

## PROGRAM DESIGN CONSULTANT

### ORGANIZATIONAL OVERVIEW

The Georgetown University Institute for Reproductive Health (IRH) is dedicated to improving the sexual and reproductive health of women, men and youth through a research-to-practice agenda. Our emphasis is on increasing access to and use of family planning, increasing fertility awareness through life-stage appropriate interventions, expanding access to fertility awareness-based methods (FAM) of family planning in an informed choice context, and developing scalable interventions to transform gender norms and catalyze the diffusion of social norms that support family planning. In this work, Fertility Awareness-based Methods (FAM) consist of the TwoDay Method, Standard Days Method (SDM), and Lactational Amenorrhea (LAM). Cross-cutting themes in the Institute's work include the diffusion of social norms that support sexual and reproductive health, scale-up of innovations, and incorporating gender perspectives in reproductive health. In partnership with a wide range of international and local organizations, IRH conducts research, builds capacity, and provides technical assistance to public and private-sector organizations in lower and middle-income countries and the U.S. The Institute is supported by grants from the United States Agency for International Development (USAID) and private foundations.

### OBJECTIVES & TASKS DESCRIPTION

IRH is collaborating with Save the Children (SC) in Uganda and Nepal under the Fertility Awareness for Community Transformation (FACT) Project. Through this project, the organizations are working with existing programs, community leaders, and government officials to: 1) use formative research to understand the context of family planning in selected communities, 2) identify facilitators and gaps related to the promotion of fertility awareness and FAM, and 3) coordinate with local representatives to develop a solution (intervention) that increases fertility awareness and has the potential to increase overall family planning use in communities in Nepal.

Solution Design Workshops (SDWs), where district level government leaders and key informants gathered, were central to this process. During the workshops, local FACT Project staff guided participants through the current state of family planning use, formative research on the barriers and facilitators of FP use, and a series of activities designed to facilitate information synthesis. By the end of the SDW, participants arrived at (up to) two proposed solutions. This process has been implemented in five districts in Nepal (Rupandehi, Siraha, Bajura, Nuwakot, and Pyuthan). Proposed solutions were shared with district-level officials and community members before additional refinement workshops were facilitated a) among the FACT Project staff in Kathmandu, and b) with Kathmandu staff and Washington, DC-based staff in Washington. Through this process, content for the final solution was determined.

The final solution will consist of a multi-level orientation/training package of educational materials that improve the following behaviors among:

1. Targeted key service providers:
  - Counseling on the myths and misconceptions of FP methods
  - Assist clients to better manage side effects of FP methods
  - Deliver couple and interpersonal counseling including an emphasis on engaging men
  - Increase fertility awareness
2. Key members at the community level (Female Community Health Volunteers & Health Mothers Group)
  - Increase fertility awareness
  - Address family planning, including rumors and side effects
  - Deliver activities and messaging addressing the social and gender norms that were identified during the formative research as significant barriers to fertility awareness and family planning uptake. These include son preference, delaying first birth, husband involvement in fertility and family planning decision making, couple communication around sex and pregnancy, and community level discussion of and support for delaying pregnancy and family planning use. (More information is available in the formative research.)

**It is expected that the consultant will develop a coherent package of materials that addresses a combination of fertility awareness content, family planning, and gender and social norms that influence family planning uptake.** These materials will be based on the formative research results, will be in line with Nepali messaging, and derived from existing materials that include the recently revised Curriculum on FP and IRH materials on fertility awareness. Additional materials will need to be created (games, interactive activities) to complement those existing resources.

Modules for this orientation will be prepared for four levels of delivery: 1) Health Facility Operation and Management Committee (HFOMC); 2) Health Facility Staff (HFS); 3) Female Community Health Volunteers (FCHV); and 4) Selected members of Health Mothers Groups (HMG).

More information about each of these groups can be found below:

1. Health Facility Operation and Management Committee
  - A platform comprised of 9 members at the health post and sub-health post level, and 13 members at the primary health care center level
  - The main activities of this platform involve coordination with different stakeholders for the effective implementation of health programs, coordination with social mobilizers, the implementation of activities specific to Hard-to-Reach groups, resource mobilization, and management of health personnel, drug, and equipment, and infrastructure.
2. Health facility staff
  - Based at the Village Development Committee (VDC) level
  - Provide basic preventive, promotive, and curative health services
3. Female Community Health Volunteers
  - Community level volunteers who provide and promote FP methods and other health related activities
  - Based at the ward level with at least 1 FCHV per ward.
4. Health Mothers Group
  - A platform comprised of married women of reproductive age and mothers-in-law and based at the community level
  - Hold regular monthly meetings facilitated by a FCHV
  - Discuss different health-related topics, as well as savings and credits
  - Diffuse received messages to other community members

**Central to the dissemination of proper information is the utilization and development of games and/or other participatory and easily facilitated activities that are contextually relevant and engaging.** The games will be disseminated by individuals from the HFS, FCHV, and HMG. The formation of games can vary widely and incorporate the use of playing boards, cards, human movement, reciting verse, and other low-cost/easily reproduced materials.

Georgetown University's Institute for Reproductive Health (IRH) is looking for a consultant to develop appropriate educational materials, including related games, for the objectives of the FACT solution in Nepal. The consultant will provide technical assistance and collaborative direction to address the listed target behaviors above and utilize the research and materials generated through the SDW and refinement processes.

All deliverables will be reviewed by IRH and SCI staff in Nepal and in the United States. It is anticipated that each product will be revised two times before being finalized. The consultant will develop all products in English, and IRH will coordinate translation to Nepali for pre-testing and validation. The consultant will make all requested revisions to drafts in the English versions, and IRH will coordinate corresponding updates to the Nepali versions.

## ANTICIPATED LEVEL OF EFFORT

<u>Days</u>	<u>Activity</u>
5	● Coordinate transfer and review of documentation
2	● Interview staff (4-5) who either developed the materials or were present at their implementation and process interviews
24	● Travel to Nepal to work with local staff (includes travel time) to conduct research on the tools and games currently being used and learn how individuals and groups engage around games in Nepal.
	● 2 trips of 10-14 days each
5	● Develop educational materials for HFS
5	● Modify educational materials for FCHV & HMG (to be delivered simultaneously)
5	● Create user guidelines
4	● Identify additional materials (ice-breakers, alternative activities) and include them in the manual
2	● Share user guidelines and additional materials with IRH and SC key staff to review and incorporate suggested revisions
4	● Coordinate final revisions, layout, and design requests with identified Communications staff
56	Total days of LOE

## ESSENTIAL TIMELINE AND DELIVERABLES

Consultant Timeline & Deliverables						
	May	June	July	Aug	Sept	Oct
Materials synthesis write up (10%)	May 20					
Draft outline of educational materials and travel scope of work (10%)	May 20					
Travel to Nepal	May 20 – June 4					
Trip report (10%)		June 15				
First draft of educational materials (20%)		June 30				
Revisions, updates, and guidance on materials (10%)			July 15			
Travel to Nepal for Training of Trainers			July 25 – Aug 5			
Trip Report (10%)				Aug 10		
Proof of Concept Testing – Provide feedback to field team, as needed				Aug – Sept		
Final Revised Materials (30%)						Oct 31

## EXPECTED OUTPUTS

1. Weekly update report (extended email) on progress of activities
2. Final manual of educational materials for all levels of service provider and associated tools/games. The final manual must be received and reviewed by IRH before final payment is distributed.

## QUALIFICATIONS

- Master's degree with 7 years of experience
- Expertise in designing simple informational and/or educational materials for use at the community level with low-literacy audiences
- Expertise in designing training materials for use by low-literacy facilitators
- Knowledge and experience working with community outreach and educational programs in developing countries
- Willing to travel to and within Nepal to participate in field testing of intervention materials
- Experience in reproductive health, maternal and child health, family planning, or related fields preferred
- Experience working with low-literacy populations in developing countries, especially Asia, strongly preferred
- Familiarity with the Nepali culture and language a plus
- English fluency required

## TIMEFRAME

This consultancy will entail an estimated 56 days of work over the period from May to October, 2016.

## APPLICATION INSTRUCTIONS

Applicants should submit a cover letter, curriculum vitae (CV), and 1-2 examples of similar work to [irhresumes@gmail.com](mailto:irhresumes@gmail.com) with "PROGRAM DESIGN CONSULTANT" in the subject line by May 6 2016.

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