

MOMENTUM

INTEGRATED HEALTH RESILIENCE



Learning Brief

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LOCALIZATION IN PRACTICE

Strengthening Capacity for Resilient, Evidence-Based, Locally Led Family Planning Programming in Niger

République du Niger
ONG SAUVER LA MÈRE ET L'ENFANT



SAME NIGER



MOMENTUM Integrated Health Resilience, under USAID’s New Partnership Initiative, supported five local organizations in Niger from July 2023 to September 2024 to **enhance local organizational and technical capacity to scale and sustain equitable access to family planning services**. This brief describes the adopted approach, process, and results achieved. It highlights the steps taken to strengthen the technical capacity of Nigerien partners to effectively design, adapt, and implement evidence-based practices for family planning/reproductive health programming that are locally relevant. Drawing on MIHR’s implementation experience in Niger, this brief concludes with lessons learned and recommendations to advance locally led development in fragile settings.

BACKGROUND

In the face of recurring shocks from insecurity, floods, and disease outbreaks and the erosion of trust in public services, health systems in fragile settings rely increasingly upon non-state actors to maintain access to equitable, quality health information and services.^{1,2,3,4} Leveraging local knowledge, social capital, and community trust, local non-state actors enhance delivery of essential information and services to achieve health and development goals. As locally led development models for development are increasingly promoted, working with local organizations to strengthen implementation and technical skills to effectively implement evidence-based programming is key to delivering quality services at scale.

The United States Agency for International Development (USAID) prioritized building capacity of local government, non-government, academia, private sector, and civil society actors to enhance health and development outcomes globally. USAID launched the Localization Capacity Strengthening Policy in 2022 to guide these efforts and locally led program indicators to monitor ‘good practices’ across a program life cycle.^{4,5} Under MOMENTUM Integrated Health Resilience (MIHR), Pathfinder contributed towards USAID’s New Partnerships Initiative (NPI)¹ goals by collaborating with local organizations in Niger to strengthen their organizational, technical, and financial capacities. This brief describes the capacity strengthening approach, summarizes results, and highlights how MIHR applied locally led development principles. It also shares lessons learned and recommendations for working alongside local organizations to improve capacity to implement resilient, evidence-based family planning (FP) programs in fragile settings.

¹ NPI supported USAID’s objective to diversify its partner base by creating avenues for new and underutilized partners to work with USAID-funded programs. NPI aimed to promote funding and capacity development opportunities that elevate local leadership and collaboration with new, non-traditional, and local actors to define priorities that matter to their communities, design and implement solutions, mobilize resources across local systems, and foster accountability for results.

CONTEXT

In 2022, MIHR launched in Niger to expand equitable access and voluntary use of FP services. Under MIHR, Pathfinder supported Niger's *Plan d'Action National Budgétisé 2021-2025* (National Budgeted Action Plan 2021-2025) for FP, with the goal of increasing the modern contraceptive prevalence rate among women in union from 21.8% to 29.3% by 2025 and 36.8% by 2030.⁶ Public health facilities in Niger provide a full range of FP services, yet access and use is limited by long distances, poor road infrastructure, privacy concerns, and spousal opposition.⁷ Preference for larger family sizes, mistrust of modern methods, social norms, and religious beliefs, also influence individual and couple's reproductive choices. Young Nigerien women (aged 15–24) often marry and begin childbearing at a young age, which often results in multiple, closely spaced pregnancies. These challenges have been exacerbated in recent years by recurring climate shocks and sociopolitical instability, contributing to worsening poverty, further weakening public systems, and limiting access to health services.⁸

MIHR collaborated with five local organizations in Dosso and Tahoua regions to address individual, couple, and community barriers to access, availability, and acceptability of FP services by focusing on five complementary technical areas to facilitate collaborative linkages. Guided by a theory of change (**Box 1**), MIHR supported partners to: (1) effectively implement evidence-based, context-specific interventions to sustainably improve access to and use of FP; and (2) integrate resilience interventions into FP programming to mitigate the effects of shocks and stresses on service continuity.

BOX 1

Theory of Change for Technical Capacity Strengthening

IF Nigerien organizations have strong technical capacity to adapt and implement evidence-based practices for family planning and interventions to strengthen resilience of individuals and communities; And IF Nigerien organizations are supported to strengthen their organizational capacity; Then, local organizations will be able to support individuals and communities to equitably access and use quality family planning and be prepared to absorb and adapt during periods of shocks and stresses to foster continuity in services.

CAPACITY STRENGTHENING APPROACH

MIHR implemented an iterative capacity strengthening approach grounded in USAID's Collaborating, Learning, and Adapting practices and capacity strengthening principles for locally led development.^{9,10} The approach involved several elements, including joint assessments of partner capacity against technical domains for effective FP programming, co-creation of capacity strengthening plans (CSPs) and project implementation plans (PIPs), self-paced and facilitated hybrid workshops combining individual learning with group sessions, coaching and mentoring tailored to provider needs, and pause and reflect opportunities to evaluate progress and interventions accordingly (see **Figure 1**).

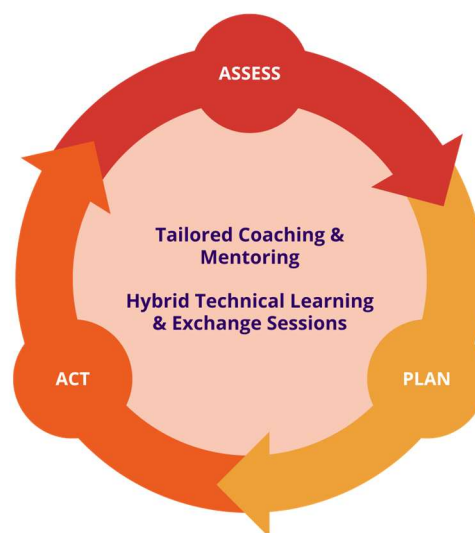


Figure 1: Capacity Strengthening Approach

PRINCIPLES OF EFFECTIVE AND EQUITABLE CAPACITY STRENGTHENING

MIHR applied principles in its design and approach from USAID's Localization Capacity Strengthening Policy.

Principle 1. Start with the local system. Before beginning capacity strengthening activities, MIHR conducted a landscape review including consultations with government actors as well as development and implementing partners. This step informed priority areas for strengthening family planning/reproductive health (FP/RH) and resilience, as well as opportunities for collaboration, and local capacity needs. Consultations with local organizations in Dosso and Tahoia regions also helped to familiarize their organizational profiles, including capacities and relationships, and gain a deeper understanding of the ecosystem.

Principle 2. Strengthen diverse capacities through diverse approaches. Capacity strengthening focused on organizational, grant management, relational, and technical capacities, and employed different capacity strengthening modalities.

Principle 3. Plan for and measure performance improvement in collaboration with local partners. Through an iterative and participatory approach, MIHR worked with partners to jointly define and measure progress against their identified capacity goals. Periodic evaluations made it possible to measure changes in capacity over time and tailor capacity strengthening efforts based on results.

Principle 4. Align capacity strengthening with local priorities. Prior to the joint assessment using the LOICAT tool, a co-creation workshop helped identify local partners' priority needs and capacity gaps, tailoring and improving capacity strengthening efforts further during one-on-one sessions.

Principle 5. Appreciate and build on local capacities. Partner selection and the first joint assessment helped better understand each partner's capacities across different domains and technical areas. By building on their strengths, activities were designed and implemented with local needs and capacities in mind.

Principle 6. Practice mutuality with local partners. The overarching principle applied throughout is one that acknowledges complementary knowledge and expertise. Where MIHR brought technical know-how from the global evidence base and based on international best practice, partners had deep local knowledge, proven on-the-ground expertise, significant social capital, and community trust. The emphasis on learning and exchange was deliberate, reflecting a dynamic of two-way knowledge sharing in which each party contributed, through its expertise, to the development of the CSPs and PIPs.

PARTNER SELECTION

Following an inclusive and competitive selection process, MIHR selected five local organizations (see **Table 1**). As part of the call for proposals, applicants were encouraged to express themselves in their working language and to submit solutions tailored to local realities and needs. To ensure compliance with donor requirements and MIHR's objectives, all applications were reviewed based on predefined eligibility criteria. Pre-grant assessments were also conducted to identify each organization's strengths and areas for improvement.

Table 1: Technical areas and scope of local organizations supported by MIHR

Organization	Technical Area	Purpose
KAWTAL	Building resilience through positive FP behaviors	Support adoption of healthy behaviors by enhancing access to accurate and age-appropriate FP information and support healthy timing and spacing of pregnancies.
DIMOL	Promoting the sexual and reproductive health of adolescents and young people	Improve adolescent and youth access to accurate and age-appropriate contraceptive information and services by reducing barriers and leveraging facilitators at individual, couple, community, and societal levels.
SAYDEV	Promoting contraceptive self-care	Empower and support individuals to practice contraceptive self-care as desired and when necessary.
SAME	Improve the quality and continuity of FP services	Foster continuity of FP services during shocks and stresses.
IR2D SAHEL	Strengthen community-based postpartum FP	Facilitate access to quality postpartum FP services for people who want to space or limit pregnancies.

ITERATIVE JOINT ASSESSMENTS

Over 18 months, MIHR jointly conducted four rounds of assessments of partner’s technical capacity using a Local Organizational and Institutional Capacity Assessment Tool (LOICAT), an adapted version of USAID MOMENTUM Country and Global Leadership’s Integrated Technical and Organizational Capacity Assessment Tool. The main differentiator is that the LOICAT emphasizes evidence-based FP/RH practices and resilience strengthening. Each assessment cycle helped further develop and strengthen partners’ CSPs, which outlined their capacity gaps, growth areas, anticipated results, timeframe, and resource needs.

CO-CREATION OF CAPACITY STRENGTHENING AND PROJECT IMPLEMENTATION PLANS

During the six-month co-creation phase, MIHR held in-person workshops, individual consultations, and technical assistance sessions to collaboratively develop PIPs. Plans defined the technical approach, implementation plan, performance monitoring, and knowledge management activities, and informed further refinement of partners’ CSPs. The length of this phase allowed for multiple iterations of partners’ plans and adjustments to account for an evolving context and external factors. For example, one partner pivoted from supporting public health facilities to engaging community health workers and local leaders in emergency preparedness and resilience.

TECHNICAL LEARNING AND EXCHANGE SESSIONS

Using a hybrid approach that combines virtual and in-person sessions, MIHR organized two technical sessions focused on learning and knowledge-sharing. Following the initial assessment conducted using LOICAT, the first session was held between March and April 2023 and began with self-paced, virtual certification courses delivered through recognized e-learning platforms. Weekly virtual meetings allowed MIHR staff and partners to review and discuss topics covered. Subsequently, MIHR organized a five-day workshop on programmatic concepts, supplemented by applied learning on program design, implementation, monitoring, and evaluation. In so doing, MIHR and partners collaborated to refine theories of change, implementation approaches, action plans, monitoring and evaluation plans, and knowledge management plans. Following the second LOICAT and application of MOMENTUM’s Family Planning Resilience Checklist, MIHR organized the second technical learning and exchange session in February 2024. This session helped identify persistent gaps in partners’ implementation plans and strengthen their action plans. It also provided an opportunity to gather input from partners as part of MIHR’s assessment of resilience-building initiatives at individual and community levels. To facilitate diffusion of information and peer exchange, MIHR also encouraged partners to join and engage in local technical working groups and networks.

TAILORED COACHING AND MENTORING

MIHR complemented learning sessions with continuous coaching and mentorship, tailored to partner needs and technical scope. A dedicated team member worked with partners individually to support their PIPs and address individual capacity gaps. MIHR also held mini workshops on gender transformation, resilience strengthening, and monitoring and evaluation with a group of partners who requested additional support.

RESULTS

GAINS IN TECHNICAL CAPACITY

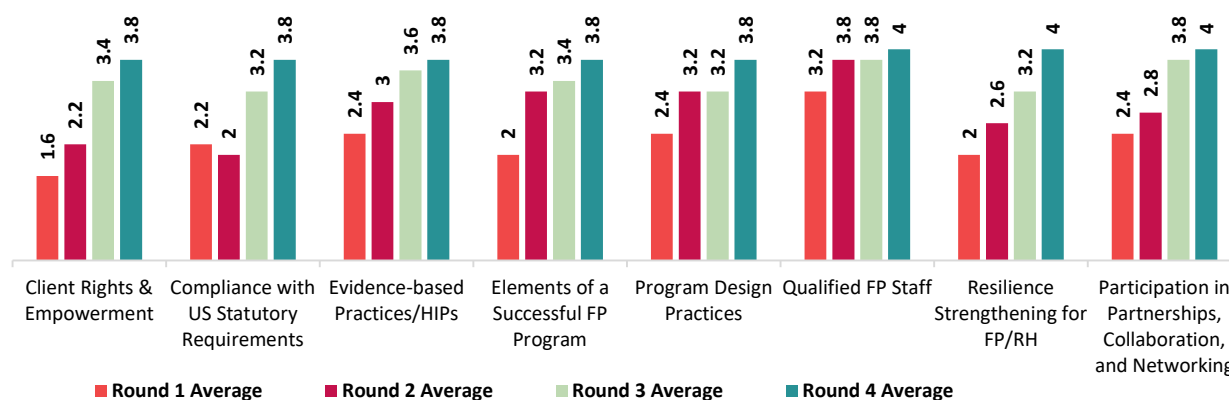
The LOICAT assessed progress across all technical domains from the first assessment (baseline) to the fourth assessment (endline). Capacity scores ranged from 1 to 4, with the goal of organizations achieving 3 or higher across all domains, indicating “moderate to strong” capacity (see **Annex A** for capacity targets by technical domain). A score of 2–3 indicates “weak to moderate” capacity, and a score of less than 2 indicates “low to no” capacity. Overall, local organizations demonstrated substantial progress in capacity scores across all assessed technical domains from baseline to endline, starting from an average of 2.4 and achieving 3.7.

DOMAIN I: FAMILY PLANNING

This domain focused on strengthening local organizations’ capacity in FP (see **Figure 2**). The average capacity scores in FP across all five partners increased from **2.3** (weak to moderate) at baseline to 3.9 (moderate to strong) at endline. The lowest scores were observed for client rights and empowerment (average baseline score of **1.6**) and US government compliance on family planning and abortion (average baseline score of **2.2**). MIHR guided organizations through USAID’s compliance framework via e-learning modules and one-on-one follow-up meetings and developed compliance plans. This support led to significant improvements in this area, increasing to an average score of **3.8**. At baseline, partners were somewhat aware of but not implementing high-impact practices (HIPs). Organizations scored an average of 2.4 (weak to moderate, which increased to 3.8 by endline as MIHR worked closely with them to integrate evidence-based practices, such as social and behavior change, adolescent self-care, and postpartum family planning into their activities.

MIHR also supported partners participation in technical working groups, such as the Coalition of Actors for the Repositioning of Family Planning in Niger and FP2030, helping them raise their average score from **2.4** to **4.0**. Furthermore, mainstreaming resilience strengthening within FP programming was a new concept for many organizations. MIHR’s technical assistance helped local organizations understand the linkages between fragility, resilience, and FP/RH, and identify ways to integrate resilience strengthening into program design.

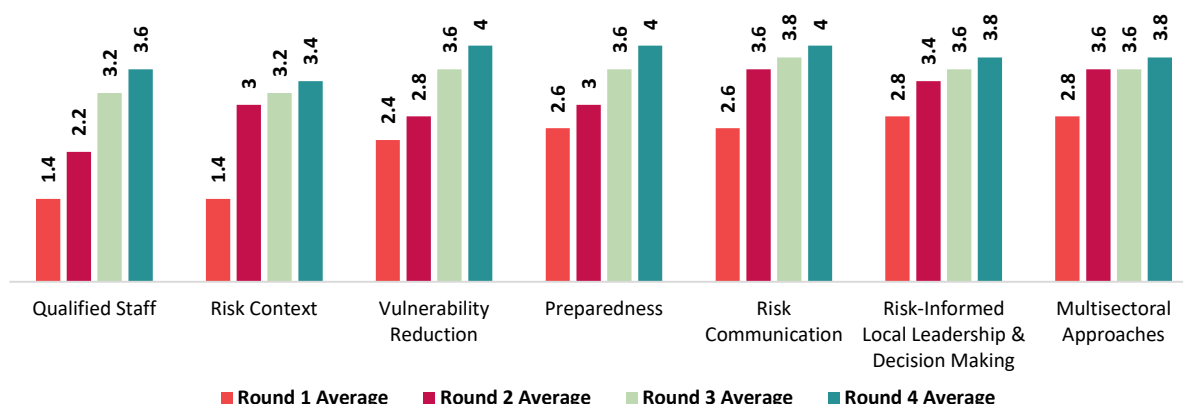
Figure 2. FP Domain – Progression of Average Capacity Scores



DOMAIN II: RESILIENCE

Figure 3 shows the capacity score progression for each of the technical areas under the Resilience domain. Over the four rounds, the results demonstrate clear progress from an average score of **2.3** (weak to moderate) at baseline to **3.8** (moderate to strong) at endline. At the outset, many organizations did not have qualified staff or integrate risk context analysis in their programming. However, they integrated activities to the extent possible to reduce vulnerability, increase preparedness, improve risk communication, and apply multisectoral approaches. MIHR's helped organizations transition from weak and fragmented actions to integrated resilience strategies, underscoring their ability to navigate complex, risk-prone environments.

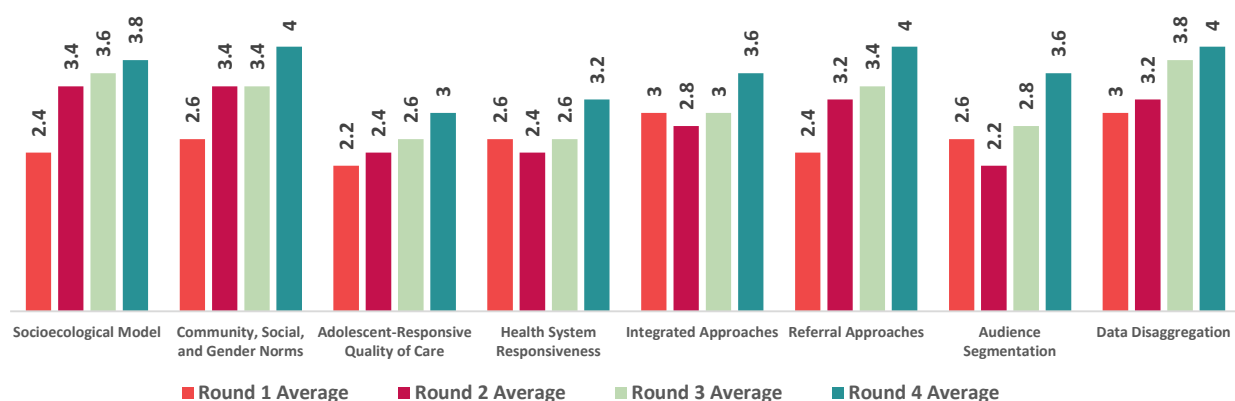
Figure 3. Resilience Domain - Progression of Average Capacity Scores



DOMAIN III: ADOLESCENT AND YOUTH HEALTH

Figure 4 shows capacity score progression for each technical area under the Adolescent and Health domain. The results indicate progress across all technical areas from an average score of **2.6** (weak to moderate) to **3.7** (moderate to strong). At onset, many organizations demonstrated weak to moderate capacity across all technical areas, with knowledge of meaningful youth engagement and adolescent-responsive quality of care being the lowest. Through targeted support, facilitated collaboration with youth organizations, and development of meaningful youth engagement protocols, organizations' scores improved dramatically.

Figure 4. Adolescent and Youth Domain - Progression of Average Capacity Scores

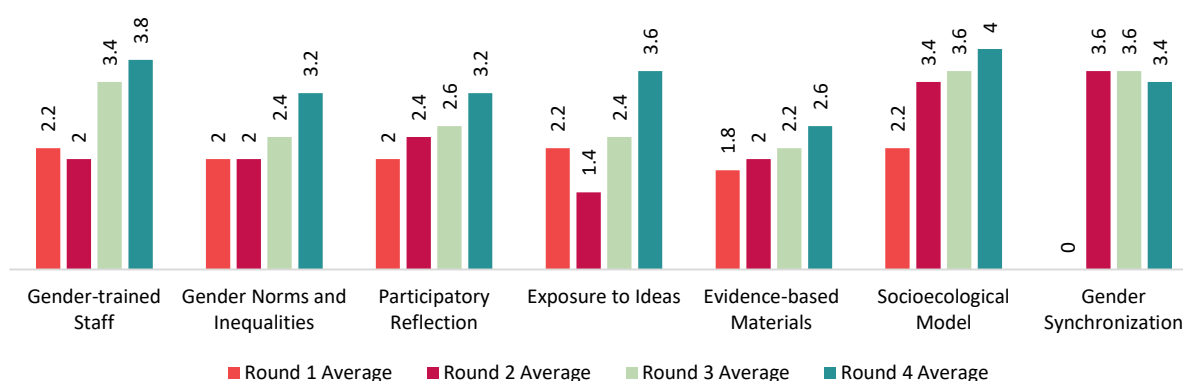


DOMAIN IV: GENDER TRANSFORMATION

Figure 5 shows the capacity score progression for each of the technical areas under the Gender Transformation domain. Results indicate progress across all technical areas from an average score of 2 (weak) to 3.5 (moderate to strong), although some challenges remained. For example, capacity gains followed the introduction of gender-transformative tools. However, some organizations struggled to contextualize the materials to address local gender norms and inequalities, citing a lack of formative research and documentation. We also observed improvements after introducing gender equality concepts, but some organizations expressed challenges translating these into practice.

"In our patriarchal society, the man holds the decision-making power in the family. Husbands are often hostile to clinics and prevent their wives from receiving prenatal care, making it difficult to implement initiatives aimed at altering traditional gender roles."
—NGO DIMOL representative (Tahoua region)

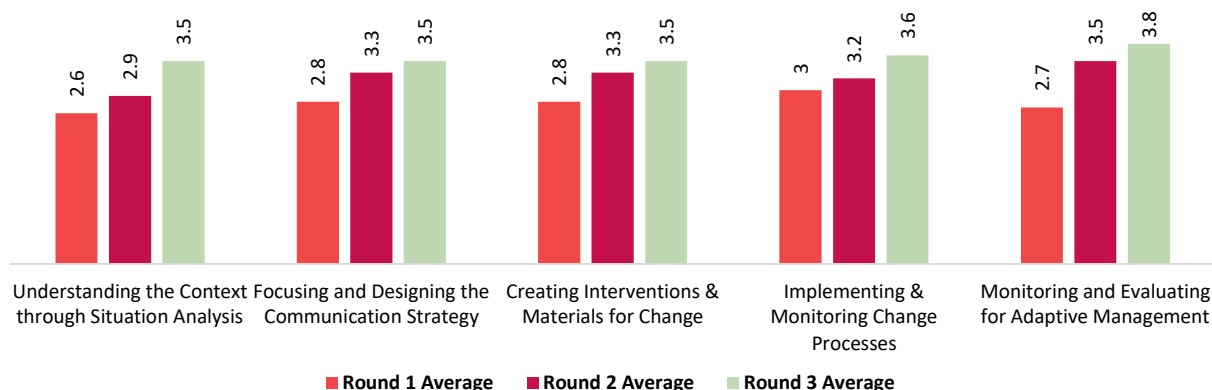
Figure 5. Gender Transformation Domain - Progression of Average Capacity Scores



DOMAIN V: SOCIAL AND BEHAVIOR CHANGE

Figure 6 shows the progression of capacity scores for each of the technical areas under the Social and Behavior Change domain. Over the three rounds, the results indicate progress across all technical areas with the average score improving from 2.8 to 3.6. Organizations had reasonable baseline capacity in this domain from the start across all technical areas.

Figure 6. Social and Behavior Change Domain - Progression of Average Capacity Scores



PROGRAMMATIC ACHIEVEMENTS

Local organizations primarily focused on social and behavior change activities to address demand-sided barriers to FP across 75 health facility catchment areas in Dosso and Tahoua. Activities targeted individuals, couples, and influential community members (community and religious leaders). Participants included adolescents and youth, men, postpartum women, and first-time parents. Organizations used multiple communication channels tailored to different audiences to deliver FP messages, including radio spots and dialogues, home visits, community educational talks, and theaters. Local organizations expanded access to FP information to **423,819 individuals**, including **291,927 young people** (aged 15–24). Nearly 70% of young people were reached through radio programs. Local organizations successfully engaged **155,141 men** (70% aged 15–24), focusing on FP, gender roles, and the importance of men’s involvement in reproductive health.

"For the first time, we saw men take part in discussions about contraception alongside their partners. This has created a better environment for women to seek the care they need."

—NGO DIMOL Representative (Tahoua region)

Driving change through local leadership, partners successfully mobilized influential community members to champion FP. For example, IR2D SAHEL’s effort to engage local leaders led to **two advocacy** and **two community forums** focused on strengthening local commitment to postpartum family planning services.

"This is the first time we have had such a discussion with all key leaders. It is important because it affects the wellbeing of our communities. I am committed to promoting FP at our next council meeting."

—IR2D SAHEL representative

Local organizations implemented several activities to address gender-related barriers, focusing on young people’s and women’s empowerment, advocacy against gender-based violence (GBV), and advancing gender equality in sexual and reproductive health (SRH) education. This was particularly evident in efforts to promote shared decision-making in SRH decisions between men and women. One partner established husband and future-husband schools to increase men’s participation in gender-sensitive discussions and foster a supportive environment for women to make autonomous reproductive health choices. Through these efforts, **40 members of Ecoles des Maris** (husband schools) were sensitized on family planning/reproductive health, leadership, group dynamics, decision making, and communication techniques.

"After hearing the sensitizations, I felt confident enough to take my wife to the clinic for FP immediately after childbirth. This has really helped us."

—Project participant

"By engaging both men and women in discussions about reproductive health, we are seeing healthier relationships where decisions are made together, and this is creating a lasting impact on our communities."

—NPI Partner

DIMOL engaged **32 youth ambassadors** (16 girls, 16 boys) to strengthen SRH awareness through **eight school health clubs**, reaching over **1,000 students**. This effort strengthened youth leadership and promoted gender equity within educational settings by empowering students as advocates for reproductive health and gender equality. Another partner trained **20 mentors** and established **20 safe spaces** for young girls to access FP/RH education and GBV support, providing young girls with a safe environment to learn about FP/RH and address concerns. IR2D SAHEL also engaged young, first-time parents through dialogue sessions, radio spots, and community health workers about the benefits of postpartum family planning and facility-based births.

"Here in this [...] health center, the practice of postpartum family planning is going well. The relays are raising awareness both in the village and in the area of the health center. Before, women wouldn't even come here to give birth, but now, thank God, they do, and most of them come out with a method. Imagine, even women from the most remote herders come here to take contraceptive products. We really thank this project."

—Local Health Worker

SAYDEV promoted contraceptive self-care options, training and supporting **1,462 women** (over 50% aged 19–24) to self-administer DMPA-SC. Another partner trained **34 community-based relays** to provide community-based FP provision. In total, over **3,800** clients were referred to health facilities for FP across both regions.

"Well, I would say that it is the assessments on the technical and organizational level they have helped us a lot really. There is a great improvement, and we have grown everyday thanks to the capacity building we have observed. It [the assessment] allowed us to understand things at all levels. Well really the very first assessment surprised us, we needed to improve things, we have tools that are not up to date, but thanks to the assessments, everything is fine now."

—NPI Partner

LESSONS LEARNED AND RECOMMENDATIONS

LOCAL PARTNER RECRUITMENT

Despite widely publicizing the opportunity in French and through local media and listservs in Niger, only a small number of local partners applied. To identify the most qualified partners, we suggest providing enough time for local organizations to see the procurement and engage in the process. The four-week period did not allow local organizations, especially those with limited human resources and proposal development capacity, to prepare competitive submissions. We suggest the following considerations when soliciting locally led development opportunities:

- 1. Simplify solicitation requirements:** Consider requesting only the essential information needed for proposal application evaluation. Alternative options to verify eligibility requirements could include a survey or presentation with specific questions corresponding to specific criteria.
- 2. Engage with prospective local partners early through a push and pull approach:** Share information about potential funding and partnership opportunities prior to solicitation release to allow prospective partners to prepare and meaningfully engage. Conduct active and targeted outreach for specific organizations of interest. In addition to broadcasting solicitations through locally accessible communication channels, invite local organizations to a meeting to describe the solicitation in detail, including running an open question and answer session.

CAPACITY STRENGTHENING

From the onset, MIHR understood that 18 months was insufficient to generate considerable improvements in capacity and performance as this requires long-term investment. Instead, we focused on foundational technical areas and standards, sharing additional resources with partners to bolster their capabilities. Although partners identified areas for additional support and capacity strengthening, we realized the areas and standards were “defined by us for them,” thus missing an important opportunity for partners to input and lead. Additionally, although we intentionally planned a 6-month co-creation period, partners needed

more individual support to develop their PIPs. Furthermore, while the technical learning and exchange workshops offered structured training and facilitated peer-to-peer exchange, the amount of new information was overwhelming. To address this, we offered mini sessions focused on new concepts or complex technical areas, such as resilience and monitoring and evaluation. The coaching and mentoring sessions provided by a local technical expert with contextual insight also supplemented the workshops. While local organizations generate considerable learnings from their work, their implementation stories are infrequently captured and shared because of limited capacity and resources for knowledge management, which makes verification difficult. Throughout, MIHR and partners had to be flexible and adapt plans given the contextual realities in Niger. We suggest the following considerations when engaging in local capacity strengthening initiatives:

1. **Co-develop capacity areas and standards with local partners.** To foster principles 3, 4, and 5 of locally led development, engage local organizations in defining the scope and goals for capacity strengthening to improve the relevance and alignment with partners' institutional priorities.
2. **Focus on partner-prioritized capacity areas.** Focus on a few areas and go deeper for more meaningful and sustainable improvements in capacity gains.
3. **Maximize co-creation across the project life cycle.** Co-creation serves as an opportunity to put partner skills into practice. Continuous co-creation offers partners the opportunity to adapt their technical approach as needed.
4. **Adopt a low-dose, high-frequency training approach.** Design and deliver training sessions in small increments while ensuring there are opportunities for real-time applications. This approach is helpful when extensive knowledge and skills require both structured training and real-world practice for attainment.
5. **Invest in local technical mentors.** Engage dedicated local technical experts with coaching and mentoring skills to ensure technical guidance is relevant and practical for the local setting.
6. **Focus on knowledge management as a skillset.** Embed simple, sustainable knowledge management processes that enable local organizations to routinely document and share implementation experiences, generating evidence of learning and capacity growth.

CONCLUSION

MIHR strengthened local organizations' capacity to effectively implement contextual, evidence-based interventions that expand and sustain access to FP services while integrating resilience-strengthening approaches to mitigate the effects of shocks and stressors. All five organizations demonstrated a strong commitment to achieving their capacity targets and project goals.

MIHR's investment in Niger builds on existing evidence around local capacity strengthening methodologies and tools while providing new insights on their application in fragile settings. Our experience underscores the limitations of short-term capacity strengthening efforts, which often result in incremental gains that may not be sustainable without continued investment. Our experience further highlighted that, unlike organizational and grants management capacities, technical capacity encompasses a broad range of competencies. Capacity standards should align with the core components of evidence-based practices to more accurately assess and strengthen technical performance. Finally, local partners consistently identified coaching and mentoring as the most valuable capacity strengthening approach, signaling the need to cultivate technical experts with the skills to provide embedded, contextually relevant support alongside program implementation.

ANNEX A: CAPACITY TARGETS BY TECHNICAL DOMAIN

Family Planning

1. *Client rights and empowerment*: Organization is aware of, or has a set of principles that align with, internationally recognized rights-based FP principles, such as the FP 2030 Rights and Empowerment Principles, and has experience in applying them to program design, implementation, and evaluation.
2. *United States statutory requirements and policies on family planning and abortion*: Organization has a compliance plan for meeting all statutory requirements, compliance is routinely monitored and documented, and procedures to alert of a potential vulnerability or violation are in place.
3. *Evidence-based Practice/HIPs*: Organization is knowledgeable and applying relevant HIPs in its projects and/or based on implementation experiences is contributing evidence and/or lessons learned.
4. *Elements of a Successful FP Program*: Organization is knowledgeable of all 10 elements of successful FP programming, and/or based on implementation experiences contributing evidence and/or lessons learned.
5. *Program Design practices*: Organization is knowledgeable and is applying sound program design practices, including a data-informed context and problem analysis, a theory of change, a description of project participants, detailed implementation and monitoring and evaluation plan.
6. *Qualified FP staff*: Organization has staff who have current training and experience in FP programming.
7. *Resilience strengthening for FP/RH*: Organization is knowledgeable of concepts of resilience strengthening for FP/RHs and/or is implementing any resilience strengthening interventions as part of family planning activities.
8. *Partnerships, networks, and collaborations*: Organization is an active member or leads/chairs a technical working group or NGO network involved in FP/RH at the local, national, regional, or global level.

Resilience

1. *Qualified Staff*: Organization has resilience experts capable of training others on resilience integration into programming.
2. *Understanding Risk Context*: Organization conducts regular, comprehensive risk assessments, including vulnerabilities and their drivers, and systematically uses findings to inform programming.
3. *Reduction of Vulnerability*: Organizations systematically integrate activities to address critical vulnerabilities and their drivers, aligning with a long-term strategy for resilience.
4. *Preparedness (Absorptive Capacities)*: Organization implements preparedness activities linked to long-term strategies and multi-stakeholder approaches, strengthening local capacities.
5. *Risk Communication*: Organization implements risk communication campaigns targeting FP, RH, and GBV, ensuring relevance during crises and alignment with comprehensive communication strategies.
6. *Risk-Informed Local Leadership*: Organization actively supports and encourages local leaders to adopt risk-informed decision-making in planning and implementing activities.
7. *Multi-Sectoral Approach*: Organization collaborates intentionally with organizations across sectors to support comprehensive, transformational change at the local level.

Youth and Adolescent Health

1. *Meaningful Youth Engagement*: Organization recognizes and strengthens youth leadership through equitable collaboration, ensuring youth participation is reflected in decision-making.
2. *Segmentation*: Organization tailors all interventions based on youth developmental stages, skills, and social and cultural characteristics to meet diverse needs effectively.
3. *Socio-Ecological Model*: Organization addresses youth health at individual, family, community, and policy levels, promoting systemic changes to support adolescent health rights.

4. *Deeper Understanding of Community, Social and Gender Norms:* Organizations use validated tools to identify and address social and gender norms, integrating strategies to transform inequities in programming.
5. *Quality Health Services for Young People:* Organization ensures services meet global standards for youth-friendly health care and routinely monitors and improves quality.
6. *Health System Responsiveness:* Organization strengthens multiple health system building blocks and supports youth in holding health systems accountable.
7. *Data Disaggregated by Age:* Organizations routinely collect and use age-disaggregated data to inform programming through structured data use processes.
8. *Integrated approach to health:* Organization systematically integrates FP/RH, maternal and child health, GBV, and nutrition services for adolescents and provides referrals for additional care.
9. *Referrals:* Organization actively participates in youth support systems, identifying service gaps, and leveraging networks for informed and accessible referrals.

Gender Transformation

1. *Gender trained Staff:* Organization has gender experts with the capacity to design, implement, and train others in gender-transformative programming approaches.
2. *Identification of Gender Norms and Inequalities:* Organizations identify gender norms and inequalities through participatory research and routinely integrates findings into program interventions.
3. *Participatory Reflection:* Organization fosters critical reflections on gender norms through structured participatory tools, with facilitators trained and supported for quality implementation.
4. *Exposure to Ideas:* Organization implements consistent exposure sessions over 18 months to challenge gender norms, monitor changes, and evaluate long-term shifts in participant attitudes and behaviors.
5. *Evidence-Based Materials:* Organization applies evidence-based toolkits addressing gender and power dynamics, ensuring fidelity to the original methods and evaluating program effectiveness.
6. *Socio-Ecological Model:* Organizations engage at least three levels of the ecological model, including providers, communities, and systems, to ensure comprehensive gender-transformative programming.
7. *Synchronizing the Sexes:* Organization engages individuals of all genders in joint or separate activities to challenge gender roles and promote open communication about norms and attitudes.
8. *Reach:* Organization achieves a critical mass of community members, including key leaders and influencers, for impactful and sustainable gender-transformative change.
9. *Supporting Community Mobilization or Activism:* Organization supports change agents with ongoing training, mentorship, and resources to sustain community-led gender-transformative activities and advocacy.

Social and Behavior Change (SBC)

1. *Understanding the Context through Situation Analysis:* Organization systematically conducts situation analyses, leveraging primary and secondary data to design contextually relevant SBC programs.
2. *Focusing and Designing the Communication Strategy:* Organization develops SMART communication objectives, addressing barriers to behavior change and tailoring interventions for specific audience segments.
3. *Creating Interventions and Materials for Change:* Organization develops and pretests communication materials with target audiences, incorporating feedback to ensure relevance and effectiveness.
4. *Implementing and Monitoring Change Processes:* Organization implements SBC activities with trained technical staff, linking process indicators to communication objectives, and monitoring progress.
5. *Monitoring and Evaluating for Adaptive Management:* Organization uses M&E data to systematically assess and improve SBC programs, documenting and disseminating lessons learned to stakeholders.

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