

No quick fix: finding the right recipe to reach young women in need

IN BRIEF

In 2017 MSI began a concerted effort to reach more adolescent women. Within a year we almost doubled client visits in this age group – going from a historical average of about six percent to almost 12 percent by December 2017.

But the new initiative also revealed that there was no “one size fits all” approach.

Ongoing data monitoring and adaptive programming leveraging different service delivery channels to reach different groups is essential to continue to build on our success.

THE CHALLENGE

Reaching those in most need

An estimated 23 million adolescent women (aged 15-19) in low- and middle-income countries need better access to modern contraception. Meeting that need could help reduce unintended pregnancies in this age-group by 6 million annually, averting 2.1 million unplanned births, 3.2 million abortions and 5,600 maternal deaths each year.

As part of our ‘Scaling up Excellence’ 2020 strategy, MSI committed to reaching more marginalized populations by 2020, putting young people at the heart of our programs for the first time. This started us on a journey throughout 2016-2018 towards invigorating MSI’s approach to reaching adolescents.

WHAT WE DID

Finding the right blend

We identified eight ‘building blocks’ that played a critical role in our journey (see overleaf for details):

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|---|---|---|---|
| Central and in-country resources.
1 | Cross-organization youth working group set.
2 | Situational analysis of internal and external evidence.
3 | Adapted global data systems.
4 |
| Adolescent Strategy and best practice operational guidance.
5 | Adolescent reach indicators embedded.
6 | In-depth quantitative analysis triangulated.
7 | Facilitating cross-country communities.
8 |



We have developed programs that are starting to deliver – supporting these young people to step forward and make choices to define their own future.



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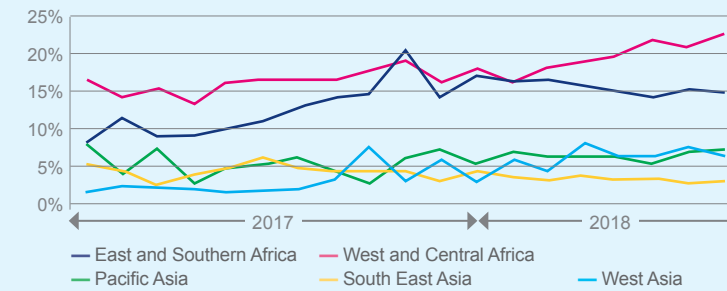
- 1 Central and in-country resources were appointed to focus on adolescent work; with global and national youth leads to help drive the agenda.
- 2 Cross-organization youth working group established to gain buy-in, pool expertise and disseminate learnings.
- 3 Situational analysis of internal and external evidence – to build our understanding of the evidence base and outstanding gaps. We also analyzed Demographic and Health Survey data to segment the adolescent ‘market’, looking at the demographic and geographical distribution of adolescent unmet need for contraception.
- 4 Adapted global data systems for greater visibility over adolescent reach.
- 5 Adolescent Strategy and best practice operational guidance launched, such as how to leverage our range of channels, including static urban clinics, rural mobile outreach teams, private socially-franchised providers, and community-based ‘MS Ladies’ to reach different segments by providing the kind of services that suit them. For example, our mobile outreach channel mostly reaches rural, childbearing adolescents by overcoming the cost and distance barriers to care, while our static clinics can reach more urban, pre-childbearing adolescents by providing discreet, youth-friendly care.
- 6 Adolescent reach indicators embedded into performance management processes. We developed an interactive dashboard to help give managers immediate performance trends on client visits, broken down by age, channel and country, compared with regional performance. We also looked at contraceptive method mix by age and marital or childbearing status, where possible.
- 7 In-depth quantitative analysis triangulated with consumer-led insights to understand ‘what good looks like’ and build our evidence base.
- 8 Facilitating cross-country communities of practice and peer-to-peer knowledge sharing between marketing and youth leads to share successes.

WHAT WE FOUND

Doubling our reach

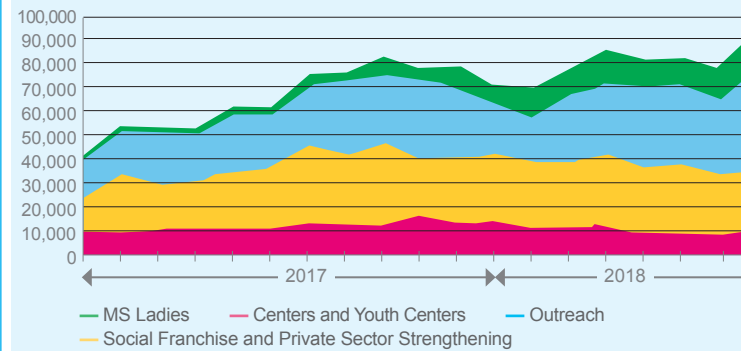
The difference in 2017 alone was remarkable: from a historical annual average of 6.3% between 2012-2016, we managed to double the proportion of global client visits from girls and women aged 15-19 to 11.8% by December 2017, driven by growth in our African programs and our outreach and MS Ladies channels (see Figures 1 and 2).

Figure 1: Proportion of core service* visits by adolescents (<20 years), by geographical region



Proportion of core service* visits by adolescents (<20 years), by geographical region. Data source: MSI financial data system

Figure 2: Number of core service* visits by adolescents (<20 years), by service delivery channel



Number of core service* visits by adolescents (<20 years), by service delivery channel. Data source: MSI financial data system

We also increased the number of adolescent client visits by 73% in 2017 – from 41,000 in January to 71,000 by December. These positive trends continued into 2018, and by March 2018 we had seen over a million visits by clients aged under 20 in the space of just 15 months.



WHAT THIS MEANS

Listening and learning to deliver better

While there’s no quick fix, the combination of adequate resources, visibility of key indicators and organizational buy-in has helped transform our programming. We still have a lot to learn. However, by listening to adolescents, being willing to invest, and taking risks and failing, we have developed programs that are starting to deliver – supporting these young people to step forward and make choices to define their own future, for themselves, their families and their communities.

*Core services include family planning counseling and provision, safe abortion and post-abortion care services.

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