



MASCULINITE, FAMILLE ET FOI: Promising Shifts In Norms to Support Family Planning in Faith Communities

KEY FINDINGS after 18 months of intervention:

The Masculinite, Famille et Foi intervention led to shifts in norms and improved behaviors and attitudes related to family planning and reproductive health, in particular for first-time parents, including:

- Improved perceived social acceptance of family planning (injunctive norms) among intervention participants.
- Improved attitudes and self-efficacy towards family planning use, as well as couple communication, among first-time parents.
- Increased use of modern contraception among intervention participants, driven primarily by uptake among first-time parents.

Additionally, shifts to support an enabling environment for family planning and reproductive health for newly married couples were also found. Findings surrounding intimate partner violence were mixed at endline, but improvements in gender equality were noticed:

- Increased diffusion of new ideas and messages related to gender equality and positive masculinities among intervention participants, supporting social acceptance of young couples' use of family planning.
- Changed perceptions of intimate violence being 'typical' (descriptive norm) – at endline, participants determined intimate partner violence was less typical in their communities than at baseline.
- Improved attitudes towards gender equality, equity, and male engagement in household activities.
- Intervention participants were more likely to find the use of violence against partners unjustifiable.
- However, no significant findings were determined regarding the perpetration or experience of IPV within intervention participants at endline.

Background

Can a norms-shifting intervention working with faith communities increase use of family planning (FP) methods and reduce intimate partner violence (IPV) among newly married couples and first-time parents? In Kinshasa, Democratic Republic of Congo (DRC), where religion is central to peoples' lives, rates of gender-based violence are high, and reproductive outcomes are slow to improve, the Masculinité, Famille et Foi intervention was designed to answer this question.

An 18-month set of scalable activities supported by a research and learning agenda, Masculinité, Famille et Foi sought to build the evidence base for working with faith communities to shift social norms. These social norms shifts, in turn, could have a transformative influence on peoples' behavior related to FP, IPV, and gender equality, in particular with young couples in life course transitions such as entering new marriage and in becoming parents.

What is Passages?






Masculinité, Famille et Foi is part of the global Passages Project, an implementation-research project that addresses a broad range of social norms, at scale, to achieve sustained improvements in violence prevention, gender equality, FP, and reproductive health. Passages uses norms-shifting approaches to build the evidence base and contribute to the global community's capacity to strengthen reproductive health environments, especially for very young adolescents, newly married couples, and first-time parents. Passages capitalizes on these formative life course transitions to test and scale up interventions that promote collective change and foster an enabling environment for voluntary FP, especially healthy timing and spacing of pregnancies.

In Kinshasa, Democratic Republic of Congo, Tearfund, Église du Christ au Congo, Georgetown University's Institute for Reproductive Health and local service provision partner, Association de Santé Familiale led the implementation and scale up of Masculinité, Famille et Foi.

Masculinité, Famille et Foi addressed gender norms, or the set of social expectations and attributes that a given society allocates to individuals based on their sex . As a type of social norm, gender norms have the power to shape how girls and boys are raised, how they are expected to act and interact, and the behaviors and roles they adopt over their life course. Masculinité, Famille et Foi also recognized the important role that religion and faith communities play in defining and defending gendered roles and expected behavior. In Kinshasa, scripture and religious teachings guide how faith leaders and congregants understand, interpret, and perpetuate social and gender norms. These include norms that place emphasis on what is appropriate within an intimate relationship, such as privileging men above women, and condoning male violence as an expression of their dominance. For example, God created men as superior to women; it is acceptable for a man to use violence in his relationship with his wife or to discipline a child; and as household decision-makers, men should dictate women’s ability to seek and use modern contraception. These and other norms can have a direct impact on the health and wellbeing of women, men, and families. **For the Masculinité, Famille et Foi intervention, shifts in social norms among faith communities were hypothesized to lead to altered attitudes and self-efficacy, and ultimately, to behavior change among intervention participants and within their faith community.**

Masculinité, Famille et Foi: The Innovation

From 2015-2020, the Masculinité, Famille et Foi intervention and study took place within eight congregational communities of the Protestant Église du Christ au Congo (ECC) faith network across Kinshasa. The project’s major actors and activities were:

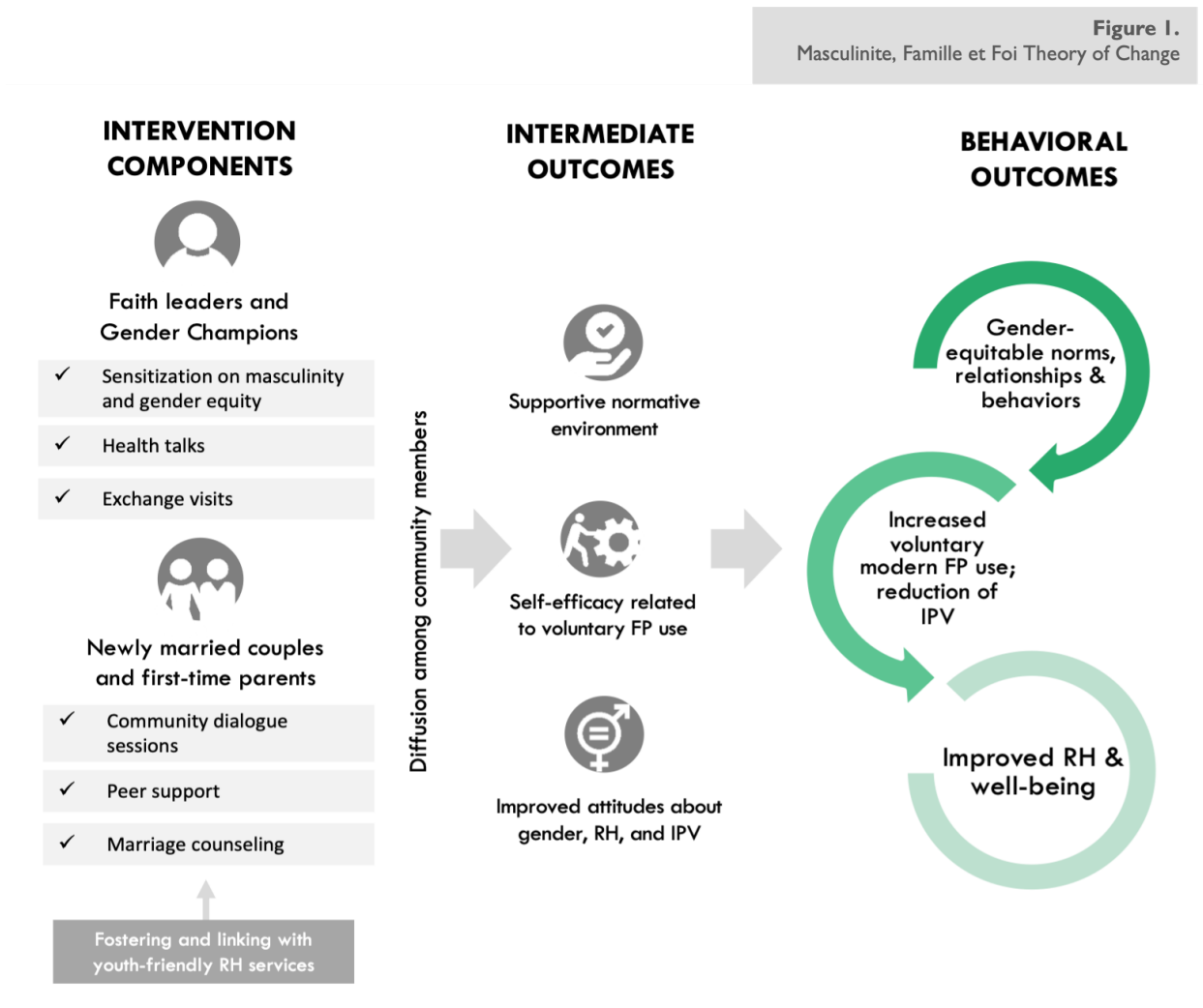
Intervention Component	Brief Description	Intervention Component Monitoring Data
Transforming Faith Leaders 	Gender transformative workshops for faith leaders held at National, Provincial and Congregational level to support change through the denominational hierarchy. Faith leaders support Gender Champions in the recruitment and running of the Community Dialogues and provide supportive sermons to the wider congregation.	<ul style="list-style-type: none"> • 42 faith leaders trained (12 national-level leaders, 14 provincial-level leaders and 16 congregational-level leaders)
Building Capacity of Gender Champions 	Gender transformative workshops for peer role models to be trained as Gender Champions. Responsible for facilitating the Community Dialogues, supporting couples, and monitoring congregational-level activities.	<ul style="list-style-type: none"> • 40 Gender Champions trained • Representing 8 intervention congregations
Community Dialogues 	Led by trained Gender Champions for newly married couples and first-time parents. Gender synchronized discussion groups on GBV, FP and gender inequality. Includes an FP health talk linking couples to FP services.	<ul style="list-style-type: none"> • 42 faith leaders trained (12 national-level leaders, 14 provincial-level leaders and 16 congregational-level leaders)
Organized Diffusion 	Organized diffusion activities included supportive sermons, stories of change shared by couples completing the Community Dialogues and community mobilization events.	<ul style="list-style-type: none"> • 384 supportive sermons given • 315 stories of change shared by couples • 24 community mobilization events held • 120,000 contact points across 8 intervention sites
Enabling Service Environment 	An enabling service environment across both control and intervention sites for young couples where they received referral cards to linked, trained local clinics for each congregation, youth-friendly training for providers and a FP/RH hotline for confidential questions.	<ul style="list-style-type: none"> • 17 linked clinics • 42 CHWs trained in youth friendly service provision • 5,506 individuals sought services: 3,420 across the 9 control and 2,086 from across the 8 intervention sites • 1,699 calls were made to hotline: 1,128 calls made by men and 571 made by women.

Masculinité, Famille et Foi: The Theory of Change

The Masculinité, Famille et Foi project posited that an approach that worked within the context of faith communities — in this case, ECC congregations — would see effective and efficient shifts in norms. In concert, social connections, the influence of scripture on behavior, the desire to conform to congregation-approved behavior, and the prominence of known faith influencers would facilitate the diffusion of new norms surrounding gender equality, non-violent masculinity, and healthy timing and spacing of pregnancies.

Below, we share endline quantitative results following the logic of the theory of change (Figure 1). Masculinité, Famille et Foi introduced new information and ideas that diffused across communities to create:

1. changes in the normative environment, which in turn supported...
2. individuals' new attitudes and sense of self-efficacy vis-à-vis gender norms, IPV, and FP, which ultimately...
3. underpinned behavioral outcomes of voluntary use of (or intention to use) modern FP methods, and more equitable behaviors such as shared decision-making.



¹There are also two types of social norms present in the content in this brief: descriptive norms (perceptions of typical behavior, or expectations about what people do) and injunctive norms (perceptions of what others consider appropriate, or expectations about what people should do). Gender norms, are a critical subset of social norms being that govern the attributes and behaviors that are valued and considered acceptable for males and for females within a given culture or social group (LC, 2019).

Results

In this section, we draw from the [Masculinité, Famille et Foi endline couple and community surveys](#) to discuss changes in social norms, followed by changes in attitudes, and ultimately by changes in behavior. Researchers evaluated Masculinité, Famille et Foi through two quantitative surveys conducted at baseline in 2017 and again at endline after 18 months of intervention, details of the methods used, adjustments, and limitations are shared in **Table 2**.

Quantitative Survey	Topics Explored	Eligibility	Sites	Sample (baseline/	Original Design	Adapted Design
Couple Survey	Attitudes, behaviors and social norms on FP, IPV, and gender	Women aged 18-35 or their male partners of any age Newly married couple (last 3 years) First-time parent (last 3 years)	8 intervention congregations 9 control congregations	901 / 731	Cluster randomized trial	Pre-/post-test
Community Survey	Social norms and diffusion of ideas related to FP, IPV, and gender and gender	Congregation members 18-49 years of age not eligible to receive intervention activities	8 intervention congregations 9 control congregations	1,257 / 1,257	Pre-/post-test	-

Limitations At endline, there was a substantial loss to follow-up from the baseline in the couple survey sample. The endline study, completed in early 2019, found a surprising degree of spillover between congregations: large proportions of comparison respondents reported exposure to intervention or similar activities, and large proportions of intervention respondents reported no exposure. This is likely due to the close proximity and mobility of individuals of urban environments. This probable contamination affected our ability to understand how diffusion of messages, and of normative and behavioral shifts, occurred. Moreover, COVID-19 interrupted a qualitative study designed to shed light on numerical results, which will be carried out in 2021. Despite challenges, the study encompassed two representative samples at baseline and at endline, with sufficient statistical power to compare intervention and comparison congregations over time.

Below we share our findings organized by the intermediate and behavioral outcomes in our theory of change. Findings specific to our key intervention groups – first-time parents and newly married couples – are shared where relevant. **Table 3** provides a quick reference on findings by those groups.

Program Outcomes	Key Intervention Groups		
	Newly Married Couples Intervention, n=165 Control, n=152	First-Time Parents Intervention, n=242 Control, n=232	
	<p>X No significant difference comparing intervention and comparison groups at endline ($p < 0.05$ or more)</p> <p>✓ Significant difference in expected direction comparing intervention and comparison groups at endline ($p < 0.05$ or more)</p>		
Increase in family planning use	Current use of modern contraception	X	✓
	Personal attitudes about modern contraception use	X	✓
	Self-efficacy toward modern contraception use	X	✓
	Perceived social norms toward modern contraception use	✓ (especially for injunctive norms)	✓ (especially for injunctive norms)
	Couple communication around FP decisions	X	✓

Reduction in intimate partner violence	Experienced/perpetrated emotional violence	✓	✗
	Experienced/perpetrated physical violence	✗	✗
	Experienced/perpetrated sexual violence	✗	✗
	Personal attitudes toward IPV	✗	✗
	Experienced/perpetrated violence to discourage modern contraception use	✗	✓
Increase in male engagement in domestic work	Perceived social norms toward IPV	✗	✗
	Relationship quality	✗	✗
	Personal attitudes about equitable gender roles	✗	✗
	Perceived social norms toward equitable gender roles	✗	✗

*There were no differences comparing intervention and comparison at endline when all items were combined in a scale, but multiple items of the scale were found to be individually significant.

Family Planning

At endline, intervention respondents displayed a greater confidence than comparison respondents that socially significant others would approve of their contraception use; they were also far more confident in their own and their partners' ability to use modern contraception. This was particularly pronounced among first-time parents. In addition, first-time parents in intervention congregations reported increased couple communication about FP at endline than in the previous year. Finally, first-time parents in intervention congregations were significantly more likely than those in comparison congregations to report both using modern contraception, and intending to use modern contraception in the future.

Social Norms: Acceptability of Family Planning

Queries at endline about injunctive norms (what I perceive others approve) revealed that both first-time parent and newly married couple intervention participants were significantly more likely than participants from comparison congregations to feel confident of social acceptance of their own use of modern contraception, shown in **Table 4**. When asked a slightly different set of questions—about approval of another person's use of FP methods — significance weakened or disappeared, with one exception. Intervention respondents were more likely ($p < 0.01$) than comparison respondents to perceive that their congregation would approve of newly married couples' use of contraception (72.2% to 60.5%), signaling support for young couples to plan families prior to a first child.

Among all participants Perception: I agree or strongly agree that...	Intervention n=407 (%)	Comparison n=384 (%)	p values
My reference groups would approve of my use of modern contraception	89.9	80.7	
My faith leaders would approve of my use of modern contraception	71.9	67.2	<0.01
My partner would approve of our use of modern contraception	90.2	79.7	

We found no statistically significant difference between intervention and comparison groups in matters of descriptive norms (what I perceive others do) at endline. More than a quarter (26.8%) of intervention respondents thought newly married couples in their congregations typically used modern contraception compared to just under a fifth (19.3%) of comparison respondents, and nearly a third of both intervention respondents (31.9%) and comparison respondents (30.4%) thought first-time parents typically did.

Intervention and comparison respondents were similar in stating that their partners, health workers, and

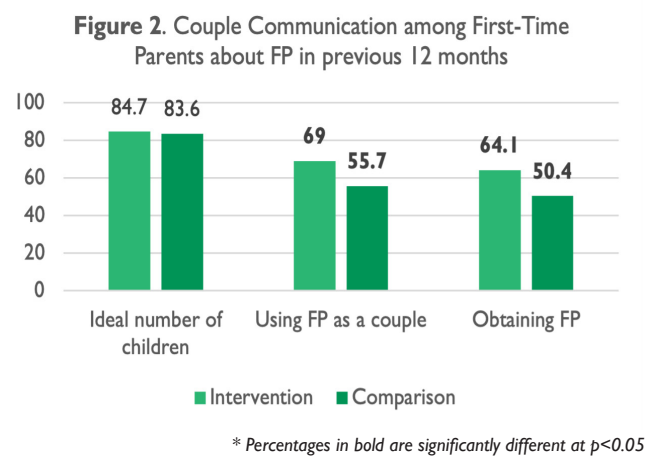
friends were their most important reference groups (those whose opinion matters) when it comes to use of modern FP methods. At endline, intervention respondents were significantly less likely than comparison respondents to name their mothers and fathers ($p < 0.05$) as reference groups; they were also substantially less likely to name mothers and fathers than at baseline. This result may indicate a shift in the weight of parental influence on young couples' use of FP methods.

Individual Attitudes & Self-Efficacy

At endline, first-time parents in intervention congregations were significantly more likely than first-time parents in comparison respondents to agree that it is appropriate for first-time parents to use modern FP methods ($p < 0.01$, 71.9% v. 60.3%). We did not see a notable difference among newly married couples for attitudes toward use of modern FP methods. Other queries about personal beliefs (that contraception use would lead to a promiscuous reputation, for example, or to negative side effects) elicited no significant differences between the two groups, but did suggest some positive trends within groups over time.

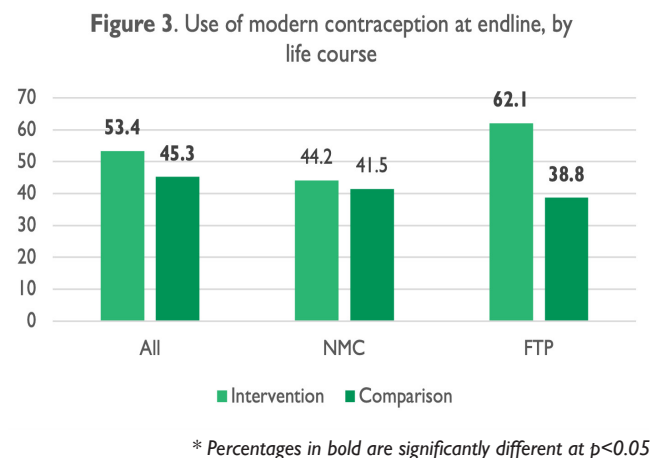
Self-efficacy to use modern contraception was significantly greater among first-time parents in intervention congregations compared to those in comparison congregations: 91.3% of women and men exposed to the intervention were confident they could use contraception if they wanted ($p < 0.05$), and 77.7% were confident they could suggest contraception use to their partner ($p < 0.01$), versus 85.4% and 57.6% of first-time parent comparison respondents, respectively. We did not see notable differences in self-efficacy to use modern contraception among newly married couples in the intervention and comparison groups.

When asked at endline about communication within couples regarding FP in the past year, first-time parents (**Figure 2**) in intervention congregations were significantly more likely ($p < 0.01$) to report having discussed using modern contraception (69.0%) with their partners in the previous year than comparison respondents (55.7%); intervention respondents were also significant more likely ($p < 0.01$) to have specifically discussed obtaining FP (64.1%) than comparison counterparts (50.4%). We did not observe significant differences in communication about FP among newly married couples.



Family Planning Behaviors

It was in FP behaviors that the endline evaluation found the clearest significant differences between intervention and comparison groups. Among intervention groups, for those who were not currently pregnant, they were significantly more likely (53.4%; $p < 0.05$) than their comparison peers (45.3%) to report current use of a modern contraceptive. Most of this difference in the overall population stemmed from a significant difference comparing first-time parents in intervention and comparison groups as shown in **Figure 3**.



At endline, 62.1% of first-time parents in intervention congregations reported that they were currently using modern contraception which was significantly ($p < 0.05$) higher than the 48.8% of first-time parents in comparison congregations. Similarly, intention to use modern contraception in the future was significantly ($p < 0.01$) higher among first-time parents in intervention congregations (80.1%) compared to first-time parents in comparison congregations (69.8%). We did not see significant differences in reported current use or future intention to use modern FP among newly married couples.

IPV, Positive Masculinities & Gender Equality

The Masculinit , Famille et Foi endline survey found mixed changes in social norms surrounding IPV and gendered behaviors. Data suggested that men and women may have become more aware of the prevalence of IPV (a once-taboo topic). Intervention and comparison respondents alike strongly disapproved of IPV. Intervention respondents were significantly more likely than comparison respondents to believe that God created men and women as equals. The survey did not find clear and persuasive evidence of reduced IPV among intervention participants at endline.

Social Norms

We asked intervention and comparison groups, at baseline and endline, about descriptive social norms (what I perceive others do) and injunctive social norms (what I perceive others approve) related to men’s perpetration of IPV, and men’s participation in housework and childcare. We found some positive (and statistically significant) shifts between intervention and comparison groups at endline, but generally concluded that social norms outcomes were mixed and difficult

to interpret in the absence of corollary, qualitative studies. For example, questions about descriptive social norms found intervention respondents at endline were more likely than comparison respondents to perceive that many or most women in their congregation had experienced IPV ($p < 0.10$), but only slightly more likely (not significantly) to perceive women in their congregation to have experienced sexual violence. It is possible that respondents may have become more aware of such violence as a result of intervention activities. Our queries about violence and injunctive social norms (**Table 5**) found very low perceptions of approval of IPV across reference groups, along with some notable differences by reference groups. For example, we found intervention respondents significantly ($p < 0.01$) less likely (1.0%) than comparison respondents (3.1%) to perceive that faith leaders or those whose opinions mattered to the respondent would approve of IPV. While there was no difference in perceptions of partners’ approval of IPV, we did also see a significantly ($p < 0.01$) lower proportion of intervention respondents perceiving that those people whose opinions mattered to them approved of IPV - 4.4% compared to 8.1% of comparison respondents. Findings for descriptive and injunctive norms were similar when comparing newly married couples and first-time parents.

At endline, intervention respondents were significantly more likely ($p < 0.01$) than comparison respondents to perceive that most husbands in their congregation participated in childcare, but not in household labor. They were also significantly more likely ($p < 0.01$ to $p < 0.05$) to perceive that congregations, partners, faith leaders, and ‘other reference groups’ approved of men sharing in housework and childcare. Findings for norms related to husbands’ involvement in housework and childcare were similar when comparing newly married couples and first-time parents.

At endline: I perceive that ___ would agree that using violence to correct a wife’s behavior is acceptable...	Intervention n=407 (%)	Comparison n=384 (%)	p values
Faith leaders	1.0	80.7	<0.001
Husbands	6.4	7.8	0.209
Those whose opinions matter	4.4	8.1	<0.001

Individual Attitudes

We asked survey respondents to consider circumstances in which they might find a husband’s violence against his wife justifiable (such as she argues with him, she refuses sex). Intervention respondents’ answers were not significantly different from those of comparison populations.

Table 6: Composite Perceptions of Justifications of IPV			
When asked whether it was appropriate or justified to use violence in certain situations			
	BASELINE	ENDLINE	PVALUE
Intervention	28.1%	14.6%	<0.001
Comparison	22.4%	17.8%	0.115

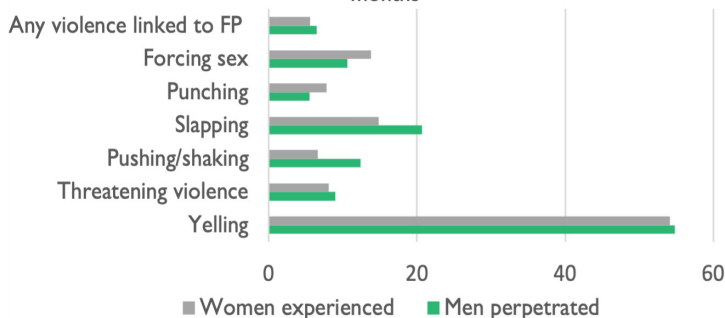
Comparing intervention at baseline to intervention at endline, however, we find less justification for violence in any circumstance, with the exception (a slight rise from baseline) of a wife burning the food. However, the proportion of comparison respondents who thought violence was justified (with again the exception of burnt food) also dropped for each circumstance. Notably, we saw a

significant drop in intervention respondents’ justification for a husband’s violence if a wife independently used modern FP, in contrast to comparison, where there was no such drop (**Table 6**) summarizes these examples). We did not observe significant differences in attitudes toward IPV among first-time parents or newly married couples. When asked about their attitudes about gender equality and positive masculine behaviors, intervention respondents were significantly more likely at endline ($p < 0.05$) to agree that women and men were created as equals than their comparison counterparts. Further, intervention respondents were also substantially more likely (18%) to agree with this same statement than they had been at baseline. When it came to behaviors such as husbands should give equal weight to wives in decision-making, and wives can express their opinions even if husbands disagree, the differences between intervention and comparison, and within either group over time, were negligible and not significant.

Intimate Partner Violence Behavior & Experience

At endline, we asked about experience with various forms of IPV in the preceding 12 months, analyzing men’s responses about perpetration separately from women’s responses about experience. Our expectation was that all forms of IPV would be less likely to be reported as perpetrated by men or experienced by women among intervention respondents compared to comparison respondents. At endline, we saw very little difference in men’s reported perpetration of all types of violence when comparing men in intervention and comparison congregations. Men in intervention congregations were marginally ($p < 0.01$) less likely to report perpetrating emotional violence against their partner (65.5%) than comparison men (55.5%). We did not see any differences when disaggregating into newly married couples and first-time parents among men. Among women, we did not see any significant differences in reported experiencing of the different forms of IPV comparing women in intervention and comparison congregations.

Figure 4. Intervention Respondents at Endline: Percentage by sex who experienced IPV (*often or sometimes*) by type, past 12 months



However, we did find some notable differences when disaggregating women into newly married couples and first-time parents. Among women who were newly married, we saw those in intervention congregations more likely ($p < 0.05$) to report both experiencing sexual violence (15.2%) and violence to discourage FP use (12.1%)

compared to women in comparison congregations (4.9%) and 2.4%, respectively). Conversely, women who were first-time parents were marginally less likely ($p < 0.10$) to report experiencing physical violence (14.8%) compared to counterparts in comparison congregations (16.1%), as well as less likely ($p < 0.05$) to report experiencing violence to discourage FP use (2.3%) compared to their counterparts in comparison congregations

Diffusion

Masculinité, Famille et Foi's theory of change (**Figure 1**) positioned diffusion as an intervention strategy: some diffusion was planned via organized and monitored activities, and we hypothesized that some would occur organically as those exposed to structured and unstructured activities interacted with peers, family, neighbors, and the community at large. To assess diffusion, our endline research included a survey of 1,252 (590 intervention; 667 comparison) congregation members, not directly exposed to intervention activities. We asked them about their personal attitudes, and their perceptions of others' beliefs and behaviors, regarding FP, IPV, and gender equality. We asked if they had spoken with others about these topics in the three months prior to survey.

Table 7: Diffusion of Program Outcomes within Congregations			
In the last 3 months, I have spoken with other members of my congregation about ____			
Diffusion survey respondents in...	Intervention	Comparison	p value
Family Planning	30.1	29.3	0.225
Intimate Partner	38.1	32.4	0.142
Gender Roles	41.5	33.2	<0.01

Most measures of diffusion at endline were difficult to interpret, possibly due to exposure of comparison congregations to intervention-comparable activities. For example, similarly high proportions of diffusion survey respondents in intervention and comparison congregations personally approved of married couples using FP, and similarly

high proportions disapproved of men beating their wives, and believed others in their congregation likewise disapproved.

From baseline to endline, participants in both intervention and comparison congregations reported more discussion about family planning, intimate partner violence, and gender roles. However, diffusion respondents in intervention congregations stood out in two arenas. First, as shown in **Table 7**, they were more likely ($p < 0.01$) than diffusion survey respondents in comparison areas to have recently spoken with someone about gender roles one or more times (and more likely than at baseline by 15%) in the three months prior to survey. Second, they were more likely, to report positive injunctive and descriptive social norms when it comes to FP compared to respondents in comparison congregations.

Conclusions & Future Directions

The Masculinité, Famille et Foi theory of change hypothesized that new information and ideas introduced to and diffusing across communities would contribute to 1) changes in the normative environment, which would support 2) new attitudes and self-efficacy vis-à-vis gender norms, IPV, and FP, which would link to 3) use of, or intention to use, modern contraception, and more gender-equitable behaviors such as shared decision-making and non-violent communication. Endline results suggest that the intervention was effective at shifting many of the social norms, attitudes, and behaviors for FP in intervention congregations — in particular for first-time parents.

First-time parents in intervention congregations were more likely to hold supportive attitudes towards childcare and household responsibilities, to discuss FP with their partner, to be confident that they could obtain and use

a FP method, to perceive that their reference group members approve of their FP use, and, ultimately, first-time parents were more likely both to currently use and to intend to use modern FP in the future compared to first-time parents in comparison congregations. However, we did not see many differences when looking at newly married couples.

The quantitative endline presents a mixed picture when it comes to norms, attitudes, and behaviors surrounding gender equality and IPV. We hypothesized that changes in norms would support changes in behavior; with the hoped-for outcome a tipping point, or a sufficient mass of people adopting new attitudes and behaviors to create momentum in shifts in social norms. The reality was more complex. First, large majorities in both intervention and comparison congregations reported personal disapproval of IPV and perceived that others in their community would not support IPV, making it difficult to detect differences. It is possible that social desirability or improved awareness of IPV could have biased our IPV results. While we did not see differences in individual attitudes and only among social norms regarding IPV, we did observe a slightly higher proportion of newly married women reporting sexual violence (including violence discouraging FP use) while also seeing a slightly lower proportion of female first-time parents reporting experiencing physical violence (including violence discouraging FP use).

These findings raise new questions for future research, such as:

- What have we learned about the pathways by which norms shifts change behaviors?
- How do congregations' members and couples engage with and influence each other in an urban context? How does this influence the evaluation outcomes?
- How can we better understand how norms shift in urban contexts?
- What did the perceived changes in reference groups mean for longer-term norm change and changes in social approval for certain behaviors?

Answers to the above questions are being sought in ongoing research including a comparative analysis of adaptations of Transforming Masculinities, a qualitative study of Masculinite, Famille et Foi, and additional



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Recommended Citation:

Masculinite, Famille et Foi: Promising Shifts in Norms to Support Family Planning in Faith Communities. May 2021. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

Attribution Statement:

This results brief was written by Bryan Shaw and Courtney McLarnon together with Catherine Toth. This results brief was prepared by IRH under the Passages Project. This brief and the Passages Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the under Cooperative Agreement No. AID-OAA-A-15-00042. The contents are the responsibility of IRH and do not necessarily reflect the views of Georgetown University, USAID, or the United States Government.



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