



Submitted October 2014

FACT Project Technical Report

Year 1, Quarter 4
(July-September 2014)

Institute for Reproductive Health, Georgetown University



USAID
FROM THE AMERICAN PEOPLE



Fertility Awareness
for Community
Transformation

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Recommended Citation:

Institute for Reproductive Health, Georgetown University. 2014. *FACT Project Technical Report: Year 1, Quarter 4 (July-September 2014)*. FACT Project. Washington, D.C.: Institute for Reproductive Health, Georgetown University.

This report was prepared by IRH under the Fertility Awareness for Community Transformation (FACT) Project. This report 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. AID-OAA-A-13-00083. The contents are the responsibility of IRH and do not necessarily reflect the views of Georgetown University, USAID, or the United States Government.

FACT Project

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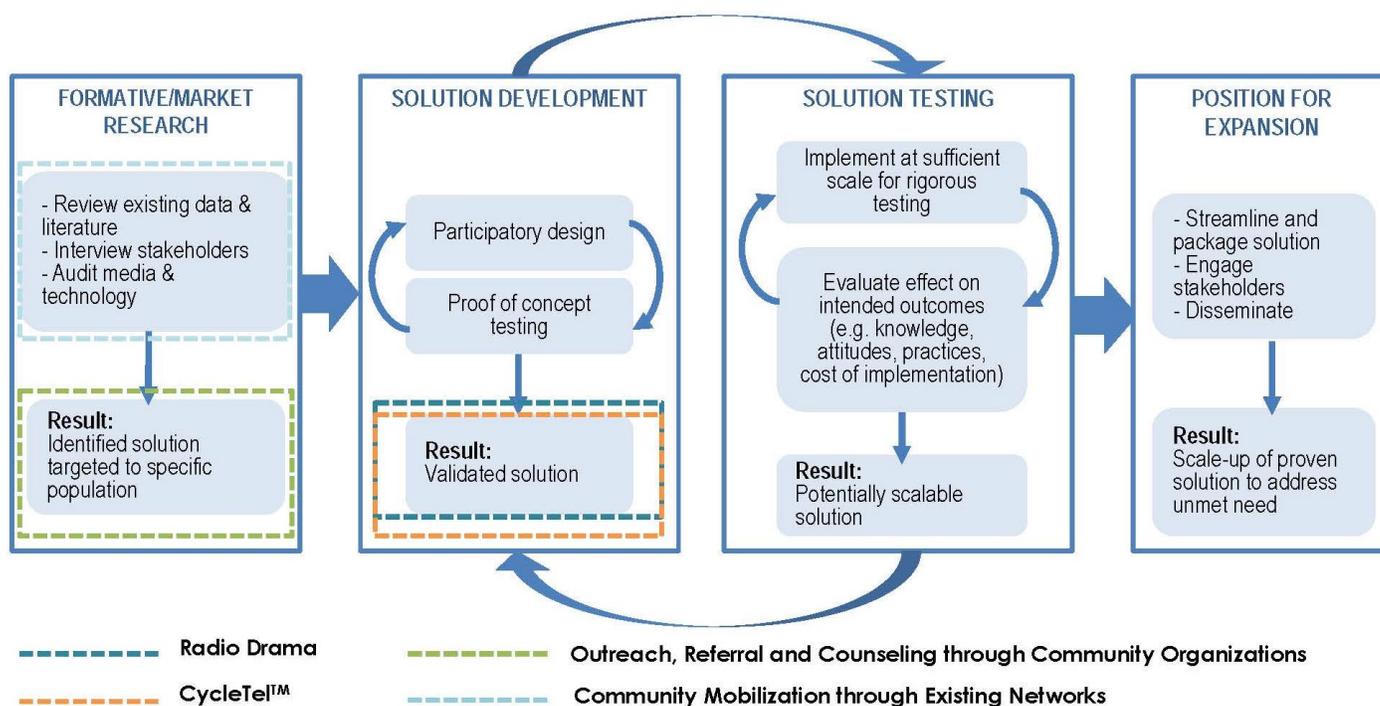
CBP	Community-based provision
CHW	Community health worker
DAG	Disadvantaged group
FACT Project	Fertility Awareness for Community Transformation
FAM	Fertility awareness-based methods
FGD	Focus group discussion
FHD	Nepal Family Health Division
ICRW	International Center for Research on Women
IDI	In-depth interview
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
UMC	Umurage Media Center
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The Fertility Awareness for Community Transformation (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 Standard Days Method (SDM) and other fertility awareness-based methods (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 United Nations Population Fund (UNFPA) and World Health Organization (WHO).

In Quarter 4 of Year 1 of the FACT Project, IRH and partners completed start-up activities, formative research, developed indicators and protocols for later-stage research, engaged partners and stakeholders, and further refined solution designs to fit within their respective country and platform contexts. Solutions continue to progress steadily within the solution development cycle, as noted in Figure 1.

Figure 1. Solution Status by Solution Development Cycle Stage at end of Quarter 4



IRH held bi-weekly meetings with USAID in Quarter 4 to update and discuss FACT Project strategy, progress, and challenges, including possible expansion of activities and technical assistance in Nepal.

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 4, including:

Ongoing gender technical advisory. After facilitating last quarter's Gender and FACT workshop, ICRW met with FACT senior leadership to discuss additional ways to maximize the existing ICRW-FACT partnership. ICRW and FACT leadership met in person or were in communication weekly in August and September to continue defining FACT goals and core indicators for the project, in addition to planning and preparing the Solution teams for the next workshop on gender.

Second gender integration workshop. Taking place on September 30, 2014, the second gender integration workshop was developed to enhance initial discussions during the first workshop about how to better address gender in the study design of each of the solutions. Leading the workshop, ICRW facilitated discussion applying the gender continuum to the newly finalized FACT Project core indicators and introduced methods to evaluate/assess gender components of project solutions. The workshop also set the stage for a future workshop related to monitoring and evaluation of gender integration.

Theory of change development. ICRW continued to review and guide solution teams on development of theories of change, holding individual review meetings with each solution team and incorporating new elements as the FACT Project solidified core indicators. These theories of change will be used to guide solution and research design in Year 2.

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. With IRH's solution-specific input, ICRW expects to finalize the gender strategy in early to mid-Year 2.

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

Overview

Goal 1 solutions progressed steadily in Quarter 4, with the Radio Drama in Rwanda finalizing the initial 30 episodes for broadcast in early Quarter 1 of Year 2. IRH also began designing service strengthening activities through community health workers (CHW) in Rwanda to complement the radio drama's awareness raising and demand generation activities. In Nepal, Community Mobilization through Existing Networks made strides toward completing formative research and preparing for Concept Development Workshops in Uganda, and by selecting two districts and developing stakeholder buy-in in Nepal.

Radio Drama

The radio drama in Rwanda overcame several challenges in Quarter 4 and will begin to broadcast the first episodes in early October 2015 (Quarter 1 of Year 2). The first 30 episodes have been finalized, and fertility awareness information was successfully integrated into epilogues throughout these episodes. Our Rwandan staff was able to build a positive relationship with the PMC team to ensure that fertility awareness would be a more integral component of the plot in forthcoming episodes. IRH also began designing the service strengthening activities through community health workers (CHW) which will complement the radio drama's awareness raising and demand generation activities.

Key Accomplishments

First 30 episodes recorded, including epilogues with fertility awareness information. During Quarter 4, the first 30 episodes of the radio drama were finalized with added fertility awareness information in the epilogues. After challenges integrating accurate fertility awareness into the radio drama itself for the first episodes, PMC and IRH worked together in-country to clarify misconceptions about fertility awareness. Script writers now feel more confident in the concept, demonstrated by their ability to integrate fertility awareness into the epilogues of the first 30 episodes. The combined IRH and PMC team created an action plan to accurately portray fertility awareness in future episodes among various characters. PMC has invited IRH to participate in future episode plotting sessions when the storyline is developed. By the end of Quarter 4, the episodes were recorded in preparation for the official launch date of October 2, 2014. The drama will be called *Impano n'Impamba* and will be broadcast on Thursday evenings at 9:15 PM and on Sunday mornings at 6:45 AM.

Promotional activities for the radio drama designed and implemented. PMC developed a promotion strategy for the radio drama that included radio spots and television scroll messages. Information about the program also was announced through epilogues to the last several episodes of *Umurage Urukwiye* (previous PMC radio drama in Rwanda), which is completing its broadcast run on Radio Rwanda. The promotion began on September 26, 2014, a week before *Impano n'Impamba* is set to air.

Plotting for episodes 31-50 completed. IRH joined the PMC script writing team at the end of September for a plotting session for episodes 31-50. During the plotting sessions, script writers developed the storyline for a group of future episodes before writing begins. This was a critical meeting for IRH to attend, as the team was able to give timely feedback on how select characters will encounter situations related to fertility awareness. In the drama, two characters will be the primary conduits for fertility awareness: one is an adolescent girl, and another is a mother attempting to space her children.

New M&E staff hired in Rwanda to lead service strengthening activities. As IRH activities in Rwanda accelerated, IRH made the decision to increase the Rwanda office capacity through a new staff hire with special expertise in monitoring, evaluation, and research. He will manage activities under FACT related to FAM service strengthening and technical assistance to the Ministry of Health (MOH). This new staff person is well-qualified to provide research support and carry out the service strengthening with CHWs, particularly with USAID-supported programs.

MOH formally requested IRH support for community-based service strengthening activities. To complement the demand generation expected by the radio drama, IRH is working with the MOH in a selected district, Gisagara, to equip CHWs in the national CBP strategy for family planning. As part of the CBP strengthening, IRH, in collaboration with the MOH, will carry out a study assessing CHWs' ability to provide SDM to new users. Currently, CHWs are not able to provide family planning to new users and are only permitted to provide resupply of pills and injectables (for those trained). The MOH has formally requested IRH's support in training CHWs in the national CBP package with the addition of equipping CHWs to provide SDM to new users. In the next quarter, a rapid assessment will be conducted and CBP tools/curriculum reviewed.

Key Challenges

PMC encountered challenges with project registration, delaying broadcast by six months. PMC's work plan was not approved by the MOH until June 2014, delaying project activities – including the broadcast launch, originally scheduled for April – by six months. Without MOH approval of the project's work plan, planned activities could not move forward in-country. This delay was a result of recent changes in the MOH's regulations on donor funding. Local donor funds must fund local non-governmental organizations (NGOs) rather than international NGOs, for example UNICEF-Rwanda as opposed to UNICEF-HQ. 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 Umurage Media Center (UMC). They are able to utilize all donor funds and continue with previously planned activities. However, the funding UNFPA had committed to the project was reduced by about 50%, resulting in the need to cut a number of promotional and research activities. IRH is considering options to conduct the necessary research.

Community Mobilization through Existing Networks (formerly Graphic Novel)

In Quarter 4, many activities for the two solutions being developed in Uganda, Community Mobilization through Existing Networks and Outreach, Referral and Counseling through Community Organizations (also referred to as "Group Teaching of FAM") were conducted in tandem and are thus described jointly in this section. During this quarter, the FACT Uganda teams focused on formative research data collection and analysis, planning for Year 2, and preparing for the Concept Development Workshop that will be held in October 2015. In Nepal, Save the Children and IRH made strides toward project planning, including district selection (for the district that will be supported through core funds and one district the USAID Mission plans to support), platform mapping and landscaping, and substantial network development and gain in stakeholder buy-in. By the end of the quarter, USAID Nepal had requested an additional proposal from IRH to cover four districts for testing the FACT Project-supported solution (in addition to the one that will be supported by core funds), and IRH had submitted a draft for consideration.

Key Accomplishments

UGANDA

Formative research data collected. Following a training workshop and pretesting at the end of Quarter 3, formative research data collection commenced. Over four weeks in July and August, two IRH research consultants conducted 20 focus group discussions (FGDs) with platform members and 12 in-depth interviews (IDIs) with platform leaders, community leaders, and family planning providers in Nadunget and Ngoleriet sub-counties in Karamoja. Save the Children mobilized platform members to participate in these FGDs and IDIs. As described in the research protocol, the FGDs were segmented by both age and sex, with separate FGDs for younger women (ages 18-24), older women (ages 25-45), younger men (ages 18-24) and older men (ages 25-50). Following the FGDs and IDIs, the consultants simultaneously transcribed and translated recordings of the discussions and interviews to produce verbatim English transcripts that could be analyzed by the IRH team.

Table 1. Karamoja Focus Group Discussions

Karamoja Focus Group Discussions Conducted (ECCD Members)	Nadunget Sub-County	Ngoleriet Sub-County
Older women (25-45)	3	3
Younger women (age 18-24, or emancipated adults (married or mothers) age 15-17)	3	3
Older men (25-50)	2	2
Younger men (age 18-24, or emancipated adults (married) age 15-17)	2	2
TOTAL	10	10

Table 2. Karamoja In-Depth Interviews

Karamoja In-Depth Interviews Conducted	Nadunget Sub-County	Ngoleriet Sub-County

Group Facilitators (ECCD)	2	2
Community leaders	2	2
Family Planning Providers	2	2
TOTAL	6	6

Data analysis completed. The team developed matrices to systematically organize and analyze the data from the FGDs and IDIs. The matrices identify key categories of information that are critical to the design of the solution, including knowledge, attitudes, and perceptions of menstruation, pregnancy, fertility, and family planning; social and cultural acceptability of these topics; interactions, communications, and power dynamics between men and women with respect to sexual and reproductive health and fertility desires; and the acceptability and feasibility of introducing the solution through the selected platform groups. Members of IRH's analysis team read each transcript, placed pertinent information in the appropriate category in the matrix, and summarized the findings within each category for every transcript. The summaries were then compiled into a database and each category was analyzed and summarized to draw overall conclusions about the findings within each category across groups. Key findings will be presented at the Concept Development Workshop in Karamoja in October (early Quarter 1 of Year 2) and afterward through meetings at the community level. A full study report will be prepared in Quarter 1 of Year 2.

Preparations for Concept Development Workshops in Uganda began. In September, the Community Mobilization through Existing Networks and Outreach, Referral and Counseling through Community Organizations teams focused on planning for the three-day Concept Development Workshops that will be held in Gulu and Karamoja in October 2015. Save the Children made logistical arrangements for the workshops and collaborated with IRH to identify key stakeholders to participate. IRH developed strategies for incorporating formative research in the design phase, and is applying the strategies to the development of workshop activities. The teams identified the workshop objectives and desired outcomes, and prepared agendas to engage workshop participants in participatory activities that will enable concept development. The final version of the agenda, activities, and materials will be completed with input from all solution staff at headquarters and field level prior to the workshop.

FACT Uganda brief developed. IRH developed a two-page brief that summarizes the purpose and platforms of the Community Mobilization through Existing Networks solution and the Outreach, Referral and Counseling through Community Organizations solution (see Appendix 1). The brief will be distributed primarily in Uganda at meetings with government officials, NGOs, health facilities, and other organizations that are interested in learning about the FACT Project. The brief will be formatted, prepared for distribution, and shared at the Concept Development Workshops in Gulu and Karamoja in October 2015. As the project progresses, the brief will be updated to reflect activities in the current phase.

Year 2 planning commenced. IRH and Save the Children/Washington held a day-long meeting in July to review progress towards the Year 1 workplan and reflect on successes, challenges, and lessons learned from the first nine months of the project. The group reviewed Year 2 timelines and the roles and responsibilities of each partner at each phase in the solution development process. Based on Year 2 timelines and scope of work, IRH and Save the Children developed budgets and detailed workplans that will be included in the Year Two subagreement.

NEPAL

Platform mapping completed. A platform mapping exercise was conducted to identify potential Save the Children platforms through which the solution could be developed and implemented in Nepal. A large number of projects that Save the Children operates in Nepal were initially selected

as potential candidates. Further details on platform membership, purpose, operating structure, and types of activities conducted were requested from several of the platforms that were considered to be top candidates as platforms for the FACT solution. The solution team's initial plan was to conduct this research in one district, but the USAID/Nepal mission wanted to expand it to an additional district and anticipates providing field support for this purpose. Thus for most of this quarter, IRH has been working in Nepal in two districts.

Districts selected. In August 2014, Save the Children/Nepal worked with USAID/Nepal and the Nepal Family Health Division (FHD) to select the two districts for implementation. One district will be core-funded, the other funded by USAID/Nepal. The districts were selected based on findings from the platform mapping activity, as well as review of district-level family planning and disadvantaged group (DAG) indicators. Siraha and Pyuthan Districts were selected. Additional districts may be added through funding from USAID/Nepal.

National introductory meetings held. On August 29, 2014, staff from IRH, Save the Children, and USAID held a National Introductory Meeting with members of the Family Health Department (FHD) and the Family Planning Subcommittee and other stakeholders (e.g., USAID/Nepal, FHD officials, local NGO and international NGO representatives). The objective of the meeting was to introduce the FACT Project to key stakeholders and identify opportunities for collaboration. Following the presentation, there was active discussion during a question and answer session that demonstrated interest in and support for the project and opened a dialogue with family planning stakeholders in Nepal.

Two district-level planning workshops held. Staff from IRH, Save the Children, and USAID held a district-level planning workshop in each of the selected implementation districts. The workshop in Pyuthan took place September 1-2, 2014 and the workshop in Siraha took place September 7-8, 2014. The meetings were attended by staff from the district health office, Save the Children, international NGOs working in family planning service delivery, Save the Children partner NGOs, and USAID. Presentations were conducted on the platforms available and under consideration in the district, representing the education, health, and livelihood sectors. The workshops provided an opportunity to introduce the FACT Project and its guiding principles, increase understanding of fertility awareness, develop stakeholder buy-in and ownership of the project, and engage stakeholders to support project planning and implementation.

Landscape assessment completed. Following the district level planning workshops, IRH and Save the Children conducted a landscape assessment in Pyuthan and Siraha districts. The landscape assessment aimed to gain in-depth knowledge of the platforms and surrounding health services to inform platform selection, understand knowledge, attitudes and use of family planning, ascertain interest in fertility awareness and to begin to generate ideas for the delivery of the solution. A total of 30 group discussions and interviews were conducted across both districts. The purpose of the assessment was to better understand the platform's activities, frequency of activities, target population, reach within the community, linkages with other groups, platforms or institutions, and ability to test the research hypothesis. The Nepal Mission subsequently requested that additional assessment be conducted in less accessible parts of the districts and with DAGs. Further assessment visits are planned for October and November 2014 by the Save the Children Project Coordinator.

Fact sheet tailored to Nepal. IRH tailored the existing two-page fact sheet for the FACT Project to the Nepal context (see Appendix 2). The fact sheet will be distributed in Nepal at meetings with government officials, NGOs, health facilities, and other organizations that are interested in learning about the FACT Project.

Key Challenges

UGANDA and NEPAL

Communications and team building challenges. IRH and Save the Children are still establishing some of the norms and expectations to improve communication and information-sharing on the FACT Project. The partners maintain communication through biweekly calls for Uganda and Nepal, regular emails, and in-person meetings as needed. Over the next year, the partners will continue to keep communication channels open, and identify areas where communication is working well and areas where improvement is needed. As we enter the concept development and testing phase, Save the Children and IRH local staff will open additional communication channels with platform actors who begin to be part of the project.

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

Overview

The two solutions under Goal 2 of the FACT Project are at very different stages of development, though both are progressing steadily toward implementation. The Outreach, Referral, and Counseling through Community Organizations solution (also referred to as the Group Teaching solution) focused Quarter 4 on completing formative research data collection and analysis, preparing for the Concept Development Workshop to be conducted in Gulu in early Year 2, and conducting preliminary testing of the teaching materials (for further description of these activities, see the Community Mobilization through Existing Networks solution on page 6). The CycleTel solution, spent Quarter 4 moving toward launch, expected to be in early Quarter 2 of Year 2. Activities for the CycleTel team in this quarter included finalizing solution design, further developing research and branding strategies, and hiring a technology developer to maintain current technology, work on further integration with Nokia Life's platform, and advise the IRH mobile solution team as the intervention moves forward.

CycleTel

In Quarter 4, the CycleTel team finalized solution design, splitting the intervention into two independent services: CycleTel Basic, which will provide fertility awareness and family planning messages to users at no cost, and CycleTel Plus, which will facilitate use of SDM via short message service (SMS) at a charge of 10RS per month. The CycleTel services will be hosted as an opt-in app on the Nokia Life platform on users' Nokia phones in India. Hosted and managed by third-party vendor HCL Services Ltd, Nokia Life is an information platform that is pre-downloaded on all Nokia handsets in India, providing information on agriculture, health, and education to over 50 million users across the country. The CycleTel solution team also made significant progress in a number of areas, including further developing the research design, working through changing telecom regulations in India, creating the technical integration blueprint for HCL and IRH's, and hiring a technology developer to maintain current technology and advise IRH as the solution moves forward.

Key Accomplishments

Solution design solidified. Project design, phasing and timelines were negotiated and confirmed between IRH and HCL. In its finalized form, the CycleTel service will have two separate services:

1. **CycleTel Basic** will deliver fertility awareness messages in an easy-to-read, conversational format to users at no cost, increasing their awareness of SDM and knowledge of reproductive health issues. The service will consist of messages that will be structured on

themes including the fertility cycle, birth spacing and family planning, shared family planning decision-making, and couple communication. Users will receive a series of 65 messages over a 16 week period with four messages per week, and will be given prompts along the way with instructions on how to enroll in an advanced service that facilitates the use of SDM on Nokia Life, CycleTel Plus. IRH and HCL agreed CycleTel Basic would be deployed to 350,000 people, who will be acquired via HCL's marketing pushes.

2. **CycleTel Plus** will be delivered to users at a charge of 10RS per month, facilitating their use of the SDM via an automated algorithm based on a women's menstrual cycle. The service consists of unsafe day alerts and SMS messages sent on women's fertile days, and requires the input of a monthly period date for continued use/eligibility. IRH and HCL agreed that CycleTel Plus will be offered at first only to users of CycleTel Basic, promoted approximately two weeks after they enroll in CycleTel Basic. IRH does not know how many CycleTel Basic users will subscribe to CycleTel Plus, but estimates about 10% of CycleTel Basic users will subscribe. This is based on initial user uptake figures from market validation studies conducted under the FAM Project, where approximately 8% of potential users enrolled in CycleTel Plus after one in-person visit. We hypothesize that engagement with CycleTel Basic will produce the same or higher uptake rates of CycleTel Plus than previous outreach approaches.

IRH and HCL agreed that the project would be phased across three different geographical groupings to manage multiple language and scale, as illustrated below.

Table 3. CycleTel Basic Phases

Phase (Date)	Target # of users	Languages zones targeted	States targeted
Phase I (Jan.-June 2015)	100,000	English Hindi Punjabi Oriya	Uttar Pradesh East Uttar Pradesh West Haryana Delhi Himachal Pradesh Punjab Orissa
Phase II (July-Dec. 2015)	100,000	English Hindi Bengali Assamese Marathi Gujarati	Bihar and Jharkhand West Bengal Kolkata Assam Maharashtra Mumbai Gujarat
Phase III	150,000	English Hindi Tamil Kannada Telegu Malyalam	Tamil Nadu Chennai Karnataka Andhra Pradesh Kerala Madhya Pradesh And Chhattisgarh Rajasthan

The entire user flow process was also designed and confirmed, including how users can access the services, how they opt-in to select, how to input demographic information and how they will receive the messages.

For CycleTel Basic, the team also confirmed that content targeted for different segments based on demographic parameters could be created. Content will be developed based on three

parameters - age, gender, and marital status - which users will enter at the start of the service once it is activated. As such, there are 10 different groups/sets of content, based on the parameter combinations. The 10 groups of contents include:

1. Married women, 18-24
2. Unmarried women, 18-24
3. Married women, 25-35
4. Unmarried women, 25-35
5. Women (married or unmarried) 35+
6. Married Men, 18-24
7. Unmarried men, 18-24
8. Married Men, 25-35
9. Unmarried, Men 25-35
10. Men (married or unmarried) 35+

HCL (Nokia Life) and IRH confirmed costing structure, and contract negotiations progressed. IRH and HCL conducted further negotiations and planning meetings and are nearing a final agreement. (IRH expects the contract to be finalized and signed in early Quarter 1 of Year 2.) The costing structure for both services has been finalized according to the following:

1. CycleTel Basic: IRH will cover the cost of SMS deployment for the entire service at .84INR per SMS sent. This is fully-loaded, including all HCL technology development, customer acquisition, consent confirmation and other HCL efforts. The service is capped to 350,000 users based on cost constraints.
2. CycleTel Plus: Nokia Life will cover all costs of deployed CycleTel Plus in return for retaining 90% of revenue generated from user fees. This cost includes all deployment costs, technical integration, customer acquisition and service management. The additional revenue (approximately 10%) will be re-invested in the partnership and used to offset Basic Service costs.

Technical integration developed and confirmed. Nokia Life and IRH (along with technology partner ThoughtWorks) continued to develop user flows and backend system integration work plans and documentation. As Nokia Life's user interface and technology backends are different and not fully compatible with the technology being used to deploy the CycleTel service, a developer must make changes to the coding so that the current system can provide the new functionality while keeping the existing functionality intact for other operations outside of Nokia Life. Major changes include:

- Registration flow: Because of platform requirements, HCL will replicate CycleTel's screening logic on the clients via the Settings tab in the Nokia Life platform. Upon receiving information from a user, Nokia Life will pass user responses to the CycleTel system, and then will receive a reply from The CycleTel system indicating whether the user is eligible or ineligible for the CycleTel service. CycleTel's system needs to be reformulated so that it can exchange that information with the Nokia Life platform.
- Multi-lingual delivery: Nokia Life is in 12 languages, but CycleTel currently can accept only English and Hinglish, and cannot accept any non-Roman characters. The CycleTel system will need to code each message so that Nokia Life knows what message to send, and in which language to send it.
- Billing and payment: CycleTel is currently unable to process billing information. Nokia Life will bill customers for the CycleTel service, but the CycleTel system must be able to identify which users are able to pay (based on eligibility for the service) and determine whether or not to send messages according to if payment was sent.
- Unique IDs: Because of telecommunication regulations, Nokia Life will not give phone numbers – which the CycleTel system currently uses as user IDs -- to IRH. Instead, Nokia Life will create unique numeric user IDs for IRH's analysis and contact purposes. The CycleTel

system must be further developed to able to read and store these IDs as if they are phone numbers.

Solution manager traveled to India to orient new technology developer, lead team recruiting, and hold meetings with key partners. CycleTel's solution manager traveled to India between September 15 and October 1, 2014 to conduct negotiation, technology development, and marketing strategy meetings with partners HCL (Nokia Life), ThoughtWorks, Boring Brands, and Indian Society of Health Professionals. While there, the solution manager also worked closely with the CycleTel Manager, India to orient a new technology development hire and finalize staffing plans, including the recruiting of two new staff members.

Evaluation design progressed, theory of change finalized based on FACT indicators, protocol in progress. Using the core fertility awareness indicators for the FACT project, the CycleTel team finalized the solution's theory of change and began to design the evaluation methodology. As the solution design solidified, research design progressed accordingly. The evaluation process will include five user interviews across the Basic and Plus services.

- CycleTel Basic will be evaluated using a pre/post design. The baseline will occur within a week of service uptake and the endline will occur shortly after the final message is received (within two weeks). Both baseline and endline activities for basic service will be conducted via "customer service"-like interviews conducted by IRH's call center, and each will take less than 15 minutes to complete. IRH plans to interview 300 Basic service users during the baseline, and 300 Basic service users during the endline, spread across the three phases
- CycleTel Plus will be evaluated by interviewing users at the point of initial uptake (after one cycle on CycleTel), at the point of potential continued use (3+ cycles), and at a point of discontinuation (discontinued at any point). These surveys will be conducted in the style of a customer service interview by our call center, and will take less than 15 minutes to complete. IRH expects to conduct 300 interviews at the initial uptake, 300 at the point of potential continued use, and 300 users who have discontinued use, spread across the three phases.
- IRH will finalize research design in early Quarter 1 of Year 2, followed by protocol submission to USAID, Georgetown's Institutional Review Board, and an in-country ethics board.

Marketing and branding strategy discussions begun. IRH finalized a contract with marketing firm Boring Brands to develop strategic consumer-facing marketing and visual identity and communications collateral for the CycleTel service. In Quarter 4, Boring Brands (with IRH's input) began developing the brand look and feel, renaming the two Nokia Life services (currently called Basic and Plus) to garner greater consumer interest, developing the website, and providing input on the fertility awareness messages for the basic fertility awareness service.

Technology developer hired, further staffing in progress. IRH hired a technology developer in New Delhi to perform technical development, maintenance, and advisory services to move CycleTel toward full integration with the Nokia Life platform. To meet further in-country staffing needs, IRH also released two further job descriptions – for a Monitoring & Evaluation Manager, and a Field Operations and Marketing Manager – and expects to hire for those positions in early Quarter 1 of Year 2.

Key Challenges

Technology integration dependencies could delay launch. Technology integration decisions are moving slower than anticipated. As multiple developers are working independently but relying on each other's technical modifications, it could create delays to launch. Complexity of technical

integration in terms of software coding makes it time-intensive and challenging for solution management to monitor.

Telecommunications regulations are rapidly evolving. Indian telecoms regulations have evolved since the FACT Project began, increasing consumer protection and users rights. As this is the first time CycleTel is going live to a large public market, and as CycleTel Plus is a fee-based service, IRH and HCL need to ensure that CycleTel is adhering to all legal regulations. IRH hired Impact Law Ventures to outline regulations to ensure that IRH/Georgetown stays within compliance of consumer-facing product/service regulations including privacy, data protection, and billing requirements. Potential delays could occur with the contracting process between GU and partners pending legal restrictions/liabilities.

Outreach, Referral, and Counseling through Community Organizations

Many of the activities for this solution were conducted in tandem with formative activities for the Community Mobilization through Existing Networks solution and are described more fully in that section (see page 6). During Quarter 4 of this project year, the Outreach, Referral, and Counseling through Community Organizations solution (also referred to as the Group Teaching solution) focused on formative research data collection and analysis, planning for Year Two, and preparing for the Concept Development Workshop to be held in October 2015.

Key Accomplishments

Formative research data collected. Following a training workshop and pretesting at the end of Quarter 3, formative research data collection commenced. Over four weeks in July and August, two research consultants hired by IRH conducted 20 FGDs with platform members and 12 IDIs with platform leaders, community leaders, and family planning providers in Bungatira and Anaka sub-counties in Gulu. Save the Children mobilized platform members to participate in these FGDs and IDIs. As described in the research protocol, the FGDs were segmented by both age and sex, with separate FGDs for younger women (ages 18-24), older women (ages 25-45), younger men (ages 18-24) and older men (ages 25-50). Following the FGDs and IDIs, the consultants simultaneously transcribed and translated recordings of the discussions and interviews to produce verbatim English transcripts that could be analyzed by the IRH team.

Table 4. Gulu Focus Group Discussions

Gulu Focus Group Discussions Conducted (YIELD Members)	Bungatira Sub-County	Anaka Sub-County
Older women (25-45)	3	3
Younger women (age 18-24, or emancipated adults (married or mothers) age 15-17)	3	3
Older men (25-50)	2	2
Younger men (age 18-24, or emancipated adults (married) age 15-17)	2	2
TOTAL	10	10

Table 5. Gulu In-Depth Interviews

In-depth Interviews Conducted	Bungatira Sub-County	Anaka Sub-County
Group Facilitators (YEILD)	2	2
Community leaders	2	2
Family Planning Providers	2	2
TOTAL	6	6

Data analysis conducted. Matrices were developed to systematically analyze and organize the data from the FGDs and IDIs. Key findings will be presented at the Concept Development Workshop in Gulu in October. A full description of the data analysis process can be found in the Community Mobilization through Existing Networks solution section.

Preparations for Concept Development Workshops begun. In September, the teams focused on planning for the Concept Development Workshop to be held in Gulu in October 2015. A full description of the preparation process can be found in the Community Mobilization through Existing Networks solution section.

Preliminary testing of teaching activities completed. Three sets of activities, lessons, and interactive approaches to teach concepts related to the menstrual cycle, fertility, and fertility awareness-based methods were piloted with platform members near Gulu. The purpose of this preliminary testing was to gather feedback on the types of activities and approaches that may be effective at teaching FAM in a group setting to this particular audience, and to learn more about the preferred learning styles of this audience. Following the lessons, participants discussed their reactions to the information presented, the teaching approach, and the materials used. This information will give solution designers additional information that can be incorporated into the concept design. A report with results of preliminary testing was completed and key findings will be discussed at the Concept Development Workshop in October, 2014.

FACT Uganda brief developed. IRH developed a two-page brief that summarizes purpose and platforms of the two FACT Uganda solutions discussed in this report. A full description of the brief can be found in the Community Mobilization through Existing Networks solution section.

Year 2 planning. IRH and Save the Children developed workplans and budgets for Year 2 of the FACT Project. A full description also can be found in the Community Mobilization through Existing Networks solution section.

Key Challenges

See *Community Mobilization through Existing Networks* section of the report.

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. IRH continues to contribute to the

ongoing conversation within the sexual and reproductive health community about fertility awareness and FAM.

Table 6. Presentations and Publications, Quarter 4 and Cumulative

Indicators	Q4 Results	Cumulative Results
# of times IRH invited to speak about FAM or non-IRH speakers include FAM in presentations at international & regional meetings	5	11
# of technical assistance events conducted by IRH on fertility awareness and FAM	0	1
# of blogs mentioning FAM or fertility awareness	5	10
# of IRH peer-reviewed articles published on fertility awareness or FAM	2	2

Key Accomplishments and Contributions:

Peer-reviewed Publications

As the FACT Project is still in formative research stage with most of its solutions, no peer-reviewed publications on FACT results have yet been proposed. However, IRH’s ongoing focus on FAM and fertility awareness has been published in the following:

- Systems approach to monitoring and evaluation guides scale up of the Standard Days Method of family planning in Rwanda | *Global Health: Science & Practice*, 1 May, 2014 | [read](#)
- Investing in very young adolescents’ sexual and reproductive health | *Global Public Health*, 13 May 2014 | [read](#)

Media News Releases & Media Attention

IRH launched the following news releases and disseminated to relevant media outlets:

- Scaling up health innovation: Fertility awareness-based family planning goes national | [read](#)
- Investing in sexual and reproductive health of 10 to 14 year olds yields lifetime benefits | [read](#) | [infographic](#)

This yielded additional media interest in fertility awareness topics including:

- ‘Proper Timing for Sex Education,’ Radio Interview with IRH Director Dr. Victoria Jennings on *Talk910 am* on importance fertility awareness education | [listen](#)
- ‘Sex education needs to start sooner not later, study finds’ | [read](#)

IRH also sent a letter to the editor of the New York Times in response to Isabel Sawhill’s opinion piece, [Beyond Marriage](#). We emphasized the importance of informed choice and advocated for including simpler and more effective fertility awareness-based options like Standard Days Method and TwoDay Method, as they are growing in popularity among women and couples of various education levels, cultures and lifestyles. However, it was not published.

Social Media

IRH regularly engages with the sexual and reproductive health global community on social platforms about fertility awareness and FAM. In particular over the last quarter, we made sure these FACT Project-related themes were represented in the following conversations:

- 2Day Method™ app launch (July 8)
- World Population Day (July 11)
- International Youth Day (August 12)

- Global Female Condom Day (September 16)
- World Contraception Day (September 26)
- EngenderHealth's Where's the FP campaign #WheresTheFP (September 26, 6-month campaign)
- JSI Thunderclap for contraceptive security (September 26)
- USAID World Contraception Day Facebook album (IRH photos featured)
- CycleBeads Digital Tools Facebook chat (September 23)

Blog Posts

IRH has published, contributed to, or been featured in a number of blogs for FACT Project-related topics, including:

- New Family Planning App Launched: 2Day Method™ | [read](#)
- WHO recommends "starting young" to develop equal gender norms, and we agree | [read](#)
- CycleTel™: Bringing a market-based mindset to mHealth [Global mHealth Initiative] | [read original](#) | [cross-post](#)
- The Long Road to Scale: Deciphering the mHealth value chain for family planning [NextBillion] | [read](#)
- Five Promising Innovations in Contraception [USAID IMPACT] | [read](#)

eNewsletter

Over the course of the quarter, IRH disseminated three eNewsletters to a network of over 3,000 subscribers. All eNewsletters featured FACT Project-related updates, resources and events.

Exhibiting at Conferences

IRH exhibited FAM and fertility awareness resources at the National Reproductive Health Conference (Title X) in Orlando, Florida from August 2-6, and the Association of Reproductive Health Professionals (ARHP) National Reproductive Health Conference in Charlotte, North Carolina from September 18-20. At NRHC, IRH alongside commercial partner, Cycle Technologies, hosted a Mini Product Theater session to showcase CycleBeads digital tools, and in particular the provider access portal.

Meetings and Presentations

Due to heavy staff travel throughout this quarter, there were fewer opportunities for IRH to present at key meetings and conferences and share FACT Projects goals and learnings. However, IRH attended the Washington, DC "M&E Tech" conference September 25-26, which was limited to thought leaders and decision-makers in using technology to increase monitoring and evaluation impact. IRH presented on "Supporting SDM Scale-Up with Monitoring and Research" at the "Research Gaps in Scale-Up of Family Planning and Reproductive Health" meeting convened by EVIDENCE and the E2A Project.

IRH's participation was also requested on a "Faith & Fertility" panel of natural family planning experts from the Charlottesville, VA diocese on July 23. IRH's Director of Knowledge Transfer presented on Standard Days Method, TwoDay and LAM as important options.

Technical Assistance

Planning for SDM in Community-Based Programming Technical Consultation

Supported by USAID's Office of Population's Service Delivery Improvement division, the Advancing Partners in Communities (APC) project implemented by JSI and FHI360 asked IRH to co-host a technical consultation focusing on SDM in community-based family planning programs. This meeting will be the first in a series of technical consultations on integrating specific family planning methods into community-based programs. The SDM consultation is planned for late Quarter 1 of Year 2. IRH is playing a key role in developing the agenda and facilitating the discussion.

Provision of information to EVIDENCE Project

IRH provided data on SDM and the TwoDay Method to the EVIDENCE Project, which is doing an evidence review. IRH will continue to support this effort with data and lessons learned as needed. The evidence review will be disseminated through several channels, including at the SDM Technical Consultation.

Support to MOH in Jharkhand, India

IRH implementing partner CEDPA India continued to advocate for SDM integration with national government officials as well as state and district-level government officials in Jharkhand. During this quarter, IRH met with CEDPA India staff in Delhi to address some challenges in their advocacy efforts, specifically delays in scale-up activities in Jharkhand due to lack of necessary government approvals. Shortly after these meetings, CEDPA was asked by the Government of Jharkhand to develop a short advocacy piece documenting the history of SDM and LAM integration activities in Jharkhand and MOH materials and publications that include SDM and LAM. IRH and CEDPA collaborated on this advocacy piece and were successful in obtaining approval for scale-up activities in the 12 new districts.

IRH and CEDPA India contributed information to a chapter dedicated to FAM for a book about family planning innovations being published by the Indian Institute of Public Health and the Public Health Foundation of India. The chapter on FAM, which can serve as an additional advocacy resource, will look at the history of SDM and LAM integration in Jharkhand and include details on India-specific materials developed and messages used to position the methods in community-based service delivery programs within the MOH.

Key challenges: As IRH prepares for continued technical assistance through CEDPA India to complete scale-up activities in the new districts, it will face challenges in funding because of delays in planned activities. This technical assistance work was originally planned as a one-year effort, however, changes in Jharkhand leadership and delays in approvals pushed activities back almost one year. Meanwhile accrued expenses during Year 1 included staff time for CEDPA India in Delhi (advocacy and management) and Jharkhand (implementation), as well as some travel. As a result, on-going capacity building and IEC activities will be conducted in Year 2 and may require additional funding in order to cover all 12 districts within this new timeframe.

APPENDICES

Appendix 1: Uganda Brief



Fertility Awareness
for Community
Transformation



The FACT Project

FACT is a research, intervention, and technical assistance project that is developing and testing unique interventions in India, Nepal, Rwanda and Uganda. The interventions are investigating two primary hypotheses:

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

Why is FACT needed in Uganda?

- ✓ Only 14% of women can correctly identify their fertile time (halfway between two periods). 45% of women in Uganda incorrectly think that the fertile time is right after the menstrual period has ended.
- ✓ 25% of births occur with suboptimal spacing; that is, less than two years after the mother's previous birth. 57% of women have given birth or are pregnant by age 19.
- ✓ Though nearly all women and men know of at least one contraceptive method, 34% of married women who want to space or limit births are not using family planning. The top reasons women give for not using family planning are:
 - Fear of side effects or health concerns (32%)
 - Belief they can't get pregnant (correct or incorrect risk assessment) (17%)
 - Woman or husband opposed (15%)
 - Infrequent sex (7%)

Sources: DHS Uganda 2011 and 2006

FACT can contribute by:

- ✓ Improving women and men's understanding of the risk of pregnancy at different times during the life course.
- ✓ Increasing understanding of how family planning methods work to counter concerns, myths, and misperceptions.
- ✓ Expanding access to the Standard Days Method® (SDM), TwoDay Method®, and Lactational Amenorrhea Method (LAM).

PROJECT SNAPSHOT

Fertility Awareness for Community Transformation (FACT) Project

GOAL

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

DONOR

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

PRIME

Georgetown University's Institute for Reproductive Health (IRH)

COLLABORATING PARTNERS

International Center for Research on Women (ICRW)
Save the Children
Population Media Center

The FACT Uganda Team

IRH is an applied research organization that has successfully developed evidenced-based strategies to empower men and women through fertility awareness information and the introduction of SDM, TwoDay Method, and LAM into programs around the world. **Save the Children** has a strong foundation of programming in health, education, and livelihoods. Its extensive networks of women, men, and community groups serve as platforms for achieving project goals. **ICRW** provides critical inputs from a gender perspective on the design and testing of interventions to identify gender-related barriers and other social determinants of unmet need.

The Interventions

In Uganda, two interventions will be developed—each investigating one of the two hypotheses. The interventions will be developed through a participatory process that involves community members in formative research, intervention development, implementation, and evaluation of the intervention.

Intervention 1: Spreading Fertility Awareness

The intervention will be designed to test the hypothesis that increased fertility awareness among women and men improves reproductive health outcomes, such as use of family planning. The solution aims to provide fertility awareness information that individuals can apply to their own lives and circumstance, and share in their social networks. Men and women will have a greater understanding of their fertility and risk of pregnancy, as well as correct information about how family planning methods work. Formative research was conducted to determine local knowledge, attitudes, and interest related to Fertility Awareness and family planning. Local creative experts will lead the design of a solution that spreads fertility awareness information in a culturally meaningful and engaging way.

This intervention will be designed and implemented through center management committees with the parents and caregivers of the Early Childhood Care and Development (ECCD) centers, a Save the Children program in the Karamoja region. ECCD center management committees work with parents of young children to improve caregiving knowledge and practices and improve their children's school readiness.

Intervention 2: Group Teaching of FAM

Group Teaching of FAM will be designed to investigate the hypothesis that expanding access to FAM improves uptake of family planning and reduces unintended pregnancies. The solution aims to improve body awareness, knowledge about fertility, encourage overall family planning use, and expand access to FAM through existing community groups. Three FAM to be offered include SDM, TwoDay Method, and LAM. By offering these methods outside the formal health system, people who are not able to easily access clinics will learn about these options. Teaching the methods in a group setting reduces the need for individual counseling sessions and allows group members to encourage one another in using their method of choice. Facilitators trained in fertility awareness and FAM will conduct brief, interactive lessons to teach community members to correctly assess pregnancy risk and learn accurate information about family planning methods, including FAM. If interested, community members will be referred for family planning services at a health center or can participate in community sessions to learn how to use a FAM of their choice—SDM, TwoDay Method, or LAM.

Group Teaching will be developed with and implemented through the Youth Initiative for Employment and sustainable Livelihoods Development (YIELD) project, a Save the Children program that aims to foster socio-economic empowerment of vulnerable youth in Northern Uganda. YIELD works with youth ages 15-24 in the districts of Amuru, Gulu and Nwoya, and focuses on agricultural, vocational, and apprenticeship training.

FERTILITY AWARENESS DEFINED

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

FERTILITY AWARENESS-BASED METHODS (FAM) DEFINED

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

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

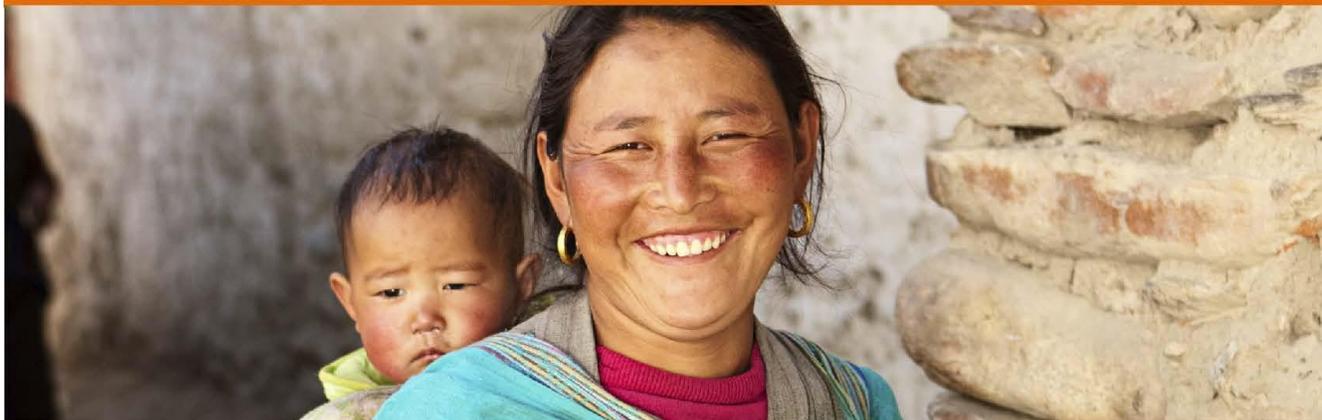
Lactational Amenorrhea Method (LAM) is based on postpartum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use.

This project is made possible by support provided by the United States Agency for International Development (USAID).





Fertility Awareness
for Community
Transformation



PROJECT SNAPSHOT

Fertility Awareness for Community Transformation (FACT) Project

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COLLABORATING PARTNERS

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Population Media Center
Save the Children

FACT Approach

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

1. Increased *fertility awareness* among women and men improves family planning use;
2. Expanding access to *fertility awareness-based methods* (FAM) improves uptake of family planning.

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

DID YOU KNOW?

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

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

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

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

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

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

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

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

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

JOIN US

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

For more information, email irhinfo@georgetown.edu

KEY TERMS DEFINED

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

Fertility Awareness-Based Methods (FAM)

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

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

About the FACT team

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

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

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

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

This project is made possible by support provided by the United States Agency for International Development (USAID).

