



Urban Adolescent SRH SBCC I-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

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

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.

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:
 - Design and plan SBCC activities; and
 - 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



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.

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.

SUCCESSES 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 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.

“*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.*”

- **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.”

“*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.*”

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

“*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].”*

- **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.

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

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



Members of OSV-Jordan with HC3 team members and colleagues from another PP, Mutuelle des Jeunes Chrétiens pour le Développement, at an I-Kit experience exchange workshop. © 2016, Mohamad Sy-Ar, all rights reserved.

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.

www.healthcommcapacity.org



USAID
FROM THE AMERICAN PEOPLE

