

Reaching First-Time Parents and Young Married Women for Healthy Timing and Spacing of Pregnancies in Burkina Faso



Key implementation-related findings from Pathfinder International's
“Addressing the Family Planning Needs of Young Married Women and First-Time Parents Project”

September 2015

ABOUT E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

Contact Information

1201 Connecticut Avenue, NW, Suite 700

Washington, D.C. 20036

Tel. 202-775-1977

Fax 202-775-1988

info@e2aproject.org

www.e2aproject.org

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LIST OF ACRONYMS

E2A	Evidence to Action Project
GREAT	Gender Roles, Equality and Transformations Project
LARCs	Long-Acting Reversible Contraceptives
PRACHAR	Promoting Change in Reproductive Behavior of Adolescents Project
YMW-FTP	Young Married Women and First-Time Parents

EXECUTIVE SUMMARY

The majority of adolescent and youth sexual and reproductive health programs in low- and middle-income countries are focused on encouraging adolescent girls and young women to delay marriage and early pregnancy. However, there is a dearth of programs and evidence surrounding young women under the age of 25 who are already married and have their first child—referred to in this report as first-time parents. In many countries, young married women, including those who are first-time parents, are under enormous cultural and social pressure to prove their fertility by having multiple children as early as possible. Studies have shown that closely spaced pregnancies and pregnancies before the age of 18 are associated with adverse maternal and perinatal outcomes, including increased risks of miscarriage, newborn death, maternal death, preterm birth, and low birth weight.¹ Providing access to contraceptive services for young married women and first-time parents, as well as understanding how to reach them with information and services for healthy timing and spacing of pregnancies, are vital to achieving improved health for both young women and their children, especially in low- and middle-income countries.

For the purposes of this report, the term “young married women” refers to young women under age 25 who are living in union with a male partner. The term “first-time parents” refer to young women under age 25 who have one child or are pregnant for the first time and their male partners. First-time parents may be married or unmarried and young married women may have children or not. Thus, while the two population groups overlap, they are distinct sub-populations of young women.

The pervasive knowledge gaps surrounding young married women and first-time parents led the

Evidence to Action Project (E2A) and Pathfinder International to examine the issue in detail. E2A’s 2014 literature review, *Reaching Young Parents for the Healthy Spacing of Second and Subsequent Pregnancies*, recommended that programs work with key household and community members who influence the lives of young married women in order to increase uptake of contraceptives among young married women and encourage the healthy timing and spacing of pregnancies. The literature review also presented evidence showing that improved communication on relationship and sexuality-related issues between couples, specifically between young fathers and their wives, is important for improving the population’s access to and use of contraceptives. In addition, the review highlighted widespread gaps in programmatic experience and evidence about how to help first-time parents plan and space subsequent pregnancies by at least 24 months. Thus, the review stresses the need to collect comprehensive qualitative data among the core target groups and to measure the impact of program interventions on healthy timing and spacing of pregnancies and challenging gender norms.

West Africa has particularly high rates of maternal and child mortality and morbidity, as well as poor sexual and reproductive health outcomes among young women. Recognizing the importance of investing in young married women, including first-time parents, in the region, led Pathfinder International to implement the *Addressing the Family Planning Needs of Young Married Women and First-Time Parents* project (YMW-FTP Project) in Burkina Faso, Guinea, and Niger.

In Burkina Faso, the YMW-FTP project had three clearly defined components: (1) home visits by *animateurs* (community health workers); (2) small peer groups for young married women; and (3) quality improvements to family planning service delivery (facility- and community-based services). The project shined a light on young married women,

including first-time parents, and generated knowledge about how to tailor sexual and reproductive health services to meet their diverse needs. This knowledge was generated through an intensive qualitative monitoring and documentation process designed and implemented by E2A and Pathfinder. The process was innovative in that it engaged frontline implementers—community health workers referred to as *animateurs* and peer group leaders who led small group sessions with young married women—as generators, analysts, and users of their own shared evidence.

Key findings from the documentation process include lessons learned about:

- how to engage key influencers and gatekeepers;
- how to effectively plan and run peer group discussions and home visits;
- how to tailor specific approaches to increase demand for family planning among first-time parents, young married women with no children, and young married women with multiple children;
- considerations for recruiting frontline implementers; and
- how to adapt small group activity cards to the context in Burkina Faso.

The findings from the YMW-FTP project suggest several conclusions relevant for programs with young married women, including first-time parents, in Burkina Faso and countries with similar contexts.

Combined approaches for young married women, including first-time parents

The project's frontline implementers felt it was valuable to conduct home visits and work with small peer groups while also strengthening service delivery, and considered the three components complementary. However, further research would be necessary to examine and test the individual effects of each component separately or combined differently.

Engaging key influencers

Findings from previous projects suggest that in order to reach young married women programs should target those who influence their decision-making ability, such as mothers-in-law, husbands, and co-wives. The YMW-FTP project affirmed these findings and demonstrated how involving all members of a young married woman's social network is important to gain access to the young married woman herself. The YMW-FTP experience stresses the importance of unpacking the diverse relationships that a young married woman or first-time parent may have with her household influencers. For example, the dynamic between co-wives is specific to individual households; frontline implementers found examples of co-wives working to support each other while there were other instances of co-wives competing with one another. In addition, the trade-off between sufficiently engaging key influencers and maintaining confidentiality and trust with young married women and first-time parents was highlighted as an important consideration for future programming.

Engaging husbands and enhancing couples communication for improved sexual and reproductive health outcomes

Working with husbands was an important component for ensuring the participation of young married women in the project, thereby contributing to increased access to sexual and reproductive health information and services among young married women, including first-time parents. The findings from the YMW-FP project highlight that working with young husbands and older husbands should be approached in different ways. While couples counseling was an appropriate strategy for engaging young husbands, individual approaches were more appropriate for older husbands. Because husbands of all ages were often unavailable to participate in home visits, frontline implementers had to adopt context-specific strategies for reaching them.

Recognizing diversity and tailoring strategies accordingly

Frontline implementers stressed the importance of adapting interventions and approaches to the different social and cultural contexts in peri-urban and rural settings. Specific approaches for engaging mothers-in-laws, husbands, and co-wives were different in the project's peri-urban and rural settings. In addition, frontline implementers found that tailoring approaches to the diverse needs of young married women without children, first-time parents, and young married women with multiple children was important for the project.

Building young women's human and social capital and agency

Findings from the YMW-FTP project suggest that small peer group discussions can be an effective model for building social capital in the Burkinabe context. Group discussions created a safe environment for sharing experiences, thoughts, and feelings with one another. They also helped young married women to strengthen friendships and a sense of solidarity among one another.

The value of systematic qualitative monitoring and documentation

Findings from the YMW-FTP project demonstrate the value of using a systematic qualitative monitoring and documentation approach to engage frontline implementers as experts to generate evidence on questions relevant to the international sexual and reproductive health and development community. Moving beyond effectiveness to examine how interventions work requires a commitment to participatory qualitative learning approaches.

Scalability

By assessing the YMW-FTP project using ExpandNet's *Beginning with the end in mind* tool, this report suggests that the project's technical strategy is well suited for potential future scale-up, either to other sites in Burkina Faso or other West African countries. If the intervention were to be scaled up, however, the supply-side components may need to be reviewed and simplified to ensure better integration between the demand- and supply-side activities. Emphasis on supporting the Ministry of Health to address systems constraints related to the delivery of youth-friendly sexual and reproductive health services would also be important.

Pathfinder's YMW-FTP project clearly demonstrates the importance of advancing efforts to reach first-time parents and young married women with sexual and reproductive health services and information, particularly for the healthy timing and spacing of pregnancies. It also shows the critical need to build evidence from previous projects with a view to scaling up such approaches in order to improve the lives of young women, their families, and communities.



Young married couple in Burkina Faso

INTRODUCTION

A wealth of evidence demonstrates that health and social outcomes are better for both women and their children when young women are able to delay their first pregnancy until at least age 18 and space their subsequent pregnancies with a birth-to-pregnancy interval of at least 24 months.² Yet, in many low- and middle-income countries, cultural and gender norms lead young married women to have multiple pregnancies over a short time period.³ For example, married adolescents and young women are especially affected by norms that award a higher status to women who produce many children, norms that pressure young married women to begin childbearing as early as possible to prove their fertility, and myths about the negative side-effects of contraception, especially misconceived associations with infertility. Such norms are detrimental to the health and well-being of both young women and their children, ultimately diminishing their life options.

Studies have shown that closely spaced pregnancies and pregnancies before age 18 are associated with adverse maternal and perinatal outcomes, including increased risks of miscarriage, newborn death, maternal death, preterm birth, and low birth weight.⁴ Targeting contraceptive services toward young married women and first-time parents is therefore an imperative for improved sexual and reproductive health, especially in low- and middle-income countries. However, the majority of adolescent and youthⁱ sexual and reproductive health programs in low- and middle-income countries target unmarried young people, particularly those without children.

West Africa is particularly affected by poor sexual and reproductive health outcomes, as well as maternal and

child mortality and morbidity. Recognizing the critical need to expand young married women's, including first-time parents', access to sexual and reproductive health services in West Africa led Pathfinder Internationalⁱⁱ to design the ***“Addressing the Family Planning Needs of Young Married Women and First Time Parents in West Africa”*** project (YMW-FTP Project).ⁱⁱⁱ Implemented between 2013 and 2015, the project aimed to increase use of contraceptives and other sexual and reproductive health services among young married women and their male partners, including first-time parents, in Burkina Faso, Guinea, and Niger for healthy timing and spacing of pregnancies, and contribute to the global knowledge base about how to reach these populations.

Drawing on the Evidence to Action Project's (E2A) mandate to generate, synthesize, and disseminate knowledge about family planning and reproductive health best practices for strengthened service delivery, Pathfinder and E2A introduced an intensive qualitative monitoring and documentation process. This process aimed to support YMW-FTP project implementers to generate and analyze evidence about how to reach young married women, including first-time parents, for healthy timing and spacing of pregnancies, while also providing a framework for collective, routine lesson-sharing and problem-solving to support their ongoing improvement of project implementation.

Building on conclusions from E2A's literature review, *Reaching Young First-Time Parents for Healthy Spacing of Second and Subsequent Pregnancies*⁵ and from the *“Meeting the Integrated Needs of First-Time Parents: Expert Technical Consultation,”*⁶ held in Washington DC in 2014, this report examines Pathfinder's YMW-FTP project in Burkina Faso as an example of a family

ⁱThe WHO and other international organizations define youth as ages 15-24, adolescents as ages 10-19, and young people as ages 10-24. For the purposes of this tool, the terms will be used according to these definitions, with the terms “adolescents and youth” and “young people” being used interchangeably.

ⁱⁱPathfinder International is referred to as Pathfinder for the remainder of the report.

ⁱⁱⁱFor the purposes of this publication, the project will be referred to as the YMW-FTP project.

planning project operating at the fore of critical questions in the global health and development community's efforts to understand how best to reach young married women and first-time parents. The report

contributes to the existing evidence base and shares key findings from the YMW-FTP project to inform future projects targeting young married women and first-time parents, particularly in West Africa.



First-time mother with child in Burkina Faso

CONTEXT

Evidence on Young Married Women and First-Time Parents

Statistics show that globally, one in five women has a child by the age of 18, with the number reaching around one in three in the world's poorest regions.⁷ Children born to women under the age of 18 make up 11% of all births.⁷ Young married women, including those who are first-time parents, have specific needs compared to other groups of young people. They are often under social pressure to assume adult status and prove their fertility, due to dominant cultural and gender norms that reward high fertility, thereby limiting demand for contraception.⁸

Young married women and first-time parents are often excluded from mainstream adolescent and youth programs, which predominantly focus on unmarried young people without children. At the same time, young women are considered to be too immature by older spouses or other family members to make autonomous decisions about their reproductive health. In addition, young married women, including those who are first-time parents, often have low levels of education, which is associated with lower levels of knowledge about sexual and reproductive health, as well as low uptake of sexual and reproductive health services. Furthermore, these groups of young women are often financially dependent on their spouse or parents. Thus, their young age, limited education and financial dependency restrict the decision-making power and agency of young married women and first-time parents.⁹

Despite a clear need to address the family planning and sexual and reproductive health needs of young married women and first time parents, few programs exist to delay first and subsequent births or limit future births among these population groups, and even fewer are adequately evaluated.¹⁰ Consequently, there is a substantial knowledge gap about how

to develop and implement effective strategies to reach these marginalized groups of young women for healthy timing and spacing of pregnancies. E2A's 2014 literature review¹⁰ and 2014 Expert Technical Consultation on First-Time Parents¹¹ analyzed the small body of existing reproductive health and family planning projects for first-time parents. In light of their specific needs mentioned above, the findings of these initiatives suggest the following elements are important to improve sexual and reproductive health outcomes for first-time parents:

- Build young married women and first-time parents' human and social capital, as well as social networks, to increase their decision-making power, their agency, and help them to overcome their isolation through: mentoring and social support between adults and young mothers, bringing young mothers together in supportive groups, supporting them to stay in school, and increasing awareness of their rights.
- Cultivate the support of husbands, parents, and in-laws to delay second and subsequent births.
- Encourage better communication between spouses regarding family planning.
- Create community dialogue settings surrounding sexual and reproductive health, fertility, gender norms, and addressing the culture of son preference.
- Ensure accessibility, availability, and affordability of a range of contraceptives for young parents and capitalize on the postpartum period to encourage service use.
- Dispel myths surrounding long-acting reversible contraceptives (LARCs) among first-time parents and health providers.
- Improve the quality of sexual and reproductive healthcare and introduce provider accountability.
- Establish policies, protocols, and guidelines that ensure and facilitate access to contraceptives

for all young people and support young mothers to return to school.

Young Married Women and First-Time Parents in West Africa and Burkina Faso

West Africa is the sub-region with the world's highest rate of teenage pregnancy and child marriage: 28% of women currently aged 20-24 have given birth before the age of 18¹² and almost half of girls are married by the time they are 19.¹³ Although significant under-five mortality reductions have been recorded in West African countries, the reduction falls far short of established targets and also trails behind other parts of Africa.¹⁴

In Burkina Faso, specifically, 51.6 percent of women between the ages of 20 and 24 were married by age 18.²⁴ As suggested by the median age at first marriage, the median age at first sexual encounter, and the median age at first birth—17.8, 17.7, and 19.5, respectively—sexual activity and reproduction for Burkinabe women predominantly occurs within the context of marriage.²⁴ Among rural populations, which comprise 73 percent of Burkina Faso's population, marriage and childbearing begin earlier (17.6 years old) than they do in urban areas (19.2 years old).²⁴ See Table 1 for a detailed comparison.

Burkina Faso has one of the highest fertility rates in the world. Women's desired number of children, 5.8, suggests a cultural preference for large families. However, differences between the desired number of children between men and women overall, 6.6 and 5.5 respectively, and married men and women specifically, 7.4 and 5.8, suggest women experience pressure to bear children once married.²⁴ Adolescents and young women are also more likely than older women to have closely spaced births, as demonstrated in Table 2.

Because sexual activity and childbearing begin within the context of marriage, and because young married women and first-time parents in Burkina Faso are more likely to have closely spaced births, this population is an important target group for sexual and reproductive health outreach and services. Outreach services targeted to young married women and first-time parents represent a promising opportunity for the population to adopt lifelong positive sexual and reproductive health practices.

Young married women in Burkina Faso currently face many barriers to accessing quality and appropriate sexual and reproductive health information and services, placing them at higher risk of poor outcomes. Some of these barriers are structural, caused by poorly equipped facilities, inadequately

Table 1: Epidemiological Context

Indicator	Burkina Faso	sub-Saharan Africa	Global
Percent of population 10 – 24 years old	32% ¹⁵	32% ¹⁵	25% ¹⁵
Contraceptive prevalence rate, all methods	16% ¹⁶	29% ¹⁶	63% ¹⁶
Unmet need for spacing births (15 – 49)	17.3% ^{17*}	24.2% ^{18*}	11.9% ^{19*}
Fertility rate (live births per woman ages 15 – 49)	5.9 ²⁰	5.1 ²⁰	2.5 ²⁰
Adolescent fertility rate, (live births per 1,000 women ages 15 – 19)	117 ²¹	101 ²¹	52 ²¹
Child marriage (percent of women 20 – 24 married before age 18)	52% ²²	40% ²²	27% ²²
Maternal mortality ratio	400 ²³	510 ²³	210 ²³

*Percentage of married or in-union women aged 15-49 who want to stop or delay childbearing, but are not using a method of contraception

trained providers, and stock-outs. Many are also rooted in gender norms and family dynamics that socially isolate and limit the choices of young married women, while also pressuring them to bear children early. Upon marriage, young Burkinabe women commonly leave their families to live with their husbands' families, at which point they often have less contact with established social support networks.²⁵

Table 2: Percentage of birth intervals less than 18 months, 24 months, and 35 months among women in Burkina Faso²⁴

Age	Months since previous birth			
	7 – 17	18 – 23	24 – 35	36 – 47
15 – 19	11.3	18.6	54.2	15.3
20 – 29	3.4	10.7	43.0	28.1
30 – 39	3.0	8.7	34.6	28.3
40 – 49	3.4	5.4	28.2	26.9

A young married woman's ability to make her own decisions about her sexual and reproductive health is often determined by financial resources, which are typically controlled by male partners or mothers-in-law. As a result, young married women in Burkina Faso require permission to access healthcare from male partners or mothers-in-law.²⁶ For example, in 2010, 74.9 percent of women reported that the family decision-maker about healthcare was principally the husband.²⁷

Age also affects decision-making power—young married women report less participation in decision-making (9.6 percent for girls ages 15 to 19) compared to older women (14.2 percent for women ages 45 to 49).²⁷ Further, almost half of marriages in Burkina Faso are polygamous, which is practiced more frequently in rural than in urban areas.

Thus, in addition to mothers-in-law, sexual and reproductive health decisions for young married women may also be influenced by co-wives.²⁷ A young married woman's age in relation to other co-wives

and her place in the order of co-wives influence her decision-making power within the household.

THE YMW-FTP PROJECT

Project Background: Building on Previous Experience

Pathfinder applied lessons learned from two previous projects, *Promoting Change in Reproductive Behavior of Adolescents Project* (PRACHAR) in India and *Gender Roles, Equality and Transformations* (GREAT)^{iv} in Uganda, to inform the design of the YMW-FTP project and to establish goals for evidence generation that would address existing knowledge gaps (see Figure 1).

Findings from PRACHAR suggested that approaches should be tailored to the concerns and needs of young women and men in each of their life stages; implementers should cultivate support from key gatekeepers, such as mothers-in-law, community leaders, and husbands; and reinforcing activities, such as individual meetings and community-based peer group activities, can strengthen support for social and behavior change. In addition, projects should ensure that there is access to appropriate, youth-friendly health services and that demand is met by appropriate supply. These findings influenced the YMW-FTP project's design.

The GREAT project developed a toolkit of materials designed to initiate dialogue and reflection among young people about their own beliefs, gender norms, and sexual reproductive health. Findings from the project suggested that incorporating a focus on developing gender-equitable norms among adolescents (10 – 19) in sexual and reproductive health programs can generate positive results for gender and health outcomes.

Pathfinder built on lessons learned from PRACHAR and GREAT to develop the YMW-FTP project strategy.

^{iv} Pathfinder collaborated with the Institute for Reproductive Health at Georgetown University and Save the Children to implement the GREAT project.

Figure 1: YMW-FTP Project Design

FIGURE 2: YMW-FTP PROJECT DESIGN

INDIVIDUAL LEVEL

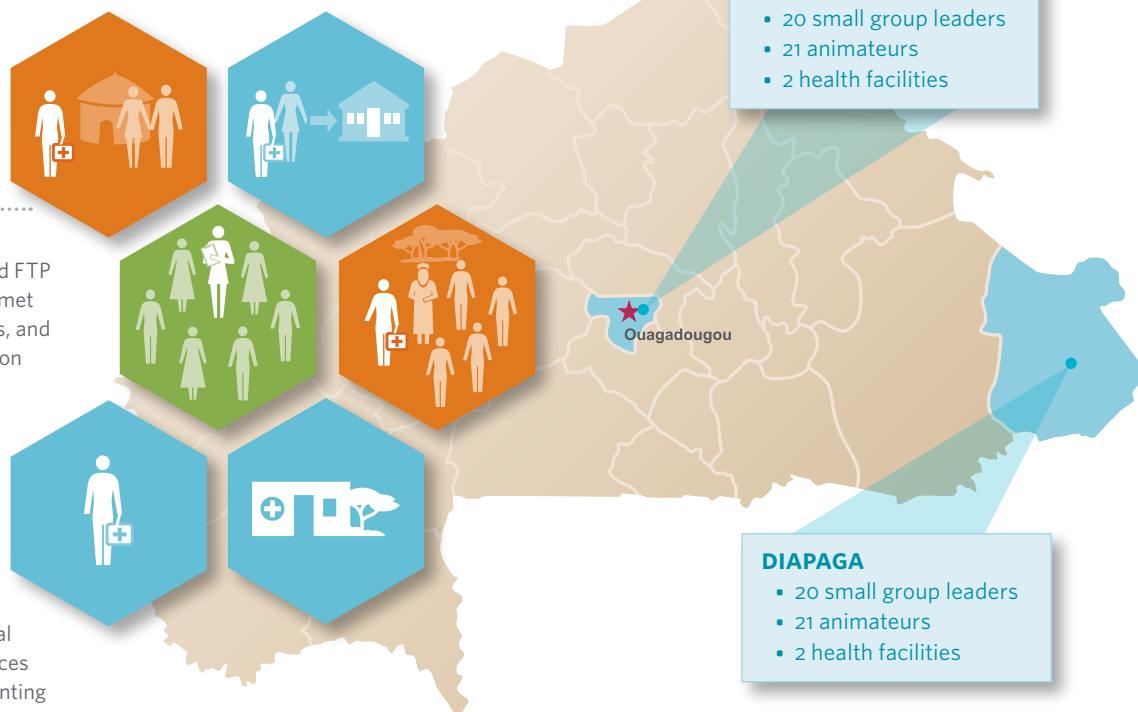
Animateurs conducted home visits with YMW and FTP and, when necessary, referred and accompanied them to health facilities.

COMMUNITY LEVEL

Small group leaders engaged YMW and FTP in discussions with peers. Animateurs met with male partners, community leaders, and other key influencers with information on HTSP and contraception.

STRUCTURAL LEVEL

The project integrated youth-friendly services at four facilities, trained providers, and disseminated national AYSRH standards. BURCASO and the Burkina Faso MOH conducted a national workshop to map existing AYSRH services and advance commitments to implementing evidence-based practices for AYSRH.



NONGREMASSOM

- 20 small group leaders
- 21 animateurs
- 2 health facilities

DIAPAGA

- 20 small group leaders
- 21 animateurs
- 2 health facilities

PRACHAR (2001 – 2012)

The PRACHAR project in Bihar, India, was implemented in three phases with funding from the Packard Foundation. PRACHAR sought to use social and behavior change interventions

to increase contraceptive use among adolescents and youth for healthy timing and spacing of pregnancies. Using formative research and iterative programming, implementers developed and refined an approach to changing behaviors and norms related to HTSP and contraception among unmarried adolescents and young couples, including FTP, while also building support for these groups among influential family and community members.

Key strategies included training for unmarried adolescents; **home visits for young newlywed couples, FTP, and young couples with more than one child; small group meetings to engage male partners, mothers-in-law, and other key influencers; and community-wide activities to create an enabling environment.** Young women in PRACHAR intervention areas were nearly four times more likely to use contraception than in comparison areas, and contraceptive use among FTP to increase the interval between last live birth and subsequent pregnancy rose from 6 to 25 percent, compared to 4 to 7 percent in the comparison area.

GREAT (2010 – 2017)

The Gender Roles, Equality, and Transformations Project (GREAT) is a USAID-funded project in Northern Uganda, led by Georgetown University's Institute of

Reproductive Health and implemented in partnership with Pathfinder and Save the Children. GREAT aims to develop and test a package of evidence-based, scalable, life-stage tailored interventions to transform gender norms, reduce gender-based violence, and promote gender-equitable attitudes and sexual and reproductive health (SRH) among adolescents ages 10 to 19 in post-conflict communities.

The GREAT model employs targeted interventions at the individual, community, and structural levels. At the individual level, **small groups of adolescents** use a toolkit, which includes a community game, radio discussion guides, **activity cards**, and flipbooks. At the community level, the project uses a radio serial drama and capacity-strengthening of community leaders and mobilizers to understand and transform gender norms. To address structural barriers, the project trained village health teams respond to adolescents' unique SRH needs. Results indicate a net improvement of 16 percent in contraceptive use, and a 10 percent increase in self-efficacy related to contraceptive use among newly married and parenting adolescents.

For example, whereas PRACHAR in India used home visits—with group activities aiming primarily to engage men and gate keepers—to reach young married women and first-time parents, the GREAT project in Uganda, used small group meetings. The Pathfinder YMW-FTP project implemented both approaches in Burkina Faso.

Project Structure

Recognizing the need to expand young married women's, including first-time parents,' access to critical, timely, and appropriate information and services for healthy timing and spacing of pregnancies, in 2012, Pathfinder's Board of Directors approved the use of private funds to begin operations in the West Africa region. Pathfinder project staff consisted of a project manager based in Guinea and a part-time support staff member, based in Burkina Faso. As Pathfinder did not have an office in Burkina Faso when the YMW-FTP project was designed and implemented, the project established operations in its first two years, with intensive implementation taking place in its third and final year. In designing and implementing the YMW-FTP project in Burkina Faso, Pathfinder partnered with two local NGOs: Burkina Council of AIDS Service Organization (BURCASO) and SOS-Jeunesse Défi (SOS-JD). Both organizations have significant experience in sexual and reproductive health programming, established infrastructure at project sites and ties to the Ministry of Health, networks of community-based health workers, and comprehensive local knowledge. Pathfinder provided capacity-building and supportive supervision to these organizations through:

- A one-day training on young married women and first-time parents
- A one-day orientation on integrated youth sexual and reproductive health services
- Training for project coordination staff on the use of the Pathfinder activity cards for small peer groups

- Reviewing all training modules (for health providers, animateurs [community health workers], and small group leaders)
- Reviewing and revising the project workplan in light of the aforementioned activities
- Quarterly visits by Pathfinder's Project Manager

It is important to note that the intensive capacity-building phase with the local implementing partners was not able to take place at the beginning of the project, partly due to the fact that Pathfinder did not have a physical presence in Burkina Faso.

YMW-FTP Project Technical Strategy

The YMW-FTP project in Burkina Faso had two specific goals:

- 1) To increase access to and use of contraception and other sexual and reproductive services for young married women and their partners, including first-time parents.
- 2) To increase community, household, and individual support for young married women and their partners to delay first pregnancy until at least age 18 and space subsequent pregnancies by at least 24 months through the use of contraception.

Pathfinder designed the project's technical strategy to reach all levels of a socio-ecological model—individual, community, and structural—in order to foster changes in behaviors and norms around contraception use and healthy timing and spacing of pregnancies among young married women and first-time parents.

Individual Activities: Home Visits

The project team recognized that the mobility of young married women and first-time parents is bound by social and gender norms, as well as the costs and permissions associated with leaving the home. Pathfinder trained community health workers under SOS-JD (called “animateurs”) to reach young

married women, including first-time parents at their homes. SOS-JD and animateurs were able to identify households with young married women for home visits, due to their local knowledge. This approach allowed the animateurs to gain trust and participants to feel comfortable about the issues discussed. Each animateur conducted a minimum of six home visits per month and made multiple visits to each young married woman. During these home visits, animateurs engaged young married women and, when possible, their male partners and other members of the household with individualized sexual and reproductive health information, counseling on the healthy timing and spacing of pregnancy, contraception, and advice about couples' communication. Animateurs also served as a critical link to youth-friendly health facilities by referring young women—and accompanying them when possible—to health facilities to reduce fear and stigma. Home visits began in June 2014 and ended in April 2015.

Selection and Training of Animateurs

In facilitating effective home visits, it was important to train implementers who were known and trusted within the communities. Therefore *animateurs* were selected from those who either lived within communities or those who were familiar with communities. Those who did not live in the intervention communities were introduced by the public health system's community health agents who are based in each community. As such, these community health agents helped to establish a rapport of trust with the SOS-JD community health workers. This approach enabled young married women, including first-time parents, and their key influencers to feel at ease and allowed for more effective dissemination of information and services.

The majority of the *animateurs* were women; however some *animateurs* in the rural project site, Diapaga, were men. One reason why male *animateurs* were

included was because literacy was a requirement for the role and SOS-JD worked with only a limited number of literate female *animateurs* in Diapaga. Male *animateurs* often work with women in this rural area, so the communities were open to receiving both male and female *animateurs*.

In April and May 2014, 42 *animateurs* were trained using the national family planning and reproductive health curriculum and a supplemental curriculum developed by Pathfinder to specifically address the unique needs of young married women and first-time parents. Training included participatory content to support *animateurs* to reflect on the specific needs of young married women, including first-time parents, as well as explore their own attitudes and values about young married women's fertility, contraception, and gender norms. The module also helped *animateurs* to acquire knowledge and skills related to: healthy timing and spacing of pregnancies, counseling skills for young married women, skills for couples counseling and engaging with male partners, and skills for engaging with mothers-in-law, including exploring the influence of dominant gender norms.

Engaging Household Influencers

In addition to working directly with young married women and their male partners, *animateurs* worked with key household influencers and those who primarily made sexual and reproductive health decisions for young married women and their partners, namely husbands, mothers-in-law, and co-wives. *Animateurs* reached these key gatekeepers, when possible during home visits, with information on healthy timing and spacing of pregnancies and contraception. *Animateurs* also worked in the community, reaching husbands at their places of employment or leisure.

Community Activities: Small Group Discussions and Engaging Key Influencers

In Burkina Faso, young married women are marginalized and rarely afforded the opportunity to develop social capital, gain support from other young women with similar life experiences, and discuss contraception, pregnancy, and sexual issues. Therefore, at the community level, the project introduced small peer group discussions with young married women and first-time parents—led by trained young married women from the community—to complement home visits. Implementers also led community theatre and group discussions with male partners and key community leaders to sensitize them to healthy timing and spacing of pregnancies and contraceptive messaging.

Because of their familiarity with the project sites, *animateurs* assisted small group leaders with recruitment for small group participation. *Animateurs* accompanied small group leaders to households with young married women to explain the project and to establish a time, date, and a place where the young married women felt safe and confident for the first group discussion. The *animateurs* and small group leaders also engaged with key influencers at this stage, notably mothers-in-law and male partners, to inform them about the project and seek their support for the young married women's participation.

Each group leader was responsible for one group of 15 to 18 young married women, and these groups met on a monthly basis. At each meeting, small group leaders engaged participants to decide on future discussion topics and activities, as well as dates and locations, so that young married women and first-time parents felt ownership over the meetings. This ensured that the meetings were responsive to their needs, interests, and logistical realities. SOS-JD and the *animateurs* provided supportive supervision for the small peer groups.

Selection and Training of Small Peer Group Leaders

Working with SOS-JD, the project identified 40 small group leaders to lead community-based discussions. All were young married women themselves and were selected based on their leadership skills, literacy in French and the local language, availability to lead the discussions, and ability to maintain confidentiality. Through their trusted position as peers, group leaders were then able to offer the project team their reflections on the needs, rights, and challenges of young married women and first-time parents. They offered a window onto the challenges young married women face in seeking sexual and reproductive health services and what circles of influence exist around young married women and first-time parents; healthy couples' communication and decision-making; healthy timing and spacing of pregnancies; and views and beliefs related to fertility and contraception.

The group leaders were trained between April and May 2014 using a three-day SOS-JD curriculum and a two-day supplemental curriculum developed by Pathfinder, which included reflection and dialogue activities to explore the different values, norms, and pressures that young married women and first-time parents face related to pregnancy and contraception. The training also helped to increase knowledge among small group leaders about the healthy timing and spacing of pregnancies and to develop group facilitation skills. The Pathfinder module included training on the use of Pathfinder activity cards that were developed for the GREAT project in Northern Uganda and adapted for the small groups in Burkina Faso. These activity cards proposed group activities, such as true or false games and role-playing focused on the healthy timing and spacing of pregnancies and gender norms, followed by questions to guide discussion.

Engaging Community Influencers

In Burkina Faso, religious and traditional leaders hold influence over community perceptions and attitudes towards family planning and sexual and reproductive health. To sensitize religious and traditional leaders, *animateurs* organized individual meetings, community discussions and debates, and community theatre to introduce the importance of healthy timing and spacing of pregnancies for ensuring the health of young mothers and their babies, to dispel myths about contraceptives, and build support for the uptake of contraception.

Structural Activities: Advancing Access to Youth-Friendly Services

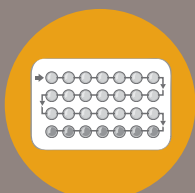
Project activities at the individual and community levels aimed to increase the demand for contraception and sexual and reproductive health services among young married women. Activities at the structural level ensured that increased demand was met by youth-friendly and appropriate sexual and reproductive health and family planning services. At project start-up, BURCASO used Pathfinder's youth-friendly service facility assessment tool to conduct an assessment of facilities at project sites to understand

how they were meeting the needs of adolescents and youth, especially young married women and first-time parents.

Four primary care facilities were selected for priority implementation. Facilities were selected based on the location of the existing work conducted by SOS-JD and on the needs of the facility—in other words, the facilities most in need of improvements to meet the needs of adolescents and youth.

Through BURCASO, the project integrated youth-friendly services into contraceptive service-delivery points, including postpartum contraceptive services, at the four selected health facilities. Health providers were offered training on healthy timing and spacing of pregnancies, contraceptive options for young married women, the influence of social and gender norms, and the specific needs of married young women. Trainings specifically focused on norms that pressure young married women to have many children as early as possible, and their limited decision-making power within households, relatively lower use of contraception and limited access to youth programs. In addition, the project carried out modest facility improvements, offered small equipment and consumables to health facilities, provided health workers with adoles-

Pathfinder International's Cue Cards for Counseling Adolescents on Contraception are designed to help a range of community- and facility-based providers to counsel adolescents and young people on their contraceptive options. The cue cards address: combined oral contraceptives, progestin-only pills, emergency contraception, male and female condoms, injectables, implants, intrauterine devices, and the lactational amenorrhea method. The provider can use the front side of the cards to give information about all available options and, after the adolescent chooses a method, they turn to the back side to give specific instruction on use.



cent contraception counseling cue cards and adolescent-focused information-education-communication materials, and supported the dissemination of national adolescent and youth sexual and reproductive health standards.

Finally, BURCASO supported the Ministry of Health officials to conduct supervisory support meetings with health facility providers, including analysis of age-disaggregated service delivery data, on a quarterly basis.

Trained community-based distributors from the public health system (*Agents de Santé Communautaire*) in Nongremassom and Diapaga were supplied with an initial stock of oral pills and condoms. Pathfinder collaborated with SOS-JD and the health facilities' chief nurses to determine the most reliable follow-up and sustainable restock mechanism. As such, a monthly meeting bringing together all community-based distributors was initiated to address any challenges with the distribution of contraceptives. The community-based distributors were also given simple data collection and referral tools, which were designed for use by both literate and illiterate health agents.

To support national commitments to adolescents and youth in the context of the Ouagadougou Action Plans, Pathfinder, BURCASO, and the Ministry of Health conducted a national workshop to map existing adolescent and youth sexual and reproductive health services, identify evidence-based practices, and advance commitments to implementing evidence-based practices for adolescent and youth sexual and reproductive health. The workshop contributed to galvanizing national support for adolescent and youth sexual and reproductive health, including for young married women.

Selection of Project Sites

The project site selection was based on the following criteria:

- Diversity of young married women's, including first-time parents', experiences:
 - Rural and urban/peri-urban areas
 - Varied population-based adolescent and youth sexual and reproductive health indicators
- Limited sexual and reproductive health services for young married women
- Pre-existing relationships and activities established by the local partner organizations, providing a foundation upon which the project could build.

The Burkina Faso 2010 Demographic and Health Survey was used to assess these criteria and select project sites. The project was implemented with equal intensity in two districts: the peri-urban district of Nongremassom, located within Ouagadougou, and the rural Diapaga district, located within the Est Region.

Supportive Supervision of Project Implementers

Pathfinder developed a plan for supportive supervision in collaboration with project stakeholders. SOS-JD supervised the *animateurs* and small group leaders, specifically with the support of their district coordinators based in Nongremassom and Diapaga. *Animateurs* also played an ad-hoc supervisory role for small group leaders, occasionally assisting the group leaders with leading small group discussions. Pathfinder proposed a supervision checklist for SOS-JD to carry out supportive supervision activities.

BURCASO supported the district health facilities with supervising the community-based distributors of contraceptives and facility-based health providers.

^v While the age range of the project was from 10 – 24 yrs, the majority of the young married women reached by the project were 15 – 24 yrs. Very few young women below the age of 15 were married in the project interventions sites. Therefore, the project did not have a specific focus on very young adolescents (10 – 14 yrs.).

MONITORING AND DOCUMENTATION METHODOLOGY

Throughout the lifespan of the YMW-FTP project, Pathfinder used its routine monitoring and evaluation strategy to collect and monitor coverage and performance data about the project. This involved tracking quantitative indicators that measured progress toward two intermediate outcomes:

1. Increased access to and use of contraception and other sexual and reproductive health services for young married women (10–24 years) and their partners, including the number of contraceptive commodities distributed at project-supported facilities and by trained community health workers.
2. Increased community, household, and individual support for young married women (10–24 years) and their partners to delay the first pregnancy and space or limit subsequent pregnancies through use of contraception.

Quantitative data were collected by *animateurs* during the first round of home visits (June 2014) and the last round of home visits (April 2015) to assess changes in self-reported use of contraception, knowledge about contraception, and attitudes about contraception among young married women at the project sites. It is important to note that this data-collection approach may have led to biases, since the data were collected by the same *animateurs* who counselled the young married women. As such, young married women may have been motivated to respond “yes,” when asked if they were using contraception, as that could have been perceived as the desired response in accordance with counseling messages.

Intensive Qualitative Monitoring and Documentation

Understanding how to reach Burkina Faso’s young married women and first-time parents was imperative to reaching the project’s objectives. Therefore, Pathfinder and E2A collaborated to design and implement a systematic qualitative monitoring and documentation process, which engaged frontline implementers as generators, analysts, and users of their own evidence from implementation experience. In many cases, process documentation is neglected by projects, or designed as an add-on activity, generally at the end of a project. Yet, unless we understand the processes that contribute to project results, we will not be able to identify the mechanisms and factors that worked to achieve results within each context.²⁸

Therefore, rather than organizing a separate data-collection exercise for the documentation process, E2A and Pathfinder embedded a qualitative monitoring and documentation approach within the project implementation strategy. This approach provided an opportunity for continuous learning and quality improvement, including collection, analysis, and application of data by frontline implementers.

The approach was designed to:

- Foster frontline implementers’ own routine and collective reflection, critical thinking, and joint problem-solving to evolve and refine implementation to reach young married women, including first-time parents;
- Bolster the project managers’ ability to respond rapidly to emerging needs from the field; and
- Ensure that the experience of the project contributed to global understanding of how to reach young married women, including first-time parents in the Burkinabe context.

At the heart of this strategy were the implementers themselves who were *animateurs* and small group

leaders from within the target communities. Their insights and experiences on the ground were shared and examined through routine group discussions, led by the YMW-FTP Project Manager. Discussions were also held with the two implementing partners (BURCASO, SOS-JD).

Pathfinder and E2A developed specific topic guides for group discussions with *animateurs*, small group leaders, and the local implementing partners (Annex 1). The guiding questions systematically examined how the implementers reached young married women, including first-time parents; how they engaged key influencers at the household and community levels and why certain approaches were more effective than others.

Routine group discussions took place between October 2014 and March 2015, beginning with a broad focus on implementers' processes and techniques, successes and challenges that emerged, and collaborative critical thinking to address and leverage learning over time. As key themes and insights emerged about implementation, the Project Manager refined discussion guides and questions, thereby enabling the focus of discussions and their resulting evidence to evolve in response to the evolution of implementers' own thinking. Concurrent to this evolving learning and practice, the Project Manager analyzed the qualitative data from these discussions on a monthly basis, with support from Pathfinder and E2A headquarters staff. This process enabled the project team to formulate preliminary hypotheses about effective strategies for reaching young married women, including first-time parents, within the Burkinabe context.

Finally, at the close of implementation in April 2015, the full cadre of frontline implementers convened to vet and validate the findings from the culmination of their group discussions. For further detail regarding this approach, please see Figure 2.

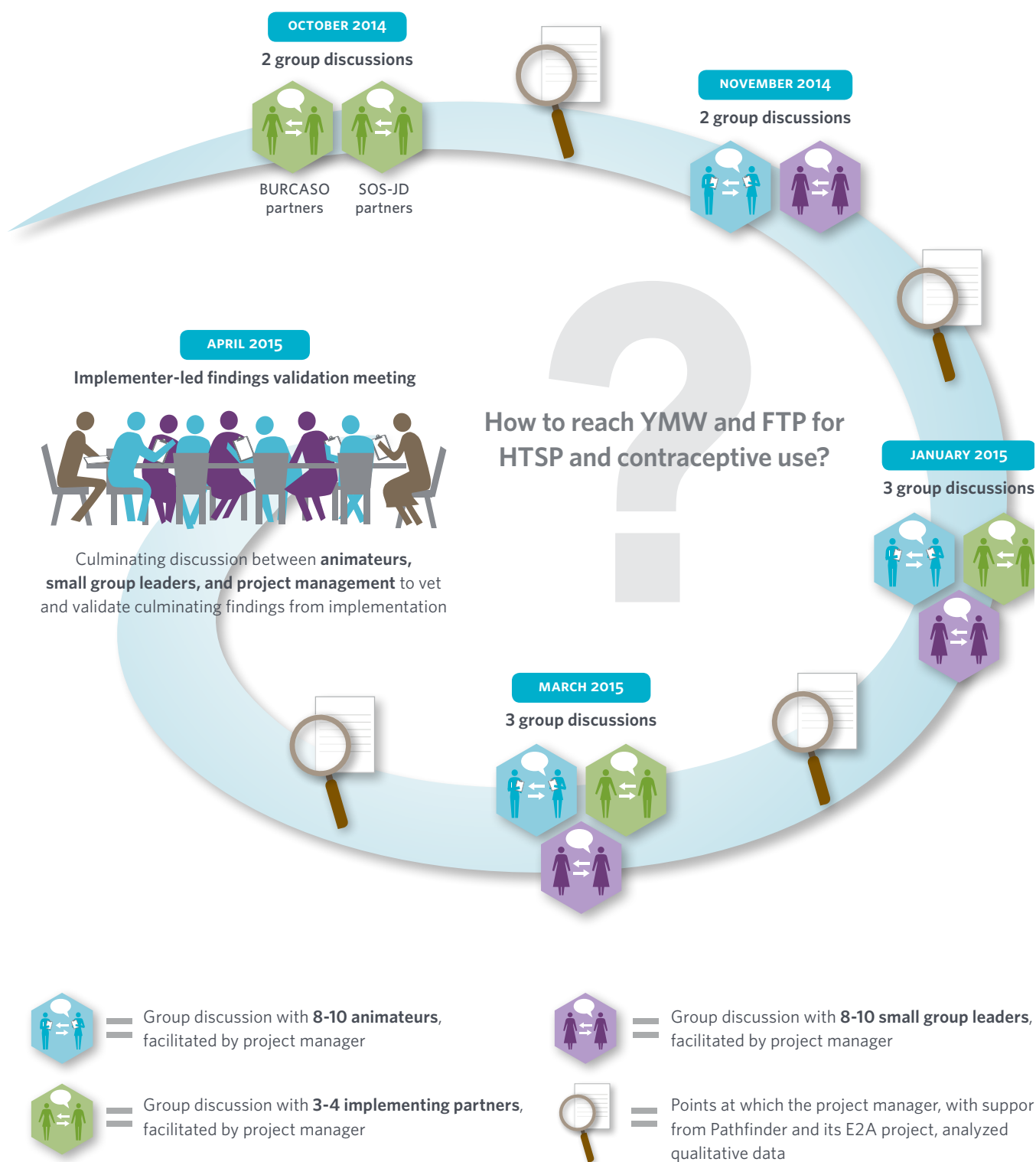
It is important to note that this qualitative monitoring and documentation approach had some limitations. First, the approach did not directly engage project beneficiaries—young married women, including first-time parents, and their key influencers. As such, the process captured implementers' interpretations of effectiveness and challenges, which might differ from project beneficiaries' impressions. Second, facility health works and community-based distributors were not involved in the approach. Thus, lessons learned from the supply-side interventions were interpreted via *animateurs* and small group leaders.

PROJECT COVERAGE AND QUANTITATIVE RESULTS

The start-up phase^{vi} for the YMW-FTP project was relatively lengthy in order to allow sufficient time to establish the necessary in-country relationships and partnerships, as well as conduct formative assessments and trainings that laid the foundation for implementing the technical strategy. As such, the home visits and small peer groups were initiated in June 2014 and continued until March 2015. During this period, the YMW-FTP project supported 650 young married women through home visits and small peer groups. A total of 40 small groups held regular meetings and reported 4,269 instances of participation by young married women, including those who were first-time parents. Small group meetings were generally held once a month, so most young married women were able to participate in at least 11 small group sessions over the course of the project.

^{vi}The start-up phase included: establishing relationships with the Ministry of Health and formal partnerships with the two implementing partners, conducting health facility and community formative assessments, reviewing national adolescent and youth sexual and reproductive health training curricula and developing supplemental training modules on healthy timing and spacing of pregnancy through a participatory process, and adapting project activity cards for the small peer groups.

Figure 2: The YMW-FTP Project Intensive Qualitative Monitoring and Documentation Approach



The 42 trained *animateurs* conducted 3,284 home visits with young married women and their household members during the 10-month period. To create an enabling environment for young married women and first-time parents, *animateurs* met with mothers-in-laws and other key influencers 1,923 times to share information on sexual and reproductive health and healthy timing and spacing of pregnancies for young married women. *Animateurs* also made 358 instances of contact with husbands through education talks on these topics. In addition, the *animateurs* reported 171 instances of contact with religious and traditional leaders to sensitize them on young women's sexual and reproductive health, including the healthy timing and spacing of pregnancies. Furthermore, the *animateurs* organized six community sensitization events.

According to data collected during the first round of home visits by *animateurs* (in June 2014), 41 percent of young married women at project sites reported using contraception to delay or space pregnancies. During the final round of home visits (in April 2015), 81 percent of young married women reported using contraception to delay or space pregnancy.

As mentioned earlier, it is important to note a potential bias in these figures, given that the data were collected by *animateurs* who were also responsible for counselling young married women on contraception. Thus, it is possible that some respondents may have been motivated to answer “yes,” when asked if they were using contraception, as that could be perceived as the desired response they had been counselled on.

On the supply side, out of the 650 young married women reached by the project, the *animateurs* referred 345 young married women to health facilities for sexual and reproductive health services. A total of 22 facility-based health providers were trained on youth-friendly services in the four target health facilities. Between June 2014 and May 2015, these facilities recorded 3,052 visits by young women (10–

24 years) for contraceptive services and reported the following quantities of contraceptive methods provided to young women (10–24 years) in the facilities' catchment areas:

- Oral contraceptive pills: 1,140
- Injectables: 1,777
- IUDs: 11
- Implants: 681

In addition, 50 community-based distributors of contraceptives were trained to provide counselling on health timing and spacing of pregnancies, contraception, and reproductive health for young married women. These trained community-based distributors distributed 12,096 condoms and 227 cycles of pills to young women in the two project catchment areas between June 2014 and April 2015.

These quantitative results demonstrate the scope and reach of the YMW-FTP project and speak to the technical strategy's ability to achieve positive results for young married women, their partners, household members, and communities. They suggest that the adaptation of the PRACHAR and GREAT models resulted in a promising practice for the Burkinabe context. However, the quantitative project results are but one part of the picture. Given the dearth of evidence about how to reach young married women and first-time parents with sexual and reproductive health information and services, understanding how these results were achieved is equally as important as the results themselves.

QUALITATIVE FINDINGS

By facilitating collective reflection and exchange on a routine basis among frontline implementers about their experiences and observations from implementing the YMW-FTP project, E2A and Pathfinder identified key factors that influence young married women's and first-time parents' access to and use of sexual and reproductive health services.

The data are particularly relevant for designing and improving strategies to reach these groups of young women, those in their households, and community influencers for improved healthy timing and spacing of pregnancies in the Burkinabe context, keeping gender considerations in mind. Key findings from the intensive qualitative monitoring and documentation process are outlined below.

1. How to Engage Key Influencers and Gatekeepers

Engaging young married women's and first-time parents' key influencers and gatekeepers is essential to build support for healthy timing and spacing of pregnancies, and improve young women's knowledge about sexual and reproductive health and increase their use of contraceptive services. The key household influencers of young married women and first-time parents in the YMW-FTP project sites included mothers-in-law, husbands, and co-wives. In many instances, these influencers prevent young married women and first-time parents from using contraception for healthy timing and spacing of pregnancies because of inaccurate information about usage and side effects of contraceptive methods. As such, the YMW-FTP project placed a strong emphasis on identifying effective ways to engage with them.

"It is above all a matter of understanding the circle of influence that surrounds [young married women] and meeting that circle and convincing that circle first before any meeting with [young married women]."

– Animateur, culminating group discussion, Ouagadougou

Mothers-in-law

In Burkina Faso, mothers-in-law hold significant influence over not only young married women and first-time parents, but also husbands and co-wives. Mothers-in-law were therefore identified as a primary target for implementers in reaching young married women.

"I was in conversation with a young married woman without her mother-in-law. When the mother-in-law arrived, she was not happy. We had not yet had chats with mothers-in-law. I ended our conversation and immediately went to report my presence/introduce myself."

– Animateur, Kantchari

Mothers-in-laws' attitudes toward their daughters-in-laws' use of contraceptives varied between peri-urban and rural project sites. In the peri-urban project setting, Nongremassom, mothers-in-law were more open to their daughters-in-laws' use of contraception, but lacked correct information about contraceptive methods. In the rural project site, Diapaga, mothers-in-law disapproved of their daughters-in-law using contraceptives. This disapproval was rooted in the prevailing cultural and gender norms that favor large families and a lack of information about contraceptives and sexual and reproductive health services. For example, *animateurs* from the rural project site mentioned that many mothers-in-law thought that modern methods of contraception lead to infertility, and therefore their daughters-in-law would be at risk of sterility if they used contraception.

The frontline implementers found that the following approaches were effective to engage mothers-in-laws and adapted their approaches accordingly:

- Mothers-in-law respond better when approached individually, at the beginning of outreach interventions and prior to speaking to the daughters-in-law.
- Mothers-in-law were more receptive to messaging tailored to the life stage of their daughter-in-law. For instance, for daughters-in-law without children, *animateurs* explained potential poor child health outcomes of early pregnancies to the mothers-in-law. For daughters-in-law with one child (first-time parents), *animateurs* emphasized the importance of healthy timing and spacing of second pregnancies for the health of the mother and child. For daughters-in-law with many children, *animateurs* stressed the expense of large families and challenges of educating and feeding many children.
- In the peri-urban project site, mothers-in-law preferred having discussions with older community health workers from the same neighborhood as the family.
- In the rural project site, mothers-in-law were receptive to discussions when carried out with the support of a traditional and religious leader.

Is it clear from the communication with mothers-in-law that they are more amenable to their daughter-in-law's participation in project activities and their potential use of family planning if they are kept informed about every aspect of the process and treated with courtesy and respect.

“There is sometimes a generational conflict, and the husband is irritated to have to discuss with his wife, if there is a large age gap, in the presence of a third party.”

– Culminating group discussion, Ouagadougou

Husbands

Evidence from a range of programs, including previous Pathfinder projects, stress the importance of involving husbands or male partners in family planning decisions in order to generate support.²⁹ The YMW-FTP project was designed with this in mind, and strategies for engaging men included encounters during home visits as well as community events. Engaging husbands was particularly effective when enlisting supportive mothers-in-law and religious leaders to contact and discuss with husbands, adding more weight to the process. While this approach was not systematically implemented at all project sites, several *animateurs* found it to be effective.

“Engaging husbands requires calling on certain resource people, such as religious and cultural leaders, village elders or traditional healers.”

– SOS-JD

Animateurs found few men were available when they conducted home visits. Therefore, they adapted their strategies to proactively reach out to husbands in their places of work, leisure or at moments when they were likely to be at home.

Furthermore, *animateurs* reported that a large age gap between spouses contributed to an unequal power dynamic that made it difficult for the young woman to express herself openly. Men who were significantly older than their wives did not feel comfortable discussing personal matters in front of a third party, including *animateurs*.

The frontline implementers found that the following approaches were effective to engage husbands and adapted their approaches accordingly:

- In the peri-urban project site, Nongremassom, engaging husbands was more successful if the *animateur* obtained his mobile phone number and arranged a time for home visits over the phone.

- In the rural project site, Diapaga, home visits were arranged to fit around work in the fields, for example, or before work in the morning. In addition, *animateurs* took advantage of regular Sunday meetings, when men from the village normally gathered, to contact and hold group discussions with young married women's male partners
- Since older husbands were reluctant to discuss personal issues in front of their wives, *animateurs* arranged to speak to older husbands and their young wives individually. Younger husbands were more receptive to couples counseling.

The experiences of implementers clearly indicate that husbands do not like to be 'kept in the dark' about contraceptive issues. Efforts must be made to arrange home visits around a husband's work and social life.

Co-wives

Frontline implementers of the YMW-FTP project stressed the importance of identifying who 'co-wives' are before assessing their influence on young married women and first-time parents. In Burkina Faso, the understanding of 'co-wife' was found to extend to sisters-in-law, cousins, and other older women in the household, in addition to those who shared the same husband. All can hold significant influence over younger married women. Similar to some experiences with mothers-in-law, *animateurs* found that they were received more positively in homes when they greeted elder co-wives first compared to when they spoke directly with young married women.

Again, a co-wife's influence differed in rural and peri-urban project sites. In the peri-urban project site, Nongremassom, *animateurs* observed that co-wives were more likely to be obstacles to a young married woman's participation in the project, as they feared the younger co-wife would be more available to satisfying the husband's sexual needs if she uses contraception.

Older co-wives were also obstructive when they thought young co-wives would receive gifts through the project, which the older wife could not receive.

"As soon as the first co-wife is acknowledged (and she understands why we are targeting young married women), she will encourage her co-wife to participate."

– Culminating discussion group, Kantchari

In the rural project site, Diapaga, *animateurs* observed that co-wives were more supportive of the project as long as the older co-wife was treated courteously. Nevertheless, in this district, high value is placed on how many children each wife has. As such, a barrier to young married women's or first-time parents' use of contraception is their desire to have as many children as older co-wives.

"Here, we experience situations where an older co-wife will encourage her younger co-wife to have lots of children. Her main objective is to keep her younger co-wife busy with lots of young children close in age so that she will be less available for her husband."

– Culminating group discussion, Ouagadougou

Implementers found that the following approaches were effective to build support among co-wives and adapted their approaches accordingly:

- Clearly explaining to co-wives why the young married women were being targeted (age and parity) at the beginning of the project.
- Speaking separately with co-wives, particularly in peri-urban settings where jealousy between co-wives can hinder attempts to reach young married women.
- Using the influence of a mother-in-law to encourage support from older co-wives.

- Inviting co-wives to participate in small peer groups.

2. How to Effectively Plan and Run Peer Group Discussions and Home Visits

Conducting both home visits and small peer groups in tandem was found to be very effective in achieving results. Home visits were found to have the advantage of individualized attention and privacy and helped young married women to ask about fertility and pregnancy, which they might be too shy to do in a group setting. Peer groups offer a safe space to exchange information through the sharing and learning of others' experiences. They also fostered a sense of camaraderie among young married women. Young people may feel more comfortable to engage in new behaviors when they know that their peers are supportive and /or have also taken up that behavior. As such, this two-tier structure allowed implementers to engage the young married women and first-time parents in the privacy of their home environment, while also facilitating greater social cohesion among young married women through shared learning and experiences in the group settings.

“Small group discussions offer a space for young married women to share their experiences. The fact that they are led by a young married woman who acts as a role model also creates a sense of motivation. But they don’t necessarily allow us to address each person’s individual concerns in detail, because we generally only have 45 minutes for at least 15 young women to discuss. On the other hand, home visits offer at least 30 minutes of individual attention for young married women, where they can ask personal questions, which are not always easy to share in front of a group. The two approaches are complementary.”

– Culminating group discussion, Kantchari

Capacity building and supportive supervision for the peer group discussions and home visits were deemed critical to the success of the project. While a plan for supportive supervision was developed for the project, some challenges arose. For example, communication between SOS-JD's District Coordinators and the central level staff did not always provide a comprehensive picture of project implementation. Similarly, the communication lines between BURCASO and the health facilities did not allow for consistently monitoring the progress of supply-side interventions. The intensive qualitative monitoring and documentation process therefore helped to identify and address supervision gaps by facilitating rich discussions about the implementation experience.

Small Peer Groups

The frontline implementers made the following observations about small peer groups.

- Due to their greater experience, it was useful to involve *animateurs* to identify potential participants for group discussions rather than asking small group leaders to select participants on their own.
- Participatory planning for establishing the date, time, and theme of small group meetings was effective for encouraging interest and sustained participation among young married women and first-time parents.
- The discussion topics of most interest to small group members were contraceptive methods, couples communication skills, and positive discipline for children.
- Role-playing was more effective in the rural project site, Diapaga, and less appreciated in the peri-urban project site, Nongremassom, where young women preferred less active methodologies, such as question and answer sessions.

- Peer group meetings were found to be feasible if they were arranged on a bi-monthly schedule.

Home Visits

The frontline implementers made the following observations about home visits.

- Prior to home visits, effective communication between *animateurs* who do not live in the target community and the government's community health workers who are based in the community was especially important, particularly in identifying priority households, establishing rapport, and strengthening referral networks.
- Implementers anticipated the need for flexible timing, dates, and frequency for home visits, since young married women were busy and some were not at home during the rainy season.

3. How to Tailor Specific Approaches to Increase Demand for Family Planning among First-Time Parents, Young Married Women with No Children and Young Married Women with Multiple Children

The structured group discussions with frontline implementers revealed the varied needs and interests of young married women and first-time parents. Approaches to engage young married women with children, those with no children, and first-time parents were most effective when tailored to their specific experiences and concerns, which are described below.

- Young married women without children were less interested in family planning as they had a strong desire to start childbearing. Effective approaches explained the risks of early pregnancy (below age 18) and benefits of delaying first pregnancy.
- First-time parents had some interest in family planning, however they were still eager to produce more children. Approaches that

emphasized the benefits of healthy timing and spacing of subsequent pregnancies to ensure the health and social benefits for the children were effective for this group.

- Young married women with multiple children had more interest in family planning and felt more comfortable discussing contraception. Approaches for this group highlighted the importance of health and education for existing children.
- Young married women with children were less available to attend peer groups due to the constraints of childcare. Strategies used to overcome this were inviting mothers to bring their children along and bringing toys to keep children occupied.

“First-time parents are more hesitant to speak about family planning than those who have more than one child. Their reluctance is partly based on rumors that family planning methods prevent future pregnancies. Since they only have one child and want more children, at first, they are generally reluctant and don’t want to take risks. In contrast, young women who have at least three children are more likely to take up a method, because they have experienced the difficulties of closely spaced pregnancies and are also aware of the challenges of raising a large family.”

– Peer educator, Ouagadougou

4. Important Considerations for Recruiting Frontline Project Implementers

Frontline implementers for the YMW-FTP project were defined in the following categories:

- *Animateurs*: Community health workers, who provide information, make referrals to health facilities and collect data about health status in their community.

- *Small group leaders:* young married women from the surrounding communities.

In addition, government community-based distributors of contraception and health providers based at four static clinics in the project sites also played an important role in supply-side interventions.

Reflecting on their experience with the project, the frontline implementers identified the following key qualities to consider when recruiting animateurs and small group leaders:

Animateurs should:

- Have previous experience in the community.
- Be literate in French.
- Be able to speak the local language of communities in which they work.
- Have strong communication skills.
- Be courteous and able to maintain confidentiality.
- Be recruited in a context-specific way, specifically if they are male *animateurs*. Experience from

the YMW-FTP project suggested that female *animateurs* should work in conservative communities where young married women are reluctant to speak to male *animateurs* about sexual and personal issues. Nevertheless, male *animateurs* were well-received in the rural project site, Diapaga.

“Animateurs must be literate in order to fill out the project forms. They must also be available, humble and able to express themselves in public...they must know how to respect people’s confidentiality and privacy, and they should be able to speak the local language.”

– Culminating group discussion, Kantchari

Small group leaders should:

- Be young married women.
- Be literate in French.
- Have leadership skills, including strong communication skills.



Supervisor training community actors

- Be able to prepare and conduct small peer group meetings, including availability and basic facilitation skills.

Capacity building and supportive supervision for the frontline implementers were important considerations when recruiting project implementers. While the *animateurs* had previous community-health experience, this was the first time they worked with young married women on reproductive health, including healthy timing and spacing of pregnancies. For this reason, the frontline implementers felt that the five-day trainings offered through the project were essential. However, they also suggested that adding more content on additional health topics, including broader maternal and child health issues, nutrition, child development, and malaria would help to respond to the integrated health needs of young married women, including first-time parents.

5. How to Adapt Activity Cards to the Context of Burkina Faso

Small group leaders used activity cards during group sessions to engage participants. The cards were found to be most successful when adapted to a specific community. Observations by small group leaders about the activity cards include:

- The cards should be translated into the local language.
- An activity card on early and forced married should be added to include prevention messaging for future generations of women.
- There should be picture cards for those with low or no literacy.
- Cards should be complemented with flyers, images, and family planning sample kits.
- There should be more cards giving examples and solutions to conflict and communication between couples.

“We could consider translating the activity cards into local language, which would allow us to recruit and maintain illiterate peer educators, who might have stronger leadership skills than those who are literate. Reporting forms could also be translated into local language or into simple illustrations.” – SOS-JD

DISCUSSION ON THE QUALITATIVE FINDINGS

The E2A literature review, *Reaching Young Parents for the Healthy Spacing of Second and Subsequent Pregnancies*, pointed to a pervasive gap in existing knowledge and data on young married women and first-time parents and their attitudes and access to family planning. The findings from the qualitative monitoring and documentation process, as well as the scalability assessment, help to address these knowledge gaps. By allowing frontline implementers to share first-hand information from group discussions, the project team gained real-time insight into this previously neglected group. This information not only contributes significantly to the limited knowledge base surrounding young married women, but also helps to inform the global health community about how sexual and reproductive health services should be targeting young married women, including first-time parents, in the future.

The findings from the YMW-FTP project suggest that elements from previous Pathfinder programming (specifically PRACHAR and GREAT) can be successfully adapted to varied contexts to reach those in need of sexual and reproductive health services. The findings also bring to light the importance of using trusted project implementers who are known in their communities in order to adapt strategies that respond to the specific realities of first-time parents and young married women in Burkina Faso. Using this first-hand approach allowed the project to

adapt to the needs of the target group and their key influencers, improve implementation, and generate useful evidence. The following observations are particularly relevant.

Combined Approaches for First-Time Parents and Young Married Women

The E2A literature review suggested that programs that successfully combine a number of approaches to offer an integrated package of information and services for a young married woman, her partner and her support network will likely be most effective in increasing the use of contraceptives for health timing and spacing of pregnancies. The YMW-FTP project in Burkina Faso used combined complementary interventions—small peer groups, home visits, and quality improvement of service delivery (via health facilities and community-based distribution) — to increase access to and quality of sexual and reproductive health services. The project’s frontline implementers considered this integrated approach to be integral.

Implementers noted that young married women felt home visits were important because they allowed privacy, where a young married woman and her husband could ask questions that they would otherwise be reluctant to share in a peer group. Home visits allowed *animateurs* to personalize services and information in a confidential setting. Frontline implementers also deemed peer group discussions critical, because they provided a platform for young women to learn from shared experiences, while also building social support networks. Frontline implementers noted that service delivery strengthening and referral mechanisms are important part of linking demand-side interventions with quality supply-side interventions.

As highlighted in existing literature, waiting for young married women and first-time parents to access services at a static health facility is inadequate for this

population, due to their limited mobility and agency, as well as their lack of correct knowledge about available health services and their benefits. Therefore, the YMW-FTP project’s strategy of engaging trusted *animateurs*, small group leaders, and health workers from within the community to reach young married women in their own environment and social sphere was important.

However, the limitation of this project is that it only implemented one combined model and therefore frontline implementers could not compare this model with others that include only one of the technical strategies (home visits, small peer groups, and service delivery strengthening) or different combinations of the three. Thus, it is not possible to confirm the individual effects of each technical component. The project and its documentation experience affirmed that frontline implementers perceived the combined approach to be effective. Yet, further research would be necessary to examine and test the individual effects of each component separately or combined differently.

An additional consideration for strengthening the combined approach of the YMW-FTP project is to incorporate a focus on broader maternal and child health components, both for the demand- and supply-side interventions. The project has a specific focus on contraceptive use for the healthy timing and spacing of pregnancies. Yet, frontline implementers mentioned that many young married women and their key influencers were also concerned about other maternal and child health issues. By focusing on a broader range of maternal and child health issues during home visits, small peer groups, and strengthened service delivery, the project could help to address these multifaceted and related health concerns in an integrated manner.

Engaging Key Influencers

Findings from previous projects suggested that in order to reach young married women, programs

should target those who influence their decision-making ability, such as mothers-in-law, husbands, and co-wives. The YMW-FTP project affirms these findings and demonstrates how involving all members of a young married woman's social network is essential to gaining access to and influencing the young married woman herself. By involving key influencers at the start of the project in a courteous and respectful manner, *animateurs* found that they were able to dispel myths surrounding contraception (particularly about side effects and the incorrect assumption that modern methods cause infertility) and create a more trusting environment for the dissemination of information. This highlights the importance of working with frontline implementers who can gain the trust of key influencers. Further, the project findings confirm that implementers must engage and understand the social context around young married women and first-time parents, aligning their approaches specifically to the setting, and designing approaches to fit the relationship dynamics of young married women and first-time parents to those with most significant power to influence them.

In addition, the YMW-FTP experience stresses the importance of unpacking the diverse relationships that a first-time parent or young married woman may have with her household influencers. For example, the dynamic between co-wives is specific to individual households; frontline implementers found examples of co-wives working to support each other while there were other instances of co-wives being in competition. Mothers-in-laws were found to hold authority over a number of key influencers, including husbands and co-wives. Therefore, the relationships that mothers-in-law have with these other key influencers are equally as important as the relationship with the young married woman or first-time parent, when planning and conducting project activities.

The frontline implementers found that key influencers, especially mothers-in-law, husbands, and co-wives,

were more supportive of young married women's participation in project if they were kept well informed of project activities. However, this situation also made it more difficult for frontline implementers to maintain trust and confidentiality of the young married women. For example, in many cases, women in Burkina Faso, including young women, do not want their husbands to be aware that they use contraception. So, while it was important to inform husbands about the project and involve them as much as possible in home visits, it was also important for *animateurs* to respect young married women's wishes for privacy and confidentiality. The trade-off between sufficiently engaging key influencers and maintaining confidentiality and trust with young married women and first-time parents is an important consideration for future programming.

Engaging Husbands and Couples Communication for Improved Sexual and Reproductive Health Outcomes

Working with husbands was an important component for increasing access to and uptake of sexual and reproductive health services among young married women and first-time parents in Burkina Faso. The findings from the YMW-FP project highlight that working with young fathers and older fathers should be approached in different ways. In Burkina Faso, many young Burkinabe women have much older husbands. As such, the YMW-FTP project was not able to address the knowledge gap identified in E2A's literature review about the lack of knowledge about how to engage adolescent fathers. Nevertheless, the documentation process brought to light that older fathers are more reluctant to discuss sexual and reproductive issues in front of their wives than young fathers.

The E2A first-time parent literature review suggested that communication between couples is important for improving the uptake of contraception. The YMW-FTP

project found that couples counseling has potential as a strategy for improved communication between young husbands and their wives; however, couples counseling was less appropriate for couples with a large age gap. Additionally, counseling was difficult to conduct due to husbands' frequent absence from home. Furthermore, couples counseling requires a specific set of skills. *Animateurs* must navigate and respond to power dynamics within a couple, while also respecting confidentiality and privacy for both partners.³⁰

When it was not possible to conduct couples counseling sessions, *animateurs* adapted the strategy to help young married women build communication skills with their husbands, primarily related to discussing family planning and contraception. Tailoring approaches to suit varying age groups while working within the existing cultural boundaries ensured greater participation of married couples within the program. Keeping male partners informed of the project was also vital to minimize opposition.

Recognizing Diversity and Tailoring Strategies Accordingly

The frontline implementers stressed the importance of adapting interventions and approaches according to the different social and cultural contexts in peri-urban and rural settings. Higher rates of polygamy and tendencies towards earlier marriage and childbearing exist in rural areas of Burkina Faso compared to peri-urban settings. Engaging *animateurs* and small group leaders in critical reflection of project implementation enabled them to examine how to address the differences in attitudes and behaviors in peri-urban and rural project sites. For example, specific approaches for engaging mothers-in-law, husbands, and co-wives differed between peri-urban and rural settings.

Likewise, frontline implementers affirmed the importance of tailoring interventions to the diversity

among young married women themselves. The findings demonstrate that different approaches should be used for reaching young married women without children, first-time parents, and young married women with multiple children. Pathfinder's experience with capacity building and supportive supervision of the local implementing partners, SOS-JD and BURCASO, further confirm this finding. Prior to the focused trainings and orientations on young married women and first-time parents with implementing partners, SOS-JD and BURCASO were planning to apply strategies used for reaching the general adolescent and youth populations, which focus primarily on in-school, unmarried, and nulliparous young people. These strategies would likely have proven inappropriate, ineffective, or less effective to reach young married women.

Building Young Women's Human and Social Capital and Agency

The E2A literature review found that building young mothers' human and social capital, agency, skills and education is necessary to increase the uptake of family planning services. The findings from the YMW-FTP project's frontline implementers suggest that small peer group discussions can be an effective model for building social capital and developing positive social norms in the Burkinabe context. Indeed, the popularity of the peer groups contributed significantly to the overall success of the project. Often, youth peer activities create an initial interest but then attendance gradually falls.³¹ However, the peer group discussions held during the YMW-FP project had a very high retention rate of participants, suggesting that this strategy brought considerable value to participants. Group discussions created a safe environment for sharing experiences, thoughts, and feelings with one another. Facilitating a setting where young women felt safe to discuss these previously taboo issues was a key achievement. Not only did it empower young women by giving them a voice, these

discussions also produced a support network for women outside of their existing social structures.

The Value of Systematic Qualitative Monitoring and Documentation

The findings from the YMW-FTP project demonstrate the value of using a systematic qualitative monitoring and documentation approach to engage frontline implementers as experts who generate evidence on questions relevant to the international sexual and reproductive health and development community. Moving beyond effectiveness to examine *how* interventions work in specific contexts requires a commitment to participatory qualitative learning approaches.

Rather than rely solely on quantitative monitoring indicators, the YMW-FTP project designed an approach that engaged project implementers as experts and analysts of implementation through structured group discussions. This strategy enabled the implementation team to unpack how to support young married women, including first-time parents, in Burkina Faso to practice healthy timing and spacing of pregnancies and use contraceptives—turning otherwise tacit knowledge into evidence for both internal project and global learning. Thus, the qualitative monitoring and documentation design empowered frontline implementers to become the creators and users of data, bolstered project management by ensuring meaningful and frequent critical thinking between the project's frontline and its leadership, and proved an effective means of enabling this project to contribute to the global knowledge base about young married women and first-time parents.

SCALABILITY ASSESSMENT

Methodology

All too often, pilot projects or small-scale health interventions that show impressive results encounter

difficulties when attempts are made to bring them to scale. One reason for this challenge is that the requirements for scaling up the intervention are only rarely taken into account during the pilot or test phase. Although the YMW-FTP project did not have a specific objective to scale up to other sites during the lifespan of the project, the project did aim to develop and adapt an approach that was scalable in the future. Given this, E2A felt it would be useful to conduct a scalability assessment to ascertain the potential for possible future scale-up.

E2A referred to ExpandNet's *Beginning with the End in Mind* tool³², which includes a checklist for program designers to conduct a rapid assessment of the potential scalability of a project that is being planned or proposed or is in the process of being implemented. The tool invites users to reflect on a series of questions related to 12 recommendations. When a large number of elements in the checklist are assessed as positive, the scalability potential of the project is likely to be high, bearing in mind that some elements should be accorded more weight than others; for example the relevance of the intervention for the particular context.

In April 2015, E2A's Senior Youth Advisor completed the checklist with the YWM-FTP Project Manager in Ouagadougou. The results of the checklist were then shared with Pathfinder headquarters staff and E2A headquarters staff for additional reflections.

Scalability Assessment Findings

The following section summarizes findings from the scalability assessment conducted in April 2015, according to the 12 recommendations set out in ExpandNet's *Beginning with the End in Mind*.^{vi}

1. Engage a Participatory Process Involving Key Stakeholders

Participatory approaches that involve government representatives, current or future implementers,

beneficiary groups, and other key stakeholders can build ownership and commitment for an intervention. They also ensure shared decision-making, which can lead to increased support among stakeholders for scale-up. Pathfinder engaged several key stakeholders throughout the project, including:

- District health officials who supported the health facility assessment and supervised supply-side activities;
- Local health officials who participated in start-up workshops to help design site-specific action plans;
- National ministries and national civil society partners who participated in the start-up workshops led by the two implementing partners (BURCASO and SOS-JD);
- Frontline implementers (community health workers and small group leaders) who were not only responsible for leading community-based activities, but also contributed to the intensive qualitative monitoring and learning process that informed project adaptations; and
- Project beneficiaries—young married women, their husbands, and key influencers—who shared their experiences, informing continuous project improvements through the qualitative monitoring and documentation strategy for this project.

2. Ensure the Relevance of the Proposed Innovation

Interventions should only be scaled up if they address important public health problems, have the potential for significant public health impact, are based on available evidence of efficacy, and are feasible in the local settings where they will be implemented. As discussed earlier in this report, the YMW-FTP project responded directly to the sexual and

reproductive health landscape in Burkina Faso, which is characterized by high fertility, high levels of maternal mortality and morbidity, a high prevalence of child marriage, early and closely spaced pregnancies, and high levels of infant and child mortality.

In addition, there is a lack of quality youth-friendly sexual and reproductive health services throughout the country. Young married women and first-time parents in Burkina Faso are particularly affected by these issues, due to the many sociocultural barriers that limit their agency for sexual and reproductive health decision-making. Therefore, the YMW-FTP project responded to felt needs in Burkina Faso and had important relevance to efforts for improving sexual and reproductive health.

Furthermore, the YMW-FTP project was based on sound evidence from Pathfinder's previous program experience working with young married women, specifically the PRACHAR and GREAT projects. The technical strategies from these two projects were adapted to the Burkinabe context, building on evidence of their effectiveness.

3. Reach Consensus on Expectations for Scale-up

The YMW-FTP project did not include a specific objective to scale up the intervention to other areas during the project's lifespan. Therefore, efforts were not made to establish a consensus among stakeholders about potential scale-up. However, Pathfinder did intentionally consider scalability in the design, with the idea that the approach should be designed in such a way to facilitate future adaptation based on learnings for scale-up in Burkina Faso and other West African countries, with support of the Burkinabe government, donors, and other partners. If the project were to be scaled up, it would be important to develop clear goals and expectations for the extent to which it will be brought to scale,

^v WHO and ExpandNet, "Beginning with the end in mind: planning pilot projects and other programmatic research for successful scale-up," accessed: <http://www.expandnet.net/PDFs/ExpandNet-WHO%20-%20Beginning%20with%20the%20end%20in%20mind%20-%20202011.pdf>

including geographic scope, the level of service delivery, the specific target population(s), and the pace of scale-up.

4. Tailor the Innovation to the Sociocultural and Institutional Settings

Interventions that are aligned with social and institutional values and local traditions are more likely to be adopted broadly by stakeholders for sustainable scale-up. Community, sociocultural, and gender considerations were central to the design and implementation of the YMW-FTP project. The strategic decision for Pathfinder to work with two local implementing partners, BURCASO and SOS-JD, was largely driven by the recognition of the importance of understanding local norms, values, and culture, not only of the communities at project sites, but also of the national health system. Furthermore, the qualitative monitoring methodology used to for project monitoring and documentation created space and flexibility for routine critical reflection about the design of the project with frontline implementers, so as to facilitate adaptations in response to sociocultural constraints or opportunities.

5. Keep the Innovation as Simple as Possible

Generally, the simpler an intervention, the more easily it can be implemented at larger scale. Pilot projects often consist of several ‘test’ components, which should be reviewed to examine their contribution to the overall results of the intervention, in an effort to ascertain how the intervention could be kept simple while still having reasonable results.

The YMW-FTP project had three clearly defined components: (1) home visits by *animateurs*; (2) small peer groups for young married women; and (3) quality improvements for family planning service delivery (via health facilities and community-based distribution of contraceptives). The three components were important for the project’s success; however, the

supply-side interventions proved to be fairly complex. Small group leaders encountered difficulties tracking referrals to the four priority health facilities, especially since they did not have a previous relationship with the facilities prior to the project. In addition, the role for government community-based distributors and health facility providers was not consistently understood in the different project sites. This resulted in a disconnect between the community-level interventions and service provision. If the YMW-FTP project is scaled up in the future, further reflection would be required to simplify the service-delivery component of the technical strategy. Efforts would also need to be put into place to ensure effective linkages between the community-level interventions and the static health facilities.

6. Test the Innovation in the Variety of Sociocultural and Institutional Settings Where it will be Scaled Up

Testing interventions in settings similar to where they will potentially be scaled up is important for planning future scale-up efforts. Pathfinder intentionally selected two diverse sites to implement the YMW-FTP project: a peri-urban district of Nongremassom, located within Ouagadougou, and the rural Diapaga district, located within the Est Region. The implementation experience in these two diverse settings provides useful insights about how the intervention could be introduced in a variety of settings in Burkina Faso, and potentially other West African countries in the Sahel belt. The decision to test the project model in these diverse sites was also intended to facilitate potential future scale-up efforts.

7. Test the Innovation Under the Routine Operating Conditions and Existing Resources Constraints of the Health System

Testing an intervention in routine operating conditions of the Burkinabe public health system, keeping

externally provided contraception and services that are not generally available to a minimum, can help to ensure its potential scalability. The engagement of the human resources required for the YMW-FTP project model—*animateurs*, small group leaders, community-based distributors of contraceptives, and facility-based health providers—is feasible in Burkina Faso under routine operating conditions, making the approach potentially scalable.

Prior to the project, a cadre of community-based distributors already existed in all localities of Burkina. At the time the project ended, the Ministry of Health was in the process of rolling out a system in which the community-based distributors will be remunerated by the Ministry of Health. As such, if the project were to be brought to scale, this cadre of project implementers would not require any additional financial resources. It would, however, still be necessary to build their capacity on the specific needs of young married women, including first-time parents. In addition, a main obstacle would be recruiting a sufficient number of literate peer group leaders and community health workers in all localities since literacy rates are low in many communities, especially among women. Alternatively, the technical strategy would need to be adapted for lower literacy frontline implementers. In addition, the training tools and the small peer group activity cards could be easily introduced into the existing systems in Burkina Faso.

Nevertheless, several challenges would likely arise when scaling up with existing resources of the Burkinabe health system. First, identifying literate young married women for small group leaders would be challenging, especially in rural areas. Thus, alternate approaches for low-literate and illiterate young married women would need to be considered.

Second, the YMW-FTP project provided community-based distributors with an initial lot of contraceptive commodities. In the Burkinabe health system, community-based distributors must purchase resupply

commodities, which has proven challenging in many districts. Moreover, contraceptive security remains a concern in Burkina Faso. Therefore, ensuring access to family planning commodities might be a resource constraint if the intervention were brought to scale.

Third, the YMW-FTP project revealed the important need to build the capacity of local implementing partners on specific programmatic approaches for young married women, including first-time parents. These segments of the general youth population are not yet well understood by most actors in Burkina Faso, so investments should be made in capacity building if the project were brought to scale.

It is also important to note that introducing the YMW-FTP project under the routine operating conditions of the Burkinabe health system, highlighted several constraints that limit the access to and quality of youth-friendly sexual and reproductive health services, including a limited number of providers who are trained in youth-friendly services, high workload of service providers, and lack of privacy and confidentiality at health facilities for young clients. Establishing a strong relationship with the Ministry of Health and supporting the Ministry to address these constraints would be important for scale-up.

8. Develop Plans to Assess and Document the Process of Implementation

Documenting how a project was implemented, through both qualitative and quantitative methods, can generate useful data to determine the requirements for implementing the project at a larger scale. In recognizing the dearth of evidence about programs for first-time parents and the potential for improving implementation through participatory documentation methodologies, Pathfinder and E2A placed a strong emphasis on process documentation of the YMW-FTP project. Engaging frontline implementers in an iterative process of reflection and shared learning not only helped to produce data relevant for the process

documentation of the project, but also helped to inform real-time project improvement. The results of this process can help inform future first-time parent projects, as well as possible future efforts to scale up the FTP-YMW project.

9. Advocate with Donors and Other Sources of Funding for Financial Support Beyond the Pilot Stage

Scale-up requires financial resources that extend beyond the demonstration phase. Pathfinder approved the use of private funds to begin operations in the West Africa region and complemented these funds with support from the William and Flora Hewlett Foundation, the Weyerhaeuser Family Foundation, and the John Templeton Foundation.

USAID also provided funds to support the documentation of the project, through E2A. These partners were kept abreast of project developments during the implementation period and were also invited to the technical dissemination meeting, held in August 2015, where results were shared and discussions about potential scale-up began. If the project is scaled up, there will need to be additional advocacy with donors to identify new sources of financial support.

10. Prepare to Advocate for Necessary Changes in Policies, Regulations, and Other Health Systems Components

Successful scale-up of health interventions may require changes to policies, laws, regulations, standards, service



Young mothers with children in Burkina Faso

protocols, and other health system components. The YMW-FTP project made initial steps to influence the national health system by organizing a national workshop that mapped existing adolescent and youth sexual and reproductive health services and identified evidence-based good practices, so as to advance commitments within the Ministry of Health to introduce or scale up these good practices.

Further efforts were made to build the Ministry of Health's commitment to improving young married women's sexual and reproductive health through their participation at the *West Africa Technical Meeting on Adolescent and Youth Sexual and Reproductive Health*, co-organized by Pathfinder, E2A, and the International Planned Parenthood Federation in January 2014 in Dakar, Senegal.

The Burkinabe Ministry of Health representatives developed an action plan to improve sexual and reproductive health and family planning services for young married women by scaling up community-based distribution of contraceptives. The FTP-YMWV project implementers followed up with the Ministry of Health in-country after the meeting to encourage the integration of the action plan in the Ministry's priorities. In addition, a technical dissemination meeting was held in August 2015, upon completion of the project, to share results with national stakeholders, including government representatives.

11. Develop Plans for How to Promote Learning and Disseminate Information

Embedding a learning agenda within pilot projects that not only generates evidence of effectiveness, but also allows program stakeholders to refine how the project is implemented, can help to facilitate future scale-up. The intensive qualitative monitoring and documentation process that was carried out by E2A and Pathfinder was designed in this spirit. With a focus on the perspectives of frontline implementers, this documentation approach enabled the project

to embed a dynamic and iterative learning agenda, which contributed to knowledge generation about how to reach first-time parents and young married women in Burkina Faso, while also providing project implementers routine opportunities to improve implementation of the intervention. The process also produced practical documentation (including this report), which offers guidance on the process of project implementation for potential future scale-up efforts.

12. Plan on Being Cautious about Initiating Scale-up Before the Required Evidence is Available.

ExpandNet's final recommendation is to avoid prematurely scaling up an intervention before sufficient evidence is available to justify its expansion. The YMW-FTP project did not include a specific objective for scaling up during the project lifespan. The intensive qualitative monitoring and documentation process provided rich qualitative data to support possible future scale-up efforts. However, additional quantitative data in terms of changes in uptake of contraceptive services and improved birth-spacing practices among young married women and first-time parents would bring value to justifying possible future scale-up efforts. Additional data on enabling environment outcomes, such as how young women (or older women) can help to foster other young women's social capital and assets, would also bring value. If the project is scaled up in the future, it will be important to maintain a focus on monitoring and assessing both process and outcome measures to generate further data to facilitate and/or justify scale-up efforts.

Overall Considerations for Scale-up

Though scale-up was not intended during the project timeframe, the project was intentionally designed with potential future scale-up in mind. The scalability assessment conducted by E2A and Pathfinder suggests

that the project's technical strategy is well suited for potential future scale-up, either to other sites in Burkina Faso or other West African countries. The project responds to pressing health and development needs in West Africa and therefore remains relevant for communities across the region. The YMW-FTP project can be considered a successful test experience, which demonstrated that the approach is suitable for the sociocultural context of Burkina Faso and for the routine operating conditions and existing resources of the health system. The findings from the qualitative monitoring and documentation process offer useful insights about the technical elements that would be important to consider for future scale-up. However, if the intervention were to be scaled up, the supply-side components may need to be reviewed and simplified in order to ensure more integration between the demand- and supply-side activities. Emphasis on supporting the Ministry of Health to address systems constraints related to the delivery of youth-friendly sexual and reproductive health services would also be important.

CONCLUSIONS AND RECOMMENDATIONS

Pathfinder's YMW-FTP project offers insights about how to effectively engage young married women, including first-time parents, and their key influencers to improve sexual and reproductive health outcomes, including healthy timing and spacing of pregnancies. The iterative approach to context-specific documentation through routine reflection among frontline implementers has brought to light important findings from a practical, hands-on perspective. The findings from this process led to the following conclusions and recommendations for future efforts focused on first-time parents:

1. Combining small peer group discussions, home visits, and quality improvements to sexual and reproductive health service delivery is a viable

approach for reaching first-time parents and young married women in Burkina Faso and other West African contexts. This approach should be considered for future programs.

2. Future programs for young married women and first-time parents should aim to apply a comprehensive approach that addresses the sexual and reproductive health needs and maternal and child health needs of project beneficiaries.
3. Mothers-in-law should be prioritized as a direct target group when working with first-time parents and young married women. Strategies should be developed to not only build their support for project interventions, but also to engage them to influence other household influencers.
4. Strategies for engaging husbands should take into consideration the age difference between spouses and adapt accordingly. Engaging husbands requires a proactive approach to reaching them in their usual areas of work or leisure, in addition to reaching them at home.
5. The diverse relationships between co-wives should be considered and examined in order to design the most suitable strategies for building support among older co-wives. Mechanisms to encourage co-wives to directly participate in programs should be established, while also ensuring privacy and confidentiality for young married women, including first-time parents.
6. When recruiting frontline implementers, emphasis should be placed on selecting people who can inspire trust among community members. Often, this means recruiting implementers who are based at the intervention sites or in neighboring communities. Formative research should be conducted at intervention sites to ascertain preferences among young married women and their key influencers

regarding the profile of frontline implementers;

7. Building young women's social capital, including through supportive peer groups, should be prioritized in programs for first-time parents and young married women.
8. Engaging frontline implementers in an intensive qualitative monitoring and documentation approach is not only effective for generating evidence about how best to reach first-time parents and young married women, but also provides a useful approach for continuous learning and improved project implementation. Such approaches should be integrated into future programs for young married women and first-time parents to address gaps in the knowledge base, and to improve the effectiveness and quality of interventions;
9. The YMW-FTP project model is apt for scale-up and should be considered by stakeholders in Burkina Faso and countries with similar contexts to reach a greater number of young married women, including first-time parents. Designing small-scale pilot projects, such as the YMW-FTP project, with potential scale-up in mind, can

facilitate the process of expanding the project and adapting it to new contexts. Systematic scale-up approaches should therefore be planned as part of future pilot projects aimed at reaching young married women and first time parents. There is national and international recognition of the need to invest in efforts to improve reproductive, maternal and child health in West Africa, including in Burkina Faso, as evidenced by the national family planning action plans developed through the Ouagadougou Partnership, the FP2020 commitments, and the increasing number of programs in the region.

As leadership grows to improve sexual, reproductive, maternal and child health, there remains a clear and urgent need for supportive services for young married women, including first-time parents, as well as programs and evidence to support these hard-to-reach and vulnerable populations to access critical services and information.³³ Pathfinder's YMW-FTP project offers important insights and learnings that can help to inform such efforts.



Client receiving family planning information

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ANNEX 1: TOPIC GUIDES FOR ROUTINE GROUP DISCUSSIONS


TOPIC GUIDE: SMALL PEER GROUP

This topic guide is to be used by the Pathfinder Project Manager to conduct routine group discussions with the YMW-FTP project's small peer group leaders.

Purpose: The project is using process documentation to answer key questions about the experience of implementing its technical strategy to reach young married women and first time parents (FTP). During the project, process documentation will support technical supportive supervision and collaborative problem-solving between frontline implementers (animateurs and small group leaders), project implementing partners, and project managers. At the end of the project, process documents will also help us understand the key moments and decisions that affected your ability to implement the strategy, as well as to develop lessons learned and recommendations for future implementers. This process documentation will involve holding routine group discussions with frontline implementers (animateurs and small group leaders), project implementing partners between October 2014 and May 2015.

Group discussion Summary details	
Date:	
Location:	
Group:	

- 1) Please describe your current activities with the YMW-FTP project.
(Note down all the activities they describe. If they don't mention small group facilitation, probe to ask if they are currently facilitating small groups of young married women and explain that most of the questions will focus on this activity.)
- 2) Describe how you were prepared to conduct these activities?
(Probe: did they participate in the training? How were the trainings? Do they feel well prepared?)
- 3) Please tell me more about the small groups you are facilitating. How did you form the groups? How many people are in the groups? How often do you meet?
 - a. What challenges did you experience in forming the small group?
 - b. What worked well in forming the group?
- 4) What happens during small group meetings?
(Probe: to add detail and description, including themes/topics discussed. Probe to ask if they are using the activity cards.)
- 5) What is working well in your small groups?
(Probe: to talk about whether young women are attending, what kinds of discussions they are having, and any positive outcomes they are observing among the young mothers)
- 6) What challenges are you experiencing with the small groups?

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- 7) In your small groups, do you have any women who are mothers with one child? If so, how is their participation in the group?
(Probe- Are they regularly attending the meeting? Are they active participants? What do they talk about in the groups?)
- 8) For first time mothers, have you observed any specific needs or differences between them and other young married women?
(Probe- Do they have any challenges that are different from married women without children? Do they talk about different worries or needs?)
- 9) During your small group meetings, what approaches or activities have you found most effective at engaging young women in discussion of healthy timing and spacing of pregnancy and/or sexual and reproductive health improvement?
- 10) What approaches or activities have been less effective?
- 11) Please reflect on your response regarding the challenges you have experienced in your small groups?
a. How have you attempted to overcome those challenges?
- 12) Please reflect on your response regarding what has been going well in the small groups:
a. How could the project better support this?
- 13) Describe how the YMW-FTP project and SOS-JD supports you to facilitate the small groups?
- 14) Describe any additional support you feel you need to be better facilitators of the small groups?
(Probe to find out if they are other non-material needs like training, supervision, tools, etc.)


TOPIC GUIDE: ANIMATEURS

This topic guide is to be used by the Pathfinder Project Manager to conduct routine group discussions with the YMW-FTP project's animateurs.

Purpose: The project is using process documentation to answer key questions about the experience of implementing its technical strategy to reach young married women and first time parents (FTP). During the project, process documentation will support technical supportive supervision and collaborative problem-solving between frontline implementers (animateurs and small group leaders), project implementing partners, and project managers. At the end of the project, process documents will also help us understand the key moments and decisions that affected your ability to implement the strategy, as well as to develop lessons learned and recommendations for future implementers. This process documentation will involve holding routine group discussions with frontline implementers (animateurs and small group leaders), project implementing partners between October 2014 and May 2015.

Group discussion Summary details	
Date:	
Location:	
Group:	

- 1) Please describe your current activities with the YMW-FTP project?
(Note down all the activities they describe. If they don't mention home visits, probe to ask if they are currently conducting home visits with young married women and explain that most of the questions will focus on this activity.)
- 2) Describe how you were prepared to conduct these activities?
(Probe: Did they participate in the training? How were the trainings? Do they feel well prepared?)
- 3) How often do you conduct home visits? How many home visits do you usually do each day? Have you visited a home more than once?
- 4) Please describe your experience conducting home visits?
(Probe: can you describe how a typical home visit goes?)
- 5) Please describe any differences when you conduct home visits with young married women who have one child (compared to those with no children or many children).
- 6) Please describe your experiences with the male partners of the young married women that you visit.
- 7) Please describe your experiences with the family members in the homes of the young married women that you visit.
(Probe: Any experiences with mothers-in law? Any experiences with co-wives?)
- 8) What challenges are you experiencing in conducting home visits with young married women (and their partners and families)?
- 9) What have you found to be good strategies for your home visits with young married women?

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- I0) What have you found to be good strategies for working with the families, including male partners and co-wives during home visits?
- I1) Please reflect on your response regarding the challenges you have experienced in conducting home visits.
- a. How have you attempted to overcome those challenges?
- I2) Are there any contraceptive methods sold or distributed in your community? If so by whom?
- I3) What are the challenges with the community-based distribution of contraceptives?
- I4) How has the project engaged with community leaders?
- I5) How has the engagement with community leaders been going? What have been the challenges? What have been the successes?
- I6) Describe how the YMW-FTP project and SOS-JD supports you to conduct home visits?
- I7) Describe any additional support you feel you need to be better conduct home visits?
(Probe to find out if they are other non-material needs like training, supervision, tools, etc.)

TOPIC GUIDE: LOCAL IMPLEMENTING PARTNERS – SOS-JD

This topic guide is to be used by the Pathfinder Project Manager to conduct routine group discussions with the YMW-FTP project's local implementing partners, SOS-JD and BURCASO.

Purpose: The project is using process documentation to answer key questions about the experience of implementing its technical strategy to reach young married women and first time parents (FTP). During the project, process documentation will support technical supportive supervision and collaborative problem-solving between frontline implementers (animateurs and small group leaders), project implementing partners, and project managers. At the end of the project, process documents will also help us understand the key moments and decisions that affected your ability to implement the strategy, as well as to develop lessons learned and recommendations for future implementers. This process documentation will involve holding routine group discussions with frontline implementers (animateurs and small group leaders), project implementing partners between October 2014 and May 2015.

Group discussion Summary details	
Date:	
Location:	
Organization:	

1. Reflecting on your efforts to promote healthy timing and spacing of pregnancy (HTSP) among young married women, their partners, and FTP through home visits, what challenges or negative changes have you observed?
2. Reflecting on your efforts to promote healthy timing and spacing of pregnancy (HTSP) among young married women, their partners, and FTP through home visits, what successes or positive changes have you observed?
3. Reflecting on your efforts to promote HTSP for young married women and FTP through small groups, what challenges or negative changes have you observed?
4. Reflecting on your efforts to promote HTSP for young married women and FTP through small groups, what successes or positive changes have you observed?
5. Reflecting on your efforts to promote HTSP among young married women and FTP through engagement of key community influencers (religious leaders, men, community elders), what challenges or negative changes have you observed?
6. Reflecting on your efforts to promote HTSP among young married women and FTP through engagement of key community influencers (religious leaders, men, community elders), what successes or positive changes have you observed?
7. How do you feel about project management between the country level teams, Pathfinder HQ, and E2A?
8. Is there anything we haven't discussed that you think is important to include, or that you would want other implementers to know about as they consider how to learn from your experiences in this project?

TOPIC GUIDE: LOCAL IMPLEMENTING PARTNERS – BURCASO

This topic guide is to be used by the Pathfinder Project Manager to conduct routine group discussions with the YMW-FTP project's local implementing partners, SOS-JD and BURCASO.

Purpose: The project is using process documentation to answer key questions about the experience of implementing its technical strategy to reach young married women and first time parents (FTP). During the project, process documentation will support technical supportive supervision and collaborative problem-solving between frontline implementers (animateurs and small group leaders), project implementing partners, and project managers. At the end of the project, process documents will also help us understand the key moments and decisions that affected your ability to implement the strategy, as well as to develop lessons learned and recommendations for future implementers. This process documentation will involve holding routine group discussions with frontline implementers (animateurs and small group leaders), project implementing partners between October 2014 and May 2015.

Group discussion Summary details	
Date:	
Location:	
Organization:	

1. Reflecting on your efforts to promote HTSP among young married women and FTP through supply-side interventions at facility level (including service quality improvement, values clarification regarding AYSRH, etc.), what challenges or negative changes have you observed?
2. Reflecting on your efforts to promote HTSP among young married women and FTP through supply-side interventions at facility level (including service quality improvement, values clarification regarding AYSRH, etc.), what successes or positive changes have you observed?
3. Reflecting on your efforts to promote HTSP among young married women and FTP through supply-side interventions at policy-level (such as pre-service training), what challenges or negative changes have you observed?
4. Reflecting on your efforts to promote HTSP among young married women and FTP through supply-side interventions at policy-level (such as pre-service training), what successes or positive changes have you observed?
5. How do you feel about project management between the country level teams, Pathfinder HQ, and E2A?
6. Is there anything we haven't discussed that you think is important to include, or that you would want other implementers to know about as they consider how to learn from your experiences in this project?

CULMINATING GROUP DISCUSSION TOPIC GUIDE

Background and Purpose of the Culminating Group Discussions

E2A is supporting Pathfinder International to conduct process documentation of its *Young Married Women in the West Africa Region* project. The central question of this documentation process is: “How can we support first time parents and young mothers in urban and rural settings in Burkina Faso to access HTSP information and services, especially contraception?”

Routine group discussions (GDs) were conducted with the project’s frontline implementers (peer educators and animateurs) and project implementing partners (BURCASO and SOS-JD) during a formative data collection phase (November 2014 to March 2015). A number of key learning topics emerged as a result of these group discussions (see Annex I) and were then summarized by the process documentation team in a set of hypotheses about effective project implementation strategies.

Culminating group discussions will be held in April 2015 with animateurs and peer educators. The purpose of these culminating group discussions is to examine and validate the learning topic hypotheses with project frontline implementers in Ouagadougou and Kantchari. The culminating group discussions will allow animateurs and peer educators to reflect on the learning topic hypotheses and suggest further recommendations to strengthen the project’s technical strategy. As such, the culminating group discussions will be an opportunity to deepen and refine our understanding about the main lessons learnt from this project.

CULMINATING GROUP DISCUSSION INFORMATION

Learning Topic: How to Effectively Engage Household Influencers – MOTHERS IN LAW

Group discussion Summary details	
Date:	
Location :	
Number of participants:	Animateurs: Peer educators: Total:

- *Data from the previous group discussions suggest that organizing specific sessions for mothers-in-law to introduce the project and share information on FP can help to increase their support.
 - What innovations did animateurs introduce to effectively engage mothers-in-law in these types of activities? To what extent were these strategies rolled-out in the project?
 - At what point of the project did (or should) these strategies be implemented? What type of project implementer should be involved? Where should they take place?
 - What additional strategies for engaging mothers-in-law could have brought value to the project?
- What are the specific considerations to keep in mind when engaging mothers-in-law of First-Time Parents (FTP) compared to other young married women (YMW)?

3. Data from the previous group discussions suggest that in urban settings in Burkina Faso, many mothers-in-law support the use of FP by their daughters-in-law, but they lack correct information. In rural settings in northern Burkina Faso, mothers-in-law usually disapprove of their daughters-in-law using FP. To what extent do you agree with these observations?
 - a. How should strategies for engaging Mothers-in-law in urban settings differ than those in rural settings?

Learning Topic: How to Effectively Engage Household Influencers – HUSBANDS

4. * Data from the previous group discussions suggest that it is useful to meet with husbands prior to conducting home visits. Since husbands are rarely at home, it is best to plan activities in their usual places of work or leisure, rather than at home.
 - a. What innovations did animateurs introduce to effectively involve husbands in these types of activities (especially to overcome their frequent absence during home visits)? To what extent were these innovations rolled-out in the project?
 - b. At what point of the project were (or should) these strategies with husbands be implemented? What type of project implementer should be involved? Where should they take place?
 - c. What additional strategies for engaging husbands could have brought value to the project?
5. What barriers should be taken into consideration when planning activities for engaging husbands of YMW and FTP?
6. * How did animateurs adapt their approach to home visits for couples with a large age difference compared to couples that are close in age? Which messages and approaches were more effective with older husbands and which were more effective with younger husbands?
7. What strategies were used to encourage more equitable power and gender dynamics between couples? What results did these strategies produce?
8. How should strategies for engaging husbands of YMW in urban settings differ from in rural settings?

Learning Topic: How to Effectively Engage Household Influencers – CO-WIVES

9. * What observations did the animateurs make about the dynamics between YMW/FTP and their older co-wives?
 - a. How does this relationship affect YMW/FTP's agency and decision-making, especially about fertility, HTSP/FP, childcare?
 - b. What specific approaches were most effective for encouraging co-wives to be supportive of YMW to participation in the project activities?
10. * How did older co-wives react vis-à-vis their younger co-wives' participation in the small peer groups?
 - a. What strategies, if any, were used to increase support for the peer groups among older co-wives?

Learning Topic: How to effectively identify and maintain the participation of young married women and FTPs in peer groups

11. * Data from the previous group discussions suggest that it was most effective for animateurs and community health workers (ASBC) to help identify potential participants for peer groups, rather than asking the peer educators do to so on their own.

- a. What were the specific reasons why it was useful for animateurs and ASBC's to help identify potential peer group members?
 - b. Was this true in both rural and urban settings?
12. Data from previous group discussions suggest that YMW did not like sessions that involved drama activities. Why did they not appreciate these types of sessions?
- a. What other types of methods were more appreciated by the YMW?

Learning Topic: How to effectively identify and maintain the participation of young married women and FTPs in home visits

13. * Data from the previous group discussions suggest that it was useful for Animateurs to work with Community Health Workers (ASBC) when preparing for home visits, specifically to help identify priority households and to learn about the household composition, culture and dynamics. Did this collaboration between animateurs and ASBC happen in all project sites?
- a. How did animateurs prepare for the home visits when ASBC were not present or available in the community?
14. * Data from the previous group discussions suggest that FTP are often less available than YMW without children to participate in both peer groups and home visits. What strategies did animateurs and PE use to adapt to FTP's limited availability?

Learning Topic: Complementarity of home visits and small peer groups

15. * What differences exist, if any, between the profile of YWM/FTP who participated actively in small peer groups and those who participate actively in home visits?
16. What differences exist, if any, between the topics most appreciated by YMW during small group meetings compared to home visits?
17. * What differences exist, if any, between the results that were achieved through small groups meetings compared to home visits?
18. * In your opinion, are peer groups and home visits duplicative (they achieve similar results with similar groups of people) or complementary (they achieve different and complementary results or reach different groups of people)?
- a. Do you have a preference for one approach over the other?

Learning Topic: How to tailor specific approaches to increase demand for FP among first-time parents, young married women with no children and young mothers with multiple children

19. * Data from previous group discussions suggest that:
YMW without children generally have little information about FP, pregnancy and maternal and child health. They have limited interest in FP because they have strong desired fertility or have strong pressure from key influencers (husbands, in-laws, etc.) to have a first child. They are also generally shy to speak about sexuality.

YMW who are first time parents have more interest and generally more knowledge about FP than YWM with no children. They are also open to learning about maternal and child health, as it directly affects them. While they have more interest in FP than YMW without children, they generally still desire more children.

YMW with multiple children have the highest level of interest in FP and also have higher levels of knowledge about maternal and child health.

How did you adapt your approaches in small peer groups and home visits to reflect these differences?

Learning Topic: How to ensure cohesiveness between home visits, peer groups and supply-side interventions

20. * Commodity security (ensuring a steady supply and access to contraceptive methods) was taken into account during the project design, but unfortunately, problems still arose. What strategies did animateurs use to overcome this challenge?
 - a. What recommendations can help avoid these challenges for future programs?
21. Data from previous group discussions suggest that working with existing male CBD/ASBC was at times an obstacle for the uptake of FP services among YMW and FTPs. What strategies did you use to overcome this obstacle?
 - a. How could the program engage male CBDs (ASBC) more effectively (ex. reaching out to husbands and other male influencers)?

Learning Topic: Lessons learnt about project implementers

22. What are the most important selection criteria when recruiting animateurs and peer educators (ex. age, religion, sex, etc.)?
23. * Reflecting back on the training you received through this project and on the experience of conducting home visits or leading small peer group sessions, how could the training be strengthened for future projects?

Learning Topic: Lessons learnt about project tools

24. How were the activity cards used with low- or no-literacy groups?
 - a. How could the activity cards be adapted to better meet the needs of low or no literacy PE and small group members?
25. * Data from previous group discussions suggest that peer educators felt there were gaps in the activity cards related to the following content areas: couples' communication skills, early and forced marriage and specific messages to encourage young women below 18 to delay their first pregnancy.
 - a. The activity cards refer to couples communication skills (Act. 3) and messaging for delaying young women's first pregnancy: Did PEs use these activity cards? If not, why not? What recommendations could strengthen the existing content?
 - b. For early and forced marriage, what specific information or reflection methods should be incorporated to the activity cards? What would be the purpose of sharing this information, keeping in mind that small peer group members are already married?

Annex I – Key Learning Topics

- i. Engaging house-hold level influencers:
 - mothers in law
 - co-wives
 - husbands
 - How is the project addressing household power dynamics and gender transformation to increase access to information and services for young married women?
- ii. Engaging community level influencers:
 - religious leaders
 - male champions
- iii. Working in different sites:
 - What different approaches are required to reach FTP/young mothers in urban versus in rural settings?
- iv. Strategies for effectively engaging young mothers and FTP themselves:
 - Strategies for meeting the needs of young married women with children and young married women without children
 - How to most effectively design complementary strategies of home visits and small groups for married women?
- v. Project implementers and tools:
 - Effective strategies for recruitment of project implementers
 - Effective strategies for training project implementers
 - What are animateurs' and peer educators' perceptions about the project tools (i.e. curricula, activity cards, M&E tools, etc.)? How can the tools be improved? Alatusce cae cestra propubli-cae non deremus ia verra ad cotiampra pre estea quis, is acchum ment.



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