



Project Tékponon Jikuagou

Addressing Unmet Need for Family Planning through Social Networks in Benin

Annual Progress Report: October 2015 – September 2016

Submitted: November 6, 2016

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 develop and test a social network strategy to address unmet need for family planning (FP), and if effective, to facilitate a first-wave of scale-up by a new set of NGOs. 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.

After a round of formative research in Benin to fine-tune research conducted earlier in Mali, a package of social network activities was developed and piloted in 90 villages in two Health Zones in Couffo Department, with support from USAID, the MOH and other FP stakeholders. A quasi-experimental household survey was conducted prior to and after the 18-month intervention period, with endline data collection occurring in November 2014. Significant changes were seen in women and men reached by the intervention, although only about one-quarter of the target population was exposed to intervention activities/themes. Important reductions in social barriers to seeking and using modern contraception were seen in terms of public and couple discussions about family planning. A more family planning-enabling environment was created, to the level that by pilot end, increased perceptions that one's social network approved of FP were associated with statistically significant increases in use of modern family planning methods. In preparation for a wave of scale-up, the social network package was revised again to further improve its diffusion effect and ease of use.

Four different NGOs integrated the package into their development activities, becoming 'new user organizations' to test the package under non-pilot conditions. Intervention activities in 88 additional villages occurred between April 2015 and May 2016. A similar baseline and endline survey with control group was conducted to measure changes in effectiveness and increases in community-level exposure/diffusion rates using the revised package. Data collection was completed in July 2016 and analysis is ongoing. Additional studies have added to the scale-up evidence in this reporting period, including an assessment of new user organizational capacity to offer the package without external assistance; an assessment of package integration into non-FP projects working in nutrition, WASH, literacy, and livelihood security; a post-intervention sustainability study in Couffo conducted about one year after pilot project support had ended; and a narrative study using Most Significant Change methodology. This body of evidence affirms that the approach is of interest to development actors, can be scaled up via NGO platforms with fidelity and without losing core intervention values such as gender equality and network diffusion approaches, and offers a level of sustainability even after project support ends. Most reports are still being finalized and will be available to share during different dissemination events in Benin and globally during the final six months of the project, which officially ends in March 2017.

The now-completed analysis of a cohort of 50 women and men tracked unmet need over 18 months and identified critical factors within a person's social ecology (individual, family, peer, and community) that influence choices and decisions to act on unmet need. The results demonstrate that well-designed interventions do influence the social ecology and facilitate the ability of women and men to address their unmet need, confirming other research findings. A set of typical FP trajectories of these women and men has been identified that show pathways within individuals' social ecologies leading to achieving or not met need. These findings have important implications for FP programming and shed light on the dynamic nature of unmet need.

As the final six months of the project begin, most effort is on documentation, report finalization, and dissemination in the form of meetings, webinars, articles (peer reviewed and non-peer reviewed), and digital communication. We are excited to share these findings with champions, managers and designers of community-based FP programs to ensure that the TJ approach continues to expand via NGO platforms in Benin, W Africa, and elsewhere. Innovative research and implementation science approaches will also be shared with social scientists and program evaluators to advocate for new ways of thinking about unmet need on a theoretical level and to nurture innovative approaches to program evaluation using social network analysis.

KEY ACCOMPLISHMENTS IN YEAR 6: OCTOBER 2015 - MARCH 2016

Project Management & Coordination	
Partner Relations	<p>Partners Advisory Group (PAG) Meetings</p> <p>PAG-Benin Coordination Meetings (IRH, CARE, Plan staff in Benin) –PAG-Benin meetings occurred regularly throughout the reporting period (on October 14, November 12, January 20, February 25, March 24, and May 19). PAG Benin meetings focused on activity updates across partners planning for future activities and reflection on implementation challenges. The November meeting put a special emphasis on preparation for the Tékponon Jikuagou team’s participation in the Ouagadougou Partnership annual meeting in Cotonou. The December meeting was replaced by the quarterly review meeting described below. In February, the meeting included preparation for consultant Marcie Rubardt’s March travel for an assessment of scale-up integration and a special side session to share the results of self-assessments of capacity to implement the package. The March meeting focused on planning for the International PAG Meeting in April and discussing collaboration with USAID-Benin’s ANCRE project on integration of Tékponon Jikuagou package into their project activities. The April meeting was replaced by the International PAG Meeting (see below). The May meeting focused on activity updates across partners and planning for closeout, personnel management and reporting. No June meeting was held because all field activities closed in May.</p> <p>Additionally, review meetings were held between CARE and Plan and the new user organizations during each quarter of the scale-up phase. These meetings assessed the extent and quality of package implementation within the standards of fidelity and quality found in the ‘how to’ manual. Strengths, weaknesses and points for improvement were discussed. The first quarterly review meeting took place October 6-8 and was dedicated to logistical organization of the ‘Each One Invites 3’ campaign. A second meeting, held December 1-3 (Ouémé) and December 17-18 (Couffo) with Tékponon Jikuagou staff from IRH, CARE, Plan, staff from new user organizations ACCES and Autre Vie, Chief Medical Officers and other health department staff, provided a chance for global review and assessment of Tékponon Jikuagou activities in Ouémé and Couffo during the previous two quarters. Monitoring data were analyzed and the group made recommendations for improving the performance of different intervention components, especially the ‘Each One Invites 3’ Campaign which began in November. Strategies were identified according to the realities of each zone to improve linkages with health center services. One lesson learned from Couffo was to engage private health centers actively because they are more frequently utilized than public-sector facilities. In Ouémé it was necessary to reinforce the radio component to reach more women (overwhelming majority of callers to call-in programs are men). The quarterly meeting for April-June was not held due to competing priorities during the busy closeout period.</p> <p>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 13, November 2, December 8, January 8, February 9, March 11, April 5, May 4 and June 8). These calls provided an opportunity for coordination across partners and new counterpart organizations, including high-level checks on fidelity across project areas during the scale-up phase. More recently, they have also provided a valuable opportunity to discuss funding challenges as IRH awaited the obligation of additional project funds, and preparation for closeout.</p>
	<p>International All-staff PAG Meetings</p> <p>The 2016 International PAG Meeting was held in late April and included discussion on findings of the scale-up integration assessment conducted by consultant Marcie Rubardt and Project Focal Points from all new user organizations, review of the ‘how to’ guide in light of suggested improvements based on field use, and planning for close out. Immediately after, Resource Team members spent one day in a writing workshop to develop key points to include in the Final Project Report for USAID.</p>

<p>Partner Coordination Meetings with USAID</p>	<p>Every two weeks, USAID-Washington and IRH-Washington met to discuss progress. These meetings, sometimes in person, sometimes by telephone, were useful for providing updates, discussing issues, and posing questions relating to implementation, research, and project administration. They continued as planned during this reporting period.</p> <p>USAID-Benin also holds quarterly review meetings with Chiefs of Parties of USAID projects. IRH-Benin attends these meetings, which function much like the Washington meetings, described above.</p> <p>USAID also participated in a delegation visit to a Tékponon Jikuagou project site in Dangbo-Homme Health Zone on February 11-12. Tom van Boven, HIV and Family Planning Advisor for USAID-Benin, traveled with the IRH Project Coordinator, RME Officer, the CARE Tékponon Jikuagou Coordinator and Zonal Supervisor to see firsthand implementation of the Tékponon Jikuagou package. In addition to visiting the “Toyoto” influential group and observing discussions on the Each One Invites 3 Campaign, they met with the Head Midwife of Adjohoun-Bonou-Dangbo (ABD) health zone at the Kode Health Center, staff of Voix de la Vallée radio station and Autre Vie (new user organization supported by CARE). Tom also accompanied the team in Couffo to visit the Adjido Health Center, the Department of Health for Couffo, CBDIBA and GRAIB (new user organizations supported by Plan), Voix de Lokossa radio station, and various communities. One recommendation from this visit was to provide a complete list of all Catalyzers (group discussion facilitators) to family planning service providers to encourage continued linking and collaboration.</p> <p>Athanase Hounnakan, Maternal and Child Health Advisor for the USAID Benin Family Health Team, who replaced Tom as the TJ focal point when he had to unexpectedly leave the country, has also supported various exchanges and meetings aiming to facilitate integration of the Tékponon Jikuagou approach into other health projects financed by USAID, such as ANCRE and APC.</p> <p>Just prior to project close (June), IRH staff oriented several USAID projects interested in integrating the approach into their ongoing activities, including APC, which is focused on integrating vaccination and FP services in the Savalou Banté Health Zone and ANCRE focused more broadly on integrated community health. Another very promising possibility is to integrate the approach within the nation-wide Community Nutrition Project, coordinated by the MOH and supported by the World Bank. Due to elections and several leadership changes within the MOH, this effort has stalled. Nevertheless Dr Athanase is continuing to support expansion.</p>
<p>Technical Advisory Group (TAG)/DSME Working Group</p>	<p>The final TAG Meeting was originally planned for November 2015 to share results from the pilot phase of the project and the status of scale-up activities, but had been delayed several times in this reporting period. The meeting was finally convened May 27, 2016 with participation from group members in the maternal and child health department of the MOH (DSME) and NGOs, as well as Focal Points, health zone staff and radio partners from Couffo and Ouémé. The Tékponon Jikuagou team presented results of the pilot phase and preliminary results from the scale-up research, including the integration study. As the meeting closed, it was determined that coordination for any expansion of TJ should be overseen by the FP Technical Working Group within the MOH.</p>
<p>CARE & Plan supportive supervision visits</p>	<p>Each month, CARE and Plan Field Supervisors provide supportive supervision to new user organizations working in their respective implementation areas. Tékponon Jikuagou supervision, which is integrated into overall project supervision activities of each new user organization, entails monthly activity planning and reporting in addition to supervision visits with facilitators.</p>

	<p>Joint Coordination Field Visits</p>	<p>Seven coordination visits took place in each intervention zone, which corresponded to key events in implementation of the package by the new user organizations/projects and research. IRH staff participated in most events, along with Plan staff in Couffo and CARE staff in Ouémé. In the first six months /2 quarters of the year, visits were made after the first round of social network mapping, catalyzer orientation, influentials' orientation, and one trip to initiate preparation for the 'Each One Invites 3' campaign. In third quarter, the last three months of active implementation, visits coincided with collection of the second round of Most Significant Change stories, informing communities of the project close and personally distributing certificates of recognition to Catalyzers, Influentials and health workers who participated in Tékponon Jikuagou activities.</p> <p>The only coordination field visit with Ministry of Health/TAG participation was the December 1-3 visit, which corresponded with monitoring of the 'Each One Invites 3' Campaign in Couffo. Dr. Mabou and Mr. Christian Martins of the Benin Network of Health NGOs, ROB, a member of the TAG, accompanied the Tékponon Jikuagou team.</p>
<p>Scale-Up of Social Network-based Interventions</p>		
	<p>Influential Person Orientation</p>	<p>Training of Round 1 and Round 2 Catalyzers and Influentials was completed by October 2015. These volunteers – a total of 1,219 people in the new intervention areas - are the backbone of the network diffusion approach.</p>
	<p>Coaching and Support for Catalyzers and Influential Persons</p>	<p>CARE and Plan counterpart organizations - ACCES, Autre Vie, CBDIBA and GRAIB - provide ongoing coaching and support to Catalyzers as they lead group discussions. Frequency of coaching is based on the level of performance of individual catalyzers, but it generally decreases as community dialogues progress and Catalyzers become more familiar with materials. From October to December 2015, an average 100 Catalyzers were coached every month. Starting in January, this dipped to an average of only 50 coaching sessions each month, indicating growing Catalyzer competency to offer the package and facilitate discussions.</p> <p>Influential Persons are also regularly visited by Facilitators to learn more about the kinds of activities they are participating in and understand reasons for drop out. CARE staff visited approximately 120 Influentials from October-December, finding 91 engaged in supporting community efforts to reduce unmet need. Plan staff visited 446 Influentials during the same time period, and 374 were actively engaged. By March, numbers visited increased to 630 Influentials in January-March, with 520 actively engaged. Influentials who stopped participating in Tékponon Jikuagou most frequently said that the rainy season and other community responsibilities were their main obstacles.</p>
	<p>Radio</p>	<p>In October, a new contract was signed with radio stations covering scale-up villages in Couffo. Following an orientation meeting with radio coordinators and announcers, the team traveled to villages to record group discussion sessions of new themes not previously recorded, including male engagement, understanding and managing method side effects, and understanding risk of pregnancy during breastfeeding. Six sessions were recorded by Voix de Lokossa and Couffo FM each to be broadcast in ADD and KTL Health Zones. Radio spots for 'Each One Invites 3' were recorded at the same time. From January to end-of-May, 63 pre-recorded spots and 35 interactive programs were broadcast by the two radio stations; these prompted 528 calls, 468 from men and 60 from women.</p> <p>In Ouémé, a different language and cultural context exists, so CARE facilitated recording of new broadcasts using the same methodology and standards from the pilot. Twenty (20) story and group discussions were recorded and broadcast from October-May, along with an additional 20 interactive programs. These prompted 183 calls, 160 from men and 23 from women. Additionally,</p>

	spots promoting the 'Each One Invites 3' Campaign were broadcast 40 times by the Voix de la Vallée and GERDDES radio stations. Led by the Head Doctor of the ABD Health Zone, discussions are underway to produce spots addressing method side effects and other common questions using a roundtable of experts, but these have not materialized yet.
Each One Invites 3 Campaign	<p>Problematic during the pilot phase, an improved version of the 'Each One Invites 3' Campaign was officially launched in the first quarter of FY 2015. In October training/orientation activities and advocacy with the MOH in the form of exchange visits with zonal and departmental MOH officials took place to share the campaign strategy and launch date, and to prepare for receiving potential clients.</p> <p>Early monitoring visits addressed challenges and difficulties. Typical issues included clients forgetting to bring their invitation cards when they visited health centers, women avoiding visiting health centers out of fear of a negative reaction by husbands, and very few men visiting health centers. Important lessons learned included:</p> <ul style="list-style-type: none"> a) Training of health providers on counseling and other aspects of family planning provision would be important to improve campaign success in terms of provider capacity to facilitate method choice b) The offer to provide free family planning services in ABD Health Zone in Ouémé by the MOH contributed to the campaign's success. <p>Monitoring data collected through May 2016 show 2,966 individuals had presented their cards at a health center in Ouémé, and an additional 11,795 individuals presented cards at health centers in Couffo. Reviews of new user statistics in participating health facilities indicates that over 500 women adopted a modern method of contraception during the six-month campaign period.</p>
Scale-up integration documentation	An external consultant led an integration assessment team comprised of the Focal Points from each new user organization. The team visited all four scale-up sites supported by ACCES, Autre Vie, CDBIBA, and GRAIB. Findings were very positive, indicating that the approach was integrated and implemented with fidelity, and that adding a social network component to on-going nutrition, literacy, WASH, and livelihood programs benefited the main projects in unexpected ways, including identifying new groups to include in their main project activities, orienting staff to new approaches to more open-ended SBC activities and gender, which could be integrated into the on-going work. Preliminary findings were presented to TJ and new user organization staff in April for validation. The report on this activity is finalized and is included as Appendix A.

Research, Monitoring, Learning & Evaluation

Research	Cohort interviews and analysis	<p>Over three rounds of data collection, the Tékponon Jikuagou project followed a cohort of 25 men and 25 women in project intervention areas during the pilot phase. These individuals represented a range of FP need statuses (met/unmet/no need) and social network statuses (influencer, connector, isolate). Interviews explored the content and quality 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. Data analysis took place between November 2014 and July 2016 (after each round of cohort interviews). The final analysis occurred in a workshop held in Washington, DC that included the analysis team from Benin and IRH HQ and explored in greater detail factors influencing method use (including FP attitudes and knowledge, social network attitudes and support, fertility intentions, access to services and couple communication) and created a series of men and women's trajectories over the 18 months. The draft report is currently under review. A final report will be available in late 2016.</p>
	Costing Exercise	<p>For organizations deciding whether to incorporate a new innovation, such as the Tékponon Jikuagou package, it is critical to understand implementation cost. IRH worked with a costing expert, Dr. Hugh Waters, to conduct a costing exercise to establish implementation costs per component. In October 2014, an IRH staff person traveled to Benin to collect data for the costing exercise. Field and general administrative staff were interviewed about their level of effort on ten specific project activities. Results on the total cost of pilot package implementation, and cost per component, were presented to Tékponon Jikuagou partners at the July 2015 PAG meeting in Washington.</p> <p>Since costs were based on package implementation in 12-15 villages, a projection exercise estimated the costs of implementing the package in 120 villages over one year, a population size more typical of NGO projects. This analysis showed that the cost for 120 villages over 12 months was approximately USD \$4,100, including staff time, implementation of all five package components, advocacy and M&E, as well as indirect costs like supervision and management. More detailed findings are included in the final costing report, which will be available in late November 2016.</p>
	Post-pilot Evaluation to Measure Sustainability of Intervention	<p>An assessment took place in May 2016 to measure the sustainability of intervention effect in a sample of pilot villages one year after support by Tékponon Jikuagou staff ended. IRH developed a mixed-method evaluation protocol and engaged a researcher from the Comlan Alfred Quenum Regional Institute of Public Health at to collect and analyze data. Focus group discussions were held with a variety of project actors who were directly involved in the Tékponon Jikuagou intervention (Catalyzers, Influentials, group members). In-depth interviews were also conducted with community radio DJs and health workers who were involved in Tékponon Jikuagou activities. A time-series analysis of new FP users in local health centers analyzed changes in numbers of new users prior to, during, and after the intervention ended. In many visited sites, TJ discussion activities are continuing. Some radio DJs continue to broadcast TJ themes, using their own resources. One year after project support ended, the trend of new FP users is either steady-state or slightly elevated in the project areas compared to new user data in comparison health zones, although this was not tested statistically. The final report should be available in December 2016.</p>

Monitoring, Learning & Evaluation	Completion of pilot endline survey and analysis of results	Analysis of pilot results was completed in 2015 and a summary report of key findings finalized in early 2016. Although exposure was low, those reached by the Tékponon Jikuagou intervention showed significant changes in many communication indicators and in contraceptive use outcomes. Significant normative shifts in networks were also observed. Additional analysis on the men's data as well as social network analysis should be completed by project end. A research report was written and shared in Benin to validate the findings and allow the MOH to move forward with positioning the approach as a high impact practice. A brief was also written and disseminated in English and French.
	Ongoing monitoring of scale up activities	Data quality checks and using data for decision-making have continued during the scale-up phase with new user organizations. IRH, CARE, and Plan staff facilitated 12 formal and informal visits with Focal Points in new user organizations to review data collected on activities such as group discussions, observe coaching of facilitators and catalyzers, and provide ongoing support and assistance for data collection. The Plan team in Couffo also held three joint meetings with CBDIBA and GRAIB to discuss implementation of activities and operational plan for upcoming activities.
	New User Organization Self-Assessment of Capacity to Implement the Package	<p>To appreciate the capacity of new user organizations' staff to correctly implement the Tékponon Jikuagou package without Tékponon Jikuagou resource team support, IRH developed a self-assessment tool (using a four-point scale) which were completed by Focal Points and Animators in late 2015. The tool also assessed staff understanding of core concepts by their agreement or disagreement with statements on the Tékponon Jikuagou approach. To triangulate the self-assessment findings, Tékponon Jikuagou Facilitators independently assessed capacity of new user organization staff using the same set of questions.</p> <p>In Ouémé, 21 staff completed the self-assessment (2 Focal Points, 18 (of 19) Animators, and 1 (of 3) Facilitators. In Couffo, 11 staff completed the self-assessment (2 Focal Points, 2 Supervisors, all 3 Animators from CBDIBA, and 4 Animators (of 6) from GRAIB.</p> <p>Results indicated that after about six months of package implementation, Focal Points felt they had the capacity to implement the package and understood underlying core concepts. This self-assessment was confirmed by assessments of the TJ Facilitators. A large majority of Animators also indicated high-level capacity and understanding, with a small proportion reporting lower capacity in package components and incorrect knowledge of core concepts. Interestingly, these results were not dependent on education levels but rather seem to reflect staff who have a lower level of involvement in package implementation. CARE and Plan shared results with new user organizations to highlight areas requiring additional support.</p>
	Monitoring, Learning and Evaluation (CSAE) Committee Meetings	<p>Core Monitoring, Learning and Evaluation (MLE) Committee. MLE staff from IRH, CARE and Plan met three times over the year (every three months) to organize monitoring and learning activities, and to analyze and interpret monitoring data to be used by the PAG-Benin to support package implementation. Interestingly, the integration assessment study in April indicated how appreciative staff in the new user organizations were of the visits, and reported it improved their program M&E efforts on an organizational level.</p> <p>Expanded MLE Committee Meetings. The first meeting during the reporting period was held on October 26, 2015 with participation from the National Coordinators of IRH and CARE, MLE Officers of IRH, CARE and Plan, zonal supervisors of CARE and Plan, and Focal Points and Supervisors/Program Officers of new user organizations. This meeting focused on finalization of the TOR of the scale-up integration findings. During this meeting, participants also determined responsibilities of persons involved in the Most Significant Change story collection, target numbers of stories to collect by organization, and timing of collection.</p>

	<p>The next meeting of the expanded MLE committee was held on March 23, 2016 with the participation from all the same key personnel. Focal points explained the strategy they used to identify targets, conduct interviews and process data, as well as challenges they faced during the process. (See later section on Most Significant Change for additional details.)</p> <p>No meeting took place in June since field activities closed in May and CARE and Plan staff were phased off of the project.</p>
<p>Monitoring, Learning and Evaluation (CSAE) Field Visits</p>	<p>Couffo The IRH RMLE Officer and Plan team (MLE Officer, Zone Supervisor, Facilitators and Focal Points from user organizations) made 3 rounds of field visits (November, March, and May) to assess data quality of the monitoring system.</p> <p>While small issues existed during each round of visits, the issues were corrected by the following visit. Overall, activities were going according to the planned schedule. A learning session was held towards the end of each visit to identify which activities were working and which needed to be improved.</p> <p>Such visits yielded important improvements in data quality in every level of data collection process, a change that was likely due to the application of recommendations from the previous MLE committee visit. There was some minor confusion among CBDIBA staff surrounding indicators related Influentials visits and Influentials who took action, but this confusion did not have an important effect on the quality of data. The MLE team simply provided clarification for moving forward.</p> <p>Ouémé The IRH MLE Officer, CARE team and Focal Points visited 6 villages from November 25-27 (3 villages in the ACCES intervention area and 3 in the <i>Autre Vie</i> area) also made 3 rounds of visits this year to check data quality. Findings and correction processes/data improvement processes are similar to Couffo. In the final round of visits, preparations for the household survey were discussed.</p>
<p>Implementation of Most Significant Change Methodology</p>	<p>During visits to conduct self-assessments (see above), IRH oriented new user organization staff, along with Plan and CARE Facilitators and Supervisors, on the Most Significant Change (MSC) methodology and how to collect quality stories. Animators who were not available were oriented later by CARE in Ouémé and Plan International in Couffo. To facilitate story collection, IRH gave digital recorders to CARE and Plan International for use by field staff.</p> <p>Final collection of 38 stories was completed and submitted to IRH in late May. The PAG Benin served as the committee and selected 5 most significant stories of all that were collected. These will be packaged and distributed in January in Benin as part of the findings from the scale-up phase.</p>

Communication & Dissemination		
Disseminate Research Findings	Develop dissemination plan for sharing project findings	<p>The Tékponon Jikuagou dissemination plan includes a series of events to be held from December 2016 through February 2017. Anticipated meetings include:</p> <ol style="list-style-type: none"> 1. Technical Consultation on scale up of FP normative change interventions (December 2016) – This meeting will bring together a select group of implementers and researchers in Washington, D.C. to share findings of Tékponon Jikuagou and GREAT Projects and discuss scaling up lessons learned more generally. It will also explore factors that influence successful scale-up of such normative change interventions, propose principles for monitoring and measuring them, and identify remaining knowledge gaps. See the draft announcement in Appendix B. 2. Benin End of Project Dissemination Meeting (January 2017 – date still to be confirmed) – This event, which will take place in Cotonou, will bring together US and Cotonou-based project staff from IRH, CARE., Plan, and scale-up partners to share scale-up results with the Ministry of Health and other key stakeholders. 3. Technical Consultation on gender-synchronized approaches for FP programs (February 2017) – Like the scale-up consultation, this meeting will bring together gender experts in programming and research to share experiences from the Tékponon Jikuagou and GREAT Projects, and distill experiences and lessons from similar projects in designing and evaluating gender transformative interventions with FP aims. 4. End of Project Meeting at USAID/Washington (February 2017)
	Submit abstracts on social norms, male engagement, scale-up and others using Tékponon Jikuagou evidence	<p>Presentations at Conferences and Meetings</p> <ol style="list-style-type: none"> 1. Brown Bag presentation at USAID on October 21, 2015, “The Net Worth of Networks: Leveraging Social Connections to Spark Family Planning Use.” Sharing results of the effectiveness study, the event attracted around 35 in-person attendees. (Lundgren) 2. Oral presentation at November 2015 American Evaluation Association annual conference, “How does M&E of scaling up new interventions differ in complex health versus community systems’ contexts? A comparative case study from Rwanda and Benin” (Igras) 3. Poster presentation at the Ouagadougou Partnership annual W Africa meeting in Cotonou in December 2015 on Tékponon Jikuagou Project pilot results (Bintou Chabi-Gado) 4. Presentations at the International Family Planning Conference in January 2016 included: <ul style="list-style-type: none"> – Mind the Gaps: Understanding Family Planning Trajectories in Rural Benin (Oral presentation/ S Burgess) – How much reflection is enough? Reaching the tipping point of social norm change through “low touch” approaches (Oral presentation/ R Lundgren) – Transition from pilot to expansion in Benin and Uganda: Key Issues in scaling up social norm interventions (Oral presentation/ R Lundgren) – Travailler avec les Hommes sur la Masculinités afin de répondre aux Besoins Non Satisfaits en PF au Bénin (Oral presentation/ M Diakitité) – Marketplace of Ideas presentation: Using village social networks for diffusion of new ideas about PF in Benin (M Diakitité) – Auxiliary session: From Afterthought to Uptake: Engaging Men in Family Planning in Sub-Saharan Africa (Oral presentation/R Lundgren) 5. Following the presentation <i>From Afterthought to Uptake: Engaging Men in Family Planning in Sub-Saharan Africa</i> at ICFP, Mariam Diakitité was interviewed by a Burkina Faso-based media outlet <i>Sidwaya</i>, which <u>published the conversation</u> on its website in

	<p>February 2016.</p> <ol style="list-style-type: none"> 6. On oral presentation entitled “Harnessing the Power of Relationships: Applying Systems Approaches to Improve Family Planning Use” at the first-ever SBCC Summit in Addis Ababa, Ethiopia in February 2016 (S Igras). The presentation was later included in the Communication Initiative Network’s Drum Beat list of notable research from the summit. 7. Presentations at the Population Association of America’s spring conference in Washington, D.C. in March 2016: <ul style="list-style-type: none"> – “Harnessing the Power of Relationships: Social network approaches to addressing unmet need in Benin” (oral presentation by R Lundgren) – “Results of a Social Network Diffusion Intervention on Key Family Planning Indicators, Unmet Need and Use of Modern Contraceptive Methods in Benin” (poster presentation by Kim Ashburn) 8. Oral presentation at the CORE Group’s global Health Practitioner Conference in Portland OR from May 16-20, “Using the Power of Social Networks to Influence Norms That Affect Unmet Need for Family Planning in Benin” (S Igras) 9. Webinar on June 28, 2016 on Scaling up Normative Change Interventions – Lessons learned from GREAT and TJ featuring a panel that included Mariam Diakit�, Bintou Chabi-Gado, Susan Igras and Nana Dagadu. The first French-language webinar for both projects, 82 people registered for this event.
<p>Share pilot and scale-up findings and implementation lessons learned</p>	<p>The August 2015 brief, <i>Results of T�kponon Jikuagou: Testing a Community Social Network Approach to Reduce Unmet Need for Family Planning</i>, was revised in January 2016 to include additional outcomes of the pilot,</p> <p>IRH is drafting a new brief on lessons learned from scale-up, which will include findings from the post-pilot evaluation to assess sustainability of intervention one year after project support ended, assessment report of scale-up integration using NGO platforms, and assessment report of the new user organization to offer the package independently of technical assistance.</p> <p>Additionally, IRH is in the process of analyzing data from the baseline/endline household survey to assess the effectiveness of the revised TJ package when integrated into the health and literacy programs of organizations not involved in the pilot. A formal report should be available in January 2017.</p>
<p>Update website, blog and social media with program news</p>	<ol style="list-style-type: none"> 1. Website: IRH continues to maintain a project page on its website to share updates and accomplishments of the project. The project page was recently revised to include the most up-to-date project and research information. 2. How-to Guide: The first edition of the French-language version of the “How-to Guide for a Social Network Diffusion Intervention to Overcome Social Barriers to Family Planning” was launched in early 2016, and then field-tested during the scale-up phase by new user organizations. Based on user feedback, IRH hired a consultant to revise the French version and to produce an English version of the guide. Both manuals are currently under review and should be ready to release by the end of this year. 3. Blog: <ul style="list-style-type: none"> • IRH published a blog announcing the publication of its peer-reviewed article in <i>Global Public Health</i> on participatory social network mapping: Study of social network mapping in Benin published in <i>Global Public Health</i> journal • Sidwaya Newspaper Features IRH Program Officer and T�kponon Jikuagou • IRH published a blog on the ICFP Digital Hub, hosted by Crowd360 called, “Not about me alone”: Social networks as powerful resources for reducing unmet need” 4. External report: T�kponon Jikuagou was featured in a report published in January 2016 by the Guttmacher Institute on Barriers to

		<p>Women’s Contraceptive Use in Benin.</p> <p>5. 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.</p> <p>IRH also participated in relevant social media conversations to represent Tékponon Jikuagou, including those on World Population Day, International Youth Day, International Day of the Girl, World Contraception Day, conversations about the new #SDGs, a #TalkFP chat hosted by CHANGE and EngenderHealth, and the drum beat lead up to #ICFP.</p> <p>6. E-Newsletter: IRH regularly showcases Tékponon Jikuagou accomplishments, publications and meeting and conference participation in the IRH monthly e-newsletter.</p>
Publications	Write and submit project-related articles to peer-reviewed journals	<p>IRH’s article entitled “<i>Moving from theory to practice: A participatory social network mapping approach to address unmet need for family planning in Benin,</i>” was published in <i>Global Public Health</i> in March 2016 www.ncbi.nlm.nih.gov/pubmed/26950541</p> <p>Several articles are in development focused on results of the pilot survey research, cohort analyses, and scale-up evaluation efforts. See details in the work plan below.</p>

SEMI-ANNUAL WORK PLAN AND INTERNATIONAL TRAVEL SCHEDULE (October 2016 – March 2017)

	Objectives	Planned Activities	Tentative International Travel
Project Management & Coordination	Partner Relations	<ul style="list-style-type: none"> Jointly plan and participate in dissemination activities in Benin and Washington, D.C. Final project closeout 	
	TAG/DSME Technical Working Group	<ul style="list-style-type: none"> Engage the MOH and others (ANCRE, APC, Transform, Community Nutrition Program, etc.) via End-of-Project Dissemination Meeting tentatively planned for January 2017 in Cotonou Explore possibility of providing technical assistance to others to integration the approach during Benin visit Likewise, explore with the MOH possibility of formal inclusion of the package in high impact practices 	
Communication & Dissemination	Present Tékponon Jikuagou program and research findings on social norms, male engagement, scale-up MLE, and other topics	<ul style="list-style-type: none"> Presentation on “Normative change interventions – designing for scale and measurement”, featuring Tékponon Jikuagou, at CARE’s October event titled <i>Catalyzing Change to Improve Reproductive Health: What’s the Value-add of social norms change interventions?</i> (S Igras) Presentation on normative interventions and measurement methodologies, featuring Tékponon Jikuagou, at a social and behavior change (SBC) panel at CORE Group’s Global Health Practitioner’s Fall Meeting in October (S Igras) Presentation on using M&E for program design, highlighting Benin example at the annual conference of the American Evaluation Association in October (S Igras) 	
	Produce communications products to serve as leave-behind/legacy pieces	<ul style="list-style-type: none"> Produce revised version of French version of the Tékponon Jikuagou ‘How to’ Guide based on feedback and lessons learned from scale-up implementation workshop (November) Produce English version of Tékponon Jikuagou ‘How to’ Guide (December) Develop 2 briefs – one on evidence of scale-up and lessons learned and one on effectiveness of the approach in non-pilot contexts (by March 2017) 	
	End-of-Project Dissemination Meetings	<ul style="list-style-type: none"> US-based Technical Consultation on Results of Scale-Up of Normative Interventions (December 2016) Dissemination meeting for Cotonou stakeholders in Benin (January 2017) US-based Technical Consultation on Results of Gender Transformative Interventions (February 2017) End of Project Meeting at USAID Washington (February 2017) 	Igras, Grant, Uwimana Diakite (tent)

	Project Reporting	<ul style="list-style-type: none"> • Costing Study Report (November 2016) • Cohort Study Report (November 2016) • Report on sustainability of the intervention in pilot sites (December 2016) • Narrative report: Stories of most significant change during scale-up phase (January 2017) • Scale-up Evaluation Report (January 2017) • Tékponon Jikuagou Final Project Report (March 2017) 	
	Write and submit project-related articles to peer-reviewed journals.	<ul style="list-style-type: none"> • Proposed articles, resources allowing (drafts submitted to journals by March 2017): <ul style="list-style-type: none"> ○ Pilot and scale-up results: Evaluation of the social network intervention and Tékponon Jikuagou diffusion effects on key family planning outcomes ○ Foundational blocks for family planning met need (cohort study findings) ○ Women's and men's trajectories towards achieving (or not) met need (cohort study findings) ○ On the road to achieving sustainability: Key findings and lessons from scaling-up a social network package into non-health programs (including post-intervention assessment in Couffo) 	

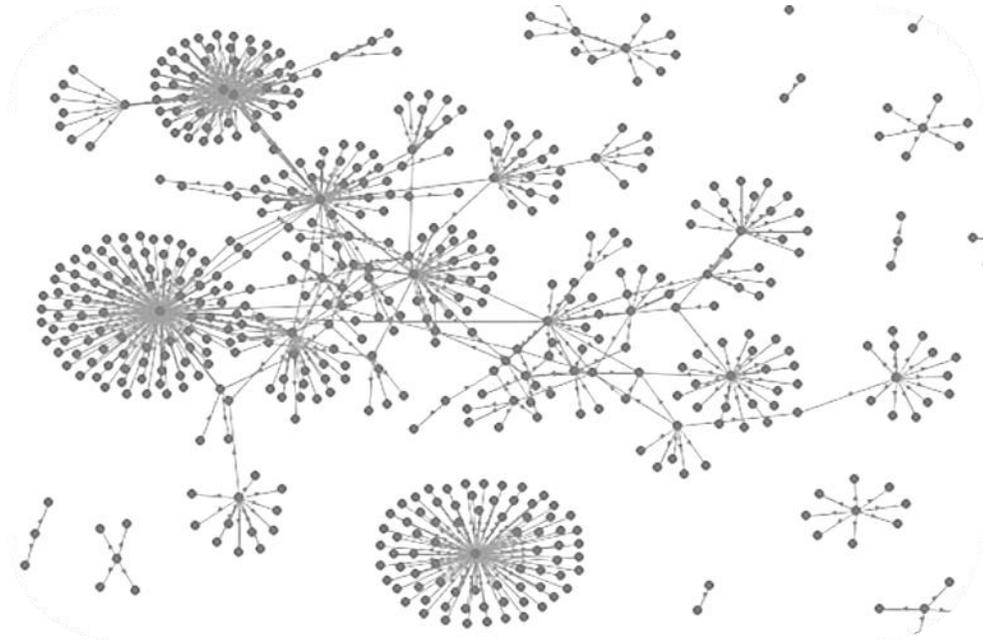
LIST OF APPENDICES

Appendix A: Projet Tékponon Jikuagou: Experiences and Effects of Using NGO Platforms to Scale-Up the TJ Social Network Package

Appendix B: Draft Agenda for the Joint Technical Consultation on Scale-Up of Normative Interventions

APPENDIX A:

**Projet Tékponon Jikuagou: Experiences and Effects of Using NGO
Platforms to Scale-Up the TJ Social Network Package**



Projet Tékponon Jikuagou: Experiences and Effects of Using NGO Platforms to Scale-Up the TJ Social Network Package

June 2016

Author: Marcie Rubardt, Consultant



TÉKPONON JIKUAGOU
INSTITUTE FOR REPRODUCTIVE HEALTH GEORGETOWN UNIVERSITY
CARE INTERNATIONAL
PLAN INTERNATIONAL

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. AID-OAA-A-10_00066. The contents are the responsibility of the Project and do not necessarily reflect the views or policies of USAID or Georgetown University.

Tékponon Jikuagou Project

Institute for Reproductive Health
Georgetown University
1825 Copnnecticut Avenue NW, #699
Washington, D.C. 20009 USA

irhinfo@georgetown.edu
www.irh.org/projects/tekponon_jikuagou/

ACKNOWLEDGEMENTS

The author would like to particularly acknowledge the enthusiasm and contribution of the four project Focal Points who not only shepherded the scale-up process to success, but as members of the assessment team also offered considerable perspective and understanding to the assessment process:

- **Prosper Sobakin from GRAIB**
- **Lionelle Meyizoun from CBDIBA**
- **Gaspard Djivoessoun from Autre Vie**
- **Erick Akue-Assogbavi from the ACCES Project, CARE**

This team was significantly supported during data collection and early analysis by Bintou Chabi-Gado and Mariam Diakité from Institute of Reproductive Health in Benin.

ACRONYMS

ACCES	Amélioration de la couverture en eau potable, assainissement et des conditions sanitaires des écoles, centres de santé, et communautés rurales du Bénin
AMASCO	Projet de Santé Communautaire
CBDIBA	Centre Béninois pour le Développement des Initiatives a la Base
EOI3	Each One Invites Three Campaign
FP	Family Planning
GRAIB	Groupe de Recherche et d'Appui aux Initiatives de Base pour un Développement Durable
IEC	Information, Education and Communication
MAE	Maitre d'Alphabétisation Endogène
MOH	Ministry of Health
M&E	Monitoring & Evaluation
PNC	Community Nutrition Education Project
VSLA	Village Savings and Loans Associations
WYSE	Women and Youth Saving for Empowerment Project

TABLE OF CONTENTS

Executive Summary	1
Note de Synthèse	3
Background	6
Assessment Methodology	7
Description of Integration Models	9
Package Implementation - Successes, Challenges and Solutions	11
General Implementation	11
Implementation by Component	13
<i>Engage communities in social network mapping</i>	13
<i>Support influential groups in reflective dialogue</i>	13
<i>Engage influential individuals to act</i>	14
<i>Link FP providers with influential groups – ‘Each One Invites Three’ campaign</i>	15
<i>Use radio to create an enabling environment</i>	16
Package Integration into Host Projects and Organizations.....	17
The partnership between CARE, Plan, and implementing partners	18
Multi-Level Effects of Package Integration	20
Effects - Programming Level.....	20
Effects – Project Level.....	21
Effects – Organizational Level	21
Effects - Personal level.....	22
Looking Forward	22
<u>Annex 1 – Description of partner Organizations</u>	25
<u>Annex 2 – Focus group question guides and data entry codes</u>	26

EXECUTIVE SUMMARY

Projet Tékponon Jikuagou (TJ) was a six-year applied research project in Benin, funded by USAID and aimed at developing, testing, and then expanding a scalable social networks intervention designed to address unmet demand for family planning (FP). This paper documents the scale-up phase of this project - where interventions that had been developed and tested by CARE, Plan, and IRH during the pilot phase were adapted by partner organizations in new contexts during the scale-up phase. The social networks intervention involved use of participatory dialogue and reflection approaches to bring new ideas and discussions of unmet need by women and men in communities, which were then diffused through influential social networks to influence community perceptions on the issues. New ideas generated from such discussions addressed the social factors and gender norms that influence unmet need. The intervention package employed community-driven social network mapping to identify influential groups and people and then worked with these network actors to catalyze diffusion of new ideas, reinforced by radio broadcasts of reflective dialogues, and also facilitating linkages of influential network actors with family planning services.

An assessment team comprised of staff who served as integration 'Focal Points' (one from each NGO partner) complemented by an representative from IRH in Benin and led by a consultant familiar with the project, used qualitative methods to assess the scale-up process guided by the following questions:

- What were the effects – positive or negative - on the partner organizations as a result of implementing the social network approach?
- What, if any, changes or adjustments were made to the initial package in order for the approach to be effectively integrated by new organizations/projects?
- Did the values inherent in the package remain intact? These were defined as: 1) respecting a social network approach and related communications for social change approach; 2) ensuring gender equity in participation; and 3) embracing diffusion as a legitimate project process (allowing the free-flow nature of diffusion, not controlling it, except at its moment of departure).

This team carried out group discussions and interviews with implementing staff and senior staff from each partner organization and with members of the support team and senior staff from Plan and CARE. Over the course of eight days in April 2016, eight focus groups were completed with the NGO partners (two with each partner), and four group interviews were completed (two each with CARE and Plan). The CARE Country Director was individually interviewed because it was not possible for her to join a CARE group interview. All implementing staff, resource team staff, and senior staff involved in TJ participated in these interviews. Notes were taken as the discussions progressed, and validated with the notes taken by other members of the team at the end of each day. Notes were then organized by theme using the "sort" function in MS Word tables. The assessment team spent 1.5 days reviewing and validating the results among themselves before sharing with the wider project team for validation and discussion. The general consensus was that the results were coherent and consistent across informants and data collectors.

The social network diffusion approach developed by TJ was integrated into four different "host projects" by four different partner organizations. These projects and organizations operated in different socio-cultural contexts, with host projects representing different sectors, and using different staffing structures for implementation. Each project had a focal point person who was

accountable for implementation. The “TJ Support Team” from the pilot phase provided technical support to these projects.

The package was implemented across all four host projects with no significant adaptation or changes. All five components were maintained, and all of the project materials were used without any adjustments. Both the TJ support team, comprised of CARE and Plan staff who were implementers during the intervention development phase, and the host project implementers reported closely following (and appreciating) the Users’ Guide for Implementation.

With respect to the effects on the partner organizations, this assessment process found overwhelming appreciation for the social network diffusion approach. People felt the emphasis on social norms, as well as its use of social networks as a strategy, offered a consistent approach that could be applied to different technical interventions. One senior staff person suggested that it “offers cross-cutting cohesion to sectoral programming”. This approach was feasible and successful in its implementation, despite the expectation that implementers and their organizations adopt a new way of working that depended on reflective dialogue at the network or relational level rather than more traditional message transmission to individuals. It seems to have yielded improved results for the host projects’ main development activities, e.g, through expanded participation in the savings and loan groups or the water and sanitation groups. As such, host projects found improvements in their primary deliverables in addition to the social norms and family planning results expected for TJ.

Specifically, respondents appreciated the reflective dialogue approach and the open-ended questions offered with project discussion materials. They allowed easy facilitation of discussions at the community level with both community catalysers and group members using the reflective dialog approach. Host project implementing staff also reported that use of the materials had facilitated their own reflection and attitude change.

Some negative effects were noted with respect to timing, integration challenges, and prioritization of activities, but the consensus was that these were all associated with integrating the package into an ongoing project, and would not be an issue if the package were integrated earlier in the process – ideally starting with the proposal development and planning stage. All interviewed implementers from the partner organizations ultimately agreed it was important to maintain all five components of the package, as different components reached different people who were strategically-important if wanting to achieve desired shifts in social norms. Package implementation was initially split into two rounds in order to manage workload, and everyone also agreed that this phased approach to implementation should be maintained as it offered implementers the opportunity to get used to the new approach before taking it on at a larger scale.

Finally, both managers and implementers in the host organizations were clear about the benefits of integrating TJ, and were already exploring new options and funders for continuing scale-up.

NOTE DE SYNTHÈSE

Le Projet Tékponon Jikuagou (TJ) était un projet de recherche appliquée de six ans au Bénin, financé par l'USAID et visant à développer, tester et ensuite développer une intervention évolutive des réseaux sociaux conçus pour répondre à la demande non satisfaite de PF. Cet article documente la phase de mise à l'échelle de ce projet — où les interventions ayant été développées et testées par CARE, Plan et l'IRH au cours de la phase pilote ont été adaptées par les organisations partenaires dans le cadre de nouveaux contextes au cours de la phase de mise à l'échelle. L'intervention des réseaux sociaux impliquait l'utilisation de dialogues participatifs et des approches de réflexion afin d'apporter de nouvelles idées et discussions sur les besoins non satisfaits par les femmes et les hommes au sein des communautés, qui ont ensuite été diffusées à travers les réseaux sociaux influents pour orienter les perceptions de la communauté quant aux enjeux. Les idées nouvelles générées par ces discussions abordaient les facteurs sociaux et les normes de genre influençant les besoins non satisfaits. L'ensemble de l'intervention employait une cartographie des réseaux sociaux axés sur la collectivité pour identifier les groupes et les personnes d'influence pour ensuite travailler avec ces acteurs du réseau afin de catalyser la diffusion de nouvelles idées, renforcées par des émissions de radio portant sur des dialogues de réflexion et facilitant également les liens entre les acteurs influents du réseau et les services de planification familiale.

Une équipe d'évaluation composée de membres du personnel ayant servi de « coordonnateurs » d'intégration (un issu de chaque ONG partenaire), complétée par un représentant de l'IRH au Bénin et dirigée par un consultant familiarisé avec le projet, a utilisé des méthodes qualitatives pour évaluer le processus de mise à l'échelle, guidée par les questions suivantes :

- Quels ont été les effets — positifs ou négatifs — sur les organisations partenaires suite à la mise en œuvre de l'approche des réseaux sociaux ?
- Le cas échéant, quels changements ou ajustements ont-ils été apportés à l'ensemble initial pour que l'approche soit effectivement intégrée par les nouvelles organisations/nouveaux projets ?
- Les valeurs inhérentes à l'ensemble du projet TJ sont-elles demeurées intactes ? Respectaient-elles les critères suivants : 1) respect d'une approche de réseau social et de communications connexes pour l'approche de changement social ; 2) garantie de l'équité entre les sexes dans la participation ; et 3) adoption de la diffusion en tant que procédure légitime du projet (permettant la nature de libre circulation de la diffusion, ne la contrôlant pas, sauf au moment du départ).

Cette équipe a mené des discussions de groupe et des entrevues avec le personnel de mise en œuvre et les cadres supérieurs de chaque organisation partenaire, ainsi qu'avec les membres de l'équipe de soutien et les cadres supérieurs de Plan et de CARE. Au cours des huit jours, en avril 2016, huit groupes de discussion ont été menés avec les ONG partenaires (deux avec chaque partenaire), et quatre entrevues de groupe ont été réalisées (deux avec CARE et deux avec Plan). La directrice de pays de CARE a été interviewée séparément, car il ne lui a pas été possible de se joindre à une entrevue de groupe de CARE. Tout le personnel en charge de la mise en œuvre, le personnel de l'équipe des ressources, ainsi que les cadres supérieurs ayant une certaine implication dans le projet TJ ont participé à ces entretiens. Des notes ont été prises, à mesure que les discussions progressaient, et validées avec les notes rédigées par d'autres membres de l'équipe à la fin de chaque journée. Ces dernières ont ensuite été organisées par thème à l'aide de la fonction « tri » dans les tableaux MS Word. Les membres de l'équipe

d'évaluation ont consacré 1,5 jour à examiner et à valider les résultats entre eux avant de les partager avec l'équipe du projet au sens plus large pour validation et discussion. Le consensus général consistait à ce que les résultats soient cohérents et homogènes parmi les informateurs et les personnes en charge de la collecte de données.

L'approche de diffusion des réseaux sociaux développée par le projet TJ a été intégrée à quatre « projets d'accueil » différents par quatre organisations partenaires différentes. Ces projets et organisations fonctionnent dans divers contextes socioculturels, dont les projets d'accueil représentent différents secteurs, et en utilisant différentes structures de dotation pour la mise en œuvre. Chaque projet disposait d'un coordonnateur responsable de la mise en œuvre. Depuis la phase pilote, « l'équipe de soutien du projet TJ » a fourni un support technique à ces projets.

L'ensemble a été mis en œuvre dans les quatre projets d'accueil sans adaptation significative ni changements. L'ensemble des cinq composants a été maintenu, et tous les matériaux du projet ont été utilisés sans aucun ajustement. L'équipe de soutien du projet TJ, composé du personnel de CARE et de Plan ayant fait partie de la mise en œuvre au cours de la phase de développement de l'intervention, ainsi que les exécutants du projet d'accueil ont indiqué avoir suivi de près (et apprécié) le Guide de l'utilisateur pour la mise en œuvre.

En ce qui concerne les effets sur les organisations partenaires, ce processus d'évaluation a rencontré un vif enthousiasme pour l'approche de diffusion par réseau social. Les gens ont ressenti que l'accent mis sur les normes sociales, ainsi que l'utilisation des réseaux sociaux en tant que stratégie, offraient une approche cohérente pouvant être appliquée à différentes interventions techniques. Un cadre supérieur a suggéré que cela « offrait une cohésion transversale à la programmation sectorielle ». Cette approche était réalisable et réussie dans sa mise en œuvre, en dépit de l'attente envers les exécutants et leurs organisations que ceux-ci adoptent une nouvelle façon de travailler qui dépende d'un dialogue de réflexion au niveau du réseau ou au niveau relationnel plutôt que la transmission de messages plus traditionnels aux particuliers. Cela semble avoir apporté de meilleurs résultats pour les principales activités de développement du projet d'accueil, par ex : grâce à une participation élargie dans les groupes d'épargne et de prêts ou les groupes d'eau et d'assainissement. À ce titre, les projets d'accueil ont constaté des améliorations de leurs principaux produits livrables en plus des normes sociales et des résultats de planification familiale attendus pour le projet TJ.

En outre, les répondants ont apprécié l'approche du dialogue de réflexion et de questions ouvertes proposées avec les matériaux de discussion du projet. Cela a permis de faciliter l'animation des discussions au niveau communautaire avec les catalyseurs de la communauté et les membres du groupe en utilisant l'approche du dialogue de réflexion. Le personnel d'exécution du projet d'accueil a également signalé que l'utilisation des matériaux avait facilité leur propre réflexion et leur changement d'attitude.

Certains effets négatifs ont été observés concernant le calendrier, les problèmes d'intégration et la hiérarchisation des activités, mais chacun a convenu que ces derniers étaient tous associés à l'intégration de l'ensemble dans un projet en cours et ne constituerait pas un problème si l'ensemble était intégré plus tôt au cours de la procédure — idéalement en commençant par le développement de la proposition et la phase de planification. Toutes les personnes interviewées des organisations partenaires ayant pris part à la mise en œuvre ont finalement convenu qu'il était important de maintenir les cinq composantes de l'ensemble, que les différentes composantes avaient atteint différentes personnes stratégiquement importantes si on souhaitait obtenir les

changements souhaités de normes sociales. La mise en œuvre de l'ensemble a été initialement divisée en deux étapes afin de gérer la charge de travail et chacun a également convenu que cette approche par étapes devrait être maintenue, car elle offrait aux personnes en charge l'occasion de s'habituer à la nouvelle approche avant de la porter à plus grande échelle.

Enfin, les gestionnaires et les exécutants au sein des organismes d'accueil ont exprimé clairement les avantages de l'intégration du projet TJ, et étaient déjà en quête de nouvelles options et de nouveaux donateurs pour la poursuite de la mise à l'échelle.

BACKGROUND

Tekponon Jikuagou (TJ) was a six-year applied research project in Benin, funded by USAID-Washington and aimed at reducing social barriers that block people from satisfying their unmet need for family planning (FP) through a social network approach. The two-phase project included a pilot during which the intervention was developed and implemented by the project's core implementing partners, CARE and Plan; and a follow-on scale-up period to test implementation of the package by local partners through integration in partner "host projects". This assessment specifically addresses the scale-up phase.

By using a participatory dialogue and reflection approach, and by identifying influential groups and people to facilitate diffusion throughout social networks, the project addressed social and gender barriers to FP use, including increasing acceptability of discussion around and use of FP, and engaging men and families, as well as women, in reproductive health. This combination of participatory dialogue and reflection around changing social norms and focusing on social networks with entrees via influential people and groups has become known as the social network diffusion approach, and this is what was scaled up during the second phase of the project.

Based on formative research and iterative experience, a package of five interlinked components was developed during the pilot phase and implemented in 90 villages in Couffo Department:

1. Social network mapping to identify influential groups and people
2. Work with influential groups using materials that encourage dialogue and reflection around gender roles, social norms, and reproductive health issues.
3. Work with influential people to use their role in the community to influence and support positive discussion around FP
4. Use radio to rebroadcast TJ stories and group discussions, reaching a larger population with similar ideation.
5. Strengthen links with influential network actors and health structures for FP information and services.

Evaluation results from a quasi-experimental effectiveness study of the pilot phase indicated that this approach successfully encouraged male and female dialogue around gender norms and FP at the couple, peer and family, and community levels, and that an increasing number of people were beginning to take action on their unmet need for FP.

Between September 2014 and January 2015, TJ began planning to scale up the approach by integrating it into ongoing and complementary projects being implemented directly by CARE those implemented by partners of CARE and Plan. Three new local NGO partners were identified, and projects focused on village savings and loan, water and sanitation, adult literacy, and nutrition were identified for integration. Forty-four (44) new villages in Couffo, as well as 44 new villages in Ouémé Department were identified. The TJ support team conducted initial TJ training with host project organizations in March, 2015, and implementation of the approach by host projects took place between April 2015 and April 2016.

This scale-up phase offered the opportunity to test the effectiveness of the package as it was adapted to new organizational and cultural environments and health zones. Extending activities in the Department of Couffo by the *Groupe de Recherche et d'Appui aux Initiatives de Base pour un Développement Durable* (GRAIB) and the *Centre Béninois pour le Développement des Initiatives à la Base* (CBDIBA) widened the pilot zone to new Adja villages, while expansion in the Ouémé

Département by Autre Vie and the ACCES/Benin project with CARE widened the pilot phase to a new geographic and ethnic zone that included Fon villages and a more peri-urban zone near the capital. The integration of FP as well as the social network approach into non-health projects with new organizational implementers offered additional opportunities for experimentation and learning. This process also offered the opportunity to test whether the materials and How-to Guide were complete and easy enough to use without the intensity of support that was available during the pilot phase.

ASSESSMENT METHODOLOGY

This report qualitatively documents the process of scaling up the Social network diffusion approach through integration with other projects and implemented by other partners. It aims to answer the question: **“What happens when the TJ package is integrated into existing projects and with new partners?”** In particular:

- What, if any, changes or adjustments were made in the initial package in order for the approach to be effectively integrated;
- What were positive or negative effects for the partner organizations as a result of implementing this approach; and,
 - Did the values inherent in the TJ package remain intact during scale-up? (Values included: Use of social network approaches and embracing diffusion (that is, allowing the free-flow nature of diffusion, not controlling it except at its moment of departure); reinforcing gender equity in participation; using principles of communication for social change to foster new ideas.

This assessment focused on the experience of implementing the social network diffusion approach by the partner NGOs and host-projects. Impact at the community level is being captured through other studies, in particular a household survey study on effectiveness of the package when integrated into and implemented by existing projects. (Results should be available by January 2017.)

The assessment for this report was completed by a team of the four “Focal Point” staff from the host-projects and a representative from IRH Cotonou, led by the present consultant. A participatory evaluation approach with staff engaged in the projects as team members allowed for richer understanding of what was being documented and also built capacity for future application.

- The Focal Point from each host organization had overall responsibility for package implementation in their organizations and served as the liaison between the TJ Support Team and their organizations, thus had the most direct experience with the challenges and benefits of adopting the social network diffusion approach.
- The potential for cross-organizational learning through their participation offered the opportunity for the Focal Points to consolidate their understanding and contribution to future integration efforts within their organizations.

Focus group interviews were conducted with people involved with implementation at different levels, with the focal points participating as informants when the team was interviewing their organization:

- The animators / community mobilizers in the host organizations who directly supported groups and influential in implementing TJ activities, supported by their supervisor and focal point, were the core informants regarding the implementation experience.
- Complementary information on organizational effects came from more senior staff in the host organizations including their thoughts for integrating this approach with other programming
- The technical resource team from CARE and Plan offered an understanding of how much effort it took to transfer capacity around the social network diffusion approach to new organizations and where challenges arose.
- More senior staff from CARE and Plan offered a perspective on future use of the approach in the broader organizations of CARE and Plan and in Benin development contexts.
- The Ministry of Health informants offered a complementary perspective on the Each One Invites Three component and some of the challenges faced in effectively linking Ministry and health services' participation and support.

Summary of Focus Group Discussions by Implementation Area

Organization	Role	Participants	Selection
Couffo Department			
GRAIB	Implementing staff	7	Focal Point and all 3 implementers from each of the two implementing host projects: WYSE and Community Nutrition Education Project (PNC)
GRAIB	Senior staff	1	Executive Director
CBDIBA	Implementing staff	5	Supervisor, Focal Point, and all three implementers
CBDIBA	Senior staff	2	Executive Director and M&E Officer
Plan	TJ Support Team	4	Full implementing team including supervisor now working elsewhere
Plan	Senior Staff	2-District 4-National	Senior District program staff Senior national program staff including M&E and Project Coordinator
Ministry of Health	District midwife and facility FP providers	1-District 2-Service sites	Those who worked specifically with strengthening referral system
Ouémé Department			
Projet ACCES	Implementing staff	2	Focal Point and one implementer. The other two implementing staff were requested but did not make it. Supervisor interviewed separately due to schedule conflict.
Autre Vie	Implementing staff	7	The Focal Point and 7 implementers. These were selected to represent stronger and weaker implementers and on ease of participation since the total of 19 were too many
Autre Vie	Senior staff	5	These included the Executive Director, Accountant, M&E, Health Program Coordinator, Communications.
CARE	TJ Support Team	4	Full implementation team
CARE	Senior Staff	3	Executive Director, Project Coordinator, and M&E
Ministry of Health	District midwife and facility FP providers	1-District 2-Service sites	Those who worked specifically with strengthening referral system

One team member typed on a laptop key points from the interviews, which the entire data collection team later reviewed and validated to confirm understanding and accuracy. The team also validated the assignment of theme category for each observation at this time. While the themes roughly followed the questions that were asked, they were defined in more detail and the codes for data entry that were used are attached at the end of the Question Guides in Annex 2.

Once data collection was completed, the notes were sorted by theme using WORD tables. The assessment team then spent more than one day reviewing the notes by theme to highlight the most significant conclusions, lessons learned and recommendations that came from the focus group discussions. Finally, the consultant checked the notes and conclusions from the team’s flip charts against the actual transcriptions of the conversations to be sure they were consistent.



Team members reviewing flipchart conclusions

DESCRIPTION OF INTEGRATION MODELS

The shift from direct implementation to identifying and supporting partners to integrate the approach into their projects involved several months of preparation. On the partner-organization side, criteria were developed for selection that were based on the expected duration of the “host project”, the compatibility with FP and a social networks approach, the capacity to absorb the new approach, geographical considerations related to feasibility for support from the host project, All of the partner organizations were interested in integrating the package and had had previous experience working with CARE or Plan. An organizational capacity assessment completed as part of the scale-up preparations indicated that all of the organizations had reasonable implementation capacity, but essentially no experience with gendered and social network approaches. Each host organization replicated the approach in 22 villages where existing projects were operating.

On the support team side, the TJ Support Team needed to learn how to help the partner organizations build their implementation capacity and equally important, to internalize the paradigm shift implied in a social networks approach. In addition, none of the new organizations had direct experience with FP programming. A detailed User’s Guide for Implementation, based on the pilot program experience, provided the step by step technical support for both the support team and the host-organization implementers. In addition, CARE and Plan staff oriented new host organizations on basic FP concepts and methods.

While not necessarily planned at the outset, three distinct models were used, based on how the host organizations were interacting with support organizations, CARE and Plan. This led to some differences in how the package was implemented. Descriptions of each of the partner organizations and host-projects are found in Annex 1.

1. Model 1: Integration into a local NGO project that is managed and funded by a larger 'umbrella' project, i.e., an NGO (in this case, Plan) receives funds to implement a project via support to multiple, smaller organizations working in different geographic areas: Plan managed two umbrella projects and supported two grantees/ NGO partners to integrate the TJ package. Both GRAIB and CBDIBA, as local NGOs, were engaged in supporting Village Savings and Loan (VSLA) groups funded by Plan. GRAIB was also implementing the Community Nutrition Education Project (PNC) under a World Bank umbrella grant to Plan (and other larger organizations around the country).
2. Model 2: Integration into an independently-funded and implemented project. In this case, the social network diffusion approach was integrated into a literacy project funded by the Ministry of Education. The partner organization, Autre Vie, had a long working relationship with CARE through prior projects. This model, because of the structure of the literacy group support networks using multiple community literacy educators (known as MAE: *Maitre d'Alphabetisation Endogene*), worked with many more group facilitators (catalyzers) some with lesser capacity and education level than those engaged during the pilot phase.
3. Model 3: Integration into a project implemented by the support NGO: This involved integrating the social network diffusion approach into a water and sanitation project funded by the European Union and implemented by CARE, rather than working through a separate NGO partner. The water maintenance groups were the initial platform for integrating the TJ package. In this model, there were few, more highly qualified but busier catalyzer coaches, forcing less intensive and more efficient support of the catalyzer and influential people activities.

NOTE: In all three models, the social network mapping activity had an additive effect, leading NGOs to identify new groups and people with whom to extend their core project activities in nutrition, VSL, and literacy training.

Summary Table of Integration Models

Characteristic	Model 1 Integration into an ongoing 'umbrella' project	Model 2 Integration into an independently-funded and implemented project	Model 3 Integration into a project implemented by the support NGO
Funding	World Bank and Plan sponsorship funding with Plan supporting multiple NGOs	Ministry of Education	European Union with CARE as implementer
Partners	NGO partner implementing other Plan projects	NGO partner implementing other CARE projects	Direct INGO implementation; no NGO partner
Implementers	NGO staff from VSLA and/or World Bank projects	Literacy education project staff	CARE water and sanitation project staff
Staff capacity of implementing partners	Relatively skilled community mobilizers (3 per project)	Community "volunteers" – good community capacity but less professional (19)	Skilled CARE community mobilizers (3)

PACKAGE IMPLEMENTATION – SUCCESSES, CHALLENGES AND SOLUTIONS

GENERAL IMPLEMENTATION

The social network diffusion approach addresses unmet need for FP by addressing social and gender norms through social networks. The social networks approach was appreciated by all host projects, regardless of the organization or implementation model used.

Project staff indicated they had rigorously followed the User's Guide for each component of the package, and they subsequently agreed that each component was important. (Initially some staff were concerned about the additional level of effort required for the social network diffusion mapping activity above and beyond that required for the host project.) The detailed, step-by-step, guidance in the Users' Guide for Implementation was key to achieving the shift required for implementing staff to feel confident with the new social network diffusion approach and the TJ package. It also supported confidence of the TJ Support Team, who developed their mentoring confidence as they supported the clearly defined steps. Host project staff significantly appreciated both their initial orientation and the subsequent reflection sessions exploring their own social and gender attitudes, and the technical support team developed their mentoring confidence through the facilitation of these activities.

During the pilot phase, materials to stimulate reflection and open dialogue were carefully developed and tested to address the social and gender norms identified as barriers to meeting the need for FP. They consisted of a series of story episodes and participatory activities that raised these issues, followed by discussion of several open-ended questions for reflection. Catalyzers were trained that there were "no wrong answers" and encouraged to also reflect on their own values and norms around reproductive health and gender roles.

Those interviewed found the materials were energizing and popular within and outside of TJ groups, and effective in encouraging reflection:

- There were inquiries from NGO partners around procuring additional materials for use with other projects.
- Other people and communities were interested to participate in similar discussions, such as VSLA groups in other villages.
- The projects found that catalyzers did not need much preliminary awareness-raising around these norms, as the use of the materials facilitated change among the catalyzers facilitating the group discussions, as well as among the participants. One staff person acknowledged hearing that: *“One catalyzer had been using the materials for a while when he suddenly realized that the stories were about him.”*
- After using the TJ materials, ACCES adjusted their WASH materials to use open-ended questions and to be more reflective, even without reprinting the materials that were initially in the format for transmitting messages.

This said, some felt challenged by the level of French used in the materials. Given multiple languages in Benin, the project decided that materials should be written in basic French. However, this requires a minimum level of literacy and education on the part of catalyzers to simultaneously lead discussion in local language while translating from French. Selection criteria for catalyzer indicated the need to have basic French, and exceptions were made when catalyzers were influential and/or highly motivated and managed to get help from family members who knew French to understand and internalize the materials. But language still remains an implementation challenge.

Staff indicated that the most challenging part of implementation was to learn the social network diffusion approach, which none had used before. All four partner organizations decided to introduce the package in two rounds of implementation, with approximately half of their villages reached in each round. The experience of completing a first round of social network mapping and catalyzer orientation gave teams a chance to get used to the mapping process as well as the overall approach without feeling overwhelmed. They universally found the work easier the second time around; by the second round, the teams felt they had learned the approach and they no longer identified significant concerns or challenges with implementation.

It is important to note that, particularly for Autre Vie, the project structure did raise some challenges and solutions to strengthen the capacity of the catalyzer coaches. Because of its literacy outreach strategy, Autre Vie worked with 19 “less qualified” animators. Work overload due to adding package activities was a lesser concern in Autre Vie as each coach had only one or two villages to support. But the varying level of capacity of the animators to support group discussions did lead to a strategy to pair stronger and weaker coaches. Thus, there were advantages and disadvantages to having either more coaches who were less qualified or less coaches that were more qualified – adjustments needed to be made either way.



IMPLEMENTATION BY COMPONENT

In this section, each of the program components will be discussed separately: highlighting how it was adapted and implemented by the partners, and challenges and lessons learned in the process.

ENGAGE COMMUNITIES IN SOCIAL NETWORK MAPPING

There was initial resistance to this component, which in the TJ pilot was considered the foundation step to identifying influential network actors. Some saw that mapping socially-influential groups and leaders was time-consuming and in some cases it required re-doing mapping as some host projects had already done community mapping as they were starting up. In addition, doing social network mapping mid-way through host project implementation implied initiation of new groups and individuals who were not necessarily the groups or opinion-leaders the project was already working with. Finally, conducting a mapping exercise – which took two to three days per village - also took time away from implementing ongoing host-project activities.

However, upon looking back during the focus group discussions, partners universally recognized the benefit of rigorously identifying the influential people and groups in the communities. While this mapping took a lot of work up front, it was subsequently easier to mobilize and reach people for the host project as well as TJ activities. Social network mapping also identified new groups and beneficiaries, which enhanced host project results as well as TJ results. They acknowledged that it was more efficient and effective to prioritize working with the influential groups and people identified through the TJ mapping process rather than working with non-influential groups they had previously been targeting.

Implementing partners also found that the social network mapping process was much easier by Round Two. The following contributed to this learning and improvement:

- The animators learned to more effectively identify and manage groups and meetings, taking advantage of local leaders, elected officials, and local partners to help with the community mobilization and follow-up.
- The projects encouraged animators to work in pairs until staff learned the process, recognizing that weaker animators might need to work in pairs throughout. For Autre Vie, with multiple animators, this became a strategy not only for mapping, but for later ongoing coaching of catalyzers.

SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE

These groups, along with the involvement of influential people, are the foundation for diffusion of new ideas through community networks. Once influential groups and their group discussion leaders, or catalyzers, were identified through the social network mapping process, catalyzers were oriented and then coached by the host project implementers as they began using TJ materials to facilitate reflective dialogue with their groups. In general, but particularly with Autre Vie, newly-oriented catalyzers were paired – where possible pairing stronger with weaker catalyzers - to better support the group discussions as well as to facilitate coaching support by the host project staff. Following a similar model, coaching by host project staff was also sometimes done as group coaching, facilitating the recognition of stronger and weaker catalyzers to establish ongoing mutual support.

Given that facilitating group sessions using reflective dialogue approaches require the biggest shift away from how people (both staff and communities) are accustomed to implementing projects, several challenge areas led to learning and adaptation:

- Discussion materials were in basic French and not in local languages (which were mostly oral) and there was clearly a need to ensure that the catalyzers had the capacity to utilize the materials. Projects came up with different selection criteria for this purpose, some using level of schooling (such as 2 years past basic primary school), others using a simple reading and translation test at the time of catalyzer selection. Actual group discussion was also facilitated by providing additional coaching and by other family members or friends to help with the translation burden.
- People recognized the importance of reaching men in order to influence social norms around reproductive health and related decision-making and the project formula at village level was to ensure equal numbers of men's groups as women's groups be engaged. However, finding influential men's groups was difficult, as men in the Adja and Fon communities where the projects operated do not generally meet in groups as women do. While no easy solution was found, criteria were expanded to find more informal men's groups, and men / husbands were also encouraged to participate in the women's or mixed group discussions. Implementers noted that while it was often difficult to involve men in group discussions, they did respond to the radio, including calling in for live discussions.
- To enhance coaching, group coaching, and encouraging catalyzers as well as coaches to work in pairs were solutions to assure catalyzer effectiveness in facilitating reflective discussions. Animators recognized that this did not substitute for individual coaching based on direct observation of facilitated discussions.
- One challenge that was not effectively addressed was correcting misinformation during group discussions. When rumors or misconceptions around FP would come up during discussion, no one present in the groups had the knowledge or credibility to correct it. Ideally, people who were perpetuating these rumors could be referred to health service providers for information and/or health service providers were invited to participate in community information and group meetings. However, in the long run, neither of these is very feasible or reliable.

ENGAGE INFLUENTIAL INDIVIDUALS TO ACT

Influential people (or influentials) were selected as a result of the social network mapping, and received a half-day orientation on social factors influencing unmet need in their communities, although some orientation meetings often turned out to be less than half-day due to timing of sessions and limitations of motivational payments. During orientation, info-graphs representing FP use and communication statistics and information around unmet need in their community were used to raise interest and concern around the issue – encouraging participants themselves to think about what they were learning rather than by just telling them. Influentials were then encouraged to identify ways they could use their leadership role to positively influence FP acceptability and use. That is, no pre-determined activities were requested of influentials as opposed to influential groups that used a standard set of story and activity cards in their reflective dialogues.

When well mobilized, influentials were effective in reaching men, in supporting catalyzers, acting as role models of positive attitudes and willingness to discuss FP, and intervening when there were

issues within couples. From the perspective of host projects, working with influentials allowed them to purposefully involve these informally influential people in their other, host project, as community mobilization strategies as well.

The activity package does not ask influentials to host community meetings or to use infographs in community settings, rather to engage their constituencies in discussions on unmet need issues. However, it seems that there was some confusion around what was expected of those identified as influential, as both communities and animators seemed to slip into the assumption that they would hold community mobilization / education sessions using the info-graphs. Also, while the info-graphs had worked well during orientation sessions of the initial pilot implementation, feedback from host project partners indicated that info-graphs worked well for influential people with some education, yet were too abstract for influentials who were uneducated. It is unclear if the info-graphs were too complicated even for use by Support Team members during orientation sessions and/or whether those staff conducting orientations were clear enough with the materials to present them to influentials.

The lessons learned out of this experience:

- Experience indicates that influential people can effectively contribute to both host project and FP results when leveraged for their influence, without necessarily adding expectations for more formal activities or additional financial motivation. Perhaps more work is needed to explore ways project staff can help influentials exercise the more non-formal influence they can leverage. At a minimum, orientation should clearly indicate how the influencers' role in TJ is different from past projects.
- Respondents also suggested that the number of influential people is best determined by selecting the actual number of truly influential people in the community, rather than focusing on a "quota" that may lead to including people who may not be seen as influential in the community's eyes. The implementation guide may need to be adjusted.

LINK FP PROVIDERS WITH INFLUENTIAL GROUPS – 'EACH ONE INVITES THREE' CAMPAIGN

TJ focuses on the demand-creation side of FP utilization, addressing social and gender barriers that influence unmet need leading to eventual actions by those with unmet need to seek services. Early findings from formative research, confirmed by network mapping results, indicated that health providers were infrequently linked to influential groups and individuals, and that people did not generally seek FP information from health services. Subsequently efforts to create linkages were part of the intervention package. The project was also operating in a context of revitalizing FP programs within the Ministry of Health, which was just beginning more systematic efforts to improve services quality, train providers in client-centered counseling and rumor management, and generally increase reliability of FP services across the country.

In order to create interpersonal linkages, local providers were invited to meet catalyzers and influentials and to exchange telephone numbers during the initial catalyzer and influential orientations. The Each One Invites Three (EOI3) campaign was the most concrete project strategy to encourage community members to seek FP information from their health services. Not quite a FP voucher, which is classically provided by a community health worker to a potential client to receive free FP services at a health center, EOI3's 'FP invitation card' was designed to encourage interested people to visit their health center after satisfied friends talked about FP experiences and offered invitation cards. The cascade distribution of invitation cards started with group

catalyzers, who distributed three cards each to interested group members, who were then to distribute three cards to non-using friends and peers.

None of the four host projects had actual FP or health project experience and thus community-health facility linkages. While not part of the planned intervention, the host projects used additional efforts to strengthen the EO13 effect and collaboration between communities and their health services:

- The two Plan-supported projects decided to engage midwives for FP counseling as part of planned vaccination outreach strategy in their host projects. This became complicated when additional financial inputs were needed to maintain outreach.
- Through CARE advocacy efforts, the zonal health authority agreed to offer free FP services during the EO13 campaign.
- Groups and couples occasionally organized group visits to the health center for information. This was facilitated when the health center shared times they were more likely to be available to receive people for FP counseling.
- Finally, while not tried this time around, some partner staff suggested it might be worth integrating the EO13 card distribution at the end of each group discussion activity. The systematic distribution of EO13 cards could potentially add additional structure for these conversations. However, this would imply a longer campaign period and risk the impact of the campaign approach in the current design.

Finally, there was confusion during implementation whether the project was measuring the recovery of the invitation cards at clinics or the seeking of information – even if referred people did not always go to clinics with their cards in hand. The concern over recovering the invitation cards as a monitoring indicator may have led to pressuring people to go to the health center.

USE RADIO TO CREATE AN ENABLING ENVIRONMENT

CARE and Plan organized the radio component as they had existing relationships with local radio stations. Radio broadcasts consisted of recordings of actors discussing stories found in reflective dialogue materials and recording actual influential group discussions at the community level. These pre-recorded sessions were relatively easy to manage, encouraged listening, and reinforced people's recognition that TJ content was "about them". The broadcasts were appreciated as a way to extend geographic reach and to reinforce the activities in the groups. Pilot study results indicate it also was a primary way to reach men. Working with the radio led to new partnerships between the partner organizations and the radio staff and other partner organization projects are now considering using the community level recording strategy.

In Couffo, because broadcasts were already pre-recorded during the pilot phase, people appreciated the benefit of beginning broadcasts as groups began to meet. In Ouémé this was not possible because groups and catalyzers needed to be established before recording could happen. Thus there was a delay between initial group meetings and radio broadcasts at community level. Even if it was not possible for community-recorded broadcasts to be available as group discussion began, staff suggested that involvement by radio staff could be cultivated and preliminary spots about the TJ intervention could be developed.

PACKAGE INTEGRATION INTO HOST PROJECTS AND ORGANIZATIONS

Several overarching observations and lessons learned come out of host organizations and project integration of the package:

- Family planning themes and the social norms approaches offered significant complementarity in programming to the selected host projects. The synergy between the host project, the relevance of healthy timing and spacing to those outcomes, and the contribution of social and gender norms as barriers to achieving both health and host-project outcomes meant these projects became more than the sum of their parts.
- The social network diffusion approach, with its rigorous Users' Guide for Implementation, and strong technical support for quality and consistency provided by the Technical Support Teams and the Committee for Monitoring and Evaluation (see later discussion) achieved a quality of program implementation that yielded results. The Focal Points, as dedicated positions for TJ implementation, provided a linkage and level of accountability for assuring consistency during implementation of the TJ package.
- The initial implementation in some of the assigned villages (Round 1) offered host projects and their implementing staff the opportunity to learn the methodology and to become convinced that it worked. It was then much easier, with less level of effort, to implement during Round 2.

As previously mentioned, the integration of the new approach into projects in full implementation mode was the biggest challenge with integration. If the projects had had the chance to plan for integration from the beginning and to bring everyone in to the expectation that these were components of one project, many of the integration challenges would have been minimal to none.

Many of the initial host project staff concerns revolved around workload. These challenges were expressed either during early negotiations between CARE and Plan or during implementation. Most were eventually resolved, particularly as implementing staff learned the approach and saw its advantages:

- During initial negotiation, there was significant resistance on the part of some partners to even accept integration as beneficial given the expectations for implementing the TJ package. Major concerns included the workload, particularly associated with social network mapping, potential integration of indicators into existing monitoring and evaluation systems, and competition in prioritizing deliverables for two donors. In the case of Plan partners, a trial period was offered so they could begin to become convinced of the benefits before fully committing to implementation.
- Host project staff and community partners both expected additional remuneration as they saw the addition of TJ as an added burden, and indeed, Plan and CARE ended up offering a slight 'top up' to salaries. Regardless of 'top up,' facilitators found their workload easier to manage than expected, particularly as the TJ activities, other than the social network mapping, did not entail a lot of work beyond what people were doing anyway.
- Host project staff felt they had to prioritize the original deliverables over those for TJ. As it turned out, they actually found that each intervention enhanced deliverables for the other. Facilitators found that TJ activities served to draw people to their other project activities.

- New zones or groups were added through the TJ mapping process that had not been initially identified by the host project. While this entailed more work, it also contributed to enhanced deliverables for the host project.
- The introduction of a new way of working (the social network diffusion approach, using reflective dialogues, and engaging men) was a challenge for staff in an organizational culture focused on community mobilization and Information, Education and Communication (IEC) messages. The new approaches became highly valued once people got used to them.
- Several senior staff acknowledged that despite successfully implementing TJ as part of host project activities, they fell short of true integration (where planning, activities, and outcomes were done in a synergistic way from the technical resource organization down to the community level). In reality, activities and deliverables were still thought of in parallel, pertaining either to the host project or TJ. This decreased the potential efficiency and effectiveness for both implementing staff and their community participants.
- In addition, several INGO and national NGO staff noted that given CARE and Plan's role providing technical and financial resources and their history with partners working more as contractors than as technical advisors, it was difficult to develop equal partnerships in terms of planning and support.
- Host projects did not actually integrate M&E systems, as had been initially envisioned to avoid an additional reporting burden on implementing staff. Staff generally still thought of the host project and the additional TJ package as separate "projects" with separate deliverables and indicators such that they had difficulty envisioning an integrated M&E system. That said, the Comité de Suivi et Evaluation (CSAE) monitoring committee (mentioned in the next section) was widely seen as useful.

It is interesting to note that, for *Autre Vie*, some of these challenges were mitigated because integration coincided with a new literacy training cycle, making it easier to synchronize integration of the TJ package.

While planning for and integrating the TJ package into a host project from the beginning would be the strongest recommendation for future scale-up efforts, several other lessons learned and recommendations were suggested:

- Recognize that learning this new approach requires patience and effort on the part of staff who are used to community mobilization and IEC. Start with a learning and skills development phase (Round 1) to allow greater understanding of mapping and catalyzer orientation which are crucial to the success of the rest of the package. This can also offer a "trial period" until projects are convinced they will benefit.

THE PARTNERSHIP BETWEEN CARE, PLAN, AND IMPLEMENTING PARTNERS

TJ put several elements in place to ensure that the host project partners had the capacity and support to effectively implement the social network diffusion approach. These included:

TJ SUPPORT TEAM

The TJ Support Team was made up of the CARE and Plan staff charged with implementation during the pilot phase. These people had shifted from a pilot role of catalyzing and coaching volunteers (network actors including catalyzers and influential) to coaching staff from host projects to make the same shift in ways of working. The Support Team brought considerable enthusiasm and commitment to the success of this new phase of the project, and were proud of the success of their partners.

In addition to coaching on an ongoing basis, the team supported host project staff during their orientation of community network actors, host project supervisors, and MOH service providers. This helped facilitate ownership throughout.

MONITORING AND EVALUATION COMMITTEE (COMITÉ DE SUIVI ET EVALUATION – CSAE)

The CSAE was established at the beginning of the pilot phase in order to assure rigorous data collection to capture the range of data required for a comprehensive implementation science approach to designing and evaluating an innovation. The structure provided a forum to build local capacity in monitoring and evaluation in CARE and Plan. During scale-up, the CSAE – which was expanded to include M&E staff from partner organizations - strengthened the quality and consistency of program implementation during the scale-up phase. Using data reviews (quality assurance) as the focus of its quarterly field visits, the CSAE offered a structure to truly use data for decision-making and program strengthening.

FOCAL POINTS

The identification within each host project of a Focal Point, a staff person dedicated to ensuring package implementation, helped ensure the prioritization of TJ activities and partner accountability for its implementation. Particularly as the host projects were in the middle of their project implementation, Focal Points served to help staff to prioritize the TJ package in relation to their ongoing responsibilities and expected results. While this may be less essential if the social network diffusion approach were designed to integrate with a project from the beginning, the advantage is that this role offers reinforcement for learning a new approach that is sometimes challenging for staff.

While the above elements contributed to the “experiment” of replicating and documenting TJ, the absence of one or more would not necessarily preclude using the approach. The availability of an excellent *User’s Guide to Implementation* makes variations on these other elements feasible. This said, people generally felt the presence of the Focal Points helped to ensure persistence with implementation, even when the initial shift towards network approaches and reflective dialogue was challenging. It is likely that some kind of technical assistance or “sounding board” is important, in conjunction with using the Users’ Guide for Implementation, because the shift in approach is far enough out of people’s comfort zone that it may be hard to foster from “within the system”. In particular, the CSAE served as an important capacity-building tool for staff to understand data for decision-making.

Finally, despite these structures and intentions, CARE or Plan and their host project partners still experienced and needed to manage tensions brought about by adding the TJ package midway through host project implementation.

MULTI-LEVEL EFFECTS OF PACKAGE INTEGRATION

EFFECTS – PROGRAMMING LEVEL

Significant appreciation for the benefits of this approach was expressed during this assessment. This was true regardless of central or field level, the integration model, location and culture, and the type of project into which the approach was integrated. Both the social norms and social networks approaches, as well as the integration of FP themes into non-health projects were recognized by all respondents as contributing significantly to host project results as well as to improving the lives of community members more generally.

Specifically, most respondents recognized the value of the participatory dialogue and reflection approach, particularly in contrast to the more traditional IEC approach, for addressing social and gender norms as well as for addressing sensitive issues such as FP. One host project staff person recognized:

“This process encourages community people to reflect on their own problems and solutions.”

The social network focus on influential groups and people, and encouraging diffusion through their networks facilitated the reach and impact of the host project goals as well as facilitated FP and social norm results. Host project and program staff said they were rethinking the ways they identify groups and leaders and were relooking at ways they disseminate information as a result.

Senior staff from CARE, Plan, and host organizations described how the social network diffusion approach brought a sense of coherence to their programming, providing a cross-cutting approach that could provide consistency across different projects and donor expectations. They saw it as a concrete strategy to address gender and social norms that can influence project impact, regardless of project type or sector. They described a vision for synergy that resulted from adding social norms change through social network approaches, and FP to other technical interventions.

As a result of this understanding, partner organizations as well as CARE and Plan are already beginning to integrate the social network diffusion approach in other projects and beyond:

- Plan is integrating social norms approaches within their adolescent reproductive health work, and the Project Supervisor from the TJ pilot project is now the Adolescent Health Project Coordinator. In addition, Plan has two additional projects (ONG Famille and AIDIP) where influential groups and networks are being considered during the design.
- GRAIB, based on its experience implementing the TJ package into their *Projet pour la Nutrition Communautaire* (PNC) as part of their contract with Plan, is including the TJ package in their design for the next phase of PNC in June, 2016.
- CBDIBA is using the network mapping of influential groups and the application of the dialogue materials in their *Projet de Santé Communautaire* (AMASCO).
- Autre Vie plans to continue using the social network diffusion approach with their literacy program, even in new zones that were not previously included in scale-up phase. They are exploring its application to nutrition and how to integrate it with other health work, although they do not currently have funding.

- Finally, as discussion continues on how the World Bank-supported PNC Nutrition Project is going to proceed as it transitions to MOH coordination and nationwide reach, there is a lot of interest to use the social network diffusion approach to addressing unmet need for FP more widely, as a critical pillar to nutrition improvement.

EFFECTS – PROJECT LEVEL

Project implementers and managers felt the addition of the social network diffusion approach enhanced both the implementation and the results for the host project in addition to achieving TJ package results. Examples of synergy revolve around strategic identification of new community partners and groups, expanded roles for community volunteers, and the dynamic created through use of reflection approaches using open questions to engage communities:

- Projects identified new beneficiaries and groups to engage: While this sometimes implied additional work load as staff had to manage increased numbers of groups and geographic area, work became more efficient and effective. Projects were now working with groups that facilitated diffusion and new behaviors in new areas, including identification of new savings and WASH/ hygiene groups, increased community interest in literacy classes, and the extension of project activities to new hamlets that were not otherwise covered.
- The addition of new volunteers (catalyzers and influential people) reinforced host project activities as well as extended reach of TJ activities at village level. There may have been some tendency in some places to expand the roles of these volunteers to include awareness-raising around host-project messages. It remains to be seen whether this may or may not be leading to over-burdening network actors.
- Indications of sustained effect were observed: Literacy groups supported by Autre Vie voluntarily continued to meet for TJ discussions, even between the literacy class meeting/instruction cycles.
- Demand was spontaneously created: News of TJ began to spread and communities began to demand TJ activities. In the case of CBDIBA and Autre Vie, savings groups and literacy groups in villages that were not covered by TJ began to demand TJ discussions and activities. In addition, ACCES found that host-project information diffused to new villages at the same time people's experience with TJ was diffused.
- Related - The reflective dialogue approach led to buzz and demand: People were enthusiastic about the discussion materials, recognizing themselves in the stories. In Ouémé, character names were changed and people talked about the importance of using local names to enhance this identification. CBDIBA acknowledged the careful approach of TJ to identify influential people and to encourage dialogue and reflection with the materials was more effective than the sensitization approach they had been using.

EFFECTS – ORGANIZATIONAL LEVEL

In addition to project impact, the adoption of the social network diffusion approach also led to shifts in organizational capacity, partnerships and culture:

- The adoption of the new approach reinforced the importance of rigorous implementation and quality control within projects. This was strongly reinforced by the activities of the

CSAE, the expertise and accountability of the Focal Points, and the growing skills in facilitating discussion and reflection.

- The use of open questions and reflective dialogue as an approach to behavior change was being adapted to IEC activities in other sector projects and activities. GRAIB noted that the TJ animators were more appreciated than others.
- In implementing the TJ package, host organizations found themselves working with new partners, which potentially offered new opportunities. New partners included the Ministry of Health (MOH), the radio, new donors, and an increased orientation toward elected officials and civil society. Those normally working outside the health sector – in particular literacy facilitators for *Autre Vie* - noted more respect from MOH and others.
- Partner organizations began inquiring where they could get additional copies of TJ materials for use in their other projects, as they continued to think about how to integrate TJ with other projects and sectors.

EFFECTS – PERSONAL LEVEL

Finally, discussion of results from using this approach would not be complete without mentioning the personal impact it has had on staff who implemented it. The process of using the materials and facilitating reflective dialogue discussions led to personal reflection and change as facilitators at all levels (catalyzers, host project staff, and resource team staff); staff recognized themselves in the content they are facilitating and how they could personally benefit from making changes in their relationships:

- The tools were transformative for facilitators: As they used the tools with others, staff reported changes in their own attitudes and values around discussing reproductive health with their wives or girlfriends and using FP. Animators from the host projects were now discussing FP with their partners and they were more open to FP:
“The fact that I was selected to implement TJ activities has changed my own attitudes. I can speak about FP now without any difficulty, while before I did not like FP.”
- They began to understand the power of diffusion of such ideas and their role in effecting change: Community actors, even beyond the catalyzers and influential people, became engaged in influencing social norms around FP:
“TJ brings the community to think more effectively about their own development” (*Autre Vie*)

LOOKING FORWARD

As people look forward to future scale-up and adaptation of the social network diffusion approach in other programs and settings, the scale-up experience offers several overarching conclusions on scaling up the social network package via NGOs:

- The social network diffusion approach was useful and valued. It was universally felt that introducing a social norms approach and using participatory reflection and dialogue enhanced both host-project and FP results, and that introducing FP was complementary to most other development goals.
- Once people gained experience, they found that the social network diffusion approach was not as difficult as it first appeared. While the Social Network Mapping was a time-

consuming investment up front, it led to efficiencies during later implementation. As such, people recognized that the social network diffusion approach mostly implied a different and more effective and efficient way of working at community level.

- The approach of social networks / reflective dialogue and the theme of addressing unmet need for FP could be integrated into and enhanced activities and deliverables in host projects' other sectors that focused on themes other than health.
- Subsequently, host organizations were willing and able to incorporate this approach into their culture and ways of working. This is evident from the fact they were already integrating both FP and the social networks and diffusion approach into other programming, and thinking about and including the approach in new proposals that would use it.

In terms of new NGO integration of the package into development projects, be cognizant of the following:

- Both the FP and the social networks / social norms components can build on complementarity and synergy offered by projects that may be focusing on results in other sectors. This approach can maximize efficiencies for both project staff and the communities themselves. This requires getting out of the project mentality that tends to focus on vertical implementation for project-specific results.
- This experience of scaling up offered experience with three different project contexts for integration; in all models significant complementarity existed with the social and FP agenda inherent in the TJ package. The implication is that it is possible to adapt this approach to different projects and structures, but be sure to adapt elements in ways that address both project structural realities and fidelity to core concepts of the TJ approach.
- Social network mapping requires resource investment but is worth the effort. Through careful mapping, a project is more assured of identifying truly influential groups and networks that will facilitate later results. Leveraging influential relationships makes it easier to facilitate community mobilization and group and influentials' identification.
- The social network diffusion approach represents a new way of working –in terms of project design, staff mindset, and skills needed to implement the activities in the package. An important lesson is to start with a sub-set of villages to gain understanding and experience with the approach, before moving into full-scale implementation. It takes time for staff to “get it”.

Likewise, as scale-up moves forward, several comments on the package itself are shared below, as issues that may need to be addressed going forward:

- Articulating and supporting open-ended roles for influential people: In traditional programs, influential are often given prescriptive roles to support a project goal. TJ's program theory, confirmed by feasibility studies during the pilot phase, postulated that influential people should define how they wanted to engage their constituencies on issues of FP and unmet need – playing to their strengths, interests, and understanding of their constituents - whether as role models, counselors, public advocates. However, during the scale-up phase there seemed to be confusion in some contexts around how to develop an

effective role for influential people to influence and diffuse positive social norms around FP and gender roles. It is unclear whether this is a training issue that lost clarity in translation, or whether the influential role and/or the use of infographs to develop an understanding of the problem has other adaptation challenges.

- Managing FP rumors and misinformation within the context of a social change approach not directly focused on FP information: While the overall approach is effective in raising awareness of and demand for FP among those who engage in the activities (evidenced by effectiveness study of the pilot phase), the effectiveness of the component to enhance linkages with FP service providers and increasing community interpersonal linkages (and thus confidence) with these services was not so clear. TJ limited itself to 'demand creation' and depended on other programs and the MOH to manage services and information outreach. From the supply side perspective, providers in the project area were generally too busy to meet with TJ groups. Many are not yet well-trained in FP and client-centered services, as FP revitalization efforts are just beginning. Thus, the possibility of a diffusion process reinforcing and diffusing misinformation and method rumors was a real concern, since catalyzers did not have the knowledge to recognize wrong information. Working with other to ensure a minimal level of quality services in such resource-constrained environments.
- Use of basic French facilitation materials by catalyzers with limited literacy: The use of materials in basic French (versus local languages) by minimally-educated but socially-influential community volunteers and catalyzers continues to be challenging in some sites. One solution has been to have family and peers with better French skills (e.g. catalyzers' children or a friend) to help with translation. If resources are available (as Autre Vie suggested they might be), translation of the materials to local language could be considered.

ANNEX 1 – Description of Implementing Partners for Scale-up

	CBDIBA	GRAIB	Autre Vie	CARE ACCES Project
Mission	Reinforce local community capacity to achieve integrated community development for improved quality of life by accompanying local organizations and groups, particularly women's groups, to achieve true independence and empowerment.	The organization name is : Research Group to Support Community Initiatives for Sustainable Development (Groupe de Recherche et d'Appui aux Initiatives de Base pour un Développement Durable). It seeks sustainable development in communities.	Work to support children, youth and women to protect their rights and overcome poverty by: organizing volunteers to support women's and children's rights, intervening whenever integrity and rights of women and children are threatened, and by rejecting intolerance	ACCES is a project implemented by CARE, not by a local NGO.
Sectoral Focus & Approach	<ul style="list-style-type: none"> -Functional literacy -Training in education and development -Rural micro-finance -Environmental protection and natural resource conservation -Awareness raising around rights -Micro-enterprise development -Bee culture -Community health -Advisory studies and innovation 	<ul style="list-style-type: none"> - Sponsorship - Education - Protecting children's rights -Capacity to develop work plans, partnerships, and local capacity to manage development -Realize micro-projects in infrastructure -Community hygiene and sanitation -Women's and youth empowerment - Health 	<ul style="list-style-type: none"> -Promoting independent communities through local development and environmental protection -Adult literacy -HIV and child illness prevention -promote maternal and child health -Climate change preparedness -Reinforce capacity of local elected official -Create favorable conditions for the protection of infants, youth, and women 	The project aims to improve coverage for potable water, hygiene and sanitation for schools, health centers, and rural communities. Bénin
TJ host project	Village savings and loan funded by Plan	Village savings and loan funded by Plan – WYSE Community Nutrition Education Project (<i>Projet de nutrition communautaire</i> , or PNC) funded by World Bank through Plan	Adult literacy funded by Benin government	CARE EU WASH project funded by EU through CARE France
Geographic coverage	8 departments in Benin with local and international partners	Throughout Benin with local and international partners.	Multiple districts with local and international partners. Literacy funding from government.	10 communes in 2 departments. CARE works throughout Benin.

ANNEX 2 – Focus Group Question Guides

Tool for TJ Scale Up Assessment – FGD for NGO Partners / Implementers

Participants to include at least the implementing partner field staff PLUS whomever else might be available from partner organizations. Notes will need to indicate which cadre (senior leadership / supervisor, focal point, animator) made which comments.

Presume these discussions will take place in Couffo and Oueme.

Preparation – need flip charts, several of each color markers, and idea cards

Implementation Process

Start with a participatory development of an implementation timeline (have flip charts by month or by quarter posted on the wall)

Probing questions:

1. Highlight – which were the easier activities to implement confidently and effectively? Why were they easier
2. Different Highlight – which were harder activities to implement confidently and effectively? Why were they harder? (note to me: integrating health with other sectors?)
 - a. What, if anything, made it easier to address these challenges?
3. Different Highlight – What decisions were taken to adjust, adapt, or separately develop the activities to better fit with the host project design or to adjust the host project design to better fit the activities? Staffing roles and responsibilities? Program strategies? Documentation? Funding agreements? Why? How were these decisions made?
 - a. Confirm –those other activities that did not change from the original package?
4. Who was involved with the implementation of these TJ package activities? Who had primary responsibility? Who had supportive roles – both within and outside your organization? How did those roles work?
 - a. What else helped assure effective implementation? (Note to me: e.g.: guidelines? materials?)
- i. Would there have been any way to “lighten the load” for implementation – to make it easier?
- ii. What additional help or support would have facilitated your success?
 - b. (How does this reflect or not your self-evaluation responses?)
5. What was the experience of integrating a health intervention with a project from another sector. What were the benefits? What were the challenges? What facilitated the introduction of this new technical area?
6. What was the experience of implementing an approach that included reflective dialogues, social networks, and a focus on social norms? What were the benefits? What were the challenges? What facilitated the introduction of this new technical area?

Additional Implementation Questions – the TJ Resource team support

1. How did the resource team support your implementation?
 - a. What was most helpful? Why?
 - b. What could they have done better? Why?
 - c. (Was there a difference between men and women resource persons? What about their ability to support the gender issues?)
2. How were the materials (operations manual, cards) helpful or not?

(Notes to me to cover)

- Effect of different educational level of staff
- Effect of variation in sex, #, and types of groups / Pls selected
- Effect of more or less urban
- Effect of adding health / FP to work in other sectors

Effect on New Partner Organization

Develop Ripple Map – 3 colors – Heading – “Integration of TJ Strategy”

(note to myself – What process? Theme areas might include staffing and human capacity/resources, organizational culture (social capital – trust and connections among people), addition of health to other sectors (health effects), integration of social and gender interventions (cultural appreciation / effects), financial and administrative effects, effects in engaging with partners outside the organization (civic / political effects)¹

Color #1 – How did the host projects benefit from the integration of TJ?

Probing:

1. How were other project interventions enhanced?
2. How were other project interventions undermined?

Color #2 – What changed within your organization more broadly as a result of implementing TJ?

Probing:

1. Capacity? (staff and program capacity to integrate health?)
2. Social / organizational culture and norms?
3. Program quality? (how do you define it?)
4. New funding and program opportunities? New partners?
5. When did you, personally, become convinced that TJ was or wasn't a good addition? What convinced you?
6. When did people around you become convinced that TJ was or wasn't a good addition? What convinced them?
(Note to me: ownership)
7. How might these changes continue to manifest themselves in the future?
8. (How were these changes inter-dependent – what caused which changes? - ripples)

Color # 3 - What changed in your interactions among partners or outside your organization as a result of being involved with TJ?

1. How did TJ make a difference in your interactions with existing partners? New partners?
2. Did / how did TJ capacity enhance funding opportunities?
3. How did TJ make a difference in your work with the community? Why?

(How were these changes inter-dependent – what caused which changes? - ripples)

Conclusions / Looking forward

1. What do you see as the essential new innovation or value added of TJ in your work?
(note to me: e.g., understanding network approaches and diffusion by influential actors, and ensuring gender synchronization)
2. What have we learned about integrating TJ into other projects such as your project?
3. What changes or new ways of implementing have we appreciated as a result of integrating TJ into other projects?
4. What are recommendations or lessons learned for future implementation with new partners?

Finish with each person filling out an idea card:

Introduction: Let's imagine what your org/your community will be looking like in 2019. Will there be changes due to TJ implementation in our projects, our organizations or our communities???

Three years from now, we will know we implemented TJ because our organization or our community will

¹ Community Capitals Coding Framework - adapted by Rainbow Research from Emery and Flora (2006). Spiraling up: Mapping community transformation with the community capitals framework. Journal of the Community Development Society, 37(1): 19 – 35. Adapted to organizational change more than community change for the purpose of this exercise.

Tool for TJ Scale Up Assessment – Partner Senior Staff

Assume these informants are the senior program staff in partner NGOs
(These people may be found in Field sites or Cotonou)

Priority questions - may need to be adjusted if these people participated in the large group discussion.

Impact on your organization

1. Were there any significant changes in your organization as a result of implementing TJ?
 - a. Capacity? (staff and program capacity to integrate health?)
 - b. Social / organizational culture and norms? Program quality? (how do you define it?)
 - c. Did TJ expose you to new ways of “doing things”?
 - d. When did you, personally, become convinced that TJ was or wasn’t a good addition? What convinced you?
 - e. When did people around you become convinced that TJ was or wasn’t a good addition? What convinced them? (Note to me: ownership)
 - f. Might these changes continue to manifest themselves in the future? What will we see as evidence of this?
2. Were there any changes in your interactions among partners or outside your organization as a result of being involved with TJ?
 - a. How did TJ make a difference in your interactions with existing partners? New partners?
3. Did having experience and capacity in TJ enhance funding opportunities? How?

Implementation

1. Did your organization need to change or make adjustments in order to implement TJ? (staffing/capacity?) Program adjustments? Funding adjustments? Implementation support? (adding health?) What was relatively easy in the integration of TJ with your programs in other sectors? Why?
2. What were the greatest challenges in integrating TJ with your programs in other sectors? Why? What might have made it easier?
3. What were the relative roles and responsibilities for implementation between senior and implementing staff. **Between you and original organization staff?** What worked or didn’t work with this division of responsibilities?

Conclusions / Looking forward

1. Is there any essential new innovation or value added of TJ in your programming work? If yes, what and why? If no, why not?
(note to me: e.g., understanding network approaches and diffusion by influential actors, and ensuring gender synchronization)
2. **How might these changes continue to manifest themselves in the future?**
3. What have we learned about integrating TJ into other projects?
4. What are recommendations or lessons learned for future implementation with new partners?
5. **At the end of the day, is TJ worth keeping? Why or why not? If yes, which elements? All?**

Tools for TJ Scale-Up Assessment – CARE / PLAN Implementing Staff

Implementation

1. What was relatively easy in the integration of TJ with the other NGOs? Why?
2. What were the greatest challenges in integrating TJ with the others? Why? (adding health ?) What might have made it easier? (Note to me: specifically understanding network approaches and diffusion by influential actors, and ensuring gender synchronization)
3. What were your primary roles and responsibilities with the implementing NGOs? What worked or didn't work with this division of responsibilities? (were there gaps or duplication?)
 - a. Where did you feel confident or less confident in meeting the expectations placed on you.
4. What, if any decisions were made to adapt or adjust the package? Why? When were the made and by whom? (What, if any role did you have in the decision or adaptation?)
5. How well did the materials work in support of your effort? How might they be improved?

Impact on the NGO partner organization

1. What changes / adjustments did the NGO partner need to make in order to implement TJ? (staffing /capacity? Program adjustments? Funding adjustments? Implementation support?)
2. What benefits / liabilities did the partners experience by integrating TJ?
3. What changed in the NGO partner as a result of implementing TJ?
 - a. Capacity? (staff and program capacity to integrate health?)
 - b. Social / organizational culture and norms?
 - c. Stronger programs?
 - d. Funding opportunities?
 - e. Ownership themselves for TJ
 - f. What changed in their interactions among partners or outside their organization as a result of being involved with TJ?

Looking Forward

1. What do you see as the essential new innovation or value added of TJ in your partners' work? In your work? (specifically understanding network approaches and diffusion by influential actors, and ensuring gender synchronization)
2. What have we learned about integrating TJ into other organizations? Into other projects?
3. What are recommendations or lessons learned for future implementation with new partners?
4. At the end of the day, is TJ worth keeping? Why or why not?

Implementation

1. What were your primary roles and responsibilities with the implementing NGOs? With your program staff? What worked or didn't work with this division of responsibilities?
2. What was relatively easy in the integration of TJ with the other NGOs? Why?
3. What were the greatest challenges in integrating TJ with the others? Why? What might have made it easier?

Impact on the yours and partner organizations

1. What changed in the NGO partner as a result of implementing TJ?
 - a. Capacity? (staff and program capacity to integrate health?)
 - b. Social / organizational culture and norms? Program quality? (how do you define it?)
 - c. Funding opportunities?
 - d. Ownership themselves for TJ
 - e. What changed in their interactions among partners or outside their organization as a result of being involved with TJ?
 - f. How did TJ make a difference in your interactions with existing partners? New partners?
2. What changed in your organization as a result of scaling up TJ with other partners?
 - a. What changed in order to be able to support the scale-up – technically and administratively?
 - b. What changed as a result of taking on this technical support role for a project like TJ?
3. What changed in your interactions among partners or outside your organization as a result of being involved with TJ?

Looking Forward

1. How might these changes continue to manifest themselves in the future? (sustainability and replicability)
2. What do you see as the essential new innovation or value added of TJ in your work?
3. What have we learned about integrating TJ into other projects / partners
4. What are recommendations or lessons learned for future implementation with new partners?
5. At the end of the day, is TJ worth keeping? Why or why not?

Codes pour la Saisie

Loc.	Informant	Organisation	Thèmes
Cou Oue	A -Animateur SPF -superviseur/PF SCP -staff cadre partenaire SPR -Staff programme Ressource SCR - Staff Ressource Cadre SLR – Staff Leadership ressource	C -CARE P -Plan G -GRAIB CB – CBDIBA AC – Access AV – Autre Vie	POM Processus mise en ouvre • PAF Activités faciles • PAD Activités difficiles • PAS Adaptations / Solutions aux difficultés RR Rôles et responsabilités • RIA Mise en ouvre dans les communautés • RPF Coordination des partenariats R Recommandations pour mieux exécuter approche TJ • RIA Cote intégration approche TJ dans des autres projets • RPF Cote intégration PF SER Support de l'équipe ressource EP Effet cote projet EO Effet cote organisation EE Effet Externe IS nnovation unique / plus significative de TJ VA Vision pour l'avenir / pour maintenir les bénéfices PA Pertinence pour l'Avenir

APPENDIX B:

**Draft Agenda for the Joint Technical Consultation on Scale-Up of
Normative Interventions**

GREAT/TJ Technical Consultation – DRAFT Agenda

Date: Wednesday 7 December 2016

Title: Bending the FP Curve: Seizing Opportunities for Scale-up of Normative Change Interventions

Introduction:

Social norms influence family planning uptake and a range of other sexual and reproductive health (SRH) outcomes. Many of the effective efforts to foster social norms which support family planning use are community-based. Our challenge is to scale up community-based normative-change interventions and establish effective service linkages.

Two applied research projects - the Gender Roles, Equality and Transformations (GREAT) Project in Northern Uganda and the Tékponon Jikuagou Project in Benin - were developed specifically to address these challenges, with support from USAID. GREAT aims to promote gender-equitable attitudes and behaviors among adolescents (ages 10-19) and their communities with the goal of reducing gender-based violence and improving family planning uptake and other SRH outcomes in northern Uganda. Tékponon Jikuagou aims to catalyze new ideation and model behaviors, and their spread through social networks, to reduce social barriers that prevent women and men acting on their unmet need for family planning. Designed for scale, both are completing a first wave of scale up *via* a new set of NGOs and zonal Ministries.

We would like to bring others with similar scale-up visions and work together to focus on interventions that promote collective, normative change by encouraging communities to reflect on and question social and cultural factors that support attitudes and behaviors that constrain women and men from seeking and using modern contraception.

During this one-day consultation, we will engage participants to:

1. Share their experiences of scaling community-based normative change interventions that seek to improve uptake of family planning;
2. Identify essential factors that influence successful scale-up of such interventions within complex systems;
3. Propose principles for designing, monitoring, and evaluating scalable community-based normative change interventions;
4. Determine next steps for exploring the issues and knowledge gaps identified during the consultation.