



welcome!

The Learning Collaborative to Advance Normative Change in Nigeria

Learning Session

Sept 23, 2020

THE LEARNING COLLABORATIVE
TO ADVANCE NORMATIVE CHANGE

Meeting Objectives



**Share objectives
and roadmap** for
our Community of
Practice.



**Get to know each
other** to build our
community and network
connections.



**Share experiences and
practical learnings** to
apply to our work.

Agenda

- 1 **Welcome and review of roadmap**
- 2 **Shared Learning Session**
Presentations and Breakouts
- 3 **Mapping Case Studies**
- 4 **Wrap Up**

Roadmap for *Working Together*

Key Output of Launch Meeting Held July 7-8, 2020

Hasbiyallah Ahmed
M-Space

THE LEARNING COLLABORATIVE
TO ADVANCE NORMATIVE CHANGE

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How we want to **organize ourselves**



Communication Mode:
Emails (between
meetings),
Zoom (meetings)



**Preferred meeting
days:** Tuesdays,
Wednesdays, Thursdays



**Preferred meeting
frequency:** Monthly

Organizing how we work in groups:

- Combination of **working in small and large groups**.
- Small groups could be **organized by topics**, e.g. measurement, implementation, to enable cross- sectoral learning. We could also re-group by other types of topical areas as well.
- ‘Practice groups’ could be **organized around specific thematic groupings**, for example health, education, child protection, so we can design and improve programs that address the social norms specific to those thematic areas.
- Small groups would **agree within the group on how often to meet**.
- We should **regroup into larger groups**/the full group occasionally.



Sectors to work on

Family Planning and Sexual and Reproductive Health services, Child Marriage, Harmful Traditional Practices (although perhaps frame positively), Cross-Sectoral Interaction



What we'll gain

- **Learning from other sectors** to apply to our work (e.g. from SRH to immunization).
- **Sharing practice-based learning and experience** to learn from others with the goal of achieving better outcomes (especially on poorly performing indicators). Gaining in depth knowledge from other people's experience of what works well and what doesn't so we can put it into practice ourselves. Having the opportunity to share what worked and didn't in our own programs and studies.
- **Gaining skills** to apply to individual programs to overcome barriers we are facing.
- **Develop a cohort of social norms experts**, sharing knowledge and developing products that address issues around the communities we work in in Nigeria.
- **Professional network connections** made through this COP.



What we'll learn together

- **How to measure** shifts in social norms.
- **Evidence on norms** (e.g. adolescent nutrition and sexual health).
- **Best practices to address social norms.**
- **Ways of amplifying positive social norms**, e.g. those that protect children.
- Better consideration of **how we frame issues from the perspective of the community/cultural context**. This will help us understand why people do what they do and marry our perspectives with community perspectives, for example for child, early and forced marriages.



What we'll produce together

- **Social Norms Directory based on past experience in Nigeria.** This can guide our work going forward. Identify thematic groupings of social norm issues that exist in northern Nigeria, for example around health, education, child protection, to help develop tools to program on social norms specific to those thematic areas.
- **Directory of policies that influence social norms in Nigeria.** Identify policies and identify how harmful social norms can be addressed through these policies. For example, the Child Rights Act addresses many health issues and can be leveraged to address social norms that affect health outcomes. Other policies include Adolescent Reproductive Health policy, Maternal and Perinatal Death Surveillance and Response (MPDSR), and Integrated Maternal, Newborn and Child Health (IMNCH) Strategy.
- **Study the factors responsible for the poor implementation of policies.** For example, a top down approach leaving behind stakeholders such as traditional leaders. Also laws may not be well-implemented, thus not effective tools for addressing social norms.
- **Review peer review articles, research and program reports** to document Nigerian social norms initiatives and synthesize evidence on social norms interventions.
- **Glossary of definitions of social norms.**
- **Macro level M&E framework** on social norms for the key issues we work on.
- **Tool kits on social norms for the different groups and levels of society in Nigeria.** Toolkits should be comprehensive, containing various components for research, theories and approaches.
- **Tools to support measurement.**

What other activities we'll tackle together



Integration of products into a wider space—beyond the LC—so other implementers can learn and to ensure wider sustainability and broader dissemination.



Platform to host information—especially from formative research—so that other organizations can access data and avoid duplication of efforts.



Incorporate social norms **into university courses**.

What we'll achieve together



Programmes implemented that successfully monitor and address norms.

- Mobilize resources to support deeper dives into understanding norms during proposal development. Norms exploration needs to be budgeted into the baseline/formative research.
- Standard practice for norms exploration to be included within programmes.



Increased awareness of social norms within communities so they understand whether issues are influenced by religion or social norms.



Social norms interventions included in State Health Annual Operational Plans for a few states, and monitoring how these are being implemented.

poll:

What are you excited to get started
working on first?



Hasbiyallah Ahmed
M-Space



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Shared Learning Session

Moderator:

Modupe Taiwo

Save the Children

July 7-8, 2020



Save the Children®



Saving Mothers' Lives

Dr. Farouk Jega

Pathfinder International

Project Overview



Location:

Ikom/Obubra, Cross River State



Program Participants:

First-time Parents



Organization:

Pathfinder International E2A Project



Objectives:

Increased voluntary contraceptive use; Improved HTSP/FP knowledge, attitudes, and intentions; Improved knowledge, attitudes, and intentions for exclusive breastfeeding; Improved knowledge and attitudes for positive parenting; Improved gender-equitable attitudes related to household roles and decision making; Improved support from partners, families/households, and communities for FP use, exclusive breastfeeding, and positive parenting by young FTM/FTPs

Behavior/Outcome and Norms Addressed in your project

- Provider Bias
- Association between LARCs and subfertility esp. among young people



Addressing Social Norms: What process did you use to address social norms in your project?

- Use of existing community structures to organize FTPs- WDC, community volunteers, etc.
- Peer-peer education
- Older women as the 'wise ones'
- Male partners of FTMs



Conclusions from your project

- **FTP knowledge FP methods increased over the course of the intervention**
- **Birth spacing timeframes increased from baseline to endline, indicating that FTPs now intended to wait three or more years before having another child.**
- **Current voluntary use of modern contraceptive methods increased significantly over the course of the intervention—from 26% to 79% among non-pregnant FTMs, and from 43% to 78% among male partners.**
- **Attitudes about contraceptive use, safety, and partner support increased significantly**





The ANRiN Project

Dr. Adenike Jagun

World Bank

Project Overview



Location:

12 high-malnutrition burden states of Nigeria for Community-based Basic Package and community-based, integrated package and nutrition and adolescent health services



Program Participants: State Ministries of Health/State Primary Health Care Dvpt. Agencies

Beneficiaries/Targets: Pregnant and Lactating women/Adolescent girls/children < 5 years/influencers



Organization:

The World Bank



Objectives:

To improve utilization of quality and cost-effective nutrition services for pregnant and lactating women, adolescent girls and children <5 years in 12 states

Behavior/Outcome and Social/Gender Norms Addressed in your project

Poor health seeking behavior of adolescent girls for self and childre

- Women should bear children immediately after marriage and frequently as sign of fecundity
- Females, particularly adolescents and adolescents married to older men, should not seek health care for self and children without permission from senior menfolk in household or husbands
- Women should not access healthcare from male providers
- Older women (mothers-in-law) know better about feeding and caring practices for pregnant and lactating younger woman and her child
- Fathers have a higher say in when a pregnant and lactating mother and her child should seek medical care



Addressing Social/Gender Norms: What process did you use to address social norms in your project?

- **Project Preparation:** Study of gender norms and behaviors interacting with determinants of MCH outcomes
- **Theory of Change:** Gender norms factored into TOC/interventions/outcomes
- **Project Design:** Performance-based contracting of service delivery providing flexibility of service delivery approach nuanced to culture, social and religious groups
- **KML:** Documenting, curating, sharing and learning from experiences



Addressing Social/Gender Norms: What process did you use to address social norms in your project?

MIYCN behaviors and birth spacing:

- Bringing services closer to women/adolescent girls in safe spaces to address distance barriers
- Enlisting female health care providers, social mobilizers, older women in the community/household as change agents to support access to health services for self and child and influence appropriate MIYCN at household level
- Development of mass media campaign to address MIYCN related norms
- Use of faith and community leaders to develop and transmit correct information about MIYCN practices relevant to the norms in their communities



Conclusions from your project

Earnest project implementation yet to be initiated

Watch the space



A woman with short dark hair, wearing glasses and a blue and white striped shirt, is smiling and holding a white mug with a red and green floral design. The image is overlaid with a semi-transparent blue filter. The text "Questions? Comments?" is written in white, bold, sans-serif font on the right side of the image.

**Questions?
Comments?**



WGE Project

Dr. Hadiza Galadanci

Africa Center of Excellence for
Population Health and Policy

Project Overview

**Location:**

Kano Nigeria
Anambra Nigeria
Uganda
Ethiopia

**Program Participants/
Beneficiaries/Targets:**

Men and Women in the community

**Organization:**

Africa Center of Excellence for population Health
and policy in collaboration with John Hopkins
University USA

**Objectives:**

To explore couple dynamics informing women's decisions to conceal their use of contraception; To understand the challenges that women face when using contraception covertly; To explore women's fears related to disclosing covert use of contraception and/or being discovered.

Behavior/Outcome and Norms Addressed in your project

- Issues regarding sexual or reproductive system such as covert use of FP should not be discussed in the open
- It should not be discussed with the opposite sex because it is personal
- It should also not be discussed with strangers



Addressing Social Norms: What process did you use to address social norms in your project?

- We got resident interviewers
- They were to dress up like the women
- Permission had to be first obtained from the husbands
- Interview was done in private



Conclusions from your project

- You must address the gender norm of the society if you want to obtain the right information about sexual and RH
- Women will open up once you are not contradicting any gender norm
- Covert use of FP/CSM is very common and may not be captured in the traditional survey done
- We had deeper understanding of covert use of contraception
- Women's fear of physical, social, and financial consequences of their covert use being discovered further constrains women autonomy in reproductive decisions.





Nigeria National Social Safety Nets Project

Dr. Naira Kalra

World Bank



Project Overview



Location:

Anambra, Bauchi, Cross River, Jigawa,
Niger, and Oyo

Program Participants/ Beneficiaries/Targets:

Nigeria National Social Safety Nets Project (NASSP);
low SES; activities targeted at 'productive' member
of the household



Program:

one-time lump sum transfer of cash along with life
skills and business training, and regular mentoring
and coaching + small cash transfers

Organization: World Bank, Govt. of Nigeria



Overall objectives:

Identify the most effective strategies to deliver a
livelihoods intervention

Behavior/Outcome and Norms Addressed in the household intervention of 3 hours

- Increase selection of female productive members
- Increase supportive behavior in the household e.g. task sharing, greater joint decision making; empowerment of women

With the overall aim of:

- graduation from poverty;
- increased consumption and;
- profits from productive activity



Addressing Social Norms: What process did you use to address social norms in your project?

1. Video that makes the households comfortable with a.) challenging prevailing gender norms b.) the idea of female productive members and c.) supporting women entrepreneurs
2. Support households to map their time use- and understand women's time use
3. Rating and mapping skills and income generating activities (to help select the best productive member)
4. Encourage collaborative decision making and household support of the selected productive member
5. Encouraging two household members to attend life skills training instead of just one



Please provide feedback on our project idea:

Contact: nkalra1@worldbank.org

One to six Videos of 10-15 minutes covering the following:

- 1) how women overcame social norms to start a business;
- 2) the support they received from their household members;
- 3) the challenges and fears they had to overcome and the skills they have had to develop;
- 4) how the supportive household members view the entrepreneurs;
- 5) how did they decide to support her and how has this benefited the household;
- 6) examples of collaborative decision making and communication in the household;
- 7) how do they actively support her in the household and the business;
- 8) how do men/partners who share tasks overcome societal pressure



A woman with short dark hair, wearing glasses and a blue and white striped shirt, is smiling and holding a small white cup with a red and green design. The background is a blurred indoor setting.

**Questions?
Comments?**

nkalra1@worldbank.org



SWODEN

Maimuna Mohammed

Society for Women Development and
Empowerment of Nigeria

Project Overview



Location:

Kano State (Bunkure LGA)



**Program Participants/
Beneficiaries/Targets:**
Women of reproductive age



Organization:

Society for Women Development and
Empowerment of Nigeria



Objectives:

To increase child spacing uptake

Behavior/Outcome and Norms Addressed in your project

- Community norms that prevent women from accessing antenatal and encourage home delivery by TBAs as show of strength
- Women dependence on men for livelihood
- Girls do not go school, they are married off at early age



Addressing Social Norms: What process did you use to address social norms in your project?

- Community sensitization and training of male motivators to sensitize men on importance of Child spacing and family health and increased school enrollment for girls
- Trained Traditional Birth Attendants to provide quality services and referrals
- Training on Income generation skills, Value addition and established Village saving loan Associations (Women Groups)
- Introduced education, personal and environmental sanitation
- Linked groups to markets through advocacy to market associations to purchase products produced



Conclusions from your project

- Economic empowerment increased women participation in household decision making, community recognition and personal satisfaction
- Increased enrollment of girls because its part of conditions for participation in the program
- Increased uptake of child spacing services and other health services by household and the community
- Decreased in maternal and child mortality due to improved services of the TBAs and referrals to health facilities for antenatal, deliveries and postnatal
- Male involvement resulted in the review of community norms that negatively impact of women reproductive rights



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**Questions?
Comments?**



word cloud

Type into your Zoom chat box:
**A one or two word reaction
to the presentations.**

breakout:

Small group discussions:

1. Reflect on presentations
2. Share your experiences and lessons from your work



word cloud

Results:

**A one or two word reaction
to the presentations.**



Modupe Taiwo



Save the Children®

Agenda

- 1 ~~Welcome and review of roadmap~~
- 2 ~~Shared Learning Session~~
~~Presentations and Breakouts~~
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Mapping Social Norms Projects in Nigeria: A Brief Overview

Betsy Costenbader, PhD

FHI360

Rachel Lenzi-Weisbecker

FHI360

July 7-8, 2020



Case Study: Masculinity, Faith, and Peace (MFP) project

Masculinities, Faith, and Peace (MFP) (2018-2021) is a Templeton-funded Project. MFP is a faith-based, gender-transformative project with the overall goal to improve modern family planning (FP) use and equitable and violence-free relationships among young couples in **Christian and Muslim communities in Plateau State, Nigeria**. MFP also expects to increase engagement of religious leaders in peace-building, violence prevention, and creating an enabling environment for voluntary FP. Specifically, the MFP intervention targets **women between the ages of 18-35, their male partners 18 years and older, and religious leaders** active in the intervention communities to improve FP and social cohesion and reduce gender-based violence (GBV). MFP is implemented by Tearfund with support from local faith based organisations Faith Alive Foundation (FAF) and ECWA TEAM. The Institute for Reproductive Health (IRH) is responsible for the implementation of FP activities as well as the research.

MFP: Tearfund, Faith Alive Foundation (FAF), ECWA TEAM, Institute for Reproductive Health (IRH)

QUICK GUIDE TO...


MASCULINITIES, FAITH, AND PEACE

The goal of Masculinities, Faith, and Peace (MFP) is to see a reduction in sexual and gender-based violence (SGBV), an increase in the healthy timing and spacing of pregnancies (HTSP), and improved inter-religious relationships. It does so by addressing social norms that shape inequitable gender relations and prevent the use of modern methods of child spacing, in mixed Christian and Muslim communities in Plateau State, Nigeria.


MFP is carried out in one church and one mosque in each of the five implementation communities. It works with Christian and Muslim congregations to foster greater gender equality, positive masculinities, improved maternal health among young couples, and improved community relationships. MFP is a research-led project implemented by Georgetown University's Institute for Reproductive Health and Tearfund in partnership with two local partner organisations, Faith Alive Foundation (FAF) and The ECWA Aids Ministry (TEAM).

The MFP intervention is designed to engage congregational leaders, young couples and their wider Christian and Muslim congregations. The intervention will last one year in the selected experimental congregations and comparison will then be made with the control congregations to assess its progress and impact. MFP includes one church and one mosque in each of the five control communities.


The intervention works with different groups. The approach is either workshops or structured small-group discussions, called community dialogues. It draws on scriptural reflections on gender equality, SGBV, positive masculinities, child spacing and inter-religious relationships.



RELIGIOUS LEADERS: 4-day workshops for state- and congregational-level religious leaders, to engage them in personal reflection and to provide leadership and support for the MFP intervention. Refresher workshop held after first cycle of community dialogues (3 months).




GENDER CHAMPIONS: Religious leaders select key members of their congregations to be trained as facilitators of these community dialogues. Reflective workshops last 4 days, covering key themes including SGBV and faith, power and status, and the benefits of child spacing, and also include facilitation training and practice. Refresher workshop held after first cycle of community dialogues (3 months).




COMMUNITY DIALOGUES: Guided 2 hour small-group discussions, meeting weekly for 8 weeks. They are facilitated by Gender Champions for young couples within their congregations.

Week 8 of the community dialogues includes a brief health talk about modern child spacing methods with a referral card given to each participant.




WIDER CONGREGATION: To bring about a change in social norms, MFP messages will be diffused beyond young couples involved in the community dialogues to all congregation members through:


- Talks delivered by religious leaders at congregational meetings
- Group discussions led by religious leaders
- Couples sharing their stories of change in congregational meetings
- Community mobilisation events focused on MFP themes




INSTITUTE FOR
REPRODUCTIVE HEALTH



FAITH ALIVE
FOUNDATION



THE ECWA
AIDS MINISTRY



tearfund

MFP

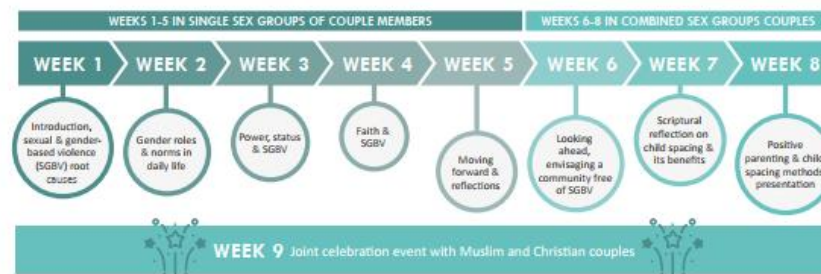
- **Social norms of interest:** Gender equity and roles, GBV/IPV, FP use, social cohesion
- **Project components:** Faith leader workshops, gender champion training and support activities with congregation members, community dialogue sessions with couples, community mobilisation and group discussions, support of local FP providers to offer family planning methods in target communities.

Community dialogues

Community dialogues run for 8 weeks and follow key themes in the order described in the diagram below. In the last session, in Week 8, a family planning provider will make a presentation to the group on modern child spacing methods, their side effects and common myths and misconceptions. During this presentation, the health worker will also distribute referral cards to participants to access further counselling and methods, if desired, from local health centres. Thirteen health centres in the target communities are included in this intervention. Health talks and referral cards are also given in the control congregations.

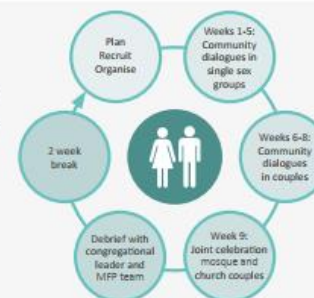
Gender Champions can refer individuals for additional support and care in relation to sexual and gender-based violence where needed.

The community dialogues close with a celebration event in Week 9 which brings together graduating couples from the mosque and church in each community, as an opportunity to share reflections and learnings together.



For each congregation, there is an equal number of male and female Gender Champions. Male-only sessions will be led by male Gender Champions and female-only sessions by female Gender Champions. Each Gender Champion facilitates a group with 10 members in the separate sessions. Combined sessions, when couples rejoin their partner, will be led by one male and one female Gender Champion and will involve 20 members.

Gender Champions recruit couples to their congregation's community dialogue groups and arrange a weekly meeting time with the group. They work closely with FAF and TEAM and are debriefed at the end of each cycle. Gender Champions also coordinate with family planning provider to arrange the child spacing health talk at the end of Week 8 during which the family planning provider distributes the referral cards.



Improved inter-religious relationships

MFP aims to improve inter-religious relationships between the participating mosques and churches through the following social cohesion activities:

- Joint end of community dialogues celebration with the participating mosque and church in each community
- Peacebuilding training for religious leaders
- Facilitated inter-religious conversations
- Community mobilisation events held jointly by the participating mosque and church in each experimental community to promote MFP messages to the wider congregations.

MFP toolkit

There are two key resources for the MFP intervention which guide scriptural reflections on the topics of SGBV, gender equality, child spacing, positive parenting and inter-religious relationships:

- **Transforming Masculinities** – Training manual used for faith leader workshops and to train Gender Champions
- **Community dialogues** – Guide used by Gender Champions to facilitate the community dialogues discussions.

MFP

Social norms measurement: Baseline and endline quantitative surveys with scales (1. male/female couples, 2. diffusion), baseline and endline qualitative in-depth interviews (IDI) (men, women, faith leaders, gender champions)

Key findings

Coming soon....

Masculinity, Faith and Peace Baseline Women's Survey

Today's date ____/____/____
Day Month Year

Section 1: Background Characteristics. Let's start with some questions about you:

No. (Tablet)	Questions and filters	Coding categories	Skip to
SECTION 1: Background Characteristics			
(1)	Consent form	Yes.....1 No.....2	
(2)	Interviewer code	Interviewer code: _____	
(3)	Phone Number1	_____	
(4)	Phone Number1	_____	
(5)	Unique identification code	Unique identification code: _____	
(6)	What is the name of the church/mosque where you are a member?	Pretest.....0 Gurum/Mista Ali CHURCH.....1 Jebbu Bassa CHURCH.....2 Miango CHURCH.....3 Naraguta CHURCH.....4 Yelwa CHURCH.....5 Gurum/Mista Ali MOSQUE.....6 Jebbu Bassa MOSQUE.....7 Miango MOSQUE.....8 Naraguta MOSQUE.....9 Yelwa MOSQUE.....10 Fobur CHURCH.....11 Jengre CHURCH.....12 Longvel CHURCH.....13 Saya CHURCH.....14 Dadinkowa CHURCH.....15 Fobur MOSQUE.....16 Jengre MOSQUE.....17 Longvel MOSQUE.....18 Saya MOSQUE.....19 Dadinkowa MOSQUE.....20	
Thank you again for agreeing to speak with me today. Let's start with a few questions about you.			
101 (7)	How old are you? (If she does not know her age: "Can you tell me in what year were you born?" AGE TO BE CALCULATED AFTER INTERVIEW.)	Age Year born.....	

Masculinity, Faith and Peace (MFP) Baseline/Endline Men's Survey

____/____/____
____ Year

Section 1: Background Characteristics. Let's start with some questions about you:

No. (Tablet)	Questions and filters	Coding categories	Skip to
SECTION 1: Background Characteristics			
		Yes.....1 No.....2	
		Interviewer code: _____	

		Unique identification code: _____	
		Pretest.....0 Gurum/Mista Ali CHURCH.....1 Jebbu Bassa CHURCH.....2 Miango CHURCH.....3 Naraguta CHURCH.....4 Yelwa CHURCH.....5 Gurum/Mista Ali MOSQUE.....6 Jebbu Bassa MOSQUE.....7 Miango MOSQUE.....8 Naraguta MOSQUE.....9 Yelwa MOSQUE.....10 Fobur CHURCH.....11 Jengre CHURCH.....12 Longvel CHURCH.....13 Saya CHURCH.....14 Dadinkowa CHURCH.....15 Fobur MOSQUE.....16 Jengre MOSQUE.....17 Longvel MOSQUE.....18 Saya MOSQUE.....19 Dadinkowa MOSQUE.....20	
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Your Part –quick survey

learningcollab.typeform.com/to/z1A7WT

3 → Please select 3-5 Tags that best relate to your tool/project.

Choose as many as you like

☐ A Child Marriage

☐ B Community Development

☐ C Conflict and Emergencies

☐ D Data, tools, and measurement

☐ E Economic Empowerment

☐ F Education

☐ G Gender-based violence

☐ H Health

☐ I Media

learningcollab.typeform.com/to/z1A7WT

8 → Provide a summary of the project (include target population, and location) in paragraph form in less than 200 words.

Type your answer here...

Shift ⌘ + Enter ↵ to make a line break

Project Name (& Acronym): Engaging Religious and Traditional Leaders in Nigeria on Gender Mainstreaming approaches for Sexual Reproductive Maternal Newborn Health

BACK-END INFORMATION

Tags

Community Development, Education, Gender-based violence, Mens, Boys, and Masculinities, Sexual and Reproductive Health

Data collection methods

Focus group(s), Participatory techniques, Scales

Country/Region

Nigeria/West Africa

CASE STUDY

Organizations involved

Clinton Health Access Initiative Nigeria (CHAI)

Summary

Globally and in **Nigeria**, engaging men in adopting and promoting more gender-equitable norms around sexual and reproductive health (SRH) has proven to improve sexual, reproductive, maternal and newborn health (SRMNH) outcomes for women, men, girls and boys. In Nigeria, religious and traditional leaders (RTLs) are recognized as key community influencers and gatekeepers of religion, culture and community cohesion. They can be change agents for promoting positive social norm change for more gender equitable and healthier relationships within homes and communities. In **2019**, CHAI engaged and held sensitization workshops with more than 2,000 **Christian and Muslim religious and traditional leaders in Kano, Kaduna and Katsina states** to build their knowledge and skills to become gender justice champions and role models to promote SRH and well-being in couples, families and communities.

The sensitization approach intended to:

- a) Equip RTLs with the required evidence, awareness and capacities to understand and engage actively as community leaders and change agents in the promotion of gender-sensitive SRMNH

Your Part –
short
summary







Betsy Costenbader
FHI 360



Rachel Lenzi-Weisbecker
FHI 360

Agenda

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~~Welcome and review of roadmap~~

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~~Shared Learning Session~~
~~Presentations and Breakouts~~

3

~~Mapping Case Studies~~

4

Wrap Up



In Summary: Session Wrap Up

What's Next?



Happening Now

Participate in webinar training series.

Mentorship and technical assistance applications currently under review.



Coming soon

Join a second meeting to share experiences by functional area (program design, M&E, scale-up) and plan our next activities.