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FACT Project Technical Report

Year 1, Quarter 3
(April-June 2014)

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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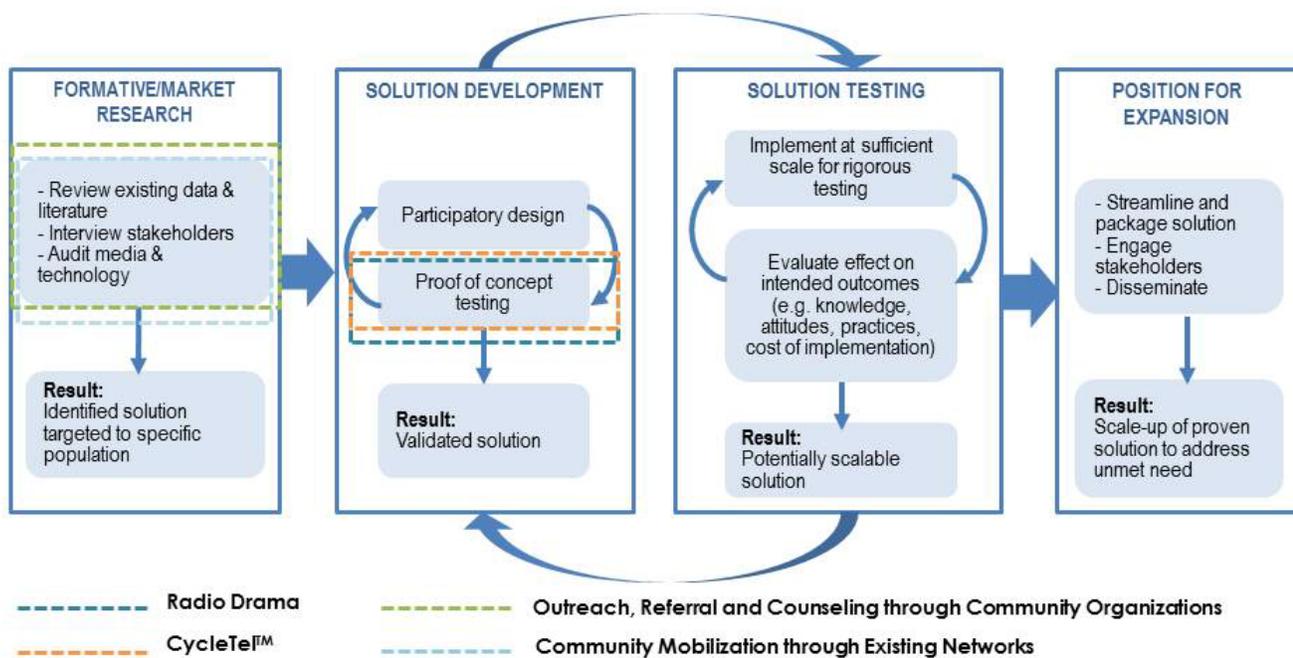
ABEK	Alternative Basic Education for Karamoja
CHW	Community health worker
DCR	Dutch Consortium for Rehabilitation
ECCD	Early Childhood Care and Development
FACT Project	Fertility Awareness for Community Transformation
FAM	Fertility awareness-based methods
ICRW	International Center for Research on Women
IRH	Institute for Reproductive Health, Georgetown University
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental organization
PMC	Population Media Center
PMP	Project Monitoring Plan
SDM	Standard Days Method
SMS	Short Message Service
TASO	The AIDS Support Organization
UMC	Umurage Media Center
UNCST	Uganda National Council for Science and Technology
USAID	United States Agency for International Development
YIELD	Youth Empowerment and Livelihoods Project

INTRODUCTION

The FACT Project, supported by United States Agency for International Development (USAID)'s Office of Population and Reproductive Health Research, Technology, and Utilization Division, is being implemented by Georgetown University's Institute for Reproductive Health (IRH) in partnership with the International Center for Research on Women (ICRW), Population Media Center (PMC), and Save the Children International. The goal of the project is to foster an environment where women and men can take actions to protect their reproductive health throughout the life-course. As a research, intervention, and technical assistance project, FACT is testing solutions for increasing fertility awareness and expanding access to FAM at the community level, with the goal of reducing unintended pregnancies and improving reproductive health outcomes. IRH and its partners employ a systematic approach to testing these hypotheses through developing and assessing innovative solutions to improve fertility awareness and expand availability of FAM. In addition to the development of validated solutions, the FACT project will also serve as a channel for IRH and partners to provide global leadership around fertility awareness and FAM. This global leadership includes, but is not limited to, technical assistance to integrate SDM and other FAM, as well as fertility awareness, into national family planning programs (in both FACT countries and countries not included under FACT) and state-of-the-art documents by donor and international organizations such as UNFPA and WHO.

In Quarter 3 of the first year of the project, IRH and partners focused on completing project start-up activities including formative research and landscaping assessments, engaging partners and further developing stakeholder involvement in countries and regions where solutions will be implemented, and moving forward with solution development and implementation. Solutions are progressing steadily within the solution development cycle, as noted in Figure 1, though the Radio Drama solution has faced significant challenges and has moved more slowly than expected.

Figure 1. Solution Status by Solution Development Cycle Stage at end of Quarter 3



In Quarter 3, IRH held bi-weekly meetings with USAID to update and discuss FACT Project strategy, progress, and challenges, as well as discuss and finalize the project monitoring plan (PMP, see Appendix A). With USAID's input, IRH also continued to develop the FACT Project Global Leadership Strategy, which guides sharing and promoting utilization of FACT Project results and in building and maintaining support for

FAM. Specific meetings attended and other activities supporting Global Leadership are noted in the Goal 3 section (page 13).

IRH also continued to work closely with FACT Project gender partner ICRW, which provides technical support to ensure the integration of gender indicators and gender sensitive outcomes across FACT solutions and the solution development process. ICRW conducted several key activities during Quarter 3, including:

Gender Integration Workshop. In May 2014, ICRW facilitated a workshop with all IRH solution teams and staff on gender integration for the FACT Project, focusing on an overview of gender concepts and IRH's gender strategy. IRH's FACT Project team discussed relevant areas of integration from IRH's gender strategy, and each solution team had the opportunity to consider gender-related factors that could influence exposure to the solution, acquisition of information or skills, and action on new information and skills. A second ICRW-facilitated workshop is planned in early fall for the FACT team to review core fertility awareness and solution-specific indicators and, to consider gender aspects of the indicators, and to further develop these indicators through solution-specific theories of change.

Theory of Change development. With ICRW's guidance, IRH held an internal FACT team meeting in April to initiate the development of a theory of change model for each solution. Each solution team began to develop a theory of change to show the pathways linking exposure to the solution through key intermediate and long term outcomes to the ultimate goal of the solution. In late Quarter 3 and early Quarter 4, ICRW will meet with each solution team individually to review and provide input on each theory of change and to use the theories of change to identify solution-specific indicators and key gender indicators to include in the PMP.

Research protocol review. ICRW reviewed the research protocol for formative research for two solutions in Uganda: 1) Outreach, Referral and Counseling through Community Organizations Teaching Solution; and 2) Community Mobilization through Existing Networks solution.

Draft FACT Project-specific gender strategy. ICRW began drafting a gender strategy for the FACT Project based on the gender reference materials provided by USAID's gender experts.

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

Overview

The Radio Drama in Rwanda and the Community Mobilization through Existing Networks solution in Uganda and Nepal are both moving forward, though they are at different stages in the development cycle. The Radio Drama faced several significant challenges in Quarter 3 and is delayed in moving toward broadcast as a result. IRH solution team members and PMC staff are considering options for implementing and testing this solution. The Community Mobilization through Existing Networks solution focused Quarter 3 activities on launching the solution locally – including platform mapping and selection, formative research launch, staffing, and introductory partnership development and stakeholder engagement meetings – in conjunction with the Outreach, Referral and Counseling through Community Organizations solution (see Goal 2).

Radio Drama

In Quarter 3, the radio drama in Rwanda experienced a significant setback – delays in PMC's registration as a local organization – that will have an impact on the timeline for broadcast. Despite this setback, PMC

continued work on episode development and production in order to meet the new broadcast launch date in August 2014. IRH also made progress developing a work plan to complement the radio drama through family planning service strengthening through community health workers.

Key Accomplishments

Overcame project registration challenge with Rwanda Ministry of Health. PMC experienced a delay in receiving official approval from the Rwandan Ministry of Health to operate in the country using local donor funds (see first Key Challenge). To address this situation, PMC sent their President, Bill Ryerson, to Rwanda to meet with the Ministry of Health (MOH) and address their concerns of using local donor funds to support activities implemented by an international NGO. PMC was able to provide the MOH with letters of commitment from international donors (of which the FACT Project is one) in order to continue their current operating status as they applied to be a locally registered entity. As of June 2014, their application was accepted, and they are now operating as a local NGO called Umurage Media Center (UMC). They are now able to utilize all committed funds from their original donors to support the radio program in Rwanda. This has delayed the program launch by several months, but broadcast of the program is now expected in August 2014.

Thirty (30) episode summaries have been written by PMC and reviewed by IRH. Efforts continued on episode development. PMC completed 30 episode summaries and 17 full scripts of the total 156-episode program. IRH has reviewed the episode summaries to ensure accurate portrayal of fertility awareness and provided feedback to PMC. The extent to which this feedback was incorporated will be verified in Quarter 4. (English summaries of the episodes are available upon request.)

Meetings conducted to generate MOH support and ownership of FACT Project activities. IRH has held several meetings with the maternal and child health (MCH) division of the MOH to discuss the FACT Project workplan. Since IRH's involvement with the radio solution does not include direct technical assistance to the MOH, an agreement was reached to pursue FAM service strengthening activities in partnership with the MOH in several districts. These service strengthening activities will focus on community-based service provision of SDM. This activity fits well with the national family planning goals and addresses a critical advocacy issue. Currently, community health workers (CHWs) are not able to provide SDM to first time users, creating an unnecessary barrier to family planning use. IRH will develop an evidence base in Rwanda for quality community-based provision of SDM through conducting a study to assess CHWs' ability to provide SDM to first-time family planning users.

Baseline service statistics collected. In order to assess the strength of SDM service provision without implementing a costly assessment, family planning service statistics from the previous year (through early spring 2014) were collected from each district in Rwanda. These data, which will be analyzed and disseminated in Quarter 4, will allow the team to identify the districts with greatest and least SDM uptake and offer targeted support to the MOH for service strengthening.

Hiring process for Rwanda Research and Monitoring, Learning, and Evaluation staff commenced. As IRH activities in Rwanda accelerate, a Research and Monitoring, Learning, and Evaluation (MLE) Coordinator is needed. This staff person will manage activities under FACT related to FAM service strengthening and technical assistance to the MOH. S/he will also coordinate the research and M&E component of development and testing the fertility awareness solution. IRH has received many well-qualified candidates for this position and conducted interviews with a select group. A final decision will be made in Quarter 4. With this new hire, community-based activities complementing the radio program will commence.

Key Challenges

PMC encountered project registration delays. PMC's work plan was not approved by the MOH until June 2014, delaying project activities by four months including the broadcast launch originally

scheduled for April. Without MOH approval of a project’s work plan, planned activities cannot move forward in country. The MOH’s approval delay was a result of recent changes in the Ministry’s regulations on donor funding. Funds that originate from local donors, for example UNICEF-Rwanda as opposed to UNICEF-HQ, must go to local non-governmental organizations (NGOs) rather than international NGOs. Since PMC is an international NGO, they would not have been permitted to utilize a significant portion of their donor funds under their original operating status. To address this issue, they first submitted letters of commitment from their international donors to the MOH which promised to fund activities in Rwanda until local registration could be obtained. In June 2014, PMC obtained a certificate of local registration and is now operating as UMC. They are able to utilize all donor funds and continue with previously planned activities.

Ensuring sufficient and accurate fertility awareness content is integrated into the radio program. IRH continues to review episodes of the radio drama and provide feedback to PMC on opportunities to integrate or improve integration of fertility awareness. Typically, PMC does not work so closely with their donors on the script writing process, rather script writers work independently using the formative research to develop episodes. Donors are then involved through the advisory committee which reviews episodes. IRH is working to create a process that works within their bounds. This integration is a challenge as it requires ongoing monitoring of episodes and negotiation with scriptwriters who are not sexual and reproductive health experts. An added challenge is that while summaries are available in English, full scripts are produced in Kinyarwanda only. This requires vigilance on behalf of IRH’s Rwanda country representative not only to proofread each script but to propose creative solutions to the script writing team on integrating an unfamiliar and sometimes taboo subject like fertility awareness in a culturally appropriate way.

Ensuring that both FACT Project objectives and MOH expectations are met. As IRH is a family planning partner and sits on the family planning technical working group in Rwanda, the MOH expects a straightforward activity plan conveying how IRH will contribute to the family planning goals through the FACT Project. Through the FACT Project, our primary efforts have been focused on the radio drama with PMC; the MOH would like to see how else IRH plans to contribute as our partnership with PMC has yet to produce tangible results. IRH is currently exploring conducting a study to assess the quality of FAM service provision by community health workers in order to provide information to support MOH program objectives while also furthering FACT Project objectives.

Community Mobilization through Existing Networks (formerly Graphic Novel)

In Quarter 3, the Community Mobilization through Existing Networks solution in Uganda focused on conducting landscape assessments and preparing for formative research in conjunction with the Outreach, Referral and Counseling through Community Organizations solution. In Nepal, IRH staff held introductory partnership development and stakeholder engagement meetings and began platform mapping through solution partner Save the Children.

Indicators	Targets	Q3 Results
# of platforms visited during landscape assessment in Uganda	3	3

Key Accomplishments

UGANDA

Internal planning workshop held. On April 1-2, an internal planning workshop was held in Gulu, Uganda for 16 staff members from IRH, Save the Children and Save the Children implementing partner staff representing the three platforms selected as top candidates to participate in the Outreach, Referral and Counseling through Community Organizations and Community Mobilization through Existing Networks solutions. These three platforms were the Youth

Empowerment and Livelihoods (YIELD) Project, Early Childhood Care and Development (ECCD) Project, and the Dutch Consortium for Rehabilitation (DCR) Project. The workshop objectives included:

- Introducing potential platforms to the FACT Project,
- Establishing a common vision with Save the Children and partners for collaboration including procedures and communication channels between IRH and Save the Children, and
- Building the capacity of Save the Children and implementing partner staff on Fertility Awareness and FAM.

The workshop provided an overview of the FACT Project, an introduction to fertility awareness and FAM, the solution development cycle, and the vision for the two solutions. Save the Children representatives presented their platforms' purposes, reach, and possible entry points for the solution. A report of this workshop was included in IRH's staff trip report sent in June 2014.

Platforms landscape assessment completed. Following the internal planning meeting, IRH and Save the Children staff conducted a landscape assessment, visiting the three preselected platforms to gain a better understanding of each group's structure and operations, members' interest in fertility awareness and FAM, and elements of the local culture and environment that could influence the design and implementation of the solutions. During six days of field visits, IRH and Save the Children conducted approximately 45 interviews with members and leaders of the three platforms, Save the Children and partner facilitators, community/religious leaders, health center staff and district officials. The interviews focused on local perceptions and practices related to reproductive health, community views of and desire for family planning, opportunities and limitations to integrating fertility awareness and family planning into platform activities, and the quality of the local health system. This information was used to guide the final selection of platforms and will be used in conjunction with the formative research results to inform the design of the two solutions.

Platforms and sub-region selected. IRH and Save the Children reviewed the information collected during the landscape assessment and considered the various attributes of each of the three platforms, including platform structure, geographic distribution of groups, expressed interest of group managers and members in fertility awareness and FAM, and cultural and environmental factors, to assess which platform would be the best fit for each of the two solutions. In consultation with IRH and Save the Children staff at both the headquarters and field levels, as well as input from the USAID mission in Kampala, YIELD and ECCD were chosen as the two platforms with which FACT would develop and integrate solutions in Uganda.

- For the Outreach, Referral and Counseling through Community Organizations Solution, YIELD in the Acholi sub-region was chosen. YIELD is designed to empower youth aged 15-24 to gain work skills and employment. About 1,600 youth are involved in the program in 30 groups so far, with a target of 3,600 youth in 100 groups. Group members expressed great interest in learning about SDM, TwoDay Method, and LAM. Additionally, the regular meeting schedule, leadership structure, and curriculum used by the groups are well-suited to integrating FAM learning modules.
- ECCD aims to increase access to quality early childhood care and development programs and includes 52 groups with a total of 520 group members. Group members are women and men who are parents of young children aged 3-5 years. ECCD also works with Alternative Basic Education for Karamoja (ABEK) that includes parents of children aged 6-18 years. Each group meets several times per month, providing capacity building and training on parenthood. The region has high unmet need and is becoming a priority area for other family planning interventions.

FACT research coordinator for Uganda hired. In April, IRH received approval from the USAID mission in Uganda to proceed with hiring staff in country under the FACT Project. Lillian Ojanduru, a local researcher with a background in qualitative and quantitative methodologies and population and reproductive health studies, joined IRH as FACT Research Coordinator in early May. She immediately began assisting with formative research preparations, including recruiting, interviewing, and contracting with four local field researchers for the duration of the formative research phase. These consultants and IRH field staff are working in pairs in each region, Gulu and Karamoja, to conduct focus group discussions and in-depth interviews as specified in the research protocol.

Formative research approved. The formative research protocol, titled “Developing strategies to diffuse fertility awareness through community networks in Uganda,” was developed in Quarter 2, and was submitted to Georgetown University, TASO, and UNCST institutional review boards (IRBs) as well as to USAID/Washington in Quarter 3. The protocol includes formative research plans, activities, and tools for both Uganda solutions (Community Mobilization through Existing Networks, and Outreach, Referral and Counseling through Community Organizations). In the United States, the protocol was approved by Georgetown University’s IRB in April, and by USAID in May. In Uganda, the protocol was approved by TASO’s Institutional Review Committee in June and submitted to the UNCST for review. IRH was granted conditional approval by local district leaders to conduct formative research while UNCST application was pending.

Formative research training and pretest held. In June, a three-day workshop was held in Gulu, Uganda on the formative research protocol. The workshop was co-facilitated by the solution manager and local research coordinator. The workshop included an overview of the FACT Project, information about the protocol and each Uganda solution, training related to ethics, research activities, and data management, a review of research tools, and an opportunity to practice interviewing and focus group facilitation. Workshop attendees included the newly hired field researchers, regional staff from Save the Children Uganda, and platform leaders from ECCD and YIELD Project. After the workshop was complete, formative research procedures and tools were pretested with YIELD platform members in the Gulu sub-region over a three-day period (this research in Gulu was conducted for both this solution and the Outreach, Referral and Counseling through Community Organizations solution). Next, procedures and tools were pretested with ECCD platform members in the Karamoja sub-region. During the course of the pretesting phase, tools, procedures, and translations were refined in preparation for data collection.

Data collection commenced. Data collection began immediately after pretesting was completed for the Outreach, Referral and Counseling through Community Organizations solution, in late June. Data collection for the Community Mobilization through Existing Networks solution is planned to start during Quarter 4. The research will include 20 focus group discussions with YIELD platform members, as well as twelve interviews with platform facilitators and village leaders in two districts.

NEPAL

Project Coordinator hired. Anant Nepal was hired by Save the Children in April as the full time local project coordinator for the Community Mobilization through Existing Networks solution in Nepal. He is part of the local Save the Children staff.

Platform mapping began. Platform mapping began in May as part of the process of determining potential platform partners and districts in Nepal. Save the Children is conducting the platform mapping process and expects to have several top candidate platforms selected in August with guidance from the USAID/Nepal Mission. Top candidate platforms will be invited to participate in an internal planning workshop and landscape assessment in September, and final selections will be made shortly thereafter.

Introductory partnership development and stakeholder engagement meetings held. IRH held an introductory meeting with Save the Children in Kathmandu, Nepal. The goal of the meeting was to

establish a partnership between IRH and the Save the Children country office provide an overview of the FACT Project, and to discuss planning for upcoming FACT Project activities. IRH and Save also used this meeting to define platform parameters for the solution. Beyond meetings with Save the Children, IRH further explored opportunities for collaboration with other organizations working in reproductive health in Nepal to determine FACT-related technical assistance opportunities. IRH met with staff from IPAS, MOH/FHD, H4L, HC3, DFID, FHI360-Saath Saath, FHI360-GGMS/CRS, and GIZ. As a result of the meetings, the Nepal Mission has expressed interest in exploring how they can contribute funding to expand FACT solution testing and technical assistance support of in-country partners. Discussions and further negotiations will be held in Quarter 4.

Key Challenges

UGANDA

Political context challenging after enactment of the Anti-Homosexuality Act. The Anti-Homosexuality Act was signed into law in Uganda in February 2014, creating a very sensitive environment for many organizations working in the field of sexual and reproductive health. The USAID Mission in Uganda has requested that USAID-funded projects not meet with high-level officials in the Ugandan government, and instructed IRH to postpone the hiring of FACT staff. The hiring of the FACT Research Coordinator was thus delayed by roughly one month while the situation evolved to the point the Mission was able to approve the hire. As the Community Mobilization through Existing Networks solution will be implemented in Karamoja, it will be necessary to introduce the project to and secure the buy-in of the First Lady of Uganda, who serves as the Prime Minister to Karamoja. IRH and Save the Children have discussed with the USAID mission that such high-level engagement is critical to the success of the FACT Project, and has secured mission approval to proceed in meeting with the First Lady's office. In light of this legislation, IRH and Save the Children have made efforts to ensure that the objectives of the FACT formative research are well understood by key actors in the health sector. Approval to conduct the formative research was obtained from both TASO and UNCST. IRH and Save the Children staff in Uganda continue to closely monitor the situation on the ground, identify potential issues, and recommend actions to ensure that FACT work is not interrupted.

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

Overview

In Quarter 3, both Goal 2 activities conducted project planning and launch activities, focusing particularly on conducting research needed for solution design and implementation. CycleTel pretested fertility awareness messages through the Nokia Life platform, and began analysis of this information to inform messaging and design of the next phase of solution rollout. CycleTel solution staff also continued to build connections and explore further opportunities for partnerships with other organizations and companies. In conjunction with the Community Mobilization through Existing Networks solution (page 6), the Outreach, Referral and Counseling through Community Organizations solution focused Quarter 3 activities on mapping and selecting platforms for future solution implementation, holding planning and design workshops in Uganda, and conducting formative research needed for solution design.

CycleTel

In Quarter 3, CycleTel activities centered on completing pretesting of fertility awareness messages on the Nokia Life platform, developing revised content based on pretesting results, and defining a large-scale partnership with HCL for the next phase of implementation. Pretesting – including sending out test messages to 25,000 mobile users and proactive follow-up calls for data collection – was completed by the end of April. Analysis of pretesting data concluded in May (see pretesting report in Appendix B). CycleTel’s solution manager traveled to India in April to oversee the planning meetings and workshop for the next phase of implementation, as well as to oversee pretesting data collection. Pricing, technology and partnership negotiations with Nokia Life also advanced, as the next phase of implementation is slated to begin in early Year 2 of the FACT Project.

Participant Snapshot	
GENDER	AGE RANGE
Male: 53%	15-19 = 5%
Female: 46%	20-24 = 10%
	25-29 = 17%
LOCATION	30-34 = 12%
Urban: 56%	35-39 = 11%
Rural: 43%	40-44 = 7%
	45-49 = 4%
MARRIAGE	50 + = 2%
Married: 83%	Unknown = 32%
Unmarried: 14%	

Key Accomplishments

Pretesting completed. Fertility awareness messages, which were developed under the FAM Project with the input of Nokia Life, went live to 25,000 users of the Nokia Life platform in Quarter 2 for ten (10) weeks. The pretesting campaign – including deployment of messages, use of a missed call system for users interested in further information on family planning and CycleTel, and operation of a call center to provide information requested by users and collect data from those users – concluded in mid-April, with users receiving 20 fertility awareness messages over five weeks in a phased rollout. The call center team also proactively called users (identified only by their phone numbers) to collect further data on the service and their reactions. Analysis of the data determined that most of the surveyed recipients of messages reported learning from the messages, but also reported that there were other areas of content that they would like to see. Message recipients surveyed tended to be most interested in menstrual cycles and family planning, and were especially interested in messaging specific to their life stage. The solution team is using the data from pretesting to further refine and plan content for the next iteration of CycleTel, as noted below. Full analysis can be found in Appendix B.

Exposure and reaction to pretesting of FA messages	% of Total
Read messages	97%
Learned something	94%
Found messages helpful	68%
Shared messages	36%

What did you learn about?	% of Total
Avoiding pregnancy	26%
Menstrual Cycles	21%
Fertile Days	7%
Birth Spacing/ Delaying/ Limiting	11%
Family Planning	55%
Health	12%
CycleTel Service	3%

Other	15%
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Language/Location Spread					
	English	Hindi	Marathi	Tamil	Total
Chennai	167	0	0	655	822
Delhi	646	5987	2	0	6635
Haryana	153	6086	0	0	6239
Mharashtra	77	1967	573	0	2617
Mumbai	294	34	1668	0	1996
Tamil Nadu	89	0	0	6687	6776
Total	1426	14074	2243	7342	25085

Solution manager traveled to India to lead pretesting workshop and partnership meetings. In mid-April, the CycleTel solution manager traveled to Bangalore to lead the Nokia/CycleTel workshop and planning meetings, which were designed to provide monitoring and evaluation of pretesting and to plan for the full CycleTel service intervention in Year 2. The solution manager, India manager, and Michelle Gamber (USAID Technical Advisor) (also traveled to New Delhi to meet with potential CycleTel go-to-market partners, including distribution partners, mobile payment platforms, and marketing firms. Among these companies and organizations were Prenana, BBC World Media, Please See, Lighthouse Creative, Saarthak, Roots of Vision, Advent, Radicle, Boring Brands, Hakuhodo, Yippster, and Indian Society of Health Professionals. The solution manager further provided technical assistance and worked with the India manager to establish India operations, including legal entity setup, office space sourcing, and project planning for FACT Project Year 2 and other potential project funding. This research and planning also included a visit with USAID/India facilitated by M.Gamber.

Design of fertility awareness service progressing steadily. Based on data collected and analyzed during the pretesting phase, the solution team began revising and developing fertility awareness messages for the next phase of implementation, scheduled for early in Year 2. In addition to the messages pretested, the solution team drew messages from IRH's past projects, including FAM Project, GREAT Project, Tékonon Jikuagou and CycleSmart. Through conversations with Nokia Life, the team determined that messages can be targeted to a limited number of groups by setting parameters to capture basic demographic questions (age, gender, etc.) to inform content flow. Solution team activities in this quarter included compiling a master list of possible messages, prioritizing topics and content to include, and beginning to tailor messages to fit each of the demographic groups. Discussion on the division of groups and the content flow for each is ongoing and likely will be completed by mid- to late Quarter 4 of this year.

Nokia Life pricing negotiations progressed. Negotiations for both structure and pricing for the next phase of implementation continued throughout Quarter 3 and are expected to conclude in Quarter 4 with a signed contract. IRH pushed for a lower partnership fee to be able to reach more users; HCL has confirmed a price reduction of approximately 25% off the original estimate.

Technology integration discussions progressed. IRH engaged ThoughtWorks to lead conversations with HCL on how to integrate the CycleTel software system into the Nokia Life software. A comprehensive technical document was designed by HCL engineers to capture process flow and technical parameters. Basic service integration was agreed upon, but advanced service (CycleTel as a method of family planning) technical agreement is still ongoing.

Theory of change and indicators created. IRH developed a theory of change model to map the behavior outcomes desired through the solution. The model includes short-term and long-term

knowledge, attitudinal, and behavioral outcomes of both the basic service and advanced service. Key indicators were developed out of the model, as a guide for helping design the basic service content. Indicators will be refined prior to evaluation and monitoring and evaluation implementation.

Key Challenges

Challenges with HCL’s call center. While the HCL call center was trained and provided with data collection tools for pretesting, quality of the calls and data collection were suboptimal. The solution manager and India manager for CycleTel provided additional training, a sample script, and further coaching during the solution manager’s April trip to India, and the quality of data improved significantly. IRH will transfer call center responsibilities to ISHP, their previous call center partner, for the full implementation.

Pace of negotiations and technical alignment. While IRH and HCL are progressing in designing the full stage of implementation, efforts are slowed by pace of communication and negotiations. Pricing negotiations, while almost finalized at the end of Quarter 3, slowed project design and planning, as design and planning were halted until financials were determined.

Pre-testing data not as nuanced as desired. In developing the full basic service content, IRH had hoped to gain insights from the pretesting of 20 messages. While the solution team gained top-level learnings, detailed feedback on specific words and/or learnings were not acquired. This was due to the fact that customers of Nokia’s commercial service, not used to getting unsolicited phone calls, were hesitant to share much personal feedback and were not available/ interested in prolonged discussion. The IRH content team continues to consider how best to build on the fertility messages (through narrative structure or basic facts, for example) based on limited formative research and a wide target audience throughout India, which make the design challenging.

Outreach, Referral and Counseling through Community Organizations

In Quarter 3, the Outreach, Referral and Counseling through Community Organizations (also referred to as Group Teaching) Solution team focused on: (1) introducing the FACT Project in Uganda; (2) identifying the best platform through which to develop and integrate the solution; (3) conducting landscape assessment in potential platform sites; (4) analyzing data from this assessment to gain a better understanding of the platform groups and culture in which the solution will be developed; and (5) preparing to conduct formative research. These activities were conducted jointly for the Outreach, Referral and Counseling through Community Organizations and Community Mobilization through Existing Networks Solutions.

Indicators	Targets	Q3 Results
# of platforms selected for assessment	3	3 (same 3 included under Community Mobilization)

Key Accomplishments

As solution launch activities and formative research was conducted jointly for the Outreach, Referral and Counseling through Community Organizations and the Community Mobilization through Existing Networks solutions for Uganda, the below activities are discussed in more detail under the Community Mobilization through Existing Networks solution section (page 6). Key activities for Quarter 3 included:

Uganda internal planning workshop and landscape assessments conducted. In early April, a two-day workshop was held in Gulu, Uganda. IRH, partners from Save the Children, and USAID led the workshop, which provided an introduction to the FACT project and the two Uganda solutions. Next, IRH, SAVE, and USAID conducted landscape assessments in Gulu and Karamoja to gain an understanding of each platform’s activities and inform platform selection.

Platform and sub-region selected. In May, a meeting was held with Save the Children to determine corresponding platforms and sub-regions for the two Uganda solutions. For the Outreach, Referral and Counseling through Community Organizations Solution, YIELD in the Acholi sub-region was chosen. The platform is designed to empower youth aged 15-24 to gain work skills and employment. About 1,600 youth are involved in the programs30 groups, and they aim to expand to 3,600 youth in 100 groups. Group members expressed great interest in learning about the Standard Days Method, Two Day Method, and Lactational Amenorrhea Method. Additionally, the regular meeting schedule, leadership structure, and curriculum the groups follow are well-suited to integrating FAM learning modules.

FACT research coordinator for Uganda hired. Lillian Ojanduru, a local Researcher with a background in qualitative and quantitative methodologies and population and reproductive health studies, joined IRH as the FACT Research Coordinator in early May. She has assisted with formative research preparations, and will continue to be involved in data collection as the project moves forward.

Formative research approved. The formative research protocol, titled “Developing strategies to diffuse fertility awareness through community networks in Uganda,” was developed in Quarter 2, and submitted to multiple institutions in Quarter 3. The protocol includes formative research plans, activities, and tools for both Uganda projects, and was approved by the Georgetown University IRB, USAID, and TASO in Uganda.

Formative research training conducted. A three-day workshop was held in Gulu in June to discuss the formative research protocol. The workshop – which included field researchers, regional Save the Children staff, and platform leaders from YIELD, ECCD, and DCR – included an overview of the FACT Project and each Uganda solution, training related to ethics and the protocol, a review of research tools and activities, and opportunity to practice interviewing and focus group facilitation.

Pretest completed. Over the course of three days, formative research procedures and tools were pretested with YIELD platform members in the Gulu sub-region (and with ECCD platform members in the Karamoja sub-region for the Community Mobilization through Existing Networks). During the pretesting phase, tools, procedures, and translations were refined in preparation for data collection, which began immediately after pretesting was completed for this solution.

Data collection commenced. Data collection began after completion of a training workshop and pretesting in June. The research will include 20 focus group discussions with YEILD platform members, as well as twelve interviews with platform facilitators and village leaders in two districts.

Key Challenges

Anti-Homosexuality Act. Please see the “Challenges” section of the Community Mobilization through Existing Networks solution (page 6) for detailed information related to this challenge affecting both Uganda solutions.

GOAL 3: INCREASE RECOGNITION AND INCORPORATION OF FAM AND FERTILITY AWARENESS IN POLICIES, GUIDELINES AND PROGRAMS

Overview

The third goal of the FACT Project is to disseminate information about fertility awareness and FAM and to encourage a wide range of organizations to include them in their work. As the FACT Project is still in its first year, no journal publications have yet been proposed. However, IRH continues to contribute to the ongoing conversation within the sexual and reproductive health community about fertility awareness and FAM.

Indicators	Q3 Results	Cumulative Results
# of times IRH invited to speak about FAM or non-IRH speakers include FAM in presentations at international & regional meetings	4	6
# of technical assistance events conducted by IRH on fertility awareness and FAM	(ongoing)	1
# of blogs mentioning FAM or fertility awareness	4	5

Key Accomplishments

Social media contributions. IRH has published or contributed to a number of blogs on FACT Project-related topics, including:

- "Fertility awareness: Birth control and beyond!" originally on Bedsider Featured Articles, cross-posted to IRH's blog
- "What's stumping us: A snapshot of what we know about fertility" on IRH's blog
- "Breaking the Silence around Menstruation: Menstrual Hygiene Day 2014" on IRH's blog
- "Caritas Rwanda : une nouvelle approche de promotion de la planification familiale naturelle" on Caritas Rwanda's blog

IRH was also significantly involved in social media engagement around the concepts of #fertilityawareness and #bodyliteracy for Menstrual Hygiene Day 2014 (#MHD2014). IRH staff participated in the Menstrual Hygiene Day campaign through a social media advocacy campaign, attendance at external events, and participation in a tweet chat; IRH was also listed as a partner on the Menstrual Hygiene Day website.

Presentations. In Quarter 3, IRH presented at several key conferences and meetings to announce the FACT Project goals and objectives, share learnings, and contribute to the ongoing conversation within the sexual and reproductive health community about fertility awareness and body literacy across the life cycle. Key presentations included:

- "Addressing Adolescent Sexual and Reproductive Health: Tools for Positive Youth Development" presented at CORE Group's Global Health Practitioners Conference in early May
- "Shifting ASRH Paradigms: Focus on Youth and Gender Norms" at IBP's spring meeting in June
- "Practices in Scale-Up Monitoring and Evaluation" at CCIH Annual conference in June (IRH staff member presenting also facilitated a group session on SDM during the method challenge)

IRH exhibited at the National Family Planning and Reproductive Health Association's national conference in Alexandria, VA in April, and attended Population Association of America's annual meeting in Boston in April. Dr. Victoria Jennings chaired the High Impact Practices Technical Advisory Group in New York in early June, leading panel discussions on the new adolescent

concept note, girls in school brief, and vouchers brief. Rebecka Lundgren also attended the World Health Organization's HRP meeting in Geneva in late June. Alexis Ettinger represented IRH institutionally at the Skoll World Forum on Social Entrepreneurship, an invite-only event to further social innovations globally. The three-day event included session attendance on relevant topics such as adaptive evaluation, human centered design, and big data for development, as well as networking sessions with funders and entrepreneurs. Ms. Ettinger participated in knowledge-sharing discussions and exchange with thought leaders in the field.

Technical Assistance

Support to MOH in Jharkhand, India

During this quarter, IRH partner CEDPA India, continued to lend technical support to the Jharkhand Ministry of Health on family planning training activities for block-level providers on all methods, including SDM and LAM. CEDPA India was also invited to participate in a family planning training of trainers. SDM and LAM were included in a recent family planning and maternal and child health IEC/BCC campaign sponsored by the Government of Jharkhand. Integration of SDM and LAM in family planning programs in Jharkhand was part of the FP 2020 orientation held recently, where Government of Jharkhand discussed its SRH goals and objectives in relation to national goals for FP 2020.

Discussions with USAID Mission in Nepal

IRH also initiated discussions with the USAID Mission in Nepal about potential technical assistance to the MOH's Family Health Division (FHD) for a pilot effort to introduce SDM into their program and to a local social marketing organization to include SDM/CycleBeads in their basket of family planning products and the CycleSmart kit to their initiative to market sanitary pads.

Contributions to Pathfinder International's Comprehensive Reproductive Health and Family Planning Curriculum

In the 2nd quarter of FY13-14, IRH supported Pathfinder International in their development of a series of modules for the Comprehensive Reproductive Health and Family Planning Curriculum. IRH contributed modules on SDM and LAM that emphasize WHO Medical Eligibility Criteria. The curriculum is designed for the training of facility-based providers by clinical trainers who do not have an extensive training background. The LAM and SDM modules are currently under external review and are expected to be uploaded to the compendium site in early Year 2.

APPENDICES

Appendix A: Project Monitoring Plan (PMP)



MAY 2014

Performance Monitoring and Evaluation Plan

Fertility Awareness for Community Transformation (FACT) Project

Institute for Reproductive Health, Georgetown University



Fertility Awareness
for Community
Transformation

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This **Performance Monitoring and Evaluation Plan (PMP)** was prepared by **IRH** under the Fertility Awareness for Community Transformation (FACT) Project. This **PMP** and the FACT Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. OAA-A-13-00083. The contents are the responsibility of **IRH** and do not necessarily reflect the views of Georgetown University, USAID, the United States Government.

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LIST OF ACRONYMS AND KEY PHRASES

EC	Emergency Contraception
FACT Project	Fertility Awareness for Community Transformation
FAM	Fertility Awareness-based Methods
FGD	Focus Group Discussion
FP	Family Planning
ICRW	International Center for Research on Women
IPAR	Institute of Policy Analysis and Research
IR	Intermediate Results
IRH	Institute for Reproductive Health, Georgetown University
LAM	Lactation Amenorrhea Method
MLE	Monitoring, Learning and Evaluation
PMC	Population Media Center
PMP	Performance Monitoring and Evaluation Plan
RH	Reproductive Health
SBCC	Social and Behavior Change Communication
SC	Save the Children
SDM	Standard Days Method
SMS	Short Message Service
SO	Strategic Objective
SRH	Sexual and Reproductive Health
USAID	United States Agency for International Development

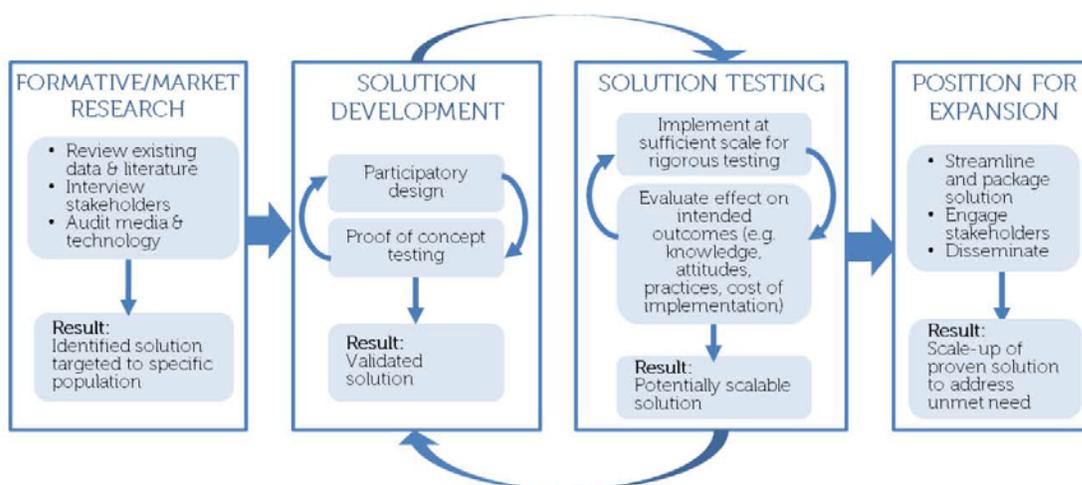
1. INTRODUCTION

1.1 Fertility Awareness for Community Transformation (FACT) Project Overview

In developing countries, a woman's lifetime risk of dying due to pregnancy and childbirth is one in 75, nearly 100 times higher than the risk in developed countries. Studies also show that an estimated 220 million women are not using any family planning (FP) method, despite wanting to avoid pregnancy. Providing these women with information and the full range of family planning methods—including fertility awareness-based methods (FAM)—not only saves lives, but also improves other social, educational, environmental and economic indicators.

The Fertility Awareness for Community Transformation (FACT) Project is a five-year United States Agency for International Development (USAID)-funded project implemented by the Institute for Reproductive Health, Georgetown University (IRH) in partnership with the International Center for Research on Women (ICRW), Population Media Center (PMC), and Save the Children (SC). FACT aims to foster an environment where women and men can take actions to protect their reproductive health throughout the life-course. As a research, intervention, and technical assistance project, FACT is testing solutions for increasing fertility awareness and expanding access to FAM at the community level, with the goal of reducing unintended pregnancies and improving reproductive health outcomes. IRH and its partners employ a systematic approach to testing these hypotheses through developing and assessing innovative solutions to improve fertility awareness and expand availability of FAM. The approach is guided by the Solution Development Cycle (Figure 1), an iterative process for the discovery, design, and development of solutions using formative research, participatory design, and intervention testing.

Figure 1. Solution Development Cycle

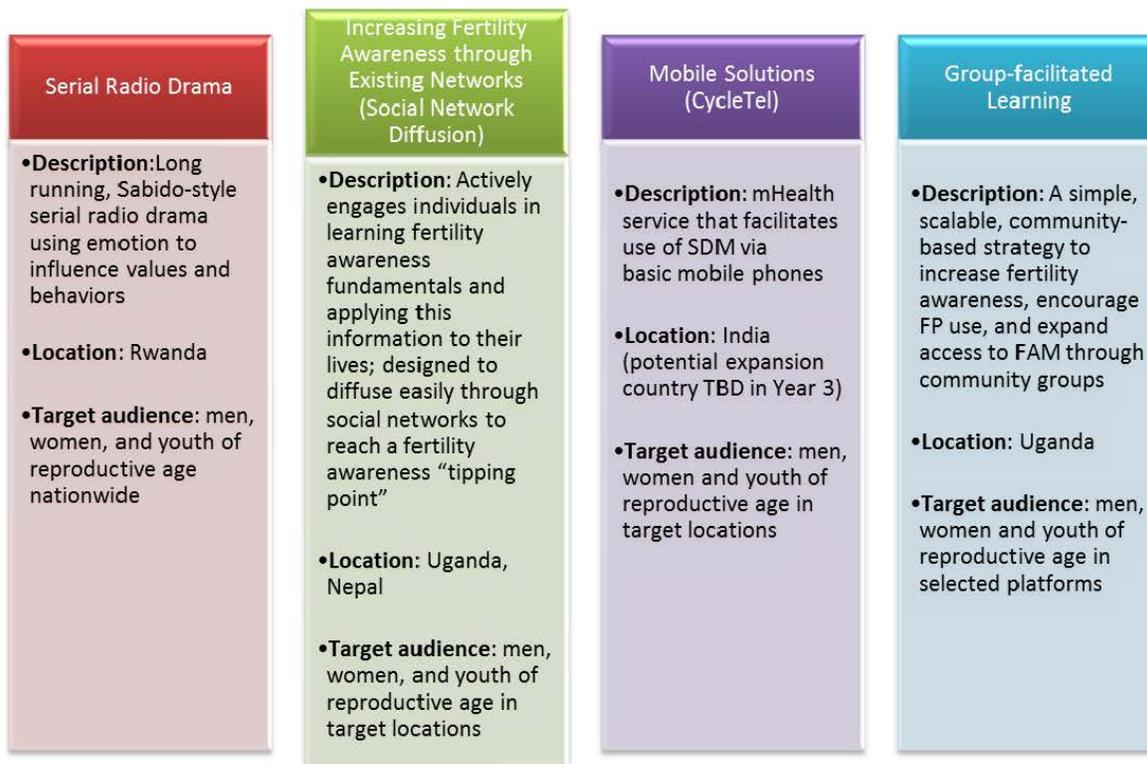


The aim of this process is to translate scientific data into simple, practical, and scalable solutions which can be integrated into existing programs within and beyond the health system such as community-based nutrition groups, agriculture co-ops, savings and loans clubs, youth or school-based groups, 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 the FACT project countries (Rwanda, Uganda, and Nepal).

IRH and its partners recognize that gender is integrally linked to Fertility Awareness/FAM and Reproductive Health (RH) outcomes and are committed to advancing gender-equitable norms and roles in their work. To ensure that programming is appropriately tailored to the various social/gender contexts of Rwanda, Uganda, and Nepal, both the process of solution development and the resulting solutions will be framed within a gender lens and incorporate considerations on gender and age. Through formative research and evidence-based learning, the FACT project will deliberately identify and address gender and age-related norms that affect target groups and the platforms by which the solutions are implemented.

In addition to the development of validated solutions, the FACT project will also serve as a channel for IRH and partners to provide global leadership around fertility awareness and FAM. This global leadership includes, but is not limited to, technical assistance to integrate SDM and other FAM into national FP programs (in both FACT countries and countries not included under FACT) and state-of-the-art documents by donor and international organizations such as UNFPA and WHO. Solution development and other project aspects will reflect this global leadership as the component is developed further.

Figure 2. FACT Project Solutions-at-a-Glance



1.2 FACT Project Performance Monitoring and Evaluation Plan

The FACT Project Performance Monitoring and Evaluation Plan (PMP) describes the anticipated results and participatory approach for planning and managing the collection and use of project performance data. Developed in consultation with various stakeholders including partner staff, donors, and in-country contacts, the PMP serves as an operational manual for ensuring that data is collected in an efficient and systematic manner across the four (4) solutions as well as in global leadership. Specifically, the PMP will guide the project team to:

- Monitor progress on activities, outputs, and impact on a regular and timely basis.
- Improve accountability among project partners and identify further areas of research.
- Document lessons learned to promote organizational learning and mid-course adjustments to the intervention.
- Generate useful information for evidence-based decision-making as solutions progress through the solution cycle.

- e) Incorporate a gender perspective and promote gender-equitable norms in both internal management and programming.
- f) Build capacity of partner staff in Monitoring, Learning and Evaluation (MLE) and project management.
- g) Strengthen collaboration among partners and donors.
- h) Strengthen feedback mechanisms and information sharing with all stakeholders, including communities in which solutions will be implemented.
- i) Develop and conduct global leadership strategies to share project findings and promote FAM and fertility awareness at the global level.

The PMP was developed using a participatory approach, and is intended for use by all stakeholders, depending on their specific needs. Stakeholders will report any successes and challenges with the PMP regularly to the IRH Program Officer for MLE, who will be responsible for managing the systematic updating and dissemination of the PMP for project use.

1.3. Solution Benchmarks and Annual Targets

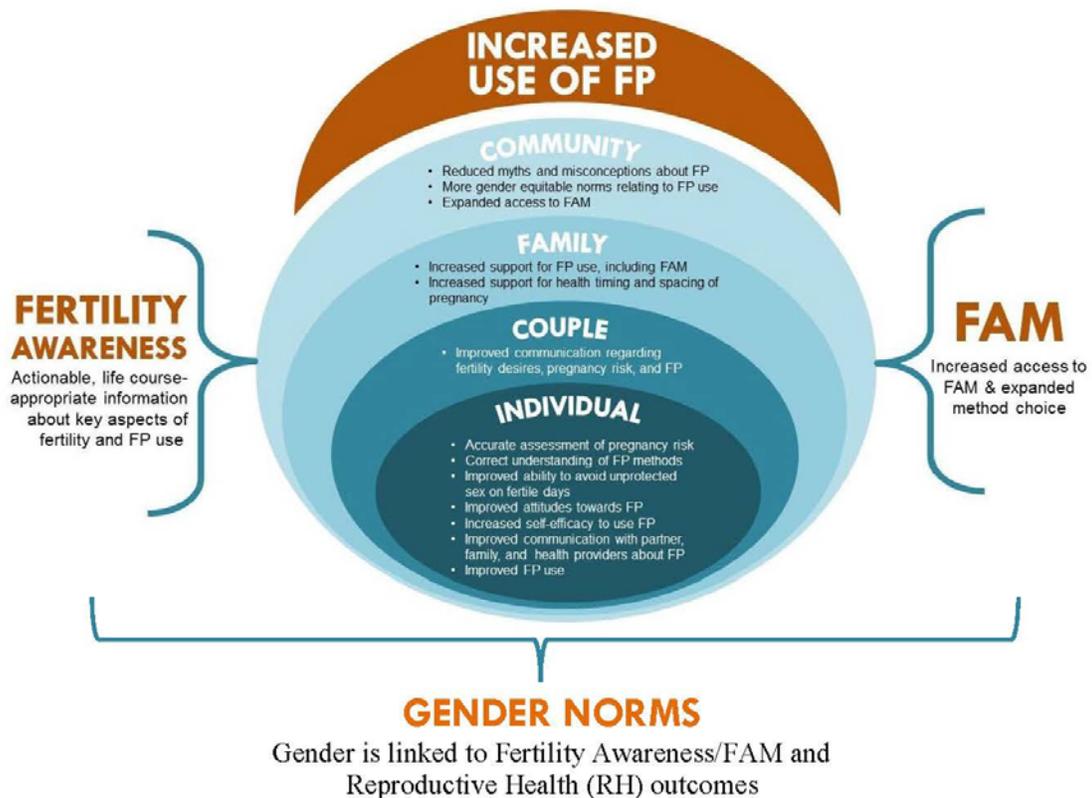
This PMP will guide project activities at the central level and within each solution. A logic model (Figure 4) was developed as part of the PMP to capture the project's theory of change throughout the planning, implementation, and evaluation phases. Similarly, a summary results framework (Figure 5) was developed to outline the strategy for achieving the project's objectives. At all levels, progress will be evaluated using indicators presented in the logic model and results framework. To measure progress, a baseline value for major indicators will be determined before the start of program activities. Data collection and compilation will involve solution teams, in-country staff, partners, and research organizations/consultants with guidance from the IRH Research Unit. In addition to data generated by the project for monitoring purposes, data from external surveys and special studies undertaken by the project will be added to the solutions' background profiles where available.

2. FACT Logic Model and Results Framework

2.1. Conceptual framework & Logic Model

The FACT Project conceptual framework (Figure 3) is based on the socio-ecological framework and addresses issues surrounding FP use at the individual, family, and community levels. Indicators and solution strategies will target each level and will be linked by gender as an overarching theme/perspective.

Figure 3. FACT Conceptual Framework



The project's logic model (Figure 4) expands on the conceptual framework to depict the high level GOAL to which IRH and its partners will be contributing in the long term: increased used of family planning (FP), which is considered beneficial for the target women, men, and youth. Achieving that impact, however, requires key preceding steps. As such, IRH's PMP will focus on the short and medium term steps under this five-year project to reach this goal. As depicted in the logic model, the preceding steps to reach these goals include inputs, which facilitate activities, which will yield outputs, which will lead to outcomes and then impact. Each step is discussed in detail below.

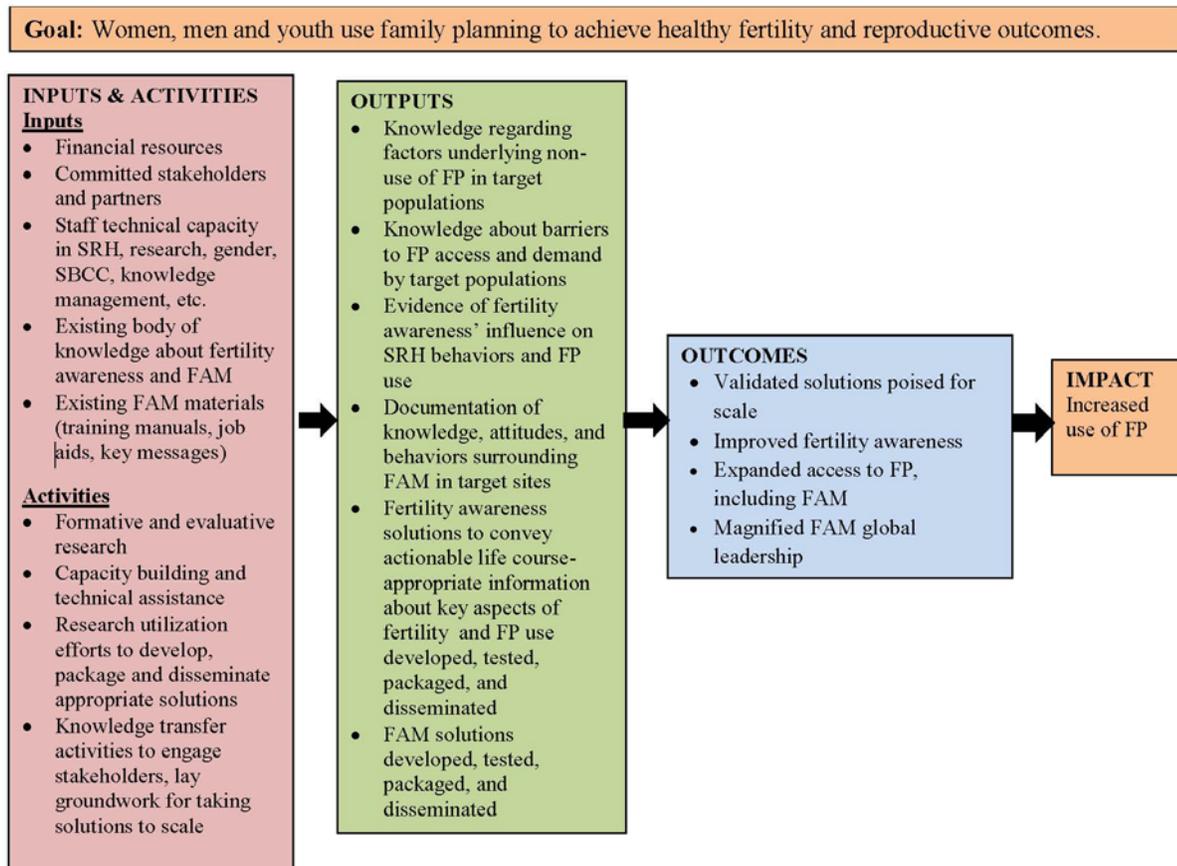
- Inputs:** In addition to the necessary donor funds, partners and other stakeholders will contribute technical skills and experience in Social and Behavior Change Communication (SBCC), and in-depth knowledge in content areas in FP, formative research, training, sexual and reproductive health (SRH) etc. To round out the INPUTS, it will be important for the project to consider existing knowledge about both intended outcomes (Fertility Awareness and FAM) and the materials (e.g. training manuals, job aids, and key messages) that have already been produced by other projects and/or

agencies.

- **Activities:** Illustrative activities implemented by project staff for a wide variety of key stakeholders include formative research, capacity building/technical assistance, research utilization, monitoring, learning and evaluation, and knowledge transfers.
- **Outputs:** Research and programming activities will produce background knowledge about factors affecting use and non-use of FP (access, demand, availability, acceptability) as well as additional evidence on the link between Fertility Awareness and FP use and other SRH behavior. Additionally, the research will help to develop, test, package, and disseminate Fertility Awareness and FAM solutions that are proven effective.
- **Outcomes:** There are three major outcomes: 1) Validated solutions that are poised for scale (i.e. ready to be integrated into other FP/RH programs); 2) Improved Fertility Awareness; and 3) Expanded access to FP, including FAM.

Together, these elements lead to increased use of FP, which is a precursor to the overall goal. A cross-cutting theme which factors in the FACT logic model is gender. The expected SRH and FP outcomes may not be reached without consideration for how solutions promote and advance gender-equitable norms and roles in FP. Therefore, gender is built into each domain of the project logic model including gender-focused staff and expertise; regular inward looking/gender pulse checks for project staff to reflect on internal biases; gender-sensitive research methodologies; an evidence base of how gender factors into fertility awareness and use of FAM; and target groups' gender-equitable knowledge, attitudes, and behavioral outcomes.

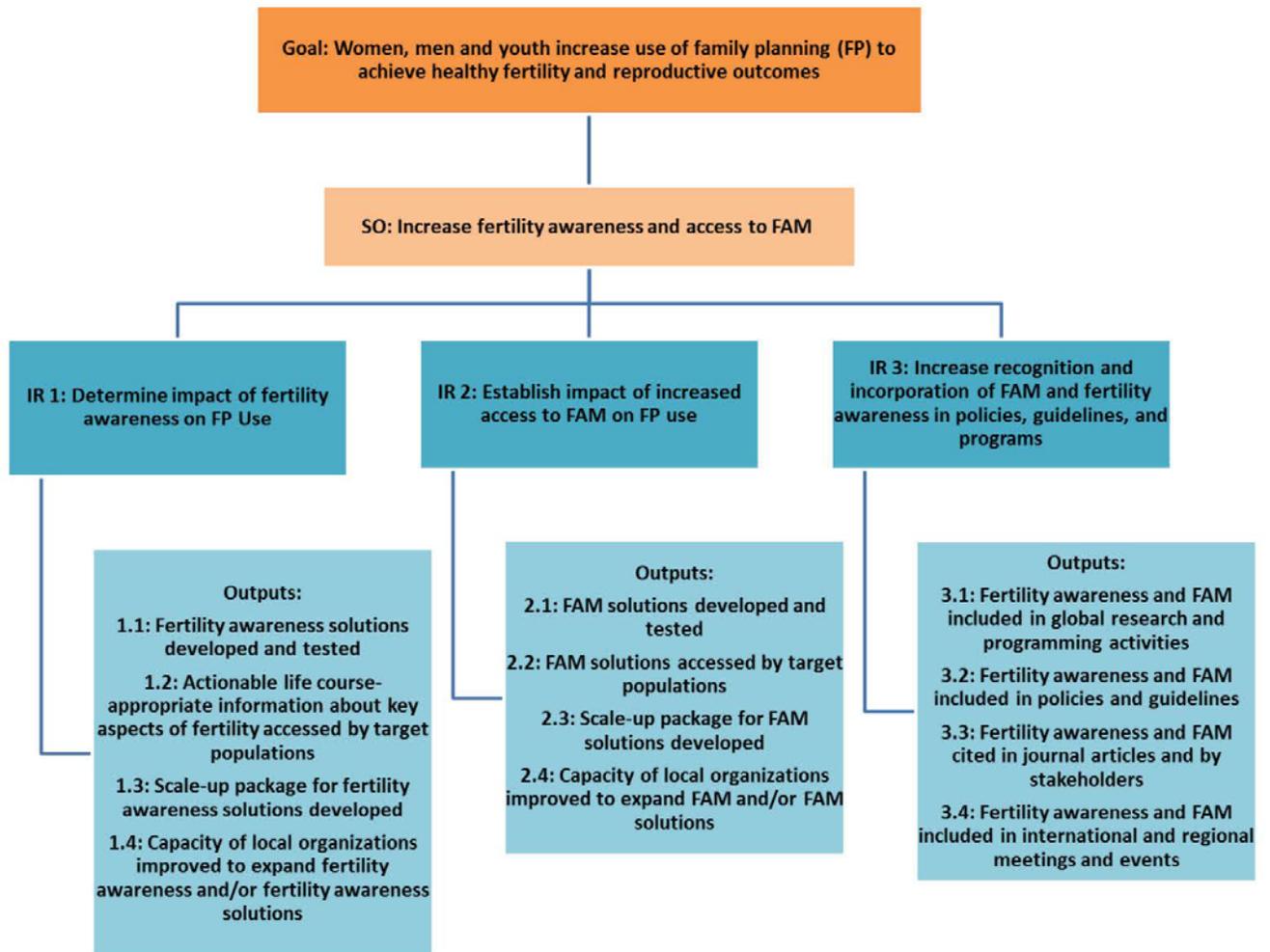
Figure 4. FACT Project Logic Model



2.2. Summary Results Framework

The summary results framework (Figure 5) fleshes out the logic model by linking the Goal and Impact to a goal statement; defining project outcomes in terms of strategic objectives; and further including intermediate results, which connect the outputs and outcomes and will be measured at the community level, among global health and development organizations, and among the beneficiaries themselves.

Figure 5. Results Framework



2.3. Reporting and Progress Review

IRH field staff will work with IRH Washington staff to compile and report data from in-country solution, technical, and implementing partners to USAID/Washington and mission staff on a

quarterly basis in Year 1 and a semi-annual basis in the following project years. Simple reporting tools (based in Excel and/or Word) will be used to report on project activities and track progress against established benchmarks. This will facilitate mid-course corrections as needed and enable work to advance as planned.

Country teams, solution teams, and senior management will use evaluation data to assess the progress of the intervention and make decisions about adjustments. Results of baseline and endline studies, and other special studies will be included in IRH's annual reports to USAID. To meet current USAID reporting requirements, project beneficiaries (recipients of/participants in any training, service delivery, and information, education, and communication [IEC]) will be reported according to age and sex where possible; trainers and/or providers categorized by cadre; and partner organizations according to public/private sector affiliations. Other population segmentations of interest will be by country locations and rural versus urban.

3. Solution Development: Methodology, Tools, and Anticipated Findings

The FACT Project was designed around four proposed solutions covering two domains. The first domain is *improved fertility awareness* and includes two solutions: 1) a radio serial drama; and 2) increasing FAM through existing networks. The second domain is *expanded access to FAM*, which includes two solutions: 3) mobile technology; and 4) group teaching approach. Robust research is key across both domains; and cross-cutting themes of gender, life course perspective, and equity will complement solution-specific evaluation approaches and indicators described in the following sections.

3.1. Assessing Improved Fertility Awareness:

I. Radio Serial Drama (Rwanda):

- a. Solution description: The radio dramas developed by PMC use a well-defined methodology for creating serialized dramas that are effective in inspiring positive changes to individuals's attitudes and behaviors, related to their health and well-being. This methodology of entertainment-education is called the Sabido Method, founded on evidence-based theories of SBCC and developed by Miguel Sabido, a writer-producer-director of theatre and television in Mexico. Modelling is a central tenet of this methodology. Carefully designed media characters serve as role models for the audience, encouraging them to adopt desirable behaviors rather than undesirable ones. The radio serial drama developed in Rwanda with partial funding from the FACT Project will broadcast 156 episodes from April 2014 to October 2015

on the most popular station, Radio Rwanda. A primary focus of the radio serial drama is to encourage the use of reproductive health services and effective family planning methods.

- b. Formative Research: Formative research will be critical in describing the interests, characteristics, and specific needs of the target populations with regards to family planning knowledge, attitudes, and behaviors. It will complement the literature reviews conducted on FP and fertility awareness. PMC hired a local research firm, Institute of Policy Analysis and Research (IPAR), to conduct a literature review, FGDs and key informant interviews with women, men, and youth in select sites across the country. IRH will provide input and technical guidance on fertility awareness and FAM aspects of IPAR's research. This information will be used to develop specific fertility awareness themes, concepts and messages which are comprehensible and resonate with listeners. Formative research results will be analyzed, synthesized, and presented in an easy-to-use format for script writers to develop characters, settings and story lines for the initial four pilot episodes as well as subsequent episodes.
- c. Evaluation Research: While there will be no baseline survey conducted, PMC will conduct an endline evaluation with IRH input. The endline will compare listeners with non-listeners to assess whether increased fertility awareness has an impact on the outcome of FP use. IRH and partners also plan to conduct cohort (in-depth) interviews, if possible, to provide information on the specific influence of increased fertility awareness on FP uptake and continuation. Interviews will be conducted with 15 women and 15 men in each segment of interest (e.g. newly married, pregnant, rural, urban). The cohort of participants will be interviewed every six months for 18 months, starting before the first broadcast, and ending after broadcasting is completed. Participants will be asked to listen to the broadcast on a regular basis. These interviews will allow us to more directly assess the effectiveness of the Fertility Awareness information included in the broadcasts and novel on FP knowledge, attitudes, and use.

II. Increasing Fertility Awareness through Existing Networks /Social Network Diffusion (Uganda and Nepal):

- a. Solution description: Using existing social platforms, diffuse life-course appropriate fertility awareness fundamentals that engage individuals in learning fertility awareness in order to reach a "tipping point" of fertility awareness throughout the community. Designed to be low cost and

adaptable to a range of settings, this format could be a graphic novel, dramas, text messages, and/or comics in newspapers/magazines and will be used to disseminate Fertility Awareness individually and at scale through existing partner platforms such as networks of newly married and pregnant women's groups supported by female health workers, youth savings and loans groups and married adolescent groups. It will include male and female characters at key moments of the life course so that it can be used with a variety of key target groups (e.g. married/unmarried women and men – both adolescent and adult, pregnant/postpartum women). Where feasible, distribution of the social network diffusion solution will be accompanied by advance provision of barrier methods and Emergency Contraception (EC) to postpartum women and their partners, with linkages to FP services. Regardless of the final modality of this solution, group members will be encouraged to share and discuss it with others.

b. Formative Research: This solution is in the early stages of the solution development cycle. A landscape assessment and FGDs will be conducted to gather information about existing media that are most popular or often consumed by target groups in order to determine the channel to employ in this solution.

c. Evaluation Research:

- i. **Pre-Post test**: Depending on the landscape assessment and formative research, IRH and partners plan to conduct a pre-post test. Three study arms will be utilized to determine whether incorporation of Fertility Awareness messages results in improved FP use. Platforms will be randomized to one of three experimental groups: 1) the control group will receive no additional information beyond what the network normally provides; 2) the FP information-only experimental group will receive a novel or other format which conveys FP information; and 3) the fertility awareness experimental group will receive a similar format with fertility awareness information woven into the FP story line to assess how the network is being used.

Participants in each group will be interviewed one and six months after the novels are distributed to: 1) assess their opinion; 2) determine recall of key messages; and 3) measure changes in FP use and continuation, including correct use of Lactation Amenorrhea Method (LAM) and timely transition to another FP method. Proximal indicators such as accurate perception of pregnancy risks, increased self-efficacy to use FP, and improved communication about fertility and FP with partners,

providers, and others will also be measured. Group participants will be asked whether they discussed the information with their partner, family or others. In addition, the number of new FP users and/or contraceptives distributed in the study area will be collected for the 12-month period prior to the intervention, during the intervention and six months after the intervention ends to assess the effect of the social networks diffusion solution on FP utilization.

- ii. **Household surveys** at baseline and endline will be used to test the solution's effect on knowledge, attitudes, beliefs, and application of these knowledge and skills individually as well as within the couple, the family and the community. Key outcomes including: increased FP use and continuation; increased postpartum FP use; timely transition from LAM to other methods; and improved pregnancy timing. Intermediate outcomes will also be measured such as correct assessment of pregnancy risk (during the menstrual cycle, postpartum and while breastfeeding); increased self-efficacy to use FP; improved FP knowledge and attitudes; increased partner communication regarding sexual activity and pregnancy risk; diffusion of FP attitudes/information through social networks. The study design will include a control group of individuals not exposed to the intervention.
- iii. If possible, **cohort (in-depth) interviews**, similar to those for the radio serial drama, will also be conducted to inform the development and implementation of this solution.

3.2. Assessing Expanded Access to FAM:

III. Mobile Technology:

- a. Solution description: IRH has been leading the conceptualization, research, and product development of CycleTel – a Short Message Service (SMS) mhealth service to provide Standard Days Method (SDM) directly to women in India – since 2010. IRH will aim to scale the reach of CycleTel to consumers across India via the Nokia Life platform, an SMS based application on all Nokia handsets providing information on agriculture, health and education to over 50 million users nationwide. IRH will partner with Nokia Life to assess the feasibility and outcomes of delivering fertility awareness information, as well as the CycleTel service, to Nokia customers in India in order to help couples gain greater access to family planning information and methods.

- b. Formative Research: Formative research has been completed in India under the FAM Project. As this solution is in scale-up phase in India, research will focus on evaluation and operations research. In year 3 of the FACT project, we anticipate conducting formative research and an environmental assessment (if funding permits) to determine whether CycleTel or a similar mobile service (e.g. CycleBeads, CycleBeads Online) would be appropriate for an African country (Uganda or other country to be determined). The research will focus on formative research and early-stage implementation. In-depth interviews and focus groups discussions will be conducted with potential customers to address the following questions: What are ideal market segment(s) for CycleTel (or other mobile iteration)? Which mobile and/or online platform would be most appropriate for the market and FP context? Does the mobile and technology landscape offer a robust environment for uptake and scalability? If formative research results suggest that one of these mobile services has the potential to be successfully introduced in the selected African country, we will move into proof-of-concept research, conducting small-scale tests of an iteration of the service, with an eye towards scale-up feasibility, perhaps via public-private partnership.
- c. Evaluation Research: Evaluation research will assess the adoption and continued use of SDM on mobile phones. Specifically we will assess an introduction strategy and operational partnership with Nokia Life. The Nokia Life distribution partnership will enable assessment of the impact of SMS fertility awareness messages, as well as the linkages between receiving these messages and adopting CycleTel as a FP method. Research questions will include: How do Fertility Awareness messages impact users' behavior and knowledge – regardless of whether they opt-in to CycleTel? Do Fertility Awareness messages facilitate access to and use of SDM via CycleTel? How many message/which messages are needed before users opt-in to CycleTel? The point of conversion (i.e., when a basic user opts into the advanced CycleTel service) is a critical metric that will be gathered through real-time data collection built into CycleTel's automated technology, capturing all user interactions in an online database including important success indicators such as number of users and continuation rates. Phone surveys with both basic and advanced users (supported by Nokia's infrastructure) will complement real-time user data to provide qualitative information on message impacts. Further, the sustainability and scalability of CycleTel are critical research questions: Will users pay? Is a direct-to-consumer subscription model feasible? If so, is this revenue sufficient to cover operating costs for long-term sustainability? Is leveraging a built-in customer base (Nokia) more

cost effective than a building a separate one? Process logs that assess CycleTel's partnerships, value chain, and operating model will be leveraged to assess these questions.

IV. Group-facilitated learning:

- a. Solution description: Working with SC in rural and urban settings in Uganda, solutions for providing SDM, TwoDay Method, and LAM, along with information about a range of FP methods and referrals to services through existing community groups will be developed and tested. Group learning will be designed for community platforms such as mothers' or women's groups, village savings and loan associations, agricultural cooperatives, women's groups, local government or civic associations, and faith groups. Available platforms for FAM group instruction may be single sex or co-ed, and may serve younger beneficiaries or a mix of ages. Step one of the solution will be conducting a simple, participatory activity tailored to the needs of each life stage (e.g., pregnant/breastfeeding women and their partners, young married couples) during regular group meetings to enable members to correctly assess pregnancy risk. Group members will be provided basic information on a range of FP methods, referred to services and encouraged to discuss barriers to FP use such as social and gender norms during this activity. When feasible, barrier methods and EC will be provided directly by the facilitator or through links to community health workers who are interested. Group members interested in FAM will be provided a method in a subsequent group instruction session. The group learning solution will include facilitator training and mentoring and literacy-appropriate materials to support method use (e.g., CycleBeads for SDM, a simple record-keeping system and use instructions for TwoDay Method, or a "user card" for LAM with clear directions for transition to another method). Materials will include instructions to facilitate use of barrier methods during the fertile days and EC as a backup method. Mechanisms for participants to diffuse Fertility Awareness information and promote FP through their broader social networks, such as satisfied user invitation cards, will also be included.
- b. Formative Research: Formative research will provide useful information for further developing the strategies, methods and tools for program planning, implementation, and evaluation in the FACT project and will help gauge interest and assess the feasibility of offering FAM through group platform, as well as determine how best to offer training, support and supervision for facilitators implementing the group teaching. Formative research will include

FGDs with group members and in-depth interviews with group leaders to assess initial interest. In-depth interviews will also be conducted with women and men with unmet need for FP, including postpartum women and their husbands. These interviews will 1) assess potential interest in using FAM; 2) validate take-home materials for the three methods to determine if they would be appropriate in these settings; 3) explore demand-side factors relevant to FAM use in the setting (e.g., factors related to fertility desires such as gender, family and social norms, and explore the use of desiccants and other practices that may influence the presence or absence of cervical secretions); and 4) explore social and cultural factors which could influence acceptability and correct use of FAM such as couple communication and ability to use barrier methods on fertile days. Rapid assessments (interviews and observations) will further inform material development to enable group leaders who are not health providers offer FAM. Overall, formative research will also assess the feasibility and effectiveness of group provision of FAM, and identify the most effective strategies to do so (e.g. additional group sessions or individual outreach through home visits, a hot line or phone calls). Several strategies for offering FAM to groups will be tested in diverse sites, with the goal of identifying at least one approach for each method that works well in a variety of group settings.

- c. Evaluation Research: Prospective longitudinal studies will follow couples who chose to use FAM for a period of six months, and will compare the results of different service delivery strategies to determine which is most effective. These studies will follow similar research procedures (protocol for client recruitment and follow up, standardized questionnaires), but each will be centered around a unique relevant research question. For example, one study may experiment with various modalities of user follow-up (phone call, home visit, no follow-up, a group meeting two months later, etc.). Another study may compare the type of support given to the facilitators. Dependent variables will include: 1) uptake of FAM, correct use, and continuation; 2) gender-related outcomes of interest such as couple communication and women's empowerment; and 3) referrals to other methods and participants seeking FP services. Process and qualitative information will be gathered to assess the influence of providing FP information/instruction on group dynamics and activities, the quality of information provided, the type of support and service linkages needed, and the acceptability, feasibility and cost of implementing the solution.

4. INDICATORS FOR FACT PROJECT PMP

The detailed results framework (Figure 6) lays out the narrative statements for each level of project logic. In this section, the summary results framework (Figure 5) is further developed to include not only the goal and three strategic objectives (SO) with one to two intermediate results (IR) each but also describes the outputs. At each level, there are specifically designed indicators, which help define verifiable parameters for measuring project progress and impact. The matrix also describes a data source for each indicator to facilitate the work of field staff (from all implementing partners) who will be responsible for the timely and effective collection of project data. Unlike other projects that focus on service delivery, the solution development cycle approach of the FACT project will require that indicators, including indicators on gender and other interest areas related to FP, evolve as the solutions are tested and defined. Additionally, issues surrounding context-specific cultural norms, mobility, access to/use of technology, communication, and negotiation will be explored in formative research in order to inform solution development, implementation, and measurement (monitoring and evaluation). It is important to note that individuals involved in project management and implementation will have to consider the critical assumptions at every juncture in order to correctly account for and manage external factors that influence project progress and results. Finally, we present indicators for the global leadership component of the FACT project, which will unify all aspects of the solution development cycle and the project as a whole.

Figure 6. Detailed Results Framework

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
Goal	Goal: Women, men and youth increase use of family planning to achieve healthy fertility and reproductive outcomes			
Strategic Objective –	Increase fertility awareness and access to FAM	% of individuals who correctly identify key facts on fertility awareness and pregnancy <i>risk</i> (disaggregated by sex, cohort, and country)	Household surveys (baseline/endline)	Access and exposure to FAM leads to behavior and attitudinal changes, including correct use of FAM as FP methods.
		% of individuals who correctly identify key FAM messages (disaggregated by sex, cohort, country, and method)	Household surveys (baseline/endline)	
		# of who report having talked to or helped someone with FP use (disaggregated by sex, cohort and country)	Household surveys (baseline/endline)	
		# of individuals who agree that it is acceptable for couples to want smaller families/fewer number of children (disaggregated by sex, cohort and country)	Household surveys (baseline/endline)	
		# of individuals who report positive perceptions of FP, including FAM (disaggregated by sex, cohort, country, and method)	Household surveys (baseline/endline)	

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		% of individuals who report it is acceptable for both partners to make decisions concerning family planning (disaggregated by sex, cohort, and country)	Household surveys (baseline/endpoint)	
		% of individuals who report increased self-efficacy to access FAM as FP options (disaggregated by sex ¹ , cohort, country, and method)	Household surveys (baseline/endpoint)	
		% of individuals who report increased self-efficacy to use FP, including FAM (disaggregated by sex, cohort, country, and method)	Household surveys (baseline/endpoint)	
		% of individuals who intend to use FP, including FAM in the future (disaggregated by sex, cohort, and country)	Household surveys (baseline/endpoint)	
		# of women who report self-efficacy to seek FP information or services (disaggregated by cohort and country)	Household survey/Pre-Post Test	
		% of individuals who report communicating with their partner about SRH and FP decisions (disaggregated by sex, cohort, and country)	Household surveys (baseline/endpoint)	

¹ CycleTel may not be able to provide sex, cohort, and age disaggregation due to privacy laws and Nokia contracting; consumer information will be provided where possible for mobile technologies

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		# of solutions that advance gender-equitable norms and roles in FP uptake, correct use and continuation (disaggregated by fertility awareness and FAM solutions)	Solution Development Cycle progress graphic	
Intermediate Result 1 -	Determine impact of fertility awareness on FP Use	Critical elements of fertility awareness information identified	Study tracking tool/report	The 4 selected solutions are appropriate and adequate for the identified problem.
		Hypothesis of fertility awareness impact on FP use proven or disproven	Study tracking tool/report	
		% of individuals ² who correctly identify the effect of FP methods on fertility (disaggregated by sex, cohort, and country)	Household surveys (baseline/endline)	
Output 1.1	Fertility awareness solutions developed and tested	Findings on knowledge of fertility awareness among target populations produced from formative research and used in design	Study tracking tool/report	
		Findings on contextual factors, including gender, that influence individuals' ability to use fertility awareness information produced from formative research and used in design		

² Refers to women, men and youth within the target populations

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		Findings on appropriate channels and media for disseminating fertility awareness to target populations produced from formative research and used in design		
		<i># of fertility awareness messages identified for development (disaggregated by country)</i>	<i>Message database/ Solution Development Cycle progress graphic</i>	
		<i># of landscaping assessments conducted to identify target populations³ for fertility awareness (disaggregated by type of segment)</i>	<i>Assessment report</i>	
		<i># of fertility awareness solutions developed</i>	<i>Solution Development Cycle progress graphic</i>	
		<i># proof-of-concept or in-use testing studies for fertility awareness solutions (disaggregated by country)</i>	<i>Study tracking tool/report</i>	
		<i># of fertility awareness solutions tested (disaggregated by country)</i>	<i>Solution Development Cycle progress graphic</i>	
		<i>Modifications and adjustments integrated and fertility awareness solutions fine-tuned</i>	<i>Solution Development Cycle progress graphic</i>	

³ For mobile and technology solutions, target populations will be referred to as priority market segments

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		# of fertility awareness solutions that are fine-tuned (disaggregated by country)	Solution Development Cycle progress graphic	
Output 1.2	Actionable life course-appropriate information about key aspects of fertility accessed by target populations	# of platforms/channels discussing fertility awareness (disaggregated by platform type and country)	Platform Monitoring Tool	
		# of individuals reached by fertility awareness platforms (disaggregated by sex, cohort, and country)	Platform Monitoring Tool	
		# of identified fertility awareness messages that are disseminated in communities (disaggregated by country and FACT project domain)	Message database/ Communications database	
Output 1.3	Scale-up package for fertility awareness solutions developed	<i># of reports on how gender and age norms play a factor in fertility awareness (disaggregated by country)</i>	<i>Study tracking tool/report</i>	
		<i># of reports on whether and how fertility awareness influences FP knowledge, attitudes and use (disaggregated by country)</i>	<i>Study tracking tool/report</i>	
		# of market-driven strategies under expansion	Study tracking tool/report	
		# of tested fertility awareness solutions with a defined scale-up package (disaggregated by FACT project domain)	Communications database ⁴	

⁴ The communications database will include 1) a dissemination log that lists where and what is disseminated on fertility awareness and FAM; 2) conferences log; and 3) website analytics

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
Output 1.4	Capacity of local organizations improved to expand fertility awareness and/or fertility awareness solutions	# of local organizations with technical capacity to expand proven fertility awareness solutions (disaggregated by type of stakeholder, country, and solution)	Organizational Capacity Assessment Tool	
Intermediate Result 2 -	Establish impact of increased access to FAM on FP use	Hypothesis of impact of expanded access to FAM on FP use proven or disproven	Study tracking tool/report	The 4 selected solutions are appropriate and adequate for the identified problem.
		% of individuals who report using barrier methods or abstaining on fertile days (disaggregated by sex, cohort, country, and method)	Household surveys (baseline/endpoint)	
Output 2.1	FAM solutions developed and tested	Findings on knowledge of FAM among target populations produced from formative research and used in design	Formative research report	
		Findings on contextual factors, including gender, that influence individuals' ability to use FAM and other FP methods produced from formative research and used in design		

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		Findings on appropriate channels and media for disseminating FAM to target populations produced from formative research and used in design		
		# of FAM strategies identified for development (disaggregated by country)	Message database/ Solution Development Cycle progress graphic	
		# of landscaping assessments conducted to identify target populations ⁵ for FAM (disaggregated by type of segment and FACT project domain)	Market segmentation report	
		# of FAM solutions identified for development (disaggregated by country)	Solution Development Cycle progress graphic	
		# of proof-of-concept or in-use testing studies for FAM solutions (disaggregated by country)	Study tracking tool/report	
		# of FAM solutions tested (disaggregated by country)	Solution Development Cycle progress graphic	
		Modifications and adjustments integrated and FAM solutions fine-tuned	Solution Development Cycle progress graphic	

⁵ For mobile and technology solutions, target populations will be referred to as priority market segments

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		# of FAM solutions that are fine-tuned (disaggregated by country)	Solution Development Cycle progress graphic	
Output 2.2	FAM solutions accessed by target populations	# of platforms/channels discussing FAM (disaggregated by platform type and country)	Platform Monitoring Tool	
		# of individuals reached by FAM solutions (disaggregated by sex, cohort, and country)	Platform Monitoring Tool	
		% of identified strategies that are disseminated in communities (disaggregated by country and FACT project domain)	Message database/ Communications database	
		# of women who agree that they would be encouraged/allowed by husband/family to seek FP information or services	Household survey/Pre-Post Test	
Output 2.3	Scale-up package for FAM solutions developed and disseminated	# of tested FAM solutions with a defined scale-up package (disaggregated by FACT project domain)	Communications database ⁶	
Output 2.4	Capacity of local organizations improved to expand FAM and/or FAM solutions	# of local organizations with technical capacity to expand proven FAM solutions (disaggregated by type of stakeholder, country, and solution)	Organizational Capacity Assessment Tool	

⁶ The communications database will include 1) a dissemination log that lists where and what is disseminated on fertility awareness and FAM; 2) conferences log; and 3) website analytics

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
Intermediate Result 3 -	Increase recognition and incorporation of FAM and fertility awareness in policies, guidelines and programs	# of global and local partners requesting information, materials, products ⁷ , and/or technical assistance on fertility awareness and/or FAM (disaggregated by type of stakeholder, country, FAM or fertility awareness, and solution)	Communications database/scale-up preparation log	
		# of organizations using fertility awareness and FAM information, materials, and products (disaggregated by type of organization and type of method)	Global leadership tracker	
Output 3.1	Fertility awareness and FAM included in global research and programming activities	# new partners, channels and platforms identified (disaggregated by type of partner and type of platform)	Communications database	Organizations will be motivated to adopt Fertility Awareness and/or FAM because they have access to information, tools and resources
		# of global and country organizations incorporating fertility awareness and/or FAM into programs (disaggregated by type of stakeholder, country, FAM or fertility awareness, and solution)	Communications database/scale-up preparation log	
		# of global and country organizations purchasing CycleBeads and mobile products (disaggregated by type of partner/stakeholder)	Global leadership tracker	

⁷ Information includes basic inquiries; materials include job aids, informational/educational brochures, training curricula; and products include CycleBeads, mobile technologies, scales or measures/indicators for fertility awareness, technical reports on fertility awareness and FAM

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		# of CycleBeads and mobile products procured by organizations (disaggregated by type of partner/stakeholder)	Global leadership tracker	
		# of global partners providing financial support for FAM or fertility awareness activities (disaggregated by method and type of partner/stakeholder)	Global leadership tracker	
		# of stakeholders engaging in fertility awareness and/or FAM research (disaggregated by type of stakeholder and type of research)	Partner narrative reports/study report	
		Level of stakeholder financial allocations to fertility awareness and/or FAM research (disaggregated by type of stakeholder and type of research)	Global leadership tracker	
		# of countries including CycleBeads in their contraceptive procurement plan (disaggregated by region and FACT vs non-FACT status)	Global leadership tracker	
Output 3.2	Fertility awareness and FAM included in policies and guidelines	# of global partners including FAM in policies and guidelines (i.e. in service protocols, IEC, provider training, etc.) (disaggregated by method, and type of partner/stakeholder ⁸)	Global leadership tracker	

⁸ Includes donor agencies

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		# of international procurement organizations including CycleBeads in procurement lists (disaggregated by type of partner/stakeholder)	Global leadership tracker	
		# of countries integrating FAM into HMIS and in population surveys (e.g., DHS) (disaggregated by region and FACT vs non-FACT status)	Global leadership tracker	
		# of donors including FAM in donor reporting requirements (disaggregated by type of donor)	Global leadership tracker	
Output 3.3	Journal articles and/or organizations cite fertility awareness and FAM	# of peer-reviewed articles published by IRH (disaggregated by method and type of journal)	Study tracking tool/report & Global leadership tracker	Global leadership established during FAM project will be maintained and/or advanced in FACT project
		# of times IRH publications are cited in non-IRH publications (disaggregated by method and type of journal)	Study tracking tool/report & Global leadership tracker	
Output 3.4	FAM included in international and regional meetings, workshops, and/or conferences	# of technical assistance events conducted by IRH on fertility awareness and FAM (disaggregated by type of event and FACT vs non-FACT country status)	Global leadership tracker	

Narrative Statement		Objectively Verifiable Indicators	Data source/ Method of collection	Critical Assumptions
		# of times IRH invited to speak about FAM or non-IRH speakers include FAM in presentations at international & regional meetings	Global leadership tracker	
		# of IRH FAM-specific abstracts accepted at international & regional meetings		
		% of IRH FAM-specific abstracts accepted at international & regional meetings	Global leadership tracker	

5. BENCHMARKS & INDICATOR PERFORMANCE TRACKING TABLE

The FACT Project will measure benchmarks using an Indicator Performance Tracking Table (IPTT) (Appendix A – to be developed during in-country PMP workshop with field staff at the beginning of Year 2) which depicts each indicator and its data source, responsible party, baseline target, and revised progress per established timeframe (mostly likely quarterly for Year 1 and then annual or semi-annual for subsequent years). The IPTT will track progress achieved towards indicator targets and will help capture how MLE data is being used to inform project learning, management, and reporting. As targets have not yet been established for the various indicators, the IPTT will be developed in further detail with partners and appropriate stakeholders during the PMP development workshops planned for the end of Year 1.

6. INDICATOR REFERENCE SHEETS

To facilitate monitoring data collection, each indicator has been assigned an indicator reference sheet (see Figure 7 for a sample reference sheet) which defines the indicator's rationale, definition, units of disaggregation, unit of measure and population covered. The reference sheet also spells out the data sources for tracking the indicator, who is responsible for collecting data on the indicator, and any potential limitations or data quality issues. In sum, the indicator reference sheet serves as a sort of identification card for each indicator. While a critical part of the FACT PMP, the indicator reference sheets

Figure 7. Illustrative indicator reference sheet

Performance Indicator % of tested solutions disseminated (disaggregated by FA and FAM)	
Rationale	
Definition	
Disaggregated by	
Unit of Measure	
Data Sources and methods for collection/analysis	
Responsible Party	
Population covered	
Data quality including any known limitations	



JANUARY-APRIL 2014

CycleTel: Nokia Life Pre-Testing Report

Written by Nicki Ashcroft, Charu Chadha and Alexis Ettinger
With data analysis support from Lissa Glasgo and Nana Dagadu



Fertility Awareness
for Community
Transformation

1. BACKGROUND

Georgetown University's Institute for Reproductive Health (IRH) developed CycleTel™, a mobile health (mHealth) innovation that uses Short Messaging Service (SMS) to enable couples to use the Standard Days Method®(SDM) of family planning on their mobile phones. CycleTel screens women for method use eligibility, enrolls them in the service, and alerts them via text message on unsafe days during their fertile cycle. Based on promising results from product acceptability studies and market viability analysis, IRH will offer CycleTel to women and couples across India as a direct-to-consumer family planning service.

In 2013, IRH established a private sector partnership with Nokia Life to scale CycleTel in India in order to help couples gain greater access to family planning information and methods.¹ Nokia Life is an SMS-based platform providing information on agriculture, health and education to over 50 million users nationwide. It is pre-installed on all Nokia devices, making it an automatic element to all Nokia phone functionality. Nokia Life has a designated Healthy Living section, delivering actionable information on wellness and disease prevention, through simplified SMS alerts about a variety of health topics across life stages.

Through a partnership with Nokia Life, IRH will acquire new CycleTel users – a challenge faced in earlier testing – using Nokia's built-in reach and scale. The partnership will also enable IRH to explore whether delivering family planning and fertility awareness information via SMS to potential users increases their knowledge and improves their attitudes about fertility awareness, and whether their likelihood of CycleTel uptake as a family planning method increases. By designing a two-part SMS intervention that includes 1) basic fertility awareness information and 2) CycleTel SDM service (see

Figure 1), IRH will be able to test the hypothesis that fertility awareness messages via mobile phone increase fertility awareness knowledge and adoption of a mobile family planning method. During the full-scale intervention, IRH and HCL will reach approximately 350,000 people with basic fertility awareness information and acquire 25,000 new CycleTel users.

Figure 1. Service description

Fertility Awareness Messages	CycleTel SDM Service
<ul style="list-style-type: none">• Gain awareness of one's fertility• Learn benefits of family planning• Learn how to identify fertile days• Understand CycleTel & SDM	<ul style="list-style-type: none">• Eligibility messages screen users• Users input period start date monthly• Algorithm automates personalized messages• Alerts sent on "unsafe days" when woman is fertile

¹ The Nokia Life platform is implemented by HCL Services. Hereon forth HCL and Nokia Life may be used interchangeably.

The first stage of the partnership, Pre-Testing, occurred from January to April 2014. This report details the objectives, design, findings, and recommendations from the Pre-Testing Phase.

2. OBJECTIVES

Pre-Testing was a small-scale intervention that reached out to 25,000 users in preparation for the full scale roll-out in order to:

- Test and assess the acceptability of newly created fertility awareness messages
- Understand the effectiveness of fertility awareness messages for creating demand for the advanced, personalized CycleTel service to be used as a family planning method
- Streamline, pilot and align the operations of various allied services such as call centers, technology servers, reporting, etc.
- Gather user feedback on the service to help refine messages, 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

3. DESIGN AND METHODOLOGY

Collaborating with the Nokia Life team, IRH designed the Pre-Testing to include:

- Deployment of 20 fertility awareness messages to 25,000 users over five weeks
- A missed call system² for users interested in further information on family planning and CycleTel after receiving the messages
- A call center to provide aforementioned information and collect qualitative data from users who seek further information

The team also developed a plan for analyzing and using the data collected. Pre-test activities can be divided into four segments: content creation and design, training, service deployment and intervention, and monitoring and evaluation.

² Giving a phone number a "missed call" is a common mechanism in India. Users are prompted to call a particular phone number, hang up so they are not charged, and wait for the phone number will call them back. This is used often in advertising, media competitions, and across Nokia Life initiatives.

A. Content Creation and Design

IRH developed 20 messages in English taking into account SMS character limits and other specifications, with strong emphasis on science and behavior change. The messages were vetted by the Nokia Life team for cultural relevancy, technical accuracy, word count adherence, and source attribution. The messages were then translated into three other languages: Hindi, Tamil and Maharshi.

The 20 messages were structured on five topical themes (refer to the Appendix section for full list of messages):

- Value of family planning
- Couple communication
- Birth spacing and planning
- Fertility and fertile cycle
- CycleTel/SDM use

B. Training

IRH provided training on SDM and CycleTel to equip Nokia Life's call center personnel to handle users' missed calls. IRH developed all call scripts and tracking forms, which were shared with Nokia Life call center staff in a training session on the overall goal of the study and interview techniques. Call center operators role-played mock calls to build their skills. IRH also contracted with India Society of Healthcare Professionals (ISHP), a family planning call center previously used in earlier CycleTel testing, to provide oversight and quality assurance. A plan was established between HCL and ISHP to forward any customer enquiries to ISHP that required more family planning expertise, and for ISHP to provide quality assurance checks on recorded HCL/user calls.

C. Service Deployment and Intervention

The abridged service went "live" to users about a month after training. Users received four messages a week for five weeks, and were prompted to give a missed call to the Nokia Customer Care Service Line if they wanted more information on any of the messages they received and/or how to enroll in CycleTel.

In accordance with the Indian telecom law, the first step for customer acquisition was an opt-in message to current Nokia Life customers seeking consent for delivering content. Users who accepted the opt-in message started receiving content in their Nokia Life inbox in the specified vernacular language. The messages were deployed only in four geographic zones (Delhi, Haryana, Tamil Nadu and Maharashtra) which align with the languages mentioned above. Users received messages and were prompted to call

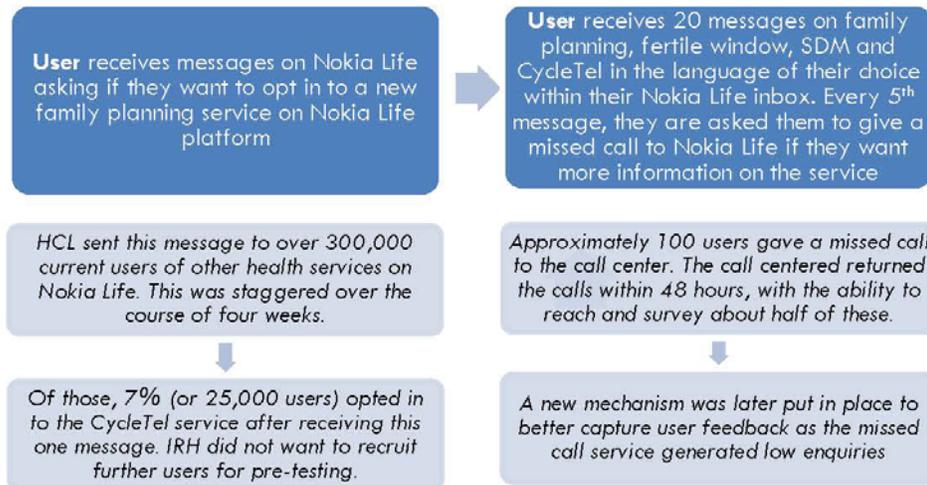
CycleTel Opt-In Message

Are you newly married? Want to know more about Family Planning? Nokia Life offers you free tips on family planning. Click Yes to start receiving messages.

Nokia Life if they were interested in learning more. This call served as a proxy indicator to capture interest in the service and/or resonance with the messages.

A snapshot of the user interaction and activity is as follows:

Figure 2. User interaction



Users were not pre-selected to participate in Pre-Testing. As stated previously, they were current Nokia Life users who opted into the new CycleTel service. As such, pre-determined demographic targeting was avoided. Data below indicates the geographical breakdown of users based on which language users themselves selected to get the service in. Hindi was selected by 56% of users, which corresponds roughly to about 48% of users being located in predominantly Hindi-speaking regions. English was only selected by 5% of users across locations.

Table 1. User geographic location and language

	English	Hindi	Marathi	Tamil	Total
Chennai	167	0	0	655	822
Delhi	646	5987	2	0	6635
Haryana	153	6086	0	0	6239
Maharashtra	77	1967	573	0	2617
Mumbai	294	34	1668	0	1996
Tamil Nadu	89	0	0	6687	6776
TOTAL	1426	14074	2243	7342	25085

D. Monitoring and Evaluation

Initially a missed call feature was introduced to receive feedback on the service. An additional mechanism of proactively calling users after they received all 20 messages was added later on in the design to ensure sufficient data was collected. Nokia Life operators called users at random, with the goal of recruiting 500 users to complete the questionnaire.

A short, six-question survey instrument was designed to capture general customer feedback on the fertility awareness messages and the CycleTel service. The survey asked questions related to usefulness and likability of the messages and prompts participants to share suggestions, critiques, and general feedback on the message service and content. The team also developed a data tracking form that allows call center staff to record and share data on calls with the IRH HQ office in real time, thereby allowing IRH to make critical strategy decisions with very little delay for data entry or transmission. Data sources are listed below.

Table 2. Data sources

Data Source	Number of user surveys	Notes
Customer initiated calls	72	Users called Nokia Life and hung up for a "missed call" after they were prompted to do so in the message campaign. Nokia Life returned the call and gathered feedback.
Post exposure surveys	502	Nokia Life called randomly selected users to ask them to participate in a short survey about their experience with Nokia.

As these post-exposure surveys were done at random with actual users (not research participants), users were welcome to share as much or as little information about themselves and their feedback on the service as they pleased. No questions were asked about their personal family planning choices, and the survey stayed focused on service feedback.

The demographics below were self-reported and represent the sample of 504 users out of the overall 25,000 user base.

Table 3. Demographic breakdown of pretesting users surveyed (n=504)

Gender	Male = 53%	
	Female = 46%	
Location	Urban = 56%	
	Rural = 43%	
Marital Status	Married = 83%	
	Unmarried = 14%	
Age Range	15-19 = 5%	40-44 = 7%
	20-24 = 10%	45-49 = 4%
	25-29 = 17%	50 + = 2%
	30-34 = 12%	Unknown = 32%
	35-39 = 11%	

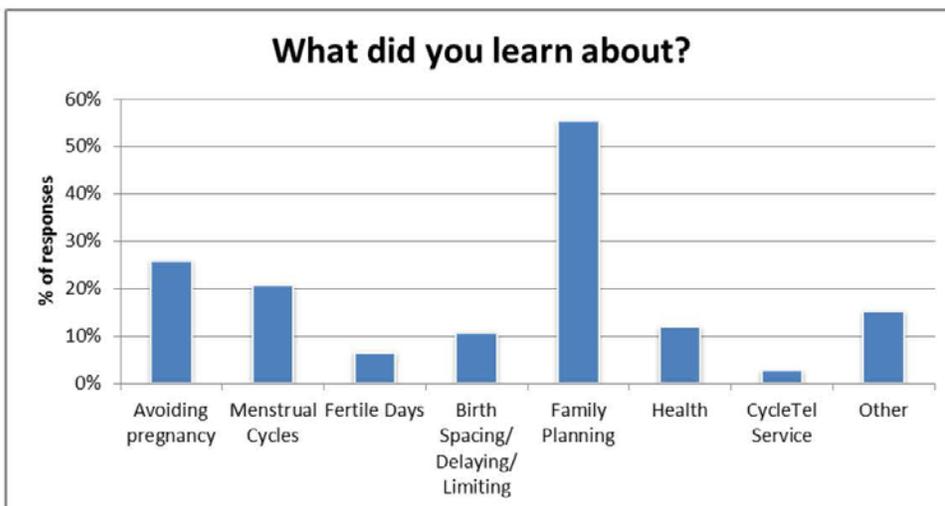
4. FINDINGS

The key learnings observed are outlined below.

A. Universal learning through the service

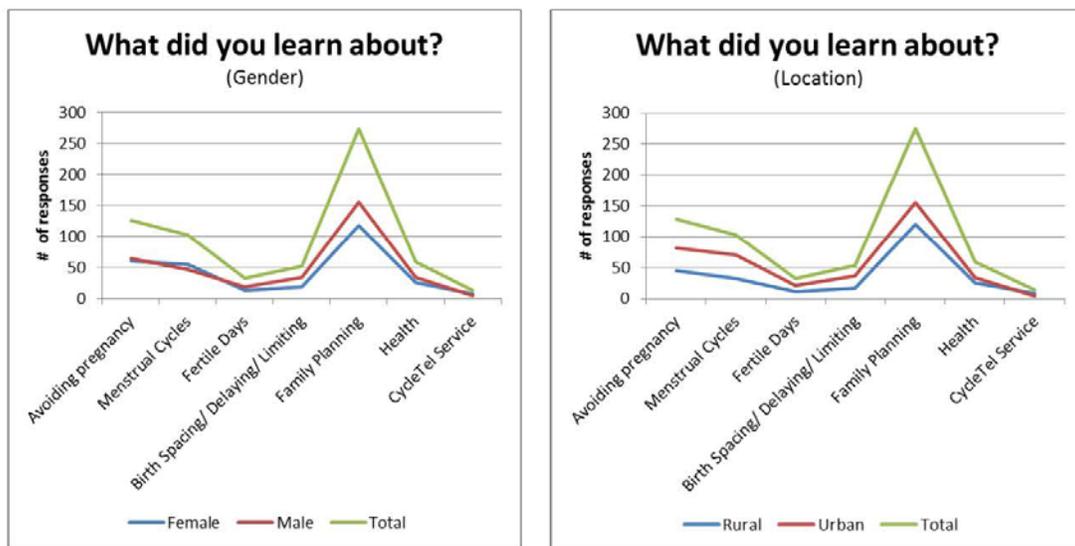
Data collected through proactive surveys indicates that about **97% of all respondents recall reading the messages and that 94% (n=502) indicated that they learned something.** Respondents were allowed to provide multiple responses based on their understanding. The top three topics that featured in the feedback were 1) family planning, 2) avoiding pregnancy, and 3) menstrual cycle.

Figure 3. What users learned



When responses are segregated based on gender or location, as the graphs below indicate, they tend to follow the same general trend with minimal deviation. The uniformity in learning across different groups is significant as it indicates that the service may effectively reach across the gender and the rural/urban divide, two of the major barriers to delivering fertility awareness content. This uniformity may be attributed to the content being delivered in local language, which is easier for the user to understand and retain compared to English or other national languages.

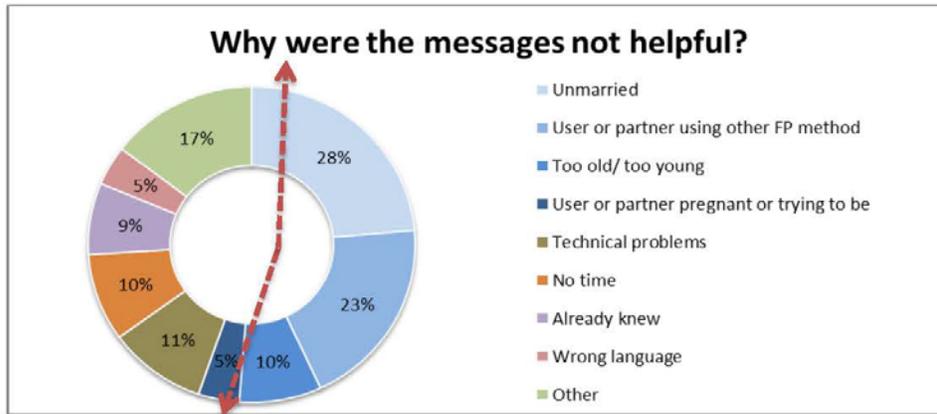
Figure 4. User learnings by gender and location



B. Service may be helpful when targeted appropriately to specific users

Even though 94% of the respondents indicated that they had learned something, only 68% of the total number of respondents indicated they found the messages helpful. Several different reasons were provided for why the messages were not helpful, as detailed in the graph below.

Figure 5. Reasons users did not find messages helpful



Our survey did not go into detail to unpack how users were defining “helpful,” though for many it appears to mean “relevant to their lives” in terms of taking action on some of the fertility awareness knowledge. The top reasons cited for the service being unhelpful (consisting of 60% of responses) are related to relevance: unmarried, using another method, too old/too young, pregnant. Nineteen users felt the family planning information included in the service was not relevant because they are unmarried, but 78% of them said that they felt it would be useful in the future.

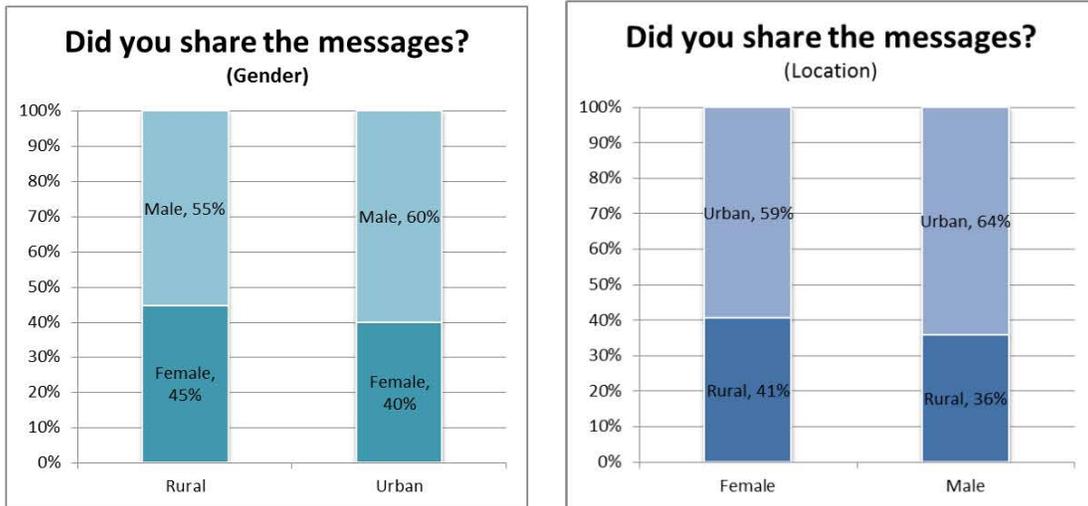
This data indicates that targeting the fertility awareness and family planning messages by target audience will be an important component for the full testing. Generic, non-targeted messages, and messages that seemed targeted to a different age and/or gender than the user themselves did not translate well.

C. Sharing messages beyond individual users may support greater reach, and shared phones may present challenges

Users sharing the content with other people in their lives is an important metric in understanding the impact of the intervention, as it can be seen as a proxy of value associated with the information. More importantly, sharing can be seen a tool for scaling the impact, as more people gain access to fertility related information beyond the first level of direct interaction with the user.

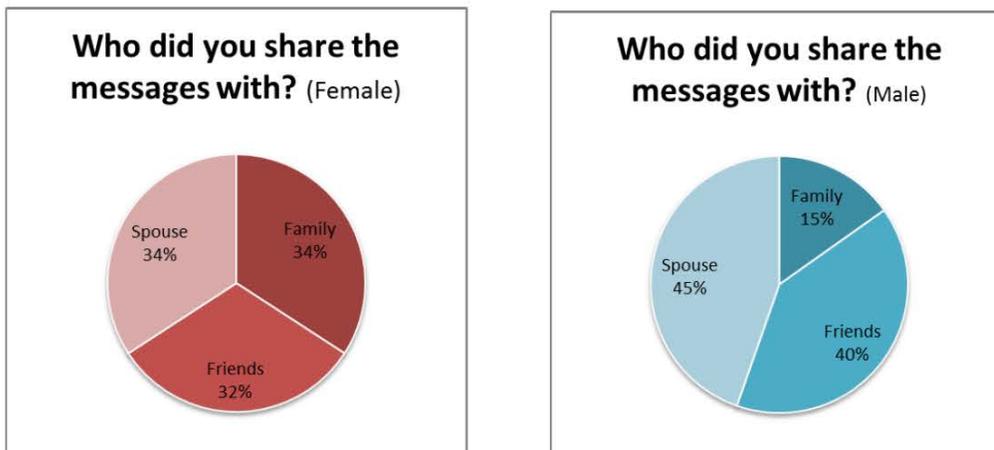
Overall, 36% (n = approx 180) of people said they shared content with someone else. Of those, urban users (62%) were more likely to share content as compared to rural customers (38%). Men (58%) were more likely to share content as compared to women (42%).

Figure 6: Message sharing by gender and location



Of those who shared the messages, women respondents shared most frequently with friends, family and husbands. Men indicated they shared the messages with their wives and friends. For the purpose of this analysis, family was defined as any relation other than a spouse, such as siblings, parents, children, and in laws.

Figure 7: User sharing by who they shared with



Further data was not collected on how many messages they shared, why they shared the messages, or which particular messages they choose to share. Moreover, pre-testing surveys

did not allow the team to assess any other action item or behavioral changes that might have been adopted based on the messages.

Anecdotally, IRH received feedback from several users who inquired about message appropriateness for users who shared one phone across several users. Not every individual owns his or her own phone, as many men own the phone for the household or couple (which could have contributed to the higher percentage of men sharing messages than women). Moreover, phones that were once owned by a father, for example, could be passed down to a daughter, or used by the wife only when she leaves the home. One female respondent was curious to know how the Nokia Life was able to ascertain that the phone was being used by a woman, even though it was registered in her brother's name. Even though she found the information relevant, in her opinion, it would have been embarrassing for her brother to receive this information. This issue of shared ownership has interesting implications for targeting messages, as well as evaluation and data collection.

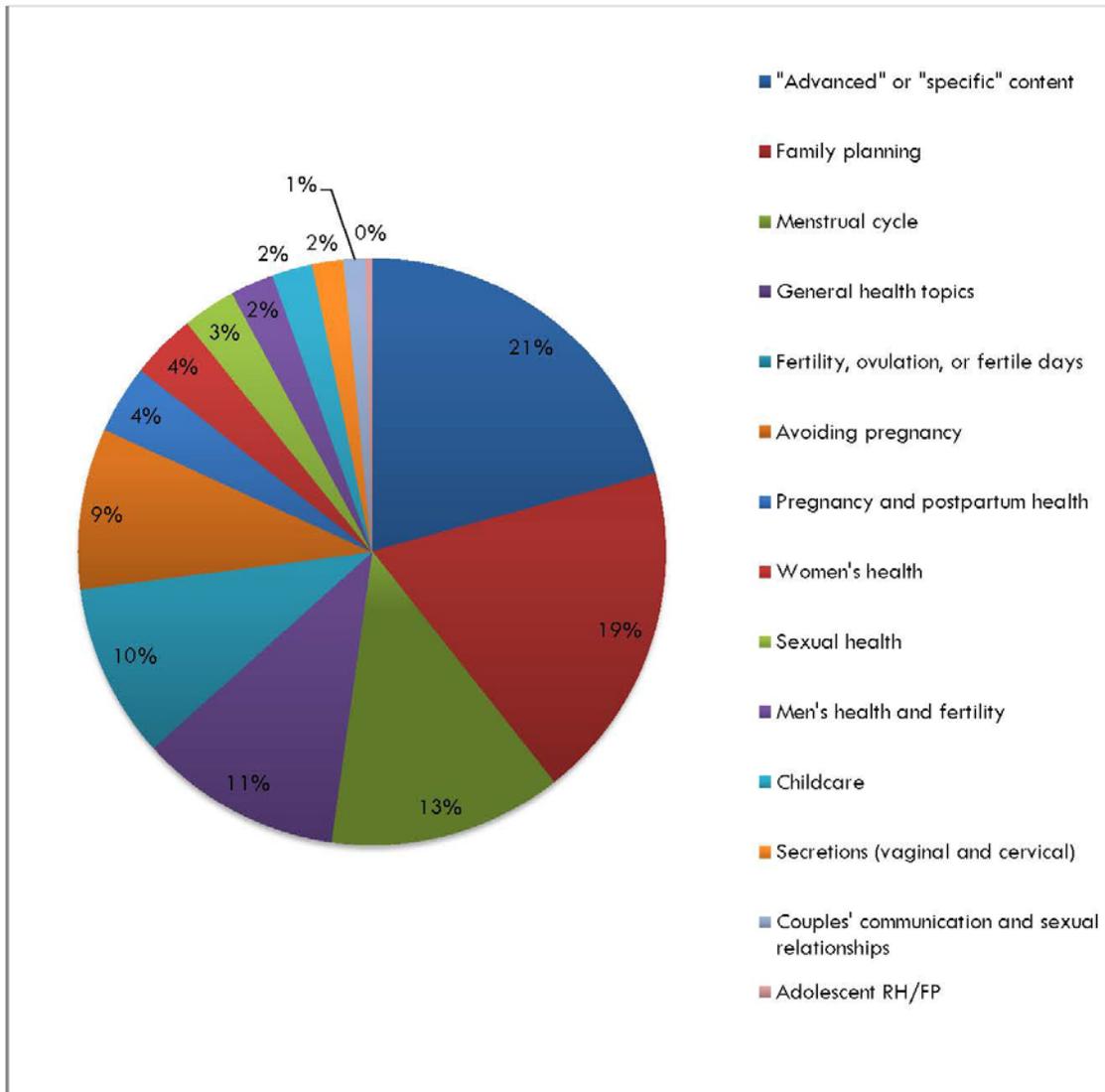
D. Desire for more “advanced” messages and information on “menstrual cycle”

IRH asked users what suggested improvements they would make to the service. Fifty-nine percent (59%) of users offered a suggestion of some sort when prompted. The breakdown of their thematic changes is listed below.

The most frequent request (21% of total suggestions given) was for more “advanced,” “detailed,” or “specific” content. Nokia Life call operators were not successful in getting details as to what this meant in terms of tangible content. IRH has interpreted this feedback to mean the content was too general, and that further targeting is needed to get into details and specifics for different segments.

A notable trend in user feedback was that many referenced “menstrual cycle” as a common learning and helpful theme of the messages, as well as an area they wanted more information about. (13% of suggestions centered on more information on the menstrual cycle). “Menstrual cycle” included many different themes – from symptoms of menstruation to irregularity to fertility linkages. IRH suspects that users may have been using the term “menstrual cycle” as more commonly known term to refer to “fertility cycle,” and that the significance of the fertility cycle or a desire to learn more about it is getting lost in translation (though an additional 10% of suggestions noted “fertility,” “safe days,” or “ovulation” as content areas to expand). It does appear, however, that IRH will need to consider adding additional content around the menstrual cycle, while ensuring it does not dilute the fertility awareness messaging or alienate certain users who may consider the information not relevant to them personally.

Figure 6. User requests (%) for improvement or additional content by topic



E. Non-sequential reading may be a barrier to learning pathway

Even though the messaging was designed in a sequential manner, the respondents seldom reported reading all the messages in the order that they came. Many times, the respondents had only read a few of the messages rather than the whole set of messages. Though this was not captured as a quantitative point through the survey, it has a significant impact on future content development and gives an insight into the usage of the service.

5. CHALLENGES..... AND WAYS FORWARD

Pre-Testing was a critical stage to not only gather user feedback on messages to inform the content development for the full service, but also to test and tweak the operational and integration processes prior to full scale launch. Several challenges were identified early on in Pre-Testing, allowing the solution team to make amendments for the larger-scale launch.

A. Missed call mechanism for feedback

The missed call mechanism was initially introduced as the only tool necessary to collect information. There was an expectation that about 10% of the users would use this service, based on previous Nokia Life services. A total of 109 missed calls were received from 72 unique numbers at various stages, a rate of less than 0.01%. IRH had hoped to see correlation between when users calls and how many messages they had received, serving as a proxy to assess interest and/or learning.

Stage of Outreach	# of Missed Calls Received
After message 8	8
After message 12	26
After message 16	19
Message >20	56
TOTAL	109

The limited number of missed calls was concerning, and no conclusion was drawn as to why it was so low. Anecdotally, the technical team at Nokia Life felt it could be because the information was so sensitive: users felt uncomfortable giving a missed call to a phone line they did not trust or recognize. IRH also speculates that the action prompts (e.g. “Are you newly married and want to know more about family planning? Please give CycleTel a missed call to know more.”) may not have resonated with users.

Once IRH realized that missed called functionality was not sufficient, the solution team introduced proactive calling to reach an adequate number of users to help understand the

impact of the service. For the full service launch, a proactive monitoring, learning and evaluation plan will be put in place that does not rely on the missed call functionality.

This learning also indicated that users may need more engagement and/or learning beyond the messages to feel engaged. Proper customer engagement, perhaps with an offline component, may be needed to provide the customer with greater value and trust.

B. Call center operators

During the Pre-Testing, Nokia Life required IRH to use their call center because of the diversity of languages used and regulations that prevented them from sharing user phone numbers with outside parties. The Nokia Life call center received two trainings before the commencement of the Pre-Testing and one during the Pre-Testing. However, it was evident that the call center operators, trained in customer service and not family planning, had difficulty in speaking with users on such personal topics. It was also noted in call reviews done for quality assurance that operators were unable to introduce CycleTel to users and were also unable to effectively handle questions related to fertility awareness. They also had trouble conducting the interviews and capturing survey data.

The image shows a handwritten table titled 'NL CALL OUT TEAM' with a date '11/04/2014'. The table lists names of operators, their callout status, the time they dialed, and the number of conversations. The names listed are AYESHA, JAYA, JAYASHREE, MADHU, ROOPA, ROSHAN, SIDDRAM, SYEDA BAN, IMRAN, and VIJIT. A total of 109 conversations is noted at the bottom.

Names	Callout	Dialed	Conversations
AYESHA	CAU	150	15
JAYA	CAU	120	05
JAYASHREE	CAU	130	10
MADHU	CAU	50	05
ROOPA	CAU	120	10
ROSHAN	CAU	120	10
SIDDRAM	CAU	205	33
SYEDA BAN	CAU	140	10
IMRAN	CAU	150	10
VIJIT	CAU		
TOTAL =			109

Figure 7: Snapshot of call center operators call-out logs, showing a typical number of phone calls made to reach select users for feedback

In the full-scale service, IRH will ensure that the ISHP call center will be able to handle customer engagement to provide adequate counsel and a desirable experience. IRH will also hire an external research agency for all user evaluation interviews.

C. Reaching users to share feedback

A major challenge faced when Nokia Life called users for feedback was that most users were not interested in speaking to the operator. As users were not participants in a research study, they had no mandate to speak with Nokia Life; in their view as customers, getting a call from CycleTel was like getting a call from a telemarketer.

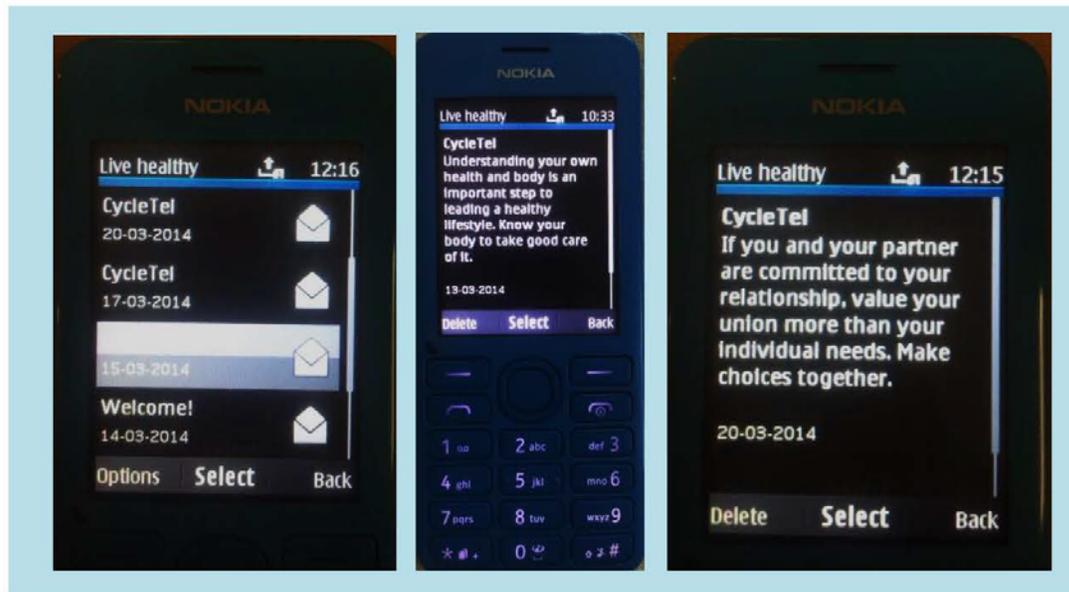
As such, Nokia Life called well over 4500 users to be able to reach, speak with and complete 500 user feedback surveys, a conversion rate of less than 10%. It often required multiple calls to the same person in order to find a convenient time to speak. This makes surveying a both time-consuming and expensive proposition.

For the full testing, IRH will need to try to optimize this process. However, as that the intervention will again target customers in the market, rather than research participants, IRH expects to face similar challenges. IRH is aware that comprehensive user feedback surveys may need to be streamlined to gather the most critical information, since users will have limited time to speak.

D. Brand awareness

Users were exposed to the brand name CycleTel through two routes: first, the messages were sent under the brand name of CycleTel, and second, messages periodically carried the brand name of the service within the test itself. During user feedback calls, few customers mentioned the brand name "CycleTel" and those who did associated the service mostly with the basic fertility awareness content. This could pose a challenge during the full-scale service as customer may not be able to differentiate between the basic (fertility awareness) and advanced (CycleTel) services. IRH will work with a communications and branding company to develop appropriate and aligned names.

Figure 8. Messages as they appear on Nokia phones



6. CONCLUSIONS

The Pre-Testing phase of the CycleTel/Nokia Life partnership was a critical learning experience prior to full scale implementation. Key take-aways include:

Content Development

- Users like the content and learned from it; however, less data was gathered on the specifics of their learning or actions taken and knowledge increased.
- Content needs to be further targeted to better resonate with different audience segments.

Process and Operations

- Missed call functionality was not a successful mechanism for engaging users.
- Nokia Life call center agents were not successful in providing customer support or collecting user feedback.

As the fertility awareness messaging service is a new component to the already-established CycleTel service, IRH will need to continue to test the acceptability and viability of the intervention and the partnership. IRH looks forward to moving forth with the solution towards full-scale implementation.

APPENDIX 1: PRE-TESTING MESSAGES

Message 1: Understanding your own health and body is an important step to leading a healthy lifestyle. Know your body to take good care of it.

Message 2: Your reproductive and sexual health is an important part of your overall health, especially if you want to have a baby in the future.

Message 3: It can be difficult for couples to talk about sex and pregnancy. Talking about healthy behaviours is a good place to start. CycleTel can help.

Message 4: Are you hesitant to talk or learn about sexual health? CycleTel is a scientifically correct service which provides you with practical information.

Message 5: If you and your partner are committed to your relationship, value your union more than your individual needs. Make choices together.

Message 6: If you do not want to have a child right now, choose a family planning method that works for both you and your partner. CycleTel may work for you.

Message 7: With many scientifically proven methods of birth control, couples can enjoy their sexual life without having to worry about unwanted pregnancy.

Message 8: Are you newly married and want to know more about family planning? Please give CycleTel a missed call to know more.

Message 9: Bringing up children is expensive. Parents need to be financially stable before planning to have a baby.

Message 10: Under-age pregnancy is a major health risk. It is better for women to be above 18 before getting pregnant. This is healthier for mother and child.

Message 11: Wait at least 2 years after your baby is born before getting pregnant again as it is healthier for mother and child. Use CycleTel to space your pregnancies.

Message 12: Are you a new parent and want to know how to space your pregnancies? Call CycleTel to get more information on family planning options.

Message 13: Most women have a few days of bleeding every month. This is called a period, and the amount of time between periods is called a menstrual cycle.

Message 14: Did you know a woman can only get pregnant during certain days each month? These fertile days happen around the middle of her menstrual cycle.

Message 15: Men are always fertile. If a man and woman have unprotected sex during a woman's fertile days, she is at risk of pregnancy. CycleTel helps you know these days.

Message 16: Do you track your period dates? To learn how to monitor your menstrual cycle and fertile period using CycleTel, give a missed call.

Message 17: CycleTel is a natural birth control method that tells you which days you can get pregnant based on your cycle. It has no hormones or side-effects.

Message 18: You can track your fertile days using CycleTel on your phone with Nokia Life. CycleTel alerts you by SMS on the days you can get pregnant.

Message 19: You prevent pregnancy on your fertile days by using condoms or not having sex. If used correctly, CycleTel is 95% effective in preventing pregnancy.

Message 20: If you are interested in using CycleTel as your family planning method, call for more information on how to enroll.

