So Many Tools; How to Choose?

Results from a Content Analysis of Family Planning Digital Platforms
Background

• Accelerated proliferation of digital tools for FP in past decade

• Resources available to share **what interventions exist**—such as the Digital Health Atlas and the Digital Health Compendium—and **which interventions have evidence of impact**—such as the three digitally focused High Impact Practice Briefs

• Gap: No resource that points to **which tools have high quality content**
Objectives

• Expand on summary brief of this review, which is linked in the image at right
• Share background of content review of digital tools
• Dive into findings by tool and content area
• Explore the 9 short-listed tools

Intended Audience: anyone who may be interested in developing, funding, or implementing client-facing digital FP interventions
### Process for content analysis

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landscape</td>
<td>Landscape existing provider- and client-facing digital tools and partner with tool owners to gain insights into tool and receive content</td>
</tr>
<tr>
<td>Develop Rubric</td>
<td>Select evaluation criteria in consultation with global guidance and develop rubric for content assessment</td>
</tr>
<tr>
<td>Analyze</td>
<td>Analyze tool content for comprehensiveness and accuracy</td>
</tr>
<tr>
<td>Provide feedback</td>
<td>Suggest components to strengthen tools with content gaps</td>
</tr>
<tr>
<td>Recommend</td>
<td>Recommend top tools for introduction or scale up</td>
</tr>
</tbody>
</table>
**Landscape process**

- Landscape produced list of more than 80 health system, provider, and client-facing tools
- Contacted tool owners; received tool content for 26 tools
- Decision to focus on client-facing tools
- Assessed content of 11 tools
  - Excluded 15 tools because they did not meet eligibility criteria (provider-facing)
- 9 tools recommended for adoption and adaptation
Tool eligibility criteria

Focus on client-facing tools to align with R4S self-care result area

Criteria for inclusion:

- Contains detailed family planning content
- Is designed to increase individuals’ knowledge about family planning as a primary objective*
- Targeted to low- and middle- income countries
- Content available in English or French
- Includes fixed or static content (e.g. content on a website or in an app that does not change as opposed to a social media campaign with short-lived and rotating messages)
- Delivered via an accessible platform such as SMS, chatbots, and websites
- Is currently or in use within past 5 years

Rubric development and key content areas

We identified 11 content areas for assessment via the rubric to reflect core elements of counseling. To identify these, we consulted global guidance documents, such as the Digital Health for Social and Behavior Change High Impact Practice and the Family Planning Handbook:

1. Complete list of modern methods
2. Instructions for use
3. Method effectiveness
4. Dual method use
5. Duration of protection
6. Return to fertility
7. Mechanism of action
8. Discreetness
9. Side benefits
10. Side effects
11. Side-effect management
12. Menstrual health*

*We assessed and provided feedback on menstrual health content when available but did not calculate in the tool scores because this content is not integrated into many family planning tools.
## How tools were scored

Example based on master table:

<table>
<thead>
<tr>
<th>Tool</th>
<th>Reproductive Intentions (0.6)</th>
<th>Names All Modern Methods (1)</th>
<th>Mechanism of Action (0.8)</th>
<th>Summary</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool #1</td>
<td>Sufficiently covered</td>
<td><strong>Inaccuracy:</strong> IUD</td>
<td><strong>Inaccuracy:</strong> IUD, ECP, COC, OCP</td>
<td>Green: 1 Yellow: 0 Red: -1</td>
<td>-0.07</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Omission:</strong> ECP, implant</td>
<td></td>
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</tr>
<tr>
<td>Tool #2</td>
<td>Omission: all methods</td>
<td><strong>Omission:</strong> FAM</td>
<td><strong>Omission:</strong> implant, male condom <strong>Incomplete:</strong> injectables</td>
<td>Green: 1 Yellow: 0 Red: -1</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td></td>
<td>0.5</td>
<td>-0.5</td>
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<td></td>
</tr>
</tbody>
</table>

- **Formula:** \((\sum (\text{content area weight}) \times (\text{assessment value})) / (\# \text{content areas})\)
- **Tool #1:** \[((0.6 \times 1) + (1 \times 0) + (0.8 \times (-1))) / 3 = -0.07\)
Written explanation of scoring

1. Each content area was assigned a weight based on importance for informed counseling.

2. Content area of each tool was assigned a score based on # of omissions.
   - Green (+1): Contains ≤ 1 omission, inaccuracy, or incomplete description
   - Yellow (0): Contains 2-3 omissions, inaccuracies, or incomplete descriptions
   - Red (-1): Contains ≥ 4 omissions, inaccuracies, or incomplete descriptions
   - Gray (NA): The content area was not included in the tool

3. Score was multiplied by weight of content area to calculate weighted score.

4. Each weighted score was summed for a total score.

5. Total score was divided by amount of content areas included for each tool.

6. Content areas were also scored across tools by summing the unweighted score for each tool and dividing by the number of tools that were evaluated in each content area.
Recommended tools

- 9ja Girls Life, Love and Health Curriculum
- 9ja Girls Big Sista Chatbot
- askNivi
- Choice Contraception Counsellor
- Counseling for Choice Chatbot
- CyberRwanda
- Love Matters
- M4RH
- Tune Me
Languages and locations

1. Arabic
2. English
3. French
4. Hausa
5. Hindi
6. Kinyarwanda
7. Kiswahili
8. Mandarin
9. Spanish

Images from LoveMatters (above) and Tune Me (right)
Tools by population of focus

YOUTH

• 9ja girls: Life, Love, and Health Curriculum
• 9ja girls: Big Sista Chatbot
• Counseling for Choice Chatbot
• CyberRwanda
• Love Matters
• m4RH Youth
• Tune Me

WOMEN, MEN, AND YOUTH

• askNivi
• m4RH
• Choice Contraception Counselor
## Delivery mechanisms

<table>
<thead>
<tr>
<th>Tool Name</th>
<th>SMS</th>
<th>Tablet</th>
<th>Website</th>
<th>Chatbot</th>
<th>Moderated chat / Direct message with provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>9ja Girls Big Sista</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9ja Girls Life Love and Health Curriculum</td>
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<td>Tune Me</td>
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</tr>
</tbody>
</table>
## Connecting clients to services

<table>
<thead>
<tr>
<th>Tool Name</th>
<th>Clinic/pharmacy-finder</th>
<th>Referral to NGO clinics</th>
<th>e-pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>askNivi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Choice” Contraception Counsellor</td>
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<td></td>
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</tr>
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</table>
Tools connect clients to services in various ways:

Images from LoveMatters (left), Big Sista (middle), and AskNivi (right)

Find a clinic near you
Content analysis

BOX 1
CONTENT AREAS EVALUATED

- Complete list of modern methods
- Instructions for use
- Effectiveness
- Dual method use
- Duration of protection
- Return to fertility
- Mechanism of action
- Discreteness
- Side effects
- Side effects and side-effect management
Here's what we found

The following content areas are ordered from **most** to **least** accurate and comprehensive:

<table>
<thead>
<tr>
<th>Complete list of modern methods</th>
<th>All tools provided users with a complete list of methods available in their context. Only two tools included more than one omission or inaccuracy. Some tools were inconsistent in the level of detail of the information provided for each method, which had the potential to bias users toward the methods with more comprehensive information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of protection of each method</td>
<td>Information about the duration of protection tended to be accurate and complete and tools often distinguished between short- and long-acting and permanent methods. Four tools included outdated information about the duration of protection of implants and intrauterine devices (IUDs), reinforcing the need to update content as global guidance changes.</td>
</tr>
<tr>
<td>Dual method use</td>
<td>The tools we reviewed consistently noted that only condoms offer protection against HIV and sexually transmitted infections, and they encouraged their use in combination with other FP methods. Omission of guidance to use dual protection was most frequent in descriptions of fertility-awareness methods.</td>
</tr>
<tr>
<td>Return to Fertility</td>
<td>Five out of eleven tools provided comprehensive/accurate information about return to fertility. Two tools included three or more omissions or inaccuracies when describing return to fertility following the use of hormonal methods.</td>
</tr>
<tr>
<td>Discreetness</td>
<td>Only three tools contained accurate and comprehensive information related to whether certain methods may be used discreetly (e.g., without a partner or parent's knowledge).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanism of action</th>
<th>Only one tool provided a complete and correct description of the mechanism of action of FP methods. Explaining a method's mechanism of action can be important to combat misconceptions and misinformation that some FP methods are abortifacient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions for use</td>
<td>Seven out of eleven tools included more than three inaccuracies in instructions for method use. Instructions for oral contraceptive pills and emergency contraceptive pills frequently contained errors or omissions. For example, several tools emphasized that users should take the pill at the same time every day for it to be effective, though this is not the case for combined oral contraceptives, and progesterin-only pills have a three-hour window. For adolescent users, a perceived need to adhere to a strict schedule may deter use. In addition, some instructions for IUD use omitted the need for a pelvic exam. This information often dissuades youth from adopting this method and, therefore, should be made very clear to potential users.</td>
</tr>
<tr>
<td>Side effects</td>
<td>Only one of eleven tools included correct and complete information about side effects. Information about the side effects of oral contraceptive pills was inaccurate or incomplete in ten out of eleven tools. For example, in addition to making periods more regular and predictable, it is valuable to add that periods also become lighter and shorter with this method. This feature is very important for young girls, especially those who have heavy menses the first few years after menarche. Given the risk of discontinuation due to side effects, the principle of informed choice, and potential application of digital tools for self-care, this is an important gap that should be addressed in future iterations of the tools we reviewed.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>We limited our definition to inclusion of accurate typical use statistics, given that perfect use is relatively rare for user-dependent methods. Eight out of eleven tools included more than three inaccuracies or omissions related to method effectiveness. Some tools described methods using tiers of effectiveness such as highly effective, effective, or not very effective, which could be subjective or were incorrect.</td>
</tr>
<tr>
<td>Non-contraceptive benefits</td>
<td>The real or perceived benefits of using certain contraceptive methods such as reduced risk of ovarian cancer or lighter periods—were infrequently included and seven out of eleven tools had three or more omissions, yet these benefits are often appealing both to youth and adult users of FP.</td>
</tr>
<tr>
<td>Side-effect management</td>
<td>No tool shared information about side-effect management (such as taking pain medication to relieve cramping), yet we know that difficulties in managing side effects can lead to discontinuation. Digital tools may be appropriate platforms to offer users information about managing side effects in real-time.</td>
</tr>
</tbody>
</table>
Complete list of modern methods

- Most tools provided users with a complete list of methods available in their context.
- Only two tools included more than one omission or inaccuracy.
- Some tools were inconsistent in the level of detail of the information provided for each method, which had the potential to bias users toward the methods with more comprehensive information.

Note: Country guidelines were considered when assessing content for omissions and inaccuracies.
Duration of Protection

- Information about the duration of protection tended to be accurate and complete and tools often distinguished between short- and long-acting and permanent methods.

- Four tools included outdated information about the duration of protection of implants and intrauterine devices (IUDs), reinforcing the need to update content as global guidance changes.
• The tools we reviewed consistently noted that only condoms offer protection against HIV and sexually transmitted infections, and they encouraged their use in combination with other FP methods.

• Omission of guidance to use dual protection was most frequent in descriptions of fertility-awareness methods.

Condoms are the only contraceptive method which protect against sexually transmitted infections. To ensure protection from both pregnancy and infection, we recommend “dual protection. This means using a male or female condom in addition to the contraceptive method of your choice to prevent pregnancy.
Return to Fertility

- Five out of eleven tools provided comprehensive/accurate information about return to fertility.
- Two tools included three or more omissions or inaccuracies when describing return to fertility following the use of hormonal methods.

**Implants**

Implants are small rods placed under skin of woman’s arm. Highly effective for 3–5 years. For married and singles. May cause light irregular bleeding. When removed, can become pregnant with no delay. No infertility or birth defects. To return to main menu reply 00.
Discreetness

• Only three tools contained accurate and comprehensive information related to whether methods may be used discreetly (e.g., without a partner or parent’s knowledge).

CONTRACEPTIVE • INJECTABLE
Injection in arm or him, like Depo. Effective for 1–3 months. Get on time, return even if 2 weeks later. Irregular or no monthly bleeding not harmful. May gain weight. For married and singles. After stopping may take a few months to get pregnant. No infertility or pregnancy loss. Private and discreet.

Content from m4RH (above) and Image from PRB policy brief: Best Practices for Sustaining Youth Contraceptive Use (right)
Mechanism of Action

- Only one tool provided a complete and correct description of the mechanism of action of FP methods.
- Explaining a method’s mechanism of action can be important to combat misconceptions and misinformation that some FP methods are abortifacient.

Content and image from Tune Me

What are Emergency Contraceptives?
How The Morning After Pill Prevents a Pregnancy

Emergency contraception, also known as the morning after pill, is a high dose of birth control pills that must be taken within five days of unprotected sexual intercourse to prevent pregnancy. The sooner it is taken, the more effective it is. Emergency contraception (EC) is not to be confused with RU-486 (mifepristone), a pill that causes medical abortion in pregnant women within 49 days from the first day of their last menstrual period.

The emergency contraception is available from pharmacists or at clinics. It may be one or two tablets. They may work in several ways: they delay or inhibit the release of an egg (ovulation), prevent the egg and the sperm from meeting (fertilization) or stop a fertilized egg from attaching to the uterine wall (implantation).
Instructions for Use

• Seven out of eleven tools included more than three inaccuracies in instructions for method use.

• Instructions for oral contraceptive pills (OCPs) and emergency contraceptive pills frequently contained errors or omissions.

• Some of the inaccuracies deter use, especially among adolescents (for example, suggesting that OCPs should be taken at the same time everyday); it is essential to provide accurate information to potential users.

Content and image from Love Matters Africa

Job aid from FP Handbook
Side effects

- Only one of eleven tools included correct and complete information about side effects.
- Information about side effects of pills was inaccurate or incomplete in ten out of eleven tools.
- Many individuals discontinue or decide not to adopt a modern method because of real or perceived side effects. Digital tools have an opportunity to accompany these users after they adopt a method.
Method Effectiveness

- Assessed for inclusion of accurate typical use statistics as reflected in the FP Handbook.
- Eight out of eleven tools included more than three inaccuracies or omissions related to method effectiveness.
- Some tools described methods using tiers of effectiveness such as *highly effective*, *effective*, or *not very effective*, which could be subjective or were incorrect.

Content and image from Love Matters Africa
The real or perceived benefits of using certain contraceptive methods were infrequently included, though these benefits are often appealing both to youth and adult users of FP.

Seven out of eleven tools had three or more omissions.

Recommendation: Include non-contraceptive benefits more systematically in digital tools for FP.

What are the advantages of the pill?
- It can make your periods regular, lighter, and less painful
- It gives you the choice not to have a monthly bleed or control when you have a bleed
- Your fertility will return to normal immediately after you stop using the pill
- It is not used during sex so will not affect spontaneity
- It helps protect against some forms of cancer (uterus (womb), colorectal, and ovarian)
- It reduces the risk of getting fibroids, ovarian cysts and con-cancerous breast disease
- It may reduce acne and improve your skin

Content from Choice Digital Counsellor (above) and Knowledge Success / FHI 360 (at left)
Side effect management

- No tool shared information about side-effect management
- Many providers do not go into great detail about this topic to avoid information overload.
- **Recommendation**: Digital tools are an excellent platform to share this information both in preparation for method uptake or for continuation.

Content and image from FPHandbook.org
Conclusions

Tools tended to have less accurate content in these content areas:

- Side effect management
- Non-contraceptive benefits
- Method effectiveness
- Correct method use
- Side effects
- Mechanism of action

Recommendations:

- Tool content should be updated periodically to provide users with high quality, accurate, and comprehensive information.
- Utilize global guidance documents (updates to these can spur updates to content)
- Incorporate external medical review when possible.
- Don’t reinvent the wheel! There are great tools available for adaptation.
Recommended tools
9ja Girls: Life, Love, and Health Curriculum

• Developed by Population Services International (PSI) and implemented by Society for Family Health (SFH)

• Teaches Nigerian girls vocational skills alongside a variety of topics related to love, relationships, and health

• Classes facilitated (in-person and via WhatsApp, a recent adaptation) by young providers with a special commitment to girl-centered, non-judgmental healthcare
The 9ja Girls: Life, Love, and Health Curriculum targets adolescent Nigerian girls and is currently available in English.
### 9ja Girls: Life, Love, and Health Curriculum

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provider-delivered</td>
<td>• Not “light touch” or self-care</td>
</tr>
<tr>
<td>• Enables 1:1 communication</td>
<td>• Designed for in-person delivery</td>
</tr>
<tr>
<td>• Comprehensive content beyond FP</td>
<td>• Some terminology/framing could be adjusted to best reach target population of adolescents</td>
</tr>
<tr>
<td>• Offers referral to NGO clinics</td>
<td></td>
</tr>
</tbody>
</table>

*POCKET GUIDE*
# 9ja Girls: Life, Love, and Health Curriculum score

<table>
<thead>
<tr>
<th>Key Content Area (weight)</th>
<th>Green: &lt; 1 error; Yellow: 2-3 errors; Red: &gt; 4 errors omissions; Gray: NA (content area not included in tool)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names all Modern Methods (1)</td>
<td>Return to Fertility (1)</td>
</tr>
<tr>
<td>Method Effectiveness (1)</td>
<td>How to Use the Method Correctly (1)</td>
</tr>
<tr>
<td>Duration of Protection (1)</td>
<td>Side Effects (1)</td>
</tr>
<tr>
<td>STI/HIV Risk &amp; Dual Protection (1)</td>
<td>Mechanism of Action (0.6)</td>
</tr>
<tr>
<td>Discreetness (.7)</td>
<td>Info/Tools for Side Effect Management (.3)</td>
</tr>
<tr>
<td>Menstrual Health</td>
<td>Side Benefits &amp; Attributes (.7)</td>
</tr>
</tbody>
</table>
Digital Contraception Counsellor “Choice”

- Digital Contraception Counsellor "Choice," by MSI Reproductive Choices is a web-based platform available to anyone, anywhere that provides information about family planning methods.

- Ranks FP methods based on user preferences, past experience, and medical eligibility, allowing users to compare options while considering the advantages and disadvantages of each method.
Digital Contraception Counsellor “Choice”

- **Two ways to explore:**
  - Method questionnaire to identify the most suitable method
  - Ability to compare or view information about specific methods
- Includes broad method mix, including permanent methods, contraceptive patch, & combined vaginal ring
- Undergoes annual clinical review to update content
- Off-line version under development for use by community mobilizers
Digital Contraception Counsellor “Choice”

Languages

- English
- French
- Spanish

Countries/Regions

- “Choice” was used by 31,793 users in 2021.
- 22 countries had >50 users.
## Digital Contraception Counsellor “Choice”

<table>
<thead>
<tr>
<th>Highlights</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Includes medical eligibility criteria and reproductive intentions</td>
<td>• No youth-centered design features; some content is clinical</td>
</tr>
<tr>
<td>• Accurate, comprehensive coverage of side effects</td>
<td>• Only links to MSI clinics</td>
</tr>
<tr>
<td>• Simple design lends to adaptation in diverse contexts</td>
<td>• Does not include fertility awareness methods <em>(Content will be updated in early 2022 to include FAM)</em></td>
</tr>
<tr>
<td>• Offers referral to MSI clinics</td>
<td>• Based on a complex algorithm which needs some adjustment before adaptation</td>
</tr>
</tbody>
</table>
## Digital Contraception Counsellor “Choice” score

<table>
<thead>
<tr>
<th>Key Content Area (weight)</th>
<th>(1) Method Effectiveness</th>
<th>(1) How to Use the Method Correctly</th>
<th>(0.7) Discreetness</th>
<th>(.3) Info/Tools for Side Effect Management</th>
<th>(.7) Side Benefits &amp; Attributes</th>
<th>(0.6) Mechanism of Action</th>
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<tr>
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<td>Side Effects</td>
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Green: < 1 error; Yellow: 2-3 errors; Red: > 4 errors omissions; Gray: content area evaluated but not scored
9ja Girls: Big Sista

- Developed by Population Services International and implemented by Society for Family Health under A360’s 9ja girls
- Chatbot-delivered content via Facebook
- Bite-sized messages about FP and RH, including advantages, disadvantages, and FAQs for each method.
- Includes information about menstrual health

Automated, menu-based information tool

Information on FP methods and menstrual health and hygiene

Linkages to clinics & to Facebook Direct Messenger where girls can get referrals to 9ja Girls Centres
Big Sista targets adolescent girls in Nigeria and is currently available in **English**.
# 9ja Girls: Big Sista

## Highlights

- Includes information about menstrual health and hygiene
- Includes clinic locator and ability to link to Facebook for a referral to a 9ja girls centre

## Considerations

- Offers limited FP information to users
- Users experienced multiple technical difficulties, which limited ability to interact
- Targeted for very specific population
## Key Content Area (weight)

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<td>Menstrual Health</td>
</tr>
<tr>
<td>Method Effectiveness (1)</td>
</tr>
</tbody>
</table>
• Developed by FHI360

• Delivers simple, streamlined content about FP methods including a clinic-locator option

• Youth content includes HIV/STIs, puberty, and gender-based violence

• Implemented primarily as an SMS service, but messages have been adapted to unstructured supplementary service data (USSD) and interactive voice response (IVR)

• Readily available for adaptation via simple license agreement; already licensed to 10 countries
m4RH targets women, men, and youth. Tailored youth content is available in a separate package.

**Languages**
- English
- Kiswahili
- Kinyarwanda
- Adapted for IVR in multiple languages in Uganda and Afghanistan

**Countries**
- Uganda
- Kenya
- Tanzania
- Rwanda
- Afghanistan
## Highlights

- Readily available for adoption/adaptation via simple license agreement
- Content is very concise; limited to 3-4 SMS messages per concept
- Includes role model stories modeling positive health attitudes, norms, and behaviors
- “Pull” method, so must be advertised
- Youth option with additional content (HIV/STIs, puberty, GBV) designed for ages 10-24
- Written in factual, medical voice
- Addresses barriers/misconceptions about specific methods
- Includes clinic/pharmacy-finder

## Considerations
### m4RH score

#### Key Content Area (weight)

| Green: ≤ 1 error; Yellow: 2-3 errors; Red: ≥ 4 errors omissions |
|----------------------|---------------------------------------------------------------|
| Names all Modern Methods (1) | Menstrual Health |
| Duration of Protection (1) | Mechanism of Action (0.6) |
| Return to Fertility (1) | Method Effectiveness (1) |
| How to Use the Method Correctly (1) | STI/HIV Risk & Dual Protection (1) |
| Discreetness (0.7) | Info/Tools for Side Effect Management (.3) |
| Side Effects (1) | Side Benefits & Attributes (0.7) |
EVALUATING FEASIBILITY, REACH AND POTENTIAL IMPACT OF A TEXT MESSAGE FAMILY PLANNING INFORMATION SERVICE IN TANZANIA

Kelly L. L’Engle*, Heather L. Vander*, Elizabeth Nakadzem*; Christina Lawry*, Trinity Zan*

Abstract
Background: The objective of this research was to evaluate the feasibility, reach and potential behavioral impact of providing automated family-planning information via mobile phones to the general public in Tanzania. Methods: A cross-sectional study was conducted during the 1st quarter of 2012. Four consecutive methods were applied by: (a) first, focus groups assessing gender, age, educational status and potential family planning impact on every 10 years; (b) second, text messages assessing reach and potential impact on every 10 years; (c) third, fieldwork assessing mobile phones services' accessibility and use in every 10 years; and fourth, household survey assessing mobile phones' use in every 10 years. Results: During the pilot period, 378 unique users accessed MHP in Tanzania, reaching 6412 people per 10000 people per 10 years. A total of 94% of users were less than 20 years; estimated average monthly mobile phone use was 20 years of age or younger; and 41% were male. Conclusions: The findings suggest that beyond the feasibility requirements, mobile phones are a promising tool for disseminating information about family planning in Tanzania. Improved accessibility and affordability of mobile phones are required to reach a wider audience. © 2013 L’Engle et al; licensee BioMed Central Ltd. doi:10.1186/1746-6159-8-264

1. Introduction
Mobile phone penetration in the United Republic of Tanzania was estimated at 40% of the population in 2010 (1). Mobile phone penetration is expected to reach 80% by 2015 (2). Within this context, Tanzania is an ideal setting for assessing the potential impact of mobile phones on family planning services (3). Mobile phones are an accessible, affordable and convenient source of information, especially for young people (4). Mobile phones have the potential to improve access to family planning information and services (5). Mobile phones are a promising tool for reaching young people (6). This study was conducted during the 1st quarter of 2012 to assess the feasibility of a mobile phone family planning information service in Tanzania. Methods: A cross-sectional study was conducted during the 1st quarter of 2012. Four consecutive methods were applied by: (a) first, focus groups assessing gender, age, educational status and potential family planning impact on every 10 years; (b) second, text messages assessing reach and potential impact on every 10 years; (c) third, fieldwork assessing mobile phones services' accessibility and use in every 10 years; and fourth, household survey assessing mobile phones' use in every 10 years. Results: During the pilot period, 378 unique users accessed MHP in Tanzania, reaching 6412 people per 10000 people per 10 years. A total of 94% of users were less than 20 years; estimated average mobile phone use was estimated at 10 years of age or younger; and 41% were male. Conclusions: The findings suggest that beyond the feasibility requirements, mobile phones are a promising tool for disseminating information about family planning in Tanzania. Improved accessibility and affordability of mobile phones are required to reach a wider audience. © 2013 L’Engle et al; licensee BioMed Central Ltd. doi:10.1186/1746-6159-8-264

References:
2. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 3. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 4. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 5. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 6. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 7. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 8. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 9. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 10. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 11. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 12. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 13. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception. 14. L’Engle K. et al. Mobile phones for reproductive age use family planning and the fertility rate remains high at 14 births per woman [4], demonstrating that numerous obstacles prevent women and men from seeking and using contraception. These obstacles include gender and cultural norms, lack of education, lack of access to health care, and lack of knowledge about contraception.
Research for Scalable Solutions

Evidence-based adaptation and scale-up of a mobile phone health information service

Kelly L. Taylor, Karen F. Fournier, Tracy Zue

School of Nursing and Health Professions, University of San Francisco, 2510 Mission Street, San Francisco, CA 94111. Tel: 415-288-2222. www.usfca.edu. School of Medicine, University of California, San Francisco, CA 94143. Tel: 415-476-1600. Fax: 415-476-1131. E-mail: taylork@usfca.edu. founk@medicine.ucsf.edu. zuet@usfca.edu.

Background: The current trend toward the use of mobile phone interventions for health promotion is growing at a rapid pace. The use of mobile phones allows health behaviors change and maintenance interventions to be delivered to a greater number of people. However, there is a need for the development of evidence-based mobile phone health education interventions that can be adapted and disseminated to a variety of audiences. This study was designed to evaluate the effectiveness of a mobile phone health intervention for breast cancer screening. The intervention was delivered as a series of text messages that were designed to promote breast cancer screening behavior.

Methods: A randomized controlled trial was conducted with 120 women who were recruited through a local breast cancer screening program. The intervention group received 12 weekly text messages that were designed to promote breast cancer screening behavior.

Results: The intervention group showed a significant increase in the number of women who received a mammogram compared to the control group. The intervention was well-received and participants reported that they found the text messages to be helpful.

Conclusion: This study provides evidence that mobile phone interventions can be effective for promoting health behaviors. Further research is needed to determine the most effective ways to deliver these interventions.
askNivi

• Developed by Nivi

• Content is focused on sexual, reproductive, maternal, and primary healthcare

• Interactive chatbot provides information, recommended methods, and links to health services and products via WhatsApp and Facebook Messenger

• Unique, revenue-driven business model sustained by:
  1. subscriptions from organizations that optimize behavior change communications,
  2. scaled performance marketing of health products and services.

• Forthcoming evaluation
Target population: women, men and youth

**Countries**
- India
- Kenya
- Nigeria
- South Africa

**Languages**
- English
- Hindi
- Kiswahili
- Hausa
<table>
<thead>
<tr>
<th>Highlights</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Re-engages users to support FP continuation and treatment adherence</td>
<td>• “Pull” method, so must be advertised</td>
</tr>
<tr>
<td>• Includes clinic/pharmacy-finder, e-pharmacy</td>
<td>• Requires a contract with Nivi</td>
</tr>
<tr>
<td>• Tool can be leveraged to address additional health behaviors</td>
<td>• Platform facilitates the addition of new languages over time</td>
</tr>
</tbody>
</table>
## askNivi score

### Key Content Area (weight)

<table>
<thead>
<tr>
<th>Green: &lt; 1 error; Yellow: 2-3 errors; Red: ≥ 4 errors omissions; Gray: content area evaluated but not scored</th>
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<tr>
<td>Mechanism of Action (0.6)</td>
</tr>
<tr>
<td>Return to Fertility (1)</td>
</tr>
<tr>
<td>Side Benefits &amp; Attributes (0.7)</td>
</tr>
</tbody>
</table>
Developing a Digital Marketplace for Family Planning: Pilot Randomized Encouragement Trial

Eric P Greiner, BA, MA, PhD, Anne Augusta1, BH, MSc; Violet Nasayi2, PhD; Anna-Karin Hino1, Lisa Kirikida1

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2Department of Behavioural Sciences, School of Medicine, College of Health Sciences, Nares University, Khon Kaen, Thailand

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Abstract

Background: Family planning is an effective tool for preventing deaths among women who do not want to become pregnant and has been shown to improve maternal health outcomes, advance women’s empowerment, and bring environmental benefits, including reduction in greenhouse gas emissions. Yet, despite the strong evidence of the benefits that family planning provides, uptake remains too low. The emergence of digital health tools has created new opportunities to strengthen health systems and promote behavior change. In this study, women with an interest need for family planning in Kenya were randomized to receive an intervention to try an automated incentivized digital health intervention that promoted the uptake of family planning.

Objective: The objective of this pilot study is to explore the feasibility of a full-scale trial—in particular, the recruitment, encouragement, and follow-up data collection procedures—and to examine the preliminary effect of the intervention on maternal and child health outcomes.

Methods: This pilot study tested the procedures for a randomized encouragement trial. We recruited 112 women with an interest for family planning from local markets in Western Kenya, conducted an efficacy screening, and randomized half of the women to receive an encouragement to try the intervention. Those women who were randomized to the treatment group, we conducted a follow-up survey with enrolled participants via short message service (SMS) text messages.

Results: The encouragement text messages to the intervention group led to differential rates of intervention uptake between the treatment and control groups; however, uptake by the treatment group was lower than anticipated (47.4%, 159/341, 35% vs. 53.4%, 181/342, in the control group. Studies of scale were also conducted. We observed follow-up data from 64.4% (351/531) of enrolled women.

Conclusions: Among these women who randomized, the intervention variables estimated of the average treatment effect was an increase in the probability of contraceptive uptake of 4.0 percentage points (95% uncertainty interval: −10.0 to 53). This randomized encouragement design and study protocol is feasible but requires modifications to the recruitment, encouragement, and follow-up data collection procedures.

Gates Open Research

“Gates Open Research” is a new independent journal that aims to improve the scientific publishing process through a faster and more efficient process for the submission and publication of pre-print research articles. The journal is owned and published by the Gannett Foundation and is editorially independent from the Bill and Melinda Gates Foundation.

Research for Scalable Solutions

AskNivi evidence

Predicting healthcare-seeking behavior based on stated readiness to act: development and validation of a prediction model

Eric P Greiner, Shyam Padmanabha, Jessica Heinzelman, Anne Narayansettu, Daphne Acheng, Sidharta Goyal, Loyal Cooper, Sallon Cohen, Benjamin Bellow

Translational Behavioral Medicine, E10-016, https://doi.org/10.1007/s11133-019-00009-y

Published: 20 July 2021

Cite Permissions Share

Abstract

A starting point of many digital health interventions is informed by the Stages of Change Model of behavior change: assessing a person’s readiness to change. In this paper, we use the concept of readiness to develop and validate a prediction model of health-seeking behavior in the context of family planning. We conducted a secondary analysis of routinely collected, anonymized health data submitted by 4,688 female users of a free health chatbot in Kenya. We developed a prediction model of (future) self-reported action by randomly splitting the data into training and test data sets (50% each, stratified by the outcome). We further split the training data into folds for cross-validating the hyperparameter tuning step in model selection. We fit nine different classification models and selected the model that maximized the area under the receiver operator curve. We then fit the selected model to the full training dataset and evaluated the performance of this model on the holdout test data. The model predicted who will visit a family planning provider in the future with high precision (0.90) and moderate recall (0.75). Using the Stages of Change framework, we concluded that 28% of women were in the “Pre-Contemplation” stage, 28% were in the “Contemplation” stage, and 50% were in the “Pre-Contemplation” stage. We demonstrated that it is possible to accurately predict future healthcare-seeking behavior based on information learned during the initial encounter. Models like this may help intervention developers to tailor strategies and content in real-time.
Love Matters

- Developed by RNW Media
- Content covers sexual and reproductive health, menstrual health and hygiene, and FP
- Delivered via website with moderated chat
- Links to services for youth across 7 geographies
- 9.7 million followers on social media around the world
- Referral networks vary by country; in India, users can rate services
Love Matters targets youth across 7 countries.

LoveMatters websites are currently available in 6 languages.

<table>
<thead>
<tr>
<th>Languages</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Mexico</td>
</tr>
<tr>
<td>Spanish</td>
<td>Nigeria</td>
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<tr>
<td>Mandarin</td>
<td>Egypt</td>
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<tr>
<td>Hindi</td>
<td>Kenya</td>
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<tr>
<td>French</td>
<td>DRC</td>
</tr>
<tr>
<td>Arabic</td>
<td>China</td>
</tr>
</tbody>
</table>
## Love Matters

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Content is pleasure- and sex-positive, contrasting with risk-based content</td>
<td>• Users have to “pull” content; requires advertising</td>
</tr>
<tr>
<td>• Developing content bank</td>
<td>• Does not provide individualized support or recommendations unless users engage direct messaging option</td>
</tr>
<tr>
<td>• Website and Let’s Talk forum offer direct messaging with trained providers</td>
<td></td>
</tr>
<tr>
<td>• Deliberate focus on engaging marginalized groups (e.g., LGBTQ+) and uses inclusive technology (e.g., alt text, text to speech)</td>
<td></td>
</tr>
<tr>
<td>• Includes clinic/pharmacy-finder, referral to NGO clinics</td>
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### Key Content Area (weight)

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<td><strong>Menstrual Health</strong></td>
</tr>
<tr>
<td><strong>Names all Modern Methods (1)</strong></td>
</tr>
<tr>
<td><strong>Mechanism of Action (0.6)</strong></td>
</tr>
</tbody>
</table>
Love Matters evidence

Enabling Online Safe Spaces: A Case Study of Love Matters Kenya

Maikhe van Heijningen and Lindsay van Clief

Abstract: For sexual health organizations, establishing a safe space to talk about sensitive topics is an important prerequisite for information exchange and open dialogue. With the popularity of social media and mobile phones, these safe spaces are moving online. This article examines one of these spaces, the Love Matters Kenya Facebook page, as an example of a sexual health organization using social media to discuss sexuality with young people. Like observed interactions on the Facebook page over a period of six months, the findings show that the page has become a place for sharing information and connecting young people to their communities. This shows that the key elements of safe spaces are good moderators’ users’ ability to create their own online platforms and a community atmosphere that enables trust and social relationships to grow.

Keywords: safe spaces, moderation, online communication, sex education, social media, Kenya, youth-centred, MHIS.

1. Introduction
Love Matters: How can you feel free?
Anxiety: I don’t want sex.
Anxiety: Sex is a big step for our kids.
Fear: I will not feel good.
Anxiety: I felt it was not safe.
Anxiety: It’s a step too far.
Fear: If you’re in a hurry, but you’re not surprised, you shouldn’t do it. And you don’t enjoy it very much, either.

The above conversation is taken from the Love Matters Kenya Facebook group, where young Kenyans discuss love, sex, and relationships issues. People exchange messages openly in the Facebook group’s wall. But also, questions and worries are mostly Significantly restricted in their messages, with some people receiving directly restricted in many countries by national laws that limit freedom of expression on the internet, prohibitive pornography or criminalise same-sex relationships. There are also ‘likes’ as opposed to traditional ‘like’able content, and it is difficult to find other online spaces, which specifically restrict access to information about sexuality, cleanliness, and many other things, as usually restricted access to information about media, cleaning, and many other things, as usually restricted access to information about media, cleanliness, and many other things, as usually restricted access to information about media, cleanliness, and many other things, as usually restricted access to information about media, cleanliness, and many other things, as usually restricted access to information about media, cleanliness, and many other things, as usually restricted access to information about media, cleanliness, and many other things, as usually restricted access to information about...
Love Matters evidence

Love is Culture
Al-Hubb Thaqafa and the New Frontiers of Sexual Expression in Arabic Social Media

Shireen El Feki, Elise Aghazarian and Abir Sarras

Abstract: Al-Hubb Thaqafa (‘Love is Culture’) is a new Arabic social media platform, providing accurate and unbiased information on love, relationships and sexuality. Its website, Facebook page, Twitter feed and YouTube channel offer visitors unprecedented opportunities for interaction, exchanging ideas and opinions not only with experts affiliated with Al-Hubb Thaqafa, but also with fellow users; for all the high hopes of greater freedom of expression in the wake of the 2011 uprisings, such opportunities remain rare, in both politics and personal life, in most countries of the Arab region. Although its content, and language, were initially designed for an Egyptian audience, Al-Hubb Thaqafa has attracted Arabic-speaking visitors from around the world; its combined platforms have been visited more than nine million times since its launch in March 2014.

Keywords: Islam, language, pornography, sexuality, social media, virginity, women, youth

Introduction

I am a 35-year-old unmarried woman. I have a very strong desire to have a proper sexual life. I am suffering from this because I never got married (or had intercourse), and can’t have sex otherwise. I am in a difficult dilemma between accepting and having pleasure in my life before I grow too old, and feeling guilty when I think of all the religious and social reservations and the sense of shame and dirt that Nobody can understand how much I am suffering except God (Allah).

What can I do?

A Confused Virgin

Anthropology of the Middle East, Vol. 9, No. 2, Winter 2016: 1-18

Affective Engagement with Research Evidence about Young People’s Sex Education in Kenya

Pauline Oosterhoff, Kelly Shepherd, Arno Peeters, Emeg Ignaye, Iris Honderd

Institute of Development Studies, Brighton, UK

Email: P.Oosterhoff@ids.ac.uk, K.Shepherd@ids.ac.uk, A.Peeters@ids.ac.uk, E.Ignaye@ids.ac.uk, I.Honderd@ids.ac.uk

Received 11 June 2015; accepted 16 July 2016; published 21 July 2016

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http://creativecommons.org/licenses/by/4.0/

Abstract

Sex and relationships have a big impact on young people’s lives. For most young people in the world getting information about sexual pleasure, apart from pornography, can be difficult. And it’s even harder if you live in parts of the world where you often aren’t able to decide who to date or marry, or how much children you want to have. For this reason online information on sexuality is growing in popularity, and a host of new platforms are emerging. The rapid growth and spread of social media and the rise of off-line media campaigns on social media for young people are using these tools to educate young people. This study used a mixed-method approach to study the impact of Al-Hubb Thaqafa, an online platform for young people, and to gather evidence about how social media is being used by young people. This study used a mixed-method approach to study the impact of Al-Hubb Thaqafa, an online platform for young people, and to gather evidence about how social media is being used by young people.
Counseling for Choice

- Developed by Population Services International (PSI)

- Chatbot designed to provide young people in Côte d’Ivoire and Benin with information about FP/reproductive health/menstrual health and hygiene via Facebook and WhatsApp

- Gabi, the chatbot persona users interact with, launches a series of questions that follow an algorithm to understand the user’s needs before providing a tailored list of 3 recommended methods. For users in Abidjan, she can then provide a referral to a local clinic.

- PSI is using the content, currently available in French, as the basis for expansion in West Africa and hopes to continue growing its footprint in the future.

- More information available [here](#)

- Evaluation underway
Currently, Counseling for Choice targets women and men ages 15-49 in Côte d’Ivoire. PSI anticipates launching Counseling for Choice in Benin as well.

### Countries

- Côte d’Ivoire
- Benin

### Languages

- French
## Counseling for Choice

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For each method, content includes advantages, disadvantages, and FAQs that are targeted to youth</td>
<td>• Only provides links to PSI clinics in Abidjan, which limits reach</td>
</tr>
<tr>
<td>• Friendly tone and persona of Tante Gaby</td>
<td>• Algorithm can be unwieldy, but PSI is currently developing version 2.0</td>
</tr>
<tr>
<td>• After answering qualifying questions, the user ranks commonly prioritized attributes (e.g., take and forget, discreet/private, side effects) to generate 3 recommended methods</td>
<td>• Content is currently only available in French</td>
</tr>
<tr>
<td>• Offers referral to PSI clinics</td>
<td></td>
</tr>
</tbody>
</table>
## Counseling for Choice score

<table>
<thead>
<tr>
<th>Key Content Area (weight)</th>
<th>Weight</th>
</tr>
</thead>
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<tr>
<td>STI/HIV Risk &amp; Dual Protection (1)</td>
<td>Info/Tools for Side Effect Management (0.3)</td>
</tr>
<tr>
<td>Mechanism of Action (0.6)</td>
<td>Side Benefits &amp; Attributes (0.7)</td>
</tr>
<tr>
<td>Method Effectiveness (1)</td>
<td>Menstrual Health</td>
</tr>
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</table>

**Note:** PSI leveraged the findings from this content review to make multiple adjustments to the content of the Counseling for Choice chatbot.
CyberRwanda

- Developed by YLabs
- Content includes menstrual health and hygiene, economic empowerment, safety, gender, and FP/RH
- Delivered via edutainment (comics), a website with FAQ, and links to youth-friendly services
- Evaluation underway with plans to scale nationwide in schools once complete
Currently, CyberRwanda is available in **English** and **Kinyarwanda**, and is tailored to the **Rwandan** context.

Target population: 12–19-year-old Rwandan urban and peri-urban adolescents
<table>
<thead>
<tr>
<th>Highlights</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Co-designed with beneficiary population (Rwandan youth, 12-19) as well as parents, teachers, providers, and community leaders</td>
<td>• Content is targeted very specifically to Rwandan youth; adaptation would require more effort</td>
</tr>
<tr>
<td>• Includes direct to consumer portion, with trainings to support adolescent-friendly pharmacy services to provide FP</td>
<td>• Content not broadly accessible (yet)</td>
</tr>
<tr>
<td>• Content available as web or as a smartphone app</td>
<td></td>
</tr>
<tr>
<td>• Includes clinic/pharmacy-finder</td>
<td></td>
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</tbody>
</table>
## CyberRwanda score

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<td>How to Use the Method Correctly (1)</td>
<td>Info/Tools for Side Effect Management (.3)</td>
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<td>Side Benefits &amp; Attributes (0.7)</td>
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Using Human-Centered Design to Develop, Launch, and Evaluate a National Digital Health Platform to Improve Reproductive Health for Rwandan Youth

Nicole Sipatuka, Mirenne Sakamana, Laura Beringer, Rebecca Hope

Key Findings
- Using a human-centered design (HCD) approach throughout the design and execution of the intervention.
- Ensuring that the intervention is user-centered and considers the needs and preferences of the intended users.
- Measuring the impact of the intervention through various metrics.

Abstract
Background: Rwandan adolescents have limited access to high-quality family planning and reproductive health (FRH) information and services. In addition, there is a high prevalence of unintended pregnancies, which has implications for health and well-being. The Rwandan government is committed to improving access to FRH services and information among adolescents.

Methods: This paper presents a field action report based on the design and implementation of a human-centered design (HCD) approach to develop a digital intervention for adolescent girls in Rwanda. The intervention was designed to provide age-appropriate FRH information and services through a digital platform.

Results: The HCD approach was used to identify the needs and preferences of the target audience, and to design and develop a digital intervention that is user-centered and user-friendly. The intervention was piloted in selected districts and the results were positive, with a significant increase in the number of girls accessing FRH services and information.

Conclusion: The HCD approach is an effective way to develop and implement digital interventions for adolescent girls in Rwanda. Future research is needed to evaluate the long-term impact of the intervention on adolescent health outcomes.

Background: Rwandan adolescents have limited access to high-quality family planning and reproductive health (FRH) information and services. In addition, there is a high prevalence of unintended pregnancies, which has implications for health and well-being. The Rwandan government is committed to improving access to FRH services and information among adolescents.
Tune Me

- Developed by the Praekelt Foundation
- Delivery mechanism: website with moderated chat
- Content spans menstrual health and hygiene, puberty, relationships, COVID-19, and more
- Includes first-person stories from real users
Tune Me is available in English and its target population is youth aged 15-24 in sub-Saharan Africa.
### Tune Me

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Considerations</th>
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<tbody>
<tr>
<td>• Accessible on any phone</td>
<td>• Currently available in English only</td>
</tr>
<tr>
<td>• Tailored, youth-friendly content that goes beyond FP</td>
<td>• Tailored to Southern Africa</td>
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<tr>
<td>• Includes functional clinic finder that works with GPS coordinates and provides referral to NGO clinics, public clinics, and hospitals</td>
<td>• Community chats function can be turned on or off based on government preferences</td>
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<tr>
<td>Key Content Area (weight)</td>
<td>TuneMe score</td>
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<tr>
<td>------------------------------------------</td>
<td>--------------</td>
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<tr>
<td>Green: &lt; 1 error; Yellow: 2-3 errors; Red: &gt; 4 errors omissions</td>
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<tr>
<td>Names all Modern Methods (1)</td>
<td>Method Effectiveness (1)</td>
</tr>
<tr>
<td>Mechanism of Action (0.6)</td>
<td>Return to Fertility (1)</td>
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<td>STI/HIV Risk &amp; Dual Protection (1)</td>
<td>How to Use the Method Correctly (1)</td>
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<tr>
<td>Menstrual Health</td>
<td>Discreetness (0.7)</td>
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<td>Duration of Protection (1)</td>
<td>Info/Tools for Side Effect Management (.3)</td>
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<td>Side Effects (1)</td>
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TUNE ME: A ME HEALTH INITIATIVE TO INCREASE YOUNG PEOPLE’S KNOWLEDGE AND SKILLS TO PROMOTE THE ADOPTION OF PROTECTIVE SEXUAL BEHAVIOR

Remata Tallarico
Tames De Beer
Maria Bukarouda
Ambika Samarthya-Howard
Hannah Baust Markus

Abstract

When well-attended initiatives are part of broader programs addressing the sexual and reproductive health and rights of adolescents and young people, the power to reach a large number of young people in a cost-effective manner is unquestionable. UNFPA East and Southern Africa Regional Office (ESARO), under its flagship youth program “Safeguard Young People” (SYP) and in collaboration with Praktik Foundation, Ford Foundation and DFFA, developed and rolled out TuneMe (tunem.org) – a mobile site (mHealth) designed for low- and high-end devices in environments where high data charges and poor network coverage combine to limit access to online services. The project took place in eight countries in southern Africa.

Through social features and context-designed to be youthful and interactive for users, TuneMe aims to equip adolescents with the information and motivation they need to make informed choices. Adolescents access TuneMe through the internet browser on their mobile phones or through Free Basics by Facebook, which allows any young person with a mobile phone to access the platform without the limitations of data or Wi-Fi connectivity (Facebook, 2018). TuneMe platform also includes a GPS clinic finder feature and an M&E system “built in” which allows routine reviews of the reach of the mobile site disaggregated by age and sex including bounces rates, preferred articles — to mention a few.

Background: Youth in Africa: Current Sexual and Reproductive Health Challenges

From 1.2 billion people in 2015, Africa’s population is projected to increase to 2.4 billion by 2050. Forty-one percent of the population in African countries is under 15 years old; and half of these are girls. At the same time, half of all global pregnancies happen in Africa, of which 80% result in a child, and the region has the highest burden of maternal mortality and child mortality in the world. Only 1 in 3 young people in the region report that they have the information they need about their sexual and reproductive health and rights, and only 1 in 2 able to access affordable services. When young people have access to accurate information, they are better equipped to make informed decisions about their sexual and reproductive health. The focus of this paper is on the national context of sexual and reproductive health and the challenges of access to high-quality services for young people in sub-Saharan Africa.

In the West, sexual health is often a personal choice. In countries in the African region, sexual and reproductive health is often not seen as a personal matter by society and decision-makers due to cultural and religious beliefs, and by the young people themselves due to their fear of stigmatization. This is one of the reasons for the low level of access to family planning, with 62% of young people in Africa remaining unmet in 2016 (Hogarth & Singh, 2018). The unmet need for family planning is highest in sub-Saharan Africa, with 57% of young women ages 15–19 unmet in 2016. The unmet need for family planning is highest in sub-Saharan Africa, with 57% of young women ages 15–19 unmet in 2016 (Hogarth & Singh, 2018). The unmet need for family planning is highest in sub-Saharan Africa, with 57% of young women ages 15–19 unmet in 2016 (Hogarth & Singh, 2018). The unmet need for family planning is highest in sub-Saharan Africa, with 57% of young women ages 15–19 unmet in 2016 (Hogarth & Singh, 2018). The unmet need for family planning is highest in sub-Saharan Africa, with 57% of young women ages 15–19 unmet in 2016 (Hogarth & Singh, 2018). The unmet need for family planning is highest in sub-Saharan Africa, with 57% of young women ages 15–19 unmet in 2016 (Hogarth & Singh, 2018).
Recommendations

- Update tool content regularly to provide users with high quality, accurate, and comprehensive information.
- Utilize local and global guidance documents (pictured/linked at right) as resources for content development.
- Incorporate external medical review when possible.
- Don’t reinvent the wheel! There are great tools available for adaptation.
Limitations

- Eligibility criteria limited tool inclusion based on:
  - Contains detailed family planning material (e.g. more than a few sentences)
  - Is designed to increase individuals’ knowledge about family planning
  - Targeted to low- and middle- income countries
  - Content available in English or French
  - Includes fixed or static content (e.g. content on a website or in an app that does not change as opposed to a social media campaign with short-lived and rotating messages)
  - Is currently in use or used within past five years
  - Delivered on an accessible platform such as SMS, chatbot, or website
- Initial landscaping may have missed tools
- Rubric was developed and applied by our team; may have introduced some subjectivity
- Assessment based on the content that was present at time of review
- Monitoring digital content requires resources; the sustainability of constant monitoring of content should be considered before replication
Thank you!

So Many Tools; How to Choose?
Results from a Content Analysis of Family Planning Digital Platforms

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