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FACT Project Technical Report

Year 1, Quarter 1
(October-December 2013)

Institute for Reproductive Health, Georgetown University



USAID
FROM THE AMERICAN PEOPLE



Fertility Awareness
for Community
Transformation

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FACT Project

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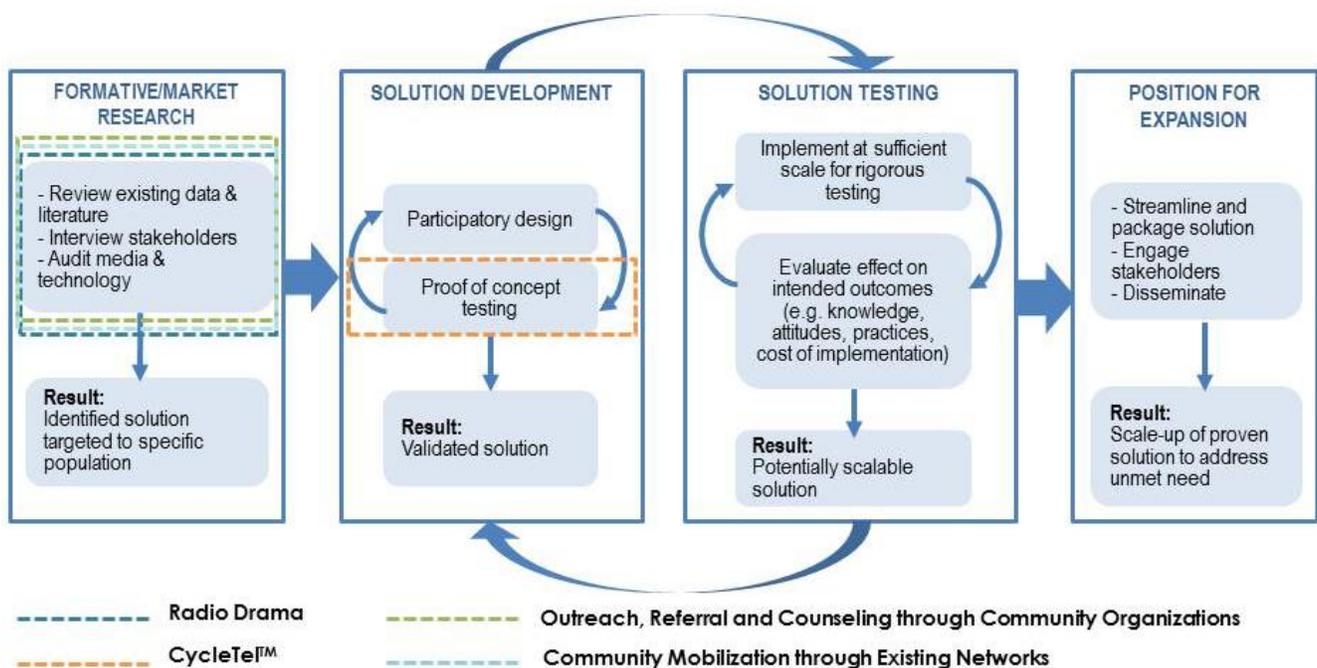
FACT Project	Fertility Awareness for Community Transformation
FAM	Fertility awareness-based methods
ICRW	International Center for Research on Women
IRH	Institute for Reproductive Health, Georgetown University
LAM	Lactational Amenorrhea Method
PMC	Population Media Center
PMP	Project Monitoring Plan
SDM	Standard Days Method
USAID	United States Agency for International Development

INTRODUCTION

The FACT Project, supported by United States Agency for International Development (USAID)'s Office of Population and Reproductive Health's Research, Technology, and Utilization Division, is being implemented by Georgetown University's Institute for Reproductive Health (IRH) in partnership with International Center for Research on Women (ICRW), Population Media Center (PMC), and Save the Children International.

In the first quarter of Year 1, IRH and its partners focused on administrative project set-up, partnership engagement, and initial formative research activities required to move toward solution design and implementation. Beginning with a project-wide partners meeting in late October, IRH worked with partners and USAID to develop a mutual understanding of goals, timelines, and responsibilities for the project as a whole as well as each solution. The meeting included orientations on fertility awareness and the proposed FACT solution development cycle (see Figure 1), which includes four phases: formative research, solution development, solution testing, and positioning for expansion.

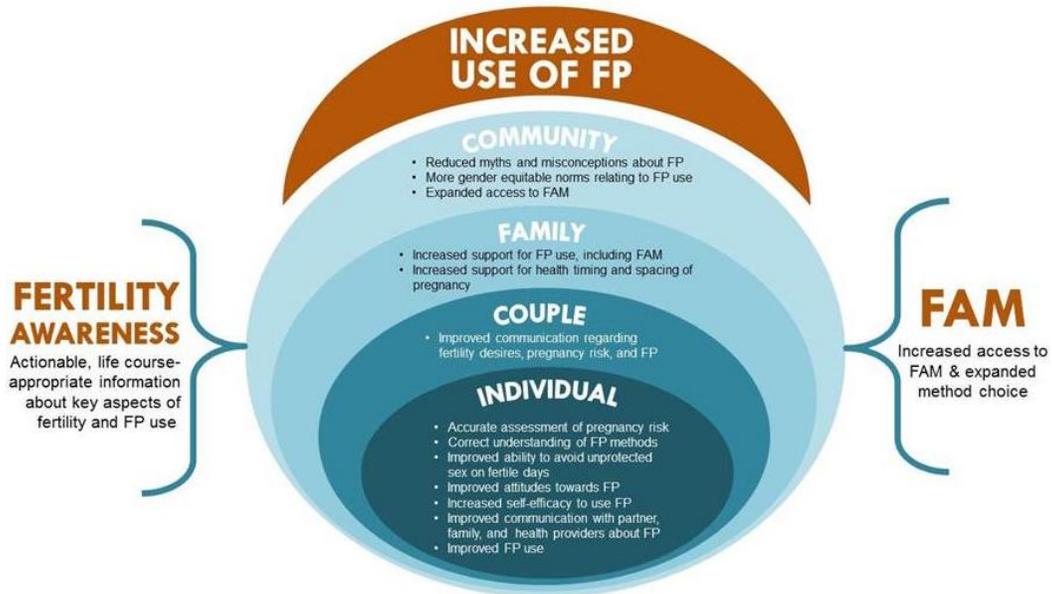
Figure 1. Solution Status by Solution Development Cycle Stage at end of Quarter 1



It also included discussions on concept development, formative research, project monitoring, project management, and finance/administrative processes, and a brainstorming session on external communications, branding, and marketing. Partners also reviewed the FACT Project conceptual model and discussed how their roles contribute to the testing of this model (see Figure 2).

Figure 2. FACT Project Conceptual Framework

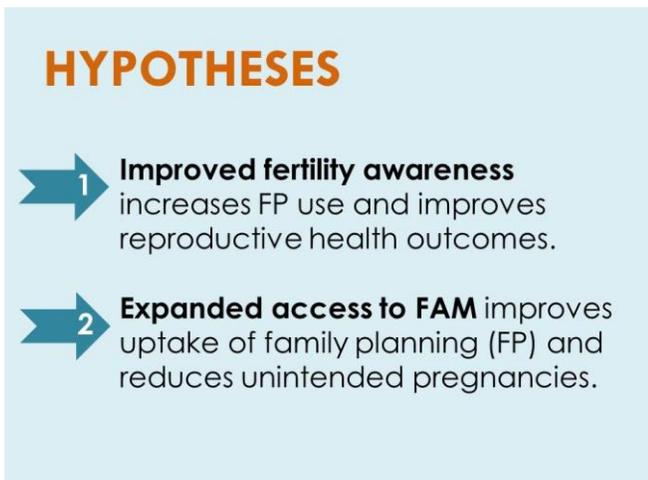
CONCEPTUAL FRAMEWORK



IRH and partners reviewed the project’s two primary hypotheses and clarified the relationship of the proposed solutions to these hypotheses (see Figures 3 and 4).

Figure 3. FACT Project Primary Hypotheses

Figure 4. FACT Project Solutions by Hypothesis



Following the partners meetings, IRH worked with each partner to develop a scope of work and budget and to move forward with the contracting process. IRH held bi-weekly meetings with USAID to update on FACT Project strategy, progress, and challenges, and to further develop the travel plan, work plan, and project monitoring plan (PMP). ICRW also provided input and feedback on drafts of the PMP as part of their role as gender-focused technical advisors. USAID also facilitated

IRH's contact with local missions in Uganda and Rwanda. With input from partners and USAID, IRH developed and finalized the FACT style guide and branding and marking plan, including a FACT Project logo to be used on project materials instead of all partner organization logos. IRH also began work on a Global Leadership Strategy, designed to share and promote utilization of FACT Project results by the global health community and to maintain support for fertility awareness-based methods (FAM) and fertility awareness (FA).

The remainder of this report describes progress on these solutions and on publications, dissemination and utilization.

GOAL 1: INCREASE FERTILITY AWARENESS AMONG KEY GROUPS WITH UNMET NEED IN ORDER TO INCREASE FP ADOPTION, CORRECT USE, AND CONTINUATION

Overview

Goal 1 activities – the Radio Drama in Rwanda and the Community Mobilization through Existing Networks solution planned for Uganda and a yet-undefined country – are both moving forward though at very different stages. Quarter 1 activities for Goal 1 were primarily focused on project set-up and planning both administratively and programmatically, with teams at both IRH and partner organizations PMC and Save the Children working toward developing a shared understanding of timelines, budgets, and individual responsibilities for each solution.

Radio Drama

In quarter 1, the radio drama solution focused largely on project start-up activities including budgeting, contracts, work planning, and introducing the solution to stakeholders. The formative research has started, and is being carried out by a local research organization in Rwanda. These efforts are led by PMC with select input by IRH related to fertility awareness and gender.

Key Accomplishments

Significant progress toward a final subagreement. PMC and IRH developed a mutually acceptable scope of work and budget and are moving quickly toward finalizing and signing a completed subagreement. While conversations about research design and implementation continue, the partners are confident that the scope of work developed is agreeable to both and that open communication and regular check-ins will help the radio drama teams within both partner organizations stay in agreement in addressing upcoming challenges.

Initial contact with USAID Mission in Kigali. Representatives from IRH's Rwanda office and PMC met with the USAID Mission to introduce the project and gain their input and buy-in. The meeting went well, and the Rwanda Mission is both supportive of the intervention and interested in hearing about the radio solution as it is implemented.

Plan for training of scriptwriters in fertility awareness concepts. With PMC's input and expertise, IRH identified key fertility awareness information to include in formative research and trainings with scriptwriters and PMC staff. The partners then collaborated to find time during the scriptwriters' training workshop (planned for quarter 2) for IRH to present an orientation to fertility awareness and related resources for all attendees.

Trip planning for quarter 2. Radio drama teams from both IRH and PMC collaborated to plan meetings, workshops, and research activities for IRH's radio drama solution manager's visit in quarter two.

Key Challenges

Balancing expectations and priorities with PMC, as the FACT Project is just one of multiple funders. IRH's FACT Project funds constitute only a small part of PMC's overall support for the radio drama. As such, a primary challenge in the partnership has been balancing IRH's research and programmatic priorities with those of the project's other funders, particularly in terms of timeline and research design. During quarter 1, IRH and PMC worked to align expectations on both sides of the partnership by discussing priorities and constraints on weekly phone calls. The partners will continue these discussions and are developing a shared work plan and research plan to accommodate the needs of both organizations.

Compatibility of solution design and MLE procedures between IRH and PMC. PMC's process for designing, monitoring and evaluating radio dramas is evidence-based and built on their extensive experience with similar projects. However, the FACT Project aims to test hypotheses which require a research methodology that is slightly different from PMC's standard MLE activities. PMC's primary aim is to determine the extent of behavior change attributed to the serial radio drama. The FACT Project seeks to isolate specific fertility awareness components and determine behavior change as it relates to individual level of fertility awareness. IRH and PMC continue to discuss the research design via regular phone calls, and IRH will design additional research activities as needed with PMC's input. IRH's radio drama solution manager will also travel to Rwanda in quarter 2 to discuss the feasibility of incorporating fertility awareness into already planned MLE activities..

Lack of fertility awareness knowledge among key project staff and scriptwriters. Fertility awareness is a new concept for many, especially those who do not work in the family planning/reproductive health field. Misunderstandings and low knowledge of fertility awareness concepts among PMC staff and scriptwriters are a concern. To orient PMC staff and scriptwriters to fertility awareness and fertility awareness-based methods, IRH's Rwanda representative and radio drama solution manager plan to travel to the training site in quarter 2 to conduct a fertility awareness workshop for PMC staff and script writers. IRH will also provide background reading and resources for scriptwriters.

Community Mobilization through Existing Networks (formerly Graphic Novel)

During the FACT Project's first quarter, work on the Community Mobilization through Existing Networks solution, which will be developed in Uganda and one other country, was focused primarily on project set-up, developing a scope of work and budget with Save the Children for their subagreement and conducting early platform mapping of Save the Children's potential platforms in Uganda. IRH and Save the Children also are holding discussions on choosing the second country for this intervention. IRH plans to make further progress on this solution, including

designing a research protocol, conducting formative research, and designing the solution, in quarters 2, 3, and 4. IRH also began a Uganda-focused literature review and landscape analysis that included research into the demographic situation, current and past FP activities, promising opportunities for fertility awareness, anticipated challenges for fertility awareness-focused programming, and recommendations for formative research. In quarter 1, IRH and a consultant developed an outline and gathered relevant materials. The review will be completed in quarter 2.

Key Accomplishments

Progress toward selection of second country. Save the Children International began gathering information on potential countries where a second iteration of this solution could be developed and tested. Countries being considered include Nepal, Bangladesh, and Malawi. A final decision will be made based on the types and nature of existing platforms in the country, capacity and interest of local staff to implement the project, and the relative importance of geographic diversity between the two countries for generalizability of results. Following an initial assessment, Save asked local staff for further information related to platforms in each of these countries. Final selection of another country was still pending at the end of the first reporting quarter.

GOAL 2: EXPAND ACCESS TO FERTILITY AWARENESS-BASED METHODS, PARTICULARLY STANDARD DAYS METHOD, TWODAY METHOD, & LACTATIONAL AMENORRHEA METHOD, SUPPORTED BY OTHER UNDERUTILIZED METHODS

Overview

Goal 2 activities – CycleTel in India and Outreach, Referral and Counseling through Community Organizations (formerly Group Teaching) in Uganda – are again at very different stages but making significant strides in solution design and platform set-up. Both solutions focused quarter 1 on work planning, budgeting, and working toward subagreements with partners.

CycleTel

In quarter 1, CycleTel focused largely on strategy, work planning, and project set-up while continuing discussions with Nokia about pretesting fertility awareness messages on their Nokia Life platform. The purpose of this pre-testing is to deploy 20 newly-created fertility awareness messages over five weeks to 25,000 users of Nokia Life platform who will opt in to receiving these messages. User feedback on these messages will be gathered to help refine them, generate more fertility awareness messages for full testing, and begin to assess opportunities and constraints in engaging users with fertility awareness messages in order to enroll in CycleTel.

Key Accomplishments

Nokia Life business operations status confirmed. IRH met with Nokia in Bangalore to continue discussions during Nokia's acquisition by Microsoft. It was determined that the Nokia Life service in India would continue to operate in the near term. As such, IRH can continue with the pretesting of SMS-based fertility awareness messages as proposed (Q2-Q3). As no clear determination has been made by the Microsoft Board about Nokia Life's longer term plans, IRH will remain in close contact with their business office and will explore other potential means of rolling out the solution, if needed in the future. It was also determined that due to the acquisition, Nokia as a company will no longer exist, and the third party partner, known as HCL, would be responsible for delivery of Nokia Life. IRH met with the new HCL team and provided orientations and trainings on the partnership to date.

Hire of India-based staff. An India-based staff member was hired to handle in-country partnerships and program management for CycleTel. The Country Manager, CycleTel India has taken over the majority of in-country meetings, focusing on developing relationships with stakeholders, exploring potential partnerships, and gathering information for CycleTel product development and marketing strategy discussions.

Hire of DC-based staff. A DC-based staff member was hired as the Program Officer for mHealth. The role will cut across (and be cost-shared by) the FACT project as well as other mHealth funded work across IRH. The Program Officer for mHealth will provide support for the Nokia partnership, with regards to defining the strategy for market testing as well as designing evaluation frameworks. She will contribute to decision-making related to target population, technology development, and overall project design.

Twenty fertility awareness messages revised and translated. Based on the previous round of development under the FAM Project and with the input of Nokia Life, the CycleTel team revised 20 fertility awareness messages to be sent via SMS to women. The messages were translated into four languages (English, Hindi, Tamil, Marathi) in order to reach diverse language-speaking audience in different geographical regions across the country. Comparison of uptake based on user language will be conducted during pre-testing.

Marketing partner research and engagement. IRH engaged several potential marketing and distribution partners to assess feasibility of expanding CycleTel outreach to users. Partners will be key in accelerating the uptake of CycleTel messages (both for Nokia Life users and other users), such as below the line delivery partners (such as NGO's and community health workers) and above the line communications partners (such as marketing firms and media agencies). For example, McCann Communications India was engaged to pitch and develop a strategy for CycleTel's positioning, creatives and marketing. McCann's analysis suggested that CycleTel change its name to gain more traction in the target markets, and pitched several possible directions for future marketing campaigns.

Market assessment trip in October. With a representative from USAID's Center for Advancement of Innovation and Impact (CAII), the CycleTel solution manager traveled to India in October to engage potential distribution partners and further assess the market. Meetings with potential partners and marketing companies suggested that CycleTel as an SMS product may face significant challenges in the long term, as market trends suggest that the Value Added Service (VAS) industry is declining as the population is moving toward

feature phones instead of basic or feature phones. Learnings also indicated that greater attention and cost may need to be placed on customer acquisition and retention strategies for CycleTel's market success.

mHealth Summit presentation. At the annual mHealth Summit in Washington, D.C. in December, IRH was invited to present on a panel entitled "From Starting to Sustaining: Models for Low- and Middle-Income Countries." The CycleTel solution manager presented about CycleTel, focusing the discussion on findings from previous CycleTel market validation research and findings under the FAM Project. The Country Manager, CycleTel India also attended the meeting, sponsored by Interagency Working Group, UN Foundation, mHealth Alliance, which also is supporting CycleTel activities. Her visit enabled the CycleTel team to plan for Q2-Q3 activities.

Key Challenges

Ongoing challenges with Nokia contract and expectations. Nokia's recent acquisition by Microsoft has created challenges in strategizing and planning for this solution. IRH is working toward a short-term contract with Nokia Life to cover the pretesting of fertility awareness messages and later deployment of additional fertility awareness messages and CycleTel access to 200,000 women, but remains unsure of how long Nokia Life will exist to support the project. The acquisition has also delayed contract negotiations and caused discontinuity of team members, presenting challenges in terms of timeline and planning for the long-term. Further, Nokia, as a commercial entity, has rigorous privacy laws it must adhere to, in terms of consumer data; this has caused some challenges in IRH researchers' plans for collecting, accessing and analyzing user data. IRH continues to discuss its requirements with Nokia on bi-weekly status meeting calls, and is exploring tools and help line options to make the system more useful from both user and researcher standpoints.

Group Teaching through Community Organizations

In quarter 1, work for the solution on Group Teaching through Community Organizations focused on project set-up, work plan and travel plan development, platform mapping and initial research planning.

Key Accomplishments

Progress toward a final scope of work. IRH and Save the Children developed a scope of work and budget for this solution and identified roles and responsibilities for activities in year one. Save the Children is negotiating staffing, level of effort, and resource allocation with the local Uganda office for this and the Community Mobilization solution.

Literature review and formative research planning. IRH completed a preliminary literature review on similar teaching and educational approaches at the community level. Planning for and design of a landscaping assessment for Uganda is underway. IRH will work with Save the Children to finalize plans for project launch workshops where local partners from Save the Children's platforms will receive orientation on the project and begin planning rollout activities for the formative research. In addition, IRH, Save and ICRW will collaborate to identify variables to be explored in the formative research, including gender-related indicators. In the second quarter, IRH will use information gathered by Save the Children on

the platforms to draft the formative research protocol that will be submitted to Institutional Review Boards both at Georgetown University and in Uganda.

Platform mapping. Save the Children conducted a preliminary platform mapping of their partner groups in Uganda that could be potential partners for implementation of the Group Teaching and Fertility Awareness solutions. Save the Children identified platforms that include target audiences in the desired age groups. However, additional information relevant for making a decision on platform selection is needed. Save will complement this initial mapping with information on the type of activities the group is engaged in, and details about audience and age groups, in addition to establishing the interest among group leaders.

Travel planning for quarter 2. IRH began planning for a Quarter 2 (March/April) trip to Uganda, during which IRH will facilitate a project launch workshop, conduct field visits to complete the landscape assessment, and meet with platform leaders and local stakeholders to establish working relationships and secure local buy-in for the project.

Key Challenges

Initial platform mapping required further input. The initial platform assessment conducted by Save the Children's Uganda country office requires additional information to support selection of the platforms. Save the Children HQ has requested additional information from the Uganda country office.

Uganda Mission contact. IRH and USAID/W have contacted the USAID Mission in Uganda to introduce the FACT Project. Due to travels and holidays IRH has not received acknowledgement of the correspondence. IRH will continue to follow-up via email and expects to make direct contact with the mission during a non-FACT related trips by both Save and IRH staff.

PUBLICATIONS, DISSEMINATION AND UTILIZATION

As the FACT Project is in the start-up phase and data has not been collected, no publications have yet been submitted. The FACT Factsheet (see Appendix A) was featured in IRH materials at the International Conference on Family Planning in November 2013, and CycleTel was featured at the mHealth Summit in Washington, DC in early December 2013. The CycleTel presentation was also featured in a post on K4Health's blog, and presenter Alexis Ettinger participated in an interview for mHealth news during the conference.

As FACT begins to implement and gather data, IRH and partners expect to publish and disseminate learnings in a number of venues and various media. However, an important underpinning of the FACT Project is the systematic review of the fertility awareness literature and the results of the fertility awareness consultation IRH conducted a few months before the project began. These results have now been finalized and will be disseminated in quarter 2.

APPENDICES

Appendix A: FACT Project Factsheet

FACT

Fertility Awareness
for Community
Transformation



PROJECT SNAPSHOT

Fertility Awareness for Community Transformation (FACT) Project

GOAL

To increase use of family planning by improving *fertility awareness* and expanding access to *fertility awareness-based methods* (FAM)

DONOR

U.S. Agency for International Development (USAID), Five Year Cooperative Agreement (2013 -2018)

PRIME

Georgetown University's Institute for Reproductive Health (IRH)

COLLABORATING PARTNERS

International Center for Research on Women
Population Media Center
Save the Children

FACT Approach

FACT is a research, intervention, and technical assistance project focused on answering significant questions related to fertility awareness and FAM. FACT will test two primary hypotheses:

1. Increased *fertility awareness* among women and men improves reproductive health outcomes;
2. Expanding access to *fertility awareness-based methods* (FAM) improves uptake of family planning and reduces unintended pregnancies.

The FACT team will employ a systematic approach to testing these hypotheses through developing and investigating innovative solutions to improve fertility awareness and expand availability of FAM. The approach will be guided by the [Solution Development Cycle](#), an iterative process for the discovery, design, and development of solutions using formative research, participatory design, and intervention testing.

DID YOU KNOW?

1 Among women who wish to avoid pregnancy, **38%** in developing countries are not using a modern method. **Nearly half** of these women want to delay a first birth or space their pregnancies.

2 **44%** of women state they do not use a modern method because of fear of side effects & health concerns. **40%** cite reasons that suggest lack of understanding of their actual pregnancy risk (infrequent sex, postpartum amenorrhea, perceived infertility).

3 **10%** of adolescent girls in developing countries give birth each year, compared to **<2%** in developed countries.

AS A RESULT, women and couples need actionable information about pregnancy risk and family planning. They also need better access to a full range of family planning services that meet their needs – including FAM.

Sources: Guttmacher Institute, Contraceptive Technologies: Responding to Women's Needs | Population Reference Bureau, World's Youth 2013 Data Sheet.

The aim of this process is to translate scientific data into simple, practical, and scalable solutions which can be integrated into existing platforms both within and beyond the health system such as community-based nutrition groups, agriculture co-ops, savings and loans clubs, and pregnant women's groups. Key target populations for this project are youth (both married and unmarried), postpartum women, and couples who want to delay or space births in Sub-Saharan Africa and South Asia.

To test the first hypothesis, FACT will develop and test solutions based on state-of-the-art social and behavior change communication (SBCC) theory and practice to assess their effect at the individual, couple, family, and community levels.

To test the second hypothesis, FACT will introduce and scale-up [CycleTel™](#), a proven mobile phone service to facilitate the use of SDM, to assess the impact of a direct-

to-consumer product on family planning method use. Other direct-to-consumer solutions, such as group teaching of SDM, TwoDay Method®, and LAM, will also be tested for their effect on access to and use of family planning.

JOIN US

FACT has the capacity to provide technical assistance (TA) to USAID cooperating agencies, bilateral projects and NGOs. TA is available through the project to incorporate fertility awareness into a wide variety of programs focusing on key groups including youth, postpartum women, and young couples, as well as for the introduction of SDM, TwoDay Method, and LAM through routine service delivery channels. The project can accept field support from partner countries for research and the provision of TA.

For more information, email irhinfo@georgetown.edu

KEY TERMS DEFINED

Fertility Awareness is actionable information about fertility throughout the life course and the ability to apply this knowledge to one's own circumstances and needs. Specifically, it includes basic information about the menstrual cycle, when and how pregnancy occurs, the likelihood of pregnancy from unprotected intercourse at different times during the cycle and at different life stages, and the role of male fertility. Fertility awareness also can include information on how specific family planning methods work, how they affect fertility, and how to use them; and it can create the basis for understanding communication about and correctly using family planning.

Fertility Awareness-Based Methods (FAM)

Standard Days Method® (SDM) identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is typically used with CycleBeads®, a visual tool that helps women track their cycle to know when they are fertile. Results of an efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user dependent methods.

TwoDay Method® relies on cervical secretions as the fertility indicator. Results of the efficacy trial, published in 2004, showed it to be 96% effective with correct use and 86% effective with typical use.

Lactational Amenorrhea Method (LAM) is based on post-partum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use.

About the FACT team

IRH is managing FACT, building on nearly three decades of experience in designing and implementing evidence-based programs that address critical needs in sexual and reproductive health. IRH has successfully developed evidence-based strategies to empower men and women through fertility awareness information and the introduction of SDM, TwoDay Method, and LAM into programs around the world. As an applied research organization, IRH provides the information needed to make data-driven decisions, facilitating an iterative approach that supports successful interventions.

The **International Center for Research on Women** provides critical inputs from a gender perspective on design and testing of solutions to improve fertility awareness and use of FAM. ICRW ensures that research illuminates gender-related barriers and other social determinants of unmet need and contributes to the development of gender-transformative solutions.

Population Media Center (PMC) supports the development and diffusion of fertility awareness information through integration into serial radio dramas and trans-media elements. PMC specializes in developing behavior change communication programs that address social and health issues through serial dramas in a way that honors the system of values of each particular community.

Save the Children provides a link to grassroots groups through which solutions can be tested and expanded for maximum impact. With its strong foundation of programming in health, education, and livelihoods, Save the Children brings technical expertise and extensive networks of postpartum women and youth worldwide and serves as a platform for achieving project goals.

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