



Celebrating 30 *Years*

of Commitment to Advancing Reproductive Health



This month, we turn 30—there is so much to celebrate, and even more to look forward to.

The Institute's work has always centered on informed choice and ensuring that a wide range of methods are available to meet the family planning needs of women and couples worldwide. Our role as a family planning innovator has powered our growth and evolution into a research institute that creates scalable interventions in sexual and reproductive health, addressing issues that are critical gaps in existing programs.

Recently, we have had the opportunity to further develop some of the most exciting interventions and concepts in our field—from empowering very young adolescents to take charge of their reproductive health, to mobilizing technology by bringing family planning directly to women via mobile phones, and working within communities to propel positive social norm change around such complex topics as gender inequality, stigma, and domestic violence.

What drives us is a commitment to empower communities with the tools and knowledge they need to live healthy lives. We want to see communities worldwide thrive because men, women, and youth are

equipped with accurate—and actionable—reproductive health knowledge and embrace gender-equitable norms that lead to transformative and sustainable social change. We are so honored to be afforded the opportunity to work on issues that enrich and empower lives within so many communities, across so many countries, and alongside so many partners and supporters.

To our hundreds of partners around the world, we extend a warm thank you! And while together we have expanded family planning choice, contributed a substantial body of research to scaling up reproductive health innovations, and tested new paradigms for social norm change, we are just at the beginning of our impact journey. As we look ahead, we are motivated by what implementation science and technology can bring to the field of sexual and reproductive health, and how we are part of advancing that story.

Thank you for your partnership and support!

A handwritten signature in black ink, reading "Victoria H. Jennings". The signature is fluid and cursive, with the first name "Victoria" being the most prominent part.


Victoria H. Jennings, PhD
Director | Institute for Reproductive Health

Celebrating 30 Years!

As Georgetown University's Institute for Reproductive Health (IRH) reaches its 30th year, we celebrate our participation in a field that has achieved incredible feats in our lifetime. After only a half-century of organized family planning interventions, women and couples around the world can now decide on the number and spacing of their pregnancies, an ability previously unknown.

Yet, with over 200 million women worldwide who still have an unmet need for family planning, there is much more to be done to achieve universal access to sexual and reproductive health and rights. Fortunately, there is evidence of renewed support to family planning from the global health and development community and governments: 1) The 2012 London Summit on Family Planning resulted in the Family Planning 2020 goal—a commitment to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world's poorest countries by 2020; 2) The newly launched Sustainable Development Goals calls for gender equality as a human right and universal access to reproductive health by 2030; and 3) The International Conference on Family

Planning—considered by many as the premier forum for family planning program and research dissemination—will host its 4th biennial event since 2009.

The goals are bold and call for partnerships. For three decades, IRH has joined with strategic organizations and agencies from the grassroots to the highest governmental levels to develop evidence-based programs to address critical needs in sexual and reproductive health. While much of our work centers on expanding access to new and effective fertility awareness methods, our activities have a wider reach, benefiting the entire sexual and reproductive health field—for example, by researching ways to overcome cultural obstacles and take successful pilot programs to scale. IRH also promotes informed choice, couple communication, gender equality and adolescent and adult education on reproductive and sexual health. During these 30 years, IRH has worked with partners who are similarly committed. We are profoundly grateful to our partners and donors for making our work possible and productive. 



IRH thanks its many partners:


- Our donors, including USAID, USAID Country Missions, and private foundations
- Normative institutions, such as the World Health Organization and the United Nations
- Ministries of Health and their regional and local branches
- Universities and professional health associations
- Community health networks & clinics, NGOs, faith-based organizations
- Most importantly, the community members and clients whom we serve

From Niche to Mainstream

In 1985, USAID engaged IRH to research, improve and field test fertility awareness methods which were missing from the large array of contraceptive choices offered by their programs. We started our work at a time when these methods were not widely accepted by the international health community. While effective fertility awareness methods existed, they were not easy to teach or learn and consequently had relatively few users. We knew that if we could identify simple and effective approaches, we could expand the method mix, increase choice, and bring new couples to family planning and we did just that.

By developing, testing, and scaling up the Standard Days Method® with CycleBeads® a user-friendly visual aid, IRH and a wide range of partners have reached over 3 million women and couples in over 30 countries worldwide with the information they need to plan their families. We also developed and tested two other effective fertility awareness methods, the TwoDay Method® and Lactational Amenorrhea Method, and have supported the integration of all three methods into family planning programs around the world.

Our successful efforts to develop, test, introduce, scale up and integrate new fertility awareness methods into existing family planning networks have moved IRH from what was once considered a small niche program to a full member of the mainstream reproductive health community. Here's why:

- IRH's approach to improving sexual and reproductive health is research-based, and partners and collaborating agencies trust its results. The approach follows key steps: 1) identification of high impact opportunities; 2) rigorous formative research, ongoing testing, and active participation of stakeholders; 3) user-centric design based on the needs of beneficiaries; and 4) tailored solutions that integrate the product, tool or intervention into the existing family planning market for sustainability and scale.
- IRH was one of the first organizations to take the lead in researching and documenting scale-up of a reproductive health innovation (using the strategy of WHO's ExpandNet), and contributed lessons learned and best practices on sustainable scale-up to the global health and development community. One of the most useful features is guidance on how to approach monitoring, learning, and evaluating for scale-up.
- Through our scale-up experience, we developed and shared our expertise in implementation science, which centers on the transfer of evidence-based approaches from scientifically controlled settings to dynamic, real-life contexts. A successful pilot project is not sufficient to create significant outcomes at scale; it requires identification and application of the appropriate implementation supports.
- Given the nature of fertility awareness methods—they are information-based, easy to teach and learn, encourage couple communication for correct use, and are available in various service delivery settings—we have been at the forefront of developing evidence for high-impact practices that can be applied to other family planning and reproductive health programs. These practices include: involving men, engaging faith-based communities in family planning, community-based programming to increase acceptability and use of new methods, direct-to-consumer approaches such as use of mobile phones and other communication technology, and innovative evaluation tools.
- Efforts to expand access to fertility awareness methods uncovered how many women and men need a basic understanding of male and female fertility to help inform their reproductive choices. In the late 90s, we started to explore how to improve fertility awareness and body literacy education for people across the life course, so that women, men, girls, and boys alike were equipped with key reproductive health knowledge. This work, along with ways to address gender inequities that impede reproductive health, is now a main focus area and is valued by colleagues in the field. 



“It’s been an incredible journey...It took 200 years to take Vitamin-C to a treatment for scurvy. Depo was first tested over 20 years ago, & it took multiple avenues and multiple pilots to move it forward as a wide-scale modern method. The Standard Days Method has moved [toward scale-up] very quickly comparatively. We’re learning to take things to scale faster and more effectively.”


Mihira Karra | USAID Advisor to the Fertility Awareness Methods Project (2006-2013)

A New Era: Challenging Gender Norms, Fertility Education & Technology

Over the last five years IRH has built on its experience and core principles, particularly gender equity, to address the complex causes of unmet need in family planning. We have also explored in greater depth how to diffuse accurate, actionable sexual and reproductive health knowledge in effective, transformative, and scalable ways. Our recent portfolio—including the Gender Roles, Equality and Transformation (GREAT) Project, the Tékpouonon Jikuagou Project, the Fertility Awareness for Community Transformation (FACT) Project, the Responsible Engaged and Loving (REAL) Fathers Initiative, the A3 Project (Expanding Family Planning Access, Availability, and Awareness), and the new Passages Project—centers on social science theory and seeks to transform and reinforce gender-equitable norms across the life course. These norms in turn contribute to healthier sexual and reproductive health behaviors and increased family planning use.

We are also testing strategies to increase fertility awareness and expand access to FAM beyond clinics—in communities and via direct-to-consumer

approaches. For example, we design and develop prototypes of evidence-based digital and mobile products—such as CycleTel™ Humsafar & Family Advice, and collaborate with private sector partners to test CycleBeads® Apps, CycleBeads Online, the 2Day Method App and Dynamic Optimal Timing™ (DOT)—and bring them directly to users. These tools have increased access, demand, and use of family planning outside of health systems and have the potential to achieve multi-sector scale-up.

Our implementation research includes not only established couples but cohorts who are experiencing transitions—very young adolescents experiencing puberty and the prospect of marriage, newly married youth (including young women married to older men), new fathers and first-time parents—when enculturation into new roles and social norms occurs. Because few interventions to change social norms have been replicated or scaled up, IRH uses implementation science to develop interventions effective in real-world contexts. 



Into the Future

At a time of renewed emphasis on family planning, we believe that our research agenda is at the forefront of developing effective strategies and transformative approaches to achieve the goals of Family Planning 2020 and the Sustainable Development Goals. IRH is highly motivated to join with its partners to contribute our collective expertise in implementation science to this great endeavor.

New areas of focus

- Social change to support gender-equitable norms
- Gender transformative programming
- Diffusion of fertility awareness knowledge & body literacy across the life course
- Technology for reproductive health

Throughout the years: IRH's Project History

1985-1991

Expanding access to
natural methods I

1991-1996

Expanding access to
natural methods II

1997-2007

AWARENESS

2006-2009

Improving Family Planning Services
for Women and Their Partners:
A CAPACITIES Approach

2006-2009

HIV Prevention

2007-2013

Fertility Awareness
Methods (FAM)



2010-2013

Increasing Efficiency and Utilization of Family Planning Services through Systematic Integration

2010-2015

Tékponon Jikuagou

2010-2015

Gender Roles, Equality, and Transformations (GREAT)

2013-2015

Expanding Family Planning Access, Availability, and Awareness (A3)

2013-2015

Responsible, Engaged, and Loving (REAL) Fathers Initiative

2013-2018

Fertility Awareness for Community Transformation (FACT)

2015-2016

Consumer access to reproductive health supplies in an e-commerce age

2009-2012

A Strategic Approach to SDM Introduction: Expanding Availability and use of FAM

2011-2012

New & Underused Methods

2011-2012

Mobilizing Faith-Based Organizations to Expand Family Planning

2014-2015

Scaling Up the First Family Planning Method via Mobile Phones

2014-2016

CycleTel: Expanding Access to Family Planning via Mobile Phones

2015-2020

Passages Project



Following the Science: IRH's Progress Over 30 Years

To commemorate our 30th year, we identified key milestones and achievements that reflect our history and evolution over the years.

1985—1995

Biomedical Research on Fertility

In October of 1985 a small group of researchers, led by Dr. Victoria Jennings, launched **Georgetown University's Institute for Reproductive Health**, beginning a 30-year journey to expand access to fertility awareness methods and to address other critical needs in sexual and reproductive health.

During the first decade, IRH researchers carried out **extensive studies on female and male fertility**, including fertilization and sperm-secretion interaction, the mechanisms and fertility impact of lactational amenorrhea, and the outcomes of pregnancies in natural family planning users. In addition, researchers analyzed patterns revealed in the World Health Organization's data set of 7,600 menstrual cycles and concluded that there are ways to simplify existing fertility awareness methods.



Development and Testing of Simple Fertility Awareness Methods

1996–2004

From 1996-1999, researchers **worked to establish the theoretical basis for the Standard Days Method® and TwoDay Method® as viable and simplified family planning methods**, and published their results in peer-reviewed journals. Articles on the efficacy of these methods published in 2002 and 2004 revealed that the Standard Days Method is 95% effective with correct use and the TwoDay Method, which uses cervical secretions to indicate fertility, is more than 96% effective with correct use.

In collaboration with the World Health Organization, IRH conducted a **multicenter study of the Lactational Amenorrhea Method** in 1997; it proved to be over 98% effective in a wide variety of settings and a viable postpartum method of family planning.

In 2002, **Cycle Technologies manufactured the first set of CycleBeads®** a visual aid for users of the Standard Days Method. Two years later CycleBeads were offered through social marketing by PSI for the first time in Benin and the Democratic Republic of Congo and are now sold via social marketing in many countries, indicating a demand for CycleBeads via the private sector so women can use the method correctly without relying on health providers. Today the commodity is offered through a variety of distribution channels including public, private, and NGO programs.

Efficacy and feasibility results led to heightened interest in FAM. In 2002, the Ministry of Health in Rwanda and the USAID Mission invited IRH to **introduce the new Standard Days Method into 13 sites in Rwanda**. Within 10 years after initial introduction, the Standard Days Method was being offered nationwide in public and faith-based facilities across Rwanda.

In developing simple, effective fertility awareness methods, IRH saw a need for improved fertility education and body literacy, especially among adolescents. In 2003, **My Changing Body was launched** with co-author Family Health International (now FHI 360). My Changing Body is a puberty and fertility awareness manual for 10-14 year old girls and boys which helps adolescents become more aware of physical and social (e.g. gender roles) changes that occur with the onset of puberty.





Programmatic feasibility and acceptability of fertility awareness methods: Building the evidence and scaling up

From 2005 through 2008, **IRH and local partners conducted 14 pilot studies in six countries** (Benin, Ecuador, El Salvador, Honduras, India and the Philippines) to introduce the Standard Days Method into existing programs and test service-delivery strategies. These introduction studies demonstrated the feasibility and acceptability of the Standard Days Method in diverse service delivery settings and offered guidance for expanding the method to other locations.

In 2007, a multi-country impact study **assessing wide-scale integration of the Standard Days Method successfully concluded after three years in India, Rwanda, and Peru**. The results, which indicated a demand for the method particularly among new users of family planning, paved the way for the USAID-funded Fertility Awareness-based Methods (FAM) Project, in which the Standard Days Method would be scaled up across five countries around the world.

As results showed a growing demand for the Standard Days Method, **JSI's USAID-funded DELIVER Project added CycleBeads to their commodity procurement system**, ensuring availability of CycleBeads for USAID Missions and USAID-funded projects worldwide. Later, IRH, JSI and PSI, with funding from the Reproductive Health Supplies Coalition's Innovation Fund, published A Forecasting Guide for New and Underused Methods.

Because mobile phones are widely used in developing countries, **IRH explored the feasibility of using text messages to alert women of their fertile days** each cycle, based on the Standard Days Method. This innovation was called CycleTel. Today, IRH and Cycle Technologies employ a number of digital products to reach women, including: CycleTel™ Humsafar & Family Advice, CycleBeads® Apps, and CycleBeads Online. In 2015, IRH and Cycle Technologies launched the first iPhone app to help women use the TwoDay Method of family planning.

In 2013, **IRH's Promising Practices for Scale-Up: A Prospective Case Study of Standard Days Method® Integration, presented conclusions from the FAM Project's six-year, five-country initiative to scale up the Standard Days Method**. The scale-up experience is one of IRH's major contributions to advancing implementation science. By sharing lessons learned and best practices with other organizations interested in scale-up, successful but relatively small-scale family planning and other reproductive health interventions are more likely to reach a far greater number of potential beneficiaries.

In 2014, we celebrated the **worldwide distribution of over 3 million CycleBeads, now used in 30 countries**. This easy-to-use visual aid has increased the popularity and correct use of the Standard Days Method wherever it is available.

2005–2014

Addressing Cultural Norms to Improve Reproductive Health

2010–2015

In 2010, USAID funded IRH and our partners to embark on **two new research projects to identify and address social and cultural barriers** to family planning—the Gender Roles, Equality, and Transformations (GREAT) Project and the Tékonon Jikuagou Project.

In 2011, IRH hosted a Consultation on Faith, Family Planning, and Family Well Being to discuss common ground on the role of faith, family planning, and gender in promoting health. The consultation gathered stakeholders from over 30 global health organizations and was informed by qualitative research with Muslim, Christian, and non-religious stakeholders. **The consultation revealed that family planning, including fertility awareness methods, is acceptable and feasible for many faith-based programs** and fostered networking for future collaboration. A strong partner in this area that IRH has worked with for almost a decade is Christian Connections for International Health.

In 2013, with partners Save the Children and Pathfinder International, IRH launched the GREAT Toolkit of interactive games and materials to promote reflection, dialogue and action among adolescents, their parents, and the community in northern Uganda. **The GREAT Toolkit has been used by more than 260 community groups and school-based clubs; activities have reached over 100,000 people.**

The following year, **marked by a day of singing, dancing, and theater, IRH debuted GrowUp Smart in Rwanda**, an interactive puberty and fertility awareness program for very young adolescents (age 10-to-14). The curriculum includes brochures, storybooks, CycleSmart™ Kits for girls, and a community games to introduce very young adolescents and their parents to sensitive topics—such as puberty, fertility, gender, hygiene, safety and communication.

IRH participated in the first global Menstrual Hygiene Day with 90+ organizations to break the silence around menstruation and taboos related to the body, and to promote menstrual hygiene. We shared experiences from our recent adolescent-centered initiatives: CycleSmart, My Changing Body, the GREAT Toolkit, and GrowUp Smart.

The Responsible Engaged and Loving (REAL) Fathers Initiative in northern Uganda is an example of IRH's male involvement work. Peter, a 24 year-old father and program participant, reported that the project "has made me refocus my life and plan for my future. I am capable of planning for my children and their future with my wife. All my strength has come from the mentoring sessions. The knowledge and skills have been so big."



2015 & Beyond

New Initiatives

USAID has awarded IRH a **new five-year project called Passages**. Its aim is to research promising interventions and contribute to the capacity of the global community to strengthen normative environments that support reproductive health—especially among very young adolescents, newly married youth, and first-time parents.

IRH has joined a team of innovators establishing a new family planning method, DOT. The patent-pending Dynamic Optimal Timing™ approach can be used for pregnancy prevention and planning. Building on the success of the Standard Days Method, this new method accurately determines a woman's risk of pregnancy for each day of her cycle using her period start dates.



More information on IRH programs, journal articles, publications, and other resources is available at www.irh.org.



**Institute for
Reproductive Health**
Georgetown University

 1825 Connecticut Avenue NW, Suite 699
Washington, D.C. 20009

 irhinfo@georgetown.edu  (202) 687-1392

 twitter.com/IRH_GU

 facebook.com/IRH.Georgetown

 youtube.com/user/IRHgeorgetown

www.irh.org

Expanding family planning choices, advancing gender equality, and involving communities.