MOMENTUM
Country and Global Leadership

Technical Brief

LOCALLY LED DEVELOPMENT TO IMPROVE FAMILY PLANNING AND MATERNAL AND NEWBORN HEALTH FOR YOUNG PARENTS IN MADAGASCAR

This technical brief details the process of supporting a local partner to adapt and implement an approach for young parents in Madagascar, and learning and recommendations. We first describe the processes of capacity strengthening, adaptation and pre-testing, followed by the implementation and adaptive learning processes. We detail overall learning in the final section.

Box 1: Activity Facts

Implementation period:
May 2022 – December 2023

Geographic focus:
Madagascar (Antsirabe)

Population reached:
1,286 young parents ages 15–24

Partner: SALFA

BACKGROUND

Globally, the family planning (FP) and maternal and newborn health (MNH) communities increasingly recognize the importance of attention to the 12 million adolescents[1] and many more youth ages 20–24 who give birth annually as well as their newborns and partners. MNH/FP services are key elements of primary health care, and increasing access to quality MNH/FP services for young people is central to reaching Universal Health Coverage goals.[2]

The youngest mothers and their children are especially vulnerable to poor health outcomes. Complications from pregnancy and childbirth are among the leading causes of death for girls ages 15–19 globally.[3] In many contexts, adolescents are less likely than older mothers to access MNH/FP services, including postpartum family planning (PPFP). Adolescent mothers are more likely than adult women to have closely-spaced second pregnancies,[4] which increase the risk of mortality and morbidity for mother and baby.[5, 6]

In Madagascar, nearly one-third of adolescents (31.1%) have started childbearing by age 19, and 84% have had a first child by age 25.[7] Adolescent and young mothers are more likely than older women to have closely-spaced second pregnancies; 46.1% of second or higher-order births to mothers ages 15–19, and 30.7% to mothers ages 20–24, are spaced by less than 24 months, compared to an average of 22.1% among all women ages 15–49.[8] Gendered norms and family traditions heavily shape decisions around health practices and use of MNH/FP services.[9] Madagascar has committed to improving coverage of MNH/FP services, such as a Family Planning 2030 commitment to "leave no one behind".[10]

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Globally, various interventions have demonstrated promise to improve MNH/FP service utilization among young parents. However, many have proven challenging to sustain and institutionalize beyond the end of donor-funded initiatives.[11] Local partners are well-positioned to lead the design, implementation, and sustaining of young parent approaches. They have deep understanding of the context in which young mothers live and their unique challenges and needs; bring an established and trusted presence and existing relationships; and can leverage existing resources, infrastructure, and networks to sustain programming.

ACTIVITY

This activity aimed to advance learning around locally led programming for young parents by strengthening local capacity to support them with improved knowledge about the importance of MNH/FP care-seeking, more equitable gender norms and strengthened couple communication around MNH/FP, and improved linkages to health facilities for MNH/FP services. We adapted an earlier intervention for young parents that was developed based on formative research and tested in two districts of Madagascar between 2016 and 2018 (see Box 3).

Box 2: The Target Population

This activity initially aimed to reach young *first-time* parents. Yet, many youth ages 15–24 have second or higher-order pregnancies. All young parents need support even if they are not first-time parents. We included *young parents* ages 15–24 regardless of parity status.

Throughout this brief, we use *young mothers* to refer to girls and women ages 15–24 who are pregnant with their first child, or who have more than one child. We use *young parents* to refer to young mothers *and* their partners together.

Box 3: Original TMT Approach

In 2016, USAID's Maternal and Child Survival Program (MCSP) designed and tested an approach to improve the use of MNH/FP services by first-time parents through government platforms. The approach, *Tanora Mitsinjo Taranaka* (TMT), meaning "Young People Looking after their Legacy," drew from formative research[9] to target key barriers experienced by first-time parents. Implemented as a proof-of-concept exercise in two districts of Menabe Region between 2017 and 2018, the initial version of TMT entailed:

- An invitation card and booklet for new parents, focusing on pregnancy and postpartum risk signs and the benefits of health facility visits for MNH/FP services.
- Training and support to volunteer community health workers to engage first-time parents through home visits and casual encounters, using the booklet to facilitate discussion during home visits.

In 2018, MCSP documented results and lessons, as well as recommendations for adaptation and scale-up. Findings are documented in this brief.

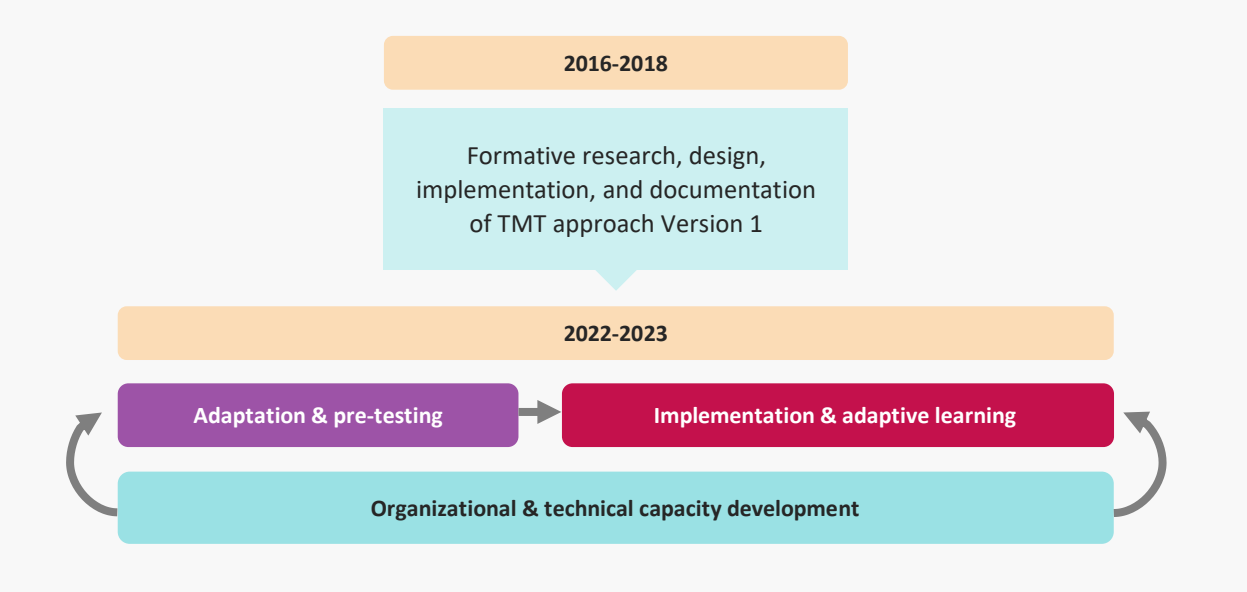
The adaptation aimed to:

- Support a local partner to design and implement the approach while strengthening their organizational and technical capacity to deliver high-quality and evidence-based programming for young parents.
- Develop an aspiration-focused counseling approach as an entry point for MNH/FP promotion for young parents, building on global evidence[12] that identified future aspirations as critical but often overlooked in young parent programs.
- Tailor the approach to an urban setting in light of increasing trends of urbanization. Antsirabe, in Vakinankaratra Region, was selected because it is the third largest city in Madagascar, with an estimated total population of 740,000 people.[13]

This activity entailed three complementary workstreams (see Figure 1):

1. **Adaptation and pre-testing.** Beginning in 2022, USAID's MOMENTUM Country and Global Leadership project supported SALFA (Sampan'Asa Loterana momba ny FAhasalamana) to adapt and implement the young parent approach in Antsirabe, alongside support for organizational and technical capacity development. Established in 1979, SALFA is the Health Department of the Madagascar Lutheran Church, and operates 53 health facilities in 20 regions of Madagascar.
2. **Implementation and adaptive learning**. Following the rapid adaptation process, SALFA implemented the adapted TMT approach in Antsirabe. To inform needed refinements and to document "how-to" implementation guidance, SALFA gathered insights and feedback from clients, frontline implementers, and key stakeholders during adaptation and implementation. Table 1 depicts the learning activities across the duration of this activity. Findings from these activities are detailed throughout Section 4 of this brief.
3. **Organizational and technical capacity development.** MOMENTUM supported SALFA to implement 12 priority organizational and technical capacity-strengthening activities in response to an organizational capacity self-assessment (detailed below). Several capacity-strengthening activities aimed to increase capacity directly relevant to the TMT activity. Other activities aimed to strengthen broader organizational and technical capacity beyond that required for the TMT activity.

FIGURE 1: COMPLEMENTARY ACTIVITY WORKSTREAMS



PROCESS AND RESULTS

The following sections describe the activities implemented across the three workstreams, including learning activities. Table 1 depicts the learning sources that informed this brief, organized by the three workstreams. Learning activities are described in further detail, followed by learning from across sources, under each respective section.

TABLE 1: SOURCES OF LEARNING, BY WORKSTREAM

Method	Participants	Number of Participants
Adaptation and pre-testing		
Key informant interviews during pre-test	Young mothers ages 15–24	18
	Partners of young mothers	3
Adaptation and interpretation workshop	SALFA staff, MOMENTUM staff, and district health officials	20
Implementation and adaptive learning		
Client pulse polls	Young mothers ages 15–24	502
Focus group discussions	Young mothers ages 15–24, and partners of young mothers	56
Monitoring data	SALFA staff tracked home visits, referrals, and self-reported use of MNH/FP services using tablets	
Quarterly data and lessons learned review meetings	Representatives of SALFA, health facilities, and MOH at regional and district levels	Average per meeting: 20
Lessons learned workshop	SALFA staff, MOMENTUM staff, MOH stakeholders	15
Organizational and technical capacity development		
Baseline/endline capacity and performance assessments (ITOCA and OPI)	SALFA staff	ITOCA: 7 Initial OPI: 9 Final OPI: 9
CAP monitoring meetings	SALFA key focal points leading CAP actions	9
Key informant interviews	SALFA staff (management/leadership and community agents)	SALFA staff: 7 Community agents: 6

CAP=change action plan, ITOCA=integrated technical organizational capacity assessment, OPI=organizational performance index

ADAPTATION AND PRE-TESTING (FEBRUARY TO DECEMBER 2022)

This section describes the process of adapting the approach for young parents, led by SALFA in close coordination with the Ministry of Health (MOH) to ensure alignment with government priorities and strategies. This stage entailed the activities that are described below. Throughout the text, learning activities included in Table 1 are depicted with an asterisk*.

Adapt, pre-test, and revise the TMT model and counseling approach. First, MOMENTUM supported SALFA to review evidence from MCSP to inform the adaptation, and identify key knowledge gaps. SALFA proposed an initial adaptation of the tools and counseling approach, then pre-tested the draft tools and approaches, gathering feedback through key informant interviews* (KIIs; see Table 1). Pre-testing also elicited information about young parents' future aspirations and service delivery points at which they may access MNH/FP services. SALFA, the MOH, and MOMENTUM then convened an adaptation and interpretation workshop,* during which regional health officials and representatives of four health facilities revised the approach and tools based on insights gathered from pre-testing. The MOH approved the revised tools.

ADAPTED TMT APPROACH IMPLEMENTED IN ANTSIRABE

SALFA maintained key elements and tools from the original TMT approach, including the booklet, invitation card, and the home visits. Key adaptations to the TMT approach included:

- **Expanding target population.** Based on their knowledge of the context of Antsirabe, SALFA recommended an inclusive approach that engaged young parents regardless of parity status (i.e., first-time parents ages 15–24 as well as those who are pregnant with a second child or have more than one child already). We expanded the focus of the approach to identify and include young parents ages 15–24.
- **Tailoring for single mothers.** Many young mothers in Antsirabe are single. Discussion and images of couples planning their future together in the booklet did not resonate with young single mothers during pre-testing. We introduced a booklet for single mothers that mirrors the couples' booklet.
- **Tailoring to urban setting.** SALFA revised the images throughout the booklet to reflect young parents in an urban setting. Recognizing the busy workloads and schedules of young parents, SALFA supported facilitators (community agents, or CAs) to coordinate home visits around young parents' schedules, and to leave the booklet as a take-home item for clients to read and discuss.
- **Tailoring for implementation by SALFA.** SALFA planned to engage young parents through their existing outreach workers, and to build support for young parents among ecclesiastical authorities in addition to MOH.
- **Development of the aspiration-focused counseling approach.** The TMT materials (see Box 4 structured around reproductive life stage and guide facilitators to support young parents to identify realistic aspirations and to align MNH/FP service discussions with identified aspirations.

A community agent uses the TMT flip book during a home visit with a young mother.

Box 4: What are aspirations of young parents in Antsirabe?

We pulled insights from both the 2016 formative study and the learning from pre-testing and implementing the revised TMT approach to understand key aspirations of young parents in Antsirabe. Common goals included:

- **Independence:** Young parents often discussed a desire to save money to be able to move out of their parents' or in-laws' home.
- **Healthy, educated children as the legacy of the family:** Related to the title of TMT as "young people looking after their legacy."
- **Health and harmony in the family and within the couple:** Partnered young parents need to develop communication skills and a shared vision for the home and family.
- **A stable livelihood to provide for the family:** Some young parents discussed wanting to acquire land outside the city or to start a small business selling in the markets.

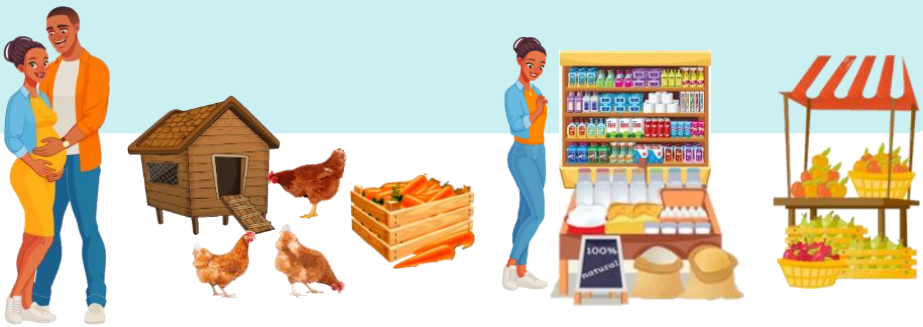
HOW DO WE LEVERAGE ASPIRATIONS AS A STARTING POINT FOR MNH/FP DISCUSSIONS?

During home visits, facilitators work with young parents to identify realistic aspirations, and help identify how MNH/FP services can support their goals. The facilitator asks:

- *Think about your future as a (new mother, new father, young family). What are you planning or hoping for? Could you identify specific goals for the future that you want to achieve in 1–2 years? What are they?*
- *Achieving our dreams starts with staying healthy and making smart decisions for ourselves and our family. Let's discuss how you, as young parents, can start on the path to achieving that future by staying healthy.*

Next, for each life stage in the booklet, questions guide the facilitator to help the client to consider how the service can help achieve the future they have envisioned. While facilitators must tailor discussions to needs and interests of specific individuals and couples, common aspirations identified include financial security, family legacy, and harmony within the family and couple. For example:

- **During pregnancy**: Delivering your baby in a health care facility can ensure that both mother and baby survive in excellent health and continue your family's legacy. Families can access useful information about how to care for their children.
- **Following delivery**: With birth spacing, children can grow up healthy and ensure a strong family legacy. Parents who have child spacing can save money and create a better future for the entire family. Healthy children can succeed in school and contribute to family legacies.
- **Later during the postpartum period**: Illnesses risk family health, prevent parents from working and earning money, and can be costly to treat. Immunizations for mother and child can prevent illness. Healthy children are better prepared to succeed in school and contribute to your family's legacy.



The adapted TMT approach entails the following activities:

HOME VISITS to young parents support identifying aspirations for the future as an entry point to discussing MNH/FP service use. Visits are led by CAs, engaged by SALFA, who aim to provide two structured home visits to each young mother or young parent couple as follows:

- **Home visit #1**
  Build rapport; identify future aspiration; develop action plan for achieving aspirations, including seeking MNH/FP services; make referrals for services in SALFA's health facilities and public health facilities
- **Home visit #2**
  Discuss progress on action plan, including health service seeking

CAs use the adapted booklet revised to include guidance to help young parents identify realistic future ambitions and to tailor MNH/FP counseling to align with identified aspirations (see Box 4). CAs also distribute an updated version of the invitation card to encourage clients to seek services.

COMMUNITY DIALOGUES led by CAs invite families and community leaders to reflect on gender and social norms and to foster support for MNH/FP services. Ecclesiastical authorities also participate in community dialogues to advise when community members share concerns that PPFP use would not align with Christian beliefs.

During both home visits and community dialogues, CAs encourage young parents, their family members, and community members to reflect on how gendered norms influence decisions around MNH/FP service use, including allocation of resources for service use.

IMPLEMENTATION AND ADAPTIVE LEARNING ACTIVITIES (JANUARY TO NOVEMBER 2023)

Following the completion of the pre-testing, SALFA implemented the adapted TMT approach in 16 *fokontany* (the smallest administrative unit) of Antsirabe. This stage entailed the activities described below; learning activities (Table 1) are indicated with an asterisk symbol (*) after name of the activity.

PLANNING FOR IMPLEMENTATION. SALFA prepared for implementation of the adapted approach, including onboarding and training 32 CAs. In March 2023, SALFA conducted a mapping exercise to identify all young mothers in targeted areas of Antsirabe. They initially identified 1,298 young mothers (294 ages 15–19 and 1,004 ages 20–24) to engage during implementation along with their partners.

IMPLEMENTATION AND ADAPTIVE LEARNING*. From April to November 2023, SALFA implemented TMT in Antsirabe. Throughout, MOMENTUM supported SALFA to use adaptive management approaches to: elicit and document learning to inform further refinements including needed support to SALFA; and explore and document successes, challenges, shifts to implementation, and contextual factors. During implementation, CAs identified additional young mothers in the community (e.g., recent arrivals to Antsirabe, newly pregnant young mothers) and conducted home visits. Table 1 outlines the learning activities, which entailed the following data sources:

- **Monitoring data***
  SALFA gathered routine monitoring data throughout implementation. Through tablets, CAs tracked: the number of home visits by client age and partnership status (living with a partner vs. single); action plans and progress towards action plans; and referrals and self-reported MNH/FP service use.

- **Client pulse polls***
  SALFA conducted one round of anonymous client "pulse polls" with 502 young mothers, using tablets to rapidly gather perceptions of acceptability, usability, and feasibility of the TMT approach. The 16-question tool was adapted from the Applied Mental Health group at the Johns Hopkins University.[14] Pulse polls complemented other learning sources and provide insights into acceptability and effectiveness from clients' perspectives.
- **Focus group discussions***
  SALFA gathered feedback from young parents to assess the acceptability of the home visits and identify needed improvements.
- **Quarterly data reviews***
  MOMENTUM facilitated meetings to review monitoring data, discuss what worked well and what did not, and identify needed adaptations. Over the course of the activity, we increasingly structured review meetings to explore key themes emerging from learning activities (e.g., deep exploration of challenges and lessons related to the aspiration-focused counseling approach).
- **Lessons learned workshop***
  SALFA convened a workshop including representation from MOH, frontline workers and district health staff, to reflect on learning at the end of the activity. The workshop invited discussion on what happened during implementation, why it happened, and to capture recommendations for the way forward.

ORGANIZATIONAL AND TECHNICAL CAPACITY DEVELOPMENT ACTIVITIES (FEBRUARY 2022 TO DECEMBER 2023)

Concurrently to the adaptation and implementation processes, MOMENTUM supported SALFA to strengthen priority areas of organizational and technical capacity. In line with MOMENTUM's commitment to locally led development, SALFA led decision-making regarding their organizational priorities and selected capacity-strengthening activities to be jointly developed and implemented with support from MOMENTUM.

This stage entailed the following activities; learning activities included in Table 1 are depicted with an asterisk*.

Baseline ITOCA*. In February 2022, SALFA completed a baseline Integrated Technical and Organizational Capacity Assessment (ITOCA). **ITOCA** is both a tool and facilitated self-assessment process used to collaboratively identify gaps and capacity development needs, plan partner support activities, and monitor changes in organizational capacity through the implementation of the Change Action Plan (CAP).

Development and implementation of CAP. Based on baseline findings, SALFA identified three priority areas for capacity strengthening: 1) strategic information systems, 2) program planning and management, and 3) adolescent health. MOMENTUM supported SALFA to complete 12 capacity-strengthening efforts, as depicted in Table 2.

TABLE 2: CHANGE ACTION PLAN IMPLEMENTED BY SALFA

Strategic Information systems	1. Training on research ethics; Collaborating, Learning, and Adapting (CLA); and data quality assurance procedures
	2. Development of platform for data collection and management
	3. Identification of appropriate data management tools
Program management and planning	4. Updating of procedure manual
	5. Training of Trainers: Program management, including risk management
	6. Training of Trainers: Standards for program management and planning
Adolescent health	7. Training of Trainers: Social and behavior change (SBC)
	Trainings of Trainers on: 8. Inclusive care 9. Referral systems 10. Client rights 11. Advocacy for access to FP commodities
	12. Remote training in gender transformative programming

CAP monitoring meetings*. SALFA conducted CAP monitoring meetings, focused on reviewing progress, identifying changes in needs and approach, and sharing feedback around the ongoing capacity development activities in the CAP.

OPI re-assessment*. In September 2023, SALFA completed a midline OPI assessment to establish changes in organizational performance against the baseline OPI conducted in May 2022. The midline OPI measured progress from the completion of CAP activities.

Key informant interviews*. In January 2024, MOMENTUM conducted KIIs with seven SALFA staff representing leadership and implementation roles. KIIs explored: the outcomes of capacity-strengthening efforts and any influence of the capacity-strengthening efforts on the TMT design, implementation, and adaptation; areas for improvement of the capacity-strengthening efforts; and the future of the TMT work.

RESULTS AND LEARNING

Throughout implementation, we gathered learning through the sources outlined in Table 1 to assess the acceptability and perceived effectiveness of the approach and to identify opportunities to streamline the approach to improve scalability. The following section details the key results, challenges, and lessons captured. In the section that follows, we detail learning from the organizational and technical capacity development activities.

RESULTS AND LEARNING FROM TMT IMPLEMENTATION

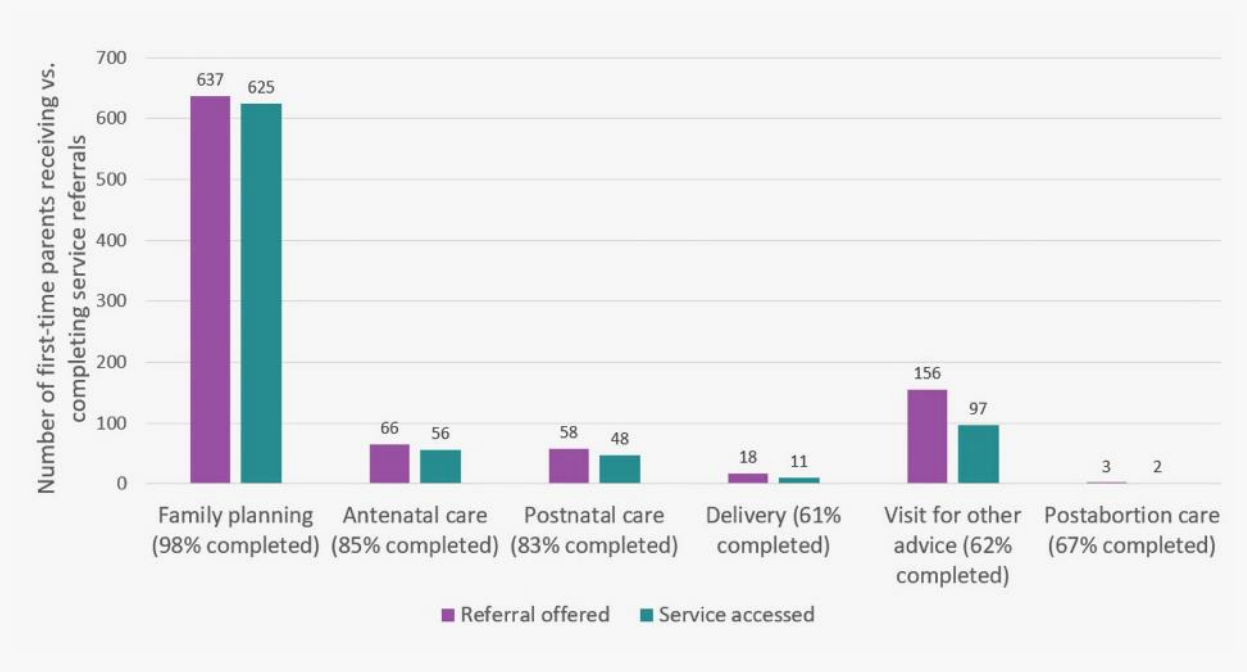
REACH OF IMPLEMENTATION

Over the course of implementation, CAs conducted home visits to 1,286 young mothers, including 1,274 first and 1,240 second home visits.[†] Of young mothers reached, 16% were single, and 23% were adolescents aged 15–19.

[†] Over the course of implementation, some new young parents moved into the implementation area, while others left. Reflecting the shifting population, the number of young parents visited exceeds the number of first home visits.

During implementation, CAs captured self-reported use of MNH/FP services by young mothers through tablets. Out of the 1,286 young mothers visited, a total of 938 referrals were offered (Figure 2). The majority who received referrals (89%) reported visiting the health facility for the service the CA counseled on during the first home visit. Most referrals and facility-based services accessed were for FP services (74%). Some young mothers were using an FP method at the time of the first visit, and a total of 322 reported that they adopted an FP method for the first time. The remaining facility-based services accessed included general counseling (11%), antenatal care (7%), postnatal care (6%), and delivery (2%).

FIGURE 2: 938 REFERRALS OFFERED BY CAS DURING THE FIRST HOME VISIT, AND REFERRAL COMPLETION RATES



Among new adopters of FP methods, implants were the most adopted method (149 adopters) followed by injectables (131 adopters), as Table 3 shows.

TABLE 3: NUMBER OF YOUNG MOTHERS WHO REPORTED ADOPTING A NEW METHOD VS. CONTINUING USE OF A METHOD ADOPTED PRIOR TO FIRST HOME VISIT

FP Method	Number of New Users	Number of Continuing Users	Total New and Continuing Users
IUD	7	7	14
Standard Days Method/CycleBeads®	1	3	4
Oral Contraceptive	34	41	75
Implants	149	126	275
Injectable	131	156	287
Total (all modern methods)	**322**	**333**	**655**

ACCEPTABILITY AND PERCEIVED EFFECTIVENESS OF TMT APPROACH

HOME VISITS

Overall, the home visits were well received by young parents, with largely positive responses from young mothers and their partners on pulse polls, as Table 4 shows. For example, all agreed or strongly agreed with statements indicating that: *They like participating in home visits*; *They trust the information that has been shared*; *The advice is practical, and they are able to apply it;* and *They believe that the approach should be used in other communities*. In addition, pulse polls identified areas for additional attention, particularly around family engagement (below).

TABLE 4: FINDINGS OF PULSE POLLS WITH 502 YOUNG PARENTS

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The objective of this approach is clear to me	33%	63%*		4%	
This approach has benefited me	43%	55%*		2%	
I like participating in the home visits	46%	54%*			
It has been easy for me to discuss what I have learned with others	18%	50%*	18%	14%	
I trust the information that has been shared with me	41%	59%*			
I think I've learned more about MNH/FP resources that are available to me	23%	72%*		4%	1%
The advice from CAs is practical and I think I can apply it	49%	51%*			
I think that the information that the CAs shared with me would be useful to other people from my community	56%*	44%			
I think this approach should be used in other communities	58%*	41%	1%		

** Indicates most frequent responses for each item.*

ASPIRATION-FOCUSED COUNSELING IS SEEN AS USEFUL, BUT CHALLENGING. Both CAs and young parents reported that aspirations are a useful starting point to discuss MNH/FP services.

> *"Before, when I received money, I spent it immediately; but I've learned to manage and save with my wife to achieve our future aspiration."* – **Male partner**

However, identifying a future goal was a new concept for many young parents, and especially challenging for the youngest mothers. In fact, divulging a future goal with another person can be *fady* (taboo) in the context. Many focused on long-term aspirations, needing support to break them down into realistic shorter-term goals. Recognizing that identifying a future goal is challenging, SALFA monitored the proportion

of young parents who were able to identify an aspiration, and those who made progress towards their action plan. At the time of the second home visit, 75% reported making progress on their action plans. Working with CAs was strategic, as these actors are already known and trusted by many community members, and this eased the discussion.

> *"Until young parents have realized their aspiration, they don't want to share information about the approach for fear of being judged."* – **SALFA staff**

> *"What sets TMT apart is its commitment to future aspirations. In general, individuals are hesitant to share their dreams, but TMT addresses precisely this aspect to achieve improved wellbeing. This is where SALFA steps in to integrate its mission."* – **SALFA staff**

While the focus on identifying future goals was ultimately seen as helpful for both young parents and CAs, this requires more time to build rapport and challenge *fady.* In the future adaptations of this approach, a third home visit could support building rapport and trust. In addition, given that sharing the aspiration can be uncomfortable, young parents should be encouraged to keep their goal private if they so choose.

STRONGER FAMILY ENGAGEMENT IS NEEDED. In pulse pulls, just 68% of respondents indicated that it was easy to discuss what they had learned from home visits with others. This complements findings from other learning sources: CAs and young parents shared that senior family members, especially mothers-in-law, continued to make many decisions, and some limited access to health services. A third home visit may provide additional opportunities to engage key family members. During the design stage, the team anticipated that the home visits and community dialogues would be sufficient to foster support among families. However, our learning suggests that more robust efforts are needed to alleviate family concerns, particularly among mothers-in-law, and foster norms that support MNH/FP service use.

A community agent en route to a home visit in Antsirabe

COUNSELING NEEDS TO BE TAILORED BASED ON PPFP ADOPTION STATUS. CAs found that many young mothers had already adopted FP methods at the time of the first home visit. However, visits to FP adopters are important to encourage use of other MNH services, and support continuation of FP use. In future iterations, the approach should guide CAs to proactively explore current PPFP use, support young parents to continue using the methods (e.g., navigating side effects), and advise on switching to another method if the first method is not suitable.

APPROACH TO IDENTIFYING YOUNG PARENTS CAN BE STREAMLINED FOR SCALABILITY. SALFA conducted a full mapping exercise to identify all young parents in the implementation areas in the interest of reaching all young mothers and not only those easiest to reach. However, this mapping was time-intensive and learning showed that the number is dynamic over time, as some moved into the area, while others left. To streamline the approach and facilitate scalability, SALFA could leverage existing community mapping efforts (e.g., for the national immunization program) or work with community leaders to identify young parents.

SERVICE DELIVERY

Key learning around service delivery includes:

PROVIDERS NEED SUPPORT TO COUNSEL YOUNG PARENTS. Counseling young parents at health facilities can take longer than counseling older mothers, because they are unfamiliar with the system and ask many questions. During home visits, CAs could discuss expectations for health services, and answer any questions that they are able, to reduce the time needed at the health facility. CAs themselves may need additional support to build familiarity with the health system, such as a guided facility visit as part of their onboarding, to support them to prepare young parents during home visits. In addition, providers may need guidance to expect that counseling of young parents may require additional time.

> *"The main barriers are at the health center level, [and] the insufficient availability of FP commodities. This situation creates problems: we are sensitizing young parents to attend centers for FP services, but once there, the [stock-outs] demotivate them. This recurring problem discourages them, because each time they visit, they come up against the same obstacle."* – **SALFA staff**

STOCK-OUTS LIMITED FP ADOPTION, AND COMPROMISED TRUST. Madagascar experiences nationwide shortages of FP commodities, and during implementation, stock-outs in supported health facilities limited FP service uptake. This was a critical barrier to service uptake that also compromised trust in the health facilities. Yet, supply chain strengthening was beyond the scope of the activity. SALFA advocated for commodities to be provided to supported facilities, but access to FP commodities remained a challenge throughout the activity.

> *"During the closing meeting, the representative of the Ministry expressed appreciation for the value of the activities undertaken by SALFA through TMT. This is a major point for us, as it will lead to closer monitoring of SALFA by the MOH."* – **SALFA staff**

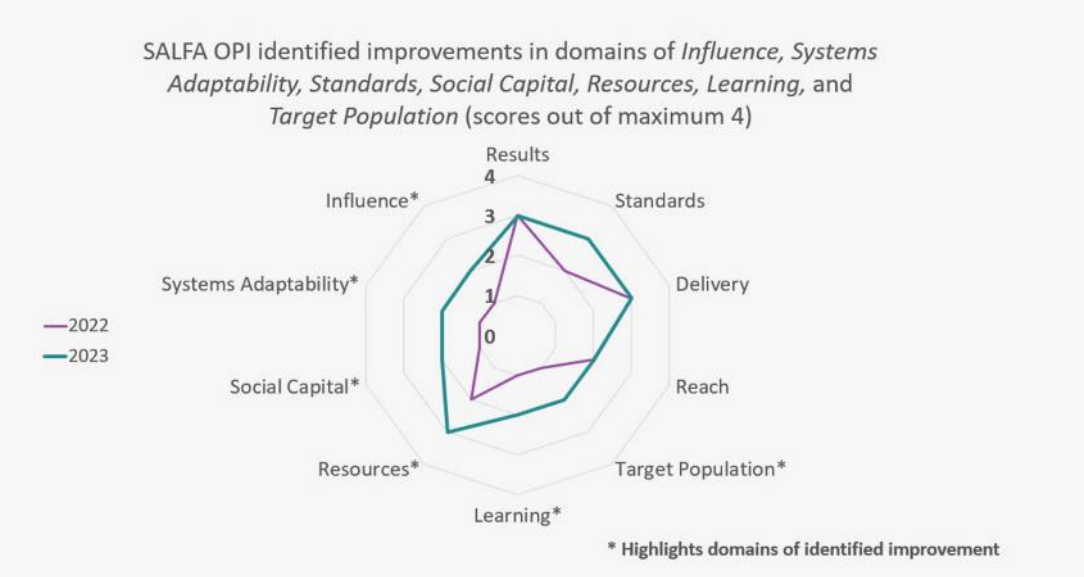
IMPROVED COLLABORATION WITH AND RECOGNITION FROM THE MOH. SALFA shared that the TMT activity supported a strengthening of the relationship with the MOH. SALFA's high-quality work was seen as contributing to the MOH's objectives; this has generated increased recognition of SALFA's overall scale and effectiveness, and strengthened trust and collaboration.

CAPACITY DEVELOPMENT RESULTS AND LEARNING

At baseline (February 2022), SALFA scored 1.7 out of 4 on the OPI assessment, recording higher scores (3 out of 4) in the subdomains of results and delivery. They scored lower (1 out of 4) in target population, learning, social capital, systems adaptability, and influence—indicating nascent systems and activities in these subdomains.

In September 2023, SALFA's follow-up OPI measured change in organizational performance following a year of MOMENTUM's support. SALFA's overall OPI score increased from 1.7 (out of a total of 4; see Figure 3) at baseline in 2022 to 2.4 (a 41% increase) in the midline OPI assessment. Progress highlights reflect the priority CAP activities and include growth identified in the domains of influence, systems adaptability, standards, social capital, resources, learning, and target population.

FIGURE 3: SALFA ORGANIZATIONAL PERFORMANCE INDEX SCORES FROM 2022 AND 2023



LEARNING FROM CAPACITY DEVELOPMENT EFFORTS

Overall, the CAP activities were greatly appreciated by SALFA colleagues, who shared that this support enabled them to become more methodical and well organized, strengthen the organization's emphasis on continuous learning, and build confidence in the organizational capacity to carefully organize an event and strategize.

BALANCING IMPLEMENTATION WITH CAP ACTIVITIES. The CAP activities were greatly appreciated by SALFA, and some activities directly bolstered the TMT adaptation and implementation (e.g., the SBC training of trainers). Yet, balancing the 12 CAP activities, some of which had multiple components, with the adaptation and implementation TMT activities was often challenging; these different workstreams were difficult to advance concurrently. When planning, teams need to be realistic about what is feasible to implement in the designated period of performance. For instance, consideration for sequencing of activities is important since some capacity building activities need to precede technical activities. To the extent possible, organizations should identify separate focal points responsible for the organizational capacity development vs. implementation activities.

> *"The key word […] 'co-creation' is a new facet for us, and we find it to be a beneficial approach. Working together, sharing responsibilities on both sides […] I have actually noticed a big positive change in this regard."*– **SALFA staff**

RESOURCING CAP ACTIVITIES FOR MOMENTUM. Informal mentorship, hands-on learning, and collaboration with MOMENTUM staff complemented the formal CAP activities. This mentorship demanded MOMENTUM staff's time and dedication beyond formal plans or budgets. Job descriptions and budgets should reflect the time required for this ongoing, informal capacity development.

BUILDING A CULTURE OF ADAPTIVE LEARNING. SALFA shared appreciation for the CLA training and approaches introduced, which supported them to become more methodical and well organized, increased the emphasis on continuous learning, and encouraged them to integrate the approach into other projects.

> *"We found the approach for the learning meetings beneficial, particularly in relation to reviewing data. […] Having visible concrete results allows us to respond rapidly and effectively."*– **SALFA staff**

Despite training in CLA, the first learning meeting largely did not yield robust discussion around challenges and lessons. However, for the second learning meeting, MOMENTUM provided technical assistance to SALFA to structure discussion around specific themes (e.g., aspiration-focused counseling, service delivery linkages, and home visits in general), and used monitoring and learning findings to provide a picture of progress and challenges. This led to a deeper discussion and served as a turning point, after which subsequent learning activities entailed more rich and open discussion of what was working well and where challenges lay. In addition to insight into how to structure learning meetings, our experience showed that time is an important factor in building the capacity and team culture needed for adaptive learning.

CONCLUSIONS AND REFLECTIONS ON THE WAY FORWARD

Based on the learning detailed in Section 4 above, we recommend the following adjustments to future iterations of the TMT approach:

1. Continue to align MNH/FP services with young parents' future aspirations during counseling, but provide more training to CAs and emphasize that young parents are not obligated to divulge the aspiration aloud.
2. Improve the impact of TMT community interventions by adding a third home visit and intensifying efforts with influential family members, especially mothers-in-law.
3. Support CAs to better prepare young parents for what to expect during facility visits for MNH/FP services.
4. Contribute to advocacy efforts to improve availability of FP commodities.

Beyond Madagascar, this activity provides important learning to guide locally led efforts to improve health service utilization among young parents:

- **Invest in and follow the lead of local partners.** Local partners have existing community relationships and deep insights into context-specific needs. SALFA's leadership of the TMT adaptation and implementation led to important considerations, such as their understanding that counseling focused on aspirations would require careful support to navigate taboos in the context. In future efforts to improve support for young parents, continue to follow the lead of local partners, and invest in capacity strengthening for evidence-based and high-quality locally led programming.
- **In settings with high rates of early childbearing, do not exclude young parents who are not first-time parents.** Many *young* parents are not *first-time* parents. In community-level efforts, excluding young multigravidas can place frontline workers in a challenging position, as they often recognize that youth who have had multiple pregnancies are vulnerable and in need of support. In the future, we suggest that community outreach efforts reach all young mothers and not exclude based on parity.
- **Align MNH/FP counseling to young parents' future aspirations, and provide support to facilitators to identify and support aspirations.** The aspiration-focused approach to counseling was perceived as helpful to young parents, despite challenges reported by CAs. Facilitators need training and support to guide clients through visualizing their future, including identifying goals and exploring how health services relate to their future goals. Further, learning from other settings around young parents' future goals, and the feasibility and acceptability of discussing future goals, is needed.
- **To advance equity, dedicate time and resources to reaching the hardest-to-reach.** SALFA made the commendable decision to advance equity by prioritizing visits for all young mothers rather than prioritizing the easiest to reach. This required additional effort to identify and engage all young parents. To improve equity among young mothers or other underserved groups, teams must build in the additional time and resources needed to identify and reach those hardest to reach.

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