

# Straight Talking Big Sisters: Expanding SRHR access for young people in DRC



# Key Learnings

Young people in DRC struggle to access the sexual and reproductive health and rights (SRHR) information and services they need to empower them to make their own reproductive choices.

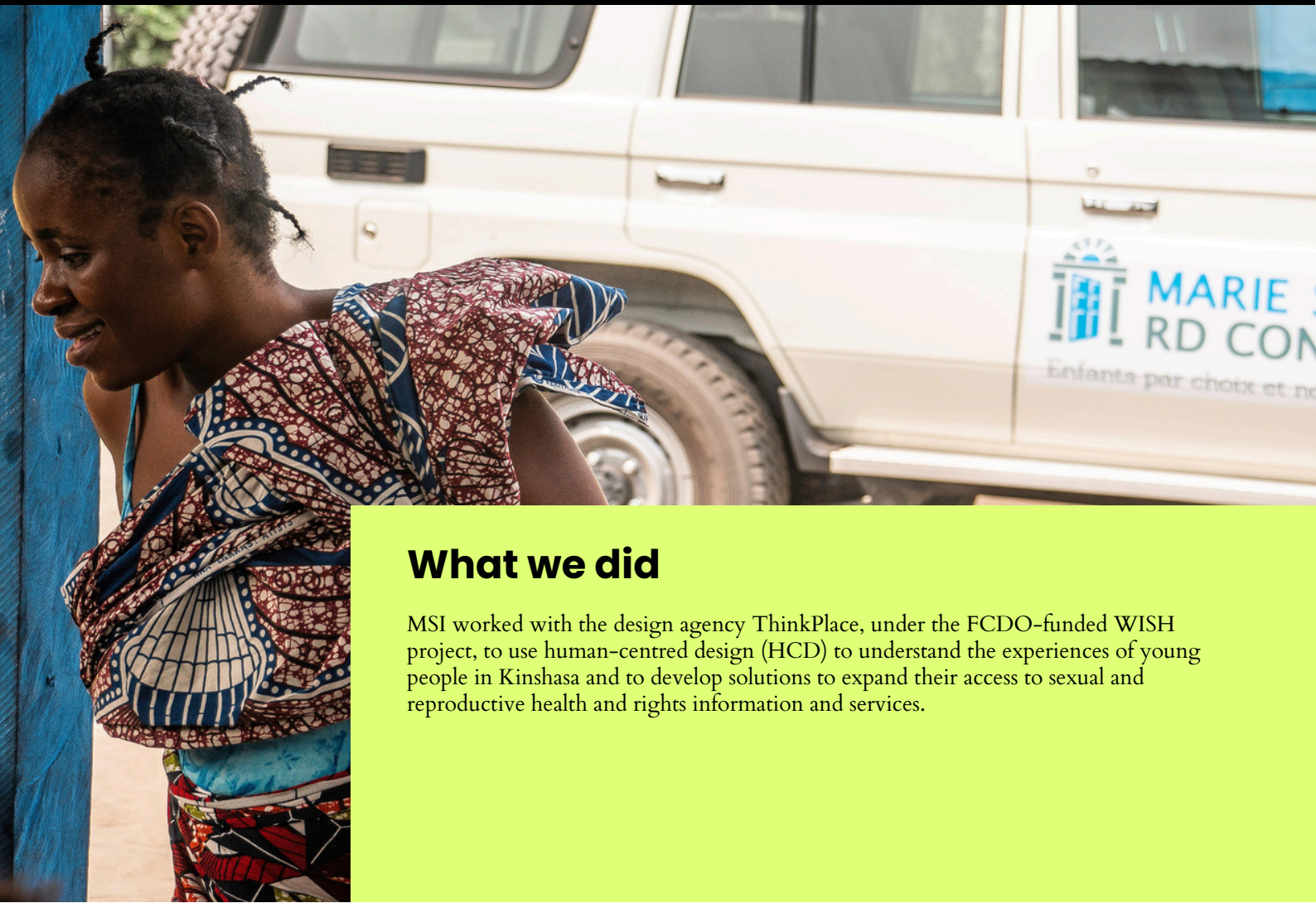
Under the FCDO funded WISH project, MSI DRC used human centred design (HCD) to better understand the needs of adolescents in the capital Kinshasa, and develop solutions to expand their access to sexual and reproductive health services and information.

The resulting “Straight Talk” approach saw 50% increases in the numbers of adolescents accessing contraception with MSI DRC’s MSI Ladies (mobile service providers) during the pilot.

## The challenge

The Democratic Republic of the Congo (DRC) has a young and rapidly growing population. In 2030, the population aged 10-19 will have increased by 64% to 28.6 million. Although the numbers are increasing, the proportion of adolescent girls using contraception in the DRC remains low compared to the African average: an estimated 10% of adolescent girls in the DRC have their contraceptive needs met.

With an estimated population of 17 million, Kinshasa, the capital of DRC, is the second most populous and dense city in sub-Saharan Africa. A 2020 study found that just 10% of girls aged 15-19 years in the city were using a modern contraceptive method, with another 13% using a traditional method instead. This situation leads to many unplanned pregnancies: an estimated 80% of pregnancies among adolescents in Kinshasa were unintended compared with 53-67% for older age-groups. The proportion ending in abortion was higher among this age-group than any other.



## What we did

MSI worked with the design agency ThinkPlace, under the FCDO-funded WISH project, to use human-centred design (HCD) to understand the experiences of young people in Kinshasa and to develop solutions to expand their access to sexual and reproductive health and rights information and services.

# The solution



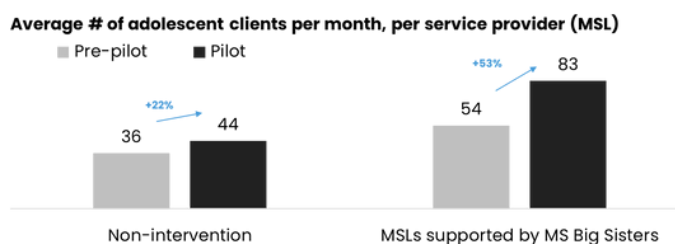
The Straight Talk approach consists of three key elements:

- 1) **Youth targeted communications and branding** - “nothing but the truth”. Design research at the outset of the project underlined the lack of relevant information available for adolescents and a proliferation of myths and misunderstandings about contraception and adolescent sexual health. The Straight Talk communications materials and events leverage a frank and open tone to engage adolescents and youth.
- 2) **MSI ‘Big Sisters’ - peer mobilisers**. Only slightly older than the adolescents they are targeting, and hailing from the same communities, they are best placed to support young girls struggling with questions and fears about sex. The MSI Big Sisters are very visible in the community, speaking to adolescents wherever they can find them: in schools, at water points, bars, hairdresser salons.
- 3) **Youth responsive service delivery**. Big Sister activities are co-ordinated with those of a team of mobile service providers, the MSI Ladies. The MSI Ladies provide a full range of contraceptive methods and youth-friendly and client-centred counselling.

# What we learned

The Straight Talk intervention is effective at connecting adolescents with SRH services and information tailored to them, building their confidence in taking up a contraceptive method.

During the pilot, MSI Ladies supported by the MSI Big Sisters saw a 53% uplift in the number of adolescent clients and a 25% uplift in overall client numbers, a much greater increase in both all clients and adolescent clients compared to the MSI Ladies not participating in the intervention.



The MSI Big Sister peer mobiliser model is an excellent way to reach adolescents: their particular profile makes them trusted and relatable sources of information for young people.

The MSI Big Sisters' profile, being only slightly older (20-25 years old) than the target group and hailing from the same community, is a big part of their strength and appeal. This allows them to truly become big sisters to the adolescents in their community.



“The Big Sisters become like friends... we have their contact details and can call them if we have any concerns”

Adolescent, Kinshasa

The tone of the brand, materials and activities resonated well with adolescents, drawing young people in. The interpersonal communication materials in particular captured the concerns most salient to adolescents, and worked as excellent ice-breakers.

Our data showed that when they used the Straight Talk approach, the MSI Big Sisters made more referrals for services compared to engagements not using the tools. The MSI Big Sisters said they found the “truth cards” (cards with questions encompassing a range of sexual health topics relevant to adolescents) very helpful in starting conversations with adolescents on sensitive issues. While organising the Straight Talk events took more effort, these were successful in reaching large numbers, and a very effective means by which to connect people with MSI Ladies' services.

With visible branding and strong spokespeople in the MSI Big Sisters, the intervention reached a wider community audience than just adolescents. As more people are exposed to the intervention messages, this could be the start of broader norm change, making the need for contraception among adolescents clearer and more accepted in the community.

The MSI Big Sisters were successful in establishing their profile and visibility in the communities they work in, with community members calling them “Ba yayas ya Bosolo nde”, “the Straight-Talking Big Sisters”. The events the MSI Big Sisters organised were not just attended by adolescents and drew in a wide audience. Anecdotally, as they were all exposed to the Straight-Talking Big Sisters, more community members seemed to accept that contraception is important for unmarried adolescents as well. As the pilot continued, they were even approached by mothers who asked them to talk to their adolescent daughters for them.

# What this means

**Taking the time to build a good working relationship between peer mobilisers and the service providers they refer to leads to stronger results.** MSI Big Sisters and MSI Ladies work together to serve the community. Adolescents referred by MSI Big Sisters receive priority when visiting an MSI Lady, so communication and planning is key. The MSI Big Sisters and MSI Ladies needed time to get to know each other and understand their respective roles – this was not always clear for the MSI Ladies, who were used to working with other types of mobilisers. The MSI Big Sister – MSI Ladies teams who managed to build a good relationship and sync up their schedules reported not only enjoying their work more, but anecdotally seeing a bigger impact too. The MSI Ladies were not involved in the MSI Big Sisters' recruitment, which could be a consideration for any future adaptations of the intervention.

**Setting up peer support mechanisms helps increase the impact of peer mobilisers.** To ensure peer capacity building, the team set up a WhatsApp group for the MSI Big Sisters where they could share their experiences and any challenges they were facing. The group was also used to supplement regular reporting, with the MSI Big Sisters sending through brief weekly summaries of their activities. This worked well and is a key recommendation for managing similar interventions.

**Recruiting the right profile of peer mobiliser is worthwhile but takes time and effort.** The specific profile of MSI Big Sisters, being 20–25 years old, pro-choice, willing and able to work 4–5 days a week, and members of the implementation communities, makes the MSI Big Sisters hard to recruit. The MSI DRC team recommend allowing for plenty of time to do so, and to use different channels: social media; asking for recommendations from existing community mobilisers; and to connect with existing youth organisations as much as possible to find good candidates.

The Straight Talking Big Sisters are now being scaled across MSI DRC's activities and MSI is integrating these insights to strengthen our approach to expanding adolescent sexual reproductive health and rights.



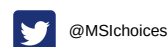
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