

**TESTING OF APC’S “HOW FAMILY PLANNING  
WORKS” INFORMATIONAL BOOKLET IN <INSERT  
COUNTRY AND LANGUAGE(S)>  
Concept note for ethics review/approval**

<insert date>

**Technical Lead:**

<insert name>

**Investigator:**

<insert name>

## Acronyms

APC	Advancing Partners & Communities
CCIH	Christian Connections for International Health
FG	Focus group
FP	Family planning
FP 2020	Family Planning 2020
IDI	In-depth interview
HCP	Health care provider
RL	Religious leader

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## Background and rationale

The Advancing Partners & Communities (APC) project is a seven-year project funded and managed by USAID's Office of Population and Reproductive Health and implemented by JSI Research & Training Institute, Inc., in partnership with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning (FP). APC supports the Family Planning 2020 goal of reaching 120 million new users of family planning by 2020. This goal can only be achieved if FP services are extended beyond the facility and into communities, reaching the millions of couples that are not effectively reached by the health system. Reaching faith-based communities is key to advancing this goal.

Religious leaders and health care providers in affiliated health centers can provide basic information about FP to the community. Through APC's work with faith entities, religious leaders, especially those who lead youth groups, women's or other groups, and health care providers have expressed the need for accurate yet simple information on FP with visual aids that they can share with their groups and congregations. In 2018 APC developed a low-literacy FP resource for faith leaders in Uganda, "How Family Planning Methods Work." It was developed in English, then translated into two local languages in Uganda and four languages in Kenya. <insert name of organization> has also translated this book developed by Christian Connections for International Health (CCIH) under the APC project into <insert number of languages and country>. <insert name of organization> is currently working with <insert organizations as necessary> to obtain feedback on the booklet from religious leaders and health care providers who work with <insert organization>, and from community church group members.

## Study goals and objectives

The goal for collecting this information is to understand if this low-literacy booklet on family planning that has been translated into <insert number of languages and in which country> is easy to understand and to use in community-based family planning educational/sensitization efforts.

The proposed activities are 1) focus groups (FGs) with members of religious groups, such as youth groups, women's groups and others, in <insert number of areas> in <insert country>; and 2) in-depth interviews (IDIs) health care providers and religious leaders at health centers and churches affiliated with the <insert name of organization>.

The FGs will enable the project to:

- Obtain feedback from the community faith group participants on whether the information is clear and easy to understand in the local language.
- Refine or revise the content based on the feedback obtained to ensure the information is clear.

The IDIs will enable the project to:

- Obtain feedback from the health care providers and religious leaders on the ease of use of the booklet as a tool to provide information in the local language to faith community groups and to clinic patients;

- Refine content as needed based on the feedback address issues, in order to develop an effective communication resource for the health care providers and religious leaders.

## Methodology

<insert name of organization(s)> will work together to manage the activity in <insert details about number of geographic areas in which country>.

## Focus Groups

<insert name or organization> plans to conduct <insert number> FGs with faith group community members in the <insert number of places>, as listed in Table 1. The focus groups will be conducted by culturally and ethnically appropriate staff who have the local language capabilities. They will have experience as facilitators and will be trained to conduct this activity.

Recruitment of the religious group community members will be conducted by the religious leaders affiliated with the facility in each county (these religious leaders have already been trained on basic FP by <insert name of organization>), in each county who are have access to the CHAK community faith groups. The prospective FG participants will be existing members of the community faith groups, at locations selected based on the convenience and location of community faith groups and clinics. A simple flyer and phone calls will be used to announce the focus group opportunity. Religious leaders will announce the opportunity to participate in focus groups, and as a condition for participating, reading knowledge of the local language will be required. (i.e. <insert languages and geographic areas>). Eligibility criteria include being a member of the community faith groups, ages 18+, and ability to read in the local language. Each focus group is expected to last one and a half hours plus time for a meal.

If recruits agree and qualify to participate, they will be given the time and location of the focus group. FGs will be conducted in partner facilities in community locations. Informed consent will be obtained from each participant. Participants will receive a meal and a transport allowance from their home to the focus group site and return.

On the date of the FGs, two staff from <insert name of organization> and the local health facility will be present at the location – one greeter/organizer and the facilitator. A sample booklet will be distributed to each participant, and they will be asked to write on the booklet as follows:

- Circle words that are not clear
- Put a star where they may need more information
- Cross out words that are not necessary

## Health Care Provider and Religious Leader In-Depth Interviews

We will conduct <insert number> in-depth interviews with health care providers and religious leaders in the <insert number of geographic areas and country>. The interviews will be conducted by culturally and ethnically appropriate staff who have the local language capabilities. They interviewers will participate in a brief orientation and will be trained to conduct this activity.

HCP and RL will be identified by <insert name of organization> through their involvement with an existing FP project. IDI participants will consist of health care providers in one of four fields (general physicians, nurses/ nurse practitioners, midwives, community health workers) that provide care at the health centers affiliated with <insert name of organization>, and religious leaders that lead community church groups. The list of prospective IDI participants and their contact information will be generated by <insert name of organization> point of contact. Interviews will be conducted by appointment in a location convenient to the interviewee most likely at a conference room of the health facility or an affiliated church. <insert name of organization> staff will call the prospective interviewee and set up the appointment ahead of time. Each interview is expected to last 45 minutes to one hour. A sample booklet will be distributed to each interviewee, and they will be asked to write on the booklet as follows:

- Circle words that are not clear
- Put a star where they may need more information
- Cross out words that are not necessary

At the end of the discussion the booklets will be collected from the participants.

**Table 1. Location and number of proposed IDIs and FGs. (example below)**

Region	Language	Number of IDIs*	Number of FGs	Focus Group Participants	
				Women	Men
		4	2	10	10
		4	2	10	10
		4	2	10	10
		4	2	10	10
Total number of participants=96		16	8	40	40

\*IDIs will be conducted with health facility staff and religious leaders

## Data Management and Analysis

Discussions and interviews will not be recorded. A note taker will take notes during the focus group discussions, and the interviewer will take notes during the IDIs. Transcripts and notes will be reviewed for emerging themes or patterns as they relate to the discussion topics. The booklets will be collected, and the markings made by the participants will be collated and analyzed along with the discussion and interview notes to identify if generally there were words or terms that were not clear, and to add or remove information.

Findings from the IDIs and focus groups and their application will be interpreted and discussed in a summary FG report and an IDI report. The findings will be used to update the FP booklet in the <insert number> local languages – to clarify terms, remove language that is unnecessary, and add information where needed.

## **Limitations**

This formative research is limited in scope and resources. The information gathered from the limited set of focus groups and IDIs will not be representative of the larger priority community populations. The use of convenience samples may introduce selection bias to the study findings.

## **Privacy Protection**

For the focus group discussions, participants will be asked to arrive 10 minutes early, which will allow time for reading and providing verbal informed consent. The reading and providing of consent will take place at the facility where the focus group will be held. <insert name of organization> and appointed health facility staff will guide the participant to the form and check for any questions or clarifications before obtaining verbal consent from the participant.

For in-depth interviews with health care providers and religious leaders, the staff interviewer will obtain verbal consent from the prospective interviewee in person.

Informed consent forms for focus groups and in-depth interviews contain information about how the information will be used, and the confidentiality of the information they provide.

Names of the respondents will not be associated with the information gathered and will not be included in the report.

## **Ethical Considerations**

Since the booklet and the conversations about it are on the topic of family planning, there is a remote possibility that some participants may feel sensitive about discussing it with others. Having focus groups of the same sex and age group may facilitate discussions about this topic. Participants will be informed of the purpose of the activity and how their responses will be used during informed consent. The informed consent form will explain that participants do not have to respond to any question that makes them uncomfortable. Respondents will be informed that the information they share is voluntary and their name will not be associated with any responses. The information will not become part of a system of records containing permanent identifiers that can be used for retrieval.

During screening, participants will be informed about logistics of the focus groups. When participants arrive at the focus group facility, they will be given an informed consent document which will be translated in the local language. They can read the consent form, or it will be read to them and they will provide verbal informed consent document prior to participation in the focus group. Participants may keep a copy of the informed consent document, which includes a

phone number to call for concerns about their participation. Health care providers will also read and provide verbal consent prior to participating in the interview.