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FACT Project Semiannual Technical Report

Year 1, Quarters 1-2
(October 2014 – March 2015)

Institute for Reproductive Health, Georgetown University



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Fertility Awareness
for Community
Transformation

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FACT Project

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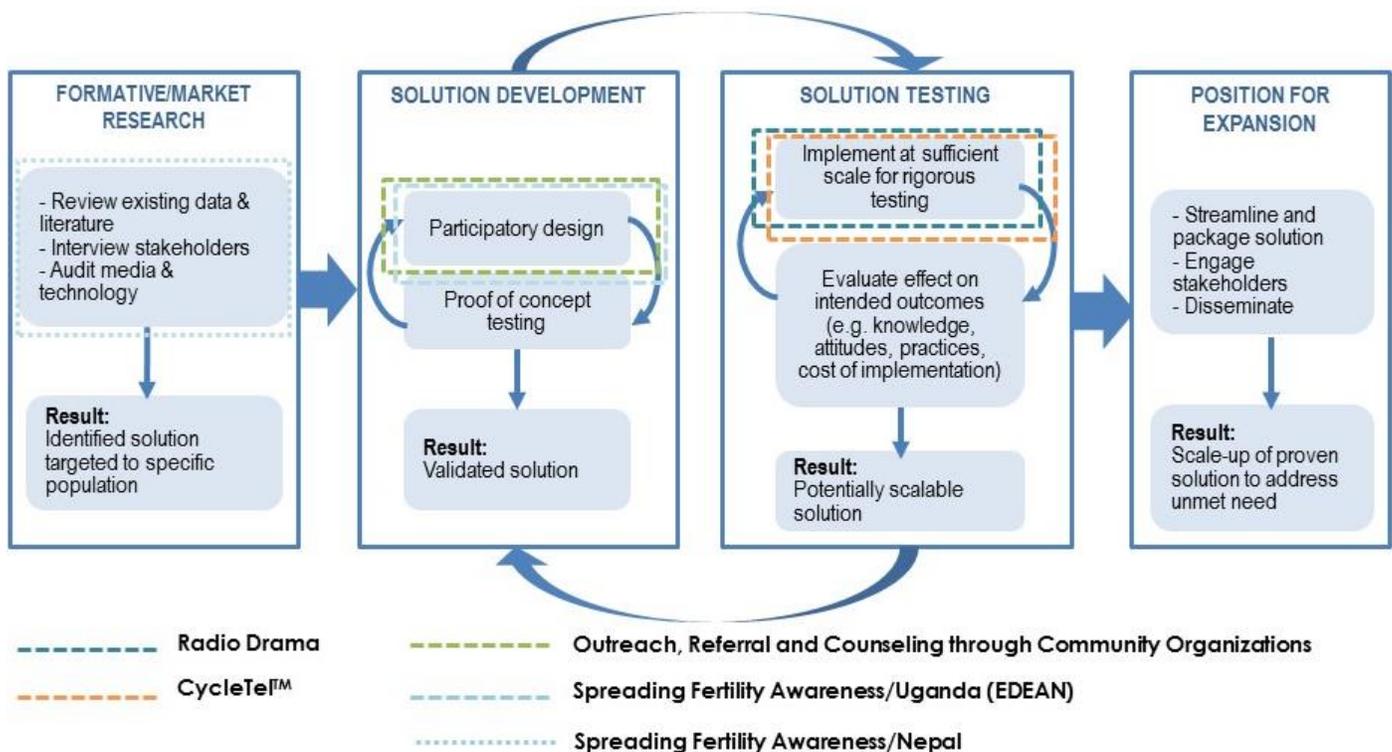
AEI	Acholi Education Initiative
C3	Centre for Catalyzing
CBP	Community-based provision
CHW	Community health worker
CORT	Centre for Operations Research and Training
CPR	Contraceptive prevalence rate
ECCD	Early Childhood Care and Development
EDEAN	<i>Emorikinos Daadang Etogogogitho Alatanakithi Ngidwe</i>
FACT Project	Fertility Awareness for Community Transformation
FAM	Fertility awareness-based methods
FHD	Nepal Family Health Division
FP	Family planning
GOJ	Government of Jharkhand
HC3	Health Communication Capacity Collaborative
HERD	Health Research and Social Development Forum
HFOMC	Health Facility Operational Management Committee
ICRW	International Center for Research on Women
IRH	Institute for Reproductive Health, Georgetown University
ISHP	Indian Society of Health Professionals
KAT	Karamoja Advisory Team
LAM	Lactational Amenorrhea Method
MOH	Ministry of Health
NGO	Non-governmental organization
PMC	Population Media Center
RBC/MCCH	Rwanda Biomedical Center Maternal Child and Community Health Unit
SCI	Save the Children International
SDM	Standard Days Method
SMS	Short Message Service
TAG	Technical Advisory Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VDC	Village development committee
VHT	Village Health Team
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 (SCI). 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 to improve family planning (FP) use and expanding access to FAM at the community level, with the goal of increasing uptake of FP and reducing unintended pregnancies. 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 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 United Nations Population Fund (UNFPA) and World Health Organization (WHO).

In FACT Project Year 2, Quarters 1 and 2, IRH and partners completed formative research for several solutions, engaged partners and stakeholders, and further developed and prototyped solution designs to fit within their respective country, cultural, 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 the end of Quarter 2, Year 2



IRH held bi-weekly meetings with USAID in Quarter 1 and 2 to update and discuss FACT Project strategy, progress, and challenges, including expansion of activities and technical assistance in Nepal and

Rwanda. 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 Quarters 1 and 2, including finalizing the FACT Project Gender Strategy for USAID review. Following the previous two workshops on Gender and FACT facilitated by ICRW, ICRW finalized a first draft of the FACT Project Gender Strategy. This document describes the overall objectives of the strategy, aligns the strategy with IRH's overarching institutional gender strategy, and details the step by step process taken to identify solution-specific, gender-related factors influencing FP behaviors, and to address these factors in each solution. The gender strategy was reviewed by IRH senior leadership, and submitted to USAID for technical review and comment.

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 episodes 31-80, supporting PMC in integrating fertility awareness into the remaining plotted episodes, and forming listener groups for data collection. 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 (further details given in the TA section of this report). In Uganda, the Spreading Fertility Awareness solution (formerly Community Mobilization through Existing Networks) focused on sharing results of formative research with local communities and officials, using the results of the formative research to develop a concept design, and building support for the solution among local and national stakeholders. In Nepal, the Spreading Fertility Awareness solution selected three additional districts for solution development and implementation, conducted planning workshops and landscape assessment/re-assessment activities, and began formative research activities.

Radio Drama

In Rwanda, the FACT Project is partnering with PMC, an internationally renowned behavior-change organization specializing in creating entertainment-education programs for TV and radio. The radio drama in Rwanda is funded by a coalition of donors to cover a variety of health topics such as FP (including fertility awareness), youth reproductive health, maternal and child health, and gender-based violence. Other funders of the radio drama are UNFPA, UNICEF, and Society for Family Health Rwanda. The program is broadcasting 104 episodes from October 2014 to October 2015 on two radio stations, Radio Rwanda and Radio Salus. As it relates to the FACT Project, the aim of the program is to create widespread awareness of key fertility concepts and empower the public to seek FP and use it effectively.

Key Accomplishments

***Impano n'Impamba* began national broadcast in October 2014.** The radio drama, *Impano n'Impamba*, began airing nationwide on October 2, 2014. On Radio Rwanda, the station with the largest network in Rwanda, episodes air twice a week (Thursday evenings at 9:15 PM and Sunday mornings at 6:45 AM).

Radio Salus joins Radio Rwanda in broadcasting *Impano n'Impamba*. In February 2015, PMC finalized an agreement with Radio Salus, a station with wide reach in the southern districts of Rwanda, to air *Impano n'Impamba* at 7:30 AM on Mondays and Fridays. Episodes will air four times

a week until June 2015 because broadcast began after Radio Rwanda. At that point, the episodes on Radio Salus will air twice a week to share the same broadcast schedule as Radio Rwanda.

Episodes 31-80 written and recorded. During the first half of Year 2, radio drama episodes 31-80 were finalized, many of which included information about fertility awareness. Currently two of the four storylines in the drama have fertility awareness as a primary theme, and the remaining two storylines include information when relevant. The first storyline is about adolescents and focuses on healthy decision-making around sexual and reproductive health. It includes information about puberty changes that adolescents experience, and it reinforces the importance of couple, peer, and parental communication about sexual and reproductive health. The second storyline focuses on a relationship of a newly married couple and their struggle to negotiate family size and FP use.

In Year 1, after challenges with integrating accurate fertility awareness into the radio drama storylines for the first 30 episodes, PMC and IRH worked together in-country to clarify misconceptions about fertility awareness. This year, IRH continued to provide support to scriptwriters in fertility awareness and FP. IRH participated in the plotting of episodes 31-80, which improved fertility awareness integration from the beginning.

Episodes 81-104 plotted. Scriptwriters convened a plotting session to brainstorm about the storylines for the final episodes of the radio drama. IRH was invited to this session and contributed feedback related to fertility awareness. Scriptwriters have developed summaries of episodes 81-104, and IRH plans to review and provide additional feedback once full scripts are written next quarter.

Listener groups for radio drama developed. Convening groups of community members who regularly listen to the radio drama will help IRH assess the relevance of the drama's fertility awareness content. This year, IRH prepared a strategy to form listener groups which will regularly listen to *Impano n'Impamba* and meet together monthly to discuss the drama using a facilitated discussion guide. Several groups representing both men and women and adults and youth have been identified, and a budget was prepared. A designated observer/note-taker will be dispatched to the groups beginning in May to collect findings from the discussions. Subsequently, in-depth interviews and focus groups will be conducted with select listeners as part of the FACT Project evaluation strategy.

Key Challenges

Monitoring plan reduced. Due to ongoing challenges with funding, PMC was unable to implement a robust listener group strategy to monitor the radio drama. One of the original objectives of using focus group results with listeners was to modify and improve the drama, but this is no longer possible as PMC had to shorten their timeline for producing episodes. By the time listener groups are formed, the majority of episodes will have already been written and produced. To compensate, IRH sought out several community groups and recruited them as listeners of the radio drama in order to assess the relevance of fertility awareness in the story and the extent to which listeners learned this new information.

Timeline for episode development accelerated. Another challenge related to the accelerated timeline for production was the lack of time available for plotting and review of episodes 61-80. With very little lead time and no advance notice to IRH, it was necessary for PMC to produce up to 80 of the 104 episodes by the end of 2014. We understand that this rush was necessary because PMC was required to use funds from another donor within the calendar year. This rush did not allow for thorough integration of fertility awareness content in the way IRH would have desired, particularly in the early episodes. We are using epilogues – 30-second spots at the conclusion of each episode where messages can be placed – to compensate for this issue.

Spreading Fertility Awareness (formerly Community Mobilization through Existing Networks) – Uganda

In the first half of Year 2, IRH, Save the Children (SC), and SCI/Uganda focused on sharing results of formative research with local communities where the research was conducted, local district officials, and other project stakeholders; translating the results of the formative research into a concept design; building support for the solution among local and national stakeholders, and addressing staffing needs.

Key Accomplishments

Concept development workshop held. A concept development workshop was held in Moroto, a city in the Karamoja sub-region of Uganda, from October 27-29, 2014. The workshop provided an opportunity to disseminate and discuss formative research findings and begin concept development for the solution. Workshop participants were key stakeholders (e.g., district officials, FP providers, implementation partners, and representatives from local NGOs/INGOs) who are well placed to inform the design of the solution, many of whom will be involved in the solution implementation. Objectives for the workshop were to:

- share and discuss findings from the formative research,
- select mediums through which the solution would be delivered,
- determine the core components of the solution and ensure that it is simple, acceptable, meaningful, and engaging, and
- identify the factors that can effect implementation and diffusion.

During the workshop, preliminary findings of the formative research were presented and discussed, and the findings were used to inform the conceptualization and design of the solution. Participatory design approaches were used to identify key components of the solution and participants generated suggestions for feasible mediums for delivery of information and messages. The workshop resulted in a basic concept for the solution.

Advocacy continued on the national level. In November, the SCI Health Technical Advisor gave a presentation on the FACT Project to the Ministry of Health (MOH) FP/Reproductive Health working group. The working group is comprised of key focal persons from MOH in FP, reproductive health, maternal health, and child health. Key implementing partners in the same area including: UHMG, PACE/PSI, MSI, RHU, UNFPA, WHO, PATH, SCI, Wellshare, and USAID. The project was received well by the group, who felt it would help address gaps in knowledge about fertility. The Health Technical Advisor will continue to participate in working group meetings, present on FACT, and seek opportunities for collaboration as appropriate.

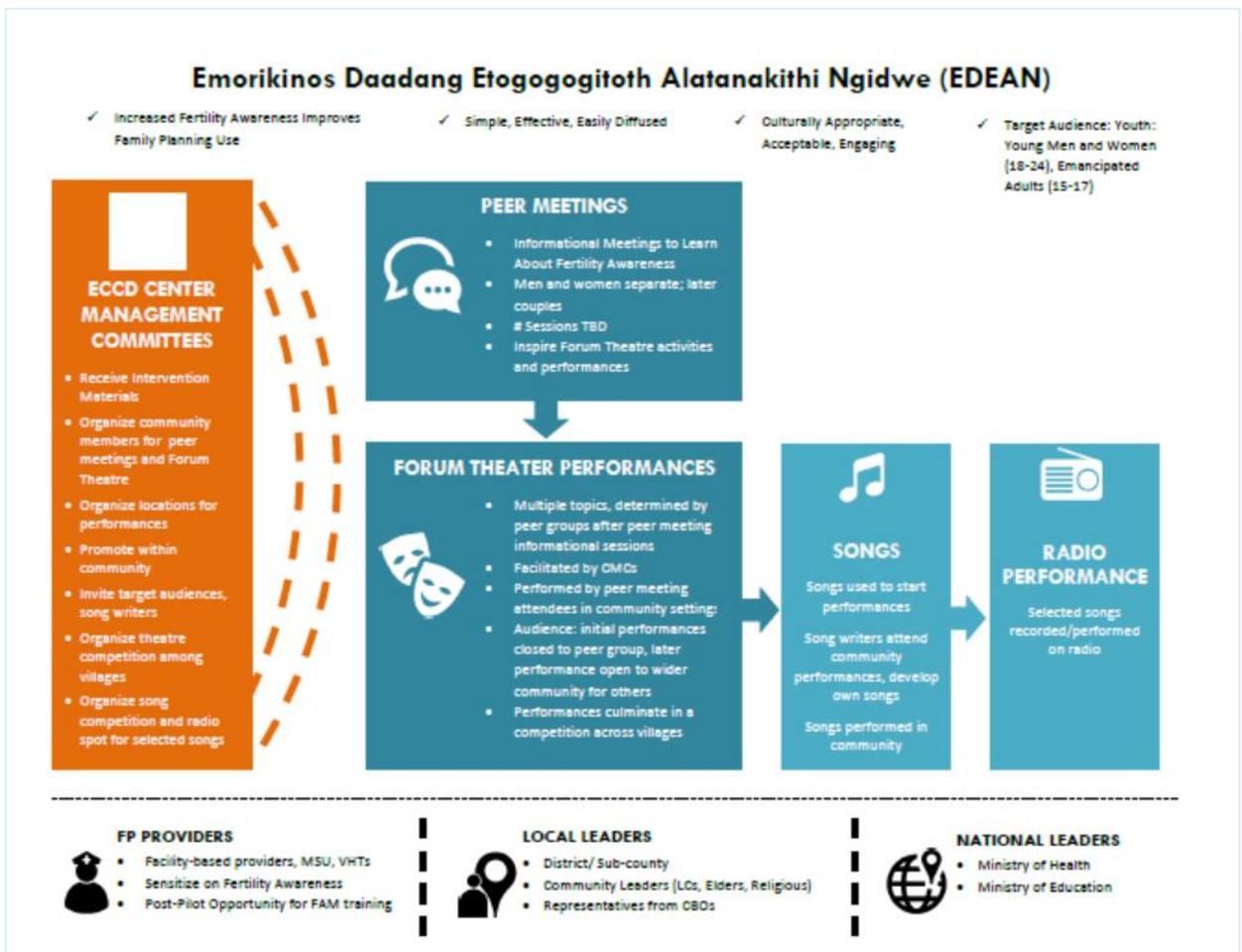
Formative research disseminated and concept designed at community level. In January, IRH and SCI held dissemination events in the four communities in Moroto and Napak where the research was conducted. The meetings provided an opportunity to share the research findings with participants, gather additional input to increase the validity of findings, and allowed an opportunity to further explore findings related to social and cultural values that influence fertility awareness and FP use. The meeting also allowed for input from community members on the proposed solution design. During these meetings, participants discussed and voted on a local name for the solution. The name “*Emorikinos Daadang Etogogogitho Alatanakithi Ngidwe* (EDEAN),” meaning “Let’s Come Together and Strengthen Child Spacing” in the Nga’Karamojong language, was overwhelmingly supported. The name emphasizes men and women working together to make FP decisions. In future project reports this solution will be referred to as the EDEAN solution. A full report of final formative research findings is being completed and will be shared with USAID in Quarter 3.

District and sub-county entry meetings conducted. In January, SCI and IRH conducted one-day district launch workshops with district officials in Moroto and Napak districts. The purpose of these meetings was to introduce and generate buy-in for the solution, and to disseminate formative research findings to additional district and sub-county officials. Participants in the meetings included district and sub-county political and technical leadership, representatives of Christian and Muslim faith-based organizations, traditional leaders, a Village Health Team (VHT) representative, FP service providers, and UNFPA. SCI and IRH facilitated a discussion of the proposed solution and shared formative research findings with the district and sub-county technical and political leadership. The workshop included identification of roles of various stakeholders, including expected support from the district; composition and roles of a local advisory committee; and how the project will link to other FP programs in the districts. As a result of these meetings, additional district and sub-county leaders were brought on board.

Karamoja Advisory Team formed. IRH and SCI held an inaugural meeting of the Karamoja Advisory Team (KAT), a local technical advisory group in Moroto on January 20. The KAT will play an advisory role and provide guidance during the course of the design and project implementation. Committee members were selected from stakeholders in the FP and reproductive health fields, and include local district and sub-county officials, Christian and Muslim faith-based organizations, FP service providers, UN agencies, and representatives from the target community.

Concept development activities progressed. Drawing on the formative research findings, discussions at the concept development workshop, input from community members during formative research dissemination events, and input from the local KAT, IRH and SCI developed a concept model for the solution. The model (see below) will be further refined through input from IRH and SCI staff at both headquarters and field levels, as well as a input from creative consultants with local expertise who will be hired to guide the development of materials and forum theatre activities. Suggested target audiences included a wide range of youth varying from 13-35 years, the target audience has been refined to include young men and women aged 18-24 years and emancipated adults (those that are married and/or have at least one child) aged 15-17 years. Secondary audiences currently include key community influencers (e.g., traditional and religious leaders, local council members, etc.) and FP providers. Both target and secondary audiences continue to be refined through discussions with project partners and stakeholders.

Figure 2. EDEAN Solution Concept Design



Creative Brief Snapshot developed. The snapshot identifies objectives, goals, motivators, barriers, and key messages that will underlie the design of the solution. The snapshot was refined based on input from all SCI and IRH field and headquarters staff, and is being developed into a full Creative Brief that details the vision for the solution. The purposes of the Creative Brief are to: (1) develop a common vision for the solution among all project partners and stakeholders; (2) provide a framework that creative consultants with expertise in forum theatre and intervention development can reference in developing materials and refining design of the solution; and (3) to share the solution design with other stakeholders, including USAID and the TAG, which can provide guidance on the concept development.

Consultations held with forum theatre experts in the US and with local theatre experts in Karamoja. In December 2014, meetings were held with two experts with experience designing and implementing forum theatre activities in the US and abroad. In February 2015, key informant interviews were held with four local individuals with experience implementing theatre activities in Karamoja. Findings from these meetings and interviews were used to refine concept design.

Scopes of work for two creative consultants released. IRH is currently seeking two creative consultants, one with expertise in developing intervention materials and designing SBCC strategies for low literacy/technology settings, and another with expertise in forum theatre, who can develop training materials and provide guidance to ensure design and integration of theatre components for effective behavior change. Scopes of work for these positions were posted on a web-based job board in Uganda. IRH field and headquarters staff have received and reviewed applications. They

are currently conducting interviews with top candidates and plan to make a selection at the beginning of Quarter 3.

Key Challenges

Staff time. Project close-out activities for a SCI program in the Karamoja sub-region resulted in the regional office staff not having time to carry out the originally scheduled district-entry and community dissemination meetings for FACT. These activities were thus delayed by about six weeks. Additionally, SCI does not yet have FACT staff on board in Moroto, which has made it difficult to arrange field activities in Karamoja. SCI has relied on other staff to fill this gap, which at times has been challenging as they have responsibilities on other projects. The hiring of a Karamoja-based FACT Project Officer, expected to be complete in Quarter 3, should resolve this issue.

Scalability. Given the multiple components of the solution, we will need to carefully design research so we are able to identify the relative effect of each component and focus on simplifying them for scale.

Spreading Fertility Awareness (formerly Community Mobilization through Existing Networks) – Nepal

In the first half of Year Two of the FACT Project, IRH and SCI began with the selection of three additional districts for solution development and implementation. Planning workshops and landscape assessment/re-assessment activities were also carried out. As an outcome, a platform was selected for the project and village development committees (VDC) selection within each district commenced. Formative research activities also began with submission of protocols to Georgetown Institutional Review Board, and the Nepal Health Research Council, and selection and hiring of a local research agency. New staff were also hired.

Key Accomplishments

Additional districts selected. With consensus from FHD of the Ministry of Health and Population and USAID/Nepal, three additional districts (Bajura, Rupandehi, and Nuwakot) were selected for solution development and implementation, in addition to the two districts, Pyuthan and Siraha, that had previously been selected. With these selections, districts from each region of Nepal are represented in the FACT Project. They were selected based on an analysis of socio-demographic and FP indicators including density of population of different ethnic and marginalized population in the districts and Contraceptive Prevalence Rate (CPR).

Buy-in and approval in progress from government of Nepal. Government ownership is important for sustainability and scale-up. In addition to assisting with district selection, a memo and order of approval from Department of Health Services, Ministry of Health and Population, Government of Nepal for the Nepal FACT Project solution is in process. This will help ensure that the FACT Project's activities are in line with the national health system.

District-level planning workshops conducted. Two-day district level planning workshops were held in the three new districts, Rupandehi (February 2-3, 2015), Nuwakot (February 10-11, 2015), and Bajura (February 16-17, 2015). Workshops were conducted to develop an understanding of the FACT Project, to provide an overview of fertility awareness, to create an enabling and collaborative environment for FACT implementation, and to engage stakeholders at district level for supportive and effective planning and implementation. Representatives from district level stakeholders i.e., District Health Office Supervisors, Reproductive Health Coordination Committee Members, District Development Committee, District Education Committee, District Women and Children Development Office and I/NGO working in health, actively participated in the workshops.

Landscape assessments and re-assessments completed. Landscape and platform re-assessments were conducted in six VDCs of Siraha and Pyuthan (November 11-13, 2014) districts to gather more information on accessibility of services with specific attention to those communities who are unreached by existing services. Furthermore, potential platforms were assessed with an eye toward making services reachable by disadvantaged or marginalized populations. The re-assessment confirmed that the existing strategies are inadequate to reach the marginalized and disadvantaged groups and highlighted the need to identify potential innovative strategies to reach them. After the introductory workshops in each new district, landscape assessments were conducted to gain an in-depth knowledge of the platforms and surrounding health services to inform platform selection. The field work for assessment was conducted over February 4-6 in Rupandehi, February 11-12 in Nuwakot, and February 18-19 in Bajura.

Platforms selected. Based on findings from the landscape assessment, the Health Facility Operational Management Committee (HFOMC) and Health Mothers Groups were selected as the platforms through which the solution will be implemented in Nepal. HFOMCs seek to improve the health of communities (with special focus on marginalized and underserved people) by empowering community members to manage their local health facilities and other health programs. HFOMCs include representation from the VDC Chair, Health Facility In-Charge, representatives from the Dalit and Janajati communities, a Female Community Health Volunteer (FCHV) representative, and a local head teacher and social worker. Through the Female Community Health Volunteers, Health Mothers Groups that exist in each ward can be reached. This selection was discussed and supported by other stakeholders, including the FHD and USAID/Nepal.

Village development committees selected. SCI and IRH agreed on the ranking and selection criteria to select VDCs for formative research and pilot implementation. Criteria included ethnicity data, FP service availability, platform presence, presence of other FP projects, and access/mobility that can be matched across different arms of the pilot study. Based on the agreed criteria, VDC selection has commenced and has been completed in Pyuthan and Rupandehi districts.

Formative research preparations continued. ICRW and IRH drafted a full protocol for formative research to guide the design and implementation of FACT solutions in Nepal. Protocol development included the research design and drafting of research tools and consent forms for submission to Georgetown IRB. ICRW led protocol and tool development and ensured an appropriate focus on gender. The formative research protocol was submitted to the Georgetown University Institutional Review Board in December and the National Health Research Council in Nepal in February for ethical approval. SCI provided input on the draft protocol and tools and facilitated the submission to National Health Research Council (NHRC). In February 2015 a local research agency, Health Research and Social Development Forum (HERD), was selected after a competitive interview process. IRH will work in collaboration with HERD to collect and analyze all formative data. The agency will pretest existing qualitative guides and materials in collaboration with IRH, finalize study instruments, monitor and supervise data collection, and prepare formative research reports on the results of the preliminary analysis.

Senior Program Manager and Research, Monitoring, and Evaluation Coordinator hired. In December 2014, an IRH Senior Program Manager was hired in Nepal to manage programmatic activities at the national level and liaise with central-level stakeholders. In March 2015, a Research, Monitoring, and Evaluation Coordinator was selected and hired in Nepal to manage and coordinate research activities with SCI and key stakeholders. He will start the position in early May. SCI is recruiting Project Coordinators, and two have been selected in Rupandehi and Siraha. It is expected that Project Coordinators in Nuwakot and Bajura will assume their posts in April.

Key Challenges

Political activity slowed startup activities. Project activities originally planned for January – including district planning workshops and landscape assessments – were postponed for about a month due to strikes occurring throughout the country. In anticipation of the strikes, IRH and SCI held a series of ad hoc meetings among the whole group to monitor and assess the situation and eventually adjust our travel schedules. These changes were immediately communicated with Nepali stakeholders. Travel was adjusted and activities were carried out as planned from February 1-24, 2015.

Delays in finalizing Mission funds agreement hindered solution progress. Delays in receiving buy-in budget from the Nepal Mission affected the execution of planned activities for SCI such as the recruitment of district-level project staff. The USAID PA followed up regularly on this matter, and it has now been resolved. As noted, district-level project staff are currently being hired. A SCI District Officer from Pyuthan assisted in facilitating district-level activities in other districts (e.g., VDC selection in the interim). It is anticipated that all district-level staff will be in place before formative research data collection begins.

Turnover in government contacts requires continued orientation to the project. Key officials, including the Section Chief of FHD and the District Health Officer in Pyuthan, have been transferred. Significant effort is required to bring FHD up to date and garner support for the project. IRH and SCI have met with the new FHD Section Chief to orient him to the project and to describe project plans and activities. The new Section Chief has joined FACT in several activities, including Planning Workshops in Rupandehi and Nuwakot. He also gave feedback and suggestions for the formative research protocol and has joined as a co-investigator on the study.

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; both are progressing steadily toward implementation. The CycleTel solution spent the first half of Year 2 finalizing research design and seeking approval from USAID and ethics boards, finalizing contracts with several key partners, integrating the technology into the Life Tools platform, and launching the CycleTel Family Advice and CycleTel Humsafar services. The Outreach, Referral, and Counseling through Community Organizations solution (also previously known as the Group Teaching solution) focused Quarters 1-2 on distilling and disseminating findings from formative research, further developing solution design with key stakeholders, and establishing a local advisory committee.

CycleTel

In the first half of Year 2, the CycleTel team finalized the research design, solidified several key partnerships, completed technical integration into the Life Tools platform, and ultimately launched the CycleTel Family Advice and CycleTel Humsafar services.

Key Accomplishments

SOLUTION IMPLEMENTATION AND PREPARATION

CycleTel Family Advice and CycleTel Humsafar launched. Both CycleTel services – the fertility awareness messaging service (CycleTel Family Advice) and SDM-providing service (CycleTel Humsafar) – launched in mid-March 2015. As of March 31, approximately 23,500 people were enrolled in CycleTel Family Advice. By the end of April, IRH anticipates acquiring the full Phase 1 CycleTel Family Advice user base of 100,000, and having CycleTel Humsafar launched and available for use to all CycleTel Family Advice users.

Early CycleTel Family Advice user uptake statistics reveal some interesting trends:

- By March 31, HCL had sent a new service message push to about 820,000 Life Tools users, encouraging them to enroll in CycleTel Family Advice.
- Of these 820,000, roughly 14% (n = 115,000) activated the service. This means they clicked the “Activate” key to access the service.
- However, to start getting content, the CycleTel Family Advice service requires that users answer the three parameter questions (age, gender, marital status) in order to begin getting tailored content. Of the 115,000 who selected “activate,” only 23,500 people (20%) fully completed the parameters.

The CycleTel team is exploring possible reasons for non-completion of registration, as above figures show about 80% of people who clicked “Activate” did not complete the parameters and thus will not get the service. The CycleTel team will further examine incoming data to course correct. Also, user figures are slightly behind on anticipated enrollment numbers, though HCL had several significant technological glitches in the beginning of the launch that slowed the first message push somewhat. Momentum is picking up, and IRH anticipates meeting the target number of users by the end of April. Finally, early user figures show that those signing up are disproportionately male; IRH is exploring reasons for this outcome.

CycleTel Humsafar is designed to be available to CycleTel Family Advice users two weeks after they start receiving CycleTel Family Advice content; as such, CycleTel Humsafar will launch to select users as early as April 1.

In order to launch the services, the following solution implementation activities preceded the launch:

- **Technology solidified for both services.** IRH integrated its proprietary CycleTel Humsafar software system with HCL’s Life Tools software system. Technical integration work began in October 2014 and was completed in March 2015. This work included user interface redesign, backend coding, hosting load, and multi-lingual functionality. HCL and IRH (along with technology partner ThoughtWorks) developed user flows and backend system integration work plans and documentation. As the Life Tools’ user interface and technology backends are different and not fully compatible with the technology being used to deploy the CycleTel Humsafar service, significant changes to the code were required so that the current system can provide the new functionality. These technical changes were done by a development team at ThoughtWorks and CycleTel’s technical lead. After ThoughtWorks and HCL finished technical development, testing had to be completed in the first four languages.
- **CycleTel Family Advice content finalized and translated in first three languages.** CycleTel Family Advice messages were re-written during Quarter 1. Based on learnings from Year 1 pre-testing of 20 fertility awareness messages, IRH needed to expand the content into the full set of 65 messages, sent over the course of 16 weeks. IRH decided to tailor content to users based on their sex, age and marital status, resulting in seven sets of messages, segmented by the above demographic indicators.

IRH shaped the content as role model conversations, creating characters who interact with

a trusted source who advises them on FP and fertility awareness. Many of the role models include older sisters/brothers, mothers, and doctors.

IRH conducted two rounds of focus group discussions on the content of the services with men and women. The first round was to understand if the general conversation and characters resonated. These discussions led to many edits in the narrative flow of the messages to increase user understanding and enjoyment, as well as revision of how the characters interacted. The second round focused on ensuring key fertility terms were understood by users. For example, there was much confusion between the words “menstrual cycle” and “period,” which is the foundation of understanding one’s fertile window.

IRH translated over 455 CycleTel Family Advice pieces of content and 100 CycleTel Humsafar messages from English into Hindi, Oriya, and Punjabi. This was a large undertaking, involving much coordination and standardization of key fertility awareness terms.

- **Partnership with ISHP reconfirmed.** IRH solidified a partnership with the Indian Society of Health Professionals (ISHP) in late 2014 to serve as the call center and helpline for CycleTel Humsafar. ISHP has been a reliable and valuable partner since CycleTel was first launched in 2010. ISHP offers skilled and trained call center counselors, strong process controls, and an effective data management system, and will continue to be a critical partner for the support and evaluation of the CycleTel services. Additional training was required to prepare upcoming data collection and was conducted by IRH staff from the DC and Delhi offices in February (see research training below).
- **CycleTel Humsafar logo, brand and website launched.** In collaboration with Boring Brands Ltd, IRH developed and designed a consumer-facing brand identity for CycleTel Family Advice and CycleTel Humsafar. This brand identity includes the new service names and a creative suite of material, including a logo, visual imagery, and brand guidelines. A website was launched (www.cycletel.in) to promote CycleTel Humsafar and explain how the service works; it also serves to protect IRH from any service liability by clearly stating HCL’s terms of use.
- **Contract with HCL fully executed.** After several months of negotiations, IRH and HCL finalized a contract detailing cost structure, liability, data protection, and responsibilities regarding the CycleTel services. This contract was necessary before launch of the services, and a clear description of each organization’s obligations was critical to the success of the project. Highlights of the agreement include:
 - Customer liability: HCL and IRH agreed that HCL would take on service liability. HCL’s existing terms of use and privacy policy dictating all consumer-facing Life Tools services will serve as the terms of use and privacy policy terms. This relieves IRH from an liability with regards to service malfunction, consumer complains, India telecommunications regulation and/or health complaints.
 - Cost-structure: The revenue agreement was also finalized: CycleTel Humsafar will be priced at 10 Rs. a month, with a revenue share agreement of 90% HCL/10% IRH agreed upon. IRH’s revenue will be retained by the project for further expansion. In return, HCL agreed to cover the cost of all SMS transmission of CycleTel Humsafar. It was agreed that CycleTel Family Advice would be a free service, with IRH supporting the cost of SMS transmission.
 - Timeline and phasing: IRH and HCL revised the launch/scale-up schedule across three geographical phases to better accommodate the scale of operations and

iterative improvements. The services will be offered nationwide in 12 languages, phased by geography. The rollout plan was designed as follows:

Phase 1 | Launch: March 2015

CycleTel Family Advice: 100,000 people in Uttar Pradesh East, Uttar Pradesh West, Haryana, Delhi, Himachal Pradesh, Punjab, and Orissa will avail/enroll in CycleTel Family Advice in Hindi, Punjabi, Oriya, English.

Phase 2 | Launch: October 2015

100,000 people in Bihar and Jharkhand, West Bengal, Kolkata, Assam, Maharashtra, Mumbai, Gujarat will avail/enroll in CycleTel Family Advice in Hindi, Bengali, Assamese, Marathi, Gujarati, and English.

Phase 3 | Launch: March 2016

150,000 people in Tamil Nadu, Chennai, Karnataka, Andhra Pradesh, Kerala, Madhya Pradesh, Chhattisgarh, and Rajasthan will avail/enroll in CycleTel Family Advice in Hindi, Tamil, Kannada, Telegu, Malayalam and English.

CycleTel Humsafar will be offered to each group approximately two weeks after the launch of CycleTel Family Advice service.

RESEARCH

Research design complete and Survey 1 launched. The first of the five surveys for the research design – the CycleTel Family Advice Pre-Test – commenced one week after CycleTel Family Advice launch, in mid-March. By the close of Quarter 2 of this year, roughly 90 of the 200 pre-test surveys (baseline) were conducted. Early results were interesting, again showing a disproportionate number of men completing the surveys. IRH continues to explore possible reasons behind this incongruity and has asked data collectors at ISHP to target women in upcoming surveys to get a more balanced understanding of the service. IRH expects all pre-test surveys to be complete by the end of April, with minimally 100 women and 150+ men completing the survey.

In order to launch the research, the following research activities proceeded the launch of Survey 1:

- **Research protocol finalized and IRB approval.** With USAID's edits, IRH finalized the research protocol and submitted IRB applications to both Georgetown University's IRB office and the Centre for Operations Research and Training (CORT) in India. Both IRB applications were approved, and the solution team pretested research instruments in late February/early March.
- **Training of research support teams conducted.** CycleTel's solution manager and research officer traveled to India in February 2015 to provide two trainings for research partners HCL and ISHP. The trainings included an overview of all research and evaluation goals, pre-testing of tools, confirming data collection processes, training partners in research ethics, and other key preparation activities.

IRH led 14 HCL operators (covering three of the 12 CycleTel languages) and three managers in a two-day training in Bangalore covering the project overview, study overview, and research ethics/protection of human subjects training. HCL is responsible for getting users consent in sharing the phone number with IRH/ISHP to participate in research. This is an Indian telecommunications regulations for data protection. A step-by-step process was developed for this consent process to coordinate with the daily flow of data/consents for ISHP. A similar training was conducted for the six ISHP operators (covering the four languages of Phase I), and two managers were present for the two-day training covering the project overview, study overview, research ethics/protection of human subjects, and review of the five questionnaires. ISHP is responsible for getting user consent to participate in

research and for conducting the survey. Much of this training was on pre-testing the instruments and doing mock interviews. Concrete results from both trainings included:

- Orientation to and clearer understanding of the FACT Project, CycleTel solution, and the study protocol
 - Research training covering research principles and ethics, informed consent, and interviewer skills
 - Verification, translation, and back-translation of informed consent forms
 - Design of and orientation to the data transfer procedure between HCL and ISHP
 - Review and finalization of templates for data sheets to capture users who consent to being called by ISHP following HCL recruitment
 - Practice calls for recruitment and consent
 - Ethics certificate ceremony
- **MIS database developed.** Working with ISHP, a robust online system was developed for ISHP operators to collect data and input survey results online. This system also enables HCL consents to be uploaded and processed online (rather than in a manual form) for operators to know who to call. The MIS system has an easy user interface so IRH research can export survey findings easily for data analysis.
 - **Monitoring and Evaluation Officer hired.** IRH hired a Monitoring and Evaluation Officer in New Delhi to manage research activities in country. He will work closely with the IRH headquarters research lead to ensure that all research is conducted according to the standards approved in the protocol, and worked alongside the IRH/Washington Research Officer for orientation and training of all data collectors in February.

Key Challenges

Program Manager resigned. In late March, the India-based Program Manager for the CycleTel solution left the project. Her departure will be a challenge moving forth, but the solution team has begun recruiting for a new Program Manager with an updated scope of work more appropriate to where the project is now. As of March 31, over 100 applications were received. IRH anticipates interviewing candidates in early Quarter 3 and onboarding the new hire as of late May.

Project launch delayed several times by HCL. While launch of the CycleTel service was initially scheduled for January, HCL delayed service launch several times – first from January to early March to reshuffle business priorities, then later from early to late March because of tech complications and contract negotiation delays – and ultimately launched the service in April, four months later than expected. During each delay, IRH followed up daily with HCL contacts to move activities forward as quickly as possible.

Research design limited. Challenges have arisen with regard to robust research design for mHealth assessments, including the lack of a control group and limitations in the size of the sample we can obtain. This limitation is very difficult to address, as it stems from the fact that we are working with a private sector partner that has clear conditions and protocols for contact with its customers, and that India's telecommunications law restricts access to mobile phone users by third parties. We have received advice from a statistician at FHI360 and Dartmouth College about how we can get responses to the questions we need to answer without a control group, and we will continue to address this issue.

Partnership challenges with HCL: Communication can be a problem; knowledge within HCL is spread among many people, and the decision-making process can be slow and lack transparency. This project asks them to follow research procedures which, as a commercial company, they are not equipped to follow; this partner has therefore required more hand-holding

than expected. IRH has addressed these problems through constant communication from the IRH Project Manager, the IRH Technical Lead, and the headquarters office. We have also tried to minimize the work that we expect from them by, for example, changing our procedure so that interviews will be conducted by our trained helpline counselors rather than the Life Tools call center. IRH headquarters has met with HCL in person four times since the project launch to engage them in visioning workshops, project design, and planning meetings.

Outreach, Referral, and Counseling through Community Organizations (formerly Group Teaching)

IRH and SCI Outreach, Referral, and Counseling through Community Organizations solution activities during this reporting period focused on distilling and disseminating findings from formative research and advancing solution design in partnership with key stakeholders and the beneficiaries. Key accomplishments in this period include conceptualizing a preliminary solution design – with some elements yet to be defined, bringing on board local government and community leadership – and establishing a local advisory committee.

Key Accomplishments

FORMATIVE RESEARCH

Formative research analysis completed. Findings from formative research in Gulu indicate that this solution has strong potential to reach YIELD program members and the broader community with fertility awareness information and options for FP that address some of the existing barriers to FP use. A final report is being finalized and will be shared in Quarter 3.

Formative research disseminated within community and community input on concept sought. SCI and IRH conducted community-level meetings in each of the two parishes that participated in the formative research. The purpose of the meetings was to share the results of the research with these communities, validate the research findings, and gather feedback from community members on the proposed design of the solution. The meetings also provided an opportunity to further understand the sociocultural values that govern community relationships.

Conceptual framework developed. As part of the larger FACT Project, the solution team developed a theory of change with specific behavior change outcomes for the Outreach, Referral, and Counseling through Community Organizations solution and is now using it to guide solution development.

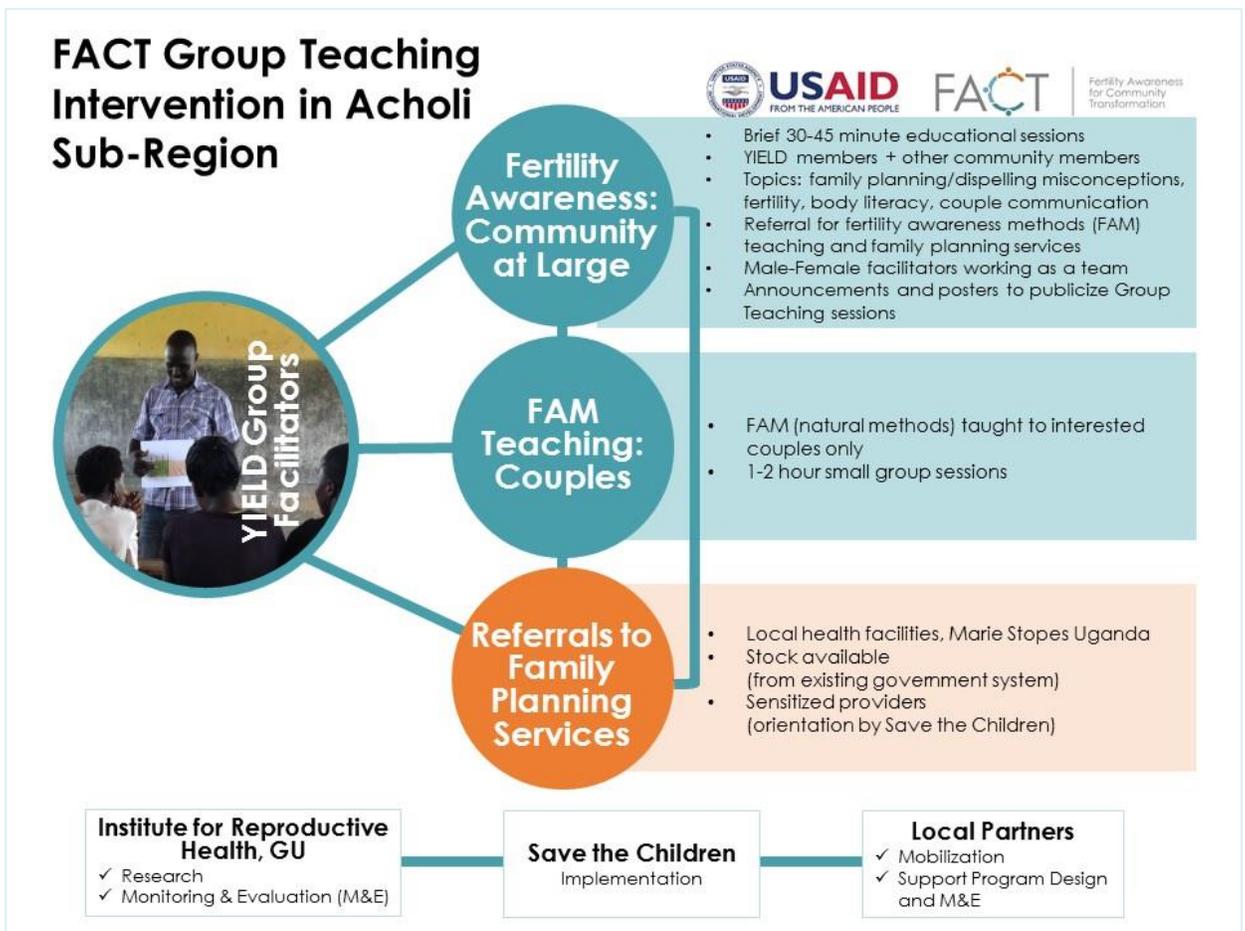
SOLUTION DESIGN AND PREPARATION

Solution design process progressed from development to rapid prototype testing. A solution design process that involved interpretation of research findings, workshops, and consultations generated a preliminary concept that involves interventions to offer fertility awareness information broadly to men and women throughout the community, as well as educational sessions on FAM to interested couples. Additionally, FP providers will be sensitized to FAM methods and referrals to other FP methods will be offered. Primary activities completed during this period included:

- **Concept development workshop:** A concept development workshop was held in Gulu from October 21-23, 2014. Workshop participants were key stakeholders many of who will be involved or have an interest in the solution implementation and who are well placed to inform the design of the solution. The workshop provided an opportunity to disseminate, validate and discuss formative research findings, and begin concept development for the solution. Objectives for the workshop were to:
 - share and discuss findings from the formative research,

- define the core components, principles, and requirements of the solution,
 - identify factors that could affect implementation of the solution, and
 - identify the most feasible mechanism of delivery for FAM within the existing YIELD groups as well as ancillary interventions that will complement the solution.
- **Rapid Prototype Testing:** In October and November 2014, rapid prototype testing sessions were held to test and obtain feedback on components of the solution with community members. During these sessions, a facilitator from the YIELD platform-led sessions on fertility awareness and FAM, using early versions of lesson plans and participatory activities that facilitate learning. These sessions were followed by focus group discussions with participants and facilitators to solicit their reactions to the session as well as suggestions for changes and improvements. This feedback was subsequently incorporated into the concept design. This was part of an iterative process that involved development of components of the solution to achieve the group teaching objectives.
- **Concept Design Finalization:** Based on discussions at the concept development workshop, feedback from rapid prototype testing, input from community members, and contributions from the local advisory committee, a concept for the Outreach, Referral, and Counseling through Community Organizations solution has been designed. The solution will offer fertility awareness information broadly to men and women throughout the community, as well as educational sessions on FAM to interested couples. FP providers will be sensitized to FAM methods and referrals to other FP methods will also be offered. Preliminary materials have been tested to identify preferences for images and learning methodologies. Other elements of the solution, such as awareness raising of the intervention in the community at large remain to be defined. Key details of the solution components are described in Figure 3 below:

Figure 3. Outreach, Referral, and Counseling through Community Organizations Solution Components



- **Illustrations Development and Testing:** IRH and SCI have worked with a Ugandan illustrator to develop a set of illustrations that will be used to convey fertility awareness, FP, FAM, breastfeeding, and healthy timing and spacing of pregnancy messages in Outreach, Referral, and Counseling through Community Organizations materials. Initially, a series of three focus group discussions were held with community members to solicit their ideas and suggestions for culturally appropriate ways to depict these messages. Illustrators from the ECD Trainers Association (an organization affiliated with ECCD, the platform for the FACT Spreading Fertility Awareness/EDEAN solution) used these recommendations to develop a draft set of illustrations for these concepts. The draft illustrations were subsequently tested through additional focus group discussions. The illustrations will be finalized in April for incorporation into draft materials to be tested during the proof-of-concept phase.
- **Mapping of FP Service Providers and Facilities:** SCI conducted a mapping of FP providers and facilities in Oitinio and Todora, the two parishes where pilot implementation will take place. The purpose of the mapping was to identify FP delivery points where Outreach, Referral, and Counseling through Community Organizations facilitators can refer people to if they would like to obtain a FP method other than FAM. The preliminary analysis of the mapping indicates that FP services are limited in both parishes. There are only two “Health Centers 2” which serve the two communities, and these are poorly stocked and staffed. Neither parish has a private health center. In Todora parish, there are two private drug shops, only one of which is registered. Further inquiries with SCI and partners are necessary to identify options for restocking of FP commodities in order to meet the needs of potential clients resulting from the Outreach, Referral, and Counseling through Community

Organizations intervention efforts and referrals.

- **In-country clearance and warehousing of CycleBeads Shipment:** A shipment of 11,000 CycleBeads for use in Outreach, Referral, and Counseling through Community Organizations activities was shipped from the CycleBeads manufacturer and is expected to arrive in Uganda in April. IRH and the SCI country team are working with the local USAID Mission to secure a letter to Uganda Revenue Authority seeking a tax exemption on this shipment. SCI is prepared to warehouse the CycleBeads once they arrive in Uganda and have cleared customs.

STAKEHOLDER SUPPORT

One-day workshops conducted for district and sub-county officials. SCI and IRH conducted one-day workshops with district and sub-county officials in Gulu and Nwoya districts to introduce the FACT Project to these stakeholders and generate buy-in for the Outreach, Referral, and Counseling through Community Organizations solution. Meeting participants included political officials, traditional leaders, and a representative from the religious community. SCI and IRH presented an overview of the FACT Project, an introduction to fertility awareness and FAM, and the formative research results, and facilitated a discussion of the Outreach, Referral, and Counseling through Community Organizations solution. The group discussed and came to an agreement on the roles and expected support from the district, the proposed composition of a local advisory committee, and ways to link to other FP programs in the district.

Local advisory committee formed. A local technical advisory committee has been established in Gulu to provide local technical expertise and guidance on concept design throughout the concept development and pilot implementation. Committee members include local district and sub-county council members, representatives of Christian and Muslim faith-based organizations, FP service providers, UN agency representatives, and a community representative. The committee's first meeting was held on January 22, 2015. IRH and SCI introduced the FACT Project and Outreach, Referral, and Counseling through Community Organizations solution to the committee. Formative research findings and the preliminary solution design were shared, and committee members provided input on these. The committee discussed their expected role as an advisory body, reviewed their Terms of Reference, and selected a Chairperson, Vice Chairperson, and Secretary to serve as the Executive Committee.

STAFFING

Scope of work developed for Gulu-based Project Officer. IRH is currently relying on local consultants to support research and field testing activities. This arrangement is meeting the project needs so far. SCI developed and advertised a job description for a Gulu-based Project Officer who will play a large role in FACT Outreach, Referral, and Counseling through Community Organizations activities. In April, SCI will conduct interviews with top candidates and make a hiring decision.

Key Challenges

Termination of Save the Children's relationship with Acholi Education Initiative. SCI/Uganda recently terminated its relationship with the Acholi Education Initiative (AEI), the implementing partner on the YIELD project. This affects plans to use extension workers in the implementation of the Outreach, Referral, and Counseling through Community Organizations solution. SCI is working to establish new ways of working with YIELD groups through the Community Based Service Department and Community Development Office. Due to these changes and the need to establish new partnership mechanisms, the timeline for beginning the proof-of-concept testing phase has been delayed from May to August 2015.

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.

In March, an IRH communications staff member traveled to Uganda with objectives to create relevant communications content to tell FACT project stories and reinforce brand, to build Uganda staff and partner confidence in their communications contributions, and to lay the ground work for development of a communication strategy as we consider and plan for scale-up demands. The content developed during this visit will be used in global communications.

Key Accomplishments and Contributions:

FAM and FA on the Global Agenda. A WHO technical consultation (January) was convened to address inconsistent classification of FP methods (particularly FAM and LAM) as “modern” (instead of “traditional”) methods. The “modern” classification is critical to ensure that these methods are included in the FP2020 agenda and made available worldwide. IRH presented at this consultation. The final report is not yet available, but we anticipate that results will support SDM and LAM on modern methods.

Peer-reviewed Publications

As the FACT Project is still in formative research stage with most of its solutions, no peer-reviewed articles on results have been published. However, publications with FAM and fertility awareness themes include:

- [Reproductive Health Journal](#), *Increasing literate and illiterate women's met need for contraception via empowerment: a quasi-experiment in rural India*, shares experiences from rural India in addressing male engagement in FP and offering FP, including SDM.

Media News Releases & Media Attention

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

- [FP Programs Involving Men, Empower Women](#) news release, which highlights the study, “Increasing literate and illiterate women's met need for contraception via empowerment: a quasi-experiment in rural India.”
- In time for International Day of the Girl Child, we launched [Institute for Reproductive Health at Georgetown University targets violence against girls](#) news release, highlighting IRH's contributions to protecting the sexual and reproductive health of girls and boys. Fertility awareness—and specifically CycleSmart Kit and My Changing Body using CycleBeads—were highlighted.

Social Media

IRH regularly engages with the sexual and reproductive health global community on social platforms, including [Facebook](#) and [Twitter](#), sharing information related to the FACT Project. We especially capitalized on relevant holidays and awareness days to tailor FAM and fertility awareness messages, including: International Day of the Girl Child (October), International Day for the Elimination of Violence Against Girls (November), World AIDS Day (December), Human Rights Day (December), International Day of Zero Tolerance to Female Genital Mutilation (February), International Women's Day (March).

Blog Posts

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

- ['The Mother & Child Project' Book Features High-Profile Contributors on Importance of Healthy Moms and Kids](#), where IRH's Dr. Jennings's chapter highlights how FP – including using fertility awareness methods which are consistent with many women's cultural norms and values – saves lives.
- [Integrating the Standard Days Method into the community-based FP method mix](#), originally posted on JSI's "The Pump" blog, which highlights key takeaways from the December 2014 APC-hosted SDM Technical Consultation.
- [5 Insights on Leading Successful Private-NonProfit Global Health Partnerships](#) originally featured on K4Health's blog, written by IRH partner Leslie Heyer of Cycle Technologies, who shares insights from the SDM experience.
- SDM is used as one cross-case analysis on male engagement in FP, and is featured in [Essential Elements for Success: Gender Transformative Ways to Involve Men in FP Programs](#)
- [Educating through Entertaining: Confronting Taboos and Understanding Fertility](#) overviews the motivation and goals of the FACT Project's radio drama, IMPANO N'IMPAMBA.

eNewsletter

Over the course of the quarter, IRH disseminated six [eNewsletters](#) to a network of over 3,000 subscribers. These newsletters included updates on FACT Project, FAM and fertility awareness.

Exhibiting at Conferences

IRH exhibited FAM and fertility awareness resources at the 17th Annual Nurse Practitioners in Women's Health (NPWH) Women's Healthcare Conference, Annual Contraceptive Technology Conference, and the Planned Parenthood Federation of America National Conference.

Meetings and Presentations

In early December, IRH collaborated with Advancing Partners & Communities (APC) on the first of its series of community-based FP-related technical consultations, the first of which focused on raising awareness of SDM as part of the method mix (read the [full report here](#)). Roughly 50 people representing over 20 different organizations, including participants from USAID as well as country representatives of programs in India, Mali, Nigeria, Rwanda, and Uganda, convened to discuss the integration of SDM into CBFP programs. Objectives of the meeting were to:

1. Generate an understanding of history, evidence, and global access to SDM,
2. Learn about the benefits, challenges and barriers to introducing and maintaining access to SDM, and
3. Discuss approaches and ways to address barriers for integrating SDM in community-based FP programs.

IRH presented on FAM at several key FP-related meetings, including the Global MenEngage Symposium in New Delhi, USAID's Global Health Mini-University, IBP's fifth annual meeting on scale-up of FP and reproductive health, and the 2015 ACHAP Meeting in Kenya. In each of these meetings, IRH showcased work that related to FAM and/or fertility awareness. The UNESCO/UN Women Mobile Learning Week conference accepted an abstract by IRH on CycleTel, though because of scheduling conflicts IRH was ultimately unable to present.

In Washington, DC, IRH participated in the USAID PRH Cooperative Agreements (CA) meeting as well as the USAID Gender CA meeting. Presentations in the first half of Year 2 included several at the Global MenEngage Symposium in New Delhi and the 2015 ACHAP Meeting in Kenya.

Requests for Global Leadership and Technical Expertise

IRH was asked to participate in and help guide discussion for a Global Health eLearning Center mHealth Basics eLearning course. The discussion course was from Jan. 12-29, 2015, and IRH staff pulled from experiences in developing and implementing CycleTel to provide an "expert voice" to the discussion.

Pathfinder International requested IRH's review on the upcoming SDM Training Module in their Comprehensive Reproductive Health and FP Curriculum. IRH's edits will be included in the final version.

IRH was also asked to review and provide comments on the Phase 6 version of the USAID/DHS Program survey. As a result of IRH's input, Phase 7 of the survey includes SDM as an opt-out method, rather than an opt-in as it was in previous iterations.

IRH staff spoke in two webinars, part of the Cycle Technologies eduseries, on FAM. These webinars were recorded and are available through websites and other sources to a global audience.

Technical Assistance

Support to the Family Health Division of the Ministry of Health and Population in Nepal

In January, IRH headquarters presented at a FHD FP Sub-Committee meeting, introducing SDM and discussing the FACT solution and TA activities in Nepal. After the meeting, IRH and SCI met with the new FHD FP Section Chief to discuss the Roving Auxillary Midwife (RANM)/SDM TA opportunity. FHD is a project partner and is supportive of the RANM/SDM and willing to support district-level activities necessary to implement the intervention. During planning workshops in the Rupandehi District, IRH and SCI met with the DHO to orient him to the project. He was also supportive, and recently engaged in VDC selection activities for the intervention. IRH has also been working with FHD and the National Health Training Center to incorporate SDM into the National Comprehensive FP Course.

IRH also met with the Executive Director of Contraceptive Retail Sales, the implementing partner in the social marketing of CycleBeads intervention, in January. Contraceptive Retail Sales suggested implementing the intervention through Community Change Agents, who are female volunteers that deliver health information in remote areas. In subsequent meetings, implementation in Health Communication Capacity Collaborative (HC3) districts have been discussed to accelerate social marketing efforts. Both opportunities are currently under consideration.

Key challenges: Staffing transitions at Contraceptive Retail Sales have slowed progress on the social marketing of CycleBeads intervention. In the interim period while a new Director has been hired, IRH has continued to monitor the progress and worked to draft a scope of work and prospective budget. Now that a new Director has been hired, IRH has met with Contraceptive Retail Sales to refine the scope of work and make plans for project implementation. A second challenge was that there were changes at Contraceptive Retail Sales in donorship for sanitary napkins that have necessitated seeking new funding sources. After consultation with CRS and the Mission, it was determined that these activities will be put on hold until the social marketing of CycleBeads intervention has been established.

Support to MOH in Jharkhand, India

Soon after obtaining approval for FAM scale-up activities in Jharkhand, IRH's implementing partner, the Centre for Catalyzing Change or C3 (formerly CEDPA India), began meeting with Government of Jharkhand (GOJ) officials to develop a training plan. The GOJ requested that the plan cover the entire state, 24 districts, instead of the proposed 12 districts not supported during the previous FAM Project. The GOJ also offered to cover training expenses for Sahiyyas, the state's community health workers. IRH and C3 agreed with this plan. The final training plan includes building the capacity of 19 members of State-level Trainer Teams, 453 members of Block-level Trainer Teams, 4,010 Auxiliary Nurse Midwives, and 20,636 Sahiyyas on FP counseling, including SDM and LAM, throughout Jharkhand.

C3 has since held planning meetings with GOJ officials and has finalized the training agenda and training schedule. C3 and the GOJ have also completed training activities for Block-level Trainer Teams and plan to complete training of State-level Trainer Teams and some Auxiliary Nurse Midwives in the next quarter.

Key challenges: IRH, C3 and the GOJ will need to revisit the plan for procurement and distribution of CycleBeads now that Sahiyas in all 24 districts are being trained to ensure the initial donation is sufficient for training and service delivery needs.

Technical Assistance to the Rwandan MOH in Community-based Provision of FP (CBP)

Another activity supported by the FACT Project in Rwanda is FP service strengthening at the community level. As the radio drama is intended to increase demand for FP services, IRH, with the Rwanda Biomedical Center Maternal Child and Community Health Unit (RBC/MCCH), is supporting the implementation of the national community-based provision (CBP) of FP with community health workers (CHW) in the Gisagara District. IRH and the RBC/MCCH will undertake a study in tandem with CBP implementation in Gisagara to assess the competency of CHWs in FP as well as the feasibility of CHWs offering SDM to new users.

IRH conducted numerous activities to prepare the CBP implementation at Gisagara District which included: Participation in meetings with RBC/MCCH leaders to prepare the implementation of CBP in Gisagara district; conduct joint field visits with RBC/MCCH to meet Gisagara District authorities, working with staff focal points at RBC/MCCH to elaborate the package of activities to implement CBP in Gisagara, elaborate the schedule for FP facility assessment, contribute to the elaboration of the checklist for the FP facility assessment.

In collaboration with RBC/MCCH and district health officers, IRH completed a rapid assessment of FP services in Gisagara district on November 2014. An assessment tool used by RBC/MCCH was adapted by IRH for this purpose. All 14 of Gisagara's health centers were visited and provided data for the assessment. Results of this activity will inform the CBP training and implementation to begin in early 2015. A report is available upon request.

IRH joined the CBP implementation sub-committee to review CBP materials and produce them for Gisagara. In addition, calendars for CHWs and inserts of CycleBeads were reviewed, updated and printed locally. Also the CHW flipchart developed by WHO and adapted by IRH for the Rwanda context has been proposed by IRH headquarters to be used by CHWs of Gisagara District during the implementation of CBP program. The WHO flipchart was translated into Kinyarwanda and reviewed by local partners. The tool was validated by the RBC/MCCH and FP Technical Working Group with recommendations that it be used in all districts.

In February 2015, IRH led the training of trainers workshop for 28 CHW trainers in Gisagara. The national curriculum was used with several adaptations. For the research study, half of the health centers in the district will allow CHWs to offer SDM to new users. Participants were divided into two groups (trainers from project sites and trainers from non-project sites) to conduct some workshop sessions since the content was different for project sites. Participants left the workshop ready to implement CBP in their district.

In March 2015, the first round of CHWs were trained in CBP. A group of around 30 CHWs were trained at each health facility. As there are between 44-116 CHWs per facility, additional rounds of training will be conducted through May 2015 to ensure all are trained. Results of the pre/post-test indicate a considerable increase in knowledge gained from the training. CHWs trained in the first round will continue practicing their skills at the health facility, being supervised by the FP provider, as they await official validation from the RBC/MCCH and can begin service delivery.

Key challenges for this time frame included ensuring that the study protocol is finalized and approved by both Georgetown and Rwandan IRBs, and maintaining strong collaboration with RBC/MCCH in leading CBP in Gisagara. As implementation for CBP in Gisagara has now begun and is moving quickly, we are experiencing challenges ensuring that the study protocol which will assess CHW competence in providing SDM to new users is finalized and approved in a timely manner. Research activities must be synchronized with program activities. Therefore, it's important to have the study protocol approved by all headquarters and Rwandan stakeholders and IRBs by Quarter 3 of this year, and IRH continues working to meet this goal.

IRH has been supporting the RBC/MCCH in roll out of CBP in Gisagara. This activity requires strong coordination across multiple levels (central, district, health center) and among many stakeholders. This flexibility has included arranging planning and orientation meetings, organizing all logistics for training events and printing of materials, coordinating FP supplies, and financial support among others. While IRH is playing an involved role in CBP roll out, the activity is still led by the RBC/MCCH. IRH has had some difficulty ensuring RBC/MCCH ownership of the activities at the district and central levels from a management perspective as well as a financial one. IRH seeks to be a supporting partner to the RBC/MCCH and continues to proactively include RBC/MCCH staff across various levels in decision-making and supervision.