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# PASSAGES PROJECT

## Standard Days Method Training via Interactive Voice Response (IVR) for Low-Literacy Community-Based Providers in Rwanda and Nigeria

The Institute for Reproductive Health at Georgetown University (IRH) has provided [Standard Days Method®](#) with CycleBeads® training to skilled trainers, facility-based and community-based providers using in-person and virtual trainings for over 30 years. Previous studies have shown that Community Health Workers (CHWs) and low-literacy community agents are able to offer Standard Days Method with CycleBeads to women and their partners as part of their family planning responsibilities.

This initiative explored whether remote trainings via Interactive Voice Response (IVR) enabled technology could be used to successfully train low-literacy providers at the community level in Nigeria and Rwanda. To carry out this initiative, IRH partnered with [Viamo](#)—a global social enterprise with expertise in developing mobile content for training in a broad range of health topics via IVR.

### Benefits of IVR as a Training Method

Training via IVR is a cost-effective approach to engaging and training learners in their own language. IVR trainings require fewer resources than typical in-person training workshops and are useful in delivering information to community health workers, particularly in the context of COVID-19 limitations. Using IVR, programs can reach more providers at scale and make trainings accessible to rural and low-literacy learners.







### What is IVR?

Interactive Voice Response (IVR) is a technology that allows learners to listen to and learn from pre-recorded material delivered through a mobile phone and answer related questions by pressing on their phone the number corresponding to their answer. IVR technology allows anyone, regardless of literacy level, to access learning materials. The content is recorded by native speakers in local languages and can be accessed on basic phones.

### What is Standard Days Method® (SDM) with CycleBeads?

SDM is an effective natural method of child spacing. Based on reproductive physiology, SDM identifies a fixed set of days in each menstrual cycle when a woman can get pregnant if she has unprotected intercourse. Using SDM with CycleBeads®, a color-coded string of beads to help track the menstrual cycle, a user can know on which days pregnancy is likely, and avoid unprotected sex to prevent a pregnancy.

## CycleBeads® Training via Interactive Voice Response (IVR)

 <b>CONTENT DESIGN</b>	 <b>STYLE ORGANIZATION FOR MOBILE COMMUNICATION</b>	 <b>TRANSLATION, RECORDING &amp; FIELD TESTING</b>	 <b>COURSE DEPLOYMENT &amp; ONGOING SUPPORT</b>	 <b>REALTIME DASHBOARDS</b>	 <b>IMPACT MEASUREMENT</b>
7 sessions, 5-7 minute length over 1 month span	Integration of content into Viamo's system	<ul style="list-style-type: none"> <li>• Translation into Kinyarwanda (Rwanda), Hausa, English (Nigeria)</li> <li>• Pre-testing with learners 3 sites</li> </ul>	<ul style="list-style-type: none"> <li>• 368 learners (70 HDI/Rwanda) (98 AFR/Rwanda) (200 Tearfund-CIHDA-FAF/Nigeria)</li> <li>• Troubleshooting via WhatsApp</li> </ul>	Data Analytics on enrollment, course completion, knowledge assessment	Interviews with learners and program personnel

Low-literacy Community-based workers trained for family planning service delivery

### IVR Training Implementation

IRH and Viamo designed a curriculum plan for seven training lessons, for delivery over the phone in 5–7-minute lessons, twice a week over the course of one month. Following curriculum review by local implementers, Viamo translated the content into local languages, recorded the content, and uploaded the lessons to an internal platform to perform internal tests followed by field pretesting with implementing teams.

Prior to launching the course, the local organizations, Tearfund-CIHDA-FAF in Nigeria, and HDI and AFR in Rwanda, conducted an orientation with learners to review and run a demo on how the IVR system operates, and address questions on how to complete the course. Learners received a course packet including instructions, the IVR phone number used to access training, a CycleBeads packet with instructions, and a counseling job aid for reference when following the sessions. This orientation proved valuable for learners' ability to follow the course

Once the course launched, learners received an SMS “heads-up” before each lesson. If they missed the training phone call, the learners were able to call back for free and receive the lesson. Also, learners were able to access the lessons at any time by calling back to repeat a lesson.

### Lessons

1. Family Planning and CycleBeads
2. How CycleBeads work
3. Who can and cannot use CycleBeads
4. Tracking cycle length and marking the calendar
5. When to return to the provider and using the method with a partner
6. Simulation of counseling with a client
7. Highlight key issues and FAQs - “Big” Takeaways

### 368 Participating Learners

In Nigeria: 204 Community Health Extension Workers in collaboration with Tearfund partners: Faith Alive Foundation (FAF) and TEAM-CIHDA.

In Rwanda: 70 Community Health Workers in partnership with HDI, and 98 natural family planning teachers working with AFR.

## CycleBeads Remote Training Implementing Partners



In Nigeria, learners were divided into small groups to provide them support and monitoring. In Rwanda, WhatsApp groups were used to maintain communication and troubleshoot. In both countries, focal points were assigned to follow up individually with learners.

After completing the course's seven lessons, learners received a service delivery package, including CycleBeads to offer to clients, and recording forms.

### Realtime Data on Dashboards

Implementing partners tracked the progress of the trainings in real time through their dashboards set-up by Viamo. Using the dashboard, partners could monitor how many learners started and completed each lesson, and correctly answered the quizzes. Partners also used the dashboard data analytics to individually follow up with learners who had not completed the course.

### Monitoring and Evaluation

In addition to evaluating course effectiveness through Viamo's data analytics, IRH used various methods to assess learner knowledge, competency and satisfaction, and to document and assess implementation.

**To assess learner knowledge**, results from the weekly quizzes and post-tests on the Viamo dashboard were analyzed.

**To assess the competency**, supervisors applied the [Knowledge Improvement Tool \(KIT\), a competency checklist to assess the providers' skill levels](#), to a sample of 25% of learners 1-2 months after completing the course.

**To assess learner satisfaction and interaction** with the platform, a brief survey questionnaire was applied to a sample of learners during a supervision visit to learn about their experience taking the course.

**To document and assess the implementation process**, IRH conducted interviews with a select number of program personnel. Learners were asked a series of questions related to how they found the IVR training, its challenges, and benefits. Managers were asked about the ease or difficulty of implementing the course, the success of the IVR training, and its potential for reaching rural and low-literacy providers and educators.

### Project Findings

**Call Pick-up and Course Completion:** All learners from the three implementing organizations picked up the call. Among the learners who started the lessons, 86% completed all seven lessons. It is important to note that troubleshooting and close follow-up was done via phone with learners who did not pick-up the call initially, which may account for the high completion rates.

**Knowledge Assessment:** Learners scored well on lesson quizzes designed to assess how trainees comprehended the key messages and narrative of the lessons. High correct response rates for most measures, as shown in the table below, indicating that the IVR approach is appropriate for conveying key content on counseling clients on CycleBeads.

Understanding of the two method eligibility criteria—cycle length between 26-32 days and partner support to avoid unprotected sex on fertile days—are critical for method success. This knowledge of the method criteria at 81%, as shown below, is satisfactory and as high as seen in learners trained in typical in-person training.

Learners also scored high (85%) at knowledge on how users monitoring cycle length over time, another key aspect of method-use. Learners scored low (66%) on two aspects of how the method works: what to do if they forget to move the ring and marking the first day of menstruation on the calendar. These points were reinforced during supportive supervision.

Quiz Results by Knowledge Area	Average % answered correctly
Who can use the method (eligibility criteria)	81%
Meaning of the bead colors	97%
How the method works	66%
How to monitor cycle length	85%
<b>TOTAL</b>	<b>82%</b>

The table below shows the learners’ skills level, as examined using a competency checklist. Overall, the counseling skills in CycleBeads counseling are still high (above 70%) for AFR and HDI community providers as compared with those from Tearfund, with lower scores. One possible explanation for the difference is that Tearfund providers completed the course at lower rates—only 163 out of 204 completed all seven lessons, but further research is needed to confirm.

Competency Result by Counseling Aspect	AFR Sample = 24	HDI Sample = 18	TEARFUND Sample = 45
	% answered correctly	% answered correctly	% answered correctly
Who can use the method (eligibility criteria)	71%	72%	58%
How to use the Method (meaning of the beads)	83%	83%	62%
How to monitor cycle length	79%	83%	71%
HTSP questions	79%	83%	N/A

**Course Platform Satisfaction and Course Evaluation:** A majority of the learners interviewed stated that the frequency and timing of the lessons was convenient, and that the course instructions were clear and easy to understand. The main issues reported which can affect comprehension were the speed of the call that did not allow them to take notes, and not being able to ask questions. Learners were not aware that they could call back to repeat a lesson if they needed to recap and take notes.

## Lessons and Recommendations for Future Courses

**The IVR approach as designed and implemented proved effective for training family planning providers in counseling clients on using CycleBeads for pregnancy prevention.** From a program perspective, the program managers interviewed across the three programs agreed that the IVR training format is a cost-effective approach, helping to alleviate transit costs and staff time, and many also appreciated that the real-time data collection allows for timely follow-up.

Improvements to the training, as recommended by learners and program managers, could include:

- Reinforce that learners can call back and re-listen to training modules at any time, and that they may also call the supervisor assigned to ask follow-up questions.
- In future courses, programs could consider slowing down the narration or further repeating key messages during the lessons.
- Explicitly recommend that learners put the training call on “speaker” so that they can interact with CycleBeads and the provider job aid, and/or take notes.
- Repeat key messages as a recap before every lesson.
- During the orientation session, include practice on how to navigate a lesson, including how to call back, and how to respond to the quiz questions.

Key program-level lessons and challenges to consider for future implementation include:

- The in-person pre-orientation was instrumental in getting learners ready for the course and acquainted with the technology.
- Program managers appreciated being able to track data and follow-up with learners; plan for this level of monitoring and troubleshooting at the program level.
- Learners were assigned a supervisor, who they could call to answer questions; consider this component if the IVR training rolls out to a larger group of learners.
- Complement IVR learning with supportive supervision. The competency checklist (KIT) helps to support the providers essential knowledge and skills.

Overall, findings from three program sites confirm the IVR training is a viable way to train low-literacy community workers to offer SDM, and this format can serve as another way to further strengthen FAM in service delivery settings. While it solves some challenges presented by in-person trainings, IVR technology does need to be supported by people, and the supervisors’ and program managers’ roles may shift as a result. When using IVR technology, staff need to monitor data, troubleshoot with participants, schedule in-person supervision visits, and plan for the training orientations.

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