

# 3

# Introduction

## BACKGROUND

An emerging body of literature suggests that group learning is an effective method to provide health information to and encourage positive behavior change in underserved populations [cite]. This is particularly true in remote areas, where there is a lack of access to information and services or settings where the health system is overburdened [cite]. In the context of reproductive health—where family planning counseling at health centers may be out of reach for many women in remote areas—collective learning at the community level may increase acceptance and uptake of family planning.

The Group Learning and Counseling model was developed and tested in a community setting with the aims of increasing fertility awareness (FA) and expanding access to and uptake of fertility awareness methods (FAM) of family planning (FP) through existing community groups in Northern Uganda. Women and couples learned from a trained youth facilitator about FA and FAM, and referred for other methods of FP. This model was guided by formative research that suggested leveraging local existing groups as an effective means for the youth facilitators—external to the formal health system—to deliver community learning sessions and counseling to couples on two FAM: Standard Days Method® (SDM) and TwoDay Method®.

The development of the model followed a solution development cycle, an iterative process for the discovery, design, and development of solutions using formative research, participatory design, and intervention testing. What resulted was the Group Learning and Counseling model.



## THE WALAN STORY

In Northern Uganda, despite investments in sexual and reproductive health over the last decade, high rates of unmet need for family planning persist [cite]. However, findings from formative research conducted through the Fertility Awareness for Community Transformation (FACT) Project in this region indicate general awareness of family planning. To address gaps in family planning coverage, a Group Learning and Counseling model was developed and tested in the Acholi sub-region of Northern Uganda as Wake ki Lago Nywal (WALAN) or “Be Proud with Family Planning”. WALAN is a community-based group learning approach implemented through youth groups who lead community learning on fertility awareness and family planning and offer counseling in two simple fertility awareness methods: Standard Days Method (SDM) and TwoDay Method.

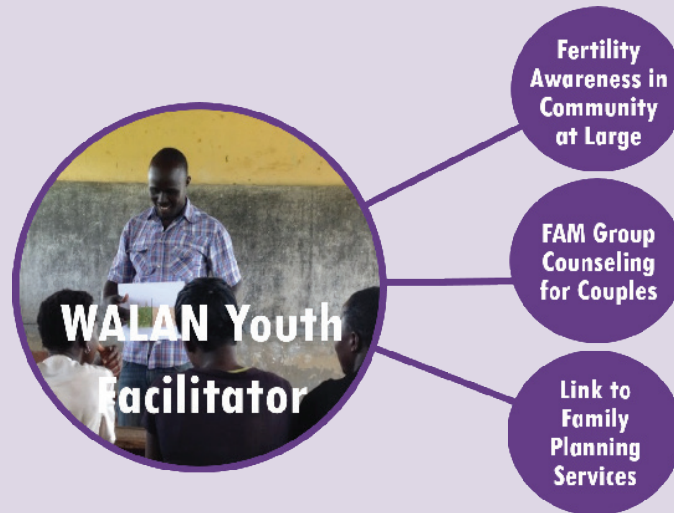
WALAN was developed through formative research and a concept design process conducted locally with beneficiaries, local partners and key stakeholders in the Acholi sub-region (Figure 1). WALAN aimed to use Group Learning and Counseling to increase access to and uptake of family planning and FAM. The model was developed to provide direct access to FAM at the community level while engaging men in FP by offering counseling sessions to couples.

WALAN was implemented through the Youth Initiative for Employment and sustainable Livelihoods Development (YIELD) project, that aims to foster socio-economic empowerment of vulnerable youth in this region. YIELD works with youth ages 15-24 in the districts of Amuru, Gulu and Nwoya, and focuses on agricultural, vocational and apprenticeship training. By leveraging YIELD, WALAN was able to train already identified youth group members to become facilitators for FAM. In each community, a WALAN youth co-ed facilitator pair conducted community learning sessions on FA and FP topics as well as couples group counseling sessions on either SDM or TwoDay Method to interested couples and women.

### Formative Research

The formative research was conducted in two sub-counties of the Acholi-sub region of Uganda. It included 20 focus group discussions (FGDs) and 13 in-depth interviews (IDIs) with members of youth groups, community leaders, and family planning providers. The findings indicated that FAMs could be a good option for some couples who expressed a preference for natural methods because they have no side effects and are accessible to everyone. It was found that many couples are already practicing forms of periodic abstinence ineffectively with incorrect information on the fertile window in the woman’s cycle. The research also identified the local norms and beliefs that support FP use as well as those that pose barriers. Supportive norms included the health benefits of FP use for mothers and the economic strain involved in raising large families. Some of the key barriers identified related to women not being able to negotiate sex with their husbands and limited communication between women and men about FP and for FAM specifically. The Group Learning and Counseling model built upon the positive norms while addressing the identified barriers to FP use. FGD participants indicated a willingness to learn about FA and FAM in mixed-sex groups, and that the age and gender of the facilitator could be important in how the information the facilitator gives is perceived by the group. The community gave further input on the solution design at meetings designed to elicit their feedback and during prototype testing sessions. They described an established process for learning among the Acholi, which was incorporated into the model’s strategies.

Figure 2. Concept for FACT's Group Learning and Counseling Intervention in Acholi Sub-Region






## Results from Proof of Concept and Pilot Testing

The solution emerging from concept design was tested in a proof of concept. The proof-of-concept phase confirmed that trained youth facilitators are able to mobilize their communities, deliver learning sessions, and counsel users in their FAM of choices. The feasibility and acceptability of the WALAN intervention at the community level was also confirmed. Once the post-proof-of-concept phase (September-December 2015) was completed, WALAN transitioned into its pilot phase (January 2016 - May 2017). Main findings of the pilot implementation phase highlighted the capabilities of the facilitators and community members' successful uptake of FAM. There was found to be a high demand for community learning sessions; 123 were delivered to the community and over 3,300 people participated in the sessions. During the 95 group counseling sessions delivered to the community, 288 community members took a method home. Additional information on the pilot results can be found in the [pilot results brief](#).



There are several actors involved in all phases of the Group Learning and Counseling model (Table 1). Youth facilitators, recruited through existing youth groups, receive training in group facilitation skills and content materials that prepare them to deliver FA community learning and FAM counseling sessions to interested community members. District and sub-county Community Development Officers (CDOs) receive training by program staff that equip them to support the youth facilitators' work through mentoring, mobilization, and problem-solving. Local stakeholders provide ongoing support of CDOs, and participate in awareness-raising events that promote acceptance of FA and FAM activities. Program staff train and support the CDOs. Each of these actors is responsible for a series of tasks that vary according to program phase.

Table 1. Actors and their roles in each phase of adaptation for the group learning and counseling model

	<b>FACILITATORS</b> Males and females from local youth groups nominated by peers to facilitate sessions	<b>MENTORS/SUPERVISORS</b> Local government officials	<b>STAKEHOLDERS</b> Civic, cultural, religious and other community leaders, and health workers	<b>PROGRAM STAFF</b> Members working within your organization or program who will participate in the model
 <b>GETTING READY</b>	<ul style="list-style-type: none"> <li>Participate in selection process</li> <li>Attend training</li> </ul>	<ul style="list-style-type: none"> <li>Participate in initial planning meetings with Program Staff</li> <li>Identify Stakeholders</li> <li>Engage Stakeholders; help facilitate attendance at community meetings</li> </ul>	<ul style="list-style-type: none"> <li>Attend community meetings and engage with Program Staff and Mentors/Supervisors to become "sensitized" to fertility awareness and fertility awareness methods (FAM)</li> </ul>	<ul style="list-style-type: none"> <li>Initiate planning meetings with Mentors/Supervisors and local officials</li> <li>Train and support Mentors/Supervisors for community mobilization activities</li> <li>Train trainers in facilitator training activities</li> </ul>
 <b>IMPLEMENTATION</b>	<ul style="list-style-type: none"> <li>Mobilize community members to participate in sessions</li> <li>Facilitate sessions</li> <li>Refer interested participants for other methods</li> <li>Mobilize <i>Community Learning</i> participants to attend <i>Group Counseling</i></li> <li>Facilitate <i>Group Counseling</i></li> <li>Facilitate FAM Users sessions</li> </ul>	<ul style="list-style-type: none"> <li>Lead community mobilization process, including planning, execution, and evaluation of mobilization activities</li> <li>Provide training, ongoing support and mentorship to Facilitators</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness/promote acceptance of fertility awareness and FAM activities</li> <li>Mobilize community to participate in sessions</li> <li>Participate in regular reflection meetings</li> </ul>	<ul style="list-style-type: none"> <li>Supervise Facilitators and routinely assess program monitoring forms</li> <li>Facilitate sensitization activities at community meetings</li> <li>Conduct reflection meetings with Stakeholders</li> </ul>
 <b>MONITORING</b>	<ul style="list-style-type: none"> <li>Complete program monitoring forms to be delivered to program staff</li> </ul>	<ul style="list-style-type: none"> <li>Collect monitoring forms from Facilitators</li> <li>Assess Facilitator competency through observations</li> <li>Participate in reflection meetings</li> <li>Complete report of monitoring tasks with Facilitators</li> </ul>	<ul style="list-style-type: none"> <li>Participate in regular reflection meetings</li> </ul>	<ul style="list-style-type: none"> <li>Conduct reflection meetings with Stakeholders</li> </ul>

## FERTILITY AWARENESS AND FERTILITY AWARENESS METHODS

### What is Fertility Awareness?

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

In the Group Learning and Counseling model, youth facilitators conduct community learning sessions on fertility awareness and family planning topics. They also offer counseling in two Fertility Awareness Methods to interested couples and women.

### What are Fertility Awareness Methods?

Fertility Awareness Methods (FAM) are modern, effective and non-hormonal family planning options. FAMs help identify the days during a woman's menstrual cycle when pregnancy is likely so that women and couples can plan or prevent pregnancy. This involves tracking the menstrual cycle or monitoring a woman's fertility signs. Couples prevent pregnancy by using condoms or avoiding sex on fertile days. Three FAMs are offered by youth facilitators through couples group counseling sessions: the Standard Days Method® (SDM), the TwoDay Method® and Lactational Amenorrhea Method (Table 2).

Table 2. Fertility Awareness Methods offered through the Group Learning and Counseling Model

<b>FERTILITY AWARENESS METHODS (FAM)</b>	<b>Standard Days Method® (SDM)</b> 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).
	<b>TwoDay Method®</b> 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).
	<b>Lactational Amenorrhea Method (LAM)</b> 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).