Improving Family Planning Programming in Niger Through Gender Synchronized Approaches

Recommendations for implementers and policy makers

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Breakthrough ACTION
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Content

1

Context and rationale for gender synchronized interventions

Context

- With a fertility rate of 7.6 children per woman, Niger has one of the highest fertility rates in the world. At current rates, Niger's population is set to more than triple to 68 million by 2050, placing significant strain on limited resources.
- With both men and women expressing desire for large family size (an ideal of 11 children for men and 8.8 for women) and in a context where strong patriarchal norms limit women's ability to access reproductive health services, social and behavior change interventions targeting men and women are critical to achieve the government's ambitious family planning (FP) goals of reaching a 50% modern contraceptive rate (mCPR) by the end of 2020.
- Although globally the majority of FP interventions focus on outreach to women, the importance of involving men in FP programming, and fostering shared decision making among couples is widely recognized.
- However, there is limited evidence and examples of best practices on how to best integrate male and female focused interventions to promote women's agency and foster open communication and truly collaborative decision making among couples to increase uptake of FP methods.
- This report summarizes key insights from two nationally representative cross-sectional surveys of women[1] and men[2], a literature review, and key informant interviews to provide recommendations and considerations for policy makers and implementers interested in adopting a gender synchronized approach to their interventions.

1) Camber survey of Nigerien women age 15–49, Hewlett funded, N=2,004
2) Camber survey of Nigerien men age 15–54, Transform PHARE project, N=1,144

Timeline and study limitations

2014

Camber conducted a nation-wide representative data collection of 2,004 women and developed a segmentation tool to inform FP counseling in Niger. This segmentation tool has been scaled up for counseling across Niger
(Hewlett funded)

2016

Camber conducted data collection of 1,144 respondents across the country – resulting in an audience segmentation of men with specific recommendations for each target group
(USAID Transform PHARE project)

2020

Camber conducted additional analyses of existing data sets, 20 key informant interviews and a review of the existing literature to provide recommendations on gender synchronized interventions
(USAID Breakthrough ACTION project)

Study limitations

This report does not aim to provide a comprehensive landscape of all gender synchronized interventions in the region but rather highlights some of the best practices / programs as per interviews with participants and review of related literature.

Camber's segmentation surveys for men and women were done separately. While the data sets can be compared, it is impossible to link and analyze the men and women's dataset together (e.g., in couples).

Gender dynamics and health outcomes

"**Gender inequities and power disparities harm men as well as women. In most settings, for example, being a man means being tough, brave, aggressive, and invulnerable**. Consequently, risk-taking behaviors, such as substance abuse and unsafe sex, are often seen as ways to affirm manhood. The need to appear invulnerable also reduces men's willingness to seek help or treatment for physical or mental health problems. Young and adult men in violent, low-income or conflict-affected settings may suffer even more from a sense of helplessness and fatalism that contributes to lower rates of safer sex and health-seeking behavior.

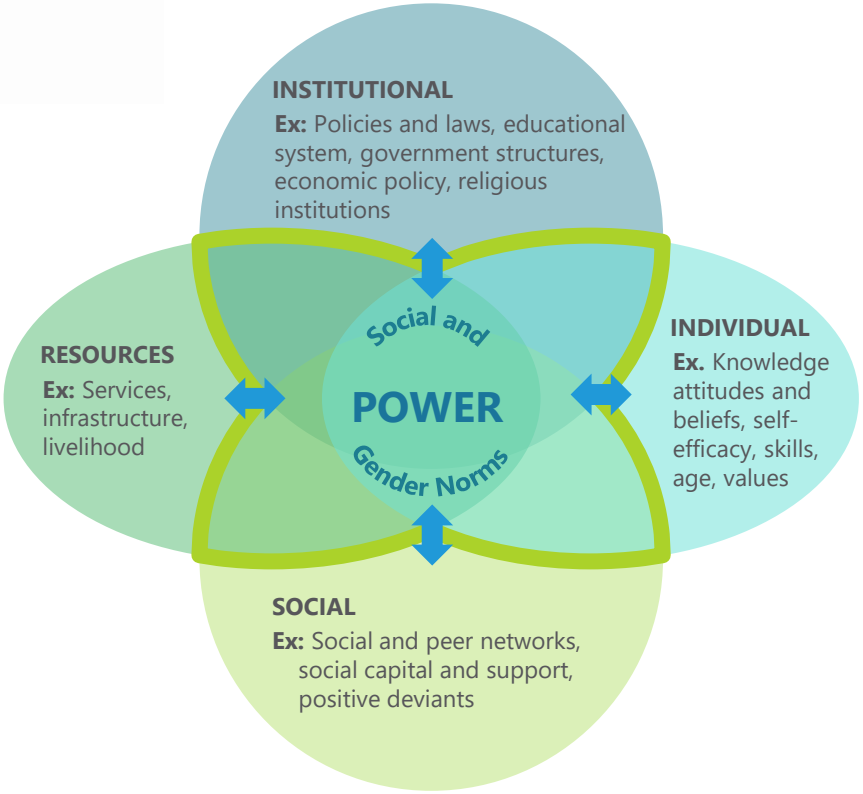
Accepted gender norms for women drive poor health outcomes. Women and girls are socialized to be relatively passive, to be uninformed and uneducated regarding reproductive health. Moreover, socially condoned behaviors and norms reinforce passivity and discourage women from participating fully in school, in community life or in the formal economy. Women's limited ability to make decisions about the well-being of their families, compounded by power disparities and lack of communication between mothers and fathers, can also cause children to suffer"[1].

In FP, gender norms often support high fertility, influencing the timing of marriage and child-bearing as well as aspirations regarding family size, and patriarchal norms often limit couple communication and ability to truly share decision-making regarding access to services and use of FP.

1) Margaret Greene and Andrew Levack, Synchronizing Gender Strategies, A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. 2010. https://www.igwg.org/wp-content/uploads/2017/06/synchronizing-gender-strategies.pdf

Gender norms and social norms

Gender inequities are held in place by power and social norms, as well as institutions, available resources, and social and individual dynamics



The ***Flower Framework*** demonstrates how social norms are shaped at the intersection of institutions, resources, social networks and individual characteristics.

Social norms also influence and mutually reinforce the existing individual, social, resource, and institutional dynamics in a given setting.

1) Adapted from: Beniamino Cislaghi et Lori Heise « Using social norms theory for health promotion in low-income countries » *Health Promotion International,* 2018. et de the Learning Collaborative, « Social Norms and AYSRH: Building a Bridge from Theory to Program Design » 2019

Gender norms and social norms

In previous analyses, Breakthrough ACTION identified three different categories of gender-related norms relevant to the Nigerien context

Norms on Relationships and Power

What are the rules regarding who's in charge, and whether it is ok to challenge them?

Community decision-making
It's expected that the broader family or elders weigh in on important decisions in the family for both men and women.

Couple Dynamics
In a relationship, each party has a specific role, level of decision-making power and communication style.

Norms on Health Systems and Health Workers
Both men and women perceive health workers as figures of authority; there may be challenges if you question them.

Norms on Human Agency and Control
For both men and women showing that you believe in God or that another force is in control (instead of you) is important for social status and recognition.

Fertility Norms

When is the right time to have children and what is the right number to have?

Family size
For both men and women, it is important to have a large family, in part for social recognition and status.

Timing of first pregnancy
Men and women feel pressure to "prove" fertility early in life immediately after marriage.

Spacing of pregnancies
This differs by community, Tuareg communities in Niger disapprove of men who get their wives pregnant before two years; unspaced pregnancy is shameful. In other settings, unspaced pregnancy is the norm.

Sexuality Norms

When and with whom is it acceptable to have sex?

Sex before marriage
In Niger having a child before marriage is considered shameful for both men and women.

Transactional sex
Unmarried women may feel pressure to reciprocate gifts from a suitor with sex

Speaking about sexuality in public
For both men and women, sexual relationships and FP are a private matter, not to be discussed outside the household.

Both men and women, as well as society, reinforce notions of masculinity and femininity and existing social norms. Social norms differ by community and change over time.

Adapted from Breakthrough ACTION SBC evidence review and social norm taxonomy, Jaffré & Suh, 2016, Cooper 2019, Masquelier, 2009

Gender synchronized intervention definition

Gender synchronized approaches aim to challenge harmful gender and social norms by engaging men and women in FP programming

Gender synchronized interventions

An approach that works "with men and women, boys and girls, in an intentional and mutually reinforcing way, to challenge restrictive gender norms, catalyze the achievement of gender equality, and improve health"[1]

Programs that are **gender synchronized**[1]**:**

- Recognize the need to intentionally reach out to men and women to promote mutual understanding
- Seek to address gender imbalances between those with more power and those with less power
- Recognize how both men and women reinforce notions of masculinity and femininity, and therefore both need to be mutually engaged in reconstructing these roles and creating shared values.

In practice, this means synchronizing approaches towards both men and women and considering gender imbalances when designing FP programs and interventions, acknowledging that men and women have a role to play in making joint decisions about whether to have children, when, and with whom.

Gender Synchronized approaches include couple counseling sessions, engaging men and women in separate discussions and then bringing them together, village group discussions, as well as other approaches that work concurrently with men and women.

Programmatic examples are presented in the section 3 of this document.

1) Margaret Greene and Andrew Levack, Synchronizing Gender Strategies, A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. 2010. https://www.igwg.org/wp-content/uploads/2017/06/synchronizing-gender-strategies.pdf

Benefits of gender synchronized interventions

Gender synchronized approaches bring the following benefits:

1) **A holistic approach** to FP that acknowledges the fact that a woman's ability to access services and make decisions are affected by her community and her husband.
2) **Empowering women and couples by addressing the underlying causes of gender imbalance,** consequently resulting in a wide range of improved outcomes.
3) **Fostering long-term sustainability** through the involvement of men and women, or those with more power/less power.

And are recognized globally as a best practice[1]

- Many health programs and policies have begun to recognize that the relationships between men and women are powerful determinants of health and well-being.
- Considerable evidence exists to support these connections. By synchronizing work with diverse groups of men and women, programs can build momentum for social change that improves health.
- Conversely, it is understood that programs that do not address gender dynamics may therefore be less effective.

1) Margaret Greene and Andrew Levack, Synchronising Gender Strategies, A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. 2010. https://www.igwg.org/wp-content/uploads/2017/06/synchronizing-gender-strategies.pdf

Challenges to implementing gender synchronized approaches globally

1 Conceptual

Perception that FP is a women's health issue (e.g., "her body, her choice"), reflecting a tension between a woman's right to bodily autonomy and the potential benefits of joint decision making on FP.

2 Limited Funding

Limited funding due to limited understanding and buy-in by decision/policy makers as well as program implementers on how addressing gender norms and inequalities can improve program outcomes.

With limited funding available, programs tend to focus on one group.

Limited funding available towards integrating gender into program design to address gender norms and inequalities.

Gender and FP teams working in silos within many institutional donors and foundations.

3 Programmatic Challenges

Potential for unintended consequences - literature shows in certain instances an increase in reported violence towards women during program implementation. One hypothesis for this is that by reinforcing the importance of FP, men's perception of power and responsibility increases to the detriment of women's decision-making opportunities.

Some interventions reported backlash in the community where men who adopted supportive behaviors were subsequently criticized by their peers, resulting in the male participants adopting even more conservative behaviors.

4 Limited Evidence

Limited evidence on the impact and cost effectiveness of Gender Synchronized programming versus non-Gender Synchronized programming.

Lack of consensus on indicators, tools, and methodologies to measure shifts in norms.

(see next slide for more details)

These challenges were highlighted by experts consulted for this project

Gender synchronization behavioral change pathway

This is one example of a potential behavioral change pathway for gender synchronized interventions, but there is a need for consensus on how gender synchronized approaches are measured and evaluated

Gender Synchronized Activities

Programming that works with both men and women in a mutually reinforcing way to challenge gender roles and inequities, e.g.,:

- Couple counseling sessions
- Working with men and women in separate groups before bringing them together to share learnings and reflections
- Village group sessions involving men and women
- Interventions working concurrently with men and women

Intermediate Outcomes

- Open discourse on FP, gender dynamics, and inequities is normalized within peer groups and between couples
- Increased knowledge and approval of FP among women and men
- FP myths and misconceptions corrected for both men and women
- More equitable access to resources such as health information, health services, follow up care.

Key Determinants of FP

- Increased couple communication
- Shared decision-making for family size
- Shared decision-making for FP uptake
- Increased self-efficacy to discuss and use FP
- Shared acknowledgement of the benefits of using FP
- Shared approval of FP

FP Outcomes

Increased use of FP methods

This is one example of how different indicators and outcomes might be inter-related and sequenced, but there is a need for consensus on the behavioral pathway and on how gender synchronized programming should be measured and evaluated

1) Wegs, Christina & Creanga, Andreea & Galavotti, Christine & Wamalwa, Emmanuel. (2016). Community Dialogue to Shift Social Norms and Enable Family Planning: An Evaluation of the Family Planning Results Initiative in Kenya. PloS one. 11. e0153907. 10.1371/journal.pone.0153907

2

Context in Niger

What we know about couples' decision making and FP in Niger

Key learnings from Camber cross sectional surveys

Analysis available

The survey conducted amongst men focused on couple dynamics to a greater extent than that of the survey conducted amongst women. Where possible, we have tried to highlight data captured from men and women on similar topics, although in some instances questions were not asked in exactly the same way to men and women.

We have indicated which data is coming from which dataset in the top right corners of the slides containing data using the following legend:

M = Male dataset

F = Female dataset

Key learnings from Camber cross-sectional surveys

- **Decision making:** Men seem to have conflicting views on decision making at the household level. In theory, they believe women have more power than previous generations and support women making decisions on matters regarding their own bodies, but they also cite the ability to make decisions as the most popular indicator of success and see themselves as being responsible for most decisions in the household, including those that concern women's health.
- **FP decision making:** For most couples, FP decision making involves men and women. Men generally perceive themselves to be more involved in FP decision making than women think they are.
- **Fertility desire:** Both men and women express shared desire for a large family size. Yet 33% of women would consider it to be problematic if they were to learn that they are pregnant right now, compared to 8% of men.
- **FP uptake:** Less than a quarter of men and women report having ever used a modern method of contraception. However perceived use in the community is much higher.
- **Acceptance of FP**: Perception of acceptance of FP within the couple is also at odds; women are less likely to think that their partner is as accepting of FP as they are.
- **Awareness of FP:** Both men and women report high levels of awareness of FP, though women are much more interested in learning about FP compared to men.
- **Sources of FP information and influencers:** Both men and women indicate that their partners are the most trusted source of FP information, followed by healthcare workers, and community. Mothers and mothers in law play a small role in influencing FP or health care decision making according to both men and women (11% of women report that mothers or mothers in law are involved in healthcare decision making versus 7% among men).

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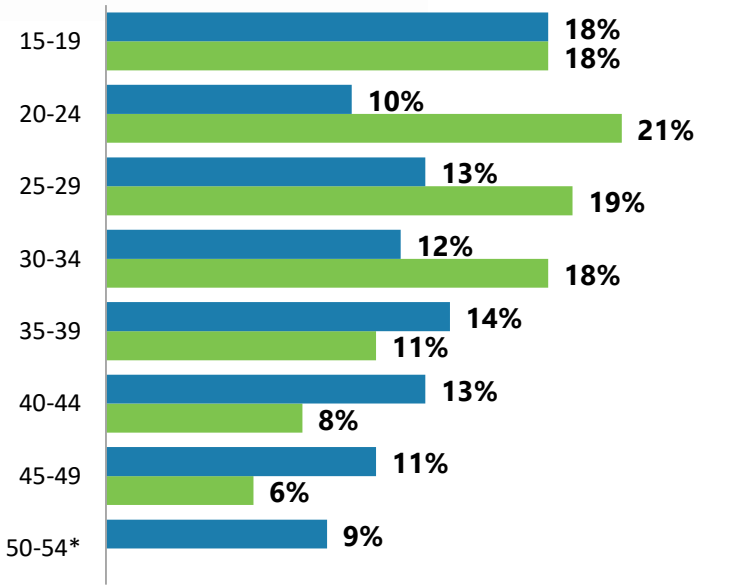
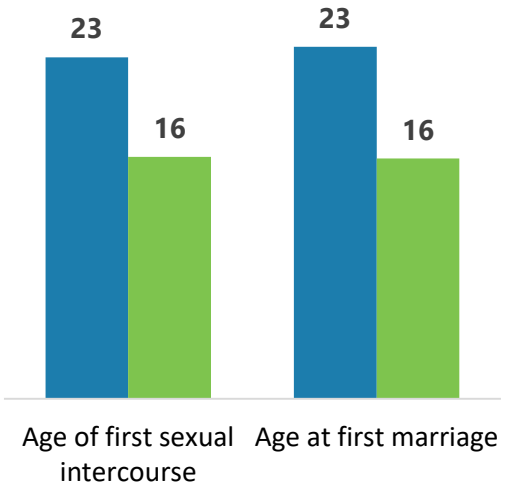
Demographics

Each study focused on the most relevant age groups for reproductive health and FP decisions for men and women (15-49 for women, 15-54 for men). Both samples were consistent across a number of demographic indicators[1] compared to the most recent DHS study.

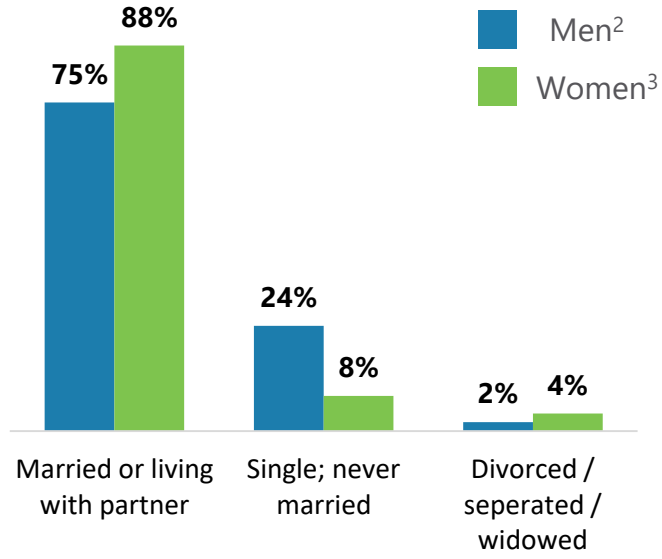
Age Distribution



Age at first sexual intercourse and marriage



Marital Status



On average, men have their first sexual relationship and marry later than women. On average, men's first time having sexual intercourse happens before marriage, for women it is the opposite. Despite a slightly older sample, many more men in the sample report being unmarried compared to the female sample.

1) *Demographic indicators included in samples: age, rural/urban status, education*
2) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
3) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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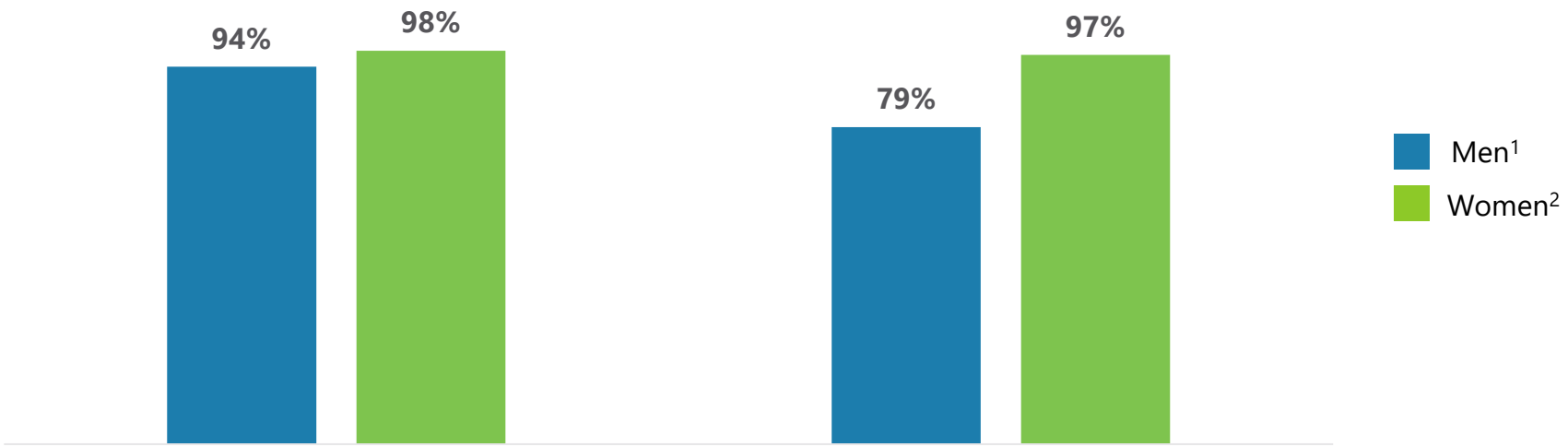
Support for girls' education

Men and women are both generally supportive of girls' education, with women being significantly more supportive than men

Which of the following do you think is acceptable, if any?



Both results are statistically significant at p<0.05

1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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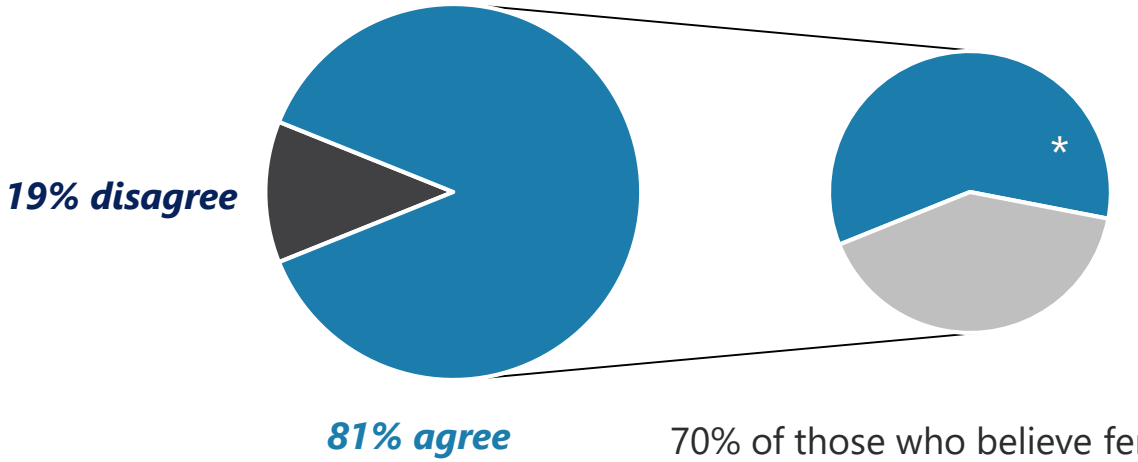
Support for female empowerment

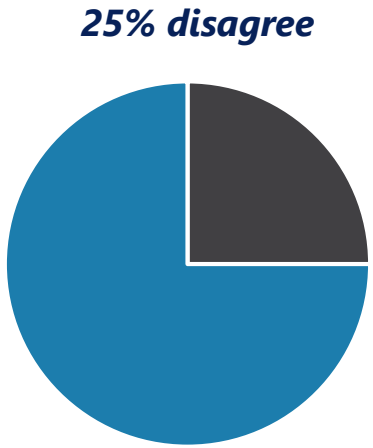
Men believe that women have more power than before and are generally supportive of female empowerment

Women have more 'power'* than previous generations[1]



70% of those who believe female empowerment is happening consider it a good thing

Women should have freedom To express their opinions[1]



1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
* The term power was not defined in the survey

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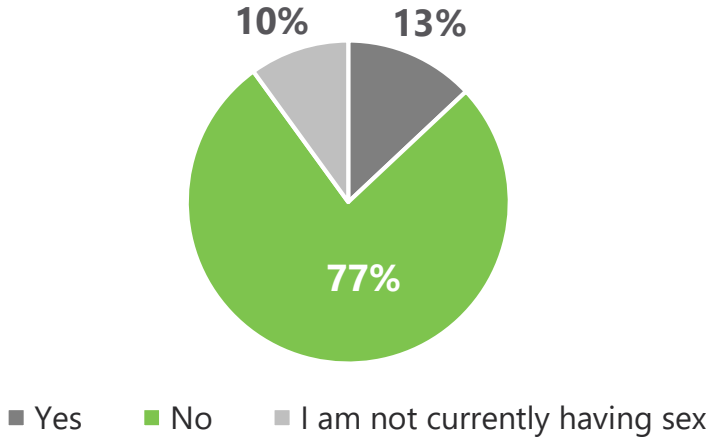
Perceptions of women bodily autonomy

A majority of men believe that women should have the final say on decisions regarding their body, but women report not being able to refuse sex with their husband

% of men who agree with the statement "Women should have the final say on decision regarding their body"

% of women who agree with the statement "when it comes to my health, I have the final say"

Would you be able to refuse sex with your husband or partner if you wanted to?[2]



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2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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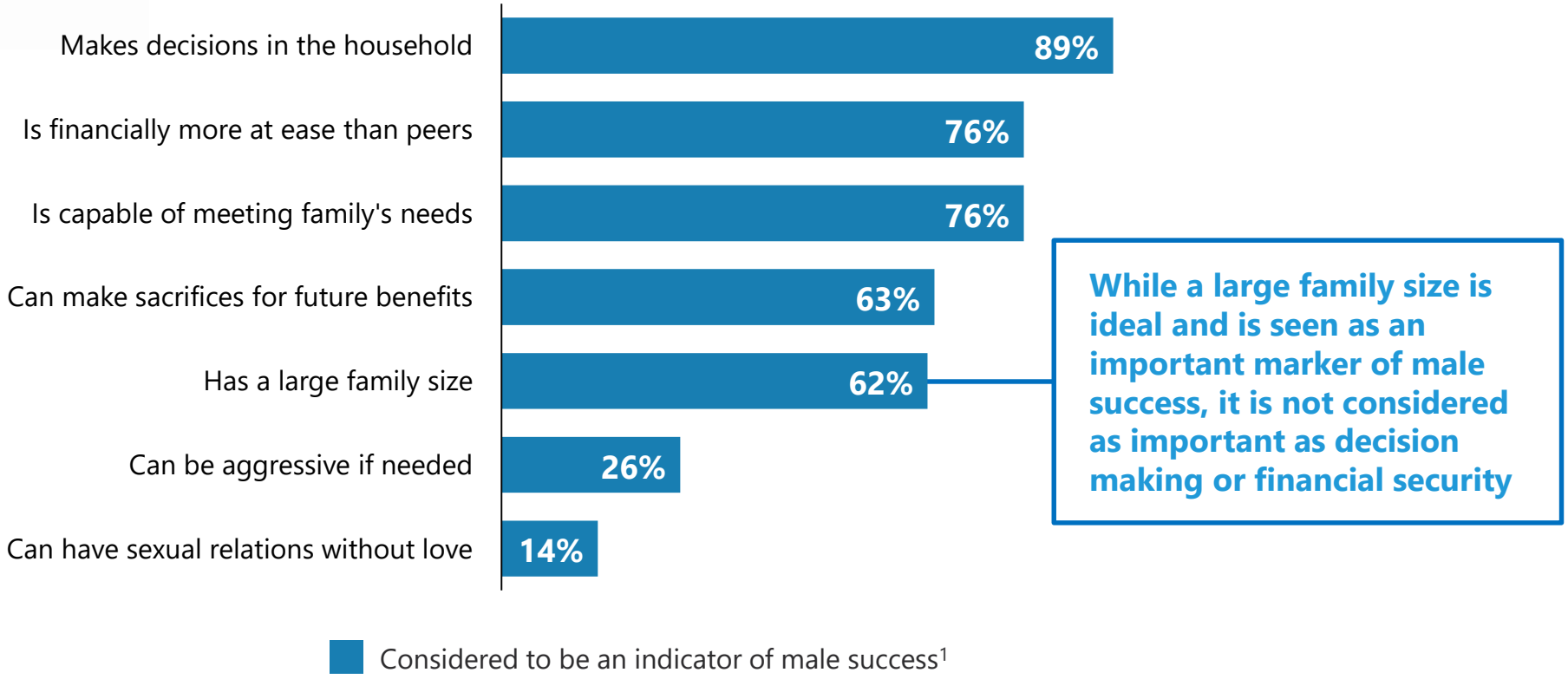
Men's perceptions of male success

Being able to make decisions was the most cited indicator of male success

% of men who consider the following to be an indicator of male success



While a large family size is ideal and is seen as an important marker of male success, it is not considered as important as decision making or financial security

1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*

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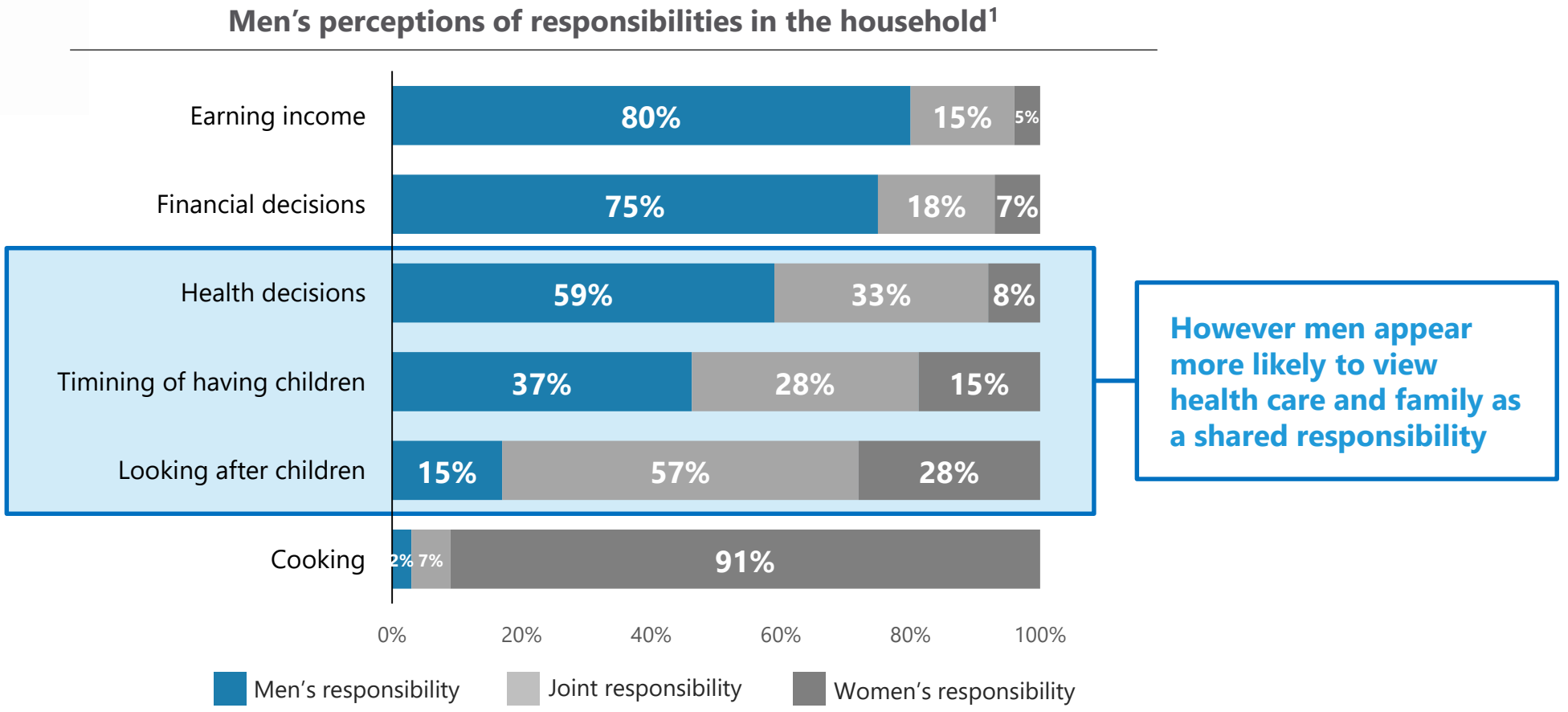
Men's perceptions of responsibilities

Men consider themselves to be responsible for most decisions



1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*

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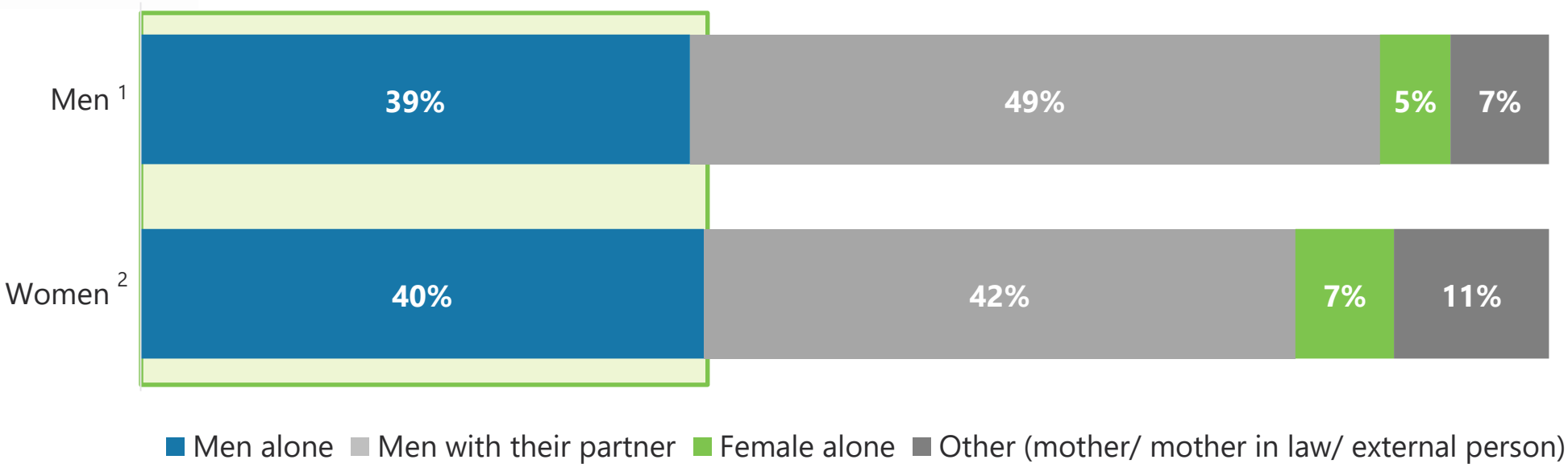
Decision making on women's healthcare

Both men and women say that in 40% of cases men make the decisions regarding women's healthcare

Who makes the decisions regarding women's healthcare?



1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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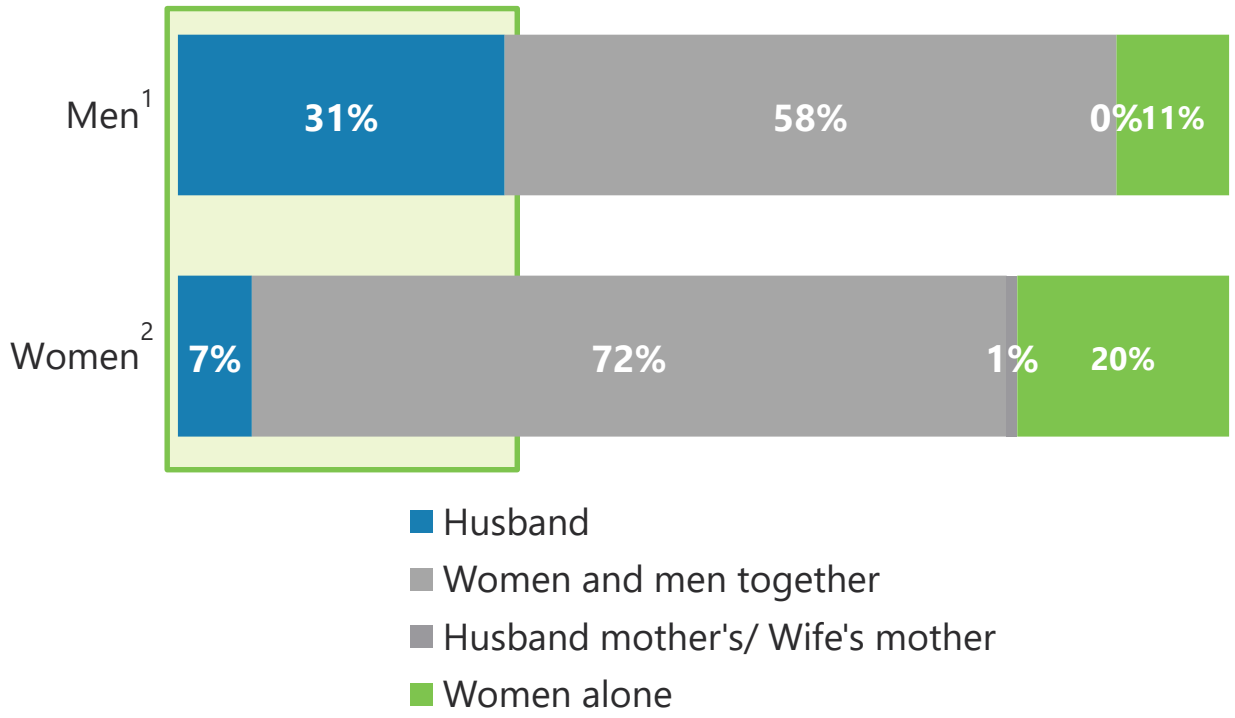
Decision making on FP

A third of men believe that they make FP decisions on their own, while women think men are less likely to be involved than they think they are

Typically, who makes the decisions regarding FP?



Regardless of the decision-making process, **61% of women said that partner approval was key for adopting a method of contraception.**

Data also supports the fact that joint decision making is linked to greater uptake of FP and that **couples who make FP decisions together, are:**

- **2 times more likely to** have tried a modern method of contraception
- **2.5 times more likely** to have recently used a modern method of contraception

1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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Desired family size

According to DHS, both men and women have a desire for large family size (11 children for men, 8.8 children for women), well above the current Niger total fertility rate of 7.6 children per woman

Both men and women have different incentives, **men see children as an economic benefit for the future while women's status is often defined by the number of children they have[1].**

	Niger[2]	Region
Total fertility rate	7.6	5.4
Men ideal # of children	11	8.1
Women ideal # of children	8.8	6.2

1) *Camber qualitative research*
2) *DHS data 2012*

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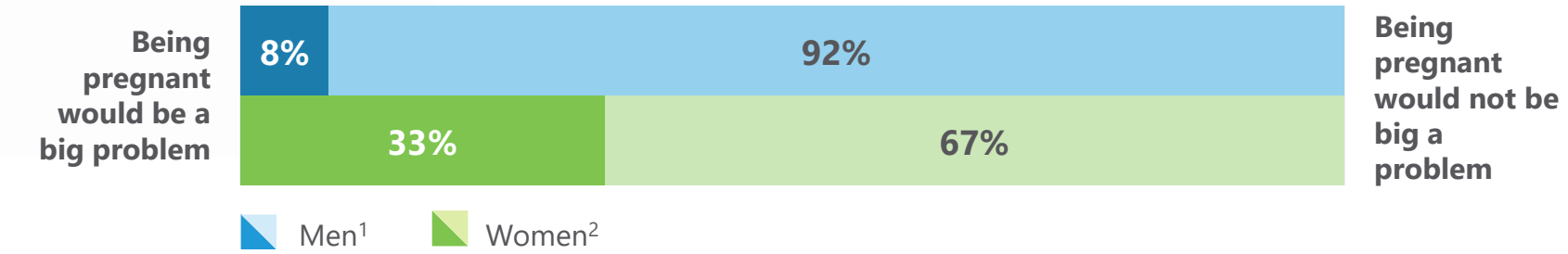
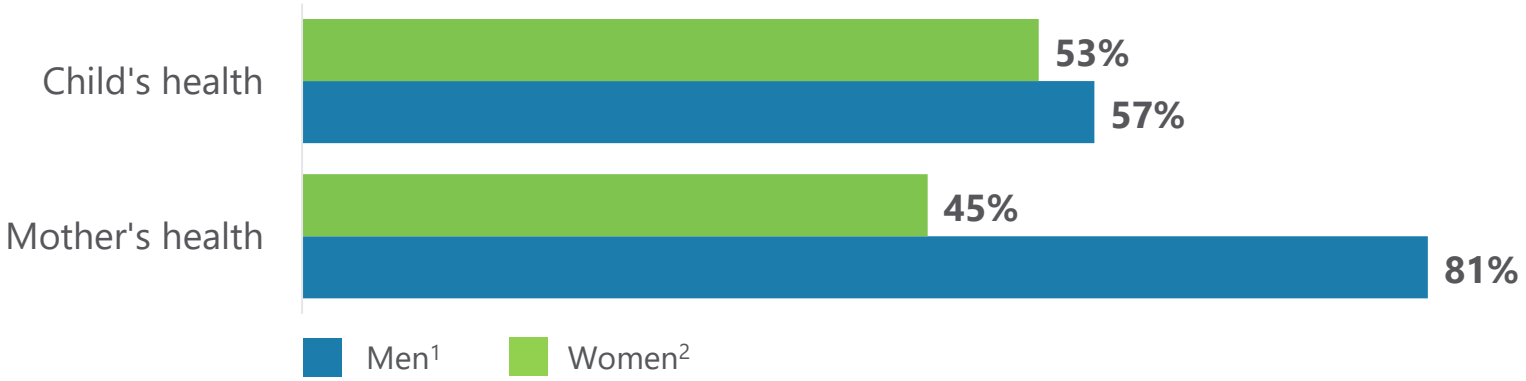
Perceptions of pregnancy as problematic



Key concerns among those perceiving pregnancy to be problematic



Women are more than 3 times as likely than men to consider it a "big problem" if they were to learn they were pregnant

Among those considering pregnancy to be problematic, men seem to be more concerned with the health of the mother compared to women

1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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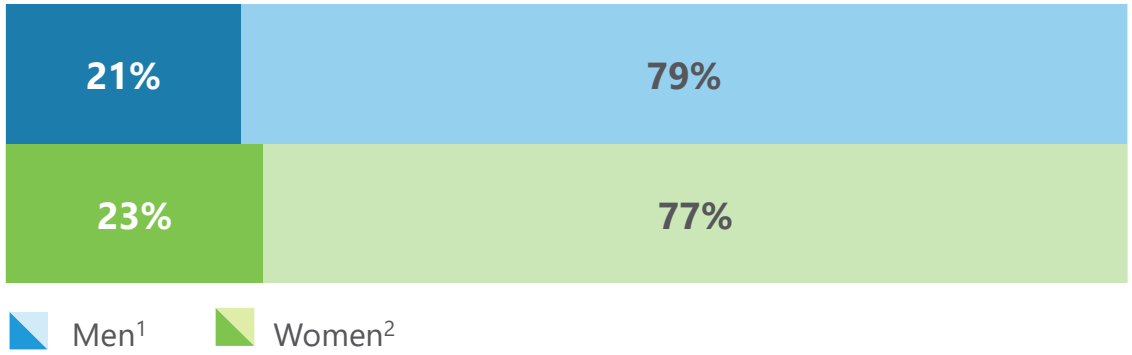
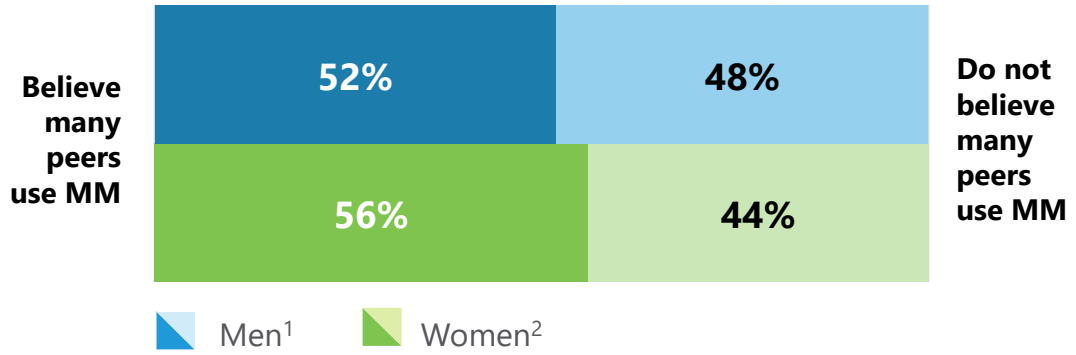
FP use and perception of community use

Less than a quarter of men and women report having ever used of a modern method of contraception

Have you ever used a modern method of contraception?



Yet perceived use in the community is much higher



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2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*

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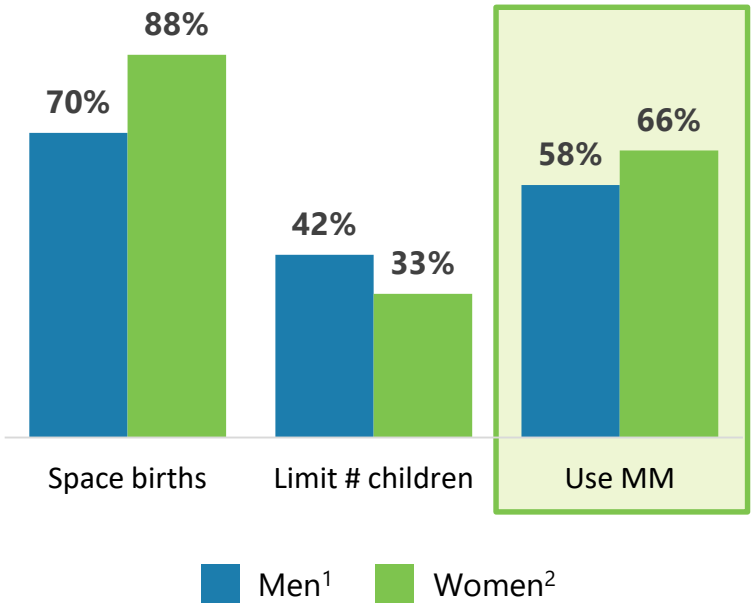
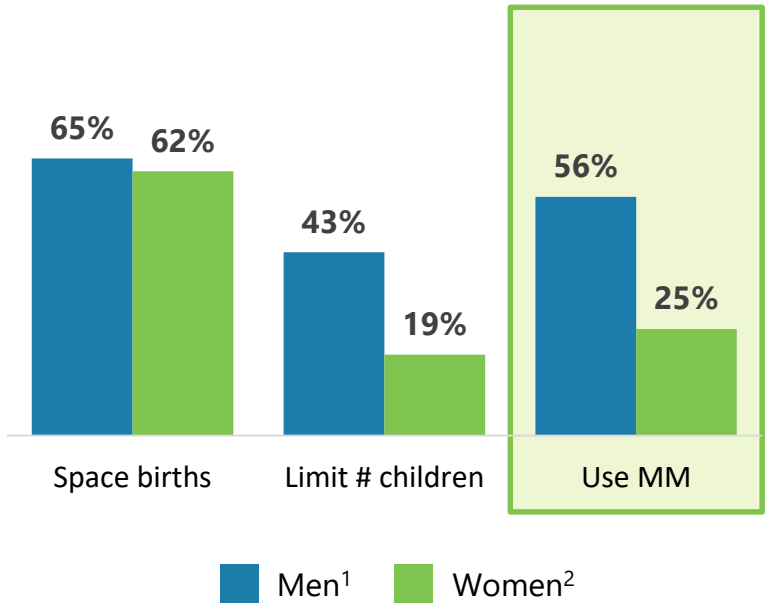
Perceptions of acceptance of FP

Perception of acceptance of FP within the couple is at odds; women are less likely to think that their partner is as accepting of FP as they are

Respondent's answer:
Believe it is acceptable for couples to...



Perception of partner's answer:
Believe it is acceptable for couples to...



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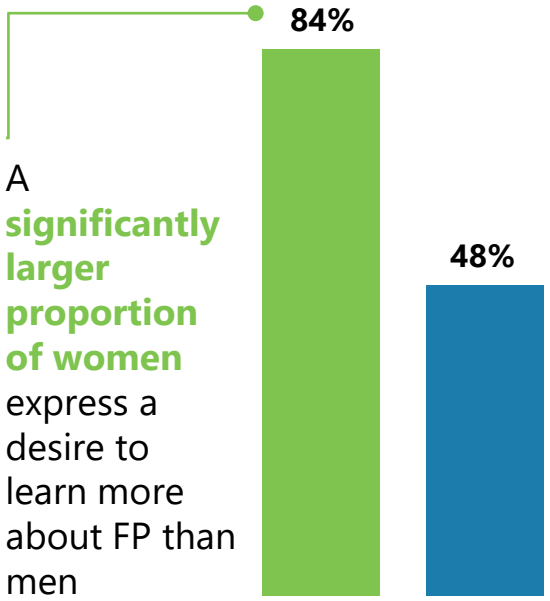
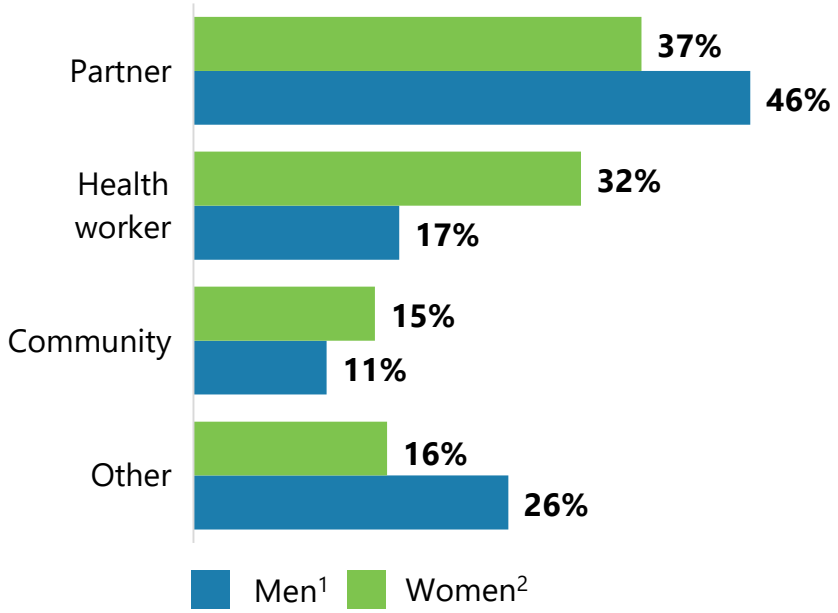
Desire to learn about FP and trusted sources of information

Desire to learn more about FP



A **significantly larger proportion of women** express a desire to learn more about FP than men

Most trusted sources of FP information



- Both men and women visit health centers at similar rates (for any reason), **and both report high levels of awareness of FP**.[1, 2, 3.]
- **Women are much more interested in learning about FP** compared to men
- Both men and women indicate **their partners are the most trusted source** of FP information, followed by healthcare workers

1) *Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144*
2) *Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004*
3) *~48% of men and women in the respective surveys cited above stated that they had visited a health care center in the last 3 months*

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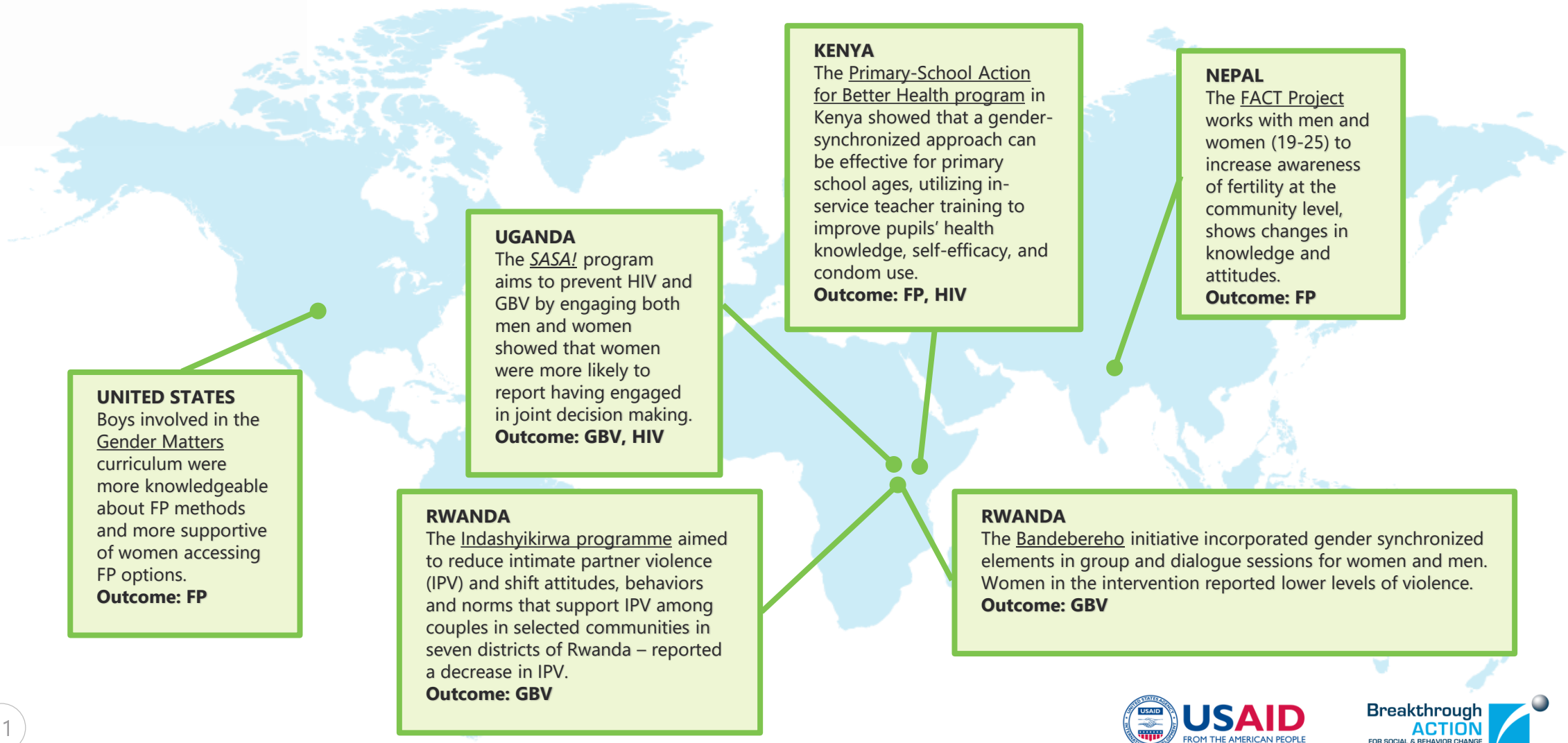
3

Review of existing programs and best practices

Global Gender Synchronized programs

Experts on Gender Synchronization call out a few exemplars of global gender synchronized programs, mostly in the Gender-Based Violence space



UNITED STATES
Boys involved in the Gender Matters curriculum were more knowledgeable about FP methods and more supportive of women accessing FP options.
Outcome: FP

UGANDA
The *SASA!* program aims to prevent HIV and GBV by engaging both men and women showed that women were more likely to report having engaged in joint decision making.
Outcome: GBV, HIV

KENYA
The Primary-School Action for Better Health program in Kenya showed that a gender-synchronized approach can be effective for primary school ages, utilizing in-service teacher training to improve pupils' health knowledge, self-efficacy, and condom use.
Outcome: FP, HIV

NEPAL
The FACT Project works with men and women (19-25) to increase awareness of fertility at the community level, shows changes in knowledge and attitudes.
Outcome: FP

RWANDA
The Indashyikirwa programme aimed to reduce intimate partner violence (IPV) and shift attitudes, behaviors and norms that support IPV among couples in selected communities in seven districts of Rwanda – reported a decrease in IPV.
Outcome: GBV

RWANDA
The Bandebereho initiative incorporated gender synchronized elements in group and dialogue sessions for women and men. Women in the intervention reported lower levels of violence.
Outcome: GBV

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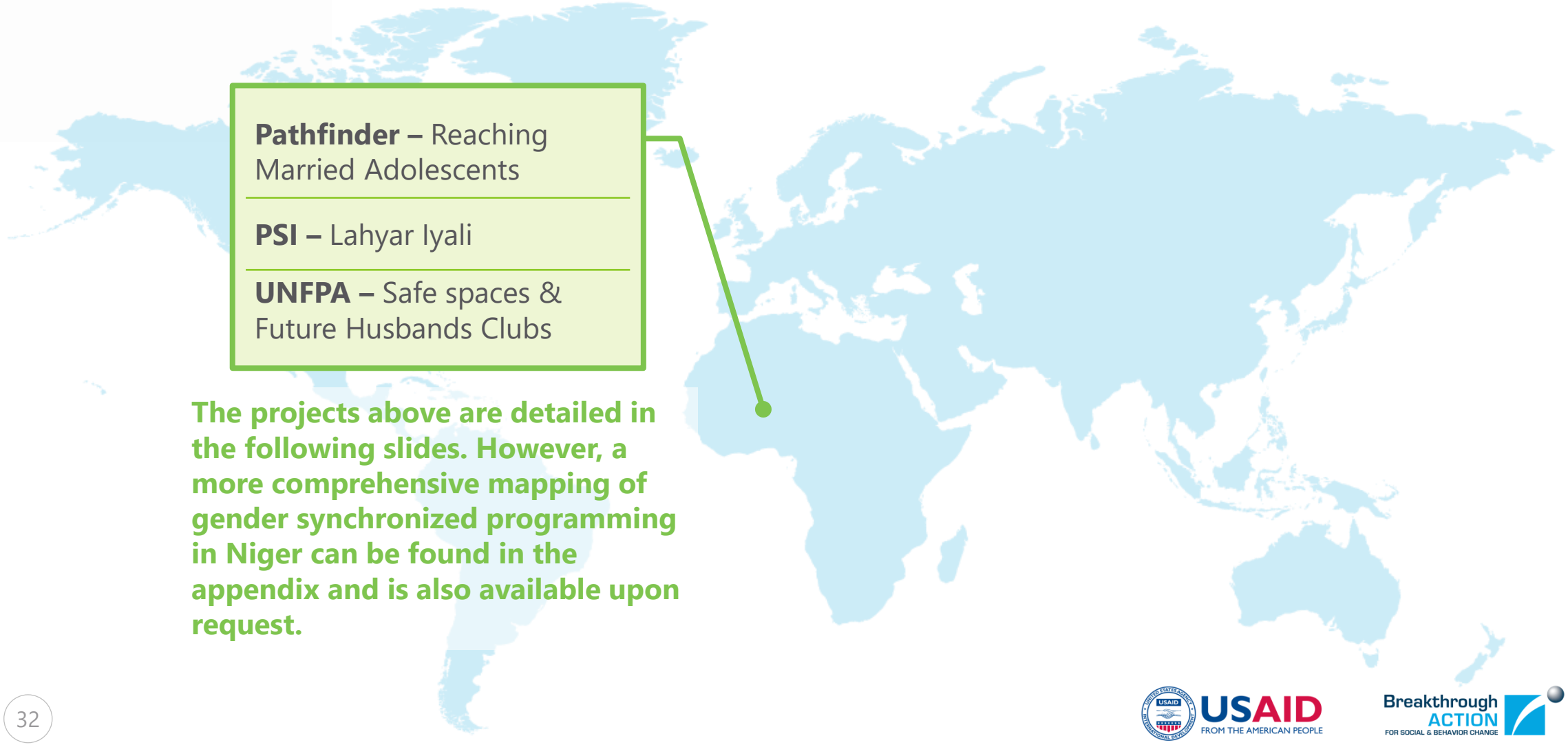
Gender synchronized programs in Niger

Experts on gender synchronization call out a few exemplars of gender synchronized programs in Niger



Pathfinder – Reaching Married Adolescents

PSI – Lahyar Iyali

UNFPA – Safe spaces & Future Husbands Clubs

The projects above are detailed in the following slides. However, a more comprehensive mapping of gender synchronized programming in Niger can be found in the appendix and is also available upon request.

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Pathfinder International - Reaching Married Adolescents

Project Spotlight

- Developed community-based interventions to address social and gender norms and individual attitudes and behaviors in order to increase FP use among married adolescents
- Tested three different interventions with young married women and their husbands in three different regions of Niger, compared to a control group[1]
  - Loga: Household Visits
  - Doutchi: Small Group Discussions[2]
  - Dosso: Group Discussions + Household visits

Evaluation and Monitoring Data

Results from RCT Study[3]:

- Household visits: Increased FP use by **17%**[3]
- Small group discussions: Increased FP use by **21%**[3]
- Household visits AND small group discussions: Increased FP use by **23%**[3]
- Husband's attitudes towards and perception of community support for gender equity were **23%** and **9%** more likely to improve with group dialogue sessions, respectively.

Programmatic Best Practices

- **Involved community** and enabled a **safe environment for discussion**
- Each intervention involved **both men and women**
- Counseling sessions performed in socially acceptable places for men, **avoiding potential stigmatization of husbands**
- **Supervision of community volunteers** was important to ensure high quality programming
- Main recommendation was **to scale up both household and group discussion interventions**

1) *All 3 intervention arms implemented community dialogue sessions with village members*
2) *Discussions were led by mentors in separate groups for men and women. The group discussions among women focused on topics such as health and life skills – including contraception and gender violence. For the group of husbands, the topics encouraged more equitable gender norms, support for FP, and increased* couple communications
3) *Data sourced from RMA Scale-up Recommendation Presentation*
4) *Calculated based on additional increase from baseline (2016) to end-line (2019) compared to control arm*

IMPLEMENTER

FUNDER

PSI - Lahyar Iyali

Project Spotlight

- Program that worked with public sector to improve the quality of reproductive health services, and complemented facilities with mobile clinic outreach
- Engaged with women, men, boys, and girls on sensitization specifically on gender norms and FP
- The project also worked with communities (including religious leaders, community health workers) to create demand and foster an enabling environment for access to a full range of reproductive health services.

Evaluation and Monitoring Data[2]

- Reached over **133 thousand** women with outreach program
- Program activities combined with the offering of contraceptive methods helped to avoid an estimated **778** maternal deaths
- **93%** of surveyed women confirmed having the support of either their husband or family in adopting a FP method.[2]

Programmatic Best Practices

- **Identified and trained religious leaders** to promote FP when engaging their communities
- **Used an economic perspective as an entry point with the couple** to help show the link between household size and disposable income, helping the couple to think more critically about the family size that they want in relation to their family's finances.
- **Used a variety of methods** (*mobile clinics*, *household visits*, and *preventive and promotional activities*) in and out of school to help inform women and girls on gender, FP, and reproductive health rights and lessen the stigma around girls receiving reproductive health services.

psi

IMPLEMENTER

Global Affairs Canada

FUNDERS

1) *Data sourced from Lahyar Iyali Annual Programmatic Report*
2) *Note from PSI: In Niger, especially in Tahoua, our area of intervention, most husbands are in favor of FP.*

UNFPA – Example of two separate but mutually reinforcing programs

Future Husbands Clubs

Due to sensitivities of engaging unmarried youth, UNFPA has two separate programs in Niger which help young men and women learn about reproductive health and FP and prepare for a future relationship within a couple

UNFPA is in the process of developing a broader theory of change to illustrate how these programs are mutually reinforcing

Safe Spaces

UNFPA – Future Husbands Clubs

Project Spotlight[1]

- Program that engages young un-married men between the ages of 15-24, introducing them to topics related to women's empowerment and social norms related to male fertility.
- This program builds on the existing Husband Schools and adds a gender-transformative perspective to the work by engaging with women in parallel.

Evaluation and Monitoring Data

**Currently there is no evaluation data available on Future Husband's Clubs, however evaluation of a similar approach from Husband's School shows:*

- An increase in the number of births that are attended by a healthcare worker in communities where Husband Schools are present
- Increases in both prenatal and antenatal consultations in some of the communities where Husband Schools operated
- Use of FP services tripled in communities where Husband Schools are present

Programmatic Best Practices

- An emphasis placed on the **health needs and human rights of women and girls**.
- **Varying lessons, tailored to the customs and culture of the community** that highlight the importance of girls' education, antenatal care and safe delivery services, and non-violence against women and girls.
- Despite being a separate program due to societal sensitivities, **implemented in tandem with the Safe Spaces program for adolescent girls to create a collaborative impact on women's empowerment outcomes**.

IMPLEMENTER	FUNDERS
VARIOUS	UNFPA, THE WORLD BANK

1) *Project Spotlight Data sourced from: Promundo 2018 Annual Report & https://www.povertyactionlab.org/evaluation/impact-youth-clubs-womens-empowerment-niger*
2) *M&E Data Sourced from Ecole des Maris du Niger Final Report (Initiative Evaluation)*
3) *Programmatic Best Practices examples sourced from implementations of Husband's School and Future Husband's School in Burkina Faso: https://www.unfpa.org/news/real-men-respect-women-says-school-husbands-burkina-faso*

UNFPA - Safe Spaces

Project Spotlight

- Program that supports progression in school by providing a place where girls can feel secure, connect with other girls, and get guidance from trusted mentors to develop a greater capacity to make healthy decisions and have better control of their lives
- Trains teachers in group facilitation and mentorship and appropriate curricula/facilitation tools
- *Adapted from the *Pathways to Choice* program implemented by the Centre for Girls Education in Northern Nigeria

Evaluation and Monitoring Data

In Nigeria

- Evidence from the *Pathways to Choice* program shows that Safe Spaces helped to **increase age of marriage** by an average of 2.5 years (from 14.9 to 17.4)
- Safe spaces program helped **increase knowledge in topics related to safe motherhood**:
  - **79%** of participants were able to recall at least 4 benefits of antenatal care
  - **93%** of participants were able to recall at least 4 danger signs during pregnancy, labor, and postpartum

In Niger

- Have begun implementing this program at the primary and secondary level and are looking to scale Safe Spaces nationally.

Programmatic Best Practices

- **Created a learning hub** to scale the model to local implementors and to conduct monitoring and evaluation of the program for ongoing improvement
- **Provides teacher and mentor training twice per year** to advise on girl friendly teaching practices, and reproductive health education.
- Informs communities of the benefits of keeping girls in school through **focused community engagement** with traditional and religious leaders as well as parents and teachers.

IMPLEMENTER	FUNDERS
VARIOUS	UNFPA, THE WORLD BANK

1) *Data Sourced from Oasis Initiative Safe Spaces Pitch Deck*

4

Key principles and considerations for implementers and policy makers

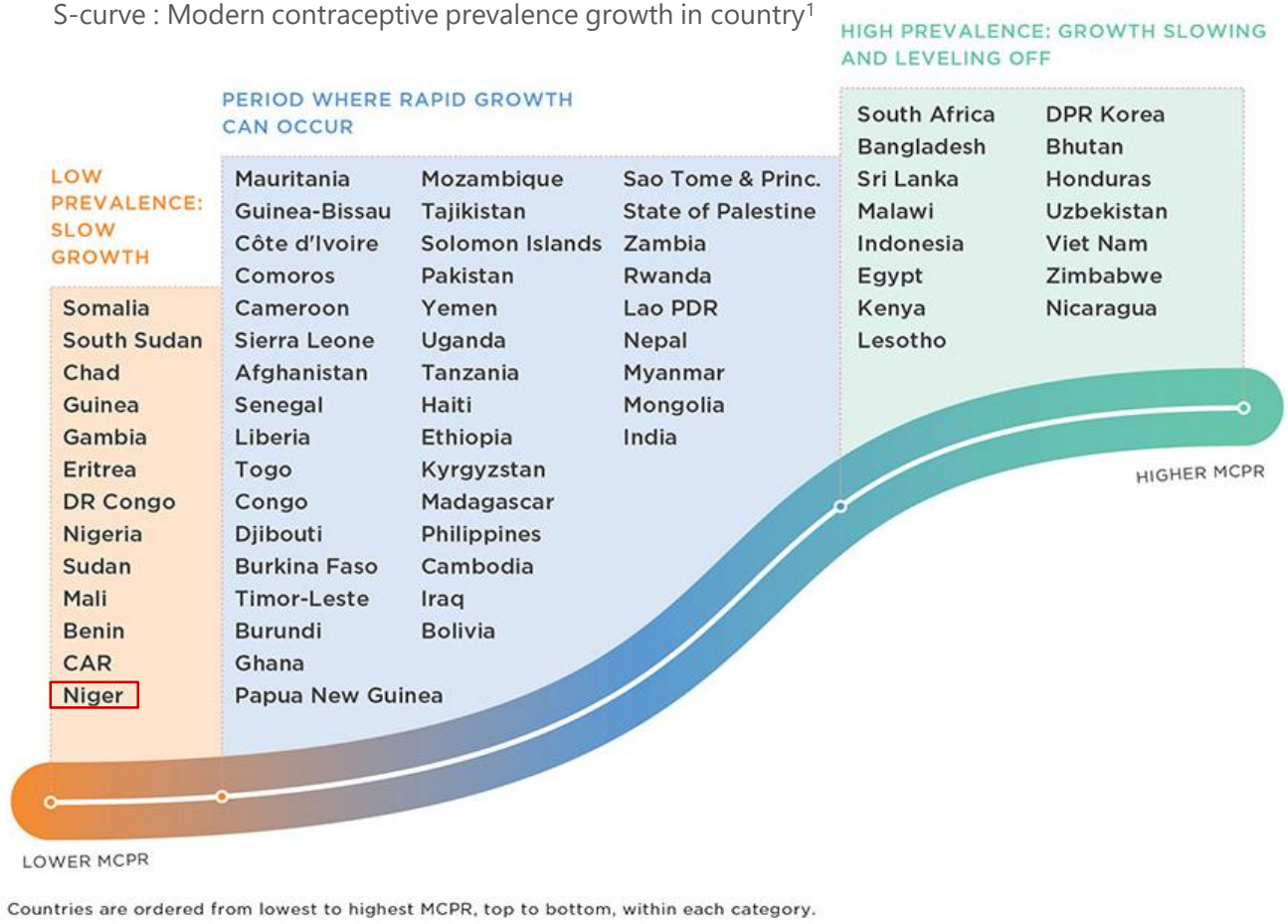
Rationale for investing in gender synchronized approaches in Niger

Several factors influence the level of uptake of FP in Niger, for instance:

- Pronatalist culture and desire for large family sizes
- Myths and misconceptions around family planning
- Patriarchal social norms and structures that often limit women's decision-making abilities

Encouraging men and women to partake in joint decision making for family planning and improving communication among couples is therefore critical to achieve the Nigerien government's family planning goal of reaching 50% mCPR

S-curve : Modern contraceptive prevalence growth in country[1]



Countries are ordered from lowest to highest MCPR, top to bottom, within each category.

1) *Source for mCPR S-Curve (2016-2017): http://2016-2017progress.familyplanning2020.org/en/measurement-section/fp2020-and-the-pace-of-progress-core-indicators-1-2-additional-users-and-mcpr*

Key recommendations and considerations for ***donors and policy makers***

- Develop a Theory of Change for Gender Synchronized interventions to better visualize the benefits of this approach as opposed to non gender synchronized approaches.
- Invest in the evaluation of gender synchronized interventions to build evidence on what works and the cost effectiveness of doing so.
- Align on indicators for monitoring gender synchronized interventions, with specific attention to early detection of possible unintended consequences.
- Assess existing interventions focused on men or women for potential to incorporate a gender synchronized approach, this could apply for instance to the Ecole des Maris (Husband's Schools) program in Niger.
- Elevate the importance of gender synchronization in FP strategies.

Key recommendations and considerations for ***implementers*** *– overview*

The following is an overview of recommendations that will be elaborated upon in the subsequent slides

Design principles	1. Critically consider power dynamics and differences in attitudes toward contraception at the outset of program design 2. Include outreach at multiple levels and involve communities at the inception of any program to create an enabling environment 3. Recognize the importance of facilitators in the success of programs
Content and approaches	4. Pay attention to the sequencing of content: start with a conversation on gender dynamics to set a foundation for moving to a topic that is more immediately relevant to the audience and more closely related to FP 5. Ensure the content of your program fosters a mutual understanding of couples' expectations 6. Combine different approaches, including group meetings and couple / individual counseling approaches to account for women and men's individual preferences and to mitigate potential harmful consequences of programming
Practicalities	7. Understand and recognize the contextual practicalities and sensitivities of working with men and women together 8. Adapt to specific sub-groups

Key recommendations and considerations for ***implementers*** – *design principles*

1

Critically consider power dynamics and differences in attitudes toward contraception at the outset of program design

Addressing gender norms can be a difficult topic and is context specific. Gender synchronized approaches should understand and consider gender-related power dynamics in a given community and should not engage men without first considering the ramifications for women (and vice-versa) to limit potential unintended consequences and potential backlash. Power dynamics are also explored with participants (see examples). Implementers should ensure that gender dynamic outcomes are tracked throughout the project period to ensure that activities do not undermine women's agency.

The ***SASA!*** methodology uses 4 phases to conduct an exploration of power in order to address the link between violence against women and HIV/AIDS. SASA! focuses on power dynamics between men and women, exploring what power is, who has it, how it is used, and how it is abused.

The ***Indashyikirwa program*** engages participants in foundational concepts of power and gender, rights, and household roles; providing participants 'take home' activities to apply at home and discuss at the beginning of each session. The extensive couple's curriculum offers 21 weekly sessions over 5 months

Key principles and considerations for ***implementers –*** *design principles*

2

Include outreach at multiple levels and involve communities at the inception of all programs to create an enabling environment.

Outreach at multiple levels (individual, interpersonal, community, policy/institutional) helps foster a robust supportive environment. Approaches that identify local champions (e.g., Husband's School) can help create momentum and a more 'organic' feeling of community involvement. Other successful programs have combined both village group conversations (causeries), and individual/couple counseling sessions – offering time for couples to unpack issues in a private setting, while simultaneously creating a conducive environment at the community level.

Pathfinder INTERNATIONAL

The ***Reaching Married Adolescents*** intervention in Niger successfully engaged the entire community in order to create a safe and open environment for its participants. This included having religious and community leaders encourage participation in project activities, as well as having them speak with mothers-in-law to assuage hesitancies around allowing household visits. This community engagement helped ensure the effectiveness and sustainability of the interventions throughout the length of the program.

RWAMREC MenCare A GLOBAL FATHERHOOD CAMPAIGN

The ***Bandebereho*** (or "role model") intervention, implemented in Rwanda, aimed to promote positive fatherhood and gender equality amongst expectant fathers and fathers of children under five years, and their partners, in order to shift gender-power imbalances and reduce intimate partner violence in the home. The program worked with government leaders, community health workers, and parents.

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Key principles and considerations for ***implementers*** – *design principles*

3

Recognize the importance of the facilitators in the success of programs.

Ensure that facilitators are trained to facilitate the discussion of these sensitive topics, and that they are respected in the community. Prioritize discussion and reflective dialogue rather than presentation to involve participants.

> *Discussing gender issues can make participants extremely emotional, it is common to see people crying in these sessions. The facilitators play a critical role in the success of the program – and making sure there is time to reflect on the sessions with your facilitators and trainers is important."*
>
> *- Academic (Global)*

> *Facilitation should be viewed as a collective experience as opposed to a classroom lecture"*
>
> *- Academic (Global)*

Key principles and considerations for ***implementers*** *– content and approaches*

4

Pay attention to the sequencing of content: start with a conversation on gender dynamics to set a foundation for moving to a topic that is more immediately relevant to the audience and more closely related to FP.

Successful gender synchronized programs tend to have a similar sequencing of content.

- Start with building a gender critical consciousness from the beginning of each program by engaging in conversation that centers around gender dynamics and reflect on power dynamics with the aim of creating a critical consciousness around gender norms that aligns women and men around a mutual understanding of their own gender perspectives. This will help set the stage for the discussion.
- Second, move to a conversation on topics that are relevant to couples and that can lead to a discussion about family planning. The aim is to discuss FP in the context of couples' desires and aspirations – for instance, better health for the children and mother or having a smaller family to be able to provide better economic opportunities for the family.
- Third, surface the topic of family planning as a way to help couples achieve their goals – promote the full range of methods, including traditional methods as they might be more acceptable for certain couples.

psi

The ***Lahyar Iyali program*** introduced gender-focused discussions from the outset of the program that worked to address gender norms and FP. The program then progressed to discussing health but specifically spoke to men regarding the financial burden that having multiple children can place on a family. This helped the program drive conversation towards FP and the options of traditional and modern methods, working in parallel to strengthen FP services.

Key principles and considerations for ***implementers*** *– content and approaches*

5

Ensure the content of your program fosters a mutual understanding of couples' expectations.

Misalignment between couples on topics like ideal family size, acceptance of contraceptive use, and birth spacing, can lead to barriers in the use of FP. Implement couple-oriented activities in your program to promote meaningful communication and conflict resolution between couples to ensure that expectations and perceptions of FP are known and aligned within the couple.

> *What is critical when implementing Gender Synchronized interventions is to unpack and discuss the respective understanding of men and women on issues such as decision-making and family planning. Often you will find that women make assumptions on the fact that men are against family planning, while men might actually be open to it. The same applies for family size, men will often assume women want to get pregnant but that is often not the case"*
>
> *– Academic (Global)*

Key principles and considerations for ***implementers*** *– content and approaches*

6

Combine different approaches, including group meetings and couple/ individual counseling approaches to account for women and men's individual preferences and to mitigate potential harmful consequences of programming.

Experts have highlighted backlash in some communities where men who adopted supportive behaviors were subsequently criticized by their peers for not acting 'as men', resulting in the participants instead adopting even more conservative behaviors. While role models are critical to demonstrate that alternative ways of behaving and navigating social norms are possible and achievable, implementors should keep in mind the possible unattended consequences of isolating a single person as an exemplar. Depending on context, it may be more appropriate to engage men in groups or champion several men as role models, recognizing that men might see interventions aiming at empowering women as a threat to their masculinity.

Various interviews reported that women might not be comfortable speaking about FP in the presence of other men and are more likely to prefer one to one, couple's counseling, or female only groups in order to discuss family planning.

> *"Community perception is really important for a man, especially regarding gender issues. If a man is seen going to the health center with his wife, he will be criticized by his peers, being aware of this potential backlash and involving men in groups is key"*
>
> *– Implementing partner (Niger)*

> *"Women like to have private sessions with a counselor, they often find it therapeutic, and are more willing to share than in a village meeting"*
>
> *– Evaluator (Global)*

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Key principles and considerations for ***implementers*** **–** *practicalities*

7

Understand and recognize the contextual practicalities and sensitivities of working with men and women together.

Many projects reported difficulties in bringing men and women together, especially at a young age. Evidence however shows that programs that work with men and women separately still showed evidence of impact as long as interventions were synchronized. Recognize that men might also be more difficult to reach due to travel/work engagements or may be unwilling to go with women to health centers.

> *Unwillingness, stigma, and work complications (lengthy travel) make it difficult for men to consistently attend counseling sessions, especially with their wives"*
>
> *- Implementing partner (Niger)*

> *In Niger, when not working with married couples/ adolescents it is inadvisable to place boys and girls together in the same session"*
>
> *- Evaluator (Global)*

Key principles and considerations for ***implementers*** **–** *practicalities*

8

Adapt to specific sub-groups

Vary the messaging of the program based on the profile of the man/woman/couple and whether participants are polygamists or non polygamists

For example, Camber's previous research uncovered segments of women for whom partner involvement in FP decision-making was more or less important, and the segmentation among men demonstrated that among different sub-groups of men there were varying attitudes and beliefs regarding couple roles, responsibilities, and decision making. *(See following slides.)*

CAMBER COLLECTIVE

Pathfinder INTERNATIONAL

Camber Collective collaborated with Pathfinder International to derive 5 unique segments of women in Niger with discrete FP needs, attitudes, and behaviors. This segmentation was used to better understand the population and create a counseling tool for women to better help them access and understand various family planning services. Similar segmentation was done for men.

Camber has done some initial thinking to recommend interventions targeting specific segments and specific combinations of segments.

Implementers can use this tool to prioritize interventions that can then be targeted towards each segment and each combination of segments – see following slides for more information.

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Summary of male and female segments

Camber identified six segments among men and five segments of women, and developed a counseling tool to help public health providers identify specific segments of the population and target messages towards each specific segment

MALE SEGMENTS

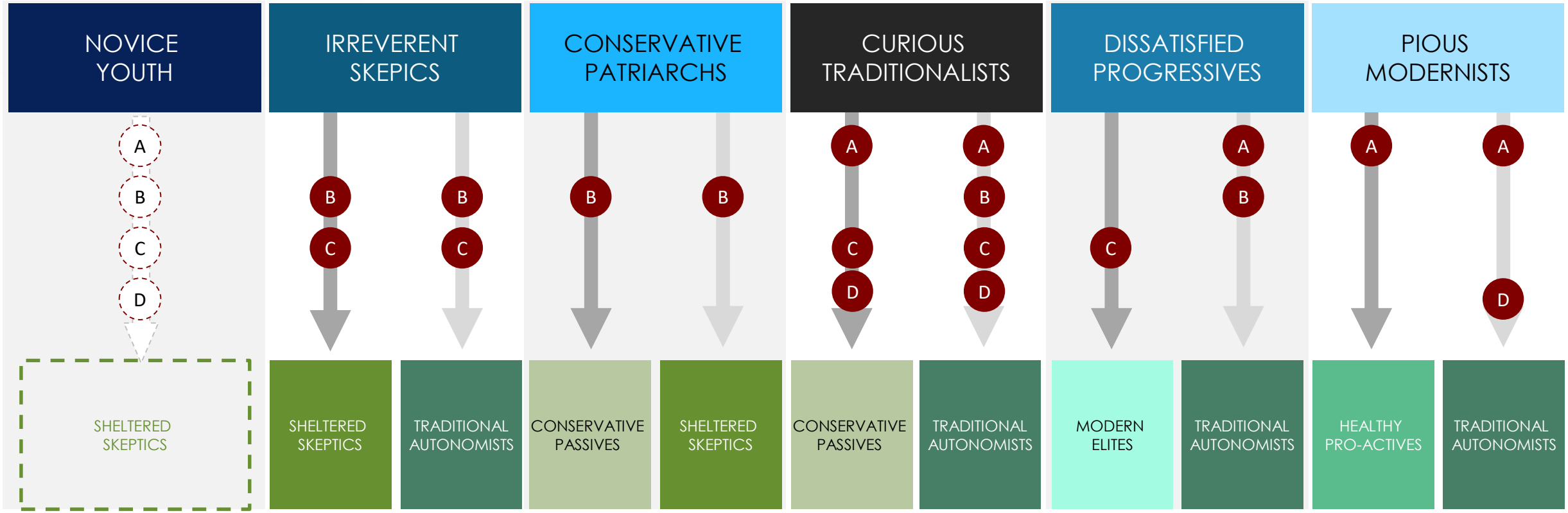
25%	22%	18%	16%	10%	9%
NOVICE YOUTH	**IRREVERENT SCEPTICS**	**CONSERVATIVE PATRIARCHS**	**CURIOUS TRADITIONALISTS**	**DISSATISFIED PROGRESSIVES**	**PIOUS MODERNIST**
"I have different wants and values to my parents, but I'm not very sexually active so I haven't felt the need to consider family planning yet."	"I trust my judgements, and my life and outlooks are very different to my peers' – I don't know much about family planning, but don't trust health advice anyway."	"Men were intended to care for many wives and lead large families – even if sometimes we do lose a child, I see no benefit in changing that."	"I prefer not to stray from the norms I know, but I do feel under-informed about family planning – and generally listen to those who know more than me."	"Islam and my wife's wellbeing are crucial – I'm keen to avoid too many children and know a bit about family planning, but abstinence and condoms are both poor options."	"Islam is important to me, and FP is no sin. My wife and I are ahead of the ties, and by learning more we'll build our big family together at the right pace."
• V large, key segment • Grow into other segs. • Pro fem. Empower. • Can change mind	• Low current use • Low intention to use • Low trust in advice • Low desire to learn	• Low current use • Low intention to use • Men make decisions • Anti fem. empower.	• High wish to learn FP • High trust of advice • Discuss FP w/ partner • Some starting to use	• Small segment • Some already using • Dislike condoms/ab • V. pro fem. empow.	• Small segment • Most already using • Want big families • Intend use (spacing)

FEMALE SEGMENTS

26%	10%	18%	16%	28%
SHELTERED SKEPTICS	**TRADITIONAL AUTONOMISTS**	**CONSERVATIVE PASSIVES**	**MODERN ELITES**	**HEALTHY PROACTIVES**
"I'm not too familiar with Family Planning methods, but I don't trust them"	"What my husband and I decide is our business, and for now we think traditional methods are better"	"It's important to me that others do not oppose my FP choices"	"I want a good life for myself and my children, and that starts with good family planning"	"My health is important, so I try to learn as much as I can, and reduce my burden by spacing"
• Very low acceptance and use of FP • Tends to be younger • Very low autonomy in decision making generally	• Prefers traditionally methods • FP decisions decided with husband, his permission is important	• Most likely to say a pregnancy would be a big problem currently • Low proactively for info seeking	• High acceptance and use of MM • More likely to consider herself 'very religious' • More educated, wealthy	• High proactivity, goes to health centers and discusses FP with HCW often

Mapping of interventions per combination

As a second step, Camber identified likely combination of segments and mapped proposed interventions for each combination. Such an approach can be used to inform the design of gender synchronized interventions.



A *Articulation of FP acceptance*

B *Open conversation on FP health risks*

C *Demonstrate healthy couple engagement in FP*

D *Discussion of interpretation of religious teachings*

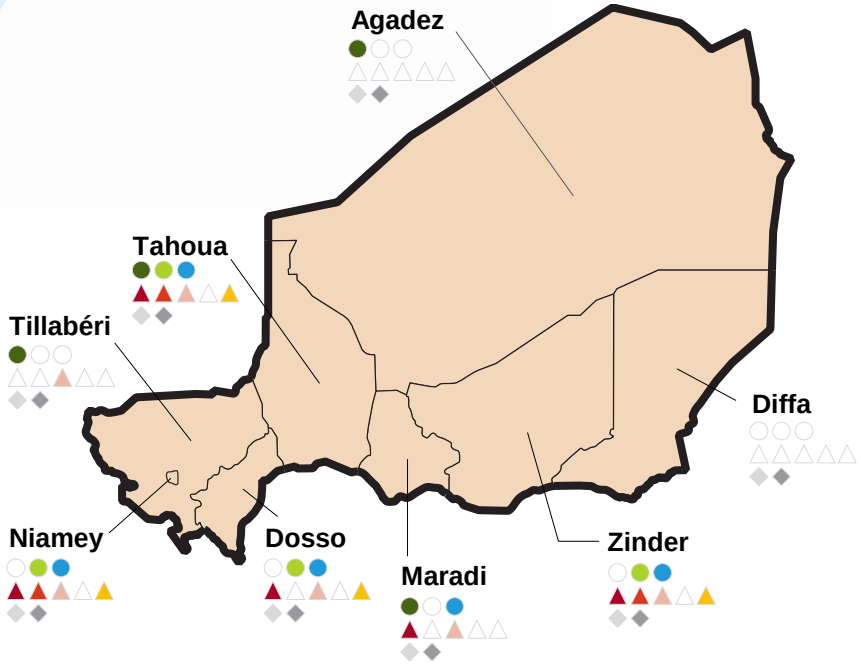
Primary partner segment

Secondary partner segment

5

Appendix

Niger gender synchronized project mapping



DEMAND GENERATION ACTIVITIES

- Mass Media + Social Marketing
- Interpersonal Communication: Couple Counseling
- Interpersonal Communication: Dialogue

SUPPLY SIDE ACTIVITIES

- Outreach / CHWs
- Mobile Clinic
- Supply Chain
- Support Commodities
- Quality of Care

OTHER

- Strategic Support and Evaluation
- Capacity Building / Movement Building
- Unused activity

Gender Synchronized Projects

Niamey

Pathfinder	Reaching Married Adolescents (RMA)	
	First Time Parent (FTP)	
	IMPACT	
PSI	Expanding Effective Contraceptive Options (EECO)	

Tillabéri

Lafia Matassa	PSR (Reproductive Health Program)	
Animas Sutura	Les Aventures de Foula	

Zinder

UNFPA	Action for Adolescent Girls	
Pathfinder	Reaching Married Adolescents (RMA)	
	First Time Parent (FTP)	
	IMPACT	
PSI	Lahyar Iyali	
	Room To Grow	
Led by UNFPA, implemented by local and international NGOs	Husband Schools (Pilot)	
	Future Husband Schools	

Agadez

Animas Sutura	Les Aventures de Foula	

Dosso

Pathfinder	Reaching Married Adolescents (RMA)	
	First Time Parent (FTP)	
	IMPACT	
Lafia Matassa	PSR (Reproductive Health Program)	

Tahoua

PSI	Lahyar Iyali	
Animas Sutura	Les Aventures de Foula	

Maradi

Led by UNFPA, implemented by local and international NGOs	Safe Spaces	
Lafia Matassa	PSR (Reproductive Health Program)	
Animas Sutura	Les Aventures de Foula	

Donges

Led by UNFPA, implemented by local and international NGOs	Husband Schools	

Niger

Palladium Group	CIP Revamp	
Initiative OASIS Niger, in collaboration with University Abdou Moumouni (Niamey), University of Zinder	Women in Development Internship Program	

Sahel

Initiative OASIS Niger, in collaboration with University of California Berkeley, University Abdou Moumouni (Niamey), University of Zinder, University Joseph Ki-Zerbo (Ouagadougou), Comité Permanent Inter-États de Lutte contre la Sécheresse dans le Sahel (CILSS)*	Sahel Leadership Program	

TBD

UNFPA	Post-Partum Counseling w/ Women	

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List of implementers and stakeholders interviewed

Niger/Implementers

- Palladium Group
- Oasis Initiative
- Catholic Relief Services
- Save the Children
- Population Services International
- UNFPA
- Avenir Health
- Pathfinder

Funders/Government

- USAID
- Ministry of Health

Academics

- Margaret Greene
- Doris Bartel
- Institute for Reproductive Health

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