grateful for the opportunity to use the I-Kit and to strengthen the capacity of its staff, MOH and local partners in SBCC.

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