

EVALUATION FOR ADAPTATION: ADAPTING AN EVIDENCE- BASED INTERVENTION FROM RWANDA TO ETHIOPIA

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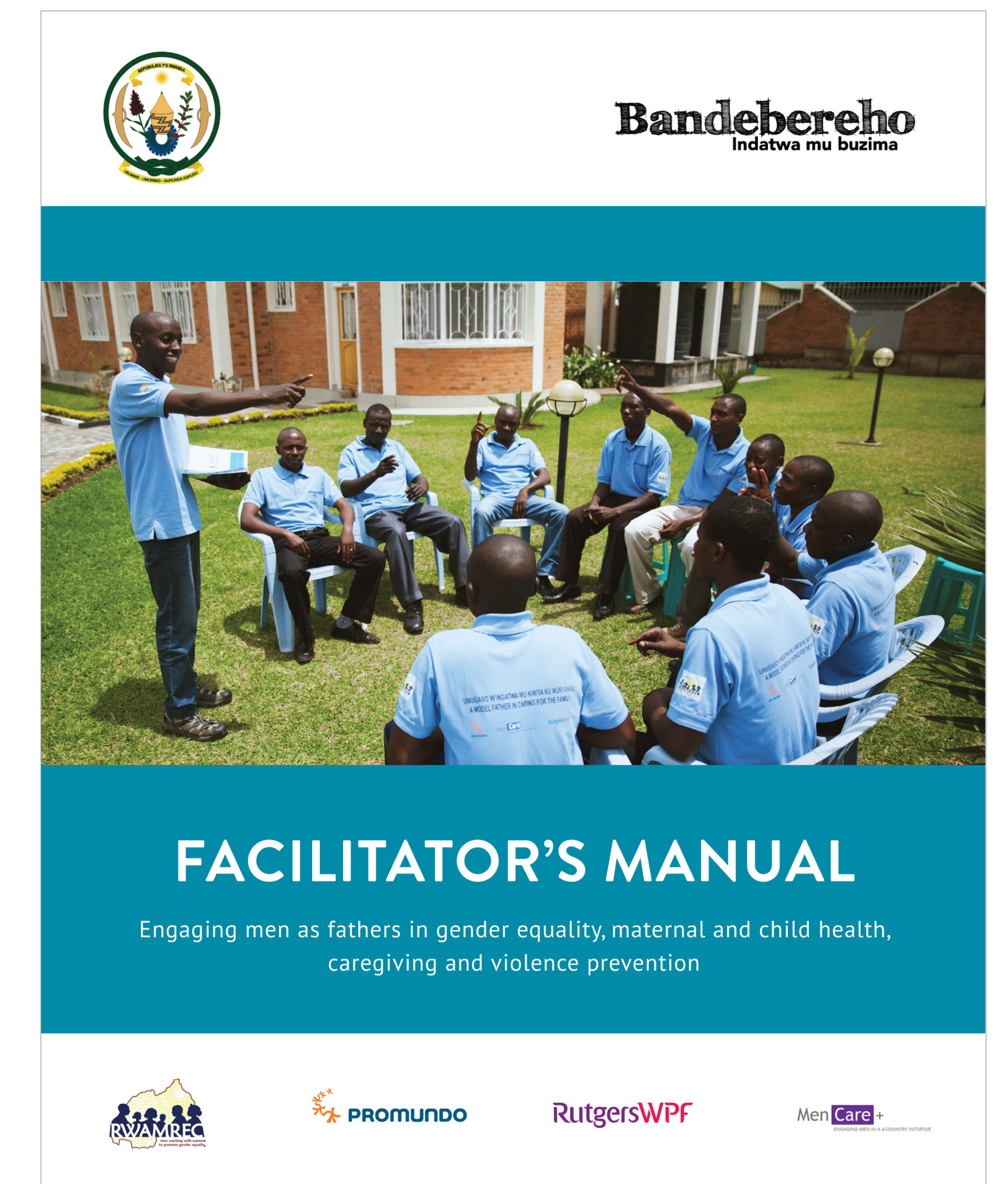


INTRODUCTION

The USAID Transform: Primary Health Care Project supports the Ethiopian government in strengthening health systems to prevent child and maternal deaths. The project's 2018 gender analysis identified intimate partner violence and male opposition to family planning as drivers for underutilization of reproductive and maternal health services (USAID Transform 2018). A follow-up literature review on male engagement for improved maternal and child health outcomes identified Promundo's *Program P* as an evidence-based intervention to be adapted to the Ethiopian context and implemented in project regions.

Program P is a gender-transformative couples' intervention that aims to bolster male support for family planning and antenatal care through a series of community dialogues with new or expectant fathers and their partners. Developed in 2013, *Program P* has since been adapted for implementation in over 15 countries. The participatory sessions, led by trained community facilitators, promote gender equality by engaging men in maternal and child health, caregiving, and violence prevention to support men to become more active partners and fathers from pregnancy through early childhood. Games, role-plays, discussions, and other exercises encourage critical reflection, healthy communication skills, expression of emotions, and peaceful strategies for conflict resolution.

A 2015 randomized controlled trial (RCT) of *Bandeberaho*, the Rwandan adaptation of *Program P*, demonstrated increased use of modern family planning methods, greater attendance and male accompaniment for antenatal care (ANC) visits, and decreased prevalence of physical and sexual violence (Doyle et al., 2018).



METHOD

In 2019, the USAID Transform: Primary Health Care Project embarked on a participatory formative research and collaborative adaptation process to adapt and implement *Bandeberaho* in eight kebeles across two diverse regions in Ethiopia: Oromia and Southern Nations, Nationalities, and People Region (SNNPR), with four groups per region. As a first step, the research team hosted a Design Consultation meeting with key project staff to provide feedback on the planned intervention and research methodology. The team incorporated all feedback into the final study design and interview tools.

FORMATIVE EVALUATION

After a three-day training, data collectors conducted:

	8 semi-structured key informant interviews with healthcare workers	8 semi-structured key informant interviews with influential male leaders		8 focus group discussions with men	8 focus group discussions with women		95 structured surveys with couples (96 with men and 95 with women)
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Interviewers asked key informants and discussants to reflect on enabling and inhibiting factors for men's involvement in healthcare decisions, family planning, pregnancy, and early childhood. The participants also reviewed the *Bandeberaho* session topics to comment on which were most important, relevant, or interesting to them. Qualitative data was triangulated with quantitative attitudinal and behavioral surveys that incorporated the Gender Equitable Men (GEM) Scale (Pulerwitz and Barker, 2008). The formative research data provided contextual knowledge on how to adapt the curriculum to community needs and helped anticipate potential implementation challenges (Stetler et al. 2006).

RESULT

CURRICULUM ADAPTATION

The research team shared the formative research findings and conclusions at a Curriculum Adaptation Workshop in January 2020. Workshop participants, including key project staff, representatives from relevant ministries, and other gender or maternal health experts, validated the results and collaboratively determined strategies to adapt sessions to best fit the local context and integrate the community's feedback. Local consultants then incorporated changes into the curriculum.


The resulting curriculum included 11 participatory, small-group dialogue sessions for new or expectant fathers, six of which included their partners. Sessions emphasized educating fathers about contraception, pregnancy, and early childhood; reflecting on power dynamics and gender roles; and resolving conflict and preventing intimate-partner violence. In February 2020, the research team gathered community leaders who would serve as facilitators for a training in Addis Ababa to prepare them to implement the dialogue groups, ground truth each session, and make last revisions to the curriculum to ensure each activity and the language used was easily comprehensible and relevant. Unfortunately, facilitators were unable to start sessions in March 2020 due to the outbreak of COVID-19, but the project intends to restart the initiative in 2021 if it becomes safe to do so.

FORMATIVE EVALUATION

Qualitative research

-  Semi-structured key informant interviews
-  Focus group discussions

Quantitative research

-  Structured surveys

CURRICULUM ADAPTATION

CONCLUSION

International development practitioners often identify promising evidence-based interventions that could drive change in other countries and communities, but they lack the resources to conduct RCTs in new, diverse settings. By engaging in a participatory formative research and collaborative adaptation process, the Transform project adapted a proven male engagement intervention to a new cultural context, grounding it in the lived experiences and local realities of community members in rural Ethiopia.

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