OCTOBER 2016

WALAN Proof of Concept Results

Assessing the feasibility and acceptability of a group learning Model for Fertility Awareness-based Methods (FAM) counseling

Acholi sub-region, Northern Uganda

Georgetown University's Institute for Reproductive Health and Save the Children

USAID FROM THE AMERICAN PEOPLE

FACT Fertility Awareness for Community Transformation

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Recommended Citation:

Spindler, E, Ojanduru, L, Cachan, J., 2016. *Proof of Concept Report: Group Learning through Community Organizations (Acholi-Sub Region, Uganda)*. FACT Project. Washington, D.C.: Institute for Reproductive Health, Georgetown University.

This report was prepared by Esther Spindler, Lillian Ojanduru, and Jeannette Cachan from Georgetown University's Institute for Reproductive Health in partnership with Save the Children under the Fertility Awareness for Community Transformation (FACT) Project. This formative research report and the FACT Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-13-00083. The contents are the author's and do not necessarily reflect the views of Georgetown University, USAID, the United States Government.

The authors would like to acknowledge Dominick Shattuck for shaping and guiding the proof of concept assessment; Tori Steven, Sam Okello and Danielle McCadden for supporting and finalizing data collection instruments; Lauren Du Comb for proofreading and assisting with the final production of this report, and Shannon Prior, Dickens Ojanduru and Grace Jolly Awor for supporting field activities and input on study protocol, instruments and this report; and Florence Nambooze and Annette Nabuduwa from the Akili Foundation for carrying out the evaluation data collection and analysis.

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LIST OF ACRONYMS AND KEY PHRASES

DHS	Demographic and Health Survey
FACT	Fertility Awareness for Community Transformation
FAM	Fertility Awareness Methods
FGD	Focus Group Discussion
FP	Family Planning
HTSP	Healthy Timing and Spacing of Pregnancy
ICRW	International Center for Research on Women
IRH	Institute for Reproductive Health, Georgetown University
SCI	Save the Children International
USAID	United States Agency for International Development
VHT	Village Health Team
WALAN	Wake ki Lago Nywal
YIELD	Youth Initiative for Employment and Sustainable Livelihood and Development

EXECUTIVE SUMMARY

As a part of the Fertility Awareness for Community Transformation (FACT) Project, the Wake ki Lago Nywal (WALAN) "Be Proud with Family Planning" intervention aims to increase fertility awareness (FA) and expand access to and uptake of fertility awareness-based methods (FAM) of family planning (FP) through existing community groups in Northern Uganda. Under this intervention, a community-based learning model is being implemented in the Acholi region of Northern Uganda to: (1) disseminate knowledge of FA and FP via community-wide education, and; (2) offer group counseling to couples and women on two FAM developed by IRH - Standard Days Method® (SDM) and TwoDay Method®. WALAN is implemented in partnership with Save the Children and the District Community Development Office, through the Youth Initiative for Employment and sustainable Livelihoods Development (YIELD) project, an agricultural, vocational and apprenticeship training program. Through this platform, WALAN trains youth group members who participate in YIELD to become WALAN youth facilitators. In each community, a pair of WALAN youth facilitators conduct community learning sessions on fertility awareness (FA) and family planning (FP) topics, followed by small group counseling sessions on either SDM or TwoDay Method to interested couples and women.

This report describes WALAN's three month proof of concept phase, which was conducted from October 2015 to January 2016. During the proof of concept phase, eight pairs of facilitators were trained and delivered WALAN community learning and group counseling sessions across eight villages in the districts of Gulu and Nwoya, Uganda. The proof of concept tested the delivery of a group learning counseling model provided directly at the community level in Uganda. This report answers the following three assessment questions:

1. Can trained youth facilitators implement the WALAN community learning and group counseling session activities?
2. Can participants learning about FAM through a group counseling session in their community gain the knowledge to use SDM and TwoDay Method correctly?
3. What are community and participants' perceptions and acceptability of WALAN activities?

IRH and Save the Children used this information to determine (a) whether to continue moving the intervention forward to the pilot phase, and if so, (b) what changes should be made to increase the potential scalability and desired effect of the intervention. Mixed-methods data from program facilitators and key informant were used to answer the assessment questions. The proof of concept findings suggest that the group learning model is feasible and acceptable in Northern Uganda as an approach to helping community members learn about FA and counseling couples in how to use FAM. Key findings include:

Community-based youth facilitators are able to deliver FA information during community learning sessions and counsel interested couples on FAM during small group counseling sessions. Observation data revealed that facilitator pairs correctly explained the use of SDM and TwoDay Method during group counseling sessions, effectively utilized job aides and fostered a safe learning

environment for participants (e.g. putting participants at ease, showing mutual respect, and ensuring privacy). However, some observed gaps included the need to improve facilitation skills and properly screening couples for method eligibility. Steps were implemented to ensure support community development officers (CDOs) and their assigned youth facilitators to reinforce supportive supervision on proper client screening and improved facilitation skills.

Couples who learned about SDM or TwoDay Method in a group counseling setting were satisfied with their method and gained the knowledge to use the method correctly. Nine couples - including five counseled on SDM and four counseled on TwoDay Method - were interviewed at two time points to assess their knowledge of the method and management of fertile days. All female users reported 100% correct knowledge of method use during both time points. During the first data collection the majority of men reported accurate knowledge of the methods, which became universal across participants by the second data collection period. Management of fertile days was split between a combination of either abstinence or condoms. No couple – neither male nor female counterpart – reported unprotected sex during fertile days. Couples reported high levels of satisfaction for both methods. However, some TwoDay Method users cited local leaders who perceived that the method unhygienic and culturally inappropriate. This information was confirmed in focus group discussions with youth facilitators, who reported similar comments from community members.

The WALAN model appears to be an acceptable counseling intervention in Northern Uganda. Both SDM and TwoDay Method group counseling participants were satisfied and comfortable learning about FAM in small groups with other couples. Community leaders and providers reported that the small group counseling model outside of the health system is an acceptable approach. They additionally mentioned that this setting may not be appropriate for couples and women who need to disclose very sensitive information. They recommended that facilitators should be trained to find opportunities to counsel couples and women's individual needs when the situation arises. Finally, the proof of concept phase tested the provision of group counseling sessions to couples, while some stakeholders expressed the importance of providing group counseling sessions to groups of women as well.

Proof of Concept results indicate that WALAN should transition into the pilot phase with minor adjustments to the approach. Table 1 highlights overarching key findings, albeit certainly not exhaustive, and resulting intervention pivots:

Table 1. Proof of Concept Findings and Intervention Refinements

PROOF OF CONCEPT FINDINGS	PILOT INTERVENTION REFINEMENTS
1. INTERVENTION DELIVERY	
The "couples only" model excludes women whose male partner is either unavailable or uninterested: • Some men do not attend the group counseling sessions, and some women are unable to participate without their partner • A few women expressed desire to attend counseling sessions but were not comfortable disclosing who their partners were.	➢ Provide women-only group counseling sessions as alternative sessions for women who attend a group counseling session without their partner. ➢ Reinforce that method support sessions can either be attended by couples or women-only.
Facilitators have difficulties referring participants for other FP methods at the health center • Facilitators report not receiving FP invitation cards • Service providers report receiving some clients interested in FP methods from WALAN youth facilitators, but were not aware of any FP invitation cards	➢ Boost training on FP invitation cards for WALAN youth facilitators and ensure that invitation cards are distributed to facilitators ➢ Hold orientation meetings with FP service providers earlier in the pilot model to introduce the FP invitation cards.
2. METHOD USE	
Men are interested and engaged in method use • Male partners improve their method use over time, have a role in the method use and management fertile days • Group counseling model may have other effects on improved couple communication and decision-making around FP	➢ Introduce intimacy tool - set of group counseling visuals - to strengthen couple communication and decision-making on fertile days.
3. COMMUNITY ACCEPTABILITY	
TwoDay Method can be considered culturally inappropriate and unhygienic in some communities: • TwoDay Method users are satisfied with their method, but do not feel supported by some of their peers • Some facilitators report difficulties mobilizing participants for TwoDay Method group counseling sessions • A few community leaders report that TwoDay Method is culturally inappropriate and unhygienic	➢ Reinforce TwoDay Method instructions to emphasize that vaginal secretions are not associated with a woman being dirty. ➢ Expand TwoDay Method explanations during community sensitizations and orientations with health service provider and community leaders to address cultural and hygienic concerns.

Findings from the proof of concept testing phase were used to refine aspects of WALAN, which launched the pilot phase in April 2016. Pilot activities are occurring in 15 villages within the Gulu, Nwoya and Amuru districts of Northern Uganda.

INTRODUCTION

Background

In 2013, Georgetown University's Institute for Reproductive Health (IRH) was awarded funding from the United States Agency for International Development (USAID) to implement the project, "Fertility Awareness for Community Transformation (FACT) Project" (Cooperative Agreement No. OAA-A-13-00083). FACT is a five-year United States Agency for International Development (USAID)-funded project implemented by the Institute for Reproductive Health, Georgetown University (IRH) in partnership with the International Center for Research on Women (ICRW), Population Media Center (PMC), and Save the Children (SC).

FACT aims to foster an environment where women and men can take actions to protect their reproductive health throughout the life-course. FACT is a research, intervention, and technical assistance project that is developing and testing unique interventions in India, Nepal, Rwanda and Uganda. These interventions are investigating two primary hypothesis:

- Increased fertility awareness improves family planning use
- Expanded access to fertility awareness-based methods (FAM) increases uptake of family planning and reduces unintended pregnancies

As part of the second hypothesis, the goal of the Wake ki Lago Nywal (WALAN) "Be Proud with Family Planning" intervention is to increase access to and uptake of FAM specifically, and family planning in general, through existing community groups outside of the health system. Under this intervention, two FAM developed by IRH - Standard Days Method® (SDM) and TwoDay Method® - are being offered through a community-based group learning model to couples in selected districts in the Acholi region in Northern Uganda.

WALAN is being implemented through the YIELD project in Northern Uganda, a Save the Children program that aims to foster socio-economic empowerment of vulnerable youth in Northern Uganda. YIELD works with youth ages 15-24 in the districts of Amuru, Gulu and Nwoya, and focuses on agricultural, vocational and apprenticeship training. Through this platform, the WALAN intervention trains youth group members who participate in YIELD to become WALAN youth facilitators. In each community, a WALAN facilitator pair conducts community learning sessions on fertility awareness (FA) and family planning (FP) topics, followed by small group counseling sessions on either SDM or TwoDay Method to interested couples and women.

Rationale

Both SDM and TwoDay Method were developed by IRH to respond to the need for simple, accurate ways for women to identify the fertile window and avoid unprotected intercourse to prevent pregnancy (see table 2). Given their ease of use and lack of side effects, SDM and TwoDay Method may appeal in particular to couples who currently are not using any method, are

relying on some form of "rhythm" or withdrawal, or are dissatisfied with their current method. In addition, since SDM and TwoDay Method are knowledge-based methods, they do not need to be provided by a facility-based health provider. Rather, both methods can be offered directly to consumers through community-based approaches.

Table 2. Fertility Awareness-Based Methods

FERTILITY AWARENESS METHODS (FAM)	**Standard Days Method® (SDM)** identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is typically used with CycleBeads®, a visual tool that helps women track their cycle to know when they are fertile. Results of an efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user-dependent methods (Arevalo, Jennings, Sinai 2002).
	TwoDay Method® relies on cervical secretions as the fertility indicator. Results of the efficacy trial published in 2004 showed it to be 96% effective with correct use and 86% effective with typical use (Arévalo, Jennings, Nikula, Sinai 2004).
	Lactational Amenorrhea Method (LAM) is based on post-partum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use (Labbok, et al. 1997).

FAM – including SDM, TwoDay Method, and Lactational amenorrhea method (LAM) - are traditionally offered in a one-on-one provider-client interaction similar to other FP methods. However, research suggests that FAM can successfully be taught in groups, but it has seldom been tried outside of small-scale service delivery initiatives (Seidman 1997). Furthermore, there is robust evidence that FAM can be offered successfully by low-literacy community-level workers (in and out of the health system), and appropriate materials have already been developed and tested for these settings (High-Impact Practices in Family Planning [HIPs], 2015).

Given this evidence and IRH's experience with FAM, WALAN was designed as a community-based solution, offering both SDM and TwoDay Method (and LAM during community learning sessions) directly to consumers in a group counseling model. In the context of low resource settings—where women may not have access to health services—a group learning approach meets both the local need and cultural context for sharing key information. As an information-based and natural FP method, FAM also provides an opportunity to disseminate information about the methods and facilitate potential uptake within group settings, unlike other FP methods. Therefore, increasing access to and use of FAM through existing groups and social networks offers a unique opportunity to go beyond the health system to address unmet need for family planning in areas that desperately need services.

Context

Acholi sub-region of Northern Uganda

Between 1986 and 2006, the Northern Region of Uganda that encompasses the Acholi sub-region and Gulu, was the site of conflict between the Lord's Resistance Army (LRA) and the Ugandan People's Defense Forces (UPDF). Throughout this period, residents of the area were subjected to violence, torture, and displacement (Akumu, Amony, and Otim 2004; Branch 2008). Following a ceasefire agreement in 2006, internally displaced persons (IDPs) began moving out of the camps and back to their areas of origin or other locations. By the end of 2011, the majority of IDPs had left the camps (UNHCR 2012).

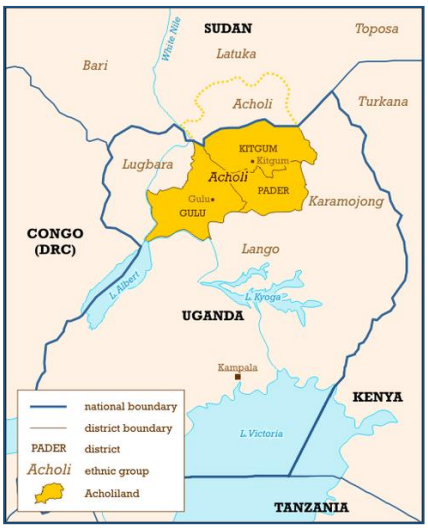


Figure 1. Regional Map

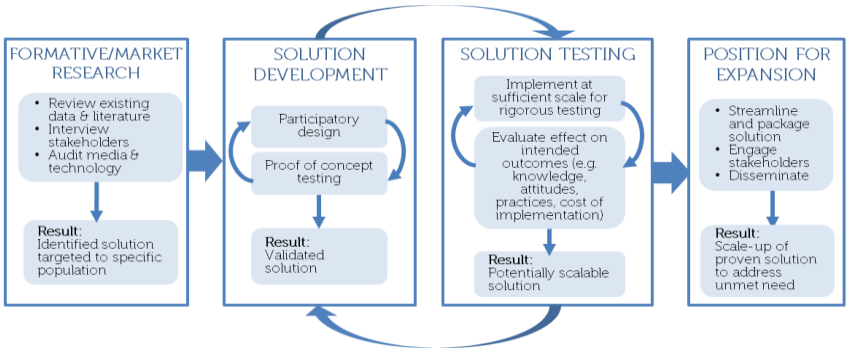
The Acholi sub-region in Northern Uganda is now undergoing a period of rehabilitation and transition that is influencing the acceptability of family planning. People in this region are striving to rebuild their livelihoods as well as the traditional familial and social structures that were eroded during 20 years of internal conflict. At the same time, unintended pregnancies are very common in Uganda, with more than four in 10 births being unplanned. On average, women have approximately 6.2 children, but desire only 4.5 children (Uganda DHS 2011). Unplanned births are the highest in Northern Uganda, with 54% of all births being unplanned, compared to the national average of 43% (Guttmacher Institute 2013). The gap between women's desired and actual births suggests that women in the Acholi sub-region are unable to achieve their fertility goals. The high levels of fertility also pose serious limitations to plans for improving lives of the Acholi people.

Solution Development

Formative Research

The development of the WALAN intervention follows the Solution Development Cycle (Figure 1), an iterative process for the discovery, design, and development of solutions using formative research, participatory design, and intervention testing.

Figure 2. Solution Development Cycle

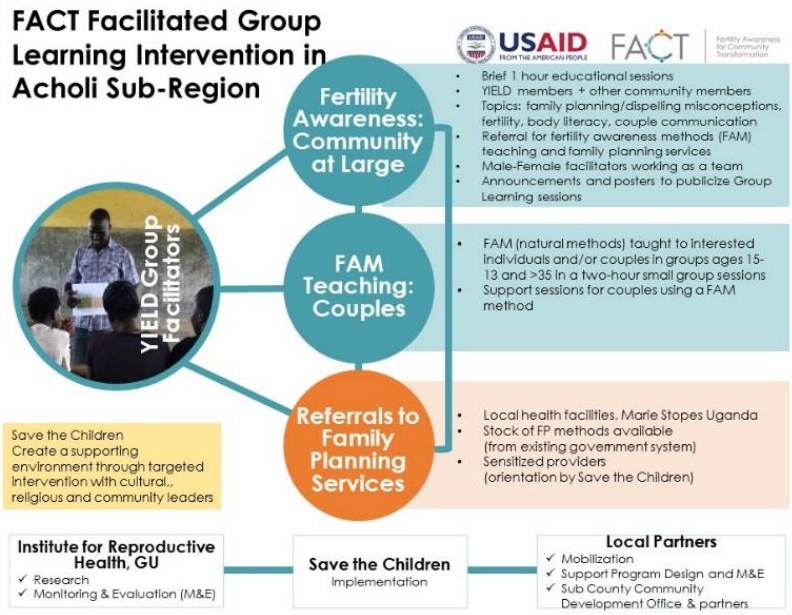


Between June and August 2014, IRH and SC conducted formative research in two sub-counties in Northern Uganda to inform the solution development phase described in this proof of concept report. Formative research findings indicate a general acceptance of FP. Both men and women, older and younger, voiced support for FP in terms of spacing or limiting family size. However, male opposition to FP, particularly modern FP methods, and cultural values that promote large families undermine use of methods. Concerns related to side effects posed a substantial barrier to use. Natural FP methods, including FAM, were viewed positively, especially by men. At the same time, participants questionned the effectiveness of these methods and practices, particularly given women's difficulties in negotiating condom use or abstinence during fertile periods. The findings also showed that community-level discussions around FP were not common. Women were said to have more opportunities to discuss FP with peers compared to men. Couple communication about FP was also said to be difficult. Ultimately, women seemed to feel as if they had little power over achieving their fertility desires, and were often driven to use FP methods in secret. YIELD members specifically noted that they had not received information on fertility or FAM and encouraged efforts to include men and women together, highlighting the importance of engaging men in FP.

Solution Development

A Group Learning model (Figure 2) was developed through formative research and a concept design process conducted locally with beneficiaries, local partners and key stakeholders.
The Group Learning model was developed to provide direct access to FAM at the community level while engaging men in FP by offering counseling sessions to couples. The group learning concept was refined through community sessions using iterative, human-centered design techniques where both facilitators and individuals were probed to provide feedback on session content and learning methodologies. Feedback collected from session participants, facilitators and observers was rapidly tabulated and reviewed, and relevant changes were made to the group learning concept for retesting.

Figure 3. Concept for FACT's Facilitated Group Learning Intervention in Acholi Sub-Region



WALAN has three facilitator-led components, including: 1. Teaching FA to the community at large (community learning sessions which included LAM); 2. Teaching FAM to interested couples (group counseling and later on, method support sessions), and; 3. Providing referrals for family planning services (FP invitation cards). During community learning sessions, facilitators conduct brief, interactive lessons to teach community members about human fertility, post-partum return to fertility and LAM, in addition to accurate information about family planning methods, including FAM. Community members interested in receiving additional information are either given a family planning invitation card to a local health center for family planning services or are referred to a group counseling session on FAM. Group counseling sessions are offered by the facilitator pair to interested couples that desire additional instruction around their FAM of choice, either SDM or TwoDay Method. After attending the group counseling session, couples are then encouraged to participate in follow-up method support sessions in which they can discuss their experiences using the method, seek advice on potential challenges, and encourage one another to use the method correctly.

Group counseling session on SDM

Finally, community sensitization meetings are conducted with local community and religious leaders to ensure support for WALAN activities. Sensitization meetings are also conducted with health providers and Village Health Teams (VHTs) to strengthen linkages between WALAN community activities and referrals for FP services.

Proof of Concept Objectives and Methods

As part of the solution development cycle, a small-scale three-month proof of concept assessment phase was tested from October 2015 to January 2016. For this phase, eight pairs of facilitators were trained to deliver WALAN activities across eight villages in the districts of Gulu and Nwoya, Uganda. In each site, a YIELD-associated youth group selected one male and one female group member to be trained as a WALAN group facilitator. The identified pairs were trained on FA, FP and FAM as well as co-facilitation skills. Five facilitator pairs were trained on SDM group counseling, and three other pairs were trained on TwoDay Method counseling.

Assessment Questions

WALAN's proof of concept phase tested the proposed community-based group learning model in eight villages in Gulu and Nwoya, incorporating findings and lessons learned into the design of the solution testing pilot phase. Assessment questions included:

1. **Can trained facilitators effectively deliver the WALAN community learning and group counseling activities?**
    - Do facilitators gain adequate knowledge about FAM after the training to teach groups about FAM?
    - How competent are Youth Facilitators in delivering FA/FP community education and FAM group counseling?
    - What are facilitators' perceptions of the tools and materials used during the educational sessions?
2. **Can participants learning about a FAM in a community-based and group counseling setting gain the knowledge to use SDM and TwoDay Method correctly?**
    - Can SDM and TwoDay Method users sustain correct knowledge of method use over a 1 month period?
    - Do couples improve management unprotected sex during fertile days?
    - How satisfied are couples in SDM and TwoDay Method use?
3. **What are community members' and participants' perceptions and acceptability of WALAN activities?**
    - What are participants' perceptions of their group counseling experience, including benefits and challenges of learning in a group and sharing sensitive topics?
    - What are the perceptions of key community influentials, including health workers, Village Health Teams (VHTs) and community leaders, regarding facilitators' FAM counseling activities in their community?

Assessment Methods

To answer the above questions, the assessment followed a mixed methods design, triangulating data from WALAN facilitators, FAM users, and community key informants (KIs). At the facilitator level, observational monitoring data were collected by IRH and SC which included attendance records, session observations, and participant and facilitator debriefs. All other evaluation data

were collected by a hired external research firm, and included FAM user interviews; focus group discussions (FGDs) with facilitators; and key informant interviews with service providers and community leaders.

Monitoring data

The internal monitoring data generated: 1) de-identified demographic information about participants (i.e. age, education, number of children, interest in FP methods), 2) observed quality of session delivery provided by the facilitators, and 3) participants' understanding and perception of the information relayed in the session. Table 3 presents the monitoring data collected by Save the Children and IRH, totaling 66 attendance forms, 24 observations, 48 debriefings of community learning, group counseling and method support sessions. Data from the attendance sheet and session observations were entered into a spreadsheet on a monthly basis. This internal monitoring data provided real-time feedback for facilitator-pairs during proof of concept implementation, and contributed to final findings.

Table 3. Monitoring Data, by data collection events

	Community learning Sessions	Group Counseling and Method Support Sessions		**TOTAL**
		SDM	TwoDay	
Attendance sheets	28	25	13	**66**
Observations	8	11	5	**24**
Debriefs Facilitators	8	11	5	**24**
Debriefs Participants	8	10	6	**24**

Evaluation data

The external research firm, supervised by IRH, conducted a total of 34 FAM user interviews (SDM and TwoDay), two FGDs with 16 youth facilitators in each and nine Key informant interviews with health service providers and community leaders. FAM user interviews were collected approximately three weeks after participants attended their first group counseling session, and again at a second follow-up point, six to eight weeks post-group counseling session. The FAM user interviews were conducted with nine couples from Gulu and Nwoya, both SDM and TwoDay users (see table 2 for sample breakdown) and assessed method use and management of fertile days. Female and male partners were interviewed separately; the female user was interviewed first, and then asked for permission to interview the male partner. FGDs were conducted with 16 youth facilitators to describe facilitators' perceptions of the intervention. A total of 9 KIs – including 3 health service providers, 2 VHTs, and 4 local and religious leaders - were also asked to explore their perceptions of the WALAN activities in their community. The external research firm submitted an analysis plan, transcripts of FGDs and IDIs, and summary output tables of the FAM user interviews to IRH. A preliminary report of findings was reviewed by IRH and a final report was subsequently submitted by the external research firm in March 2016.

Table 4. FAM User Interviews, by type of FAM and data collection time-point

	First Interview	**Second Interview**	**Total**	***Loss to follow-up***
SDM	10 interviews (5 F / 5 M)	9 interviews (4F / 5M)	19 interviews (9 F / 10 M)	*1 female*

TwoDay	8 interviews (4 F / 4 M)	7 interviews (4F / 3 M)	15 interviews (8 F / 7 M)	*1 male*
Total	18 interviews (9 F/ 9 M)	16 interviews (8F/8M)	34 interviews (17 F / 17 M)	*2 lost*

Limitations

The testing phase assessed the feasibility and acceptability of the intervention at the community level. The objective of the testing phase was to assess overall soundness of the intervention, and as a result, the findings are not generalizable. For instance, the small FAM user sample size – five SDM couples and four TwoDay Method couples – limited the level of analysis and generalization. However, this number of participants was appropriate for the proof of concept phase and allowed us to answer our key questions about delivery and acceptability of the group counseling model.

Results

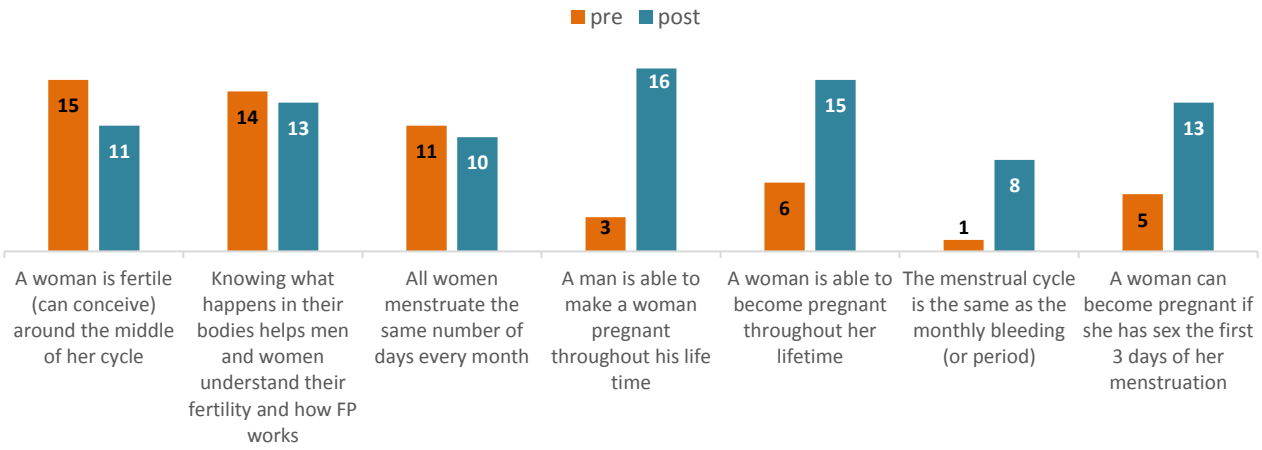
The proof of concept assessment results are presented by the three assessment areas: 1) Facilitator knowledge and competence; 2) Correct knowledge of method use and management of fertile days, and; 3) Community acceptability of the intervention. At the end of each result area, a discussion section is included on the applicability of the findings for the pilot intervention.

Result 1. Facilitator Knowledge and Competence

Facilitator Knowledge: Training description and test results

During the training, a collective verbal pre and post-test – using 32 true or false statements - was conducted to measure the facilitators' knowledge and biases in three key areas: healthy timing and spacing of pregnancy (HTSP); FA, and; FP, including SDM and TwoDay Method. Key findings are discussed below.

Figure 4. Pre and Post-Training Test Results, by FA agreed/disagree statements (n=16) *



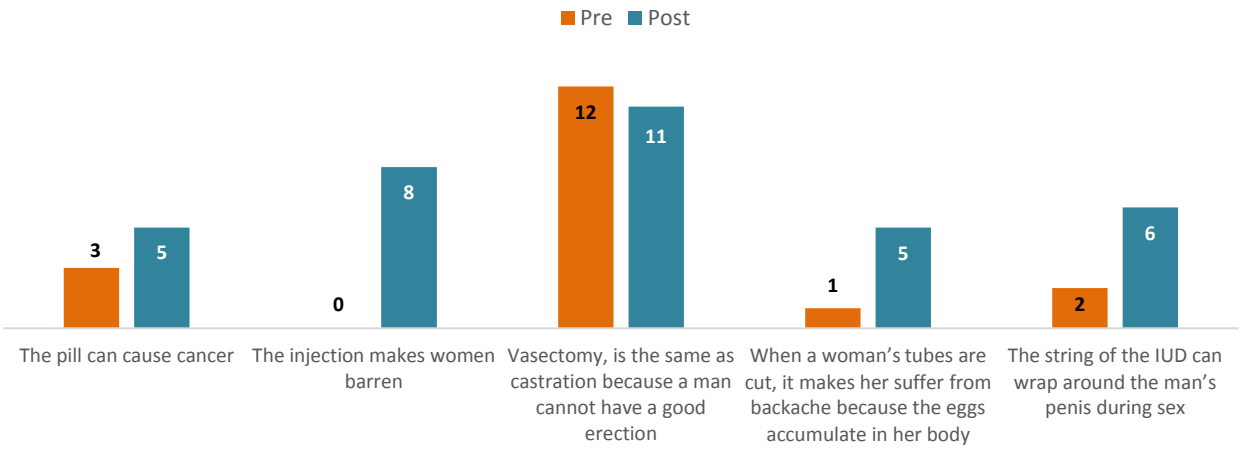
** Values show # of facilitators who got the statement correct; that is, # who correctly agreed / disagreed with the statement. (Source: Pre and post collective verbal test during training)*

Facilitators improved FA knowledge, <u>but require supportive supervision</u>. At the pre-test, the majority of facilitators already had some baseline FA knowledge. Specifically Figure 4 above shows that before the training, 15 of the 16 facilitators agreed that the woman is fertile around the middle of her cycle. Interestingly at post-test, the number of facilitators agreeing with the same statement decreased to 11. The largest pre and post FA knowledge gains were in the knowledge areas of female and male fertility during the lifecycle: specifically, only three of the facilitators agreed that a man can get a woman pregnant throughout his lifetime, compared to all 16 facilitators at post-testing. While general FA knowledge improved, some facilitators still struggled with key FA concepts at post-test. For instance at pre-test, only one facilitator differentiated the menstrual period from the menstrual cycle, which increased to eight facilitators by the end of the training. Despite the gain, this indicates that at least half of the trained 16 facilitators still had a hard time differentiating between the menstrual period and cycle at the end of the training. This suggests that facilitators may need more training support and time on key FA concepts prior to conducting group counseling sessions on FAM.

Facilitators improved knowledge of FAM, but still questioned side effects of hormonal family planning methods. At the post-test, all 16 facilitators were able to correctly identify that not all women are eligible to use CycleBeads and that a CycleBeads user can get pregnant during white bead (fertile) days (up from nine and 10 facilitators, respectively, at pre-test). Interestingly at pre-test, all 16 facilitators agreed that a woman can tell if she is fertile by checking her secretions, but this slightly decreased to 14 facilitators at the post-test.

Despite marginal attitudinal improvements from pre to post-tests, the majority of facilitators still held strong misconceptions around side effects of FP methods. Figure 5 shows that only three out of the 16 facilitators believed that pills do <u>not</u> cause cancer, which increased to five at post. As well, two facilitators before the training believed that the string of an IUD could <u>not</u> wrap around the man's penis during sex, which improved to six facilitators after the training.

Figure 5. Pre and Post-Training Test Results, by FP methods agree/disagree statements (n=16) *



** Values show # of facilitators who got the statement correct; that is, # who correctly agreed / disagreed with the statement. (Source: Pre and post collective verbal test during training)*

Facilitator Competency: Session Observation Scores

During facilitators' activities in the community, external observers accompanied the pair of facilitators and applied a competency checklist to assess the delivery of community learning, group counseling and method support sessions.

Facilitator Competency Delivering Community Learning Sessions

During community learning sessions, facilitator pairs were ranked together and were observed across four categories: 1) Correct use of job aides; 2) Facilitation skills; 3) Coverage of essential content; 4) Establishment of a safe environment. Facilitator pairs were either ranked as "Did well;" "Did partially;" or "Did not do at all." The competency results show that the majority of facilitators scored the highest on establishing a safe learning environment. Scores on the three other domains were also high with the majority of facilitators both fully or partially covering the essential content correctly and using their job aids appropriately. Key results include:

Facilitators can establish a safe group environment. Seven of the eight facilitator pairs "did well" in ensuring a safe environment, with one pair only "partially" performing in the same category. Measures for establishing a safe environment included putting participants at ease during session introduction, showing respect through active listening and inquiring about participant's knowledge and experience around the topic of discussion, and encouraging both males and females to participate.

Facilitation skills could be improved for some facilitators. Facilitation skills were measured by whether facilitators were able to follow the lessons' methodology, involving participants in activities such as role plays and reflection using activity cards and guiding group discussions. However, at least two of the seven facilitator pairs performed poorly, suggesting that some facilitators may need additional support and training in facilitation skills and that the selection process needs to be strengthened.

The majority of facilitators covered the essentials and used the job aids correctly - Use of the job aids is an essential aspect of the training given that proper use of these ensures that participants are being engaged in reflection, discussion and modeling problem solving. However, at least one facilitator pair did not correctly use the job aides or did not cover the essential components correctly. Another two pairs only did so partially correctly.

Facilitators using TwoDay Method job aid during a group counseling session

1) ***Facilitator Competency Delivering <u>Group Counseling and Method Support Sessions</u>*** During SDM and TwoDay Method group counseling sessions, facilitators were ranked according to: 1) Correct use of job aides; 2) Correct explanation of method; 3) Client screening; 4) Safe learning environment, and; 5) Demonstration of essential skills. A total of five SDM facilitator pairs and three TwoDay Method pairs were observed. Group counseling observation results include:

Facilitators continue to perform well in their use of job aides and ensuring a safe environment. Similar to the community learning sessions, Both SDM and TwoDay Method facilitators almost unanimously scored perfectly on using their job aides and ensuring a safe counseling environment. One possible explanation could be that facilitators strengthened their skills in both areas due to their conducting community learning sessions the month prior to starting the group counseling sessions.

SDM facilitators performed well screening users, TwoDay Method facilitators lagged behind; but both SDM and TwoDay Method facilitators need additional support for screening. Five of the six observed facilitators completed the screening for SDM eligibility correctly, covering both the cycle length as well as the couple agreement criteria. For TwoDay Method, however, only one of the three facilitators observed mentioned who can use this method. In addition, difficulties recruiting eligible users for the FAM user interviews below suggest that both facilitators needed to improve screening. Some participants who were contacted for the assessment were either pregnant or post-partum and therefore were not able to use the method.

Both SDM and TwoDay Method facilitators can explain the methods correctly. Both groups of SDM and TwoDay Method facilitators observed were able to cover the essentials of each method's daily use, with five out of the six SDM facilitators explaining how CycleBeads work, including monitoring for short and long cycles. TwoDay Method facilitators similarly covered the essentials of secretions and how to identify the fertile days, with all 3 facilitators explaining these key points (2 explained fully and 1 partially).

2) ***Facilitator Competency Delivering <u>Method Support Sessions</u>***

During the booster method support sessions, facilitator pairs' competency levels were ranked according to the following domains: 1) discussing management of fertile days; 2) asking if couples have what they need to achieve their goals, and; 3) reminding the group that all information is confidential. A total of four and two facilitator pairs were observed during SDM and TwoDay Method group counseling sessions, respectively. Method-specific competency results include:

TwoDay Method facilitators performed better than SDM facilitators during method support sessions – On average the two TwoDay Method facilitator pairs performed better than the four SDM

facilitators across the competency categories. One exception is "mentioning the ability to manage fertile days as a success factor in using the method" in which SDM facilitators performed better. Specifically, SDM facilitators scored lowest in the "goals" category, and in particular "asking couples if they have what is needed to achieve their goals."

All facilitators reminded couples to keep confidentiality norms – Both SDM and TwoDay Method facilitators scored perfectly in ensuring confidentiality among group members. This suggests that facilitators during method support sessions were able to ensure the confidentiality protocol normally outlined for health facility settings.

Using the Result 1 Findings to Inform the Pilot Intervention

As seen in Table 5, several refinements to the intervention were made to strengthen facilitator knowledge and competence in the pilot phase. The findings from the pre and post training test show that facilitators have improved their FA knowledge, but **confusion still exists around key FA concepts**. As a result, mentoring and supervision by CDOs have been structured to strengthen youth facilitator's skills through supportive supervision.

One concern is facilitator's **low knowledge of hormonal FP methods** and normative beliefs about side effects at the post-test. While WALAN is not an exclusively-focused social normative intervention, special attention should be paid to the delivery of the sessions to ensure that facilitators are providing accurate information and informed choice on both FAM *and* other FP methods to the community at large. To ensure that facilitators pass on accurate facts about other FP methods during the pilot intervention, training has been strengthened by adding practice time to address misconception with scenarios used in role playing.

Table 5. Proof of Concept Gaps and Pilot Intervention Refinements

PROOF OF CONCEPT FINDINGS	PILOT INTERVENTION REFINEMENT
1. FACILITATOR KNOWLEDGE	
Confusion around key FA concepts at the end of the training • Some facilitators were still confused around key FA concepts at the end of training, such as differentiating between menstruation and menstrual cycle	➢ Reinforce facilitators' knowledge through structure and supportive supervision
Low knowledge of other FP methods and normative beliefs around hormonal FP side effects • At post-test, the majority of facilitators still held low knowledge of hormonal FP methods and side effects • The majority still believed that pills can cause cancer and that the string of the IUD can wrap around the man's penis during sex	➢ A knowledge review on FP methods using role plays to resolve misconceptions was added to the training.
2. FACILITATOR COMPETENCY	
Strong use of job aides, but some gaps in facilitation skills and screening of eligible method users • The facilitators can deliver the WALAN community learning, group counseling and method support sessions • Facilitators performed more poorly on using participatory facilitation skills and in screening users for the appropriate method	➢ Strengthen screening for eligibility criteria strengthen through practice, observation and feedback during facilitator training

Finally, the observation results suggest that facilitators are competent in delivering the sessions, but **need to strengthen facilitation skills** which includes handling questions and summarizing key take-away messages at the end of the session. The observations also showed that facilitators had **difficulties in screening participants for eligibility** of SDM and TwoDay Method use during the group counseling sessions. This was confirmed by difficulties the external research firm identified in recruiting FAM users for assessment interviews. For instance, only nine out of 15 couples who attended a group counseling session – and were approached by the research team - were eligible to participate in an interview. Common reasons for interview ineligibility included: female user had not started using the method; female user was either pregnant or post-partum, or male partner could not be found. For the pilot, **training of facilitators around both facilitation skills and method eligibility has been strengthened** and eligibility criteria in the study has changed to enroll women, regardless of whether or not their male partner chooses to participate in the study.

RESULT 2. Correct Knowledge of Method Use and Method Satisfaction

Correct knowledge of method use was assessed by interviewing five SDM and four TwoDay Method couples approximately three weeks after a group counseling session. A second follow-up interview was then conducted three weeks after the first. Correct knowledge of method use for both methods was measured through a prompted demonstration. At each interview, the data collector asked the female user or male partner to show how they use either CycleBeads or TwoDay Method. The data collector then marked "yes" or "no" for each method use step of the method explained/not explained by the participant during the demonstration. Interviews were conducted separately for female users and male partners at each time point.

FAM User Background

As per Figures 6 and 7, TwoDay Method users tended to be older and less educated: six of the eight TwoDay Method users were between the ages of 26 to 35 years old, compared to just one SDM user. Comparatively, nine of the ten SDM users were 25 years old or younger, in contrast to just two out of eight TwoDay Method users. TwoDay Method users were on average less educated, with five out of eight having some level of primary schooling, compared to three out of ten SDM users. Finally, three of SDM users had some level of technical schooling, while TwoDay Method users had none.

Figure 6. Age of SDM Male and Female Participants (n = 10)

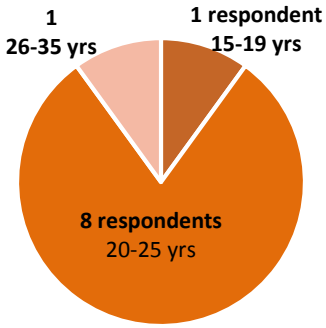
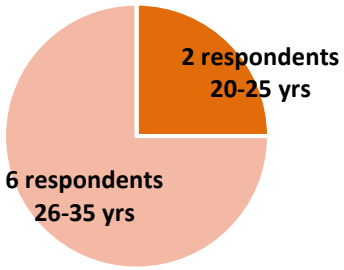


Figure 7. Age of TwoDay Method Male and Female Participants (n = 8)



Typical to the Acholi region, seven out of ten SDM users and seven of the eight TwoDay Method users work in farming, and with nine and seven of SDM and TwoDay Method users, respectively, planning to have more children in the future.

Correct Knowledge of How to Use the Method

Female SDM users show correct knowledge of method use, and male partners show improved knowledge at second data collection point - Table 6 shows the results from the FAM user interviews conducted with the five SDM female users and five male partners. All the five SDM female participants showed 100% correct knowledge of method use both at the first interview and again three weeks later at the second data collection point (see Table 2). Only three of the five male partners demonstrated 100% correct knowledge of method use at the first data collection point. Knowledge gaps included: 1. moving the ring to the red bead at the start of the period, and; 2. back again at the start of the next period; 3. in addition to identifying brown beads as "safe" non-fertile days. Despite these knowledge gaps, all of the men improved by the second data collection point, all showing 100% correct knowledge of method use. Potential reasons for men's knowledge improvement include communication with their partner about the method use, and their return to method support sessions with other method users.

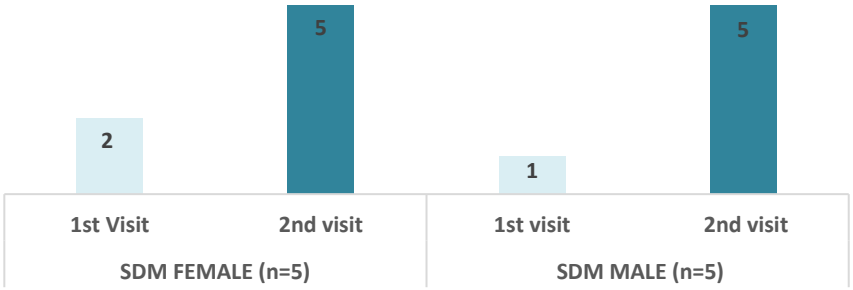
Table 6. Correct Knowledge of Method Use, SDM Female Users (n = 5 couples)

	FEMALE USERS		MALE PARTNERS	
MEASURES	**1st Interview (n=5)**	**2nd Interview (n=4)**	**1st Interview (n=5)**	**2nd Interview (n=5)**
1. Move ring to red bead	5	4	4	5
2. Move ring to next bead daily	5	4	5	5
3. Use condoms or abstain when ring on white bead	5	4	5	5
4. Brown beads are safe days	5	4	4	5
5. Move ring back to red bead at start of next period	5	4	3	5

(Source: FAM user interviews)

When SDM users were asked about the 'meaning of getting period before brown bead', only two out of five female users and one out of five male partners answered the question correctly during the first interview.[1] However three weeks later, all female users and male partners answered the question correctly. One possible reason for this improvement could be couples' attendance of method support sessions provided by a facilitator, after the first data collection round to troubleshoot any problems with their method use.

Figure 8. Correct Answers to 'Meaning of Getting Period before Brown Bead'



(Source: FAM user interviews)

Female TwoDay Method users and male partners show perfect knowledge of method use, reflecting method simplicity - Table 7 shows that all four TwoDay Method couples – including female users and male partners – showed correct knowledge of method use when prompted to show use of their TwoDay Calendar at both time points. When asked the meaning of noticing secretions either today or yesterday, all four female users and male partners correctly identified the days as fertile days. There are a number of explanations for the high ceiling effect. In contrast to SDM, TwoDay Method is a simpler method to use, requiring less method verification steps, and reducing the possibility of an incorrect answer.

Table 7. Correct Knowledge of Method Use, TwoDay Method Users (n = 4 couples)

	FEMALE USERS		MALE PARTNERS	
MEASURES	**1st Interview (n=4)**	**2nd Interview (n=4)**	**1st Interview (n=4)**	**2nd Interview (n=3)**
1. Marked date of period on the calendar	4	4	*N/A*	*N/A*
2. Marked each day of cycle	4	4	*N/A*	*N/A*
3. Correctly identifies fertile days	4	4	4	3
4. Meaning of secretions either today or yesterday	4	4	4	3

(Source: FAM user interviews; N/A = question not asked to male respondent)

[1] Answer to the question is 'cycle is too short and should abstain or use condoms when having sex'

Management of Fertile Days

In addition to the knowledge of method use, one of the key criteria for using either SDM or TwoDay Method is the ability to either abstain or use condoms during fertile days. The assessment findings confirm that the five SDM couples and four TwoDay Method couples used a combination of both abstinence and condoms to avoid pregnancy on fertile days.

SDM users are more likely to use condoms only; TwoDay Method users are more likely to abstain - SDM and TwoDay Method users managed fertile days in different ways. In particular, SDM participants reported using condoms more frequently than TwoDay Method participants (Figure 9; orange bar); while TwoDay Method reported more frequent use of abstinence only during fertile days (Figure 10; grey bar).

Figure 9. Management of Fertile Days, SDM Users (n=5 couples)

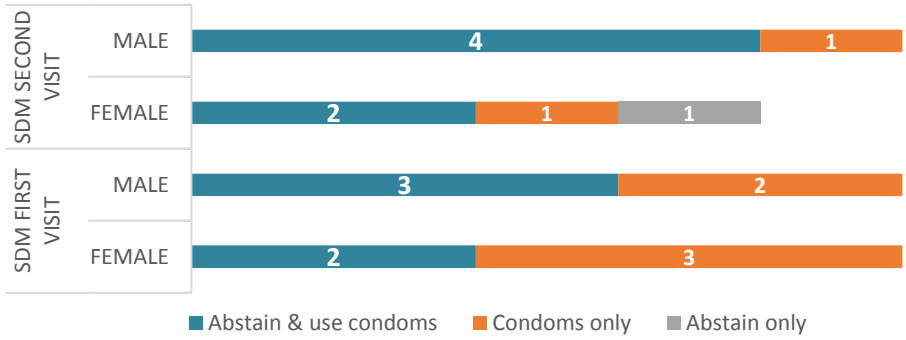
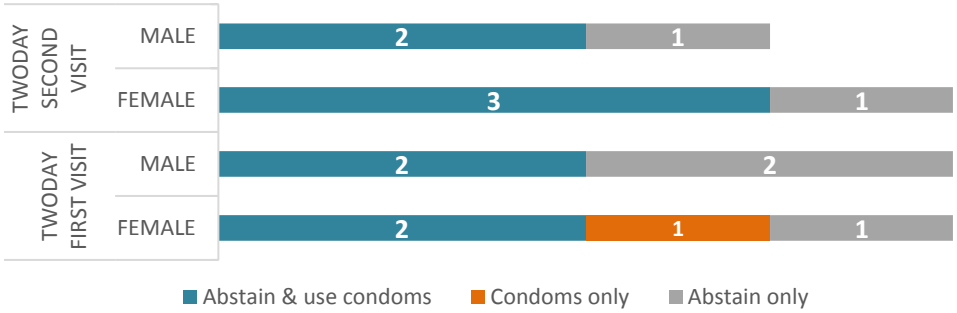


Figure 10. Management of Fertile Days, TwoDay Users (n = 4 couples)



(Source: FAM user interviews; note 1 SDM female and 1 TwoDay Method loss to follow-up during second visit)

None of the female or male respondents - neither SDM nor TwoDay Method users – reported the use of withdrawal or doing nothing at all to manage fertile days. This would suggest that couples who learn about either SDM or TwoDay Method in a group counseling method use the method correctly and effectively manage fertile days.

Male partners have multiple roles in using SDM or TwoDay Method - Both female and male respondents were also asked about the male partner's role in using SDM and TwoDay Method (Tables 8 and 9). All of the male and female respondents reported some type of male involvement in using the method. In the majority of cases, male partners had multiple roles in using the method, indicating a high level of involvement in both using and communicating about the method.

Table 8. Male Partner's Role, SDM *(multiple answers given)*

	FEMALE USERS		MALE PARTNERS	
SDM MALE'S PARTNER ROLE	**1st Interview (n=20)**	**2nd Interview (n=14)**	**1st Interview (n=16)**	**2nd Interview (n=18)**
1. Moves ring	4	2	5	3
2. Reminds to move ring	5	4	5	5
3. Marks first day of cycle	3	3	2	3
4. Abstains from sex	0	0	0	0
5. Asks partner if ok to have sex	1	0	0	0
6. Uses withdrawal	0	0	0	0
7. Uses condoms	3	1	3	2
8. Buys condoms	4	3	1	4
9. Other _____	0	1 *"condoms were distributed at the youth group"*	0	1 *"we do everything together"*

(Source: FAM user interviews)

Table 9. Male Partner's Role, TwoDay Method *(multiple answers given)*

	FEMALE USERS		MALE PARTNERS	
TWODAY METHOD MALE'S PARTNER ROLE	**1st Interview (n=11)**	**2nd Interview (n=18)**	**1st Interview (n=13)**	**2nd Interview (n=15)**
1. Marks the calendar	2	4	3	3
2. Reminds to mark calendar	4	3	4	3
3. Abstains from sex	1	4	2	2
4. Asks partner if ok to have sex	1	0	0	1
5. Uses withdrawal	0	3	0	2
6. Uses condoms	1	1	3	4
7. Buys condoms	0	2	1	0
8. Other _____	2 *"counting days"; "checks secretion himself"*	1 *"also checks to confirm the secretions"*	0	0

(Source: FAM user interviews)

The majority of male partners either moved and/or reminded the woman to move the ring (SDM) and marked and/or reminded to mark the TwoDay card. Interestingly, two female TwoDay Method users marked the "other" category, indicating that the male partner "checks the secretion himself," and that he "also checks to confirm the secretions." While TwoDay Method users reported that the male partner abstained, this was not reported for SDM users. TwoDay Method users reported withdrawal use at the second data point, but this was not reported by SDM users.

Method Satisfaction

> *"Because I have learnt so many things about me as a woman and I have also realized that the method is good since it is not painful, doesn't need money, no need to go to hospital. You can monitor your secretions by yourself, so I feel that the method is favorable for us who are deep in the villages."* - **Female TwoDay Method User, Anaka Sub County, Nwoya district.**
>
> *"You are in control of the bead. It is easy to use and also manage. Since it is a natural method, it can't cause any side effects like other FP methods."* **– Female SDM User, Bungatira Sub County, Gulu District**

Both SDM and TwoDay Method users are highly satisfied with their method; reasons include ability to control the method, absence of side effects and low method cost. For SDM, all five female users and male partners reported being "very satisfied" using SDM. For TwoDay Method, all four female users were "very satisfied" with the method, compared to three out of the four male partners. Of the four TwoDay Method partners, one male reported being "satisfied" with the method. When asked to explain reasons for method satisfaction, most respondents cited ability to manage or "control" the method, absence of side effects and lower costs associated either buying or accessing a method at a health facility.

SDM and TwoDay Method users are satisfied with their methods, but TwoDay Method users face community opposition. Despite reported satisfaction, some women using TwoDay felt that checking for secretions on a daily basis can sometimes be challenging given their work schedule in the fields. In addition, one TwoDay Method couple noted – during separate interviews - that their community discouraged them from using the method: "*some people were discouraging us and advising to stop using the method; [they] were saying that checking secretions using two hands is not healthy*." This finding was confirmed during FGDs with facilitators and Key informant interviews with community leaders who expressed that TwoDay Method can be unhygienic and culturally inappropriate.

Using the Result 2 Findings to Inform the Pilot Intervention

The method results are not generalizable given the small sample; rather, the results reaffirm that couples who learn about the method in a group counseling setting have the ability to use the method and manage fertile days together. The findings suggest that **the method support sessions were important in reinforcing knowledge, suggesting the importance of the booster sessions as part of the overall model.** First, the qualitative results suggest that improvements in men's knowledge of the method use may have been due to their participation in method support sessions after the first group counseling session. Second, additional communication with their female partners after the first data collection point may have also improved the male partner's score by the second data collection point.

Qualitative data reinforced the **importance of the male partner's role in using the method, confirming the importance of engaging men through group counseling.** As one SDM male partner from Bungatira subcounty explained, "*using this method is very easy since both husband and wife are using the method together. If one forgets to move the ring, the partner can help move it. To avoid pregnancy on the white period [we] always use condoms.*" At the same time, results from TwoDay Method interviews suggest that a few male partners may have been either "monitoring" or "checking" their female partner's secretions. This finding can have multiple interpretations, either meaning that the male partner may be monitoring the calendar markings or actually physically checking the secretions himself. Since we could not make a conclusion from this during the proof of concept phase, a follow-up probe has been added to the FAM user interview guide for the pilot intervention to clarify what is meant by either "monitoring" or "checking" their partner's secretion.

Both FAM users and local leaders emphasized during Key Informant interviews the importance of being able to access a "free" method and reducing costs and time spent traveling to a health facility. **This suggests that physical and monetary access to FP methods may, in fact, be a barrier in Northern Uganda.** Both qualitative and quantitative findings also show community concerns around TwoDay Method. **As a result, concepts around hygienic ways of checking secretions for TwoDay Method use will be reinforced during the pilot training for facilitators**, and TwoDay will be emphasized during sensitization and orientations for community leaders and health service providers, respectively.

TwoDay Method Marking Calendar

Table 10. Proof of Concept Findings and Pilot Intervention Refinements

PROOF OF CONCEPT FINDINGS	PILOT INTERVENTION REFINEMENT
1. TWODAY METHOD ACCEPTABILITY	
TwoDay Method can be considered culturally inappropriate and unhygienic in some communities: • TwoDay Method users are satisfied with their method, but do not feel supported by some of their peers • Some facilitators report difficulties mobilizing participants for TwoDay Method group counseling sessions • A few community leaders report that TwoDay Method is culturally inappropriate and unhygienic	➢ Reinforce concepts about menstruation and that secretions are not associated with a woman being dirty during training for youth facilitators ➢ Add TwoDay Method component during community sensitizations and orientations with health service provider and community leaders addressing cultural and hygienic concerns ➢ Reduce the sample size of TwoDay Method users from 120 to 80 for the pilot research study
2. MEASUREMENT OF METHOD USE	
Improvement of method use measures • **Improving measures -** This is particularly relevant for the male partners, who were not asked to verify the "marked date of period the calendar" and "marked each day of the cycle."	➢ Standardize measures across female users and male partners ➢ Add TwoDay Method verification measures to the pilot FAM user interviews, including verification of wet versus dry days on the calendar.

RESULT 3. Acceptability of the WALAN Intervention

The section below describes the reach and acceptability of the intervention, including participation in WALAN activities; participants' perceptions of group counseling activities; and perceptions of community leaders and service providers' perceptions of group counseling activities.

Community Participation in Community Learning Sessions

High levels of attendance at community learning sessions. A total of 32 sessions were delivered on fertility, HTSP and FP, and LAM across the eight villages to approximately 498 participants. Of these, approximately 63% were female and 37% male; and about 61% to 76% had children.

Figure 11. Age Ranges of Community (n = 498)

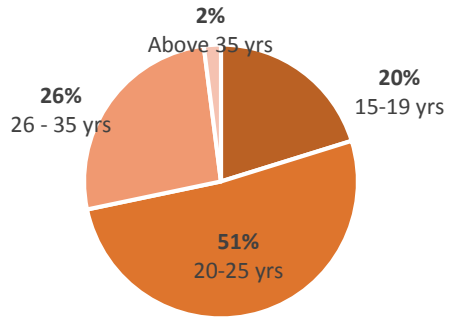
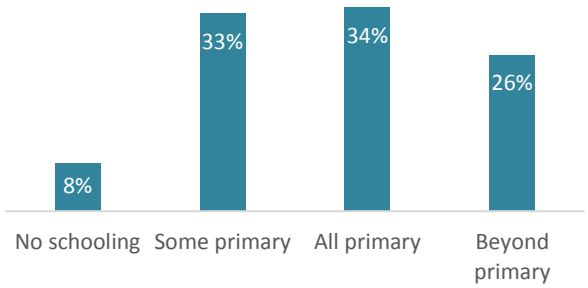


Figure 12. Education Ranges of Community Learning Participants Learning Participants (n = 497)



Most community learning participants were interested in SDM. The community learning sessions have the dual purpose of providing FA information to the community at large, while serving as a recruitment platform for SDM and TwoDay Method group counseling sessions later on. During the community learning sessions on FP methods and LAM, participants are invited to either participate in a group counseling session on either SDM or TwoDay Method, or opt for other FP methods at a health center via a FP invitation card. Figure 13a shows that just over half of the 498 community learning participants (51.8%) were interested in either FAM or another FP method. Of these 258 participants, approximately 168 were interested in SDM, followed by 36 for TwoDay Method, 33 for other FP methods provided at the health center, and 21 were interested in LAM (Figure 13b).

Figure 13a. Community Learning Participants Interested in FP Methods (n = 498)

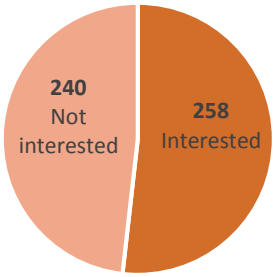
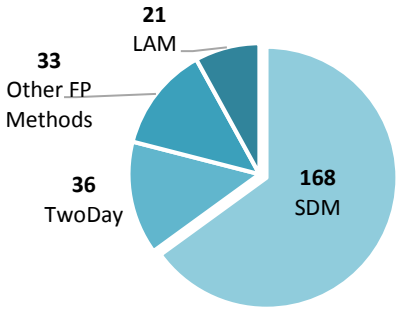


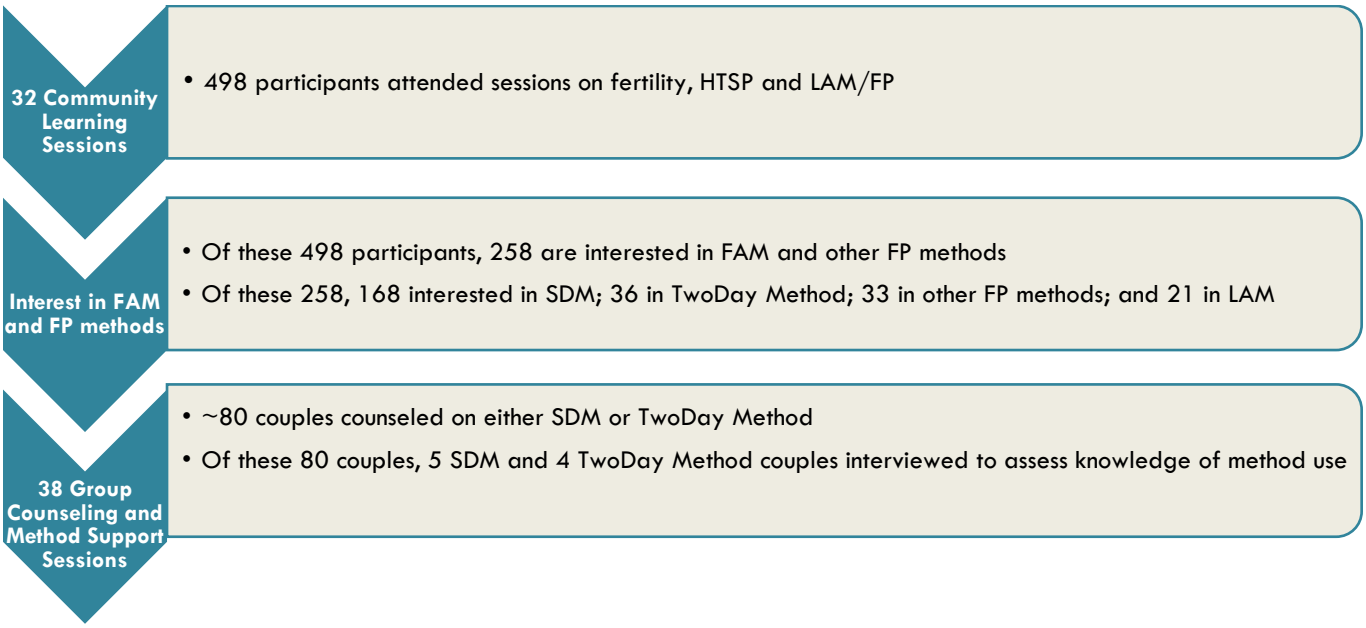
Figure 11b. Interest in FAM and other FP methods, by type (n=258)



Participation in Group Counseling and Method Support Sessions

Approximately 80 couples participate in group counseling and method support sessions. Monitoring data show a total of 38 group counseling and method support sessions - including 25 SDM and 13 TwoDay Method sessions - delivered to approximately 211 participants across the eight proof of concept villages (average ~5.6 couples per session). However, some of these participants were returning couples who went back to method support sessions after the first group counseling session. Controlling for returning couples, approximately 10 couples participated in group counseling in each site, totaling about 80 couples who attended a group counseling session and went home with either SDM or TwoDay Method. Table 11 shows the flow and number of community learning participants who went to group counseling and method support sessions.

Table 11. Flow and Number of Participants, by type of activity



Participants' Perceived Benefits of the Group Counseling Model

Couples value each other's experiences and advice. FAM users appreciated the fact that learning in a group makes them share experiences and advice among one another. This was particularly relevant during method support sessions, where couples returned to share their experiences after beginning to use the method, as explained by one TwoDay Method couple:

Participants are satisfied with the teaching methodology – The FAM user interviews and debriefs with participants suggest that participants thought the topics were practical and well-delivered. A number of participants also pointed to the use of pictures as enabling learning tools. One female SDM user explains how the methodology helped her understand the method:

> *"Yes, everyone understood the teachings. We had different beliefs before using the beads but during the training the topic on moon beads was well presented. The facilitators taught very slowly to make sure we all understand"* - **Female SDM user Bungatira Sub-county, Gulu District.**

Participants are comfortable discussing sensitive topics in a group setting. Of the nine couples sampled during the FAM user interviews, all SDM and TwoDay users reported being comfortable discussing and sharing about sensitive topics. Both male and female SDM and TwoDay users were comfortable sharing about menstruation as well as sharing about issues you may be having with your partner. Male users of SDM and TwoDay Method were more comfortable taking about what to do on fertile days than females respectively, where SDM and TwoDay Method female users were

more comfortable talking about when to have sex, with the exception of one female respondent who expressed discomfort.

> *"Because during the couple [counseling method] support sessions, we share challenges and experiences so from there the non-method users can learn how the method works and the advantages and also because in groups we can learn new things since there will be views from different people"*- **Male TwoDay user, Anaka Subcounty, Nwoya district**

Perceived Challenges of the Group Counseling Model

All nine FAM user couples interviewed had very high levels of satisfaction of the group counseling and method support sessions. As a result, couples cited very few criticisms or challenges. Instead, facilitators reported a number of challenges, starting with mobilization and logistical issues.

Facilitators felt that participants were unable to ask intimate questions – Some facilitators expressed concerns that participants did not have the opportunity to talk about intimate issues related to sex, family planning, etc. This would suggest that while participants may be comfortable talking about menstruation and fertility issues in general (as confirmed by the FAM user interviews), they may be reluctant to share very intimate experiences related to the matter at hand. One facilitator from Nwoya explained this by stating, *"I think they are free in the group but usually they are not very detailed. What they normally do is to pick one of the facilitators and reveal exactly what they have in private."*

Facilitators have difficulties with mobilization and planning - Facilitators noted that group members often had different schedules of activities. As a result, sessions were often rescheduled. In addition, participants would show up late for sessions, and sessions would start later than planned. In particular, facilitators expressed difficulties in mobilizing community members without providing refreshments.

> *"For me it was easy to teach, I had all the information. On the other hand, mobilizing the members was really difficult and some of the sessions failed. Some of the members were asking for refreshment which we didn't have, although we continued with the session."* **- Facilitator FGD, Anaka Sub County, Nwoya District**

Men's participation, or lack thereof, in the group counseling and method support sessions – Some facilitators reported that there were women who wanted to use the method yet their husbands would not show up for the counselling sessions. One reason could have been that the women were members of the YIELD group while their spouses were not. This posed a challenge for the women in the group and they could not take up FAM methods. Yet, despite some facilitator's reports that men would not show up for the method support sessions, results from the FAM user

interviews with nine couples suggest that the attendance of method support sessions by men may have actually improved their method use over time.

Facilitators are confused about group counseling versus method support sessions – Some facilitators reported being confused on the difference between the initial group counseling and the booster method support sessions; and that some facilitators had started providing method support sessions before the refresher training on the topic. To address this, one facilitator from Bungatira Sub-county suggested that the guide for group counseling and method support sessions should be provided separately, to avoid future confusion.

Facilitators have difficulties conducting intra-WALAN referrals (SDM <-> TwoDay Method) and other FP referrals. Some facilitators did not understand the intra-group referrals for different methods. For example, some couples who were ineligible for SDM and were interested in TwoDay Method, were not referred to TwoDay Method, but were instead referred to the health facility. In addition, interviewed health providers and VHTs confirmed receiving referrals for other FP methods from WALAN facilitators, but were typically unaware of the "FP Invitation Card." This could be interpreted in one of two ways: facilitators referred participants to the health facility via word of mouth, rather than through the FP invitation card; or referred participants received the FP invitation card but did not bring the FP invitation card to the health facility.

Both facilitators and participants expect incentives. Many group members expected refreshments and other benefits like soap, whereas facilitators expected some facilitation and/or mobilization allowance, transportation refund, certificates, and bags. In addition, some facilitators mentioned that the project materials needed to be kept properly in bags, yet bags were not provided on time. This affected interest levels and attrition rates of community participants.

Perceptions of health workers and VHTs

To enable a supportive environment for the intervention and to strengthen linkages between WALAN facilitators and service providers, one FP orientation was conducted with each, a group of health workers and community VHTs respectively. Specifically, health workers requested to be introduced to the WALAN facilitators. As a result, introduction of the WALAN facilitators during these orientations has been incorporated into the pilot. The proof of concept phase confirmed findings from the formative research in that health workers had limited knowledge of FP methods. As expected knowledge about FAM was very limited. As a result, the FAM orientations accomplished their objective of boosting FP and FAM knowledge and improve overall attitudes toward the methods.

LAM demonstration during WALAN orientation with health workers

Positive perceptions but concerns around confidentiality within group counseling model - Key informant interviews indicate that health workers and VHTs were accepting of the WALAN intervention. However, some of the health workers were concerned about confidentiality issues in a group counseling setting. One VHT from Anaka Subcounty explained that to ensure confidentiality, the model should be flexible enough for facilitators to address individual needs outside of the group setting.

Bridging and Bringing FP services closer to the community - In particular, health workers noted that the intervention brought FP services closer to the communities, at no cost, since a user does not have to spend money on the methods or on accessing FP information. Some health workers also cited receiving referrals from facilitators for certain FP methods. At the same time, one health worker mentioned receiving both referrals from the WALAN facilitators for new FP users as well as discontinuing hormonal users.

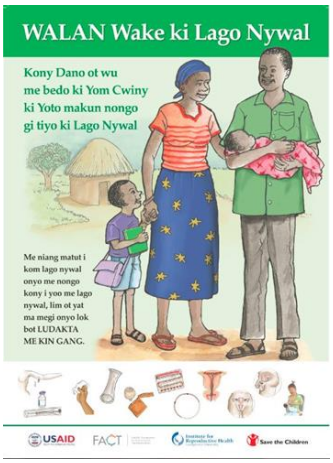
> *Of the two, one is currently using Cyclebeads and the other is currently using Depo Provera. I got to know that they had been sent by youth facilitators through consultations with these two clients. I have never received a client with that type of invitation Card.* **- Service provider, Anaka Sub County, Nwoya District**

Learning about WALAN activities through word of mouth, rather than FP invitation cards – During the proof of concept phases, the use of "FP invitation cards" were used to refer community members who were not interested in a FAM to other FP services at the health center. The key informant interviews show that service providers did receive referrals, but not necessarily through FP invitation cards. Referrals for other FP methods were not well understood by some of the health workers and VHTs, although they reported having received clients referred by the community facilitators.

Perceptions of Community and Religious Leaders

In addition, two sensitization activities were conducted with district, sub-county and local community and religious leaders. As a result of these activities, a sensitization guide has been developed and is currently being used and adjusted for the pilot intervention. The sensitization activities during proof of concept confirmed the importance of engaging community leaders at all levels to create a supportive environment for the WALAN intervention. In particular, leaders requested that they be involved by mobilizing youth to attend the WALAN activities. Indeed, the proof of concept findings show that community and religious leaders were instrumental in supporting and mobilizing young community members to attend scheduled sessions. Finally, community leaders were engaged in naming the intervention – WALAN or Be Proud with Family Planning – in addition to contributing to the design of a community level poster.

Community leaders draw ideas for WALAN's Family Planning poster



WALAN Poster for community FP promotion

Leaders accept the intervention, but some community members are skeptical. Key informant interview results show that local leaders value WALAN as an intervention that is addressing a problem within the community. One clan leader, mentioned the need to spread the "good news" of the WALAN intervention through different communities. However, they also noted some opposition to the intervention in the community. While leaders recognized that WALAN aimed to help "space" births, others saw it as a way of "stopping" births all together.

> *"Others think that they are blessed to have the program in their community. They feel that there was a problem that was earlier identified that the WALAN project activities are trying to address within their community. Some people are however so stuck to what they believe in - that God gave us power to fill the world. They even quote a verse in the Bible which says; go multiply and fill the world."* **- Religious leader, Anaka Sub County, Nwoya**

Leaders reiterate concerns around addressing individual problems in group counseling setting. Although the leaders were generally positive about the project, one religious leader recommended that only "common problems" be handled in a group setting. Like some perceptions of the facilitators and service providers, the leader expressed his preference for individual counseling as a way to solve individual's diverse problems and needs.

Some leaders want to be more involved in mobilization. A few leaders expressed the desire to be more involved in the intervention. For instance, one clan leader from Bungatira Subcounty suggested that leaders be involved in mobilization activities. To improve mobilization and planning

processes, the same interviewee requested that facilitators should let leaders know of a particular session three days in advance.

> *"If you gather people together, you may not solve their individual problems since we often have different problems. So for me I prefer individual or couple counseling to group couple counseling. It is much better to handle one common problem during group couple counseling where people are given chance to share experiences but also allot some time to individual couples to share issues that can't be talked about in a group individually."* **Religious leader, Anaka Sub-county, Nwoya District**

Using Proof of Concept Findings to Inform the Pilot Intervention

The proof of concept testing shows that communities were generally open and accepting of the group counseling model. However, users and community stakeholders have differing opinions on certain model components. For example, the results from the small sample of FAM users suggest that participants feel comfortable discussing sensitive topics in a group setting, speaking to the feasibility of the group counseling model. **Yet some community leaders, service providers and facilitators expressed concerns that participants may be unable to share intimate, personal information in front of others**. This indicates the need to remind facilitators in training to encourage participants to approach them individually for intimate needs and concerns.

Monitoring data show that just over half (258) of the 498 participants who attended community learning sessions were interested in FAM or other FP methods. Of these, approximately 168 were interested in SDM, suggesting high interest and demand for that method. On the other hand, only about 33 individuals were interested in other FP methods. Yet we know from the qualitative interviews with service providers that these individuals were referred to health centers. **However, FP invitation cards – which were intended to be used as a tracking tool - were not distributed timely to the facilitators which limited its use for referrals. Rather, service providers knew of the referral through word of mouth.** During the pilot phase, Save the Children will strengthen efforts to have the invitation cards available to the facilitators for distribution during their training, and to restock them during supervision visits Also, the sensitization meetings with service providers will be scheduled earlier during the pilot phase to ensure that all service providers are aware of the WALAN activities and that facilitators are distributing a FP invitation card as a means to refer interested members to the health center for methods.

Since community reach was not part of the proof of concept assessment, there were a number of monitoring issues that needed to be addressed. For instance, we did not accurately capture attendance data for method support sessions. **The forms that were used did not differentiate between new participants attending a group counseling session and returning participants**

attending a method support session. For the solution testing pilot phase, two separate attendance forms for group counseling and method support sessions have been developed in order to avoid duplication.

Finally, the testing phase showed some logistical difficulties with implementation. **Facilitators expressed difficulties in mobilizing participants for certain sessions, without the use of incentives.** Yet leaders also expressed interest in being more involved in the WALAN intervention, and in particular in mobilizing participants for certain activities. While WALAN is unable to provide incentives for the pilot phase due to Save the Children policy, community leaders will be more involved both through the orientation trainings and bi-monthly reflection meetings.

Table 12. Proof of Concept Findings and Pilot Intervention Refinements

PROOF OF CONCEPT FINDINGS	PILOT INTERVENTION REFINEMENT
1. FACILITATOR COMPETENCY	
Facilitators have difficulties referring participants for other FP methods at the health center • Facilitators report not receiving FP invitation cards • Service providers report receiving some clients interested in FP methods from WALAN youth facilitators, but were not aware of any FP invitation cards	➢ Boost training on FP invitation cards for WALAN youth facilitators and ensure that invitation cards are distributed to facilitators ➢ Hold orientation meetings with FP service providers earlier in the pilot model to introduce the FP invitation cards.
2. COMMUNITY ACCEPTABILITY	
Community leaders want to be more involved in the WALAN group activities: • Community leaders would like to be more involved in certain aspects of the intervention, such as mobilizing participants for activity sessions	➢ Hold bi-monthly reflection meetings with community leaders after sensitization for ongoing participation, clarification and reflection
3. MONITORING PROCESSES	
Monitoring forms did not differentiate between group counseling and method support sessions • Lack of clarity made it difficult to precisely indicate number of participants who went to a group counseling session versus the ones who returned to a method support session	➢ Develop separate group counseling and method support attendance forms ➢ Provide ongoing support to youth facilitators collecting attendance forms through check-ins during bi-monthly reflection meetings

DISCUSSION

Lessons Learned Informing the Pilot Model

Offering group counseling to both couples, and women whose partners don't attend the session. The proof of concept experience showed that there were women who were willing to attend sessions and take up FAM, however some were not interested in disclosing their partner's name, while others' spouses would not attend. As a result, the model was modified for the pilot to add women-only sessions that would allow women to attend counseling alone, thus expanding access to more women in the community.

Boosting sensitization efforts to enable community support of TwoDay Method. The proof of concept results show that TwoDay Method users were satisfied with their method, but felt unsupported in their method use by their social networks and community. Given these findings, additional efforts have been given toward sensitizing community leaders and service providers during the community sensitization and orientation sessions. Additionally, during facilitators training, emphasis will be placed on encouraging women to check secretions by looking in their underwear or toilet paper as well as by sensation, with less emphasis on checking their genitals with clean fingers. Part of this training includes the emphasis that checking secretions is acceptable and not unhygienic. Women also noted that checking secretions with work schedules can be challenging. During counseling, the facilitators will emphasize on establishing a routine for checking secretions.

Clarifying group counseling versus method support sessions. Facilitators also reported that they needed more training on handling support sessions to avoid confusion between counseling sessions and support sessions. Clarification of the different sessions will be emphasized during facilitator training and a schedule shared with facilitators, specifying when they should implement group counseling and method support sessions.

Addressing individual and couple FP and health needs. The assessment findings show acceptability of the group learning model, but some have concerns that no opportunity exists for discussions of individual/couple private situations. Counseling on FAM remains as group model, however, additional training has been given for the facilitator to advise one on one if the need arises.

Ensuring that health worker orientation sessions are done early on in the pilot. The FP orientation during the proof of concept phase was done toward the end of the intervention and as a result, some of the health workers and VHTs had not heard of the WALAN activities promoting FP and referring clients with invitation cards. Some voiced that they had not seen what the invitation cards look like. For the pilot, Save the Children will plan orientation and sensitization sessions to be conducted in the earlier stages of the pilot phase. In addition, quarterly reflection meetings will be held with leaders and health workers to move beyond just "sensitizing" key influencers.

Improvements of monitoring tools. As mentioned earlier, one key limitation of the assessment was the use of the same attendance form for both group counseling and method support sessions. Separate forms have been developed and implemented for the pilot in order to correctly assess

reach of the intervention within a given community. In addition, the FAM user interview tools have been refined and survey measures improved based on the testing during proof of concept.

Sharing findings with national, district and local stakeholders

Preparations for sharing findings of WALAN's proof of concept phase are underway at the national, district and community level. The purpose of sharing these findings is to both sensitize national stakeholders around the community-based group counseling model, while informing district and local stakeholders of the proof of concept process and use of the results. At the national level, key target audiences in Uganda include the Adolescent Working Group, National Ministry of Health (MOH) stakeholders, and the MOH's Sexual Reproductive Health Working Group. In addition, summaries of the findings of the proof of concept assessment will be disseminated to district leaders in Gulu and Nwoya districts and later to the community members where the research was conducted. In the communities, those who participated in the interviews will be participants in addition to the sub-county leaders, community leaders and the religious leaders. In each district, the community dissemination will happen at the sub-county levels. Other avenues for dissemination will be sought to present the findings like during Ministry of Health meetings, the WALAN Technical Advisory Group (TAG) meetings and District Operations Plan (DOP) meetings.

Conclusion

The proof of concept assessment findings suggest that couples who learn about SDM and TwoDay Method in a community group setting gain sufficient knowledge to use the method correctly. Results also highlighted that couples knew how to manage fertile days, using a combination of condoms and abstinence. The group counseling model was also tested to engage men as partners in SDM and TwoDay Method use. The findings show that men are not only interested and engaged, but also satisfied with the method use. However, the testing findings showed that these men were not a reflection of the entire community, and that some men either did not return to method support sessions, or did not want to show up at all to a group counseling session. As a result, some women who wanted to use the method but whose partner did not show up to the group counseling session, were ineligible to use the method. To address this gap, group counseling sessions will be offered to both couples and women-only during the pilot phase.

The result suggest that facilitators – despite not being trained health professionals - can deliver group counseling sessions to interested couples for either SDM or TwoDay Method. However, facilitators need supportive supervision. While they scored high in ensuring confidentiality and providing a safe group environment, they needed more support and training in participatory facilitation skills and screening (in particular SDM) users. During the pilot, both of these components will be reinforced through the launch training, mentoring and support from CDOs.

Lastly, the proof of concept findings show promising levels of method acceptability, and willingness among some of the FAM users to recommend others to attend group counseling sessions. Reasons for satisfaction included the ability to manage or "control" the method, lack of side effects, and that methods had been brought "closer" to the community. While acceptable at the community level, one key concern – mentioned by all facilitators, leaders, and service providers alike –

includes addressing intimate needs and individual questions in a group environment. In addition, while TwoDay Method users were satisfied with their method use, they felt unsupported by their peers and community members. For the pilot, additional emphasis has been given to TwoDay Method during the training of facilitators, sensitization and orientation with community leaders and service providers alike.

Correct knowledge of SDM and TwoDay Method use among users and facilitators' ability to deliver the sessions indicate that the curriculum and the process in which it was implemented were sufficient to test and scale into the pilot phase. Not surprisingly, the model will be moving forward with adjustments, and particularly strengthening the training and support for facilitators. This report is not exhaustive, and there are many other minor adjustments not necessarily reflected in between the lines of this report. As the intervention is scaled to 15 villages in Northern Uganda over a one year period, ongoing considerations include continuous monitoring of other FP method referrals, community reach and demand for the intervention and retention of FAM users over time. Finally, the results of the pilot will be used to determine the potential scalability of WALAN, positioning possible expansion of the intervention to other parts of Uganda and elsewhere.

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Annex

I. Youth Facilitators' Training Agenda

II. Youth Facilitators Job Aids:

- Facilitators Guide
- Activity Cards
- WALAN Flipchart
- FP Methods Display Board
- FP Invitation Card

III. Assessment Instruments:

- FAM User Interview
- Stakeholder Interview
- Youth Facilitator FGD Guide
- Community Learning Observation Form
- Group Counseling Observation Form