

Learning Question 2.2 - 2020/21 - DESIP

Does modification of the community dialogue model based on audience socio-demographic segmentation improve effective referrals for SRH services for girls under 19 years in Narok and Homa Bay County?

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Summary

The teenage pregnancies in Homa Bay and Narok counties are attributed to early marriage, unmet need for contraception, limited information and knowledge on Family Planning (FP), fear of side effects, cost of service and low male involvement in both urban and rural settlements. To reach teenagers and young mothers, with support of the Ministry of Health (MoH) Youth and Adolescent Department, DESIP identified Youth Champions and Young Mothers Champions from registered youth groups in Sindo (County Youth and Adolescent Network (CYAN) - Suba sub-county, Homa Bay) and Narok (Narok Girls Club (NGC) - Narok East sub-County, Narok) to continuously engage young people through various platforms to provide information and service through youth and young mothers community dialogues and interpersonal sessions, community dialogue methodology, basic FP technical information, target group mapping and reporting, and facilitate assisted referrals. To answer the learning question, the study identified: (i) the unique youth group structure which provides a better sustainable approach to managing young people as well as an increase in FP mobilization output. The tier system provides a critical mass for capacity building on technical aspects of social behavior change and cascades it to their organized sub-groups, who in turn, facilitate a wide coverage with common contraceptive messaging; (ii) tactful evolution of mobilization activities that has been applied at pre-and-during the COVID-19 epidemic, like the application of satisfied clients to mobilize of the peers, one-on-one engagement, the initiation of online services to reach young people from the comfort of their locality, and the introduction of table banking for the cohesion of the group, and (iii) the Demand Creation/Mobilization Strategy Mix of tact as identified in (ii) for advancing both demand creation and sustainability of the youth groups. The DESIP strategy to work with young people has been successful due to accurate mapping and implementation in areas of need. However, due to COVID-19 and government regulations on the contagion, youth groups reported challenges in ensuring mobilized young people access FP services. In addition, online services were limited due to financial strain to keep with endless online streaming of interactive sessions. Reports of low male involvement led to pockets of home-based violence. Nonetheless, DESIP proposes the findings as easy to undertake, easily replicable, scalable, and the limited scale implemented by CYAN and NGC is evidence of ideas that can modify community dialogue sessions to improve the decision making of girls aged under 19 years to improve uptake of modern FP methods.



1. Background Information

Homa Bay and Narok counties record high number of teenage pregnancies, with an average of 16.7 years¹ as the sexual debut for girls. This is attributed to early marriage and teenage pregnancy,² with an unmet need for contraception³, coupled with poor access to Family Planning (FP) information, services and products. Early marriage, limited information and knowledge on FP, fear of side effects of the FP methods, low male involvement in FP initiatives⁴, negative perception of FP by the community and pressure on young wives to give birth are major barriers to FP uptake.

The counties experience high level of poverty in both rural and informal urban settlements. Almost half of teenagers born, bred, and currently residing in rural set-ups, have at least one child, who live in widely scattered homesteads, bagged with high poverty levels and low FP knowledge penetration.⁵ Teenagers and young women in urban and rural setting have challenges in accessing FP services. Teenagers residing in the urban settlements have health facilities and commercial FP access points in close reach and can access information through mass and social media, lack financial means to pay for FP services offered. Young mothers in rural settlements are engulfed with health facilities and outlets manned by cultural conforming health professionals, making it uncomfortable for teenagers to seek help.⁶

In reaching both the urban teenagers and rural young mothers, DESIP identified and trained Youth Champions (YCs) and Young Mothers Champions (YMCs) drawn from organized youth groups who were to continuously engage their peers through various platforms. The YCs and YCMs refer teenagers and young mothers to the nearest health facility (private and public) for further FP counselling, information and service.

2. Implementation

DESIP youth and young mothers' mobilization model is aimed at breaking individual and communal socio-economic and cultural motivated barriers to increase knowledge and uptake of FP among youth and young mothers. With help of the Ministry of Health (MoH) Youth and Adolescent Department, DESIP identified YCs and YMCs from registered youth groups and the Community Health Strategy data base, leading to the training of a lead the champions in Sindo⁷ and Ntulele⁸, attached to County Youth and Adolescent Network (CYAN) and Narok Girls Club (NGC) in Homa Bay and Narok County respectively.

The YCs and YMCs (*champions*) were trained on community dialogue methodology (Education Through Listening), basic FP technical information, and target group mapping and reporting. The trained *champions* were issued with an adolescent and teenager social behavior change facilitation guide for use during youth and young mothers' community dialogues and interpersonal sessions. The *champions* mapped areas they are likely to get youth and young mothers, developed community dialogue monthly workplans and shared with DESIP field officers for support.

¹ Ref needed

² Ref needed

³ Ref needed

⁴ Ref needed

⁵ Ref needed

⁶ Ref needed

⁷ A beach community on Lake Victoria, Homa Bay County.

⁸ Ntulele is a settlement in Kenya's Narok County

The *champions* engaged youth and young mothers through theatre/plays, one-on-one/door-to-door visits, small and large groups through Education Through Listening (ETL)⁹, at in-and-out reaches, and facilitated referrals to mapped health facilities and outreach sites.

The model assumes that both Homa Bay and Narok County governments will take control and management of the spread of COVID-19 to free up health system to focus on FP service provision to teenager and young mother. It is also assumed that there is competent capacity at county level on management and service delivery, coupled with pro-SRHR policies and budget allocation to implement and support youth and young mothers SRHR activities. In addition, it is assumed that the two counties will ensure health facilities continue to offer youth friendly services and avail FP commodities, and that youth and young mothers will continue to be engagement in the design and monitoring of the interventions.

3. The Findings

To answer the learning question on ‘How effectively can DESIP modify community dialogue sessions to improve the decision making of girls aged under 19 years to improve uptake of modern FP methods in Homa Bay County,’ DESIP talked to young people from the County Youth and Adolescent Network (CYAN), based in Sindo, Suba sub-county, Homa Bay County, and young mothers from Narok Girls Club (NGC) based in Narok Town, Narok County. In addition to being geographically located in interest to the learning question, that is Homa Bay and Narok Counties, the CYAN and NGC were purposely engaged for this exercise because they had multi-structure coordination structure, reaches teenagers and young mothers with FP information, services and products, and have formal engagement with both public and private facilities.

3.1 Youth Group Multi-Layer Management and Structure

Both the County Youth and Adolescent Network (CYAN) and Narok Girls Club (NGC) are registered youth led organization with multi-layer leadership structure.

CYAN’s main group has 12 trained YFPCs, and is led by a team leader, secretary, organizing secretary and treasurer who support the daily functions. The main group is broken down to eleven sub-groups located in different locations, with membership ranging from 5 to 25 young people, depending on youth population and interest. Functions and activities of the sub-groups are centrally coordinated from the main group with fortnightly meetings to check on progress. According to CYAN group members, the management pyramid helps in increasing geographical coverage and improving service delivery as many young people can be reached at any given time.

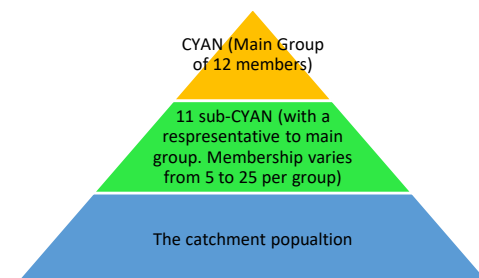


Figure 1 – The CYAN Youth organization structure

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The Narok Girls Club (NGC) was formed in 2019 by a group of young girls aged between ages 19 years to 24 years. This was an initiative conceived at the Narok Referral Hospital spearheaded by the hospital administration to assist the hospital counter the many cases of teenage girls served by the hospital for ANC, delivery and PNC services. The girls had initially been engaged by the facility to track children within the Narok North Sub-County who were born with HIV. From a tracking success, the facility asked them to use their skills to work with other young girls and give them FP messages to help the girls to avoid adolescent pregnancies. The girls were also recruited to the Community Strategy and are attached to different Community Units within Narok County.

⁹ A facilitation technique that catalyses a participatory and productive community dialog resulting in behaviour change in members of the community.



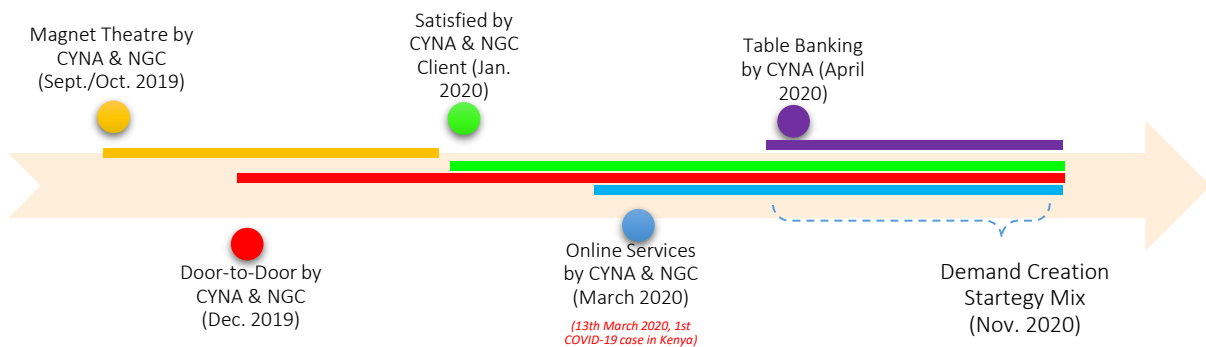
The NGC has a clear structured Management Committee with a Chairperson, Secretary, Treasurer and Board members. Its activities are funded through members contribution and support from Health partners who request to work with youthful Community Health Volunteers (CHVs). The fact that they are young they are an important resource that is highly utilized by the County 1st Lady and the County women Representative. They are trained CHVs who do more than just mobilizing for FP Services, but they are also utilized for HIV default tracing, mobilization for pregnant mothers, mobilization for uptake of immunization of newborns, they also do pre-service counselling before up-take of Health services in Health facilities within the Sub-County, they have a daily register to give Health talks at the Sub-county Health facilities to assist Health workers in giving Health talks. The NGC are also integral in identifying Integrated outreach sites and mobilizing for the outreach. They give on-ground intelligence on where an Integrated will yield numbers because they are always on the ground.

The central main organizing committee provides a critical mass for capacity building on technical aspects of social behavior change as TOTs, and cascade it down to their organized group members. The sub-groups located in different location, facilitates a wide coverage with common contraceptive messaging at ago, that sparks a coordinated behavior change impulse from all the group network touch points to the entire catchment in unison, for community generated solutions, without a need for group network members to travel from their local base. Since sub-groups members are drawn from surrounding natives, who understand local barriers and solutions better, the target group is likely to relate and trust with their approaches, since it is from their kinsmen and women. Demand Creation messaging and activities will be designed and delivered in local dialect and approaches, thus leaving no one be hide, including those who cannot read or write. The diverse spread of the sub-groups from different location and walks of life provides a rich diversity and innovation of ideas from different energies to continuously refresh and iterate their demand creation approaches to remain relevant for long, with coordination and funneling of ideas by the main organizing committee. The sub-groups are in groups of fives, for social support when engaging community members.

3.2 Evolving Demand Creation / Mobilization Efforts

From 2019 to date (November 2020), the youth groups continue to evolve to ensure (i) access to and utilization of FP information, products and services to mobilized youth, and (ii) the mobilized youth are retained for continuity of services and youth groups posterity. Between inception (September/October 2019) and the time of documentation (November 2020), in addition to Magnet Theatre as a mobilization tact, the two youth groups have acquired additional skills and tact, and have applied them as need be based on the pre-and-during the COVID-19 epidemic. The additional skills and tact are the use of satisfied clients to mobilize of the peers, the initiation of online services (WhatsApp and Facebook) to reach young people from the comfort of their locality, and the introduction of table banking by CYAN for cohesion of group, as indicated in the evolution timeline and detailed in sections below.

Figure 2 – The evolution of youth mobilization approaches for adolescent family planning



(i) Use of Expanded Magnet Theatre for Marketing of Integrated Health Services

After incorporation to the DESIP programme in September/October 2019, the two youth groups continued to reach young people through community drama and theatre, famously known as Magnet Theatre, which is designed to involve the audience in determining the outcome of an enacted story while educating and entertaining those attracted to the community event. Storylines of the community-based theatre presents dilemma aimed at making the involved audience solve the societal problems and sustain desired behavior presented by the skits at schools, marketplaces, churches, and political gatherings. For the two youth groups, Magnet Theatre which helped mobilize young people and was the base-skills brought into the DESIP Programme upon inception of activities.

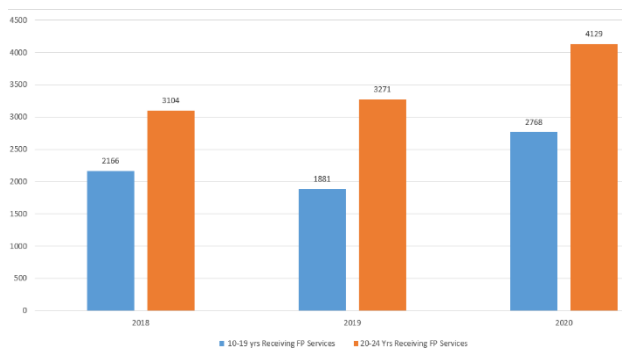
Through 2019 and early 2020, the two groups later realized the power in integrating events and health-based activities as opposed to undertaking standalone actions. Magnet Theatre was expanded to include dances, songs, poems and talks which attracted varied audiences who benefited from integrate services at public spaces with referrals done for those in need to medical consultations. At the expanded Magnet Theatre events, HIV/AIDS, gender-based violence, cancer screening, and FP services were integrated. Through the change process, members of the youth groups continued to be enlightened on HIV/AIDS, gender-based violence, cancer screening, and FP services content as they became the frontline informants on these matters to youth seeking answers to varied questions. Expanded Magnetic Theatre was a key mobilization tool at national and international days like Environmental Day, UN Disability Day, Youth Day, 16 Days of gender activism.



Photo 1 - (Caption)

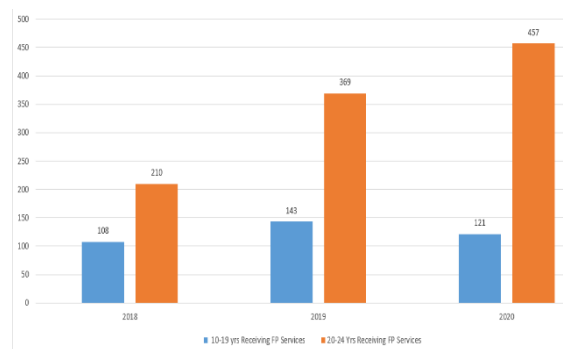
The groups cited value for money as integrated services mobilized through expanded Magnet Theatre, maximized the availability of informed young people through various platforms to mobilize other young people to access contraception and FP services. The expanded Magnet Theatre has since been shelved due to government regulations on containment of COVID-19.

Figure 4 - Suba Sub-County Adolescent Family Planning Clients



Data source: MOH DHIS2

Figure 4 - Narok East sub-County Family Planning Clients

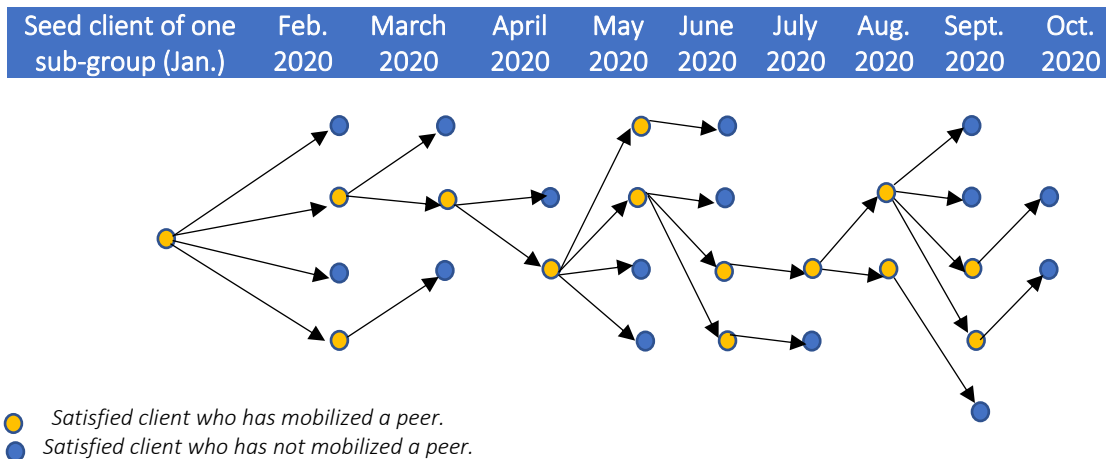


(ii) The Satisfied Clients for Uptake of Family Planning Services

The Satisfied Client take two forms, that is, (a) referral of urban-based youth to health facility and (b) mobilization of rural young women to integrated outreaches.

(a) Referral of urban-based youth to health facilities.

The youth groups alluded to working with clients who feel satisfied to spread the ‘FP gospel’ to their immediate friends, as a way of building trust and loyalty in the information provided by the youth group and the service provider at a designated health facility. The concept works by one satisfied client refers their peers who in turn continue with the referrals through a network of young people in need of FP information, products and services. In return, the mobilized satisfied clients continue to talk about FP services with their friends. The flowchart illustrates how a satisfied client of one of the sub-CYAN helped mobilize within her network of family and friends.



The youth groups continue to enjoy and appreciated the results Satisfied Clients bring, with an average of three mobilized young people per month. From January to October 2020, Satisfied Clients have mobilized 106 and 98 other Satisfied Clients for CAYN and NGC respectively.

(b) mobilization of rural young women to integrated outreaches.

With limited financial capabilities to spend on long distance travels to health facilities offering FP services and with lack of time to forgo water fetching, young women are finding it easier and friendly to access FP services at their doorstep. Through word-of-mouth, young women in Narok County mobilize each other to attend FP outreaches held in rural communities. Emanating from a Satisfied Client, rural young women mobilize each other for monthly FP service access. With fear of persecution by husbands and mothers-in-law, who form most people against family planning among the pastoralist community, young mothers use word-of-mouth to let their peers know of outreaches, which are strategically integrated with child health services like immunization.

During the outreaches, young mothers are invited to tag along their children who will receive medical attention at the same time have private sessions with health providers on matters FP. The ten minutes privacy session for women in pastoralist communities is important as it helps reduce gender-based violence between their husbands (the anti-FP methods) and themselves (pro-FP Methods). This approach has helped reduce violence between the sexes while it increases access to health care and FP for the child and mother. Husbands have been reported to have surgically removed Implants from their wives using knives or razor blades. The rural pastoralist community believe it is the responsibility of the mother to take her child to clinics and outreaches.

This tact helps create ‘safe space’ for young women to access FP in the absence of ‘hawk eyed’ husbands and mothers-in-law. As a result, the main choice of FP method for women living in fear is injection, a non-visible method to the perpetrators of violence on young women. Every month on average, Young Mothers mobilize between 8 to 10 friends in need to FP services in private.

(iii) Door-to-Door Initiative for Peer Marketing of Family Planning Health Services

The youth groups took the advantage of long school holiday due to COVID-19 and mapped young people in each sub-CYAN or sub-NGC, where between 15 to 20 households are visited on a monthly basis by a sub-structure, reaching a monthly estimate of 165 to 200 young people per group. Door-to-door visitations are pre-announced at churches and marketplaces where the public get to know of CYAN’s plan, thus increasing acceptance by parents or guardians of teenagers in their locality.

At the household, the *youth FP champions* introduce themselves and annex that their effort compliments that of the MoH, thereafter, upon permission by the guardian, they engage the targeted teenager on side to observe privacy. The *youth FP champions* are also equipped with a decision-making matrix (as indicated in Figure 1) which in an overview provides direction to the targeted teenager/youth on what method would best suit their needs. Follow-up, either physically or on phone, is done for those not got at home, and new dates are booked for next door-to-door visitation.

METHOD	IUD	IMPLANT	INJECT	PILLS	CONDOM	I.C.	STERILIZATION
Pregnancy Prevention	✓	✓	✓	✓	✓	✓	✓
Future pregnancy	✓	✓	✓	✓	✓	✓	✗
Privacy	✓	✓	✓	✓	✗	✓	✓
HIV/STI Prevention	✗	✗	✗	✗	✓	✗	✗
Few side effects	✓	✓	✗	✓	✓	✓	✓
Lighter periods	✗	✓	✓	✓	✗	✗	✗
Easy to use	✓	✓	✓	✗	✗	✓	✓
Easy to start & stop	✓	✓	✓	✓	✓	✓	✗

KEY: ✓ Good for Contraceptives, ✗ Not for Puts me in Control.

Figure 5: Decision-making matrix developed by young people for young people.

(iv) Online Services for Peer Marketing of Family Planning Health Services

On March 13, 2020, the Government of Kenya announced the 1st COVID-19 case, this was followed by the development and utilization of the COVID-19 Protocols and Guidelines and the COVID-19 IEC campaign materials. While this stopped Expanded Magnet Theatre related activities, it led to the introduction of online services by CYAN and NCG groups, as a means of continuing with FP information services to reaching young people, especially during the national curfew and cessation of movement (in some counties).

The youth groups and their sub-groups use WhatsApp, Facebook and SMS to convey relevant and appropriate messages to its members and the public in need of FP information, products and services. The online services have are moderated by young people (members of CYAN and NGC) who have access to experts, that is clinicians and nurses, at private and public health facilities to respond to technical question and help enable complete referral for those in need.



Photo: 1 – Janet Adhiambo, Nurse.

“I have enjoyed working with young people. DESIP has enabled young people to mobilize themselves to access FP products,” Janet Adhiambo, Nurse.

The group has two WhatsApp groups One has 12 participants who are from Narok girls Club and the other has 18 participants who are drawn from The Narok Girls Club and 6 DESIP trained CHVs who are each attached to 6 DESIP private facilities in Narok town.



(iv) Table Banking for Mobilization of Peers for Family Planning Health Services

The CYAN group report mobility of young people, in and out of their jurisdiction and sometimes lose of interest to continue engaging with already formed groups. This incident was cited for groups based in town setting as opposed to those in the rural. To keep the group going, CYAN groups are trying out Table Banking as a way for keeping the group intact and sustaining FP services.

Two of the 11 CYAN groups based in town setting started Table Banking, where members sign up for, save and borrow money for self-needs. The two groups have different approaches to table banking, one meets once a week and another once a month, with USD 2.00 and USD 10.00 respectively as savings. The difference is based on the fact that the USD 2.00 group has members who undertake activities that enable day-to-day earning, while the USD 10.00 has monthly based income group. These two groups have since had stable membership who are reached with FP information, services and products monthly.

3.3 Demand Creation/Mobilization Mixed Strategy and Sustainability of CYAN & NGC Groups

According to the CYAN and NGC members, there are many challenges facing the contemporary young person in Kenya. They range from anxiety due to education uncertainty and income loss for many to psychological and biological disorders due to fear of or contraction of sexually transmitted diseases and or unplanned pregnancies. These challenges, according to the CYAN members, directly affect seamless effort in ensuring young people are consistently reached with FP information, services and products.

In addition to the multi-layered management structure which helps in reaching many young people at their doorstep, CYAN continues to review their effort on what works in increasing FP update and equally helps to keep the CYAN group and the sub-groups intact for a longer period as indicated in Table 1.

Table 1 - Rating by youth groups on increase in uptake of FP and sustainability of groups

Mobilization tact	Rating by CYAN and NGC groups for Increased Uptake of FP (where 1 is low and 5 is high)	Rating by CYAN and NGC groups for Sustainability of Group (where 1 is low and 5 is high)
Expanded Magnet Theatre	1	4
Door-to-Door	3	2
Satisfied Client	2	5
Online Services	4	3
Table Banking	5	1

4. Adaptive Learning & Management

DESIP programme embraces adaptive learning and management in implementation of activities, which provides for adaptation of 'what works' and exclusion of 'what does not work' for ensuring women and girls can safely plan for their pregnancies in line with sexual and reproductive health rights particularly the young rural, marginalized, and persons with disability.

Through DESIP learning agenda, which desires to determine it modification of the community dialogue model based on audience socio-demographic segmentation improves effective referrals for SRH services for girls under 19 years in Homa Bay County, and tests and explores assumptions in implementation, adoption of 'what works' and exclusion of 'what does not work,' and how they are applicable at facility meetings and technical working groups. Of interest is the key components of the

model that would we change based on the study findings, how the *Youth-to-youth* model contributes to increase in FP, scale up and sustainability of promising intervention(s) to other sites.

Adaptive learning for improved programming at DESIP accounts for implementation success(es), facilitating factors, challenges, lessons learned, next steps of implementation, and adaption of initiatives and or activities to advice on the application of learning with adjustments, which help to respond to changes in context and new information to increase the impact of DESIP programming.

(a) Facilitating factors for Success

The DESIP strategy to work with young people has been successful due to accurate mapping and implementation in areas of need. A miss in mapping is equal to missed opportunity to reach young people in need of FP information, services and products. Sindo is a great example of accurate mapping. According to the study participants, despite having a large population of young people, with the largest and busiest beach in Suba Sub-county which net millions to traders, most households in Sindo are poor and cannot sustain livelihoods. The outcome has been young people engaging in activities such as sex work or sex for fish to meet their daily needs. This has given a rise to teenagers exposed to HIV/AIDS, pregnancies and early marriages. Most impacted are teenage and adolescent girls aged 11 to 17 years who get married to escape poverty. Due to pressure from families and marriage partners, as well as internal competition among married adolescents, there is a tendency to have many children within a short time.

The study participants alluded to success in young people reaching their peers, as demonstrated by CYAN through expanded magnet theatre, door-to-door outreach, online engagement, and table banking, which has led to referrals to both public and private facilities with youth friendly environment, including young service providers. Through DESIP and MoH facilitation, CYAN has partnered with Sanura¹⁰ health Centre to support FP service provision to young people. Boosting of young service providers, Sanura's proprietor is 33 years of age, Clinician is 26, the Nurse is 25, the laboratory technologist is 35. As CYAN undertakes to create demand for FP services, Sanura extends an arm of technical information which feeds into the messages propagated through expanded magnet theatre, door-to-door outreach, online engagement, and during table banking sessions. The young people to their peers' approach is evident in the composition of the YFPCs, who range between 18 and 24 years of age.



Photo: 2 - Brian Oduor, Clinician at Sanura Health Facility in Sindo.

"The most exciting moment in my career is when I gave FP service to an adolescent girl who was accompanied by her mother. Despite the know cultural barriers of no sex talk between children and parents, I am glad and pleased that CYAN group managed to instill confidence in the mother to accompany the daughter for FP services at our facility. Sanura and CYAN have a symbiotic relationship of mobilizing the many teenagers who need FP services while we keep our promise of offering satisfactory services and being a technical arm on matters FP information during their online services," said Brian Oduor, Clinician at Sanura Health Facility, Sindo.

(b) Challenges

¹⁰ A private health facility in Sindo town.



Due to COVID-19 and government regulations on the contagion, CYAN reports challenges in ensuring mobilized young people have access to FP services at designated health facilities in Sindu. Although reversed, GoK declared MNCH as non-essential service which led to re-assignment of the MNCH staff to respond to COVID-19. While the enforced curfew reduced hours that could be termed friendly by WRA for visiting health facilities for FP services, there was closure of private hospitals during COVID-19 due to loss of business – causing strain to public facilities, service providers and health seekers. Young people’s fear of contracting COVID-19 at the health facilities, kept WRA away from mobilization exercises. COVID-19 reduced the number of activities planned under the Expanded Magnet Theatre.

Study participants say young people require close check-ins and complete referrals because they are swayed by a myriad of cultural, economic, spiritual misinformation brewed by their families, religious leaders, friends who do not have accurate information on FP. This is coupled with few health facilities that present youthful images to attract young people to seek services at Sindu.

Despite the effort to continue reaching young people online, CYAN and the sub-groups suffered financial strain as they could not keep up with endless streaming of interactive sessions and engagement with the many young people who needed FP information especially during the COVID-19 period due to lack of internet bundles. Likewise, young people had limited time to get online due to reliance on designated hotspot areas based at the town centre. This was exacerbated by energy poverty, where most households are not connected to the national electricity grid.

Due to low male involvement in FP initiatives in Narok County, there has been reports of home-based violence as husbands and mothers-in-law continue to pursue cultural practices that celebrate many children. This creates an association of violence to FP access, making many women limit their choice to injections and leave FP cards and any other documentation at the clinics.

(c) Lesson Learned

Despite the social engagement disruptions brought by COVID-19, young people need to be reached through various platforms with FP information. Trained YFPCs need to customize their demand creation approaches depending on seasons. CYAN group has evolved from depending on Expanded Magnet Theatre to Table banking. The evolution contributes to uptake of FP and has helped the youth group sustain its members.

Young mothers have adapted to access FP services during child immunization clinic as a way of beating the socio-cultural barriers imposed by the patriarchal systems. Interestingly, the modification by young mothers has increase coverage for child immunization in the community, a symbiotic relationship realized for both mother and child.

(d) Continued Activities to Support Implementation

In addition to training YFPCs and service providers on Long Acting Reversible Contraception, and Adolescent Youth and Friendly services, DESIP continues to support YFPCs to conduct dialogue meetings and referrals aimed at creating demand on modern contraceptives among young people.

DESIP will also support monthly integrated community outreaches to address the socio-cultural barrier and confidentiality to service uptake by young people.

To intensified community facility linkage, DESIP will support YFPCs to conduct referrals to the health facility for FP services. DESIP will also conduct monthly review meetings with Health facility In-charges and Community Health extension workers to address any commodity, service and demand issues regarding the youth to youth model.

(e) Proposed Adaptation for Programming

Adaptation Idea 1: <i>Youth Group Multi-Layer Management and Structure</i>		
Outcome	Where & when to adapt	Resources required
Youth groups have different management systems and structure; however, the CYAN self-initiated approach increased the coverage and boosts value for money through multi-layered activity and management for youth activities.	The adaptation idea should be implemented in all DESIP supported youth groups after sensitization on the pros and cons of taking up the new management approach and structure.	Goodwill to undertake the proposed changes.
Adaptation Idea 2: <i>Evolution of Demand Creation / Mobilization Efforts</i>		
Outcome(s) graded	Where & when to adapt	Resources
The evolution of demand creation and mobilization efforts have been dictated upon by COVID-19 and response to young people's socio-economic needs.	The adaptation idea should be implemented in all DESIP supported youth groups after sensitization and training of groups on the skill set for initiating the evolution.	Youth group members to be skilled in delivering Expanded Magnet Theatre, Door-to-Door outreaches, Engagement of Satisfied Client, Online Services and Table Banking.
Adaptation Idea 3: <i>Mixed Approach for Demand Creation/Mobilization and Sustainability of Youth Groups</i>		
Outcome(s) graded	Where & when to adapt	Resources
The method mix for demand creation responds to young people's behavioural promotion for uptake for FP and sustainability of youth group members.	The adaptation idea should be implemented in all DESIP supported youth groups after sensitization and training of groups on the skill set for initiating the evolution.	Youth group members to be skilled in delivering a mix of Expanded Magnet Theatre, Door-to-Door outreaches, Engagement of Satisfied Client, Online Services and Table Banking.

5. Actualization for Adaptive Learning

To actualize adaptive learning, DESIP will facilitate an adaptive learning event (conference), where learnings are consciously and collectively agreed upon for integration to DESIP activities. The conferences will also generate new or advice on continuity of the learning question.

Important to note for the adapting team(s) is, modify community dialogue sessions to improve the decision making of girls aged under 19 years to improve uptake of modern FP methods requires:

- Goodwill to undertake the proposed changes.
- Youth group members to be skilled in delivering a mix of Expanded Magnet Theatre, Door-to-Door outreaches, Engagement of Satisfied Client, Online Services and Table Banking.

6. The Answer to the Adaptive Learning Question

The information provided in this documentation was used to answer the DESIP learning question "Does modification of the community dialogue model based on audience socio-demographic segmentation improve effective referrals for SRH services for girls under 19 years in Narok and Homa Bay County?",

each adaptable area graded as easy to undertake, easily replicable, scalable, and the limited scale implemented by the four community units and link facilities present evidence of an idea that can work, as indicated in Figure 5:

- Evidenced from field documentation - through CBD, HCW, DHIS2 data sources and interviews,
- Relative importance to the learning question - component of the learning questions to be adapted had relevant answer to facilitate decision making,
- Difficulty or complexity in implementation – factors collaboration with the right partners and promotes synergy, and
- Scale-ability - has documented facilitative factors (including environmental, cost and time) which support DESIP’s collaboration, learning and adaptation.

Figure 6 – DESIP Adaptable Grading

Proposed change Idea that work	Evidence from field documentation (1=weak support, 5=strong)	Relative importance to the learning question (1=least, 5=most)	Difficulty or complexity (1=difficult, 5=easy)	Scale-ability (1=not easily replicable or needs work, 5=ready to spread)	Total rating (out of 20)
1 - Youth Group Multi-Layer Management and Structure	5 (Well documented)	5 (improves effective referrals for SRH services for girls under 19 years)	4 (Easy task)	4 (Envi. Cost and time element)	18
2 - Evolution of Demand Creation / Mobilization Efforts	5 (Well documented)	5 (improves effective referrals for SRH services for girls under 19 years)	4 (Easy task)	4 (Envi. Cost and time element)	18
3 – Mixed Approach for Demand Creation / Mobilization and Sustainability of Youth Groups	5 (Well documented)	5 (improves effective referrals for SRH services for girls under 19 years)	4 (Easy task)	4 (Envi. Cost and time element)	18

(End)