USAID COMMUNITY CAPACITY FOR HEALTH PROGRAM

Engaging Youth to Improve Health and Reduce Gender-Based Violence

PROGRAM SUMMARY

The USAID Community Capacity for Health Program—known in Madagascar as Mahefa Miaraka—is a five-year (2016–2021) community-based integrated health program funded by the United States Agency for International Development (USAID). The Program is a collaborative effort among the Ministry of Public Health (MOPH), USAID, and JSI Research & Training Institute, Inc. (JSI). Mahefa Miaraka provides tools and capacity-building training to approximately 10,000 community health volunteers (CHVs) who provide basic maternal health, child health, and family planning services to their local communities. The Program also works with national and local government stakeholders to strengthen the health sector and health policies.

MAHEFA MIARAKA

- OPERATES IN **7** REGIONS OF MADAGASCAR
- COVERING A TOTAL OF **4,708** VILLAGES
- WITH A TOTAL POPULATION OF **6.6** MILLION PEOPLE
- OR **28** PERCENT OF THE COUNTRY'S TOTAL POPULATION

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YPEs from Miandrivazo High School, Menabe Region, demonstrate a trust-building activity for the class during a YPE learning session. Involving participants in an active way was an essential part of the YPE approach.

Mahefa Miaraka Miandrivazo

OVERVIEW

The health needs of adolescents and youth remain consistently high in Madagascar because many young people cannot access complete and accurate health information, health education, or modern forms of contraception and preventive care. These gaps are due to age discrimination, stigma, poverty, lack of education, and lack of information.[1] The country has a high adolescent fertility rate with 108 births per 1,000 women aged 15–19 compared to the global average of 42 per 1,000.[2] These factors contribute to Madagascar's high maternal mortality rate (426 per 100,000) as well as high infant and child mortality rates.[3] Linked to these mortality rates is the prevalence of child marriage: Madagascar has the 13th highest rate of child marriage in the world with 41 percent of girls married by age 18.[4,5] The Government of Madagascar (GOM) recognizes early marriage as a form of gender-based violence (GBV) and promulgated a law in 2007 setting the minimum legal age for marriage at 18 years.[6] Despite this law, child marriage remains widespread. Because young people aged 10–24 account for 32 percent of Madagascar's population,[7] addressing their health needs can have broad and lasting impacts.

The GOM has adopted family planning (FP) as an important strategy to improve adolescent and youth health and reduce maternal mortality. The *National Reproductive Health and Family Planning Law and National Strategic Plan for Adolescent and Youth Reproductive Health* address reproductive choice and the negative consequences of early childbearing. Past interventions for youth have largely focused on establishing designated areas for adolescents and young people to access health information or services. The contributions of these youth spaces have been minimal, however, with program evaluations showing that very few young people were aware of their existence and even fewer had used them.[8]

1 FP2020, Adolescents, Youth and Family Planning.
2 World Bank, "Adolescent fertility rate (births per 1,000 women ages 15–19)," 2018.
3 INSTAT and UNICEF, "Multiple Cluster Indicator Survey (MICS)," 2018.
4 UNICEF, "The State of the World's Children: Children in a Digital World," December 2017.
5 INSTAT and UNICEF, "Multiple Cluster Indicator Survey (MICS)," 2018.
6 Law on Marriage and Matrimonial Regimes (LMMR), 2007.
7 Government of Madagascar, "Plan Stratégique National en Santé de la Reproduction des Adolescents et des Jeunes 2018–2020," December 2017.
8 Plan Stratégique National en Santé de la Reproduction des Adolescents et des Jeunes 2018–2020.

KEY ACTIVITIES

Five Life Skills. The Five Life Skills experiential learning approach[9] focused on building five skills: making good decisions, building self-confidence, setting realistic goals, resisting negative peer pressure, and actively seeking care and counseling at health and social service points. Topics included FP, GBV prevention, gender, and nutrition. Mahefa Miaraka selected and trained youth to be peer educators and provided them with comprehensive training manuals outlining the overall objectives of the Five Life Skills course with specific guidance for each learning session. The Program adapted the Five Life Skills approach for three groups of youth: middle school students (ages 14–15), high school students (ages 16–18), and out-of-school youth. Content for out-of-school youth was similar to the content in the high school curriculum, though tailored for nonliterate audiences. YPEs for all groups provided their peers with the opportunity to learn together, pose questions, and exchange ideas while building self-confidence to put the Five Life Skills into practice.

One important aspect of the Five Life Skills approach is that parents are invited to specific "parent school" sessions so youth have support for their roles as YPEs in leading the Five Life Skills sessions. In addition, YPEs identified program participants to be trained as YPEs and then mentored these peers to lead the next round of learning sessions. Schools and community associations could become a "Champion School" or a "Champion Community" when they had completed a certain number of experiential learning sessions, identified and trained new YPEs, and organized events for the broader community.

RED CARD

Among the training materials that Mahefa Miaraka provided to YPEs were "red cards" designed to help girls and young women resist aggressive advances by clearly saying "no." Through role-play, young women practiced pulling out their red cards with confidence to indicate that they were saying "no" to unwanted or aggressive behavior. YPEs leading the session asked young men from the group to reflect on how they can support the young women in using their red cards.

9 With technical input from CCH partner FHI360, Mahefa Miaraka developed an experiential life skills curriculum for youth based upon a successful similar program in Ethiopia called the Health Communication Partnership.

Model and Mentor Families. The Program's Model and Mentor Families approach served to reinforce positive youth health messaging and multiply the number of health actors sustaining positive behaviors within families across Program regions. Participating households worked toward becoming a Model Family, and 50 percent of these families were young couples under the age of 25. Families use household checklists that target four life stages: pregnancy, infants 0–11 months, children 12–23 months, and children 24 months–5 years. Each checklist was based on the GOM's Woman and Child Health Cards and described seven essential health actions that correspond to the needs of the family at that stage. CHVs and household members used the checklists to discuss and adopt specific health behaviors.

Once the household completed the seven key health actions, the household received a certificate of merit as a Model Family. This family could then become a Mentor Family by encouraging neighbors to become Model Families and providing encouragement, guidance, and support to their neighbors based on their experience. Young Model and Mentor Families led community-based promotional activities that included youth advocacy for the prevention of early marriage, early and unwanted pregnancy, and GBV.

FP Invitation Cards. FP invitation cards are designed for satisfied FP users to invite their friends and peers to discuss FP and encourage them to seek information and services from their CHV. Program-supported CHVs distributed invitation cards to current FP users to be shared with their peers. Because almost three-quarters of the Program's regular FP users were youth, having them distribute the invitation cards among their networks was an important expansion of youth services.

YPEs also received training on using FP invitation cards and encouraging their peers to seek information and services with a CHV or at the Centre de Santé de Base (CSB). Similar to the Model Families, the use of the FP invitation cards dramatically expanded the number of community actors promoting family planning through their own experience and within their social networks.

Key Message Dissemination via CHVs, Community Leaders, and Radio Broadcasts. CHVs, community leaders, YPEs, and local radio broadcasts played an essential role in promoting key messages for preventing early marriage, early and unwanted pregnancy, and GBV. CHVs promoted these health messages through home visits and group education sessions, and both CHVs and community leaders organized community events addressing these themes. The Program contracted with regional radio stations to broadcast radio spots and dramas on the key health messages for youth, and CHVs organized radio listening groups to tune into these radio broadcasts at certain times to listen and discuss the radio spot together.

APPROACH

Mahefa Miaraka placed adolescents and youth at the center of efforts to improve access to health promotion and reproductive health services by locating interventions at places where youth spend time, such as schools and the community, and by leveraging youths' networks to share information. These efforts focused on preventing early or unwanted pregnancies, engaging boys and young men in health activities, and raising awareness and empowering youth in the fight against GBV. With a clear focus on youth across its community interventions, Mahefa Miaraka contributed to progress toward the GOM FP 2020 goals, which included: 1) increasing the contraceptive prevalence rate from 33 percent in 2013 to 50 percent in 2020, and 2) reducing the rate of unmet need for FP from 17.8 percent in 2013 to 9 percent in 2020.

Mahefa Miaraka designed and implemented youth activities to promote adoption of important life skills and healthy behaviors using various communications channels. Youth—like all people—are more likely to adopt healthy behaviors when they receive the same message on multiple occasions. Mahefa Miaraka developed a comprehensive approach to enable youth to make responsible life choices on sensitive reproductive health and FP issues. The Program also ensured basic FP services and referrals to reproductive health and long-term FP services through its CHVs.

The Program's approach for youth engaged them by providing key health messages through several unique and complementary activities within their communities:

1) Five Life Skills: An experiential learning program for in-school and out-of-school youth led by youth peer educators (YPE);
2) Model and Mentor Families: A community-wide approach with targeted messages for youth;
3) FP Invitation Cards: Cards shared by young people who are current FP users with their networks of family and friends;
4) Key Message Dissemination: CHVs, community leaders, and radio broadcasts address the prevention of early marriage, early pregnancy, and GBV.

RESULTS

Youth were actively engaged in Mahefa Miaraka's programming, including shaping and implementing activities. Youth who participated in the program were vested in the results. Overall, the Program saw an increase in the number of new FP users under the age of 25 over the course of the project. By the end of the project, 74 percent of regular FP users were between the ages of 10–24. Specific achievements include:

- **Cross-sectoral engagement:** The Program collaborated with the Ministries of Education, Youth and Sports, and Public Health to orient 2,396 parents and 2,324 community leaders and train 1,766 teachers and 191 school district staff on how to train and support YPEs.
- **Training:** 2,100 YPEs trained on the Five Life Skills curriculum, about half of which were young men and half young women (53 percent and 47 percent, respectively). Of these YPEs, 1,592 were in-school YPEs and 508 out-of-school YPEs (76 and 24 percent, respectively).
- **Youth engagement:** 22,476 youth participated in YPE-led learning sessions across 248 schools and 127 community youth organizations.
- **Model and Mentor Families:** 176,180 youth households became Model Families, and 90,605 were recognized as Mentor Families. The Program's Model and Mentor Families approach worked to expand the promotion of improved health behaviors from household to household, allowing families that became Mentor Families to become important health leaders in the community.
- **Invitation cards distributed:** CHVs distributed **426,561 FP invitation cards** to regular users under the age of 25.
- **Youth contributions recognized:** Communities lauded the achievements of Model and Mentor Families and YPEs during community-led gatherings, school events, and as part of national and international events, including World Youth Day, World Contraception Day, and World Health Day. These efforts increased the visibility of youth as active participants and leaders in community health.

CHALLENGES

1. **Engaging out-of-school youth.** The Program found that out-of-school youth were less available and less willing to engage in a non-paid voluntary YPE role because finding a source of income for themselves and their families took priority. Many youth who expressed initial interest in the YPE program expected to be compensated by the Program. After learning this was not the case, the youth expressed that they needed to pursue income-generating activities instead. The Program worked closely with community youth organizations and fokontany heads to find non-financial means (e.g., t-shirts and hats) to motivate YPEs. However, these means do not address the core financial needs of potential YPEs, particularly those who are out-of-school.

2. **Scheduling YPE activities for in-school youth.** Despite close collaboration with the Regional Directorates for National Education and local school districts, determining how YPE activities would fit into school schedules remained a challenge for the Program. Allocating sufficient time for YPEs to conduct the 10-hour sessions each semester within what was already a full class schedule required careful planning with teachers and school leaders.

3. **Parents' engagement in YPE activities.** The Program's efforts to involve parents in the YPE approach aimed to expand the promotion of improved health behaviors and allow parents to become important health leaders as they support youth. However, for a minority of parents, taboos surrounding sexual and reproductive health, as well as the educational divide between parents and children, limited their participation.

RECOMMENDATIONS

Comprehensive approaches for reaching youth with health information and services is essential to improving young people's health-related knowledge, attitudes, and skills and increasing their access to health services. Key takeaways from Mahefa Miaraka's experience include the following:

Mahefa Miaraka's Five Life Skills approach of **training school district staff, teachers, and community youth leaders and including parents in the process** before moving on to the training program for youth helped the Program obtain input and approval from the community. In particular, the Program involved parents to help them feel more at ease talking with their children about sexual and reproductive health issues and to ensure the continuity of the lessons their children learned through Program-led youth activities. Future programs can address taboos surrounding sexual and reproductive health so that these taboos do not limit parents' willingness to engage in youth activities and so that parents' role as a source of sexual and FP information is respected and supported.

Though it remained a challenge, the Program identified some effective actions for **scheduling YPE activities with schools**. For instance, Mahefa Miaraka encouraged schools to allow in-school YPE activities to start at the beginning of the school year to allow enough time to complete the learning cycle of 10 sessions each semester. Developing a consistent and regular schedule encouraged attendance and participation for YPE learning sessions. The team also determined that the quality of YPE learning sessions was best when the sessions were held once per week compared to multiple times per week and that the interval between sessions should not exceed one week.

The **highly interactive techniques** used throughout the YPE Five Life Skills curriculum gave youth the opportunity to participate in an activity, reflect on their own experience, discuss what they learned, and then apply their learnings. These techniques helped provide youth with accurate information while developing their own self-confidence, giving them a chance to practice new skills, and directing them to health information and services in their community.

Creating space inside or outside of school settings for youth to discuss and share what they have learned through Five Life Skills sessions and other cross-cutting youth activities helped to reinforce improved health behaviors. As part of the Five Life Skills approach, some facilitators and in-school YPEs formed clubs for YPE students based on their talents and interests, including a singing club, theater club, and language club.

Strengthen relationships between YPEs and CHVs. Having a trusting relationship between CHVs and YPEs helped ensure that YPEs feel comfortable referring their peers in the first place. Enhancing CHVs' ability to create an atmosphere of trust where sensitive issues can be discussed freely and without judgment is critical.

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