

Urban Adolescent Sexual and Reproductive Health Social and Behavior Change Implementation Kit Supplement: What to Know Before You Begin



September 2017



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Cover Photo: Members of Mpanazava Eto Madagasikara participate in an HC3 Urban Adolescent SRH SBCC I-Kit technical assistance workshop. Photo Credit: Mohamad Sy-Ar, 2016, all rights reserved.

This document was made possible by the support of the American People through the United States Agency for International Development (USAID). The Health Communication Capacity Collaborative (HC3) is supported by USAID's Office of Population and Reproductive Health, Bureau for Global Health, under Cooperative Agreement #AID-OAA-A-12-00058.

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ACKNOWLEDGMENTS

The Health Communication Capacity Collaborative (HC3)—funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP)—would like to acknowledge Erin Portillo and Mohamad Sy-Ar for developing this document; Allison Mobley, Joanna Skinner and Arzum Ciloglu for their additional input; and Anna Ellis for her copy editing and final layout assistance. This document would not have been possible without the contributions and feedback from the following organizations: Mutuelle de Jeunes Chrétiens pour le Développement, Organisation pour le Service et la Vie/Jordan, Mpanazava Eto Madagasikara, Projet Jeune Leader and Family Health Options Kenya. Finally, HC3 extends its gratitude to Hope Hempstone, Angela Brasington and Andrea Ferrand at USAID-DC, and to the USAID Missions in Benin, Kenya and Madagascar for their invaluable guidance and support.

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WHAT'S IN A NAME: THE URBAN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION IMPLEMENTATION KIT

THE I-KIT

Adolescence, experienced between ages 10 and 19, brings with it new feelings, experiences and needs—especially when it comes to sexual and reproductive health (SRH), and especially in today’s fast-paced urban environments. We can help adolescents make responsible, informed SRH choices by reaching them with dynamic health communication programs designed just for them. To this end, the Health Communication Capacity Collaborative (HC3) project developed the **Urban Adolescent SRH Social and Behavior Change Communication (SBCC) Implementation Kit (I-Kit)**.

Program managers or youth organizers working to improve adolescent SRH (ASRH) can use this I-Kit as a self-learning tool to:

- Expand staff SBCC and youth capacity
- Develop new programs and project proposals
- Revise existing programs to include SBCC
- Set organizational research agendas

The I-Kit can also be adapted to fit other audiences—rural youth, for example.

The I-Kit provides information and practical exercises on key concepts for ASRH SBCC project design and implementation (Figure 1), application examples and overviews of SBCC and youth development.

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

Figure 1: An overview of the I-Kit’s “Essential Elements” of SRH SBCC program design, complete with worksheets to help users apply the I-Kit directly to their work.

THE I-KIT SUPPLEMENT

In 2015 and 2016, HC3 worked with five Pilot Partner (PP) organizations throughout Benin, Madagascar and Kenya to pilot the I-Kit and see how each organization applied the I-Kit to its work. This I-Kit Supplement captures those organizations’ experiences and recommendations. Specifically, the Supplement provides future I-Kit users with:

- 1) “Tips from the Experts” on what to know before diving into the I-Kit
- 2) Case studies detailing each PP’s successes and learnings from using the I-Kit
- 3) Additional resources that complement the I-Kit
- 4) Added technical tips to clarify challenging I-Kit concepts
- 5) Where to go for more information, to ask questions and to share your own experiences

TIPS FROM THE EXPERTS

Each of the PPs selected to pilot the I-Kit worked in ASRH and had varying degrees of SBCC experience. Most had youth staff members on their PP team. Each organization used the I-Kit as a self-led tool to strengthen staff SBCC capacity and reinforce an existing project's implementation through SBCC. Their hard work yielded sound advice to others planning to use the I-Kit. Their advice is consolidated into the following 10 tips:



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

- 1) **Review the I-Kit entirely** before you use it for the first time. If picking and choosing I-Kit Essential Elements, make sure you know how they fit into and contribute to the larger program design process (the other Essential Elements). Skipping one could lead to holes in your project design later.
- 2) **Identify one or two people who will orient the rest of your team to the I-Kit.** Ideally, these individuals will have past experience in program research, design, management and implementation. Organizations who used the I-Kit usually oriented team members through summary PowerPoint™ presentations and team meetings, sometimes in local language, and printed I-Kit hard copies for team members.
- 3) **Do not be intimidated** by the I-Kit's length or terminology and concepts that feel new or complicated. Be patient, and seek external resources or help from colleagues or experts when needed. Plus, many I-Kit users said once they started reading the I-Kit, the length was less daunting after they saw the I-Kit's more manageable Essential Element units!
- 4) **Do not assume you know everything about your community;** use the I-Kit and its exercises to see your community from a different angle. For example, organizations that skipped the Community Mapping exercise because they "knew their community," later wished they had not. Organizations using this exercise were surprised to learn new information about their community and their priority population.
- 5) **Always do the research.** It may be difficult to find the youth-specific data you need for your community, but basing your program on research and data rather than your personal observations or thoughts is crucial. Places you may find additional data include:
 - a. District hospitals
 - b. Local health facility centers
 - c. Libraries
 - d. The Internet
 - e. Non-governmental organizations (NGOs) (local or international)
 - f. United Nations (UN) agencies such as the UN Population Fund (UNFPA) and UN Children's Fund (UNICEF)
 - g. Government institutions/programs
 - h. Donors

6) Involve priority audience members in program design. If your program audience is younger adolescents (ages 10 to 14), consult or involve individuals from this age group frequently in your program planning process. Be sure to always obtain necessary parental or local ethics committee consent first.

7) Consult the example worksheets only as needed; do not let them guide the way you complete your own worksheets or design your program. Consult them when you are unsure what a worksheet question is asking, or what kind of information is being requested. Remember: The information in the examples is fictional; complete your worksheets based on your data.

8) Worksheets are “living,” not set in stone. Continue to revisit them as you continue through the I-Kit. Adjust them as necessary according to new information you learn.

9) Summarize your information in a way that makes sense for you. Each worksheet includes a “time to reflect” section to pull out key learnings from each activity. Some organizations found this time to reflect helpful, others did not. One organization preferred summarizing its worksheets and final program in one, final worksheet it created (Appendix A).

10) Make sure you allow enough time to complete worksheets. For example, Worksheets 1 and 2 on research will likely take multiple days to complete; organizations also found Worksheets 7 and 8 on behavioral objectives and indicators more challenging.



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

LEARNING FROM OTHERS: PILOT PARTNER CASE STUDIES

To capture the full experience of each PP, HC3 compiled each PP's I-Kit journey in a brief case study. Read about each organization's experience, challenges and lessons learned in more depth in the following case studies.

Country

PP Case Study

Benin



Mutuelle de Jeunes Chrétiens pour le Développement:

<http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-Pilot-Partner-MJCD-final-10.20.17.pdf>

Organisation pour le Service et la Vie c Jordan:

<http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-Pilot-Partner-OSV-Jordan-final-10.20.17.pdf>

Madagascar



Mpanazava Eto Madagasikara:

<http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-Pilot-Partner-MEM-final-10.20.17.pdf>

Projet Jeune Leader:

<http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-Pilot-Partner-PJL-final-10.20.17.pdf>

Kenya

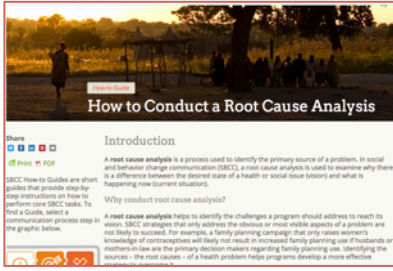



Family Health Options of Kenya:

<http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-I-Kit-Pilot-Partner-FHOK-final-10.20.17.pdf>

ADDITIONAL RESOURCES

PP organizations sometimes required or found additional resources to clarify specific I-Kit concepts (e.g., formulating behavioral objectives, key messages, etc.). Here, additional resources are organized by most commonly challenging concepts, with reference to the I-Kit Essential Element that best applies. These resources supplement those already included in the I-Kit.

Concept	Most helpful if used with Essential Element . . .	Resource	Resource
Identifying the "Root Cause" of a Youth SRH Problem	<i>Essential Element 1: Collecting Helpful Information about Urban Adolescents</i>		<p>How to Conduct a Root Cause Analysis Health Communication Capacity Collaborative</p> <p>Available in English with option to translate to French. http://www.thehealthcompass.org/how-to-guides/how-conduct-root-cause-analysis</p>
Selecting Priority Audiences	<i>Essential Element 3: Segmenting Your Audience</i>		<p>How to Do Audience Segmentation Health Communication Capacity Collaborative</p> <p>Specifically, see Step 5: Decide which Segments to Target. Available in English with option to translate to French. http://www.thehealthcompass.org/how-to-guides/how-do-audience-segmentation</p>



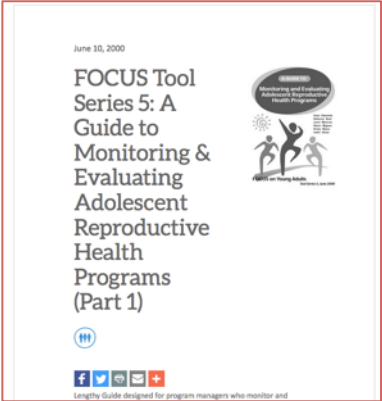

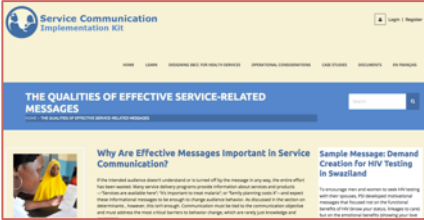
SBCC for Emergency Preparedness Implementation Kit, Unit 4: Audience Analysis and Segmentation
Health Communication Capacity Collaborative



Although designed for (response to) emergency health situations, many of the guiding points on prioritizing audience segments still apply by simply replacing words like “the emergency” or “outbreak” with your program’s specific SRH challenge, e.g., “teen pregnancy.” Available in English.
<https://sbccimplementationkits.org/sbcc-in-emergencies/select-priority-audiences/>



Service Communication Implementation Kit, Unit 3: Prioritize Audience Segments
Health Communication Capacity Collaborative

Although this I-Kit was designed specifically for programs aiming to motivate health service-related behaviors among intended audiences, the questions used in this unit to help “rank” audience segments apply to most behavior change programs. Available in English and French.
<https://sbccimplementationkits.org/service-communication/3-prioritize-audience-segments/>

<p>Designing Behavioral Objectives and Indicators</p>	<p><i>Essential Element 5: Establishing Behavioral Objectives and Indicators</i></p>		<p>A Guide to Monitoring & Evaluating Adolescent Reproductive Health Programs /Un Guide pour le suivi et l'évaluation des programmes de santé de la reproduction des adolescents <i>Pathfinder, 2000</i></p> <p>Available in French and English. http://www.pathfinder.org/publications/focus-tool-series-5-guide-monitoring-evaluating-adolescent-reproductive-health-programs-part-1/</p>
<p>Designing Key Messages</p>	<p><i>Essential Element 7: Developing Messages for Urban Adolescents</i></p>		<p>How to Design SBCC Messages <i>Health Communication Capacity Collaborative</i></p> <p>Available in English with option to translate to French. http://www.thehealthcompass.org/how-to-guides/how-design-sbcc-messages</p>
			<p>Service Communication Implementation Kit – The Qualities of Effective Service-Related Messages <i>Health Communication Capacity Collaborative</i></p> <p>Though this I-Kit was designed specifically for programs aiming to motivate <u>health service-related</u> behaviors, the “Components of a Good Message” section can apply to messages for youth SRH programs as well. Available in English and French. https://sbccimplementationkits.org/service-communication/the-qualities-of-effective-service-related-messages/</p>

<p>Developing a Communication Strategy</p>	<p>Various Essential Elements</p>		<p>Designing a Social and Behavior Change Communication Strategy <i>Health Communication Capacity Collaborative</i></p> <p>Available in English. https://sbccimplementationkits.org/courses/designing-a-social-and-behavior-change-communication-strategy/</p>
			<p>How to Develop a Communication Strategy <i>Health Communication Capacity Collaborative</i></p> <p>Available in English and Arabic, with option to translate in French. http://www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy</p>

ADDED TECHNICAL TIPS

After working through the I-Kit, PP organizations requested additional clarification and a “formula” to create behavioral objectives and to revise the terms used to define SMART objectives in *Essential Element 5: Establishing Behavioral Objectives and Indicators*. Accordingly:

1. **Behavioral Objectives.** Consider using this formula:

[Time range] + [Desired behavior] + [Degree of change] + [Audience] + [Location]

For example:

Within two years [*time range*], increase the proportion of modern contraceptive method use [*desired behavior*] from 15 percent to 25 percent [*degree of change*] of young women ages 15 to 18 [*audience*] in Zanbe [*location*].

2. **SMART.** In English, SMART stands for: Specific, Measurable, Achievable, Realistic and Time-bound. In the French I-Kit, it is translated as Spécifique, Mesurable, Accesible, Relié et Temporel. PP participants recommend replacing “Relié” with “Pertinent” for more clarity.

DISCUSSING AND LEARNING WITH PEERS: THE SPRINGBOARD COMMUNITY

Not finding the resources you need? Still have questions? Want to talk to members of organizations that have used the I-Kit before? Try reaching out on **Springboard for Health Communication Professionals**. Registration is free, and the I-Kit already has a French-language discussion forum set up (and some participants and moderators also speak English).

- Register for Springboard here: <https://healthcomspringboard.org/>
- Access the I-Kit discussion group here: <https://healthcomspringboard.org/discussions/topic/la-ccsc-de-la-ssr-destinee-aux-adolescents-en-milieu-urbain-un-manuel/>



APPENDIX A: OPTIONAL SUMMARY WORKSHEET

This worksheet is adapted from an original draft created by Projet Jeune Leader (www.projetjeuneleader.org) in Madagascar, and was intended to help capture all key information about your program, originally captured in the I-Kit worksheets. Another alternative is to adapt **Worksheet 12: Creative Brief** for use within your organization.

Priority Audience(s):

What would you like your audience to do (desired behavior)?

Advantages/opportunities for behavior change:

Challenges/Obstacles to behavior change:

Key Messages:

Tone:

Communication Channels:

What is your priority audience doing now (current “problem” behavior)?

