Terikunda Jékulu

Semi-annual Progress Report

October 2010 through March 2011

I. INTRODUCTION

In October 2010, Georgetown University's Institute for Reproductive Health, along with its partners Cooperative for Assistance and Relief Everywhere (CARE), the Centre for Development and Population Activities (CEDPA), and *Association de Soutien au Développement des Activités de Population* (ASDAP), was awarded a five-year, two-phase research project under the Annual Program Statement from USAID (AID-OAA-A-10-00066). The $5.75 million project, ***Terikunda Jékulu*** (meaning "friends connecting friends through social networks" in Bambara, a local Malian language) will address unmet need for family planning by applying network theory and analysis. In Phase 1, year 1, the project will carry out formative research, consisting of ethnography, social network mapping, and in-depth interviews to assess the influence of men and women's social networks on their attitudes, beliefs, desires, intentions and behaviors regarding fertility and reproductive health. Based on this research, IRH and its partners will design network-based interventions to reduce negative and strengthen positive influences on attitudes and behaviors. In Phase 2, years 2-5, the project will implement the interventions and evaluate their effectiveness in addressing unmet need and in applying social network theory using a case-control study design.

The project is in its first year of implementation, and this progress report covers the first six months of Phase 1.

II. PROGRESS OF PLANNED ACTIVITIES

Project Startup

In early November, a letter of agreement between Georgetown University and our project partners was issued in order to facilitate project start-up. Fully signed subagreements have since been administered between Georgetown University and our partners, CARE Mali and CEDPA. CEDPA has administered a contract with ASDAP, their local Mali affiliate. IRH has developed and distributed a Partner's Guide to provide partners with information about general project management, including meetings, financial and technical reporting, travel and communication.

In October 2010, the Research, Monitoring and Evaluation (RME) Coordinator position was advertised in local Malian newspapers. Several candidates were interviewed by Dr. Traore in Mali, and a few select candidates were then interviewed by Susan Igras (IRH/Washington, Field Programs Director). In January, Mariam Diakite was hired as the RME Coordinator for the Terikunda Jekulu (TJ) project. Ms. Diakité received her Master's degree in Health Education and Promotion from the University of Lyon 2 in France. She has seven years of experience in public health, including research in sanitation and health promotion. Ms. Diakite provides technical leadership in implementing and coordinating the TJ research activities and serves as a liaison between IRH Washington, our in-country partners (CARE and ASDAP), and also consultants for the TJ project.

In January, consortium partners attended a week-long meeting in Bamako to launch the Terikunda Jékulu project. Key stakeholders and implementing partners in Mali attended a mini-launch of the project where IRH presented the two phases of the project and described how the research activities in Phase 1 would complement and guide development of interventions in Phase 2. (See attached PPT

presentations in Appendix 1 and 2) IRH then led a discussion on the ExpandNet framework and how the project could apply scaling up principles to its activities.

Consortium partners also attended the quarterly USAID/Mali partners' roundtable where Susan Igras gave a short presentation on the project. Meetings to formally introduce the project and gain input on project implementation were held with the National Director and Division Head of the Department of Reproductive Health at the Ministry of Health (MOH) and the USAID Mali Mission. During the meeting at USAID/Mali, Dr. Madina Sangare Ba and Beth Anne Moscow expressed interest in receiving periodic updates and questioned Project TJ partners about the feasibility of scaling up such a network-based intervention. It was decided that Madina Sangare would serve as Project TJ's main point-of-contact in the Mission office. By the end of the week, participants expressed greater clarity on the Project research activities and their individual roles and responsibilities. Project TJ partners prepared and revised drafts of the Phase 1 workplan and project monitoring plan (PMP) which were submitted to USAID/W and Mali in February 2011.

On-going Project Management

The TJ consortium partners form the Project Advisory Group (PAG). The PAG has monthly conference calls that offer partners an opportunity to touch base, provide updates and discuss any pending issues. The conference calls are held almost entirely in French and Ms. Diakite, our RME Coordinator, guides the discussion and ensures that all agenda items are covered. IRH Mali and ASDAP go to the CARE Mali office for the conference call and this provides an excellent opportunity for our Mali partners to meet and discuss issues on their own. Notes from our PAG calls are saved on the project Google site and shared with TJ partners.

TAG & Partnership Building

A Technical Advisory Group (TAG) was created in order to validate formative research findings, obtain input from external experts who may have different perspectives on the project, foster buy-in for the project among high-level stakeholders, and ensure presence of advocates for the project in Mali. The key functions of the TAG are to provide technical guidance and oversight on project planning and implementation, review progress of activities, ensure compliance with national policies of FP and research, promote mutual learning and sharing of information pertaining to understanding of social networks' effect on unmet need, and provide political support through MOH and donors to facilitate project implementation. The TAG may also solutions to operational bottlenecks that may arrive during different project phases, broker strategic connections with others operating in TAG members' professional networks, assist in project documentation and sharing of better practices, and cultivate interest in the project research and intervention approaches and results by sharing with interested people in professional and other circles.

The TAG has gotten off to a slow start. Led by CARE a draft TAG structure and function was developed in consultation with PAG and a first meeting planned in mid-March. At the very last minute the MOH called a cabinet-level meeting for organizations involved in FP, which included most TAG members, and the Project TJ TAG meeting had to be postponed. The first meeting is now planned for mid-May and will serve to orient TAG members to the project, its rationale, research, intervention testing, and scaling up phases and to finalize the TAG SOW. The proposed membership

is a diverse set of people representing government (health, gender), technical assistance agencies, university-based social scientists, and civil society (network-based associations). The initial TAG meeting (originally scheduled for March 23) has been rescheduled for May 11, 2011. The invitation letter and Terms of Reference are included in Appendix 3 and Appendix 4.

Program Review

The literature review of existing network-based interventions is ongoing and is being led by CEPDA. ASDAP is leading the program review of network-based programs and the form being used for data collection is presented in Appendix 5. ASDAP has hired a research assistant in Mali help with this task.

Research Activities

Formative research is being carried out two villages, Doucoumbo and Boukoro, which are located in Bandiagara health district (Mopti region) and Koutiala health distract (Sikasso region), respectively.

Ethnographic research was led by the consultant Sarah Castle, with assistance from Mamadou Camara. Research activities consisted of four main activities; focus group discussions (FGDs), in-depth interviews, cartography, and pile-sorting. FGDs were held with two groups of women and three groups of men. In-depth interviews were held with 12 women and 8 men of various ages and family planning use status in each village, as well as with community leaders and health care providers. In the cartography exercise, women were asked to draw a map of their 'world' with key social landmarks relating to FP information and services highlighted to show the spaces their networks inhabit and explore how these relate to transmission of information, support and resources for FP use. Finally, a pile sorting activity was conducted in which women were asked to free list network members who provide material, practical, cognitive and emotional support. They created diagrams showing the closeness of these relationships and discussed whether they had ever discussed FP with each, the content of the conversations and whether the people named knew each other. Descriptions of the specific activities, methods, sample population, and the data that were generated are presented in Appendix 6. Analysis of the ethnographic data is currently underway, and a draft report is expected mid-May.

The *household census and network mapping* of the two villages will begin mid-May and will be led by Mamadou Camara. This activity consists of two activities, a listing of all adults living in the village and a census administered to all adults. Details of these activities will be reported in the next semi-annual progress report.

Institutional Review Board Approvals

The IRB application for the ethnographic portion of the formative research phase was submitted to the Georgetown University Institutional Review Board (IRB) in November 2010 for expedited review. In early January 2011, the IRB informed IRH that the application had been rejected for expedited review because of the complex nature of the study and inconsistent and concerns with protecting privacy and confidentiality while mapping social networks. Therefore, IRH resubmitted a new application for the full board meeting in early February 2011. This full application received minor

comments (some of the study elements are unique, and the IRB is not familiar with the methodology; therefore, the committee felt that it could not ensure the safety of participants without further information). IRH immediately responded to the comments; however, due to unexplained delays within the IRB, the full approval was granted in early March 2011, and ethnographic research commenced on March 9, 2011.

IRH also submitted for an application for the social network mapping and in-depth interviews portions of the formative research for full board review in March 2011. This application received minor comments, specifically for IRH to clarify how participants' privacy would be protected given that it is a full network survey. The IRB also requested that the in-depth interview study portion be submitted as a separate application. Approval for this formative research portion was received in early May 2011.

Local IRB approval was also sought with the Comité National d'Ethique pour la Santé et les Sciences de la Vie (National Ethics Committee for Health and Life Sciences or CNESS) for these studies after full board approval had been received from the Georgetown University IRB. Therefore, approval was granted fairly quickly from CNESS.

III. SUPPLEMENTARY ACTIVITIES

The following activities were not originally proposed in the workplan; however, consortium members agreed that they were necessary for the project's success.

Situation Analysis

At the January meeting, CARE suggested that it would be useful to conduct a situation analysis in a few Phase 2 districts to provide specific information to help with the intervention planning. CARE had sufficient funds in their budget to cover their costs and was able to leverage the time of a consultant they were using on another project in Mali. Therefore, CARE took the lead to conduct the situation analysis. This activity will begin May 9 and will be carried out in two districts, Diré (Timbuktou region) and Selingue (Sikasso region), with participation by representatives from IRH and ASDAP.[1] The Situation Analysis will aim to identify formal and informal networks of women and men (tontine, grins, associations, etc.) in order to be informed about the composition, position, affluence, power and influence of specific community networks in the proposed intervention areas. The situation analysis will also examine health services and family planning associations in order to identify potential partners for the implementation of interventions as well as identify key people who may facilitate or hinder project activities.

A synthesis meeting is planned for late May and a report is expected by June 10.

Social Network Analysis Training

Two researchers from IRH attended workshops held during an annual conference organized by the International Network for Social Network Analysis (INSNA). They participated in workshops on how

[1] Diré is a CARE focus area and Selingue is an ASDAP focus area.

to perform social network analysis for various types of studies and for using different software preceded the conference. Irit learned the general principals of the UCINET software, which will be used for the actual analysis of the social network mapping data. In particular, she learned how the data should be structured and other elements that are important to know before data collection starts.

Key contacts were also made during the conference:

1. A presentation was given by Daniel Halgin, a professor at the University of Kentucky, who works with the group that developed the UCINET software. Dan agreed to give a presentation on the basics of social network analysis to our staff and partners in DC on May 10, 2011.

2. A presentation was given by Tom Valente, a leading expert on using social networking to change behavior and improve health outcomes. The workshop provided an opportunity to discuss our study with him. He has agreed to record a presentation in French focusing on using data to design network-based interventions which will be presented to our in-country partners and staff during the meeting to plan Phase 2 in July.

In June, an IRH researcher will attend a training workshop (four days) in Lexington, Kentucky, to gain hands-on experience in using UCINET.

IV. CHALLENGES, DELAYS, AND SOLUTIONS PROPOSED

Partnerships

Communication with the USAID-Mali HPN staff has been difficult at times, due in part to understaffing of USAID-Mali's HPN Unit and the challenge of managing existing bilateral projects along with a number of globally-funded projects (including Project TJ). Additionally, unlike the main health bilateral projects, Project TJ is in a formative research phase and is not service delivery focused, and it is not yet clear where the project fits with the mission's portfolio. It was initially a challenge to meet with the assigned point person within the HPN Unit, which delayed decision-making on issues such as site selection for research, the situation analysis, and intervention areas. This situation is improving. PAG members take advantage of USAID partner meetings to keep USAID-Mission officers informed of the project, followed by formal e-mail communication confirming decisions with all partners by IRH/DC. Ideally, the PAG would meet with USAID as a consortium, to better reflect the collaborative nature of the project. As additional staff are engaged within the HPN Unit, and as Project TJ begins the next phase of intervention testing, we expect that it will be more feasible to have regular meetings between USAID and PAG representatives and to maximize synergies with other USAID partners and projects.

Research Delays

The delay in receiving Georgetown University IRB approval for the ethnographic portion of the formative research greatly affected the timeline of the project. Since ethnographic results guide the other research activities (e.g. wording of the social network mapping questionnaire and in-depth interview guides), the delay in starting ethnographic research activities caused a cascade of delays

for subsequent elements/phases of the formative research. However, we have adjusted our plan and will have preliminary results from the social network census in addition to the ethnographic research results to inform intervention development during the July in-country combination PAG/TAG meeting. It is worth noting that the initial ethnographic research which was conceived as a brief observation in the field to help develop the tools. However, the consultant, Sarah Castle, used her expertise to develop a rigorous in-depth analysis of social networks which became an important element of the research.

V. PRIORITY ACTIVITIES PLANNED FOR NEXT SIX MONTHS

The following activities are planned to be completed in the time period between April through September 2011.

TAG Meeting

As mentioned previously, the TAG meeting was rescheduled from March and will be held on May 11, 2011. CARE Mali is leading this activity.

Complete Program Review

CEDPA and ASDAP are leading this activity to identify both published and unpublished network-based interventions for analysis. ASDAP is leading review of Mali programs that may not be well-known outside of the country, and CEDPA is leading a literature review. A draft will be completed in June; this draft will be presented to the TAG and used for program planning at the joint PAG/TAG meeting in July.

Social Network Mapping and Census

IRH, with consultant Mamadou Camara, will begin carrying out the social network mapping in mid-May. Preliminary results are expected in time for use during the July in-country joint PAG/TAG meeting.

In-depth interviews

Analysis of social network mapping census data will identify the 48 individuals (24 in each village) to be followed up with for in-depth interviews. These individuals will represent the spectrum of unmet need and network membership types. These interviews will take place in late July and August and will be used to finalize the interventions once the concept note is drafted.

Intervention planning meetings

A preliminary planning meeting is scheduled for early June among US-based PAG members (a tentative agenda is presented in Appendix 7); this meeting will allow a sub-set of PAG members to do a first review of preliminary findings, with the aim of identifying and distilling findings in a way to facilitate program-oriented discussions during the intervention design meetings in July.

The results of the ethnographic research findings, the program review of social network interventions, the situation analysis , and preliminary findings from the network mapping will be reviewed and analyzed further in a series of planning meetings in mid-July. We expect to meet with the TAG to share findings and obtain their input on intervention designs, including suggestions on social network selection and linkages with health and other services. With this guidance, the PAG will meet to develop intervention goals, strategies, and activities for selected interventions, which will form the foundation of Phase 2 activities. Discussions will also center on developing multi-intervention and multi-organizational monitoring and evaluation strategies and plans.

Following the July meetings, IRH and partners plan to prepare and submit a concept note and budget for Year 2 of Project Terikunda Jékulu.

		May				June				July				August				September			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
	TAG meeting		X																		X
	Program Review	X	X	X	X	X	X														
	Social network mapping and census		X	X	X	X	X	X	X	X											
	In-depth interviews										X	X	X	X	X						
	Joint PAG/TAG meeting										X										
	PLANNING FOR PHASE 2																				
	PAG meeting for US-based partners						X														
	Joint PAG/TAG meeting										X										
	Discussions with USAID on concept note requirements (ongoing)	X	X	X	X	X	X	X	X	X	X	X	X	X							
	Draft concept note and budget														X	X	X				
	Final concept note and budget submitted to USAID planning for further expansion																	X	X		

Terikunda Jékulu Overview Presentation

Given at in-country partners' meeting
Bamako, Mali
January 25, 2010

Terikunda Jékulu

Ferdinand Reus from Arnhem, Holland

Addressing Unmet Need through Social Networks in Mali

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Institute for Reproductive Health
Georgetown University

care
Defending dignity. Fighting poverty.

cedpa
The Centre for Development and Population Activities

Overview

- 5 year project
- Beneficiary population: ~525,000 people

Ferdinand Reus from Arnhem, Holland

- Guided by ExpandNet model
- Partner Consortium
  - IRH Washington
  - IRH Mali
  - CARE USA
  - CARE Mali
  - CEDPA
  - ASDAP
- Principle Investigator: Rebecka Lundgren, MPH
- AOTR: Mihira Karra

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Objectives

1. Apply social network analysis framework to assess influence of social groups.
2. Design and test interventions to activate key actors within a social network.
3. Expand interventions to additional communities (if proven successful)

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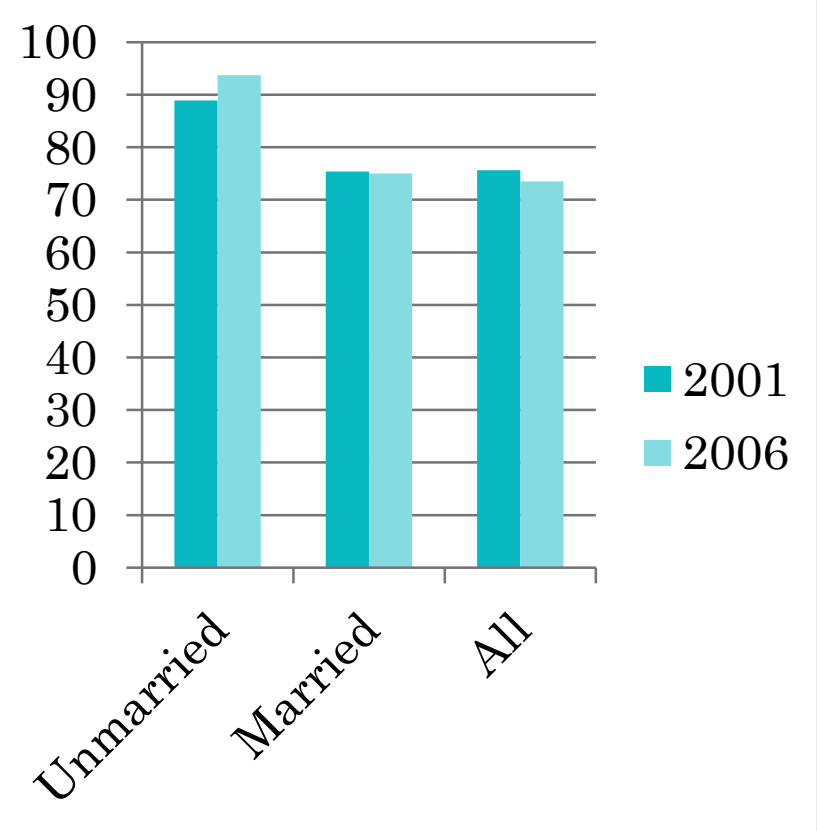
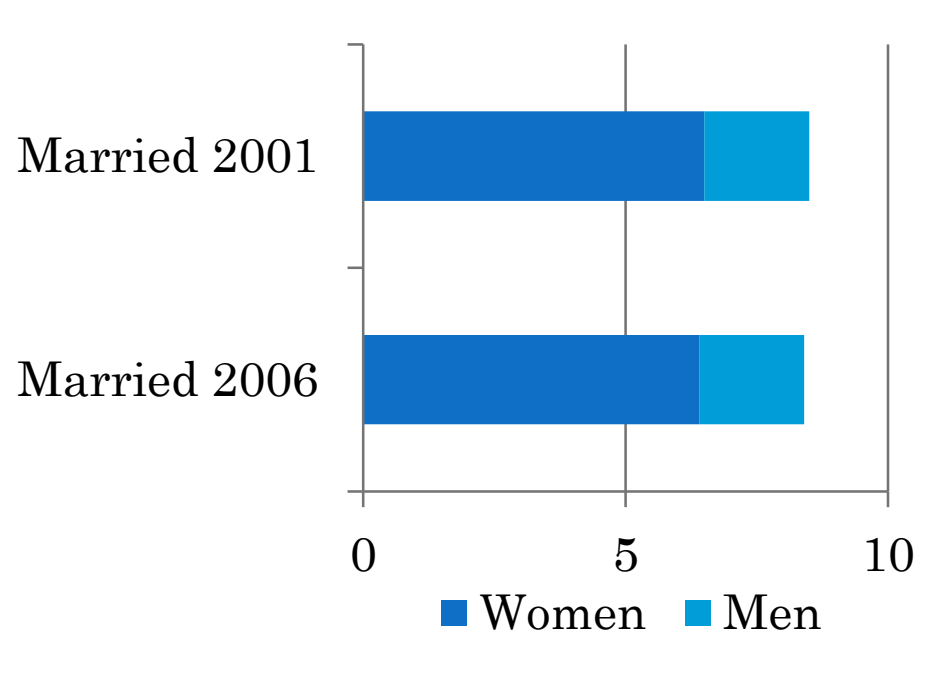
Does unmet need = demand for family planning?

KNOWLEDGE OF FP METHODS IS VERY HIGH

WOMEN, MODERN METHODS



DESIRED FERTILITY RATE HAS STAYED THE SAME…



… AND MODERN CPR REMAINS AT 6%

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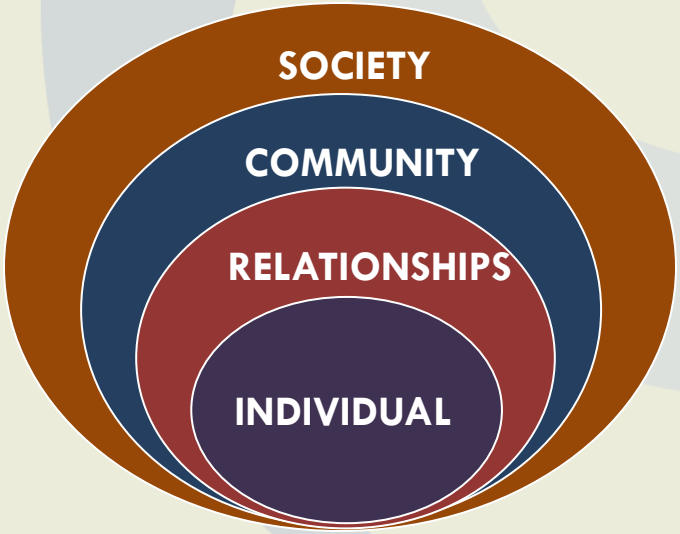
Applying social network approaches

- Women and men make decisions not as individuals but as actors in a social system.

- Social structures are resources to diffuse and support innovations:
  - Kinship and leadership systems
  - Lineage groups
  - Trade networks
  - Other?



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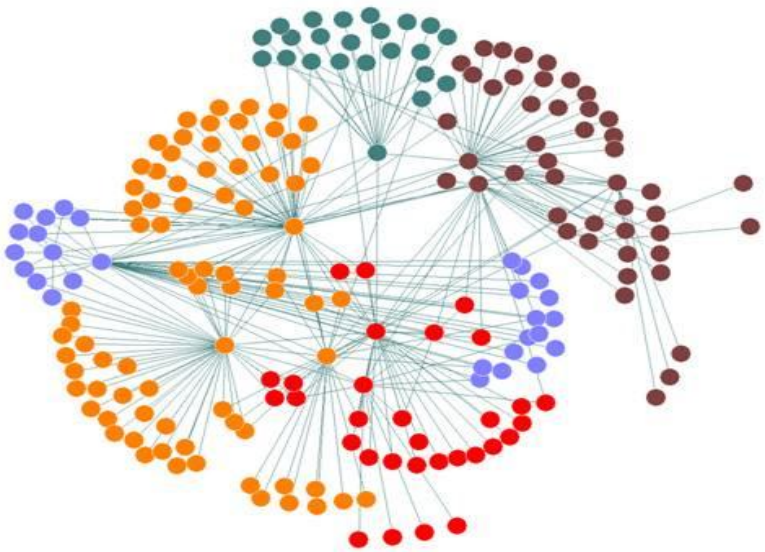
"Who delivers the message, and in what interpersonal context, may be just as, if no more important, than the message itself, and may result in better, more relevant, and perhaps more effective programs."

Valente & Fosados, 2006



How do social networks encourage high fertility?

- When women marry, their reproductive rights are transferred to her husband's household.
- Support from material and practical networks spreads out the "costs" of raising children
- Children represent future network support

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Behavior change occurs through interaction in social networks

Social learning

Network members exchange ideas and information; and evaluate the relative benefits of innovation

Social influence

Network members follow norms of gatekeepers to gain approval and avoid conflict.

Key Findings:
Social Network Research in Mali

Factors associated with FP use include:

- women in credit schemes (tontines)
- network members located outside village
- woman's mother in social network
- smaller proportion of conjugal kin in network

From: "Women's Networks and the Social World of Fertility Behavior" 2003, Madhavan et al, International Family Planning Perspectives, 29(2):58-68

Key Results (cont.)

- Networks function differently among younger and older women
- Greater influence on women < 30
- Different effects for younger and older women

WHY?

- Social position?
- Reproductive competition?
- Differing fertility norms by age?
- Strength of social influence?
- Presence of co-wife?

Malawi: Social learning and FP influence work differently in the social networks of men and women

Men…	Women…
"Know" what network members do from observation	"Know" what network members do from conversation
Discuss pros and cons of FP	Discuss details of FP methods, sources, side effects
Hear about FP from radio or health-drama groups	Hear about FP at hospital

Source: How Family Planning Ideas Are Spread Within Social Groups in Rural Malawi, Soldan, 2004. Studies in Family Planning; 35[4]: 275–290

For both men and women, gossip is the main trigger of FP-related conversation!

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Phase 1: Formative Research

Year 1

October 2010 – September 2011

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Research Questions

- Why do women (and men) who supposedly have "unmet need" for FP not use any method of contraception?
- Can addressing social factors—and not just women as individuals—increase modern contraceptive use? For example:
  - Couple interventions?
  - Religious leader networks?
- What are promising ways to address these social factors?

Phase 1: Formative Research

Ethnographic Research

- Meaning & value of fertility-related communication
- Communication channels & social influence
- Language people use to talk about fertility
- Distribution of social influence within community groups
- Guide design of census tools to map social networks

Ferdinand Reus from Arnhem, Holland

Phase 1: Formative Researh

Household census to map social networks

- Married women 20-45
- Men married to women of that age group
- Identify five individuals who influence fertility decisions and behaviors
- Create a social network map

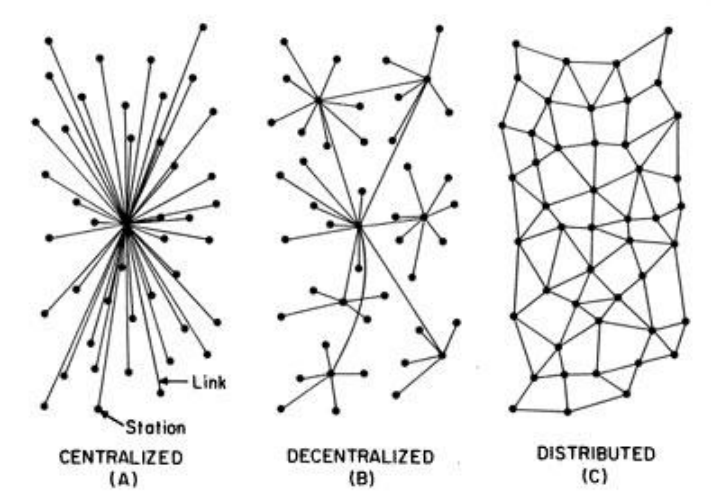

FIG. 1 – Centralized, Decentralized and Distributed Networks

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Phase 1: Formative Research

In-depth Interviews

- 24 men and women identified from household census
- Representing **unmet need** and **social network status**
- Provide insight into reasons for unmet need among specific network statuses

Figure 4: Selection of in-depth interviewees

		Social Network Status		
		Star	Connector	Isolate
Unmet need status	Want (more children)			
	Want no more children and not using method			
	Want no more children and using ineffective method			
	Want no more children and using modern method			

1 male and 1 female from each cell will be selected for interviews in both communities

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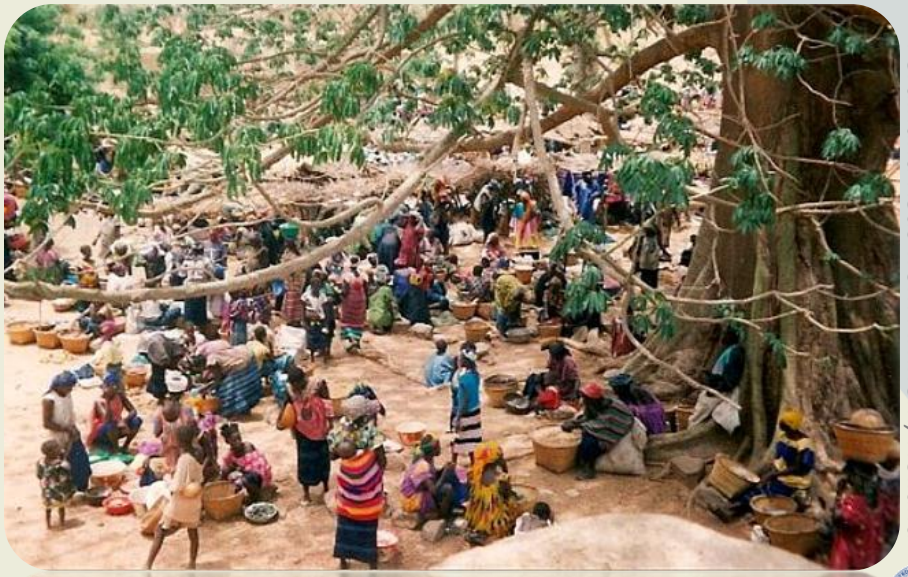
Phase 1: Technical Advisory Group

- Stakeholders committed to working together to scale-up network-based interventions to address unmet need
- Utilize research and program review findings to identify and adapt promising interventions for scale-up



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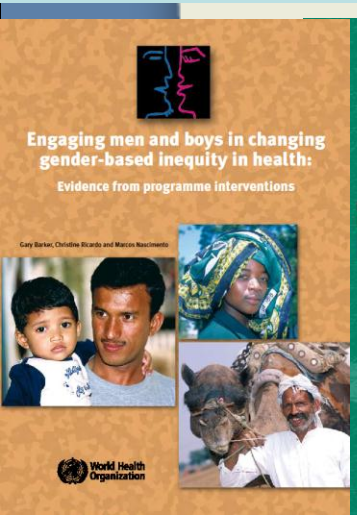
Phase I: Program Review

Program review to identify promising strategies to address unmet need with potential for adaptation and scale-up through existing networks.



Phase 1: Develop Interventions

Design network-based interventions with stakeholders and partners

- Based on formative research (ethnography & social network analysis)
- Use WHO/ExpandNet model to ensure potential for scale up
- Develop monitoring & evaluation system to evaluate process and project

Phase 2: Test Interventions

Years 2 – 5

October 2011 – September 2015

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Phase 2: Testing Interventions

Implement interventions to catalyse social networks in 6 districts

<u>Evaluation design:</u>

-pre/post-test, control group

<u>Data:</u>

- social network mapping

-in-depth interviews (6 month intervals)

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Phase 2: Illustrative Indicators

Potential Indicators

- Contraceptive prevalence
- Unmet need
- Method continuation
- FP use among central network actors
- Perception of community and family support for FP use
- Diffusion of FP information through social networks

Phase 2: Begin scale-up (Year 5)

- Focus on working with new partners to spread interventions to additional areas

- Rigorous documentation, monitoring and evaluation

© 2009 Mali Health Organizing , Courtesy of Photoshare

Sikoro women in Mali listen to a presentation on family planning given by members of Mali Health Organizing Project's Community Health Workers program.

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Presentation on ethnographic research and future intervention design

Given at in-country partners' meeting
Bamako, Mali
January 25, 2010

Ferdinand Reus from Arnhem, Holland

TERIKUNDA JÉKULU

LA RECHERCHE QUALITATIVE:

QU'EST-CE QUE CA PEUT NOUS APPORTER COMME CONNAISSANCES ?

COMMENT PEUT-ON S'EN SERVIR ?

La recherche qualitative

Les objectifs de la recherche qualitative sont de comprendre:

- Le contexte socio-culturelle de la prise de décisions à propos de la planification familiale)
- Les normes de la société (c'est-à-dire ce que les gens disent qu'ils font
- Les réalités de la société (c'est-à-dire ce que les gens font)

La recherche qualitative

Les objectifs de la recherche qualitative sont de comprendre:

- Les barrières à l'acquisition des connaissances et des méthodes de PF parmi celles qui ont des besoins non satisfaits
- Les facteurs qui facilitent l'acquisition des connaissances et des méthodes de PF parmi celles qui ont des besoins non satisfaits

La recherche qualitative

Les objectifs de la recherche qualitative sont de comprendre (2) :

- Les barrières à l'acquisition des connaissances et des méthodes de PF parmi celles qui ont des besoins non satisfaits
- Les facteurs qui facilitent l'acquisition des connaissances et des méthodes de PF parmi celles qui ont des besoins non satisfaits

La recherche qualitative : SITES

Besoins non satisfaits (niveau bas)	Besoins non satisfaits (niveau élevé)
Village de Doucoumbo (cercle de Bandiagara, région de Mopti)	Village de Dougoro (cercle de Koutiala, région de Sikasso)
Taux de prevalence contraceptive: 3.1%	Taux de prevalence contraceptive: 10.7%
Besoins non satisfaits: 24.8%	Besoins non satisfaits: 33.2%

La recherche qualitative

CONTRÔLE COMMUNAUTAIRE

Information recueillie

- Information de base (systèmes de production, migrations, formes de familles)
- Inventaire des associations communautaires (groupes de culture, crédit et d'épargne, tontines etc)

Population cible

- Chef de villages et ses conseillers
- Présidents des associations

Données disponibles

- De l'information contextuelle,
- Inventaire des associations

La recherche qualitative

Groupes de discussion dirigée/'Focus Group Discussions' (FGDs)

Information recueillie

- -Evaluation du contexte normative de la fécondité, FP et les perceptions culturelles des besoins non satisfaits
- -L'identification des réseaux sociaux et les chaines de communication qui fournissent aux femmes un soutien matériel, pratique, cognitif et émotionnel
- -L'identification de quels réseaux et chaines de communication facilitent ou bloquent la transmission de l'information par rapport à la FP et qui facilitent ou bloquent les moyens d'acquisition des méthodes.

Population cible

Données disponibles

La recherche qualitative

Groupes de discussion dirigée/'Focus Group Discussions' (FGDs) (2)

Population cible

-1 groupe de femmes (âgées de 18-24 ans)

-1 groupe de femmes (âgées de 25-29 ans)

-1 groupe de femmes (âgées de 30-44 ans)

-1 groupe d'hommes (âgés de 18-24 ans)

-1 groupe d'hommes (âgés de 25-29 ans)

-1 groupe d'hommes (âgées 30 ans +)

Données disponibles

Entretiens transcrits en français qui s'adressent au contexte normatif de la prise de décisions autour de la PF

La recherche qualitative

Entretiens approfondis sur la fécondité, planification familiale et les réseaux sociaux

Information cueillie

- L'exploration des attitudes, croyances, intentions et comportements autour de la fécondité surtout la non-utilisation de la PF malgré un besoin d'arrêter ou espacer les maternités.
- L'exploration de comment les points de vus par rapport à la fécondité sont informés, renforcés, défiés et changés par les membres des réseaux sociaux d'une individuel.
- L'exploration du rôle de la communication (directe et indirecte) au sein d'une couple

La recherche qualitative

Entretiens approfondis sur la fécondité, planification familiale et les réseaux sociaux (2)

Population cible

- 4 utilisatrices (âgées de 18-24 ans)
- 4 non-utilisatrices avec besoin non-satisfaits (âgées de 18-24 ans)
- 4 utilisatrices (âgées de 25--29 ans)
- 4 non-utilisatrices avec besoin non-satisfaits (âgées de 25-29 ans)
- 4 utilisatrices (âgées de 30-44 ans)
- 4 non-utilisatrices avec besoin non-satisfaits (âgées de 30-44 ans)
- 4 hommes (âgées de 18-29)
- 4 hommes (âgées de 30--44)

Données disponibles

- Entretiens transcrits en français qui s'adressent aux liens directs entre l'utilisation de la PF, besoins non-satisfaits et les réseaux sociaux.

La recherche qualitative

Entretiens approfondis avec les leaders communautaires ainsi que religieux, les partis prenants, les présidents des associations etc

Information recueillie

- Explorer les attitudes et les comportements à propos de la fécondité, la PF et les besoins non-satisfaits
- Voir comment des institutions et associations communautaires (par ex, clubs d'épargne) facilitent ou bloquent la transmission des informations, du soutien social et les ressources pour l'acquisition et l'utilisation de la PF

La recherche qualitative

Entretiens approfondis avec les leaders communautaires ainsi que religieux, les partis prenants, les présidents d'associations etc

Population cible

- 2 leaders femmes
- 2 leaders hommes
- 2 prestataires/relais

Données disponibles

- Entretiens transcrits en français qui s'adressent au rôle du support fournis par les associations et l'implication des réseaux sociaux dans la transmission de l''information et des ressources pour la PF

La recherche qualitative

La cartographie sociale: -avec l'appui des chercheurs, les enquêtées dessinent une carte de leur monde et marquent les points de repère par rapport à la PF (sources d'information, clinique etc.)

<u>Information recueillie</u>

- Représentation visuelle du monde des femmes et les espaces dans lesquelles elles mènent leurs activités. L'exercice va faire le lien entre ces endroits et la connaissance et l'utilisation de la PF

La recherche qualitative

La cartographie sociale: -avec l'appui des chercheurs, les enquêtées dessinent une carte de leur monde et marquent les points de repère par rapport à la PF (sources d'information, clinique etc)

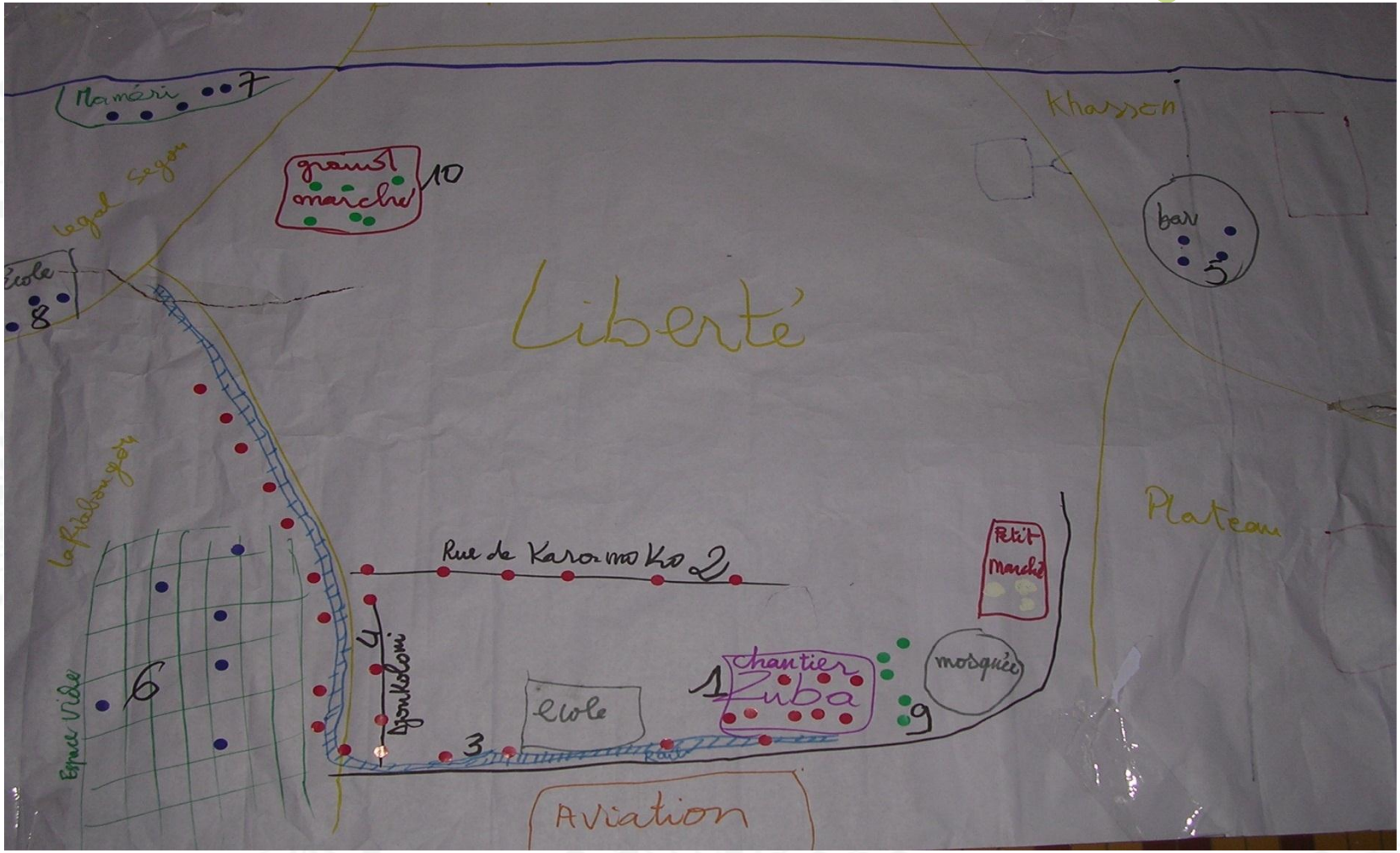
Population cible

- NB Femmes sélectionnées parmi celles qui ont fait les entretiens approfondies.
- 1 groupe d'utilisatrices
- 1 groupe de non-utilisatrices avec besoins non satisfaits

Données disponibles

Images des cartes dessinées sur papier A3. Des grilles qui expliquent les différents endroits.

La recherche qualitative



La recherche qualitative

Analyse des réseaux

Population cible

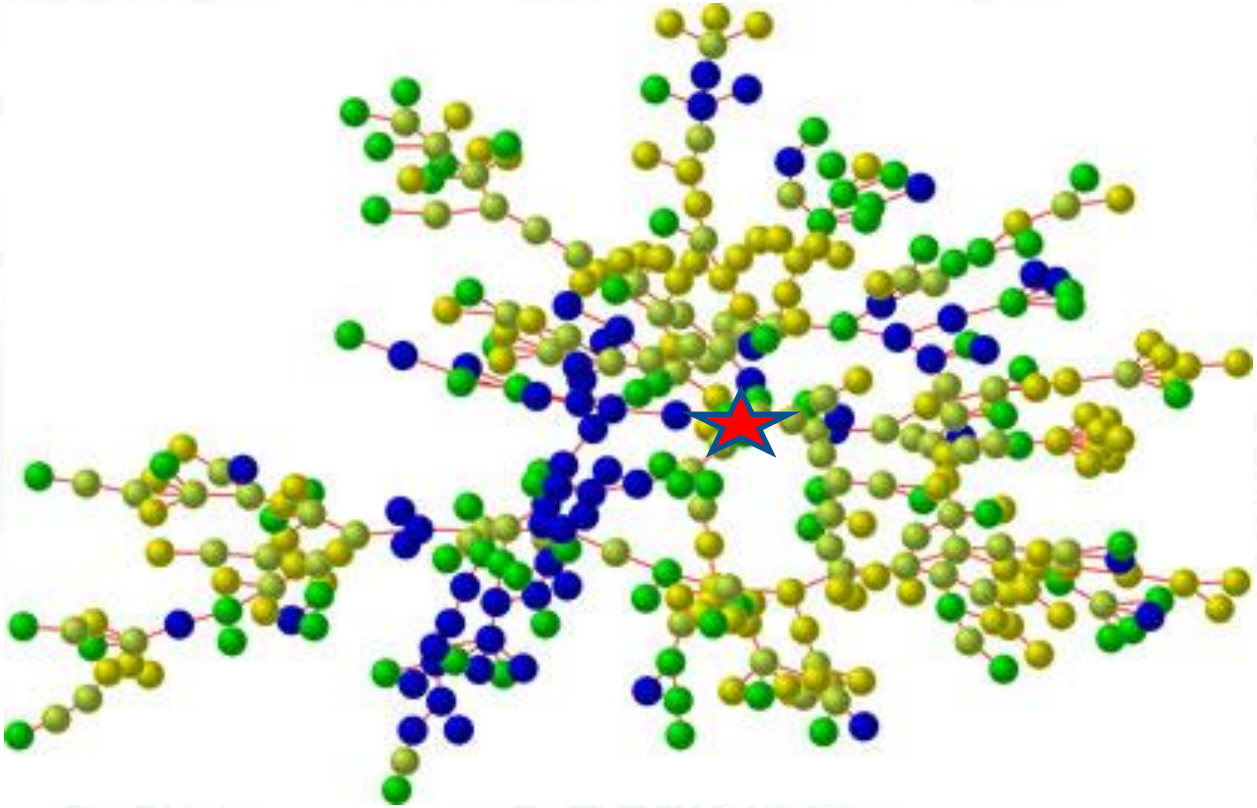
- NB Femmes sélectionnées parmi celles qui ont fait les entretiens approfondies.
- 6 utilisatrices (âgées de 18-24, 25-29, 30-34)
- 6 non-utilisatrices avec besoins non satisfaits

(âgées de 18-24, 25-29, 30-34)

Données disponibles

Une représentation visuelle des réseaux de chaque femme qui montre pour chaque réseau sa dimension, sa composition, sa densité et qui précise quels membres facilitent ou bloquent accès à la PF

La recherche qualitative



La recherche qualitative

Observations

Information recueillie

- -Les femmes sont observées pour 3 périodes de 2 heures de durée dans 3 localités différents : i) A la maison ii) au marché ou au club d'épargne iii) A un évènement social, par ex sumu, mariage, baptême etc
- Chaque minute on note leurs interactions sociales (activité, contenu de causeries etc)

La recherche qualitative

Observations

Population cible

- NB Femmes sélectionnées parmi celles qui ont fait les entretiens approfondies.

6 utilisatrices (âgées de 18-24, 25-29, 30-34)

- 6 non-utilisatrices avec besoins non satisfaits

(âgées de 18-24, 25-29, 30-34)

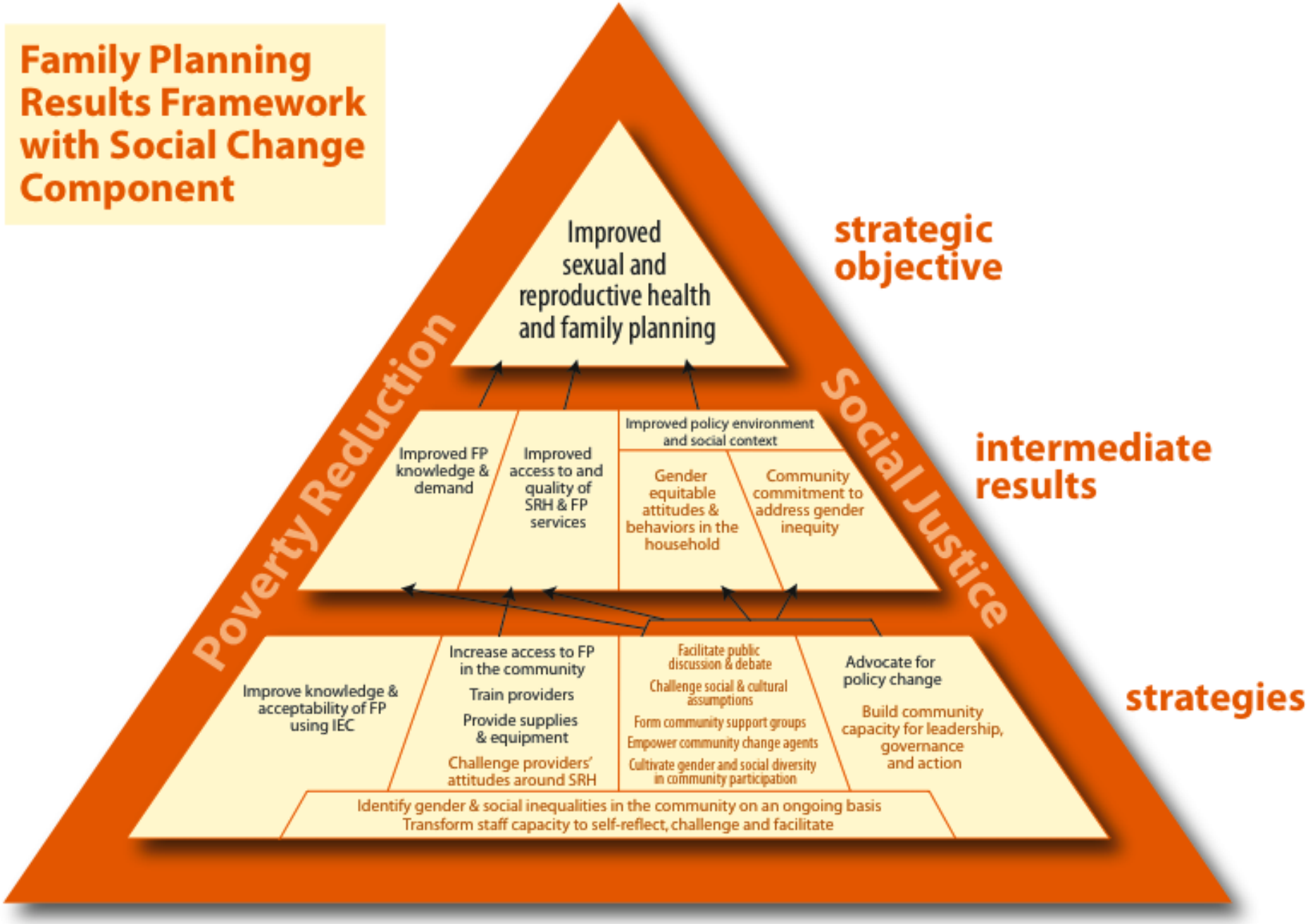
Données disponibles

Chaque minute d'observation devient l'unité d'analyse. Les données vont montrer la proportion de temps les femmes passent en différentes activités. Elles vont aussi montrer le genre et fréquences des contacts sociaux avec les personnes dans leurs réseaux et les liens avec leur utilisation de la PF.

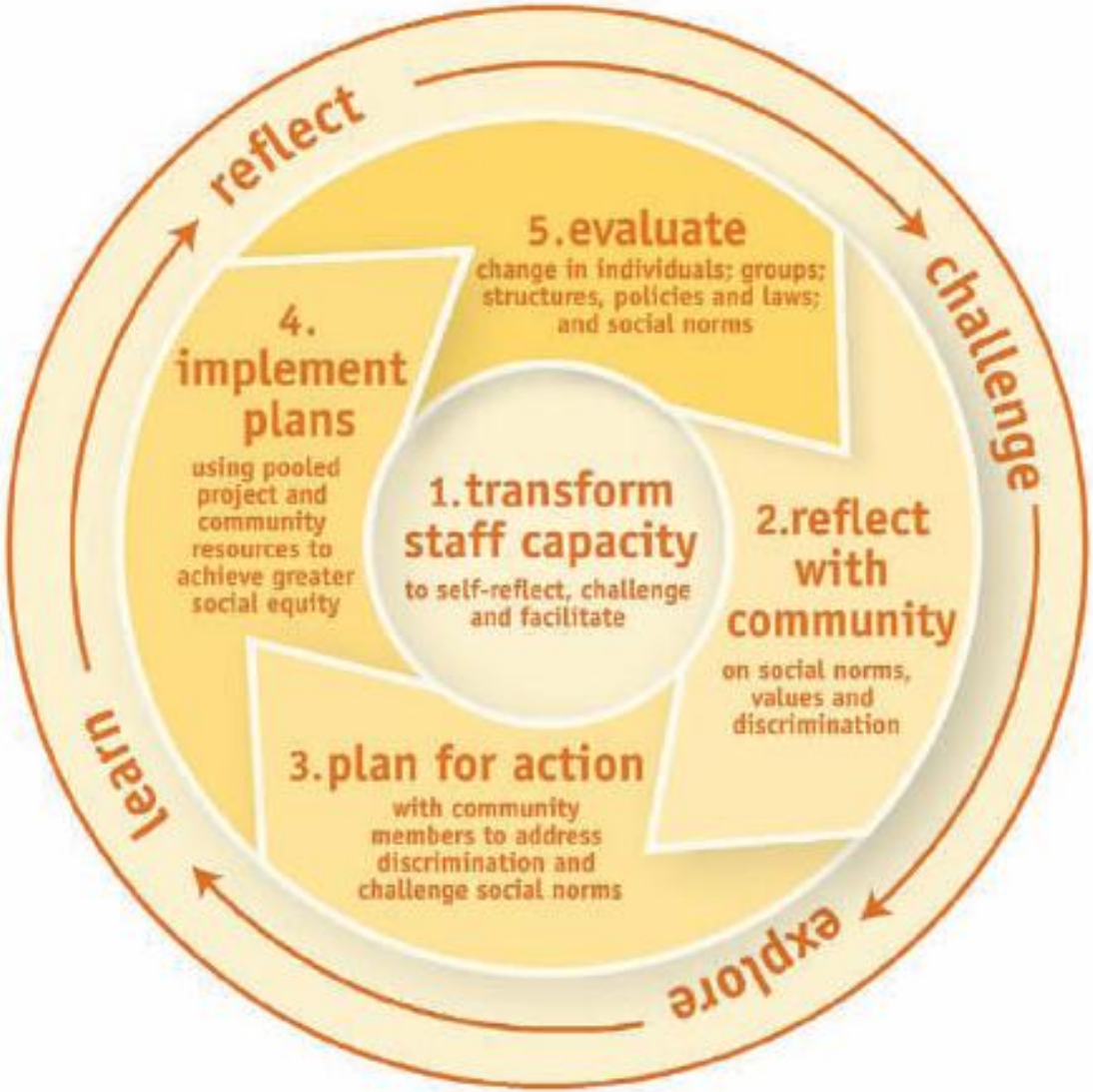
Pourquoi la recherche sur les Réseaux Sociaux?

3 modèles pour catalyser le changement social par rapport a la sante reproductive

Family Planning Results Framework with Social Change Component



Social Analyis and Action



Socio-Ecological Model

eps to a Healthier WA Clark County

COMMUNITY CHOICES

Contribution Unique des Réseaux Sociaux

- Influence entre les groupes sociaux, les normes sociaux, et le comportement individuel
- Nous pouvons profiter pour influencer les réseaux existants en les adaptent pour faciliter des changements pouvant favoriser supporter l'utilisation du PF
  - Composition
  - Thèmes de discussion
  - Actions

Adaptation - Composition

- Etendre la capacité des réseaux pour encadrer des membres plus hétérogènes qui peuvent adopter de nouvelles attitudes et comportements
- Donner de l'espace au dialogue en dehors des normes existants
- Atteindre les personnes "marginalisées" qui peuvent être exclues des réseaux traditionnels
- Changer les relations homme / femme en les impliquant dans les réseaux sociaux.

Adaptation – Thèmes de Discussion

- Identifier et explorer les thèmes sociaux pertinents pour la sante reproductive
- Catalyser des discussions sur les thèmes sensibles en utilisent des stratégies participatives.
- Ouvrir “l'espace” pour pouvoir approfondir l’exploration des thèmes pour renforcer le changement social

Adaptation – le potentiel pour l'action

- Opportunités pour la diffusion de nouvelles attitudes et pratiques
- Les membres des réseaux deviennent des modèles pour la communauté
- Les discussions du réseau peuvent "ouvrir la porte" aux discussions de ménage ou de couple
- Renforcement de liens entre réseaux informels et formels: par exemple, plaidoyer pour l'amélioration des services ou l'accès aux leaders locaux.

Impact Attendu

- Amélioration de utilisation de PF – adopter et continuer
- Changement sociaux qui peuvent supporter l'utilisation PF et l'équité en plus
- "Empowerment" des femmes supportées au sein des groupes sociaux pour catalyser un changement plus étendu.

A l'Attention de Monsieur le Directeur/Représentant/…..de……. (voir liste)

Objet : Invitation à siéger au Croupe Technique Consultatif de Terikunda Jekulu

Monsieur

Le consortium dirigé par l'Institut de la Santé de la Reproduction de l'Université Georgetown (IRH), en collaboration avec le " Cooperative for Assistance and Relief Everywhere" (CARE International), le Centre for Development and Population Activities (CEDPA), et l'Association de Soutien et de Développement des Activités de Population (ASDAP), une ONG locale affiliée au CEDPA)ont reçu un financement de l'USAID pour la mise en oeuvre du projet " **Terikunda Jekulu: Using Network Analysis to Address Unmet Need in Mali**" par l'USAID Washington. Dans le cadre de la mise en œuvre de ce projet, le Consortium "Terikunda Jekulu" a décidé de créer un Groupe technique Consultatif. Ce groupe se réunira périodiquement pour réfléchir et apporter sa contribution au Consortium sur l'interprétation des résultats de la recherche et sur l'application des concepts de réseau social et des résultats la recherche aux activités du programme. Le GTC usera également de son influence propre et des réseaux pour partager les approches du projet et les résultats et d'explorer de nouvelles façons de penser et d'aborder la problématique des besoins non satisfaits en PF au Mali.

C'est dans ce cadre que j'ai le plaisir d'inviter votre organisation à désigner un Représentant au sein de ce groupe consultatif. La première réunion du groupe se tiendra le 11 mai 11 à 09 heures dans la salle de réunion de CARE Mali à Korofina.

Sachant l'intérêt que vous porter à la santé de la mère et des enfants au Mali, je reste convaincu quant à l'issue positive que vous accorderez à cette requête.

Dans l'attente de votre participation à la prochaine réunion, je vous d'agréer mes très cordiales salutation

Pour le consortium TJ

Jane Iredale

Directrice Adjointe CARE au Mali

Terikunda Jekulu

Groupe Consultatif Technique

Termes de Référence

Introduction

Le consortium dirigé par l'Institut de la Santé de la Reproduction de l'Université Georgetown (IRH), en collaboration avec le " Cooperative for Assistance and Relief Everywhere" (CARE International), le Centre for Development and Population Activities (CEDPA), et l'Association de Soutien et de Développement des Activités de Population (ASDAP), une ONG locale affiliée au CEDPA) ont reçu un financement de l'USAID pour la mise en oeuvre du projet " **Terikunda Jekulu: Using Network Analysis to Address Unmet Need in Mali**" par l'USAID Washington. Dans le cadre de la mise en œuvre de ce projet, le Consortium "Terikunda Jekulu" a décidé de créer un Groupe Technique Consultatif (GTC). Ce groupe se réunira périodiquement pour réfléchir et apporter sa contribution au Consortium sur l'interprétation des résultats de la recherche et sur l'application des concepts de réseau social et des résultats la recherche aux activités du programme. Le GTC usera également de son influence propre et des réseaux pour partager les approches du projet et les résultats et d'explorer de nouvelles façons de penser et d'aborder la problématique des besoins non satisfaits en PF au Mali.

Objectif du Projet TJ

L'objectif de TJ consiste à comprendre qu'appelle – t – on besoins non satisfaits en Planification Familiale (PF), quelle est l'influence des réseaux sociaux sur les besoins non satisfaits et de développer des interventions efficaces dirigées sur les facteurs sociaux influençant l'utilisation de la PF.

Les objectifs spécifiques sont :

- Appliquer les cadres d'ARS afin d'évaluer l'influence qu'exercent les membres des réseaux des femmes et des hommes sur les attitudes, croyances, désirs, intentions et comportements en matière de PF; la communication au sein du couple, la prise de décisions relative au moment opportun pour avoir des enfants ainsi que le nombre de ces enfants, l'adoption et la poursuite de la PF; de même que le choix et le changement de méthodes;
- Elaborer et tester des interventions dans le but d'activer les acteurs clés du réseau social afin de réduire les déterminants négatifs et de renforcer les influences positives sur les attitudes en matière de fécondité ainsi que l'utilisation de la PF; et
- Etendre les interventions à un plus grand nombre de communautés, si elles s'avèrent réussies.

Le projet consiste en un an de recherche formative et l'analyse des réseaux sociaux existants (phase 1) en vue de concevoir des interventions pour adresser les besoins non satisfaits en PF. Dans la phase 2 (années 2-5), les interventions seront testées et mis en œuvre dans une étude cas-témoin constituée de quatre communautés d'intervention et quatre communautés de contrôle.

Mission du Groupe Technique Consultatif

Les missions du Groupe Technique Consultatif dans le cadre de TJ sont de:

- ✓ Orienter/conseiller le projet sur les aspects stratégiques et innovants en lien avec la politique sanitaire
- ✓ Réfléchir et solutionner avec le projet les goulots d'étranglement
- ✓ Diffuser l'information sur les activités du projet auprès des structures et individus intéressés
- ✓ Assurer la connexion stratégique avec les autres groupes
- ✓ Constituer un groupe de plaidoyer/groupe de pression pour porter les résultats du projet
- ✓ Aider à la documentation / échange, 'good practices'

Les principales fonctions du GTC sont :

- ✓ Fournir des conseils techniques par rapport à la planification du projet et sa mise en œuvre (tels que la recherche formative, la sélection des interventions, conception du projet pilote, la mise en œuvre et le passage à échelle des stratégies);
- ✓ Fournir un soutien politique à travers le ministère de la Santé et les Partenaires Techniques et financiers afin de faciliter la mise en œuvre du projet et assurer la conformité avec les politiques nationales et les priorités des ministères sectoriels concernés : santé, promotion de la femme, développement social ;
- ✓ Promouvoir l'apprentissage mutuel et le partage des informations relatives à la compréhension de l'influence des réseaux sociaux sur les besoins non satisfaits et le développement d'interventions efficaces (grâce à la participation de visites annuelles sur le terrain).

Fonctionnement du GTC

Le GTC sera constitué par l'ensemble des intervenants dans le domaine de la planification familiale. Il comportera aussi bien les Services techniques de l'Etat, les intervenants techniques non étatiques, les PTF que les Représentants des bénéficiaires. Pour assurer une meilleure fonctionnalité, le GTC sera composé de 3 types de structures : un noyau ou Task Force, un groupe élargi et enfin des groupes régionaux.

- Le noyau du GTC : Il aura en charge le suivi de la mise en œuvre des missions confiées au TAG. Il se réunira de façon trimestrielle. En cas d'urgence, le noyau peut décider d'une réunion extraordinaire.

- Le Groupe élargi : Il se réunira une fois par an pour valider les avancées du projet et donner les orientations stratégiques au noyau.

- Le Groupe Régional : Il se tiendra au niveau des régions de Sikasso et Mopti. De nouvelles régions pourraient créer leur TAG en fonction des activités du projet. Il aura en charge d'animer la bonne marche des activités du projet sur le terrain et de veiller à la participation des acteurs clefs locaux. Il se réunira 2 fois par an.

Au niveau de chaque Groupe un Président et un Rapporteur seront désignés.

- Le Président assurera le fonctionnement correct du GTC. Il assure la police des débats et convoque les réunions.

- Le Rapporteur dresse les comptes rendus des réunions qui doivent comporter les points de décisions et les recommandations. Ces comptes rendus sont envoyés à chaque membre avant la réunion suivante.

Composition Le GTC sera composé par les structures suivantes :

Pour le Noyau

- Direction Nationale de la Santé (DNS) / Division Santé de la Reproduction (DSR)
- Cellule de Planification et de Statistique du secteur de la santé(CPS)
- UNFPA
- USAID
- OMS
- CONSORTIUM PTJ
- DER Santé Publique FAC (Sciences Humaines anthropologie)
- Groupe Pivot Santé Population (GP SP)
- Réseau journaliste population et Développement
- Réseau des Communicateurs Traditionnels pour le Développement (RECOTRADE)
- Réseau National des Jeunes du Mali pour la promotion de la Santé de la Reproduction (RENAJEM)
- PSI

Pour le Groupe Régional

- Direction Régionale de la Santé (DRS)
- Direction Régionale du Développement Social et de l'économie solidaire (DRDSES)
- Équipe cadres des districts sanitaires tests
- Consortium PTJ
- Fédération Régionale des Associations de Santé Communautaire (FERASCOM)
- Associations : femmes, jeunes et hommes

Groupe Elargi

- Noyau
- Ministère du Développement Social de la Solidarité et des Personnes Agées (MDSSPA) (Direction Nationale du Développement Social (DNDS) Direction Nationale de la Protection Sociale et de l'Economie Solidaire (DNPSES), Direction Nationale de la Femme (DNPF) Ministère de la Jeunesse et des Sports(MJS), Institut National de recherche en Santé publique (INRSP), Groupe thématique SR du PRODESS.
- Conseil National des Jeunes, Ordres professionnels.
- Association femmes religieuses, Collectif des Associations et Organisations féminines (CAFO), Réseau des parlementaires SR, Réseau des femmes Ministres et parlementaires, Association des Sages – Femmes du Mali (ASF), Société Malienne de Gynéco-obstétrique (SOMAGO), Réseau des journalistes en santé, Communicateur traditionnel, Parlement des Jeunes, Fédération Nationale des Associations de Santé Communautaires (FENASCOM).

Rémunération

Le Statut de membre du GTC de TJ est gratuit. Aucune rémunération de quelque nature que soit n'est due. Cependant lorsqu'un membre réalise une mission pour le GTC, il percevra les frais d'hôtel et perdiem y afférant.

Terikunda Jekulu
Individual Program Review

Basic Program Information

Title:_____
Link:_____
Date:_____
Location:_____
Target population:_____
Type of document(s):_____

Implementing organization(s):_____
_____

Overall program goal:_____
_____

Types of Social Networks Engaged:_____
_____
_____
_____
_____

- Formal groups
- Newly formed groups
- Youth
- Mothers
- Religious leaders
- Faith-based networks
- Male groups

Level Evidence (based on WHO Criteria, attached):_____
Evaluation Design: _____
_____
Level of Impact: _____
_____
Overall effectiveness: _____
_____

Main FP outcomes (and documented changes in that outcome):

_____
_____
_____
_____
_____

- Unmet need
- FP uptake
- Method choice/switching
- New users/continued users
- Contraceptive prevalence rates
- Fertility intentions
- Total fertility rate
- Birth intervals
- Couple communication/decision making
- Attitudes toward FP choice/use
- Discontinuation rates

Lessons learned applicable to TJ phase 2 (about FP):

_____

Relevance to TJ: _____
_____
_____
_____

Best practices/lessons learned that are applicable: _____
_____
_____
_____

Lessons learned applicable to TJ phase 2 (about social networks):_____
_____
_____
_____
_____
_____

Scalability (based on Gillespie):_____
_____
_____
_____
_____
_____
_____

Scale Up Criteria (based on "Scaling up health Technologies" by Gillespie et al)

- Simplicity
- Compatibility
- Public Health Impact
- Observability
- Cost
- Relative advantage of the intervention

Box 6. Ranking criteria for review programmes

Criterion 1: evaluation design

Rigorous

Quantitative data with:

- *pre- and post-testing*
- *control group or regression (or time-series data)*
- *analysis of statistical significance*
- *adequate sample size*

and/or

- *systematic qualitative data with clear analytical discussion and indications of validity*

Moderate

Weaker evaluation design, which may be more descriptive than analytical
Quantitative data lacking one of the elements listed above
May include unsystematic qualitative data

Limited

Limited quantitative data lacking more than one of the elements listed above

and/or

Qualitative data with description only or process evaluation data only

Ongoing

Criterion 2: level of impact

High

Self-reported behaviour change (with or without knowledge and attitude change) with some confirmation, triangulation or corroboration by multiple actors or stakeholders consulted (including community leaders, health professionals and women and partners)

Medium

Self-reported change in attitude (with or without knowledge change) among men (but no behaviour change) May include some consultation with stakeholders or multiple actors

Low

Change in knowledge only or unclear or confusing results regarding change in attitudes and behaviour

Ongoing

Overall effectiveness

- ***Effective***

Rigorous design and high or medium impact

Moderate design and high impact

- ***Promising***

Moderate design and medium or low impact
Rigorous design and low impact

- ***Unclear***

Limited design regardless of impact

In each village :

	Method	Task	Sample population	Data generated
1.	Community checklist	-Background information (livelihoods, migration, living arrangements etc) -Mapping of geographical area of village (market, mosque, clinic etc) -Inventory of community associations (cultivation groups, savings clubs etc)	-Village chief and elders -Association heads	-Contextual information, --Inventory of associations
2.	Focus Group Discussions (FGDs)	-To assess normative context of fertility, FP use and cultural perceptions of unmet need -To identify social networks and communication channels which offer women social, material and financial support -To specifically identify which of these social networks and communication channels block or facilitate FP information acquisition and use	-1 group women (18-24 years old) -1 group women (25-29 years old) -1 group women (30-44 years old) -1 group men (18-24 years old) -1 group men (25-29 years old) -1 group men (30 years +)	-Transcribed interviews in French to address normative context of fertility decision-making
3.	In-depth interviews (IDIs) on fertility, FP and social networks	-To assess fertility attitudes, beliefs, desires, intentions and behaviour (especially family planning use or non-use despite need) -To see how the above are created, informed strengthened, challenged and changed by social network members -To specifically address the role of spousal communication (direct and indirect)	4 female users (18-24 years old) 4 female non-users with unmet need (18-24 years old) 4 female users (25-29 years old) 4 female non-users with unmet need (25-29 years old) 4 female users (35-44 years old) 4 female non-users with unmet need (35-44 years old) 4 men (18-29 years old) 4 men (30-44 years old)	-Transcribed interviews in French to address direct links between FP use, unmet need and social networks.

4.	In-depth interviews (IDIs) with community/religious leaders, societal gatekeepers, association heads	-To address attitudes and behaviour with regard to fertility, FP and especially unmet need. -To assess role of community institutions and associations (eg credit groups) in facilitating or hindering the transmission of information, resources for social support for FP acquisition and continued use	2 female leaders 2 male leaders 2 health care providers	-Transcribed interviews in French to look at associative support and network involvement in FP information transmission and support for use.
5.	Social mapping (with the help of the researchers, participants draw a map of their 'world' with key social landmarks relating to FP information and services highlighted)	-To look at geographical layout of women's worlds and key spaces their networks inhabit and see how these relate to the transmission or information, support and resources for FP use.	NB Women selected from those participating in IDIs – see 3 above) 1 group of female FP users 1 group of female non-users with unmet need	Photographs of maps drawn on A3 paper. Grids explaining map notation
6.	Network analysis through pile sorting	-Women are asked to free list network members who provide material, practical, cognitive and emotional support. -Each member's name is written on a coloured card and stuck on an A3-size chart (the distance away from 'ego' represents the 'closeness' of the relationship). -Each informant is asked whether she has ever discussed FP information with each member and the person's reaction (positive or negative) -Each informant is asked whether each network member knows each other and how well and those who know each other are connected by a line drawn on the chart.	NB Women selected from those participating in IDIs – see 3 above) 6 female FP users (aged 18-24, 25-29, 30-34) 6 female non-users with unmet need (aged 18-24, 25-29, 30-34)	A visual representation of each woman's network showing its size, composition and density and which members potentially provide, support or block access to FP information.

PLANNING FOR TJ MEETINGS IN June and July – PROPOSED AGENDA, as of 3 May

<table>
<tr><td colspan="3">PRIOR TO JULY MEETING:

IN THE US AND MALI
IRH will begin synthesizing research findings to share at the July meeting.

IN THE US
- CEDPA will have a working draft of the Program Review to share at the July meeting.

IN MALI:
- May 9-12: Situational analysis in Dire.
- May 14-18: Situational analysis in Selengue.
- May 19-20: Synthesis meeting in Bamako.</td><td>Thursday, 9 June
US PTNR MTG

<u>Objective</u>:
Begin planning for July meeting in Bamako.

<u>Activities</u>:
• Review prelim findings.
• Develop tentative agendas for mtgs.
• Discuss logistics and preparation requirements</td><td>Friday, 10 June
US PTNR MTG

<u>Activities:</u>
• Continue discussions from previous day
• Determine what information should be presented at July meetings and who should present</td><td colspan="2">BETWEEN JUNE AND JULY

IN THE US
Preliminary research findings and program review document should be finalized.

IN MALI AND US
First level intervention site selection and identification of potential new partners will take place</td></tr>
<tr><td>Sunday, 10 Jul</td><td>Monday, 11 July</td><td>Tuesday, 12 July</td><td>Wed, 13 July</td><td>Thurs, 14 July</td><td>Fri, 15 July</td><td>Sat, 16 July</td></tr>
<tr><td>BAMAKO

Facilitators work on individual assignments to prepare for Partner and TAG meetings</td><td>ALL PTNRS INFORMAL MTG - BAMAKO

<u>Objectives</u>:
• Provide project updates.
• Review and discuss key research and program findings.
• Plan for TAG mtg.</td><td>ALL PTNRS MTG - BAMAKO

<u>Objectives</u>:
• Provide project updates.
• Review and discuss key research and program findings.
• Final prep for TAG mtg.
○ Prepare 5 Q's</td><td>TAG MTG BAMAKO

<u>Objective</u>:
Seek guidance and input into intervention design.

<u>Key activities</u>:
• Review of key findings (research & prog review)
• Discussion around 5 critical questions (where we need their help & get recommendations), informed by research, stakeholder expertise
**Send documents in advance to TAG members.</td><td>ALL PTNRS MTG Intervention design workshop

<u>Objective</u>:
1-Define types of intervention and activities interventions will form the basis of the concept note
<u>Key activities</u>:
Facilitated group process to refine project goal, theory of change, describe target groups, specific intervention objectives and activities, and M&E</td><td>ALL PTNRS MTG Intervention design workshop

Continued discussions on intervention design.

<u>Objective</u>:
Develop first draft of concept note</td><td>IRH MTG

Departure of visitors on Saturday or Sunday

Sun, 17 July

Evening departure of visitors on Saturday or Sunday</td></tr>
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