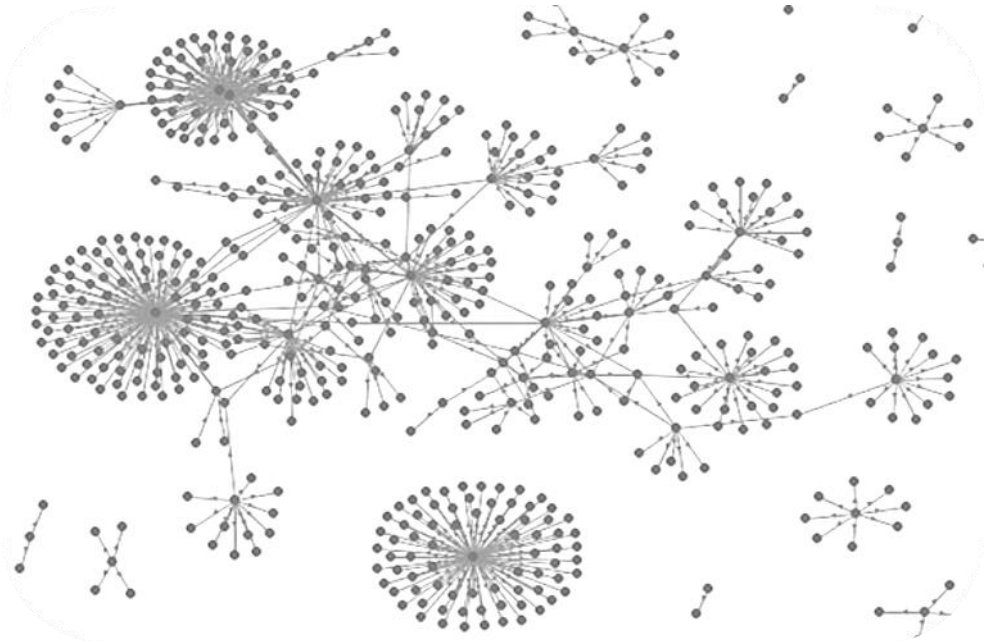

Project Tékponon Jikuagou

Addressing Unmet Need for Family Planning through Social Networks in Benin

Semi-Annual Progress Report: October 2014 – March 2015

Submitted: May 12, 2015

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OVERVIEW

The six-year Tékponon Jikuagou Project, led by Georgetown University's Institute for Reproductive Health (GU/IRH) in collaboration with CARE-International and Plan-International, was launched in September 2010 to test new ways to address unmet need for family planning (FP). The project was initially located in Mali, but the March 2012 *coup d'état* ended project operations. Tékponon Jikuagou relocated to Benin in September 2012 and laid the project's management, program, and research foundation in 2012/2013. With support from USAID, the MOH and other FP stakeholders, a package of social network activities was piloted in two Health Zones in Couffo Department, allowing eighteen months of pilot implementation in Phase 1 villages and twelve months in Phase 2 villages before the endline was conducted in November 2014. This report marks the transition phase from pilot to expansion, when preliminary findings of the pilot's effectiveness study were analyzed, leading to a revised social network package that should improve effectiveness and ease of use in a scale-up context. The revised package will be integrated into and tested under new conditions by four development projects *via* a new set of actors beginning in April 2015.

Preliminary results of the effectiveness study indicated that the package was effective in increasing discussions on FP, women and men sharing their experiences, and seeking FP information. Normative change appears to be occurring, measured by increased perception that people in one's social networks approve of FP. Coverage and exposure to TJ was not as large as expected and necessary to effect social change at a community level: radio broadcast reached half of the communities; reflective dialogue stories were known by 20%/30% of men and women, respectively; 7%/16% of men and women, respectively, heard local leaders speak out on issues of unmet need, gender equity, and FP. Women's and men's participation in TJ-supported groups – a base of social diffusion – was 8% and 20% respectively. Most change was in those directly exposed to TJ. Community-level increases in FP discussions were also seen, although there was not enough community-wide exposure to result in other changes at community level in terms of attitudes, intentions, and possibly FP use. The baseline-endline comparison showed increased use of modern FP and decreased unmet need; further analysis is needed to confirm whether these important findings, once controlled for confounding variables, remain true. It is clear that we need to increase coverage/exposure to get community-level impact. All elements of the package worked in terms of diffusion of new ideas by women and men, but worked differently. For women, radio and group participation were important while for men, reach by influentials (measured by exposure to infographics) was very important. This reaffirms the need to have a multi-faceted social network design to ensure equality in access/exposure to new ideas by women and men. With this information, plus information from other data sources, TJ staff, MOH and new counterpart staff in a February 2015 workshop determined adjustments needed to the package prior to scale up.

This reporting period focused on preparing operationally for the next phase. Once new counterpart projects were identified, participatory capacity assessments were conducted to understand how integration might occur and what type of support would be needed by the TJ resource team. Memoranda of understanding were established. The package was revised and an Operations Manual created to serve as base resources to guide package integration with new partners. Efforts to support TJ staff in their transition to become the resource team to new partners involved work to internalize role shifts from direct implementation to supporting others to implement the package ('passing the baton' as we often say). New roles and responsibilities were defined. Senior managers used workshop forums with field staff to build their awareness and skills as master trainers and technical advisors.

New research questions have been added to the research agenda. In addition to testing effectiveness of the package in new contexts, sociocentric social network analysis will help answer whether the package must conduct social mapping to identify *the* most influential social network actors, or whether social diffusion can operate as efficiently using actors previously identified by projects with different project aims. Can these actors be equally influential in addressing unmet need and catalyzing widespread social diffusion of new ideas? Equally of interest from an MLE perspective will be to document issues of integrating the network package into projects that have non-health objectives and operate using extension models that are not aiming to create normative change around FP, as is the TJ package.

Looking forward, TJ is now poised to work with new counterparts to test how well the project works under new conditions. We expect new challenges, new learning, and further consolidation of this promising social network package to help break social barriers to addressing unmet need for FP.

KEY ACCOMPLISHMENTS IN YEAR 5: OCTOBER 2014 - MARCH 2015

Project Management & Coordination		
Partner Relations	Partners Advisory Group (PAG) Meetings	**PAG-Benin Coordination Meetings** (IRH, CARE, Plan staff in Benin) – The PAG-Benin meets each month. Led by IRH, these coordination and planning meetings focus on current and following-month activities, with an eye towards managing and achieving activities set out in the annual work plan. With the departure of Dr Ben Moulaye, former TJ Project Coordinator, in early December (announced in early November), PAG-Benin coordination activities in the October-December period revolved around making sure scale-up preparations were proceeding according to plan and that CARE, Plan, and IRH were clear about responsibilities in the January-March period. With the arrival in of the new Project Coordinator, Mme Bintou Chabi-Gado, in early January, regular meetings continued. The 12th January meeting focused on preparing for the PAG International meeting in Bohicon (described later). The 4th March meeting focused on coordination of partnership strategies with counterparts from new partner projects, reviewing and making recommendations for finalizing the draft Operations Manual (described later), and initial planning for the international PAG meeting in late March (also described later). A meeting on 17th April focused specifically on a review of initial network mapping activities that had been completed with the new project partners and lessons learned. Other ad hoc meetings were held by telephone and face-to-face to address specific issues as needed. **PAG-USA Meetings** (IRH, CARE, Plan staff in the US) – Monthly Skype meetings between US-based project staff occurred regularly throughout the reporting period (on October 2, November 6, December 2, January 7 and March 5). The February meeting was held in person as USA-based staff were in Benin for the PAG International meeting. These calls provided valuable opportunities for high-level discussion of strategy and shifting roles and responsibilities as the project moved into its scale-up phase. Discussions also revolved around several critical decisions on project deliverables, including development of the Operations Manual and selection of new counterpart organizations for scale-up. **PAG-Benin and PAG-USA Coordination Meetings** (Project managers in Benin and the US) – Project staff determined at the end of last fiscal year that other coordination structures were working sufficiently well to move the USA-Benin coordination calls to an ad hoc basis. None were needed given the number of other coordination calls and in-country PAG meetings during the first half of this project year.
	International All-staff PAG Meetings	**PAG Meeting for Scale-Up Planning** (January - February 2015) Two meetings were held over two weeks - one a TOT (training of trainers) for TJ field staff and one a review of the preliminary findings of the effectiveness study of the pilot phase. The TOT event for TJ field staff, held in Azové from 24-26 January, focused on: 1) new roles and responsibilities of Field Staff vis-a-vis new counterparts, and 2) building skills as master trainers (eg, training delivery, facilitation and workshop management, in preparation for mid-March basic training of new counterpart organizations. The 'Results Review' workshop was held the following week in Bohicon on 3-4 February. TJ staff, new counterpart staff, and zonal health authorities met to review preliminary findings of the effectiveness study (endline survey results of the pilot phase) and other data and determined adjustments needed to package components to improve acceptability in use and effectiveness. Consequently, adjustments were made to the package in time to introduce the revised package during basic training with new counterparts in late March. The study indicated that more community exposure was needed to achieve normative change. Thus, a key process change was to adjust the number of influential groups and people with whom to work, depending on the size of village: TJ will now work with up to six influential groups and 10 influential persons to increase exposure and augment the social diffusion process. A

		detailed, three-month activity plan was developed to guide current TJ staff in the final phase of preparations and initial support to counterparts beginning the scale-up process. **Mini-PAG Meeting** (March 2015) This two-day meeting from 24-25 March was held in Ouidah with the scale-up resource team (TJ staff) and new user organizations (counterparts) adding the TJ package to their project activities. New projects and organizations include the WYSE and PNC projects (supported by Plan) and the ACCESS project and an NGO engaged in literacy training, *Autre Vie* (supported by CARE). The meeting allowed mutual learning and sharing with/between different partners. A set of core monitoring indicators to be used by all partners was finalized. A global work plan was drafted to guide cross-project integration of the package and define technical support needs from the resource team.
	Partner Coordination Meetings with USAID	Every two weeks, USAID-Washington staff meet with TJ-Washington staff. These meetings, sometimes held in person, sometimes by telephone, are useful for providing updates, discussing issues and posing questions relating to implementation, research, and project administration. USAID-Benin holds quarterly review meetings with Chiefs of Parties of projects it supports. IRH attends these meetings, which function much like the Washington meetings, described above. More projects focused on family health have been awarded by USAID-Benin in this reporting period, and USAID-Benin has initiated monthly meetings to foster synergy of actions between different projects. Beginning in January, 2015 these meetings have focused on harmonizing per diem, logistics management and work planning. Several projects have expressed interest in integrating the TJ approach but all are waiting to see the final results of the evaluation of the network approach's effectiveness before making commitments. In addition, the fact that TJ is directly funded by USAID-Washington (and not USAID-Benin) has possibly slowed motivation to integrate the approach.
	Technical Advisory Group (TAG)/DSME Working Group	A TAG meeting was held in Cotonou on October 22, 2014. During this meeting the group reviewed accomplishments to-date of TJ package implementation, preliminary results of the pilot phase based on interim evaluation findings and compiled monitoring data, and challenges of coordination with the MOH and engaging men in TJ community activities. During the same meeting project staff briefed the TAG on the preparatory phase for scale-up and the proposed partners and areas where TJ package integration and expansion would occur. The TAG provided feedback on challenges of male groups being less involved despite their greater influence in issues of fertility and birth spacing, and the relatively weak participation of women in interactive radio programs. Supply-side issues were also discussed, including a lack of skilled FP providers and lack of full range of FP methods in clinics. The TAG also conducted a self-assessment of its functioning as a support structure for TJ. Specific challenges at central level included and insufficient commitment of all members of the TAG, frequent changes in representatives from various participating structures, and lack of proactive networking and advocacy. At the departmental level, it was acknowledged that the *comité de pilotage* (pilot steering committee) had not been able to support project activities. Discussion among participants led to a recommendation that once the pilot phase ended, the TAG coordination and advocacy functions should be shifted to the Reproductive Health Technical Working Group (GTT-SR), possibly in the form of a sub-committee.

Comité de Pilotage	Pilot Committee/Zonal MOH Support	With the end of the pilot phase in October 2014, the departmental *comité de pilotage* (which was a multi-disciplinary body headed by the town mayor and only minimally functional) was disbanded. New ways for zonal MOH support to TJ efforts were discussed in the March meetings, described above. In health zones where scale up will occur, no formal *comité de pilotage* structure will be used and coordination and planning will occur more directly with zonal health authorities.
Supervision	CARE & Plan Field Coordination Meetings	Between October and December, CARE and Plan field supervisors continued to hold weekly meetings to coordinate implementation across health zones in the pilot area. Six coordination meetings included updates on the implementation of activities partially and fully carried out, and activities in progress and pending, allowing project staff to regularly monitor activities during the quarter and see the level of achievement against weekly schedules. Several program adjustments were made to accommodate data collection trips and the visit of a consultant developing the TJ Operations Manual (user's guide), as well as to cover activities of a facilitator absent on medical leave. From January onward, less regular formal meetings are being held, as preparations are underway with counterparts in Couffo and Ouémé, which are geographically unconnected. Informal sharing continues between CARE and Plan field supervisors. Noted earlier, The PAG-Benin also meets each month, providing higher-level support and coordination to Field Coordinators.
	CARE & Plan supportive supervision visits	Each month, CARE and Plan Field Supervisors provide supportive supervision to facilitators working in their respective implementation areas. Supervision entails monthly activity planning and reporting in additional to supervision visits with facilitators.
	Joint Coordination Field Visits	These trips are planned quarterly and include representatives from IRH, CARE, Plan, the MOH and TAG. In this reporting period, the first and only visit took place October 12-15, 2014 and included Dr. Mabou Ahokpossi from the Department of Maternal and Child Health (DSME) at the Ministry of Health and Mr. Tokpo Juriph Ancel from the TAG, in addition to project management staff. This particular visit focused on providing support to field staff, specifically in reviewing lessons learned from the 'Each One Invites Three' activity and improving coordination with zonal health authorities. No visits were scheduled for January or March, given TJ is in its transition from pilot to expansion. Of note, Dr Mabou served as a facilitator at the February Results Review meeting (described earlier) as he continues to support TJ as it moves to the expansion phase.
Scale-Up of Social Network-based Interventions		
Scale-Up Preparation	Selection of new user organizations	At the International PAG meeting in August 2014, staff developed criteria to guide selection of new counterparts. Geographic extension parameters were defined: reaching three (possibly four) health zones, in areas serving different cultural groups, and in areas where CARE and Plan projects existed. Integration parameters included selecting projects/NGOs that saw the benefit of addressing unmet need to help achieve overall development objectives and were engaged in community outreach/mobilization. By December 2014, three projects and one NGO were selected. CARE will support scale up through an existing water and sanitation project (ACCESS) and one NGO engaged in literacy training (*Autre Vie*) to cover about 45% of villages in the ABD Health Zone in Ouémé Department. Plan will scale up through existing nutrition projects (WYSE and PNC) to cover about 45% of villages in ADD and KTL HZs in Couffo Department.

	Capacity assessments of new user organizations	Participatory diagnoses of new counterparts' capacity to implement a gendered social network based approach were facilitated by both CARE and Plan during the week of December 8. Through a series of individual interviews, TJ staff met with the Executive Directors, Program Coordinators, Supervision Officers and other staff to discuss capacity and understanding of TJ concepts. Processing the collected information continued through January, allowing analysis of strengths, weaknesses and identification of special considerations to take into account as counterparts began integration of the TJ package into ongoing programming. The participatory assessment helped all – resource team and counterparts – to understand where capacity needed to be built to facilitate implementation of the TJ package in new contexts, where resource gaps might exist, and where the TJ resource team may need to provide extra support. The most significant gaps were around understanding of social network approaches, gender transformation and synchronization approaches, and how to address social norms. The training of counterpart staff in March focused on these issues.
	Development of operations manual for use by new user organizations	In preparation for the scale-up phase, TJ planned to consolidate staff training materials used in TJ staff's initial orientation as well as revise reflective dialogue materials and other materials used at community level and create an Operations Manual of social network approaches to address unmet need. A consultant was hired in September 2014 to develop the user's manual, a process was developed to support the consultant in her work (including a trip by the consultant to Benin to interview staff and see how the package was implemented and a schedule of regular feedback from the PAG USA). This required much work on the part of the PAG-USA and PAG-Benin, given the need for materials revision (discussed below) and formally writing up staff and volunteer training plans and materials. An early draft was reviewed by Benin staff to ensure completeness and clarity. A working draft of the manual was available by March 2015 and was used by the resource team to train new counterparts in core concepts underpinning the social network approach. Materials continued to be revised and a final draft manual will be available in May for use by both the resource team and counterparts.
	Revision of reflective materials	Findings from the interim evaluations conducted in earlier in 2014 indicated the need for revisions in story and activity cards to facilitate their use during the scale-up phase. Several cards were deleted. Group activities and discussion questions on several cards were reduced/deleted because they were too long or difficult to use. Three new stories needed to be added (focused on unmet need from a man's perspective, correcting perceived met need that left women vulnerable to unplanned pregnancy, eg, using traditional methods, breastfeeding, and method rumors and management of side effects of hormonal-based methods. All materials required additional simplification of French. Work to improve these materials was handled by two consultants between February and May 2015: one wrote new stories inspired by findings pulled from interviews from the cohort study, the other, a literacy training expert, worked to further simplify the French.
	Training of trainers (TOT) workshop - CARE & Plan staff	A key transition activity from the pilot phase was to build resource team (TJ field staff) skills in training, coaching and supporting new user organizations. See earlier discussion on the TOT event in the section on International PAG meetings.
	Orientation of new user organization staff on TJ package	Following the TOT, the resource team conducted a training event with new counterpart staff to provide basic understanding of core concepts underpinning the social network package, including social network diffusion approaches, reflective dialogues to facilitate normative change, and use of gender synchronization approaches. See earlier discussion on this training event in the section on International PAG meetings.

Scale-Up Implementation	Community sensitizations	The initial activity of the TJ process, prior to social network mapping, is to sensitize zonal authorities and counterpart organizations and villages about the project. These outreach activities were conducted by CARE and Plan via various events between September and December 2014. Some zonal level events were managed by TJ staff; community sensitization activities were managed by project staff who will integrate the new package in areas where they work.
	Social network mapping and selection of group catalyzers and influential individuals	Community social network mapping began in April 2015 with a first round of villages, with an eventual goal of reaching 80 intervention villages in Couffo and Ouémé. The end point of each network mapping activity in a village is identification of the most influential groups and people to invite to participate in TJ. Counterpart staff facilitated these exercises with support by the TJ resource team. In the scale-up phase, villages are being categorized by size to ensure adequate exposure/social diffusion occurs over a 9 -12 month period. This means that in larger villages, TJ will support work of six influential groups (3 women's, 2 men's and 1 mixed-sex group); in medium-size villages we will support 5 groups (2 women's, 2 men's and 1 mixed-se group); in smaller villages three groups will be reached (1 women's, 1men's and 1 mixed-sex group).
Research, Monitoring, Learning & Evaluation		
Research	Cohort interviews and analysis	The Tékponon Jikuagou project has been following a cohort of 25 men and 25 women in project intervention areas since the pilot began. These individuals represent a range of FP need statuses (met/unmet/no need) and social network statuses (influencer, connector, isolate). Interviews explore content, quality, and frequency of fertility and FP information-sharing within respondent networks as well as interviewees' understanding of their unmet/met need status and reasons for using (or not) FP. They also allow understanding of how TJ diffusion activities reach/affect the cohort group. After two rounds of interviews, the data collection strategy was refined. Interview guides were designed to collect rich narratives about participants' family planning communication and use. Data collection for the third and final round of interviews occurred in September 2014; interview transcription was completed in October 2014. Between November 2014 and January 2014, longitudinal analysis of the cohort data sought to understand why certain participants changed their family planning use while others did not. Drawing on life course history methodology, the analysis team closely examined each participant's family planning trajectory. Analysis looked at those who started out in the same family planning need category, and compared the experiences of those who changed and those who did not. Preliminary results show that FP attitudes, FP knowledge, network support, fertility intentions, access to services and couple communication are key factors influencing an individual's FP use. If only one of these factors operates in a way that is not supportive of an intention to seek FP, a person will be blocked from achieving his/her desire to use a modern FP method. Further longitudinal analysis, and additional data coding using ATLAS.ti software, continues.
	Costing Exercise	Critical information for new organizations deciding to incorporate a new innovation, such as the TJ package, involves understanding how much it costs to implement the package. IRH worked with a costing expert last fiscal year to define a methodology to establish project costs per component. In October 2014, an IRH staff person traveled to Benin to collect data for the costing exercise. TJ field and general administrative staff were interviewed about their level of effort on the TJ project, and on ten specific TJ activities. Expense reports were reviewed with project staff, and data collected about which expenses supported each TJ activity. Upon return to Washington, data were entered into Microsoft Excel. Data analysis to determine total level of effort, and cost per TJ activity, is on-going and expected to be completed by mid-2015.

Monitoring, Learning & Evaluation	Finalize collection and reporting of monitoring data in pilot villages	In January 2015, field staff collected December monitoring data, which signaled the last data collected during the pilot phase. The result showed that TJ activities continued even after withdrawal of TJ team support from pilot villages in mid-2014. Additional analyses were prepared to inform discussions in the Results Review meeting held in February (described earlier).
	Completion of pilot endline survey and analysis of results	Field work for the endline study of the pilot intervention was completed in November and December 2014 with local research organization Centre de Recherche et d'Appui-Soutien au Developpement. Tools were revised during the first two weeks of November, and data collector training, including pre-test and validation of tools, took place November 17-20. Data collection took place during the first two weeks of December in Couffo and Plateau, and double data entry during the last two weeks of the year. Basic analysis of results continued in the new year through mid-January. Further analysis was completed by IRH headquarters staff and presented at the partners meeting which took place March 24-25 in Ouidah.
	Design and implementation of baseline for scale-up	Due to the changes made in the intervention package, and interest in assessing the importance of the social mapping component, we decided to conduct baseline/endline surveys during the scale up phase. The proposed design includes three components that allow assessment of the impact of a simplified and validated set of social network interventions on unmet need in Couffo and Ouémé, with Atlantique serving as the control zone: 1) household surveys of a representative sample of the target population in intervention and control areas; 2) social network mapping in two villages not participating in the community survey; and 3) in-depth interviews with purposefully selected residents representing different unmet need/social network statuses in villages where the social network mapping takes place. More information is available in the research protocol that was submitted to USAID on April 14.
	Design with TJ and new project staff an MLE system and data collection tools for scale-up	Based on indicators that had been field-tested during the pilot phase and proved useful in monitoring implementation of the five components of package implementation, a smaller set of 19 core indicators for use during the scale-up phase was proposed by IRH, vetted by CARE and Plan, and then proposed to counterparts and accepted at the February 2015 planning meeting.
	Monitoring, Learning and Evaluation (CSAE) Committee Meetings	The MLE committee (MLE staff from IRH, CARE and Plan) continued to meet every two months to sort through and analyze monitoring data, which is used in turn by the PAG-Benin in decision-making concerning pilot implementation. IRH organized the first CSAE meeting in this reporting period on December 2, 2014 with participation of the Zonal Supervisor and MLE staff from CARE and Plan. This meeting was used to provide activity updates, analyze data and lessons learned, and make recommendations. Monitoring data indicated that planned activities were realized during the quarter, including regular discussions by TJ groups in both Phase 1 and Phase 2 pilot villages, and that both story and activity cards were being used. Phase 1 villages were still active despite decreased facilitator coaching. Finally, diffusion outside groups seemed to be growing, though there were proportionately fewer mixed groups relative to men's or women's groups reporting diffusion. The second CSAE meeting was held March 13, 2015 and included participation of the TJ Benin Coordinator and MLE Officer from IRH, the TJ Benin Coordinator, Country Director, MLE Officers, TJ Project Manager from Plan-USA, and the TJ-Benin Coordinator and M&E Officer from CARE. The focus of this meeting was preliminary identification of monitoring indicators and learning questions for the scale-up phase of project implementation. These indicators were later presented at the PAG Meeting with new project partners in Ouidah. (See earlier section.) The CSAE meeting also clarified roles and responsibilities of CARE, Plan, and IRH with respect to monitoring during the scale-up phase.

	Monitoring, Learning and Evaluation (CSAE) Field Visits	The first quarterly monitoring visit in this reporting period occurred directly after first CSAE meeting, from December 2-5, 2014. The visit helped to reinforce data quality for July-September and allowed triangulation of data collected at different levels to ensure consistency. It led to recommendations for improving data quality and the need to collect additional data in order to conduct an analysis of influential people activities (religious leaders, community leaders, etc.), which is not easily captured in the project monitoring system. Key findings included: • Community partners of TJ appreciate the these visits as they offer recognition and improve credibility of TJ in their communities • The CSAE visits offer an opportunity for a direct experience and understanding of what is really happening in the community • Group catalyzers continue to be active and to complete their notebooks; field visits encourage catalyzers (group discussion leaders) to maintain quality data. • The joint meetings between CSAE and facilitators offer opportunities to explain data and understand contexts, in addition to reinforcing team work and team reflection.
Gender - Cross Cutting	Gender reflection activities	At semi-annual meetings, time for gender reflection and discussion was included, as in past years. TJ staff have confirmed that this activity is an important element to include during scale-up, and that the resource team has a role to encourage counterpart staff to hold gender reflections during regularly scheduled meetings. This recommendation also appears in the Field Operations Manual, discussed earlier.
	Strategies for increasing male engagement	The Results Review data indicated clearly that men are influenced by TJ, but influence is from different package components than women, ie, men were more influenced than women by radio and by discussions by leaders. This continued to be a point of focus during this reporting period and activities taken to improve the package design. The Operations Manual makes frequent, specific mention of the importance of a gender synchronized approach. The revised mapping protocol affirms the importance of equal numbers of men and women engaged in TJ activities and selection criteria for men's groups allow all types of men's groups are considered during mapping exercises, to ensure men's groups are equally selected and supported.
Communication & Dissemination		
	Share lessons learned and results of Project Tékponon Jikuagou	**Conferences and Meetings** 1) Presentation of men's experiences with TJ approach - findings from quantitative and qualitative research - at the 75th anniversary *Applied Anthropology Conference* on March 24-28, 2015 (R Lundgren and S Burgess). 2) *Men's Perspectives Matter* Panel Presentation of men's experiences with TJ approach - findings from quantitative and qualitative research – at a USAID meeting on March 12, 2015 (R Lundgren and S Burgess). 3) Presentation on the TJ Project approach, with a focus on male engagement, at the *Men Engage Global Symposium* in India on November 10-13, 2014 (M Diakité and R Lundgren). 4) Presentation on TJ Project and other IRH projects at the *International Conference on Masculinities* in New York City from March 5-8, 2015 (R Lundgren and S Burgess). 5) Lecture on TJ's social network approach and related MLE at the University of Ghent in Belgium on December 1, 2014 (R Lundgren). 6) TJ-specific briefs were exhibited alongside other IRH projects at CORE Group's Global Health Practitioners Conference in Washington, DC.

		Communications Products 1) **Briefs**: A new brief, *Male Engagement in Family Planning*, published in October 2014, explores the essential elements needed for implementing gender transformative male engagement activities in family planning programs. The brief summarizes key findings from the program review on the same topic. Both are now available on IRH's website. 2) **Website:** IRH continues to maintain the IRH website (www.irh.org) as a place to share updates and accomplishments of the project. Two new project briefs in English and French are newly digitally available here: Social networks & social change: New program approaches to reducing unmet need for family planning | Overcoming social barriers to family planning use: Harnessing community networks to address unmet need 3) **Blog**: IRH published a blog introducing its new male involvement brief on the findings of a program review of recent interventions including gender transformative approaches used in TJ and a cross-case analysis on male engagement. The blog can be found on IRH's website: Essential Elements for Success: Gender Transformative Ways to Involve Men in Family Planning Programs. 4) **Social Media:** Throughout the year, project updates, accomplishments, and photos, were regularly highlighted in IRH's normal social media engagement—especially surrounding specific social/digital campaigns and relevant holidays. 5) **E-Newsletter:** IRH regularly showcases TJ accomplishments, publications and meeting and conference participation in the IRH monthly e-newsletter.
	Write and submit project-related articles to peer-reviewed journals.	1) IRH submitted an article entitled "From theory to practice: Applying participatory social network mapping to address unmet need for family planning in Benin" for publication in the Global Public Health Journal, which is under review.

SIX-MONTH WORK PLAN AND INTERNATIONAL TRAVEL SCHEDULE (April – September 2015)

	Objectives	Planned Activities	Tentative International Travel

Project Management & Coordination	Partner Relations	• Project coordination and planning meetings (particular focus on scale-up planning and implementation)
		  • USA PAG meeting (July 20-21, 2015)
		  • International /all staff PAG Meeting (August 24-28, 2015)
		  • Benin PAG meetings (monthly)
		  • USA PAG strategic management coordination calls (monthly)
		• Staff participation in USAID-Benin partner meetings (as called by USAID)
			US PAG Meeting (July 19-25, 2015) – Igras, Diakité
			
			International PAG Meeting in Benin (August 22-27, 2015) – Burgess, Lundgren, Igras, Rubardt, Grant

	TAG/DSME Technical Working Group	• The evolution of the TAG is under discussion as this report is being written and a final meeting is tentatively planned (in August) to share pilot results. Its coordination function will likely be integrated into the DSME Technical Working Group on FP/RH from Sep 2015 onward.	
	Coordination with zonal and central health authorities	• IRH will take the lead in ensuring continued collaboration with and support by the central MOH/DSME. • CARE and Plan staff, with some IRH support, will take the lead in ensuring collaboration with zonal health authorities, working to have TJ-related activities included in annual zonal activity plans, ensuring collaboration during 'Each One Invites 3' campaign periods, and advocating for FP service improvements.	
	Supervision	• Supervision visits by CARE and Plan Field Supervisors (monthly) • Supervision by CARE and Plan Managers (monthly) • Quarterly field visits by CARE, Plan, IRH, MOH in scale-up areas (April, July, September)	
Scale-Up Preparation	Preparation for Scale-up through New User Organizations (October-March)	• Finalization of MOUs with new counterparts (April) • Finalization of the Operations Manual for use by organizations implementing the Tékponon Jikuagou intervention package (April-May) • Translation of radio programs into local languages (Ouémé Department) (June)	

Scale-up Implementation	Implementation through New User Organizations (April-September)	• Community sensitization to new activity (April) • Community social mapping and selection of catalyzers and influential individuals (April/May) • Catalyzer and Influential individual orientations (June) • 'Each One Invites 3' campaign orientation and implementation (September-December) • Coaching and field supervision (throughout) • Project activity monitoring (throughout)	TA visit by Danielle Grant (TBD-June or July)
Research, Monitoring, Learning and Evaluation	Cohort Interviews and Analysis	• Continue coding, and thematic and longitudinal analysis of collected data (through Sep) • Disseminate results via PowerPoint presentations, reports, meetings and consultations	
	Costing Exercise	• Verify costing data from Plan and CARE field staff (May-June) • Draft report of the costs to implement for each intervention component (June-August)	
	Complete analysis of pilot assessment	• Quantitative analysis on household survey data from pilot to better understand which components of the intervention were most effective, and overall effectiveness of the intervention package (May-July) • Qualitative analysis around various themes that emerged during primary analysis (May-July)	
	Conduct scale-up baseline study	• Orient the contracted research organization (CRAD) to the research protocol/tools, including a new research methodology approach (Social Network Analysis via household census and village network mapping) (June) • Conduct a population-based survey in the intervention and control communities to establish a baseline (June-July) • Conduct household census in two small villages in the intervention zone to map village social networks at baseline (June-July)	

	Develop and implement MLE plan for the expansion phase	• Design with TJ and new project staff an MLE system and data collection tools for the scale up phase (March-April) • Continue bimonthly MLE Committee meetings between IRH, CARE, Plan, providing regular feedback of findings to PAG and reflection on pertinence of scale up monitoring data collection to monitor activities, identify implementation bottlenecks (bimonthly) • Begin semiannual MLE meetings with counterparts (July) • Begin bimonthly field trips to monitor data collection ensure data quality	
Communication & Dissemination	Develop and disseminate research and program findings in conferences and meetings, and through digital sharing	• Develop dissemination plan for sharing project findings via various digital and print channels of communication • Submit abstracts on social norms, male engagement, scale-up and others using evidence generated by TJ • Share endline findings on the pilot's effectiveness and implementation lessons learned at central/Cotonou and Couffo Department levels (August-September) • Develop a 1-page informational sheet on Tékponon Jikuagou as a leave-behind piece for presentations, conferences and general distribution (September) • Continuously update website, blog and social media with program news, research results and other relevant information	
	Write and submit project-related articles to peer-reviewed journals.	• IRH will submit an article on unmet need to the Global Health Science and Practice Journal or another peer reviewed journal (August/September)	

LIST OF APPENDICES

Appendix A: Core Monitoring Indicators for Scale-Up
Appendix B: Presentation(s) made at the MenEngage Conference
Appendix C: Presentation(s) made at the Masculinities Conference / Applied Anthropology Conference
Appendix D Presentations on preliminary quantitative and qualitative results of pilot assessment

Key Indicators for Implementation of Tékponon Jikuagou, by Package Component			
Component	Indicator	Tool	How will the information be used ?
1. Engage Communities in Social Networks Mapping	▪ Number of villages in which mapping was completed ▪ Number of villages with at least three types of groups (women's, men's, mixed) ▪ Number of villages with at least five influential persons of both sexes	Social Network Mapping Reporting Tools (Section 1) Monthly mapping sheet (this section)	✓To monitor fidelity to intervention ✓To monitor implementation of the intervention
2. Catalyze Reflection in Groups	▪ Number of catalyzers selected (disaggregated by sex) ▪ Number of catalyzers oriented (disaggregated by sex) ▪ Number of group discussions on the materials (stories, activities) ▪ Number of people participating in group discussions on the materials (stories, activities) ▪ Number of people who say they talked with others about the materials (stories, activities)	Catalyzer Notebook (this section) Monthly village synthesis sheet (this section)	✓To monitor fidelity to intervention ✓To monitor implementation of the intervention ✓To gauge group exposure to materials
3. Encourage Influentials to Act	▪ Number of influential people selected (by sex) ▪ Number of influential people oriented (by sex)	Monthly orientation and coaching synthesis sheet (this section)	✓To monitor fidelity to intervention ✓To gain an understanding of gender equality
4. Create an Enabling Environment with Radio	▪ Number of radio spots broadcast as planned (by format and theme: interactive, round table, etc.) ▪ Number of calls received (disaggregated by sex)	Weekly listener's logs of broadcasts that were aired	✓To monitor fidelity to intervention ✓To monitor implementation of the intervention
5. Link Family Planning Providers to Influential Groups	▪ Number of EOI3 cards distributed to catalyzers ▪ Number of orientation sessions for influential people that included participation of a health worker ▪ Number of orientation sessions for catalyzers that included participation of a health worker	Reports of social networks mapping, catalyzer orientation, EOI3 orientation. Monthly village synthesis sheet	✓To monitor fidelity to intervention ✓To monitor implementation of the intervention
Staff Support for Activities	▪ Number of influential people visited ▪ Number of catalyzers coached ▪ Number of group discussions observed ▪ Number of coordination discussions with project actors for project introduction, EOI3, participation of health centers/personnel	Field visit reports	✓To monitor fidelity to intervention ✓To monitor implementation of the intervention ✓To assure the quality of the intervention

ENGAGING MEN
TO REDUCE UNMET NEED FOR FAMILY PLANNING IN BENIN

MARIAM DIAKITÉ, REBECKA LUNDGREN, SUSAN IGRAS, SARAH BURGESS

INSTITUTE FOR REPRODUCTIVE HEALTH, GU

USAID FROM THE AMERICAN PEOPLE

Tékponon Jikuagou

6-Year Project, started in Benin in 2012 after displacement from Mali

Partners

- IRH
- CARE
- Plan International

Goal

Reduce unmet need for family planning in intervention areas

METHODS

MARRIED WOMEN OF REPRODUCTIVE AGE & MEN MARRIED TO WOMEN OF REPRODUCTIVE AGE

Formative Research

(Participatory Learning Activities in 4 Villages: 11 Key Informant Interviews, 8 Focus Group Discussions)

In-Depth Interviews

(25 men/25 women in 12 villages)

Baseline Household Survey

(1080 men/1080 women in 45 villages)

Monitoring, Learning & Evaluation

(Data from all the 6 communes of Couffo;15 villages in each commune)

WE WILL DISCUSS:

Defining unmet need to include both women and men

Project research findings: unmet need and gender norms

A gendered approach: engaging men in intervention design, implementation, and monitoring/evaluation

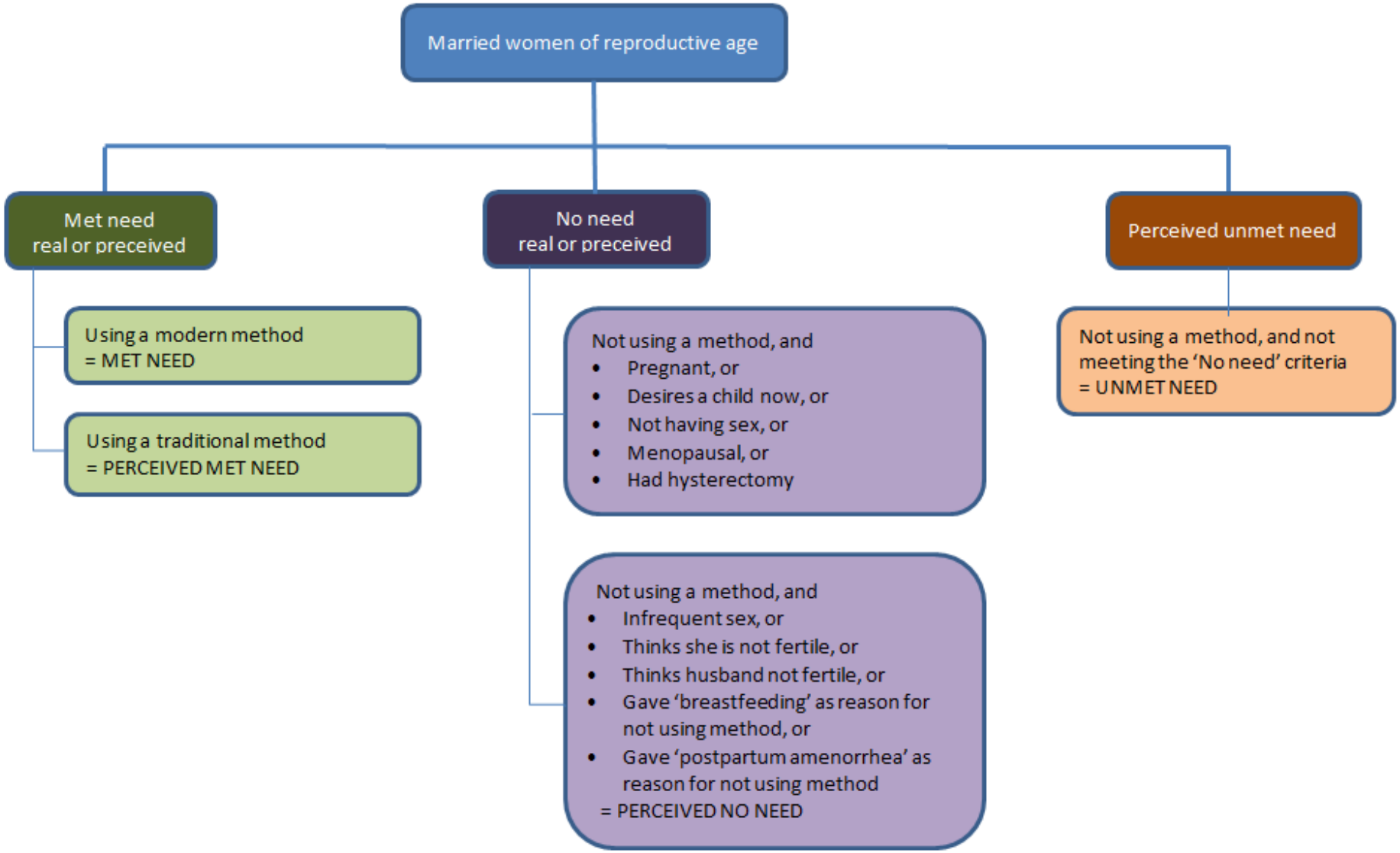
Conclusion

UNMET NEED DEFINED:

A person who…

- has sex
- is not pregnant (wife)
- wishes to avoid or delay pregnancy
- perceives that she is at risk of pregnancy
- is not using any family planning method (modern or traditional)

UNMET NEED REDEFINED



MARRIED WOMEN OF REPRODUCTIVE AGE & MEN MARRIED TO WOMEN OF REPRODUCTIVE AGE

MET NEED 32.5%

Met need
Women 13.9%
Men 23.3

Perceived met need
Women 18.6%
Men 31.9%

NO NEED 56.4%

No need
Women 32.8%
Men 43.4%

Perceived no need
Women 22.2 %
Men 9.9%

UNMET NEED 11.1%

No need
Women 12.5 %
Men 15.6%

% for men sums up to more than 100%, and are higher than for women due to number of men in polygamous relationships

Level of agreement by men and women of men's roles in fertility and FP decision making

Agreement (% who agreed)	Women	Men
COMMUNITY LEVEL		
Men who have many children are more respected than those who have few	**57.7**	**67.7**
INDIVIDUAL/WITHIN COUPLE		
Men should decide the number of children to have because they are responsible for providing for them	**83.3**	**90.5**
Within the household, men should have the last word in decision-making	**96.7**	**96.9**
Women must always obey their husbands	**95.9**	**95.2**

"God Himself said that the man is the head of the household and that women must submit and obey their husbands."

MALE PARTICIPANT

SOCIOCULTURAL & SYSTEMIC FACTORS OF UNMET NEED IN MEN

INDIVIDUAL

Lack of communication

Fear of side effects

Lack of concern

FRIENDS & FAMILY

Rumors of side effects

Stigma related to discussion & use of FP

INSTITUTION / COMMUNITY

Less targeted and less involved in FP services and programs

Tékponon Jikuagou
INTERVENTION PACKAGE

INTERVENTION COMPONENTS

1. ENGAGE COMMUNITIES IN SOCIAL MAPPING

2. SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE

3. ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT

4. USE RADIO TO CREATE AN ENABLING ENVIRONMENT

5. LINK FP PROVIDERS WITH INFLUENTIAL GROUPS

1 | ENGAGE COMMUNITIES IN SOCIAL MAPPING

Participatory social mapping with participation from men in 90 villages

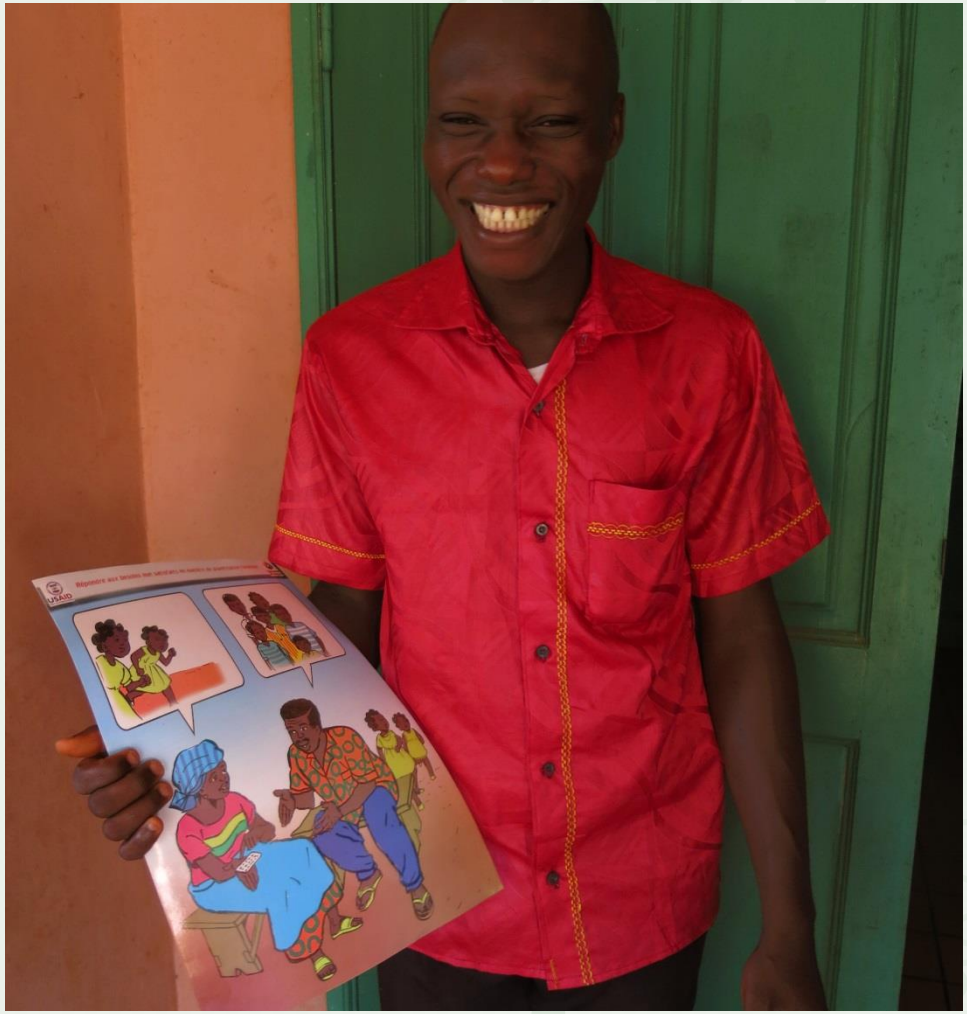
Identification of men's groups and influential men in the community

Selection of 294 influential groups
(Women 62%, Men 16%, Mixed 22%)

297 Catalyzers
(Women 47%, Men 53%)

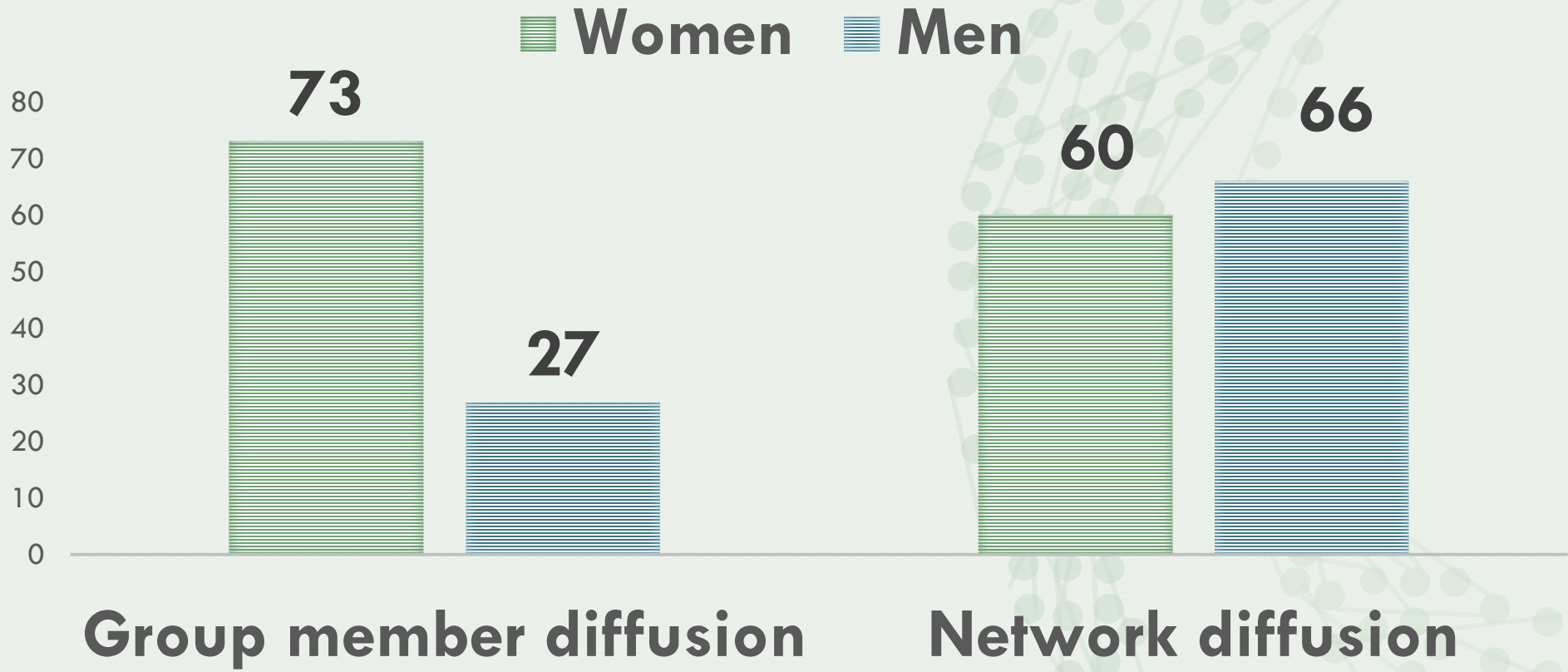
Selection of 459 influential individuals
(Women 50%, Men 50%)

2 | SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



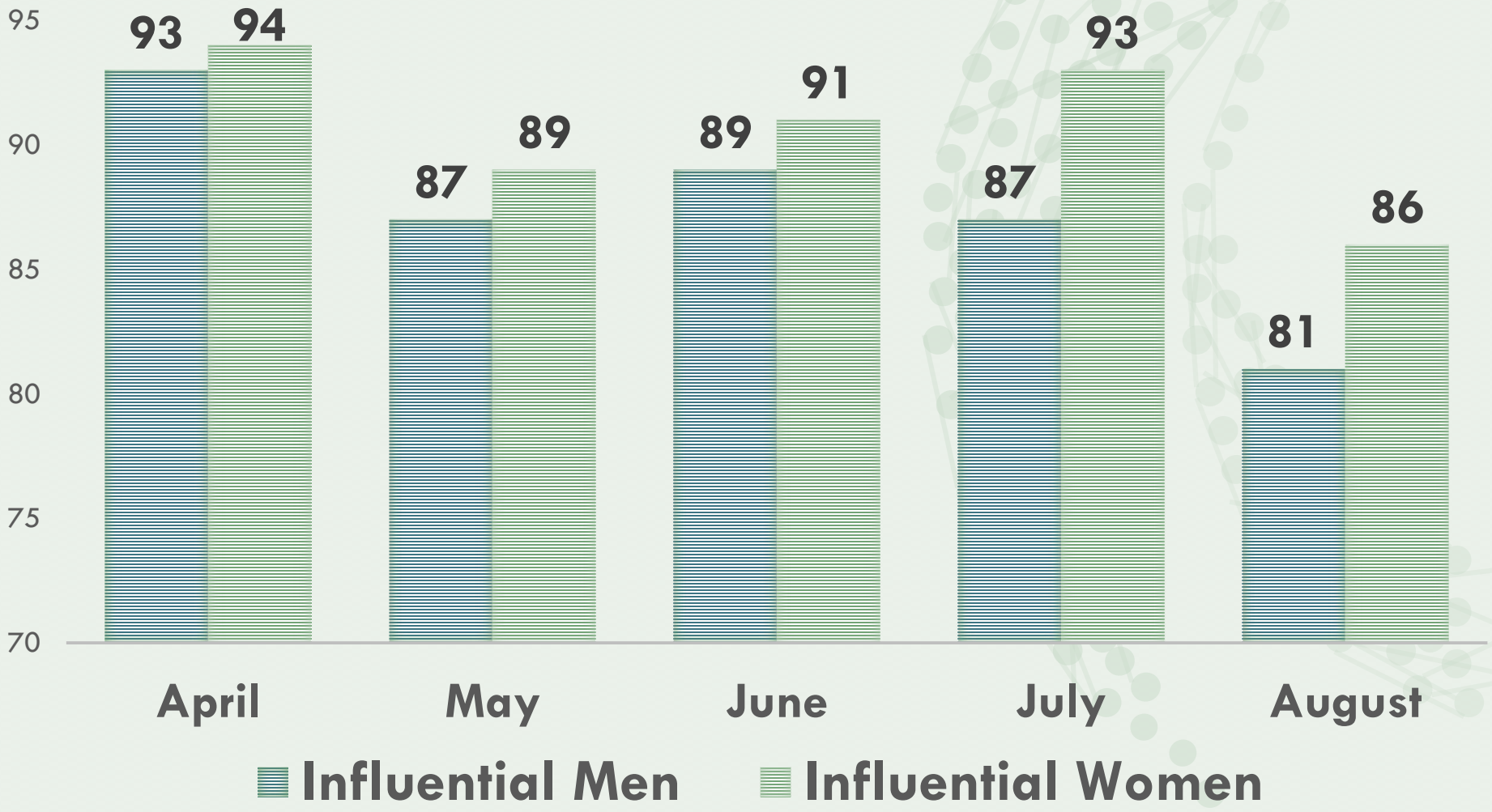
THROUGH STORIES AND ACTIVITIES DRAWING ON REAL SITUATIONS INSPIRED BY FORMATIVE RESEARCH RESULTS

COMPARISON OF DIFFUSION AMONG FEMALE AND MALE GROUP MEMBERS

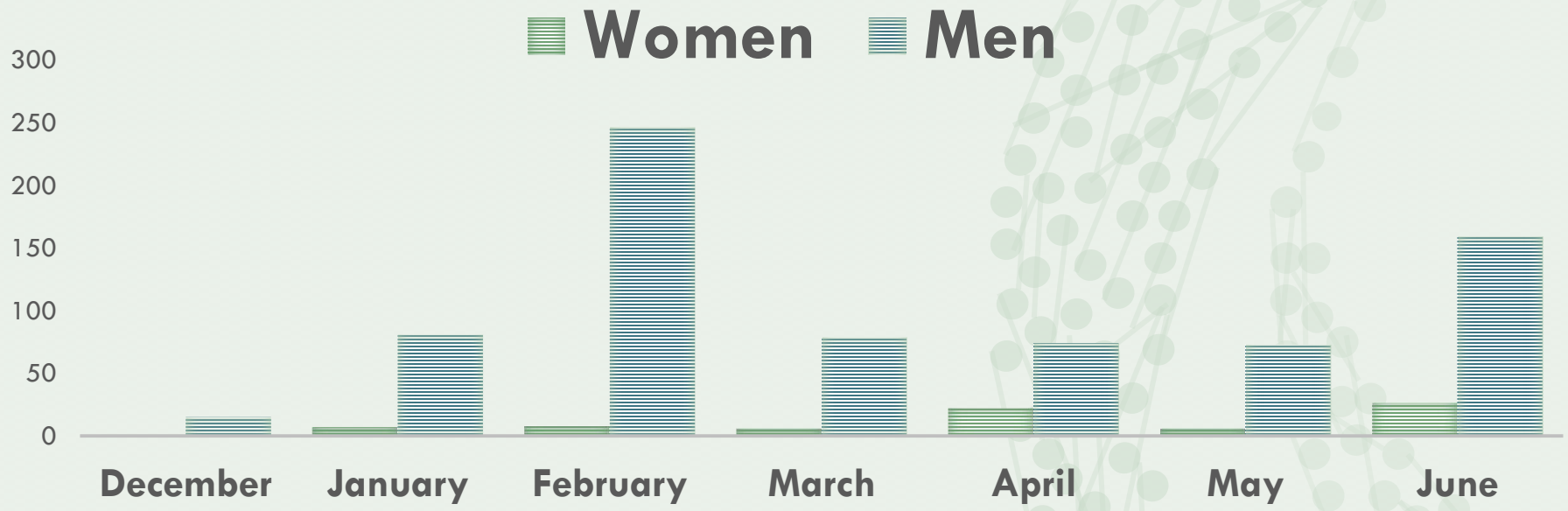


LEVEL OF AGREEMENT BY MEN AND WOMEN OF MEN'S ROLES IN FERTILITY AND FP DECISION MAKING

3 | ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



4 | USE RADIO TO CREATE AN ENABLING ENVIRONMENT



NUMBER OF CALLS TO RADIO STATIONS (N-803)

CONTENT OF DIFFUSION

Discussion of stories within influential groups | Reading aloud of stories by catalyzers

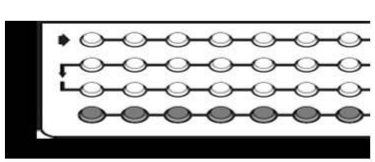
Promotion of the FP hotline

5 | LINK FP PROVIDERS WITH INFLUENTIAL GROUPS

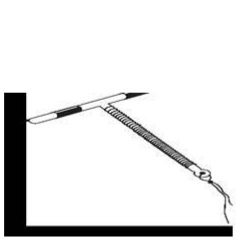
EACH ONE INVITES 3 CAMPAIGN (EOI3)

Nous discutons de la planification familiale ensemble. Nous sommes allés au centre de santé pour obtenir une méthode sûre et efficace afin d'avoir le nombre d'enfants que nous voulons au moment voulu. Nous sommes satisfaits de notre décision.

VOUS ETES INVITE(E) AU CENTRE DE SANTE POUR AVOIR PLUS D'INFORMATIONS SUR LA PF



Pilule



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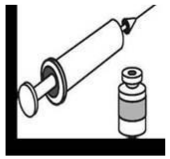

Pilule injectable

Collier

Préservatif

Jadelle

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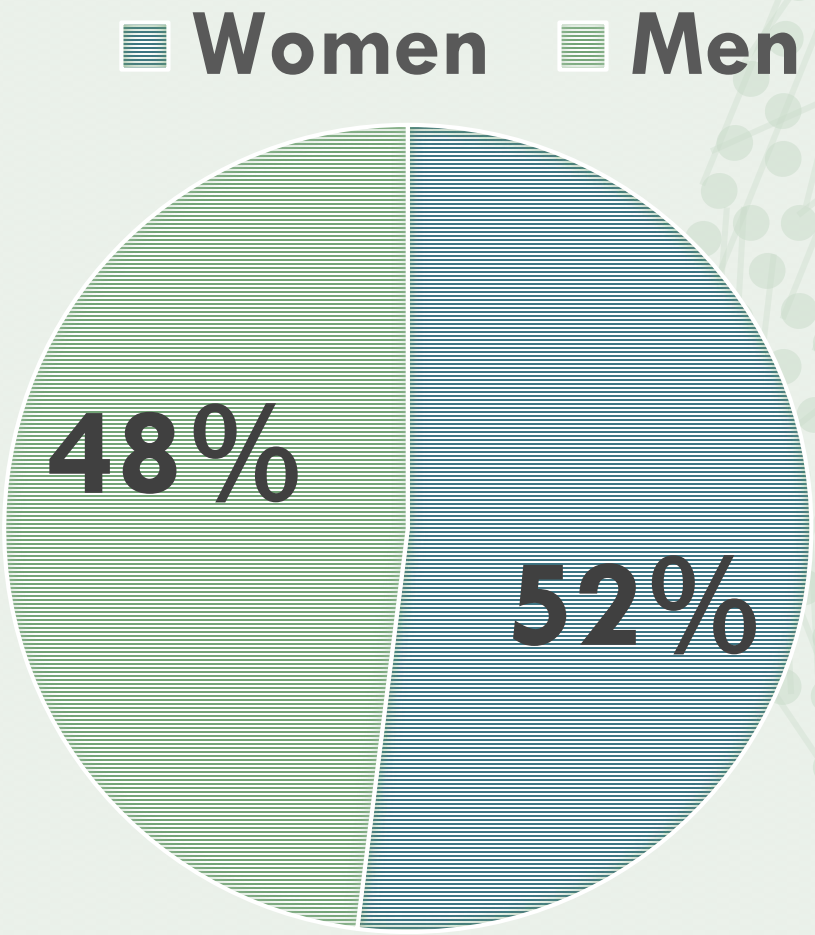
"In general, men don't come. It's rare to see them. Sometimes you'll have a couple. Otherwise, it's women."
FP PROVIDER
"One man loved the advice provided by [Tékponon Jikuagou] and he talked to another man about it…the latter came to see me…so I could explain more to him. When I finished talking, he asked for 3 Each One Invite Three cards so that he could invite friends and his wife."
MALE CATALYZER

% EOI3 CARDS DISTRIBUTED BY CATALYZERS



CONCLUSIONS

- **Men can have unmet need,** and masculinity is a key factor in determining this need
- Male involvement encourages **lasting change in gender norms**
- **Using men's networks encourages this** normative process to reduce unmet need

LIMITS IN MALE ENGAGEMENT

Challenges	Causes
Identifying male groups	Fewer existing male groups because of less emphasis on their establishment, by technical partners and funders
Availability of FP data about men at various levels	This information not included in national health surveys (DHS). Health centers do not collect data on male adoption of FP methods.
Male engagement	Community norms may continue to maintain rigid definitions of masculinity that prevent some men from engaging

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ENGAGING MEN

SHIFTING ATTITUDES ON GENDER AND FAMILY PLANNING IN COUFFO, BENIN, WEST AFRICA

SARAH BURGESS, MARIAM DIAKITÉ, REBECKA LUNDGREN, SUSAN IGRAS, HEATHER ORINA, JENNIFER KEULER

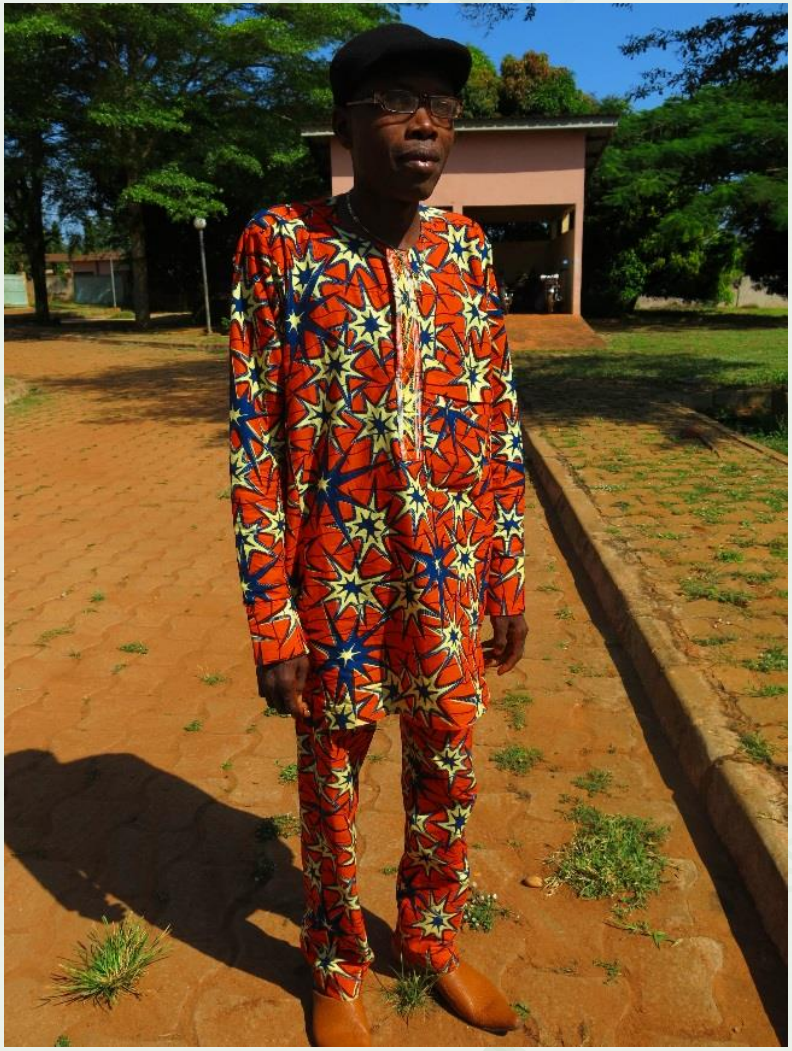
INSTITUTE FOR REPRODUCTIVE HEALTH, GU

USAID FROM THE AMERICAN PEOPLE

Tékponon Jikuagou

WE WILL DISCUSS:

- **Assumptions** on masculinities, sexuality, and family planning
- **Ethnographic data** on **multiple masculinities**, and men's engagement with questions of contraception and family planning
- **Applying the ethnography:** developing an intervention that resonates with men.
- Conclusions



What is Tekponon Jikuagou?

6-Year Project, started in Benin in 2012 after displacement from Mali

Partners
IRH CARE Plan International

Goal
Reduce unmet need for family planning in intervention areas through social network interventions

Research
Implementation is informed by rigorous qualitative and quantitative data collection.

METHODS

MARRIED WOMEN OF REPRODUCTIVE AGE & MEN MARRIED TO WOMEN OF REPRODUCTIVE AGE

Formative Research

(Participatory Learning Activities in 4 Villages: 11 Key Informant Interviews, 8 Focus Group Discussions)

In-Depth Interviews

(25 men/25 women in 12 villages)

Baseline/Endline Household Survey

(1080 men/1080 women in 45 villages)

Monitoring, Learning & Evaluation

(Data from all the 6 communes of Couffo;15 villages in each commune)

Qualitative Methodology: Cohort Study

50 People

	25 Men	25 Women
Ethnicity	18 Adja/7 Fon	19 Adja/6 Fon
Age	7 (20-29) 11 (30-39) 7 (40+)	7 (20-29) 16 (30-39) 2 (40+)
TJ Engagement	5 Catalyzers 8-12 Influentials 3-4 TJ Group Members	5 Catalyzers 7 Influentials 5-8 TJ Group Members

Calendar

Interview 1: January 2013
Intervention Starts: October 2013
Interview 2: November 2013
Intervention Closing: September 2014
Interview 3: September 2014

Selection Process

- Implementing partners **CARE** and **PLAN** identified potential participants with IRH guidance.
- **CRAD** obtained informed consent and conducted interviews.

WHAT DO WE MEAN BY….

Family Planning? Masculinities?

DOMINANT RHETORIC ON AFRICAN MASCULINITY, AND MEN & FAMILY PLANNING

Our work calls into question two problematic and prevalent assumptions about Africa, masculinity and family planning.

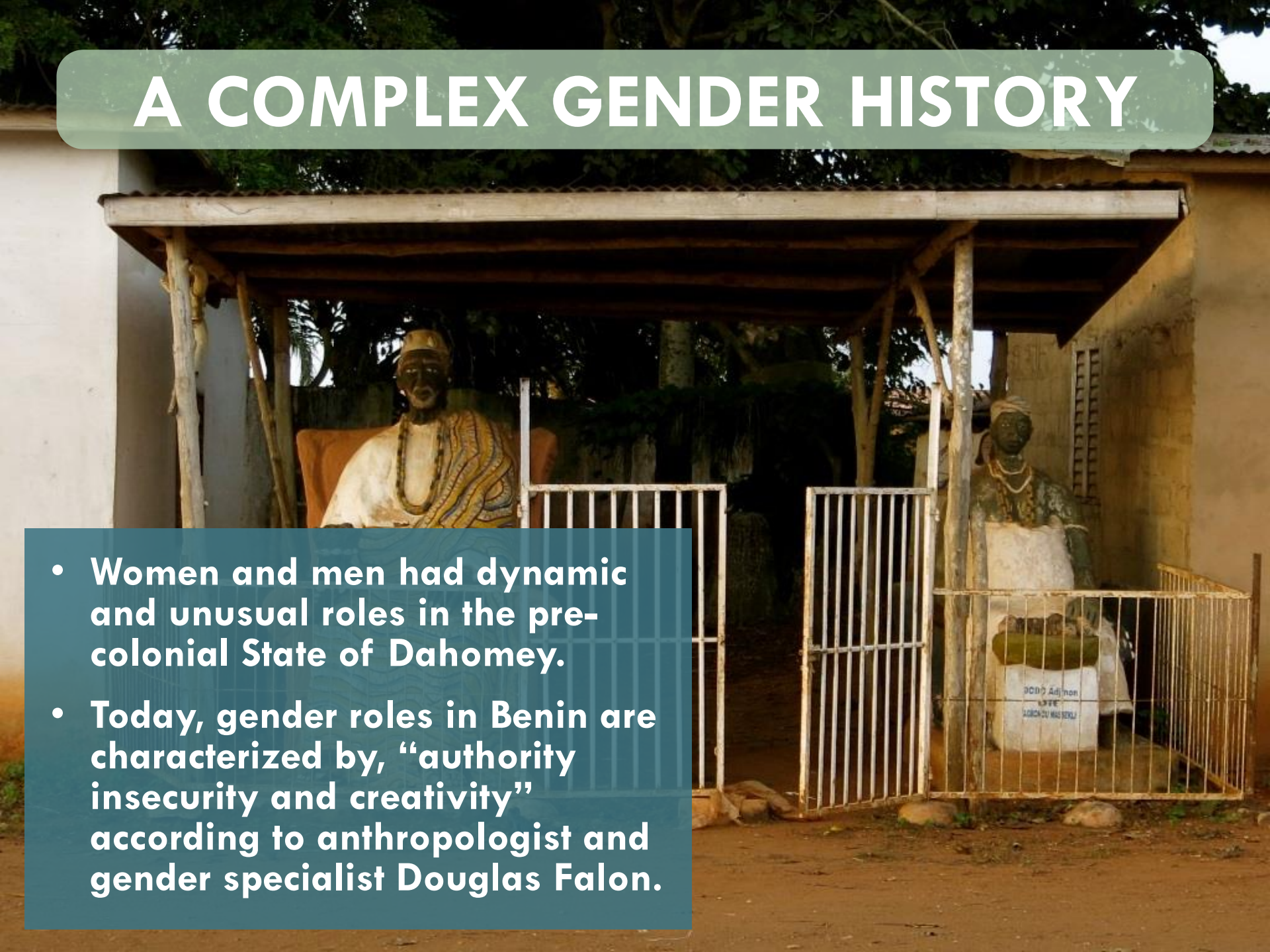
ASSUMPTIONS

1. A key part of African masculinity is a desire for many children; and thus masculinity is a barrier to family planning services/use.
2. Men are not interested in family planning; programs should cater to women, as they are the main users of contraceptive methods.

INSTEAD

1. Research identifies and documents multiple masculinities, identifying expressions of maleness that are not only barriers to FP use, but also supportive of positive, informed and consensual family planning use.
2. Programs draw on positive masculinities to create compelling discussion tools around contraception and family planning

A COMPLEX GENDER HISTORY



- Women and men had dynamic and unusual roles in the pre-colonial State of Dahomey.
- Today, gender roles in Benin are characterized by, “authority insecurity and creativity” according to anthropologist and gender specialist Douglas Falon.

FP-ENABLING MASCULINITIES

FP- ENABLING MASCULINITIES: DISCOURSE ON CARE & PROTECTION

A man who uses FP… "will be seen in his community as a happy man because his children do not fall sick because they are closely spaced."

Men who "use family planning are all men who are capable of approaching their wives…. so as to not make their wives sick tomorrow."

FP- ENABLING MASCULINITIES: FINANCIAL RESPONSIBILITIES

"Since the ancient times, it's the man who sacrifices for the woman, it is him who goes to look for money so that the woman can spend."

"My wives discuss these issues with me directly, and without worry."

FP- ENABLING MASCULINITIES: DISCOURSES ON FP & PARTNERSHIP

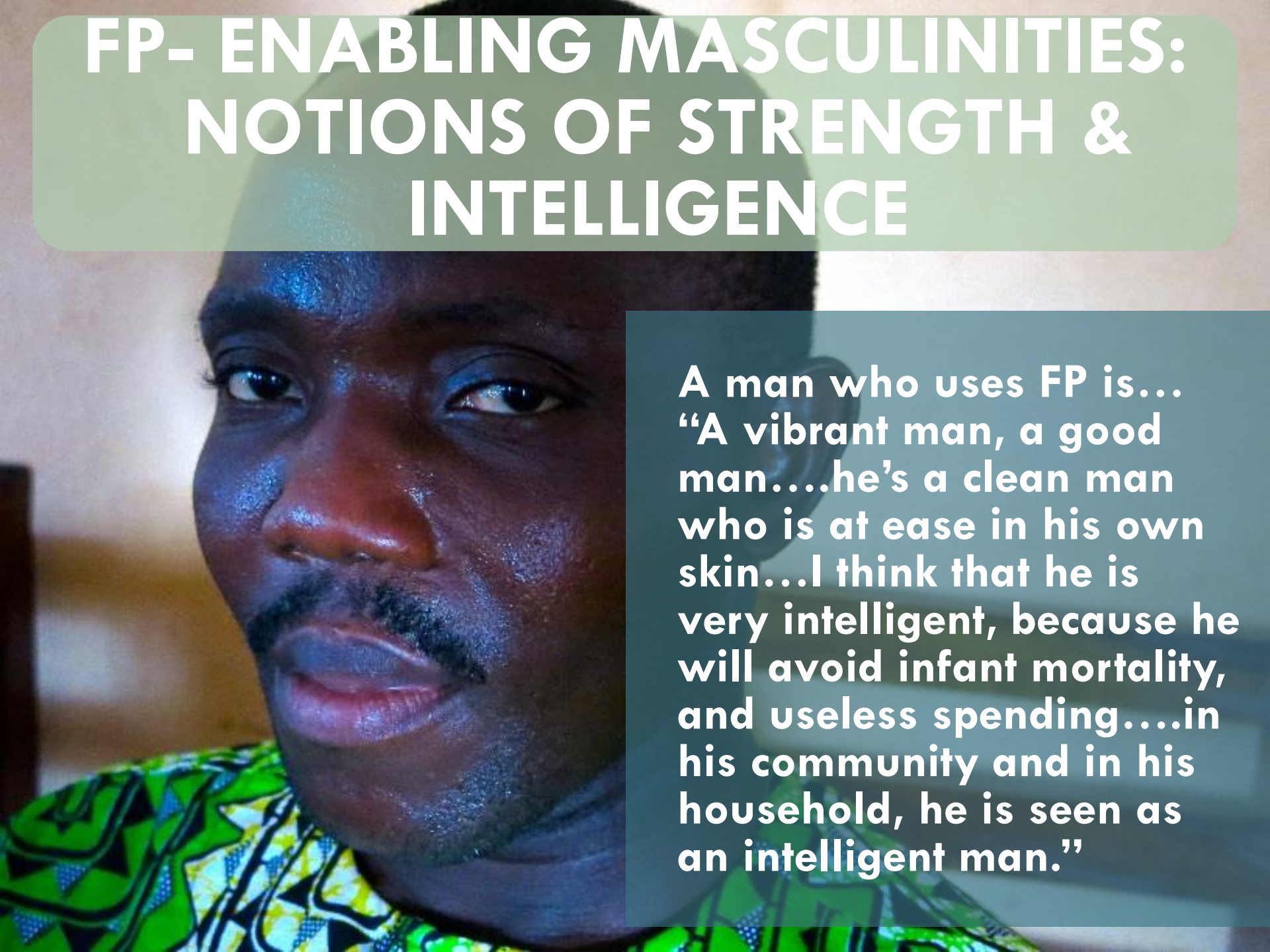
Q: What type of man uses family planning?

"Its men who like to have sexual relations with their wives all the time."

"This permits us to have sexual relations without fear."

FP- ENABLING MASCULINITIES: IDEAS ON SEXUALITY AND PLEASURE

FP- ENABLING MASCULINITIES: NOTIONS OF STRENGTH & INTELLIGENCE



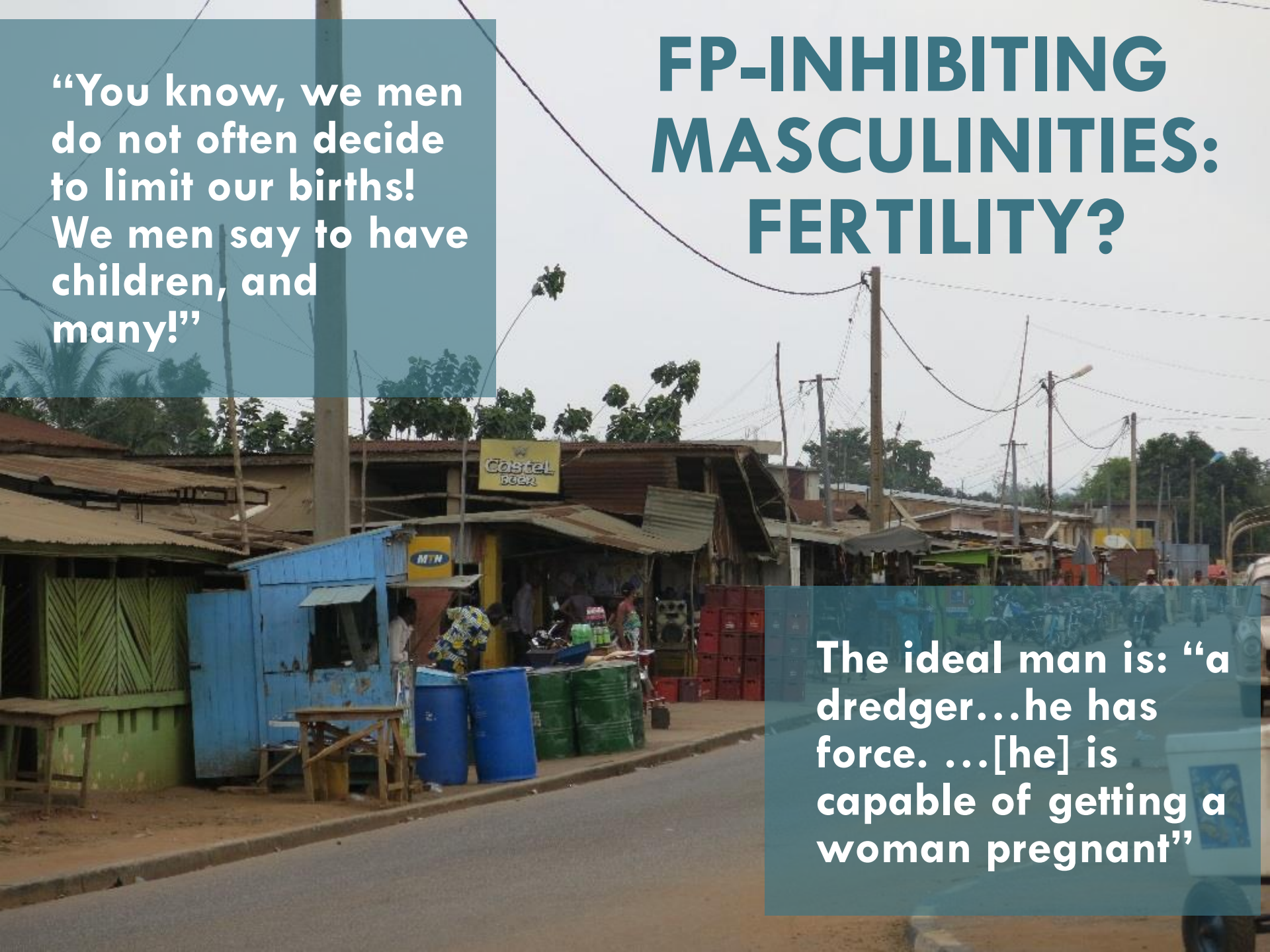
A man who uses FP is…
"A vibrant man, a good man….he's a clean man who is at ease in his own skin…I think that he is very intelligent, because he will avoid infant mortality, and useless spending….in his community and in his household, he is seen as an intelligent man."

FP-INHIBITING MASCULINITIES

BARRIERS TO FAMILY PLANNING RELATED TO MASCULINITY: PATRIARCHICAL DECISION-MAKING & FP ACCESS

"God Himself said that the man is the head of the household and that women must submit and obey their husbands."

FP-INHIBITING MASCULINITIES: FERTILITY?



"You know, we men do not often decide to limit our births! We men say to have children, and many!"

The ideal man is: "a dredger…he has force. …[he] is capable of getting a woman pregnant"

FP-INHIBITING MASCULINITIES: IDEAS ABOUT WOMEN WHO USE FP

A woman who uses FP will be seen as "a worthless prostitute, who goes from man to man."

AMBIGUOUS + MULTIPLE MASCULINITIES

Some descriptions of the "ideal man" contain qualities which are both FP-inhibiting and FP-enabling. Many participants articulate multiple kinds of masculinity at once.

Tékponon Jikuagou
INTERVENTION PACKAGE

INTERVENTION COMPONENTS

1. ENGAGE COMMUNITIES IN SOCIAL MAPPING

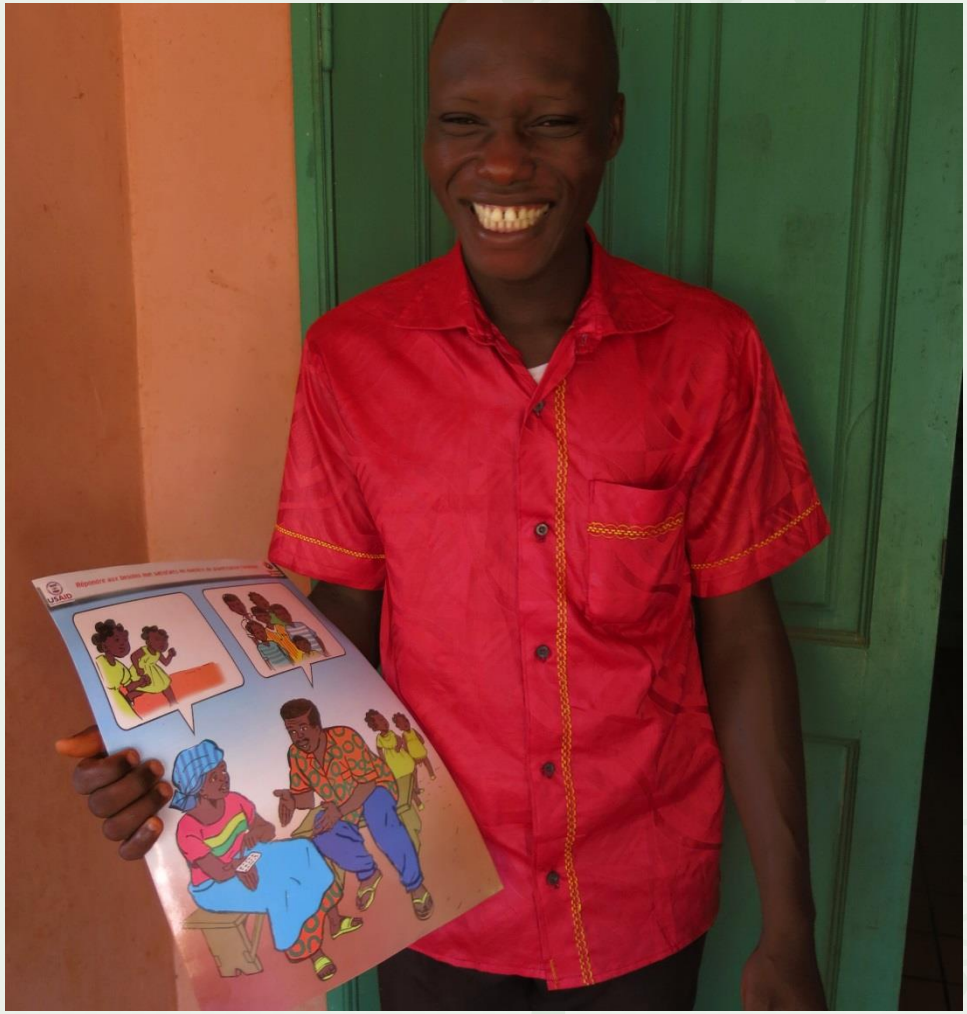
2. SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE

3. ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT

4. USE RADIO TO CREATE AN ENABLING ENVIRONMENT

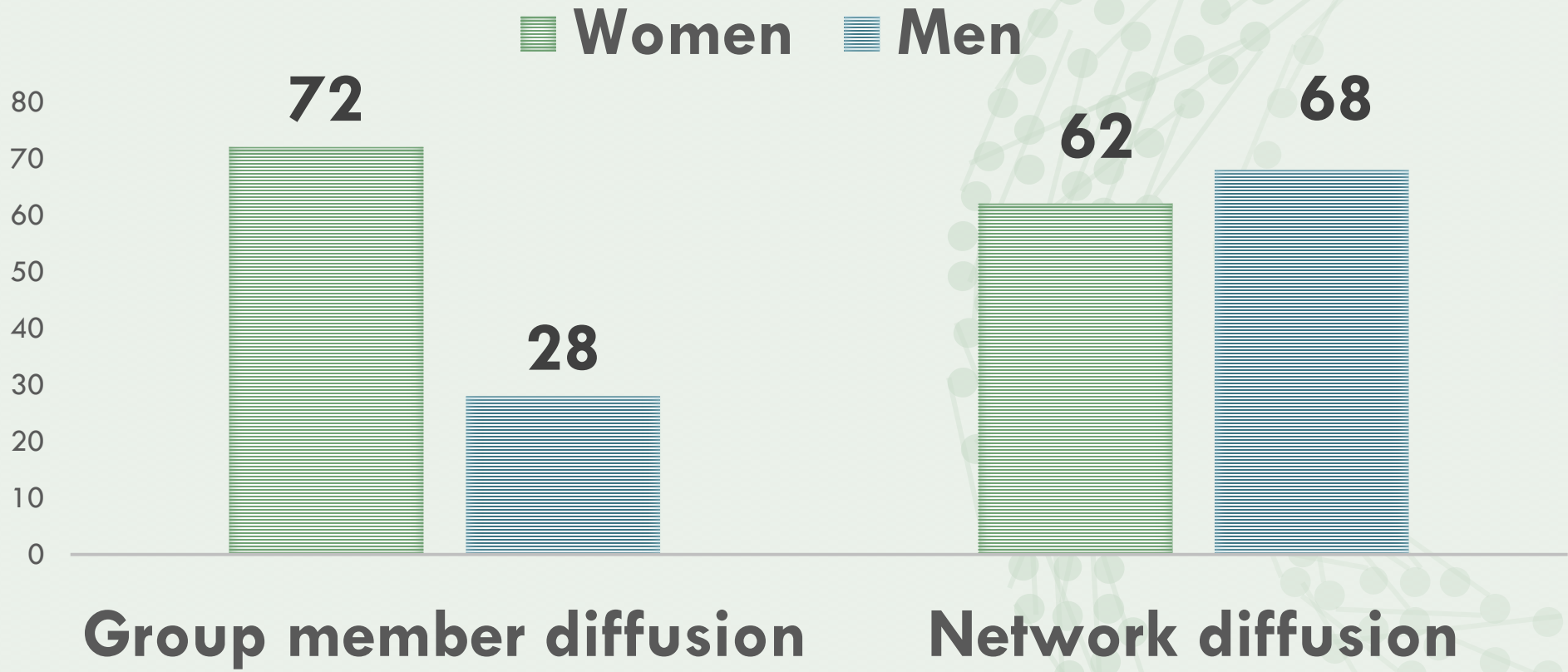
5. LINK FP PROVIDERS WITH INFLUENTIAL GROUPS

SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



THROUGH STORIES AND ACTIVITIES DRAWING ON REAL SITUATIONS INSPIRED BY FORMATIVE and COHORT RESEARCH RESULTS

COMPARISON OF DIFFUSION AMONG FEMALE AND MALE GROUP MEMBERS



LEVEL OF AGREEMENT BY MEN AND WOMEN OF MEN'S ROLES IN FERTILITY AND FP DECISION MAKING

EACH ONE INVITES 3 CAMPAIGN (EOI3)

Nous discutons de la planification familiale ensemble. Nous sommes allés au centre de santé pour obtenir une méthode sûre e efficace afin d'avoir le nombre d'enfants que nous voulons au moment voulu. Nous sommes satisfaits de notre décision.

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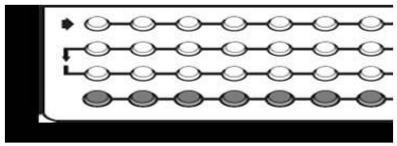
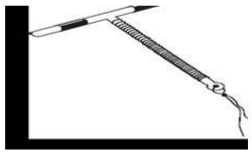


Pilule



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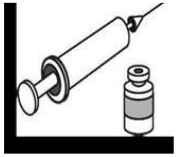
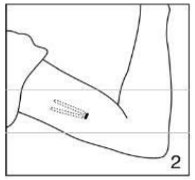


Pilule injectable

Collier

Préservatif



Jadelle

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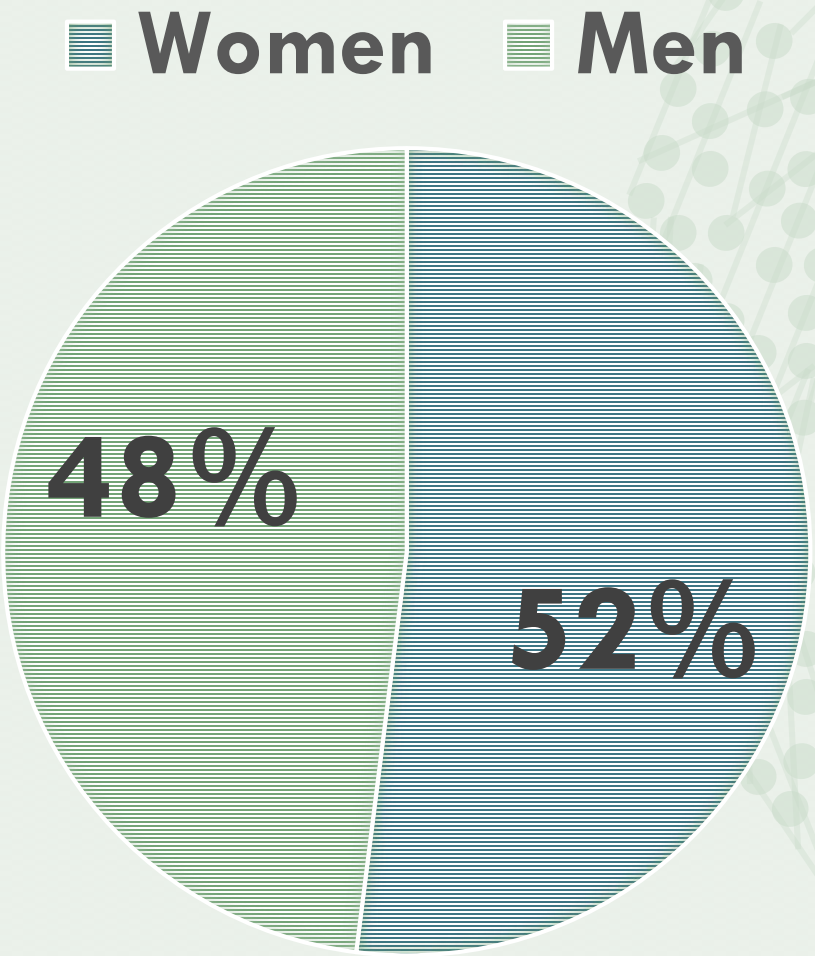
Ministère de la Santé

% EOI3 CARDS DISTRIBUTED BY CATALYZERS



CONCLUSIONS

- Contrary to popular assumptions, many expressions of masculinity exist in Benin, and some of them support family planning communication and use.
- When FP projects are able to reach men, they are interested and do engage.

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Tékponon Jikuagou

Résultats Préliminaires: Etude Quantitative

MARIAM DIAKITE, SARAH BURGESS, SUSAN IGRAS, REBECKA LUNDGREN, HEATHER ORINA JENNIFER KEULER, KRISTEN DEVLIN

USAID FROM THE AMERICAN PEOPLE

Tékponon Jikuagou

- Sommes-nous en train d'atteindre assez de femmes et d'hommes pour réduire les besoins non satisfaits de planification familiale?

- Est-ce que les éléments de TJ atteignent les femmes et les hommes de manières différentes?

Description des Participants de l ’étude (enquête finale, groupe d’intervention)

	Femmes %	Hommes %
	n=1080	n=1080
Adja	91	93
Ecole primaire complète	30	87
Polygame	30	87
Membre de groupe formelle (tontine)	27	31
Membre de groupe informelle	37	32
Ont participé dans un groupe / activité religieuse (pendant la dernière année))	21	8

QUE PENSENT LES FEMMES ET LES HOMMES DES COMPOSANTS DU PAQUET TJ?

INTERVENTION COMPONENTS

1. ENGAGE COMMUNITIES IN SOCIAL MAPPING

2. SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE

3. ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT

4. USE RADIO TO CREATE AN ENABLING ENVIRONMENT

5. LINK FP PROVIDERS WITH INFLUENTIAL GROUPS

De quoi parlaient les histoires?

	Femmes %	Hommes %
	n=161	n=57
Espacement des naissances	93	100
PF	74	91
Communication au sein du couple	43	74
Genre	15	17
Prise de decision dans le couple	22	10
Aller au centre de santé	22	32

Qu’avez vous aimé dans les histoires?

	Femmes %	Hommes %
	n=161	n=57
Réflète la realité de la vie	27	26
Amusant/intéressant	37	53
Intéressant/à discuter	15	16
Facile à comprendre	22	35
Donne des conseils/idées	35	39

Quels étaient les sujets des discussions lors des activités?

	Femmes %	Hommes %
	n=151	n=55
Espacement des naissances	87	94
PF	66	93
Communication dans le couple	31	60
Genre	22	11
Prise de decision dans le couple	22	7
Aller au CS	19	18

Qu’avez-vous aime au cours des activités?

	Femmes %	Hommes %
	n=161	n=55
Amusant	17	54
Interactive	24	25
Facile a comprendre	16	28
Donne des idées	**35**	**45**
Les images	27	25
Interessant	**36**	**7**
Jeu de d’accord pas d’accord	20	14

Quel type de leader vous a parlé de PF?

	Femmes %	Hommes %
	N=55	n=151
Religieux	30	2.5
Autorité locale	35	2.5
Leader de Groupe/catalyseur	**30**	**40**
Agent de santé	36	27
Leader d'ONG	20	25

Qui vous a montré une infographie?

	Femmes %	Hommes %
	n=179	n=79
Religieux	6	2.5
Autorite locale	17	2.5
Leader de Groupe/catalyseur	**45**	**40**
Agent de santé	40	27
Leader d’ONG	25	25

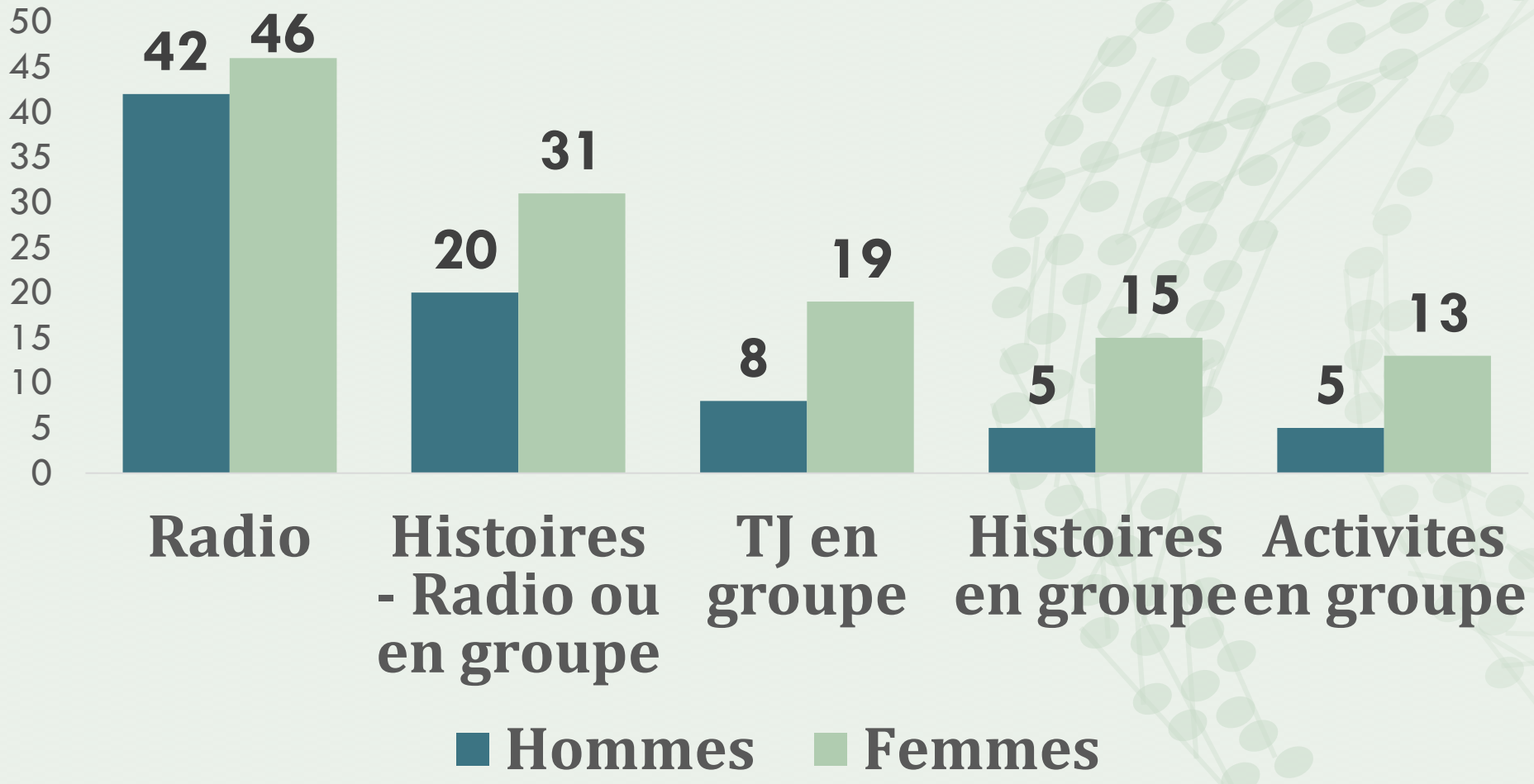
Carte d'invitation

	Femmes %	Hommes %
	n= 1080	n=1080
Avez vous recu une carte d'invitation CI3 de quelqu'un?	8	22
	n=179	n=51
Etes vous allés dans un centre de santé pour la PF après avoir recu la carte d'invitation?	16	17
	n=14	n=11
Avez vous reçu une méthode?	71	61

Qui vous a montré une carte d'invitation?

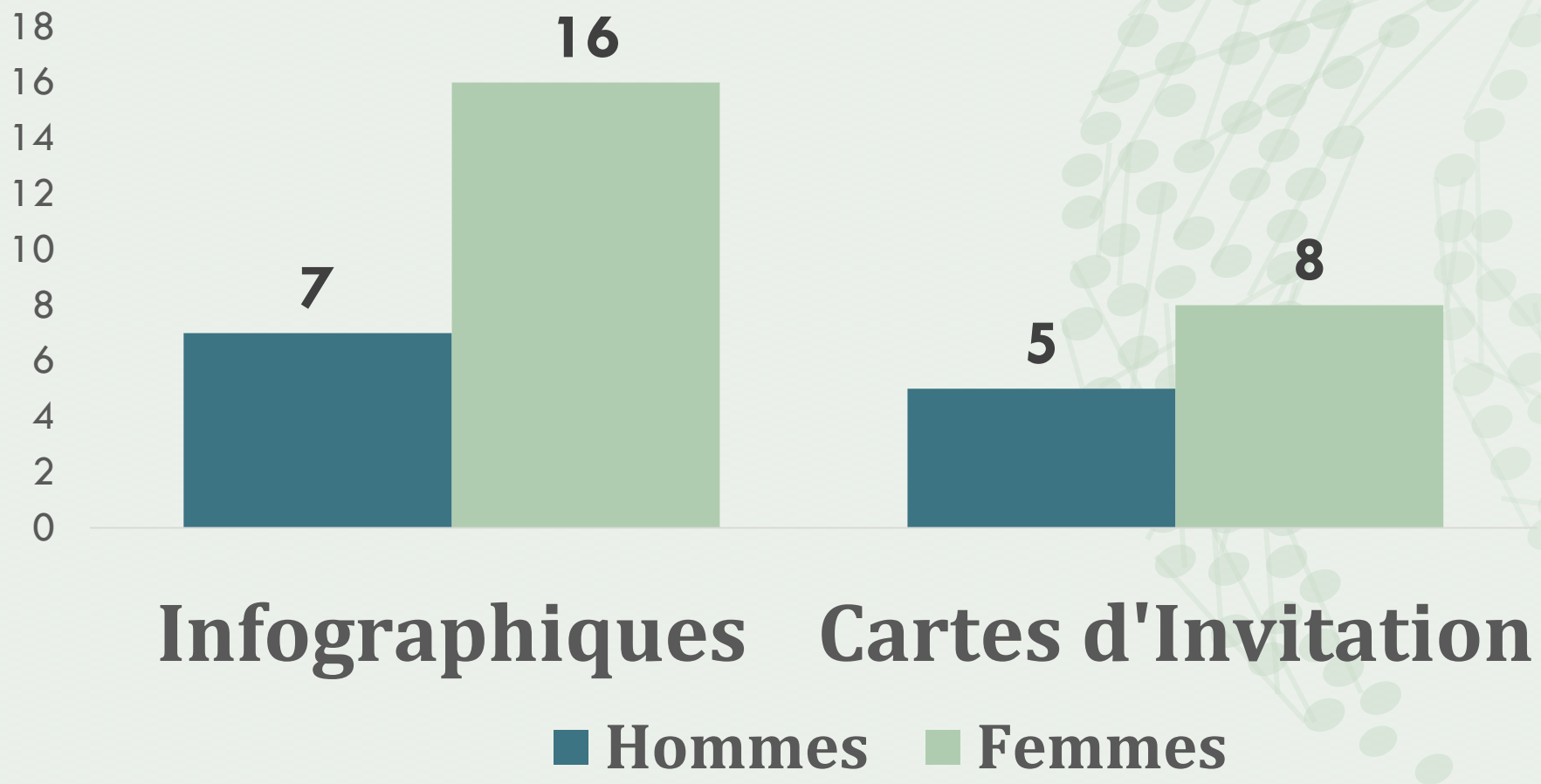
	Femmes %	Hommes %
	n=87	n=51
Religieux	5	-
Autorite locale	5	-
Leader de Groupe/catalyseur	**41**	**45**
Agent de sante	9	17
Leader d'ONG	26	17
Member du groupe	**17**	**4**
Famille/friend	7.8	12
Epoux	-	9
Voisin	7	4

QUEL % D'HOMMES ET DE FEMMES SONT ENGAGES DANS TJ? (par composant)



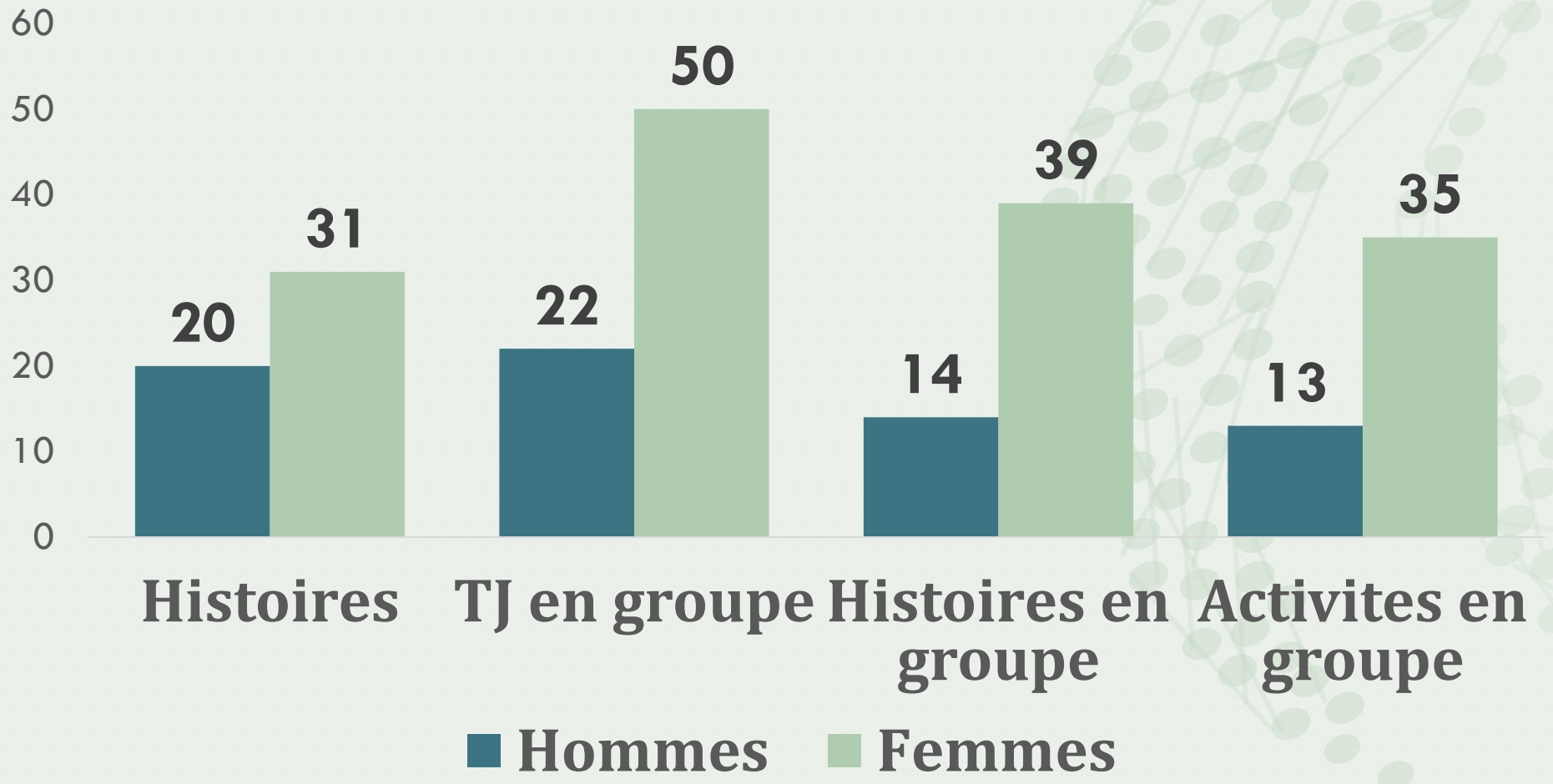
Hommes (n=1080), Femmes (n=1080)

QUEL % D'HOMMES ET DE FEMMES ONT ÉTÉ EXPOSES AUX INFOGRAPHIES ET AUX CARTES D'INVITATION?



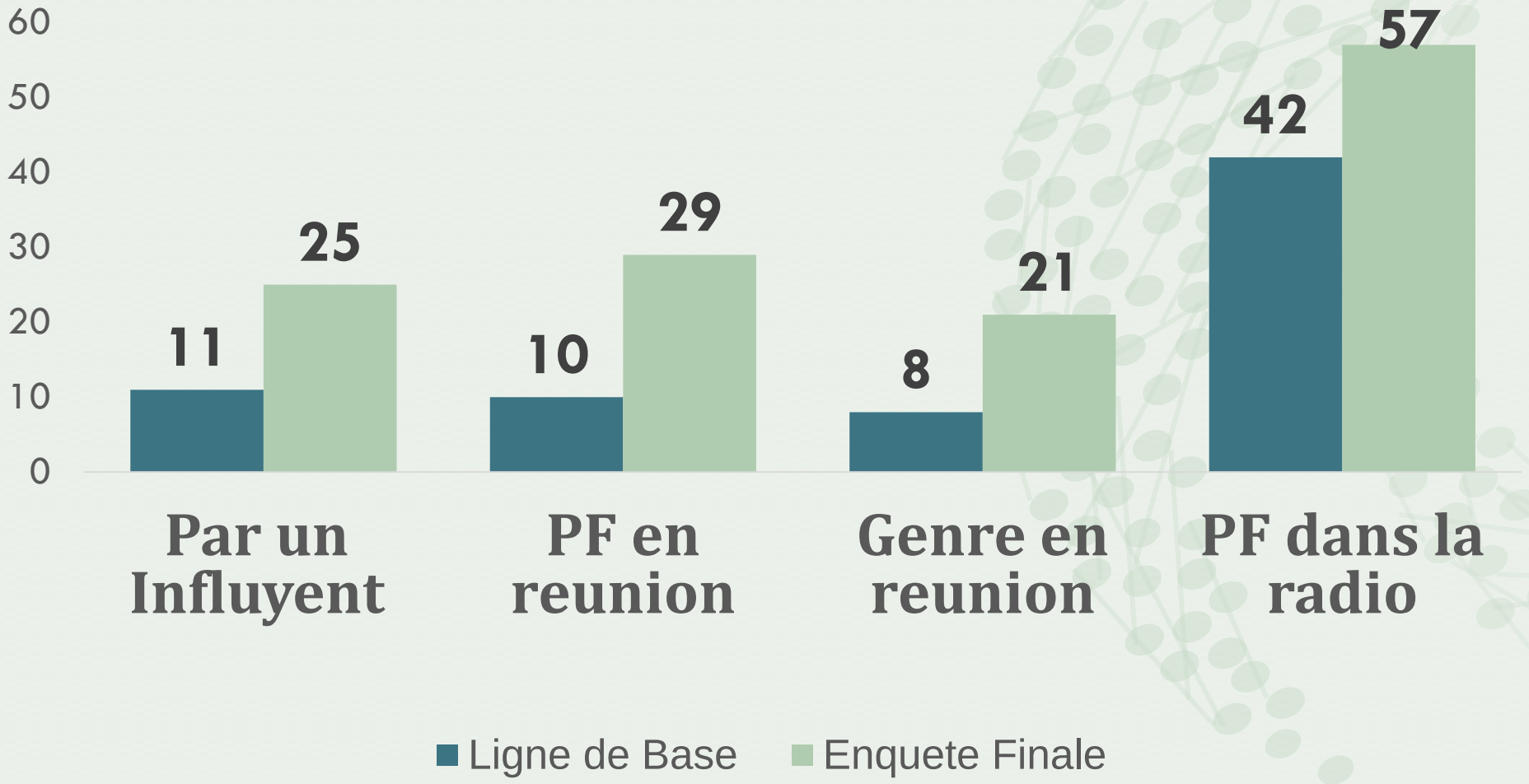
Hommes (n=1080), Femmes (n=1080)

QUEL % DE MEMBRES DES GROUPES SONT ENGAGES DANS CHAQUE ACTIVITE DE GROUPE?



Hommes (n=411), Femmes (n=411)

FEMMES QUI ONT ENTENDUS PARLER DE PF / GENRE A TRAVERS TJ (ENQUÊTE DE BASE / FINALE – GROUPE D'INTERVENTION)



Femmes (1080)

- **Sommes-nous en train d'atteindre assez de femmes et d'hommes pour réduire les besoins non satisfaits en planification familiale?**

- **Est-ce que les éléments de TJ atteignent les femmes et les hommes de manières différentes?**

- Est-ce que les composants TJ sont en train de catalyser les discussions sur la PF et le genre?

- Est-ce que les composants TJ sont en train d'encourager la diffusion aux autres?

Comprendre nos Résultats

Légende

*,** = Niveau de signification
(probabilité de se produire par hasard)

< 1 =Moins de risque (moins de probabilité)

1 = Pas d'association

>1 = Plus de risque (Plus de probabilité)

FEMMES: QUELS ELÉMENTS TJ SONT ASSOSCIES À ENTENDRE PARLER DE LA PF?

n=1080

* P < 0.05
** p < 0.01

	PF pendant une reunion de groupe	Entendue parler un(e) influent de PF (12 mois)	Entendue parler un(e) influent de genre (12 mois)
Age	ns	ns	ns
Education	**.48***	ns	ns
Radio	**4.2****	**5.4****	**2.1****
Membre de groupe	**11.2****	ns	ns
Infographic	ns	**4.4****	**3.7****
Invitation	ns	ns	**.49***

HOMMES: QUELS ELÉMENTS TJ SONT ASSOCIES À ENTENDRE PARLER DE LA FP?

n=1080

* P < 0.05
** p < 0.01

	PF pendant une reunion de groupe	Entendue parler un(e) influent de PF (12 mois)	Entendue parler un(e) influent de genre (12 mois)
Age	ns	**1.03***	ns
Education	**.48***	ns	ns
Radio	**1.5***	**2.4****	**2.1****
Membre de groupe	**6.1****	ns	ns
Infographic	ns	**3.2****	**3.7****
Invitation	ns	**3.1****	**3.9****

FEMMES: QUELS ELÉMENTS TJ SONT ASSOSCIES À LA RECHERCHE OU LE PARTAGE D'INFORMATION POUR LA PF ?

n=1080

* P < 0.05
** p < 0.01

	Chercher infos sur la PF auprès de membre de famille / ami	Partager d'informations PF	Corriger informations erronées sur PF
Age	ns	ns	ns
Education	ns	ns	ns
Radio	**1.8****	**2.8****	**3.5****
Membre de groupe	**1.7***	**1.7***	ns
Infographic	ns	ns	ns
Invitation	ns	ns	ns

HOMMES: QUELS ELÉMENTS TJ SONT ASSOCIES À LA RECHERCHE OU LE PARTAGE D'INFORMATION POUR LA PF?

N=1080 n * P < 0.05 ** p < 0.01	Chercher infos sur la PF auprès de membre de famille / ami	Partager d'information PF	Corriger informations erronées sur PF
Age	**.96****	**.98****	ns
Education	**1.5****	ns	**1.7****
Radio	**ns**	**2.8****	**ns**
Membre de groupe	**2.0***	**1.7***	**2.1***
Infographic	**2.2****	ns	**4.1****
Invitation	**2.6****	ns	**4.7****

- **Est-ce que les composantes TJ sont en train de catalyser les discussions sur la PF et le genre?**

- **Est-ce que les composantes TJ sont en train d'encourager la diffusion aux autres?**

COMMENT EST-CE QUE TJ INFLUENCE LES ATTITUDES SUR PF ?

LES NORMES SOCIALES PERTINENTES AU PF ?

FEMMES: LES COMPOSANTS TJ, INFLUENCENT-ILS LES PERCEPTIONS SUR LES NORMES SOCIALES DE PF ?

n=1080

* P < 0.05
** p < 0.01

	APPROBATION DU MARI	STIGMA	DISCIMINATION
Radio	ns	ns	ns
Membre de groupes	**1.6***	**2.3****	ns
Infographiques	ns	**.56***	**2.2****
Cartes d' Invitation	ns	**2.8****	**.35****

FEMMES: LES COMPOSANTS TJ, INFLUENCENT-ILS L'ACCESS AUX SERVICES PF, L'EFFICACITE DE SOI, OU LES ATTITUDES GENRE?

n=1080

* P < 0.05
** p < 0.01

	CAPABLE D'ACCEDER AUX SERVICES	EFFICACITE DE SOI	ATTITUDES EQUITABLES DE GENRE
Radio	ns	**.70****	ns
Groupes	ns	ns	**1.7***
Infographiques	ns	ns	ns
Cartes d' Invitation	ns	ns	ns

CHANGEMENTS DES ATTITUDES PF (ENQUÊTE DE BASE / ENQUÊTE FINALE - groupe d'intervention)

	Femmes		Hommes	
	% Enquete de Base (n=1080)	% Enquete Finale (n=1080)	% Enquete de Base (n=1080)	%Enquete Finale (n=1080)
Femmes qui utilisent le PF vont être critiquées	27	10	11	14
Dans un conflit familial, un homme doit prendre son du côté de l'épouse	**73**	**60**	**32**	**53**
Les hommes qui ont beaucoup d'enfants sont mieux respectés	58	66	68	73

CHANGEMENTS EN ACCESS AUX SERVICES PF
(ENQUÊTE DE BASE / ENQUÊTE FINALE - groupe d'intervention)

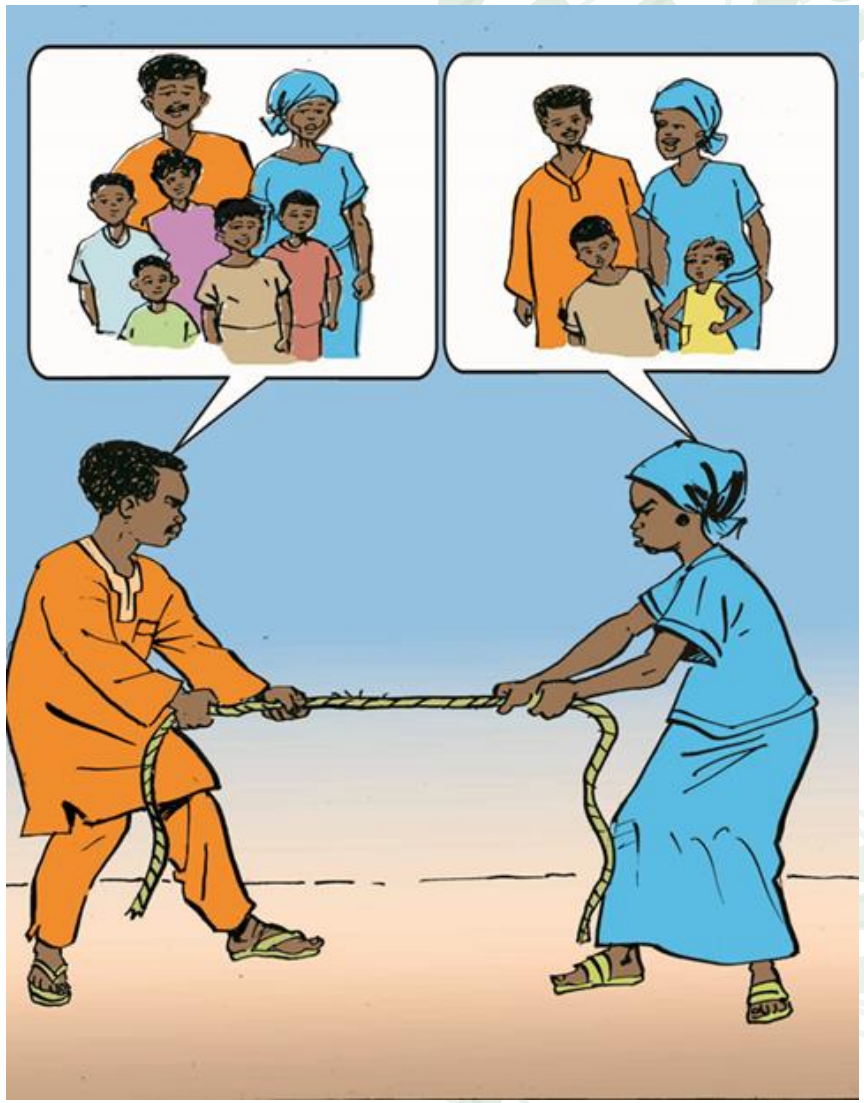
	Femmes		Hommes	
	% Enquete de Base (n=1080)	% Enquete Finale (n=1080)	% Enquete de Base (n=1080)	%Enquete Finale (n=1080)
J'ai de l'information dont j'ai besoin pour utiliser le PF	52	67	44	56
Je sais où je peux obtenir le PF	53	68	55	70
J'ai les moyen financiers pour acheter une méthode de PF si je veux.	54	65	55	68

COMMENT EST-CE QUE TJ INFLUENCE LES ATTITUDES ENVERS LA PF ?

LES NORMES SOCIALES PERTINENTES AU PF ?

EST-CE QUE TJ INFLUENCE LES RESEAUX SOCIAUX?

- Taille
- Densité
- Commmunication sur la PF
- Perception d'Approbation sur la PF



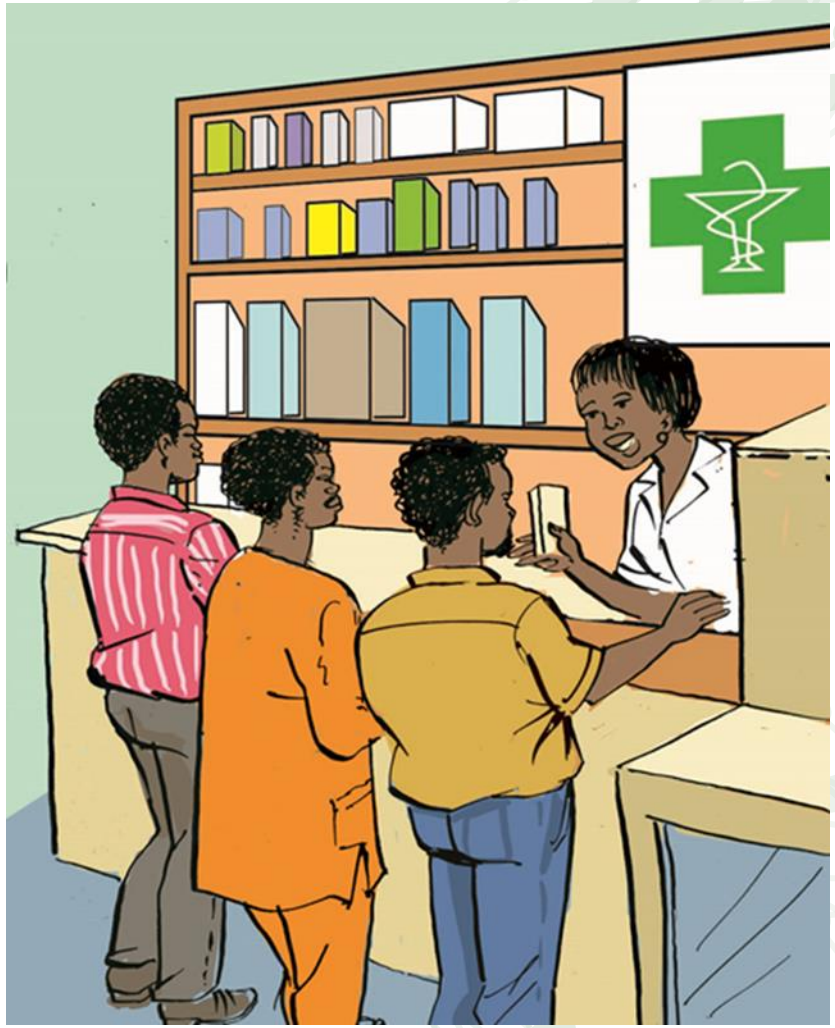
CHANGEMENTS EN CHARACTERISTIQUES DE RESEAUX (ENQUÊTE DE BASE / ENQUÊTE FINALE - groupe d'intervention)

	Femmes		Hommes	
	Enquete de Base (n=1080)	**Enquete Finale** (n=1080)	**Enquete de Base** (n=1080)	**Enquete Finale** (n=1080)
Taille de Reseau (moyen)	3.01	2.87	3.46	**4.14****
Densité de reseau (moyen)	0.73	**0.34****	.72	**.00****
Communication sur le PF dans le reseau (proportion)	0.30	**0.46****	.46	**.53****
Perception d'Approbation dans le Reseau (proportion)	.48	**.58****	.53	**.60****

EST-CE QUE TJ INFLUENCE LES RESEAUX SOCIAUX?

EST-CE QUE TJ INFLUENCE LES COMPORTEMENTS?

- Utilisation de PF
- Besoin non-satisfait



FEMMES: L'AGE, EDUCATION, ET RESEAUX – COMMENT INFLUENCENT-ILS AUX COMPORTEMENTS?

(N=1080)

* P < 0.05 ** p < 0.01	Communication de Couple	Intention a Utiliser le PF	Utilisation régulière de PF	Besoin Non-Satisfait
Age	ns	ns	ns	ns
Education	ns	**1.4****	**1.6***	**.74***
Taille de Reseau	**1.1****	**1.1****	**1.1****	ns
Densité de reseau	ns	ns	**2.0****	**1.4****

FEMMES: COMMENT LES COMPOSANTS TJ INFLUENCENT-ILS LES COMPORTEMENTS?

(N=1080)

* P < 0.05 ** p < 0.01	Communication de Couple	Intention a Utiliser le PF	Utilisation régulière de PF	Besoin Non-Satisfait
Radio	**1.4****	ns	ns	ns
Groupes	ns	ns	**2.0****	ns
Infographies	ns	ns	**.44***	ns
Cartes d'Invitation	ns	ns	ns	ns

CHANGEMENTS EN BESOIN NON-SATISFAIT (ENQUÊTE DE BASE / ENQUÊTE FINALE - groupe d'intervention)

Utilise une méthode traditionnel (n=612)		Utilise une méthode moderne (n=612)		Besoin non-perçue (n=729)		Besoin non-satisfait perçue (n=729)	
Ligne de Base 325	Enquete final 287	Ligne de Base 325	Enquete final 287	Ligne de Base 352	Enquete final 377	Ligne de Base 352	Enquete final 377
200 62%	151 53%	140 43%	154 54%	176 50%	146 39%	183 52%	113 30%
P<.02*		**P< .01***		**P < .02***		**P<.01****	

EST-CE QUE TJ INFLUENCE LES COMPORTEMENTS?

- Utilisation de PF
- Besoin non-satisfait

CONCLUSIONS

- TJ est en train de catalyser de discussion et de diffuser des idées sur PF

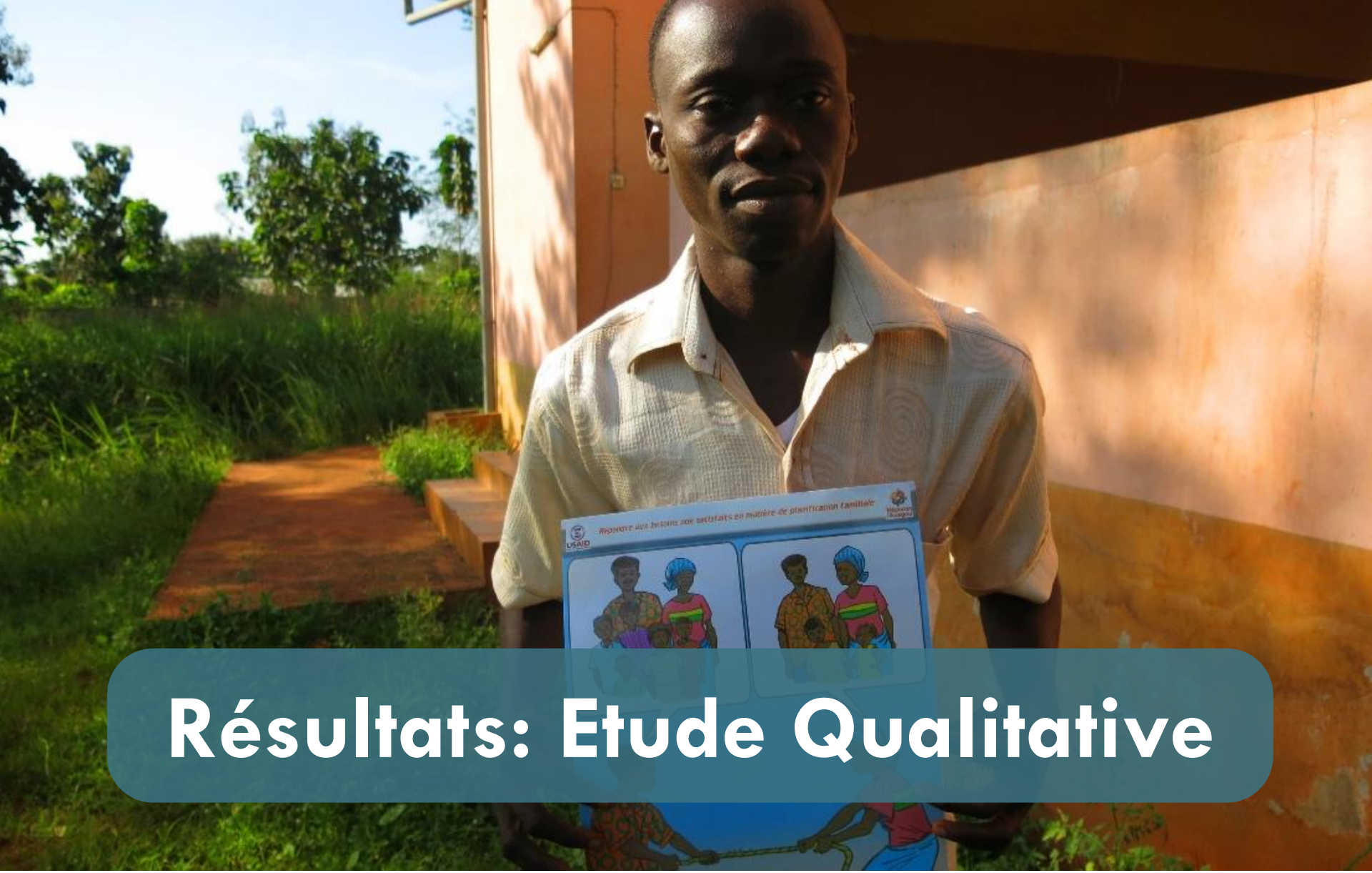
- C'est possible que TJ n'attendirent pas assez de la population pour changer les normes sociales.

TJ EST EN TRAIN DE….

- Augmenter la connaissance de differents points de vue sur la PF
- Ameliorer la connaissance sur les différentes méthodes de PF et ou on peut obtenir des services de PF
- Augmenté les méthodes modernes de PF ni diminué le besoin non-satisfait

Il semble que TJ n'a pas encore…

- Changé les normes sociales sur la PF dans la communauté en général



Résultats: Etude Qualitative

MARIAM DIAKITE, SARAH BURGESS, SUSAN IGRAS, REBECKA LUNDGREN, HEATHER ORINA JENNIFER KEULER, KRISTEN DEVLIN

USAID FROM THE AMERICAN PEOPLE

Tékponon Jikuagou

Méthodologie Qualitative: Cohorte

50 Personnes

	25 Hommes	25 Femmes
Zone	12 ADD/13 KTL	13 ADD/12 KTL
Ethnie	18 Adja/7 Fon	19 Adja/6 Fon
Age	7 (20-29) 11 (30-39) 7 (40+)	7 (20-29) 16 (30-39) 2 (40+)
Engagement TJ	5 Catalyseurs 8-12 Influentes 3-4 Membres du groupement TJ	5 Catalyseurs 7 Influentes 5-8 Membres du groupement TJ

Calendrier

Entretien 1: Janvier 2013
Entretien 2: Octobre 2013
Entretien 3: Septembre 2014

Processus de Sélection

- **Identification** des participants à l'aide d'un guide (CARE/Plan).
- **Collectes** des données collectées (CRAD)

Méthodologie Qualitative: Cohorte, Statut de Besoin des Participants Début et Fin

Les femmes en union en âge de procréer et les hommes en union avec les femmes de cette catégorie

BESOIN SATISFAIT

- TOUR 1: **11 FEMMES** 15 HOMMES
- TOUR 3: **17 FEMMES** 17 HOMMES

PAS DE BESOIN

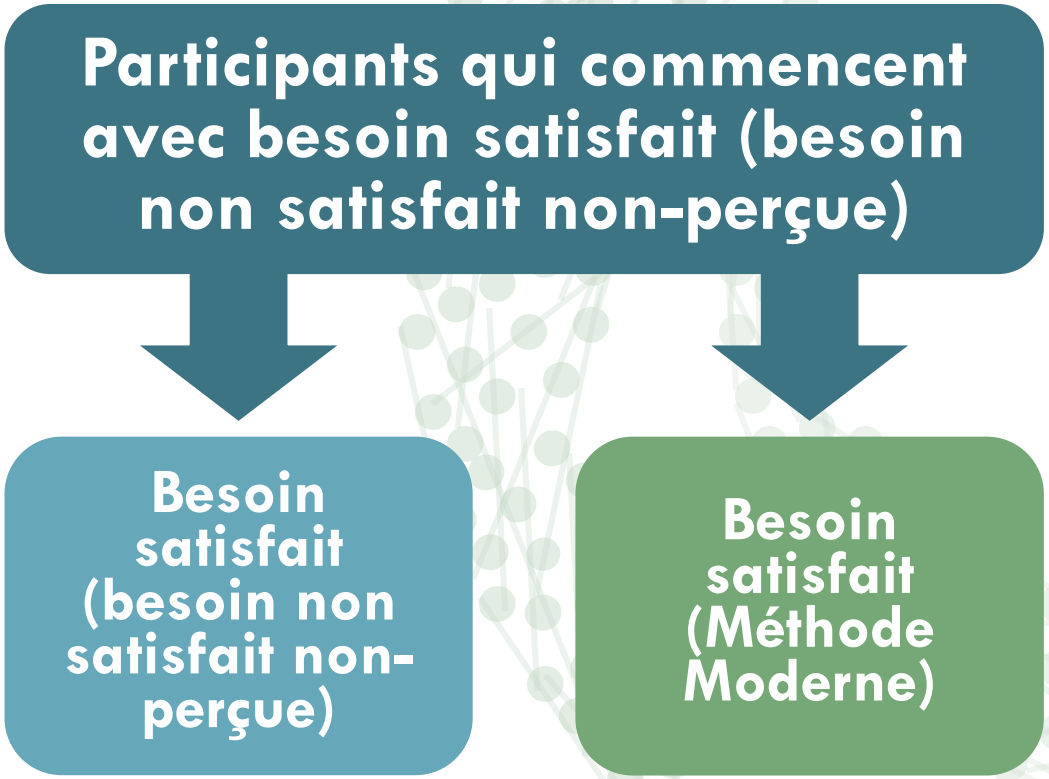
- TOUR 1: **10 FEMMES** 8 HOMMES
- TOUR 3: **6 FEMMES** 10 HOMMES

BESOIN NON-SATISFAIT

- TOUR 1: 4 FEMMES **7 HOMMES**
- TOUR 3: 2 FEMMES **3 HOMMES**

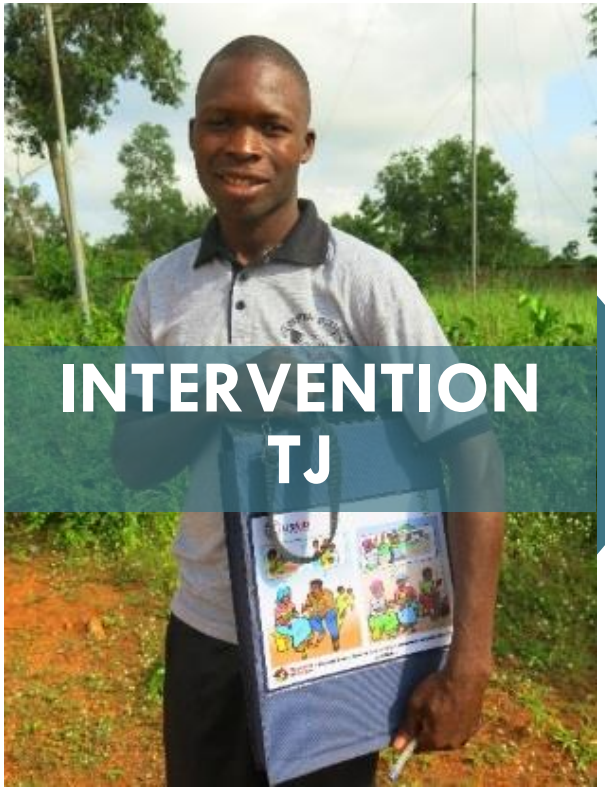
Méthodologie Cohorte: Analyses

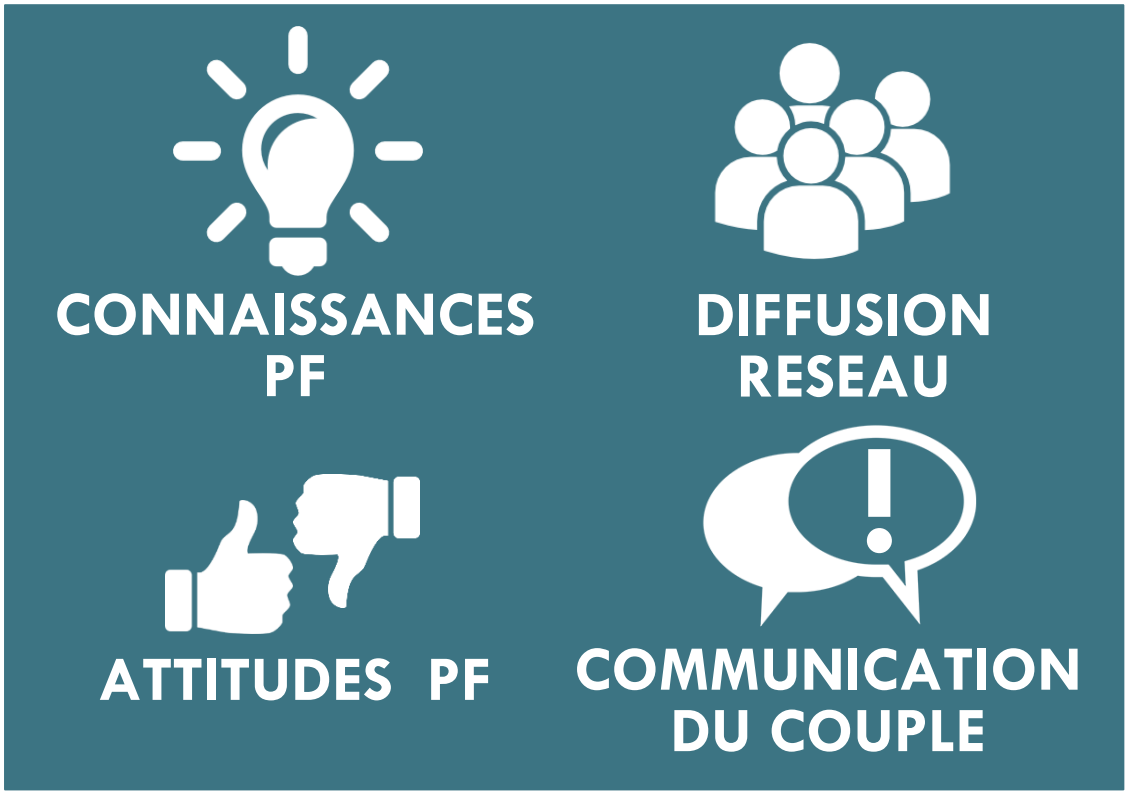
- ✓ Codage en ATLAS.ti
- ✓ Remplissage des Matrices Pour Chaque Participante
- ✓ Analyses des trajectories similaires



POINTS CLES:

Plusieurs participants ont eu des expériences positives avec l'intervention.





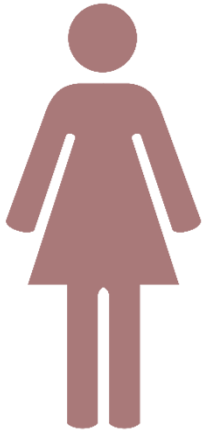
POINTS CLES:

- ✓ Mais, pour qu'une personne ait un besoin satisfait avec une méthode moderne, il faut qu'il ait **plusieurs facteurs** positifs.

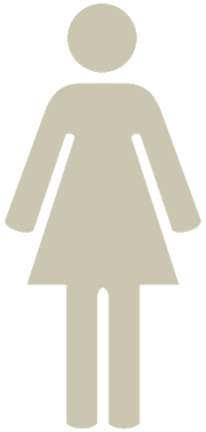
POINTS CLES:

Une seule barrière suffit pour déstabiliser sa capacité de satisfaire son besoin.

LEGENDE DES FACTEURS CLES QUI INFLUENCENT LE BESOIN EN PF



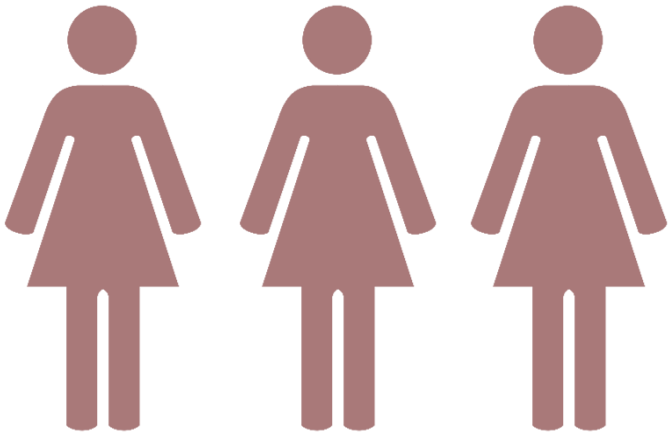
ROUGE
Montre un facteur négatif pour la PF



NEUTRE:
Montre un facteur mixte (positif /négatif/ambigue.)

VERTE:
Montre un facteur positifs pour la PF

FEMMES QUI COMMENCENT AVEC BESOIN SATISFAIT: UTILISATION D'UNE METHODE TRADITIONNELLE
(BESOIN NON-SATISFAIT NON- PERCU)



Abiamu Efomo Ibie

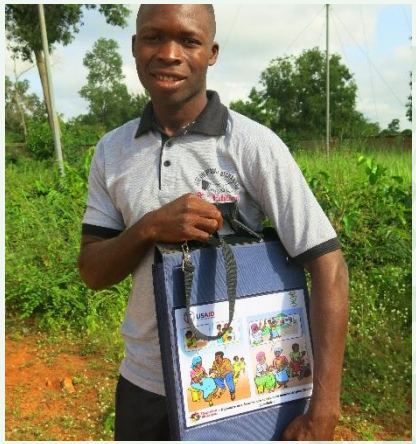
Fini a besoin satisfait (besoin non-satisfait non-perçu)

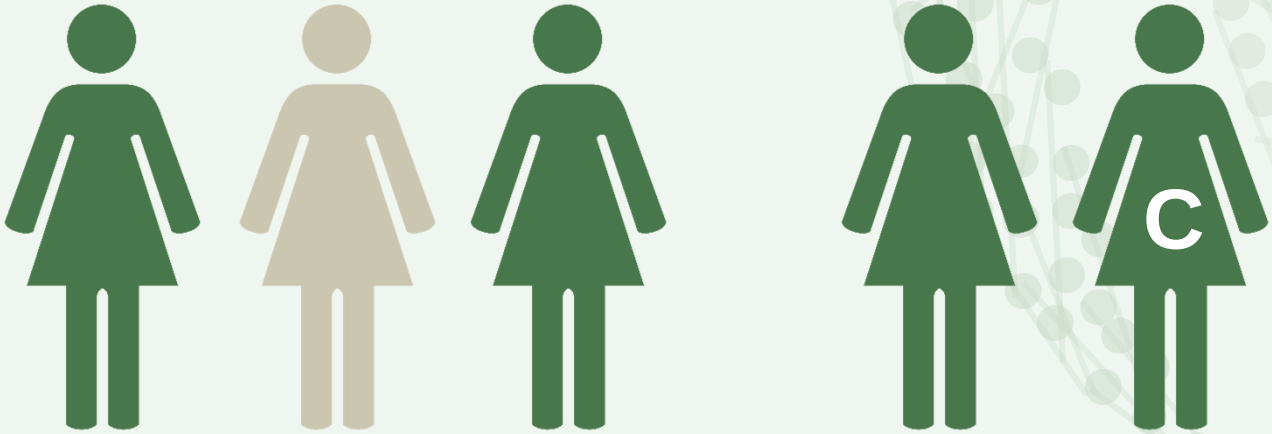
Yuwa Ulame

Fini a besoin satisfait (méthode moderne)

FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

ENGAGEMENT AVEC INTERVENTION TJ

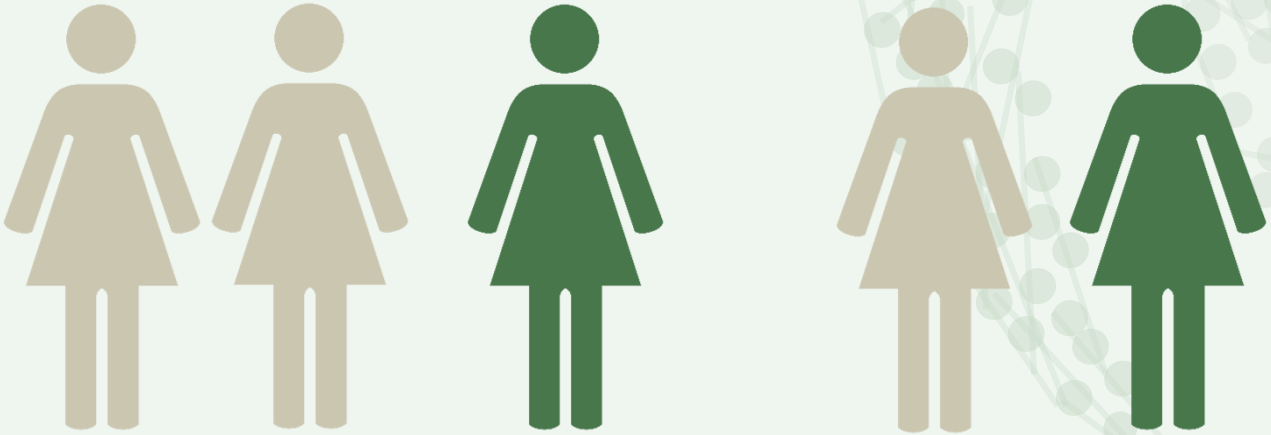




Abiamu **Efomo** **Ibie** **Yuwa** **Ulame**

FACTEURS QUI INFLUENCENT L'UTILISATION DE PF

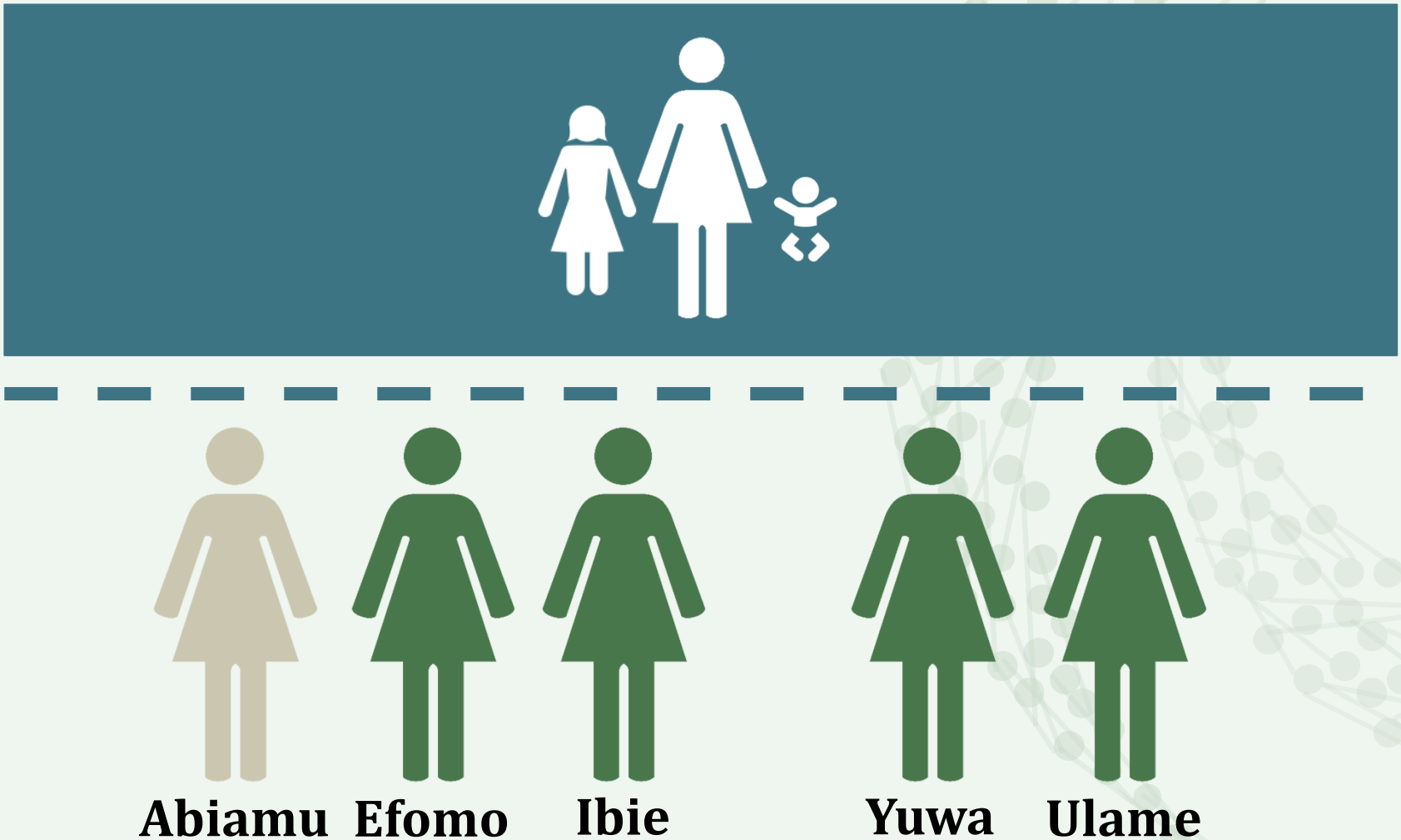
CONNAISSANCES EN PF



Abiamu Efomo Ibie Yuwa Ulame

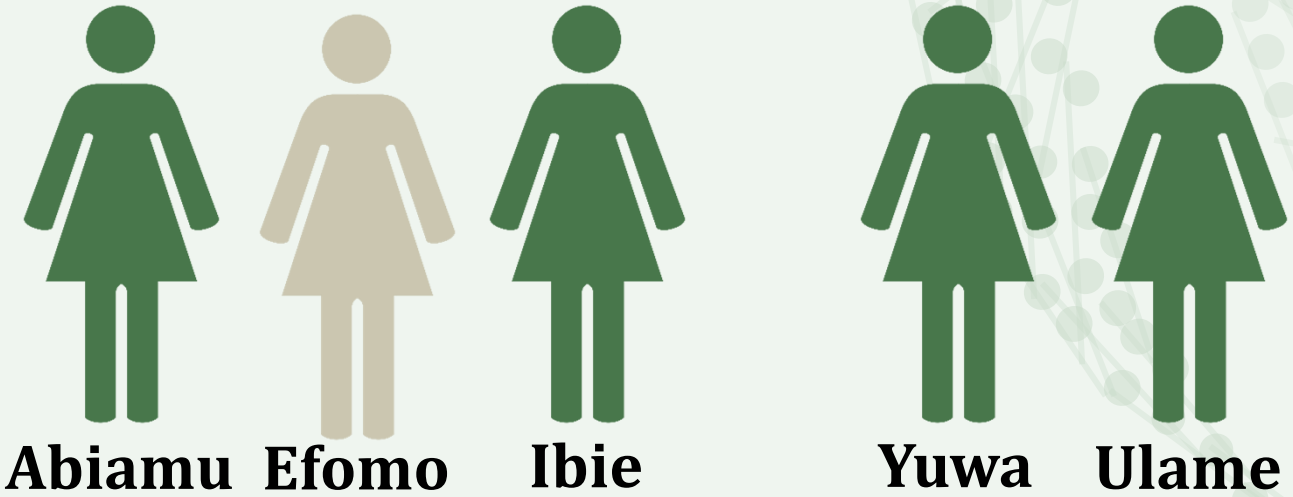
FACTEURS QUI INFLUENCE L'UTILISATION DE PF:

FORT DESIR DE LIMITER/ESPACER LES NAISSANCES



FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

ACCESS AUX SERVICES DE PF



FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

LES ATTITUDES ENVERS LA PF

Abiamu Efomo Ibie Yuwa Ulame

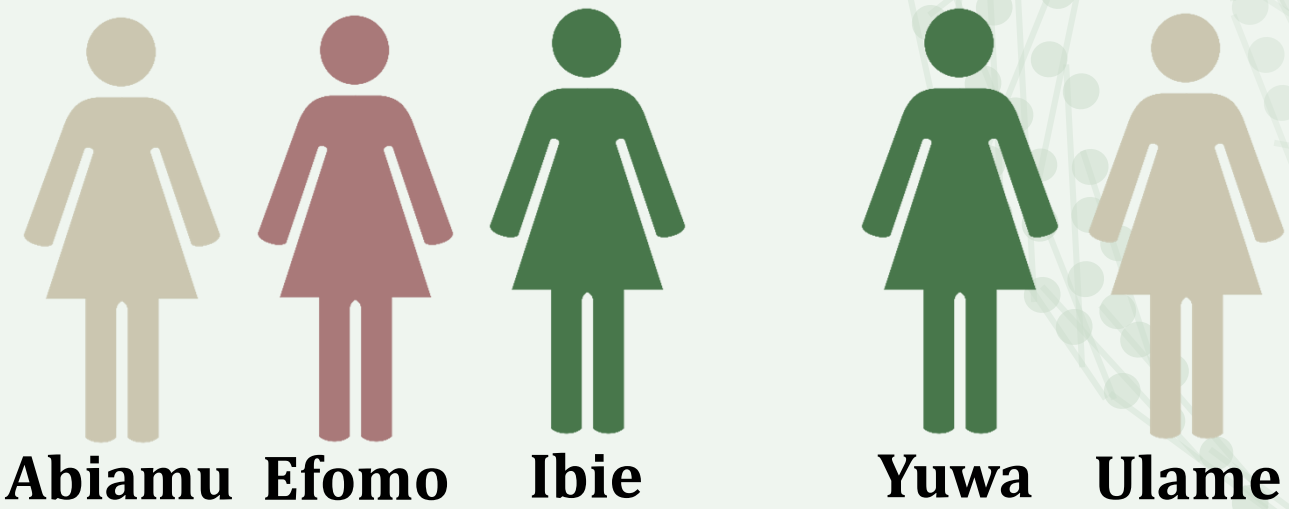
FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

SOUTIEN ET COMMUNICATION AVEC LE MARI

Abiamu Efomo Ibie Yuwa Ulame

FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

SOUTIEN DE L'ENTOURAGE/COMMUNAUTE

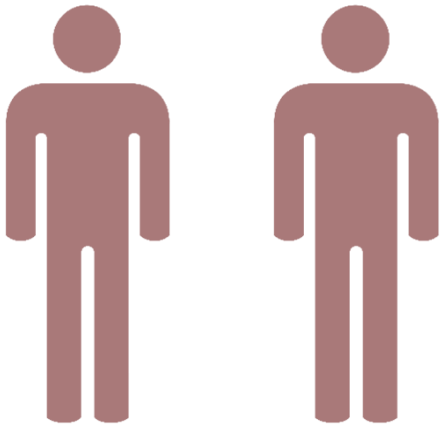


FEMMES QUI COMMENCENT AVEC BESOIN SATISFAIT (BNS-NP) RESULTATS FINAUX

Femmes	Abiamu	Efomo	Ibie	Yuwa	Ulame
Engagement TJ					
Connaissances PF					
Fort désir de limiter/espacer					
Accèss au services PF					
Attitudes PF					
Soutien du mari/communication					
Soutien entourage					
Statut tour 3					

HOMMES QUI COMMENCENT AVEC BESOIN SATISFAIT: UTILISATION D'UNE METHODE TRADITIONNELLE

(BESOIN NON-SATISFAIT NON- PERCUE)



Affissou Charles

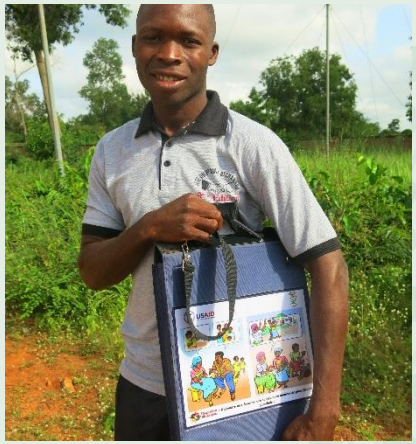
Fini avec besoin satisfait
(méthode traditionnelle)

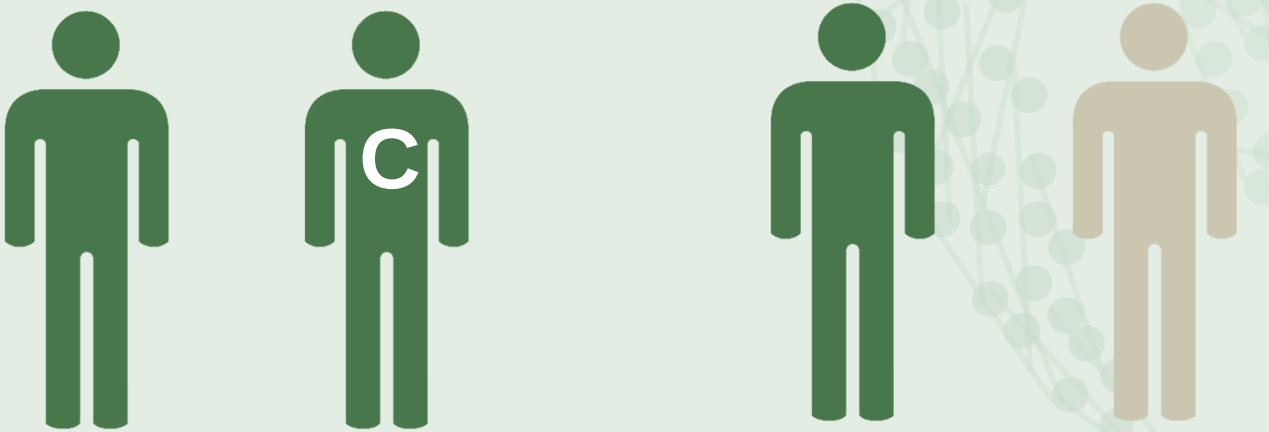
Gossou Etienne

Fini avec besoin satisfait
(méthode moderne)

FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

ENGAGEMENT AVEC TJ

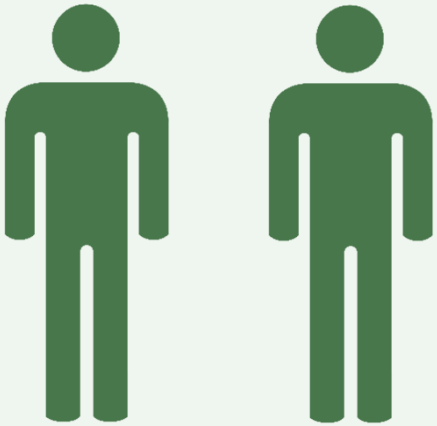




Affissou **Charles** **Gossou** **Etienne**

FACTEURS QUI INFLUENCENT BESOIN SATISFAIT AVEC METHODE MODERNE:

CONNAISSANCES EN PF

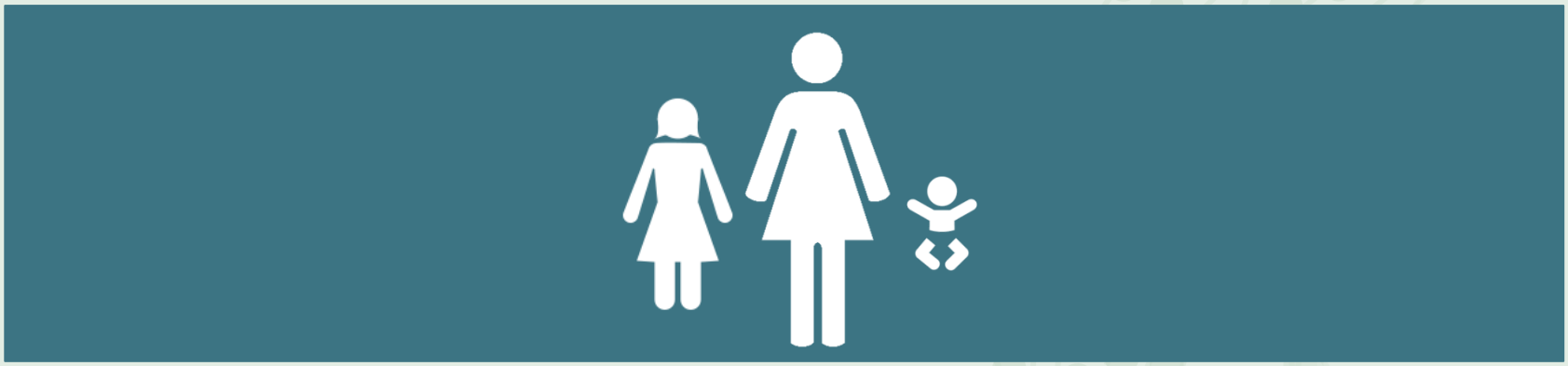


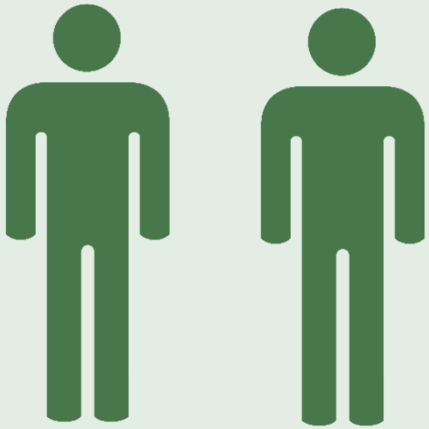
Affissou Charles

Gossou Etienne

FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

FORT DESIR DE LIMITER/ ESPACER LES NAISSANCES



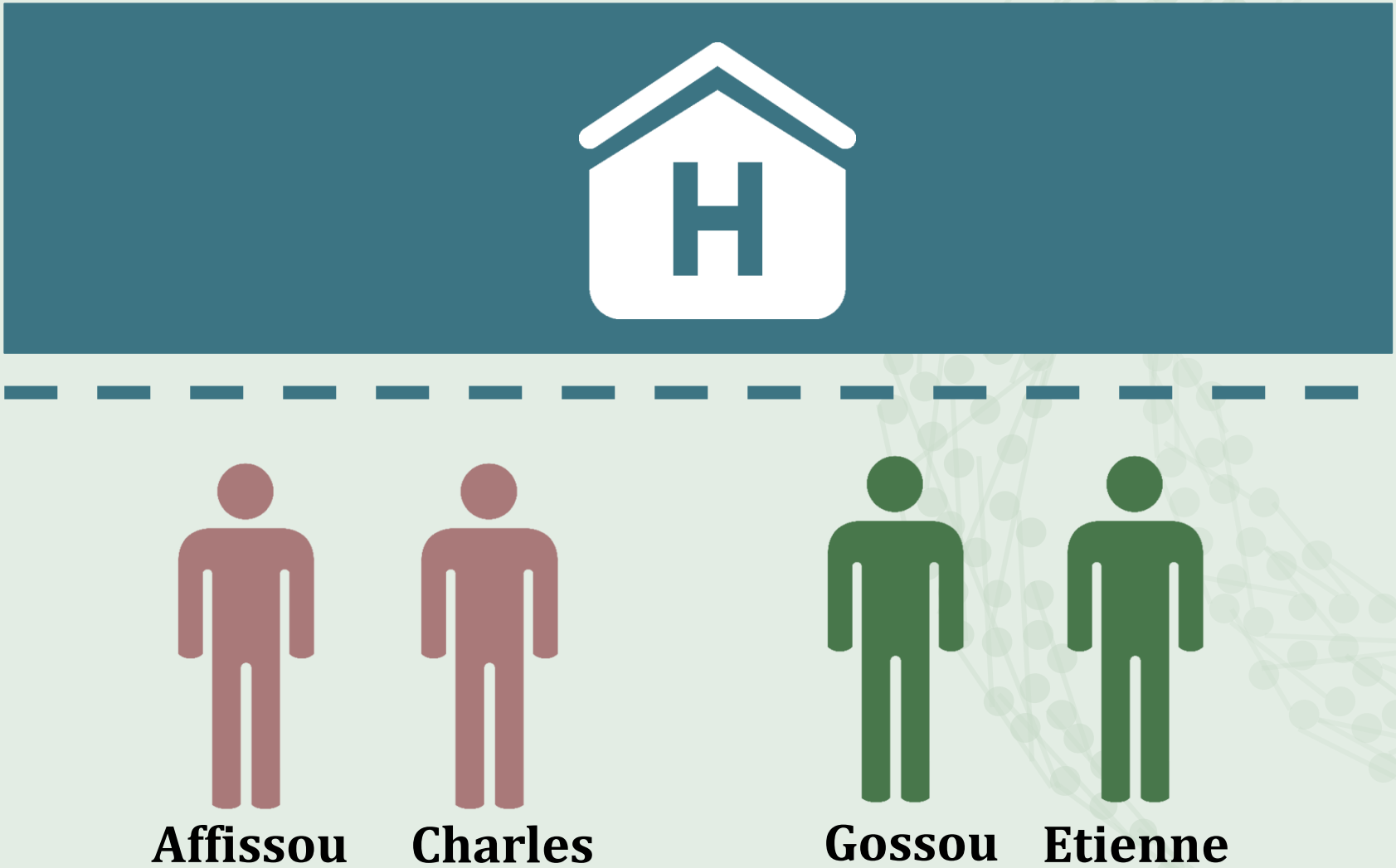


Affissou Charles

Gossou Etienne

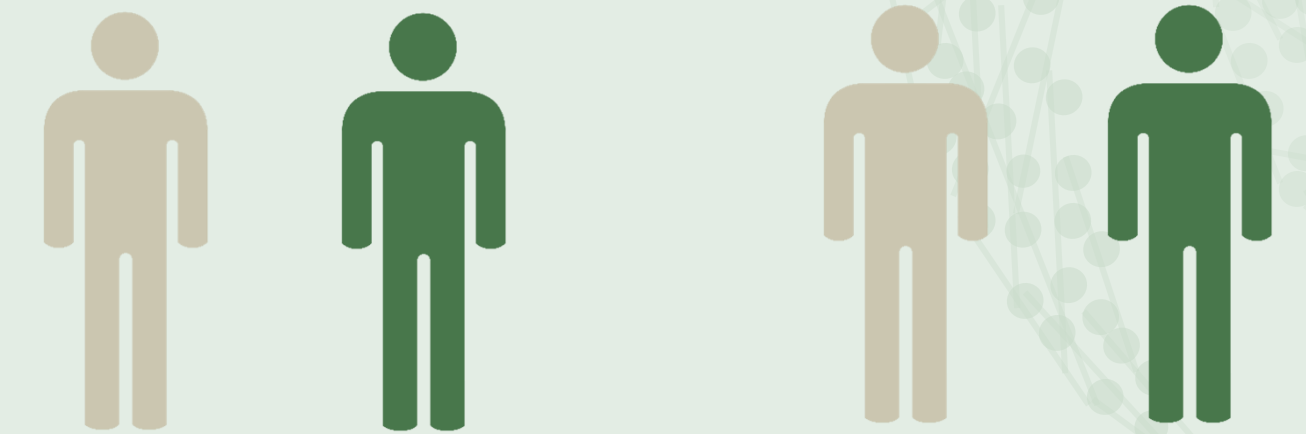
FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

ACCESS AUX SERVICES DE PF



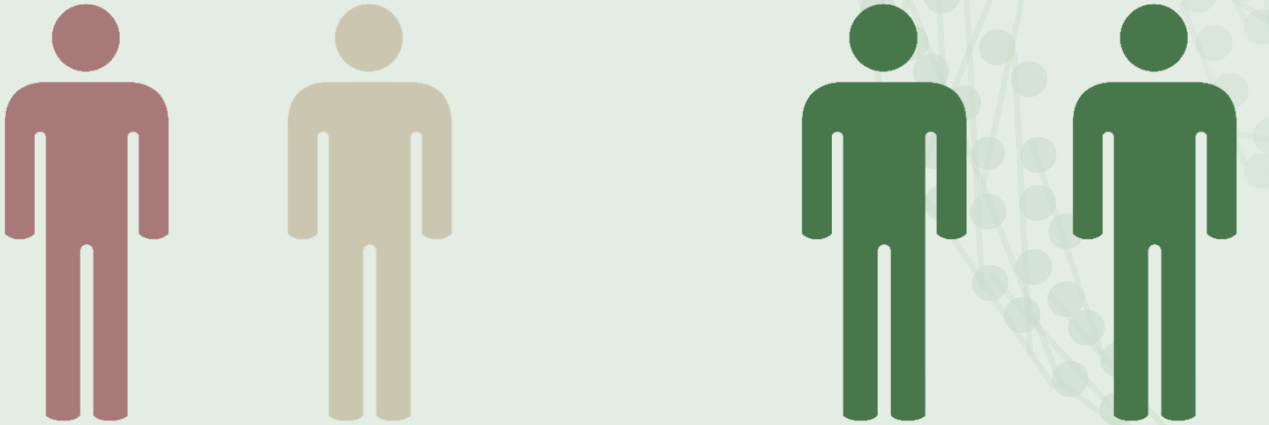
FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

ATTITUDES ENVERS LA PF



FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

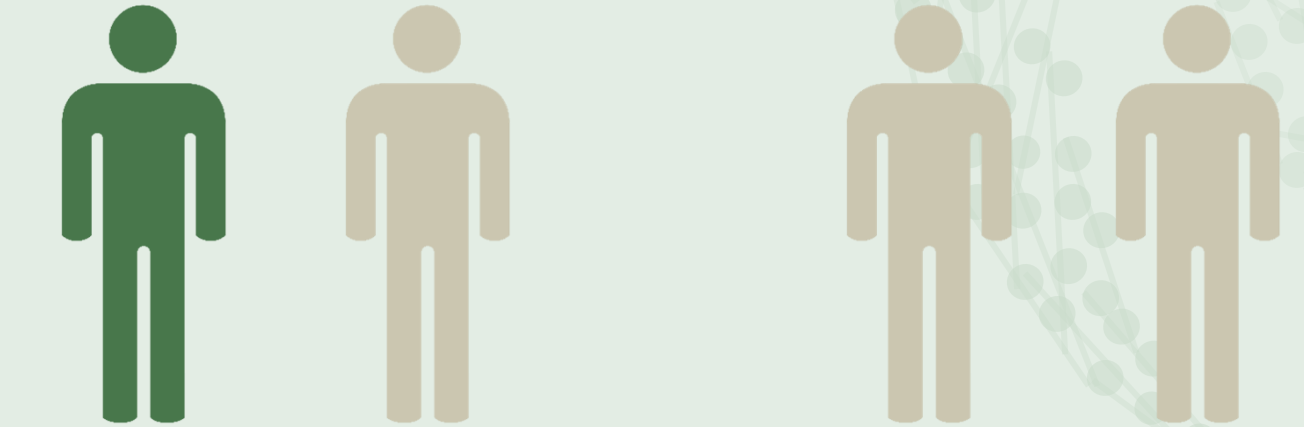
COMMUNICATION ET PRISE DE DECISION AU SEIN DU COUPLE



Affissou Charles Gossou Etienne

FACTEURS QUI INFLUENCENT L'UTILISATION DE PF:

SOUTIEN DE L'ENTOURAGE



HOMMES QUI COMMENCENT AVEC BESOIN SATISFAIT (BNS-NP) RESULTATS FINAUX

Hommes	Affissou	Charles	Gossou	Etienne
Engagement TJ				
Connaissances PF				
Fort désir de limiter/espacer				
Accèss au services PF				
Attitudes PF				
Soutien de l'épouse/communication				
Soutien entourage				
Statute tour 3				

CONCLUSION

- ✓ Pour qu'un participant ait un besoin satisfait avec l'utilisation d'une méthode moderne, il faut que **plusieurs facteurs** positifs pour la méthode moderne.
- ✓ Les efforts pour améliorer TJ doivent continuer à faire face à tous ces obstacles à la fois.
- ✓ Le genre n'est pas sorti comme un obstacle unique, mais il agit sur tous les facteurs.

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Tékponon Jikuagou