



ADDRESSING UNMET NEED FOR FAMILY PLANNING THROUGH SOCIAL NETWORKS IN BENIN

Taking a Social Change Intervention to Scale: Learnings from *Tékponon Jikuagou* in Benin

Acknowledging that decades of programming to promote greater access to information and services have not closed the gap between unmet and met need, Tékponon Jikuagou guides communities to shift social norms surrounding family planning and leads to new ideas, attitudes, and behaviors that support family planning use.

Georgetown University's Institute for Reproductive Health (IRH), in consortium with CARE International and Plan International, designed, tested, and rigorously researched the Tékponon Jikuagou package in Benin.

We know from extensive research throughout the project that the Tékponon Jikuagou package is effective. In the Benin context, where unmet need was high and social barriers prevented family planning use, the package greatly increased the odds that women and men met their family planning needs. It resulted in more interpersonal communication about family planning, and perceptions that social networks approved of and supported modern family planning methods.

But it is also instructive to examine Tékponon Jikuagou's scalability: the attributes that allow the approach to be taken to scale while maintaining effectiveness, quality, and fidelity to core principles. Never designed to be a stand-alone project, the package's most viable platform for scaling is assimilation into existing projects.

What is Tékponon Jikuagou?

Tékponon Jikuagou is a low-cost package of activities that relies on existing social networks to diffuse new ideas in support of family planning. It works with communities' own resources, is easily added to existing development projects and portfolios, and is beneficial to both participating communities and implementing agencies. The five components of Tékponon Jikuagou are:



ENGAGE COMMUNITIES IN SOCIAL NETWORK MAPPING: Participants create a social map of their community, identifying socially influential individuals and groups.



SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE: Influential groups use story and activity cards to reflect on social and gender barriers to unmet need for family planning. Group members share new ideas with their family and peers.



ENCOURAGE INFLUENTIALS TO ACT: Influential individuals engage their constituencies, breaking down taboos by introducing questions such as, 'Why do women and men who want to space births choose not to talk about family planning or seek services?'



USE RADIO TO CREATE AN ENABLING ENVIRONMENT: Local stations broadcast stories that address social and gender barriers to meeting family planning needs, extending the reach of new ideas.



LINK FAMILY PLANNING PROVIDERS WITH INFLUENTIAL GROUPS: Service providers meet with influential groups, ensuring that correct information flows into networks and combating misinformation. Influentials and group members talk with family and peers about (diffuse) their own experiences and encourage them to seek information and services.



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What We Mean by Scale-Up

Successful scale-up of an intervention such as Tékponon Jikuagou encompasses more than implementing the package with more people in more places. It means ensuring that the package's effectiveness and fidelity are maintained as expansion proceeds. It means integrating principles, approaches, and learning agendas into the organizations that use the package, and the government structures that support it. It means maintaining a systems approach to increase the probability that the package will achieve sustainable, large-scale implementation.

IRH designed Tékponon Jikuagou to be taken to scale: *we began with the end in mind*¹. From the design through the pilot phase, and from continuous, learning-based modifications through the scale-up phase, scalability was a key factor in each decision that we and our consortium partners made about content and approach. Scalability was a consistent thread throughout monitoring and evaluation, our learning agenda, and the many pieces of research we undertook. In short, scalability was of vital concern at every decision-point over the multi-year project.



Pilot Phase

- 2 Organizations field-testing approach
- 2 Health Projects
- 90 Communities, Couffo



Scale-Up Phase

- 4 New Organizations
- 4 Non-Health Projects
- 88 Communities, Couffo & Ouémé

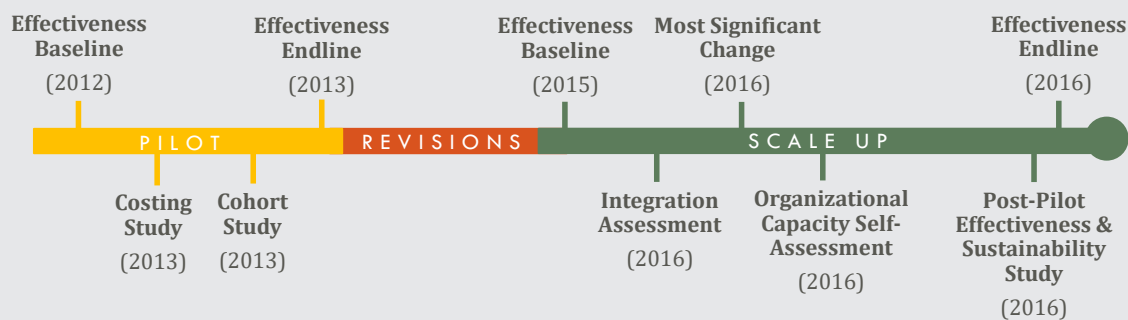
What We Learned: Scale-Up in Benin

Tékponon Jikuagou and its social network diffusion approach are readily adopted by other organizations—even those with no health experience.

Ease of use is a crucial attribute for successful scale-up. Prior to launching scale-up, we trained the staff of new organizations in the values, approach, and components of the Tékponon Jikuagou package, then accompanied them in the field to observe and coach them as they implemented its components. After ten months, an *Organizational Capacity Self-Assessment*² measured their ability to offer the package independently. New user staff assessed their own knowledge and skills to implement—and help others to implement—the five components, to grasp the social network diffusion approach, and to follow the package's monitoring and learning plan without our support. The capacity assessment, along with monitoring data, showed that ease of absorption and implementation by new organizations were high.

Integrity of the Tékponon Jikuagou package remained stable when it was adopted by new organizations.

A second important factor of an intervention's scalability is that its integrity be retained as it is implemented more widely and by more users. In addition to continuous monitoring, we conducted an *Integration Assessment*³ with new organization staff to determine fidelity of Tékponon Jikuagou as it was integrated into their non-health projects. We found that all five components were maintained and all project materials were used without adjustment. The underlying approaches (social networks diffusion and communication for social change) and values (including reproductive rights and equity for women and men, and the uncontrolled nature of social diffusion and social change processes) were appropriately applied by new organizations. In sum, the package's design integrity was respected as it was scaled.



After we piloted the package in 90 communities of Benin's Couffo Department via the health projects of consortium partners CARE and Plan, the package was integrated into four non-health projects implemented by three Béninois NGOs, Autre Vie, CBDIBA, GRAIB, and by CARE's ACCES Project. Scale-up occurred in projects focused on literacy, savings and loans, and water and sanitation, in 88 communities of Benin's Couffo and Ouémé Departments.

The sustainability potential is high.

We examined integration assessment and monitoring data to determine the likelihood that new organizations would sustain their use of Tékponon Jikuagou, its methods, and/or its principles. We found substantial evidence that staff recognized and appreciated the intervention's contributions to their programming, to their organizations, and even to their personal lives. Respondents described how the social network diffusion approach brought a sense of coherence to their programming, across differing projects and donor expectations. They described several ways that the social network diffusion approach led to shifts in their organizational capacity, partnerships, and culture. It showed them why, and how, rigorous implementation and quality control were essential to project effectiveness. For example, it offered the opportunity for new organizations to work with (and gain the respect of) new partners, including the Ministry of Health, donors, elected officials, and civil society. They saw the package as a valuable way to address the social and gender norms that influence the impact of any project, and described a vision for the synergy that could result from introducing social norms examination, a network diffusion approach, and family planning topics into other technical interventions.

Notably, at the time of the *Integration Assessment*, the majority of new organizations cited concrete plans to apply the package or its social network diffusion approach into projects and programs. And, as the Benin Ministry of Health prepared to take over a nationwide nutrition project from the World Bank, both parties expressed interest in applying the approach to addressing unmet need for family planning as a critical pillar of nutrition improvement.

Near the end of the scale-up phase, we had the opportunity to re-visit the communities that participated in the pilot and evaluate the sustained effects of the package. *Post-Pilot Evaluation*⁴ respondents stated that, a year after the close of the pilot phase, people were still comfortably discussing family planning. All respondents confirmed a general attitudinal and behavior change towards use of family planning. Exposure to Tékponon Jikuagou had enlightened not only direct participants, but others in the participating communities, about family planning. More people (notably, men) were accepting of family planning, stigma had diminished, and support for modern methods had risen. This was affirmed in interviews with local health providers. The number of new method users had slowed, but remained higher than before Tékponon Jikuagou implementation.

Radio broadcasts also continued in some areas. Due to listener interest, two radio stations originally contracted by Tékponon Jikuagou continued to rebroadcast group discussions and create new broadcasts using their own resources.



The staff who implemented Tékponon Jikuagou were unequivocal that using the package's materials and facilitating reflective dialogue led to changes in their own values, attitudes and behavior: "I can speak about family planning now without any difficulty; before, I did not like family planning."

They also began to understand the power of diffusion and to imagine their own role in effecting social change. Other community members played a part in influencing social norms: "Tékponon Jikuagou brings the community to think more effectively about their own development." (*Autre Vie*)

Effectiveness was greater in scale-up than in pilot phase, and was not limited to family planning outcomes.

Our *Effectiveness Studies*^{5,6} found strong, positive results at the close of both pilot and scale-up phases. Importantly, however, the package's effects were far greater at scale-up. Men's exposure to any component improved post-scale-up and became more equal to women's exposure. Men's exposure in the pilot was 36 percent versus 47 percent post-scale-up while women's exposure hovered around 50 percent in both phases. The revised intervention was also much more effective increasing couple communication during the scale-up phase. The odds that women who listened to the radio program discussed family planning with their partner were 1.6 after the pilot and 3.3 after scale-up. Even greater improvements were seen among men (2.6 at pilot and 6.2 at scale-up). We applied continuous learning to improve the Tékponon Jikuagou package over the course of the project, and the revisions between pilot and scale-up contributed to greater effectiveness.

But our larger surprise was the added value that Tékponon Jikuagou offered to the projects into which it was integrated, a critical marker for sustainability. The *Integration Assessment* showed that adding the package led to increased impact of existing programs, and led to greater community demand for both project and package activities. New organizations claimed that the focus on social norms, and the integration

of family planning themes into non-health projects, contributed significantly to host project results and, more generally, to improving the lives of community members. Using the social network mapping component in projects helped to identify new beneficiaries to engage, for example, facilitating the spread of ideas and new behaviors. In another example, demand for the package was spontaneously created as news of Tékponon Jikuagou (and buzz around its materials) spread. Integration also provided new tools to organizations, and they began to use communication for social change techniques in all projects to more effectively engage participants and reach their goals.

What's Next?

At the end of six-and-a-half years, the Tékponon Jikuagou consortium and its many stakeholders can now share more widely the news of a highly-effective intervention that, under typical community-based project conditions, can be scaled up through integration. But scale-up, we are learning, is never completed. Dedicated attention is required to ensure that Tékponon Jikuagou is known, applied, and continues to expand within and outside of family planning programs.



For more information on Tékponon Jikuagou and social network diffusion approaches visit:

How-To Guide for Social Network Diffusion Approaches to Overcome Social Obstacles to Family Planning Use

www.bit.ly/SN-Diffusion-FP-How-To

¹ This phrase is taken from ExpandNet, a global network advancing the practice and science of scaling up successful health innovations. IRH and partners consulted ExpandNet's library of research, tools and other resources when designing and implementing the Tékponon Jikuagou package. We also drew inspiration from the National Implementation Science Network for the learning agenda and implementation science approach to study scale-up. See more at <http://www.expandnet.net/> and <http://nirn.fpg.unc.edu/>.

² Institute for Reproductive Health. 2016. "Résultats de l'Auto-Evaluation des Connaissances et Capacités du Staff des Projets Intégrateurs dans la Mise en Œuvre du Paquet d'Intervention de Tékponon Jikuagou dans les Départements du Couffo et de l'Ouémé." *Tékponon Jikuagou Organizational Capacity Self-Assessment*. Cotonou: IRH, Georgetown University.

³ Institute for Reproductive Health. 2016. "Experiences and Effects of Using NGO Platforms to Scale-Up the Tékponon Jikuagou Social Network Package." *Tékponon Jikuagou Integration Assessment*. Washington, D.C.: Marcie Rubardt.

⁴ Institute for Reproductive Health. 2017. "Un An Après l'Utilisation de l'Approche Tékponon Jikuagou, que Constatons-Nous dans l'Environnement Social à l'Égard de la Planification Familiale? Evaluation Post Pilote." *Tékponon Jikuagou Post-Pilot Evaluation*. Cotonou: Mariam Diakité.

⁵ Institute for Reproductive Health. 2016. "Effects of a Social Network Diffusion Intervention on Key Family Planning Indicators, Unmet Need and Use of Modern Contraception: Household Survey Report on the Effectiveness of the Tékponon Jikuagou Intervention." *Tékponon Jikuagou*. Washington, D.C.: USAID, IRH, Benin Ministry of Health.

⁶ Institute for Reproductive Health. 2016. "Projet Tékponon Jikuagou: Addressing Unmet Need for Family Planning. Scale-Up Results in Ouémé." *Tékponon Jikuagou*. Washington, D.C.: Kim Ashburn.

⁷ Institute for Reproductive Health. 2017. "Récits de Changement le Plus Significatif." *Tékponon Jikuagou Most Significant Change Stories* (Unpublished). Cotonou: IRH, Georgetown University.



At the close of scale-up, IRH and partners used the **Most Significant Change methodology**⁷ to better understand how participants experienced Tékponon Jikuagou. This method imposes no preset indicators; instead, it allows participants to define their own outcome indicators by narrating in story form the most significant changes they experienced in themselves.

We found that improved couple communication—often a key factor of family planning use—was an important outcome for most respondents. Storytellers also described greater harmony, often due to less fear of pregnancy. Reasons for the change, and its significance, were linked to breaking taboos around discussion of sex and sexuality, and acknowledgement within the couple that women should be involved in decision-making about family planning.

One storyteller, a community official, spoke of fewer calls and requests to mediate couple disputes and being moved to support family planning in public. This village leader offered personal funds so groups of women could reach health facilities during family planning campaigns.



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