

RESPONDING TO UNMET FAMILY PLANNING NEEDS THROUGH SOCIAL NETWORKS IN MALI

SCALING UP A SOCIAL CHANGE INTERVENTION: LESSONS LEARNED FROM THE IMPLEMENTATION OF TERIKUNDA JÉKULU IN MALI

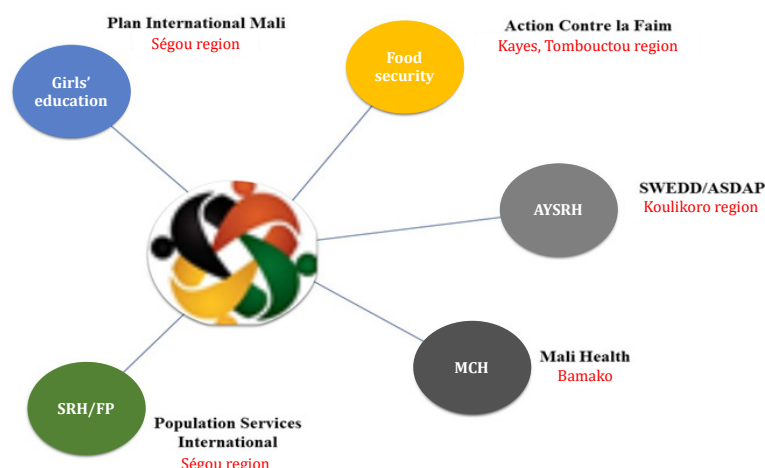
Convinced that decades of programming to improve access to family planning (FP) information and services have not bridged the gap between Unmet Need for Family Planning and Met Need for Family Planning, the Malian government decided to test the Terikunda Jékulu (TJ) approach, which:

- guides communities to reflect on and discuss social norms relating to planning families, and
- offers community members new ideas, attitudes, and behaviors in support of FP use.

Georgetown University's Institute for Reproductive Health (IRH), inspired by the Tékponon Jikuagou (TJ) model in Benin, has successfully implemented the Terikunda Jékulu package in Mali, in collaboration with the Ministry of Health and Social Affairs (MOHSA). Five NGOs piloted the approach between 2018-2020: 1) the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project and its partner "Association pour le Soutien au Développement des Activités de la Population" (ASDAP); 2) Action Against Hunger (ACF); 3) MaliHealth; 4) Population Services International (PSI) and 5) Plan International - Mali.

These NGO partners integrated TJ into various development and health projects with the idea of seeing if TJ in Mali worked in the same way as in Benin to break down the normative barriers leading to increased contraceptive use by people with unmet need.

The TJ program evaluation assessed TJ's effectiveness in the context of Mali, where unmet need remains very high (24% of women say they want to space their next birth but are not using an effective method), and social barriers prevent family planning (FP) use. The evaluation shows that the TJ package has significantly increased the opportunities for women and men to meet their needs for FP. This has led to an increase in **couples' interpersonal communication around family planning and changed perceptions of peers and families - their social networks - who endorse and support the use of contraceptive methods**. The evaluation showed a significant increase in method use in TJ-supported areas. Between 2018 and 2019, **the number of new users of modern FP methods in Community Health Centers (CSCOM) in the intervention zones more than doubled**. Finally, the potential to continue to expand the TJ approach in Mali is being realized with the **integration of the Terikunda Jékulu approach into Ministry strategic FP documents in 2019**.



WHAT IS TERIKUNDA JÉKULU?

Terikunda Jékulu is a low-cost package of activities that uses social networks to spread new ideas for family planning use. It works with the communities' resources, can easily be grafted onto existing development projects and portfolios, and has benefits for both the intervening communities and the implementing organizations. The five components of Terikunda Jékulu are:

ENGAGE COMMUNITIES IN SOCIAL NETWORK MAPPING:

Participants design a social map representing their community, which identifies socially influential individuals and groups.

SUPPORT INFLUENTIAL GROUPS IN THE REFLECTIVE DIALOGUE:

Influential groups use TJ's story and activity cards to reflect on the social and gender barriers to unmet need for family planning. Then, group members share new ideas with their families and peers.

ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT:

Influentials engage their constituencies and break taboos by introducing questions such as, "Why do women and men who want to space their children choose not to talk about family planning or seek FP services?"

USE RADIO TO CREATE AN ENABLING ENVIRONMENT:

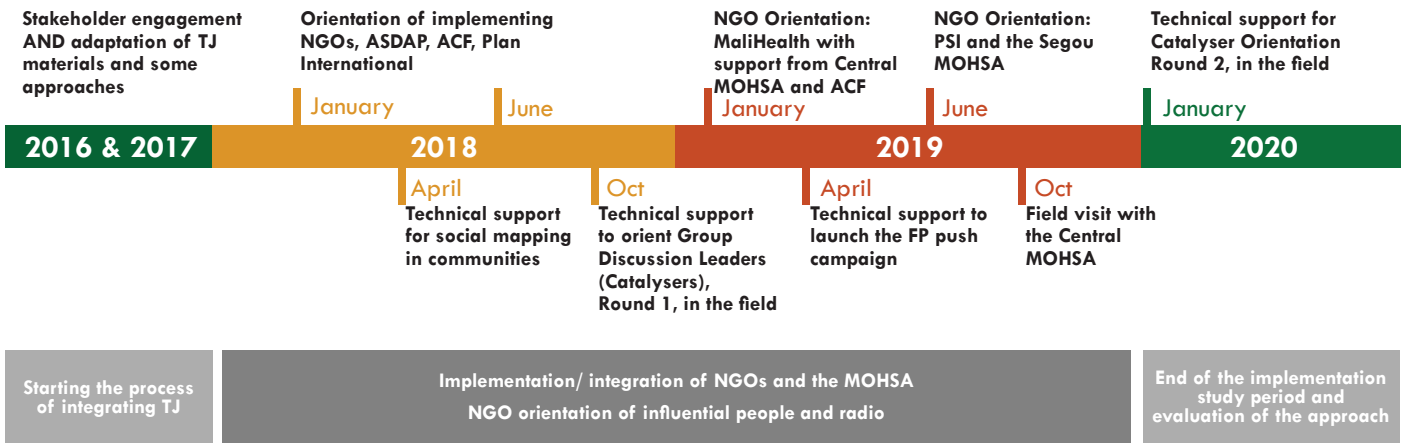
Local radio stations broadcast TJ group discussion stories that address social and gender barriers to meeting family planning needs, thus expanding the reach of new ideas.

LINK FAMILY PLANNING PROVIDERS WITH INFLUENTIAL GROUPS:

Providers meet with influential groups, ensuring that correct and accurate information is disseminated within the networks to combat false information. Groups/influencers and group members talk (diffuse information) about their own experiences with their families and peers and encourage them to seek family planning information and services.



EXPANSION OF TJ IN MALI



It is also helpful to examine the process of scaling up Terikunda Jékulu: the strengths that have made it possible to expand the approach while maintaining its effectiveness, quality, and fidelity to core program principles. Since TJ was not designed to be a stand-alone project, the most viable platform for expanding the package is its integration into existing projects, even those not working in family planning or health domains.

1. THE PREPARATORY PHASE

IRH wanted to introduce the TJ package into a small number of ongoing development programs to test how the approach works in a Malian context. At the same time, IRH built the capacity of a core group of people within the Ministry of Health and Social Affairs and NGOs to support new users (NGOs, Ministry structures, etc.) in the future. The effectiveness of its integration into existing projects/ programs has built the capacity of stakeholders and community beneficiaries on how to use men’s and women’s social networks for FP behavior change.

Before the Malian experience began, IRH, in bringing TJ from Benin, had to take a few essential steps to ensure the commitment and ownership of stakeholders.

First, because no one knew much about the approach, the demand for its integration had to be created. Through several face-to-face discussions and meetings, the Benin experience was presented and discussed. As a result, a request to try TJ in Mali was proposed by Malian stakeholders, and financed by a cost-share between IRH and partner NGOs.

Terikunda Jékulu, and its approach to dissemination through social networks, is quickly adopted by other organizations - even those with no experience in health programming.

In Benin, IRH and its partners developed training materials to facilitate implementers’ understanding and correct use of group materials - critical dialogue methods and tools - but they needed to be adjusted for Mali. Therefore, another preparatory step was to test the Benin-based materials and to modify them, especially images on story cards, names of story characters, and even the types of game-based activities acceptable for the new setting. A Bambara language version was also developed to reach a large part of the population. Finally, unlike Benin, there are large distances between households in



Mali. Consequently, the suggested number of groups and influential people to engage in TJ activities - those who catalyze the spread of new ideas - was slightly increased per village to support diffusion of new ideas.

2. ROUND 1 IMPLEMENTATION IN MALI, AND DEEPENING OWNERSHIP OF TJ

Successful scaling up of an intervention such as Terikunda Jékulu involves much more than implementing the package with many individuals and implementation partners in multiple locations.

Our experience has shown that the approach retains its effectiveness and reliability in Mali. Partners with limited experience in male engagement and participatory approaches adhered to core TJ concepts and principles such as gender equity, using participatory methods to trigger critical thinking and adhering to the number of groups and influencers to be engaged in each community. This requires NGO ownership of the principles and approaches by the organizations that use the package and the State structures that support it. In addition, it involves using a systemic approach to increase the likelihood of sustainable implementation of the TJ package and its large-scale expansion.

The integrity of the Terikunda Jekulu package remained when the new NGOs adopted it.

Prior to the 10-month field test, IRH, with the support of Mali’s Ministry of Health and Social Affairs, stirred the interest of NGOs, and the NGOs seized the opportunity to use TJ to improve access to FP as a strategy to enhance their different project outcomes.

IRH partnered with five organizations in Round 1 to introduce TJ in Mali: ACF covered seven villages starting in March/ April 2018; SWEDD/ASDAP covered twelve villages beginning in June 2018; PSI covered four villages from October 2019; and Plan International wanted to cover five villages, however, project activities were stopped for internal reasons. Due to unforeseen delays, MaliHealth is just beginning their TJ implementation. Notably, ACF integrated TJ into a Health and Nutrition project and ASDAP/SWEDD project integrated the approach into their health interventions reaching

NGO COVERAGE				
ORGANIZATION	Number of villages reached	Number of influential groups involved	Number of influential people (IP) involved	Number of religious leaders enrolled
ACF (KITA)	7	37	56	5
ASDAP (FANA & DIOILA)	12	70	113	12
PSI (BLA)	4	29	48	13
TOTAL	24	136	217	30
DESCRIPTIVE ANALYSIS	-	5.6 groups/village	9 IPs/village	-



youth, pregnant women, and lactating mothers. TJ added a new FP component to their programs. This demonstrates that this innovative approach aimed at boosting FP can be easily integrated into different types of development projects and be successful.

3. EVALUATION: WHAT HAVE WE LEARNED FROM THE FIRST ROUND OF TJ IMPLEMENTATION IN MALI?

The results of the 2020 TJ program evaluation assessed different aspects of successful scale-up:

- **Fidelity to the approach was achieved.** Partners who integrate TJ into their programs followed without difficulty the implementation process outlined in the TJ 'how-to' guide. Systematic coverage (direct and indirect via diffusion) was seen in implementation villages and groups; ensuring even community-level exposure to new ideas.
- **NGO implementers mastered the TJ approach and its use of social networks to disseminate new FP ideas and positive attitudes among men, women, and couples.** After ten months, a Self-Assessment of Organizational Knowledge and Capacity by NGO staff showed a good understanding of the approach and competence to deliver all five components of the TJ package. NGOs internalized the new approach and could implement it well.
- **NGO actors and beneficiaries indicated a strong conceptual understanding about FP, not only as an effective means of birth spacing but also as one that contributes to the objectives of projects with other goals besides FP, e.g., maternal nutrition.**
- **TJ's added value is its flexibility to be integrated into community-based projects. By working with influential groups and individuals already in the communities and chosen by the community for their social influence and connections, the approach creates community ownership of FP.** While the types of groups and influencers selected by the communities varied, there was even participation of influential women and men. About 30% of those engaged were religious leaders. The rapid circulation of TJ messages within and between villages, and the desire of neighboring villages to be involved in TJ activities, in addition to the involvement of religious leaders (as group catalysts or hosts of TJ radio broadcasts on FP), were not necessarily expected but were seemingly critical to TJ's success.

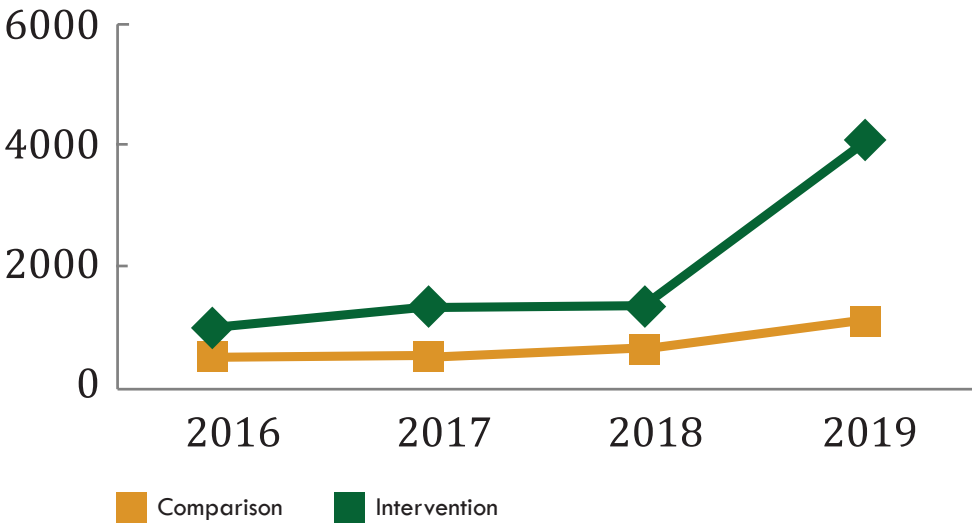


- **Institutionalization by the Ministry of Health and Social Affairs (MOHSA) was facilitated by their engagement in program decisions made jointly with partners regarding the content and the approach itself.** Throughout the TJ integration process, IRH involved its primary partner, the Ministry of Health and Social Affairs, at every decision-making level in the planning, implementation, and supervision phases. Convinced of the effectiveness (already proven in Benin) and seeing results on the ground, MOHSA decided to include TJ in normative documents as they were revising them.
- **Round 1 NGOs plan to continue to offer TJ in future projects and collaborations, ensuring the sustainability of the approach.**
- **Terikunda Jékulu and its approach to diffuse new ideas through social networks is quickly adopted by other organizations, even those with no experience in the health field.** That the TJ approach was easily understood and well-executed by an initial set of NGOs indicates that TJ can continue to expand to new user organizations and structures with fidelity. The ease of use by NGOs is an essential asset for expansion.

TJ RESULTED IN AN INCREASED DEMAND FOR FAMILY PLANNING.

Between 2018 and 2019, the period of TJ implementation supported by IRH, the **number of new users of modern FP methods in the intervention Community Health Centers more than doubled** (service statistics indicated less than 1,000 users in the control areas and more than 4,000 in the intervention areas). Naturally there were variations in the health centers of the different health districts that experimented with the approach. Still, the overall changes show that TJ was very effective compared to the control districts.

Comparison of new users in Community Health Centers (CSCOMs)
Intervention vs Comparison CSCOMs



SOME FEEDBACK FROM TJ STAKEHOLDERS DEMONSTRATE THE VIABILITY OF THE APPROACH IN MALI

EFFECTS ON THE COMMUNITY AT LARGE



“Currently, it is almost impossible to see a person who is not part of a group or association. In any case, they are not many. So we can say that the majority of people in the Balan community were involved in TJ discussions. Even those who are not involved most likely have a family member or friend who was part of a group. With TJ, there is now a common understanding [on FP issues]. Before, we could go for weeks without meeting each other. With TJ, we are forging good relationships and we get along wonderfully.”

- Focus group members of an influential group in Fana

EFFECTS ON NGOs - ACF AND ASDAP



“I think TJ is an opportunity that has enabled our program to cover target groups with complementary messages. As I was saying, we were working on reproductive health, and we were working with the whole community, including women, men, youth, married and unmarried. So, when we started this work with TJ, we thought adding new topics could strengthen [our existing] programs and also create a ‘new’ effect within the community... In our case, TJ has expanded the scope of our initial program. It was also an opportunity to test new approaches using social networks to boost FP.”

- Interview with an NGO staff person in Dioila

EFFECTS AT THE LEVEL OF HEALTH SERVICES



“Thanks to my involvement in TJ, many women have come to understand FP methods. Before, women were ashamed to discuss FP with their spouses. I tried to raise their awareness about FP to space their children, and they understood the use of FP. When I called their spouses to make them aware, they told me they understood. But in reality, [these couples] are still reluctant to use FP. With TJ, who trained the community catalysers (female and male), and who are responsible for discussing FP with the participants [female and male], thanks to these talks, many men understand the use of FP. These talks have encouraged many women to use FP. Because of that, there is an increase in demand for FP and an increase in visits to the center.”

- Interview with a Health provider from Dioila

CENTRAL LEVEL STAKEHOLDERS - REPRODUCTIVE HEALTH SUB-DIRECTORATE (RHSD) AND SWEDEN



“Without doing an evaluation, I asked questions [of community members] during my follow-up field visits to see if there was any reluctance or if the community began to see changes. They told me of instances, for example, of men and women who initially were unwilling to accept the use of FP. But through TJ, these people changed their behavior by way of the support of friends and groups. And some have become key agents of change.

- Interview with a representative of the Division of Reproductive Health, MOHSA



WHAT ARE TJ TAKEAWAYS?

In summary, we can say with confidence that Terikunda Jékulu has a strong positive influence on communities' individual and collective behavior in contexts of high unmet need for FP and where socio-cultural and religious constraints create severe impediments to the adoption of modern methods of contraception.

The promising results of introducing Tékponon Jikuagou in Benin and then the successful experiences in Mali by five diverse projects that integrated TJ, only one working in FP, demonstrate that the social network approach can easily be adapted and integrated into community development interventions.

TJ is set to expand further in Mali as there is now the capacity to offer it and to train others to offer it. There is strong support from the Ministry of Health as evidenced by incorporating the TJ approach into normative documents.

This promising social network approach is one way to boost contraceptive prevalence in Mali and other countries with strong cultural and religious influences on family planning.

The success of Terikunda Jékulu shows that it is possible to design effective community-based social change interventions that are simple and inexpensive enough to implement on a large scale.

The Terikunda Jékulu (TJ) project is featured in a social and behavior change (SBC) best practices resource center, and more documentation is available on the website below:

<https://www.thecompassforsbc.org/sbcc-spotlights/tékponon-jikuagou-addressing-unmet-need-family-planning-through-social-networks>

To understand the foundation of a social network approach, see: A Practical Guide to Social Networking to Overcome Social Barriers to Family Planning:

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

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