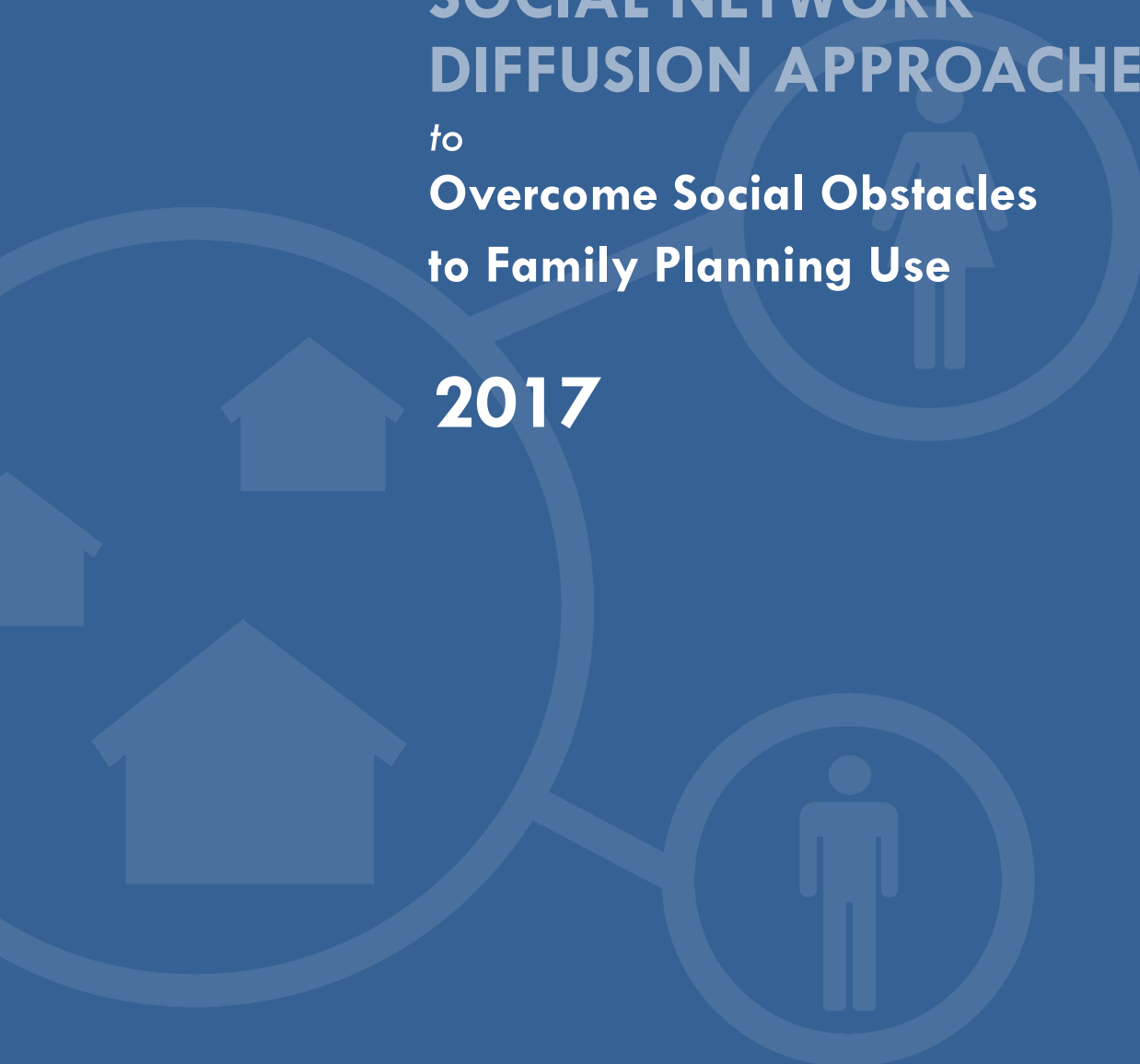


HOW-TO GUIDE

HOW-TO GUIDE FOR SOCIAL NETWORK DIFFUSION APPROACHES

to
**Overcome Social Obstacles
to Family Planning Use**

2017



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

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i

INTRODUCTION

A persistent dilemma

After decades of family planning programming in West Africa, unmet need for contraception remains high among people of reproductive age, and the extent to which contraceptives are used remains unclear. Government and non-governmental organizations have allocated important resources for improving family planning services, policy reform, mass media campaigns and peer education, strengthening supply chains, and providing a wider choice of contraceptives. Although knowledge of family planning methods is high, this does not translate into widespread adoption or prolonged use of modern contraceptive methods.

Why are people still reluctant to seek and use modern contraception despite knowledge (and even approval) of family planning? Social norms relating to reproductive behaviors in any given society constitute important, though often unacknowledged, barriers to contraceptive uptake.

A novel solution

Tékponon Jikuagou has overcome social barriers contributing to low rates of family planning use in southwest Benin. We applied social network theory and analysis, and developed a low-technology and low-resource package to address social barriers to meeting unmet need. We changed our approach for *Tékponon Jikuagou*: instead of targeting all communities with information and activities for behavior change, we viewed individuals as members of social networks that influence social norms, including norms relating to reproductive health. Working with reliable social networks already present in the communities, we encouraged influential individuals to reflect and act on social norms that contribute to unmet need for planning family.

Our *social networks diffusion* approach began with the recognition that every community is home to individuals who are natural leaders and advisors: they influence their surroundings and tend to belong to (and connect to) multiple social networks. The approach assumes that when these influential individuals adopt positive attitudes towards family planning, their social interactions

Overview of *Tékponon Jikuagou*



Implementation Consortium:

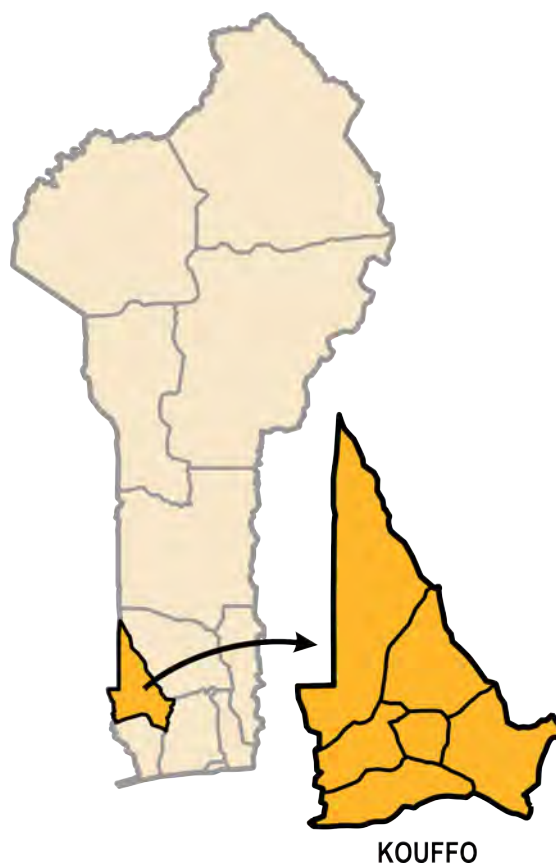
- Institute for Reproductive Health
- CARE International
- Plan International

Funding agency: USAID

Location: 90 communities in southwest Benin

Duration: 2013-2015 (including the pilot phase and research activities)

Designed for scaling-up of evidence-based innovations.



could promote discussion and reflection, and elicit behavior change. Moreover, judicious support could accelerate the rate of diffusion, and lead to normative change (and eventually behavioral change) within participating communities.

Tékponon Jikuagou provides exactly this judicious support in Benin. Our social networks diffusion package and materials were made available to meticulously selected individuals and influential groups who acted as agents of change within and across their social spheres. Our presence left only the lightest footprint in participating communities, and social network diffusion activities can be easily sustained by these resident agents of change.

The argument for scaling up

Importantly, *Tékponon Jikuagou* did promote change. Endline results indicated that the package was effective in increasing discussions about family planning, sharing of experiences between women and men, and seeking family planning information. There was indication of normative change as well, measured by the increased perception that people in one's social networks approve of family planning. The most significant change occurred in those directly exposed to the *Tékponon Jikuagou* intervention, but there was also an increase in discussions about family planning at the community level. The comparison between baseline and endline showed an increased use of modern contraceptive methods and a reduction in unmet need in areas where the package was implemented.

This Guide

The *Tékponon Jikuagou* consortium prepared this guide on **Social Networks Diffusion Approaches to Overcome Social Obstacles to Family Planning Use** to encourage others to adopt the package through social networks as a stand-alone initiative or as a supplement to their ongoing health and development programs in West Africa. The guide offers guidance for planning and implementing the *five components of our social network diffusion package* (right), and presents the tools, materials, guides and instructions that we developed, tested and used in *Tékponon Jikuagou*. Throughout, we explain to the user what we did and make suggestions based on lessons learned and outcomes.

The guide is comprehensive — it contains everything you will need to replicate the social networks diffusion package in the field — but it is not a rigorous set of instructions. Moreover, the guide focuses on the interface between field staff (whom we call Facilitators) and community members: it assumes that the implementing organization has adequate management and evaluation structures in place to support this interface. We anticipate that users will find the guide both sufficiently prescriptive and flexible to be used by most organizations in most social

INTERVENTION COMPONENTS

1 ENGAGE COMMUNITIES IN SOCIAL MAPPING



2 SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



3 ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



4 USE RADIO TO CREATE AN ENABLING ENVIRONMENT



5 LINK FP PROVIDERS WITH INFLUENTIAL GROUPS





environments.

Please plan to implement *all five components* of the package, in the sequence presented in this guide. Each has a unique and necessary role to play in the social networks diffusion approach. That said, certain materials can be modified to fit the implementing context if it differs from *Tékponon Jikuagou's* context in southwest Benin. Section v. offers advice for contextual adaptation. (Note that we suggest adaptations for *context*, but urge that content remain unchanged.)

The social networks diffusion package is different from what is usually done

We designed and implemented *Tékponon Jikuagou* around several points of emphasis that helped us — and may help you — shift from a community mobilization approach to a social networks diffusion approach. These points are introduced here. Then, throughout this guide, we provide hints and suggestions — based on our lessons learned — to adhere to these points as implementation progresses. Look for the *Unique Strategy* textboxes in the sections that follow.

A. Actors and Action. Rather than work with formal leaders and health care providers, as one would in a community mobilization approach, the social networks diffusion package identifies a limited number of influential actors, within influential social networks, who are effective diffusers of ideas. Rather than provide factual information about contraceptives, it promotes reflective dialogue about social norms and personal values relating to family planning and reproduction.

B. Demand. The social networks diffusion approach strives to alter social norms and accepted behaviors. In this regard, it works to create demand for family planning. This approach does not diminish the importance of having quality family planning information and services — it ensures the availability of essential services and creates links to providers — but emphasizes the demand side of the demand/supply dyad.

C. Unmet need. Rather than strive to increase contraceptive prevalence, the social networks diffusion package strives to reduce unmet need. *Tékponon Jikuagou* also helped people expand their understanding of unmet need so that those who may think they are protected from unwanted pregnancy (but are not) and those who feel unable to use family planning (although they wish to) are specifically addressed.

D. Gender. The social norms surrounding reproductive behaviors and choices are deeply embedded in gender norms. Our social networks diffusion package engages men and women with equal intensity to uncover and discuss issues including stigma surrounding contraceptive use (and how it differs for men and women). The package also encourages conversation about what is appropriate to discuss and with whom, and couple/household communication around reproductive health and child spacing. Just as we guided participants to examine gender norms in their lives, we also checked our own gender assumptions as implementation progressed.

E. A light touch. The social networks diffusion approach promotes new ideas and behaviors, but does not attempt to control their movement as they are diffused across social networks. In *Tékponon Jikuagou*, we often likened this to dropping a pebble in the water, letting the ripples go where they may. (That said, we can trace the ripples, and measure their effect, as they move



through and beyond participating communities. See Section vi.)

Some terminology used in this guide

Here, we provide brief definitions of a handful of terms that appear throughout this handbook to increase your ability to use the material easily and successfully. We also define the actors whose roles are discussed in this guide.

Gender refers to the social, cultural and economic attributes and opportunities that human societies attach to being a man or a woman. By contrast, sex refers to the physical attributes and processes mandated by XX or XY chromosomes. Gender differences perpetuated over time and space are normalized: they come to seem as natural as sex differences.

Social barriers to family planning are the collection of social consequences (approval, inclusion, stigma, exclusion) of adhering to or straying from a given social value. Barriers occur when social norms (often, gender norms) prevent people from discussing, seeking and using family planning methods – or indeed, from understanding their need for family planning. Social barriers, by their nature, require different solutions from structural barriers (access, policy).

Unmet need for family planning: Sexually active women of reproductive age are said to have an unmet need when they do not want to become pregnant (now or ever) but are not using any method of contraception. To this standard definition, we add two groups whose unmet need is real but often goes undetected: women who believe they are protected from pregnancy but are using ineffective methods (such as withdrawal or charms), and women who incorrectly believe they are not at risk of pregnancy (because they are breastfeeding, post-partum, have infrequent sex or believe themselves infertile).

Social networks diffusion: Broadly speaking, this refers to the movement of ideas through social channels. Humans are enormously influenced by the thoughts, behaviors, and judgments of those in their social networks. It is possible to harness social networks to spread or diffuse information, ideas, and behavioral change in favor of family planning use and improved couples communication, for example, against unjust gender norms. In this guide, we speak of a social networks diffusion **approach** when referring to the general set of theories underlying the activities described here. The social networks diffusion **package** is the combined set of activities to be implemented, while the social networks diffusion **materials** are the written and illustrated pieces that you and community members will use to implement the package.

The following table defines the major actors discussed in this guide.



KEY ACTORS IN THE SOCIAL NETWORKS DIFFUSION PACKAGE

Staff	Facilitator: Field staff or agent who interacts with community members.
	Supervisor: Staff member who supervises Facilitators.
Community Members	Influential Groups: Existing groups (formal or informal) in communities, identified as having particular social influence. After Section 1, we usually refer to these simply as “groups.”
	Catalyzers: Members of influential groups who are selected (by other members) for their natural leadership qualities. Catalyzers learn to use social networks diffusion materials, lead reflective dialogue, etc.
	Influential Individuals: Individuals identified for their social influence and connectedness, who are oriented to spread ideas about family planning (and social/gender norms surrounding reproduction in general) in the course of their normal activities. Influential individuals may be, but are not necessarily, members of the influential groups described above.
	Family Planning Providers: Any health services providers (nurses, doctors, caregivers, community health workers) trained to counsel and dispense family planning methods.

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OVERVIEW OF TÉKPONON JIKUAGOU

Here we offer a broad overview of the *Tékponon Jikuagou* package as we implemented it in southwest Benin. This section presents a simple, linear narrative of the package's five components, indicates how they are sequenced and build upon one another, and illustrates the light touch of the social networks diffusion approach. We set this overview in an imaginary (but typical) community that we call **Coufouette**.



1. Engage Communities in Social Mapping.

After holding introductory meetings in each participating community, our *Tékponon Jikuagou* staff guided volunteer residents of **Coufouette** to conduct **community social networks mapping** exercises. They inventoried social groups, and ranked them according to their degree of influence on local health and well-being. They created a physical map that represented the social organization of their village: its most important social institutions, forward-thinking members, and more. These exercises captured the varying perspectives of

women, men, youth, health workers, and socially marginalized groups.

Our staff then visited the three most influential groups identified by the social mapping exercises in **Coufouette**, and invited them to work with us. The most influential women's group was a savings and loan group. This group agreed to participate, as did the most influential men's group (which met weekly to play dominoes), and a mixed-sex group (young women and men who promoted youth activities). Each group selected one of its members to serve as a **Catalyzer**¹ of social networks diffusion activities.

Our staff also visited influential individuals, identified by community social mapping, and sought their participation. In **Coufouette**, these **Influential Individuals** were: a female charcoal seller, a voodoo priest, a male primary school teacher, a female traditional birth attendant, and a male elder. It was not necessarily their formal positions or jobs that made them **Influential Individuals**. Rather, it was the (often informal) advisory roles they played. They were recognized as natural leaders whose opinions and actions influenced the opinions and actions of many others.



2. Support Influential Groups in Reflective Dialogue.

We next gathered all **Catalyzers** for a three-day **Orientation**, where they learned to use the *Tékponon Jikuagou* materials (including Story and Activity Cards, Annex A), and to facilitate participatory and reflective dialogue in their groups.

Thereafter, each time their groups met, the Catalyzers used a Story or Activity Card to foster reflection and discussion among members. The Catalyzers also encouraged members to share

the discussion topics with others outside the group. Our Facilitators, meanwhile, regularly coached Catalyzers to build their communication skills and effectiveness.

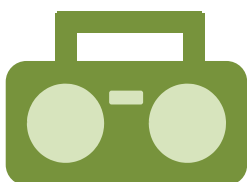
¹ Catalyzers had to be able to read the basic French used in *Tékponon Jikuagou* materials.



3. Encourage Influential Individuals to Act.

With **Catalyzer** activities underway, *Tékponon Jikuagou* gathered **Influential Individuals** for an **Orientation**. Over several hours, they learned about and discussed aspects of unmet need for family planning, and especially the social barriers that prevent women and men from acting on unmet need. Each **Influential Individual** identified several actions

that she or he could take to help others talk about and address these barriers. In **Coufouette**, the voodoo priest took a few moments before ceremonies to encourage couples to discuss family planning, while the charcoal vendor engaged her customers in discussions of why men and women did not talk publicly about child spacing. About once a month over several months, our Facilitators visited each **Influential Individual** to encourage further action and build communication skills.



4. Use Radio to Create an Enabling Environment.

Once the Catalyzers were active, radio stations began **weekly broadcasts** to support the social acceptability of discussing and using family planning. We created several types of broadcasts, with both pre-recorded group discussions and live talk and call-in shows in which listeners could express their views. Radio show

hosts advertised a local hotline that offered information about family planning methods and services.



5. Link Family Planning Providers with Influential Groups.

Our *Tékponon Jikuagou* staff forged linkages between family planning providers and communities at four distinct levels, thereby building a bridge from demand (the focus of the social networks diffusion package) to supply. First, providers participated in the community social networks mapping exercise. Second, Catalyzers met and exchanged contact information with providers during their orientation. Third, community members

encouraged peers and relatives to visit a health facility for information and methods in an activity called the 'Each One Invites Three' (EOI3) Campaign. Finally, family planning providers participated alongside Catalyzers and Influential Individuals during community celebrations that closed the active phase of *Tékponon Jikuagou*.

Timeline: The calendar below illustrates how the five components of the social networks diffusion package build upon and complement one another in a typical community such as **Coufouette** over a period of nine months. Note that this is illustrative only and assumes that the package is implemented alone, and not integrated into an existing project. If the latter is the case, package implementation might take longer, as it will depend in part on other project activities.



TIMELINE :

SOCIAL NETWORK DIFFUSION PACKAGE: IMPLEMENTATION TIMELINE

Component	Months	1	2	3	4	5	6	7	8	9
	Preparation	X	X							
1	Engage Communities in Social Mapping		X							
2	Support Influential Groups in Reflective Dialogue			X	X	X	X	X	X	X
3	Encourage Influential Individuals to Act				X	X	X	X	X	X
4	Use Radio to Create an Enabling Environment			X	X	X	X	X	X	X
5	Link Family Planning Providers to Influential Groups		X	X			EO13	EO13	EO13	X
	Close with Ceremonies									X

Among the activities in the 'Preparation' component, several are discussed in this Guide (such as Initial Staff Orientation and Adapting Materials to Context). Several others are standard development practice (such as holding introductory discussions with community leaders), and are not described here. One important activity to include as you begin outreach and sensitization efforts to inform villages and communal health authorities of the new project is to inquire about family planning services and method supply in the public and private sector. If health authorities indicate significant issues with family planning access, availability or services, you may need to work with and advocate to the Ministry of Health or private sector projects to reinforce services.



INITIAL STAFF ORIENTATION

WHY: An initial orientation for your staff will prepare them to understand and implement the social networks diffusion package. The three-day orientation includes an overview of the social networks diffusion approach, an opportunity to master the materials of the social networks diffusion package, and an exploration of how gender and social norms influence unmet need for family planning.

WHO: This initial orientation is for staff members who will implement the social networks diffusion package at the community level: Facilitators and their Supervisors. Other, more senior staff (management, coordination, M&E) should participate too. Their presence will help establish a firm sense of collaboration and support at all levels.

WHEN: The three-day initial staff orientation should occur in the first month of the nine-month implementation period.

In this section:

- Initial Staff Orientation Guide
- Orientation - Day 1 (*Powerpoint Presentation*)
- Orientation - Day 2 (*Powerpoint Presentation*)
- Orientation - Day 3 (*Powerpoint Presentation*)
- Intervention Components Graphic
- Social Networks Diffusion Vision Card

Component	Month	1	2	3	4	5	6	7	8	9
Preparation		X	X							

WHAT: The initial staff orientation will help Facilitators and Supervisors become comfortable with the concepts, skills, and materials they will use when they work with Catalyzers and Influential Individuals in the field. The orientation will introduce and emphasize three major topics, each of which is addressed several times in the course of the three-day session:

1. The *social networks diffusion approach* and related concepts including *reflective dialogue for social change*, and *unmet need for family planning*.
2. *Gender*, and reflection on application of gender concepts. How does gender influence family planning behavior, for example, and how do staff's own gender attitudes influence their work?
3. The *five components of the social networks diffusion package*, with preliminary emphasis on the first two: social network mapping and catalyzing reflective dialogue in influential groups.

We suggest that you provide ongoing opportunities for staff to master the skills and knowledge they gain in the initial staff orientation via (a) supportive supervision of Facilitators, and (b) regularly scheduled review sessions (see *Unique Strategy* textbox).



HOW: The two resources you will use for this orientation are:

1. The instructions and guidance in this section of the guide
2. The social networks diffusion materials (and their location in this guide), including:
 - **Story and Activity Cards:** Illustrated cards with narrative, instructions, and discussion questions for encouraging reflective discussion of the social and gender norms that influence family planning use (Annex A).
 - **Infographics:** Illustrated, select data on family planning that will help Influential Individuals and health care providers better understand unmet need and the social factors that contribute to it (Section 3).
 - **Social Networks Diffusion 5 Components Card:** An illustrated presentation of the five components of the social networks diffusion package (this section).
 - **Social Networks Diffusion Vision Card:** A drawing we created in our *Tékponon Jikuagou* project that can help spark discussion of the social networks diffusion approach and its aims (this section).
 - **Each One Invites Three Cards:** Illustrated invitation cards that will be used during the Each One Invites Three campaign to link people with their family planning service providers (Section 5).

When planning the **logistics** of the initial staff orientation, please consider these points:

1. The guidance here calls for a single, three-day orientation.
2. The guidance assumes a minimum of 6 hours of activity for each orientation day.
3. Procure flip charts, index cards, markers, tape, an overhead projector, and notebooks / pens for participants.
4. Prepare a full set of social networks diffusion materials (the items bulleted above) for each participant, carefully organized in a folder.

Demand for family planning. Although the social networks diffusion approach focuses on social change to overcome barriers to use of family planning – and not on providing methods and services – you may want your staff to gain basic knowledge of family planning methods. **Annex B** offers a review of most modern and some traditional methods. You might also contact Ministry of Health sources for information that reflects methods/protocols used in your project area. Alternatively, refer to: *A guide to family planning for community health workers and their clients* by the World Health Organization at <http://bit.ly/2kk3Jv4>

Gender. The initial Staff Orientation introduces your staff to concepts such as gender, social norms and social change, but they will benefit from continuous reinforcement of what these concepts mean and how to act on them. Plan to hold informal refresher sessions as you progress (stand-alone meetings, or perhaps as part of routine staff meetings) to give staff ongoing opportunities to question, reflect, discuss, and practice actions related to gender, social norms, and values. In **Annex C** you will find an array of gender-related icebreakers and energizers that you can use for this purpose.



TOOLS:

- **INITIAL STAFF ORIENTATION GUIDE**
- *TÉKPONON JIKUAGOU ORIENTATION – DAY 1*
(Powerpoint Presentation)
- *TÉKPONON JIKUAGOU ORIENTATION – DAY 2*
(Powerpoint Presentation)
- *TÉKPONON JIKUAGOU ORIENTAION – DAY 3*
(Powerpoint Presentation)
- **INTERVENTION COMPONENTS GRAPHIC**
- **SOCIAL NETWORKS DIFFUSION VISION CARD**





INITIAL STAFF ORIENTATION GUIDE

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ii Overview of *Tékponon Jikuagou*

Initial Staff Orientation

1 Orientation: Day 1

2 Orientation: Day 2

3 Orientation: Day 3

iv Annexes

This training module was adapted from materials created by the Interagency Gender Working Group (IGWG) and funded by USAID. These materials may have been edited; to see the original training materials you may download this training module in its PDF format.



INTRODUCTION

FACILITATION GUIDE FOR A 3-DAY INITIAL ORIENTATION SESSION – NEW PROJECT STAFF

Preparation and guidance:

Purpose: Initial orientation for new project supervisory and implementation staff to prepare them to plan for and integrate *Tékponon Jikuagou* into their ongoing project activities. The orientation will include an overview of *Tékponon Jikuagou* social network and social transformation approach and a reflection on how gender and social norms influence unmet need for family planning.

Orientation overview: This orientation contains three components that are mixed into the program:

1. Introduction to project approaches and concepts: social networks, reflective dialogue for social change, and unmet need for family planning.
2. Gender reflection and application: How do gender and social norms influence family planning behavior, and how do our own attitudes influence our work in this area?
3. Understanding specific intervention components of *Tékponon Jikuagou* with a preliminary emphasis on community mapping, critical reflection and dialogue in influential groups, and identification and role of Influential Persons in the community.
4. This orientation assumes:
 - Family planning expertise and partnership with service delivery staff should be reinforced as needed after this initial orientation.
 - This introduction to work on gender and social transformation should be reinforced continuously throughout the implementation of the project.

Orientation objectives:

1. Develop theoretical and practical understanding of unmet need, reflective dialogue, and social network approaches.
2. Think about how we might apply these approaches in the context of new projects.
3. Explore personal attitudes and values around gender, sex, fertility, power, and equity.
4. Understand roles and responsibilities of new project Facilitators and those of their respective Catalyzers and Influential Persons in the communities.
5. Develop a preliminary plan for implementation of specific *Tékponon Jikuagou* package components.

Who should participate? Staff responsible for project implementation at the community level, including both field agents (Facilitators) and Supervisors, are the primary target for this orientation. Beyond this, more senior program development and coordination staff should be involved selectively, even if they have already been involved in the initial plan for adopting and integrating *Tékponon Jikuagou*, in order to establish a firm sense of collaboration and support at all levels for the integration effort.



Project materials: Two types of documents will be used during this orientation: documents to guide implementation, and documents that will be used as part of the intervention activities at the community and health center levels:

1. The **How-To Guide for Social Networks Diffusion Approaches to Overcome Social Obstacles to Family Planning Use** (hereafter referred to as the *Tékponon Jikuagou How-To Guide*) is the primary source for guiding implementation of the *Tékponon Jikuagou* components, and is a primary source of information for this orientation as well as for planning the integration of *Tékponon Jikuagou*.
2. Documents used with targeted communities and health centers (some of these are used as part of this orientation):
 - **Story & Activity Cards:** Illustrated cards with stories, activity instructions, and discussion questions for encouraging critical reflection and group dialogue around the social and gender norms which influence family planning use (Annex A).
 - **Infographics:** Selected illustrations of data on family planning which can help Influential Persons and health staff better understand unmet need and the social and gender factors that contribute to it (Section 3).
 - **Social Networks Diffusion 5 Components Card:** An illustrated presentation of the five components of the social networks Diffusion package (current section).
 - **Social Networks Diffusion Vision Card:** A drawing created in the context of the *Tékponon Jikuagou* project to provoke discussion of the social networks diffusion approach and its objectives (current section).
 - **Each One Invites Three:** Illustrated cards that will be used during the Each One Invites Three campaign to link care seeking between members of the communities with their family planning service providers.

Training logistics:

1. Plan for the training day to last at least six hours.
2. The orientation lasts three days, but sessions can be distributed differently depending on other project activities and structures.
3. Materials for training include flip charts, index cards, markers, tape, an overhead projector, notebooks/notepads, and pens for each participant.
4. Each participant should receive a full set of project documents and social networks diffusion materials (Story & Activity Cards) organized in a folder.

Prepare participants' packets:

- Agenda
- *Tékponon Jikuagou* Vision card
- *Tékponon Jikuagou* dialogue materials including instructions for Story & Activity Cards
- *Tékponon Jikuagou* intervention package graphic
- Printed slides, to distribute after each session
- Follow-up and evaluation tools
- **Handout 1.1 – Vote With Your Feet**
- **Handout 1.2 – Results Framework**
- **Handout 1.3 – Categories of Unmet Need**

SAMPLE AGENDA: 3-DAY ORIENTATION

Tékponon Jikuagou Orientation Guide for New Partners

Note: This is only an example of how to organize this orientation. The final agenda will depend on the orientation structure – one, three-day training or several shorter orientations – and the overall way you want to organize the day. Within a given day, you can also allow flexibility on when you take the pause – sometimes the sessions are too long for the allotted slot. You need to pay attention to the suggested times in the guide when you are planning.

Timing	Day 1	Day 2	Day 3
8:30 – 10:45	Introduction activities: Participant introductions, Tékponon Jikuagou vision, and rules of procedure	<ul style="list-style-type: none"> Review Day 1 Gender video clip Slides: Review of Tékponon Jikuagou concepts Groups: Exploration of the 5 components of Tékponon Jikuagou 	<ul style="list-style-type: none"> Review Day 2 Slides and group work: Exploring gender in the Tékponon Jikuagou context
Pause			
11:00 – 13:00	<ul style="list-style-type: none"> Slides: Overview of project concepts (unmet need, social networks, reflective dialogue) Exercise: Values clarification 	<ul style="list-style-type: none"> Report of group work on the 5 components, if needed Practice with Activity Cards 	<ul style="list-style-type: none"> Practice with Activity Cards
Lunch			
14:00 – 15:30	<ul style="list-style-type: none"> Synthesis of values clarification Slides: Results Framework and Tékponon Jikuagou intervention package 	Large group discussion <ul style="list-style-type: none"> Definition of roles Communication skills 	Preparation for project interventions: Social mapping, planning for next steps
Break			
15:45 – 17:00	<ul style="list-style-type: none"> Exercise: Gender Box Reflections on the day 	<ul style="list-style-type: none"> Continue practicing communication skills Reflections on the day 	<ul style="list-style-type: none"> Continue planning for next steps Commitment to project's gender and social equity values Review of the Day Final Evaluation



1

ORIENTATION: DAY 1

MAIN THEMES

- Introduction to *Tékponon Jikuagou*
- Critical reflection and dialogue, and social network diffusion approaches
- Personal exploration of gender

LEARNING OBJECTIVES

By the end of the session, participants will:

- Understand *Tékponon Jikuagou*'s innovative approach to addressing unmet need for family planning through critical reflection and dialogue, and social network approaches.
- Identify the components of the *Tékponon Jikuagou* intervention package and associated activities.
- Explore personal attitudes and values around reproductive health, gender, sexuality and social norms, and understand how these influence community-based reproductive health initiatives.

DURATION

6 hours, 05 minutes

SESSION OVERVIEW

	ACTIVITY	DURATION
A.	Introduction of Participants and Ice-breaker	45 min
B.	Introduction to <i>Tékponon Jikuagou</i>	25 min
C.	Rules for the Orientation	10 min
D.	Overview of <i>Tékponon Jikuagou</i> Project Concepts	1 hour, 40 min
E.	Values Clarification – Vote With Your Feet	45 min
F.	Results Framework and Intervention Package	45 min
G.	Gender Box	1 hour, 20 min
H.	Daily Reflection	15 min

HANDOUTS AND TEACHING MATERIAL

- Flip charts, markers, tape, index cards, projector, laptop
- Handout 1.1 – Vote With Your Feet – Example bank (only the moderator will need this handout)
- Handout 1.2 – Results Framework
- Handout 1.3 – Categories of Unmet Need

MODERATOR PREPARATION (prior to the session)

1. Write the themes for the day and learning objectives on a flip chart in large print that allows the audience to view them clearly.
2. Prepare a flip chart with introductory activities and ice-breakers (see Activity A).



3. Prepare small group discussion cards for Activity D – Overview of *Tékponon Jikuagou* Project Concepts (See activity D for language to include on cards).
4. For Activity E – Values clarification – Vote With Your Feet, you will need to post three signs around the room creating a continuum. Make one sign with each of the following phrases on it: AGREE, NO OPINION, DISAGREE. Also, read through **Handout 1.1 – Vote With Your Feet – Example Bank** and select six to eight phrases according to instructions at the top of the handout.
5. Prepare a flip chart to display the group task for Activity G – Gender Box. (See moderator instructions for language).
6. Prepare a flip chart with individual reflection questions taken from Activity H.

ACTIVITIES

A. Introduction of Participants and Ice-breaker (45 min)

Welcome the participants to the initial staff orientation. (The content of the orientation will be specific to new implementers and to the context of their project).

- Place the orientation in the context of the project timeline and implementation process.
- Clarify their organization's role in implementation and scale-up, emphasizing the importance and opportunity in this work.

Let the participants know that the session will begin with introductions and an ice-breaker that touches on our personal experience of gender. Explain that we will explore how many of the same pressures we feel are also felt by communities. Ultimately this exercise can demonstrate that the distance between staff and community is not as great as it might seem. It is also a way that we can relate to the community, by sharing our struggles to bring about change, rather than coming in as experts with answers. Instead, we come to the community as peers with insights on the struggles of change.

Step 1: Review the following introductory task on the flip chart and ensure the instructions are clear to all:

Introduction and Ice-breaker

Individually answer the following questions on your index card

- Your name, your organization and title
 - One thing you like about being a woman/man
 - One thing you find challenging about being a woman/man
- 5 min to take notes
- When finished, sit with your partner and share answers. Be prepared to introduce your partner to the large group.

— 5 minutes to discuss

Invite participants to identify someone in the group whom they do not know very well. Encourage participants to complete the exercise and prepare to introduce their partner. Invite the pairs to stand up and introduce each other. During introductions, synthesize their gender-related experiences in a few words on a flip chart with headers such as:

	Women	Men
What I like		
Challenges		

Step 2: Facilitate a wrap-up discussion to summarize the participants' individual gender-related experiences using the following questions:

- Do you see any commonalities or trends in the responses?
- How do gender norms define who we are?
- Who enforces these norms?
- Are there instances where this norm is not the norm? Are there times when this has not been the norm?
- Any additional observations or questions?

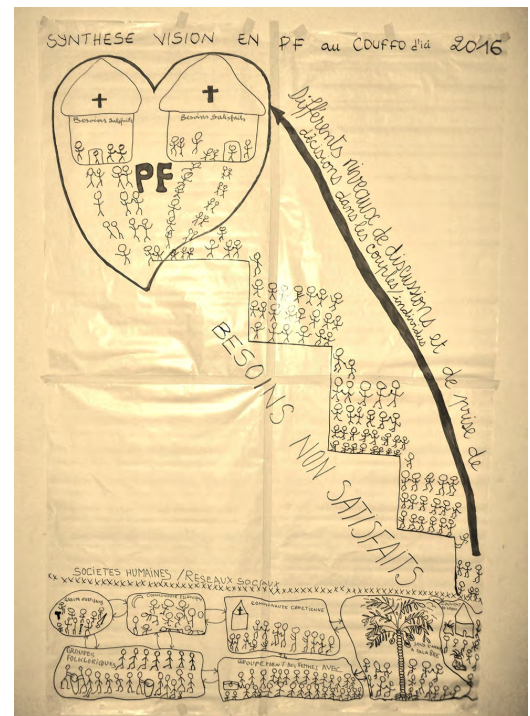
B. Introduction to Tékpnonon Jikuagou (25 min)

Step 1: Tell the participants that you will take a moment to review the *Tékpnonon Jikuagou* vision with them as a foundation of the workshop. Let them know that they will revisit the approach in much greater depth as the day goes on. Ask participants to retrieve the *Tékpnonon Jikuagou* Vision Card from their packets and look over it.

Lead a brief discussion around the following questions::

- What do you see happening in this picture?
- While integrating *Tékpnonon Jikuagou* into your ongoing activities, what are your hopes and expectations for this project?

Capture participants' hopes and expectations on a flip chart. It is helpful here to tell participants if any particular expectations fall outside the workshop's scope. Offer suggestions about how/where those expectations may be addressed more appropriately.



C. Rules for the Orientation (10 min)

Step 1: Ask participants to brainstorm a list of rules or expectations that will contribute towards a positive and productive learning climate. Synthesize their answers on flip chart under the header of **Rules for the Orientation**. Typical responses include:

- Silence mobile phones
- Punctuality
- Do not interrupt others
- Respect the opinion of others
- Confidentiality – do not repeat what others told you outside of the group.

Challenge the participants to think outside the box to generate new or different rules. For example, encourage quieter colleagues to participate, practice active listening, etc.

(Ensure that confidentiality and respect for different opinions make the list.)

Step 2: Introduce the idea of participant feedback teams as a means of collecting reactions to the workshop content and methodologies employed. Use the method presented in the side box or your own approach to form three groups. Clarify that each team will be responsible for providing feedback to facilitators for one day. Clarify that this feedback is NOT a synthesis and summary of content that was covered during the day. On their assigned day, team members will assess how things are going during breaks, and will meet with the trainers after the session to share strengths and recommendations for adjustment.

Ask each team to identify the day they will be responsible for.



Step 3: Hand out notebooks to participants and encourage them to take notes and jot down thoughts, lessons learned and ideas throughout the day.

D. Overview of Tétkponon Jikuagou Project Concepts (1 hour, 40 min)

Step 1: Slide presentation (30 min)

Use Day 1 **PowerPoint slides 1-23** and **Handout 1.3 – Categories of Unmet Need** to introduce the four key concepts of the *Tétkponon Jikuagou* project:

- Gender / values / social norms
- Unmet need for family planning
- Social network diffusion
- Critical reflection and dialogue

Let the participants know ahead of time whether you'll entertain questions along the way or prefer that they hold any questions for the general discussion following the presentation.

See tools section for slide decks.

Step 2: Initial observations (10 min)

Ask participants for a brief review of what they saw on **slides 1-23**. They will get deeper into the material during small group work but, as a first review, ask how the *Tétkponon Jikuagou* approach looks different from standard information, education and communication (IEC) projects.

Slide 24 offers the following discussion question:

Step 3: Small group work (1 hour, including report out)

Ask participants to form three groups to discuss, in greater depth, their own experiences with transforming norms and values in community development work.

Form three working groups. Distribute one discussion question card per group from those you prepared prior to the session, as follows:

Moderator tip

For a quick way to form feedback groups, turn to three nearby participants. Ask each to name a favorite animal. Then ask the remaining participants to count off by those such as, "lion, tiger, gazelle, lion, tiger, gazelle..." Each animal cluster will serve as feedback team for one day.

**WHAT CHARACTERIZES THE TJ
APPROACH COMPARED TO
CONVENTIONAL DEVELOPMENT
OR IEC PROJECTS?**

Group 1: Discussion points

What are your personal experiences of changing attitudes and norms around reproductive health, fertility, and family planning?

Personal experience of conflicts between norms and expectations and my personal behavior: When did I choose to deviate from norms and expectations, and why? When did I conform to norms and expectations even though I didn't agree with the expectation, and why?

20 min

Group 2: Discussion points

What is our work experience of addressing norms and social values?

- How did we use our networks?
- How did we challenge social norms?
- How do we reflect on what we do, and why?

20 min



Group 3: Discussion points

Share your experiences with working to change harmful social norms. Specifically:

- What are the primary challenges of transforming social norms?
- What strategies have been successful or promising, in your experience?

20 min

Ask the participants to sit with their working groups and recruit a volunteer to share a five-minute summary of their responses after the discussion time. Circulate to ensure the discussion cards are clear. Give the groups a five-minute warning before their working time expires.

Facilitate a brief report out by each of the three groups. Following each group's report, ask the others if they have questions or a need for clarification.

This project adds innovations to traditional family planning work:

- It focuses on unmet need for family planning, recognizing that barriers include both social determinants and a lack of recognizing risk for getting pregnant.
- It uses social network Diffusion and reflective dialogue as strategies to reduce stigma around family planning use, recognizing that social barriers and social norms need to be addressed at a higher level than the individual.
- It starts with project staff's own reflections on what they think and how they work.

E. Values Clarification – Vote With Your Feet (45 min)

Step 1: Introduce this activity by noting that personal experiences and values impact how we view and understand our projects.

Learning material:

1. See #4 in Moderator Preparations at the beginning of Day 1:
 - a. Post small signs in different locations in the room: AGREE, NO OPINION, DISAGREE.
 - b. A complete list of suggested statements is provided in **Handout 1.1 – Vote With Your Feet Example Bank**. Select six to eight value phrases, one or two from each group, for use in this exercise.

Step 2:

Ask the group to stand in the center of the room. Explain that you are going to call out a statement. Tell participants that, following each statement, you will ask them to represent their opinion about the statement by walking towards one of the posted signs: AGREE, NO OPINION, or DISAGREE. They should treat the signs as a continuum, whereby they stand under the AGREE sign if they fully agree with the statement. They may use the NO OPINION sign to mean neutrality or I don't know.

It is important to clarify several ground rules for this discussion. It can be helpful to have a co-Facilitator for this discussion to ensure that everyone has the opportunity to participate and be heard.

1. The purpose of this discussion is to allow participants to raise and think about a range of diverse opinions. We are not aiming for consensus, nor are we aiming for debate or to convince others of our opinion.
2. It is important to have respectful interactions, including listening to others and maintaining confidentiality.

Read out the first statement slowly and clearly. Repeat it to ensure that everyone has heard it. After everyone indicates whether they agree or not, ask two or three participants from each side to explain why they voted the way they did.



Facilitate a brief discussion about their reasons. We want to encourage reflection and sharing of different ideas and opinions, and we want to discourage debate or trying to convince others. Read up to 7 or 8 statements, depending on the time allowed for the session.

Step 3:

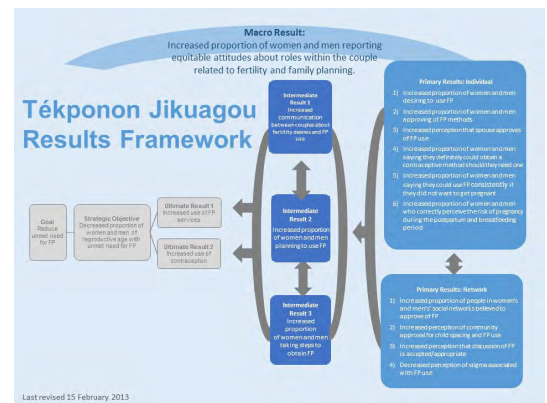
Debrief the activity with the following questions and points:

- What have you learned from this exercise?
- Even though we may be familiar with gender and the importance of gender-sensitive programming, some questions are still difficult for us to work with.
- Our own experience with and beliefs on gender can have an impact on how we view and understand our projects/programs.
- Do you see an opportunity to use this exercise at the community level? What might that look like?

F. Tékpnonon Jikuagou Results Framework and Intervention Package (45 min)

Lead the participants through two foundational elements of the *Tékpnonon Jikuagou* project - the Results Framework and package of interventions. Use **Day 1 PowerPoint slides 28 - 41** to provide this orientation. Respond to participants' questions along the way.

Finalize this portion by walking the participants through the contents of their packets, including the **How-To Guide** and social networks diffusion materials.



G. Gender Box (1 hour, 20 min)

Step 1: Introduction (5 min)

Initiate this activity by telling participants that now we will enhance our understanding of our own personal experiences related to gender norms and how those norms are perpetuated and challenged in our day-to-day life. Refer the participants back to the experiences they cited in the introductory exercise at the start of the day. Also remind them of the working definition of gender (displayed as a slide or on flip chart). Let them know they will engage in a sex-segregated discussion of gender norms within their social context.

Gender refers to the social, cultural and economic attributes and opportunities that human societies attach to being a man or a woman. By contrast, sex refers to the physical attributes and processes mandated by XX or XY chromosomes. Gender differences perpetuated over time and space are normalized: they come to seem as natural as sex differences.



Step 2: Group work (30 min)

Before participants divide into two groups – women-only and men-only – review the following group task on the flip chart you prepared earlier. Check that the task is clear and entertain any questions.

Once the task is clear to participants, ask them to divide into sex-segregated groups of six to eight people, keeping women together and men together. Circulate to provide flip chart paper and markers, and to be sure they are starting with drawing a “Gender Box” on their paper. Help the groups manage their time by reminding them they have 30 minutes, and checking in with them at the 20-minute mark.

Gender Box – Group Activity

1. Draw a medium-sized box in the center of a flip chart paper; we will refer to this as a Gender Box. The Gender Box will encapsulate those qualities, roles, and behaviors that our society expects of the ‘typical’ woman or man.
2. Women-only group: brainstorm the qualities, roles, and behaviors that are expected of women. Men-only group: brainstorm the qualities, roles, and behaviors that are expected of men. As you discuss, capture the characteristics in key words, phrases, or images inside the Gender Box on your flip chart.
3. Next, identify the actors or institutions that dictate and reinforce these norms and expectations.
4. Finally, identify several real-life examples where a woman (women’s group) or a man (men’s group) has not behaved according to social expectation. Draw or write these examples outside the Gender Box. Discuss some advantages and consequences of the following behaviors:
 - a. What are some of the benefits to being able to deviate from social norms or expectations?
 - b. What are some consequences to stepping outside the Gender Box and behaving differently than social norms or expectations?
5. Prepare to share your thoughts with the large group.

30 min to complete group work

Step 3: Plenary discussion (45 min)

Invite the two groups to display and present their Gender Boxes to each other, sharing the highlights of their discussion. After each report back, welcome observations or clarifying questions from the other group. Let the observing group know that there will be time for debating any points later in the plenary discussion.

Next, facilitate a summary discussion where you lead the participants through the process of generalizing and drawing conclusions about their group findings. Suggested discussion questions include:

- What stands out to you about the discussion or reflections raised in this exercise?
- Based on each group’s presentation, which are the key societal actors and institutions that perpetuate gender norms?
- What are the consequences – positive and negative – for men and women who step outside the Gender Box?



H. Daily Reflection (15 min)

Invite participants to stand up, stretch or relocate around the room or outdoors if possible. Before they go, ask them to read through reflection questions on the flip chart. Taking 10-15 minutes to reflect on the day's material and draw out some key learnings will help them internalize new knowledge.

Day 1 – Reflection Questions

- What have we talked about today that I never thought about before?
- What did we talk about (if anything) that made me uncomfortable?
- What are two or three things I might be able to apply to my work in the community?

Before sending participants off, make any announcements about Day 2 and remind the Day 1 Feedback Team when you will sit with them. In the meeting with the Feedback Team, you might ask them to share their perspective on the day's content and methodology: what worked and what can be improved.

Handout 1.1

Vote With Your Feet – Example Bank**Moderator preparation:**

Prior to the start of the workshop, you will need to read through this list and select approximately six to eight statements to read to participants, one or two from each section. One purpose of the exercise is to highlight that we each bring a unique set values to our work in gender and family planning. Select statements that are likely to expose these value differences and touch on different areas of our work.

Statements on gender roles

- A woman's place is in the home.
- The most important thing a woman can do is to have babies.
- A man is valued for his ability to make money and provide for his family.

Statements on men and reproductive health

- Family planning will always be a more important issue to a woman than to a man.
- Men should make the final decision about whether their wife uses family planning.
- Having at least one boy child is more important than having at least one girl child.
- Family planning is a woman's responsibility.
- It is normal for a man to watch the children and cook.
- A man has the right to have sex with his wife even if she does not want to.
- Many health workers are uncomfortable counseling men on family planning.

Statements on gender and sexuality

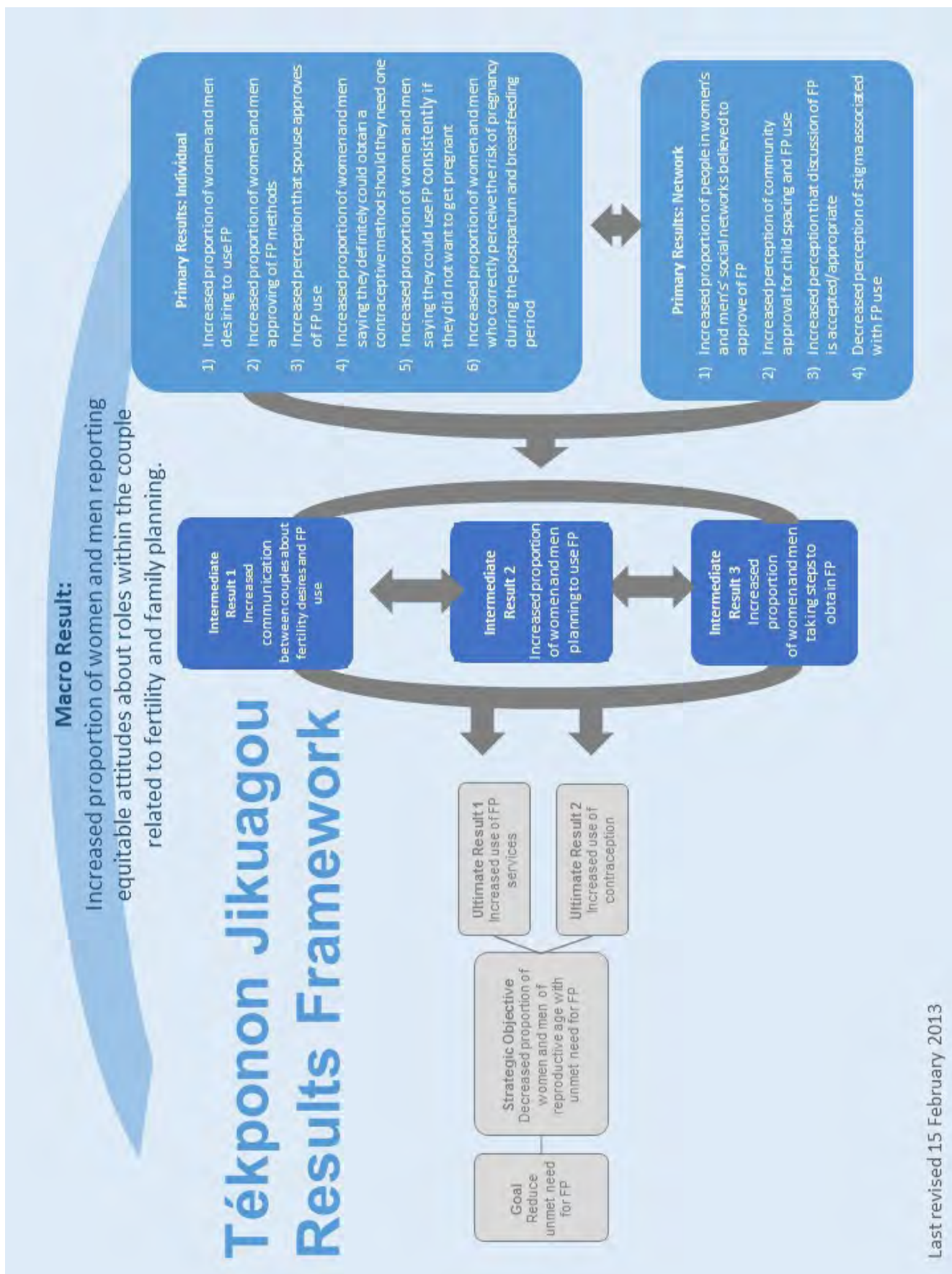
- Men are more concerned about sexual performance than women are.
- Men enjoy sex more than women do.
- These days, there is no harm in a girl/woman to initiating sex.
- People who have multiple sexual partners are irresponsible.
- A woman should be a virgin at the time of marriage.
- It is okay for a man to have sex outside of marriage if his wife does not know about it.
- Using family planning encourages a woman to be promiscuous.

Statements on gender-based violence

- In certain circumstances, women provoke violent behavior.
- Men sometimes have a good reason to use violence against their partners.

Handout 1.2

Results Framework

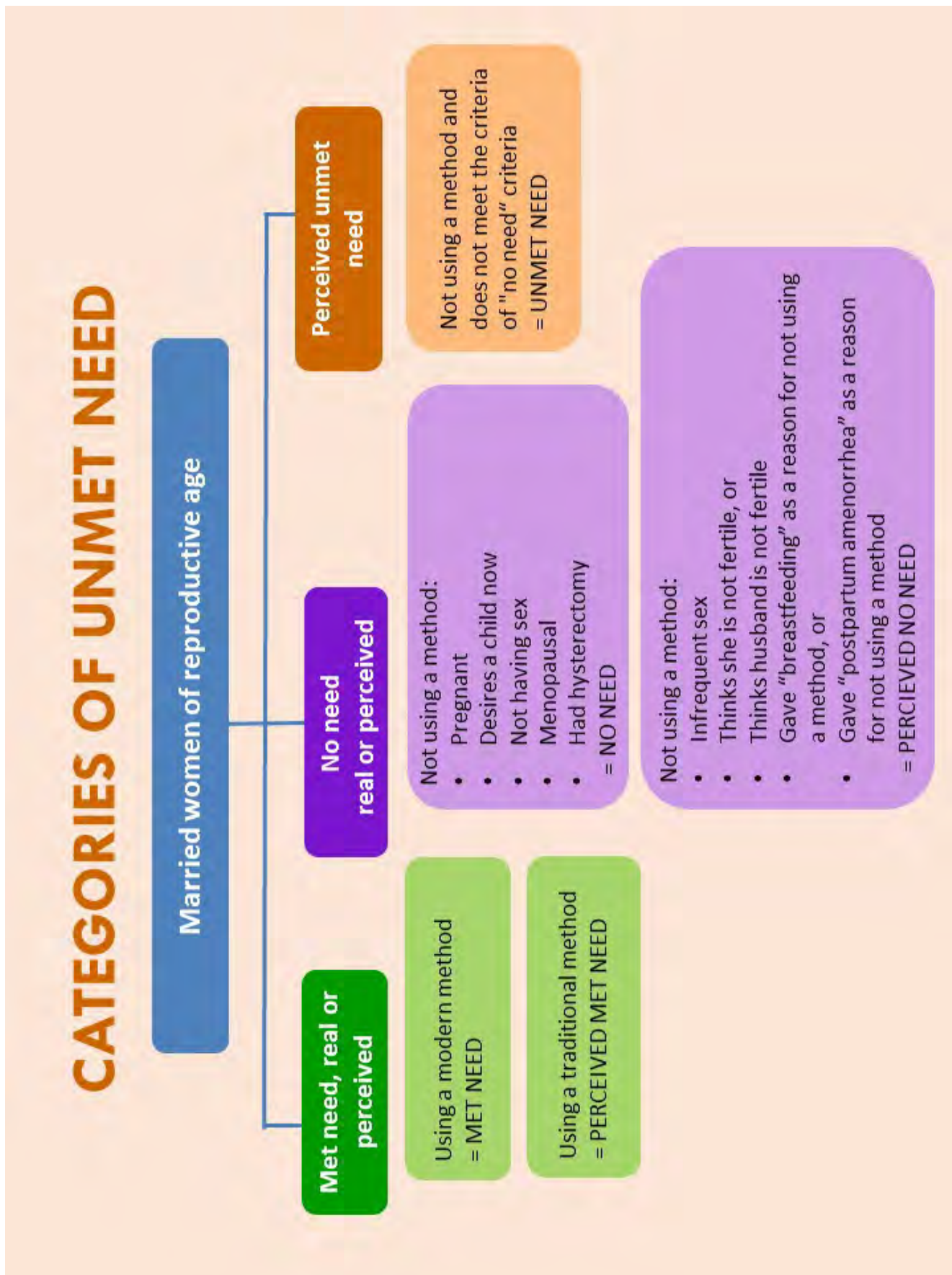


Last revised 15 February 2013



Handout 1.3

Categories of Unmet Need





2

ORIENTATION: DAY 2

MAIN THEMES

- Critical reflection and dialogue, and social network diffusion approaches
- Application of the *Tékponon Jikuagou* package, including use of materials
- Personal exploration of gender

LEARNING OBJECTIVES

By the end of the session, participants will:

- Discuss and understand various reasons for unmet need from men's and women's perspectives, and the range of social and health factors that contribute to it from both a personal and program perspective.
- Preview and practice an essential tool in the *Tékponon Jikuagou* kit – the Story Cards – as a means of preparing participants to support Facilitators and Catalyzers in community-based work.
- Define the roles of Facilitators and Catalyzers in the *Tékponon Jikuagou* approach, and practice the communication skills called for to advance their work.

DURATION

6 hours

SESSION OVERVIEW

	ACTIVITY	DURATION
A.	Review of Day 1	20 min
B.	Gender Refresher: Video	10 min
C.	Revisiting <i>Tékponon Jikuagou</i> Concepts: unmet need, social networks and reflective dialogue	45 min
D.	The Five <i>Tékponon Jikuagou</i> Components	45 min
E.	Group Simulation: Practice with Story Cards	1 hour, 45 min
F.	Definition of Roles and Communication Skills	2 hours
G.	Daily Reflection	15 min

HANDOUTS AND TEACHING MATERIAL

- Handout 2.1 – Who is who in *Tékponon Jikuagou*?
- Handout 2.2 – How *Tékponon Jikuagou* Components Incorporate Reflective Dialogue and Social Network Approaches
- Handout 2.3 – Key Communication Skills

MODERATOR PREPARATION (prior to the session)

1. Transfer the learning objectives to a flip chart in large print that allows the audience to view them clearly.
2. Prepare a flip chart with the group simulation task for Activity E – Practice with Story Cards.



3. Preview the video “Girl and Boy” posted to YouTube by Maria Mailoa <http://bit.ly/2j62Zo2>, used as a gender refresher in Activity B.
4. Prepare a set of Observer Cards, one per participant plus extras for moderator(s), by copying the language from Observer Card (in Activity E) and stapling it to index cards.
5. Familiarize yourself with the content of **Handout 2.3** – Key Communication Skills and reach agreement with a co-moderator about the subject matter of two brief demonstrations described in Activity F.

ACTIVITIES

A. Review of Day 1 (20 min)

Welcome the participants to the second day of the staff orientation. Review Day 2 themes and learning objectives (on flip chart) and walk through the agenda for the day. Tell them you will launch the day by devoting some time to reviewing the key learning points from Day 1, using them as spokespersons. Use the following questions and instructions to guide the review:

1. Gender in our personal lives and work: Does anyone have reflections on this theme from yesterday’s work? Would you like to share something from your journals? (Allow for discussion)
2. Next, we will review the *Tékponon Jikuagou* project concepts and components of the intervention package. I’ll ask for a volunteer to refresh us on each topic – feel free to look back at your notes. (Solicit a volunteer per topic).

What did you learn about...

- a. Unmet need
- b. Social networks diffusion
- c. Critical reflection and dialogue

And what understanding did you take away about the intervention package components?

- a. Engage communities in social mapping
- b. Support influential groups in reflective dialogue
- c. Encourage influential individuals to act
- d. Use radio to create a supportive environment
- e. Link family planning providers with influential groups

Finally, respond to any other questions or doubts that came out of Day 1.

B. Gender Refresher: Video (10 min)

As a brief refresher on the previous day’s Gender Box activity, play the two-minute “Girl and Boy” animation found on YouTube at <http://bit.ly/2j62Zo2>. It can be helpful to show the video twice, as it is short and people will see different things the second time through.

Pose several questions to the group:

- What do you see happening in this video?
- How does it relate to the work you did yesterday on the Gender Box?

C. Revisiting *Tékponon Jikuagou* Concepts – unmet need, social networks diffusion and reflective dialogue (45 minutes)

Tell participants that the group will now return to the *Tékponon Jikuagou* concepts to address the first learning objective for Day 2, namely: Discuss and understand various reasons for unmet need from men’s and women’s perspectives, and the range of social and health factors that contribute to it. For this activity, you will lead the group through Day 2 PowerPoint slides 1-20.



Begin by displaying slides 1-7 to review and enhance the group's understanding of *Tékponon Jikuagou* concepts. Respond to any questions from the group.

Pause at slide 8 to initiate a triad discussion (small groups of 3 members). As you instruct participants to break into triads, challenge them to be sure that each triad includes at least one woman and one man.

If you find it helpful to provide a sample response from past workshops, you may mention...

Exemple for #1 – women working, how we treat our daughters or sons differently according to social roles, how we deviate from traditional roles in our marriage.

Exemple for #2 – friends, in-laws, spouses, etc.

Give the triads a time check when five minutes remain for their discussion. When they've finished, reconvene the plenary and ask two or three volunteers to share their examples.

Return to the Day 2 PowerPoint slides, beginning with slide 9, to introduce the ways that projects use networks for social influence. See the speaker notes for each slide. Check for understanding along the way.

D. The Five *Tékponon Jikuagou* Components (45 m)

Tell participants that they will dig in a bit deeper on the relationship between *Tékponon Jikuagou* components and how they incorporate critical reflection and social network diffusion approaches.

Ask participants to count off by five and re-organize themselves to sit within those groups. Assign one *Tékponon Jikuagou* component (social mapping, etc.) to each work group. Then, explain the two questions to discuss.

Ask if participants are clear on the instructions and clarify any doubts. Give them a five-minute warning before time expires.

Five *Tékponon Jikuagou* Components – Group Task

Answer the following questions for your component:

1. How does this component encourage critical reflection and dialogue?
2. How does this component use social networks to encourage social diffusion and changes in social norms?

15 min to discuss

Return to the plenary and distribute **Handout 2.2** - How *Tékponon Jikuagou* Components Incorporate Reflective Dialogue and Social Network Diffusion Approaches. Invite each group to share the highlights of their discussion in a five-minute report out. After group 1 reports on social mapping, complement their response with the input provided on **Handout 2.2**. Continue with group 2, then group 3 and so on.

Check if there are any overarching questions or observations about how the components are undertaken in day-to-day community-level work.

E. Group Simulation: Practice with Story Cards (1 hour, 45 min)

Step 1: Introduce the Activity (10 min)

Point out to the participants that we have reached a transition point in the workshop. Up to this point,

EXERCISE - TRIADS

In your own life:

1. Think of an example of behavior in your own life that might diverge from existing social norms
2. Think about WHO in your life might influence you and HOW
 - This could help you not to deviate from norms, or encourage you to act on your own belief despite the norm.
3. Think about how you might influence or mobilize your network to support changing norms against which you struggle.



the participants have been the **receivers** of new information about the *Tékponon Jikuagou*. In this activity, the participants will shift to **multipliers** of information and will prepare themselves to support groups of Catalyzers and Influential Persons.

Story & Activity Cards:

Illustrated cards with narrative, instructions and discussion questions for encouraging reflective dialogue around the social and gender norms that influence family planning use.

As part of that preparation, tell the group that they will preview one of the tools contained in the How-To Guide, specifically the Story & Activity Cards. Ask the participants to retrieve the Story Card set from their packets. Ask whether anyone is familiar with, or has used, these cards in previous work. Review the Instruction Card for Stories with the participants so that they understand how the Story Card is to be used. Check for understanding.

Step 2: Structure and Facilitate the Simulation (1 hour 20 minutes)

Use the simulation task on the flip chart to brief the participants on how the activity will work.

Simulation Group Task

1. Divide into groups of 4-5 members. Groups should be mixed (women/men) and diverse in terms of geography and project area.
2. Once in your group, read over your Story Card and prepare a 10-minute role play where you depict a Catalyzer using the tool with a community group. Note: 10 min will not allow for a full session. Rather prepare a 10-minute “glimpse” into your session.

30 min to prepare role play

Review these instructions with the participants and check for clarity. Assign each group a different Story Card. It will help if you, the moderator, can assign members to diverse working groups ahead of time. Send the groups to work and circulate occasionally to help with time management.

When time has expired, reconvene the plenary. Here, you have a time management decision. Time constraints may not allow for each group to present, so you may have to select two to three groups to share their work. If so, be sure to capture at least one group with each Story Card episode.

Before launching the role plays, inform the participants that you will use a fish bowl approach to gather feedback for the presenters. While one group presents, the other participants will sit around as observers referring to the questions on the Observer Cards to prompt their feedback.

Remind the group that the purpose of feedback is to aid in collective learning. Observers should aim to provide constructive feedback that builds group skills. Distribute an Observer Card to each participant.

Invite the first group to present, reminding them that you will call “time” at the 10-minute mark. Invite observers to share feedback, using the Observer Card as a guide. Repeat as many times as time allows.

Observer Card – Story Card Simulation

- How well did the Catalyzer manage critical reflection and dialogue – facilitation skills, sensitive issues, managing conflict, open questions, good participation?
- Did both men and women participate in the discussion? How was this encouraged?



Step 3: Debrief the Activity (15 min)

Thank the actors for their hard work simulating a community dialogue session. Use the following reminders and questions to summarize the activity:

- These Story Cards, as well as the Activity Cards, are central to integrating *Tékponon Jikuagou* approaches. They encourage participation and reflective dialogue. The use of these cards is not optional; rather, they are an essential component of the project approach.
- In your work to support and coach Catalyzers, it is important that you are well-versed in the Story Card content and approach. Be sure to familiarize yourself with each card.
- Now that you've practiced with the cards, what skills do you anticipate needing in order to coach a Catalyzer?

(Good moment for a tea or stretch break)

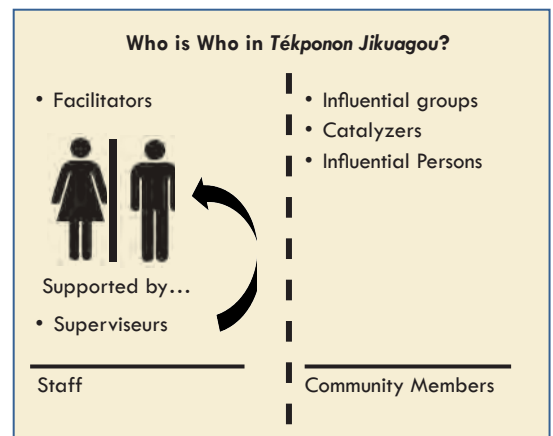
F. Definition of Roles and Communication Skills (2 hours)

Note to Facilitator: This graphic is illustrative of how *Tékponon Jikuagou* was originally structured, but it could be different depending on staffing structures in the new project.

Step 1: Introduce *Tékponon Jikuagou* Key Roles (15 min)

Tell the participants that, in this activity, you will consider several key roles within the *Tékponon Jikuagou* approach, and practice communication skills that are essential to these roles.

Use **Handout 2.1 – Who is Who in *Tékponon Jikuagou*?** to orient the group to the key actors and groups within the *Tékponon Jikuagou* approach. These include Facilitators and Supervisors on the staff side, as well as Catalyzers, Influential Groups and Influential Persons on the community side. Highlight the relationships between these various actors. Check for questions among the group.



Step 2: Definition of Roles – Catalyzers (45 min)

Tell participants that you will now shift the lens specifically onto two key roles – those of the Catalyzer and the Facilitator – and how they work together. Starting with the Catalyzer, reread the role definition that appears in **Handout 2.1**.

Catalyzer : *A member of an influential group who is selected (by group members) for his/her natural leadership qualities. Catalyzers are oriented to use social networks diffusion materials, lead activities, etc.*

Ask the group to help you flesh out that role with concrete responsibilities and capture on a flip chart, for example:

Catalyzer Role and Responsibilities

- Using *Tékponon Jikuagou* materials, stimulate critical reflection and dialogue with groups.
- Explore and discuss gender and social norms that contribute to unmet need for family planning.
- Share and demonstrate how activity themes (family planning/gender/fertility/couple communication) affect their own lives.



Once you have added more detail to the Catalyzer role, ask the group what they see as the key responsibilities required for a Catalyzer to be effective in his/her work? Capture responses on flip chart.

If the above points don't emerge from the brainstorm, add them to the list along with the points below:

- Catalyzers lead activities and collect data, but they are volunteers who are not remunerated.
- Catalyzers rely on each other in addition to support from the Facilitator. Catalyzers should provide support to each other and problem solve among themselves.

Step 3: Modeling Key Communication Skills (1 hour)

Begin by underlining the importance of effective communication as a foundation for the Catalyzer's performance. As the final exercise of the day, participants will practice several communication skills as a means of previewing what Facilitators will need to know as they support Catalyzers.

The Facilitators' role is to model for Catalyzers how to read the Stories and conduct the Activities as clearly as possible. When the Facilitator uses good communication skills, the Catalyzer will begin to understand how to be more effective within their groups.

Ask participants "How do we communicate?" List responses on a flip chart which should include:

- Words, facial expressions
- Voice/tone
- Body movement/body language
- Touch
- Eye contact

Ask participants which of these constitute **verbal** communication? Then tick:

- Words
- Tone of voice

Explain that tone displays different emotions, even if the words are the same. The next exercise will help illustrate this point.

Show statement on the bottom of the flip chart "The Director is making a speech".

Distribute one colored card with an emotion written on it to three volunteers.

- Anger
- Boredom
- Fear

Ask each volunteer to "demonstrate" the emotion on his/her card while simply saying the sentence "The Director is making a speech".

Ask the group to guess the emotions. How does the emotion in our voice facilitate learning? Ask how what we say and how we say it helps facilitate learning.

- Simple language
- Repetition
- Pace
- Praise

Summarize by stating that verbal communications refers to what is said and how something is said.

*What do you think are some key **non-verbal** communication skills that a facilitator/Catalyzer can use?*



Write NV next to the “non-verbal” responses from the previous brainstorming flip chart. Responses should include:

- Body language
- Eye contact
- Touch
- Facial expressions

Explain that we communicate our feelings without using words through our eyes, our bodies, our stance, our facial expressions. Let’s see how easy it is to convey emotion nonverbally.

Distribute a different set of colored cards with an emotion written on them to three volunteers and ask the volunteers to “act out” the emotion on their card without using words or sounds.

- Confusion
- Impatience
- Joy

Ask the group to guess the emotion on the card without using words or sounds.

Ask the volunteers and the group:

- Was it difficult to convey feeling without words or voice tone?
- Was it difficult to interpret emotions?
- How can one use or misuse nonverbal communication?

Distribute Handout 2.3 – Key Communication Skills

Tell the participants that now they will preview two communication techniques—the use of **paraphrasing** and **open-ended questions**. If the participants have worked in social mobilization or counseling, they will likely be well-versed in the use of these techniques. Mastery of these techniques is important for Facilitators who will model them, and in turn, for Catalyzers.

Write the following on a flip chart to frame a brief discussion of these two techniques:

Paraphrasing	Open-Ended Questions
What?	What?
Why?	Why?

Ask participants what is their understanding of paraphrasing? How would they define it? Then ask, to what end or why does a listener paraphrase statements by a speaker (e.g. the Facilitator and Catalyzer). Jot notes on the flip chart.

Ask participants how we would begin paraphrasing. Responses could include:

- “In other words.....”
- “What I’m hearing you say is that.....”
- “Do you mean that....”
- “So what you’re saying is....”

Next, you and your co-moderator or fellow staff member will do two rounds of a two-minute demonstration of the technique, using an issue that you’ve prepared ahead of time. For example, play a Facilitator and Catalyzer where the Catalyzer has encountered a difficulty in his/her community-based work. Perhaps several vocal community members have been challenging the Catalyzer’s authority. Brief the audience about who you are portraying and a sentence about the issue at hand.



Then demonstrate the skill as follows:

Wrong way:

Catalyzer comes to the Facilitator to explain the challenge faced. Facilitator does no paraphrasing, just listens and at the end says something like, “It sounds like you lack confidence!” (having missed the essence of the Catalyzer’s experience). Call “time” and move to the following situation.

Right way:

Repeat the exact same issue or message, beginning with explanation by the Catalyzer. This time, the Facilitator paraphrases the Catalyzer’s statements periodically. (There are paraphrasing prompts on **Handout 2.3**) At the end of the two minutes, the Facilitator thoughtfully summarizes the Catalyzer’s concern.

Turn to the large group and ask,

- What did you observe here?
- How might you strengthen the Facilitator’s use of the technique?

As needed, feel free to refer to **Handout 2.3** for definitions.

Now to questioning skills. Ask participants what we mean by a “closed question.” Generate responses. Then ask participants for an example of a closed question.

- Examples are: “Do you like mangoes?” or “Did you like this activity?”

Ask participants what we mean by “open-ended” question. Generate responses.

Then **ask** participants for an example of an open-ended question.

- An example is “What do you think about this activity?” or “What happened during this activity?”

Discuss use of open questions in coaching Catalyzers. Why would it be important for Facilitators to use open-ended questions when coaching and providing feedback to Catalyzers?

Using open-ended questions, the Facilitator pull out much more information by asking questions such as:

- Why do you think this is happening?
- How might you approach it differently?
- What kind of support would you like from me to help you resolve...?

Again, elicit participants’ observations and suggestions. Conclude with these points:

- Questioning as a communication tool for facilitating reflection and understanding is a very important skill for Facilitators, both for modeling the behavior with Catalyzers and for successful coaching of Catalyzers.
- Conversation will be much richer, and more reflective conversation can take place when we ask open-ended questions and use paraphrasing to check for our understanding.



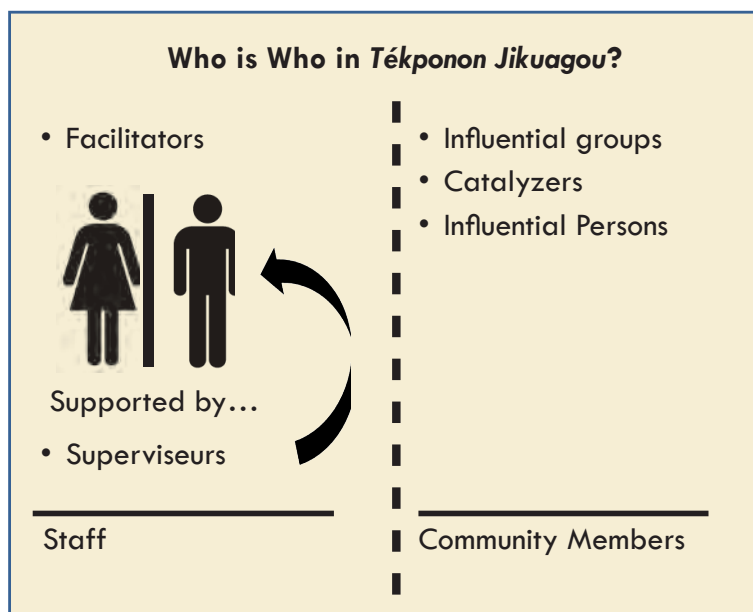
G. Daily Reflection (15 min)

Invite the participants to stand up, stretch, or relocate around the room or outdoors if possible. Before they go, ask them to read through reflection questions on the flip chart. Taking 10-15 minutes to reflect on the day's material and draw out some key learnings will help them internalize new knowledge.

Day 2 – Reflection Questions

- What have we talked about today that I never thought about before?
- What did we talk about (if anything) that made me uncomfortable?
- What are two or three things I might be able to apply to my work in the community?

Before sending the participants off, make any announcements about Day 3 and remind the Day 2 Feedback Team when you will sit with them.


Handout 2.1
Who is Who in *Tékponon Jikuagou*?


The brief definitions below will help you understand who is who within the context of *Tékponon Jikuagou*.

Staff	Facilitators: Field staff or agents who interact with community members.
	Supervisors: Staff members who supervise Facilitators.
Community Members	Influential Groups: Existing groups (formal or informal) in communities, identified as having particular social influence. After Section 1, we often refer to these simply as ‘groups.’
	Catalyzers: Members of influential groups who are selected (by group members) for their natural leadership qualities. Catalyzers learn to use social network diffusion materials, lead reflective dialogue sessions, etc.
	Influential Persons: Individuals identified for their social influence and connectedness. Influential Persons are oriented to spread ideas about family planning, as well as gender and social norms related to reproduction, in the course of their normal activities. Influential Persons may be, but are not necessarily, members of influential groups.

Handout 2.2

How *Tékponon Jikuagou* Components Incorporate Reflective Dialogue and Social Network Diffusion Approaches

Examples of possible responses for group analysis of the five *Tékponon Jikuagou* components

Intervention	How does this intervention support reflective dialogue?	How does this intervention use social network diffusion approaches
Cartographie sociale	<ul style="list-style-type: none"> Encourages community at large to begin talking about how discussions around sensitive issues occur and who influences these behaviors in their community 	<ul style="list-style-type: none"> Map social dynamics of communities and identify diffusion patterns Identify marginalized or less-reached people Identify the most connected and influential groups and people
Influential groups and Catalyzers	<ul style="list-style-type: none"> <i>Tékponon Jikuagou</i> materials for facilitating regular discussions help catalyze dialogue and reflection about social and gender determinants of family planning use. 	<ul style="list-style-type: none"> Identifies strategic groups / leaders of established groups <ul style="list-style-type: none"> Identifies influential groups and encourages members to serve as connectors with others in their community around ideas they are discussing in the group Catalyzers are leaders in their respective groups Snow ball effect – individuals discuss new ideas with others Reconfigures linkages – sometimes new people join group discussions due to general interest
Influential Persons	<ul style="list-style-type: none"> Influentials use their position to encourage people to talk about their assumptions and values. Influentials have individual conversations with couples to encourage respect and communication. 	<ul style="list-style-type: none"> Opinion leaders Leaders of groups Talk with people, influence and disseminate new ideas
Radio	<ul style="list-style-type: none"> Radio structure addresses same themes and discussion questions as those posed in groups and encourages people to discuss these things among themselves. 	<ul style="list-style-type: none"> Snow ball effect and the radio itself as an opinion leader <ul style="list-style-type: none"> Radio reaches wide range of population to reinforce discussions happening in groups and with Influentials.
Health service linkages	<ul style="list-style-type: none"> Encourages people to discuss questions and concerns with health service providers 	<ul style="list-style-type: none"> Reconfigures linkages <ul style="list-style-type: none"> Encourages links between health service providers and community groups and leaders

**Handout 2.3****Key Communication Skills****Non-verbal communication skills**

- Maintain eye contact with everyone in the group when speaking. Try not to favor certain group members.
- Stand in front of the group, particularly at the beginning of the session. It is important to appear relaxed and at the same time be direct and confident.
- Move around without distracting the group. Avoid pacing or addressing the group from a place where you cannot be easily seen.
- React to what people say by nodding, smiling, or other actions that show you are listening.

Verbal communication skills

- The questions contained in the Stories and Activities encourage open-ended responses. If a participant responds with a simple yes or no, ask “Why do you say that?”
- Ask other group members if they agree with or have something to add to a statement someone makes.
- Be sure that group members talk more than you do.
- Let group members answer each other’s questions. Ask, “Does anyone have an answer to that question?” (But refer group members bringing up any rumors/myths about family planning to health providers.)
- Encourage group members to speak and provide them with positive reinforcement.
- Paraphrase statements in your own words. You can check your understanding of what group members are saying and reinforce statements.
- Keep the discussion moving forward and in the direction you want. Watch for disagreements and draw conclusions.
- Reinforce statements by sharing a relevant personal experience. You might say “That reminds me of something that happened last year when we were discussing family planning...”
- Summarize the discussion. Be sure that everyone understands the main points.

Paraphrasing

Definition: Paraphrasing is repeating to the speaker the meaning of what she has said, but in your own words. It is a way of checking to make sure you have understood emotionally and intellectually what the person is saying.

How do I practice paraphrasing as a Facilitator?

Do lots of paraphrasing. At first, it might appear forced or awkward. Vary the phrases you use to introduce a paraphrase. For example:

- So.....
- If I hear you correctly.....
- What I’m hearing is.....
- It sounds like you are saying.....
- Let me see if I understand you correctly....
- You seem to be saying.....

**What can happen if I don't paraphrase correctly or don't do it?**

If you do not paraphrase enough, you risk misinterpreting what is on your Catalyzer's mind, and the Catalyzer may fail to see important aspects of the problem. If the person being coached says, *"Why don't you just listen instead of doing all this paraphrasing?"* You can say, *"I need to make sure I understand correctly what is on your mind."* Then vary the way you paraphrase.

Open- versus close-ended questions**Definition**

- Closed questions are those that can be answered **yes** or **no** with one word. Asking closed questions usually signals that you have gotten the information you need from a single answer.
- Open questions are questions that invite discussion or need more than a couple of words for an answer. They open up a topic or elicit more information. For example, "What other ways could that work?" or "What else can you tell me about that issue?"



3

ORIENTATION: DAY 3

MAIN THEMES

- Reviewing gender as it applies to *Tékponon Jikuagou*
- Integrating *Tékponon Jikuagou* into our current projects

LEARNING OBJECTIVES

By the end of the session, participants will:

- Consider a gender synchronization approach and how it applies to engaging men while promoting women's empowerment via family planning activities.
- Preview and practice with *Tékponon Jikuagou* Activity Cards as a tool for reflective dialogue.
- Familiarize themselves with the three initial components of the *Tékponon Jikuagou* approach and propose immediate next steps for launching them.

DURATION

5 hours, 5 minutes

SESSION OVERVIEW

	ACTIVITY	DURATION
A.	Review of Day 2	15 min
B.	Revisiting Gender as it Relates to <i>Tékponon Jikuagou</i>	45 min
C	Practice with Activity Cards	1 hour, 45 min
D.	Preparing for Project Interventions	2 hours
E.	Committing to Gender and Social Equity	20 min

HANDOUTS AND MATERIALS

- Print Day 3 slides formatted as a handout for note-taking
- **Handout 3.1 – Gender Synchronization: A Definition**
- **Handout 3.2 – Practice with *Tékponon Jikuagou* Activity Cards - Group Instructions**
- **Handout 2.1 – Who is Who in *Tékponon Jikuagou*, for use in Activity D**

MODERATOR PREPARATION (prior to the session)

1. Transfer the learning objectives to a flip chart in large print that allows the audience to view them clearly.
2. Familiarize yourself with contents of **Handouts 3.1** and **3.2**.
3. Prepare a flip chart with orientation review/reflection questions. See flip chart icon in **Activity F**.

ACTIVITIES

A. Review of Day 2 (15 min)

Welcome the participants to the final day of the staff orientation. Review Day 3 themes and learning objectives (on flip chart) and walk through the agenda for the day. Ask for help in synthesizing some of the key learning points from Day 2. Invite volunteers to share new ideas and possible applications of learning from their journals.

1. Gender in our personal lives and work: Does anyone have reflections on this theme from yesterday's work? Would you like to share something from your journals? (Allow for discussion)
2. Next, we will review the *Tékponon Jikuagou* concepts and components of the intervention package. Can one volunteer for each intervention explain to us how this intervention reflects the core project concepts of unmet need, social networks, and critical reflection and dialogue?
 - a. Engage communities in social mapping
 - b. Support influential groups in reflective dialogue
 - c. Encourage influential individuals to act
 - d. Use radio to create a supportive environment
 - e. Link family planning providers with influential groups
3. Role of the Catalyzers: Finally, check to see if there are any questions or concerns about partner implementer roles as they relate to those of Catalyzers and Facilitators. Check to determine if there are concerns about accomplishing these roles.

B. Revisiting Gender as it Relates to *Tékponon Jikuagou* (45 min)

Step 1

To introduce this activity to participants, remind them of the work they've completed on identifying the role gender plays in their own lives and perceptions. Now we will focus on how gender norms and roles influence the outcomes of a family planning project such as *Tékponon Jikuagou*.

Step 2

Use the Day 3 slide presentation *Revisiting Gender* to generate ideas about gender issues that either impede or enable desired project results.

Pause at slide 3 to launch a brief brainstorm, posing this question to the group. Have a co-facilitator capture responses on flip chart. Then, share the content of slides 4-5 to complement the participants' ideas.

Repeat the exercise with the discussion question on slide 6, and have the co-facilitator record participants' comments on a flip chart. Fill in with content from slides that follow.

Finally, pose the question on slide 8 (right). Fill in with content from slides that follow.



BRAINSTORMING

WHAT GENDER NORMS IN OUR COMMUNITIES INFLUENCE THESE VARIABLES?



BRAINSTORMING

WHAT MOTIVATES WOMEN TO USE FAMILY PLANNING?



Step 3 – Gender Synchronization

Distribute **Handout 3.1 – Gender Synchronization: A Definition**, and give participants a few minutes to read it through, or invite a volunteer to read it aloud.

Use slides 10-12 to introduce the concept of a gender-synchronized approach to community development work.

C. Practice with Activity Cards (1 hour, 45 min)

Step 1: Introduction (35 min)

Introduce the activity by noting that now we will shift back to previewing an additional tool within the *Tékponon Jikuagou* package, with an eye towards understanding how Catalyzers will use it and how Facilitators will support its use. Ask participants to pull the set of Activity Cards out of their folder. Point out that the Agree/Disagree Activity Card is a variation of the values clarification activity they did on Day 1.

Step 2: Practice in Groups (1 hour)

Form small groups of four to five participants – mixed by sex, organization, and geography. Each group should read the activity through and prepare a role-play to demonstrate this activity. They will select a person to be the Catalyzer and others to be community members.

Distribute **Handout 3.2 – Practice with Activity Cards - Group Instructions** and read through it carefully with the audience. If the instructions are clear, assign one Activity Card to each group without repeating any card. Set the expectation that the purpose of the role play is not to depict an entire session. Rather, each group will immerse us in the use of their card and how a Catalyzer launches the activity.

Inform the groups they have 30 minutes to prepare, and encourage them to begin. Circulate with time checks as needed. After 30 minutes, invite the groups back to the “fish bowl” plenary inviting as many groups to present as time allows.

After each presentation, take five minutes of feedback from the observers in the audience using the following observation topics taken from the handout.

1. How well did the Catalyzer (actor) cultivate critical reflection and dialogue by:
 - Modeling good facilitation skills
 - Addressing sensitive issues
 - Managing conflict
 - Using open-ended questions and paraphrasing
 - Drawing out quieter participants
 - Assuring participation of both women and men

Step 3: Conclusion (10 min)

Wrap up the practice by walking through Activity Cards that were not acted out. Offer the following





reminders to the participants:

- These cards represent core materials for integrating the *Tékponon Jikuagou* approche, along with Story Cards.
- Familiarize yourself with each of the cards, as your job will be to support and coach Catalyzers to facilitate these discussions.

Activity D. Preparing for Project Interventions (2 hours)

Step 1: Introduction (20 min)

Begin this activity by telling the participants that we will now dive into the first three project interventions presented in the **How-To Guide**. Ask them to pull out their copies of the How-To Guide and refer to **Sections 1-3**. It may be helpful to display the following on a flip chart:

Preparation for <i>Tékponon Jikuagou</i> Project Interventions		
Community mapping	Reflective discussions	Activities with Influential Persons

Step 2: Community Mapping (1 hour, 40 min)

Present slides 14 – 26 from Day 3 slides, using speaker notes where available. Remind participants that we talked yesterday about some of the social norms they adhere to, and how their social networks influence their behavior. Ask participants for examples from their own social groups or networks. Record on flip chart as they list those networks.

Pose the questions that appear on slide 26. Separate participants into groups according to their organization. Each group should answer the following questions:

- Do you think the groups and people you currently work with would emerge as influential groups and Influential Persons in the validation process? Why or Why not?
- What are the first two steps of community mapping?

Participants may use the Guide to Social Network Mapping as a reference.

When the groups have finished discussing, ask each group to report out on next steps and who will be responsible to implement those steps. Recommend that Supervisors take notes since this may provide direction for planning with the staff.

Role of Facilitators

Now we will speak of the role of the Facilitators in the same way that we did for the Catalyzers yesterday. Repeat the brainstorming exercise for the role of the Facilitator. Reread the role definition that appears in **Handout 2.1**.

Facilitator: Field staff or field agents who interact with community members.

To flesh out the role, ask participants to see the five components of *Tékponon Jikuagou* (visual) and ask them to reflect on key responsibilities, particularly with regard to component 1 (Engage Communities in Social Mapping) and 2 (Support Influential Groups in Reflective Dialogue).

Record their observations, and then add the following items on a flip chart if they have not been identified by participants.

**GROUP DISCUSSION QUESTIONS –
COMMUNITY MAPPING**

Do you think the groups and individuals with whom you currently work will be recognized as influential groups during the validation process? Why or why not?

Detail out the next 2 or 3 steps for implementation of community mapping



Facilitator Role and Responsibilities

- Undertake community social mapping
- Present *Tékponon Jikuagou* in the villages
- Answer questions Catalyzers may have about the documents provided: how to use them, when, how and where, etc.
- Provide long-term support for Catalyzers throughout the duration of program implementation
- Listen to difficulties encountered by the Catalyzers when using the documents
- Troubleshoot with Catalyzers to identify and remove barriers to using the documents
- Gather information on how the groups respond to the documents, how the community responds to these documents, and the track the data
- Provide feedback to Catalysts on their observations, compliment them on their work, suggest ways to improve the use of documents, facilitate discussions, etc.
- Demonstrate how to use the materials with the groups, illustrate positive behavior related to family planning, positive social change

Use the following key points to make the transition to coaching and communication skills:

Catalyzer are volunteers. They have their own motivations for wanting to participate in *Tékponon Jikuagou*, but Facilitators have a responsibility to encourage and support Catalyzers so that they have the desire to continue to participate.

While Catalyzers undertake activities and collect data on behalf of *Tékponon Jikuagou*, they are not employees and are not paid. This means that Facilitators will not act as Supervisors, but as coaches who can help solve problems and encourage Catalyzers to stay motivated and full of energy. It is imperative that Facilitators create a rapport with Catalyzers in order to establish open and constructive communication, help resolve problems, and stay committed.

Emphasize that the concept of coaching for a project is still new to us, but *Tékponon Jikuagou* has a Guide for coaching Catalyzers which will be presented during the Facilitator training. Tell participants to think of a sports coach or a volunteer who helped them in the past, and how he did it. The complexity is to support and enable effective performance even though the relationship between the Facilitator and the Catalyst is neither formal, professional nor defined.

Activity E. Committing to Gender and Social Equity (20 min)

In this final activity of the orientation, highlight for participants that we began the three days with gender and will end with gender and social inclusion. We would like to wrap up the meeting with a final commitment to *Tékponon Jikuagou*'s aims in terms of gender and social equity.

Display slide 31 with the following statement:

Pose the question to the group: Do we agree with this statement – why or why not?

Encourage discussion or elaboration on the statement. Ask how the statement applies to issues of vulnerability, violence, poverty, and marginalization.

IMPLICATIONS FOR TJ?

With the gender-synchronized programs, we try to create less rigid and more diverse norms, so that each person can become the person that he or she wishes to be.



Incorporate the following points, as you see fit, to conclude the discussion:

- Personal reflection and transformation are an ongoing process. We are socialized to uphold norms, but we can also change. An ongoing process calls for ongoing reflection. How might we incorporate periodic reflection into our standard project activities? As part of monthly meetings?
- The existing interplay between social/gender norms and family planning behaviors – can we change one without changing the other?



Handout 3.1

Gender Synchronization: A Definition

Much good work has been done in gender-transformative programs with one sex or the other. But more could be accomplished by working in a synchronized manner with both sexes. What is generally missing from every single-sex approach is the broader awareness of how gender norms are reinforced by everyone in the community. Both men and women shape and perpetuate gender norms in society and therefore, true social change will come from work with both sexes using **gender-synchronized approaches**, which are defined as follows:

“Gender-synchronized approaches are the intentional intersection of gender-transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and wellbeing.

...Gender-synchronized approaches seek to equalize the balance of power between men and women in order to ensure gender equality and transform social norms that lead to gender-related vulnerabilities. Their distinctive contribution is that they work to increase understanding of how everyone is influenced and shaped by social constructions of gender. These programs view all actors in society in relation to each other, and seek to identify or create shared values among women and men, within the range of roles they play (i.e., mothers-in-law, fathers, wives, brothers, caregivers, and so on) – values that promote human rights, mutual support for health, non-violence, equality, and gender justice.”

Source:

Adapted from *Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations*, Margaret E. Greene and Andrew Levack, (IGWG), 2010, p.5



Handout 3.2

Practice with *Tékponon Jikuagou* Activity Cards – Group Instructions

In your group:

1. Read through your assigned Activity Card.
2. Prepare a brief role-play (7-10 minutes) to demonstrate how Catalyzers would use this Activity Card in a community setting. Select one person to act as the Catalyzer; others will portray group participants.

You have 30 minutes to prepare your role-play. Of course a real-life session would take longer than 30 minutes to complete. The purpose of this exercise is simply to preview for the audience how the activity should be approached.

Note that time may not allow for each group to present.

When you are in the audience observing another group:

Please observe the presentation actively, considering the following criteria as you watch:

1. What are the key themes or issues identified in this activity?
2. How well did the Catalyzer (actor) cultivate critical reflection and dialogue, for example:
 - Modeling good facilitation skills
 - Addressing sensitive issues
 - Managing conflict
 - Using open-ended questions and paraphrasing
 - Drawing out quieter participants
 - Making sure that both men and women participate
3. How well did both men and women participate? If you see room for improvement here, what might you do differently?



TOOLS:

- INITIAL STAFF ORIENTATION GUIDE
- **TÉKPONON JIKUAGOU ORIENTATION – DAY 1**
(Powerpoint Presentation)
- *TÉKPONON JIKUAGOU ORIENTATION – DAY 2*
(Powerpoint Presentation)
- *TÉKPONON JIKUAGOU ORIENTAION – DAY 3*
(Powerpoint Presentation)
- INTERVENTION COMPONENTS GRAPHIC
- SOCIAL NETWORKS DIFFUSION VISION CARD



TÉKPONON JIKUAGOU ORIENTATION (DAY1)

TÉKPONON JIKUAGOU ORIENTATION (DAY 1)

USING SOCIAL NETWORKS TO ADDRESS UNMET
NEED FOR FAMILY PLANNING



USAID
FROM THE AMERICAN PEOPLE



ORIENTATION TO KEY CONCEPTS

1. Unmet need, including the influence of social factors that prevent people who want to space births from acting
 - Social Norms
 - Gender
2. Social Networks
3. Reflective dialogues

UNMET NEED

UNMET NEED

WHAT DOES UNMET NEED MEAN?

HOW COULD SOCIAL BARRIERS
INFLUENCE PEOPLE TO ACT (OR NOT) ON
THEIR UNMET NEED?

Social Barriers



Barriers arise when social norms hinder people's ability to discuss, seek and use FP methods - or indeed, understand their need for FP. Social norms are all factors (acceptance, inclusion, stigma, exclusion) which adhere to, or diverge from a specific social value.

SOCIAL BARRIERS

How might social barriers influence someone who wants to space births to prevent him or her from acting?

How do social barriers differ between men and women?



GENDER



Social, cultural and economic attributes, as well as opportunities that society confers as a result of being a man or woman.

GENDER

How could gender influence someone who wants to space births and prevent him or her from acting?

How does the influence of gender differ between men and women?

UNMET NEED DEFINED:

A woman who...

- Is not pregnant
- Wishes to avoid or delay pregnancy
- Perceives she is at risk of becoming pregnant
- Uses no method of contraception (modern or traditional)



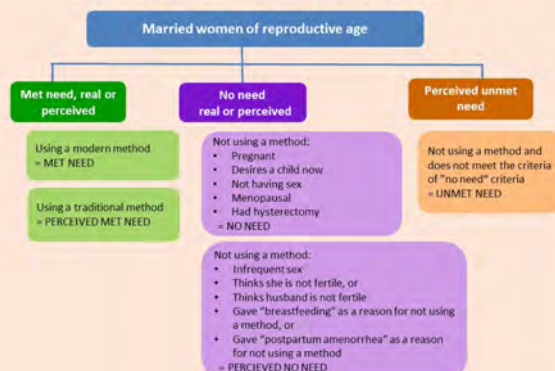
UNMET NEED DEFINED:

A man who...

- Does not have a pregnant wife
- Wishes to avoid or delay pregnancy
- Perceives that his wife may become pregnant
- Uses no method of contraception (modern or traditional)



CATEGORIES OF UNMET NEED



KEY FINDINGS: UNMET NEED

- Segmentation of programs to meet the needs of those who have unmet need AND perceived unmet need
- Meeting the needs of users of traditional methods
- Helping women and men correctly assess the risk of pregnancy



SOCIAL NETWORKS

WHY A SOCIAL NETWORK APPROACH?

Research shows that social barriers are the main factors contributing to unmet need for FP

People talk with, learn from, and receive information from others

Therefore, social networks can influence and support the diffusion of information and new ideas about FP

SOCIAL NETWORKS INFLUENCE DIFFUSION THROUGH ...

Social Learning

Network members exchange ideas and information; they assess the advantages and disadvantages of an innovation

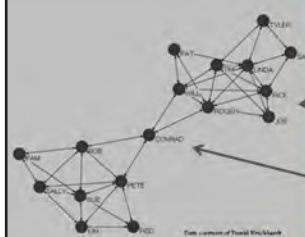
Social Influence

Network members serve as "guardians" of social norms to ensure authorization and avoid conflict

CONNECTORS & INFLUENCERS

Influencers are the most designated individuals in a network. They have a direct influence on more people.

Connectors are the quickest path towards others. They are the doormen, the brokers, who control the movement and establish links between cliques.



HOW NETWORKS SUPPORT THE DIFFUSION OF INFORMATION AND IDEAS ON FP



ORIENTATION ON KEY CONCEPTS: REFLECTIVE AND PARTICIPATORY DIALOGUES



WHY THE APPROACH OF REFLECTIVE AND PARTICIPATORY DIALOGUES?

Most causes of unmet need relate to social norms and gender:

- Couple communication and decision-making
- Social and community stigma related to the use of FP
- Women may have no control over fertility choices

WHY THE APPROACH OF REFLECTIVE AND PARTICIPATORY DIALOGUES?

- Individual behavior is often determined by social norms
- Social norm change depends on opportunities to reflect personally and with others on these norms, which can be beneficial for all



REFLECTIVE AND PARTICIPATORY DIALOGUES

Create "safe" spaces for dialogue so that men and women may reflect on social factors relating to important decisions in their lives, such as discussions between couples about family planning and the power dynamics between men and women and their role in these decisions.

TWO COMPLEMENTARY APPROACHES

Social Network Approach

Using men's and women's interpersonal connections to disseminate new ideas and influence

Reflective & Participatory Dialogue Approach

Assures that the flow of ideas contain attitudes, values and norms that support the use of FP by individuals who want it

WHAT CHARACTERIZES THE TJ APPROACH COMPARED TO CONVENTIONAL DEVELOPMENT OR IEC PROJECTS?

YOUR CURRENT PROJECTS

- Do they address social barriers? Which ones? How?
- Do they incorporate a gender approach? How?
- Do they use social network approaches? How?



WHAT DIFFERENTIATES THE TJ APPROACH FROM OTHER CONVENTIONAL DEVELOPMENTS OR IEC PROJECTS?

TJ	CLASSICAL PROJECTS
Aims to change the flow of information and social influence	Focuses on the behavior of individuals
Uses groups to reach leaders AND connectors with information	Prioritizes improving the quality and availability of services
Uses reflection and critical dialogue to alter mindsets and achieve change	Uses messages and information to convince people to adopt expected behaviors
Includes men too	Often focuses exclusively on women of childbearing age



EXERCISE:

AGREE / DON'T AGREE

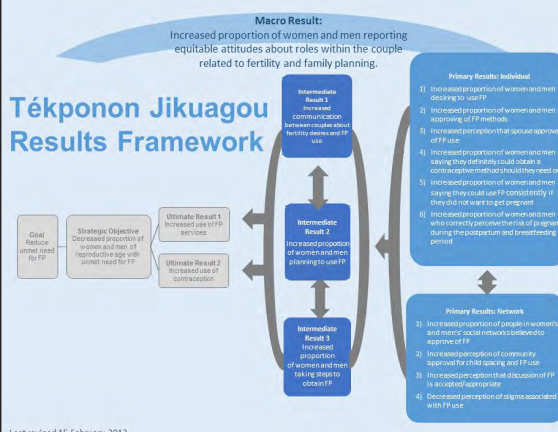
THE TJ APPROACH

PROJECT OBJECTIVES

1. Apply a social network analysis framework to assess the influence of social groups.
2. Develop and test interventions with the goal of activating key players in the social network.
3. Expand interventions to other communities (if they prove successful)



Tékponon Jikuagou Results Framework



KEY RESULTS: PILOT PHASE

1. Diffusion of dialogue through social networks
2. Men and women are engaged in discussions and may disseminate ideas about FP
3. Elimination of barriers to talking about FP and unmet need
4. Awakens interest in couple communications
5. Creates a demand for FP services



SOCIAL NETWORK APPROACH

Encourage Critical Reflection and Dialogue

1. Strategically targeted groups
2. Leaders of established groups
3. Snowball effect
4. Opinion leaders
5. Reconfiguration of links

Source: Valente 2010

INTERVENTION COMPONENTS

1 ENGAGE COMMUNITIES IN SOCIAL MAPPING



2 SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



3 ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



4 USE RADIO TO CREATE AN ENABLING ENVIRONMENT



5 LINK FP PROVIDERS WITH INFLUENTIAL GROUPS



1 ENGAGE COMMUNITIES IN SOCIAL MAPPING

- Participatory tools to identify influential groups / individuals
- Through participation, groups and influentials become catalyzers for discussion and change



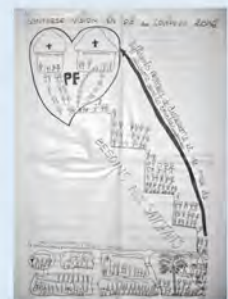
2 SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



3 ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT

INFLUENTIALS ORIENTATION:

- FP in your community
- Vision - obstacles to the use of FP
- Update on activities
- Gaps and challenges: how can you help?





INFOGRAPHIC ON THE ROLE OF INFLUENTIALS

Example of an infographic which shows the lack of community discussion about FP by community leaders

WHY?

...has heard a leader discuss family planning

4 USE RADIO TO CREATE AN ENABLING ENVIRONMENT

During the last year, 1 out of 16 women...

...have gone to a health center to get family planning.

5 LINK FP PROVIDERS WITH INFLUENTIAL GROUPS

EACH ONE INVITES 3 CAMPAIGN

- Invitation cards are given to group members, community health workers, and Influentials.
- These people begin discussions with friends and relatives who do not use FP.
- These same people offer the invitation cards to friends and relatives and encourage them to go to the health center.

THANK YOU!



TOOLS:

- INITIAL STAFF ORIENTATION GUIDE
- *TÉKPONON JIKUAGOU* ORIENTATION – DAY 1
(Powerpoint Presentation)
- *TÉKPONON JIKUAGOU* ORIENTATION – DAY 2
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TÉKPONON JIKUAGOU ORIENTATION (DAY 2)

TÉKPONON JIKUAGOU ORIENTATION (DAY 2)

RE-EXAMINING UNMET NEED, SOCIAL NETWORKS AND SOCIAL DIALOGUE



5 in 10 women are at risk of an unwanted pregnancy.

Why are they at risk?



...because only 1 woman out of 10 doesn't use any method of family planning, despite her desire to do so



... because 4 out of 10 believe that they cannot fall pregnant, even though they can, and doesn't recognize the risk...

UNMET NEED DEFINED:

A woman who...

- Is not pregnant
- Wishes to avoid or delay pregnancy
- Perceives she is at risk of becoming pregnant
- Uses no method of contraception (modern or traditional)



DIFFERENT CATEGORIES OF UNMET NEED

- ✓ She admits she would like to use family planning to avoid pregnancy but has no access
 - Social barriers
 - Stigma
 - Availability of services
 - Cost
- ✓ She does not want to get pregnant but thinks she is not at risk
 - Ineffective methods, including breastfeeding
 - Infrequent sexual activity
- ✓ Previous bad experience with family planning
 - Wishes to avoid pregnancy but does not see an alternative

REMINDER – TWO COMPLEMENTARY APPROACHES

1. Social network approach: dissemination channels and influence
2. Dialogue and reflection approach: Ensure that the "content" represents the attitudes, values and norms that support family planning use for those who want it



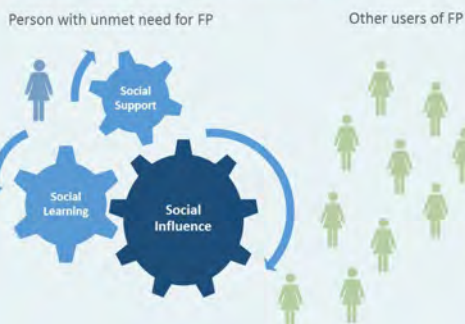
PARTICIPATORY AND REFLECTIVE DIALOGUE

Create spaces for iterative dialogue to express alternative ways of thinking, being and feeling about sexual and reproductive health, gender and power dynamics

Facilitate community member efforts to initiate and support thinking and acting on issues and norms that affect them and their communities by recognizing different opinions.



HOW NETWORKS SUPPORT THE DIFFUSION OF INFORMATION AND IDEAS ON FP



EXERCISE - TRIADs

In your own life:

1. Think of an example of behavior in your own life that might diverge from existing social norms
2. Think about WHO in your life might influence you and HOW
 - This could help you not to deviate from norms, or encourage you to act on your own belief despite the norm.
3. Think about how you might influence or mobilize your network to support changing norms against which you struggle.

HOW CAN PROGRAMS USE SOCIAL NETWORKS FOR THE LEARNING AND INFLUENCE?

1 ENGAGE WITH OPINION LEADERS



2 WORK WITH STRATEGICALLY TARGETED GROUPS



3 WORK WITH LEADERS OF ESTABLISHED GROUPS (CATALYZERS)

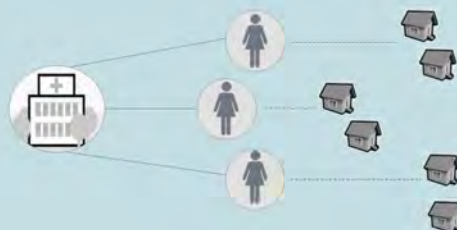




4 EACH PERSON INVITES OTHERS “SNOWBALL EFFECT”



5 RECONFIGURATION OF LINKS



INTERVENTION COMPONENTS

- 1 ENGAGE COMMUNITIES
IN SOCIAL MAPPING
- 2 SUPPORT INFLUENTIAL
GROUPS IN REFLECTIVE
DIALOGUE
- 3 ENCOURAGE INFLUENTIAL
INDIVIDUALS TO ACT
- 4 USE RADIO TO CREATE AN
ENABLING ENVIRONMENT
- 5 LINK FP PROVIDERS WITH
INFLUENTIAL GROUPS

SOCIAL MAPPING



Participatory approach WITH the community to identify influential groups, group leaders and opinion leaders within the community.



INFLUENTIAL GROUPS AND GROUP LEADERS



Leaders of influential groups (Catalyzers) facilitate critical reflection and dialogue within their groups using TJ materials.

Project Facilitators guide and coach these Catalyzers to become true moderators of dialogue.

INFLUENTIALS

Influentials recognize the problems associated with unmet need for family planning, and undertake to facilitate change within their communities according to their spheres of influence.

Project Facilitators work with Influentials to orient them and encourage action.




RADIO

Radio programs are developed using TJ stories as discussion materials. In this way, radio discussions reinforce group discussions.



LINKS WITH HEALTH SERVICES



The project encourages links between health workers and Influentials within the community through:

1. The “Each One Invites Three” campaign which encourages people to seek advice on family planning in health centers.
2. Encouraging contact with health workers when they are in the community.
3. Participation of health workers at the Catalyzers and Influentials orientations.



TOOLS:

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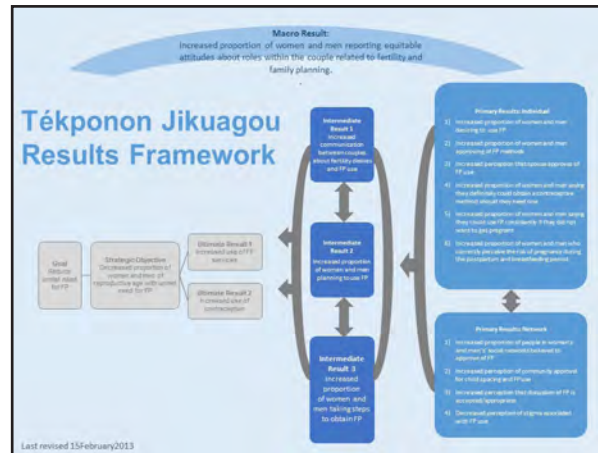




TÉKPONON JIKUAGOU ORIENTATION (DAY 3)

TÉKPONON JIKUAGOU ORIENTATION (DAY 3)

RE-EXAMINING GENDER



BRAINSTORMING

WHAT GENDER NORMS IN OUR COMMUNITIES INFLUENCE THESE VARIABLES?

GENDER BARRIERS

THAT INFLUENCE USE OF FAMILY PLANNING (ACCORDING TO TJ RESEARCH)

8% women 17% men	Believe that women who use FP have multiple sexual partners
47% women 72% men	Believe that a woman must have her husband's approval to use FP
89% women 78% men	Believe that it is a woman's responsibility to bring up the subject of FP with her husband
25% women 27% men	Believe that if a husband discovers that a woman is secretly using FP, he will beat her

OTHER GENDER BARRIERS: BELIEFS

- Men who allow their wives to use FP are weak/controlled by their wives.
- Men are not concerned with obtaining information about FP.
- Health providers must have the husband's permission before giving a woman a FP method.
- A man must have many children to be respected within the community.

BRAINSTORMING

WHAT MOTIVATES WOMEN TO USE FAMILY PLANNING?



GENDER FACTORS SUPPORTING FAMILY PLANNING - WOMEN

- Women who uses FP have more time to pursue revenue-generating activities.
- Women talk easily about FP with other women in their social network.
- A woman who uses FP has better health and can take better care of her children.



BRAINSTORMING

WHAT MOTIVATES MEN TO USE FAMILY PLANNING?



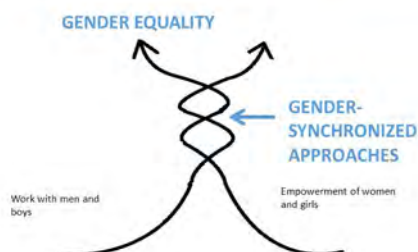
GENDER FACTORS SUPPORTING FAMILY PLANNING - MEN

- The family's financial well-being.
- Better availability of the woman for the family.
- Greater availability of the woman for sexual relations.

IMPLICATIONS FOR TJ?

With the gender-synchronized programs, we try to create less rigid and more diverse norms, so that each person can become the person that he or she wishes to be.

GENDER-SYNCHRONIZED APPROACHES



ELEMENTS OF GENDER EQUALITY

FLEXIBLE GENDER ROLES

Promote mutual understanding of the two sexes in an intentional manner

Equality in the balance of power and the pursuit of gender justice

Freedom from violence

Human rights for women and men



DISCUSSION IN TWO GROUPS

Group A – Engagement of Men

List a few barriers to engaging men in FP.

List a few ideas to overcome these barriers, and reach a « gender synchronized » approach.

- i. Who should we target and how can we involve them?
- ii. How can we change the environment to make it more favorable?

Group B – Empowerment of women in reproductive health

List a few barriers to empowering woman in FP.

List a few ideas to overcome these barriers, and reach a « gender synchronized » approach.

- i. Who should we target and how can we involve them?
- ii. How can we change the environment to make it more favorable?

INTRODUCTION TO COMMUNITY SOCIAL MAPPING

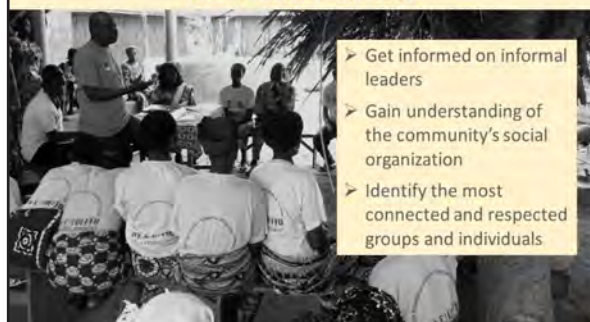
COMMUNITY SOCIAL MAPPING – DATA COLLECTION

Participatory identification of key social organizations and community resources, and identification and ranking of influential groups and individuals

Analytical and identification activities meant to ensure multiple social perspectives:

- Women
- Men
- Youth, socially marginalized individuals

GENERATE QUALITY INFORMATION TO GUIDE SELECTION OF PEOPLE TO WORK WITH:



- Get informed on informal leaders
- Gain understanding of the community's social organization
- Identify the most connected and respected groups and individuals

COMMUNITY SOCIAL MAPPING PROVIDES A PRACTICAL INTERPRETATION OF CLASSIC SOCIAL NETWORK MAPPING

SOCIAL NETWORKS → Influential Social Groups

OPINION LEADERS → Influentials

CONNECTERS & INFLUENCERS → Among identified influential individuals and groups



Need for practical tools to quickly identify groups and people for approaches based on social networks

5 STEPS OF THE MAPPING PROCESS



1 COMMUNITY INTRODUCTION

- Meeting local officials to present the project, manage expectations (no compensation) and inspire initial participation
- Prepare for mapping activities



2 COMMUNITY IDENTIFICATION OF INFLUENTIAL GROUPS



1. Name
2. Type of activity
3. Gender
4. Age group
5. Size
6. Meeting frequency
7. Links with other groups
8. Influence

3 SELECTION OF GROUPS WITH DIFFUSION OF POTENTIAL BASED ON COMMUNITY ANALYSIS

Participants review criteria to select potential women's, men's, and mixed groups to participate in TJ

Criteria	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8
MIAWE								
ALOJIVE								
AVEC								
F								
XX								
XXX								
XXX								
XXX								

GROUP CHARACTERISTICS

SOCIAL NETWORKS – GROUPS AND REFLECTIVE DIALOGUE

1. Work with a limited number of **strategically** selected groups (3 – 6 / Village)
2. The group moderator (Catalyzer) **selected by members** (no compensation)
3. Focus on **reflective dialogue** with expected **diffusion** outside of the main themes
4. The project follows the timing of the group's regular meetings and activities

4 COMMUNITY DEVELOPMENT OF THE SOCIAL MAP AND LISTING OF INFLUENTIALS



Learn about community dynamics and social organization
Identify socially influential individuals, particularly in the fields of health and social welfare

INFLUENTIALS CHARACTERISTICS

SOCIAL NETWORK – INFLUENTIALS AND COMMITMENTS TO ACTION

1. Work with a **limited number** (approximately 5-10 per village) of **influentials identified by the community** (formal and informal)
2. Authorize Influentials to **identify their own actions and commitments** to address issues relating to unmet need for family planning



5 VALIDATION



G1: Information exchange within group.
G2: Shared decision-making
G3: Agreement with shared decision-making

Staff meeting with selected influential groups

- Evaluate family planning behaviors using a series of questions
- Confirm influence in the community through a participatory Venn diagram
- Ensure interest in work on issues relating to unmet need and family planning

GROUP DISCUSSION QUESTIONS – COMMUNITY MAPPING

Do you think the groups and individuals with whom you currently work will be recognized as influential groups during the validation process? Why or why not?

Detail out the next 2 or 3 steps for implementation of community mapping



TOOLS:

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- *TÉKPONON JIKUAGOU* ORIENTATION – DAY 1
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- SOCIAL NETWORKS DIFFUSION VISION CARD



INTERVENTION COMPONENTS GRAPHIC

INTERVENTION COMPONENTS

- 1 ENGAGE COMMUNITIES IN SOCIAL MAPPING



- 2 SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



- 3 ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



- 4 USE RADIO TO CREATE AN ENABLING ENVIRONMENT



- 5 LINK FP PROVIDERS WITH INFLUENTIAL GROUPS



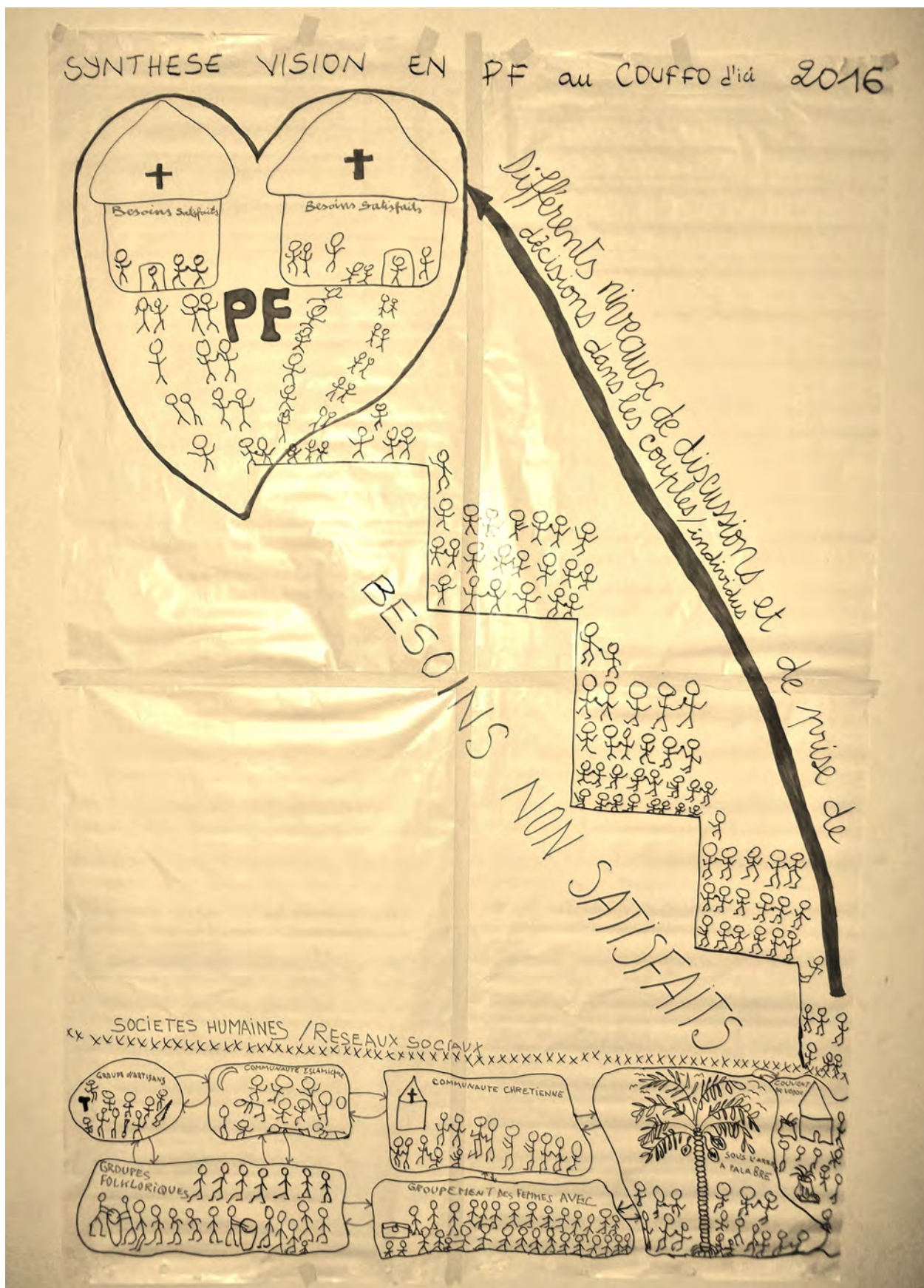


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SOCIAL NETWORKS DIFFUSION VISION CARD





HOW-TO GUIDE FOR SOCIAL NETWORK
DIFFUSION APPROACHES
to Overcome Social Obstacles to
Family Planning Use

© Institute for Reproductive Health, Georgetown University

irhinfo@georgetown.edu

www.irh.org

1 ENGAGE COMMUNITIES IN SOCIAL MAPPING



1

ENGAGE COMMUNITIES IN SOCIAL MAPPING

WHY: The success of the social networks diffusion approach depends on socially connected and respected individuals and groups. *Tékponon Jikuagou* developed a set of participatory learning and action exercises, collectively named the *Community Social Networks Mapping Tool*, to pinpoint the most socially influential people and groups in each participating community.

WHEN: Community mapping of social networks should begin shortly after the Initial Staff Orientation (Section iii), and will be followed by Catalyzer Orientation (Section 2).

In this section:

- Guide to Community Social Networks Mapping
- *Tékponon Jikuagou* Guide to Social Networks Mapping: Reporting Tools

Component	Month	1	2	3	4	5	6	7	8	9
1	Engage Communities in Social Mapping		X							

WHAT: The *Community Social Networks Mapping Tool* contains a set of simple exercises that Facilitators will use to guide community volunteers to identify, list, analyze, and select influential social groups and influential individuals in their community. The results will help you confidently select **3 to 6** socially influential groups ('groups') and **5 to 10** socially influential individuals ('Influential Individuals') in each of your communities. Because the social networks diffusion approach is founded on gender equity, you will select at least one women's group and at least one men's group. The area where we implemented *Tékponon Jikuagou* also had many mixed-sex groups and we selected at least one mixed group in each community.

HOW: In each participating village, your Facilitators will guide a diverse group of residents (men, women, youth, and people representing different social strata) and at least one family planning provider to engage in the mapping, listing, diagramming, discussion, and analysis exercises that are outlined in the *Community Social Networks Mapping Tool*, and summarized in the table below. The exercises will take several hours a day over two to three days.



SUMMARY: COMMUNITY SOCIAL NETWORKS MAPPING

Step		Actors and Activity	Outcomes
1	Identify socially influential groups	8 to 10 invitees of representative groups list and rank all identified groups using a matrix	Village groups are described (purpose, age, type of members, frequency of meeting) and their degree of connectivity and influence is analyzed Grids depict the list and analysis of the female, male, and mixed-sex groups that are ideal for a social network approach
2	Identify village social dynamics and Influential Individuals	3 to 4 representative groups map and discuss the community	Multiple maps demarcate institutional and neighborhood social characteristics A list of socially influential and connected women and men is developed
3	Filter influential groups and Influential Individuals	Staff review data and select the most influential groups and individuals based on community analyses	List of groups and individuals to meet with prior to final selection
4	Validate selected influential groups and Influential Individuals	Staff visit groups and individuals to validate characteristics, including connectivity and influence	Final selection of 3 groups (each of whose members select one Catalyzer) and 3-5 Influential Individuals

Unique Strategy

Actors and Action: You may think, “We already know which groups and leaders are important in the village where we work.” But our research shows that we often do not know who is important in terms of social connectedness and influence. These may be people whose importance comes from formal leadership positions, wealth, or other common markers of status. To successfully use a social networks diffusion approach, it is vital to work with groups and individuals whom communities judge to be socially influential. These people and groups are trusted entrées into the social networks that will spread new ideas and behaviors.

Gender: By including men and women in social networks mapping, you will discover both differences and overlaps between women's and men's social networks and influences.

TOOLS:

- **GUIDE TO SOCIAL NETWORK MAPPING**
- **GUIDE TO SOCIAL NETWORK MAPPING:
REPORTING TOOLS**





GUIDE TO SOCIAL NETWORK MAPPING

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WHAT IS COMMUNITY SOCIAL MAPPING?

WHY ADD SOCIAL MAPPING TO YOUR PROJECT TOOLKIT?

The *Tékponon Jikuagou* project responds to low rates of family planning uptake and increasing unmet need for family planning in Benin (DHS 2012), which exist despite multiple efforts to increase information and access to family planning. *Tékponon Jikuagou* seeks to address the concept of unmet need among women who want to limit or space their births but who are not using contraception by addressing social norms and barriers which influence non-use despite access to services.

The project uses social network analysis to identify the most influential and connected networks in a community and to assess the influence of men's and women's networks on fertility beliefs, attitudes, desires, intentions, and behaviors relating to family planning. Interventions then work with key actors in individuals' social networks – as well as the network structures themselves – to promote reflection on existing social norms, allowing people to recognize for themselves how norms and attitudes may negatively influence reproductive health and family planning. It also capitalizes on these networks to diffuse reflection on and consideration of different social norms and attitudes as they relate to family planning and fertility.

In this context, *Tékponon Jikuagou* developed a set of participatory learning exercises, collectively named the Social Network Mapping Guide, which facilitates discussions with communities to learn about groups and formal and informal leaders in a village and to gain a general understanding of how a community is socially organized. The tool helps outsiders to understand which groups and individuals are most socially connected and respected – those influencing social networks and the spread of ideas and attitudes – to help make decisions about which groups and people with whom *Tékponon Jikuagou* could work. A core part of exercises in the tool involves an innovative variation of community mapping, which focuses on learning about community social dynamics and organization.

CONDUCTING A COMMUNITY SOCIAL MAPPING EXERCISE

Overview of the Process

The Social Network Mapping Guide is a set of exercises that are facilitated with community groups by project field agents to identify, list, and select social groups and influential persons in communities to help the *Tékponon Jikuagou* team make the best decisions possible in terms of selecting at least three socially-influential groups (women, men, mixed groups) and five to ten socially-influential persons with whom to engage in project activities. Community social mapping is conducted in each village and involves meeting with community leaders to introduce the project and exercises, followed by several exercises to guide discussions and analysis with several groups in each village (that represent different viewpoints in each village). After the first meeting with village authorities, the exercises take several hours each day for period of two days.

Note: You do not have to complete the exercises in two consecutive days; this schedule is flexible depending on the Facilitator and the participants' schedule. For example, you can spread out the exercises over a week as long as the time spent is equivalent to 16 hours of work, at most.



PART I: INTRODUCTION TO THE COMMUNITY

Objective: Obtain the permission of administrative and local village authorities to begin discussions with the groups.

Approximate duration: 1 hour

STEP 1: Introduce yourself to the important village authorities (village leader, the sub-prefect, the mayor, etc.).

STEP 2: Explain the objective and strategies of *Tékponon Jikuagou* in putting the emphasis on community participation through the volunteer groups and influential persons.

STEP 3: Talk about communication strategies for social mobilization (examples: town criers, village leader's advisors, religious leaders, and community groups).

STEP 4: Ask the village leader's permission to meet with community representatives and discuss. Propose working with 8-10 people who can offer different perspectives, including men, women, youth (18 years and older), adults, and elders. ("We would like to invite two men, two women, one to two older women, and one to two older men to participate for several hours in a discussion.") Explain that you would like also to work also with pre-established groups in the village for these discussions. If possible, invite the groups cited and a health worker as well.



Note: Within the *Tékponon Jikuagou* project, there was concern about ensuring that socially marginalized group perspectives were represented. CARE and Plan worked to identify these marginalized groups if they were not mentioned during the meeting with the village leader.

STEP 5: Set up a meeting with the community representatives and representatives of groups invited by your organization to complete Part II.

STEP 6: Record the questions and responses before thanking participants for their time and effort given.

The facilitator should create a summary of the discussion. See the example in Part I of the "Reporting Tools" document. Don't forget to note 1) the date of the meeting, 2) the name of the region, 3) the name of the village, 4) the name of the project facilitator, and 5) a brief description of the participants including the number of women, number of men, age group, and important characteristics of the people (example: leaders, head of the group, advisor, etc.). Further, the discussion reporter should write a summary of interesting points from the meeting and carefully list the names of influential persons who were cited in the discussion. (See the reporting template.)



PART II: LEARNING ABOUT INFLUENTIAL GROUPS - IDENTIFICATION, DESCRIPTION, AND ANALYSIS OF VILLAGE GROUPS

Objective: Identify active groups with potential to maximize social networks with whom to start *Tékponon Jikuagou* activities within the community.

Approximate duration: 1-2 hours

Materials: A grid for each group (See the example in Part II of the “Reporting Tools” document.)

Participants: Community representatives identified in Part I, 8-10 new people from community groups invited by your organization

Definition of a group: A relatively structured organization constituted by a grouping of persons with the same interests, aspirations or ideology.

This includes formal groups, non-formal groups, and informal groups. The most important thing is that they are groups that gather regularly (regardless of the frequency of meetings).

<http://www.larousse.fr/dictionnaires/francais>.

STEP 1: Introduce yourself and the project, even if everyone knows about it already. Explain to the group that it will be very interesting to hear their ideas on existing groups within the community and to more fully understand how these groups are organized. This activity will help the project work better within the community. Be very clear that activities will be undertaken on a volunteer basis, and there will not be any financial motivation for groups or for Influential Persons.

STEP 2: Ask the participants to list active, existing groups (women’s, men’s and mixed groups) within the community. For example: village associations, community work groups, agricultural cooperatives, women’s groups, savings groups, microcredit groups, etc.

Note: *If you feel this exercise would work better in small groups, ask the participants to divide into two or three groups to complete the activity.*

STEP 3: Explain to the group that you will use a grid to describe and compare the listed groups. Show the grid. Write the names of the different groups in the top row.



Example of a grid

(Use the empty grid in Part II of the “Reporting Tools” document to complete this activity.)

N°	Group Name	Goal/ Activities	Type of Group (Women, Men, Mixed)	Age Group of Members	Size of Group	Frequency of Meetings	Connectivity	Influence
1.								
2.								
3.								
4.								
5.								
Etc.								

STEP 4: After listing all of the groups, explain the following activity to complete the grids. For each group, ask the participants to mark with an X or to put a certain number of stones in the appropriate box to describe the group, e.g., age range, size, meeting frequency, connectivity, and level of influence of each group.

Note: List the groups by type (women, men, mixed). In order to fill the influence and connectivity columns with X's, you should compare women's groups among themselves, men's groups among themselves, and mixed groups among themselves.



The Facilitator with the support of one participant should guide them in using the legend:

Example of a rating system to describe group characteristics

Category	Low Rating	Middle Rating	High Rating
3: Age of group members	X (young) = majority are 18-25 years old	XX (adult) = majority are 26-50 years old	XXX (old) = majority are over 50 years old
4: Size	X = 2-10 people	XX = 11-30 people	XXX = more than 30 people
5: Meeting frequency	X = less than one activity per month	XX = one activity per month	XXX = more than one activity per month
6: Connectivity (membership of group members in other groups)	X = 0 members	XX = 1-10 members	XXX = 11 members or more
7: Level of influence in the general community (Influence: to be well known by the majority of the community, who involves many people in his/her activities, who can mobilize many people)	X = Not too influential with other groups	XX = Influential with other groups	XXX = Very influential with other groups

STEP 5: Thank everyone for their participation. Ask if they have any questions. Explain that you will facilitate further discussions the following day with the people and groups mentioned in Part II, and additional invitees (if necessary).

At the end of the meeting, make sure that you have collected the information and labeled the grid with 1) the date of the meeting, 2) the name of the region, 3) the name of the village, 4) the name of the project facilitator, and 5) a brief description of the participants (example: leaders, head of the group, advisor, etc.). Further, the discussion reporter should write a summary of interesting points from the meeting and carefully list the names of influential persons who were cited in the discussion. (See the reporting template.)

PART III: UNDERSTANDING THE COMMUNITY'S SOCIAL DYNAMICS AND SOCIALLY INFLUENTIAL PERSONS VIA MAPPING

Objective: Explore how the community organizes itself socially with the help of a community map.

Approximate duration: 1-2 hours

Materials: Flip chart paper and markers, earthen surfaces and colored powder, Post-Its, pebbles, bits of crayons or colored pencil, stickers

Participants: People invited by the facilitators: community representatives from Part II and the persons listed in Part II. The day before, invite these 10-12 people who represent the perspectives of men, women, older women, older men, and marginalized groups (defined by situation).

Note: This activity can be done just after identification of groups (Part II).



STEP 1: Introduce yourself and present the project. Explain how the project aims to understand the organization of the community in terms of social structures.

STEP 2: Ask the group to divide into two groups (by sex) to develop a map, using the materials provided, in 10-15 minutes. Maps might include the following elements:

- Main roads
- Main marketplaces
- Neighborhoods
- Health centers
- Public places

STEP 3: After groups have completed the maps, take each map one by one and encourage the participants to discuss them, asking the following questions for each map:

- Where are the places the most influential groups meet? Write the identification number of the group, from the grid, on the designated places on the map.
- How is this community organized socially?
- Where are the more developed neighborhoods?
- Are there neighborhoods where people are more “modern” or more “traditional?” Where are they?
- What other differences exist between neighborhoods?
- Discuss the borders between these social differences – are they visible or non-visible? Are they flexible? How?

Next ask the women participants the following questions. Then ask the men the same questions. Note the names of people mentioned.

- Which people (men, women, elders, religious leaders, formal and informal leaders, etc.) can influence – through their words and actions – community members’ thoughts and discussions about the well-being of a family?
- Who are the people whose words and actions influence the way that people discuss birth spacing and family planning use?

Continue by asking the following questions of the whole group:

- Are there community health workers in this village?
- Do they work in family planning?

STEP 4: Thank everyone for their participation and ask them if they liked or didn’t like the activity. Ask and respond to supplementary questions about the exercise.

At the end of the meeting, make sure that you have collected the information and labeled the map with 1) the date of the meeting, 2) the name of the region, 3) the name of the village, 4) the name of the project facilitator, and 5) a brief description of the participants (number of women, number of men, age group, and important characteristics of the people).

Note: Take a photo of the maps, especially if you did them on the ground. Further, the discussion reporter should write a summary of interesting points from the meeting and carefully list the names of influential persons who were cited in the discussion, and their sex.

SELECTING GROUPS AND INFLUENTIAL PERSONS WITH WHOM TO ENGAGE IN ACTIVITIES

Overview: Once discussions with community members are completed, the project team needs to meet to identify which groups and people they will approach later to start *Tékponon Jikuagou* activities. Part I in this section guides the team in analyzing groups with great social diffusion and networking potential. Part II lays out the first meeting with selected groups, designed to validate the group characteristics and influence, and to identify one group member (Catalyzer) to be trained to use *Tékponon Jikuagou* reflective dialogue materials within the group. Part III lays out the process of selecting five to ten Influential Persons and organizing a first meeting with them, designed to validate their leadership roles and assess favorability of their attitudes toward child spacing and use of family planning.

Purpose: Use the listing activity to plan meetings with potential groups and Influential Persons with whom *Tékponon Jikuagou* will work.

Objectives:

- Choose influential groups that can be involved in project interventions.
- Understand how the group works, and the attitudes and aptitudes of the members regarding family planning.
- Confirm the degree of influence and connectivity of the group within the community.
- Identify Influential Persons who will be involved in project interventions.

Materials: None

Participants: Selected groups and individuals who seemingly have social diffusion potential – connectivity and influence – in their community.

Note: *It is possible to select certain groups and Influential Persons with whom your organization already works if they were identified by the community in Part II and satisfy the selection criteria.*

PART I: SELECTING GROUPS WITH WHOM THE PROJECT WOULD LIKE TO ENGAGE.

The community grid provides a comparative listing of different groups that exist in the village. To choose the most interesting groups with whom to work, apply the following order of criteria:

1. Influence → 2. Connectivity → 3. Meeting frequency → 4. Size of the group → 5. Age group

Compare groups of women amongst themselves, groups of men amongst themselves, and mixed groups among themselves.

Figure 3. Example of a village analysis of influential groups. In this case, the Mugnou ton (adult group), and Dougou koro benkad (youth group) are most influential and would be selected

Part II: Group Selection

Group Leader's First and Last Name:

Date:

Department:							
Health zone:							
Commune:							
Village:							
Number of participants:							
Men:							
Women:							
	Goal/activities	Men, Women, Mixed	Members' age group	Group Size	Meeting frequency	Level of connectedness (between group members and other groups)	Level of influence in the general community
			Selection Procedure				
			5	4	3	2	1
MUGNOU TON		F	XX	XXX	XXX	XXX	XXX
DANAYA	agriculture	F	XX	XX	XXX	XX	XXX
BENGADI KODALABOUGOU	agriculture	F	XX	XXX	XXX	XXX	XXX
SABOU GNOUMA	agriculture	F	XX	XXX	XX	XXX	XXX
WASSOLO KIN	agriculture	F	XX	XXX	XXX	XXX	XX
DOUGOU KORO BENKADI	agriculture	F	X	XXX	XXX	XXX	XXX
MEDINE 1	agriculture	F	XX	XXX	XXX	XXX	XX
MEDINE 2	agriculture	F	XX	XXX	XXX	XXX	X
CHAUFFEUR MOUSSO TON	agriculture	F	XX	XXX	XXX	XXX	XX
KOTOGNOKOTALA	agriculture	F	XX	XXX	XXX	XXX	XX
	agriculture						
Legend:							
3-Members' age group X (young)= Majority 18-25 years old XX (adult)= Majority 26-50 years old XXX (old)= Majority 50+ years old	4-Group size X= 2-10 people XX= 11-30 people XXX= more than 30 people	5-Meeting frequency X= Less than 1 activity per month XX= 1 activity per month XXX= more than 1 activity per month	6-Level of Connectedness X= 0 members XX= 1-10 members XXX= 11+ members	7- Level of influence in the general community X= Not very influential in other groups XX= Influential in other groups XXX= Very influential in other groups			

STEP 1: Identify most influential groups

With the help of the selection grid, separate the most influential groups (with 3X). Among those groups, select the best connected.

STEP 2: Identify groups that meet frequently

Next, amongst these groups, select those who meet most frequently. Amongst those groups, choose the ones with the most members.

Note: Be careful when selecting very large groups to ensure that there is an environment for open exchange and discussion on *Tékponon Jikuagou* within the group. For example, certain folkloric groups only meet for performances and don't have a good framework for critical discussion.

STEP 3: Make final selections

Finally, select a group in the age group that interests you most. Note the chosen groups in the grid in the “Reporting Tools” document”

In the case that you don't have the desired number of "very influential groups" (those with 3Xs), you may start the same procedure with the 2X group of "influential groups." In the case that two groups seem to have the same level of influence, meet with each of the two groups in order to discern which is more influential (who can mobilize other people most effectively regarding health and leadership issues). In all cases, the Facilitator should use his/her observations and knowledge of the community to make an objective choice.





You should choose at least three groups. You may increase this number depending on the size of the village. Be sure to choose at least one of each kind of group – women, men and mixed.

Note: *It is important to refer to the drawing of the community map to avoid, to the extent possible, the concentration of selected groups in a single area of the village. It is also important to think about how the meeting location of the group may facilitate diffusion.*

PART II: MEETING THE GROUP LEADER AND GROUP MEMBERS TO SEEK THEIR ENGAGEMENT IN ACTIVITIES AND TO IDENTIFY THE GROUP CATALYZER TO BE TRAINED TO USE REFLECTIVE DIALOGUE MATERIALS.

Make sure to meet with the selected groups of women, men, youths, and with mixed groups (if mixed groups are influential) in their meeting places.

STEP 1: INTRODUCTIONS

Contact the president of each selected group in order to explain to him/her the purpose of the project and its expectations relating to the group. At the end of the discussion, set a time to meet with the members of the group.

STEP 2: DISCUSSION WITH MEMBERS OF THE GROUP

Begin by introducing yourself and talking about the project (the objectives, the expectations, etc.). Ask the group members to comment on the group activities, the objective, the size of the group, its community representative, meeting frequency, and the meeting place. Be very clear that activities will be undertaken on a volunteer basis, and there will not be any financial motivation for groups or for Influential Persons.

Note: *Consider recording the keywords mentioned in group members' responses.*

Ask the following questions:

- Does your group do activities to improve the health of mothers and their children in your community? If yes, what types of activities? If not, do you think you could?
- Is there a health worker (nurse's aide, etc.) in your group?
- Who are the members of your group who have the capacity to mobilize other group members and the community at large on this subject?
- In your community, who are the people whose words and actions can positively influence the way in which people discuss birth spacing and family planning use?

Note: *Among the names cited, ask the group to select a Catalyzer who can lead discussion (use the selection criteria for Catalyzers).*



STEP 3: DETERMINE RELATIONSHIP TO OTHER GROUPS

Procedure: Construct a Venn Diagram to establish relationships between groups. Ask participants to cite the groups, associations, and institutions with whom they have a relationship.

Draw a large circle on flip chart paper or on the ground, and use a small circle in the middle of the larger one to represent the group that is present.

Finally, give the participating group other small circles that represent other groups in the community, and ask them to place them within the large circle using the following criteria:

- If there is information exchange between the groups, have them touch edges.
- If there is some cooperation in decision making between the two groups, slightly superimpose the circles.
- If there is strong cooperation in decision making, completely superimpose the two circles.

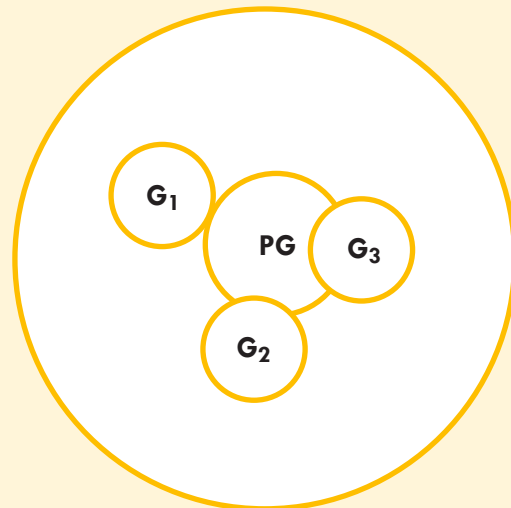
Illustration

PG: Participating Group

G1: Group said to exchange information with the participating group

G2: Group said to have some cooperation in decision making with the participating group

G3: Group said to have strong cooperation in decision making with the participating group



Ask for further examples of the type of information shared, decisions made, and who influences whom between groups.

Also ask how they think they could get the majority of the community informed and mobilized on the importance of family planning.

Note: Before thanking the group for their participation, ask the participants if they would be interested in working with the Tékponon Jikuagou project on a volunteer basis and if they have any questions.

STEP 4: USE YOUR SKILLS OF OBSERVATION!

Facilitators should also observe each group that they meet. What additional information do these observations provide that gives clues to a group's influence and appropriateness for the project to engage them? The guide, below, should be completed after each group meeting.



Facilitator's Observation Guide – Meeting with Groups

During the meeting, to what degree were you able to rally the members of the group around the topic?	
How did the discussion go within the group? (Varied points of view? Respect amongst those with varying points of view? Etc.)	
What did you observe about social cohesion within the group? Were there differences or opposition between members of the group during the discussion?	
Did the people mentioned within the group seem like informal leaders? Did you notice any other informal leaders?	
What did the dynamic of the group seem like in regard to the project's objectives?	

PART III: IDENTIFYING AND SELECTING INFLUENTIAL PERSONS TO ENGAGE IN ACTIVITIES

As with the groups, a selection process is needed to identify at least five Influential Persons with whom to engage in *Tékponon Jikuagou* projects. To do this, cross check the names mentioned during the village mapping with those mentioned during the group meetings. Then choose the people whose names were also noted as having a favorable attitude toward family planning. Note the chosen people in the grid in the "Reporting Tools" document and go to meet with them.

PART IV: MEETING WITH A COMMUNITY'S INFLUENTIAL PERSONS

STEP 1: Host the first meeting with the pre-selected Influential Persons. Begin by introducing yourself and talking about the project (the objectives, the expectations, etc.). Be very clear that activities will be undertaken on a volunteer basis, and there will not be any financial motivation for groups or for Influential Persons. Ask the Influential Persons about their interactions with other members of the community. Then ask the following questions:

- In your community, do you take any actions to improve the health of mothers and their children? If yes, what types of actions?
- Do you think you could convince the majority of the community of the importance of birth spacing and family planning use? If yes, how? If no, why not?
- Do you have advice to help our project succeed in your community?

Note: Before thanking the Influential Person for his/her participation, ask the participant if he/she would be interested in working with the project and if he/she has any questions.



STEP 2: Use your skills of observation!

Facilitators should also use this meeting to gain information through observation. What additional information do your observations provide that gives clues to each Influential Person's capacity to collaborate with the project team and help achieve the project's goals. The guide, below, should be completed after the meeting with Influential Person.

Facilitator's Observation Guide – Meeting with an Influential Person

What is this influential person's perception of family planning?	
To what degree did he/she seem motivated to work with this project?	
During your visit, what were the indicators of influence that you noticed? (For example: many requests or questions during the interview, presence of other important members of the community near him/her, etc.)	
Other important observations?	

PART V: VALIDATING YOUR CHOICES WITH PROJECT STAFF AND WITH THE COMMUNITY

The information-gathering phase is now complete. In the village, the team now has a good idea of groups and Influential Persons with whom it will engage in *Tékponon Jikuagou* activities. One final step is important before making final decisions: talk with other project staff and people in the community about the groups and individuals with whom *Tékponon Jikuagou* wants to work and gauge their reaction. If it is favorable, the team has made good choices.

TOOLS:

- **GUIDE TO SOCIAL NETWORK MAPPING**
- **GUIDE TO SOCIAL NETWORK MAPPING:
REPORTING TOOLS**





GUIDE TO SOCIAL NETWORK MAPPING: REPORTING TOOLS

Department: _____ Health zone: _____

Village : _____ Facilitator's first and last name: _____

Conducting a Social Network Mapping Exercise

Part I: Introduction to the Community

- **Participant characteristics** (specify traditional leaders, government representatives, youth, adults, health workers, etc.)

- **What strategies did you use to mobilize participants during the identification of groups?**

- **What were the highlights of the activity?**

Date and location: _____ Number of men : _____ Number of women: _____

Part II : Identification, Description and Analysis of Groups

Date and location: _____ Number of women : _____ Number of men: _____

- **Participant characteristics** (specify traditional leaders, government representatives, youth, adults, health workers, etc.)

Note : To provide information on the most influential groups identified by the activity, you can either fill in the three tables below or simply take a picture of the grid completed by community members and join it to this report.


Most influential women's groups identified (with XXX under influence)

N°	Group name	Goal/Activities	Age range of members	Size of group	Frequency of meetings	Connectedness	Influence
1							
2							
Etc.							

Most influential men's groups identified (with XXX under Influence)

N°	Group name	Goal/Activities	Age range of members	Size of group	Frequency of meetings	Connectedness	Influence
1							
2							
Etc.							

Most influential mixed groups identified (with XXX under Influence)

N°	Group name	Goal/Activities	Age range of members	Size of group	Frequency of meetings	Connectedness	Influence
1							
2							
Etc.							



Part III: Understanding Community Social Dynamics (Mapping)

Date: _____ Number of men: _____ Number of women: _____

Participant characteristics (specify traditional leaders, government representatives, youth, adults, health workers, etc.)

Presence of community health workers in the village

Number of community health workers: Women _____ Men: _____

Number of family planning community health workers: Women _____ Men: _____

Summary of meeting highlights

■ General:

■ What do you think about social cohesion in the village?

■ What grade would you give to this cohesion on a scale of 1 to 4?

Check only one number; 1 being the strongest and 4 being the weakest.

1 ☐

2 ☐

3 ☐

4 ☐

Challenges faced during the social network mapping process:

1

TOOLS

GUIDE TO SOCIAL NETWORK MAPPING: REPORTING TOOLS

Selection of Influential Groups and Influential Persons to Engage in the Project

Most Influential Groups Selected

Group name	Gender	# of groups with whom the group interacts	Title of health worker(s) who are members of the group (if any)	Group supported by an NGO ?	Catalyzer name	Sex	Employment and level of education of Catalyzer	Catalyzer contact information
1.								
2.								
3.								
4.								
5.								

**Influential Persons Selected**

First & Last Name	Sex	Status (clergy, group leader, etc.)	Contact Information
1.			
2.			
3.			
4.			
5.			
Etc.			

2 SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



2

SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE

WHY: The community social mapping activities (Section 1) concluded with your selection of 3 to 6 groups in each community, and one Catalyzer within each group.² It is important, of course, that Catalyzers be comfortable and effective as they introduce new ideas to, and promote new conversations within, their groups. Your next steps with Catalyzers, therefore, will be to orient and support them to play their role.

WHEN: After you have oriented your staff (Section iii) and mapped the social networks within participating communities (Section 1), you will prepare Catalyzers to play their roles within their groups. Catalyzer orientation should take place by Month 3, and the work of Catalyzers should continue through the end of the implementation period.

In this Section:

- Agenda for Catalyzer Orientation
- Facilitator's Guide to Catalyzer Orientation
- Facilitator's Guide to Coaching Catalyzers

Component	Month	1	2	3	4	5	6	7	8	9
2 Support Influential Groups in Reflective Dialogue			X	X	X	X	X	X	X	X

WHAT and HOW: Your two major tasks will be to (a) orient Catalyzers to their role and activities within the social networks diffusion package, and (b) motivate and support them over time by providing ongoing coaching.

Task 1: Prepare for and Hold Catalyzer Orientation

The three-day orientation will bring Catalyzers together, provide them a big picture of the social networks diffusion package's aims and activities (and of their roles within that big picture), allow them to practice using the social networks diffusion materials, and show them how to maintain their Catalyzer Notebooks (introduced in Section iv). Facilitators will moderate the orientation, thereby becoming more proficient with social networks diffusion concepts and tools.

The orientation is an important opportunity to create cohesion between and among Catalyzers and staff, and to forge a link between Catalyzers and family planning providers. (These links are further discussed in Section 5.)

²You also selected 5 to 10 Influential Persons in each community; their participation is discussed in Section 3.



When planning the logistics of the Catalyzer Orientation, consider these points:

- The directives call for a single, three-day orientation. (Based on our experience in *Tékponon Jikuagou*, three days is the adequate length of time.)
- The directives assume a minimum of 6 hours' activity for each orientation day.
- Procure flip charts, index cards, markers, tape, an overhead projector, and notebooks/pens for participants.
- Prepare a complete set of social network diffusion materials (see text box) for each Catalyzer, and organize them in a folder. Catalyzers will use the materials during orientation, and will take them home to use with their groups.

Each Catalyzer's bag will contain:

- 14 Story Cards and 5 Activity Cards (Annex A)
- Social Networks Diffusion 5 Components Card (Section iii)
- Social Networks Diffusion Vision Card (Section iii)
- Infographics (Section 3)
- Catalyzer notebook (Section vi)

Step 2: Coach Catalyzers

As Catalyzers begin to take action, Facilitators should offer ongoing coaching to motivate and help them do their best. Coaching sessions will be quite frequent in early months of activity, and taper off as Catalyzers become more comfortable in their activities and in providing mutual support to one another.

Unique Strategy

A light touch: The 14 Story Cards follow one couple, and their friends and family members, as they discuss and make decisions about family planning. Their story has an overall dramatic arc, but Catalyzers may choose to present the 14 episodes in the order they wish. Catalyzers are free to use the Activity Cards in any order they choose.

See the attached **Facilitators' Guide to Coaching Catalyzers**.

TOOLS:

- CATALYZER ORIENTATION AGENDA
- FACILITATOR GUIDE FOR CATALYZER ORIENTATION
- FACILITATORS' GUIDE TO COACHING CATALYZERS





Utilization of the Social Networks Diffusion approach

CATALYZER ORIENTATION AGENDA

Date:

Location:

Facilitators:

Objectives:

- To reinforce the capacity of Catalyzers to use facilitation techniques and lead reflective discussion within groups
- To familiarize Catalyzers with materials and tools for monitoring activities
- To discuss with Catalyzers their roles and actions
- To enhance collaboration between health providers and Catalyzers

Time	Activities	Responsible
Day 1		
8:00-8:30	• Catalyzers arrive and get set up	Facilitators
8:30-9:00	• Welcome for Catalyzers • Introduction of participants • Presentation of workshop objectives and agenda • Logistical information	Facilitators
9:00-9:15	• Brief presentation of the consortium and of the project's partners, followed by a Q&A session	Supervisor/ Facilitators
9:15-9:45	• Communication about social norms and their influence on family planning: social norms related to family planning in local communities • Presentation of the social networks diffusion approach to address unmet need for family planning	Supervisor
9:45-10:00	Coffee break	
10:00-10:30	• Practical exercise: Agree/ Disagree (Activity Card #2)	Supervisor/ Facilitators
10:30-11:00	• Instructions for role play in small groups	Facilitators
11:00-12:15	• General overview of Activity Card #1 • Group work: reading, translation, discussions, role play, etc. • Continuation of approach for conducting Activity Card #1 in social networks	Supervisor/ Facilitators



Time	Activities	Responsible
12:15-13:00	<ul style="list-style-type: none"> Roles and responsibilities of Catalyzers, including expectations relative to the intervention package, and explanation of the steps for wrapping up activities in villages. 	Facilitators/ Catalyzers
13:00-14:00	Lunch break	
14:00-14:45	<ul style="list-style-type: none"> General overview of Choice 1 Story Card 	Facilitators
14:45-15:45	<ul style="list-style-type: none"> Group work: practical exercise on the Choice 1 Story Card in small groups (reading, translation, discussions, role play, etc.) 	Facilitators/ Catalyzers
15:45-16:30	<ul style="list-style-type: none"> Continuation of group work (feedback) 	Facilitators/ Catalyzers
16:30-17:00	<ul style="list-style-type: none"> Preparation for the field trip: division of participants into three groups (two for Activity Card #1 and one for Choice 1 Story Card) 	Facilitators/ Catalyzers
17:00-17:30	<ul style="list-style-type: none"> Evaluation of the day and adjournment 	Facilitators
Day 2		
7:00-8:00	<ul style="list-style-type: none"> Transportation to the village: meeting at convened spot in the village 	Facilitators/ Catalyzers
8:00-10:00	<ul style="list-style-type: none"> Practice using Activity Card #1 and Choice 1 Story Card: group facilitation followed by debriefing 	Facilitators/ Catalyzers
10:00-10:15	<ul style="list-style-type: none"> Return to the room and presentation of health workers 	Facilitators/ Catalyzers
10:15-10:30	Coffee break	
10:30-12:30	<ul style="list-style-type: none"> Group work: practical exercises on the Activity Card #3, and Choice 2 and Choice 3 Story Cards in small groups (reading, translation, discussions, role play, etc.) 	Facilitators/ Catalyzers/ Health workers
12:30-13:30	Lunch break	
13:30-15:30	<ul style="list-style-type: none"> Continuation of role plays (feedback) 	Facilitators/ Supervisor/ Catalyzers
15:30-16:00	<ul style="list-style-type: none"> Linking health workers and Catalyzers: the different strategies for collaboration (invitation to networks, organizing meetings at the health centers, formal/informal visits by the Facilitator, exchange of cell phone numbers, etc.) 	Health workers/ Facilitators/ Catalyzers
16:00-17:00	<ul style="list-style-type: none"> Presentation of the Catalyzer Notebook 	Facilitators
17:00-17:30	<ul style="list-style-type: none"> Evaluation of the day and adjournment 	Facilitators



Time	Activities	Responsible
Day 3		
8:00-8:30	<ul style="list-style-type: none"> Brainstorming: reminders of the Day 1 and 2 activities, Q&A session, and addressing participants' concerns 	Facilitators/ Catalyzers
8:30-10:30	<ul style="list-style-type: none"> Group work: role play on Activity Card #4, Activity Card # 5, and Support 1 and Support 2 Story Cards in small groups (reading, translation, discussions, role play, etc.) Fill out the Catalyzer Notebook 	Facilitators/ Catalyzers
10:30-10:45	Coffee break	
10:45-12:30	<ul style="list-style-type: none"> Continuation of group work: explanation of Stories and Activities 	Facilitators/ Supervisors/ Catalyzers
12:30-13:30	Lunch break	
13:30-14:30	<ul style="list-style-type: none"> Role play on filling out Notebooks; overview of stories 	Facilitators/ Catalyzers
14:30-15:30	<ul style="list-style-type: none"> Synthesis of the main points of the orientation and formalities prior to adjournment 	Facilitators

TOOLS:

- CATALYZER ORIENTATION AGENDA
- FACILITATOR GUIDE FOR CATALYZER ORIENTATION
- FACILITATORS' GUIDE TO COACHING CATALYZERS





FACILITATOR GUIDE FOR CATALYZER ORIENTATION

Date:

Location:

Facilitators:

Objectives:

- To reinforce the capacity of Catalyzers to use facilitation techniques and lead reflective discussion within groups
- To familiarize Catalyzers with materials and Catalyzer notebooks (tools for monitoring activities)
- To discuss with Catalyzers their roles and actions
- To enhance collaboration between health providers and Catalyzers

Time	Activities	Responsible
Day 1		
8:00-8:30	• Catalyzers arrive and get set up	Facilitators
8:30-9:00	<ul style="list-style-type: none"> • Welcome Catalyzers • Introduction of Catalyzers and Facilitators • Presentation of workshop objectives and agenda • Logistical information 	Facilitators
9:00-9:15	• Brief presentation of the Social Networks Diffusion packet, followed by a Q&A session	Facilitators
9:15-9:45	<ul style="list-style-type: none"> • Communication about social norms and their influence on family planning: using brainstorming, bring Catalyzers to discuss social norms related to family planning in their communities • Presentation of the social networks diffusion approach to address unmet need for family planning (use the Vision Card and <i>Tékponon Jikuagou</i> package of activities to discuss the components of the approach) 	Supervisor
9:45-10:00	Coffee break	
10:00-10:30	• Practical exercise inspired by Activity Card #2 to introduce dialogue tools. Allow Catalyzers to reflect and explore during this exercise.	Facilitators



Time	Activities	Responsible
10:30-11:00	<ul style="list-style-type: none"> Establish the working groups. Create 3 to 5 groups based on the number of Catalyzers. The objective is to have a smaller number of people in each group to maximize participation of all members. Make sure to balance the composition of the groups: mix both “strong” and “weak” participants and avoid putting Catalyzers from the same village in the same group. Distribute materials (Activity Card #1 and Choice 1 Story Card) and discuss during Day 1. 	Facilitators
11:00-12:15	<ul style="list-style-type: none"> General overview of Activity Card #1: The Facilitator explains the content of the tool and what is expected from the Catalyzers working in small groups. Group work: The Catalyzers also work on Activity Card #1 in small groups (reading, translation, discussions, role play, etc.). Continuation of the approach for conducting Activity 1 in social networks. Think about communications skills when giving feedback to the groups. 	Facilitators/ Catalyzers
12:15-13:00	<p>Roles and responsibilities of Catalyzers. Discuss the expectations for this project:</p> <ul style="list-style-type: none"> This initiative is meant to facilitate activities in the community and generate a discussion about planning family. The duration of this initiative will not exceed 9 months; this is the time necessary to catalyze discussions on family planning and work with community members to begin changing attitudes around the acceptability and use of family planning methods. Refer to Handout 2.1 - Who is who in the <i>Tékponon Jikuagou?</i> in the Initial Staff Orientation Guide (Section iii). 	Facilitators
13:00-14:00	Lunch break	
14:00-14:45	<ul style="list-style-type: none"> General overview of Choice 1 Story Card: the Facilitator explains the content of the tool and what is expected from Catalyzers working in small groups. 	Facilitators
14:45-15:45	<ul style="list-style-type: none"> Group work: Catalyzers work on Choice 1 Story Card in small groups (reading, translation, discussions, role play, etc.) 	Facilitators/ Catalyzers



Time	Activities	Responsible
15:45-16:30	<ul style="list-style-type: none"> Continuation: presentation of tools and explanation of the process for using them. Make sure to highlight the positive points, challenges, and lessons learned, and consider the aspects of communication skills. Refer to Handout 2.3 – Key Communication Skills in the Initial Staff Orientation Guide (Section iii). 	Facilitators/ Catalyzers
16:30-17:00	<ul style="list-style-type: none"> Preparation for the field trip: two groups will work on Activity Card #1, and one group will work on Choice 1 Story Card in the village close to the orientation site 	Facilitators/ Catalyzers
17:00-17:30	<ul style="list-style-type: none"> Evaluation of the day and adjournment 	Facilitators
Day 2		
7:00-8:00	<ul style="list-style-type: none"> Transportation to the village: meeting at convened spot in the village Greetings and formalities with community members 	Facilitators/ Catalyzers
8:00-10:00	<ul style="list-style-type: none"> Practice using tools from Activity Card #1 and Choice 1 Story Card: group facilitation followed by debriefing 	Facilitators/ Catalyzers
10:00-10:15	<ul style="list-style-type: none"> Return to the room Arrival of health workers working in the health centers of the villages 	Facilitators/ Catalyzers
10:15-10:30	Coffee break	
10:30-12:30	<ul style="list-style-type: none"> Group work: Catalyzers complete Activity Card #3, and Choice 2 and Choice 3 Story Cards in small groups (reading, translation, discussions, role play, etc.) Health workers are invited to participate in these activities as members of the group 	Facilitators/ Catalyzers/ Health workers
12:30-13:30	Lunch break	
13:30-15:30	<ul style="list-style-type: none"> Continuation: Presentation of the tools and explanation of the process for using them to Catalyzers. Make sure to highlight the positive points, challenges, and lessons learned, and consider the aspects of communication skills. (Each Catalyzer should be able to lead discussions about all tools used in the group work – not only the tool that he/she practiced with.) 	Facilitators/ Supervisor/ Catalyzers
15:30-16:00	<ul style="list-style-type: none"> Linking health workers and Catalyzers: explain the different strategies for collaboration and how to maintain the link even after <i>Tékponon Jikuagou</i> concludes (invitation to networks, organizing meetings at the health centers, formal/informal visits from health workers to community members) Introduce the health workers and exchange cell phone numbers 	Health workers/ Facilitators/ Catalyzers



Time	Activities	Responsible
16:00-17:00	<ul style="list-style-type: none"> Presentation of the Catalyzer Notebook 	Facilitators
17:00-17:30	<ul style="list-style-type: none"> Evaluation of the day and adjournment 	Facilitators
Day 3		
8:00-8:30	<ul style="list-style-type: none"> Brainstorming: reminders of Day 1 and 2 activities, Q&A session, and addressing Catalyzers' concerns 	Facilitators/ Catalyzers
8:30-10:30	<ul style="list-style-type: none"> Group work: The Catalyzers complete Activity Card #4, Activity Card #5, and Support 1 and Support 2 Story Cards in small groups (reading, translation, discussions, role play, etc.) The Catalyzers fill out the Catalyzer Notebook 	Facilitators/ Catalyzers
10:30-10:45	Coffee break	
10:45-12:30	<ul style="list-style-type: none"> Continuation of group work: each group explains the stories and activities, identifies the main themes, explains how to ask key questions, and describes how to fill in the Catalyzer Notebook. (Make sure that EACH Catalyzer understands all stories and activities - not only the tool that he/she practiced with.) 	Facilitators/ Supervisors/ Catalyzers
12:30-13:30	Lunch break	
13:30-14:30	<ul style="list-style-type: none"> Role play on filling out the Notebooks: focus on key points Overview of the stories so that all Catalyzers have an idea of how they progress 	Facilitators/ Catalyzers
14:30-15:30	<ul style="list-style-type: none"> Final evaluation of the orientation and formalities prior to adjournment 	Facilitators

TOOLS:

- CATALYZER ORIENTATION AGENDA
- FACILITATOR GUIDE FOR CATALYZER ORIENTATION
- FACILITATORS' GUIDE TO COACHING CATALYZERS





FACILITATORS' GUIDE TO COACHING CATALYZERS

What is a coach?

A coach helps other people improve their work and do their best. A coach helps people see their potential: what they can be in the future. A good coach is not negative, and does not focus on past mistakes. The three important aspects of coaching are:

- **Strong relationships.** Coaching is an ongoing, trusting relationship. The goal is to improve performance, and help the coached person to do a better job.
- **Talking through challenges.** The coaching process helps a person understand her or his own problems, think about solutions, and select a course of action.
- **Responsibility.** The coach can support the coached person. But the responsibility for improvement lies with the coached person.

How does coaching provide support to Catalyzers?

The networks diffusion package supports Catalyzers in three ways. Think of this support as a *continuum*, and coaching as an element that begins during orientation and continues until the project's end.

- **Orientation.** During the orientation, Facilitators introduce Catalyzers to the stories and activity cards in the kit. Facilitators demonstrate the process and skills that Catalyzers will use in their groups. Catalyzers practice delivering the materials with each other; they role-play responses to difficult questions and conflicts.
- **Practicum.** During orientation, Catalyzers go with a Facilitator to practice their skills in a village. Facilitators and other Catalyzers observe a Catalyzer as she/he presents a story or leads an activity. Afterwards, Catalyzers and the Facilitator talk about the experience. The Facilitator can strengthen the Catalyzers' group engagement and problem-solving skills.
- **Continuing support.** The Facilitator will continue to coach each Catalyzer, during visits to her/his village after the orientation. The needs and skills of each Catalyzer will determine the number of coaching sessions.

What are key coaching skills?

The Facilitator should:

- 1) **Learn** the materials in the package. It is important that you be familiar with all of the stories and activities. Read through them and think about the issues they raise, so you can help the Catalyzer think through these same issues.
- 2) **Model your own comfort discussing gender and family planning.**
- 3) **Observe** how the Catalyzer interacts with the group and uses the network diffusion materials. Know the group engagement skills that Catalyzers need in each session (see 'Catalyzer Skills,' below) and use the Observation Checklist (below) to remember what to look for.
- 4) **Discuss** sensitive topics with Catalyzers. Help them learn to raise these issues with their group and be prepared to handle difficult issues.
- 5) **Listen.** Good communication combines active listening and positive feedback. Listen to the Catalyzers. Ask them how they think they are doing. Use the appreciative inquiry technique described in the text box.



- 6) **Give feedback** in a positive way and suggest how to improve things that are not working well. Help Catalyzers solve problems that they have identified. Reinforce positive aspects of the Catalyzer's performance: praise is a strong motivator. Encourage Catalyzers to support and motivate each other.

What Catalyzer skills should coaches (Facilitators) address?

Facilitators should look for these Catalyzer skills (see also *Observation Checklist*, below):

- 1) Ability to comfortably use stories/activities with his/her group
- 2) Ability to engage group in discussion
- 3) Ability to talk about sensitive issues and manage difficult conversations
- 4) Ability to share and demonstrate how themes (family planning, gender, fertility, couple communication) affect their own lives

What is a coaching session?

Any in-depth discussion between the Facilitator and Catalyzer about networks diffusion activities can be a coaching session! A session might be:

- Observation of the Catalyzer doing activities/ stories with group and providing feedback immediately afterward (this is the best kind of coaching). Don't forget to use the Observation Checklist (below) to remember what skills to look for.
- Meeting with an individual Catalyzer
- Meeting with more than one Catalyzer to encourage joint problem solving, learning and support among Catalyzers

During your coaching session, you can:

- Problem solve with the Catalyzer and find ways to manage difficult situations
- Prepare and plan activities
- Encourage and recognize the Catalyzer for his/her efforts

What is appreciative inquiry?

- **Appreciation** means to recognize the qualities and contributions of the people and things around us.
- **Inquiry** means to explore and discover, and be open to new ideas.

When we combine the two, we get **appreciative inquiry**. Using appreciative inquiry while coaching will help ensure that Catalyzers are encouraged to continue playing their role.

By seeing what is good in the present situation, we can learn how to create positive change for the future. Imagine that you are talking to a Catalyzer after a group session. Ask *open-ended questions* that encourage them to talk freely and think deeply about the present situation. You might ask:

"What went well?"

"Why do you think that is?"

"What was the best part?"

"What did you learn?"

"Were there instances where you didn't know how to respond?"

"What could I do to help you to do better?"

As they respond, you can provide encouragement by saying:

"Tell me more..."

"Yes, go on..."



Frequency and duration of the coaching

After the Catalyzer Orientation, during the first two months of implementation, Facilitators should observe each Catalyzer at least twice as she/he conducts activities/stories with his/her group. Coaching will occur less frequently after the first or second month, and its frequency will be tailored to need. The Facilitator will quickly understand who needs minimum coaching and who needs more frequent support. Some Catalyzers may be doing so well that you can stop coaching them, even before the end of the six-month implementation. (The Observation Checklist can help you determine if you need to keep coaching someone, or if you can stop.) When you stop coaching Catalyzers who are doing well, you can focus on those who are having more difficulty. The stronger Catalyzers can also be encouraged to support others.

Some Catalyzers may not do very well, no matter how much coaching they receive. This is okay. If you have held several coaching sessions and the Catalyzer does not seem to make progress, you will want to think about other ways to support dialogue in the community, such as pairing a weaker Catalyzer with a stronger one rather than continue to coach someone who is having difficulty.

All Catalyzers will receive a Certificate of Recognition for their contributions when the six-month implementation period ends (see Section iv). This is the only reward they will receive.

FOUR POSSIBLE COACHING SCENARIOS

Coaching while the Catalyzer <i>prepares</i> to lead a group activity	Coaching after the Catalyzer <i>leads</i> the group activity
<p>Prepare the Catalyzer to lead the activity or story:</p> <ul style="list-style-type: none"> If the Catalyzer is unfamiliar with the story or activity, read through it together. Catalyzers are introduced to all stories/activities in their Orientation, but you may need to refresh their memory of content and process. <p>Observe the Catalyzer:</p> <ul style="list-style-type: none"> Have the Catalyzer practice presenting the story or activity to you. Watch how she/he presents the material. Observe if she/he uses good skills such as clear voice, good eye contact, and confidence when talking about sensitive topics. <p>Talk with the Catalyzer</p> <ul style="list-style-type: none"> Take time to discuss what the Catalyzer did well. Give specific suggestions for improvement. Be supportive, positive, and non-judgmental while giving feedback. 	<p>Observe the Catalyzer during the activity or story session with community group</p> <ul style="list-style-type: none"> Use the <i>Observation Checklist</i> to remember what to look for and note comments. <p>Talk with Catalyzer after session using the appreciative inquiry technique.</p> <ul style="list-style-type: none"> After the group meeting is over, sit with Catalyzer somewhere private where others cannot hear you. Ask the Catalyzer how she/he thought the session went. Use questions like those in the text box. Give the Catalyzer a chance to speak freely, and listen closely to his/her comments. Discuss problems that came up during the session, and help the Catalyzer think of solutions.



Coaching <i>without</i> a group meeting	Group coaching with several Catalyzers
<p>Sometimes a Facilitator will meet with a Catalyzer without observing them conducting a session, because it was not possible to schedule an observation or because the Facilitator was in the village for other reasons. In such a case, you can still coach a Catalyzer by doing one or more of the following:</p> <p>Review roles and responsibilities with the Catalyzer.</p> <ul style="list-style-type: none"> • Catalyzers conduct sessions using the Story or Activity cards, and record simple information about each session in their Catalyzer Notebook. Look at the notebook and ask appreciative inquiry-style questions about what happened during the session. <p>Review the Story and Activity cards with the Catalyzer.</p> <ul style="list-style-type: none"> • Help the Catalyzer prepare for the next group activity • Look through the materials together • Help with any translation the Catalyzer might need • Give him/her an opportunity to practice with you • Talk about the issues that can arise during the discussion, and discuss how the Catalyzer might handle them • Talk about what the pictures show, and how to use the pictures to stimulate reflection and discussion 	<p>Often, a Facilitator can address the common coaching needs of two or more Catalyzers at the same time: they can review preparation, materials and roles as in the other three scenarios. But a group coaching session is also an opportunity for Catalyzers to learn from each other, and to build mutual support. Catalyzers can continue this mutual assistance after implementation ends.</p> <p>Group coaching with Catalyzers may follow these steps:</p> <p>Ask Catalyzers to share their experiences about sessions they have conducted with the others.</p> <p>Tell Catalyzers that they will be able to give feedback to each other, after you have asked a few questions.</p> <p>Give each Catalyzer a chance to share, if they do not want to share, they may just listen to the others.</p> <p>Ask about what happened during the session, using appreciative inquiry technique.</p> <p>Ask for comments and suggestions after the Catalyzers have shared.</p> <p>Remind them that this is an opportunity to help each other with challenges and give useful suggestions.</p> <p>Problem solve one or more difficult situations that Catalyzers have experienced. Identify who (such as an Influential) can help them mediate if community members get upset.</p> <p>Lead the discussion between the Catalyzers. Make sure everyone gets a chance to speak. Mediate if anyone starts being critical or taking over the conversation.</p> <p>Finish the conversation by highlighting the most useful suggestions and positive ideas.</p> <p>Thank everyone for participating. Encourage them to support each other whenever possible.</p>



Coaching Observation Checklist

Directions: This tool is designed to help Facilitators remember what to look for when observing Catalyzers' activities with their groups. As you observe the Catalyzer, tick off the items yes or no, and note any comments you may want to remember when coaching the Catalyzer and giving feedback. Remember that this checklist is for the Facilitator's use only: do not show it to the Catalyzer.

Catalyzer Name _____

Facilitator Name _____

Skill	Yes	No	Comments for feedback to Catalyzer
Able to comfortably use stories/activities with group			
Uses open questions			
Uses simple language/ translation			
Speaks clearly, loudly			
Uses welcoming body language and facial expressions, makes eye contact			
Positions self in group so all can see/hear			
Uses appropriate reflective dialogue facilitation skills			
Is familiar with tool and uses it as guide			
Creates reflective discussion in group			
Makes a call to action			
Respects time			



Able to talk about sensitive issues			
Encourages quiet people to speak			
Can talk about sensitive subjects and manage difficult conversations			
Encourages responses on sensitive issues			
Is able to respond to participants without value judgments			
Able to share/demonstrate how themes affect own life			
Expresses own feelings with regard to gender norms and family planning			
Encourages women and men equally to express views			
Guides discussion and draws conclusions			

3 ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



3

ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT

WHY: The Influentials whom you identified during Community Social Networks Mapping (Section 1) are individuals who can promote changes in social norms: in this case, the social and gender norms that surround the discussion, acceptance and use of family planning.

WHEN: About four weeks after Catalyzers begin to use the social networks diffusion package in their groups (Section 2), Influentials will begin to play their roles. You should provide the brief orientation that we discuss in this section, therefore, around Month 5. After the orientation, Influentials' activities will continue until the end of implementation: and ideally, long after your formal intervention has ended.

In this section:

- Facilitator Guide for the Orientation of Influentials
- Family Planning Infographics

Component	Month	1	2	3	4	5	6	7	8	9
3	Engage Influents to Act					X	X	X	X	X

Task 1: Prepare for and Hold Orientation

You will find a brief *Facilitators' Guide to Influentials Orientation* in this section. It presents four steps to prepare Influentials to take concrete actions.

The orientation is a simple event. It should last a few hours, and consist of brief explanations, discussions, and planning. Facilitators will use the four items noted below during the orientation, but Influentials will receive copies of only the Infographics. Prepare enough copies of the Infographics for all participants to take home with them.

1. **Infographics** that illustrate the concept and scope of unmet need for family planning. The numbers in these infographics were selected as typical of the current situation in West Africa.
2. **Social Networks Diffusion 5 Component Card.** (Section iii)
3. **Social Networks Diffusion Vision Card.** (Section iii)
4. **A set of Story Cards and Activity Cards** to show or remind Influentials of the discussions underway in their communities. (Annex A).

Task 2: Follow Up with Influentials

Facilitators should plan to meet with each Influential about once a month during the last five months of implementation to discuss the activities the Influential undertook (and compare them to activities planned), to provide advice as needed, and to encourage increasingly deep engagement with others on the topics of social and gender norms surrounding reproductive choices including family planning. This regular exchange should be informal. It is not a monitoring activity so much as an opportunity to review, refresh and renew motivation.



Unique Strategy

Actors and Actions: In *Tékponon Jikuagou*, we initially oriented Influentials in their own communities. But we quickly decided, instead, to hold orientations in a centrally located town. Why? Because Influentials are influential: their friends, neighbors and relatives constantly interrupted the orientation to seek their advice. Transporting Influentials to a central location was ultimately the more time- and cost-effective strategy. (It also allowed Influentials from different communities to meet and influence one another.)

A light touch: The role of Influentials illustrates the light touch of the social networks diffusion approach. It is the Influentials themselves who determine the nature and the frequency of their activities. Your task is to prepare them to do what they do best: talk with people, influence and disseminate new ideas.

TOOLS:

- **FACILITATOR GUIDE FOR THE ORIENTATION OF INFLUENTIALS**
- **FAMILY PLANNING INFOGRAPHICS**





FACILITATOR GUIDE FOR THE ORIENTATION OF INFLUENTIALS

You will organize a meeting to orient the Influential Persons who were identified through the Guide to Community Social Networks Mapping (Section 1). With your gentle guidance, Influential Persons will discuss and reflect on the current situation of family planning in their communities, and identify how they can get involved to improve the situation.

Reminder: The social networks diffusion approach views Influential Persons as allies within a collaborative framework to address problems in their communities that have been identified by data.

Preparation:

- Using the telephone numbers that were collected for the social mapping exercise, invite all Influential Persons (or as many as possible) to the orientation. Let them know that you hope to discuss the situation of family planning in the community, and how to work together to improve it.
- Organize a discussion that will last about **2 hours** at district level (department, county, etc.).
- In this guide, the words in normal text are instructions for you. *Italicized* sentences should be read and explained to participants.

Part 1: Discussion about Infographics

Using the family planning infographics, show and explain the data on unmet need. It is a “data for decision-making” approach. That is to say, this approach uses data to create a dialogue and enhance understanding of problems in the community. Then, it is possible to think about ways to improve the situation.

Use the following script as you introduce the infographics to Influential Persons. You will first explain the meaning of infographics, and then ask questions to create a dialogue.

Note: *The numbers in the following script apply to the districts of Couffo, Benin in 2013, when we launched Tékponon Jikuagou. There may be variations in different sites, but it is also possible that the situation is the same or very similar in your area. You can insert numbers that correspond to your environment if you prefer.*

Infographic 1: Women who risk getting pregnant

How many women in your community risk getting pregnant, although they do not want to become pregnant?

- 1 in 2 women risk getting pregnant, although they do not want to become pregnant.
- Why are they at risk? There are two important reasons:
 - 1 in 10 does not use any family planning method, even though she would like to.
 - 4 out of 10 women incorrectly think they are not at risk of getting pregnant because they do not recognize their risk.
- Women who breastfeeding may think that they cannot get pregnant. But, they can certainly get pregnant because breastfeeding alone does not prevent pregnancy.
- Some women use methods that are not effective in preventing pregnancy (example: a traditional ring or withdrawal).



Reflection questions for Infographic 1:

- Does the fact that 1 in 2 women can get pregnant although she does not want to indicate a problem? Why or why not?
- What will need to change to improve the situation?
- What can we do to encourage these changes?

Infographic 2: The situation at health centers

In the past 12 months, 1 in 16 women went to a health center for a family planning service.

Reflection questions for Infographic 2:

- Does the fact that only 1 in 16 women visited a health center to obtain a family planning method indicate a problem? Why or why not?
- What will need to change to improve the situation?
- What can we do to encourage these changes?

Infographic 3: Couple discussion about family planning

Are couples talking about family planning?

- About 1 in 3 women knows the number of children that her husband wants.
- About 1 in 2 women have spoken of family planning with their husband.

Reflection questions for Infographic 3:

- Does the lack of communication about preferences for having children and family planning indicate a problem? Why or why not?
- What will need to change to improve the situation?
- What can we do to encourage these changes?

Infographic 4: Leaders and family planning

In the past 3 months, 1 in 10 people (women and men) heard a leader speak of family planning.

Reflection questions for Infographic 4:

- In your community, can leaders such as you speak of family planning? Why or why not?
- How can leaders discuss family planning in your villages?
- What can we do to encourage these changes?

Infographic 5: Leaders and family planning

What do men and women think about family planning?

- 1 in 10 women think that women who use family planning are promiscuous.
- 2 in 10 men think that women who use family planning are promiscuous.
- Some men and women believe that men whose wives use family planning lack authority, and that a husband will beat his wife if he finds out that she is using family planning.



Reflection questions for Infographic 5:

- *Is there a problem with these perceptions? If yes, what kind of problems? If not, why?*
- *What will need to change to improve the situation?*
- *What can we do to encourage these changes?*

Note: Give each Influential a copy of the infographics for reference.

Part 2: Show the Social Networks Diffusion Vision Card

After presenting the infographics, you will initiate a brief discussion on the family planning situation. Here are some questions and tips to stimulate the discussion.

- *What do you see on the Vision Card? (Bottom images, middle and top of this card)*
- *How does this Vision Card represent the status of family planning and of unmet need?*
- Discuss barriers to using family planning services and reasons that explain the existence of unmet need.
- Raise the issue of barriers related to GENDER, couple communication and decision-making, and how these affect access to family planning services.
- Discuss elements in the community that facilitate easy access to family planning services for couples or women who do not want to have children right away.

Part 3: Update on Social Network Diffusion Package Activities

This is a discussion in the form of exchanges on what is happening in the village. You are **not telling Influentials what you are doing and why**. Influentials can take the lead themselves and share their comments with Facilitators.

- Discuss Catalyzer activities in their villages. You can show the Story & Activity Cards that the Catalyzers use, in case Influentials had not seen them.
 - *What is your experience? What works, and what doesn't with the activities of the Catalyzers?*
- Mention the radio. Ask Influentials:
 - *Do people listen to the radio? What do they learn? What do they think?*

(After the discussion, you can encourage listening to the radio and provide the scheduled time for the shows. See Section 4).

- Talk about expectations of the project:
 - *This Social Networks Diffusion package is meant to facilitate activities in communities and initiate a discussion of the acceptability of family planning*
 - **The duration of this initiative will not exceed 9 months.** *This period is sufficient to catalyze discussions and work with community members to start changing attitudes around the discussion, acceptability, and use of family planning.*



Part 4: Discussion of Actions and Next Steps

Use the Social Networks Diffusion 5 Components Card to launch a discussion on the phenomena that contribute to low utilization of planning family, including: barriers at the level of the health centers (stockouts, unwelcoming staff), cost, access, social disapproval, power imbalance between women and men, etc. You will then discuss how to confront the needs of family planning, especially how Influentials can help solve the challenges.

First Step:

- Ask Influentials: *What can you do to eliminate these barriers? How can you influence the phenomena that contribute to low utilization of family planning services?* **Do not give them a list of activities to undertake.**
- To stimulate ideas, show the image of leaders talking to people about family planning and encouraging them to use the services of health centers (Activity Card # 2).

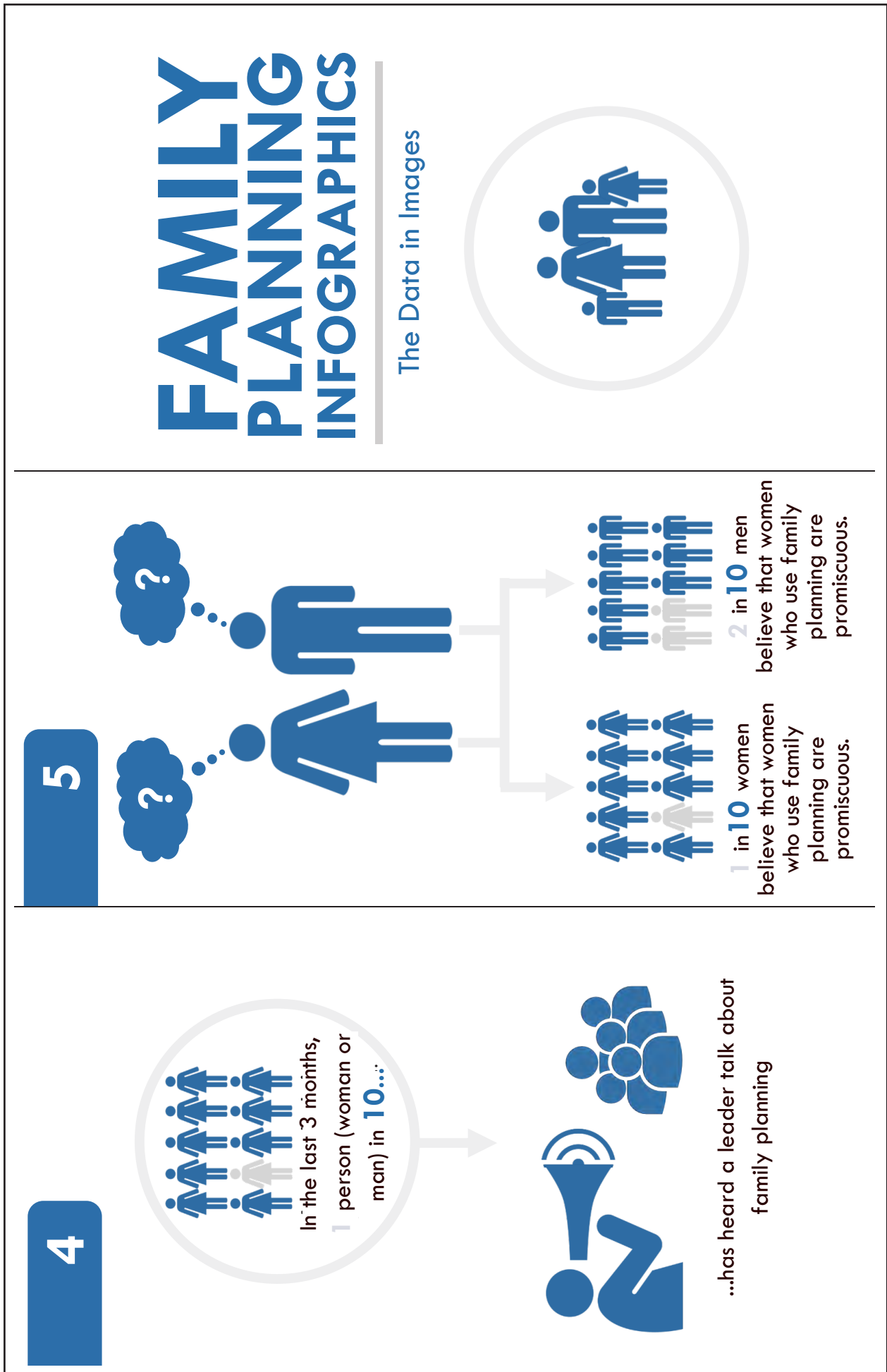
Second Step:

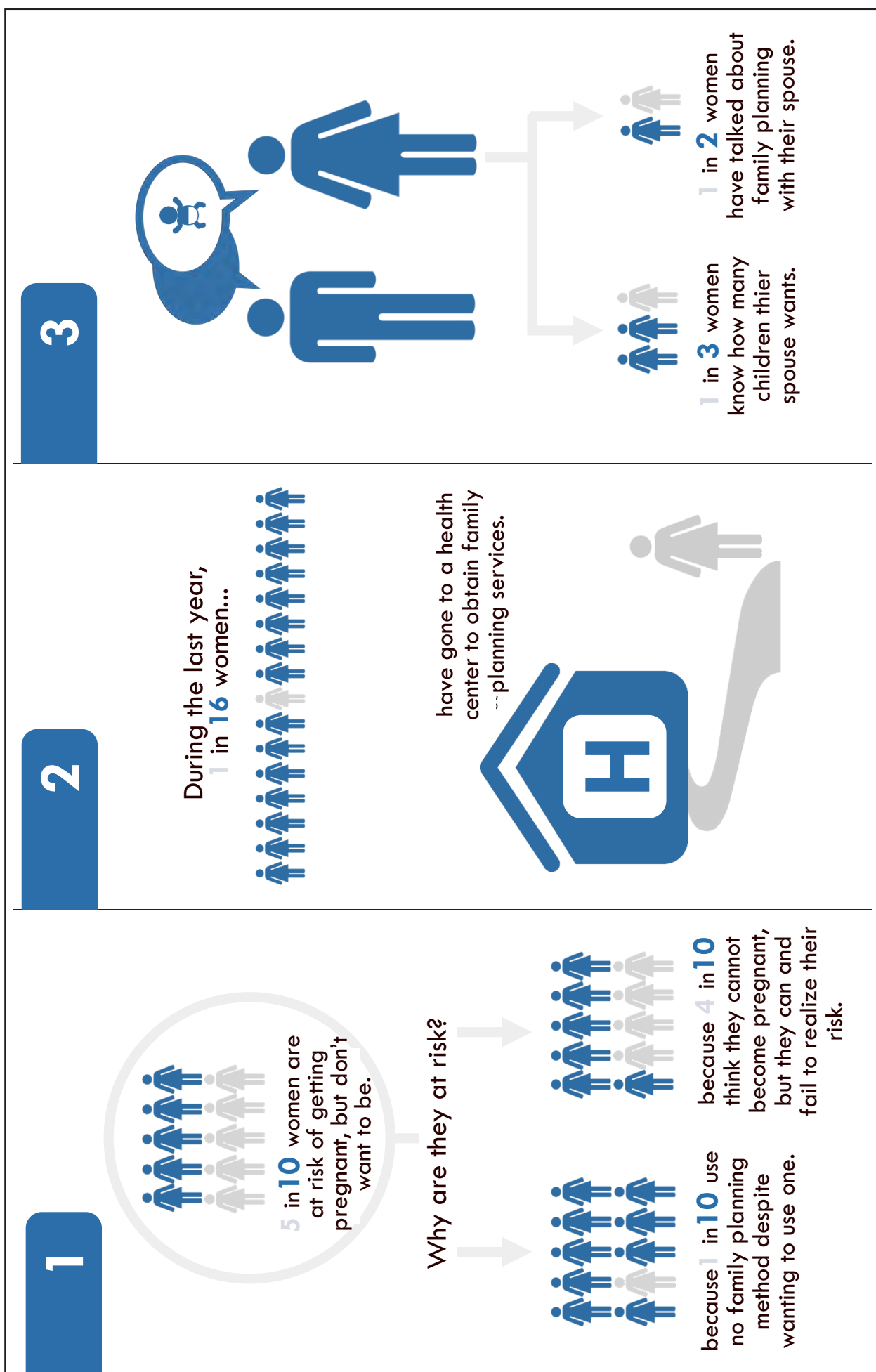
- Encourage each Influential to identify one or two actions that she/he can take in the coming months to improve perceptions of family planning or its adoption in the community.
- Tell the Influentials that at the end of the month, a Facilitator may travel to their village to see what actions were taken, given the actions that were agreed upon during this session. This will motivate them to be more engaged and challenge themselves. This is not a test, but rather an opportunity to review progress towards goals and determine if Influentials followed through with their plans.

TOOLS:

- FACILITATOR GUIDE FOR THE ORIENTATION OF INFLUENTIALS
- FAMILY PLANNING INFOGRAPHICS







4 USE RADIO TO CREATE AN ENABLING ENVIRONMENT



4

USE RADIO TO CREATE AN ENABLING ENVIRONMENT

WHY: Radio broadcasts can help normalize discussion of family planning in participating communities. They provide Catalyzers and Influentials a further source of legitimacy and reference as they talk with people about family planning. These broadcasts can reach people in communities beyond those where you are working. Finally, radio broadcasts may help bring men and women to discuss family planning.³

WHEN: Plan to begin your radio programming as soon as possible after Catalyzers are oriented and become active in their groups.

Component	Month	1	2	3	4	5	6	7	8	9
4 Use Radio to Create an Enabling Environment			X	X	X	X	X	X	X	X

WHAT: You will use the 14 Story Cards (Annex A) as the basis for creating radio broadcasts. Each story will be presented twice, in two broadcast formats:

- **Format #1:** A Catalyzer-led, group discussion of one of 14 stories is pre-recorded, then aired.
- **Format #2:** The same story is presented (read) by the radio host, followed by a live call-in session with listeners.

The **sequencing** of the two formats is important. Each week for 14 weeks, you should broadcast Format #1 on a scheduled day and time, followed several days later by Format #2 on a scheduled day and time. (The schedule should remain consistent so that it becomes part of your audience's routine.) In this way, listeners have the opportunity to absorb the story and reflect on its content before tuning in to or participating in the call-in show. You may decide to monitor radio broadcasts using weekly listener's logs, completed by community volunteers, that indicate if broadcasts were aired on planned days and times.

HOW: This component of the social networks diffusion package has three broad steps: preparation, creation and broadcast of Format #1, and creation and broadcast of Format #2.

STEP 1: PREPARATION

Ask Catalyzers and Influentials about local radio stations that are most popular in the area. Meet with station managers and radio show hosts to discuss your approach and plans. Select and write contracts with one or more stations whose broadcasts reach all corners of your area. (It is fine – in fact, it is desirable – if the broadcasts extend beyond your project geography.)

Orient the radio station staff – especially the radio show hosts who will be presenting the broadcasts – to the social network diffusion approach and goals. Provide copies of the Story Cards. Read and discuss with them these 14 stories that will be the centerpieces of their broadcasts.

³ In the *Tékponon Jikugou* project, men were more likely than women to participate in radio call-in shows and to call the family planning hotline advertised in the radio broadcasts.

STEP 2: CREATE FORMAT #1**(Pre-Recorded Group Discussion)**

In this first broadcast format, the radio host airs a pre-recorded group discussion of one of the 14 Story Cards.

Identify several participating communities that are easily accessible and have several especially engaged groups with strong Catalyzers. Plan a good mix of groups and communities for your 14 stories. For example, you might choose three communities and two groups in each community for a total of six groups: two men's groups, two women's groups, and two mixed groups. In this example, you might record two discussions among each group.

Hold a meeting in each selected community prior to recording. The purpose is to discuss the planned activity, and the objective is to gain permission for recording. You will also set dates and times for recording. Invite appropriate local authorities and individuals (such as Catalyzers, group members, Influentials), using your own knowledge of local norms to determine whose agreement or permission is important.

Tip: Ask the radio host to join these meetings. She/he can describe the recording process, and offer guidance so that the recording session goes smoothly. For example, she/he can help choose a location with minimal background noise, coach group members to speak sequentially rather than all at once, and help Catalyzers enunciate clearly. She/he can also gather information that she/he will use to create a common narrative for the broadcasts (see below).

Travel on the appointed day to the selected village with radio staff and their equipment. Make sure they have time to set up equipment, organize participants so that all can be heard, and provide additional advice as needed.

Record the group session.

Inform people, before you leave the community, of the date and time that their group discussion will be broadcast.

Back at the station, work with the radio staff to develop information that will (a) introduce and conclude each broadcast, and (b) link the broadcasts to one another in listeners' minds. (In storytelling jargon, this is called a *common narrative*.) You may want to include basic information about the social networks diffusion package, family planning and unmet need, and an invitation to listeners to discuss the broadcast with friends and family.

For each story's *common narrative*, the radio host may also want to add some contextual information, such as a brief history of the village (perhaps as recounted by the chief or other community leader) and of the group. As the broadcasts progress, the host may wish to remind listeners of what transpired in earlier segments.

RADIO SPOTS**Family Planning Hotline**

In Bénin, where *Tékponon Jikuagou* took place, Association Béninoise pour le Marketing Social/Population Services International operated a hotline at no cost to callers.

Is a family planning hotline available in your area? The radio series offers a great opportunity to advertise the local hotline. Work with the radio host and the hotline operator to create an advertisement and air it during every broadcast.

Each One Invites 3 Campaign

We also created and diffused a radio advertisement to inform listeners of the *Each One Invites 3 Campaign* (Section 5). The radio host airs this advertisement during the weekly broadcasts starting several weeks before and through the end of the campaign.



Finally, the radio staff will edit each pre-recorded story and group discussion to ensure good audio quality, and will add the appropriate spots (text box). Once each broadcast segment is complete – edited, and with *common narrative* and spots – it is packaged (or *wrapped* in radio jargon). It can be broadcast again and again.

Each Format #1 broadcast should last about 45 minutes.

STEP 3: CREATE FORMAT #2

(Presentation of a Story Followed by Live Call-In Show)

In this format, the radio host reads one of the 14 Story Cards. These are the same stories used in Format #1, but the presentation and the live call-in sessions that follow create a different experience for listeners.

After reading the story, the host invites listeners to **call in** and share their opinions or experiences. The host moderates the calls, but does not provide technical information about family planning. Instead, she/he refers listeners to local sources of information, including the nearest health facility and a hotline if one exists.

To prepare for Format #2, the radio host will adapt the common narrative from Format #1. As with Format #1, the radio staff may record and wrap the story portion for later re-broadcast. However, the call-in show should always be live.

Each Format #2 broadcast should last about 45 minutes.

Unique Strategy

Actors and Action. A community mobilization approach often uses radio broadcasts to deliver facts about family planning, and encourage listeners to use contraceptives. In the social networks diffusion approach, however, the purpose of the broadcasts is to allow a broader audience to learn about and reflect on social barriers to family planning use.

5 LINK FAMILY PLANNING PROVIDERS TO INFLUENTIAL GROUPS



5

LINK FAMILY PLANNING PROVIDERS TO INFLUENTIAL GROUPS

WHY: The social networks diffusion approach helps people examine and change the social barriers that prevent them from discussing and choosing to use family planning methods. In this way, it increases demand for family planning services. The approach does not have a corresponding aim to increase supply of family planning services, but it does help communities forge links with local health workers who provide family planning information and methods.

WHEN: The four linking activities, marked in the calendar here, correspond to (a) community social networks mapping, (b) Catalyzer orientation, (c) the EO13 Campaign, and (d) community celebrations to mark closure of the implementation phase.

Component	Month	1	2	3	4	5	6	7	8	9
5 Link Family Planning Providers to Influential Groups		X	X			EO13	EO13	EO13	X	

In this section:

- Checklist to Guide the Implementation of the 'Each One Invites Three' (EO13) Campaign
- EO13 - PowerPoint presentation
- EO13 - Invitation Card
- EO13 Snow Ball Effect Image

WHAT: You have already seen two links in this Handbook. You created them when you mapped Community Social Networks (Section 1) and oriented Catalyzers (Section 2). We will discuss a third link (the EO13 Campaign) here in Section 5, and you will find the fourth and final link in Close with Community Celebrations (Section iv). We have collected these linking activities here in a single section to emphasize their importance and connect them in your mind and in the minds of your communities.

HOW: Below we briefly review the three linkage points that are discussed in other sections, and provide guidance for your EO13 campaign.

Link 1: Engage Communities in Social Network Mapping (Section 1)

You invited family planning providers to participate in social networks mapping exercises, alongside volunteer community members.

Link 2: Catalyze Reflection in Influential Groups (specifically, during Catalyzer Orientation) (Section 2)

During the Catalyzer Orientation, you invited family planning providers (at least one from each facility in the implementation area) to participate in a session with Catalyzers, and to exchange contact information with Catalyzers from their catchment area. Having met one another and shared a training experience, Catalyzers and family planning providers will interact more easily as their work progresses.

Link 3: EO13 Campaign

The third link between participating communities and family planning providers is the EO13 Campaign, which you will introduce in approximately the sixth month of implementation (EO13 should be timed to capitalize on the growing diffusion of ideas via radio, Catalyzers, and Influentials). Select a timeframe of four to eight weeks for your campaign: a shorter campaign may not arouse interest, while a longer campaign risks losing momentum. (In *Tékponon Jikuagou*, our EO13 campaign lasted eight weeks.

The three broad steps you will take are to prepare for, implement, and trace the effects of the EO13 Campaign.

STEP 1: PREPARE FOR THE EO13 CAMPAIGN

The EO13 Campaign has implications for health facilities in your project area, so you should meet with health officials at the appropriate level (such as state or department, county or arrondissement) to describe the campaign and ascertain their willingness to participate. You may also want to have similar meetings with village chiefs and elected leaders. Finally, Facilitators should visit the health centers in your project area, to explain to providers their role in the EO13 Campaign (described below).

Create and print invitation cards for the campaign. Our *Tékponon Jikuagou* cards (attached) used images from the Story Cards on one side, and images of contraceptives and a written invitation on the other. You may model your cards on these. Use the information below to help calculate how many cards you will need.

STEP 2: IMPLEMENT THE EO13 CAMPAIGN

Facilitators will work with three types of people and two types of institutions to implement EO13. The three types of people are:

- **Catalyzers and Group Members:** Facilitators will distribute enough cards to the Catalyzer of each group so that she/he can give three cards to each group member who wishes to participate⁴ in the campaign. Give each Catalyzer a diagram (a sample is attached) that she can use with her group to explain the “snowball effect” of EO13 and the role of each type of participant.

Next, visit each group. With the Catalyzer, do a role-play so that each group member can see and then practice giving the invitation card to a friend or relative, and explaining her experience with (or positive opinion of) family planning. Remind group members to give their cards to people who are not currently using family planning, but who might be interested.

- **Community Health Workers (if any):** If community health workers are active in your area, and are knowledgeable about family planning, they can also participate in the EO13 Campaign. Facilitators should provide cards to each worker, show the snowball diagram, do a role play, and ask that s/he distribute the invitations as described above. Alternatively, you could ask community health workers to provide cards to men and women whom they know are satisfied family planning users, and ask those men and women to distribute invitation cards to friends and family.

Everyone who receives an invitation card should be reminded:

1. To bring the card with them when they visit a health facility (the family planning provider will retain the card)
2. That they may have to pay for their consultation and/or family planning method.

These reminders can be made during your EO13 radio spot.

⁴ These may be satisfied family planning users, or individuals who support family planning.

- **Influentials:** Give three invitation cards to each Influential in each community, explain the campaign (using the snowball effect diagram), and ask that they distribute them as described above.

All participants – Catalyzers, group members, community health workers, Influentials – will have a certain number of weeks (you determined the number in advance of the campaign) to distribute their invitation cards to friends, relatives or neighbors, to talk with them about family planning (emphasizing their own positive experience and/or knowledge), and to encourage them to visit a nearby health facility for more information and for methods.

Two institutions will participate in the EO13 Campaign.

- **Radio Stations:** In Section 4, we mentioned that you should create a spot for the EO13 Campaign, and air it alongside your regular broadcasts for several weeks before and during the campaign. Work with the radio hosts to develop a spot that describes EO13, and that encourages listeners to talk with their friends and relatives about family planning and seek additional information at their nearest health facility.
- **Health Facilities:** You will ask local family planning providers to participate in the EO13 Campaign by doing two things. First, they should warmly welcome people who arrive with invitation cards, and make time to discuss family planning options with them. (Ask them to collect and retain the invitation cards so Facilitators can count them later.) Second, they should expect at least one visit from a Facilitator early in the campaign to troubleshoot any problems.

Link 4: Community Celebrations (Section iv)

The fourth and final link between communities and family planning providers will occur during the community celebrations that mark the close of the social networks diffusion activities. Invite the providers who participated in earlier linkages to attend the celebrations.

Unique Strategy

Demand: The social networks diffusion approach does not build supply of family planning services, but does forge links between communities and nearby family planning providers. These links smooth the way for individuals and couples as they decide to seek family planning services, as they will already be familiar with local providers.

Actors and Actions: The overall success of the social networks diffusion approach depends on people discussing, reflecting on, and altering social barriers to family planning. But people who actually use family planning are uniquely able to encourage others to seek information and methods from providers. They can speak from experience about all aspects of family planning: how they made the decision, the opinion of others, the advantages of use, the side effects (if any), and more. Satisfied family planning users are important players in the EO13 Campaign.



TOOLS:

- CHECKLIST TO GUIDE IMPLEMENTATION OF THE “EACH ONE INVITES 3” CAMPAIGN
- “EACH ONE INVITES 3” – POWERPOINT PRESENTATION
- “EACH ONE INVITES 3” – CARD
- SNOWBALL EFFECT IMAGE



CHECKLIST TO GUIDE IMPLEMENTATION OF THE “EACH ONE INVITES 3” CAMPAIGN

Introduction

This protocol in the form of a checklist is to assist in the planning and implementation of the “**Each One Invites 3 (EOI3)**” campaign. An activity of the “Link Family Planning Providers with Influential Groups,” component, EOI3 starts about four months after the orientation of Catalyzers. The success of the approach depends on all members of the *Tékponon Jikuagou* group – men and women – in a village talking with friends and neighbors and share their personal experiences using a family planning method of their choice. The distribution of invitation cards allows people to talk about their personal experiences with family planning and helps break social norms about the taboo nature of family planning. If a group member is not a user, she/he can speak of family planning in general and of *Tékponon Jikuagou* discussions, sharing what they liked. At the end of these testimonies, each friend and neighbor will receive an invitation card that encourages them to go to the health center to get more information from providers. The success of this approach also depends on family planning service providers who are waiting to receive potential clients by offering them a warm welcome and good services.

The Stages of Implementation of the EOI3

One or two months before the start of the campaign:

- Collaborate with medical coordinators in the health zones you are working to help organize the EOI3 campaign. Seize this opportunity to introduce them to the EOI3 campaign and request support for the health zone. The health zone staff will inform and prepare providers to receive clients from communities who are seeking family planning-related services and information.
- Air radio spots at the same time to reinforce the significance of the cards that are beginning to circulate, encouraging people who receive the cards to seek information and services at the health center. If a project is interested, it is possible to advertise even more, for example, by speaking of EOI3 at community meetings in the villages.
- Work in harmony with the Ministry of Health, if it wishes to make community health workers part of the campaign; it is a great asset if these health workers are involved. Like group members and Influentials, community health workers can also give invitation cards to family planning users that they know, asking

The “Each One Invites 3” Approach

A positive testimonial about using family planning by someone in the community (the way she/he chose a method, the benefits/results) provides a real experience for the acceptance of family planning.

The invitation card helps the mobilizer initiate a conversation with his/her peer, and invites him/her to seek more information from a family planning provider.

To maximize the impact of the campaign and social diffusion among peers about positive experiences with family planning, all cards distributed at the village level should be available to non-users. It is not useful, and even opposes the concept of the campaign, to keep the cards for a future campaign.



SAMPLE EOI3 CARD



them to offer cards to friends and relatives who do not use family planning in order to encourage them to seek information and services.

To start activities:

- Facilitators orient Catalyzers and Influentials on expected roles and responsibilities for this campaign. This will take about 2 hours.
- Facilitators distribute cards to Catalyzers and Influentials who would like to participate. Invitation cards are then distributed by Catalyzers to group members who would like to participate. If community health workers supported by the Ministry of Health are motivated to participate, local health authorities will follow the same steps to distribute the invitation cards.

To monitor implementation:

- Community mobilization will continue for several months without any formal monitoring except to check in with Catalyzers about how card distribution is going.

To close out the campaign:

- The campaign will end after 3 to 6 months.

To evaluate the campaign:

- In addition to implementation visits, monitoring of the campaign is done according to a few simple indicators: number of EO13 invitation cards distributed to Catalyzers and Influentials by Facilitators, and number of cards distributed by Catalyzers to group members.

CHECKLIST – PLANNING AND IMPLEMENTATION OF THE “EACH ONE INVITES 3” CAMPAIGN

✓	Prepare (one or two months before the start of the campaign)
	<p>Obtain approval from the Departmental Director of the Health</p> <ul style="list-style-type: none"> • Coordinators at the national level will meet with local authorities and those in charge of health at the departmental and health zone levels to explain the purpose and objectives of the EO13 and obtain their buy-in. • Leave a few copies of the invitation card to share with colleagues.
	<p>Notify the local village and district authorities of the upcoming campaign.</p> <ul style="list-style-type: none"> • Supervisors and Facilitators will benefit from all their travel to the villages to present the approach to local authorities (villages chiefs and district leaders). • Leave a few copies of the invitation card to share with colleagues.
	<p>Notify and seek agreement from providers at health centers to participate in the campaign and accept their roles and responsibilities in the campaign.</p> <ul style="list-style-type: none"> • Supervisors will travel to health centers to explain to service providers their roles and responsibilities during the campaign, focusing on the “warm welcome” for those who come to them with cards, either to obtain information or to adopt family planning methods. • Service providers will collect invitation cards in a yellow envelope, and will keep them until a Facilitator or Supervisor comes to collect the cards during a visit. • Leave a few copies of the invitation card to share with colleagues.



	<p>One month before the start of the year, begin broadcasting radio advertisements through a local station to announce the EO13 campaign and distribution of cards by Catalyzers at the community level.</p> <ul style="list-style-type: none"> • Partnering radio stations will broadcast campaign advertisements one month prior to the start of the campaign, and throughout the campaign. These spots will allow people to learn about this campaign, encouraging them to discuss family planning with their friends and to seek additional information at health centers. • One month before, and two months after the start of the campaign, call for a meeting in the villages to raise awareness of the campaign, encouraging people to discuss family planning with their friends and to seek additional information at health centers.
✓	Begin campaign activities
	<p>Orient the influential groups on their roles in the campaign and give them cards.</p> <ul style="list-style-type: none"> • The month the campaign starts, Facilitators will visit Catalyzers to explain their role in the campaign. • At this time, Facilitators will distribute invitation cards to Catalyzers. • At the next group meeting (one month after receiving the cards), each Catalyzer will distribute the cards to group members who would like to participate. They have 3 or more cards to hand out to friends and relatives who do not use the family planning but may be interested. • During the following month, members who distribute the cards are requested to speak to friends and relatives <i>who are not using family planning</i>, to share their experiences, and to offer an invitation card to those who they speak with. • All cards should be handed out within one month of receiving the cards.
	<p>Orient Influentials on their roles in the campaign and give them cards.</p> <ul style="list-style-type: none"> • The process is the same as for influential groups. The Facilitator may orient the Catalyzers and the Influentials at the same time. • The month the campaign starts, Facilitators will visit the Influentials to explain their role in the campaign. • At this time, Facilitators will distribute invitation cards to Influentials. • Influentials who distribute the cards are requested to speak to friends and relatives <i>who are not using family planning</i>, to share their experiences, and to offer an invitation card to those who they speak with. • All cards should be handed out within one month of receiving the cards.
	<p>Orient community health workers from health centers to their roles in the campaign and give them cards.</p> <ul style="list-style-type: none"> • This step depends on the approval of the Ministry of Health. • Either the health center providers or the health zone staff will guide and distribute the cards to the relays. • Community health workers can distribute cards to friends or members of the community who are satisfied users of family planning and ask them to distribute invitation cards to friends and relatives who are non-users, but interested in talking about it. They can also distribute cards directly to individuals who do not use the family planning. • Follow the steps above.



✓	Monitor implementation of the campaign
	<p>Keep track of all the individuals involved in EOI3 to make sure that implementation is going according to plan.</p> <ul style="list-style-type: none"> • During coaching visits in the village, Facilitators should ask Catalyzers and Influentials how the campaign is going. Are there difficulties to address? It is important to encourage Catalyzers to motivate group members to act. • Reinforce that the group members should give out all of their cards and not keep them. • If possible, it is good for the Facilitators and Supervisors to visit the health centers – at least once during the campaign – to ask how the campaign is going, identify challenges, and encourage the warm welcome of potential clients. • Check the number of cards distributed to group members/health workers. Check the number of cards received at health center.
✓	Wrap up the campaign
	<ul style="list-style-type: none"> • The campaign ends by the end date established by the project – 3 to 6 months after the launch of the campaign. • Facilitators will visit influential groups, Influentials, and health care providers to collect cards and thank the people who participated.

Card distributors should emphasize that services provided by health workers to the holders of the card during the campaign are not free.

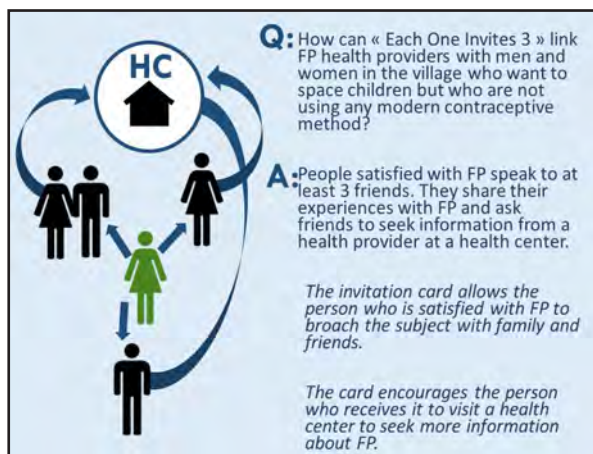
Note : There is a short PowerPoint presentation to accompany this Checklist.

TOOLS:

- CHECKLIST TO GUIDE IMPLEMENTATION OF THE “EACH ONE INVITES 3” CAMPAIGN
- “EACH ONE INVITES 3” – POWERPOINT PRESENTATION
- “EACH ONE INVITES 3” – CARD
- SNOWBALL EFFECT IMAGE



"EACH ONE INVITES 3" – POWERPOINT PRESENTATION



THE APPROACH

The invitation cards are given to group members (Community Health Workers and Influentials depending on context).

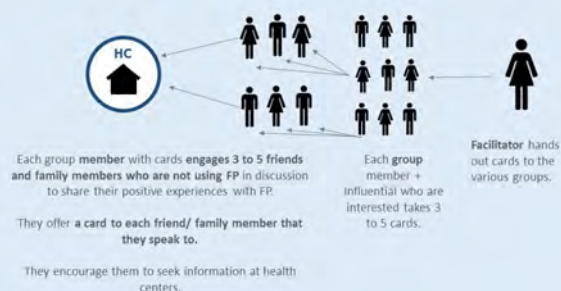
These people initiate a discussion with friends and family who do not use FP.

These same people give invitation cards to friends and family, encouraging them to seek information at health centers.





PROCESS – DISTRIBUTION OF THE INVITATION CARDS



STEPS – PLANNING AND IMPLEMENTATION OF THE CAMPAIGN

Preparation – one or two months before the start of the campaign

- Obtain approval of departmental and district authority.
- Warn local village and district authorities.
- Talk to health providers about their roles and responsibilities in the campaign.
- Broadcast radio spots that advertise the invitation cards and the campaign. (one month prior to the start of the campaign)

Start Campaign Activities

- Orient groups + Influentials + community health workers on their roles in the campaign.
- Give these individuals cards. Ask them to talk to friends and family members about FP and distribute all of their cards in the next month.

Monitor Implementation (3 to 6 months) - Follow-up on all of the people implicated in the EO13 campaign to ensure that implementation is going according to plan.

Wrap-up of Campaign - by the date pre-established by the project

ROLE-PLAY IN GROUPS OF THREE

1 You are a Facilitator in charge of distributing the cards to Catalyzers and Influentials.

- How would you explain to EO13 process? What information is critical?
- How would you make sure that the message was well received?
- Your only tools: invitation cards + flip chart

2 You are a Catalyzer in charge of distributing the cards to members of your group who are interested in participating in the EO13 campaign.

- How would you explain to EO13 process? What information is critical?
- How would you make sure that the message was well received?
- Your only tool: invitation cards

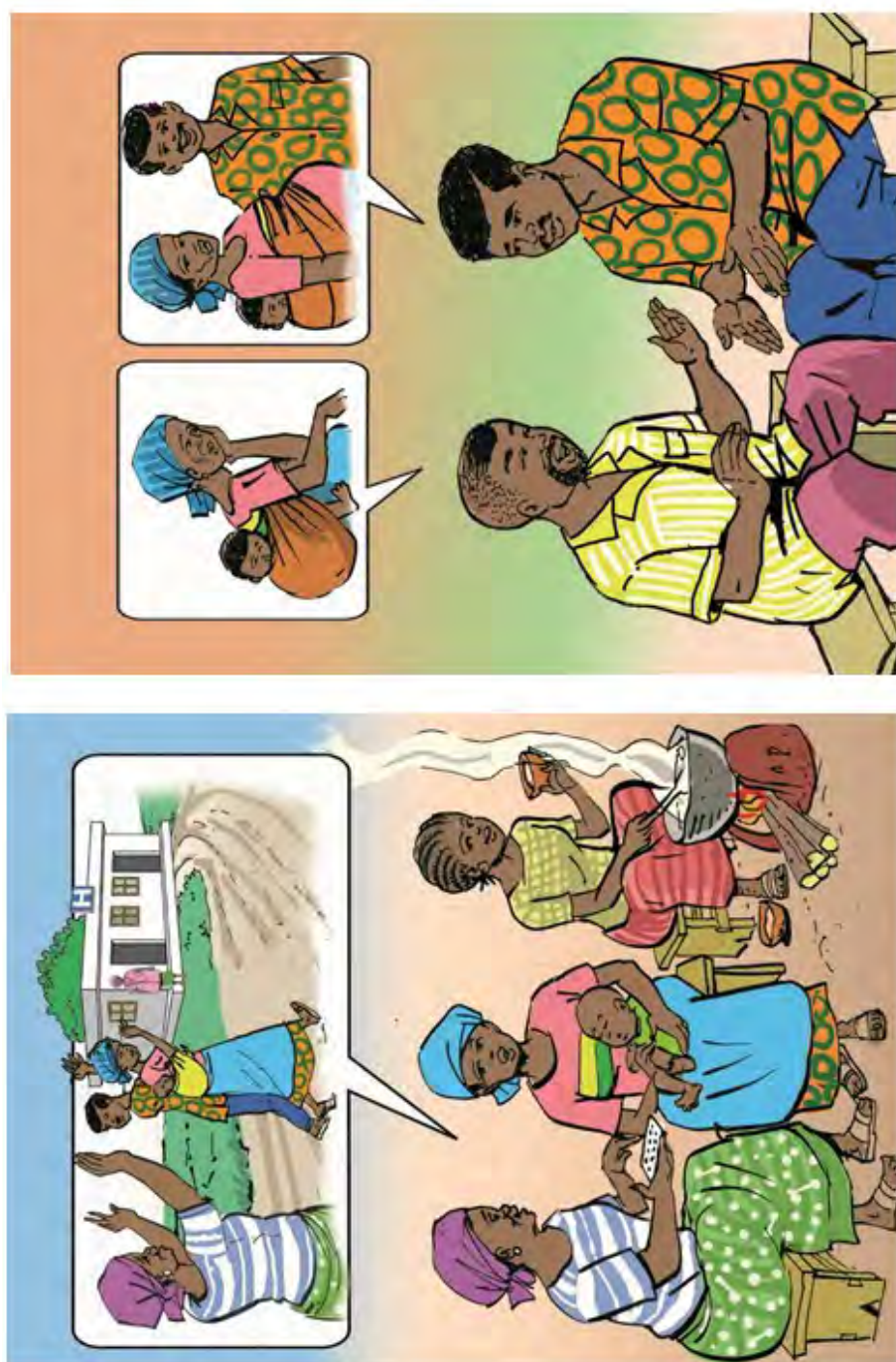


TOOLS:

- CHECKLIST TO GUIDE IMPLEMENTATION OF THE “EACH ONE INVITES 3” CAMPAIGN
- “EACH ONE INVITES 3” – POWERPOINT PRESENTATION
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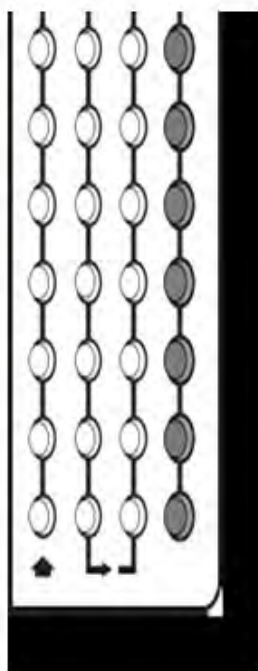


“EACH ONE INVITES 3” – CARD



We discuss family planning together. We went to the health center to obtain a safe and effective method so we can have the number of children that we want, when we want. We are satisfied with our decision.

VISIT THE HEALTH CENTER FOR MORE
INFORMATION ABOUT FAMILY PLANNING



Pill



IUD



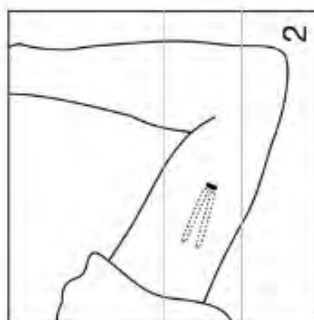
Injectable pill



CycleBeads



Condom



Contraceptive
implant



USAID
FROM THE AMERICAN PEOPLE



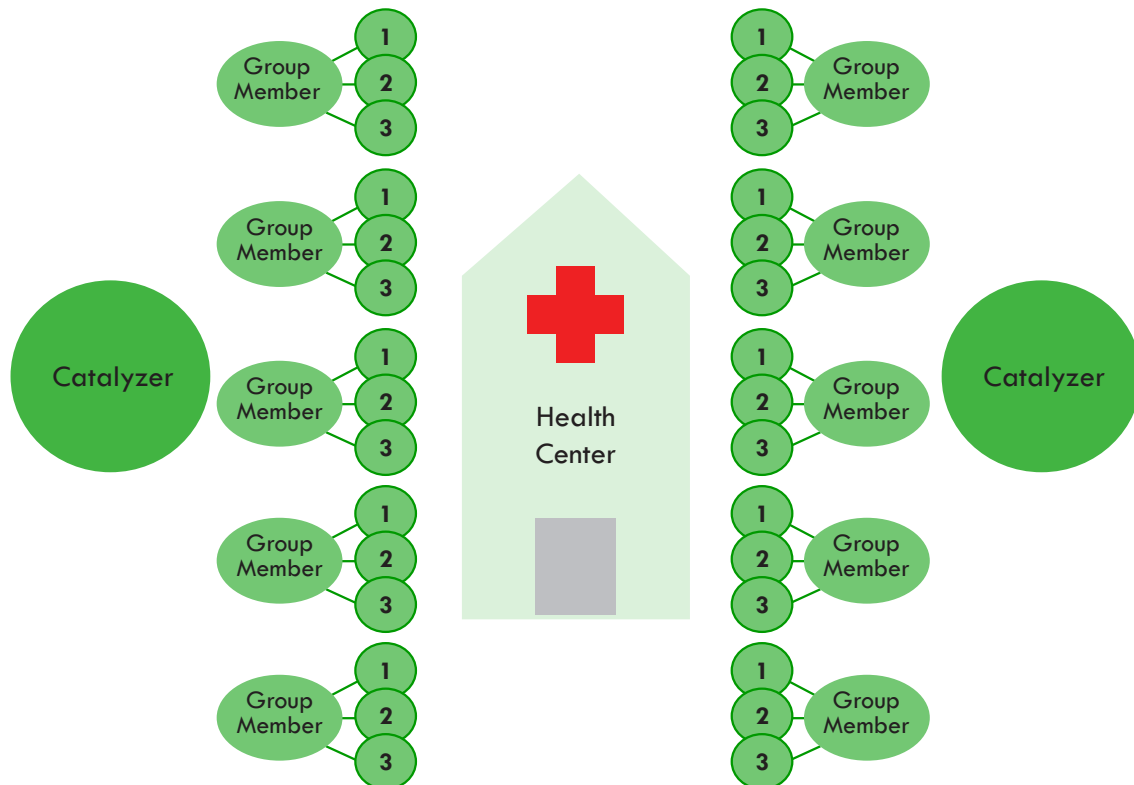
TOOLS:

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- SNOWBALL EFFECT IMAGE





SNOWBALL EFFECT IMAGE



ADDITIONAL RESOURCES





CLOSE WITH COMMUNITY CELEBRATIONS

WHY: A community celebration helps all actors understand that the active phase of the social networks diffusion package has come to its intended end. It provides recognition and thanks to the Catalyzers and Influentials who gave their time and energy to make activities successful. It offers a fourth linking activity between communities and family planning providers, and acknowledges the contributions of the latter. And, of course, everybody loves a celebration.

In this section:

- *Tékponon Jikuagou*
Certificates of Recognition

WHEN: Community celebrations close the nine-month implementation period.

Component	Month	1	2	3	4	5	6	7	8	9
Close with celebrations										X



HOW: You will, of course, align your closing celebrations with local customs and protocol. Below are a few elements of the *Tékponon Jikuagou* events that you might wish to copy or adapt.

- **Consolidate:** Rather than hold a celebration in each of the 90 communities where we worked, we held six large events (one per commune or county), each of which gathered about fifteen project villages. Certainly, this was more cost- and time-effective. It also made the events more festive.
- **Invite:** We sent written invitations to traditional and administrative authorities and invited others (Catalyzers, Influentials, family planning providers, radio staff, etc.) via telephone call. It is important to invite family planning providers to the celebrations as the fourth and final “link” between health facilities and project communities.
- **Acknowledge:** *Tékponon Jikuagou* created Certificates of Recognition for Catalyzers and Influentials (sample attached) and made ceremonial presentations during the celebrations. Recipients felt honored, publicly recognized, and motivated to continue discussing family planning in their communities. We also publicly recognized family planning providers for their contributions, and local authorities for their support of the social networks diffusion package.
- **Celebrate:** Provide food and drink according to your budget and local expectations. Consider inviting one or more local performing groups – singers, dancers, etc. – to add to the festivities.
- **Organize:** You may need to provide logistical support to each celebration, especially transportation of participants.

TOOLS:

- *TÉKPONON JIKUAGOU*
CERTIFICATE OF RECOGNITION



USAID
FROM THE AMERICAN PEOPLE

Tékponon Jikuagou

Tékponon Jikuagou
« Contributing to the reduction of maternal and infant mortality »
Certificate of Recognition
[Date] to [Date] in the [Name] Health Zone

Awarded to

Title FirstName LastName

Tékponon Jikuagou Supervisor, [Health Zone]

Tékponon Jikuagou Coordinator

Signed in [Location], [Date]



ADAPT SOCIAL NETWORKS DIFFUSION MATERIALS TO YOUR CONTEXT

WHY: It is important that your materials reflect local culture and customs so that participants can easily understand and accept them. In *Tékponon Jikuagou*, we conducted formative assessments in several villages prior to creating materials such as Story & Activity Cards (Annex A), which reflect Adja communities in Couffo, in southwest Benin.

Your area may differ. People, their clothing, their houses, and their environment may look different from those pictured in our Story & Activity Cards. The social influences that help women and men seek family planning information and services — or hinder them from doing so — may be different where you work. The types of people who influence social customs may be different in your area than in ours.

Therefore, we suggest that you do some simple, formative assessments before you begin using the *Tékponon Jikuagou* materials in this handbook. These assessments will help you determine if you should make adjustments (such as to the type of groups with which you work, or to the contextual information in the Story & Activity Cards) to reflect the context where you are working and resonate with your communities.

As a bonus, you will learn a great deal from doing these assessments. You will be better equipped to effectively implement the social networks diffusion package.

WHEN: Adaptation should be a preparatory activity. You might schedule the formative assessments with social mapping, or have Facilitators and Supervisors do formative assessments as part of their initial staff orientation.

Component	Month	1	2	3	4	5	6	7	8	9
Preparation		X	X							

WHAT: While we encourage you to make minor adaptations so that the social networks diffusion package and materials correspond to your local *context*, we urge that you make no changes to *content*. Likewise, please plan to implement *all five components* of the package, in the sequence presented.

HOW: For the assessments, you will choose 3 to 5 villages that seem to represent the diversity of your area, in terms of ethnicity and language, religion and economy. You should plan for 2 to 3 Facilitators to spend a maximum of two days in each village.

You will want to identify and talk to two types of people in each village.

- **Key stakeholders:** Identify 3 to 5 women and men who are engaged in community-level activities such as health services, religious institutions, business or trade, women's and/or men's cooperatives, or other organized groups. You will interview these people individually.

In this section:

- Key Informant Interview Guide
- Participatory Exercises

■ Married women of reproductive age and men married to women of reproductive age:

It may be easiest for you to identify existing groups, rather than identify individuals and group them for the purposes of the assessment. You will guide these people, in groups, through a series of participatory exercises.

In the following pages, you will find two types of assessment tools, summarized here:

Use this TOOL	...with these PEOPLE	...to gather this INFORMATION
Key Stakeholder Interview Guide	Key stakeholders	<p>The types and composition of groups in the community</p> <p>Social barriers to family planning use such as stigma, and if/how religion or fatalism affects childbearing and family planning choices</p>
Participatory Exercises	Women and men	Where, with whom, and how women and men talk about decisions relating to children and family planning

For the adaptations, find below some ways you might want to make changes to the package based on what you learned from the formative assessments. These sample changes are presented from the most simple to the most complex. Remember that you are *adjusting for context*, but you are not changing story lines, trigger questions or activities.

Story Cards

- Change the names of the characters to names that are more common in your area.
- Change the illustrations of characters' clothing to reflect how women and men dress in your area.
- Change other minor elements as needed. If the assessment shows, for example, that discussions between sisters occur more often under trees than in homes, you might change the story setting and illustrations. Or, if men speak about child spacing more often to brothers than to close friends, you could change the friend character in the story to a brother.

Activity Cards

- Adjust the activities to reflect your communities' beliefs, attitudes, and behaviors towards family planning use. For example, rumors about family planning might be different in your area; you could alter the Activity Card on true-false statements to reflect local beliefs.

Types of groups to select

- The social networks diffusion package asks you to select three groups in every village, and states that one group must be an influential women's group and one group an influential men's group. *This should not change*; however, the type of the third group may vary. If your formative assessment reveals, for example, that young adult groups are particularly influential, then you may decide that the third group should be one of young adults. (In the *Tékponon Jikuagou* project, we decided to select mixed-sex groups as the third village group because they were often socially influential.)

TOOLS:

- **GUIDE TO KEY INFORMANT INTERVIEWS**
- PARTICIPATORY EXERCISES





GUIDE TO KEY INFORMANT INTERVIEWS

PART 1: CONTEXT

1.1	What are the general characteristics of your community? (For example, ethnic groups, religions, community and religious leaders, etc.)
1.2	<p>When you look at how each person is connected in the community, do you notice that:</p> <ul style="list-style-type: none"> a. You are well-connected b. You connect groups of people c. You are not as well-connected as certain members of the community <p>Can you tell me about your role within the community?</p>
1.3	<p>Do you belong to social groups such as tontines, agricultural associations, sport groups, religious groups, or other formal or informal groups?</p> <ul style="list-style-type: none"> • IF YES: Tell me more about the groups you mentioned and your role within each of them. • IF NO: Thank you, but we are hoping to talk to people who participate in groups. <p>{END OF INTERVIEW}</p>

PART 2: STIGMATIZATION

2.1	<p>Is it easy or difficult to talk about the number of children you wish to have and when you wish to have them in the community?</p> <ul style="list-style-type: none"> • In what places is it easy to discuss this issue? With whom? Why it is easier to discuss in these particular places or with these particular people? • In which areas it is difficult to discuss this issue? With whom? Why it is more difficult to discuss in these particular places or with these particular people? • Is it more or less difficult for women to speak about these issues versus men?
2.2	<p>Can you quickly tell me the words that come to mind to describe a woman using family planning?</p> <ul style="list-style-type: none"> • What “type” of woman uses a family planning method? <p>Can you quickly tell me the words that come to mind to describe a man using family planning?</p> <ul style="list-style-type: none"> • What “type” of man uses a family planning method?
2.3	Do the people of this community believe that the use of family planning is generally common or rare?
2.4	<p>Do you think that talking about experiences related to family planning is generally seen positively within the community?</p> <ul style="list-style-type: none"> • Can you tell me more? • What could change this situation?



2.5	<p>Do the majority of women easily talk with other members of their household or family about the fact that they use family planning methods?</p> <ul style="list-style-type: none"> • Why? What could worry them? • With whom is it easy or difficult to discuss family planning? • And MEN? Are they comfortable with this topic? <p>Do the majority of women easily talk with people outside of their family about the fact that they use family planning methods?</p> <ul style="list-style-type: none"> • Why? What could worry them? • With whom is it easy or difficult to discuss family planning? • In what places is it easy or difficult to discuss about it? Why? • And MEN? Are they comfortable with this topic?
2.6	<p>Are people criticized or discriminated against because they use a family planning method?</p> <ul style="list-style-type: none"> • Tell me more. How? What are the things that people say? • Why do they say that? • Who criticizes them? (types of people, for example: women, men, friends, leaders) • Are men and women judged differently for using a family planning method?
PART 3: RELIGION, FATALISM, AND GOD'S WILL	
3.1	<p>Children are at the heart of any family. How do you think a husband and wife decide on how many children they want to have and when they want to have them?</p> <ul style="list-style-type: none"> • IF IT IS THE COUPLE'S DECISION: Who makes that decision? The husband? The wife? Both? • IF THIS DECISION DEPENDS ON SOMETHING OR SOMEONE ELSE: How is this decision made? <ul style="list-style-type: none"> ◦ IF THE RESPONDENT CONSIDERS THAT IT IS "THE WILL OF GOD" OR SOMETHING THAT IS PREDESTINED, ASK HIM OR HER: If the husband or wife nevertheless wish to space births, it is still possible in this case to use a family planning method? • How do religious or spiritual beliefs influence this decision? • What other people are involved or influence this decision? <ul style="list-style-type: none"> ◦ What is their status within the community? ◦ What are their cultural or spiritual beliefs?
3.2	<p>When a couple waits to have a child, what do people say about the reason for this delay?</p>
3.3	<p>What does your religious or spiritual leader say about the size of your family or the number of children you should have?</p> <ul style="list-style-type: none"> • What does he or she say about the use of family planning methods? • How did he or she explain these things? What do you think of his or her views on this matter?
3.4	<p>Does your religion prohibit you from using a family planning method?</p> <ul style="list-style-type: none"> • If so, what methods and why? • What do you think about it personally?



TABLE OF RESULTS: KEY INFORMANT INTERVIEWS

INTERVIEWER: _____

PLACE AND DATE: _____

TOPICS		SUMMARY OF INTERVIEW
PART 1: CONTEXT		
1.1	Detail the characteristics as described by the by the interviewee: <ul style="list-style-type: none"> • Predominant ethnic groups • Predominant religions • Community, religious, or informal leaders, etc. • Environment (rural, urban, peri-urban) • Socio-economic level (literacy rate, economic means, predominant professions, etc.) • Status of women 	
1.2	Describe the characteristics and background of the person: <ul style="list-style-type: none"> • Age • Household composition (spouse, number of children, other members of the household) • Network status (connected, group connector, isolated) • Role within the community • Family planning user? 	
1.3	The groups that he/she belongs to: <ul style="list-style-type: none"> • Formal groups • Informal groups 	
PART 2: STIGMATIZATION		



2.1	Describe the ease or difficulty of speaking about the desired number of children or the time to have them: <ul style="list-style-type: none"> • With whom • Preferred places to talk about this topic and places to avoid • Fears and concerns related to talking about this topic 		
2.2	Description of family planning users <ul style="list-style-type: none"> • Words to describe a family planning user • What “type” of woman uses a method? 	<u>WOMEN</u>	<u>MEN</u>
2.3, 2.4	Describe the frequency of conversations about family planning and how they are perceived in the community		
2.5	Describe the ease or difficulty of speaking about family planning: <ul style="list-style-type: none"> • With members of their family/ household • With other people • Fears and concerns related to talking about this topic • Preferred places to talk about this topic and places to avoid 	<u>WOMEN</u>	<u>MEN</u>
2.6	Describe discrimination against family planning users: <ul style="list-style-type: none"> • How they are criticized (what people say to them, how they are treated) • Who criticizes them? • Differences between criticism of men and women 		

PART 3: RELIGION, FATALISM AND GOD’S WILL



3.1	<p>Describe how the respondent decides on the number of children he or she wishes to have and when to have them.</p> <ul style="list-style-type: none"> Does the respondent believe that it is a couple's decision? Who in the couple decides? Who else influences this decision? (stepmother, religious leader, etc.) <p>Describe the influence of religious or spiritual beliefs on this decision.</p> <ul style="list-style-type: none"> If the respondent believes that the number and timing of children is granted by "the will of God," does he or she think it is still possible to use a family planning method? 	
3.2	<p>Explain what others say when a couple wait to have a child.</p>	
3.3	<p>Opinions of religious/spiritual leaders on spacing births and use of family planning methods.</p> <ul style="list-style-type: none"> What do they say about the use of family planning methods? How do they explain these things? What does the respondent think of these explanations? 	
3.4	<p>What does religion say about family planning methods?</p> <ul style="list-style-type: none"> What methods are forbidden and why? What does the respondent think about it personally? 	

TOOLS:

■ GUIDE TO KEY INFORMANT INTERVIEWS

■ PARTICIPATORY EXERCISES





PARTICIPATORY EXERCISES

Objective: Involve locals in the analysis of social dynamics in their community, including networks of influence, family structure, community attitudes towards individuals who act on their fertility desires and use of family planning, notable stigma, and communication within households and with intimate partners on unmet need for family planning.

Steps:

- 1) Identify several married women and married men of reproductive age to meet with community leaders and your facilitators. Ideally, these individuals will already be members of groups, with each group being composed of 6 to 8 participants, who will meet for about two hours at a convenient time.
- 2) Once the group meets, you should introduce yourself and explain the reasons that prompted you to form this group. You can announce, for example:

A package of activities is going to start in this area [village, town...] in which communities will participate to discuss their hopes and fears as well as the realities surrounding reproduction and birth spacing; the types of friendly discussions that take place at home, during social gatherings, and with friends. We want group participants to analyze the situation of your community with us, so that we may learn more and ensure that our approach conforms to local circumstances.

Exercise 1: Create a community map: Places where women and men talk about marital and family issues

Possible Materials: flipcharts and markers, ground surfaces, colored powder, post-its, pebbles, colored scraps of fabric, stickers, etc.

Step 1: Ask the group to divide into two subgroups (by gender) to develop a map with all available materials that may include the following elements:

- | | |
|------------------------|-------------------------------|
| • The whole village | • Community meeting locations |
| • Roads | • Group meetings locations |
| • Neighborhoods | • Important houses |
| • Important businesses | • Landmarks |
| • Health centers | • Other divisions |
| • Religious centers | • Other important buildings |

Step 2: After completing the maps, ask each group to look at the each other's map. Then ask a few questions about each map.

Encourage participants to discuss and show on the map the following:

1. Could you indicate places where women talk with one another about issues relating to marriage and child education? Where do they generally talk about birth spacing and family planning? In which places of social gathering? What do they talk about?
2. And when men gather? Where do they talk about these issues? What do they talk about? And when women and men are together, are these issues discussed? If so, where?
3. Who are the people (men, women, elders, religious leaders, formal and informal leaders, etc.) who, through their words and actions, can influence other people's discussions on ideas circulating in the community? In what places do you hear them?
4. Are there any community health workers in the village? Do they provide family planning information or services? In what places do they work?



Exercise 2: Matrix Analysis - What types of people influence couples' childbearing?

Step 1: Draw a matrix on a large sheet of paper or on the ground with 11 columns and 10 rows.

Step 2: Explain that, often, many people are involved in decisions relating to the birth of a child — not just the parents — and that this exercise consists in writing on paper what many people already know so we can deepen our understanding of the topic together.

Step 3: In columns 6 and 7, in the top row, enter fictional names of a woman and a man, and explain that they are married. Then ask participants to add names of other types of people who are involved in discussions about the couple's decision to have a child. (By “types” we mean the relationship of these persons with the woman or man; for example, mother, brother, or religious leader.) What kinds of discussions do these people have with the wife, husband, or couple?

Continue adding types of people until no new person is added. Do not exceed 10 columns. The first column should not contain text; it will be used in the next step

Col 1	2	3	4	5	6	7	8	9	10	11
Types →				Leila's mother	Leila (wife)	Oumar (husband)	Oumar's best friend			
Topic of discussion ↓										
When to have first child				X						
When to have more children							X			
Wants to have a boy				X						
Wants to have a girl										
Wants to have enough money to meet the child's needs				X						
Etc.										



Step 4: Explain that column 1 should be completed in turn with discussion topics and decisions about having children. To help participants begin, write down examples mentioned during the previous step in column 1. Continue to ask participants about the important topics to fill in the first column.

Important: If the answers are not spontaneous, add a theme related to family planning, for example, “When should I use family planning methods?”

Step 5: Ask the group to mark with “X” or place a pebble in boxes where the type of person and the topic of discussion intersect. Start with the types of women, talking of a “typical” individual, then ask if this type of person is involved in types of discussion X. For example, the wife’s mother speaks with her daughter about the time to have her first child or about having a boy. Then proceed to the right of the table to discuss the types of discussions/decisions that spouses influence.

Step 6: Now that the table is completed, explain that you want to know who speaks most to women and who speaks most to men. Questions to explore with the group are:

- Do men and women talk about similar topics?
- Do people talk about these issues in public? Are there times where discussions occur outside the home?
- Do people talk in public about the use of family planning and contraceptive methods? Are certain people afraid of talking about them in public? Who are these types of people and why are they afraid?
- Are there times when husband and wife talk about these issues? Do these discussions happen frequently or rarely within the community?

Exercise 3: Analysis of causal links and hierarchy of influence

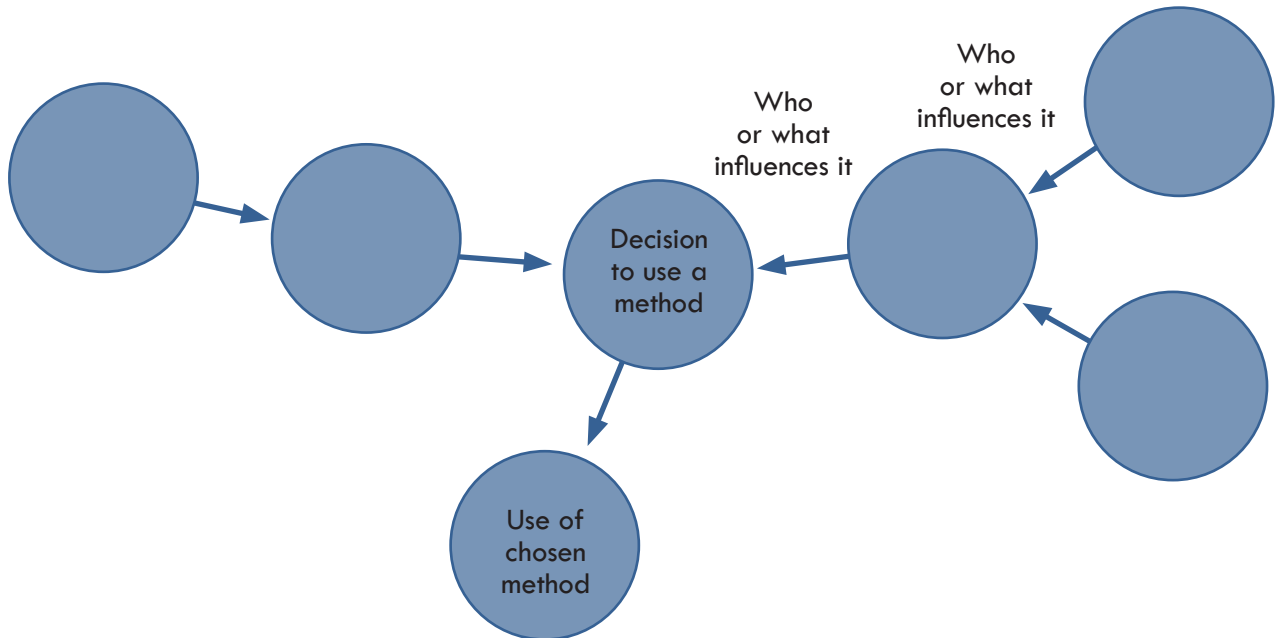
Step 1: Explain to participants that you want them to take a moment to represent the way couples make decisions about use of family planning methods for birth spacing. Ask women and men to work separately on the diagram in order to have different points of view on the issue.

Step 2: In the middle of a large sheet of paper on the ground, draw a circle and write or draw an image inside the circle that says “decision to use a method.” Draw an arrow towards another circle next to the first, and write “use of chosen method.” Explain that in drawing new circles and new areas, you will be able to create a diagram that shows more clearly the manner in which decisions are made. Ask each group to draw new circles and arrows that show how women or men reach decisions on use of family planning methods. Who influences the decision? What influences the decision? There may be numerous paths! Encourage participants to make at least two choices, knowing that that will lead to a more robust reflection on social dynamics.



Step 3: Ask each group to explain their process.

Step 4: Then ask the group to place pebbles in the circles that have the most influence on a woman or a man to make such a decision. Once the activity is complete, ask participants why these circles are the most influential.





TOOLS TO RECORD INFORMATION LEARNED FROM PARTICIPATORY EXERCISES

Exercise 1: Community Mapping - Places where women and men talk of marital and family issues.

Village name / date: _____ / _____

Matrix completed by: Men's Group / Women's Group (circle)

- 1 The places where women talk with other women about marriage and child education: Where does one generally speak about birth spacing and family planning? In which social gathering places? What do they talk about?

Places of discussion — WOMEN	Discussion topics — WOMEN

Places of discussion — MEN	Discussion topics — MEN



2 Who are the Influentials (men, women, elders, religious leaders, formal and informal leaders, etc.) that can influence discussions of ideas circulating within the community? Where do you hear them? Do they talk about conjugal relations or birth spacing/family planning?

Names of cited Influentials	Their activities	Places they are heard	Discussions on conjugal relations, birth spacing, family planning?
ANALYSIS: Most frequented places		ANALYSIS: Least frequented places	

Exercise 2: Matrix Analysis - What types of people influence a couple's decision to have a child?

Village name / date: _____ / _____

Matrix completed by: **Men's Group** / **Women's Group** **(circle)**

While the groups fill out and discuss the above question, note the types of discussions/topics, the individuals who speak, and what they say (quotes).

[illegible]

**Exercise 2: Matrix Analysis - What types of people influence a couple's decision to have a child?**

Village name / date: _____ / _____

Matrix completed by: Men's Group / Women's Group (circle)

Once the matrix is completed and the group has discussed the results, note the key ideas that were discussed and relevant quotes.

Do people speak publicly about the decision to have a child? <ul style="list-style-type: none">• Where?• What types of people? (men, women, the elderly, etc.)	Do people talk publicly about the use and methods of family planning? <ul style="list-style-type: none">• Where?• What types of people?• If people are afraid of speaking publicly – who and why?	Do husbands and wives talk about these topics? <ul style="list-style-type: none">• When?• How frequently?	Do people fear talking about the decision to have a child or family planning? <ul style="list-style-type: none">• Who is afraid? Who is unafraid?• Why?

Exercise 2: Matrix Analysis - What types of people influence a couple's decision to have a child?

Village name / date: _____ / _____

Matrix completed by: **Men's Group** / **Women's Group** (circle)

Make sure to copy the completed matrix here before leaving the village!

[illegible]



Exercise 3: Analysis of causal links and hierarchy of influence

Village name / date: _____ / _____

Matrix completed by: Men's Group / Women's Group (circle)

Title of circle (what is written)	Who or what influences Commentary on why it is important	✓ If influential	If checked: The reason for which this person or idea is influential



Exercise 3: Analysis of causal links and hierarchy of influence

Village name / date: _____ / _____

Matrix completed by: **Men's Group** / **Women's Group** (circle)

Copy the causal stream here, including “*” on the most influential circles.



MONITOR, EVALUATE, LEARN

WHY: Monitoring is vital for tracking planned activities, detecting problems, and finding solutions. For example, review of monitoring data may lead you to ask “Why are men’s groups less active than women’s groups?” or “Why are some *arrondissements* late with their social networks mapping?” A field visit may be needed to understand the issues. Later, Supervisors and Facilitators may need to make adjustments so activities can be implemented as planned.

WHEN: Systematic collection of monitoring data occurs across *all nine months of implementation*. It begins with social mapping (Section 1) and continues up until the community celebrations (Section iv). All five components of the social networks diffusion package will be accompanied by some level of activity monitoring. We recommend that each Supervisor compile monitoring data every month for his/her area, and that project-wide data be compiled at least every two to three months.

WHAT and HOW: Facilitators play the critical role of *gathering activity information* from Catalyzers and Influentials at different points in package implementation. While most data collection is community-based, Facilitators will interact with family planning providers during the EO13 campaign (to troubleshoot, collect invitation cards; see Section 5). Facilitators also compile and pass compiled information to their Supervisors.

In this section:

- Catalyzer Notebook
- Monthly Orientation and Coaching Summary Sheet
- Monthly Mapping Summary Sheet
- Monthly Village Summary Sheet



KEY INDICATORS FOR IMPLEMENTATION OF TÉKPONON JIKUAGOU, BY PACKAGE COMPONENT

Component	Indicator	Tool	How will the information be used ?
1. Engage Communities in Social Mapping	<ul style="list-style-type: none"> Number of villages in which mapping was completed Number of villages with at least three types of groups (women, men, mixed) Number of villages with at least five influential persons of both sexes 	Social Network Mapping Reporting Tools (Section 1) Monthly mapping sheet (this section)	<ul style="list-style-type: none"> ✓ To monitor fidelity to the intervention ✓ To monitor implementation of the intervention
2. Support Influential Groups in Reflective Dialogue	<ul style="list-style-type: none"> Number of Catalyzers selected (disaggregated by sex) Number of Catalyzers oriented (disaggregated by sex) Number of group discussions on the materials (stories, activities) Number of people participating in group discussions on the materials (stories, activities) Number of people who say they talked with others about the materials (stories, activities) 	Catalyzer Notebook (this section) Monthly Village Summary Sheet (this section)	<ul style="list-style-type: none"> ✓ To monitor fidelity to the intervention ✓ To monitor implementation of the intervention ✓ To gauge group exposure
3. Encourage Influentials to Act	<ul style="list-style-type: none"> Number of Influentials selected (by sex) Number of Influentials oriented (by sex) 	Monthly Orientation and Coaching Summary Sheet (this section)	<ul style="list-style-type: none"> ✓ To monitor fidelity to the intervention ✓ To gain an understanding of gender equality
4. Use Radio to Create an Enabling Environment	<ul style="list-style-type: none"> Number of radio spots broadcast as planned (by format and theme: interactive, round table, etc.) Number of calls received (disaggregated by sex) 	Weekly listener's logs of aired broadcasts	<ul style="list-style-type: none"> ✓ To monitor fidelity to the intervention ✓ To monitor implementation of the intervention
5. Link Family Planning Providers with Influential Groups	<ul style="list-style-type: none"> Number of EO13 cards distributed to Catalyzers Number of orientation sessions for Influentials that included participation of a health worker Number of orientation sessions for Catalyzers that included participation of a health worker 	Reports of social networks mapping, Catalyzer orientation, EO13 orientation Monthly Village Summary Sheet	<ul style="list-style-type: none"> ✓ To monitor fidelity to the intervention ✓ To monitor implementation of the intervention
Staff Support for Activities	<ul style="list-style-type: none"> Number of Influentials visited Number of Catalyzers coached Number of group discussions observed Number of coordination discussions with project actors for introduction, EO13, participation of health centers, etc. 	Field visit reports	<ul style="list-style-type: none"> ✓ To monitor fidelity to the intervention ✓ To monitor implementation of the intervention ✓ To assure the quality of the intervention



You will notice that all recording forms monitor participation of women and men. Gender is a point of emphasis in the social networks diffusion package and it is essential that both women and men diffuse new ideas through their social networks. For this reason, particular attention is paid to monitoring women and men's participation.

Review Monitoring Information for Learning, Reflection, Action

It is imperative to analyze data regularly to ensure good implementation of various activities. The pace of analysis in the management of field activities will be determined by you.

At the field level, we strongly suggest that monthly or bimonthly meetings be held during which Facilitators and Supervisors can analyze results in order to identify strengths and areas for improvement.

Tékponon Jikuagou developed a list of reflection questions, including questions that help identify lessons learned:

1. Were all planned activities completed? If not, why? What should be done to improve completion of planned activities?
2. What did we learn about activities from the monitoring data?
3. What is working? Why?
4. What is not working? Why?
5. What are the differences between men and women in relation to involvement, commitment and dynamism?
6. Are our results consistent with observations made by Facilitators (and their Supervisors)?
7. What have we noticed in the data and during field visits that could show that diffusion through social networks generated discussion or action on social norms?

For example, learning sessions allowed us to know that *Tékponon Jikuagou* interested others in addition to the members of the selected groups (due to the diffusion effect). Data and Facilitator experiences confirmed that in some communities people discuss family planning more and more, both at the individual level and within couples.

TOOLS:

- **CATALYZER NOTEBOOK**
- **ORIENTATION AND COACHING
SYNTHESIS SHEET**
- **MAPPING SYNTHESIS SHEET**
- **VILLAGE SYNTHESIS SHEET**





CATALYZER NOTEBOOK

Meeting Date: ____ / ____ / ____

BEFORE STARTING THE DISCUSSION, ASK PARTICIPANTS:

1. How many of you talked with someone outside this group about the topics we discussed at our last meeting?

MEN

WOMEN

THE FOLLOWING SHOULD BE COMPLETED AFTER THE MEETING AND DISCUSSION:

2. How many people were present at your meeting today?

MEN

WOMEN

3. How many people participated in discussion about the materials?

MEN

WOMEN

4. Which materials did you use today?



☐ Story Cards



☐ Activity Cards

5. How was discussion during the meeting?



☐ Discussion among participants



☐ Very little discussion

6. Did a health worker come today to talk to you about family planning at the meeting?



☐ Yes

☐ No

TOOLS:

- CATALYZER NOTEBOOK
- **ORIENTATION AND COACHING
SYNTHESIS SHEET**
- MAPPING SYNTHESIS SHEET
- VILLAGE SYNTHESIS SHEET





ORIENTATION AND COACHING SYNTHESIS SHEET

Please complete a form each month using orientation session reports from Catalyzers. Keep the form until the end of the month, then submit it to your Supervisor.

Facilitator's first and last name: _____ Commune: _____

Data for the month of _____, 20____ Date of completion: ____/____/____

CATALYZER ORIENTATION					TOTAL
Orientation date					
# female Catalyzers oriented					
# male Catalyzers oriented					
CATALYZER COACHING					TOTAL
# individual Catalyzer coaching sessions					
# individual Catalyzer coaching sessions with observation					
# group Catalyzer coaching sessions					
INFLUENTIAL INDIVIDUALS					TOTAL
Orientation date					
# influential women oriented					
# influential men oriented					

TOOLS:

- CATALYZER NOTEBOOK
- ORIENTATION AND COACHING SYNTHESIS SHEET
- **MAPPING SYNTHESIS SHEET**
- VILLAGE SYNTHESIS SHEET





MAPPING SYNTHESIS SHEET

Please complete a form each month using community mapping reports. Keep the form until the end of the month, then submit it to your Supervisor.

Facilitator's first and last name: _____

Commune : _____

Data for the month of _____, 20____

Date of completion: ____ / ____ / ____

Date of Mapping							TOTAL
Village							
# women's groups selected							
# men's groups selected							
# mixed groups selected							
# influential women selected							
# influential men selected							

Once mapping activities are completed, this form should no longer be completed.

TOOLS:

- CATALYZER NOTEBOOK
- ORIENTATION AND COACHING SYNTHESIS SHEET
- MAPPING SYNTHESIS SHEET
- VILLAGE SYNTHESIS SHEET



VILLAGE SYNTHESIS SHEET

Please complete a form each month with Catalyzer Notebook data from each group in the village. Keep the form until the end of the month, then submit it to your Supervisor.

Facilitator's first and last name: _____

Village : _____

Data for the month of _____, 20____

Date of completion: ____ / ____ / ____

Name and gender of group/sex of Catalyzer	Meeting 1	Meeting 2	Meeting 3	Meeting 4	TOTAL
---	-----------	-----------	-----------	-----------	-------

1. How many of you talked with someone outside this group about the topics we discussed at our last meeting? (Fill all columns; Write NA for the first meeting. Note « X » in the columns for both sexes if a regular meeting did not take place. Note « 0 » in the appropriate column if there were no responses for that sex and **ND** if data are unavailable.)

	M	F	M	F	M	F	M	F	M	F
TOTAL										

2. How many people were present at your meeting today? (Fill all columns. Note « 0 » in the appropriate column if there were no responses for that sex. Follow instructions for Question 1).

	M	F	M	F	M	F	M	F	M	F
TOTAL										

3. How many people participated in discussion about the materials? (Fill all columns. Note « 0 » in the appropriate column if there were no responses for that sex. Follow instructions for Question 1).

	M	F	M	F	M	F	M	F	M	F
TOTAL										

Gender of group indicate, **GF**: for a women's group; **GM**: for a men's group and **Mixed**: mixed group
Sex indicate, **F** for women and **M** for men.



Name and gender of group/ sex of Catalyzer	Meeting 1	Meeting 2	Meeting 3	Meeting 4	TOTAL	
4. Which material did you use today? (Note the response with a ✓ ; note ND if data are not available.)						
	Story Cards	Activity Cards	Story Cards	Activity Cards	Story Cards	Activity Cards

Name and gender of group/ sex of Catalyzer	Meeting 1	Meeting 2	Meeting 3	Meeting 4	TOTAL	
5. How was discussion during the meeting? (Note the response with a ✓ ; note ND if data are not available.)						
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️
	😊	☹️	😊	☹️	😊	☹️

Name and gender of group/ sex of Catalyzer	Meeting 1	Meeting 2	Meeting 3	Meeting 4	TOTAL	
6. Did a health worker come today to talk to you about family planning at the meeting? (Note the response with a ✓ ; note ND if data are not available.)						
	Yes	No	Yes	No	Yes	No

	TOTAL	
	M	F
# Catalyzers who filled out at least one Notebook this month		
# Catalyzers who gave up their work in the village		

	GF	GM	Mixed
# identified groups no longer active in the village			

Gender of group indicate, **GF**: for a women's group; **GM**: for a men's group and **Mixed**: mixed group

Sex indicate, **F** for women and **M** for men.



INFLUENTIAL INDIVIDUAL ACTIVITIES

	Number	Observations
# influential women identified in the village		
# influential men identified in the village		
# influential women identified in the village who completed at least one social diffusion action		
# influential men identified in the village who completed at least one social diffusion action		
# oriented influential women who gave up activities		
# oriented influential men who gave up activities		

*Gender of group indicate, **GF**: for a women's group; **GM**: for a men's group and **Mixed**: mixed group*

*Sex indicate, **F** for women and **M** for men.*

ANNEXES



ANNEX A

STORY CARDS - SUPPORT

STORY CARDS - CHOICE

ACTIVITY CARDS





Responding to unmet family planning needs



Akouvi talks about family planning with her mother-in-law

SUPPORT 1



Akouvi and Nadège, two married sisters in the village, are talking in Akouvi's kitchen with Yuwa, their little sister.

Nanouba, Akouvi's mother-in-law, and Grace, her sister-in-law, are also there. They are happy to be together chatting because they do not see each other often.

After talking about everything and nothing, Akouvi tells the other women that she is happy to have beautiful healthy children. She explains that she and her husband want to make an effort to take good care of them.

Nanouba, her stepmother, says, "You gave three beautiful healthy children to Kouèchi and I am sure you will give him others. Four like I gave to my husband or five like your mother gave to your father." The younger women, Yuwa and Grace, give each other worried glances. They are not so sure they want five children. They want to know if it is possible to choose when to have children and to determine how many they want.

Akouvi knows that her stepmother is quite traditional


and that she wants many more grandchildren. This is the time to explain certain things even if Akouvi fears her reaction. She starts with a little hesitation, "Kouèchi and I have chosen to use family planning. This will allow us to have the number of children we want, when we want them, and also to wait until a child is older before giving him or her a little brother or sister. We talked about it and we made this decision together. We want Elias, our youngest, to grow strong and healthy first before we have another child."

Nadège also speaks. She says, "Gossou and I have been using a method for the past two years so that I do not fall pregnant. Until now, I was afraid to talk about this with other women, even my own sisters." She continues, "I learned about them by listening to the words of songs that address this topic. I knew of the importance of spacing births. There is a lot of support for family planning in the village, but people still think that it is shameful to talk about the use of these methods to avoid pregnancy. It is difficult to know who will support us. We do not want to hide anything, but there should not be a sense of shame about using these methods to avoid getting pregnant." In the end, Akouvi says, "Kouèchi and I ask for your support in this decision that we have taken."

REFLECTION QUESTIONS

1. In your opinion, why was Nadège afraid of telling other women that she is using a form of family planning?
2. Do you think that support from your own family would be important if you decide to use family planning? Why?
3. Why is talking about family planning important for the young women in this story?

Call to action!

 Read the following text out loud :

Suppose you want to start using a family planning method that allows for the number of children you want, when you want to have them. Who in your family could support you in your decision? Try having a discussion with someone in your family who could participate in a conversation about these things. Can you have such a discussion with a non-married woman?



Responding to unmet family planning needs



Kouèchi can be a real man and practice family planning

SUPPORT 2



Kouèchi, Akouvi's husband, and Gossou, Nadège's husband, sit in their favorite meeting spot under a tree playing Dominoes with their friends Charles and Thierry. They talk about their problems in working the field, and how hard it is to sell their corn in the village. They are having trouble providing for their families because of the lack of money.

At today's meeting of the association of corn producers, Thierry, a father of four, felt targeted when he was told that a good father should take care of his family.

Charles, who is married but does not have children yet, asks Thierry how to be a good father. Kouèchi and Gossou give their opinion.

Thierry is annoyed because someone talked about family planning as a means to better meet the needs of the family and be a good father. He does not agree, and does not understand how using family planning could make him a better father. He believes he will never be a well-respected man until he has several children. In addition, the other villagers will think that his wife can control him.

Kouèchi tells his friends that his wife and he decided to use family planning to space the birth of their next child. They talked to Gossou and his wife, who have been using family planning for over two years.

"It is true" answers Gossou, "we hid it from people for a while, but when Akouvi and Kouèchi talked about it, we also confessed about ourselves and encouraged them. I hope that you, my friends, will agree with the choice we made. We did not want you to hear from someone else."

REFLECTION QUESTIONS

1. Would you tell your friends if you decided to use family planning to avoid becoming pregnant? Explain.
2. What should the ideal man do to take care of his family?
3. What should the ideal woman do to take care of her family?
4. Can men play the role of women and women play the role of men?

Call to action!



Read the following text out loud :

Try to have a discussion with friends about what makes an ideal man or woman, and how these ideas impact what you do in life.



Responding to unmet family planning needs



Nanouba gets angry

She wants many more grandchildren

SUPPORT 3



After deciding with her husband to plan the births of their children, Akouvi informs her family and asks for their blessing.

Her mother-in-law Nanouba is angry. She does not like to see her son diminish himself by doing what his wife tells him. The

villagers will think her son is weak, that his wife has imposed the use of this kind of method. They will make fun of him. A good wife should always listen to and respect the opinions and decisions of her husband.

Nanouba says, "You take good care of your children. Why would that change if you had another?"

Akouvi explains, "The birth of my last son tired me. I talked with Kouèchi and we decided to wait a few years before having another child so that I have the time and strength to take care of my children and husband. That is the duty of a good wife."

Nadège adds, "I felt the same fatigue after the birth of my last child." Both speak of the difficulties they have in raising their children. Grace, Akouvi's sister-in-law, asks how a method to prevent pregnancy can change that.

Nanouba says she heard that these methods are dangerous and make it so that women can no longer have children. "No", replies Akouvi "methods like the pill and condoms do not make women infertile."

Nanouba exclaims, "But you will not be able to get pregnant quickly."

Akouvi says, "If I stop the contraceptive method, I can get pregnant quickly once my body is ready. One of my friends who did the same thing to avoid getting pregnant until her baby got a little older just had a beautiful baby girl."

Nanouba is dissatisfied because she believes that God decides when a couple should have children and she wants many grandchildren in order to gain the villagers' respect and show them that her son was raised well.

REFLECTION QUESTIONS

1. If you were Akouvi, what would you do to change Nanouba's opinion on using family planning?
2. Why do you think that using family planning makes Akouvi a good wife? A good mother?
3. How could the use of family planning change the life of a family? Explain.

Call to action!

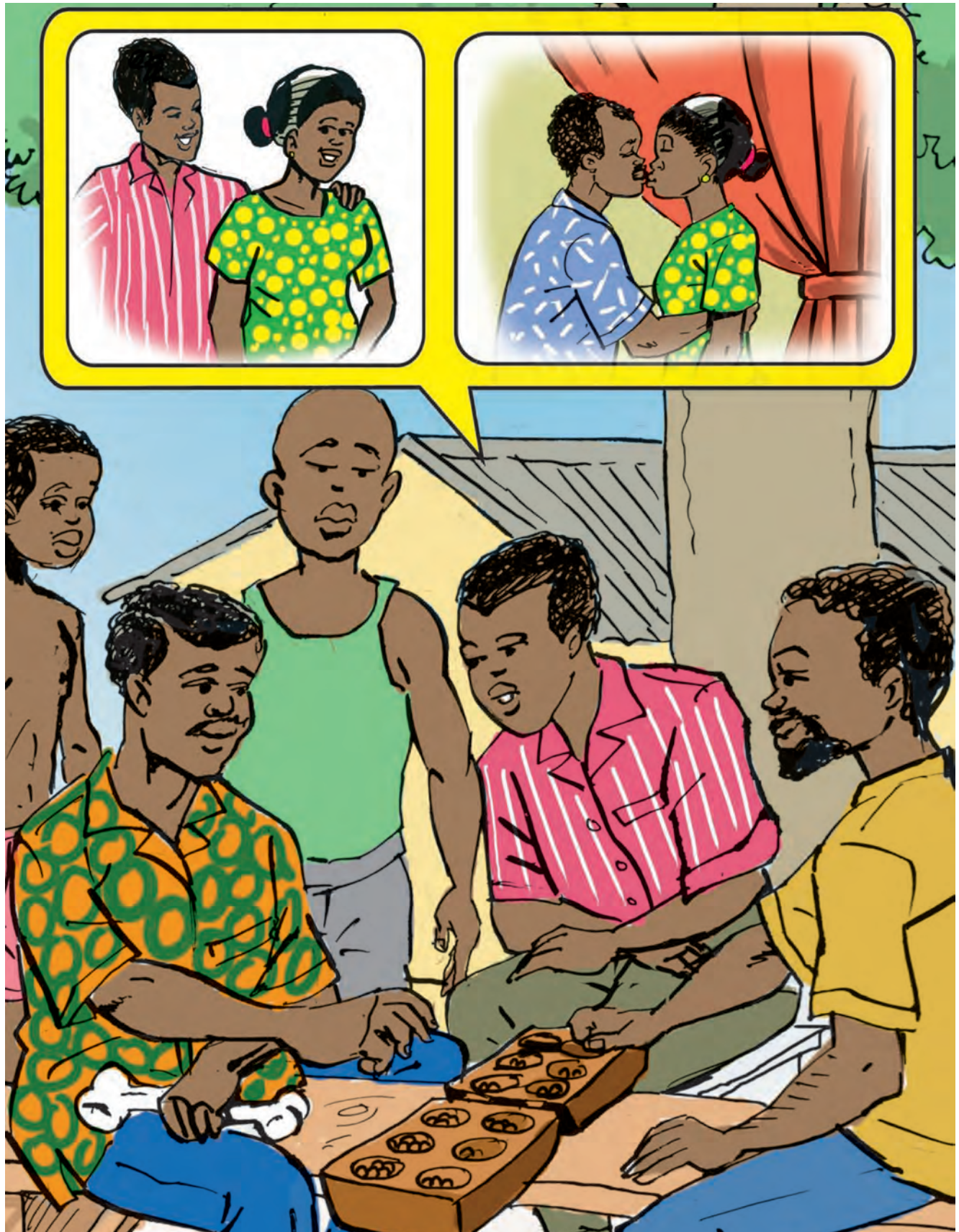


Read the following text out loud :

If you want to use a family planning method for your family, to whom would you mention it? How would you ask for their support? Practice requesting support from someone.



Responding to unmet family planning needs



Kouèchi's friends do not help

SUPPORT 4



Kouèchi and his friends Gossou, Charles and Thierry sit in their favorite meeting spot under a tree playing Dominos. Kouèchi and Gossou think that using family planning can help them take better care of their family because it means fewer people to provide for and more time to save money between births. Charles and Thierry are shocked by this news.

Charles does not have children yet and for him these methods are dangerous. He says, "I have heard that it prevents our wives from having children." "No" says Kouèchi, "methods such as the pill or injections can disrupt a woman's period or lead to weight gain, but she can become pregnant quickly when she stops using them, usually after a few months. All these methods allow us to space births while having sex freely." Laughter erupts under the tree, showing that

other people are listening. Kouèchi feels embarrassed. He wonders what people will think of him.

A man says, laughing, "You want to keep your wife beautiful and strong so that she can satisfy you! Nobody wants a weak wife."


Kouèchi recounts his conversation with his wife. Thierry and Charles are surprised. "You talk about these things with your wife?" Gossou tells them, "I advised him to talk to his wife." They begin to make fun of Kouèchi and Gossou, saying they are lesser men to talk to their wives about such things. Gossou says, "And you? You do not talk about it with them?" Thierry becomes angry. "We are the men, we bring home money, we decide and they do what we say." He gets up and leaves.

Kouèchi is unsure about himself. What will others think of him? He thinks to himself, "I must be a real man, but I really like the idea of spacing births. But what if this man who courts my wife at the market manages to conquer her? She could have sex with him without fear of getting pregnant and I would never know!"

REFLECTION QUESTIONS

1. How does encouragement from Akouvi to adopt family planning help Kouèchi to be a good husband?
2. Do the men in your community talk to their wives about such things? Why or why not?
3. Does the fact that a husband discusses family planning with his wife make him less of a man? Why or why not?

Call to action!

 Read the following text out loud :
Think of a friend you enjoy talking with and try to talk to him or her about family planning this week.



Responding to unmet family planning needs



Nanouba realizes that family planning could help her family

SUPPORT 5



Akouvi and Nadège spoke of their decision to use family planning to Nanouba, Akouvi's mother-in-law, who left, upset, to speak with her friends. Grace, Akouvi's sister-in-law, asks after the departure of her mother: "Are the modern methods

you mentioned really safe?" "Yes" answers Nadège, "they are effective. Some may have drawbacks for some women, but all in all, they are completely safe." Nadège says, "I just gained a little weight." Her sister Yuwa laughs and says "And I thought it was because your husband Gossou became rich!" Nadège answers, "Gossou and I are going to try to have our third child. We have saved enough money and our oldest will soon go to school. We are ready now."

Grace and Yuwa ask more questions about married life and how to speak to their husbands

about the subject of children. Yuwa is very interested because she is afraid that she will be married to an older man.

Meanwhile, Nanouba meets with her friends at the market. She recounts to them what her daughter-in-law told her. Ami, her best friend, calms her and explains that if Akouvi uses an effective method that allows her to space their births, it means that life will be easier for Nanouba. She will not have to watch Akouvi's children as often because Akouvi is sick or pregnant. She also says that Kouèchi will have more time to work the field and earn a lot of money to take care of his parents in their old age. Nanouba starts to better understand the value of family planning and asks questions about the benefits of modern methods. In the end, she says, "I think that this discussion could be useful for my other daughters and daughters-in-law." The women discuss how to start talking about these things with their sons to help their daughters-in-law.

REFLECTION QUESTIONS

1. Do mothers-in-law discuss with their sons or daughters about the family's well being? Why or why not?
2. Do you think younger girls should listen and participate in conversations about family planning? Why?
3. How do families like those in the story differ from the rest of the community in the way that they accept family planning?

Call to action!

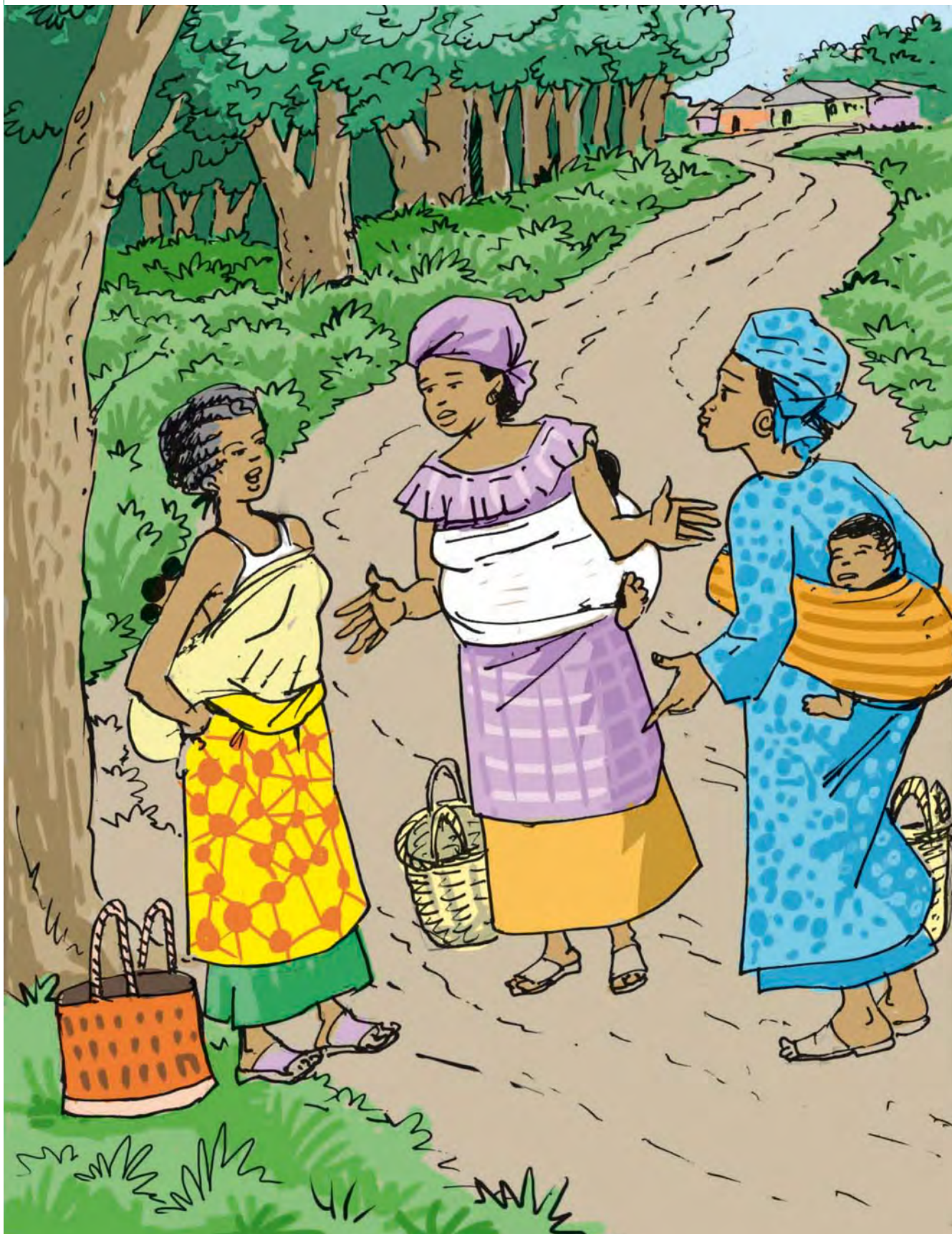


Read the following text out loud :

Choose several people from among your friends and family that support family planning, and encourage them to talk with other people about the benefits of family planning.



Responding to unmet family planning needs



Women in the village run the risk of pregnancy but don't know it

SUPPORT 6



Three women, Julie, Fifonsi, and Ananou, their children on their back, are on the way to the market. They chat while walking.

Fifonsi says to the others, "Let us stop under this tree for a little talk. Julie, what is your secret? I see that your child is almost one and a

half years old. How do you and your husband manage to avoid an unwanted pregnancy?"

Julie shakes her head and breathes deeply. "Do you not see my difficulty? My husband is not here anymore. He rarely comes to the village; so we rarely have the opportunity to have sex."

Fifonsi responds, "I am sorry for your difficulties. I do not have that problem. I regularly make love to my husband, but I cannot get pregnant at the moment because my periods have not returned since the birth of my daughter Ahouefa. In addition, I use the traditional belt method."


Ananou says, "I decided with my husband to have a total of four children, each three years apart. Moreover, we know that I can get pregnant easily, although I continue to breastfeed my baby and I also have not seen my period return. Because of this, my husband accompanied me to talk about our possible choices with the midwife, and I am using pills. The midwife also explained to us that traditional methods are not as safe as the modern methods available in health centers."

She continues, "You two are taking unnecessary risks. With the cost of living today, it is important for us women to talk with our husbands in order to make responsible decisions about family planning. Julie, what would you do if a pregnancy occurred, perhaps with sickness? You are weak, and you cannot even work to repay your micro credit. And you Fifonsi, using the belt, if you fall pregnant before your periods resume, what will you do?"

REFLECTION QUESTIONS

1. Why are Julie and Fifonsi at risk?
2. If you were in Julie's place - you want to have sex with your husband when he returns from a trip without getting pregnant - what would you do to ensure you do not get pregnant?
3. Can you talk to your husband about how you might want to space the births of your children? Why? Or why not?

Call to action!

 Read the following text out loud :

Go talk to your husband and other friends about the risks a woman faces if she uses a traditional method or if she gave birth but doesn't have her period yet.



Responding to unmet family planning needs



Rumors about how family planning can kill

SUPPORT 7



Afi, the wife of Edah, receives a visit from her friend Akoko, who came to ask her about a problem.

"Hello Afi!" greets Akoko.

"Hello Akoko" says Afi. "How are you?" Then, seeing the worried face of her friend, Afi shouts, "Ehhh! Is something

wrong? What is going on?"

Akoko responds, "I have been using injectable methods for four months, and I noticed certain changes that scare me. I even had my period twice this month with lots of blood for several days. All this scares me. Maybe my body is not functioning properly. What if I cannot have more children? I only have three."

Afi says, "Me too, I had strange periods and a lot of blood during the first five months I used family planning methods, but I have not had any problems since the seventh month, and I have been using this method for two years."

Edah, Afi's husband was nearby and heard

everything. He says, "Oh! Family planning methods cause problems for women? So that is why Afi told me when she started using family planning that she was not ready for sex?"

"I suggested that she discontinue the modern methods and use a traditional one like the ring or belt that work well and do not create problems for women. But Afi reassured me. She said that it is normal for small problems to occur at the beginning, and that it is manageable."

"Health workers helped us to manage these issues and the midwife explained that Afi could try another method if the problems persisted."


"It is true" Afi added, "but not all women have the same problems. For example my friend Olivia has never had a problem and she has been using family planning for two years. Even the fear of not having children that you mentioned Akoko, people say that, but it is not true."

"The living proof is here in our neighborhood. Look at that lady Assiba coming towards us. She had the child she is carrying on her back after using family planning for five years. When she and her husband decided to have another child they stopped using the method. She got pregnant four months after she stopped using family planning."

REFLECTION QUESTIONS

1. What concerns Akoko based on this experience with family planning?
2. How did Afi and her husband Edah manage their difficulties when they began using family planning?
3. What lessons can you draw from Assiba's experience?

Call to action!

 Read the following text out loud :

Find a woman who uses a family planning method, but with whom you have never discussed the topic. Ask about and discuss her experience. Did she have minor problems? How did she manage them?

As a man, discuss your family planning experiences with other men who used such methods with their wives. How did they help their wives manage the situation?

ANNEX A

STORY CARDS - SUPPORT

STORY CARDS - CHOICE

ACTIVITY CARDS





Responding to unmet family planning needs



Akouvi wants to talk to her husband

CHOICE 1



Akouvi, Kouèchi's wife, is a mother of three children. She sits and weeps silently because her health and that of her family frightens her. She wants to wait before having another child, but she does not know how.

Even though she did go to school, she is a smart woman who has a good reputation in the village and in her extended family. People often come to see her to discuss their family problems, but now it is she who wants to talk to someone.

She goes to talk with his sister Nadège, who always has good advice. Akouvi knows that her sister will not tell anyone about what she asks. Nadège has always helped her during difficult times of childbirth, illness and caring for her children. Nadège is the oldest daughter in the family. She is married and has two children.


Nadège sees that Akouvi is unhappy and asks her what's wrong. "You know I love my husband and I am happy with him. You know I love my children and I want to have another child..." says Akouvi, "but my husband Kouèchi does not want to wait and I am almost certain that it is my mother-in-law who is pushing him to have another child immediately." She continues, "Elias, my youngest child, cannot even walk yet and is barely a year old." She stops. "I want to take care of my children. I want to be healthy so I can be a good mother and a good wife" she says. "I am no longer strong. After my first two pregnancies I was stronger than now. I get tired a lot more. I even have problems just sweeping and cooking."

Akouvi continues, "I learned that there are effective methods to keep me from getting pregnant too soon after giving birth. I want to talk with Kouèchi about this, but I do not know what to do. I am afraid that he will get angry with me if I talk to him about that. I do not want him to be angry with me, I love him and I want to do what he wants, but I also want to be healthy, to be able to take good care of us and be a good wife." She stops talking and begins crying again.

REFLECTION QUESTIONS

1. Why might it be hard for couples to talk about these issues?
2. Do you feel you can talk with your husband or wife about the use of family planning? Why?
3. Who could help you to have these conversations?

Call to action!

 Read the following text out loud :

Think about what you would do if a friend or family member came to talk to you about their fear of speaking to their spouse about family planning. Try to talk about family planning with a friend this week.



Responding to unmet family planning needs



Kouèchi does not want to talk about family planning with Akouvi

CHOICE 2



Kouèchi is Akouvi's husband. His best friend Gossou is Nadège's husband. They are farmers. In the last story, Akouvi did not know what to do. **She asked Nadège for advice on how to talk to Kouèchi about how not to get**

pregnant too soon after giving birth. Kouèchi and Gossou return from the fields and are standing in front of a vegetable kiosk. Kouèchi says everything is expensive now and it is hard to care of his family.

Kouèchi also tells Gossou that his wife's problem scares him. He sees that she is not as healthy as before. He sees that she cannot perform the housework as before. He wonders what's wrong. He thinks she is pregnant, but he is unsure. **This idea of pregnancy makes him happy. He thinks his father and uncles would be very happy to learn that his wife is pregnant.** He is happy at the thought of celebrating with his friends and hearing the praise of his mother.

Gossou listens to his friend talk about his wife. He knows Kouèchi is often stubborn, especially with regards to his wife and the respect that she owes him. Gossou raises other questions about Akouvi's health. He asks the age of their youngest child Elias and if he can walk yet. **When Gossou asks Kouèchi to discuss with his wife to see if she wants to have another child now, Kouèchi gets angry.** He is silent and will not even look at Gossou.

Kouèchi finally says, **"You know, I do not need to talk to her about such things, because we agreed on that! Why ask what she thinks, when I know what she thinks!** After all, it is my responsibility to take care of my family. **What will others think if they learn that it was my wife who told me what to do?** Why would she not want to have another child with me? If God says it is time to have a child, then it is time! My wife is always trying to have children for me. And she knows that I have needs. God gave me three children and now a fourth. **Who are we to question God's will and wisdom?"**

REFLECTION QUESTIONS

1. What would your friends do in this situation?
2. How can your friends get you to change your opinions?
3. How do your friends discuss difficult topics like these with their husband or wife?

Call to action!

 **Read the following text out loud :**

Think of a person who could help you start a conversation with your husband or wife about how many children to have and when to have them.



Responding to unmet family planning needs



Akouvi prepares to talk to Kouèchi

CHOICE 3



Akouvi and Kouèchi are a young couple from the village. Nadège Akouvi's sister and Gossou's wife. The two men are friends. Akouvi does not want to get pregnant so soon after giving birth. She told Nadège this, but is still afraid to talk to her husband Kouèchi. Gossou advised Kouèchi to ask Akouvi if she wants to have more children, but Kouèchi got angry.

Akouvi tells herself that she should do what her husband wants. But Nadège believes it is important for her to know what her husband thinks, and also for him to know what his wife thinks. She wants to help Akouvi to talk to Kouèchi, and asks her what she is afraid of if she talks to her husband about family planning.

"I too wanted to choose a good method to have as many children as we wanted when we wanted them," said Nadège. "I started by talking with our mother, whom I trust, and who supports me, as you do. Together we listed all the benefits of using the pill, injections, or other contraceptives. We also discussed the benefits of waiting several years between pregnancies. It was helpful for me and my husband Gossou."

"Mother also told me that despite what people say, she does not know any woman who had trouble getting pregnant when she stopped using methods to avoid pregnancy. In addition, I saw that my periods were heavier when I started to take the injection. But after a few months that changed. Since Gossou and I decided together to use family planning, we were both able to wait until things improved. I also knew that if we needed another method, we use CycleBeads. We could also avoid sex on the days I was most at risk of becoming pregnant because we could talk together.

"Mother and I also talked about the role of God in having children. We discussed how God gave us the intelligence to help ourselves so that we can better help Him. 'Help yourself and heaven will help you,' " adds Nadège. Then, Nadège and Akouvi wonder if people will gossip about them in the village because they chose these methods. Together, they make a list of the good and bad things people say about these methods.

Akouvi and Kouèchi must reflect on all this and decide whether they will use family planning. Nadège tells her sister how she should talk with Kouèchi and what she should say.

REFLECTION QUESTIONS

1. What positive things could you say about choosing an effective method to avoid falling pregnant?
2. How could you start talking about these things with your husband/wife?
3. What other members of your family could help you with a discussion like that?

Call to action!



Read the following text out loud :

Give some reasons why family planning might be good for you. If you are afraid of the risks of contraceptives, visit your clinic for more information.



Responding to unmet family planning needs



Akouvi is brave and talks to Kouèchi

CHOICE 4



Akouvi explained to Nadège that she did not want to get pregnant so soon after giving birth. They also discussed why Akouvi should talk to her husband about family planning. Now, Akouvi has decided to talk to her husband. When Kouèchi comes home at night, Akouvi tries talking to him about using methods that work, and which allow them to have their next child at the right time. Kouèchi is surprised and angry as a result. He pretends not to understand what she means, and starts talking about his difficult day. Akouvi tries to talk him again and he gets even angrier.

"What... are... you... talking... about?" he shouts. "Do you not want more children? It's God who decides, it's not our choice. God will give us a

child when he wants us to have one." Kouèchi adds, "You should do what I ask and not ask me questions!"

"Please can we talk? I fear for us, for you, for me and for our children" says Akouvi to calm him. "Don't we both want what is best for us and for them?" she asks. "What do you want Kouèchi?"

Kouèchi, very angry, shouts, "Well, if you do not want to have children, I will take another wife who will give me the children I need." He leaves the house very upset. He has not answered his wife's questions. He was afraid. He wants to know what she is hiding. Why does Akouvi ask him such things? Has she set her eyes on another man? He has seen other men look at her at weddings and parties. Akouvi is also upset. Kouèchi did not listen to her. He did not answer her questions. For her this is not normal. Akouvi is afraid that the children of another woman will displace her children.

REFLECTION QUESTIONS

1. Could this situation happen here?
2. What can happen if a woman disagrees with her husband about using family planning?
3. How can you solve a problem like this with your husband or wife? Who could help you resolve it?

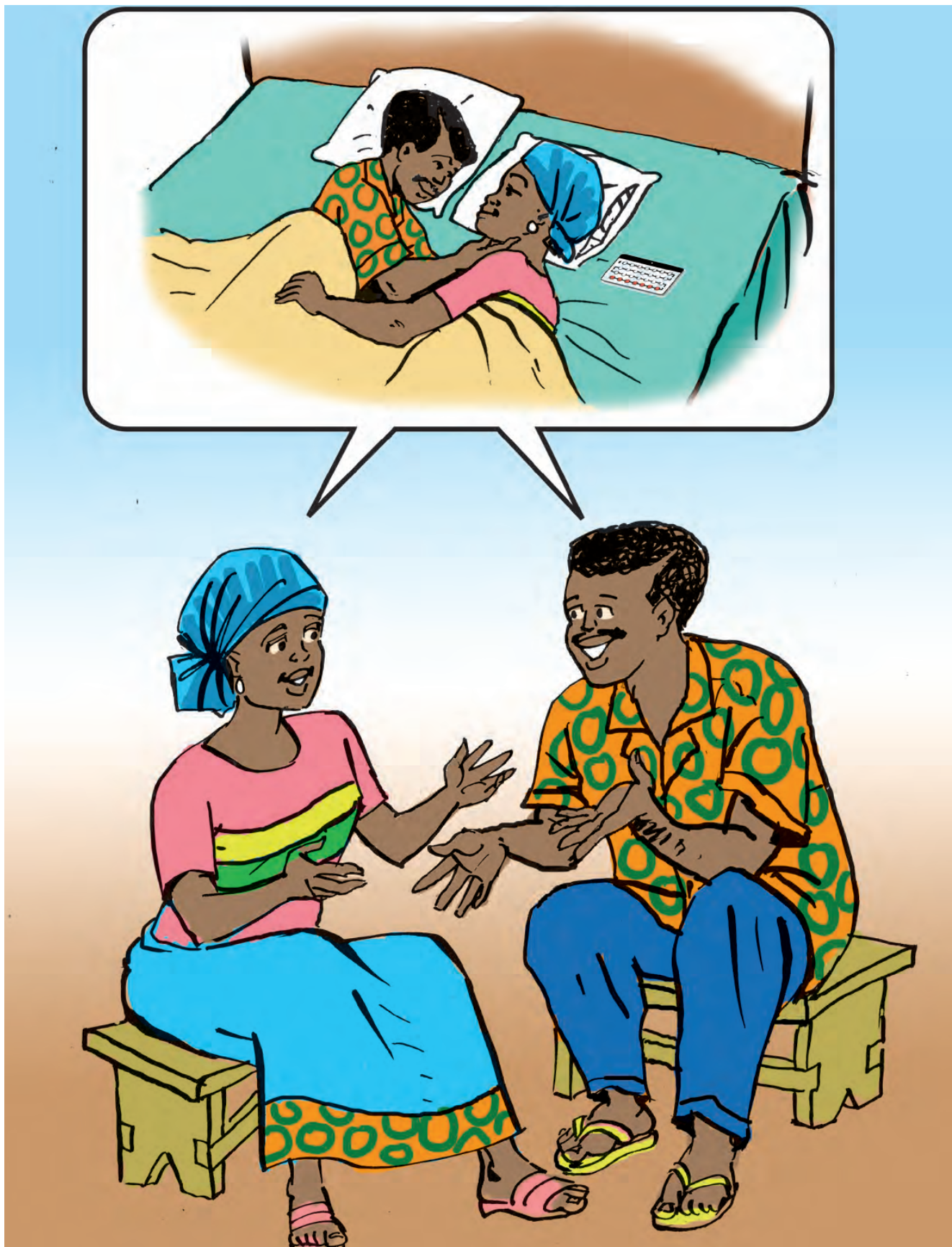
Call to action!

🔊 Read the following text out loud :

It can be difficult to talk to your husband or wife about family planning. Now, we have talked a lot about how to discuss these things. Think about talking to your husband or wife about how many children you want and if you want to do family planning.



Responding to unmet family planning needs



Kouèchi and Akouvi understand that they can get along!

CHOICE 5



Akouvi decided to tell her husband Kouèchi that she wants use a family planning method. Kouèchi got very angry and refused to talk to her about it. The next day, Kouèchi and his friend Gossou talked about what happened. Gossou asked Kouèchi to talk to his wife. He told him that he often speaks with his wife Nadège about their family and asks her to share her thoughts too. Both men stated why they find these talks useful.

After a few days, Kouèchi gave this a lot of thought. On the one hand, he is afraid that he will not be seen as a real man if he lets his wife talk about "such things". He also still wants to have more children, especially a son. But, he begins to understand the advantages of a smaller family. He already sees that it is good when children are not very close in age because this allows women to regain their strength. He begins to understand that with the use of family planning, he can have everything he wants.

Kouèchi comes home to talk to Akouvi and asks her why she wants to use a family planning method. He tells her he was afraid of what others might think of them, especially that they might wonder if she is cheating on him. He does not know what religious leaders think of family planning and he does not know much about it himself. Moreover, he really

wants to have another son and he heard that Akouvi would no longer be able to get pregnant if she uses family planning.

Akouvi tells him what she learned from her sister Nadège. She says that people spread the rumor that women can't get pregnant after they use family planning. However, women who stop using family planning methods still get pregnant six months to a year later. Kouèchi is surprised to hear these things he did not know. Akouvi is also surprised to learn that her husband thinks about using family planning. They have never talked about these things before.

They each talk about what they would like and what is important to them. They talk about the advantages for their family in having the number of children they want, when they want them. As benefits, they determine that it allows them to feed their family, clothe their children and send them all to school. Kouèchi also sees that Akouvi would be very healthy and would not be as tired. They remember the old saying "two heads are better than one."


Akouvi asks Kouèchi to seek out more information before choosing the method they will use. They decide to ask Akugbe, who works at the village health center. Akugbe is very good at her job and will not lie to them. They want to ask her questions about different family planning with family planning.

Kouèchi and Akouvi decide to go see Akugbe the next day.

REFLECTION QUESTIONS

1. In your community, can a man talk about these things with his wife?
2. Can a woman talk about these things with her husband?
3. Could you talk about these things with your husband or wife?

Call to action!

 Read the following text out loud :

If you decide to use an effective method to have the number of children you want, when you want them, go together to the clinic to find out more about different methods and those that work best for you.



Responding to unmet family planning needs



Akouvi and Kouèchi go to learn more about how to have the number of children they want, when they want them

CHOICE 6



With advice from friends and family, Akouvi and Kouèchi finally talked about family planning methods. Each of them listened to the ideas of the other. The next day, Kouèchi and Akouvi go to see Akugbe who works in the village health center.

There they begin to regret their decision to come to her. They are afraid of being seen by neighbors who might gossip about them. They are just about to leave when Akugbe tells them to come in. Akouvi and Kouèchi explain why they came to see her.

Akugbe is very happy to talk with them, and she is happy that they came to see her together. She talks about different methods. They ask many questions about each method and how they can affect Akouvi's health. They also want to know when, at the earliest, they will be able to have another child after they stop using the methods. Akugbe responds, "There are several methods that allow you to be pregnant as soon as you stop using them, such as condoms, the pill and the IUD. But if you choose the injection or the implant (which goes under the skin) it will take you a few months (six months to a year) before you can get pregnant. You can still have a child once you

stop using them, but it will take a few months for your body to be ready."

They also asked about the rumors circulating about these methods. Akouvi said she heard that these methods could cause problems for the woman and prevent her from getting pregnant after. Akugbe replies, "These methods are not dangerous. They do not cause diseases and do not prevent you from having children later. They do not cause twins. Sometimes injections or implants can cause your periods to become heavier or lighter. But this change does not last and disappears by itself within six months. In any case, you can come see me if you have a problem and we can address it together. If you decide you do not want children, there is also a method that a man or woman can use to never have children. These are operations. It is for you two to choose the method that you find the best for you." Akouvi and Kouèchi ask Akugbe where they can buy contraceptives and how much they cost.

Akouvi and Kouèchi now know what it takes to choose or not to choose a family planning method that works. They also know how to choose the best method for them. They now wonder if they will use a method and which one it will be.

REFLECTION QUESTIONS

1. Why is it important for a husband and wife go together to ask about family planning methods?
2. Why is it difficult for a husband and wife to go see a health worker in the village?
3. How can the villagers help men and women take action to have the number of children they want, when you want them?

Call to action!

🔊 Read the following text out loud :

You are already convinced it is good to use a method to have the number of children you want, when you want them. How can you let other people, who do not yet know about these things, to start to think of family planning as a good thing?

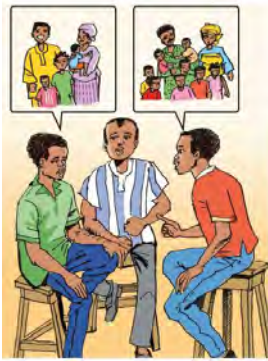


Responding to unmet family planning needs



Family planning is also men's business

CHOICE 7



Bio comes home after a discussion with friends about the benefits of family planning. He invites his wife Baké to discuss.

"My dear Baké" he says, "since we decided we do not want to have a child right now, I want to talk to you about it."

Baké responds, "Are you bringing up this issue of family planning again? I was told these methods makes women infertile, and I'm afraid you will leave me and take another wife when I am no longer able to bear children."

"No Baké, I will never leave you," promises Bio. "I was just thinking about our family and the challenges we face in taking good care of our children. What do you think? I just had the same discussion with my friends Anago and Koffi, whose wives are currently using family planning."

"You know, family planning allowed them to space births. They were able to save more money for their household and ensure education for all their children. In addition we will be able to have sex freely, and all we will need to do is to stop using the family planning method when we want to have another child."

"Really!" says Baké. "I never knew that there are women in my neighborhood who use family planning. Bio, are you sure I will not have a problem using a family planning method?"

Baké thinks for a moment, and then says, "Okay Bio, I want to choose a method too. What are we going to do? "

Bio responds, "When you are ready, I will take you on my motorcycle and we will visit the midwife for an explanation. We will choose a family planning method that works for us."

REFLECTION QUESTIONS

1. Can you engage in a conversation like this in your household? Why or why not?
2. How can men raise the topic of family planning with their wives?
3. What actions can men take to support family planning in the community or with their friends?

Call to action!



Read the following text out loud :

Men, go chat with friends and other men about the benefits of family planning. Women, encourage your husband to discuss family planning with his friends.

ANNEX A

STORY CARDS - SUPPORT

STORY CARDS - CHOICE

ACTIVITY CARDS



How to use the activity cards



WHY CARRY OUT THESE ACTIVITIES?

- To help your family and friends discuss modern family planning and methods for child spacing.
- To teach certain facts about family planning and help people share lessons learned.
- These activities are fun to do!

WHEN TO CARRY OUT THESE ACTIVITIES?

You can do these activities:

- At the beginning or end of a meeting.
- At a meeting specifically organized to carry out these activities.
- With your friends and family.

WHERE TO CARRY OUT THESE ACTIVITIES?

You can carry out these activities in any place where people gather:

- In a public place, such as a church or a communal area.
- In a private place, such as a house or someone's property.
- Outdoors, such as a soccer field or under a tree.
- Any other place where 2 or 3 people can get together to discuss family planning. Read the instructions carefully before beginning the activity.



HOW TO USE THESE ACTIVITIES?

Each activity card has 5 parts:

- **OBJECTIVES:** This part explains the goal of the activity.
- **PREPARATION:** This part explains what you should do before starting the activity.
- **ADVICE:** This part gives you advice about how to carry out activities.
- **INSTRUCTION:** This part gives you instructions for carrying out activities.
- **CALL TO ACTION:** This part gives you a message to read at the end of the activity.

HOW TO CARRY OUT THESE ACTIVITIES?

Read the instructions carefully before beginning the activity.

Announce ground rules to the team:

- Everyone has the right to speak.
- Respect the opinion of others. Everyone should feel comfortable, and no one should be judged for what they say.
- Everything that is shared during the activity is confidential, unless the person who speaks explicitly mentions that you can share this information with others.



SHOW



ASK



ORGANIZE



DISCUSS



READ or LEAD



Responding to unmet family planning needs



Getting to Know One Another

Activity 1: Small group discussions



OBJECTIVES

- To get to know one another better.
- To share information about family planning (methods for having the desired number of children, when one wants).
- To discuss how people talk about family planning among themselves.
- To listen to people who are not accustomed to speaking in public.



TIPS

- Speak clearly and loudly so that everyone can hear you.
- Ask participants if they understand what you read. If they do not understand, explain again.
- Make sure that everyone has chance to speak. Invite those who do not say anything to speak.



PREPARATIONS

Read the entire sheet before starting the activity.

INSTRUCTIONS FOR THE ACTIVITY

PART 1: Small group activity

- 👁 Show the image to participants.
- 👂 Ask them what they see.
- 📖 Organize the activity. Ask participants to form small groups of 3 people. Explain that each group should spread out so that the others do not hear their conversations.
- 🔊 Read this text out loud :
Today we will talk about our families and how to help each family have the number of children they want, when they want them. I will read three questions. Discuss these questions within your small groups.
Each member of your group should contribute to the conversation. We will be talking about private matters so no one is allowed to repeat what you said, unless you give them permission to do so.
- 🔊 Read the following questions out loud. Leave some time after each question so that group members can discuss.
Do husbands and wives often talk about family planning together? Why or why not?
What do you think of husbands and wives who talk about family planning together?
How does talking about family planning within the couple change the relationship between husband and wife?

PART 2: Large group activity

- 💬 Bring participants back together into a single group. Read the following questions out loud and exchange your points of view. Ask 2 or 3 people to answer each of the following questions:
What are the advantages of husbands and wives talking about family planning together?
Why might it be difficult to talk about these issues?
What can help a husband and wife talk about family planning together?
- 👁 Show the image to participants again.
- 👂 Ask them what they see now.
- 🔊 Read this text out loud :
For the benefit of their family, husbands and wives should talk about how many children they want, when they want them, the number of years between children, and how to avoid unwanted pregnancies. The couple will be happier if they can talk about matters that concern their family.

PART 3: Call to action!

- 🔊 Speak loudly as you read the following:
This week, try to talk with your husband or wife about family planning. Next time the group gets together, you can share what happened.



Responding to unmet family planning needs



Having Children

Activity 2 : Agree or disagree



OBJECTIVES

To talk about different values and preferences for childbirth and family planning.



TIPS

- Participation is voluntary for this exercise.
- Encourage participants to listen without orienting them.
- It is helpful to have a health worker present during this activity. If that is not possible, encourage participants to seek information at Health Centers.
- Catalyzers should not provide information on family planning.



PREPARATIONS

- Read the entire sheet before starting the activity.
- You can ask another Catalyzer to help you lead this activity, preferably someone of the opposite sex.
- It is preferable not to have more than 20 people for this activity.
- It is preferable to separate women and men for this activity. Once they build trust, they will talk about these matters together.

INSTRUCTIONS FOR THE ACTIVITY

PART 1: Activity

- 👂 Ask the group to talk for several minutes about personal actions taken since the last meeting.
- 👁 Show the image to participants
- 👂 Ask them what they see.
- 📖 Direct the activity. Read this text out loud:

Today we will talk about couple communication and the values related to fertility. I am going to read a statement. Those who agree with the statement will stand 3 meters to my right. Those who do not agree will stand 3 meters to my left. Those who neither agree nor disagree will stand in the middle. Then, you will have a chance to explain why you agree or disagree with the statement.

Respect everyone's choice. The goal is not to convince others, but to listen to what others think and share ideas.
- 👂 Ask participants if they understand. If they do not understand, explain again.
- 🔊 Direct the activity. Chose 2-3 statements from the list below. Read and repeat each statement to make sure that everyone understand.
 - After each statement, give participants a minute to choose their side.
 - Ask 2 or 3 people from each side to explain their choice.

Statement 1: A woman who gives birth to a boy has more worth.

Statement 2: If a woman uses contraception secretly, it is because she is a prostitute.

Statement 3: Only men can decide when to start/stop family planning.

Statement 4 : A man is respected even if he only has a few children.

Statement 5 : A woman can refuse to make love to her husband.

PART 2: Discussion

- 🔊 Talk about what the group learned from this activity.
- 🗣 Discuss the following questions. Ask 2 or 3 people to answer each of the following questions :

Why do certain people think that you need to have many children to be respected ?

Is it easy or difficult for a woman to talk about family planning or sexual relations with her husband ? Explain. And for the husband ?
- 👁 Show the image to participants again.
- 👂 Ask them what they see now.
- 🔊 Read this text out loud :

Sometimes people do not have the same vision about how many children they want and when they want children, or whether they should use family planning.

Many births raise awareness of these issues. People do not see men and women who have few or no children in the same light.

When a husband and wife trust each other, they can make the best decision about family planning together, without worrying about what others say.

PART 3: Call to action !

- 🔊 Speak loudly as you read the following:

This week, talk to members of other groups, friends or family. You can also talk to other people about family planning. Next time the group gets together, you can share what happened.



Responding to unmet family planning needs



Family Planning

Activity 3 : True or False



OBJECTIVES

To learn the truth about family planning.



TIPS

- Speak clearly and loudly so that everyone can hear you.
- Give everyone a chance to speak, even those who are shy.
- It is helpful to have a health worker present during this activity. If that is not possible, encourage participants to seek information at Health Centers.
- We do not expect Catalyzers to be family planning experts.



PREPARATIONS

- Read the entire sheet before starting the activity.
- For this activity, ask for help from a community health worker or other health worker who knows about family planning.
- Study the statements with this person to make sure you know the right answers.

INSTRUCTIONS FOR THE ACTIVITY

PART 1: Activity

Talk about what happened since the last meeting.

Ask the group to talk for several minutes about personal actions taken since the last meeting.

Show the image to participants.

Ask them what they see.

Read this text out loud :

Today, we will discuss ways to improve our family planning knowledge so that we can control and manage births. I am going to read several statements to you, and you will tell me if you think these are True or False.

Ask participants if they understand. If they do not understand, explain again.

Direct the activity. Choose 3-4 statements from the list below. Read the statements and ask participants if they think they are True or False. Allow the group to share some ideas, then reread the question and tell them the right answer. If participants still have questions, refer them to health workers. Repeat the same process with each statement.

Statement 1: *Using family planning methods can cause infertility or result in malformed children.*

Answer : *False. Family planning methods are safe for the mother and future children. If she wants, the woman can get pregnant once she stops using family planning.*

Statement 2 : *A woman cannot get pregnant while breastfeeding.*

Answer : *False. A woman who breastfeeds can get pregnant if she has unprotected sex.*

Statement 3: *Women who get sick from using birth control pills/ injectables can use an IUD to avoid getting pregnant.*

Answer : *True. The IUD does not contain any chemical agents. Women who use IUDs sometimes have heavier menstrual cycles.*

Statement 4: *A woman can use CycleBeads to avoid pregnancy without her husband knowing.*

Answer: *False. The woman must talk to her husband about avoiding unprotected sex during her fertile period.*

Statement 5: *Changes in the menstrual cycle when using injectables, birth control pills or implants can prevent fertility in the future.*

Answer : *False. Changes in the menstrual cycle are normal, and do not have any impact on future fertility once you stop using family planning.*

PART 2: Discussion

Read this text out loud :

Let's talk about what we learned during this activity.

Ask 2 or 3 people to answer the following questions :

Were you surprised by anything that you learned about family planning? If so, by what?

Why is it important for people to know the truth about family planning?

How can you get more information about family planning?

Show the image to participants again.

Ask them what they see now.

Read this text out loud :

It is important to know the truth about family planning : contraceptives are safe for both women and children. Family planning can help us plan for births and make good decisions for our family. You can always ask for more information from a health worker or pharmacist. Teach others the truth about family planning in your home town if you hear people spreading falsehoods.

PART 3: Call to action !

Speak loudly as you read the following :
Choose one person from your group and share what you learned. You can also get additional information from local health centers. Next time your group gets together, you can share what happened.



Responding to unmet family planning needs



My Dear Auntie

Activity 4: Small group discussions



OBJECTIVES

To learn to give advice to women about how to talk about family planning with their husbands.



TIPS

- Speak clearly and loudly so that everyone can hear you.
- Ask participants if they understand what you read. If they do not understand, explain again.
- Give everyone a chance to speak, even those who are shy.



PREPARATIONS

- Read the entire sheet before starting the activity.
- You can ask another Catalyzer to help you lead this activity, preferably someone of the opposite sex.
- It is preferable not to have more than 20 people for this activity.
- It is preferable to separate women and men for this activity so they can speak more freely about sensitive topics.

INSTRUCTIONS FOR THE ACTIVITY

PART 1: Activity

- 💬 Talk about what happened since the last meeting.
- 👂 Ask the group to talk for several minutes about personal actions taken since the last meeting.
- 👁 Show the image to participants.
- 👂 Ask them what they see.
- 📄 Direct the activity. Ask participants to form groups of 3 people. Explain that each group should spread out so that the others do not hear their conversations.
- 🔊 Read this text out loud :
I am going to read the story of Claudine, who is asking for advice from her aunt.
Claudine goes to see her aunt: "Auntie, as you know I have three children that I adore and I want to be able to take care of them. I am afraid to get pregnant now because we will not have the money to feed them, care for them, dress them, and educate them.
I avoid having sexual relations on the days when I think I can get pregnant. Sometimes, I pretend to be sick, or I go stay with my sister for a while. I also use the traditional belt method. Last time, I did the same thing but I still got pregnant.
The health worker recommended several family planning methods: the pill, the injectable, the IUD or even CycleBeads, which allow you to know which days you can get pregnant.
I need your help because I cannot do anything without speaking to my husband Charles. I would like to speak to Charles about all of these different methods without upsetting him so that we can select a method together. But we never speak of these things."

- 👂 Ask participants if they have questions, and answer their questions.

- 🔊 Read the story out loud again.

PART 2: Discussion

- 🔊 Read this text out loud :
In your small groups, take 10 minutes to talk about what advice you would give to Claudine.
 1. *Talk about how she could explain that family planning is good for her family.*
 2. *Also talk about how Charles might react and how Claudine can prepare for his reaction.*
- 💬 Discutez Bring participants back together in a single group. Read the following questions out loud, and share your points of view. Ask 2 or 3 people to answer the following questions. Encourage group members to respond to others' questions.
 What advice would you give Claudine about how to initiate the discussion about family planning with her husband?
 Why are some men opposed to family planning?
 What might stop you from giving advice to Claudine? Why?
- 👁 Show the image to participants again.
- 👂 Ask them what they see now.

PART 3: Call to action!

- 🔊 Speak loudly as you read the following :
It is sometimes difficult to speak to your husband or wife about family planning. You can introduce the topic of family planning by talking about how to feed, dress, and pay for children's education. This type of discussion can reinforce the couple's relationship. Other women and men from the village may need advice like the advice that you gave to Claudine. Try to talk to someone about what you learned from this activity. The next time that the group gets together, you can share what happened.



Responding to unmet family planning needs



Who can support us ?

Activity 5 : Role Playing



OBJECTIVES

To identify people who can help us use family planning and practice speaking with them.



TIPS

- Speak clearly and loudly so that everyone can hear you.
- Give everyone a chance to speak, including women and young girls, and those who are shy.



PREPARATIONS

- Read the entire sheet before starting the activity.
- You can ask another Catalyzer to help you lead this activity, preferably someone of the opposite sex.
- Prepare to play the role of brave young people and older people who want to talk about family planning.

INSTRUCTIONS FOR THE ACTIVITY

PART 1: Role playing with a partner

- 🗨️ Talk about what happened since the last meeting.
- 👁️ Ask the group to talk for several minutes about personal actions taken since the last meeting.
- 👁️ Show the image to participants.
- 👂 Ask them what they see.
- 🔊 Read this text out loud :
In life, we ask friends, neighbors and our elders for advice. Think about family planning and the choice to have children. Would you like to talk to someone?
I am going to read the story Dear Auntie that we are already familiar with, and we will play the roles from this story in groups of two.
- 🗨️ Ask participants if they understand. If they do not understand, explain again.
- 🔊 Direct the activity.
 1. Pair up the participants.
 2. Read Dear Auntie :
Claudine goes to see her aunt: "Auntie, as you know I have three children that I adore and I want to be able to take care of them. I am afraid to get pregnant now because we will not have the money to feed them, care for them, dress them, and educate them.
I avoid having sexual relations on the days when I think that I can get pregnant. Sometimes, I pretend to be sick, or I go stay with my sister for a while. I also use the traditional belt method. Last time, I did the same thing but I still got pregnant.
The health worker recommended several family planning methods: the pill, the injectable, the IUD or even CycleBeads, which allow you to know which days you can get pregnant.

I need your help because I cannot do anything without speaking to my husband Charles. I would like to speak to Charles about all of these different methods without upsetting him so that we can select a method together. But we never speak of these things."

3. Talk with your partner, each taking turns to play the role of Claudine, the other playing the role of the Auntie, the adviser in real life.
4. Like Claudine and her Auntie, practice asking for advice about communication with a husband/wife on the use of family planning.

PARTIE 2: Discussion

- 🔊 Read this text out loud :
Let's talk about what we have learned during this activity.
- 🗨️ Ask 2 or 3 people to answer the following questions :
How was your experience as the person asking for advice? Why was it easy or difficult?
Is it difficult for you to find someone to ask for advice? Why?
What can help you talk about family planning with your elders?
- 👁️ Show the image to participants again.
- 👂 Ask them what they see now.
- 🔊 Read this text out loud :
In life, our family, friends, and wise elders give us good advice about topics that they are experts on, but they can also lead us to make mistakes if they do not have accurate information. We must analyze and discuss advice with several people because good health decisions improve the life of the community.

PART 3: Call to action !

- 🔊 Speak loudly as you read the following :
Talk about family planning with someone that you trust. Pay attention to how this person can or cannot change your opinion about family planning. The next time that the group gets together, you can share what happened.

ANNEX B

FAMILY PLANNING FREQUENTLY ASKED QUESTIONS



ANNEX B

FAMILY PLANNING FREQUENTLY ASKED QUESTIONS

These fact cards contain information about:

- Combined oral contraceptive pills (“the pill”)
- IUD
- Injectable contraception
- Implants
- Male condoms
- Female condoms
- Emergency contraception
- Lactational Amenorrhea Method (LAM)
- Standard Days Method (SDM)

Combined Contraceptive Pills

What are combined oral contraceptive pills?

Known as “the pill,” it is a tablet that women take every day to prevent pregnancy.

There is another kind of contraceptive pill, called progestin-only pill or the mini-pill, which are safe for women who are breastfeeding. The way you use this mini-pill is a little bit different, so please ask a health worker for more information.

How well does the pill work to prevent pregnancy?

- Because some women do not always use the pill correctly, about 8 women out of 100 women who use the pill may become pregnant over the first year.

What does the pill do inside the woman’s body?

- The pill stops the woman from releasing an egg inside her body. If the man’s sperm has no egg to meet, the woman cannot get pregnant.

Why do some people like using the pill?

- The pill is safe and works well to prevent pregnancy.
- It can cause lighter, regular monthly bleeding with less cramping.
- It can help create smooth skin.
- A woman can become pregnant again right away after stopping the pill.
- It decreases the risk of cancer in the female private parts.
- A woman can stop taking tablets at any time, without a health worker’s help.

Why do some people not like using the pill?

- A woman must take the tablets every single day in order for them to work.
- It is sometimes hard to take the tablets in privacy.
- The pill can cause changes in monthly bleeding that are not harmful.
- The pill can sometimes cause headaches, sore breasts, and weight change.
- It is necessary to always have a supply of pills, which can be hard if the facility or pharmacy runs out.

What else do I need to know?

- Women of any age can take the pill, including adolescents.
- Women that are not married can use the pill.
- Women that have and have not had children can use the pill.
- Pills do not build up in a woman's body. They dissolve each day.
- The pill does not change women's sexual behavior.
- The pill does not make a woman or an adolescent barren.
- The pill does not cause abortions, birth defects, or multiple births.
- It's good to find ways to remember taking the pill like always taking it when you wash, go to bed, or with your supper.
- If you miss taking a pill, it is important to take the pill as soon as you remember and use a backup method like condoms to prevent pregnancy until you begin the next packet of pills.
- The pill does not protect against STIs and HIV.

IUD

What is the IUD?

An IUD is a small plastic and copper device that is inserted into the womb to prevent pregnancy for up to 12 years.

How well does the IUD work to prevent pregnancy?

- Because the IUD rarely comes out or fails, 1 or even no women out of 100 women that use the IUD may become pregnant over the first year.

How does the IUD work?

- The IUD works by killing the sperm in the man's fluid before they meet the woman's egg.

Why do some people like using the IUD?

- It is safe and works very well to prevent pregnancy for up to 12 years.
- Once the IUD is inserted, there is nothing more a woman has to do to prevent pregnancy. There is nothing to remember.
- The IUD cannot be seen or felt, so nobody knows that a woman has it.
- A woman can become pregnant as soon as a health provider takes out the IUD.
- Once it is inserted, there are no further costs for the IUD.



Why do some people not like using the IUD?

- A trained health worker needs to insert and remove the IUD.
- It can cause discomfort to have the IUD put in and taken out.
- Some women experience heavier monthly bleeding with the IUD and may have more cramps and pain, especially in the first 3 to 6 months. This tends to get better over time.

What else do I need to know?

- Women who have never been pregnant or had children can use the IUD.
- The IUD can be used by women of any age, including adolescents.
- After it is removed, the IUD does not increase the chances of losing a pregnancy when a woman becomes pregnant.
- When the IUD is removed, a woman can get pregnant immediately.
- The IUD will not make a woman barren.
- The IUD does not cause birth defects.
- The IUD does not cause cancer.
- The IUD does not move to the heart or the brain.
- A woman can check to make sure the IUD is still in place by feeling for the string at the mouth of the womb.
- The IUD does not cause discomfort or pain during sex.
- The IUD can be used while breastfeeding.
- A woman can do hard physical work with an IUD.
- The IUD does not protect against HIV or STIs.

Injectable Contraception

What is injectable contraception?

Injectable contraception is a shot or a jab that women get to prevent pregnancy. There are several types of injectable contraceptives. This card refers to the injectable that women get every three months, which is sometimes called DMPA or Depo-Provera. There may be other types of injectables in your community. Please talk to a health worker about those to learn more.

How well do injectables prevent pregnancy?

- Because sometimes women do not remember or are not able to get their injection on time, about 3 women out of 100 women who use the injectable may become pregnant over the first year.

How do injectables work?

- Injectables work by preventing the release of the egg in the woman. If the man's sperm has no egg to meet, the woman cannot get pregnant.

Why do some people like using injectables?

- Injectables are safe and work well to prevent pregnancy.
- Almost all health workers can give injectables.
- During the three months, there is nothing more a woman has to do or remember.
- There is no way for others to tell that a woman is using injectables. It is private.

- Monthly bleedings become very light and often stop after a year of use. Monthly bleeding resumes when a woman stops getting injections.
- Injectables can be used while breastfeeding starting 6 weeks after the baby is born.

Why do some people not like using injectables?

- Monthly bleeding will probably change and sometimes disappear.
- Increased hunger may cause weight gain.
- After stopping injectables, it can take 6-12 months to get pregnant.
- A woman has to remember to go to see a health worker every 3 months to get the injection.

What else do I need to know?

- Women who have never been pregnant or had children can use injectables.
- Injectables are safe and can be used by women of all ages, including adolescents.
- Injectables will not make a woman or adolescent barren.
- A woman can use injectables if she is not married.
- Injectables can cause women to stop getting their monthly bleeding. This does not cause any harm to the woman. The monthly bleeding does not build up in her system or cause any other problems. It can even help a woman who suffers from anemia. Some women enjoy that they do not have to have monthly bleeding.
- Injectables do not protect against HIV and STIs.

Implants

What are implants?

Implants are small flexible rods that are placed under the skin of a woman's upper arm and can prevent pregnancy for 3-5 years, depending on the type.

How well do implants work?

- Because implants rarely come out or fail, 1 or even no women out of 100 women who use implants may become pregnant over the first year.

How do implants work to prevent pregnancy?

- Implants prevent the release of the woman's egg. If the man's sperm has no egg to meet, the woman cannot get pregnant.

Why do some people like using implants?

- Implants are safe and they work very well to prevent pregnancy.
- Implants last 3-5 years.
- Once the implants are in, a woman does not have to do anything else to prevent pregnancy. There is nothing to remember.
- Monthly bleedings become very light and often stop after a year.
- A woman can become pregnant right away after removing the implants.
- Implants can be used while breastfeeding starting 6 weeks after the baby is born.
- Nobody else can tell that a woman is using implants.



Why do some people not like using implants?

- A woman may experience changes in her monthly bleeding that are not harmful.
- A trained health worker needs to insert and remove the implant.
- Some women with implants sometimes get headaches, weight changes, and nausea.

What else do I need to know?

- Women of any age can use implants, including adolescents.
- A woman can use an implant even if she has never been pregnant or had children.
- A woman can use an implant if she is not married.
- Implants do not make a woman or adolescent barren.
- Implants do not move to other parts of the body.
- Implants can stop a woman's monthly bleeding, but this is not harmful. Blood does not build up inside the woman.
- Implants do not protect against HIV and STIs.

Male Condoms

What is the male condom?

The male condom is a thin covering worn over the standing penis when a couple is having sex.

How well do male condoms work to prevent pregnancy?

- Because some couples do not correctly use a condom every time they have sex, about 15 women out of 100 women who use condoms may become pregnant over the first year.
- If used correctly every time a person has sex, condoms work very well to protect against most STIs, including HIV.

How do male condoms work to prevent pregnancy?

- The condom catches the man's semen, which is the whitish liquid that comes out of a man's penis when he releases. That way no sperm can enter the woman and meet the woman's egg.

Why do some people like using male condoms?

- Condoms are safe and easy to use.
- Condoms do not require a doctor or nurse to give it to you.
- Condoms are usually easy to find and often inexpensive.
- When used correctly every time you have sex, condoms prevent pregnancy and HIV and other STIs.

Why do some people not like using male condoms?

- Putting on a condom can interrupt the natural sex act.
- Both partners need to agree before a man puts on the condom.
- A supply of condoms must be available before sex occurs.
- If not used correctly, the condom may break or come off during sex.

What else do I need to know?

- Some people do not use condoms correctly and do not use them every time they have sex. So, it is important to use another method of pregnancy prevention, such as the pill, IUD, or implant, in addition to the condom to prevent pregnancy and STIs.
- Some liquids that are oily like petroleum jelly and cooking oil can destroy the condom. It is safe to use saliva or water-based liquids.
- Condoms should be stored in a cool, dry place — not in a wallet or in a pocket.
- Condoms should only be used once. A new condom must be used each time a couple has sex.
- Do not use a condom if the package is broken or if the condom is dry or sticky or the color has changed.
- Do not open a condom packet with your teeth or sharp instrument because you risk putting a hole in the condom.
- Only use 1 condom at a time.

How to use the male condom

Step 1

Put the condom on when the penis is erect, before there is any contact between the penis and your partner's body. Fluid released from the penis during the early stages of an erection can contain sperm and organisms that can cause STIs.

Step 2

Tear along one side of the foil, being sure not to rip the condom inside. Carefully remove the condom.

Step 3

Air trapped inside a condom could cause it to break. To avoid this, squeeze the closed end of the condom between your forefinger and thumb and place the condom over the erect penis. Be sure that the roll is on the outside.

Step 4

While still squeezing the closed end, use your other hand to unroll the condom gently down the full length of the penis. Make sure the condom stays in place during sex; if it rolls up; roll it back into place immediately. If the condom comes off, withdraw the penis and put on a new condom before intercourse continues.

Step 5

Soon after ejaculation, withdraw the penis while it is still erect by holding the condom firmly in place. Remove the condom only when the penis is fully withdrawn. Keep both the penis and condom clear from contact with your partner's body.

Step 6

Dispose of the used condom hygienically. Wrap the condom in a tissue and throw it in a pit latrine. (Do not flush it down a toilet).

NEVER USE A CONDOM MORE THAN ONCE.

MODE D'EMPLOI DU PRÉSERVATIF MASCULIN



Use a new condom for each sex act.



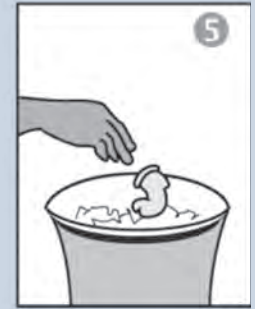
Before any contact, place condom on tip of erect penis with rolled side out.



Unroll condom all the way to base of penis.



After ejaculation, hold rim of condom in place, and withdraw penis while it is still hard.



Use only once. Throw away used condom safely.

Female Condom

What is the female condom?

The female condom is a thin lining made of a soft plastic that fits inside a woman's vagina. One end of the condom covers the opening of the womb so that a man's fluid cannot get in. A woman uses the female condom during sex to prevent pregnancy.

How well does the female condom work?

- Because sometimes women are not able to use a female condom correctly every time they have sex, about 21 women out of 100 women who use the female condom may become pregnant over the first year.
- The female condom also prevents many STIs including HIV when used correctly every time a woman and her partner have sex.

How does the female condom work?

- The condom catches the man's fluid so that no sperm can enter the woman during sex.

Why do some people like using female condoms?

- It is safe.
- When it is used consistently and correctly it can prevent pregnancy and most STIs, including HIV.
- It can be inserted up to 8 hours before sex so that putting it in does not interrupt sex.
- The female condom can increase the pleasure that men and women feel during sex.
- The female condom can be used without seeing a health worker.

Why do some people not like using the female condom?

- It costs more than the male condom, though sometimes it may be free or inexpensive.
- The female condom can be a little uncomfortable.
- Even though a woman puts the female condom in, the man has to agree to use it.
- It may take some practice to insert it quickly and easily.

What else do I need to know?

- Some people do not use condoms correctly every time they have sex and should use another method of pregnancy prevention, such as the pill, IUD or implant, in addition to the female condom to prevent pregnancy.
- The female condom cannot get lost in the woman's body.
- Female condoms are used by married and unmarried couples of any age.
- Female condoms do not cause illness in a woman.
- Female condoms and male condoms should not be used at the same time.
- Female condoms should be stored in a cool, dry place.
- Female condoms should only be used once.
- Do not use a condom if the package is broken or if the condom is dry or sticky or the color has changed.
- Always keep a supply of condoms available.

How to use the female condom

Step 1

Carefully open the packet by tearing along one side, being sure not to rip the condom inside.

Step 2

Find the inner ring at the closed end of the condom.

Step 3

Squeeze the inner ring between the thumb and middle finger.

Step 4

Guide the inner ring all the way into the vagina with your fingers. The outer ring stays outside the vagina and covers the part around the vaginal opening.

Step 5

When you have sex, carefully guide the penis into the vagina, holding open the outer ring. If the penis goes outside the ring, the condom will not protect you from pregnancy or STIs.

Step 6

Before the woman stands up after sex, squeeze and twist the outer ring to keep the semen inside the pouch, and pull the pouch out gently. Do not flush it down the toilet. Only burn it, bury it, or put it in a pit latrine.

Emergency Contraception

What is emergency contraception?

Emergency contraception can be used up to 5 days after having unprotected sex in order to prevent pregnancy. There are two methods, IUD insertion or emergency contraceptive pills. Emergency contraceptive (EC) pills are tablets that can be taken up to 5 days after unprotected sex. They are sometimes called the morning after pill.

How well does emergency contraception work to prevent pregnancy?

- Because the IUD rarely comes out or fails, 1 or even no women out of 100 women that use the IUD may become pregnant over the first year. Because sometimes women do not take emergency contraceptive pills soon enough or sometimes the pills do not work, about 1 or 2 women out of 100 women who use the pill after 1 unprotected sex act may become pregnant.

How do emergency contraceptive pills work? (See IUD FAQs for any questions on IUDs)

- Emergency contraceptive pills prevent or delay the release of the egg in the woman so that the egg cannot meet the man's sperm. The pill does not work if the woman is already pregnant.

When should emergency contraceptive pills be used?

- A woman can use emergency contraception up to 5 days after she has unprotected sex, including sex without any contraception or sex where a contraceptive method didn't work right, such as if a condom broke or a woman missed taking her daily pill. Emergency contraception works better the sooner it is taken after having unprotected sex.



Why do some people like using emergency contraceptive pills?

- They can be used after unprotected sex as a second chance to prevent pregnancy.
- They are controlled by the woman and can be used privately.
- They can be kept on hand in case a woman has unprotected sex.

Why do some people not like using emergency contraceptive pills?

- They can cause slight changes in bleeding for 1 or 2 days after taking the pills.
- They can cause the monthly bleeding to start earlier or later than usual.
- They may cause nausea, headaches, or pain in the stomach area in the week after taking the pills.

What else do I need to know?

- Emergency contraceptive pills are safe for all women to use, including adolescents.
- “Morning after” pills do not cause abortion.
- EC does not prevent HIV or STIs.
- EC does not cause birth defects if pregnancy does occur.
- They are not dangerous to the woman’s health.
- EC does not make a woman barren. A woman can become pregnant right away after taking emergency contraceptive pills if she has unprotected sex again.
- Many options can be used as emergency contraceptive pills. Dedicated products, progestin-only pills, and combined oral contraceptive pills all can act as EC.
- EC does not promote sexual risk-taking. A supply should be kept on hand to be available in case of unprotected sex.

Lactational Amenorrhea Method (LAM)

What is LAM?

Lactational Amenorrhea Method (LAM) is often called “the exclusive breastfeeding method” of contraception. It is based on the natural effect that breastfeeding has on a woman’s ability to get pregnant.

How well does LAM work?

Because some women do not use LAM correctly, about 2 women out of 100 women who use LAM for the first 6 months after childbirth may become pregnant.

How does LAM work?

LAM works by preventing the release of the egg so that it cannot meet the man’s sperm. For LAM to prevent pregnancy, a woman must meet ALL three of these conditions:

1. The monthly bleeding has not returned after giving birth.
2. The baby is only fed breast milk. This means no food or liquids, including water, should be given to the baby. The baby must be breastfed night and day.
3. The baby is less than 6 months old.

When a woman no longer meets ALL these conditions, she should begin using another family planning method immediately because LAM may no longer protect her from pregnancy. A woman can start using some other methods even while continuing to exclusively breastfeed. Talk with a health provider to learn more.

Why do people like using LAM?

- Breastfeeding does not cost any money.
- Breastfeeding is very healthy for the mother and the baby.
- LAM is a natural family planning method. No hormones, devices, or medical procedures are required.
- LAM is often in accord with traditions.

Why do people not like using LAM?

- It requires that the mother must only give the baby breast milk night and day, which may not be possible for all mothers.
- The mother cannot be separated from the baby for long hours during the day or night.

What else do I need to know?

- LAM works very well to prevent pregnancy if the woman has not started her monthly bleeding, is only giving the baby breast milk night and day, and the baby is less than 6 months old.
- Breast milk alone can fully nourish a baby for the first 6 months. No other foods or liquids are needed.
- A woman cannot run out of milk if she is breastfeeding night and day.
- A woman should continue to breastfeed even when she or her baby is sick.
- To continue preventing pregnancy, a woman must start using another family planning method if she starts her monthly bleeding.
- To continue preventing pregnancy, a woman must start using another pregnancy prevention method if she begins feeding her baby other foods or liquids besides breastfeeding.

- To continue preventing pregnancy, a woman must start using another family planning method if the baby is older than 6 months.
- It is important to choose a new method of family planning before any of these things happen so that the woman can continue preventing pregnancy. The woman should continue to breastfeed even when she starts using another method.

Standard Days Method (SDM)

What is SDM?

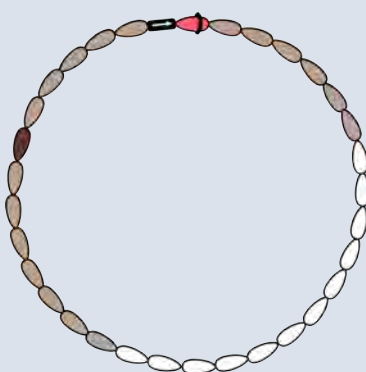
The Standard Days Method is a natural method that works well for women who have cycles that are between 26 and 32 days long. SDM is used together with CycleBeads®, a string of colored beads that represent each day of a woman's menstrual cycle. They can help you know when you are likely to get pregnant if you have unprotected sex, identify whether or not you are fertile, and monitor your cycle length.

- WHITE beads mark the days you are likely to get pregnant.
- BROWN beads mark the days you are not likely to get pregnant.

How well does SDM work?

- Less than 5 out of every 100 women who kept careful track of their cycle days, and did not have unprotected sex on days 8 through 19 of their cycles, became pregnant during the first year of using SDM. Women who did not keep careful track of their cycle days, or who had unprotected sex on days 8 through 19 of their cycles, were much more likely to get pregnant.

How to Use CycleBeads

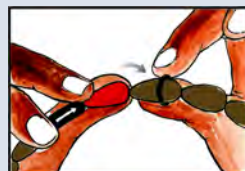


1



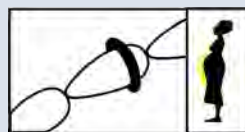
The day you get your period, move the ring to the RED bead.

2



Move the ring one bead each day. Move it even on the days when you have your period. Always move in the direction of the arrow.

3



Abstain or use a condom when the ring is on any WHITE bead if you do not want to become pregnant.

4

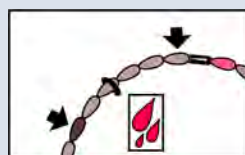


You can have sex when the ring is on any BROWN bead. You are not likely to get pregnant on those days.

5



Move the ring to the RED bead again when your next period starts. Skip over any beads that are left.



To use CycleBeads, your period should start between the DARK BROWN bead and the last BROWN bead.

Who can use SDM?

- Women who have regular menstrual cycles (between 26 and 32 days long). Women who have more than one cycle outside this range in a year should not use SDM to prevent pregnancy, since the method would be less effective for them.
- Couples who communicate well and agree to use condoms or not have sex when the woman is likely to get pregnant.

How does SDM work?

- To track fertile days, the woman or her partner moves a rubber ring one bead every day.
- On the day she starts her period, she moves the ring to the red bead and marks that day on her calendar. To prevent pregnancy, she avoids unprotected sex when the ring is on a white bead day.
- On all brown bead days, pregnancy is very unlikely. On the day she starts her next period, she skips over any remaining brown beads, puts the ring on the red bead, and begins a new cycle.
- To monitor her cycle length, the woman knows that if her period starts before moving the ring to the darker brown bead her cycle is shorter than 26 days.
- If she doesn't start her period by the day after moving the ring to the last brown bead, her cycle is longer than 32 days. If she has a cycle shorter than 26 or longer than 32 days more than once in a year, SDM will not be effective for her, and she should use another method.
- If a couple does have unprotected sex during the white bead days, consider using emergency contraceptive pills (EC). EC should only be used as an occasional back up plan, not something to be used regularly.

SDM and Couples

- SDM helps men become more involved in family planning. SDM is a simple way for couples to share the responsibility of family planning. Both the man and the woman can share responsibility moving the ring each day.
- SDM allows the couple to know when the woman is most likely to get pregnant, so the couple can also use SDM to help get pregnant when they are ready.
- Before starting to use SDM, talk with your partner. Decide together what you will do on the days you are likely to get pregnant.

Why do people like using SDM?

- It helps you better understand how your body works.
- Couples only have to buy CycleBeads® once.
- SDM allows both partners to be involved in family planning.
- SDM helps keep track of your menstrual cycle over time.
- It is a natural method; there are no side effects from drugs or medications.

Why do people not like using SDM?

- A woman's cycle may be longer than 32 days or shorter than 26 days.
- The user needs to remember to move the ring every day.
- SDM does not protect against HIV/AIDS or other STIs.



What else do I need to know?

- What if you forget to move the ring?
 - ✓ Check your calendar for the day you marked as the first day of your period.
 - ✓ Count the number of days that have passed from that day until today.
 - ✓ Starting on the RED bead, move the ring that same number of beads on your CycleBeads.
- Keep checking the length of your cycles.
 - ✓ The length of your cycles may change over time.
 - ✓ If you have more than one cycle in one year that is shorter than 26 days or longer than 32 days, SDM will no longer work for you.
- You may need to wait a while before using SDM.
 - ✓ If you recently had a baby or you are breastfeeding, talk to your healthcare provider before using SDM.
 - ✓ If you recently used another family planning method, you must learn more about your cycles. Talk to your healthcare provider before using SDM.

ANNEX C

GENDER GROUP EXERCISES





ANNEX C

GENDER GROUP EXERCISES

Adapted from: **Planting Equality: Getting it Right for Girls and Boys, Plan's Gender and Child Rights Training Manual by Plan International**

The games, ice breakers, and other group exercises here may be used during orientations (for Facilitators or Catalyzers) to help people understand gender concepts and identify gender norms. They may be used during the recommended monthly or bi-monthly reflection meetings to help Facilitators and Supervisors deepen their comprehension of gender and examine their own gender assumptions and gendered behaviors.

Gender Awareness Games

1. Gender Proverbs

This is a fun activity that explores how ideas about women and men are created and reinforced through social customs. Use it as a warm up for sessions on gender awareness or gender analysis, or to break a large group into smaller groups.

Preparation: Collect proverbs or quotes that demonstrate different beliefs about women, men, and equality. We recommend that you use locally relevant and culturally specific proverbs.

Examples of Proverbs:

- A man is as old as he feels, and a woman as old as she looks. (English)
- When men and women die, as poets sung, his heart's the last part moves, her last, the tongue. (Benjamin Franklin)
- Girls we love for what they are; men for what they promise to be. (Goethe)
- Man is the head of the family, woman the neck that turns the head. (Chinese)
- Prudent men woo thrifty women. (German)
- A woman is a flower in a garden; her husband is the fence around it. (Ghanaian)
- The man dies in the wind, the woman in the house. (Ugandan)
- Men are gold and women are cloth. (Cambodian)
- Men may be tarnished by their deeds, but these can be wiped clean. Women, once soiled, will always be stained. (On the importance of women's "proper" sexual behavior.)
- Just as you shouldn't try to set aside delicious food for tomorrow, if your wife is desirable don't have her walk behind you. (Cambodian)
- The rice gives the soil that cultivated appearance and the soil helps cultivate the rice seeds. (Cambodian) (A metaphor for the complementarity of women and men.)

Instructions: Divide the participants into pairs, or into small groups of five to eight. Ask participants:

- What does the proverb say about women and men (and gender relations if that concept has already been introduced)?
- What are the implications for women's and men's access to rights?

At the end of the small group activity, ask each group to present the highlights of their discussion.

Variations: To encourage dialogue or creativity, add one of the following tasks:

- Ask groups to think of other proverbs, quotes, or songs from their context that convey similar ideas.
- Ask groups to find a way to change the proverb to communicate ideas of gender equality. Post the new proverbs and have everyone vote for their favorite.

2. Knives and Forks

This is a fun puzzle that can energize a group while introducing or reinforcing ideas about inclusion and exclusion.

Preparation: You will need a knife and a fork. Identify a helper and give her/him the secret before the game begins. **Secret:** “Crossed” or “uncrossed” does not depend on how participants position the knife and fork, but on whether their legs are crossed or not! The knife and fork are actually irrelevant.

Instructions: Ask participants to sit in a closed circle. You and your helper should sit in the circle across from one another to ensure a clear view of all participants. State that you are going to explain the rules of the game only once, so they should listen carefully.

State that participants’ task is to pass the knife and fork to the next person. Each participant will choose to pass the utensils *crossed* or *uncrossed*, and will correspondingly say aloud, “crossed” or “uncrossed.” Explain that you will tell them whether they are right or wrong.

You, the moderator, will start the passing. Cross your legs. Cross the knife and fork and announce “crossed” as you pass them to the next person.

As people pass the knife and fork and announce “crossed” or “uncrossed,” congratulate those who happen to get it right (saying “uncrossed” when their legs are *uncrossed*, and “crossed” when their legs are *crossed* – regardless of the position of the knife and fork). Also, announce when someone gets it wrong. Your helper can also announce right or wrong for the people on your side of the circle whom you may not be able to see.

Participants will soon realize that there is a secret code, and some people will solve it quite quickly. Encourage them to join in commenting on whether people get it right or wrong.

As the game continues, those who haven’t yet cracked the code may begin to feel frustrated, excluded, stupid, or apathetic. These experiences help make the game a learning exercise related to participation or institutions – but they are also signs that it will soon be time to end the game.

When you tell participants to stop passing the utensils – but before telling them the secret code – ask people to raise their hands if they understand the secret. Ask those who have not solved the secret to state how they are feeling. Ask those who do know the secret to state how they are feeling. Then ask one of them to explain the code to those who did not figure it out.

Debriefing: Ask questions about the experience from participants’ perspectives:

- Why did participants who figured out the secret **not** tell the rest of the group what the code was? (They rarely do, even though the rules did not say they could not)
- What was it like to feel empowered (“cracking the code”) or disempowered (not understanding the rules of the game)? How did this affect their enjoyment of the game?
- How did they feel about others (that is, how did those who did not understand feel about those who did, and vice-versa)?

Next, discuss the implications for participation in real-world institutions and groups (formal and informal). For example:

- How is transparency and access to information important for participation?
- What challenges do previously-excluded individuals face when they are invited to participate (that is, when they are told how to solve the code)?

Conclusion: Conclude by explaining that this game is linked to learning about social institutions. Social institutions are how children and adults learn “the rules of the game.” The rules of institutions have their own internal logic, and seem “natural” to individuals who have been socialized in them, but in fact they are socially created. This means that they may be quite arbitrary in some ways, that they are different in different contexts and that they can be changed.

3. Gender Facts

Preparation: Research 5-10 gender facts that will be controversial or unknown, and organize these facts into a ‘quiz’ with multiple-choice answers (examples below). Create questions that will be relevant to your target audience’s technical expertise, geographical origins, etc. Print the quizzes or write questions and multiple-choice answers on a flipchart.

Instructions: If the quiz is done by individuals or in small teams:

- Give people a limited time to complete the questions.
- Take answers per question (people calling out or holding up their hand) and then give correct answers (optional: provide an explanation).
- Individuals or teams score their answers.

If the quiz is done in plenary:

- Read each question and ask participants to guess the answers.
- After some guesses reveal the answer (optional: provide an explanation).

Examples of Gender Facts (Correct Responses in Bold)

1. 24% of men in developing countries usually collect drinking water, compared to what percentage of women?¹
 - a) 40%
 - b) 64%**
 - c) 75%
2. In 12% of households, children collect drinking water. Which statement is correct? ¹
 - a) Boys are twice as likely as girls to get water.
 - b) Girls are twice as likely as boys to get water.**
 - c) Boys and girls have an equal chance of getting drinking water.

(Note: 8% of girls usually collect the drinking water, as opposed to 4% of boys.)

Some great resources for Gender Facts:

Because I Am a Girl Report Series.

<http://plan-international.org/girls/resources/publications.php>

State of the World’s Children (UNICEF 2012)

http://www.unicef.org/sowc2012/pdfs/SOWC%202012-Main%20Report_EN_13Mar2012.pdf

Facts on Gender-Based Violence (Oxfam)

<http://oxfam.ca/what-we-do/themes-and-issues/womens-equality/16-facts-about-gender-based-violence>

Child Protection from Violence, Exploitation and Abuse Snapshot (UNICEF 2010)

[http://www.unicef.org/protection/CP_Thematic_Report_2010\(1\).pdf](http://www.unicef.org/protection/CP_Thematic_Report_2010(1).pdf)

¹ Information for Questions 1, 2, 3 and 6 from: State of the World’s Children, UNICEF, 2012. http://www.unicef.org/sowc2012/pdfs/SOWC%202012-Main%20Report_EN_13Mar2012.pdf

3. A national census in Bangladesh indicated what percentage of women aged 20-24 gave birth before the age of 18? ¹
- a) 20%
 - b) 40%**
 - c) 60%
4. A national census in Uganda asked boys and girls aged 15-19: "Do you think that a husband is justified in hitting or beating his wife under certain circumstances?" Which are the correct findings? ²
- a) Young men are much more likely to agree than young women.
 - b) Young women are more likely to agree than young men.
 - c) Equal numbers of men and women agreed.**
- (Note: When surveyed, 69% of young men and 70% of young women agreed with this statement.)
5. A national census in India assessed adolescents on their knowledge level of HIV/AIDS. What do you expect came from the research? ²
- a) Young men are more likely to be knowledgeable about HIV/AIDS than young women.**
 - b) Young women are more likely to be knowledgeable about HIV/AIDS than young men.
 - c) Both young men and women had equal knowledge levels.
6. Comparing national level data: Which statement below is false about young women (aged 15-19) who are currently married or in union? ¹
- a) Niger has one of the highest indicators – at 60%.
 - b) A Ghanaian girl is as likely as a girl in either Sudan or Kenya to be married young.**
 - c) Young women in South Asia are nearly three times more likely than girls in South East Asia and the Pacific to marry young.

Note: 8% of Ghanaian girls aged 15-19 are married, compared with about 25% in Kenya and 26% in Sudan.

7. Each year, an estimated 800,000 people are trafficked across borders. Which percentage represents women and girls? ³
- a) 80%**
 - b) 65%
 - c) 50%
 - d) 40%
8. Women are more susceptible to violence during times of emergencies or crises due to increased insecurity. ³
- a) True**
 - b) False

² No source provided

³ Information for Questions 7 through 9 from: Oxfam Website – 'Facts about Gender-Based Violence' <http://www.oxfam.ca/what-we-do/themes-and-issues/womens-equality/16-facts-about-gender-based-violence>

9. Globally, what number of girls are estimated to be “missing” as a result of sex-selective abortions or neglect? ³
- a) 90 million
 - b) 60 million**
 - c) 20 million
 - d) 10 million
10. Of the 60 million girls worldwide who are child brides (marriage before the age of 18) which of the following are true: ⁴
- a) Half of these girls are in South Asia**
 - b) Just over half of these girls are from Sub-Saharan Africa
 - c) 10% of these girls are from Sub-Saharan Africa

Note: Of the 60 million child brides worldwide, 31.3 million are in South Asia and 14.1 million in Sub-Saharan Africa. Violence and abuse characterize married life for many of these girls. Women who marry early are more likely to be beaten or threatened, and more likely to believe that a husband might sometimes be justified in beating his wife.

11. Worldwide, up to ____ percent of sexual assaults are committed against girls under 16. ⁵
- a) 10%
 - b) 25%
 - c) 50%**
 - d) 75%

Note: An estimated 150 million girls under the age of 18 suffered some form of sexual violence in 2002 alone. The first sexual experience of some 30% of all women was forced. Among those who were under 15 at the time of sexual initiation, up to 45% report that the experience was forced.

4. Balloon Stomp

This activity is a great way to explore stereotypes, myths, value judgments, and beliefs about gender. Participants will learn to make connections and link gender concepts together. This activity can also be used to break participants into pairs for future small group work.

Preparation: Choose a set of questions and answers (Q and A; see below for examples) on gender equality. Write each Question on a piece of paper, and each Answer on a separate piece of paper. Roll each piece of paper and place it in a balloon: each question will be in a separate balloon from its answer. Blow the balloons up.

Q and A Examples:

Q: What is gender equality?

A: The vision and end result whereby girls and women are not discriminated against because of their sex, and experience equal outcomes and opportunities (social, economic, political).

Q: Gender equity should lead to what?

⁴ UN Women: The Facts: Violence against women and millennium development goals.

⁵ Say No, Unite to End Violence Against Women. UN Women. <http://saynotoviolence.org/issue/facts-and-figures>.

A: Gender equality

Q: Apart from gender, what other factors influence girls' experiences of discrimination and oppression?

A: Economic status, sexuality, age, disability, ethnicity, religious affiliation

Q: Why is a gender perspective needed for child rights?

A: Boys and girls have unique needs and face different challenges in realizing their rights.

Instructions: In plenary, participants walk around the room (perhaps to music) until the Moderator says “**jump!**” Each person stands on a balloon to burst it, and releases the statement inside. Each participant then looks for the person with the Answer to the Question they have, or the Question to the Answer.

In plenary, have participants read aloud their questions and answers, and discuss with the group.

5. Gender Relay

This exercise energizes participants while clarifying key concepts of *and* differences between sex and gender.

Preparation: Place two flipchart stands next to each other, and allow enough space for each team to form a line in front. Mark a starting line on the floor at least 2 meters from the flipchart stands.

	Sex	Gender
Women		
Men		

Divide the flipchart paper into two columns, then draw a line across the middle to create two rows. At the top of the left column write “Sex” and at the top of the right column write “Gender.” Label the top row “Women” and the bottom row “Men.” Repeat on the second flipchart paper.

Instructions: In this activity, participants work in two teams and try to record as many correct sex or gender characteristics as possible. The team with the greatest number of correct characteristics wins.

Ask participants to form equal lines in front of the flipchart stands. Explain that this is a relay and the marker is the baton.

There are two gender terms on each flipchart, and spaces to put characteristics for men or women under each term. For example “head of household” could be written under men as a gender characteristic or “give birth” under women as a sex characteristic.

The first participant will run up to the flipchart and write down one characteristic (for either sex or gender, women or men), then run back to the line and pass their marker to the next person. Make sure participants understand the game, then begin the relay!

This should be a fast-moving and fun game. Put pressure on teams by reminding them how much time they have left and counting down the last 15 seconds. End the relay after about 5 minutes (depending on the number of participants and how fast they are moving).

Review each characteristic in plenary, awarding one point for each correct answer. When reviewing each team's results, ask for explanations or rationales. The real aim of the activity at this point is not so much to see who wins but to clarify concepts for participants.

Tips on difficult answers: “Strong” is often written as a sex characteristic for men but it is more accurately a gender characteristic. Ask what is meant by strong: is it how many kilos someone can lift at one time, how many kilometres someone can walk with a heavy weight on their head, or how many hours they can work in the fields? Point out that what we think of as ‘strong’ is socially determined, and in fact by many definitions (such as stamina) women are as strong as or stronger than men.



“Tall” or “taller” is often written as a sex characteristic for men. This one is difficult – in most situations adult men from one group are taller than adult women from the same group. However, women from the Netherlands, for example, are likely to be much taller than men from Indonesia. Also, people’s heights have increased over generations due to better nutrition. So is being tall a sex characteristic? Or is it more of a result of ethnicity, nutrition, and other factors?

Introductory Games

1. Bingo

This will energize participants while introducing them to a new subject and to each other.

Preparation: Prepare bingo cards (a table of five columns and five rows, forming 25 boxes), and write a different characteristic or experience in each box.

- If you know the participants well, choose an interesting characteristic of each one, such as “speaks four languages,” “once lived in Sweden,” “was once in a movie,” “has twins,” “collects children’s art,” etc.
- If you don’t know your participants, make a list of more general traits, such as “drinks tea instead of coffee,” “loves the color orange,” “has many pets,” “likes old movies.”
- You can choose traits or experiences that relate directly to the training topic, such as “has participated in shadow reporting for CEDAW,” “knows the difference between practical gender needs and strategic gender interests,” “shares domestic work with spouse,” etc.

Instructions: Give each participant a bingo card and a pen. Explain that, for the next XX minutes, participants will mingle, introduce themselves, and find people who match the traits on the card. They must put the person’s name in the corresponding box or have the person sign the appropriate square. The first person to fill five boxes across or down yells “**Bingo!**” and the game is over.

In plenary, ask participants to introduce themselves and share one of the interesting traits they learned about someone else.

2. What I Like; What I Don’t Like

This activity introduces participants to each other and to the training.

Instructions: Organize participants into small groups of no more than four people each. Ask them to discuss, by way of introduction, the following:

- Two things they like doing that are also considered traditional for their gender
- Two things they dislike like doing that are considered traditional for their gender
- Two things they like doing that are considered non-traditional for their gender
- Two things they wish they could do that are considered non-traditional for their gender

Return groups to plenary and ask one person from each group to introduce the members of his/her group and provide a short summary of their discussion.

