

SWEDD

AUTONOMISATION
DES FEMMES ET
DIVIDENDE
DEMOGRAPHIQUE
AU SAHEL

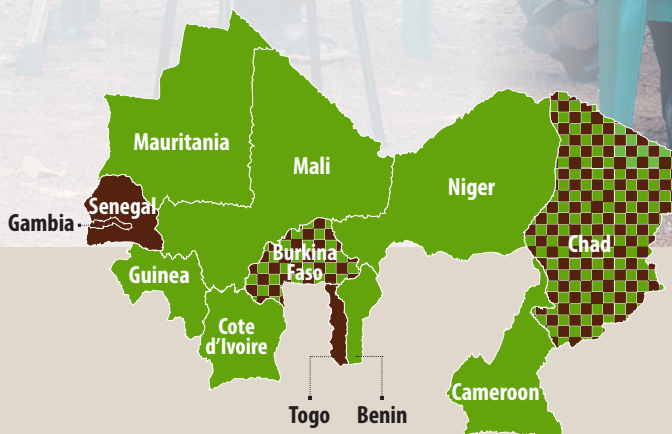
SAHEL WOMEN'S
EMPOWERMENT
AND
DEMOGRAPHIC
DIVIDEND

5

SWEDD SERIES: BEST PRACTICE GUIDE

DEVELOPMENT OF CLUBS FOR HUSBANDS AND CLUBS FOR FUTURE HUSBANDS

The research informing this Guide was led by Equimundo and relates to the SWEDD project. The information will guide the implementation of SWEDD+



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The project covers countries in
West and Central Africa

■ SWEDD (2015–2024) ■ SWEDD+ (2024–2028) ■ SWEDD & SWEDD+

Husbands' Clubs (known as CdM for the French name Clubs de Maris) and Future Husbands' Clubs (known as CdFM for Clubs de Futurs Maris) are initiatives developed in projects aimed at engaging men and adolescent boys as agents of change in gender norms. The aim of these interventions is to lead participants to question inequitable gender norms and power imbalances in society.



Future Husbands' Clubs/CdFM are for male adolescents aged 12 to 24 and Husbands' Clubs/CdM for married men aged 25 to 50. They meet once to three times a week.¹

Each group averages about 15 participants, with the duration varying between four to nine months. Generally, the content provided in the clubs includes the following: life skills, power and identity, gender and human rights, sexual and reproductive health, violence, division of household tasks, couple relationships, men's participation in reproductive, maternal, neonatal, child and nutritional health (RMNCNH), commitment to behaviour change, drug abuse, etc. The long-term aim of these interventions is to bring about positive changes in the relationships and power dynamics between men and women and between girls and boys.



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To achieve these objectives, the implementation of CdM and CdFM interventions must be well-planned and well-coordinated to secure the mobilisation and commitment of the community and the active participation of the men and boys in the community. However, the implementation of such interventions often faces challenges linked in particular to the socio-cultural situations of countries, and logistical and financial challenges.

The CdM and CdFM implementation experiences documented in this Guide are intended to inform the development of strategies to improve their programming and delivery in SWEDD+ and other similar projects in other countries.

Sample: Experts from four SWEDD countries: Burkina Faso, Mali, Mauritania and Niger

Main data sources: Conversations with key informants about their experiences, knowledge and perceptions of the CdM and CdFM implementation process. Conversations with key informants on the roles of facilitators in the CdM and CdFM; CdM and CdFM manuals.

See annexes for more details on methodology and sampling

Methodology for data collection:

Qualitative data collection, with a conversation guide.

Analysis methodology: Use of transcripts, audio recordings and note-taking (most countries), analysed manually by Equipundo

Date: February to March 2023 to collect and analyse data and write the Guide

¹ See also Guide Number 6 in this series on the role of group leaders.

The development of the CdM and CdFM experiences in the various countries was participatory. It was a three-phase process: (1) initial design and planning of interventions; (2) implementation; and (3) monitoring, evaluation and learning. The three phases of the process are described below, along with the lessons learned in each phase.

Global evidence on interventions with men's and boys' groups to promote transformative gender and the empowerment of girls and young women.

Lessons from around the world demonstrate that carefully designed group interventions with men can help change gender norms and improve the lives of girls, adolescent girls and women. A main reason for this is Equimundo's experience in "*Getting to Equal: Men, Gender Equality, and Sexual and Reproductive Health Rights*" and other studies of such interventions which note that norms related to sexuality and gender, including positive masculinity, influence the attitudes, knowledge, skills, and behaviour of boys and men in relation to Sexual and Reproductive Health (SRH). Tackling the roles played by gender dynamics and inequitable masculinities that affect SRH means promoting equitable gender norms in SRH.

Men and adolescent boys need to be given the tools they require to take responsibility for their own health and self-care. They also need to respect, encourage and support their partners and other family members, paying particular attention to children. Programmes aimed at supporting new and future fathers to think critically about what it means to be a man and a father can create positive social changes to help them become more involved helpers and partners.

Equimundo and Plan International Canada's experience with the SHOW project highlights the importance of following certain rules to ensure success:

- Take account of the limitations affecting participants, such as seasonal work or transport difficulties, when choosing the venue and planning group sessions.
- Frame the approach with messages and programmes to meet men's aspirations, using an approach based on what men and fathers already know.
- Include participants and communities in the adaptation of content to ensure that it is relevant in terms of context and that participants relate it to their daily lives.
- Mobilise participants' communities and families so that they feel involved and invested in the programme for the long term. This could potentially serve to mitigate negative reactions in the community.
- Involve other members of the partner's family, in particular in-laws, as this can make it easier to question and change gender norms in the household.

Sources: Equimundo 2022; Greene et al 2019; Promundo-US et Plan International-Canada 2020a, 2020b, 2020c; Project Passages 2019.

DESIGN AND PLANNING

During the initial design and planning phase, all the countries used the CdM and CdFM Manuals, which were drawn up by Equimundo (Promundo US at the time) and validated at a workshop in Côte d'Ivoire by the various SWEDD countries; they also used the guidance from Equimundo and the World Bank. These manuals were adapted to the national socio-cultural and religious context. This contextualisation was carried out with the participation of religious and community leaders. For example, certain terms such as “*extra-marital relationships*”, which are considered inappropriate in some countries, have been replaced in manuals before being used in clubs.

The roll-out of the clubs involved the following preparatory stages: (a) selecting and recruiting implementing NGOs; (b) identifying and mobilising communities; (c) identifying and selecting club members; and (d) recruiting and training facilitators.



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“.....
The manual has become a reference document for all CdFM projects in Niger.

Head of NGO, Niger

.....”

Selecting and recruiting implementing NGOs

In the different countries, the recruitment of implementing NGOs was one of the key planning stages. In Mali, Burkina Faso and Niger, NGOs were recruited through open calls for bids to implement and monitor activities. These NGOs were recruited by the Project Management Unit (PMU) or Project Implementation Unit (PIU²) in collaboration with the technical departments of the ministries managing the sub-project, after examining the applications submitted by the bidding NGOs. The evaluation criteria include experience in sexual and reproductive health or husbands’ schools, community mobilisation capacity, team member profile, good governance, etc.

However, in Mauritania, in the first (pilot) phase, it was a consultancy firm that submitted a bid to the call, and which was chosen instead of an NGO to implement and monitor activities in the Safe Spaces and also in the CdFMs. However, this firm did not have the experience and expertise needed to ensure effective monitoring.

Identifying and mobilising communities

Generally, the aim of setting up the CdMs and CdFMs is to create a favourable environment for the empowerment of women and girls. This means weakening gender norms that are unfavourable to women and girls. The communities in which the CdMs are implemented should be those in which inequitable norms have a negative impact on the daily lives of women and girls. The CdFMs must be located in areas where young people are at risk of perpetuating the inequalities maintained by their elders. Some countries therefore used study reports or data on the social and health situation (e.g. Burkina Faso);

²The terms PMU and PIU refer to the same entity. In Mali, the term “PIU” is used, whereas in other countries it is “PMU”.

others, such as Mali, used vulnerability criteria to select areas for intervention. Nevertheless, in Burkina Faso, Mali and Niger, the operational process for setting up CdMs/CdFMs is virtually the same. It includes



In the various countries, communities were involved in planning the process of implementing the CdM and CdFM or the CdFM alone (depending on the country). In Mali, Burkina Faso, Niger and Mauritania, religious and community leaders and administrative officials from each region were actively involved in the process. Their participation helped to achieve strong community support.

Communities were involved in the planning process through awareness-raising campaigns, village assemblies and community meetings. In this communication, it is a good idea to give the same information to the whole community in order to avoid misrepresentations (incomplete information, intentional distortions). As one NGO representative from Mali told us: *“The real obstacle is misinterpretation. Some messengers did not provide the information accurately. That posed a problem. We had to make up for this by providing information directly in the villages. We organised village meetings to correct the information.”* It is crucial to respect the timetable for the transmission of information, as any delay may result in gaps in the implementation of the CdMs and CdFMs. However, despite efforts to share this information, it remains a challenge to the successful implementation of these initiatives.

The number of CdMs and CdFMs and the criteria for choosing villages differ from one country to another. In Burkina Faso, community planning and selection were based on the low level of sexual and reproductive health and family planning indicators in the intervention areas. The regions most affected were identified first, followed by health districts, then health facilities and finally villages. In some localities, there were both CdMs and CdFMs. In others, it was only CdMs. In total, for the period from 1 July 2019 to 31 December 2020, 120 CdMs were deployed compared to 30 CdFMs, and for the period from 15 October 2020 to 14 April 2021, 136 CdMs were established compared to 30 CdFMs, giving Burkina Faso a total of 256 CdMs compared to 60 CdFMs. The average number of members in each type of group was 15.

In Mali, an operational process was defined and guided the choice of sites, the identification of stakeholders and the community implementation process, following the *“operational manual”* for the implementation of the sub-project on Sexual and Reproductive Health of Adolescents and Youth. Communities were targeted based on their vulnerability. A total of 75 CdMs and 75 CdFMs were implemented (i.e. as many CdMs as CdFMs). Three cohorts were organised, each with a maximum of 15 husbands and 15 future husbands per club. In Mauritania, six (6) CdFM sites were rolled out. According to a report on the implementation of the CdFMs³, the methodology used was that *“each Club will recruit two groups of around twenty future husbands who will be supervised, in parallel, over a period of around 4.5 months. In all, 24 groups will be supported over a 9-month period.”* According to key informant information, only clubs for future husbands were implemented in Mauritania. Similarly, in Niger, only CdFMs were implemented, a total of 702 in 197 villages, with an average number of 12 per group.



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³Quote taken from the report on the implementation of the CdFMs in Nema, Aioun and Kiffa, a document shared by Mauritania when the data was collected; document not available online.

In the SWEDD project, the aim of including CdMs/CdFMs was to help empower adolescent girls and young women (AGYW). However, during the first years of the project, in some cases, the villages chosen were not always the same as those of the Safe Spaces. This meant that AGYW in the Safe Spaces did not benefit directly from the changes in attitude and standards brought about by the activities in the CdFMs. Changes were made in the following years with new guidelines that encouraged setting up CdFMs and Safe Spaces in the same communities to promote synergy between mentors and facilitators in the same village. Furthermore, in a project like SWEDD, where the primary beneficiaries are AGYW, it is neither efficient nor fair to invest in changing male norms in villages where there is a lack of investment of resources in AGYW themselves. At the same time, the manner in which the co-development of these two types of intervention is put into practice will depend on the country.

Identification and selection of CdM and CdFM members

In general, participants were selected on the basis of criteria defined by the PMUs, communities, implementation bodies (Ministries), and with the support of technical partners in the various countries. These criteria were explained to the local population by the PMU team, NGOs, implementing bodies (Ministries) and also the leaders involved during village general assemblies and community meetings.

For the CdFMs in particular, meetings were held with the parents of the participants to explain the concept to them and obtain their agreement for their children to take part in the sessions. For CdM participants, the criteria set were: they must be married, resident in the locality, willing and committed to attending the sessions regularly until the end. For CdFM members, the criteria were: they had to be single, from the village, willing and committed to attending the sessions regularly until the end. The age criterion for CdFMs varies from country to country. In Burkina Faso⁴, as in Niger, CdFM members had to be age 15 to 24. In Mali, the age range for CdFM members was 14 to 24, and in Mauritania 14 to 27. However, young people aged 28 were often accepted in Mauritania as members of the CdFMs.

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At the meeting to set up the CdFMs, the parents of the students and young people are called in, for an explanation of what is involved, and then they give their agreement for their children to take part in all the CdFM activities.

Programme Officer, Niger

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To recruit these young people, facilitators and community leaders were given responsibility for the recruitment of boys in Niger and Mali, while in Mauritania mothers were involved in the process of recruiting members of the CdFMs. In Burkina Faso, young people signed up voluntarily at the end of community assemblies. The final list of those selected in each village was submitted to the leaders for validation. The selection of the members of the CdFMs required the involvement of community leaders or the help of direct relatives who often act as confidants for these young boys (as was the case in Mauritania).

⁴In Burkina Faso, the implementing NGO drafted a guide for conducting community meetings to inform and select members of the CdMs and CdFMs. This guide sets out the stages, identification criteria and responsibilities of communities in setting up functional clubs.

Key lessons learned from design, planning and implementation



Lesson 1: Involve all stakeholders from the outset, i.e. from the design stage,⁵ and ensure that communities are well informed about the programme.

A communications plan including activities to raise community awareness of the programme was the first step in the process, which helped to facilitate implementation. Clear communication on the content of the themes by the leaders guarantees their support in order to remove any misunderstandings and avoid misinterpretations of the objectives of the CdM and CdFM. Involving the community in the choice of facilitators is good practice; Best Practice Guide number 6 on group leaders contains more details.



Lesson 2: The content of the CdM and CdFM club manuals must always be adapted to the national sociocultural and religious context. This adaptation must engage religious, traditional and community leaders of all denominations and traditions, while ensuring that the content remains transformative in nature.

The manuals must be translated into local languages so that they can be used by the facilitators (for running the sessions and for the participants to understand). The topics covered must be adapted to cultural and religious norms, while taking care to ensure that the content of the curriculums remains transformative in nature and is not diluted. For example, the facilitation methodology must be respected, with role-playing and active involvement to be put into practice (and not in the form of simple discussions as is the case during awareness-raising sessions using the SBCC⁶ approach). Possible curriculum adaptations should also cover the terminology used, and the information that accompanies the activities and helps to raise the level of information of the participants and make them aware of the realities of the country, such as the extent of a practice and its impact (for example, gender-based violence, care for women, etc.). This may involve rephrasing key messages to give them the necessary clarity, or adapting the characters in a story for a case study, or the materials used to run an activity. When a country decides to add a theme, an effort must be made to respect the presentation of the summary sheet for this theme and adopt a presentation approach in line with those proposed by Equimundo.

⁵ In the light of the diversity of the experiences, it is difficult to recommend specific activities in which all the stakeholders should be involved, as the content of “stakeholders” depends on the CdM and CdFM implementation environment in each country.

⁶ Social Behaviour Change (SBCC) approach leverages existing channels and the environment, whereas the Gender Transformational Approach (GTA) seeks to create new norms by challenging those that exist in the environment. See Johns Hopkins University (2015).



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In the pilot phase, the training cycle was nine months at two hours a week, but was reduced to four and a half months at four hours a week instead of two. Often it was Saturday evenings and Sunday evenings.

SWEDD expert, Mauritania

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The experiences of the first years of this intervention demonstrated the importance of involving religious leaders in content contextualisation. In fact, their participation in contextualisation workshops enabled identification of the points likely to affect their sensitivities, and also to gather their proposals for adapting materials to the religious and sociocultural context. In Niger, an additional module was added to the content dealing with drug addiction, an issue that affects a large proportion of young people.



Lesson 3: Develop documents that reflect the needs of the strategy and enable the recruitment of the appropriate resources to carry out the intervention effectively.

By recruiting an inexperienced NGO or other group to implement a Gender Transformative Approach (GTA), achieving changes in norms and attitudes becomes challenging. For work aimed at transforming gender norms, each country will therefore have to adopt a method of recruiting agencies to deliver the intervention that ensures the quality of the agencies' bids. It may not be easy to get an implementation team trained in the GTA. Each country is responsible for supporting the development of the skills needed for efficient implementation of the activities according to the required approach and achieving results that reflect the success of the country programme. Training can be organised for this purpose (either by the competent trainers in the country or with Equipundo's expertise). A clear definition of the needs of the intervention strategy will enable recruitment to be more precise.

After the planning and set up phase, the roll-out of interventions in the CdMs and CdFMs followed virtually the same process in all countries. Once the clubs had been established at the selected sites and the facilitators and members had been identified, training in running the sessions was organised (with more emphasis on practice than theory).

How the CdMs and CdFMs work

To run the sessions in the CdMs and CdFMs, facilitators were generally recruited and trained for each club in accordance with the manual for facilitators of clubs for husbands and clubs for future husbands. The manual notes: *“It is important to remember that the facilitator does not have all the answers. However, they can create a safe environment, listen and encourage honest and respectful discussions. To do this, the facilitator needs to be trained in managing group dynamics, dealing with conflict within the group and creating a safe and trusting environment. To ensure that all facilitators are prepared and informed, implementing organisations and qualified trainers should organise training for facilitators”* (Husbands Club Facilitators' Manual, April 2021 version).⁷

Sessions were held once to three times a week, depending on the country. Participant attendance at the training sessions was excellent; very few dropped out. Ice-breaking exercises should be included in the sessions, as suggested in the CdFM manuals. Respect for the principles of facilitation in the CdFM must guide the logistics of the meeting venue. One of the characteristics is that the venue *“must be easy to reach, far enough away from centres of power (such as a chief's house), and passers-by cannot eavesdrop”* (CdFM Manual, page 17).

The main sources of motivation for members to take part in the sessions are the quality of the content and the facilitation. This is why particular attention needs to be paid to training facilitators, an aspect highlighted by several respondents. In Burkina Faso, 84% of CdFM members were able to complete their training, with the main motivation being the quality of the facilitators' work (Final report, Burkina Faso, January 2020)⁸. In Mali, a snack of tea and sugar was given to each member, which was also a motivating factor for taking part in the sessions. A system for motivating CdM and CdFM members was supported by the presence of certain leaders at meetings as members of the CdM, which encourages members to take part in training sessions.

In summary, the process for implementing CdM and CdFM interventions must be clearly established, by indicating the main actors and a precise definition of their roles. At each stage of the overall process, the contribution of key actors to the success of the interventions must be taken into account.



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⁷See also Best Practice Guide number 6 in this series on the role of group leaders.

⁸Mwangaza Action (2020).

The gender transformative approach through CdMs and CdFMs

The pilot programs carried out by Equipundo and other agencies such as Plan International (see Evidence box) demonstrate that the CdM and CdFM contribute to a qualitative change in gender norms among the men and boys who are members of these clubs. These participants become agents of change in terms of their attitudes and behaviour. This includes raising the awareness of other men and boys and members of their communities about gender inequality issues (World Bank 2019). The participation of men and boys in CdM and CdFM sessions is evidence of changes in behaviour, including in relation to household chores, which used to be the sole preserve of girls/women (UNFPA 2019).

For example, the theme of positive masculinity addressed in the CdMs and CdFMs has resulted in certain attitudes and practices being called into question. According to a post-intervention study, *“learning in the clubs made it possible to address three essential issues: the application of knowledge to a practice; change in the member’s perceptions; and personal transformation”* (Badjima 2020). The session on the “Man Box”⁹, for example, was an exercise that had an impact on Mali’s experience. This session is part of the added value of Equipundo’s approach. According to key informants, *“with the CdMs, men are encouraged to think about what they can change in how they do things. Regarding household tasks and how to communicate, the ‘Man Box’ exercise means that when men go home, they try to do something new. In Mali, there are places where it’s very unusual to see a man helping a woman in any way”* (NGO Field Coordinator, Mali). In addition, a gender transformative approach among young men and boys can improve the lives of young women (Abou Ez, 2020). In this way, a synergy can be established with the approaches of the Safe Spaces, which cater to single or married adolescent girls and young women.



⁹The “Man Box” is an activity in theme 2 of the CdM and CdFM manuals. The aim of this activity is to help members understand the challenges faced by men, particularly fathers, in trying to meet social expectations about gender roles, and to help them understand the costs of these roles and the possibility of changing them.

<https://www.equipundo.org/resources/man-box-study-young-man-us-uk-mexico/>

Key lessons learned during the implementation phase



Lesson 4: The attractiveness of club activities ensured adequate attendance of participants.

Each country should put in place approaches or strategies that will last beyond the pilot phase, while taking account of local realities. The presence of certain leaders at meetings as members of the CdM can be a source of motivation.



In some villages, the leaders are members of the clubs. It gets people involved.

NGO Field Coordinator, Mali



Lesson 5: To encourage community support, it is essential to use promising and convincing strategies that are adapted to the context in which they are implemented.

These strategies included: i) advocacy; ii) awareness-raising among community leaders (religious and traditional); iii) village information meetings to share information about the project and adopt criteria for choosing club sites, facilitators and club members; and iv) involving community leaders (religious and traditional) in awareness-raising, which is of great importance because it has led to community support and a high level of participation by boys and men in the activities. The involvement and commitment of community leaders is needed at every stage of the process, from setting up the CdMs and CdFMs to implementing activities in these clubs.



Lesson 6: For the strategy of gender norm transformation, which aims to bring about real changes in norms and lasting results within communities, create synergy with Safe Spaces, which host unmarried or married female adolescents and young women.

A synergy can be created with the approaches of the Safe Spaces, which cater for single or married adolescent girls and young women. Promoting the transformation of gender norms by working only with men in a community is not advisable when the ultimate goal is to advance women's empowerment.

PHASE

3

MONITORING, EVALUATION AND LEARNING

Various sources were used to monitor and evaluate the CdM/CdFMs, including detailed reports on activities within the clubs, a monitoring/evaluation manual, and reports on monitoring and supervision missions carried out by members of the PMU, the ministries concerned and the implementing NGOs. These supervision missions are sometimes run jointly by NGOs and PMUs, and often involve decentralised government technical services (health districts in the case of Burkina Faso). In Mali, educational capacity-building meetings were held in the field by the implementing NGOs, in collaboration with the technical departments, for discussions with the facilitators about their performance and the main challenges encountered, with a view to finding solutions to the difficulties encountered or correcting observed shortcomings. The project team also communicated by phone and WhatsApp with the facilitators, who regularly sent images and videos.

In Burkina Faso, Mali and Niger, the emphasis was on monitoring, with the introduction of a mechanism involving several levels of stakeholders. The facilitators monitor member participation and the changes made by members. The supervisors, in turn, monitor the planning of the sessions through regular

exchanges with the facilitators. They ensure that the activities comply with the approach guidelines. They collect information about facilitators' experiences - challenges, successes, participants and other issues - with a view to better informing NGO managers about facilitators' needs. Finally, the NGO's monitoring-evaluation team centralises the routine data from the supervisors and supplements it with data from the monitoring visits organised periodically (monthly or quarterly). Routine and periodic data can be used to better guide refresher training for facilitators or training sessions, as in the case of Mali. However, monitoring and evaluation was an area that required further development in the work of the CdFMs in Mauritania. Informants pointed out that the lack of effective monitoring is regrettable, as the consultancy firm recruited did not monitor the activities as planned.

Key lessons learned in monitoring and evaluation



Lesson 7: Implementation of a monitoring and evaluation framework specific to the CdMs and CdFMs, using appropriate tools, will help to ensure the success of the initiatives.

This system will make it possible to closely monitor all activities at club level and measure the actual performance of participants and facilitators. In Niger and Burkina Faso, for example, respondents confirmed that data collection tools had been developed by the service provider NGO and validated by the PMU. These tools were for both facilitators and supervisors, and included monitoring forms, pre- and post-tests, other forms and registers, etc. However, according to the informants, the monitoring-evaluation system did not include the "Learning" component. For these informants, the monitoring and evaluation system did not formally enable them to identify any bottlenecks during the implementation of activities and to take corrective action in real time. The monitoring and evaluation system was essentially focused on the final evaluation of the programme's implementation, rather than on lessons learned during implementation in order to make the necessary adjustments and corrections. This meant that the lessons learned during the implementation of the activities could not be systematised in the overall monitoring and evaluation system.



Lesson 8: Collect information from participants both during trainings and during monitoring and supervision missions in order to evaluate the work of the CdMs and CdFMs.

Asking participants directly through a quick survey, using a short questionnaire, provides reliable information for assessing their level of knowledge and the skills they have acquired through the clubs.



Lesson 9: Regular supervision is important for better monitoring of interventions in the CdMs and CdFMs.

According to the informants, to achieve the desired results in these interventions, it is necessary to monitor the entire process from start to finish. Supervision must be regular and frequent in the field to ensure that the facilitation technique is respected and that club members participate effectively. In Mali, for example, supervisions and training meetings conducted jointly by members of the PMU and partner NGOs served as a means of identifying and correcting shortcomings in the performance of facilitators. *"With monitoring and supervision, we can correct shortcomings. Training is not enough. We need frameworks such as refresher sessions"*, said the Mali SWEDD project coordinator.



Lesson 10: Always insist on local involvement in monitoring.

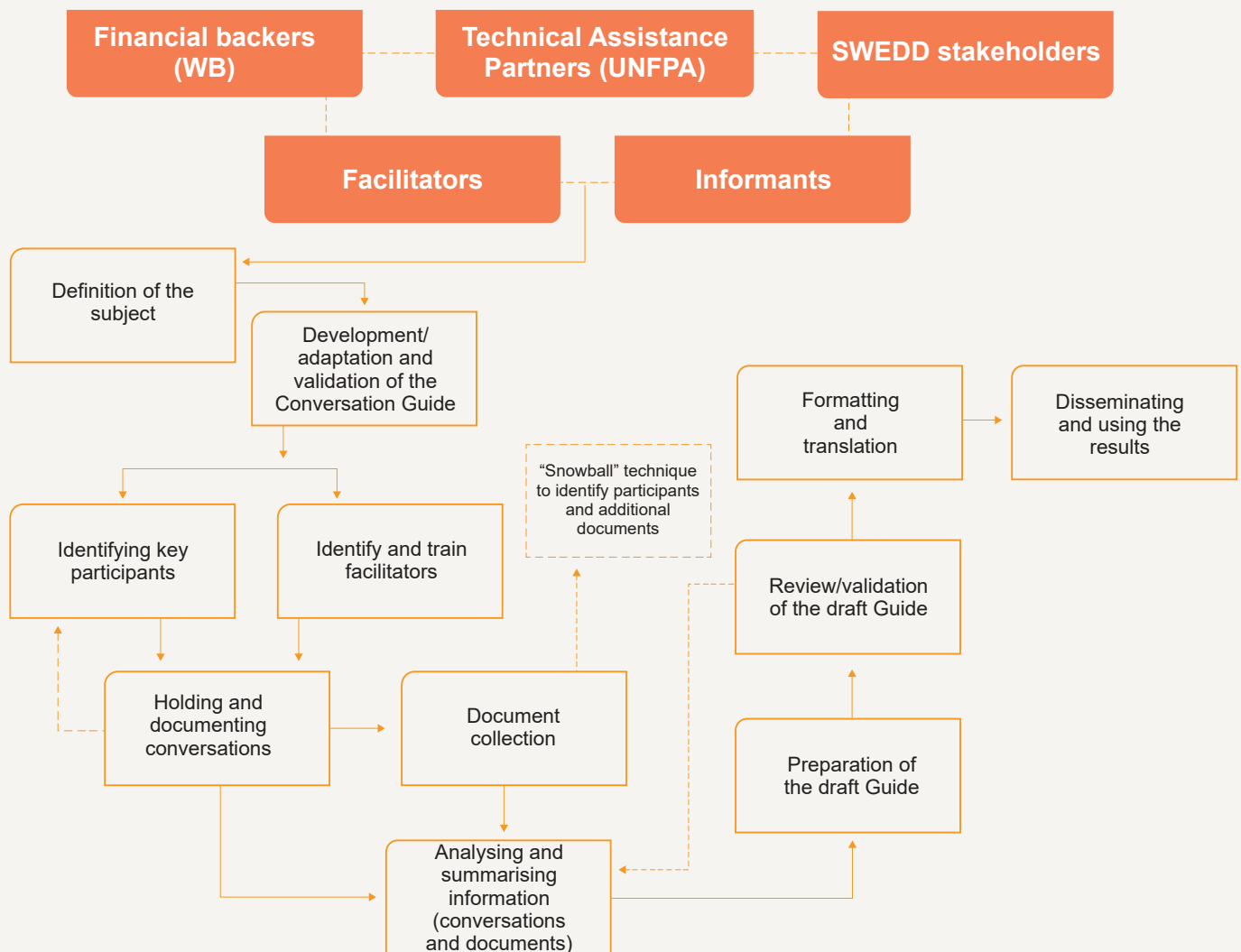
It is necessary to recruit assistants, NGOs or establish committees at regional or devolved (local) level to help monitor the activities of the CdM/CdFM. This can also include young people's parents, leaders or other influential people in the villages, who ensure that members attend club sessions, because *“when there is a problem with a young person's participation, it's the father or another influential person who is called in”* (Project Manager, Mali).

SUMMARY OF KEY LESSONS

Phase 1: Design and planning	1	Involve all stakeholders from the outset, i.e. from the design stage, and ensure that communities are well informed about the programme.
	2	The content of the CdM and CdFM club manuals must always be adapted to the national sociocultural and religious context. This adaptation must engage religious, traditional and community leaders of all denominations and traditions, while ensuring that the content remains transformative in nature.
	3	Develop documents that reflect the needs of the strategy and enable the recruitment of the appropriate resources to carry out the intervention effectively.
Phase 2: Implementation	4	The attractiveness of club activities ensured adequate attendance of participants.
	5	To encourage community support, it is essential to use promising and convincing strategies that are adapted to the context in which they are implemented.
	6	For the strategy of gender norm transformation, which aims to bring about real changes in norms and lasting results within communities, create synergy with Safe Spaces, which host unmarried or married female adolescents and young women.
Phase 3: Monitoring, evaluation and learning	7	Implementation of a monitoring and evaluation framework specific to the CdMs and CdFMs, using appropriate tools, will help to ensure high quality monitoring of the initiatives.
	8	Collect information from participants during training and monitoring and supervision missions in order to evaluate the work of the CdMs and CdFMs.
	9	Regular supervision is important for better monitoring of interventions in the CdMs and CdFMs.
	10	Always insist on local involvement in monitoring.

ANNEX 1: Methodology and sampling

I. The process followed to carry out the documentation exercise



II. Data sources

A tool developed collaboratively by Equimundo and the Population Council was used to conduct key informant interviews. Four of the SWEDD countries (Burkina Faso, Mali, Niger and Mauritania) chose to participate in the documentation of the CdM/CdFM initiative processes. Consultants in these four countries were deployed for interviews, with a telephone follow-up to gather clarifications and supplement the information.

The information was gathered through key informant interviews in these four countries. Some of these informants came from the SWEDD project management unit, others from the NGOs responsible for implementing the activities in the field and finally from the ministries coordinating the project. The interviews were then transcribed from the recordings and notes taken. These informants do not represent a systematic sample, but, rather, "a convenience sample of those with experience in the theme of this Guide across these four countries" that make it possible to leverage existing SWEDD capacity. Specifically, respondents were identified and contacted based the role they played in the

implementation of CdM/CdFMs during SWEDD and their experiences. The country informants are described in Annex 2.

Other data sources were also used. These are the manuals for clubs for husbands and clubs for future husbands produced and validated at a workshop in Côte d'Ivoire in 2018 by the various SWEDD countries, and materials produced from the evidence of experiences recorded in some countries.

III. The sample

The sample comprised a total of 15 key informants - six members of the SWEDD project management units, five NGO executives responsible for implementing activities in the field, and three contact points of the ministries coordinating the project and one CdFM facilitator. These are people who were recommended by the countries' PMU focal point contacts due to their significant involvement in the implementation of the project in their country. These choices were made in order to include the different levels of responsibility, including members of PMUs, implementing NGOs and the ministries responsible for coordinating SWEDD.

IV. Data collection methodology

The informants were contacted directly by the facilitators to organise the conversations. Most of the conversations took place virtually and were recorded by the consultants using recording equipment. However, a few face-to-face interviews were organised in Niger. In addition, some respondents made recommendations for other resource people who could provide more information and clarification on certain points. A conversation guide developed by the technical partner (Equimundo) with technical support from UNFPA-STR and its consultants was used during the conversations with the informants. The conversation guide includes a series of questions on initial design, implementation, monitoring, evaluation and learning to guide the conversation.

V. Analysis methodology

A Summary Guide was created to help consultants consolidate notes from all their conversations with informants from the four countries. Based on each country summary guide, a general summary of the conversations was drawn up by Equimundo's consultants. This overall summary was used as the basis for creating this Best Practice Guide. Notes from the conversation guides were used to supplement each section of the Guide, where necessary.

ANNEX 2: Table of people consulted

Informants interviewed	Country
1 expert from the PMU and 1 expert from a government ministry	Mauritania
2 PMU experts and 2 NGO experts	Mali
1 SWEDD expert, 1 expert from a government ministry, 2 NGO experts and 1 CdFM facilitator	Niger
1 PMU expert, 2 government ministry experts and 1 NGO expert	Burkina Faso

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This Guide is one of a series that retrospectively documents the process of implementing the interventions of the SWEDD project, and describes good practices, challenges and lessons learned. The "Sahel Women's Empowerment and Demographic Dividend" (SWEDD) project was launched in November 2015 with financial support from the World Bank, and technical support from the United Nations Population Fund (UNFPA) and the West African Health Organisation (WAHO). SWEDD aims to accelerate the demographic transition, trigger the demographic dividend and reduce gender inequalities in the Sahel. The motivation for this series is the fact that SWEDD has become a strategic framework for political decision-makers, opinion leaders (traditional and religious chiefs, and other community leaders), and the community to work together on issues considered sensitive in the region. This is why it was considered important to share the processes through which the project was developed. This includes descriptions of experiences, lessons learned and recommendations. This evidence could be used to enrich interventions in SWEDD+ and other initiatives on gender equality and the empowerment of adolescent girls and young women.

For more information on the documentation of the processes involved in this intervention and on the SWEDD project, visit the SWEDD project's virtual resource platform: <https://sweddknowledge.org/>.