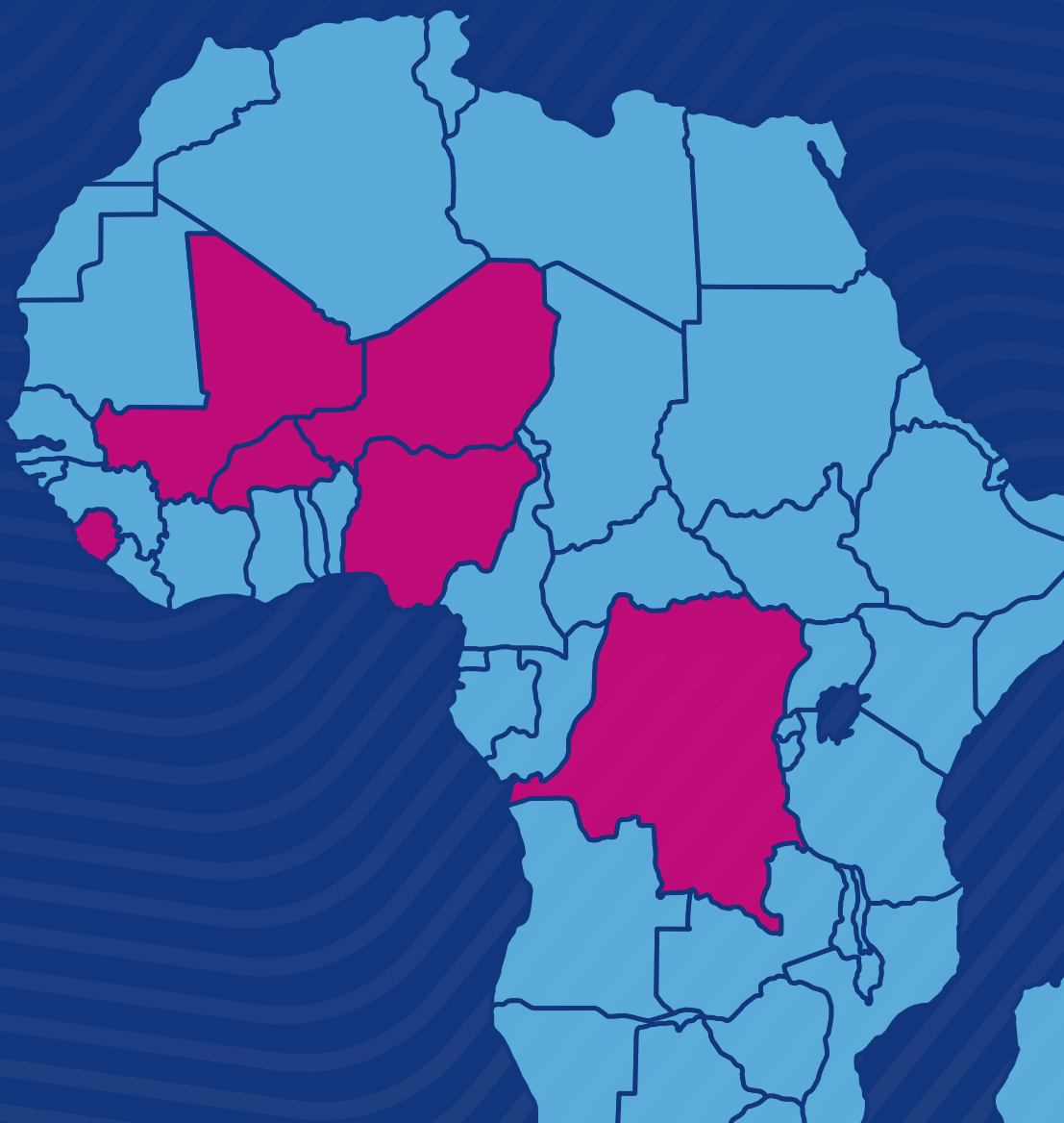
MSI REPRODUCTIVE CHOICES

WISH Global Good

Reaching the last mile

INSIGHTS FROM SRHR PROGRAMMING FOR ADOLESCENTS AT MSI OPERATED AND SUPPORTED SITES

Mali, Nigeria, Niger, Sierra Leone, Burkina Faso, and DRC



Adolescents continue to face inequities in sexual and reproductive health and rights (SRHR) and face barriers in accessing quality, respectful, and confidential care.

Quality sexual and reproductive health and rights (SRHR) is a critical component of universal health coverage (UHC) that leads to improved health outcomes and plays a critical role in advancing social and economic development. While there has been global progress in integrating SRHR programming into health systems, this progress has been slower among adolescents. Pregnancy and childbirth continue to be a leading cause of death for adolescent girls[1]. Compared to women of reproductive age (15– 49 years), adolescent girls (aged 15– 19 years) have a far greater unmet need for contraception (24% vs. 43%, respectively).

10M

UNINTENDED PREGNANCIES

each year and 5.7 million abortions, most of which are considered unsafe.

25%

BIRTHS OUTSIDE HEALTH FACILITIES

(4 of 12 million) of births among adolescent mothers occur outside a health facility, with no access to skilled maternal or newborn care[2].

20%

OF GIRLS DROP OUT OF SCHOOL

due to pregnancy[3]. This is consequential because every additional year of education increases a woman's earnings by 10%– 25%[4].

These outcomes lead to more inequities, limit opportunities for education and employment, and perpetuate the poverty cycle.

Despite efforts to make adolescents central to the Sustainable Development Goals (SDG) agenda, countries have been slow to integrate adolescent care in SRHR national strategies. There are many contributing factors to this, including limited efforts to disaggregate, measure, and integrate appropriate indicators on adolescent care in health data systems[5]. **There remains a need to generate systematic evidence to inform the design and delivery of quality services designed for adolescents in order to optimise reach.**

MSI's strategy to support adolescents

Over the last decade, MSI has accelerated its efforts to respond to the growing demand for services from adolescents (defined as those aged under 20 years).

With a focus on creating an enabling environment, promoting systems level change, and fostering a culture of compassion and respect, MSI has adapted programme design, delivery, and messaging for adolescents to provide high quality services, including a full method mix.

From 2018 to 2022, there has been a substantial increase in the number of adolescent clients presenting at service channels operated and supported by MSI, including public sector sites.

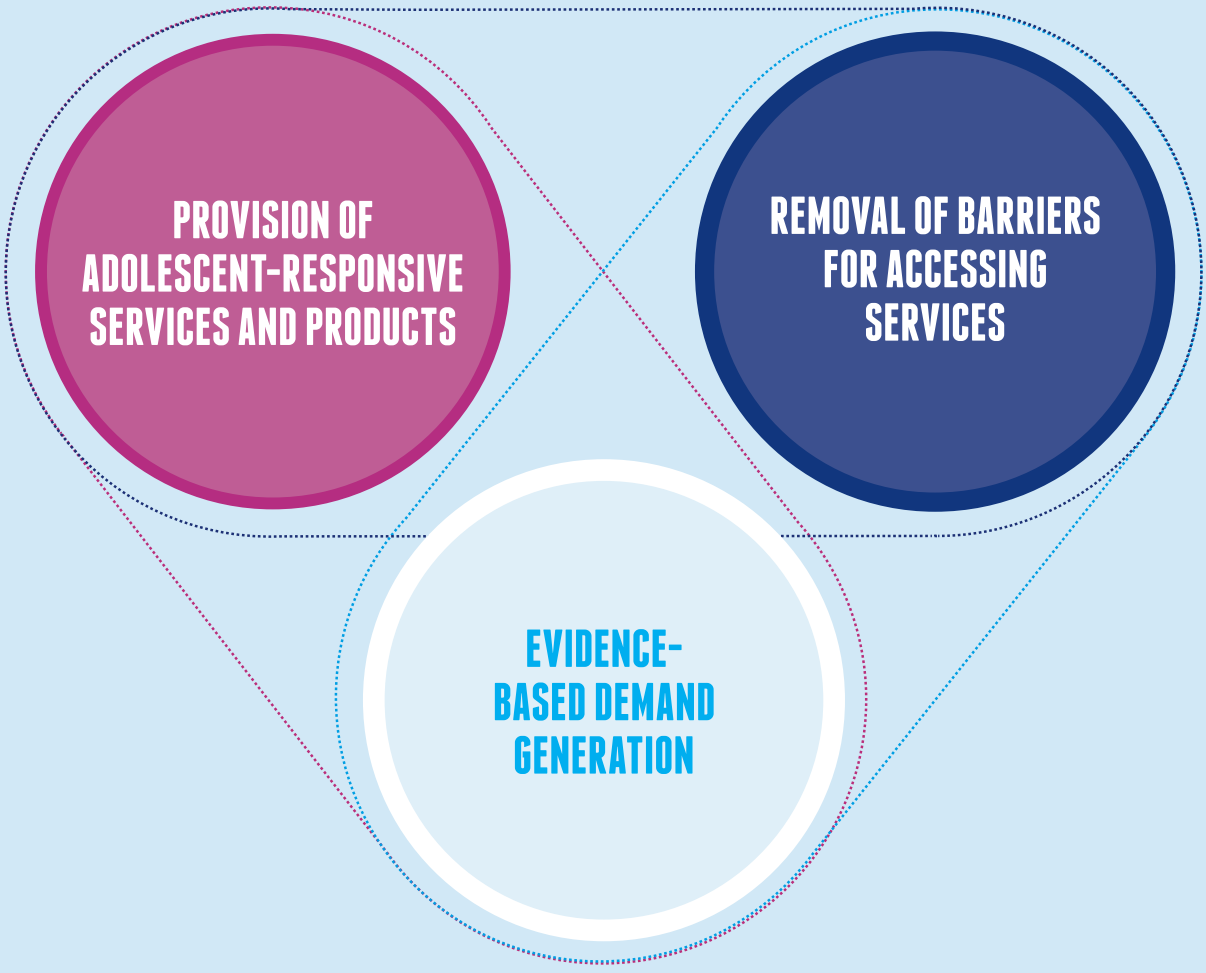
ONE OUT OF EVERY 6

in the sample were adolescents, resulting in a total of 5 million adolescent clients[6].

25% OF THE TOTAL CLIENT VOLUME

is comprised of adolescents in Niger, Nigeria, Sierra Leone, Burkina Faso, Mali, and DRC.

The three components of MSI's adolescents' strategy



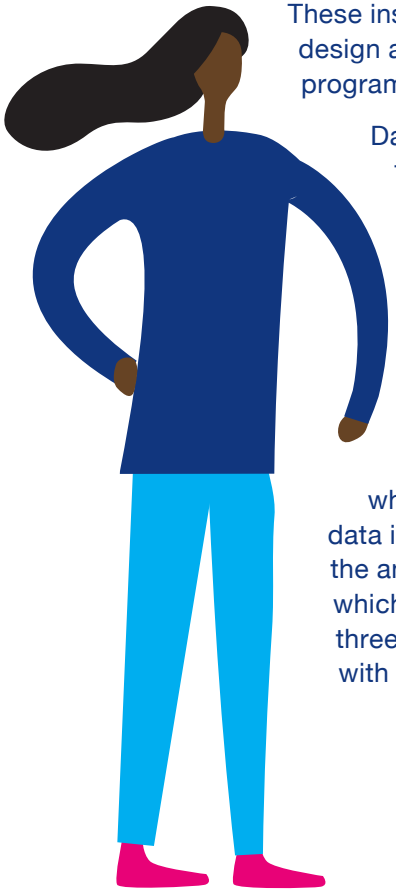
Expanding Adolescent SRHR services under the Women's Integrated Sexual Health Programme (WISH)

The WISH Programme Lot 1 was established to scale up support for integrated SRHR across West and Central Africa: Burkina Faso, Chad, DRC, Ghana Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone.

A strategic focus of the programme has been on the expansion of youth-focused strategies, with the intent of mainstreaming adolescent care through tailored SRHR information and appropriate, accessible, affordable, and quality SRHR services. Emphasis is placed on reaching adolescent girls, adolescents in the lowest wealth quintiles, adolescents with disabilities, and adolescents living in rural and other hard-to-reach geographies.

Evidence generation: Methodology

This brief presents insights on the profile, user experience, and perceptions on family planning of adolescent clients who present at service channels operated or supported by MSI.



These insights can help inform programme design and service delivery across global SRHR programming for adolescents.

Data presented in this brief was collected through Client Exit Interviews (CEIs)[7] conducted with adolescents presenting for services across three MSI service channels: Outreach, MSI Ladies, and Public Sector Strengthening (PSS) in current and previous WISH supported countries in Lot 1: Mali, Nigeria, Niger, Sierra Leone, Burkina Faso, and the DRC.

Data has only been included from years where there is a large subset of adolescent data in the CEI sample. Countries included in the analysis varied across 2020 and 2021 during which 5,559 CEIs were conducted across the three service channels, of which 766 were with adolescents[8].

MSI SERVICE CHANNELS

Outreach

MSI partners with governments to reach people who do not have easy access to SRHR services. Using mobile healthcare teams, MSI travels to rural and remote communities to deliver services.

MSI Ladies

Mobile midwives, working in the community or visiting clients at home to reach clients with discreet and flexible services.

Public Sector Strengthening (PSS)

MSI partners with the public sector sites to provide training and technical support to improve and sustain quality services.

PROFILE

What do we know about adolescents who seek SRHR services at MSI service channels

Profile outlines the demographic of the adolescent client who is served at MSI supported and operated sites.

The average adolescent has received some level of formal education, is a parent to at least one child, is married, lives in multi-dimensional poverty, and has access to a cell phone.

NEARLY EIGHT OUT OF 10

adolescents received some primary or secondary formal education. Education attainment level varied by country programme, with five out of 10 adolescents in Niger and nine out of 10 adolescents in DRC and Sierra Leone having attended some formal schooling.

OVER SIX OUT OF 10

adolescents are a parent to one or more children. These trends vary by country with 88% of adolescents in Niger being a parent, compared to 50% in Mali.

FIVE IN 10

adolescents are married, and six out of 10 are in a relationship. Among adolescents who are a parent, 76% are married.

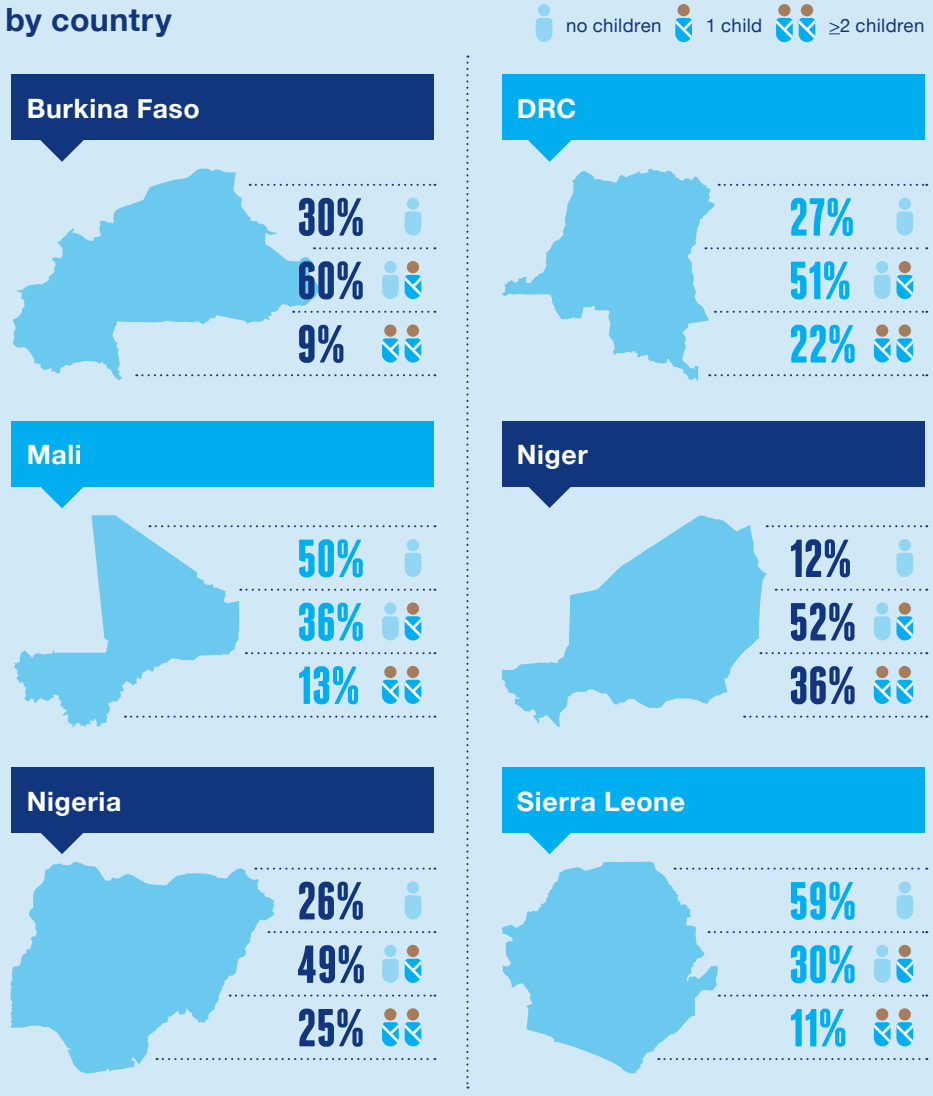
SIX OUT OF 10

adolescents have access to a cell phone.

OVER SIX OUT OF 10

adolescents are living in poverty, with over three out of 10 living in severe poverty. This mirrors poverty rates among non-adolescent clients. Close to four out of 10 adolescents who accessed services through public sector sites and outreach service channels live in severe poverty, compared to a little over two out of 10 adolescents who accessed services through MSI Ladies. This difference may reflect the location of the service channels as MSI Ladies operates in a more peri-urban setting.

Parity among adolescents by country



INSIGHTS on the adolescent profile

Over 60% of adolescents already have a child, presenting an opportunity to focus messaging and services on pregnancy spacing, and adopts a more proactive approach that reaches adolescents early on with messaging to delay the first birth.

The high rates of poverty among adolescent clients flags the importance of integrated service delivery, as well as prioritising affordability, and designing programmes through an intersectional lens that considers income, in addition to gender, location, education, parental and disability status, displacement, etc.

"I WANT MSI TO CONTINUE HELPING YOUNG GIRLS, ESPECIALLY THOSE WITH BIG DREAMS TO REACH THEIR GOALS. THE MESSAGE MUST GO DOWN SO THAT GIRLS CAN MAKE INFORMED CHOICES."

Marie, 19 years, mother and client of MSI, Sierra Leone

SPOTLIGHT
MSI programming

Demand generation: Back-to-school programme initiative to prevent unintended pregnancies among adolescent girls in Sierra Leone

In collaboration with schools, education bodies, and community representatives, MSI Sierra Leone outreach service providers adopted a multi-faceted approach that fosters better access and understanding of SRHR among adolescents by focusing on:

Creating an enabling environment through discussions and advocacy to introduce and scale comprehensive sexual education (CSE) into the school curriculum.

Increasing family planning uptake by establishing school health clubs to create awareness around family planning and SRHR, and consequences of teenage pregnancy.

Working collaboratively with key stakeholders to foster buy-in for SRH and family planning initiatives.

Emphasising the importance of confidentiality and safe spaces through information sharing sessions and building trust in MSI Sierra Leone service providers.

Adapting ongoing SRHR programming by extending service hours and ensuring locations are away from the health posts and convenient to schools in order to make it easier for adolescents to access services.

DRIVERS OF DEMAND

Referrals and marketing strategies

This section explores the role of referrals, community mobilisers, and marketing approaches in raising adolescent awareness of services.

Referrals and word of mouth play a role in making adolescents aware of, and may influence their decision to seek SRHR services.

Over eight out of 10 adolescents in Mali, Niger, Nigeria, the DRC, and Sierra Leone had been referred to the clinic by a community relative, friend, different provider, or community-based mobiliser.

In Burkina Faso, seven out of 10 adolescents said they had been referred and over three out of 10 had contacted the MSI contact centre prior to arriving at the service channel.

While loudspeakers, radio programming / advertisements, and community events are the most popular marketing sources in creating awareness about SRHR services they are limited in their reach.

The percentage of adolescents who relied on marketing approaches to learn about SRHR services varied across the countries. The type of approach also varied by country.

Top two marketing sources reported by adolescents visiting a service site

% of adolescents who reported relying on the sources of information

Mali	Nigeria	Sierra Leone	Burkina Faso	Niger	DRC
20% Radio, advert or programme	**33%** Loudspeaker	**42%** Loudspeaker	**12%** Radio, advert or programme	**55%** Community meeting or event	**32%** Loudspeaker
2% Posters, leaflets, flyers	**7%** Radio, advert or programme	**21%** Radio, advert or programme	**11%** Loudspeaker	**8%** Posters, leaflets, flyers	**16%** Community meeting or event

INSIGHTS on outreach strategies and drivers of demand

While it is clear which marketing sources are most common in each country, their combined reach often does not reach the majority of adolescents, signifying the importance of using a wide range of marketing approaches when disseminating information about SRHR, including how and where to access services.

Cell phone access rates and education levels suggest an opportunity to invest in approaches that utilise phones to market services, provide information, and to leverage digital health tools. Although approaches should also ensure inclusion of the 40% of adolescents who did not have access to a cell phone.

SPOTLIGHT – Expanding adolescent access through outreach services in Niger

From 2018 to 2021, Niger experienced a 173% increase in the number of adolescents accessing SRHR services through MSI's outreach channel. In 2021, 99% of adolescent clients were from rural areas.

This increase in adolescent outreach can be attributed to the team's efforts to adapt service delivery approaches and models of care that place the needs of community and adolescents at the centre.

The MSI outreach team employed three key strategies to generate demand among adolescents:

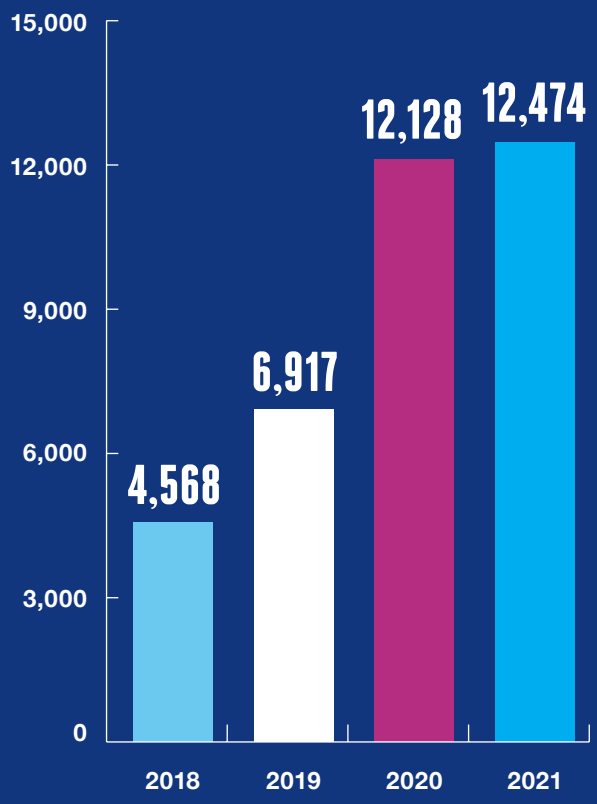
1. Adapting the hours and locations of services to ensure that clients can easily access services at a location that preserves their privacy and at times that are convenient.

2. Training and working directly with adolescent peers as community mobilisers to promote referrals and create linkages between the service sites and communities.

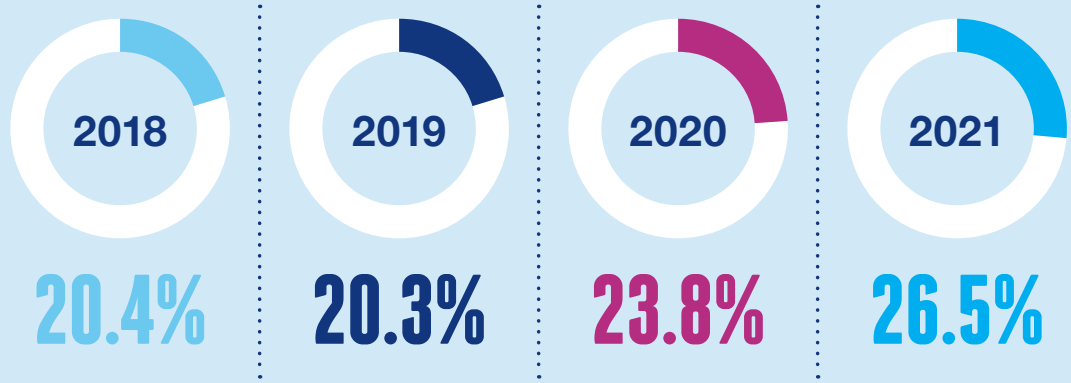
3. Working to shift social norms and dispel myths and misconceptions around family planning by engaging communities, especially mothers, in discussions that framed family planning within the context of future aspirations and family wellbeing.

The team hopes to build their capacity and resources to be able to continue to adopt more innovative outreach approaches that continue to drive demand for family planning among new clients.

Adolescents reached through the outreach channel in Niger



Adolescents as % of all clients



COMMUNITY NORMS

Perceptions on contraception

Community norms explore adolescent beliefs about social norms and attitudes around contraception that are prevalent in the community.

Most adolescents had an overall positive perception about community attitudes on family planning and on modern contraception use.

Perceived norms and attitudes varied by marital status. Compared to their unmarried peers, married adolescents perceived less stigma associated with family planning in their communities and believed that there was more support for use of modern contraception.

OVER EIGHT OUT OF 10

married and unmarried adolescents did not perceive stigma in the community around the use of contraception and believed female community members to be supportive of their friends' decisions to use contraception. These trends were similar in all the countries, except DRC, where five out of 10 adolescents reported hearing positive stories about contraception in the community.

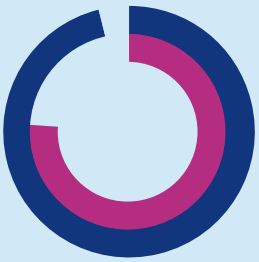
Marital status impacted perceptions around male partner support of contraception, with **38% of unmarried adolescents finding that male partners were not supportive of their partners use of contraception,** compared to 88% of their married peers.

Percentage distribution of agreement with the following statements, as reported by adolescent clients

Unmarried Married

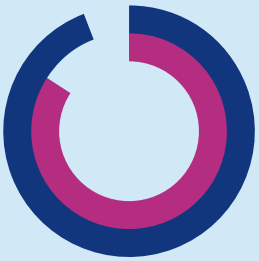
Agreed that the community accepted use of modern contraception

96% married | 77% unmarried



Agreed that most female community members encourage their friends to use contraception

94% married | 84% unmarried



Heard positive stories about contraception use

90% married | 81% unmarried

Agreed that most male community members support their partners use of contraception

88% married | 38% unmarried

INSIGHTS on the perception of community norms on value of contraception

Male community members were perceived as less supportive of use of contraceptive methods. This is consistent with the literature and indicative of gender inequities and power imbalances in the community, suggesting the need to do more to focus community mobilisation efforts for men and to address gender inequity.

Most adolescents presenting for services reported positive perceptions, which may suggest that they already feel supported in their desire to seek family planning services. Behaviour change and community engagement strategies may need to be more focused on finding ways to reach those adolescents who are not presenting at the sites.

Unmarried adolescents felt less supported than their married peers, indicating the need to provide additional support and resources tailored to their needs.

> "THE IDEAL FAMILY GAME GAVE US MORE INFORMATION ABOUT FAMILY PLANNING. WOMEN SUFFER A LOT IN OUR COMMUNITY, SO FAMILY PLANNING METHODS ARE VERY WELCOME. INDEED, THE SPACING OF THE BIRTHS WILL ALLOW MY FUTURE CHILDREN TO GROW UP IN GOOD CONDITIONS"

Awa, 19 years old and single with no children, Burkina Faso

SPOTLIGHT – Supporting adolescent mothers by changing social norms in the Sahel

Using human centred design, MSI developed La Famille Idéale to improve community awareness through long term behaviour change and shifting social norms necessary to improve access to family planning for adolescent mothers in rural areas of the Sahel, where they have limited decision-making power and are under significant pressure to prove their fertility.

Initially designed in Burkina Faso, La Famille Idéale was gradually adapted for scale in Senegal, Mali, and Niger. La Famille Idéale comprises of:

1. Le Jeu, a community game that helps MSI community mobilisers to engage influencers, challenge social norms, and engage husbands and community members in a positive dialogue about family planning.

2. La conversation, a visual tool that supports mobilisers to help family members explore the benefits of family planning for their family, to bust myths about contraception, and to encourage shared decision making and intention to access services. In parallel, MSI service delivery teams and supported teams ensure full access and counselling to a full range of family planning method options.

In 2020, an evaluation of the La Famille Idéale showed that there was a 25% increase in adolescent reach at sites where La Famille Idéale was piloted. Initial insights from Senegal suggest that this approach has the potential to drive long term change in attitudes and social norms, alongside generating immediate demand for contraceptive services.

CONTRACEPTIVE UPTAKE

Sexual and reproductive health needs and preferences of adolescents

In this section we explore adolescents' preferences and needs on family planning methods and method mix.

Most adolescents came to a service site for family planning services, with the majority being new adopters of family planning[9].

OVER NINE IN 10

adolescents presented at a site for family planning services. Other services received included pregnancy tests, STI testing, maternal and child health or general consultation.

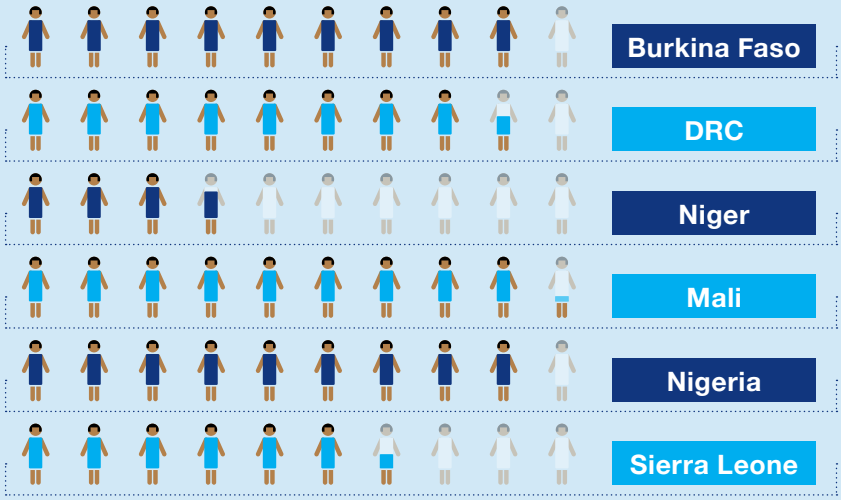
OVER SEVEN OUT OF 10

adolescents who received contraception were new adopters of family planning[9].

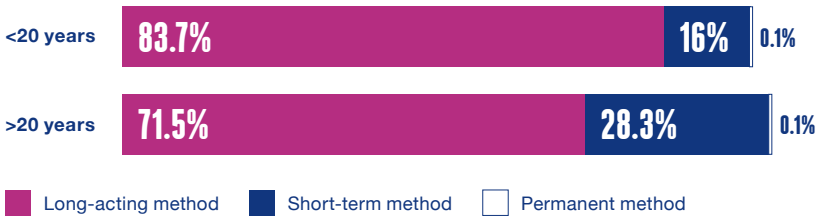
EIGHT OUT OF 10

adolescents opted to receive long-acting contraception.

Adolescents who opted for a long-acting contraceptive method by country



Uptake of contraceptive methods in use as proportion of total contraceptive prevalence



Most adolescents opted for a long-term contraceptive method, except in Niger. These trends mirrored method-mix preferences of non-adolescent clients, although a slightly higher percentage of adolescents selected long-acting methods.

INSIGHTS on contraceptive preference for long-acting reversible contraception

The high rates of use of long-acting reversible contraceptives among adolescents in this sample differ from global trends on method mix. Global evidence has documented large variation in method mix across countries and high usage of short-term methods among adolescents and youth, especially when compared to all women of reproductive age.

Method mix is impacted by supply and demand factors. Of note, MSI supported service points to administer LARCs in some of these remote locations. Additionally, the majority of adolescents reported having a preference for a long-term method prior to visiting the site. The availability of supply and demand may explain the high uptake of LARCs observed at these sites.

USER EXPERIENCE

Contraceptive user counselling and quality of client experience

This section explores adolescents' experience with the quality of counselling and client satisfaction.

The vast majority of adolescents who presented at a service site received the method they had come in for.

Adolescent client journey in selecting contraception at an MSI operated or supported service channels

67% adolescents had a specific family planning method in mind

Clients receive counselling on family planning methods

79% came in for an implant
14% for an injectable

96% of adolescents received the method they came in for

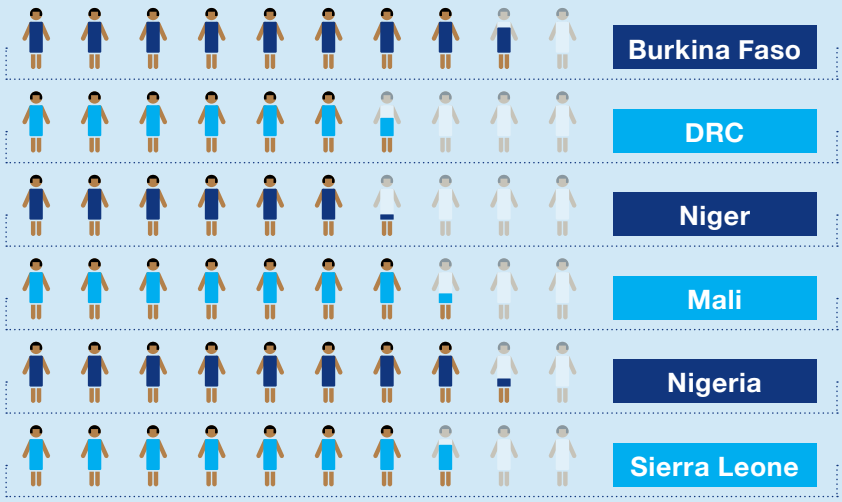
Most adolescents received the four key messages constituting quality counselling from a health provider

Providers at the MSI service channels are trained to provide comprehensive counselling on family planning methods, including on side effects, how to manage side effects, alternate methods, and options to switch.

The overall quality of counselling was assessed using the Method Information Index Plus (MII Plus) score.

This score is the percentage of clients who responded yes to a set of four questions that are used to measure informed choices and the quality of family planning. It utilises a rights and empowerment lens to evaluate informed consent, method choice, and quality of care provided by providers.

On average, over seven out of 10 adolescents answered yes to all four Method Information Index Plus (MII Plus) questions, with slight variations by country.



Percent of adolescents who were counselled on

Continued overleaf

USER EXPERIENCE

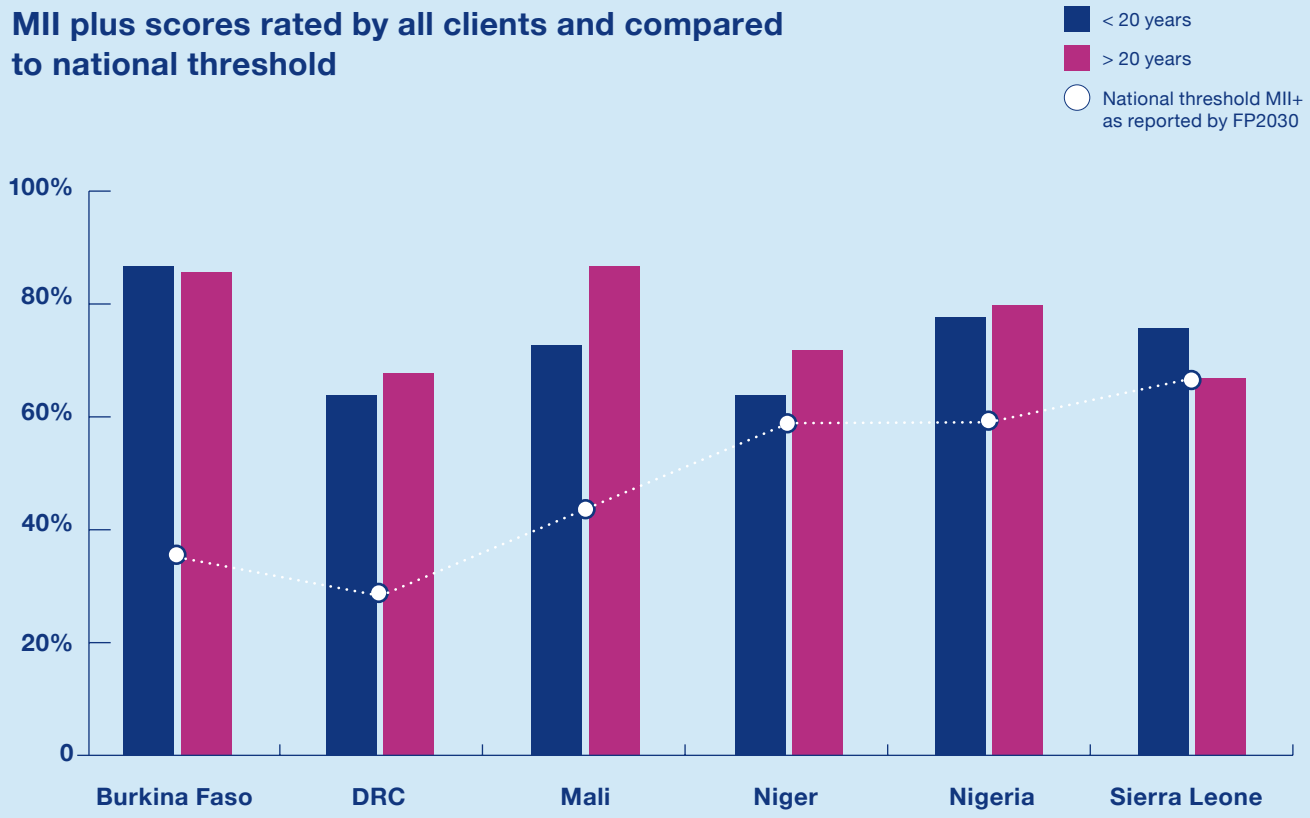
Adolescent clients received a similar quality of counselling on family planning as non-adolescents.

In each country, the Method Information Index Plus scores documented at MSI operated or supported channels are similar for adolescents and non-adolescent clients and outperformed national thresholds documented by FP2030.

In Burkina Faso and the DRC, these were twice as high as the national threshold[11].

While overall scores were high, there were some areas that can be improved. In Niger and DRC, four out of 10 adolescents did not answer yes to all four questions.

MII plus scores rated by all clients and compared to national threshold



On average, adolescents rated the client experience

4.1 OUT OF 5

★★★★☆

OVER 83%

of adolescents were satisfied with the overall quality of care received, scoring at least 4 out of 5 in all four metrics used to measure the client experience. This is similar to satisfaction ratings among non-adolescents (89%).

Across all locations, adolescents reported that the information provided could be simplified.

INSIGHTS on contraceptive counselling

Regardless of age, clients received the method of their choice. The high Method Information Index Plus score across the sites suggest that the quality of counselling on family planning is high and adopts a rights-based approach by emphasising confidentiality, consent, and choice.

Despite overall high scores, adolescents did not always receive counselling on the four key messages constituting quality counselling. Three out of 10 adolescents did not receive information on other family planning methods and on the possibility of switching. Nearly two out of 10 adolescents did not receive information on other family planning methods and on the possibility of switching.

While overall scores are high, there is also an opportunity to train providers on the importance of choice, providing clients with information on all available options that enable them to make decisions about their own care. These messages should be continually reinforced through supportive supervision and refresher trainings to ensure that the quality of counselling is maintained even when staff turnover occurs.

INSIGHTS on quality of client experience

The client experience score of 4.1 out of 5 and the similarity in satisfaction ratings among adolescents and non-adolescent clients may indicate that the services provided are of high quality, age-appropriate, and relevant for all clients seeking services, regardless of age. This may also suggest no stigmatisation around age by providers at these sites.

While satisfaction ratings are high, a score of 4.1 suggests that there are aspects of the experience that can be improved. Additional feedback from adolescents can provide the information required to understand how best to improve services, as well as insights into unique challenges that adolescents face, such as lack of knowledge or lack of agency that may not be reflected in satisfaction ratings.

What's next

Practitioners can harvest these insights to inform areas of improvement and design more accessible and adolescent friendly SRHR programs.

[1] https://genderdata.worldbank.org/data-stories/adolescent-fertility/

[2] Source URL: www.guttmacher.org/article/2020/08/bad-worse-covid-19-pandemic-risks-further-undermining-adolescents-sexual-and

[3] Source URL: www.hrw.org/news/2021/09/29/africa-rights-progress-pregnant-students

[4] Rural Women and the Millennium Development Goals. Accessed April 26 2023. En-Rural-Women-MDGs-web.pdf (un.org)

[5] Revisiting child and adolescent health in the context of the Sustainable Development Goals. Bhutta ZA, Yount KM, Bassat Q, Arikainen AA (2020) Revisiting child and adolescent health in the context of the Sustainable Development Goals. PLOS Medicine 17(10): e1003449. https://doi.org/10.1371/journal.pmed.1003449

[6] This number includes all adolescent clients who presented at MSI service channels across all its programming across the public sector and private sector channels

[7] Client exit interviews are administered on an annual basis on a random sample of clients presenting at MSI Service channels across country programs. The 40 – 50 minute in-person interview explores prior contraceptive use, fertility intentions, the user experience, and the quality of care received at the service channel.

[8] Data has only been included from countries and years where there is a large subset of adolescent data in the CEI sample. The sample includes data from CEIs conducted in Mali, Nigeria, Sierra Leone, Burkina Faso, and the DRC in 2020, and in Niger and the DRC in 2021

[9] New adopters are defined as persons who have never used or did not use family planning in the past three months.

[10] MII Plus demonstrates information provided at the time of receipt of a modern contraceptive method. The MII Plus utilizes a rights and empowerment lens to evaluate informed consent, method choice, and quality of care provided by providers.

[11] FP2020 Data Dashboard | Family Planning 2030 (fp2030.org). Accessed March 27, 2023.

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