

PASSAGES PROJECT

LINKING COMMUNITY-BASED NORMS-SHIFTING INTERVENTIONS TO AYRH SERVICES: *A Guide for Program Managers*



What is Passages?

Passages aims to address a broad range of social norms, at scale, to achieve sustained improvements in family planning and reproductive health. This research project is building the evidence base and contributing to the capacity of the global community to strengthen normative environments that support reproductive health, especially among very young adolescents, newly married couples, and first-time parents. Passages capitalizes on these formative life-course transitions to test and scale up interventions that promote collective change and foster an enabling environment for healthy timing and spacing of pregnancies and family planning.

Community-based norms-shifting interventions (NSIs) that seek to create enabling environments that support voluntary family planning (FP) for young people often miss the opportunity to link to FP services. As they are designed to encourage communities to reflect on and debate social norms that can negatively affect adolescent and youth reproductive health, many NSIs work outside of formal health systems, instead operating in schools, churches, youth centers, or through mass media. Often, NSI do not provide access to services, and interventions may assume that young people will seek services on their own.

While it is clear that social and behavior change initiatives, including NSIs, increase demand for FP services, results are mixed as to the effectiveness of such efforts to increase FP use by young people.^{i,ii} There are many reasons for these mixed results. For example, young people who want FP services may fear their disapproving friends will shame them or that providers will break confidentiality and tell their families and neighbors. Beyond social disapproval, young people are often unsure where and how to access services or lack money to pay for care. If appropriate NSI linkages existed that reduced social barriers, young people could have a viable channel to use services when needed or desired.

Why use norms-shifting interventions to improve AYRH?

Norms-shifting interventions explicitly address social norms – the often-unspoken rules that govern behavior – that shape the life trajectories of young people, including addressing norms that inhibit modern FP access and use.

While they often engage young people, norms-shifting interventions also engage those who influence young people, asking them to reflect and act on normative barriers such as: community stigma related to voluntary use of modern FP by youth, family pressures on married youth to bear children, traditional roles that limit men's engagement in FP decisions, and inequitable gender attitudes and behaviors.

When program managers work outside the health sector, it is not a given that they will know what FP services exist in the community or whether they are adolescent-friendly. By following the suggested four steps below, program managers can create strategic services linkages with their NSI to improve program impact:



1 IDENTIFY existing FP services in your program area.



2 ASSESS how adolescent-friendly they are.



3 SELECT YOUR FP SERVICES PARTNER AND FIELD-TEST the strategy, outlined below, to link services to your program.



4 REVIEW AND REVISE linkage strategies with your services partner.



IDENTIFY EXISTING FAMILY PLANNING SERVICES IN YOUR INTERVENTION AREA

With a map of your program area, schedule 2-3 informational interviews with FP experts in your project area, such as a district health officer and a representative of an NGO working in FP. Those with on-the-ground experience will represent a practical starting point for understanding the range of services available to the community.

- **Ask about the locations where FP services are offered.** These may include:
 - ✓ Health facilities
 - ✓ Drug shops or pharmacies
 - ✓ Medical offices of private providers (including nurses, midwives, and doctors)
 - ✓ Community health posts
 - ✓ Community health workers
 - ✓ Sites that offer socially marketed FP products, such as vendor kiosks
- **Ask about how FP services might be linked to your initiative.** Public and NGO perspectives are useful as each interviewee may have different information and views. Their insight will help you understand what FP services are available and where possible linkages could be formed.



ASSESS HOW ADOLESCENT-FRIENDLY FAMILY PLANNING SERVICES ARE

Now that you are starting to narrow down the type of services linkages and organizational partners that seem to fit with your intervention, it is essential to meet with potential partners and evaluate whether their services are friendly to young people. The ten questions on the next page can help in understanding how adolescent-friendly current services may be.

10

Questions to Assess Adolescent-Friendliness of Family Planning Services*

Accessibility and acceptability

1. What **types of FP services** are available for adolescents in your health facilities and health posts?
(*FP services: Providing information; providing counseling; offering methods*)
2. Do your health facilities and health posts take any actions to ensure that your FP services are "**adolescent -friendly**"?
3. IF YES: What kinds of actions help to ensure that FP services are "adolescent-friendly"?
(*Actions can include: Providing education materials designed for young people; training staff and providers; having a dedicated space for counseling and services for young people; having special days and times convenient for young people; having strategies to offset the cost of services to adolescents*)
4. Do you provide FP services to adolescents **without the consent** of their parent, guardian, or spouse?
5. Do your health facilities, health posts and/or community health workers do **community outreach** to adolescents?
(*Outreach can include: Providing information and education; providing condoms or other non-clinical methods; making referrals for clinic-based services*)
6. Do you **work with adolescents** as peer educators in the community?
7. Do you work with adolescents as providers of services in the community?
8. What kinds of community-level services do adolescents provide?
(*Services can include: Providing methods; making referrals/giving vouchers for clinic services*)

Equity

9. Do you see **girls and boys** for FP services?
10. Do your health facilities and health posts have **rules about the kinds of FP services that adolescents are allowed and not allowed** to access? IF YES:
 - Do you have age limits for adolescents to receive FP services?
 - Can unmarried adolescents receive FP services?
 - Can young couples receive FP services (married and unmarried couples)?

**Adapted from 2018 Save the Children-DRC Growing up GREAT! Plus' Adolescent-friendly services assessment tool and WHO's 2012 Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services.*

While most sites will not score 100% on the 10 Questions above, you should discuss with your services partner what actions they might take to create more adolescent-friendly services as they enter the partnership. This is an opportunity to advocate for improving services for young people and increasing your program impact.



SELECT YOUR PARTNER AND FIELD-TEST THE STRATEGY TO LINK SERVICES TO YOUR PROGRAM

After assessing available services, you can begin to select partners and create linkages by following the steps below: ^{iii,iv}

▪ **Select a services partner.**

Several considerations can help to identify the most feasible linkage options for your project:

- First, review your project motivations and needs:
 - ✓ What resources, competencies, expertise, and networks are gained through forming linkages?
 - ✓ What are the costs versus benefits of forming linkages?
 - ✓ Is your project managerially ready to form partnerships and linkages?
- Next, review the list of feasible partners and meet with them. Knowing which partners exist and their capacities, paired with your organizational needs and motivations, should allow you to narrow down your list to one or two potential partners. Set up times to meet with organizations to explain your idea, explore mutual interest in linking, and brainstorm what a linkage would look like in reality. It may take a few meetings to discuss.
- Finally, after meeting with potential partners, the project team should discuss the following questions:⁷
 - ✓ Does the services partner bring complementary and needed resources, expertise, and networks?
 - ✓ What are the potential motivations and interests of the partner in collaborating with your project?
 - ✓ Is the potential partner already working in line with your values (e.g., diversity, gender-aware, youth-centered approach)? If not, would the partner be able to commit to your core values?
 - ✓ Will the services partner benefit mutually from the linkage?
 - ✓ Can the project team trust the potential partner to commit to the collaboration and uphold delegated responsibilities?

Based on the above discussions, make the best partnership choice for your program.

▪ **Structure the relationship.**

While initially, you may reach an agreement of roles and responsibilities between *individuals* (project leaders and heads of service sites), it is always advisable to develop a ‘Letter of Agreement,’ ‘Memo of Understanding,’ or ‘Contract’ between *organizations* to formalize the partnership. Such documents involve defining roles and responsibilities of each party, which will lead to a smoother relationship going forward. They also provide a basis for review when partnership issues arise.

▪ **Implement the linkage during a field-testing period.**

The agreement may have looked fine on paper, but how well is it working during actual implementation? During a field-testing phase, meet with service providers, young people, and your project staff to understand if the linkage is working smoothly.



REVIEW AND REVISE LINKAGE STRATEGIES WITH YOUR PARTNER AFTER THE FIELD-TESTING PHASE

▪ **Meet with the services partner to evaluate how well the linkage is working.**

After field-testing, are there adjustments to be made? Review service use data and the linkage structure as needed to improve its effectiveness and relevance to young people and providers.

▪ **Continue to have partner check-ins at regular, pre-determined intervals.**

Maintain the partnership via regular check-ins, which allows your project team and the services partner to maintain accountability, to manage shared resources effectively, review monitoring data, track project deliverables, celebrate progress, refine or revise your linkage agreement, and discuss scaling up or winding down the partnership when the time comes.

MASCULINITÉ, FAMILLE ET FOI

Congregation-based NSI Linking with Public and Private Services and Pharmacies

In February 2017, Passages partners (Tearfund, Église de Christ au Congo and their nationwide network of congregations, and Population Services International/Association pour la Santé Familiale [PSI/ASF]) launched Masculinité, Famille et Foi, a program working with young couples in faith communities to shift gender norms to reduce intimate partner violence and increase FP use in Kinshasa, Democratic Republic of Congo (DRC). Faith leaders and Gender Champions (youth facilitators) from congregations engaged young couples in reflective dialogues on gender, power, violence, and planning families. Gender Champions worked with community health workers (CHWs) to lead health talks to create discussion on FP, provide referrals to youth-friendly health care and encourage the use of a confidential hotline. Collectively, these strategies promoted couple demand for FP services and fostered support from faith leaders and communities for couples to access and use these services. To ensure services were appropriate for youth, the program partnered with PSI/ASF in a FP linkage strategy over two years: 1) PSI/ASF trained providers at public clinics, private clinics, and pharmacies to offer youth-friendly, gender-equitable services in program areas; and 2) CHWs provided referrals to couples for FP and gender-based violence services. After the field-testing phase showed limited service uptake, learning reflection meetings with partners helped to clarify roles and responsibilities. A mystery client study was conducted and training organized to improve the experiences of young couples seeking services.

GROWING UP GREAT!

Club-based NSI Linking with Local Health Centers

Save the Children launched Growing up GREAT! in October 2017. This NSI is focused on creating gender awareness, increasing puberty knowledge and fertility awareness and fostering healthy behaviors of very young adolescents (VYAs) girls and boys in and out of school in Kinshasa, DRC. The program also engages parents and teachers to encourage them to provide gender-equitable support for young teens as they navigate puberty and emerging romantic relationships and keep youth free from violence. The overwhelming majority of VYAs are not yet sexually engaged, thus GUG! was designed to encourage health care-seeking behavior *before* they need FP services, laying the groundwork for future health and wellbeing. Save the Children established an informal linkage agreement between local health facilities and GUG! Community-based Organizations to support exchange visits: VYA clubs visited local health clinics, and health providers visited VYA clubs. Before exchange visits began, GUG! contracted PSI/ASF to train local clinics in adolescent-friendly services including how they welcome VYAs to services. Field-testing phase revealed coordination challenges, which were smoothed out. Two years into implementation, the linkage between CBOs, VYA clubs, and local health clinics is evolving. Currently, in 2019, GUG! is in discussion with the MOH to institutionalize the exchange visits by standardizing the approach at the zonal health level and having Ministry-supported CHW responsible for organizing exchange visits in areas where VYA clubs exist.

ⁱ Denno, D. M., Hoopes, A. J., & Chandra-Mouli, V. (2015). Effective strategies to provide adolescent sexual and reproductive health services and increase demand and community support. *Journal of Adolescent Health*, 56, S22-S41.

ⁱⁱ Kesterton, J. J., & Cabral de Mello, M. (2017). Generating demand and community support for sexual and reproductive health services for young people: A review of the literature and programs. *Reproductive Health*, 7, 25.

ⁱⁱⁱ Rutgers International (2016). *Essential packages manual: Sexual and reproductive health programmes for young people* (pp. 26-36). Utrecht, The Netherlands: Rutgers

^{iv} Tennyson, R., Huq, N., & Pyres, J. (2009). *Partnership step by step. Bangladesh*. Oxford, UK: The Partnering Initiative. Retrieved from <http://bit.ly/1SCAb5C>

HUSBANDS' SCHOOL IN NIGER

Informal school-based NSI Linking with Local Health Centers

UNFPA and SongES (Soutien aux ONG: Empowerment et renforcement de capacités, Strategies de développement) support Husbands' Schools, a program operating as village-level 'schools' throughout Niger. Husbands' Schools aim to involve men in supporting women's use of reproductive health care, thereby fostering a more enabling environment for women to utilize antenatal, delivery, and FP services and to increase gender equity in health care decision-making. The services linkage is built into the program from inception: Providers from local health centers meet regularly with Husbands' School members to review service data and health issues facing the community. Model husbands, who receive a base orientation from NGO coaches, and later coaching, devise outreach strategies to sensitize and begin discussions with other men and the broader community on reproductive health and encourage pregnant women and people interested in modern contraception to visit health centers. Evaluations show that the close Husbands School-health center collaboration has strengthened and sustained the linkage. Health providers value the support and see improved use of RH services. Model husbands appreciate health center services and play new roles promoting utilization of reproductive health services in their communities.



FINAL REFLECTIONS

Forming linkages between NSIs and FP services is a powerful approach to improve the effectiveness of adolescent and youth reproductive health programs. In this brief, we have explained how to scope out FP services, identify effective linkages, and establish and maintain successful linkage partnerships. Care is needed to find service linkages that fit well with the NSI, depending on how the NSI is designed and values which underpin the NSI. From the perspective of services, adolescents not only need access to services but also for the services to be adolescent-friendly so that they want to return. By entering in partnerships, NSI can play advocacy roles to improve services for young people. When well-designed, linkages can help to reshape social norms around FP use and contribute to young people's reproductive health and wellbeing into adulthood.

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www.passagesproject.org



info@passagesproject.org



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