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Linking Family Planning to Resilience in the Sahel: Findings from an Integrated Pilot Project in Zinder, Niger

REPORT | E2A PROJECT



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ACRONYMS AND ABBREVIATIONS

CBD	Community-based distributor
CF	Conservation farmer
COC	Combined oral contraceptive pills
CRS	Catholic Relief Services
CS	Case de santé [health post]
CSI	Centre de santé intégré [health center]
DHIS2	District Health Information Software 2
E2A	Evidence to Action
FGD	Focus group discussion
FP	Family planning
HTSP	Healthy timing and spacing of pregnancy
IUD	Intrauterine device
KII	Key informant interview
LARC	Long-acting reversible contraceptive
mCPR	Modern contraceptive prevalence rate
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCBA-CLUSA	National Cooperative Business Association CLUSA International
PHE	Population, Health, and Environment
POP	Progestin-only pills
REGIS-ER	Resilience and Economic Growth in the Sahel–Enhanced Resilience
RH	Reproductive health

RISE	Resilience in the Sahel-Expanded
RISE-FP	Building Resilience through Strengthening and Integrating Reproductive Health and Family Planning in Niger
SONGES	Soutien aux ONG Empowerment et Stratégie de développement
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene

EXECUTIVE SUMMARY

Background on Resilience Programming and Pathfinder/E2A Work in Niger and RISE

The African Sahel region is home to some of the most chronically vulnerable households living in some of the most fragile contexts in the world. Droughts are increasingly frequent and intensifying across the region, driving recurrent food and nutrition crises. National governments across the Sahel and their global counterparts have foreseen and worked hard to address these challenges. Nevertheless, women and children are among those most impacted. Poor access to health services, combined with recurrent epidemics and a lack of access to reproductive health and emergency care, are resulting in high rates of maternal mortality. Millions of children are at risk of malnutrition and underdevelopment.

Starting in the 2016 fiscal year, in recognition of a link between access to family planning (FP) and resilience¹ outcomes, USAID began to allocate FP resources as a part of the resilience-focused “Resilience in the Sahel-Expanded” (RISE) initiative. Launched in 2014, RISE—a groundbreaking, multi-partner initiative—focused on building the resilience of chronically vulnerable households in targeted agro-pastoral and marginal agricultural zones in Niger and Burkina Faso through economic empowerment, strengthening governance, and improving health and nutrition. This intervention focused on identifying at least one strategy to optimize the blending of FP funding with resilience funding. Strong quantitative evidence drawn from projects in the field of Population, Health, and Environment (PHE) informed the intervention’s design, for example, evidence that family planning is linked to resilience and that rural community-based programs linking FP to health and natural resource management can produce synergistic outcomes, such as increasing male engagement in FP and improving women’s engagement in natural resource management.

In 2017, the Evidence to Action (E2A) project (2011–present) launched “Building Resilience through Strengthening and Integrating Reproductive Health and Family Planning in Niger” (RISE-FP) in the Sahel, with support from USAID, to integrate quality family planning programming into the RISE initiative. The overall RISE-FP program objectives were to increase demand for and access to FP services, and contribute to the existing efforts to strengthen the health system in three targeted health districts (Magaria, Mirriah, and Matamèye) of Zinder region.

As part of the RISE-FP project, E2A proposed to pilot and document an innovative FP and resilience intervention built on the concepts of integration and partnership between health and non-health sectors. E2A/Pathfinder and USAID decided to undertake this intervention study in partnership with a RISE resilience partner that was not specifically tasked with a health mandate, with the aim of further building

¹ Here, we are using the USAID definition of resilience: “the capacity of affected people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth.” USAID Resilience Strategy Review, Feb. 2017

resilience by extending health and non-health (agricultural, in this case) information to a wider population. The selected partner was Resilience and Economic Growth in the Sahel–Enhanced Resilience (REGIS-ER), a RISE partner and project implemented by the National Cooperative Business Association CLUSA International (NCBA-CLUSA). E2A hoped this study would produce evidence that would increase cross-institutional and cross-sectoral exchanges among FP and resilience programming partners and increase community workers' capacity to provide integrated resilience/family planning information and contraceptive services in future projects. Although the intervention was relatively small in scale in comparison to that of E2A and RISE activities across the region, its significance is substantial.

The RISE project theorized that by increasing information about and availability of health (including FP and nutrition) and agricultural services (conservation farming) to a wider range of people in the communities, the resiliency of more households would be increased, making them better able to withstand changes to their social, economic, and environmental systems.

Methodology

E2A and Pathfinder International Niger conducted a study using both qualitative and quantitative data to explore the process of and lessons learned from implementing an integrated health and agriculture approach, including topics such as: partner selection, program approach/model used, and integrated tools used; key stakeholders' perceptions, including facilitators and barriers, of operating in an integrated environment and added value of this approach; and how an integrated health and agriculture approach with a focus on family planning, nutrition, and conservation farming, shaped stakeholder and beneficiary perceptions on the linkages between the thematic areas.

E2A targeted 13 villages in Niger's Zinder region, in two of three health districts where RISE-FP operated (Mirriah and Magaria): five villages in Droum commune and eight in Bandé commune. Integrated activities in all 13 villages were implemented from September 2018 through June 2019.

Following implementation, an E2A consultant undertook qualitative data collection and analysis of perceptions of integrated activities from staff from both partners, community-based distributors (CBDs) and conservation farmer (CF) leaders, beneficiary groups, and local development committees. E2A staff conducted a desk review and analyzed monitoring data from health facilities and community agents over the nine months of implementation in the 13 target sites.

Implementation

REGIS-ER and Pathfinder signed an agreement to collaborate, without any financial exchange, on integrating conservation farming, FP and nutrition as a means of building resilience, jointly recognizing that resources and project lifecycles mandated a discrete intervention in a single region. They:

- Developed a single, integrated job aid and joint messaging on conservation farming, FP, and nutrition;
- Trained CBDs and CF leaders in agriculture, nutrition, and health, and to deliver messages and integrated information that elucidated the linkages among these three domains;
- Trained both RISE-FP E2A-trained CBDs affiliated with Niger’s district health facilities and CF leaders, who worked with the RISE project to improve farming practices, on use of job aids and joint messaging during home visits, community dialogues, and/or farmer group meetings (known as “integrated activities”);
- Utilized the job aid in seven target villages where both REGIS-ER and Pathfinder were present [REGIS-ER used the job aid independently in six of its target villages] in order to expand access to FP information in places that Pathfinder was not able to reach;
- Developed integrated indicators; and
- Conducted joint supervision.

Partners cross-trained each other’s staff on FP and conservation farming respectively and developed a shared integrated job aid and messaging in the “joint” villages where both RISE-FP and REGIS-ER were active. In additional villages where REGIS-ER was implementing activities, but RISE-FP was not, REGIS-ER community workers implemented the same set of integrated activities. Through this approach, REGIS-ER and RISE-FP were able to examine two models of integration under this study: 1) integration when Pathfinder and another organization were already working in the same area and they integrated activities and messaging, and 2) integration when Pathfinder was not working directly in an area but integrated activities into the operations of an appropriate organization (REGIS-ER in this case) that was working in the area.

With health facility staff and the Ministry of Health and Mother and Child Health Directorate, RISE-FP and REGIS-ER ensured job aids adhered to national protocols, and jointly implemented training of 28 CBDs, 4 government representatives from the two districts and the regional health department, the heads of the Bandé and Droum health centers, and 23 CF leaders.

Outputs: Program Accomplishments

Expanding Access to Integrated Information and Expanded Male Engagement in FP

Data from project monitoring indicated that, following trainings and delivery of the integrated job aid, CF leaders and CBDs conducted household visits and awareness-raising sessions with large groups of men and women (often separately by gender) across the 13 target villages. Thirteen of the original 23 trained CF leaders worked in the REGIS-ER-only villages and 10 worked in the same villages with E2A. Notably, 20 of the 23 CF leaders were male and engaged only with male farmers. A total of 83% of the individuals reached by CF leaders were men. In the seven villages where REGIS and E2A worked jointly, 28 CBDs (evenly distributed by gender) actively implemented integrated communications. They engaged an even balance of male and female beneficiaries (50% male, 50% female). Although the dataset is too small to make statistically significant comparisons or draw definitive conclusions, there is one notable observation: CF leaders conducted slightly more household visits on average per agent than CBDs, and in total reached proportionally and in absolute numbers many more men in these visits than did CBDs. This could be explained by the fact that most of the trained CF leaders were men (as compared to 50% of the CBDs) and, in the Zinder region, it is most culturally acceptable for men to speak to men, and women to women. In REGIS-ER-only villages (where CF leaders did not have a CBD counterpart), CF leaders counseled on average more men and fewer women than they did in the joint villages.

Reaching FP Users and Beneficiaries with Intent to Use FP

Beneficiaries reached through household visits received referrals to facilities for the FP method of their choice, with one exception. If a beneficiary was already utilizing oral contraceptives or condoms, CBDs (though not CF leaders) were empowered to resupply clients. Monitoring data from joint Pathfinder and REGIS-ER sites indicates that 429 individuals with intent to use FP for the first time were referred to clinics, 235 (55%) by CF leaders and 194 (45%) by CBDs. Among those referred to initiate FP by both CBDs and CF leaders, 50% were referred for oral contraceptives, 30% for subcutaneous injectable (Sayana Press), 18% for intramuscular injectable (Depo), and 2% for implants (Implanon). CBDs provided oral contraceptive pills to 1,481 repeat users and distributed an additional 16 female condoms and 84 male condoms. CBDs also counseled and referred 28 continuing FP users for oral contraceptive pills, injectables, and implants. Through the RISE-FP project, training was provided to clinicians on provision of long-term and permanent methods in the referral facilities. However, no clients received referrals for IUDs, vasectomy, or sterilization, which project staff attributed to lack of demand among beneficiaries and lack of provider capacity. For example, following IUD training of six providers, only one of these providers was consistently competent to insert IUDs. A major limitation of the intervention and monitoring systems was that they did not allow the partners to trace the degree to which referrals were fulfilled.

Expanding Women’s Access to Conservation Farming Techniques

Although not formally monitored or documented, the implementation team learned that the joint training expanded knowledge and use of conservation farming methods and techniques to women in the targeted villages. The CF leaders were all men and their CF groups were largely male, meaning that women rarely had the opportunity to learn about or implement conservation farming techniques. The 14 female CBDs who attended the joint training with REGIS-ER were very interested in the conservation farming techniques and, of their own initiative, each started her own demonstration plot in the villages, using techniques such as field rotation and composting, with support from their CF leader colleagues. These CBDs invited the women they worked with through their FP and reproductive health (RH) counseling visits or group dialogue sessions to visit their fields. The CBDs reported observing a twofold increase in their harvests over the nine-month implementation period and, through the CBDs’ example, many other women in the villages expressed interest in and reportedly adopted these advanced techniques.

Participants’ Perceptions and Experience of Implementing Integrated Activities

Key informant interviews with staff from each partner depicted a productive partnership that ultimately delivered the integrated intervention, essentially as originally envisioned, but with a few challenges. Principally, the partnership experienced several delays and had to contend with competing priorities. Staff from both organizations attributed these outcomes to a lack of synchronization in REGIS-ER and RISE-FP project cycles, since REGIS-ER was nearing close-out as the intervention was starting and lost several staff as the project was beginning. The idea of partnership between the two projects came at a time when REGIS-ER was almost at the end of its activities. Also, communication gaps between national and local-level offices, and the need for national offices from both partners to be fully aligned with local decisions, presented significant delays along the way, particularly with regard to signing the Memorandum of Understanding.

The CBDs and CF leaders generally enjoyed using the integrated flipbook tool to lead discussions on chosen topics and make links between FP, conservation farming, and resilience. They explained that the explicit link between FP and conservation farming (as compared to the previous lack of clarity around these linkages) generated much more discussion among beneficiaries and community members during awareness-raising sessions. However, supervisors reported that CBDs were more likely to emphasize themes related to FP/RH and CF leaders were more likely to emphasize themes related to agriculture and nutrition during group discussions. CBDs and CF leaders reported that they often worked together to lead group discussions and were able to fill in the gaps in each other’s knowledge to help generate and fulfill demand for FP and conservation farming techniques.

Benefits and Added Value of an Integrated Approach

Based on interviews with staff and implementing agents, we concluded that the perceived benefits of the partnership and intervention included: (1) production of a shared, integrated communication tool that community agents from both partners found effective, as it enabled them to articulate linkages among agriculture, nutrition, health, and family planning, and respond to the holistic interests and needs of their target audiences; (2) ability to reach wider audiences than they could with their original communications materials and training, as reported by trained CBDs and CF leaders; (3) satisfaction of CF leaders and REGIS-ER staff that, as a result of the collaboration, they felt confident that the health referrals they made would lead to clients receiving a range of FP methods and quality services, whereas prior to the partnership, services were unpredictable; and (4) community agent and beneficiary recognition that expanded access to conservation farming information and family planning was likely to help reduce the incidence of childhood disease and death because, together, they could help families successfully achieve food self-sufficiency and improved health. Both agents and beneficiaries were consistently able to articulate these linkages.

Focus group discussions found that community members were open to discussions of FP and conservation farming and that community members, as well as CBDs and CF leaders and project staff, were able to articulate linkages between FP, conservation farming, and nutrition, and largely depicted them as elements that must go together to ensure healthy families. Personnel from both RISE-FP and REGIS-ER projects saw the main benefit of integration as strengthening the resilience of communities—CBDs, CF leaders, and beneficiaries all pointed to healthier families, increased crop yield, and increased prosperity as advantages of the practice of conservation farming, FP, and nutrition integration.

Conclusion and Recommendations

In summary, integrating FP into resilience programming through health–non-health partnerships, and/or scaling up the cross-training of staff and agents, accompanied by integrated communication tools, shows that staff, frontline workers, and end beneficiaries all understand the relations between health and agriculture and how using FP and practicing conservation farming can enhance communities' resilience. The findings also show promise for expanding access to family planning and may increase uptake of conservation farming practices, which would ultimately increase community resilience. These findings also reinforce the evidence from PHE literature indicating that such partnerships and integrated information are often successful at reaching men with FP information, and may mobilize them to increase their support for FP. Men often play an important decision-making role in women's access to health services and family planning, particularly in this region. Results could produce synergy for household food security and health and nutrition, and thereby resilience, across the Sahel—particularly for vulnerable women and children. As scale-up is considered, we propose the following five recommendations:

1. As a first step, assuming intent to design a partnership (without financial exchange) between health and non-health actors to strengthen resilience, implementers should **prioritize development of an MOU articulating shared benefits**. Donors should also better **design systems for optimizing collaboration between health and non-health sectors**, such as synchronizing project cycles. One way that donors may achieve this would be to provide results-based financial incentives to the other sector if they achieve certain results (that are not typically “part” of their own sector).
2. Implementers should refine community agent training and supervisory protocols to **encourage proactive promotion of topics on which agents are cross-trained**. When providing cross-training, **ensure that trainees not only understand why and what they are teaching, but that they also practice pre-tested, scripted integrated messaging** so they become comfortable delivering them.
3. In addition to developing stronger training tools, implementers should **develop clear indicators and a monitoring and evaluation approach that harmonizes partners’ existing tools and systems** to gather data on two subject areas to ensure that health projects are able to report on non-health outcomes (e.g., quantity of land farmed using enhanced agricultural techniques) and thus provide a stronger evidence base to advocate for integration.
4. Implementers must **account for the supply side of health service delivery**, to meet demand generated, and **implement a strong referral and counter-referral system** to ensure that demand is met.
5. **Focus on the potential of such partnerships and integrated initiatives** to reach men with FP information and to reach women with agricultural information and seek to refine our knowledge of how to optimize this value, **so benefits accrue toward the interdependent set of sectoral outcomes that are key to building resilience**.

BACKGROUND ON RESILIENCE PROGRAMMING AND PATHFINDER/E2A WORK IN NIGER AND RISE

The African Sahel region is home to some of the most chronically vulnerable households living in some of the most fragile contexts in the world.² Droughts are becoming more frequent and intense across the region, driving recurrent food and nutrition crises. National governments across the Sahel and their global counterparts have worked hard to foresee and address these challenges. Nevertheless, women and children are among those most impacted. Poor access to health services, combined with recurrent epidemics and a lack of access to reproductive health (RH) and emergency care, are resulting in high

² Fragile contexts are formally defined by the OECD in the States of Fragility Report, available online at: <http://www.oecd.org/dac/conflict-fragility-resilience/listofstateoffragilityreports.htm>.

maternal mortality rates. In addition, millions of children are at risk of malnutrition and underdevelopment. These basic health indicators are generally poorer in Zinder than nationally, where women have a total fertility rate of 8.5 (versus a national average of 7.6) and under-five mortality is 91.3 per 1,000 live births (versus 83.7 per 1,000 nationally).³ Modern contraceptive rates are about the same, at 16% in Zinder⁴ and 15.5% nationally.⁵

Resilience in the Sahel Enhanced (RISE)

Launched in 2014, USAID's Sahel Regional "Resilience in the Sahel Enhanced" (RISE) initiative is a groundbreaking, multi-partner project focused on building the resilience of chronically vulnerable households in targeted agro-pastoral and marginal agricultural zones in Niger and Burkina Faso by fostering economic empowerment, strengthening governance, and improving health and nutrition. Resilience is a complex concept and the term is used differently in different contexts. For the purposes of this project, we used the USAID definition: "the capacity of affected people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth."⁶ Starting in the 2016 fiscal year, in recognition of a link between access to family planning (FP) and resilience outcomes, USAID began to allocate FP resources as a part of the resilience-focused RISE initiative. This intervention focused on identifying at least one strategy to optimize the blending of FP funding with resilience funding. The established link between women's ability to space and plan births and their health and the health of their children, as well as the link between health and overall resilience, indicate that FP is a critical element of resilience. A further association between fertility and environmental change is also possible. FP experts sought to identify effective strategies for optimizing RISE resources, drawing insights from the field of Population, Health, and Environment (PHE) to inform the intervention's design. In 2018, peer reviewed research supported by USAID, led by the Population Bureau under the EVIDENCE project, and in collaboration with Pathfinder International, produced strong quantitative evidence from PHE projects that FP was linked to resilience. Additionally, PHE research has shown that rural community-based programs that link FP to health and natural resource management can produce synergistic outcomes such as increased male engagement in FP and improved women's engagement in natural resource management.

Recognizing the importance of including FP within resilience programming, the Evidence to Action (E2A) project (2011–present) launched "Building Resilience through Strengthening and Integrating Reproductive

³ Institut National de la Statistique (INS) Niger and ICF International, Niger: Enquête Démographique et de Santé et à Indicateurs Multiples, Calverton, MD, USA: INS and ICF International, Septembre 2013.

⁴ *Ibid.*

⁵ FP2020, "Niger: FP2020 Core Indicator 2018-19 Summary Sheet," 2019. Accessed at <http://track20.org/Niger>.

⁶ Midterm Performance Assessment of USAID's "Resilience in the Sahel Enhanced" (RISE) Initiative in Burkina Faso and Niger. USAID, Feb. 2017. Available at

https://www.usaid.gov/sites/default/files/documents/1860/Resilience_in_the_Sahel_Enhanced_Midterm_Performance_Assessment_Phase_1.pdf.

Health and Family Planning in Niger” (RISE-FP) in the Sahel in 2017, with support from USAID. RISE-FP is an FP-focused effort that was co-located in the RISE geographical target zone, and coordinated with the USAID RISE initiative implementation. RISE-FP also implemented an integrated intervention in a subset of this zone that was intended to explore modalities for integration that went beyond co-location and coordination between the health and non-health resilience partners, such as those that work primarily in agriculture, economic development, or governance. This integration centered on RISE-FP’s community-based workers and the community workers of a partner non-health organization delivering the same set of integrated messages on health, nutrition, and agriculture to show the links between the domains and resilience. Given USAID’s specific interest in integration, E2A proposed to conduct a study within RISE-FP that piloted and documented an innovative FP and resilience intervention built on the concepts of integration and partnership between the health and non-health sectors. This integrated intervention is the focus of this report. E2A hoped this study would produce evidence that would increase cross-institutional and cross-sectoral exchanges among FP and resilience programming partners and increase community workers’ capacity to provide integrated resilience/FP information and contraceptive services in future projects. Although the intervention was relatively small in scale in comparison to that of E2A and RISE activities across the region, its significance is substantial.

RISE-FP

The overall RISE-FP program objectives were to increase demand for and access to FP services and to contribute to the existing efforts to strengthen the health system in three targeted health districts (Magaria, Mirriah, and Matamèye) of Zinder region. For the integration study, E2A/Pathfinder also aimed to build community resilience through integrating FP/RH and resilience programming in a subset of villages served by the RISE-FP program. The project supported the government of Niger in efforts to achieve its National Family Planning Action Plan (2013–2020), which aims to increase the national modern contraceptive prevalence rate (mCPR) from 12% in 2012 to 50% by 2020. The RISE-FP project was intended to integrate within and leverage existing resources in the overall USAID/Sahel Regional Office’s RISE initiative to improve the health and nutrition status of women and children under five years old, in order to reduce chronic vulnerability of populations to recurrent crises. The overall strategy of the RISE-FP project is an expression of E2A’s service delivery strengthening framework, which addresses supply, demand, enabling environment, and the challenges that constrain delivery of essential services, including FP, to women and youth. In addition, RISE-FP’s strategy dovetails with the government of Niger’s overarching strategic aims of improving the availability of FP services at all levels of the continuum of care (community as well as public and private health facilities), increasing demand for FP services at all levels, and promoting a conducive environment for FP.

RISE-FP Overall Activities

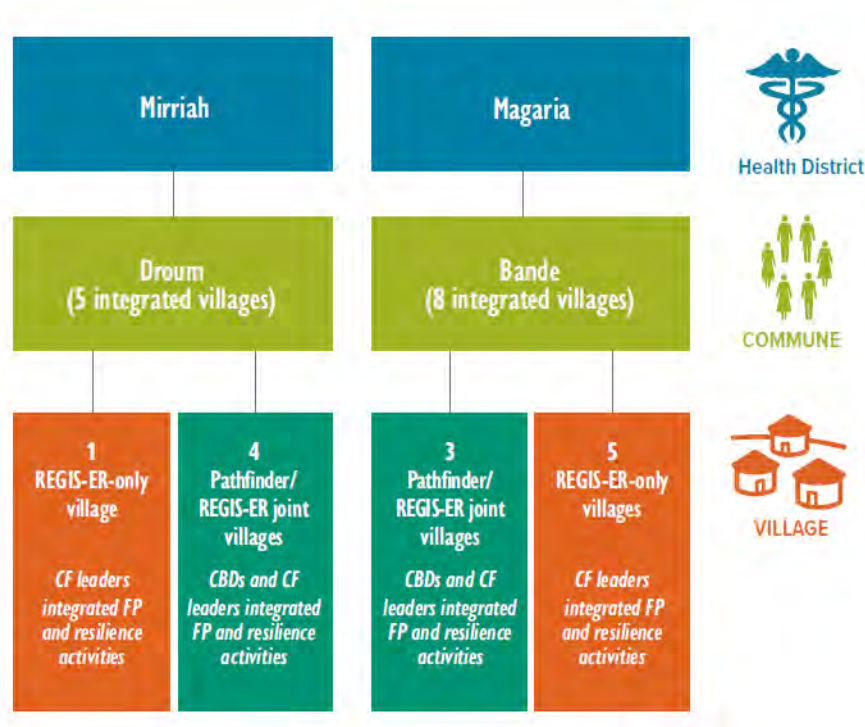
In the overall RISE-FP project, E2A/Pathfinder conducted interventions in 80 villages in three districts of Zinder. At the community level, the project applied a community-based distribution model to increase demand for FP services among women, men, couples, and adolescents and youth of reproductive age, while also working with community gatekeepers (elders, religious leaders, parents, and health committee members) to improve support for FP/RH. There were four community-based distributors (CBDs) in each village (two men and two women) serving a population of approximately 1,000 inhabitants. The project trained volunteer CBDs at the village level using the national FP/RH curriculum for CBDs to provide short-acting contraceptives (male and female condoms and oral contraceptive pills); educate communities through household visits and group counseling on FP/RH, with an emphasis on healthy timing and spacing of pregnancy (HTSP) and joint couples decision making; and refer clients to facilities. Additionally, religious leaders were recruited to disseminate messages using religious arguments for FP and HTSP, mobilize communities for group dialogues and mobile outreaches, and facilitate discussions on FP and maternal and child health in new project areas. Youth leaders were recruited and trained to conduct behavior change activities, through modalities such as community dramas and games.

RISE-FP also increased access to FP services at the community and health facility levels by supporting mobile outreach strategies; building the capacity of existing facility-based health workers in the public sector to provide comprehensive contraception counseling and the full range of methods and services; and building the capacity of health staff at the regional, district, and facility levels to provide supportive supervision and ensure quality improvement, good data management, and reliable commodity logistics and forecasting. The project provided technical assistance and funding support to the Ministry of Health (MOH) for strengthening capacity and management of FP/RH commodity logistics and health management information and referral systems within the supported communes through the level of health centers (*centre de santé intégrés* [CSI]) and health posts (*cases de santé* [CS]). Government partners at all levels received supportive onsite mentoring from project staff in FP performance management and participated in joint preparation and organization of project activities.

RISE-FP Integrated Activities

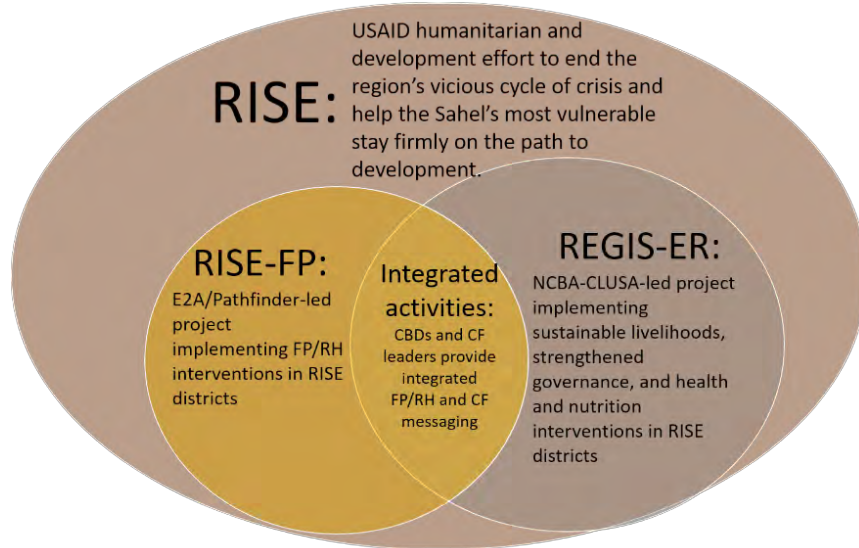
E2A/Pathfinder and USAID decided at the beginning of the process that a key feature of this intervention study was that it be undertaken in partnership with one of the resilience partners under RISE that was not specifically tasked with a health mandate. E2A/Pathfinder and USAID theorized that integrating activities with a “non-health partner” would further build resilience by extending health and non-health (agricultural, in this case) information to a wider population. The selected partner was Resilience and Economic Growth in the Sahel–Enhanced Resilience (REGIS-ER), a RISE partner and project implemented by the National Cooperative Business Association CLUSA International (NCBA-CLUSA). The process of selecting this partner and determining the package of integration activities is detailed in the findings section below.

FIGURE 1: RISE-FP INTERVENTION SITES



In the villages where both RISE-FP and REGIS-ER implemented activities, the project adopted a different intervention approach to better integrate FP and non-health activities. In these joint integration villages, the RISE-FP project sought to build community resilience through integrating FP/RH with resilience programming in partnership with a non-health RISE partner in the agricultural sector to synergistically ensure that both FP and resilience interventions achieved the desired outcomes at the community and facility levels. CBDs were trained to provide integrated information on FP and conservation farming—building resilience through increasing demand for FP/RH services and strengthening FP/RH referrals to health facilities, especially for long-acting reversible contraceptives (LARCs) and injectables. (These activities are hereafter referred to as “integrated activities.”) Conservation farmer (CF) group leaders (known as “CF leaders”) were also trained to provide integrated information on health and agriculture and to refer for FP/RH services. In additional villages where REGIS-ER was implementing activities, but RISE-FP was not active, REGIS-ER community workers implemented the same set of integrated activities. Through this approach, REGIS-ER and RISE-FP were able to examine two models of integration under this study: (1) integration when Pathfinder and another organization were already working in the same area and they integrated activities and messaging, and (2) integration when Pathfinder was not working directly in an area but integrated activities into the operations of an appropriate organization (REGIS-ER in this case) that was working in the area.

FIGURE 2: CONCEPT MAP OF RISE PROJECTS



Integration Strategy

The RISE project theorized that by increasing access to information and services related to agriculture (conservation farming) and health (FP and nutrition), for a wider range of people in the community, more households would become resilient and better able to withstand changes (disruptions) to their social, economic, and environmental systems. This theory of change was developed by the E2A/Pathfinder technical team during project design and validated and accepted by Pathfinder and implementing partners during planning workshops.

Theory of Change for Integrated Activities

- By increasing the capacity of people to practice conservation farming, they will be able to more consistently grow sufficient crops for their family consumption and for their livelihood (regardless of changes in the environment), thus improving their nutrition, which improves their health and ultimately increases their resilience.
- By increasing demand for and access to family planning, people will be better able to plan and space their pregnancies, allowing them to become healthier mothers and have healthier children, which ultimately increases their resilience.
- By increasing the availability of health and family planning information, people will be able to make better decisions for their families, which improves overall family health and ultimately increases their resilience.

- If people better understand the links between nutrition, agriculture, and health, they will modify their behaviors to improve nutrition for their children and pregnant and nursing mothers, which will improve their health and ultimately increase their resilience.
- If we bring together CBDs and CF leaders and increase their knowledge of the importance of the links between agriculture, nutrition, and health, they will be able to discuss these links in their community work and improve the knowledge and attitudes of community members—helping community members make decisions that will improve their family health and resource management, ultimately increasing their resilience.
- If predominantly male CF groups consider reproductive health in relation to resource management, family health, and the environment, and are provided with opportunities to discuss accurate information about FP/RH, men will become more motivated to improve family health by adopting improved agriculture and supporting their partners' use of FP, which improves family health and ultimately increases their resilience.

This study specifically focused on these final two points of the theory of change and explored whether the integrated activities supported increased knowledge of the links between health, family planning, the environment, nutrition, and intent to use FP, especially among men.

This theory of change was based on the following assumptions:

- Increased knowledge of and access to family planning, health, and agricultural services leads people to make more informed decisions that result in healthy behaviors that are better for their families.
- Increased knowledge of the links between health and the environment leads people to make more informed decisions that result in behaviors that are better for their families.
- By training health workers in conservation farming and nutrition and CF leaders in FP/RH, the project would reach a wider audience with information regarding health, FP, agriculture, and nutrition than if both groups worked only in their own knowledge areas.

See Annex 1 for visual theory of change.

METHODOLOGY FOR A STUDY ON THE INTEGRATION PROCESS IN ZINDER

E2A and Pathfinder-Niger conducted a study using both qualitative and quantitative data to generate learnings from implementing an integrated health and agriculture approach with a focus on family planning, nutrition, and conservation farming in Zinder, Niger in order to document and share lessons that donors and implementers can apply to potential scale-up in Niger or to other countries across the Sahel.

Study Purpose

This study was conducted to explore the following:

1. The process of and lessons learned from implementing an integrated health and agriculture approach, including partner selection, program approach/model used, and integrated tools used;
2. The perceptions of stakeholders, including facilitators and barriers, of operating in an integrated environment and added value of this approach; and
3. How an integrated health and agriculture approach with a focus on family planning, nutrition, and conservation farming, shaped stakeholder and beneficiary perceptions on the linkages between the thematic areas.

Study Setting

The study was conducted in 13 villages in the Mirriah and Magaria districts of the Zinder region where RISE and selected partner REGIS-ER were implementing activities: the seven villages from the communes of Bandé (Magaria district) and Droum (Mirriah district) where both REGIS-ER and Pathfinder International/E2A were implementing the integrated program (“joint villages”) and six additional villages in the same communes where REGIS-ER alone implemented the integrated activities. (See Annexes 2, 3, and 4 for intervention sites, maps, and hierarchy of intervention sites.) Integrated activities in all 13 villages were implemented from September 2018 through June 2019. The study protocol and other required documents were submitted to Pathfinder ethics review officer and E2A consortium member PATH’s Research Determination Committee, which deemed the proposed study ‘non-research’ and recommended that the project proceed to implementation.

Study Design

This was a case study to document both the process of working with a non-health RISE partner in Zinder to implement integrated FP, nutrition, and agriculture activities and the resulting outcomes generated. Both qualitative and secondary quantitative data from the 13 integration villages were collected. Qualitative data was collected through focus group discussions (FGDs) and key informant interviews (KIIs). These were complemented by quantitative data gathered from routine monitoring data.

Desk Review

The E2A team conducted a desk review of RISE-FP project reports, previous assessments and literature, and existing documents to better understand the process of implementing an integrated approach, including important decisions made and inputs needed. Several topics were prioritized, including: the selection of complementary PHE-related activities; implementation partner selection; development of integrated tools and data collection forms; and training and performance of community-based agents.

Quantitative Data

Monitoring data was routinely collected and used on a monthly basis to contextualize the Niger RISE-FP program and illustrate progress and achievements. For this study, E2A staff analyzed monitoring data from health facilities and community agents in the 13 target sites.

Service Statistics

The aim of the quantitative data collection was to document trends in FP uptake and in FP referrals made by non-medical community-based workers in Zinder (E2A/Pathfinder project-supported CBDs and REGIS-ER-supported CF leaders). Data was collected monthly on the following indicators: number of CBDs and CF leaders trained; number of household visits made for FP counseling by CBDs and CF leaders, by gender; number of new users referred for FP by CBDs and CF leaders, by method and age; number of repeat acceptors referred for FP by CBDs and CF leaders, by method and age; number of repeat users who accepted FP from CBDs, by method and age; and number of FP commodities distributed by CBDs, by method and age. All data were collected from October 2018, when integrated activities were launched, through the end of the project in June 2019. The quantitative data was extracted from Pathfinder's Online Data System (ODS) and the District Health Information Software 2 (DHIS2) data collection system. Because Pathfinder did not intervene in the referral facilities to which the CBDs and CF leaders referred, this data did not track confirmed referrals, and due to limitations in budget and time of the intervention, collection and inclusion of such counter-referral information—which would have been ideal to inform the intervention's findings—was not possible.

Data Management and Analysis

Data on the above indicators were analyzed based on already collected data from Pathfinder's Online Data System and DHIS2. Data were analyzed in Microsoft Excel using descriptive statistics (frequencies and proportions to summarize variables) and displayed graphically using charts (time trend analysis graphs, bar charts, line graphs, pie charts, etc.)

Qualitative Data

E2A hired an external research consultant to collect and analyze qualitative data. The consultant, as principal investigator, conducted KIIs and FGDs with those involved in implementation as well as beneficiaries to better understand the process of implementing the integrated approach, including facilitators and barriers, to understand how the activities may have shaped their perceptions.

TABLE 1: NUMBER OF FGD AND KII BY CADRE

FOCUS GROUP DISCUSSIONS				
Actor	Number of FGDs	Number of Female Participants	Number of Male Participants	Total Number of Participants
CF leaders	3	0	19	19
CBDs	2	5	7	12
CBD	2	22	2	24
CF beneficiaries	2	5	19	24
TOTAL	9	32	47	79
KEY INFORMANT INTERVIEWS				
Actor	Number of Individual Interviews			
Local leaders (Citizens' Work Groups)	2			
Pathfinder staff: field agents	3			
Pathfinder staff: Zinder and Niamey staff	4			
REGIS-ER staff: field agents	4			
REGIS-ER staff: Zinder and Niamey staff	3			
TOTAL	16			

The principal investigator conducted the KIIs himself, working with a translator as needed. Under the principal investigator's leadership, two research assistants carried out additional qualitative data collection. The research assistants were trained over a period of two days to conduct and take notes during FGDs and in ethical research best practices. A translator participated in the training to ensure guides were properly translated into Hausa, the local language. The tools were pre-tested and revised over a two-day period based on these findings. The research assistants were actively supervised by the principal investigator to ensure that they collected relevant information in line with the study objectives and obtained ethical consent prior to collecting and recording interviews and discussions. Field work for this project was conducted over a three-week period in June 2019, after the conclusion of integration activities.

Focus Group Discussions

The FGDs were carried out among the different groups involved in the implementation of the integrated approach, segregated by cadre: CF leaders in integrated project sites, CBDs, participants in conservation farming groups, and CBD beneficiaries. A purposive sampling technique was used to recruit participants for FGDs. Stakeholders who had played active roles in the implementation of integrated activities or had benefitted from the activities were recruited into the study.

The FGDs with CBDs and CF leaders aimed at: documenting the experiences of field agents in implementing the integrated activities, their interactions with beneficiaries and each other, barriers to and facilitators of implementing integrated activities, and field agents' perceptions of the links between FP/RH and CF. The FGDs also documented lessons learned and elicited suggestions from the implementers on

how to improve integration of health and agriculture information and activities. CBDs and CF leaders were recruited to participate in FGDs according to the following criteria: were over 18 years of age and had implemented project activities in a significant manner, according to the REGIS-ER, RISE, and community-based organization staff who had supervised them. For CF leader and CBD beneficiaries, inclusion criteria were: over 18 years of age, had attended at least four educational sessions or received four home visits from the CF leader/CBD, and had not participated in the pre-test. CF members were largely male, and CBD beneficiaries were largely female, so no set numbers were recruited of each gender. These FGDs aimed to document beneficiaries' experiences participating in the integrated activities, their interactions with the CBDs and CF leaders, and their perceptions of the links between FP/RH and CF. The FGDs were conducted in Hausa, following the FGD guide, and each discussion lasted about 90 minutes. Consent to record the session was received from all respondents before conducting the FGD. (See Annex 5 for the FGD guides.)

The number of FGDs was guided by study aims, cadre/sub-groups, study questions, and objectives. These were also guided by practical constraints such as the amount of time available for data collection. A total of nine FGDs were conducted (see Table 1 above for number of FGDs per cadre).

Key Informant Interviews

Interviews were conducted with stakeholders involved in the implementation of the integrated activities at the commune level to gain detailed insights into their perceptions and lessons learned. A purposive sampling technique was used to recruit stakeholders who had played active roles in the implementation of integrated activities. Respondents included local leaders, field agents from RISE (including the RISE-contracted community-based agents, SONGES), field agents from REGIS-ER, and RISE and REGIS-ER staff in the district and national offices.

Interviews were conducted at a convenient time and place, chosen by the interviewee. Interviews were conducted in French using an interviewer guide containing relevant questions (see Annex 5 for KII guides). The principal investigator conducted the interviews and noted responses. Written or oral consent was obtained from all respondents before each interview. The interviews lasted about 60 minutes (depending on how much time the interviewee was able to spare for the activity). A total of 16 interviews were conducted (see Table 1 above for number of KIIs per cadre).

Data Management and Analysis

The research team analyzed transcripts and created summaries at each stage of data collection to identify and cross-reference important information after each interview in order to identify emerging themes, similarities, and differences.

FINDINGS FROM THE IMPLEMENTATION PROCESS

Analysis of the data from the above sources yielded several findings about the implementation process—from partner selection through training of community-based workers.

Timeline of Activities

An overview of programmatic activities from the initial partner selection through documentation is below.

September 2017	Recruitment of consultant to evaluate partners, provide onsite leadership of and support for implementation and documentation of integration activities
October 2017	Consultant led assessment of 4 RISE Partners (REGIS-ER, REGIS-AG, SAWKI, CRS)
October–December 2017	Chose REGIS-ER as integration partner and began to work on Memorandum of Understanding (MOU)
December 2017	First joint workshop to discuss theory of change, activities, and M&E plan
March–April 2018	Refined activities and decided on final integration sites
May 2018	MOU signed
July 2018	Conducted workshop to create integrated job aid tools and pre-tested tools
July–October 2018	Drafted integrated indicators, joint supervision tool, and supervision plan
August 2018	Developed trainers' guide for integration tool and documentation strategy
September 2018	Conducted training for CBDs and CF leaders and launched integrated activities
Sept 2018–June 2019	Implementation of integrated activities
October 2018	Joint supervision of integrated activities began
June 2019	Consultant conducted qualitative documentation, E2A synthesized and analyzed qualitative and quantitative information from the intervention

Preparing for Integration

STEP 1: HIRING A PHE CONSULTANT

In September 2017, E2A/Pathfinder decided to hire an external consultant to lead the partner selection, develop and implement joint integrated activities, support collaboration and network strengthening among partners, and document the integrated activities. E2A made this decision to ensure that an individual with a strong background in PHE was able to provide technical expertise to the project, as well as dedicate enough time to a complicated project, as local staff had limited time and technical capacity.

STEP 2: SELECTING AN IMPLEMENTATION PARTNER

The first step in the implementation process was selecting a suitable non-health implementing partner. One Pathfinder agent said:

“The motivation is to see if by integrating both [domains] we can increase resilience... The goal [of the project] really is to increase the resilience of the communities [and] the populations that we weren’t reaching through FP/RH alone which we are reaching now.” —RISE-FP staff, Zinder

For RISE-FP, the partner selection process was led by the PHE consultant. The project analyzed the following projects and organizations that work on resilience under the USAID-funded RISE project and work in the Zinder region: REGIS-ER, implemented by NCBA-CLUSA/University Research Co. (URC)/Dimagi; Resilience and Economic Growth in the Sahel–Accelerated Growth (REGIS-AG), implemented by Cultivating New Frontiers in Agriculture (CNFA) and Catholic Relief Services (CRS); Sawki, a Development Food Aid Program implemented by Mercy Corps and Helen Keller International; and Programme d’Appui à la Sécurité Alimentaire des Ménages – Tanadin Abincin Iyali (PASAM-TAI), implemented by CRS.

The selection process included interviews with the four potential partner organizations as well as a desk review of their program reports. Interviews focused on program activities, especially those aspects related to resilience, and target groups such as young people and adolescents; potential “fit” with E2A activities, such as alignment of objectives, general working relationships with other partners, and staffing capacity; experience implementing health and FP programs (including questions on youth, FP methods, approaches and tools used, relationship with the MOH, and value-add of partnership); and PHE technical capacity (programming on key populations, food security and community-based livelihoods, youth, and gender). Additional documents were requested to complement the interviews with a desk review.

The main elements that guided the partner evaluation were: (1) community mobilization mechanism in place; (2) number of health districts covered; (3) participation in inter-partner meetings and clusters; (4) interest in working in partnership with E2A and understanding of the importance of integrating health activities with non-health related activities to increase community resilience; (5) consultant recommendations; and (6) existing partnership with health administration. These criteria were set by the PHE consultant and validated by the RISE-FP team. Based on these established criteria, the consultant ranked REGIS-ER the highest. The RISE-FP and E2A teams agreed with this selection as other partners raised concerns and barriers to integration: one project did not believe that promoting FP aids the resilience of a population and others focused only on natural FP methods (to the exclusion of modern methods), indicating that they would not accept integrating modern FP methods into their activities and implying that there would not be alignment with the RISE-FP project mandate. Finally, there was also a concern that some organizations lacked sufficient internal coordination between their health and nutrition

programs to effectively integrate with RISE-FP. REGIS-ER was open to a wide range of FP methods and activities and, at the time of partner selection, overlapped geographically in 17 intervention villages with RISE-FP. (However, by the time implementation began, REGIS-ER had begun to phase out its activities and the two projects both operated in only seven villages. More information on village selection is included under Step 5: Finalizing Joint Package of Services.) Therefore, E2A chose REGIS-ER for the partnership.

REFIS-ER Activities (Pre-Integration)

REGIS-ER's goal was to increase the "resilience of chronically vulnerable populations in agro-pastoral and marginal agriculture livelihood zones in Niger and Burkina Faso." The project included three specific objectives related to: (1) increasing economic wellbeing; (2) strengthening institutions and governance; and (3) improving health and nutrition status through the promotion of rational use of food, dietary diversification, access to new fortified foods, better access to and quality of health and nutrition services, and improved water sources and sanitation.

REGIS-ER worked with CF groups to provide supplies (e.g., drought-resistant seeds) and to train the farmers in conservation farming techniques. Conservation farming is an integrated fertility management system based on minimum tillage, crop rotation, and permanent soil cover. Each supported CF group had a volunteer lead farmer (referred to as a CF leader in this paper) who worked with groups of 11–20 people to provide support on conservation farming techniques. These CF leaders (all male) were chosen by their communities to undergo conservation farming training and were responsible for teaching their respective communities how to optimize production through modern farming techniques. There were 2–5 CF groups in each village supported by REGIS-ER, all of which had the general objective of increasing agricultural production. Sub-objectives included increasing soil fertility and building local governance by strengthening the group's ability to manage its own organization. In the 13 villages in which the project implemented integrated activities, 23 leaders supported 352 farmers, 349 of whom were men and only 3 were women, meaning that women rarely had the opportunity to learn about or implement conservation farming techniques.

REGIS-ER implemented approximately eight activities in its areas of intervention, all of which aimed to contribute to strengthening resilience. One of these activities was devoted to hygiene and health, and addressed the issue of FP but was limited to basic sensitization of communities on adopting contraceptive methods, without FP counseling or provision of methods or referrals. REGIS-ER agents reported that this activity generated demand that it could neither directly nor indirectly meet (meaning agents could not be certain that once a sensitized individual wanted to obtain a method, s/he could reliably obtain any method or the method of her/his choice at the nearest clinic or from a CBD). Thus, the opportunity to partner with RISE-FP came as "a sigh of relief," according to one REGIS-ER employee:

“...We are only intervening in increasing demand. So, we sensitize communities about FP, we encourage them to get FP methods, but service delivery is not guaranteed, even for the communities where there is a health center. But when RISE-FP came with the CBD project, they came with service delivery, and the first thing I said was a sigh of relief. Because they will complement the actions we are doing on the ground. You go and sensitize the women, they are there, they work up the courage to go to the health center, and sometimes the service they ask for is not there. But with RISE-FP they reinforce delivery at the health center and they've even put services in place at the community level with the CBDs.”

—REGIS-ER staff, Zinder

Similarly, complementarity of activities for better community resilience was also one of the motivations that led RISE-FP to build this partnership. Integration of activities allowed RISE-FP to reach a part of the population that it could not reach with a traditional CBD approach alone.

STEP 3: DRAFTING INTEGRATED ACTIVITIES

In December 2017, Pathfinder and REGIS-ER held a preliminary workshop to draft the project approach and activities. The workshop was attended by RISE-FP and E2A staff from the Washington DC office, Niamey, and Zinder; REGIS-ER staff from Zinder; and representatives from the health district and regional health service. Staff from the REGIS-ER Niamey office and from the regional health department were not available. In the workshop, each organization gave an overview of their respective projects and communications and together discussed resilience and the theory of change for the intervention. E2A presented on PHE concepts and messaging and facilitated group brainstorming on wellbeing, health, and environment and on the main individual, societal, and environmental barriers to FP use, and potential pathways to change. The organizations also mapped out the community groups that they worked with, such as Mamans Lumières and CBDs, and their respective roles. This discussion of each project's activities served as a starting point for the identification of key activities that could lead to the adoption of best practices favorable to strengthening the resilience of the beneficiary communities. The group together identified the following preliminary list of new activities for joint implementation: capacity building of local resource persons on FP/RH awareness and service delivery; capacity building for CBDs on resilience activities; capacity building of mother-to-mother groups for FP/RH outreach and service provision; capacity building of CF group members on FP/RH outreach and service delivery and CBDs on health/nutrition/water, sanitation, and hygiene (WASH), and the linkages among these topics; strengthening local leadership committee members (REGIS-ER) and Management Committees (RISE-PF) in the monitoring of FP/RH and resilience activities; and capacity building for adolescent girls on FP/RH and resilience and establishment of safe spaces for adolescents. All these activities would be jointly implemented “integrated activities” that would complement the existing activities that RISE-FP and REGIS-ER independently implemented.

In addition to mapping out potential activities, the participants developed preliminary joint process and impact indicators on FP demand creation, FP service delivery, and resilience service delivery, such as the number of people trained on integrated messaging, number of people who received integrated messages, and number of acceptors of FP. These initial lists of activities, indicators, and theory of change components were very broad, with further refinement needed. At the end of the meeting, participants recommended organizing a meeting between the partners in Niamey and conducting joint field visits. The participants created a Gantt chart with next steps divided between the organizations, with REGIS-ER creating data collection tools and RISE-FP finalizing indicators. They also agreed to: finalize the workshop report, MOU, integrated activities, indicators, and data collection tools; and explore formats for joint messaging.

STEP 4: CREATING A MEMORANDUM OF UNDERSTANDING

To formalize the partnership between RISE-FP and REGIS-ER, Pathfinder and NCBA-CLUSA (the implementing organizations) decided to enter into an MOU. An MOU was an important step to ensure true integrated activities, as there was no financial relationship to bind partners to specific activities. The MOU was an operational partnership, not a legal partnership, and did not impact the governance structures of either party and did not include any financial obligation or the transfer of funds from one party to another. The purpose of the MOU was therefore to enable both parties to collaborate by jointly developing integrated messaging, monitoring and evaluation tools, and integrated job aids for community workers to apply within their respective frameworks and among their respective beneficiary groups. The MOU determined that the organizations would adapt and develop jointly the PHE training materials that would be used at the community level (in the villages where E2A/Pathfinder and REGIS-ER work together); share reports and lessons learned; and seek to maintain and foster mutually beneficial partnerships and networks that strengthen PHE capacity across governmental and nongovernmental sectors in the intervention districts in Zinder. Additionally, Pathfinder was responsible for seeking to facilitate future collaboration between REGIS-ER and other partners based in the US, while REGIS-ER was responsible for providing staff to conduct PHE capacity strengthening with E2A/Pathfinder.

To draft the MOU, discussions took place at local level in Zinder and at national level in Niamey and involved consultation with the US offices. The MOU was drafted in January 2018 but not signed until May 2018. This unusually long process was perceived by Pathfinder to be due to hesitation on the part of REGIS-ER, as the collaboration would begin in the third and final year of their project. The REGIS-ER team had started the close-out process and had already begun to lose staff; they explained the delay in signature as being due to conflicting priorities and overburdened staff, rather than a lack of interest. The need for multi-level approvals in the regional, national, and US offices compounded this delay. However, the RISE-FP and REGIS-ER teams at the Zinder level continued to work together before the formal signing of the MOU to define joint activities and draft integrated tools and materials.

STEP 5: FINALIZING A JOINT PACKAGE OF SERVICES

Due to the delay in signing the MOU, the RISE-FP and REGIS-ER teams did not formally meet to make final decisions on the integrated activities and implementers until April 2018. Despite identifying 17 villages in common at the beginning of the project, by April 2018, REGIS-ER had begun to phase out its activities. The teams therefore set the following criteria to identify and select suitable villages: the village was supported by REGIS-ER, the village was in the catchment area of a RISE-FP-supported health facility to allow referrals, there was no other partner that generated demand for FP, and the villages were accessible for RISE-FP and REGIS-ER joint monitoring and supervision. Based on this, the teams decided to work in 13 villages, 7 where both projects were still operating and another 6 where REGIS-ER worked, but Pathfinder did not. All 13 villages were in two of the three health districts where RISE-FP operated (Mirriah and Magaria)—five in Droum commune and eight in Bandé commune.

REGIS-ER and RISE-FP wanted to better understand the two models of integration under this intervention: 1) integration when Pathfinder and another organization are already working in the same area and they integrate activities and messaging, and 2) integration when Pathfinder is not working directly in an area but integrates activities into the operations of an appropriate organization (REGIS-ER in this case) that is working in the area. They therefore decided to focus on integrating the work of key local resource persons—the CBDs and the CF leaders. The organizations jointly decided to work with CF groups because they were active in every village and, in theory, included men as well as women in their membership (however, once activities began, RISE-FP learned that the majority of group membership was male). Additionally, conservation farming was a natural fit to work with FP, nutrition, and resilience. CF groups met depending on the season, meeting more frequently during planting and harvest times, but gathered informally approximately once each month to pay their membership dues. The team determined that CF leaders could conduct group discussion sessions during these informal gatherings. The team decided to have CBDs join the CF groups and to train CBDs on nutrition and conservation farming and train REGIS-ER CF group leaders on FP/RH. In the REGIS-ER-only villages, where RISE-FP was not active, there were no CBDs. CF leaders in those six villages were trained with the CF leaders and CBDs from the seven joint villages and implemented the same activities. The difference was that they did not have a local CBD in the same village as a resource person for FP/RH to whom they could refer clients for FP counseling. Activities are summarized in Table 2 and described in more detail in the sections “Conducting CBD Activities” and “Conducting CF Leader Activities.”

TABLE 2: JOINT ACTIVITIES IMPLEMENTED BY CBDS AND CF LEADERS BY TYPE OF VILLAGE

	CBDS	CF LEADERS
JOINT VILLAGES (7)	<ul style="list-style-type: none"> • Led village assemblies and group discussions on integrated FP/conservation farming themes, using flipbook job aid • Conducted home visits to provide information and counseling on FP/RH • Referred new acceptors for all FP methods and repeat acceptors of implants, injectables, intrauterine devices (IUDs), and permanent methods to health facilities for FP methods • Distributed male and female condoms and oral contraceptive pills to repeat acceptors • Exchanged information, led joint discussions, and coordinated with CF leader (up to discretion of CBD) 	<ul style="list-style-type: none"> • Led village assemblies and group discussions on integrated FP/ conservation farming themes, using flipbook job aid • Conducted home visits to provide information on FP/RH and conservation farming • Referred clients to CBDs or health facilities for all FP methods • Conducted demonstrations and field visits to show conservation farming techniques to village members • Exchanged information, led joint discussions, and coordinated with CF leader (up to discretion of CBD)
REGIS-ER-ONLY VILLAGES (6)	N/A	<ul style="list-style-type: none"> • Led village assemblies and group discussions on integrated FP / conservation farming themes, using flipbook job aid • Conducted home visits to provide information on FP/RH and conservation farming • Referred clients to CBDs in neighboring villages or health facilities for all FP methods • Conducted demonstrations and field visits to show conservation farming techniques to village members

STEP 6: DEVELOPING AN INTEGRATED JOB AID

REGIS-ER and Pathfinder decided to develop a single, integrated job aid on conservation farming, family planning, and nutrition for use by CBDs and CF leaders to facilitate group discussions, community dialogues, and home visits on both subject areas (see Annex 6). To do so, the projects developed integrated communication tools—specifically a flipbook job aid.

Each project had their own training tools on FP and conservation farming, respectively, which they shared with each other. The REGIS-ER agents used a basic visual/flipbook job aid that consisted of 20 cards and drawings addressing nutrition, breastfeeding, and family planning, and Pathfinder had a card set/flipbook job aid that discussed birth spacing. The two tools were complementary, rather than redundant. The communications advisors from both organizations worked together to combine the two tools into one flipbook job aid and wrote text linking the various topics.

The two projects held a workshop in Zinder in July 2018 with programmatic and communications staff to finalize the flipbook job aid and ensure that it coherently reflected both FP and conservation farming messages and was appropriately adapted to the local context. Since the tool had to be validated externally, representatives of the Directorate of Nutrition, Magaria and Mirriah Health Districts, and the Directorate of Maternal and Child Health Directorate participated in the meeting. This external validation ensured that job aids adhered to national protocols. Additionally, a consultant was hired to illustrate the tool. Furthermore, agents from the community-based organization, SONGES, participated in the workshop. SONGES was a RISE-FP sub-awardee that was contracted to supervise CBDs in the larger RISE-FP project. Because the 28 CBDs in the seven integration villages were already supervised by SONGES, SONGES continued to supervise these CBDs, collect data from them on the integrated activities, and participate in activity monitoring along with RISE-FP and REGIS-ER.

The flipbook produced contained 16 images depicting themes related to antenatal care, assisted childbirth and postnatal care, FP, exclusive breastfeeding, complementary feeding, nutrition in pregnancy, child and family nutrition, handwashing, composting, planting, improved seeds, natural regeneration, and crop rotation. CBDs and CF leaders facilitated one topic, corresponding to one image, in each session. The teams drafted descriptions for the images and behavioral objectives for CBDs and CF leaders to animate. Due to generally low levels of literacy among CBDs and CF leaders, as well as the communities they served, the flipbook itself did not contain any text. The overall messaging is that a happy family flourishes with successful birth spacing and good nutrition thanks to products derived from conservation farming techniques.

Once the tool was drafted and validated, they were pre-tested in the integrated village of Kaba in Bandé commune by a team consisting of REGIS-ER Zinder staff, RISE-FP Zinder staff, and representatives from the Regional Department of Health, Magaria and Mirriah districts, and Bandé health facility. A pre-test was

administered to the village's CF leaders and CBDs. The methodology consisted of showing CBD and CF leader participants the images, then asking them to describe what they saw, and afterward explaining the intended message. The CBDs and CF leaders were then asked if the image reflected the message as it was intended, if it would be easy for them to explain to their communities, and if the image could be easily understood by all target members of their communities. Following the pre-test, recommendations were made to better convey the age of children, implement visual changes that are more realistic (such as making different crops visible and distinguishable), and develop a training guide for project staff and district health officials to train CBDs and CF leaders. The training guide was developed by the RISE-FP consultant, communications coordinator, project manager, and REGIS-ER communications manager.

STEP 7: DEVELOPING INTEGRATED INDICATORS AND DATA COLLECTION TOOLS

In July 2018, the RISE-FP team drafted indicators to document the process and results of the integration intervention, including: number of each type of agent trained; number of meetings and activities held; number of supervisory visits conducted; number of people reached in counseling and group education sessions by gender and age; number and types of contraceptives distributed; number of referrals provided by gender, age, and method; and number of beneficiaries using improved agricultural techniques in their fields. These indicators were shared with the REGIS-ER team but were never formally approved by REGIS-ER due to the fact that the project was nearing completion and the departure of some agents. The number of beneficiaries using improved agricultural techniques was never collected, but all other indicators were collected and analyzed in this study.

Based on these indicators, the teams drafted data collection forms and held another workshop to share the data collection tools. The team invited local stakeholders, including members of Local Development Committees and members of the Citizen Work Groups, to attend. The tools were translated into Hausa for use by CBDs and CF leaders. In October 2018, a joint supervision tool was drafted for both organizations' field agents to collect data on the educational sessions performed with the integrated tool, gather information about participants and themes, and understand beneficiaries' responses and the challenges faced in facilitating the sessions (see Annex 7).

STEP 8: TRAINING OF CF LEADERS AND CBDS

Partners cross-trained each other's staff on FP and conservation farming respectively from April to June 2018. Twenty-three CF leaders from the 13 REGIS-ER-only villages and 28 CBDs from the 7 joint villages were trained on the integrated tool and FP/RH, agriculture, and nutrition (note that four individuals were both CBDs and CF leaders and had received prior training on several of the subjects). All the 23 CF leaders were male, whereas the CBDs were evenly divided between 14 men and 14 women. Due to attrition, after nine months, the project had 22 active CF leaders and 28 active CBDs. Thirteen of the original 23 trained CF leaders worked in the REGIS-ER-only villages and 10 worked in joint villages.

Four government representatives from the two districts and the regional health department, as well as the heads of the Bandé and Droum health centers, also participated in the training. The five-day training session covered: FP, nutrition, WASH, conservation farming, integrated communications, joint data collection, and making referrals to health facilities. At the time of project implementation, under Nigerien law CBDs could only distribute oral contraceptive pills and condoms to repeat FP users, and CF leaders were not permitted to distribute methods at all. All new FP users were required to initiate methods at a health facility and all users who want a long-term method or injectable must go to a health center. Thus, both CBDs and CF leaders focused on information provision, counseling, making referrals, and, in the case of CBDs, also on resupplying oral contraceptive pills and male and female condoms to repeat users.

In September 2018, once the integrated communication tool and data collection tools were completed, the RISE-FP project conducted a training of trainers on using the flipbook job aid for: communications focal points from the Mirriah and Magaria districts; the health facility providers from Gabi, Droum, and Bandé; and the REGIS-ER field agents. Subsequently, these trainers trained the 28 CBD agents from the 7 joint villages and the 23 CF leaders from the 13 REGIS-ER-only villages on the use of the integrated tool. They also provided a refresher training in FP and nutrition to both CBDs and CF leaders (initially trained in joint training sessions in April–June 2018). At the end of the training, each participant received a kit that contained the flipbook job aid, the data collection forms, and the referral forms (included in Annex 8).

Findings from Implementation of Joint Activities

The teams began implementation of integration activities in September 2018 in the selected intervention sites.

Launching Activities in 13 Communities

In the commune of Bandé, the launch took place on 20 September 2018 in the village of Djan Kalgo, under the leadership of the Secretary General of the Prefecture of Magaria. Also present at this launch were the Honorable *Chef de Canton* and the Mayor of the Bandé Commune. In the commune of Droum, the launch took place on 21 September 2018 in the village of Mairami Haoussa, under the chairmanship of the Prefect of the Department of Mirriah. As in Bandé, the Honorable *Chef de Canton* of Droum and the representative of the Mayor of the Municipality of Droum were present at the launch. At the launches, both CF leaders and CBDs led sessions using the flipbook and community members asked questions and discussed the links they now understood between family health and agriculture.

Conducting CBD-Led Activities (Seven Villages)

In those seven villages where REGIS-ER and Pathfinder were co-implementing integration activities, CBDs carried out several activities to raise awareness about FP and conservation farming, distributed oral contraceptives and male and female condoms to repeat FP acceptors, and referred clients to health centers for FP. Specific activities are detailed below:

Village General Assemblies: These village-wide meetings were intended to introduce community-based distribution activities to the entire community. The meetings were held once at the beginning of the RISE-FP project and again after CBDs had received the integrated training and throughout the course of the project.

Group Discussions: CBDs led group discussions in three ways. The first was a formal discussion with groups consisting of 15–20 inhabitants of the same neighborhood or a group of people who otherwise agree to come together for a session, usually separated by gender. The second was a spontaneous group discussion at a community gathering, such as a baptismal ceremony. Finally, in some villages, the discussions were facilitated by religious leaders (trained by the RISE-FP project). Generally, group discussions were held once a week in each district. Each CBD conducted the sessions in her/his own community, and other CBDs attended, observed, and supported the CBD facilitator as needed.

Home Visits: Home visits were either carried out at the request of individual clients or through the initiative of CBDs. In the first case, a client may request help from a CBD to better explain FP and/or convince her/his spouse of the benefits of adopting a contraceptive method. In the second case, a CBD may identify someone in a group discussion who either misunderstands a concept or seems hesitant. With the client's consent, the CBD visits and further discusses the issues with her/him in a *hira sirri* (confidential chat). Due to cultural norms, CBDs often conducted home visits to clients of the same gender. In the Zinder region, it is most culturally acceptable for men to speak to men, and women to women. It is also culturally acceptable for CBDs to provide counseling to couples, as long as both agree to the visit. The client chooses whether to involve her/his spouse in these conversations. CBDs reported that they conducted 1–2 home visits per week; monitoring data show that they reached an average of 8–12 visits per month, or 2–3 visits per week. Each CBD conducted dozens of home visits using the integrated approach during the nine months of implementation. Some CBDs reported that, with the addition of integrated activities, their workload almost doubled, especially since prior to this partnership, their activities had been limited to conducting outreach activities and providing FP products.

FP Commodity and Distribution Referrals: In certain cases, CBDs provided FP methods, which they received from health posts. Links between CBDs and health providers were strengthened as part of the broader RISE-FP program and SONGES supervisors often helped deliver supplies to CBDs during supervisory visits. As mentioned above, while CBDs could not initiate methods for new FP clients, they could resupply male and female condoms and oral contraceptive pills to repeat users. CBDs provided referrals for FP methods for new acceptors, methods other than pills and condoms for repeat acceptors, and for side effects.

Conducting CF Leader Activities

CF leaders in all 13 villages conducted outreach sensitizations, group discussions, and home visits. CF leaders also conducted field visits and demonstrations to reinforce conservation farming techniques.

Sensitizations: Similar to the village assemblies held by CBDs, CF leaders held sensitizations at the village chief's residence to encourage communities to adopt conservation farming practices. These village-wide sensitizations were held once in each community and were the first activities that CF leaders carried out after completing the integrated training. This form of outreach was not targeted to any particular group.

Group Discussions: CF leaders held discussions with members of the CF groups, during which they discussed and provided technical support on various farming techniques such as composting, assisted natural regeneration, and crop rotation. Once the integrated activities began, CF leaders also addressed FP issues during the group talks. When addressing only conservation farming, these groups had met more frequently during the rainy season (and less frequently in the dry season). However, FP awareness-raising activities were less seasonally bound and CF leaders reported an average frequency of two sessions per month.

Home Visits: Home visits targeting CF group members were added to the CF leaders' package of activities after the integrated training. The CF leaders conducted home visits to discuss farming techniques or talk about FP with CF group members. CF group members were predominantly male, and home visits were most frequently conducted to men over the age of 25 due to cultural norms. Because discussing FP requires a greater degree of confidentiality than farming, home visits were a good opportunity for CFs to discuss FP more extensively than they could in group settings. As one CF leader said, "For conservation farming, you can get everyone together and talk about it [conservation farming] without embarrassment. This is not the case for FP. That's why you have to go to the homes of people, so you can explain to them privately and they will listen." The frequency of home visits varied for each CF leader. Similar to CBDs, CF leaders reported that their workload had increased since they began implementing the integrated activities.

Demonstrations and Field Visits: The CF leaders brought interested group members to their fields to demonstrate techniques like composting. They also conducted field visits to observe how CF group members implemented conservation farming techniques. If the CF leader noticed any common challenges from one farming field to another, this challenge would become the subject of the next group discussion.

Working with Local Leaders

In addition to collaborating with each other, CBDs and CF leaders involved other local stakeholders and community leaders, including Local Development Committees, community youth leaders, village authorities, and religious leaders.

As part of the broader RISE-FP intervention, religious leaders reinforced FP/RH messaging, particularly around HTSP, by preaching sermons about family health and offering religious justifications for HTSP. As influential local decision makers, village authorities were also involved. In all villages, even before the CBDs went to the training, the CBDs informed the village chief and reported on the content of the training, thereby ensuring village cooperation and acceptance of project activities. Moreover, in all the villages, the *baban taro* (village general assemblies) took place at the chief's compound.

CBDs and CF leaders also worked with community youth leaders, trained by the RISE-FP project to act as peer educators, and with other influential youth in the communities. As young people are a main target group for FP messaging under RISE-FP, youth activities within local organizations serve as an entry point for conveying FP messages. Integrated FP and conservation farming resilience messaging was included in youth peer leadership and demand generation activities organized under the broader RISE-FP project as well.

CF leaders also saw young people as primary targets for potential adoption of enhanced farming techniques, such as conservation farming. Since young people—and, as they explained, particularly young men without children—can invest additional time in new techniques, either for their own or their families' land, they are often the most active in CF groups. As one CF leader said:

“We inform the youth leaders about the activity we are going to organize, and it is up to them to mobilize young people to participate in the activity. It is they who help us in the physical work, and they learned a lot. That’s why we trained these young people in the first place.”

—CF leader, Droum

Joint Supervision

Monthly supervision to each commune was conducted jointly by the RISE-FP field agent, the SONGES supervisor, and a REGIS-ER field agent. These visits were intended to provide onsite supervision to CBDs and CF leaders to ensure all community-based actors understood how to use the flipbook, conduct group discussion sessions, and collect data. Each month, the RISE-FP field agent would propose supervision dates and agree upon a date with REGIS-ER. Additionally, REGIS-ER held weekly activity planning meetings to which they invited the RISE-FP field agent. They would then jointly decide on dates for supervision visits at the meeting.

At least two villages were visited during each supervisory visit. CF leaders and CBDs were notified in advance of the arrival of the mission. Supervisors asked them to prepare and present an activity (e.g., a

group discussion using the integrated job aid) and to fill out the data collection form in front of the supervisors. This allowed the members of the mission to provide feedback or additional mentorship to the community workers. The joint supervisions allowed the RISE-FP and REGIS-ER agents to adequately respond to questions and correct errors related to FP/RH and conservation farming and nutrition, according to their expertise.

In addition to this supervision, regional staff of the two projects and representatives from the Zinder health department conducted quarterly supervisory visits.

Outputs: Program Accomplishments

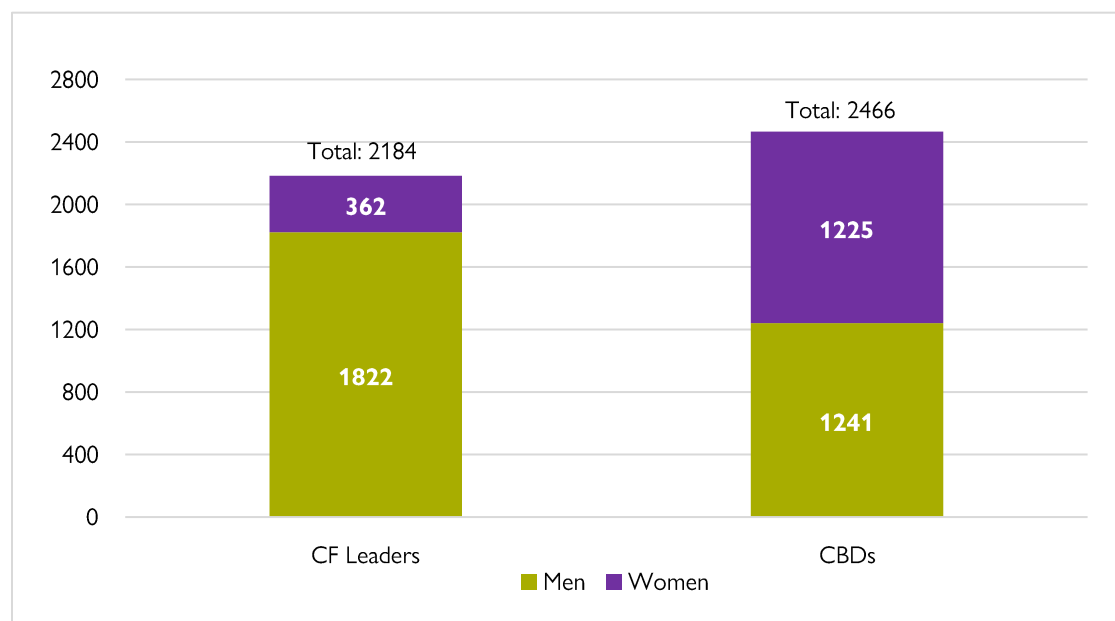
Expanding Access to Integrated Information

Data from nine months of project monitoring indicated that, following trainings and use of the integrated job aid, CF leaders and CBDs conducted household visits and awareness-raising sessions that engaged large groups of men and women (approximately 20 participants per session), often disaggregated by gender, across the 13 target villages. A total of 656 group sessions were conducted by all agents over the nine months, 312 (48%) of which were facilitated by CF leaders and 344 (52%) by CBDs. In total, 14,251 community members participated in these sessions. The number of sessions per quarter decreased slightly over time for both groups, perhaps because groups were often made up of the same people in the same village and due to natural attrition.

Expanding Male Engagement in Family Planning

CF leaders conducted home visits to 2,184 people, 1,822 (83%) of whom were men. CBDs conducted visits to 2,466 people, 1,241 (50%) of whom were men. CF leaders conducted slightly more household visits on average per agent than CBDs, and in total reached proportionally and in absolute numbers many more men in these visits than did CBDs. This could be attributed to the fact that most of the trained CF leaders were men, as compared to the CBDs, who were evenly split between men and women. As noted previously, it is more culturally acceptable in Zinder for men to speak to men, and women to women. Moreover, CF leaders determined that it was most socially acceptable to discuss FP issues in the privacy of men's homes.

FIGURE 3: NUMBER OF PEOPLE REACHED BY HOME VISITS, BY GENDER



Performance of CF Leaders in REGIS-ER-Only and Joint Villages

In REGIS-ER-only villages (where CF leaders did not have a CBD counterpart), CF leaders counseled on average more men and fewer women than they did in the joint villages. Again, this may be because the CF leaders had more connections to male CF group members in those particular villages and because of cultural norms favoring homosocial interaction. Additionally, to the knowledge of E2A project and REGIS-ER staff, the REGIS-ER-only villages had not received community-based distribution or other demand generation activities for FP for at least a few years prior to the intervention, meaning women may have been unfamiliar with the topics and thus particularly uncomfortable attending a session led by a male CF leader. Moreover, the REGIS-ER-only villages did not have CBDs present to reinforce messaging. In joint villages where there were also CBDs active, women may have been more familiar with the topics and thus open to attending sessions led by male CF leaders, and may have been counseled jointly with their husbands during home visits.

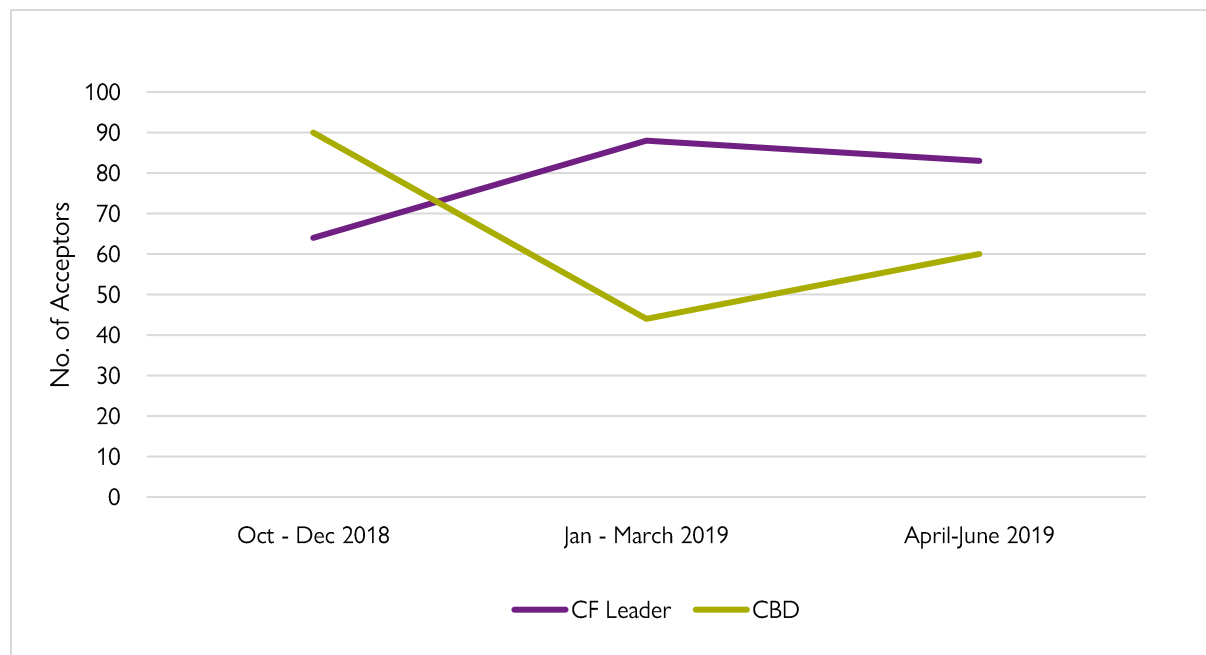
TABLE 3: NUMBER OF MEN AND WOMEN WHO RECEIVED COUNSELING FROM CF LEADERS IN REGIS-ER-ONLY AND JOINT VILLAGES

VILLAGE		OCT-DEC 2018	JAN-MAR 2019	APR-JUN 2019
REGIS-ER Only (6 villages)	Total women reached	15	36	31
	Total men reached	312	291	386
Joint (7 villages)	Total women reached	121	111	48
	Total men reached	307	288	248

Reaching Beneficiaries with Intent to Use FP

Beneficiaries reached through household visits received referrals to facilities for the FP method of their choice, with one exception. If a beneficiary was already using oral contraceptives or condoms, CBDs (though not CF leaders) were empowered to resupply clients themselves. In the 13 intervention villages, 429 individuals with intent to use FP for the first time were referred to clinics, of which 235 (55%) were referred by CF leaders and 194 (45%) by CBDs. The number of individuals with intent to begin using FP referred by CBDs peaked in the first quarter. This may be attributed to the fact that CBDs had been providing FP information, referrals, and some resupply of methods since June 2017, which was over a year prior to the launch of the integrated intervention. Therefore, this peak and subsequent drop in numbers of individuals with intent to begin FP over the life of the intervention may be due to the fact that the new demand generated through outreach had most likely been filled at the start of the intervention, and remaining quarters would logically show a lower number of new FP users referred by CBDs. Conversely, the number of new users referred by CF leaders increased, as CF leaders reached individuals who had not yet received project interventions, and then plateaued by quarter three.

FIGURE 4: BENEFICIARIES WITH INTENT TO USE FP REFERRED BY CBDS AND CF LEADERS

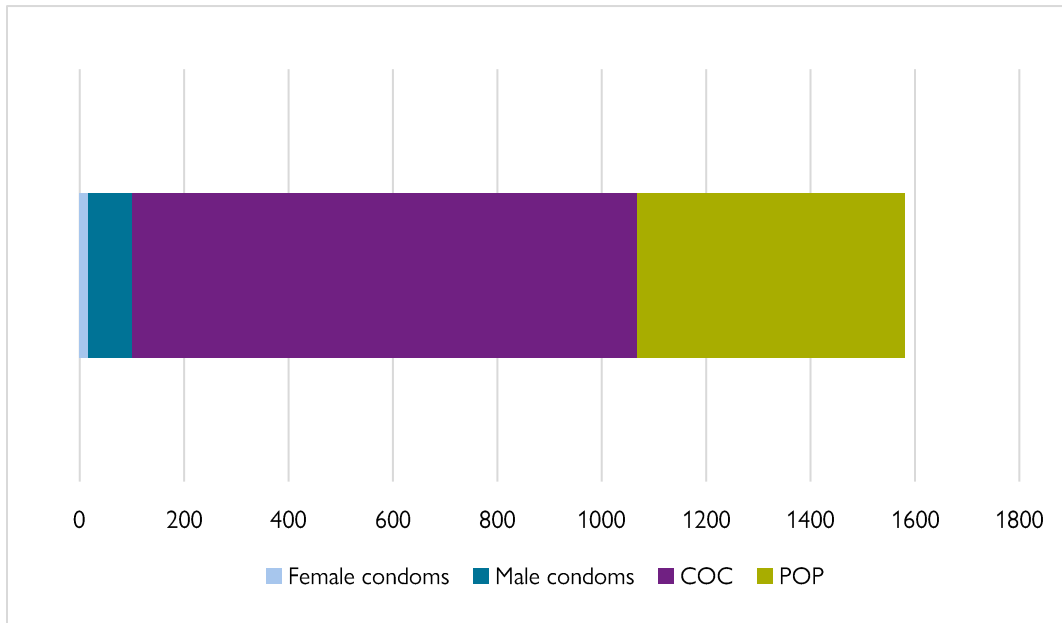


Method Choice of New and Continuing FP Users

Among those referred to initiate FP by both CBDs and CF leaders, 50% were referred for oral contraceptives, 30% for subcutaneous injectable contraception (Sayana Press), 18% for injectables (Depo), and 2% for implants (Implanon). This method mix was similar across CBD and CF leader referrals. CBDs provided oral contraceptive pills to 1,481 repeat users (968 combined oral contraceptive pills [COC] and

513 progestin-only pills [POP]) and distributed an additional 16 female condoms and 84 male condoms. CBDs also counseled and referred 28 continuing FP users for oral contraceptive pills, injectables, and implants.

FIGURE 5: COMMODITIES DISTRIBUTED BY CBDS TO REPEAT FP ACCEPTORS



The RISE-FP project trained clinicians in the referral facilities on provision of long-term and permanent methods. However, no clients (new or repeat acceptors) received referrals for IUDs, vasectomy, or female sterilization, which project staff attributed to lack of demand among beneficiaries and lack of provider capacity. Despite training, ability to provide long-term and permanent methods requires mentoring and adequate practice, which was not always possible. For example, following IUD training of six providers, only one of the trained providers was consistently competent to insert IUDs. Another limitation of the intervention and monitoring systems was that they did not allow the partners to trace the degree to which referrals were fulfilled, as Pathfinder did not support the referral facilities to which these CBDs and CF leaders referred.

Expanding Women’s Knowledge and Use of Conservation Farming Techniques

Although not formally monitored or documented, the implementation team learned that the joint training expanded knowledge of conservation farming methods and techniques to women in the targeted villages. All 23 CF leaders were men and their CF groups were largely male, meaning that women rarely had the opportunity to learn about or implement conservation farming techniques. The 14 female CBDs who attended the joint training with REGIS-ER were very interested in the conservation farming techniques and, of their own initiative, each started her own demonstration plot in the villages, using techniques such as field rotation and composting, with support from their CF leader colleagues. These CBDs invited the

women they worked with through their FP/RH counseling visits or group dialogue sessions to visit their fields. The CBDs reported observing a twofold increase in their harvests over the nine-month implementation period and, through their example, many other women in the villages expressed interest in and reportedly adopted these advanced techniques.

Participants' Perceptions and Experience of Implementing Integrated Activities

Operational Successes and Challenges

Key informant interviews with staff from each partner depicted a productive partnership that ultimately delivered the integrated intervention, essentially as originally envisioned, but with a few challenges. Principally, the partnership experienced several delays and had to contend with competing priorities. Staff from both organizations attributed these outcomes to a lack of synchronization in REGIS-ER and RISE-FP project cycles, since REGIS-ER was nearing close-out as the intervention was starting and lost several staff as the project was beginning. The lack of alignment in project schedules was the biggest constraint on project implementation. The idea of partnership between the two projects came at a time when REGIS-ER was almost at the end of its activities. Thus, the partnership was not part of REGIS-ER's original set of activities, job descriptions, or expected results for which REGIS-ER staff were responsible or accountable to their key donor and stakeholders. At the time when the activities needed to be carefully phased out and finalized to support sustainability, some CF agents were almost at the end of their contract and others had already left. This affected the progress of certain activities.

In addition, communication gaps between national and local-level offices, and both partners' need for national offices to be fully aligned with local decisions, presented significant delays along the way, particularly regarding signing of the MOU. However, the teams in Zinder continued to work together and communicated well by email and through in-person meetings. The field agents communicated by phone and met frequently for supervisory meetings.

Technical Constraints

CBDs and CF leaders reported that the most difficult subject for them to facilitate in group discussions and home visits was the use of female and male condoms. One supervisor reported that many community workers skipped this image on the flipbook. They explained that community workers were uncomfortable demonstrating certain images that they considered "obscene" in the presence of parents-in-law and children (because in small homes it was not always possible to ensure total privacy, although seeking some level of privacy to the extent possible was encouraged in trainings). Some CBDs reported they were able to discuss and explain the topic verbally but would not show the condom or use a model to demonstrate how it worked.

Supervisors reported that during group discussions CBDs were more likely to emphasize themes related to FP/RH and CF leaders were more likely to emphasize themes related to agriculture and nutrition. The number of sessions facilitated on each theme was not measured, but it appears that each cadre of community-based worker spent more time and gave more emphasis to the subjects on which they had received more training and in which they had more familiarity and interest.

CBDs' and CF Leaders' Experience Using the Integrated Communication Tool

The CBDs and CF leaders generally enjoyed using the integrated flipbook job aid to lead discussions on chosen topics and demonstrate links between FP, CF, and resilience. One CF leader reported:

“There has been a real change we’ve seen... This change is a result of the new way of outreach based on flipbook pages that facilitate understanding. Before, people did not make the connection between family planning and CF, but putting them together in the new program, people have come to understand that these are two inseparable themes that go together in everyday life. A household that applies family planning and also does CF will have a balanced and well-nourished family.” —**CF leader, Droum**

A CBD added: “The new flipbook page is easy because each image expresses a subject. When you facilitate, you take a single image which you will discuss until the end of the session.” (CBD, Bandé)

In addition to seeing the new flipbook as promoting improved understanding as compared to the original flipbooks, CF leaders and CBDs explained that the explicit link between FP and CF, as compared to the previous lack of clarity around these linkages, generated much more discussion among beneficiaries and community members during awareness sessions. One CF leader explained:

“Talking about modern agriculture is of interest to some. But others are more [interested in] talking about health issues, and referral to a health center especially interests them. As soon as I talk about that they will start to appreciate our work. And they give all their attention when I talk about health.” —**CF leader, REGIS-ER only village**

Collaboration Between CBDs and CF Leaders

After implementing integrated activities, CBDs and CF leaders reported that they often worked together to lead group discussions. When CBDs organized activities, CF leaders assisted in answering questions that went beyond the CBD’s conservation farming competencies. One CBD explained, “I was asked a question about the management of the rational use of compost [and] I had difficulty in explaining well. I knew that those who had more training than us, that is to say the CF leader, could explain better, so I asked my colleague to give the answer to the person.” Similarly, when CF leaders organized activities, they relied on CBDs to help answer questions they could not on FP/RH. The community-based actors therefore reported harmonizing their schedules to lead sessions together. On their own initiative, some CBDs and CF leaders held meetings in their villages to discuss the difficulties they faced, as suggested in their joint

training. Additionally, CF leaders referred clients to CBDs for FP methods or referrals. Using this approach, CF leaders helped generate demand and CBDs (and the clinics they were associated with) helped to meet it.

Beneficiaries' View of Community Actors and Integrated Activities

Beneficiaries were generally positive towards CBDs and CF leaders and described them as community workers and educators. Many beneficiaries or community members equated CBDs with health workers. Beneficiaries reacted positively to CBDs' activities and provision of information, as well as their respectful approach. One CBD beneficiary reported:

"[The CBD] came to see me together with my husband. But it is with my agreement and that of my husband. He brought us both together to explain family planning. He invited us to attend health centers to benefit from contraceptive methods since it is in our interest... First, the use of contraceptives prevents us from having close pregnancies or having a pregnancy while we have a small infant. Avoiding this is good for both [the women] and our husbands." —**CBD beneficiary, Droum**

Similarly, beneficiaries saw CF leaders as educators on modern farming techniques and, with the integrated activities, FP and RH. One beneficiary said about the CF leader role:

"His role is to teach people about work. He teaches us to do field work, especially to compost. They also teach us how to live with people in the household, how to live with our women, especially on behavior change related to close pregnancies." —**CF leader beneficiary, Droum**

Focus group discussions found that community members were open to discussions of FP/RH and CF, but also found that men and women did not have the same points of interest during the discussions. Their respective interests tended to adhere to traditional gender roles. According to CBDs and CF leaders, women were more interested in topics related to FP and men in CF, but men and women were generally open to new topics and participated in sessions on topics that were not their direct responsibility. Women saw FP and exclusive breastfeeding as their responsibilities, as they bear the consequences of close pregnancies most directly and, in the case of childhood illness, women indicated that they are usually the ones who bring children to seek health care.

"When you talk about the topic of FP and contraception you feel that women listen well; they are attentive to what they are told.... They think that FP and exclusive breastfeeding are their concerns. They think that men do not care about these questions." —**CF leader, Bandé**

Additionally, some women said that use of FP and birth spacing allowed them to "rest" and become more attractive to their husbands, seen as important in a social context in which men can have up to four wives. Women associated multiple, close pregnancies with decreased attractiveness and saw this as a factor that led their husbands to take other wives. In focus group discussions, female CBD beneficiaries did not

directly speak to this preference for FP and RH topics; this may be an assumption on the part of CBDs and CF leaders, or women did not express this preference in groups due to social desirability bias.

However, some women expressed interest in conservation farming, particularly crop regeneration. Women produce certain cash crops, such as peanuts, and they also produce vegetables and other crops such as okra and herbs for sauces for household use.

Respondents explained that men were more interested in conservation farming because socially it is the duty of the male head of household to meet all of a family's food needs. As one CF leader explained:

“Men like conservation farming more because it’s the way they can have a lot of food—they know that the care of the family, their diet, is on their shoulders, so they do everything to ensure [production] and that’s why they prefer the subject of conservation farming more than others.” —**CF leader, Bandé**

Perceptions of Links Among FP, Conservation Farming, and Nutrition

In focus group discussions and interviews with project staff, community workers, and beneficiaries, all interviewees could articulate linkages between FP, conservation farming, and nutrition.

RISE-FP and REGIS-ER Staff: Staff from both RISE-FP and REGIS-ER could fluently describe the mutually reinforcing relationship among family planning, conservation farming, and nutrition. All interviewees made the link between smaller family size, made healthier through better nutrition and spaced births, allowing more time and money to invest in advanced farming techniques, which, in turn, increased the health of the family. The following interview excerpt is illustrative of how respondents explained these linkages:

“For me the link must be conservation agriculture that will allow me to have enough nutritious food at home. It is through this method that I will have the means to provide for my family’s needs. It is through this method that I will have crops to sell to be able to provide proper nutrition to my family, whether my child or my wife. When I accept voluntary FP at home it will save money that I can invest in fertilizer, so I will have children who will not always be sick.” —**RISE-FP staff, Zinder**

CBDs and CF Leaders: In almost all the focus group discussions with CBDs and CF leaders, participants were able to highlight the links between conservation farming and FP, and the benefits and impacts of these on their communities. Almost all respondents said that one of the effects of FP observed in their respective communities was the reduction of child malnutrition and an improvement in the health of women who use FP (specifically, they described women who use FP as more “overweight” than those who do not, which, in this culture where food security is a constant challenge, is typically viewed as an indicator of good health). Many participants reported that they observed a reduction in childhood illnesses

like diarrhea and vomiting. This suggests that they perceived a reduction in symptoms of childhood malnutrition and perceived that some women who used FP were healthier and better nourished. The following passage presents the opinions of one CBD participant on the link between FP, conservation farming, and nutrition:

“The relationship between conservation farming, FP, and nutrition is that they all lead to the preservation of good health and the prevention of malnutrition. Because to be healthy, you need enough food. As for FP, it fights against malnutrition and keeps the mother and the child in good health.... FP has a link with nutrition in the sense that FP can significantly reduce health expenditure because most household diseases are due to close pregnancies that cause malnutrition in children and mothers, but also some obstetric complications that require a lot of expenses. In terms of nutrition also... when the family is too big then there is always extra expenditure that is necessary since the harvest will not be enough.”

—CBD, Bandé

CF leaders had similar points of view, expressed in this excerpt from a discussion with Bandé CF leaders:

“It’s necessary that they [FP and conservation farming] go together. Because if you do conservation farming and you farm a hectare or a half-hectare, [but] your family is more than a dozen people, you can’t feed them. But if you have a hectare and you do conservation farming and you only have four children because you space births, you can feed them well and enroll them in school and do other things in your life.”

—CF leader, Bandé

Beneficiaries: In focus group discussions with beneficiaries, many respondents said *“in baabu daya a cik su akway matsala,”* meaning “if one of these three [FP, conservation farming, or nutrition] is missing there will be a problem.” Beneficiaries largely expressed the components of FP, conservation farming, and nutrition as elements that must go together to ensure healthy families, as seen in this quote:

“If you do conservation farming and you have a good harvest, that allows you to feed your child well. And doing family planning will allow you to better take care of your children.”

—CBD beneficiary, Droum

Some participants also linked the use of FP to an increased ability to work on the family farm. They explained that if a woman uses FP, she will be healthy and available to help her husband run the field and this will result in better yields. As one CF group member said:

“If the woman does FP and does not become pregnant, and does not have a sick child, she can help her husband in the field work and have more agricultural yield. When it is the man alone, he will not farm a lot of land.”

—CF beneficiary, Droum

Advantages of Integrating FP, Conservation Farming, and Nutrition

RISE-FP and REGIS-ER Staff: Personnel from both RISE-FP and REGIS-ER projects saw the main benefit of integration as strengthening the resilience of communities. As all agents recognized the links between FP, conservation farming, and nutrition, packaging the activities together was a more effective way of providing information and services. As one REGIS-ER staff member said:

“Bringing them together, you put them in one package of activities for communities to more easily achieve resilience.” —REGIS-ER staff, Zinder

The perceived second advantage was that integration allowed both projects to achieve their objectives. REGIS-ER had increased demand for FP, but had no means of meeting this demand or offering services. The integration helped to address this concern, as noted earlier. The integration also allowed RISE-FP to reach a wider audience, including men, with FP messaging. As agriculture is the most common livelihood activity in Niger’s rural areas, using CF leaders to relay FP messages led to more populations being reached:

“There is a population that we did not reach very well. Now, with the use of their CF leaders, it allowed us to reach them with FP and RH messages. It allowed us to widen our field of action.”
—RISE-FP staff, Zinder

CBDs, CF Leaders, and Beneficiaries: CBDs, CF leaders, and beneficiaries all pointed to healthier families, increased crop yield, and increased prosperity as advantages of the improving knowledge and behaviors related to conservation farming, FP, and nutrition.

CBDs and CF leaders responded that integration of conservation farming and FP, if conducted well, could ensure prosperity in households. Through the joint practices of conservation farming and family planning, they asserted that healthy households that are better protected from food insecurity, could be more successful in diversifying food crops and sources. CBDs and CF leaders also responded that the biggest benefit of integrated activities was the reduction in childhood illnesses and the mastery of modern farming techniques that optimize production.

Beneficiaries also reported that the benefits of integrating conservation farming, FP, and nutrition are related to increased family wellbeing. They also linked the practices of conservation farming and FP with reduced food and health expenditures, making connections between economic wellbeing and resilience:

“When there is spacing between births, the person has fewer expenses because you do not have a baptism each year, you have the opportunity to space two to three years before giving birth to another child. It means that the difficulties, the expenses, are reduced for your wife and you.”

—CF beneficiary, Droum

“Before we applied the traditional techniques that allow us just to survive, but today with the modern techniques that conservation farming has taught us, you can cultivate a small field and have double or triple what we harvest with traditional techniques. We can say that this allowed us to develop.”

—CF beneficiary, Droum

In discussions, many respondents said their harvests had increased due to the application of conservation farming techniques. Additionally, they reported fewer problems related to malnourishment due to adoption of an FP method:

“Even child mortality has declined because of birth spacing. Before, when a woman [was pregnant] the little infant she is carrying can die because of malnutrition. She even risks losing her own life because of the suffering or being hated by her husband.” **—CBD beneficiary, Droum**

DISCUSSION

The process of implementing an integrated health and agriculture approach resulted in many lessons learned concerning barriers, facilitators, and added value of the integrated approach, as well as the perceptions of implementers and community members on the links between health and agriculture.

Facilitators, Barriers, and Added Value of an Integrated Approach

Through interviews and focus group discussions, participants shared their perceptions on the integrated intervention, including facilitators of and barriers to operating in an integrated environment and the added value of this approach.

Facilitators

Integrated Flipbook Job Aid: REGIS-ER and RISE-FP staff, as well as CBDs and CF leaders, reported that production of a shared, integrated communication tool was effective as it enabled them to articulate linkages among agriculture, nutrition, health, and family planning, and respond to the holistic interests and needs of their target audiences. CBDs and CF leaders also reported that the integrated tool and activities allowed them to reach wider audiences than they had with their original communications materials and training. The integrated communication tool was easily added to the community workers' group sessions. However, the CBDs were more likely to emphasize themes of FP/RH and the CF leaders placed more emphasis on themes related to agriculture and nutrition in group sessions. The extent to which

community workers relied on their previous knowledge and how comfortable they were with the new information was not measured. In some situations, CBDs and CF leaders collaborated on outreach activities and held meetings to discuss difficulties, in effect creating their own “buddy system.”

While the harmonized flipbook allowed CBDs and CF leaders to show images to help explain different themes, some images were considered too explicit for cultural context. Cultural norms and taboos made it difficult for agents to address topics that related to sex or to display images that may even indirectly refer to sexuality, such as images and education on condom use. This may explain why FP counseling and explanation of FP methods was more frequently performed during home visits and with couples than in larger group discussions.

Program Approach Used: The program approach rested on the use of similar cadres of community-based workers, CBDs and CF leaders, to integrate additional themes into the group sessions they already held. This model relied on existing community groups and activities that were familiar and acceptable to the communities, meaning there was already an easily accessible entry point to communities, using trusted community workers.

While CBDs and CF leaders led largely the same activities, they differed slightly according to the local context. In some instances, CBDs and CF leaders worked together and in others they worked separately but consulted each other when needed. However, across all villages, the project saw that women talked to women and men talked to men. In the Nigerien context, questions of FP and RH are generally only addressed among people of the same age group and/or same sex. This meant that all-male CF groups were able to discuss FP together in a culturally acceptable manner, and more men were reached with FP/RH messaging, both in absolute terms and proportionately, through CF leaders than CBDs.

Although using REGIS-ER only villages was not part of initial project design, the adaptation necessitated by REGIS-ER’s close-out allowed RISE-FP to see how a non-health partner was able to integrate FP/RH messaging into agriculture and nutrition work. In the six REGIS-ER-only villages, CF leaders reached even more men than in the joint villages and adding FP/RH messages to CF groups seemed to be a viable way to reach more men. However, because CF leaders were unable to provide methods, and because the project’s systems did not allow staff to track referrals, it is possible that the CF leaders were generating demand for FP, but that the demand was not satisfied due to lack of accessibility or availability of methods of choice. This highlights the need for projects to ensure supply as well as generating demand in future integrated approaches.

Barriers

Partner Selection: As noted, each partner expressed that the partnership ultimately delivered the integrated intervention, but with a few challenges. RISE-FP's partner selection process was driven by a clear methodology and comprehensive evaluation. The choice of a partner was ultimately driven by alignment of organizational mission, values, and project mandates, and logistical feasibility. The factors that resulted REGIS-ER's selection were their openness to modern FP methods and their presence in overlapping villages.

However, the evaluation did not adequately consider the projects' timelines. This oversight caused challenges to collaboration between the REGIS-ER and RISE-FP teams at the national level. The misalignment in project schedules led to delays in administrative procedures, such as signing the MOU. As REGIS-ER was nearing the end of its project, its inability to complete certain tasks was viewed by RISE-FP as a lack of commitment, yet from the perspective of REGIS-ER, it was merely a reflection of a lack of personnel. Although both projects shared a common objective of strengthening the resilience of the populations, this partnership seemed at times to be overly demanding for REGIS-ER.

Increased Workload for CBDs and CF Leaders: In some communities, the same individuals were trained as both CBDs and CF leaders prior to implementation of integrated activities. These individuals had prior knowledge of both subject areas and strong commitment to facilitating discussions on all themes. However, this dual role resulted in a heavier workload and villages served by these individuals may have received fewer activities as compared to villages with separate individuals playing CBD and CF leader roles. It is possible that the communities served may have had reservations about seeking information from one worker about seemingly disparate issues (FP and conservation farming).

Added Value

The RISE-FP and REGIS-ER teams at the regional level largely worked well together and recognized the added value of their partnership. Each partner recognized that the other enhanced and leveraged their work to contribute to strengthened community resilience. For RISE-FP, the added value was an expanded audience for FP messaging, notably including men. For REGIS-ER, the added value was the ability to provide FP services to fulfill demand generated through their activities, as REGIS-ER community workers, including CF leaders, had been educating communities about FP but were unable to provide methods or referrals and had no way to ensure supply before this partnership. REGIS-ER staff reported that because of the collaboration, they felt confident that the health referrals they made would lead to clients receiving a range of FP methods and quality services, whereas prior to the partnership, services were unpredictable. Despite the short timeline, implementers from both projects saw the activities as contributing to strengthening the populations' resilience and therefore achieving the overall project goal.

CF leaders, CBDs, and beneficiaries of both groups reported that they perceived reductions in child illnesses and deaths, attributed by almost all respondents to the idea that integrated messages and expanded access to health, nutrition, and agriculture messaging led to increased attendance at health centers. CF and CBD beneficiaries also connected these concepts to increased crop yields resulting from applying CF techniques. While the nine-month timeline may have been too short to measure quantitative gains in childhood illnesses and deaths, this widespread perception of visible, concrete gains made in health, agriculture, and nutrition indicates that beneficiaries understood the links between the issues and the potential gains to be made from practicing both family planning and conservation farming.

Perception of Health-Agriculture Links

The integrated health and agriculture approach with a focus on family planning, nutrition, and conservation farming, shaped perceptions on the linkages between the thematic areas for implementers and beneficiaries.

Link Between Thematic Areas

In focus group discussions, all groups (CF leaders, CBDs, and beneficiaries of each group) could articulate linkages between health and agriculture and how adoption of FP and conservation farming could lead to better health and increased food production. Because there was no baseline study, we cannot know the extent to which perceptions of these links changed. However, beneficiaries repeated common FP and conservation farming messages, suggesting they had attended group discussions and accepted lessons shared there. For instance, rather than giving vague answers about the links between the two, beneficiaries could clearly articulate that conservation farming would provide for the food needs of the family and FP would limit family size, meaning a family that practiced both would be more likely to have improved family health and wellbeing.

Gender Differences in Reception of Activities

As group discussions were generally facilitated with same-gender groups, CBDs and CF leaders reported that that men and women generally gravitated toward different subjects. Men seemed to have more interest in conservation farming issues because they saw it as their responsibility to meet the household's food needs. Men also generally oversee household finances and health issues. This may explain some of the interest in FP that emerged through the focus group discussions with beneficiaries. In focus group discussions, men were able to connect FP to better family health, fewer cases of child malnutrition, and decreased household expenditures for health care, indicating that they had listened to and accepted FP messaging, despite it being typically considered a women's issue.

Community workers reported that women generally expressed more interest in FP/RH, as they more closely felt the consequences of close pregnancies and management of childhood illnesses. Some women also associated close pregnancies with decreased attractiveness, leading their husbands to take additional

wives and thereby losing exclusive control of family resources. During the integrated activities, women's exposure to conservation farming messaging and techniques was not formally measured, but supervisors reported that female CBDs created demonstration plots on their own initiative and also reported increased yields and engagement from women in their communities. This shows women's interest, and success, in adopting conservation farming techniques (and although farming is not exclusive to men in this region, typically only men are able to take time for training on improved farming techniques).

CONCLUSION AND RECOMMENDATIONS

Conclusion

Integrating family planning into resilience programming through health–non-health partnerships and scaling up the cross-training of staff and frontline workers (accompanied by development of an integrated communication tool), shows that staff, frontline workers, and end beneficiaries all understand the relations between health and agriculture and how using FP and practicing conservation farming can enhance communities' resilience. The findings also show promise for expanding access to family planning and may increase uptake of conservation farming practices, which would ultimately increase community resilience. These findings reinforce the evidence from PHE literature indicating that such partnerships and integrated information are often successful at reaching men with FP information, and may encourage more supportive attitudes toward FP. Men often play an important decision-making role in women's access to health services and FP, particularly in this region. Integration following this model could have mutually reinforcing benefits for household food security, health, and nutrition, and thereby resilience, across the Sahel, particularly for vulnerable women and children.

The development of the partnership protocol was a relatively slow process due to administrative delays and misalignment of project cycles. Despite this delay, the partnership developed an integrated communication tool that served as an effective job aid for CBDs and CF leaders to deliver messages and low-literacy-accessible images related to health, nutrition, and conservation farming. CBDs and CF leaders successfully conducted group discussions and home visits, educating their communities on a wider range of topics, and were able to generate and satisfy demand for FP through the partnership. By partnering community workers who typically worked with disparate groups, the intervention was able to provide information to a wider audience and community members were able to understand and articulate the links that exist among agriculture, nutrition, and health, especially FP.

Recommendations

To implement and scale up successful no-cost partnerships between health and non-health projects to increase resilience, we propose the following recommendations.

Partner Selection and Collaboration

As a first step, assuming intent to design a partnership between health and non-health actors to collaborate on strengthening resilience, without any financial exchange, partner selection should assess logistical feasibility as well as alignment in project goals and values (e.g. support for contraceptive methods mix). Project staff should consult all relevant levels of potential partner organizations, including the central and operational levels, to assess availability, level of commitment, and agreement. Prospective partners should share project timelines, which implementers must carefully assess to determine if schedules align, if appropriate staff will remain throughout the duration of the project, and if key milestones can be achieved by both parties. If possible, the partnership should not be linked to a project that has already begun implementing. Organizations that have identified partnership or integration as one of their goals are best suited to such partnerships, as this will increase accountability among partners and ensure better results. Donors should design mechanisms for optimizing collaboration for health–non-health integration, such as synchronizing project cycles. One way that donors may achieve this would be to provide results-based financial incentives for going beyond single-sector outcomes.

Once a partner is selected, implementers should prioritize development of an MOU articulating shared benefits and responsibilities. The content of the MOU must be built in a participatory, collaborative way through a workshop that involves representative from multiple levels of each organization's staff as well as other key stakeholders.

Training and Supervisory Protocols

Implementers should refine community agent training and supervisory protocols to encourage proactive promotion of topics on which agents are cross-trained. As community workers naturally default to standard topics with which they are more familiar, projects should create protocols and monitoring tools to ensure community workers address the full range of topics. Moreover, when providing cross-training, ensure that trainees not only understand why and what they are teaching, but that they also practice pre-tested, scripted messaging so they are comfortable delivering all types of messages. Refresher training or onsite mentoring should reinforce this expectation. Intentional formal pairing of a health and non-health community worker may also help to increase competencies and provide a forum for peer mentorship.

As cultural norms in this setting limited discussion of certain topics, such as condom use, and people were more comfortable discussing sensitive topics with people of their own age and gender, projects must train more women and youth of both sexes to serve as community workers.

Measuring Impact

In addition to developing stronger training tools, implementers should develop clear indicators and a monitoring and evaluation approach that harmonizes partners' existing tools and systems to gather data on two subject areas. Shared indicators and data collection would ensure that health projects are able to report on non-health outcomes (e.g., quantity of land farmed using enhanced agricultural techniques) and provide a stronger evidence base to advocate for integration.

Ensuring Supply

Implementers must account for the supply side of health service delivery, to meet demand generated through community-based work. To do so, community workers need to be paired with a health worker or non-medical community-based distributor. A strong referral and counter-referral system is necessary to ensure that demand is being met. Similarly, projects should ensure that all people exposed to enhanced agricultural techniques receive opportunities to practice these skills, such as through women's associations, mother-to-mother groups, or other gender-specific groups.

Reaching New Audiences

Such partnerships and integrated initiatives have the potential to reach men with family planning information and to reach women with conservation farming/agriculture information. Implementers must seek to refine our knowledge on how to optimize this value, so that benefits accrue toward the interdependent set of sectoral outcomes that are key to building resilience. Programming must be intentionally gender-responsive, so that in addition to targeting men with FP information, women are provided with the information and resources to practice conservation farming.

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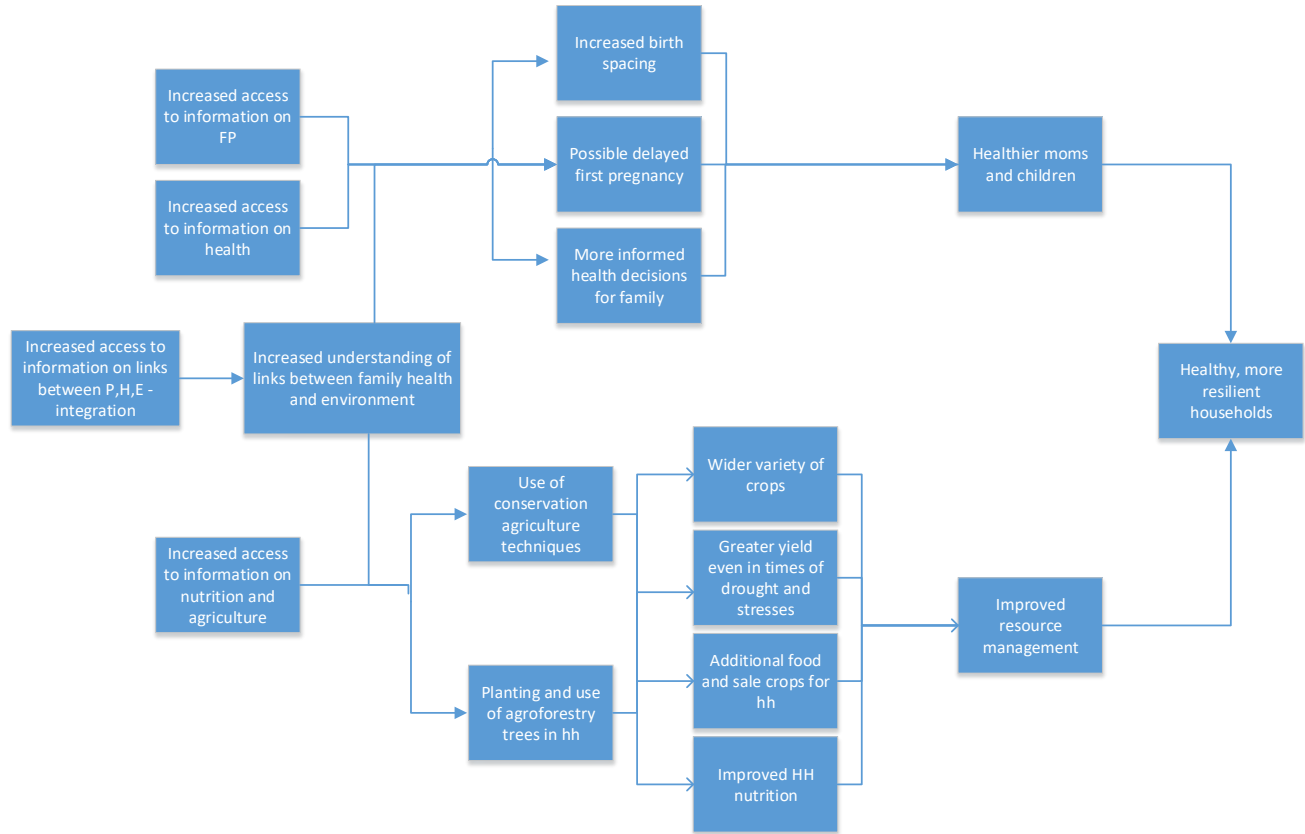
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ANNEXES

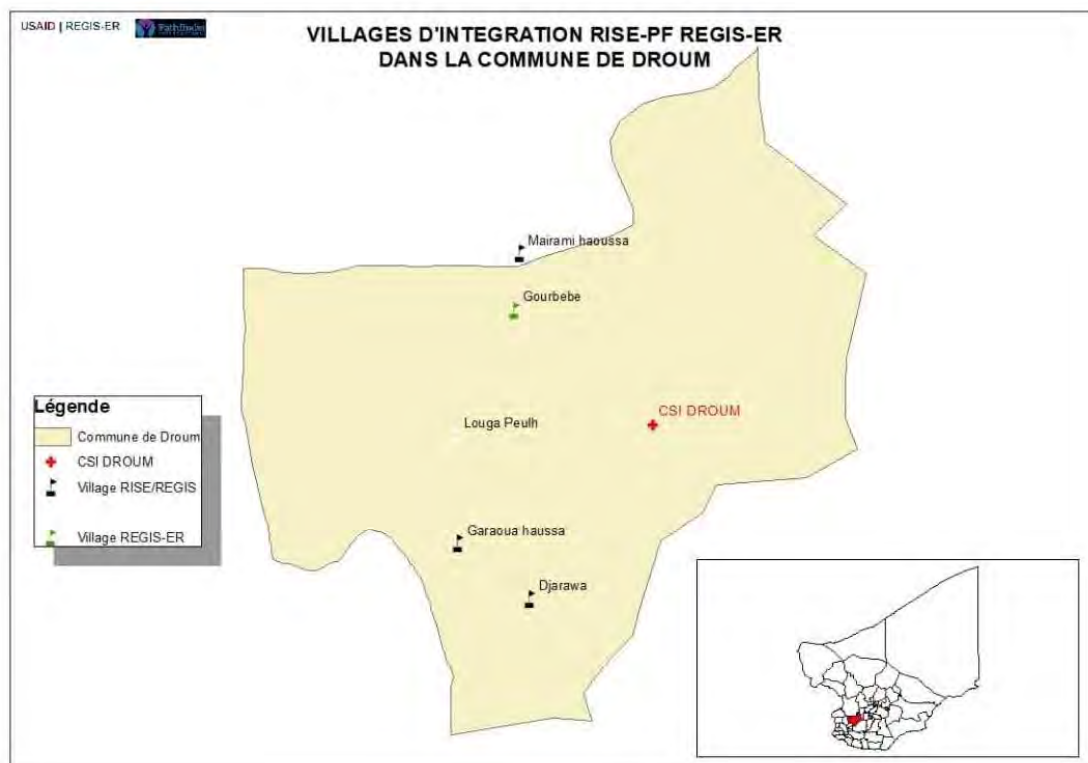
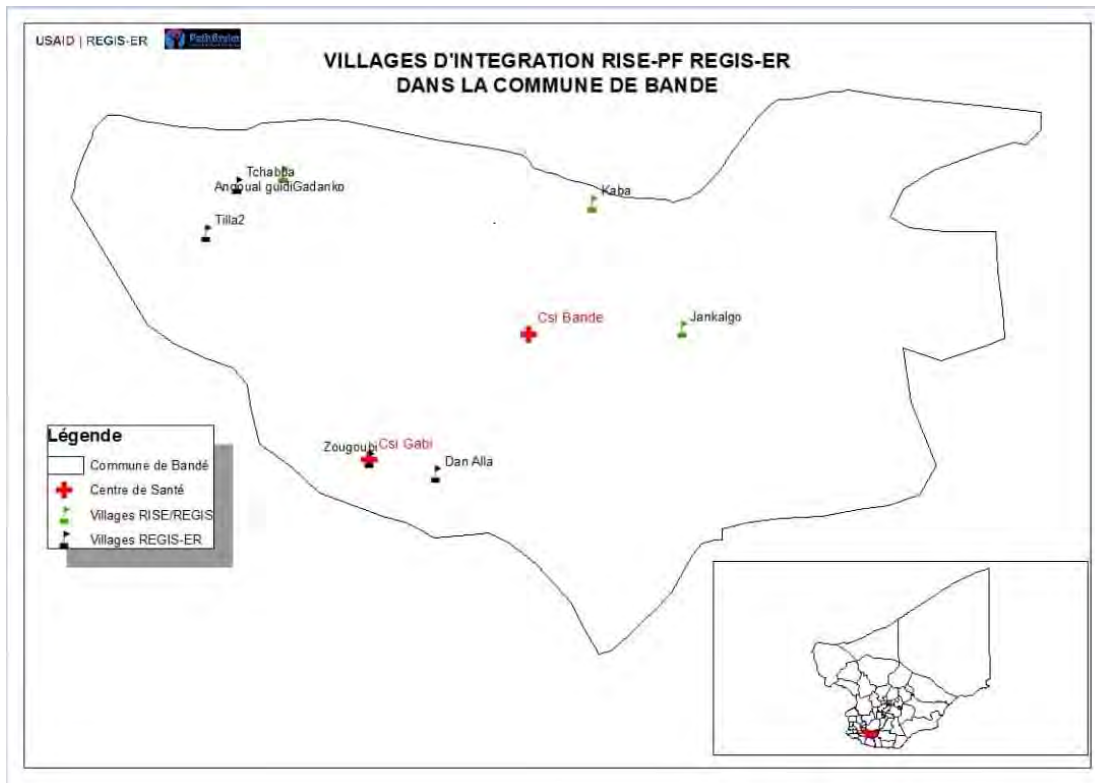
ANNEX 1: VISUAL THEORY OF CHANGE



ANNEX 2: LIST OF INTEGRATION SITES

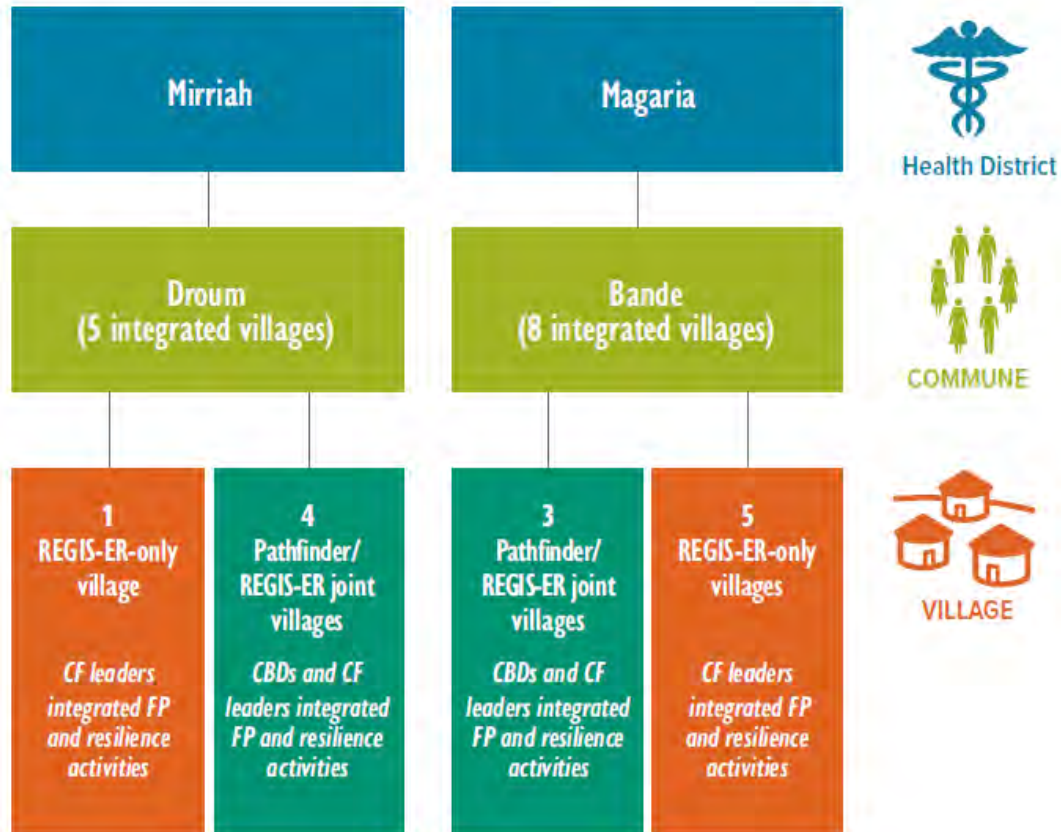
	Village	Commune	CSI (Bande, Gabi, ou roum)	REGIS-ER ou joint (PI/REGIS) ?	# des Producteurs Leaders	# des PL qui sont en même Temps DBC	# des CBD	# des CFs	# Female CFs
1	Garaouraoua Haoussa	Mirriah	Droum	Joint	2	1	4	41	0
2	Jawara	Mirriah	Droum	Joint	1	1	4	31	0
3	Mairemi Haoussa	Mirriah	Droum	Joint	1	1	4	17	0
4	Louga Peulh	Mirriah	Droum	Joint	1	1	4	20	0
5	Gourbebe	Mirriah	Droum	REGIS-ER	2	0	0	21	0
6	Kaba Dan Koraou	Bande	Bande	Joint	2	0	4	24	0
7	Djan Kalgo	Bande	Bande	Joint	1	1	4	19	0
8	Angoil Guidi	Bande	Gabi	Joint	2	0	4	22	0
9	Tilla	Bande	Gabi	REGIS-ER	2	0	0	22	0
10	Dan Ala	Bande	Gabi	REGIS-ER	3	0	0	46	3
11	Kadanko	Bande	Bande	REGIS-ER	1	0	0	25	0
12	Zougoubi	Bande	Gabi	REGIS-ER	2	0	0	31	0
13	Tchaba	Bande	Gabi	REGIS-ER	2	0	0	30	0
TOTAL					23	5	28	349	3

ANNEX 3: MAPS OF INTEGRATION SITES



ANNEX 4: HIERARCHY OF RISE-FP INTERVENTION SITES

RISE-FP Intervention Sites



As

illustrated above, several villages were chosen in the Droum and Bandé communes in which CBDs and/or CF leaders led "integrated activities," using the integrated job aid to educate their communities on agriculture, health, and nutrition. These sites in which the integrated job aid was used are referred to as "integrated villages."

ANNEX 5: QUALITATIVE DATA COLLECTION TOOLS

Discussions en groupe pour les agents de distribution à base communautaire

DATE DE GROUPE DE DISCUSSION (FGD) : ____ / ____ / ____ [JJ/MM/AAAA] NOM DE L'ENQUETEUR : _____ NOM D'ENREGISTREUR : _____
INFORMATION DE LIEU
NOM DE COMMUNE : _____ NOM DE VILLAGE : _____
INFORMATION AUX PARTICIPANTS

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre comment l'information transmise est comprise et perçue, aussi que comprendre comment les membres de la communauté ont interagi avec le modèle intégré.

PARTICIPATION A L'ETUDE

Je comprends bien que, si j'accepte de participer à l'étude, la discussion pourrait durer environ 90 minutes. Je comprends aussi qu'elle sera menée dans un cadre privé et tout ce que je dirais sera maintenu confidentiel. Je comprends que mon nom ne figurera sur aucun document. Seuls les membres de l'équipe de l'étude auront accès aux informations, les transcriptions et les appareils d'enregistrement seront conservés dans un endroit sécurisé.

La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures et le but de l'étude à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

OBTENEZ LE CONSENTEMENT POUR ENREGISTREMENT DE VOIX DU PARTICIPANT S'IL/ELLE ACCEPTE D'ETRE INTERVIEWER AVANT COMMENCER LA DISCUSSION. REMERCIEZ-LUI POUR SON TEMPS S'IL/ELLE N'ACCEPTE PAS D'ETRE INTERVIEWER.

CONSENTEMENT A L'ENREGISTREMENT DE VOIX : Pendant les discussions, je prendrai des notes pour enregistrer les idées principales discutées. Cependant, pour que je ne dois pas écrire chaque mot, je vais aussi enregistrer toute l'entretien. Ne vous inquiétez pas, notre discussion sera complètement confidentielle et elle sera utilisée SEULEMENT pour cette étude. Est-ce que vous acceptez d'être enregistré ?

[SI LE REpondant CONSENT D'ETRE ENREGISTRE PENDANT L'INTERVIEW, INDIQUEZ LE DISTRICT, LA COMMUNE, LE VILLAGE, ET LA DATE AU DEBUT DE L'ENREGISTREMENT]. Puis, remplissez les informations ci-dessous.

TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DES PARTICIPANTS

ID. #.	INITIAUX (NOM)	AGE	SEXE	Village	SIGNATURE
1.					
2.					
3.					
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12.					

Rôle des participants

1. Est-ce que vous pouvez expliquer votre rôle comme un distributeur de base communautaire ?
2. Comment menez-vous vos activités ? Décrivez-nous les types de services/informations que vous fournissez. Pour chaque service, veuillez nous dire comment ?

Population, Santé et Environnement

Pathfinder International/ REGIS-ER ont commencé mettre en œuvre un nouveau programme qui travaille avec la santé de la reproduction, la planification familiale, l'agriculture de conservation, et la nutrition dans la dernière année. Comme vous faites partie de ce nouveau programme, vous avez reçu la formation additionnelle sur l'agriculture de conservation et la nutrition.

3. Qu'est-ce que vous avez appris au sujet de l'agriculture de conservation ? Comment diffère-t-il des méthodes traditionnelles de l'agriculture ? Quelles sont ses avantages ? Qu'est-ce que vous avez appris de la nutrition et son rôle dans l'agriculture ?
4. Quelle est la relation entre la planification familiale, l'agriculture de conservation, et la nutrition ? Comment sont-elles liées et comment elles s'affectent les uns les autres ?
5. Comment la planification familiale et la capacité de planifier votre famille pourraient-elles affecter la nutrition de votre famille ? Comment l'agriculture de conservation affecte-t-elle la santé de votre famille ?

Mettre en œuvre une approche intégrée

6. Comment avez-vous organisé vos sessions de sensibilisation avec la communauté ? Visites à domicile ? Causeries de groupe ?
7. Comment avez-vous intégré ces nouvelles informations dans votre travail ? Comment avez-vous utilisé le page volte [boîte aux images] ?
8. Comment avez-vous décidé du thème à développer dans vos sessions ?

9. Vous avez parlé de CF et nutrition avec quelle fréquence dans vos sessions ? Vous avez animé des sessions sur ces idées combien de fois ?
10. Quels sujets étaient faciles à animer et discuter ? Lesquels étaient difficiles ? Quels étaient les thèmes auxquels les participants étaient plus attentifs ? dites pourquoi.
11. Comment le nouveau matériel a-t-il changé votre travail en tant que distributeur de base communautaire ?
12. Quelles compétences avez-vous acquises à travers de la formation additionnelle ?
13. Vous vous sentirez prêt à fournir des informations et à répondre aux questions des membres de la communauté sur la planification familiale et ses relations avec l'agriculture de conservation ? Qu'avez-vous fait si vous aviez des questions sur la CF ?

Interactions avec les clients/bénéficiaires

14. Quelles informations et services sur la planification familiale avez-vous fournis aux clients ou membres de la communauté ? Avec quelle fréquence avez-vous discuté le PF avec vos clients ?
15. Quelles informations et services sur l'agriculture de conservation et la nutrition avez-vous fournis aux clients ou membres de la communauté ? Avec quelle fréquence avez-vous discuté le CF et la nutrition avec vos clients ?
16. Comment les participants ont-ils répondu aux nouveaux matériaux ? Avez-vous observé un changement dans la participation ? Etaient-ils réceptifs ?
17. Comment vos clients ont-ils compris le lien entre l'agriculture de conservation, la nutrition, et le PF ?
18. Comment avez-vous introduit le sujet de CF et agriculture ? Depuis que vous parlez de la CF, avez-vous remarqué des différences dans le niveau d'intérêt dans les sujets que vous discutez dans les communautés ? Est-ce que vous pouvez donner quelques exemples ?
19. Avez-vous eu de la difficulté à répondre aux questions sur la nutrition ou l'agriculture de conservation pendant les sessions ? Si oui, qu'avez-vous fait ? Que feriez-vous si un membre de la communauté voulait en savoir plus sur l'agriculture de conservation ou la nutrition ?
20. Est-ce que vous avez travaillé ou coordonné avec les Producteurs Leaders avec qui vous étiez formé ? Est-ce que vous avez travaillé avec REGIS-ER ? Si oui, comment ?
21. La nouvelle information a-t-elle changée la façon dans laquelle vous faites votre travail ? Si oui, comment ? Si un participant a voulu plus d'information sur la CF ou la nutrition, ou vers qui deviez-vous l'orienter ?
22. Quels défis avez-vous rencontrés en fournissant les informations sur la CF et la nutrition ? Comment avez-vous abordé ces défis ?

FGD END TIME: _____ [HRS] _____ [MIN]

Discussions en groupe pour les Producteurs Leaders des groupes CF

DATE DE GROUPE DE DISCUSSION (FGD) : ____ / ____ / [JJ]/MM/AAAA]
NOM DE L'ENQUETEUR : _____
NOM D'ENREGISTREUR : _____
INFORMATION DE LIEU
NOM DE COMMUNE : _____ NOM DE VILLAGE :
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PARTICIPATION A L'ETUDE

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Rôle des participants

1. Est-ce que vous pouvez expliquer votre rôle comme producteur leader (PL) de groupe CF dans votre communauté ?
2. Les producteurs leaders travaillent avec qui ? Comment les membres des groupes ont-ils identifiés ?
3. Citez-nous les types de services/informations que vous fournissez. Pour chaque service, veuillez nous dire comment il est délivré ?

Population, Santé et Environnement

Pathfinder International/ REGIS-ER ont commencé mettre en œuvre un nouveau programme qui travaille avec la santé de la reproduction, la planification familiale, l'agriculture de conservation, et la nutrition dans la dernière année. Comme vous faites partie de ce nouveau programme, vous avez reçu de la formation additionnelle sur la planification familiale.

4. Qu'est-ce que vous avez appris au sujet de la planification familiale ? Quelles sont ses avantages ? Quelles inquiétudes avez-vous sur la planification familiale ?
5. Quelle est la relation entre la planification familiale, l'agriculture de conservation, et la nutrition ? Comment sont-elles liées et comment elles s'affectent les uns les autres ?
6. Comment la planification familiale et la capacité de planifier votre famille pourraient-elles affecter la nutrition de votre famille ? Comment l'agriculture de conservation affecte-t-elle la santé de votre famille ?

Mettre en œuvre d'une approche intégrée

7. Comment avez-vous organisé vos sessions de sensibilisation avec la communauté ? Visites à domicile ? Causeries ?
8. Comment avez-vous intégré ces nouvelles informations dans votre travail ? Comment avez-vous utilisé le page volte [boîte aux images] ?
9. Comment avez-vous décidé du thème à développer dans vos sessions ?
10. Vous avez parlé de PF avec quelle fréquence dans vos sessions ? Vous avez animé des sessions sur ces idées combien de fois ?
11. Quels sujets étaient faciles à animer et discuter ? Lesquels étaient difficiles ? Quels étaient les thèmes auxquels les participants étaient plus attentifs ? dites pourquoi
12. Comment le nouveau matériel (pagivolte) a-t-il changé votre travail en tant que PL ?
13. Quelles compétences avez-vous acquises à travers de la formation additionnelle ?
14. Vous vous sentiez prêt à fournir des informations et à répondre aux questions des membres de la communauté sur la planification familiale et ses relations avec l'agriculture de conservation ? Qu'avez-vous fait si vous aviez des questions sur la PF ?

Interactions avec les clients/bénéficiaires

15. Quelles information et services sur l'agriculture de conservation et la nutrition avez-vous fournis aux clients ou membres de la communauté ? Avec quelle fréquence avez-vous discuté l'agriculture et la nutrition avec vos clients ?
16. Quel était l'intérêt de votre groupe CF en ce qui concerne la planification familiale ? Quelles informations et services sur la planification familiale avez-vous fournis aux clients ou membres de la communauté ?
17. Comment les participants ont-ils répondu aux nouveaux matériaux ? Avez-vous observé un changement dans la participation ? Etaient-ils réceptifs ?
18. Comment les participants des groupes CF ont-ils compris le lien entre l'agriculture de conservation, la nutrition, et le PF ?
19. Comment avez-vous introduit le sujet de PF à vos réunions ? Depuis que vous parlez de la PF, avez-vous remarqué des différences dans le niveau d'intérêt dans les sujets que vous discutez dans les communautés ? Est-ce que vous pouvez donner quelques exemples ?
20. Avez-vous eu de la difficulté à répondre aux questions sur la PF pendant les sessions ? Si oui, qu'avez-vous fait ? Que feriez-vous si un membre de la communauté voulait en savoir plus sur la PF ?
21. Est-ce que vous avez travaillé ou coordonné avec les agents de distribution à base communautaire avec qui vous étiez formé ? Est-ce que vous avez travaillé avec Pathfinder ? Si oui, comment ?
22. La nouvelle information a-t-elle changée la façon dans laquelle vous faites votre travail ? Si oui, comment ? Si un participant a voulu plus d'information sur la PF ou la santé, ou dirigiez-vous l'individu ?
23. Quels défis avez-vous rencontrés en fournissant les informations sur la PF ? Comment avez-vous abordé ces défis ?

FGD END TIME: _____ [HRS]_____ [MIN]

Discussions en groupe pour les bénéficiaires des DBCs

DATE DE GROUPE DE DISCUSSION (FGD) : ____ / ____ / __[JJ]/MM/AAAA]
NOM DE L'ENQUÊTEUR : _____
NOM D'ENREGISTREUR : _____
NOM DE SUPERVISEUR : _____
INFORMATION DE LIEU
NOM DE COMMUNE : _____ NOM DE VILLAGE : _____
INFORMATION AUX PARTICIPANTS

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre la perception des activités en la mise en œuvre d'une telle approche et la valeur ajoutée de cette approche.

PARTICIPATION A L'ETUDE

Je comprends bien que, si j'accepte de participer, la discussion pourrait durer environ 90 minutes. Je comprends aussi qu'elle sera menée dans un cadre privé et tout ce que je dirais sera maintenu confidentiel. Je comprends que mon nom ne figurera sur aucun document. Seuls les membres de l'équipe de l'étude auront accès aux informations, les transcriptions et les appareils d'enregistrement seront conservés dans un endroit sécurisé.

La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

OBTENEZ LE CONSENTEMENT POUR ENREGISTREMENT DE VOIX DU PARTICIPANT S'IL/ELLE ACCEPTE D'ETRE INTERVIEWER AVANT COMMENCER LA DISCUSSION. REMERCIEZ-LUI POUR SON TEMPS S'IL/ELLE N'ACCEPTE PAS D'ETRE INTERVIEWER.

CONSENTEMENT A L'ENREGISTREMENT DE VOIX : Pendant les discussions, je prendrai des notes pour enregistrer les idées principales discutées. Cependant, pour que je ne dois pas écrire chaque mot, je vais aussi enregistrer toute l'entretien. Ne vous inquiétez pas, notre discussion sera complètement confidentielle et elle sera utilisée SEULEMENT pour cette étude. Est-ce que vous acceptez d'être enregistré ?

[SI LE REpondant consent d'être enregistré pendant l'interview, indiquez le district, la commune, le village, et la date au début de l'enregistrement]. Puis, remplissez les informations ci-dessous.

ETABLISSEZ LES REGLES :

- Demandez au répondant s'il/elle est confortable et prêt/e à participer.
- Demandez au répondant de parler à haute voix de faciliter l'enregistrement.
- Si le répondant a un portable, demandez-lui d'éteindre leur portable – il peut interférer avec la concertation et la qualité du son.

TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DES PARTICIPANTS

ID. #.	INITIAUX (NOM)	AGE	SEXE	Activité professionnel/ Source de revenus	Village	SIGNATURE
1.						
2.						
3.						
4.						
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6.						
7.						
8.						
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10.						
11.						

Perception des activités RISE

1. Quel est le rôle du distributeur de base communautaire (DBC) dans votre communauté ? Quel est le rôle des groupes CF (l'agriculture de conservation) ?
2. S'il vous plaît dites-moi un peu de votre expérience avec les distributeurs de base communautaire. Comment avez-vous appris de leurs services ? Pourquoi avez-vous décidé de vous engager avec eux ?
3. Vous avez participé dans quelles activités ? Quels services avez-vous reçus ?

Population, Santé et l'Environnement

4. Qu'avez-vous appris sur la planification familiale ? Y a-t-il des avantages à utiliser la contraception pour qu'une femme puisse espacer sa grossesse ?
5. Les DBC étaient-ils capables de répondre à vos questions sur la PF ?
6. Qu'avez-vous appris sur l'agriculture de conservation et la nutrition des DBC ? Quels sont les avantages de ces méthodes ? Avez-vous aimé le fait que vous puissiez en apprendre davantage sur l'agriculture de conservation et la nutrition des DBC ?
7. Les DBC ont-ils capables de répondre à vos questions sur la CF et la nutrition ?
8. Maintenant que vous avez reçu les informations sur la PF, la nutrition, et l'agriculture de conservation, a-t-elle changée comment vous pratiquez l'agriculture ? Ou comment vous pensez à planifier la famille ?
9. Avez-vous utilisé les pratiques de l'agriculture de conservation ? Lesquelles ? Ont-elles produit des avantages pour vous et, si oui, quelles sont ces avantages ? Avez-vous interagi avec les groupes CF ?
10. Comment la planification familiale et la capacité de planifier votre famille pourraient-elles affecter la nutrition de votre famille ? Comment l'agriculture de conservation affecte-t-elle la santé de votre famille ? (Probe : Quelle est la relation entre la planification familiale, l'agriculture de conservation, et la nutrition ? Comment sont-elles liées et comment elles s'affectent les unes les autres ?)

Discussions en groupe pour les membres des groupes CF

DATE DE GROUPE DE DISCUSSION (FGD) : ____ / ____ / __[JJ]/MM/AAAA]
NOM DE L'ENQUÊTEUR : _____
NOM D'ENREGISTREUR : _____
NOM DE SUPERVISEUR : _____
INFORMATION DE LIEU
NOM DE COMMUNE : _____ NOM DE VILLAGE : _____
INFORMATION AUX PARTICIPANTS

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre comment l'information transmise est comprise et perçue, aussi que comprendre comment les membres de la communauté ont interagi avec le modèle intégré.

PARTICIPATION A L'ETUDE

Je comprends bien que, si j'accepte de participer à l'étude, la discussion pourrait durer environ 90 minutes. Je comprends aussi qu'elle sera menée dans un cadre privé et tout ce que je dirais sera maintenu confidentiel. Je comprends que mon nom ne figurera sur aucun document. Seuls les membres de l'équipe de l'étude auront accès aux informations, les transcriptions et les appareils d'enregistrement seront conservés dans un endroit sécurisé.

La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures et le but de l'étude à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

OBTENEZ LE CONSENTEMENT POUR ENREGISTREMENT DE VOIX DU PARTICIPANT S'IL/ELLE ACCEPTE D'ETRE INTERVIEWER AVANT COMMENCER LA DISCUSSION. REMERCIEZ-LUI POUR SON TEMPS S'IL/ELLE N'ACCEPTE PAS D'ETRE INTERVIEWER.

CONSENTEMENT A L'ENREGISTREMENT DE VOIX : Pendant les discussions, je prendrai des notes pour enregistrer les idées principales discutées. Cependant, pour que je ne dois pas écrire chaque mot, je vais aussi enregistrer toute l'entretien. Ne vous inquiétez pas, notre discussion sera complètement confidentielle et elle sera utilisée SEULEMENT pour cette étude. Est-ce que vous acceptez d'être enregistré ?

[SI LE REpondant consent d'être enregistré pendant l'interview, indiquez le district, la commune, le village, et la date au début de l'enregistrement]. Puis, remplissez les informations ci-dessous.

TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DES PARTICIPANTS

ID. #.	INITIAUX (NOM)	AGE	SEXE	Activité professionnel/ Source de revenus	Village	SIGNATURE
1.						
2.						
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12.						

Perception des activités

1. Est-ce que vous pouvez me dire un peu plus sur le groupe CF ? Vous vous réunissez avec quelle fréquence ? Qu'est-ce que vous faites dans vos réunions ?
2. Comment avez-vous pris connaissance de l'existence des groupes CF ? Pourquoi avez-vous décidé de rejoindre un groupe ?
3. Auxquelles activités participez-vous ? Quels services avez-vous reçus comme participant du groupe CF ?

Population, Santé et l'Environnement

4. Qu'avez-vous appris sur l'agriculture de conservation et la nutrition ? Quels sont les avantages de ces méthodes ?
5. Qu'avez-vous appris sur la planification familiale ? Avez-vous aimé apprendre la PF dans les groupes de CF ?
6. Les PLs étaient-ils capables de répondre à vos questions sur la PF ?
7. Comment la planification familiale et la capacité de planifier votre famille pourraient-elles affecter la nutrition de votre famille ? Comment l'agriculture de conservation affecte-t-elle la santé de votre famille ? Y a-t-il des avantages à utiliser la contraception pour qu'une femme puisse espacer sa grossesse ?
8. Comment l'agriculture de conservation affecte la santé de votre famille ?
9. Maintenant que vous avez reçu les informations sur la PF, la nutrition, et l'agriculture de conservation, avez-vous changer votre manière de pratiquer l'agriculture de conservation ? Comment pensez-vous à planifiez votre famille ?
10. Quelles informations et ressources sur la planification familiale sont-elles disponibles dans votre communauté ? (i.e. étaient-ils au courant de travail actuel des DBC)
11. Dans le cadre de notre programme axé sur la planification familiale, l'agriculture de conservation et la nutrition, Pathfinder International a également collaboré avec les distributeurs communautaires. Pouvez-vous nous en dire plus sur les interactions que vous avez eues avec les DBC ?
12. Avez-vous discuté la planification familiale avec quelqu'un depuis que les informations ont été partagées au sein des groupes CF ? Avec qui ? Pouvez-vous me parler des conversations que vous avez eues ?

Interviews en profondeur pour les leaders locaux (JLC, Leaders religieux, Chefs de villages)

DATE DE IDI : ____ / ____ / ____ [JJ/MM/AAAA]
NOM DE L'ENQUETEUR : _____
NOM D'ENREGISTREUR : _____
NOM DE SUPERVISEUR : _____
HEURE DE COMMENCEMENT DE IDI : _____ [HRS] _____ [MIN]
INFORMATION DE LIEU
NOM DE COMMUNE: _____ NOM DE VILLAGE: _____
INFORMATION TO PARTICIPANTS

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre les facilitateurs et les barrières en la mise en œuvre d'une telle approche et la valeur ajoutée de cette approche.

PARTICIPATION A L'ETUDE

Je comprends bien que, si j'accepte de participer à l'étude, la discussion pourrait durer environ 90 minutes. Je comprends aussi qu'elle sera menée dans un cadre privé et tout ce que je dirais sera maintenu confidentiel. Je comprends que mon nom ne figurera sur aucun document. Seuls les membres de l'équipe de l'étude auront accès aux informations, les transcriptions et les appareils d'enregistrement seront conservés dans un endroit sécurisé.

La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures et le but de l'étude à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

OBTENEZ LE CONSENTEMENT POUR ENREGISTREMENT DE VOIX DU PARTICIPANT S'IL/ELLE ACCEPTE D'ETRE INTERVIEWER AVANT COMMENCER LA DISCUSSION. REMERCIEZ-LUI POUR SON TEMPS S'IL/ELLE N'ACCEPTE PAS D'ETRE INTERVIEWER.

CONSENTEMENT A L'ENREGISTREMENT DE VOIX : Pendant les discussions, je prendrai des notes pour enregistrer les idées principales discutées. Cependant, pour que je ne dois pas écrire chaque mot, je vais aussi enregistrer toute l'entretien. Ne vous inquiétez pas, notre discussion sera complètement confidentielle et elle sera utilisée SEULEMENT pour cette étude. Est-ce que vous acceptez d'être enregistré ?

[SI LE REpondant CONSENT D'ETRE ENREGISTRE PENDANT L'INTERVIEW, INDIQUEZ LE DISTRICT, LA COMMUNE, LE VILLAGE, ET LA DATE AU DEBUT DE L'ENREGISTREMENT]. Puis, remplissez les informations ci-dessous.

ETABLISSEZ LES REGLES :

- Demandez au répondant s'il/elle est confortable et prêt/e à participer.
- Demandez au répondant de parler à haute voix de faciliter l'enregistrement.
- Si le répondant a un portable, demandez-lui d'éteindre leur portable – il peut interférer avec la concertation et la qualité du son.

TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DU REpondant

INITIAUX (NOM)	ROLE	SIGNATURE

1. Quel est votre rôle dans la communauté ?
2. Est-ce que vous pouvez décrire le programme RISE de Pathfinder International/REGIS-ER ?
3. Quelle était votre implication avec le programme ?
4. Les personnes ou organisations appropriées ont-elles été impliquées dans la mise en œuvre du programme ?
5. Selon vous, quelles sont les avantages de ce programme ? Quels étaient les plus grands défis ? que suggérez-vous pour surmonter les défis ?
6. Selon vous, quels sont les avantages du programme RISE pour votre communauté ?
7. Comment décririez-vous une approche du leadership des jeunes communautaires ?
8. Pensez-vous qu'il est important d'avoir un leadership des jeunes dans votre communautaire ? avez-vous déjà collaboré avec les jeunes leaders de votre communautaires ? sur quels aspects ? comment décriviez-vous le rapport des jeunes leaders avec les autres membres de la communauté ?

Interviews en profondeur pour le staff au terrain de Pathfinder International/E2A

DATE DE IDI : ____ / ____ / ____ [JJ/MM/AAAA]	
NOM DE L'ENQUÊTEUR : _____	
NOM D'ENREGISTREUR : _____	
NOM DE SUPERVISEUR : _____	
HEURE DE COMMENCEMENT DE IDI : [HRS] [MIN]	
INFORMATION DE LIEU	
NOM DE COMMUNE: _____	NOM DE VILLAGE: _____
INFORMATION TO PARTICIPANTS	

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre les facilitateurs et les barrières en la mise en œuvre d'une telle approche et la valeur ajoutée de cette approche.

PARTICIPATION A L'ETUDE

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La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures et le but de l'étude à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

OBTENEZ LE CONSENTEMENT POUR ENREGISTREMENT DE VOIX DU PARTICIPANT S'IL/ELLE ACCEPTE D'ETRE INTERVIEWER AVANT COMMENCER LA DISCUSSION. REMERCIEZ-LUI POUR SON TEMPS S'IL/ELLE N'ACCEPTE PAS D'ETRE INTERVIEWER.

CONSENTEMENT A L'ENREGISTREMENT DE VOIX : Pendant les discussions, je prendrai des notes pour enregistrer les idées principales discutées. Cependant, pour que je ne dois pas écrire chaque mot, je vais aussi enregistrer toute l'entretien. Ne vous inquiétez pas, notre discussion sera complètement confidentielle et elle sera utilisée SEULEMENT pour cette étude. Est-ce que vous acceptez d'être enregistré ?

[SI LE REpondant consent d'être enregistré pendant l'interview, indiquez le district, la commune, le village, et la date au début de l'enregistrement]. Puis, remplissez les informations ci-dessous.

ETABLISSEZ LES REGLES :

- Demandez au répondant s'il/elle est confortable et prêt/e à participer.
- Demandez au répondant de parler à haute voix de faciliter l'enregistrement.
- Si le répondant a un portable, demandez-lui d'éteindre leur portable – il peut interférer avec la concertation et la qualité du son.

TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DU REpondANT

INITIAUX (NOM)	ROLE	SIGNATURE

COMMENCEZ L'ENREGISTREMENT ET COMMENCEZ POSER LES QUESTIONS, EN COMMENÇANT AVEC NUMERO 1.

Définir le programme et les intérêts de Pathfinder

1. Est-ce que vous pouvez expliquer votre rôle à Pathfinder et dans le programme intégré de RISE ? Vous avez travaillé sur le programme RISE depuis quand ?
2. Comment décririez-vous les composantes du programme RISE à quelqu'un qui ne le connaissait pas ?
3. Le programme RISE se concentre sur "bâtir la résilience" des individus, ménages, et communautés. Comment définissez-vous le concept de "résilience" ?
4. Comment décririez-vous l'agriculture de conservation (conservation farming) et la nutrition ? Quelle était votre compréhension de ces sujets avant le début du programme ? Maintenant quelle relation établissez-vous entre agriculture de conservation, la nutrition et la résilience ? Avez-vous la même analyse avant le début du programme ?

Expérience de travail avec l'organisation partenaire

5. Veuillez me dire plus sur votre rapport avec REGIS-ER ; avec quel personnel avez-vous travaillé ? Vous avez travaillé ensemble avec quelle fréquence ? Vous avez travaillé ensembles sur quelles activités ?
6. Comment avez-vous communiqué avec REGIS-ER ? Comment avez-vous facilité la collaboration ? Comment les décisions ont-elles été prises ?
7. Dites-nous quelques défis du partenariat.
8. Quelles compétences avez-vous acquises de la mise en œuvre d'une approche intégrée ?
9. Si on vous demandait de reproduire ce programme (regroupant une organisation de FP et une organisation axée sur la sécurité alimentaire / l'agriculture de conservation / la nutrition pour travailler en faveur de la résilience), quels aspects des activités / de la gestion du programme maintiendriez-vous ? Que feriez-vous différemment ? Quel/s aspect/s du programme pensez-vous être utile/s ? Pourquoi ?

Expérience avec les agents communautaires et les bénéficiaires

10. Parlez-moi davantage de la formation des DBC sur l'agriculture de conservation et la nutrition. Etaient-ils réceptifs aux nouvelles informations ? Quels défis avez-vous observés ? A quels domaines de la formation les agents communautaires ont été plus attentifs ? Et pourquoi ?
11. Parlez-moi davantage de la formation des producteurs leaders sur la planification familiale. Etaient-ils réceptifs aux nouvelles informations ? Quels défis avez-vous observés ?

12. Parlez-moi davantage du soutien et supervision des DBC sur l'agriculture de conservation et la nutrition. Quels défis avez-vous observés ? Y avait-t-il des changements (positifs ou négatifs) dans la capacité des DBC à mener leurs travaux ? Dans leur capacité à atteindre de nouveaux publics ? Quel soutien supplémentaire avez-vous fourni ?
13. Quels types de soutien avez-vous fournis aux Producteurs Leaders (PL) de l'agriculture de conservation pour qu'ils introduisent la planification familiale dans leur travail ? Quels ont été les succès et les défis du travail avec les producteurs leaders de l'agriculture de conservation ? Comment le soutien de Pathfinder aux PL peut-il être renforcé ou amélioré ?

Interviews en profondeur aux responsables de Pathfinder International/E2A

DATE DE IDI : ____ / ____ / __[JJ]/MM/AAAA]	
NOM DE L'ENQUÊTEUR : _____	
NOM	D'ENREGISTREUR : _____
NOM DE SUPERVISEUR : _____	
INFORMATION DE LIEU	
NOM DE COMMUNE: _____	NOM DE VILLAGE: _____
INFORMATION AUX PARTICIPANTS	

Bonjour, je m'appelle _____. Je travaille en tant que membre de l'équipe chargée de mener l'étude indiquée ci-dessus. Cette étude est mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre les facilitateurs et les barrières en la mise en œuvre d'une telle approche et la valeur ajoutée de cette approche.

PARTICIPATION A L'ETUDE

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La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures et le but de l'étude à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

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[SI LE REpondant CONSENT D'ETRE ENREGISTRE PENDANT L'INTERVIEW, INDIQUEZ LE DISTRICT, LA COMMUNE, LE VILLAGE, ET LA DATE AU DEBUT DE L'ENREGISTREMENT]. Puis, remplissez les informations ci-dessous.

ETABLISSEZ LES REGLES :

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- Si le répondant a un portable, demandez-lui d’éteindre leur portable – il peut interférer avec la concertation et la qualité du son.

TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DU REpondant

INITIAUX (NOM)	ROLE	SIGNATURE

COMMENCEZ L'ENREGISTREMENT ET COMMENCEZ POSER LES QUESTIONS, EN COMMENCANT AVEC NUMERO 1.

Définir le programme et les intérêts de Pathfinder

1. Est-ce que vous pouvez expliquer votre rôle à Pathfinder et dans le programme intégré de RISE ? Vous avez travaillé sur le projet RISE depuis quand ?
2. Comment décririez-vous le projet RISE à quelqu’un qui ne le connaissait pas ?
3. Le programme RISE se concentre sur “bâtir la résilience” des individus, ménages, et communautés. Comment définissez-vous “résilience” ?
4. Comment la mission de Pathfinder, qui comprend un focus sur la planification familiale et les questions plus larges de la santé sexuelle et reproductive, contribue à bâtir la résilience ?
5. Comment décririez-vous l’agriculture de conservation (conservation farming) et la nutrition ? Quelle était votre compréhension de ces sujets avant le début du programme ? Comment ces questions sont-elles liées à la résilience ?
6. Quel est le lien entre l’agriculture de conservation, la planification familiale, et la nutrition ? (Sonde : Quelles sont les avantages ou inconvénients d’intégrer ces sujets ? Est-ce que l’intégration de ces sujets contribue à bâtir la résilience ?)

Expérience de travail avec l’organisation partenaire

7. Quelle était la motivation de Pathfinder pour travailler avec REGIS-ER sur le programme RISE ? Quelles étaient les attentes de Pathfinder pour ce programme ?
8. Veuillez me dire plus sur votre rapport avec REGIS-ER ; avec quel personnel avez-vous travaillé ? Vous avez travaillé ensemble avec quelle fréquence ? Vous avez communiqué avec quelle fréquence ?
9. Comment les décisions du programme ont-elles été prises concernant la stratégie RISE ? Des adaptations ont-elles été nécessaires pour s’accommoder au partenariat ? Si oui, quelles étaient ? (Sonde : Y avait-il des changements du plan original qui étaient nécessités par la collaboration avec REGIS-ER ?)
10. Comment avez-vous facilité la collaboration ? Quels étaient les plus grands défis du partenariat ? Quels étaient les plus grands succès ?

11. Quelles étaient les avantages et inconvénients de travailler avec un partenaire qui se concentre sur l'agriculture/la nutrition ?
12. Quels étaient les aspects positifs et négatifs de travailler sur un projet intégré ? Que pourrait-on améliorer ? Quelles compétences avez-vous acquises de la mise en œuvre d'une approche intégrée ?
13. Si on vous demandait de reproduire ce programme (regroupant une organisation de FP et une organisation axée sur la sécurité alimentaire / l'agriculture de conservation / la nutrition pour travailler en faveur de la résilience), quels aspects des activités / de la gestion du programme maintiendriez-vous ? Que feriez-vous différemment ?

Interviews en profondeur pour le staff au terrain de REGIS-ER

DATE DE IDI : ____ / ____ / ____ [JJ/MM/AAAA]	
NOM DE L'ENQUÊTEUR : _____	
NOM D'ENREGISTREUR : _____	
NOM DE SUPERVISEUR : _____	
HEURE DE COMMENCEMENT DE IDI : ____ [HRS] ____ [MIN]	
INFORMATION DE LIEU	
NOM DE COMMUNE: _____	NOM DE VILLAGE: _____
INFORMATION TO PARTICIPANTS	

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre les facilitateurs et les barrières en la mise en œuvre d'une telle approche et la valeur ajoutée de cette approche.

PARTICIPATION A L'ETUDE

Je comprends bien que, si j'accepte de participer à l'étude, la discussion pourrait durer environ 90 minutes. Je comprends aussi qu'elle sera menée dans un cadre privé et tout ce que je dirais sera maintenu confidentiel. Je comprends que mon nom ne figurera sur aucun document. Seuls les membres de l'équipe de l'étude auront accès aux informations, les transcriptions et les appareils d'enregistrement seront conservés dans un endroit sécurisé.

La discussion se fera dans une langue que je comprends pour mieux en connaître les risques, les avantages, les procédures et le but de l'étude à laquelle je suis invité(e) à prendre part. Cependant, je peux accepter ou refuser à tout moment.

OBTENEZ LE CONSENTEMENT POUR ENREGISTREMENT DE VOIX DU PARTICIPANT S'IL/ELLE ACCEPTE D'ETRE INTERVIEWER AVANT COMMENCER LA DISCUSSION. REMERCIEZ-LUI POUR SON TEMPS S'IL/ELLE N'ACCEPTE PAS D'ETRE INTERVIEWER.

CONSENTEMENT A L'ENREGISTREMENT DE VOIX : Pendant les discussions, je prendrai des notes pour enregistrer les idées principales discutées. Cependant, pour que je ne dois pas écrire chaque mot, je vais aussi enregistrer toute l'entretien. Ne vous inquiétez pas, notre discussion sera complètement confidentielle et elle sera utilisée SEULEMENT pour cette étude. Est-ce que vous acceptez d'être enregistré ?

[SI LE REpondant consent d'être enregistré pendant l'interview, indiquez le district, la commune, le village, et la date au début de l'enregistrement]. Puis, remplissez les informations ci-dessous.

ETABLISSEZ LES REGLES :

- Demandez au répondant s'il/elle est confortable et prêt/e à participer.
- Demandez au répondant de parler à haute voix de faciliter l'enregistrement.
- Si le répondant a un portable, demandez-lui d'éteindre leur portable – il peut interférer avec la concertation et la qualité du son.

TABLEAU 1 –INFORMATION DEMOGRPAHIQUE DU REPONDANT

INITIAUX (NOM)	ROLE	SIGNATURE

COMMENCEZ L'ENREGISTREMENT ET COMMENCEZ POSER LES QUESTIONS, EN COMMENCANT AVEC NUMERO 1.

Définir le programme et les intérêts de REGIS-ER

1. Est-ce que vous pouvez expliquer votre rôle à REGIS-ER et dans le programme intégré de RISE ? Vous avez travaillé sur le programme RISE depuis quand ?
2. Comment décririez-vous les composantes du programme RISE à quelqu'un qui ne le connaissait pas ?
3. Le programme RISE se concentre sur "bâtir la résilience" des individus, ménages, et communautés. Comment définissez-vous "résilience" ?
4. Quelle était votre exposition au sujet de la planification familiale et la santé sexuelle et reproductive avant le début du programme ? Quelle est votre compréhension de ces sujets actuellement ? Comment ces questions sont-ils liés à la résilience ?

Expérience de travail avec l'organisation partenaire

5. Veuillez me dire plus sur votre rapport avec Pathfinder International ; avec quel personnel avez-vous travaillé ? Vous avez travaillé ensemble avec quelle fréquence ? Vous avez travaillé sur quelles activités ensemble ?
6. Comment avez-vous communiqué avec Pathfinder ? Comment avez-vous facilité la collaboration ? Comment les décisions étaient-elles prises ?
7. Dites-nous quelques défis du partenariat.
8. Quelles compétences avez-vous acquises de la mise en œuvre d'une approche intégrée ?
9. Si on vous demandait de reproduire ce programme au future (regroupant une organisation de FP et une organisation axée sur la sécurité alimentaire / l'agriculture de conservation / la nutrition pour travailler en faveur de la résilience), quels aspects du programme maintiendriez-vous ? Que feriez-vous différemment ? Quel/s aspect/s du programme pensez-vous être utile/s ? Pourquoi ?

Expérience avec les agents communautaires et les bénéficiaires

10. Parlez-moi davantage de la formation des producteurs leaders (PL) sur la planification familiale. Etaient-ils réceptifs aux nouvelles informations ? Quels défis avez-vous observés ? A quels domaines de la formation les agents communautaires ont été plus attentifs ? Et pourquoi ?
11. Parlez-moi davantage de la formation des DBC sur l'agriculture de conservation et la nutrition. Etaient-ils réceptifs aux nouvelles informations ? Quels défis avez-vous observés ?
12. Parlez-moi davantage du soutien et supervision des producteurs leaders (PL) sur la planification familiale. Quels défis avez-vous observés ? Y avait-t-il des changements (positifs ou négatifs) dans la capacité des PL à

mener leurs travaux ? Dans leur capacité à atteindre de nouveaux publics ? Quel soutien supplémentaire avez-vous fourni ?

13. Quels types de soutien avez-vous fournis aux DBCs pour qu'ils introduisent l'agriculture de conservation dans leur travail ? Quelles ont été les succès et les défis du travail avec les DBCs sur la conservation farming et la nutrition ? Comment le soutien de REGIS-ER aux DBC peut-il être renforcé ou amélioré ?

Interviews en profondeur pour le leadership de REGIS-ER

DATE DE IDI : ____ / ____ / ____ [JJ/MM/AAAA]
NOM DE L'ENQUÊTEUR : _____
NOM _____ D'ENREGISTREUR _____ :
NOM DE SUPERVISEUR : _____
INFORMATION DE LIEU
NOM DE COMMUNE: _____ NOM DE VILLAGE: _____
INFORMATION TO PARTICIPANTS

Bonjour, je m'appelle _____. Pour notre discussion, je suis là en tant que représentant de l'équipe qui mène une documentation d'un projet mise en œuvre par Pathfinder International – Niger/E2A. Nous sollicitons votre participation à cette étude car, vos points de vue seraient particulièrement importants et pourraient contribuer à une meilleure compréhension de la mise en œuvre d'une approche intégrée de santé et d'agriculture axée sur la santé de la reproduction, la planification familiale, la nutrition et l'agriculture de conservation. Votre participation nous permettra de mieux comprendre les facilitateurs et les barrières en la mise en œuvre d'une telle approche et la valeur ajoutée de cette approche.

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[SI LE REpondant CONSENT D'ETRE ENREGISTRE PENDANT L'INTERVIEW, INDIQUEZ LE DISTRICT, LA COMMUNE, LE VILLAGE, ET LA DATE AU DEBUT DE L'ENREGISTREMENT]. Puis, remplissez les informations ci-dessous.

ETABLISSEZ LES REGLES :

- Demandez au répondant s'il/elle est confortable et prêt/e à participer.
- Demandez au répondant de parler à haute voix de faciliter l'enregistrement.
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TABLEAU 1 – INFORMATION DEMOGRAPHIQUE DU REpondANT

INITIAUX (NOM)	ROLE	SIGNATURE

COMMENCEZ L'ENREGISTREMENT ET COMMENCEZ POSER LES QUESTIONS, EN COMMENÇANT AVEC NUMERO 1.

Définir le programme et les intérêts de REGIS-ER

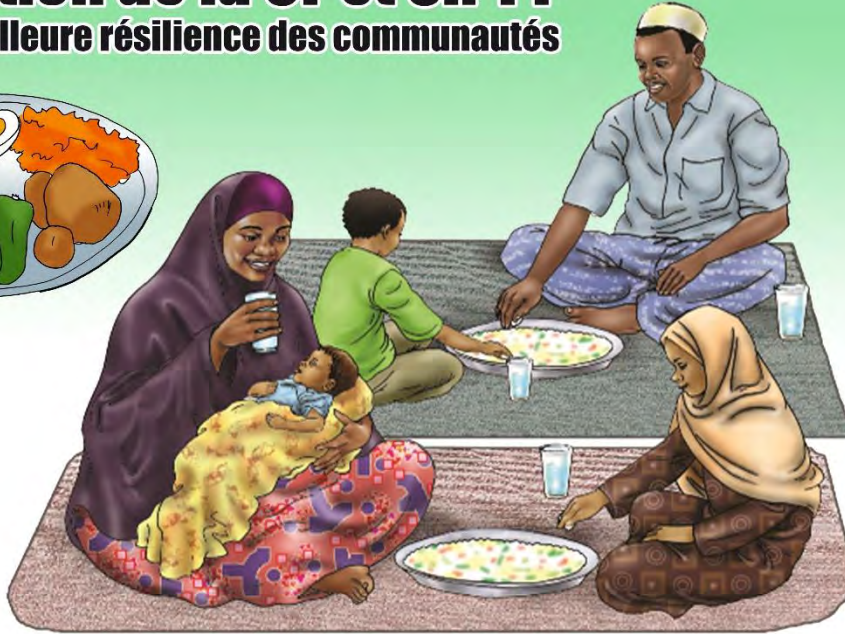
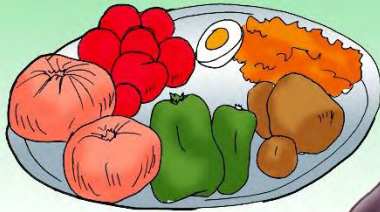
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3. Le programme RISE se concentre sur "bâtir la résilience" des individus, ménages, et communautés. Comment définissez-vous "résilience" ?
4. Comment REGIS-ER contribue-t-il à bâtir la résilience ?
5. Quelle était votre exposition au sujet de la planification familiale et la santé sexuelle et reproductive avant le début du programme ? Quelle est votre compréhension de ces sujets actuellement ? Comment ces questions sont-ils liés à la résilience ?
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Expérience de travail avec l'organisation partenaire

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8. Veuillez me dire plus sur votre rapport avec Pathfinder International ; avec quel personnel avez-vous travaillé ? Vous avez travaillé ensemble avec quelle fréquence ? Vous avez communiqué avec quelle fréquence ?
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Intégration de la CF et SR-PF pour une meilleure résilience des communautés



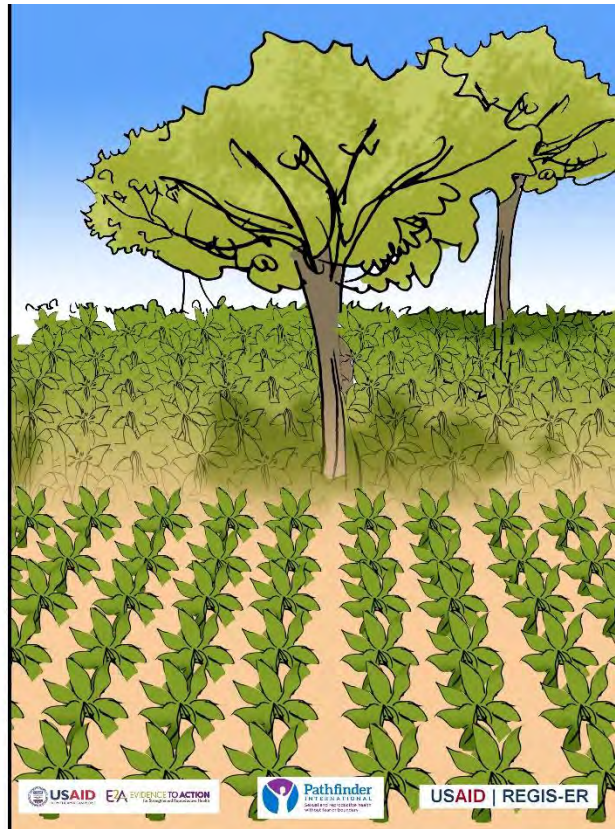
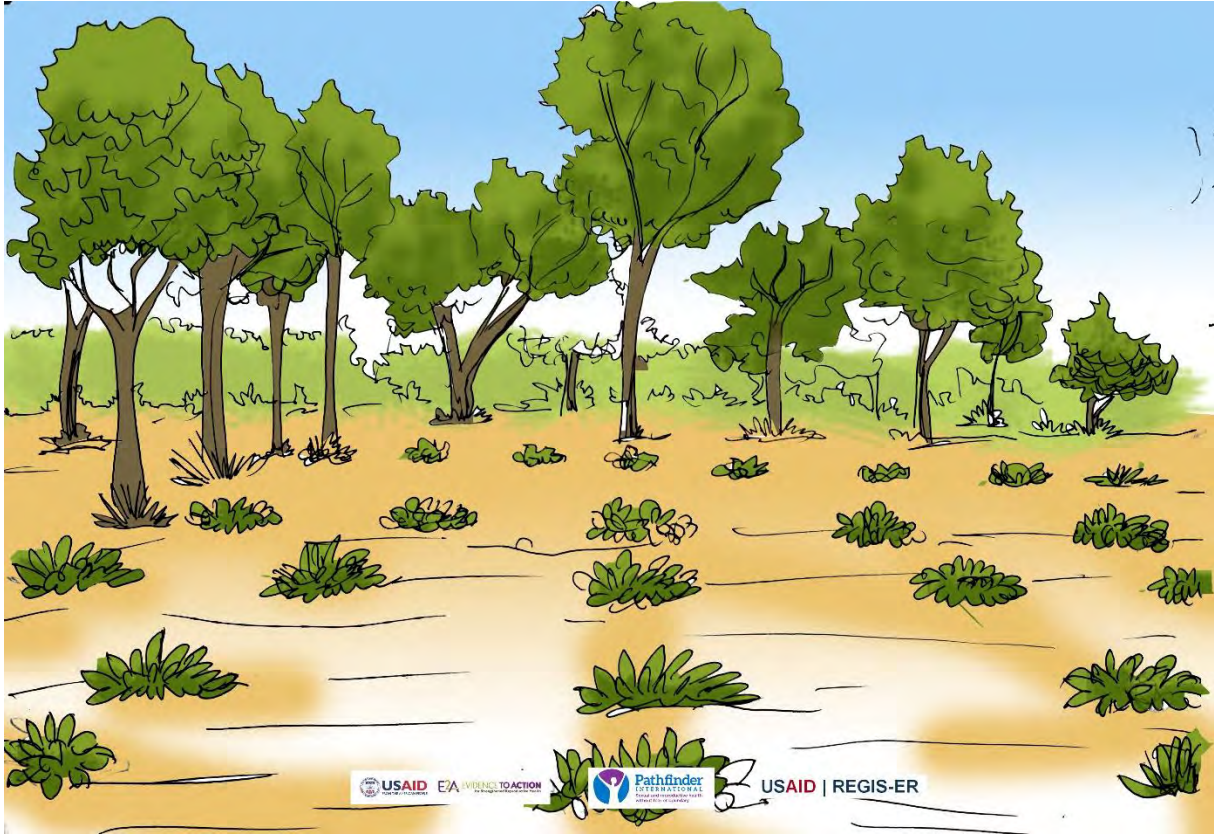
USAID | REGIS-ER



USAID | REGIS-ER









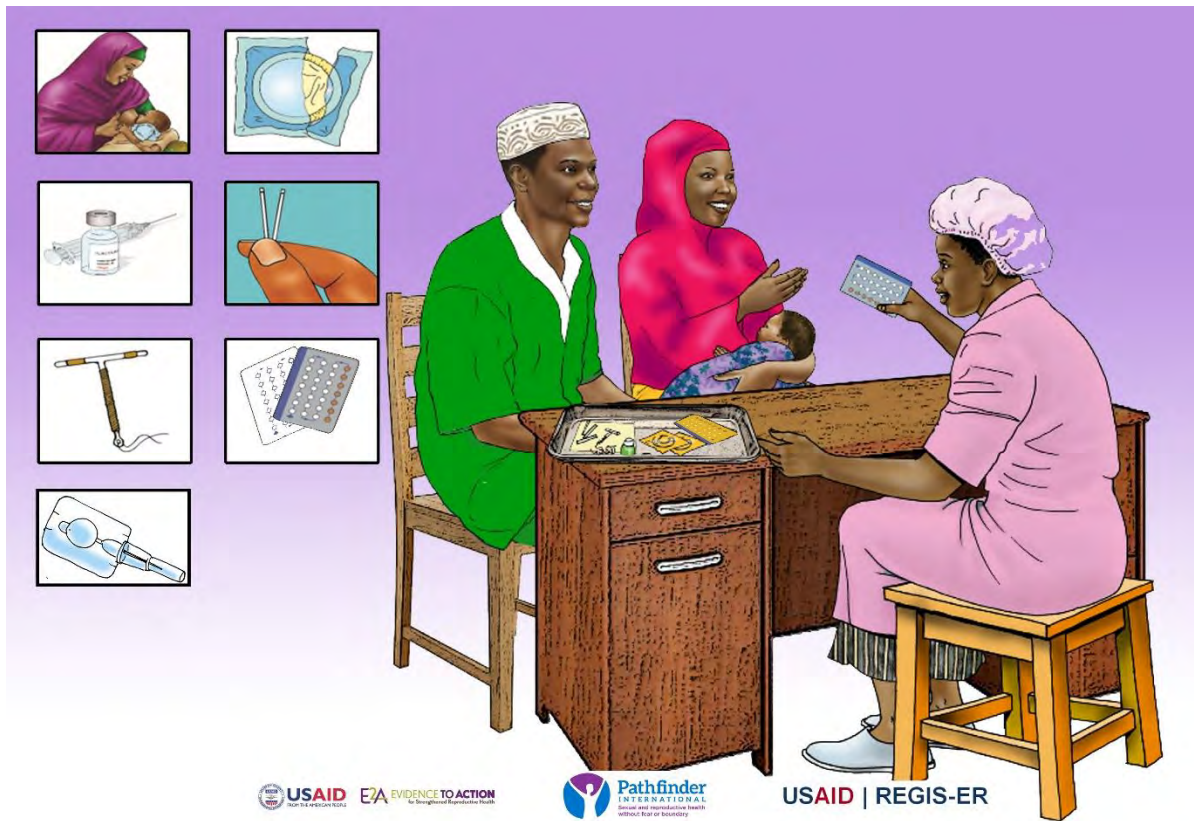


6

USAID EVIDENCE TO ACTION
FOR STRENGTHENING REPRODUCTIVE HEALTH

Pathfinder INTERNATIONAL
Sexual and reproductive health
without fear or controversy

USAID | REGIS-ER



USAID EVIDENCE TO ACTION
FOR STRENGTHENING REPRODUCTIVE HEALTH

Pathfinder INTERNATIONAL
Sexual and reproductive health
without fear or controversy

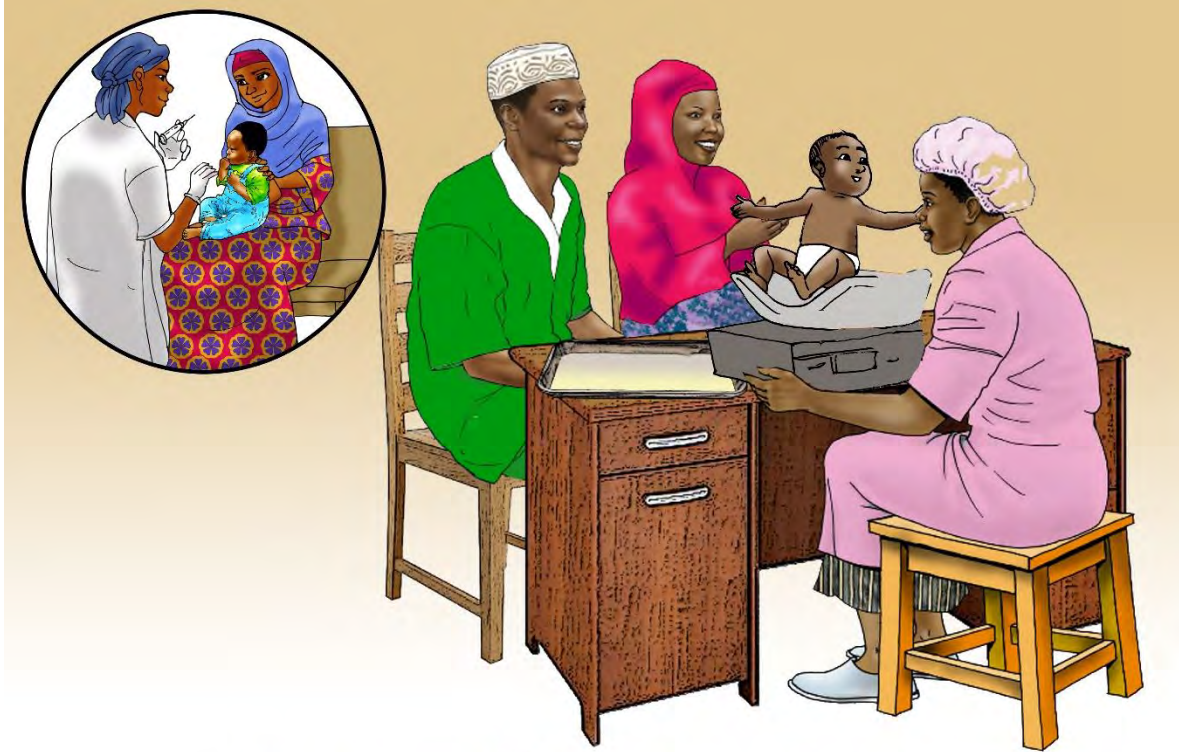
USAID | REGIS-ER

6-9 🌙

USAID EVIDENCE TO ACTION
 Pathfinder INTERNATIONAL
 USAID | REGIS-ER

12-24 🌙

USAID EVIDENCE TO ACTION
 Pathfinder INTERNATIONAL
 USAID | REGIS-ER





 **USAID**  **EVIDENCE TO ACTION**
FOR TRANSPARENT, ACCOUNTABLE RESULTS

 **Pathfinder**
INTERNATIONAL
Sexual and reproductive health
without fear or boundary

USAID | REGIS-ER



 **USAID**  **EVIDENCE TO ACTION**
FOR TRANSPARENT, ACCOUNTABLE RESULTS

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ANNEX 7: SUPERVISION FORM FOR INTEGRATED ACTIVITIES

Supervision des activités intégrés

I. IDENTIFICATION		
1.	Département de : -----	_ _ _ _ _
2.	Commune de -----	Aire de santé : ----- --
3.	Nom du village -----	Cochez <u>une</u> : Village Pathfinder et REGIS-ER <input type="checkbox"/> Village REGIS-ER seule <input type="checkbox"/>
4.	Date de la mission (jour/mois/année)	_ _ _ / _ _ _ / _2_ _0_ _1_ _ _
5.	Nom de l'agent Pathfinder/REGIS-ER -----	
6.	Nom de la personne rencontrée ----- Sexe : <input type="checkbox"/> F <input type="checkbox"/> M	
7.	Fonction de la personne rencontrée : (cochez <u>une</u>) Producteur leader <input type="checkbox"/>	DBC <input type="checkbox"/>

II. Activités d'intégration menés :		
2.1	Avez-vous fait une causerie avec le nouvel outil de communications ?	Oui <input type="checkbox"/> Non <input type="checkbox"/>
2.2	Si oui, vous en avez fait combien ?	----- <i>S'il/elle a fait plus qu'une causerie, posez les suivantes <u>sur le plus récent</u></i>
2.3	Qui a participé dans votre causerie ?	Hommes <input type="checkbox"/> Femmes <input type="checkbox"/> Jeunes <input type="checkbox"/>

2.4	Combien sont-ils ? <i>Notez le numéro</i>	Hommes <input type="checkbox"/> Femmes <input type="checkbox"/> Jeunes <input type="checkbox"/>
2.5	Vous avez animé la causerie sur quel thème ?	----- -----
2.6	Quel est le message central de la causerie que vous avez animé ?	----- ----- ----- ----- -----
2.7	Selon vous, c'est quoi l'importance de mener ces causeries ?	----- ----- ----- ----- -----
2.8	Est-ce que les participants ont compris le thème sur lequel vous avez discuté ?	----- ----- ----- ----- -----
2.9	Avaient-ils des questions sur les thèmes ?	----- ----- ----- -----

		----- -----
2.10	<p>Est-ce que vous pensez qu'ils ont aimé la causerie ?</p> <p><i>Ici vous pouvez demander plus des questions pour comprendre comment les acteurs (DBC/PL) se sont sentis de la réception de la causerie ou aucune d'autre perception qu'ils ont.</i></p>	----- ----- ----- ----- ----- -----
2.11	<p>Avez-vous d'autre feedback ou questions pour nous ?</p>	----- ----- ----- ----- ----- -----

ANNEX 8 : REFERRAL FORM

REPUBLIQUE DU NIGER
 MINISERE DE LA SANTE PUBLIQUE
 DIRECTION GENERALE DE LA SANTE ET DE LA REPODUCTION
 DIRECTION DE LA SANTE DE LA MERE DET DE L'ENFANT
 DIVISION DE LA PLANIFICATION FAMILIALE



FICHE DE REFERENCE ET DE CONTRE REFERENCE POUR AGENTS DE DISTRIBUTION A BASE COMMUNAUTAIRE (DBC) DES CONTRACEPTIFS.

District sanitaire de.....

CSI de

Case de santé de.....

Nom prénom agent communautaire.....

INFORMATIONS SUR LE CLIENT/ CLIENTE REFERE

Nom.....

Prénom.....

Age :.....

Référé au centre de santé de

Motifs de la référence :

• Pour la pilule /___/



Pour l'injectable /___/



• Pour l'implanon /___/



Pour Sayana Press /___/



• Pour le Jadelle /___/



Pour le D.I.U /___/



• Les effets secondaires /___/

• Pour rupture de stock de contraceptifs /___/

Nom, prénom du relai communautaire et signature :

Agent DBC Agent RISE

Date de la référence: /___/___/___/

FORMATIONS DE CONTRE REFERENCE

CSI/Case de

Nom et prénoms de l'agent de santé

Réponse du prestataire de référence.....

Signature du prestataire de référence

Date : /___/___/___

EVIDENCE TO ACTION PROJECT

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Washington, DC 20005, USA
Phone: +1 (202) 775-1977
Fax: +1 (202) 775-1998/1988

e2aproject.org