



REPRODUCTIVE HEALTH INNOVATION EXCHANGE

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Empathways: Building Empathy into Youth Family Planning Services

Innovation presented by: USAID, ThinkPlace, and Johns Hopkins Center for Communication Programs

Problem statement	
A major barrier to young people’s informed, voluntary access and uptake of family planning (FP) is youth mistrust of FP service providers.	
Circle of Care stage	
<p>Before:</p> <ul style="list-style-type: none"> Creates Enabling Environment Sets Supportive Norms 	<p>After:</p> <ul style="list-style-type: none"> Supports Behavioral Maintenance
Audience(s)	
Program implementers that work with FP service providers; FP service providers; young people (as a secondary audience)	
Countries of implementation or design	
<p>Pretest: Côte d’Ivoire (pretest)</p> <p>Pilot testing: Kenya and Liberia</p> <p>Adaptations: Nigeria, Togo, Burkina Faso, Niger, Côte d’Ivoire</p>	
Outcome(s) of interest	
Empathways seeks to increase family planning (FP) provider empathy for young people, thereby reducing mistrust between these two groups, and encouraging more youth-centered FP service delivery.	
The innovation	
<p><u>Empathways</u> is a card activity designed to forge greater understanding of young clients among providers through dynamic discussions and to encourage providers to apply this empathy to improve youth FP service delivery. Empathways has three rounds:</p> <ol style="list-style-type: none"> Open Up, which includes icebreakers and discussion prompts about social and gender expectations and transitional life events, such as marriage and having a child Discover, which focuses on factors influencing personal FP attitudes, autonomy, and quality youth FP services Connect, which includes youth FP scenarios and discussion questions that invite providers to transform insights from Rounds 1–3 into commitments to improve how they deliver FP services to young clients 	



Why you should consider adapting and scaling this innovation

Empathways is less about teaching, and more about experiencing. During tool pretests in Côte d'Ivoire (n = 30), provider and youth participants said the cards touched on relevant topics and successfully increased empathy between these often disparate groups. Facilitators observed young people and providers continuing conversations, taking photos together, and exchanging contact information on breaks and after sessions concluded. Results from larger pilots in Kenya and Liberia are forthcoming, this fall. Developers adapted Empathways for use between youth and community members in four countries in West Africa to support an enabling environment for youth FP access. Young participants have reported it being the first time they've ever talked about FP with an adult. Adult participants reported the sessions allowed them to reflect on the challenges they faced as young people in talking or learning about relationships, reproductive health, and FP, and vowing to do things differently to help youth in their lives.

Resources needed to adapt or scale this innovation

Empathways can be used in FP provider trainings, and during program or research design. Implementers can include program implementers or local structures, who work regularly with FP providers; program researchers; or others. If using the entire Empathways deck (46 cards), we recommend between a half- and a full-day session, depending on the level of group synthesis desired. Implementers can work with young people and FP service delivery stakeholders to prioritize certain cards from each round to host lighter, shorter discussions.

Printing costs will vary by country, quality, and quantity. In the U.S., 300 decks can cost \$3,500–\$5,300 USD, including the box and facilitator instructions. To reduce the need to print, Empathways also has an online version. Implementers may benefit from, at least a few months before commencing, mapping local FP providers with whom they will work and mapping and developing a rapport with local youth associations, who can be crucial implementation partners.

Implementation recommendations

If research in a program context shows that provider bias regularly prevents youth from accessing comprehensive, quality FP services, Empathways could help. Validating the tool with young people and FP providers, stakeholders, and decision-makers and making any needed adaptations before pretesting or piloting is recommended.

We also recommend that young people remain partners throughout Empathways implementation; they should help organize and facilitate sessions alongside program or other facilitators. We believe this helps young participants feel safe and supported. The Empathways facilitator instructions provide more implementation tips.

Empathways implementation challenges have included:

- Competing priorities during project start-up, slowing rapport- and network-building with youth and FP actors. Adequate planning is key!
- Trying to integrate Empathways in multiple cities, in multiple health service contexts, with multiple audiences all at once. Piloting the tool has been easier where participants have strong working relationship with local FP networks and FP service stakeholders, and where the tool has been integrated into existing project or government-supported activities. Working well in fewer locations first also allows for scale to come later; with the community version of Empathways, the work done with selected community associations has drawn the interest of new associations toward using the tool.

Have more questions? Contact the following people

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Relevant links

<https://breakthroughactionandresearch.org/empathways>
<https://breakthroughactionandresearch.org/empathways-fr>
<https://breakthroughactionandresearch.org/empathways-adaptations>