

Inside the FP Story Podcast

SEASON 4

EPISODE 4: Adolescent and Youth Sexual and Reproductive Health in Fragile Settings

[About the *Inside the FP Story Podcast*]

From Knowledge SUCCESS and MOMENTUM Integrated Health Resilience, this is Season 4 of *Inside the FP Story*—a podcast developed *with* the family planning workforce, *for* the family planning workforce.

Each season, we hear directly from program implementers and decision makers from around the world on issues that matter to family planning programs. Through these honest conversations, we learn how we can improve our family planning programs as we work together to build a better future for all.

I'm Sarah Harlan, Partnerships Team Lead with the Knowledge SUCCESS Project. I'm pleased to introduce our narrator, Charlene Mangweni-Furusa.

[Recap of Last Episode]

Narrator

This season on *Inside the FP Story*, we are exploring the topic of family planning and reproductive health in fragile settings. In our last episode, we discussed quality of care—and several guests alluded to underserved populations that may encounter even more challenges accessing family planning services in fragile settings. One of these groups is young people. On this fourth and final episode this season, we will focus on the unique challenges of adolescents and youth—as well as creative approaches and opportunities—to ensure that young people in fragile settings can obtain the sexual and reproductive health services they need and want.

[music break]

[Overall context - Adolescents and young people in fragile settings]

Narrator

For some global context about adolescent and youth sexual and reproductive health—also referred to as AYSRH—we talked to Amy Uccello, Senior Youth and Reproductive Health

Technical Advisor at USAID in the Office of Population and Reproductive Health. Amy noted the challenges faced by those working on AYSRH.

Amy Uccello

It is an area that often has a lot of pushback, or if there's a political willingness, there is rarely a full understanding of how it works and it isn't necessarily worked into budgets, worked into workplans. Already we're starting at a bit of a disadvantage when it comes to prioritizing this area and this population. But when you add the element of humanitarian contexts, there is a certain challenge of bringing what you could call two worlds together. So for a long time, emergency support and long-term development were siloed initiatives. But as crises grow in magnitude and frequency, you know, we're bringing our work together more often, but it's still bringing together two different sets of expertise. And so talking with folks in the humanitarian space about the urgency and priority of adolescent sexual and reproductive health in crisis settings has been a bit of a challenge. It is as important as food, water, and shelter, and has many long-term benefits or consequences if not addressed. But when resources are stressed, when capacity is minimal and when, you know, there's high pressure during these shocks and stressors, then bringing this content to the forefront can be a challenge.

Narrator

Amy's comments about the siloed nature of the humanitarian and development sectors echoed what our guests talked about in Episode 1 of this season—and the added element of working specifically with young people makes this even more complex. However, despite these challenges, Amy also highlighted the great importance of focusing on youth in sexual and reproductive health programming in fragile settings.

Amy Uccello

Half of the 1.4 billion people who live in fragile contexts are under age 20. And often these young people fare a lot worse than adults due to increased rates of violence, sexual violence, abuse, exploitation, They have school delays and disruptions. They have a sudden loss of resources. They have a loss of family or social supports. A lot of these things that occur to adults are impacted differently amongst adolescents and youth. For example, one in five forcibly displaced women and girls experience sexual violence, rape, or abuse—quite often in areas of fragile contexts where there is conflict. And they're much more vulnerable to sexual exploitation, like trafficking and transactional sex. I think we learned a lot through COVID where the pandemic-related lockdowns that had a detrimental effect on contraceptive supply, on healthcare access, on economies being strained, have shown that there have been increased, to great lengths, rates of adolescent pregnancy and child early and forced marriage.

Narrator

As Amy described, the experiences of youth in fragile settings differ from adults, and it is crucial to pay attention to their unique needs. Pari Chowdhary—a Senior Technical Advisor of Sexual

and Reproductive Health Impact at CARE—also described the ways that young people can be disproportionately affected in fragile settings.

Pari Chowdhary

This is all during a time of lower resources, of infrastructure destruction, and so there's a lot of burden that comes with being a fragile setting that is unique to youth. And you know, of course within youth, there's also different subgroups that have their own vulnerabilities. So if we talk about young girls for a moment, depending on the nature of a crisis, girls in particular can be particularly susceptible to that crisis because it's common for them to not be able to access services that they would have otherwise, like healthcare, education, family planning, things like that.

Narrator

Male Herbert, Gender and Youth Lead at MOMENTUM Integrated Health Resilience in South Sudan, also spoke to the need to focus more on young people and particular stressors facing youth in South Sudan.

Male Herbert

Family planning and sexual reproductive health services for young people are among those most affected by violent conflicts and related stressors. The civil tribal conflicts and tensions, the cattle raids, have led to the destruction of health facilities, equipment, and supplies—and loss of lives as well—thus affecting the availability and access to family planning and essential reproductive health services for young people. The civil conflicts further affected the pace of establishment of good roads and transport infrastructure to enable young people to access family planning and reproductive health services.

[Challenges to AYSRH access & service delivery]

Narrator

As Male described, damage to infrastructure—including health facilities—is a major factor that can prevent access to family planning and reproductive health services during a crisis. This may particularly affect young people, as Amy explained.

Amy Uccello

Young people already have marginal access to contraceptive services, whether it's because the formal system doesn't accept them, or if there's social or societal norms that prevent them from showing up to a facility. But at the same time, in a fragile setting, quite often, these services are minimized even further or even closed down. So whether you're talking about a static clinic—or even the mobile clinics that we quite often find young people turn to for contraceptive needs, private sector clinics—are quite often an area that young people utilize. Community based FP services are also an area that young people often go to for contraception. These systems often break down. And so there's nowhere for young people to go in order to receive these much needed products

and services. Particularly if you're talking about displaced young people, if they've migrated to different areas either by force or by need, in order to care for their families, which is often the responsibility of a young person, they're not considered a part of that community necessarily. So they're quite often eliminated from the local, regular running SRH programs, if they're happening.

Narrator

These confounding factors that impact a young person's access to family planning in a fragile setting were also mentioned by Male.

Male Herbert

Fragile settings experience extremely high proportion of the youth with low access to quality family planning and reproductive health services, low contraceptive prevalence, high rates of both adolescent pregnancies and maternal mortality. Young people may have poor knowledge of service availability, lack of resources to access services, or fear a lack of confidentiality, or may face discriminatory practices by health facility staff. Even where youth can and do access sexual and reproductive health services, these are often characterized by poor coordination and poor quality.

Narrator

In addition to this range of issues preventing access to services among youth, Male also talked about unstable and unpredictable environmental conditions. For example, the floods in South Sudan have had a devastating effect on the delivery of health supplies in the affected regions.

This situation can be further affected when health facility funding is diverted to meet security or other emergency needs in crisis situations. Male also mentioned migration as another barrier that young people face.

Male Herbert

Displacement of young people to shelters reduces their choice and access to certain types of contraception, especially long term methods. These types of methods require skilled and more specialized personnel that are scarce during fragility. Denial of young people to receive family planning and reproductive health services is common in fragile settings. This is attributed to the social norms that prohibit the use of modern contraceptives for young people and girls. The norms spread through some of the health workers who mirror the similar norms to those in the communities they serve.

Narrator

As we discussed in Episode 2, social norms can prevent women and girls from accessing and using contraception. Fournerratou Ibrahim Zemkoye, a midwife who works with MOMENTUM Integrated Health Resilience, talked to us about how these norms affect young people in Niger.

Fournerratou Ibrahim Zemkoye

The biggest barrier to access here is stigmatization. We are in a context where when a young person is seen at a health center—especially in the section for sexual health—people tend to be judgmental. As a result, young people do not like going to the health center.

Narrator

As she noted, social and gender norms can add to the challenges of a fragile context when it comes to young people accessing the family planning care they need.

[Opportunities for providing AYSRH services in crisis settings]

Narrator

While our guests highlighted the many challenges that can prevent adolescents and youth from obtaining the contraceptive and reproductive health services they need, they also pointed out some opportunities—and some strategies to help overcome these challenges. Here is Amy.

Amy Uccello

The services that they need—which is, you know, adequate counseling— private, confidential—the products that they need are missing. But there are opportunities within this as well. We have a lot of products and protocols that can help us with mitigating some of these circumstances. For example, a lot of our self-care methods like emergency contraception or DMPA-SC. You know, we could give more products in advance to young people to have on hand when these shocks and stressors do occur in communities. We could bring the services closer to where they are when environmental degradation, for example, makes it impossible for a young person to make their way to a healthcare facility. So, we have lots of unique opportunities. I've been hearing about some work that's been done with tuk tuk drivers to bring contraception to young people's front door. A lot of adaptations have taken place during the COVID period. And I think what we need to do is narrow in on those successful adaptations and scale them so that we can adapt to these new challenging scenarios.

Narrator

Adapting within the context of fragile settings often means providing services to young people outside of the traditional clinic setting—through self-care methods or mobile services. We discussed the benefits of self-care in our previous episode, where we covered approaches to improve quality of care. As Amy highlighted, this can particularly benefit youth.

[Strengthening health resilience among adolescents and youth]

Narrator

In Episode 1, we talked about resilience—or the ability of people, households, communities, systems, and countries to mitigate and adapt to shocks and stresses. Our guests also spoke about the importance of strengthening health resilience *specifically* among adolescents and youth. We turn to Amy once again.

Amy Uccello

SRHR is a component of resilience. And individuals need to be resilient in order to build resilient communities and resilient societies so that they can mitigate and adapt and prepare for the next crises that might be on its way. And so just the sheer high volume of young people in many of the countries in which we are working in the humanitarian space indicates that we have to be paying attention to the needs of the society today and tomorrow as they become adults and as they become parents of their own children in the future.

Narrator

As we work to strengthen resilience among young people in fragile settings, we cannot ignore that sometimes there are mental health issues beneath the surface, as a result of years of trauma and stress of living through crisis situations. As such, Amy made it clear that we cannot ignore psychosocial support for young people in fragile settings.

Amy Uccello

Just because folks have learned to adapt doesn't mean that there's not some residual pain and suffering that comes from that kind of adaptation that carries on through a young person in the most formative years of adolescence and then carries on into their lives as they become adults and parents themselves. I think paying attention to not only the needs of contraception itself and the most appropriate counseling techniques to ensure young people of all ages and gender identities have the products that they need when and where they want them. But also that someone's recognizing the linkages between SRHR and mental health and how decisions are made and how marriages occur and how pregnancies occur and the ability to sort of rebound and see a different life ahead of them—[this] has a lot to do with whether or not they can contracept, but it also has a lot to do with how they're able to be resilient due to the care and support and protection they've gotten by addressing their mental health and psychosocial support needs.

[music break]

[Program example: AMAL Initiative in Syria]**Narrator**

Our guests have emphasized the importance of improving health resilience among young people in fragile settings—but how is this done? Specific strategies depend on the goal of the program—and we have heard throughout this season about the importance of context and understanding the culture before implementing programs. However, there are some general lessons we can gain from program examples, which can be tailored for other contexts.

Our first program example is from Pari—she shared an example of work CARE did in Syria that not only improved health outcomes for adolescent girls in a crisis setting, but had some interesting results related to individual and community resilience.

Pari Chowdhary

The program itself is called the AMAL initiative. It is directed at addressing the health education and awareness needs of first time mothers between the ages of 10 and 19. The curriculum that is designed to deliver this health education, not only includes the actual technical information about, danger signs during pregnancy, how to take care of yourself and how to ensure that you are receiving the right kinds of care from your doctor, antenatal care, postnatal care, the hard technical knowledge, but it also includes personal skills building that is designed to address their resilience. So for example, the girls who participate in the program, they come together in these peer groups where they're able to talk about things that they're not able to share elsewhere. They receive communication skills training. They receive skills on negotiating sex with their husbands. And they receive three long sessions on leadership skills and how to be able to share with older community members their experiences, and essentially elevate their voices in a way that they haven't had the opportunity to do before.

And I don't even necessarily know that we went into the program with the goal of, "Oh, we are going to make a program that facilitates greater resilience of the girls who are in the program." But when we evaluated it, we found that the girls were reporting that they felt like they were better able to respond to their new circumstances and even felt hopeful about the opportunities that they could create for themselves within their new circumstances—while being displaced, while living in refugee camps and so on.

Narrator

This was a lesson to the AMAL team that they could integrate components of empowerment, self-esteem building, and leadership components in order to increase resilience.

The adolescent girls were one of three groups involved in the program—along with community members and health providers.

Pari Chowdhary

Our goal was to improve the lives and wellbeing of adolescent girls who were first time mothers by focusing on their sexual reproductive health and increasing family planning for them. And we did so by engaging the girls in this curriculum, which was called a young mother's club. We then went and got community leaders, stakeholders—including the mothers-in-law of the girls, the husbands of the girls, and other sort of religious leaders and teachers and so on. And we engaged that group in a different set of curriculum and reflective dialogues. And then we talked to our third group, which was health providers who were also engaged in curriculum and reflective dialogues.

Narrator

The program also demonstrated the importance of community involvement.

Pari Chowdhary

The thing about resilience is that it doesn't always just come from one group of individuals. Oftentimes building real resilience takes a community effort. And so for that program in particular, the AMAL Initiative, while it was primarily working to improve the lives and wellbeing of girls, it also engaged community stakeholders in its programming, as well as healthcare providers, essentially creating a system where not only was everyone on board with family planning and well-versed in the value of family planning, but they were also being engaged in these skills building workshops and reflective dialogues that were allowing them to feel like they had not only the capacity, but also the power to play a role in how their community got through these challenges.

Narrator

Pari explained the benefits of involving young people and communities directly. While they initially followed the typical WHO definition of adolescence—which is ages 10 to 19—the community asked that they expand it to girls above the age of 19, since they also needed this education.

Pari Chowdhary

Even though they were older than the actual age of an adolescent—they felt like the program was still relevant to them. And that's not something that we would have known unless the community told us that. AThere are so many lessons that the communities themselves are much better versed in, much more familiar with than we are. And so part of what contributes to resilience and to successful family planning programs in fragile contexts is when we are creating spaces and platforms and designing programs that are with and for the communities that we're working.

Narrator

During implementation, the AMAL Initiative included regular monitoring, as well as baseline and endline surveys. Pari shared with us some of the evaluation results they found among the Syrian communities they worked with—and what they noticed about resilience measures.

Pari Chowdhary

Our domains of change related to the AMAL Initiative were around things like family planning values and perceptions towards adolescents' use of family planning, perceptions towards health providers ability to provide services specifically to adolescents. But for resilience, we actually looked at things like the girls' level of self-esteem, their confidence in communicating their needs to their family members and their community members and their confidence in their interactions with healthcare providers. And for the community members, our resilience measures were looking at things like their ability to recognize unequal gender norms, and then their interest in shifting those unequal gender norms within their communities, and then their capacity to shift those unequal gender norms. And for health providers, resilience looked like how

they talk to us about how they could still provide adolescent-friendly care in environments where that might not be the norm that exists, there might be commodity and supply issues... like creative ways for them to create in clinic environments and spaces that were meeting the needs of the clients that they were trying to work for.

Narrator

As CARE evaluated the program, they realized that this strategy also improved the resilience of the community as a whole—including the adolescent girls the program was designed for.

Pari Chowdhary

Part of what I repeatedly heard during the evaluation, and part of what contributed to this is that the program created a sense of individual personal responsibility for the folks who were involved in it. So the girls started to see themselves for the first time as capable of advocating and creating change for themselves. The community members started to see themselves as these change makers within the space saying, okay, well, because I participated in this program, gone through this curriculum, have had all these dialogues and conversations where I now feel like I have a grasp of what adolescents are experiencing, and I didn't know that before I now have this level of responsibility to make sure that girls are able to self-actualize, able to reach their potential, able to access family planning, able to sort of see their lives through without having to deal with the risk and pressures of early marriage. And those community members started to play a role within their larger community that we hadn't necessarily anticipated. Where they were holding conversations with people who weren't in the program, they were starting to dictate and push back against other people who were still participating in norms that were harmful or damaging to the girls.

And the health providers started to see—I mean, obviously they already felt like they had a sense of responsibility because they are health providers—but they started to feel like they were playing a role in girls' personal ability to actualize their reproductive rights to access family planning. And they took that role very seriously because they started to see it as a rights-based care model. Everyone not only received capacity building around this issue, but they also started to feel like they could see the role that they needed to play in that process.

Narrator

This sense of ownership from the community members and the health providers speaks to the need to involve these groups in programs aiming to provide services to youth and to change social norms in fragile settings. And Pari emphasized the impact of involving the adolescents themselves.

Pari Chowdhary

There was a lot of intentional and conscious inclusion of adolescents in the program itself. So they weren't just participating as a target population. We were trying to create spaces and opportunities for them to meaningfully engage, not just with CARE, but also

with their own communities. So, you know, girls who had not previously been allowed to even leave their houses without permission were now able to stand up at community wide meetings and say, I'm speaking for a group of people and here's what we need. And here's what we would like. And here's what would be helpful. And this kind of stuff.

And we've heard from even some of our implementing partners that the girls who have now gone through the program are starting to play much larger advocacy roles within their communities for other younger girls as well. So, it's a slightly atypical definition of resilience, but I do think that that is a very strong component and element of resilience that they are self-advocating and taking ownership and also being afforded the opportunity to do that by their social and community networks, which is equally as important.

Narrator

Pari's example shows us how sexual and reproductive health programs can not only improve family planning, but can contribute to overall resilience of participants. It also speaks to adapting and iterating as programs monitor and gain knowledge about program goals. Finally, it shows the importance of engaging multiple groups in the same community—to address harmful social norms, improve uptake of family planning, and increase community resilience.

[Program example: MOMENTUM Integrated Health Resilience in South Sudan]

Narrator

Our second program example is from Male, who spoke about the work MOMENTUM Integrated Health Resilience is doing to improve health resilience among youth in South Sudan.

Male described MOMENTUM's four approaches for increasing family planning access to youth in a number of countries, including South Sudan. The first approach is known as "Community Action Cycle," and relates to community involvement and social norms.

Male Herbert

Community Action Cycle which is also known as CAC, is a process of constantly engaging community leaders—this can either be the clan leaders, the religious leaders, the formatives opinion leaders—in reflection and action to bring about the needed change in gender, gender-based violence, and sexual reproductive health as it relates to behavior and social cultural norms, and to help strengthen a community's capacity to promote and sustain behavior change.

Narrator

The second approach involves youth directly—although it is important to note that youth can also be considered community leaders and included in the first approach.

Male Herbert

Our second approach is the partnership defined quality and specifically we have the partnership defined quality for the youth, which is an approach for improving the quality and accessibility of services whereby young people are involved in defining, implementing, and monitoring the quality improvement process.

Narrator

This approach ensures that youth are meaningfully involved in improving the quality of family planning services. The next approach also directly involves youth.

Male Herbert

Our third approach is the Youth Community Action Teams, also known as the YCATs. The YCATs are county-based teams of around 15 members with a wide range of responsibilities, including program or activity design, implementation, monitoring, and serving as an advisor capacity to the project locally. The YCAT members are engaged often in youth participatory action research in peer-led focus group discussions and interviews to learn about their peers' family planning and reproductive health seeking behaviors, gender, health dynamics, harmful traditional practices, and social norms that deter access to quality family planning and reproductive health services.

Narrator

The YCATs work to drive demand and reach other youth with information about family planning services, and evaluate health programs to help make them more responsive to youth needs. The fourth approach addresses behavior change for providers.

Male Herbert

Our fourth approach, we are looking around the provider behavior change. The behaviors of the providers are sometimes dictated by the norms because they are part of the communities, they are as well affected by the communities. MOMENTUM Integrated Health Resilience adopted a provider behavior change intervention that addresses providers behavior along the behavioral ecosystem. It includes what a provider can do or do not do in their professional capacity, including behaviors before, during, and after an interaction with a family planning client during service provision. These interventions can improve family planning and reproductive health service delivery and adherence to guidelines, improving youth or young people's experience of care, and boost trust and demand for family planning and reproductive health services—increasing adoption and maintenance of desired behaviors among the young people as well as improving provider job satisfaction and ultimately improving key health outcomes.

Narrator

While this is an ongoing program, these four approaches are expected to strengthen health resilience and meet the sexual and reproductive health needs of young people in South Sudan.

[music break]

[Recommendations for other programs]

Narrator

After hearing about some strategies and program examples, we will now hear recommendations from our guests. In other words, what advice would they offer to others working on family planning and reproductive health programs for young people in fragile contexts? Here is Amy:

Amy Uccello

Leaning into things like self care and getting more creative with how we can deliver services, you know, closer to where young people are. The static clinic is gonna be more of a challenge sometimes in these contexts, even if it means being able to access it physically if there's some sort of an impediment of getting there or the staff being able to get there or the supplies being able to get there. So I would say looking into those more creative opportunities.

There's some creative ways that we have seen young people making orders for contraception on youth-focused apps that have been created for comprehensive sexual education purposes, but you also have an opportunity to place an order for your contraceptive method virtually, and then it gets sent to you. So, I'd say being more flexible to product and service delivery in a way that adapts to the context around you and not relying entirely on the static clinics that we quite often have had to lean on.

Narrator

In addition to using self-care, mobile, and digital approaches to reach young people who may not have access to services at static clinics, Amy encouraged us to learn from what has not worked in the past—for example, youth corners or youth centers. In addition, we need to ensure that young people are part of the entire system, including program design and implementation. The High-Impact Practice (HIP) brief on Adolescent-Responsive Contraceptive Services offers additional insights and evidence for this practice.

Not only do we need to learn what works and what doesn't, but we need to communicate this evidence to decision makers and program implementers. Here is Fournieratou with a piece of advice:

Fournieratou Ibrahim Zemkoye

Communication comes first. Advocacy and communication with authorities and the community are required to demonstrate the importance of sexual and reproductive health services for young people.

Narrator

This approach can help fight stigma and improve access to sexual and reproductive health services for young people.

Another recommendation—mentioned by *all* of our guests—is to meaningfully engage young people. It's important not only to bring them in to obtain sexual and reproductive health services, but to plan, implement, and evaluate programs *with* them. Again, Fournerratou:

Fournerratou Ibrahim Zemkoye

When working on an activity that concerns young people, it is necessary to get them involved somehow. You have to get them involved so that you can jointly conduct the activities, so that they can in turn create awareness among their peers.

The project I was working in before coming to MOMENTUM was a project that worked on sexual and reproductive health for youths and adolescents. While working in this project, we organized awareness campaigns for youth *by* youths at the community level, in collaboration with local authorities. The campaign consisted of going from town to town with young people. They were called youth ambassadors. These were young people who had been trained in AYSRH. And these youth are the ones who, with our support and the support of the authorities, conducted awareness raising sessions on sexual and reproductive health for their peers.

Narrator

The youth ambassador model Fournerratou mentioned is similar to the YCAT team described by Male earlier. Working with young people directly makes programs stronger and more responsive to the needs of adolescents and youth. And Pari explained to us how this youth engagement model contributes not only to better service provision—but to *sustainability* of programs in fragile settings.

Pari Chowdhary

Fragile contexts often require some level of humanitarian support in order to be able to accommodate for their lack of infrastructure and resources. And so we need to be able to think about how we are maintaining continuity post post program end date, post-funding and things like that. And that's obviously part of the sustainability equation. And one way in which for we could do that is really investing heavily and meaningfully in the engagement of adolescents in these programs, as more than just a target population, but also an implementing population also as a group that is informing the program structure and design so that we are able to do continuous quality improvement.

Narrator

Amy also emphasized the importance of meaningfully engaging young people in AYSRH in fragile settings—so they can speak with their own voice about their challenges, and be part of emergency planning sessions. And she provided some important advice on *how* to do this—starting with something we talked about a lot in Episode 2 this season: Get to know your context.

Amy Uccello

It really depends on the context. So if we're talking about a setting where they're in the middle of conflict and the environment is quite unsafe and volatile, then of course the way you gather young people is going to be very different than if there's occasional environmental scenarios and, crises that you have time and space in between to plan for and recover from. So I think as with anything, context really matters in how you bring young people together and as does the socioeconomics and access to digital.

Another opportunity for bringing young people together would be, using the protocols and the systems that are already in existence. So, a lot of times there are community action groups, youth led organizations who are in countries, but don't often get tapped for this kind of planning and, and health provision.

I think we have to adapt it to whatever is going to prioritize safeguarding first and foremost. But also we can start to find some different creative ways of reaching out to young people and bringing them to the table. But we have to ensure that it's also relegated so that someone in the room says, you know, Of the voices that are participating in this decision making, I don't see young people. So, I would say bringing in different forms of youth participation is going to better reach the wide range of the diversity of youth and doing so according to whatever is gonna be safest and best for the young people involved. So yeah, it could be digital. It could be a youth advisory council. It could be bringing in youth-led organizations to sit with ministries and governments. But one size is not going to fit all. And that's particularly true in fragile settings because there are different reasons that they're fragile.

Narrator

Amy echoed a common theme throughout this season of the podcast—one size does not fit all, and this is particularly true for fragile settings. As such, it is important to get to know the context—including the gender and social norms that we covered in Episode 2—and to plan programs accordingly.

Supporting the ongoing reproductive health care needs of young people—and involving them every step of the way—is key. Also, as Amy pointed out, young people are a diverse population. Bringing their voices forward and hearing about their experiences is key to serving their unique needs.

Another way to engage young people is to bring them into the health system, not only as clients but as health care workers. And for those providers who are not young people themselves, our guests mentioned the importance of provider training, so they can be sensitive to the needs of young people in fragile contexts. Here is Fournerratou:

Fournerratou Ibrahim Zemkoye

The experience I want to share with you is first of all in relation to the impression of service providers on sexual and reproductive health for youth, especially family planning... We selected a group of young service providers and we trained them on how

to offer reproductive health services to youth and adolescents. And we asked them to develop an action plan for their community. So, for example, one Integrated Health Center agreed to change their working hours to be able to accommodate the youth and provide them with contraception. And we just went to another center where it was the service provider herself who went to the youth to provide information about sexual and reproductive health. And this service provider is now better accepted by young people. They now go to her with questions and she is able to provide them contraceptive services.

Narrator

Training service providers on adolescent-responsive service delivery is key in all settings—and particularly in fragile contexts where young people may have even greater challenges accessing care and using contraceptives.

Our guests also talked about the need for programs to adapt. Recognizing how quickly emergencies can occur, it is important for us to be prepared and to strengthen our health systems and to address the issues affecting young people.

Overall, our guests' recommendations speak to the need to make sure not only that individual and community needs are met, but that we are responsive to the needs of young people at the national and global levels—by incorporating youth-responsive language into policies and strategies, and ensuring that all partners (donors, NGOs, and governments) are including youth-responsive programs in their budgets both during and after shocks and acute humanitarian responses in fragile settings. Establishing these mechanisms and strengthening existing health systems is a critical part of ensuring that settings are prepared to adapt quickly to changing environments and shifting realities during crises.

[Conclusion]

Narrator

Thanks for joining us this season of Inside the FP Story. Over these four episodes, we have highlighted the basic elements of fragile contexts and how those relate to sexual and reproductive health. We discussed gender and social norms, quality of care, and the impacts of crises on adolescents and youth. Throughout the season, we learned about some helpful strategies and recommendations for meeting contraceptive needs and increasing resilience in fragile contexts.

And importantly, we have heard from all of our guests not only about what they do, but *why* they do it. We will close out this episode—and this season—with some inspiring words from Pari about the evidence around this work with youth in fragile settings, and why we should not only continue it, but expand our investments.

Pari Chowdhary

They're experiencing, oftentimes, poor health outcomes in the longer term because of being exposed to this disruption of their lives. And so there's more obvious health outcomes, like poor nutrition, poor health access, early pregnancy perhaps, but then there's also the more salient outcomes that we don't see as obviously, which are, you know, the mental and emotional consequences of being exposed to crisis and fragility at a young age and how that sort of factors into your resilience overall as an adult human. And so the need to focus on youth in fragile settings is a dire one. The few programs that do exist that have focused exclusively on youth in fragile settings have shown evidence that it is very impactful to their level of self-esteem, their confidence, their ability to access healthcare, their ability to access family planning, if there is a focus on them in programming. Not only is there a need for it, but there's evidence to show that it has impact when we do it. So it's definitely the direction in which we need to go in terms of responding to fragile settings and making sure that family planning is available to folks in fragile settings.

[Credits]

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If you have any questions or suggestions for future episodes, feel free to reach out to us at info@knowledgesuccess.org.

Thank you for listening.

Resources Shared in Episode

- [Elevating Married Adolescents' Voices for Responsive Reproductive Healthcare in Syria](#)
- [HIP Brief: Adolescent-Responsive Contraceptive Services: Institutionalizing adolescent-responsive elements to expand access and choice](#)
- [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education](#)
- [Youth Engagement Measurement and Indicators](#)
- [A Tool for AYRH-Responsive Planning \(TARP\)](#)