



## **WALAN:** Wake ki Lago Nywal "To Be Proud with Family Planning"

### **LOCATION**

Northern Uganda: Amuru, Nwoya, and Gulu

### **TIME PERIOD**

September 2014 – June 2017

### **GOAL**

WALAN is a community-based group counseling approach that aims to increase fertility awareness, encourage family planning use and expand access to Fertility Awareness Methods (FAM).

### **IMPLEMENTERS**

- Institute for Reproductive Health, Georgetown University
- Save the Children
- District Community Development Office (CDO), Nwoya and Gulu
- Youth Initiative for Employment & Sustainable Livelihoods Development (YIELD)

### **DONOR**

United States Agency for International Development (USAID) under the Fertility Awareness for Community Transformation (FACT) Project (2013-2018)

In Uganda, despite investments in reproductive health over the last decade, high rates of unmet need for family planning (FP) remain. Especially in remote or low-resource settings, access to information is lacking, health systems are often overburdened, and FP counseling may be out of reach.

In Northern Uganda, 23% of married women are using a modern FP method, while 43% have an unmet need for FP. Among women not using FP, over 70% had not discussed FP with a community or health facility worker the past year (Uganda Bureau of Statistics & ICF International Inc. 2012).

The FACT Project's formative research in the region indicated general acceptance of FP among community members in light of post-conflict economic conditions; however, FP use is undermined by male opposition and cultural values that promote large families.

Engaging the community in discussions about critical topics and offering fertility awareness methods (FAM) in a group setting can help increase community acceptance of FP and fill a critical gap in underserved populations by meeting women's needs for methods that are easy to teach and addressing concerns about side effects, while at the same time involving male partners.

An emerging body of evidence shows that group learning — a community-based approach outside the health system — can be effective in delivering vital health information and encouraging behavior change.

## What is WALAN?

WALAN is a community-based group learning approach. Young facilitators, selected by their peers, work in male/female pairs to lead community learning on fertility awareness and FP and offer counseling in two simple FAMs: Standard Days Method (SDM) and TwoDay Method.

## WALAN Components

WALAN includes four main components:

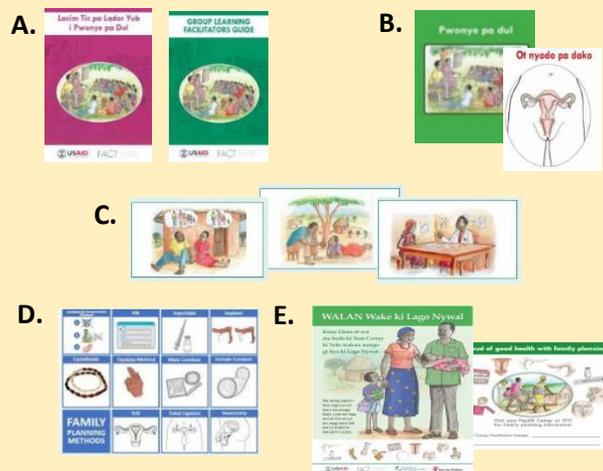
Youth facilitators mobilize the community and offer (1) community learning sessions on fertility awareness as well as (2) group counseling on FAM for those who want to use them. They also (3) refer community members who are interested in other FP methods to appropriate services. A critical factor for success is (4) developing stakeholder support. And a positive environment for FPO. developing

1. Community learning sessions on fertility awareness
2. FAM group counseling in SDM or TwoDay Method
3. Referring clients for FP services
4. Establishing a supportive environment for FP



## WALAN FACILITATORS' TOOLKIT

Facilitators are trained to use a set of simple job aids and low-literacy materials on SDM and TwoDay Method to deliver community learning sessions and couples counseling.



### A. Facilitators Guide (English & Acholi versions):

includes instructions on how to facilitate learning sessions in the community and group counseling with couples. The guide provides instructions on how to use the tools and lesson plans to:

- engage community members in discussions on fertility, healthy child spacing, and different methods of family planning
- explain how family planning methods work and help clarify incorrect information
- teach interested couples and women how to use a FAM and refer for other family planning methods

**B. Flipchart:** contains large visuals of reproductive organs, the menstrual cycle, and other supporting illustrations to use during larger community learning sessions

**C. Activity cards:** stimulate reflection and discussion around key session topic among participants who also use the cards to create stories or for role playing

**D. Family Planning Methods Board:** includes all family planning methods on one side and a brief description of the method on the opposite side

**E. Family Planning Poster and Invitation Card:** encourage a visit to the health center or community health worker for FP services; engage community members in conversations on FP and reminds them where the methods are available

## Pilot Evaluation Design

WALAN was evaluated with a prospective, mixed method study to assess the feasibility, effectiveness, and acceptability of WALAN in expanding FAM use among Northern Ugandan communities. The pilot phase aimed to answer the following questions:

1. Can trained youth facilitators implement the WALAN activities?
2. Can participants learn how to use SDM and TwoDay Method correctly when learning about FAM in a group setting with other couples?
3. What are community perceptions and acceptability of WALAN activities?

Methods included:

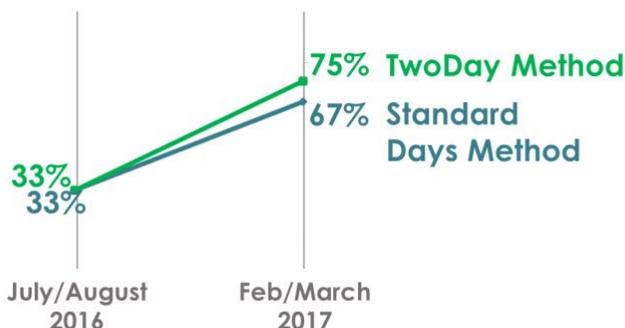
- Key informant interviews with 175 female FAM users (122 SDM; 53 TwoDay Method), and 96 male partners (60 SDM; 36 TwoDay)
- In-depth interviews with seven couples who began using either SDM or TwoDay Method
- key informant interviews with nine health service providers and community leaders
- focus group discussions with 25 youth facilitators, and 38 community members
- competency checklist observations of 12 facilitator pairs at two different time points
- attendance monitoring data
- FP service statistics from local health facilities

## What We Found

### Feasibility

Over the 10-month implementation period, the 15 trained youth facilitator pairs delivered a total of 123 community learning sessions to the community at large and 95 group counseling sessions (67 SDM / 28 TwoDay Method) to small groups of couples. Competency checklist observation results show that youth facilitators improved their competency skills over time. Findings from observations conducted on both SDM and TwoDay Method counseling were similar, with the percentage of youth facilitators receiving a high competency score increasing from first to second observation point seven months later.

Gains in accurate counseling were linked with increased practice time and a booster training. This finding suggests that most youth facilitators can deliver the group counseling sessions with adequate training, supervision, and enough time to improve their skills through field practice.



### Acceptability

**WALAN is acceptable to participating couples and to the community at large.** Across 15 villages, a total of 288 couples started using FAM (214 SDM; 74 TwoDay Method). Couples also returned to method support sessions. With a few exceptions, the decision to attend a group counseling session and initiate a method was typically made jointly by the couple. Attendance of community learning sessions was also very high. There were a total of 3,387 points of contact with the community learning sessions, with just over half of participants (53%) being between the ages of 15 to 25 years old and female (58%).

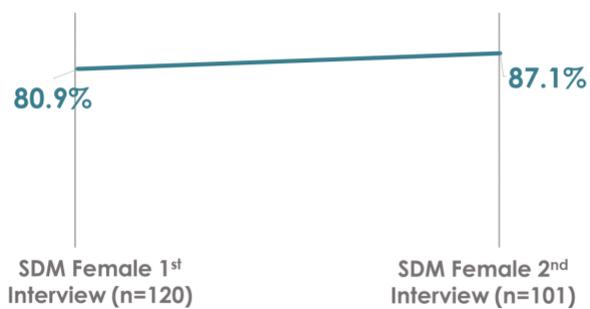
Qualitative results suggest that community members were generally excited about having access to FAM.

### WALAN's Effectiveness

Before beginning FAM, 45% of female SDM users and 55% of female TwoDay Method had never used a method of FP before, suggesting that these methods appeal to new users.

At the time of first interview, 81% of 120 female SDM users demonstrated correct method use. This increased to 87% of 101 SDM female users interviewed approximately six to seven months after method initiation.

Proportion of SDM female users who show correct method use at first and second interview point



For **TwoDay Method**, female users had high method knowledge scores: from 85% of 53 female users at the first time point to 89% of 27 female users at the second time point (results were similar for male partners).

Most FAM users interviewed reported **correct management of fertile days**, defined as reporting either abstaining or using condoms during fertile days (98% and 94% of female SDM and TwoDay Method users, respectively).

21% of SDM users discontinued using the method at the second follow up (six to seven months after method initiation). However, 26 of the 27 TwoDay Method users continued to use the method at the second interview point. Reasons for discontinuation included: changes in fertility desires (wanting to become pregnant), interest in using another method, and difficulties or issues in using the method (e.g. losing CycleBeads; tired of moving the ring; forgetting the CycleBeads during seasonal migration; and pregnancy).

**FAM use helps improve couple communication and trust.** The vast majority of group counseling sessions were attended by couples, and both women and men were engaged in the sessions. Qualitative findings show that the decision to attend the group counseling sessions and use FAM were typically made jointly, although the process of decision-making and information-seeking varied among couples. Qualitative findings also show improved couple communication and relationship as a result of FAM use, including increased “trust” among couples. (Some couples described previous conflict and distrust due to covert FP use by the female partner.)

“My relationship with my wife before was not good and full of tension. This was because we had a child then shortly we had another. The children being too close in age created violence between us. There were so many issues between us and sometimes my wife decide to go away. So today we do not have tension or acts of violence between the two of us. We are also practicing child spacing or family planning well with no secrets.”

- Male partner, 24 years old, Amuru district

## Lessons Learned

Overall, the pilot evaluation findings suggest that:

- ✓ There is demand for FAM as part of the method mix in Northern Uganda.
- ✓ Women and men can learn to use SDM and TwoDay Method correctly when taught in a group counseling setting with other couples.
- ✓ Non-health community agents can deliver group counseling for couples on FAM, provided strong supportive supervision is part of the capacity building effort.
- ✓ The group counseling model for couples is an acceptable model to engage men as FP users and partners; couples feel comfortable exchanging and learning about FAM in groups.

Our findings suggest the group couples counseling approach is acceptable and effective in teaching couples how to use FAM correctly. Finally, the findings strongly suggest a demand for FAM as part of the method mix in Northern Uganda, pointing to the value of integrating FAM as part of the larger method mix among FP-focused programs and services.



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