



# Urban Adolescent SRH SBCC I-Kit Pilot

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

September 2017

## ABOUT THIS BRIEF

**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
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

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.

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.



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

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.

### **SUCSESSES 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.

“*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.*”

- **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.

- **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

“*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].*”

organizations did not use the I-Kit” because it offers a useful methodology regardless of the issue at stake.

- **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.



*MEM members during an I-Kit technical assistance workshop. © 2016, Mohamad Sy-Ar, all rights reserved.*

[www.healthcommcapacity.org](http://www.healthcommcapacity.org)



**USAID**  
FROM THE AMERICAN PEOPLE

