

Urban Adolescent Sexual and Reproductive Health Social and Behavior Change Implementation Kit Supplement:

What to Know Before You Begin



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USAID
FROM THE AMERICAN PEOPLE



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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.

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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:

- 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



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

- 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.

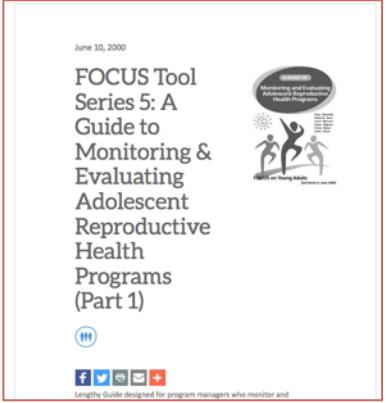
Country	PP Case Study
Benin	Mutuelle de Jeunes Chrétiens pour le Développement: http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-Pilot-Partner-MJCD-final-10.20.17.pdf
	Organisation pour le Service et la Vie c Jordan: http://healthcommcapacity.org/wp-content/uploads/2017/10/UA-Pilot-Partner-OSV-Jordan-final-10.20.17.pdf
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
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>

		 <p>SBCC for Emergency Preparedness Implementation Kit</p> <p>Audience Analysis and Segmentation</p> <p>Identify Priority Audiences</p> <p>The information obtained from working through Unit 3: Rapid Needs Assessment will provide helpful insights into potential intended audiences for the communication response. Countries can start to identify a potential group of individuals who may be affected by the problem or who have control over resources to mitigate the emergency and address the needs of the population. Countries can then expand and refine this information using additional data from primary and secondary sources.</p> <p>It is important to note that, for an SBCC strategy to be effective, it is not feasible to target all potential audiences, as this would likely reduce impact. Therefore, countries need to identify priority audiences. Priority audiences are those groups of people who are most likely to be affected by the problem and whose behavior will be the focus of the communications. These priority audiences will depend on the number of different levels of the socio-ecological model that are affected by the problem. For example, if the problem is a disease outbreak, the priority audience may be a group of people who are directly affected by the problem, or it may be a group of people who have an influence over how the problem evolves. It is important to analyze the available data and take into consideration potential audiences at the different levels of the socio-ecological model to determine which audiences are most important to target. By identifying priority audiences, an SBCC communication strategy that addresses the emergency effectively, audiences along several levels of the socio-ecological model will need to be targeted.</p> <p>Tips for Selecting Intended Audiences</p>	<p>SBCC for Emergency Preparedness Implementation Kit, Unit 4: Audience Analysis and Segmentation</p> <p>Health Communication Capacity Collaborative</p> <p>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.</p> <p>https://sbccimplementationkits.org/sbcc-in-emergencies/select-priority-audiences/</p>
		 <p>Service Communication Implementation Kit</p> <p>Prioritize Audience Segments</p> <p>Available resources and program goals often drive decisions about a communication intervention's reach. By prioritizing audience segments, communication can focus on the segments that can have the most impact on the overall program goal. This unit will help you prioritize audience segments that a particular segment, or segment cluster, can reach.</p> <p>The following are some questions to help prioritize audience segments:</p> <ul style="list-style-type: none"> How much impact does this segment have on the overall program objective? (how big is the segment? To what extent do they contribute to the health problem at hand?) How easy are they to reach? <p>Key Audiences</p> <p>In service communication, health providers can be the primary audience. Other audiences can include doctors, clinical</p>	<p>Service Communication Implementation Kit, Unit 3: Prioritize Audience Segments</p> <p>Health Communication Capacity Collaborative</p> <p>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.</p> <p>https://sbccimplementationkits.org/service-communication/3-prioritize-audience-segments/</p>

Designing Behavioral Objectives and Indicators	<p><i>Essential Element 5:</i> <i>Establishing Behavioral Objectives and Indicators</i></p>	 <p>June 10, 2000 FOCUS Tool Series 5: A Guide to Monitoring & Evaluating Adolescent Reproductive Health Programs (Part 1)</p> <p>Lengthy Guide designed for program managers who monitor and</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 Pathfinder, 2000</p> <p>Available in French and English.</p> <p>http://www.pathfinder.org/publications/focus-tool-series-5-guide-monitoring-evaluating-adolescent-reproductive-health-programs-part-1/</p>
Designing Key Messages	<p><i>Essential Element 7:</i> <i>Developing Messages for Urban Adolescents</i></p>	 <p>How to Design SBCC Messages</p> <p>Introduction</p> <p>Message design is the process of connecting insights about the priority audience with key information the audience needs to know in order to make the change the program desires. Successful, well-designed messages are simple, memorable, easily understood, culturally appropriate, and meaningful to the audience. Their design stems from a clear <i>creative brief</i> that outlines what the communication intervention aims to achieve.</p> <p>In simple terms, an effective message is a statement containing key information that a program wants to communicate to an audience to encourage behavior change. In order to be effective, a message needs to a) include a clear call to action and b) be meaningful to the audience. A message is meaningful if it 1) clearly reflects 1) a desired action (which should be small/doable) from the audience and 2) the <i>key promise</i> or benefit if they perform the action. The key message often has supporting information associated with it.</p>	<p>How to Design SBCC Messages</p> <p><i>Health Communication Capacity Collaborative</i></p> <p>Available in English with option to translate to French.</p> <p>http://www.thehealthcompass.org/how-to-guides/how-design-sbcc-messages</p>
		 <p>Service Communication Implementation Kit</p> <p>THE QUALITIES OF EFFECTIVE SERVICE-RELATED MESSAGES</p> <p>Why Are Effective Messages Important in Service Communication?</p> <p>If the intended audience doesn't understand or is tired of the message in its way, the entire effort has been wasted. Many service delivery programs provide information about services and products without connecting them to the audience's needs. This makes the audience less likely to act on these informative messages to bring about behavior change. As discussed in the section on audience analysis, the audience must be interested in the message and believe that the message will help them and must believe the message is related to behavior change, which are very justifications for</p> <p>Sample Message: Demand Creation For HIV Testing In Swaziland</p> <p>To encourage men and women to seek HIV testing services, the message must be clear and compelling. It must also be relevant to the audience. The message must be based on the functional needs of the audience and must be presented in a way that is easy to understand and can be easily remembered. The message must also be timely and relevant to the audience's current situation.</p>	<p>Service Communication Implementation Kit – The Qualities of Effective Service-Related Messages</p> <p><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.</p> <p>https://sbccimplementationkits.org/service-communication/the-qualities-of-effective-service-related-messages/</p>

Developing a Communication Strategy	Various Essential Elements		<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-sr-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.

