

Direct to Consumer Approaches to Fertility Awareness and Reproductive Health

Information for Adolescents

Addendum 03

to

The USAID Development Innovation Accelerator Broad Agency Announcement (BAA) for Global Health Challenges

I. Background

Roughly one-quarter of the world's population is made up of young people. Adolescence represents a formative time frame for development of communication patterns, empowerment and self-efficacy, positive romantic relationships, and transitions to adulthood.¹ Investing in adolescents results in stronger, more resilient communities and is critical to achieving positive demographic, economic and health outcomes around the globe. When young people grow up healthy, educated and empowered, they become productive and effective leaders, earners and providers.

Effective adolescent development programs work across various sectors to comprehensively address the needs of young people. Strong, stable familial and community environments can enable adolescents to make healthy decisions. Parents of adolescents, peers, and mentors play a crucial role in providing support and mentorship to empower adolescents to develop healthy behaviors and relationships², which decreases vulnerability to exploitation, coercion, and abuse among young people.

Adolescents, however, often face many barriers in accessing accurate, reliable health information, including stigma and bias. In addition, adolescent girls often have less access to accurate information than do boys.³ The most vulnerable populations also often lack stable family and community structures that foster support. To promote successful outcomes among adolescents, age-appropriate, targeted programming must account for the unique barriers and situations encountered by very young adolescents versus older adolescents, as well as differences by gender and socioeconomic status.³ Accurate knowledge of one's own body, pregnancy risk, and fertility enables young people to make healthy decisions. Among adolescents younger than 14 years, knowledge on fertility awareness is crucial, and among older adolescents, accurate information and support systems for healthy behaviors and communication remain key.³

USAID's Office of Population and Reproductive Health (PRH) supports all the key components of effective family planning programs--service delivery, performance improvement, contraceptive supply and logistics, health communication, biomedical and social science

research, policy analysis and planning and monitoring and evaluation—as well as related reproductive health activities, including integration with maternal and child health and HIV programming, gender-based violence and addressing gender norms.

To advance adolescent development and empowerment specifically, PRH has worked with other USAID Bureaus, U.S. Government partners, and donors to advance multi-sectoral programming for adolescents that address education, employment, livelihoods, and health in a holistic fashion. USAID programs have also advanced knowledge of the fertile period among adolescents and addressed social norms by engaging parents, families, and community leaders to support healthy behaviors, e.g., reducing gender-based violence and increasing age of marriage. In addition, programs within health systems have been improved to be more accessible to older adolescents. USAID’s support, from the Global Health Bureau as well as through Mission bilateral programs, encompasses a spectrum of other resources and programming developed to enhance outcomes for adolescents.

Still, scalable, sustainable approaches for the provision of accurate health information and support for healthy behaviors among adolescents that are applicable in multiple developing country contexts are lacking. Existing adolescent-friendly health system approaches require extensive support and input to be taken to scale. In an increasingly connected world, approaches to reach adolescents directly as well as their support networks (e.g., parents, families, communities) are possible. This BAA addendum builds on the lessons learned from USAID’s larger efforts as well as other investments to address these gaps.

II. Solutions Sought

We seek unique solutions to provide reliable health information and support for healthy behaviors in a way that is accessible to adolescents. Through this Addendum, USAID will support further development/refinement, adaptation, testing, introduction, and/or scale up of innovative solutions in multiple countries that will:

- 1) Advance universal and age-appropriate knowledge of puberty, fertility, and sexual health⁵, exploitation, and pregnancy risk.
- 2) Demonstrate measureable impact of knowledge on key behaviors (e.g., empowerment, communication with parents and in other relationships, risk awareness/avoidance and/or contraceptive use as appropriate).

We seek novel and scalable solutions that overcome barriers to reach adolescents directly and their support networks with high-quality, accessible information in an unbiased manner. We are particularly interested in solutions that leverage direct-to-consumer (DTC)⁴ platforms to reach adolescents in multiple country settings and/or adolescents’ support networks (e.g. families, communities) as appropriate. Activities will focus on testing scalable approaches as well as understanding the impact of these approaches on behaviors.

Some of the key barriers³ preventing adolescents from accessing sexual and reproductive health (SRH) information and linkages to services we seek to address include:

Lack of high quality and reliable information: Young people in developing countries often have limited access to and interaction with existing public health care systems. Adolescents access health information and products largely from their peers, parents, trusted networks, digital sources, and private sector pharmacies and drug shops. In addition, there is a dearth of content related to SRH topics that is both informative and engaging. Compounding this issue, adolescent girls tend to have lower access to mobile phones than do boys, further limiting the information that is available to them and increasing gender inequities.

Lack of safe spaces to ask questions and access products: There are limited opportunities for adolescents to discuss or share SRH issues with parents, other family members, communities, peers or experts; they are seldom aware that others might have similar questions, fears, and experiences around SRH. In many countries, adolescents fear that they will be judged if they publicly ask questions about SRH topics or products that would help them manage their sexual and reproductive health. The lack of comfort adolescents feel in discussing SRH can often amplify feelings of isolation.

Stigma and bias: Strong, stable familial and community networks can form supportive environments that enable adolescents to access accurate information and link to services. Yet the stigma associated with sharing SRH information may prevent adolescents from feeling comfortable discussing topics related to SRH with teachers, parents, counselors, and chemists. As a result, adolescents often turn to unreliable sources online or to their close friends to find answers to their questions.

Cost: Due to adolescents' limited purchasing power, they often need to rely on information sources and services that are free or very low cost. Programs have utilized advancements in technology and global communication for provision of tailored, accurate information on health for adolescents through mobile platforms, web applications, and other interactive modalities to increase access to reliable information as well as minimize cost burden to adolescents.

USAID has also supported private sector approaches to reach adolescents and sees significant opportunities for enhanced engagement of and collaboration with the private sector. Market research conducted among private sector companies³ suggests that companies understand that adolescents are a large part of their current and future customer base. Priorities of the private sector that align with reaching adolescents with accurate information and linkages on SRH include:

- Increasing reach and volume
- Expanding to new customer segments and markets
- Increasing brand loyalty / brand equity
- Capturing customers for life
- Preserving good relationship with government actors
- Preserving their credibility and integrity

- Acquiring consumer feedback

The private sector, however, typically does not engage in meaningful information provision around SRH. This is especially true when it comes to the adolescent audience, as companies feel that engaging on these topics with adolescents could be risky for their reputation. Because adolescents constitute a large market opportunity and are interested in health issues, many private sector actors value the chance to connect with the adolescent market when they can do so in a way that reduces their reputational risk.³

What we are looking for:

Solutions that:

- Exhibit measurable impact on key behaviors (e.g., health seeking, empowerment, communication with parents and in other relationships, and/or contraceptive use as appropriate)
- Demonstrate the potential to reach scale (ability to reach a majority of adolescents in at least 2 countries) over 3-5 years
- Create partnerships inclusive of private and public platforms reaching adolescents that can be applicable to multiple developing country contexts

What we are not looking for:

- Concepts without a rigorous research and monitoring and evaluation component
- Concepts without scalability and implementation details
- Concepts that are entirely dependent on the traditional health care delivery system

One to two awards may be awarded for a combined total of up to \$1 M.

Applicable Country Contexts:

- PRH priority countries—Afghanistan, Bangladesh, DRC, Ethiopia, Ghana, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia—and Ouagadougou Partnership (OP) countries—Benin, Burkina Faso, Cote d'Ivoire, Mauritania, Niger, and Togo. (Mali and Senegal are both priority countries and OP countries).
- Potential for private sector partnership
- For solutions proposing to use mobile platforms, the focus should be on settings in which adolescents have high access to mobile phones or digital solutions.

For more information on barriers and challenges explored in previous and existing work, please see the following illustrative resources:

- Family Planning Social and Behavior Change Evidence Database: <https://healthcommcapacity.org/family-planning-evidence-database/>
- Urban Adolescent Sexual and Reproductive Health Social and Behavior Change Implementation Kit Supplement: <https://healthcommcapacity.org/hc3resources/urban->

[adolescent-sexual-reproductive-health-social-behavior-change-implementation-kit-supplement/](#)

- Curated Digital Health Resources: <http://mhealthknowledge.org/>
- Evidence-based Digital Health Research Database: <https://www.mhealthevidence.org/>
- The Performance of Fertility Awareness-based Method Apps Marketed to Avoid Pregnancy: <http://ladycycle.com/pdf/fam-app-studie.pdf>
- Positive Youth Development Indicators: <http://www.youthpower.org/positive-youth-development-toolkit>
- USAID eLearning course on the Standard Days Method (SDM): <http://irh.org/resource-library/usaid-elearning-course-on-the-sdm/>

Applicants are expected to research and reflect other domestic and international resources as the list above is not exhaustive.

III. Submission Instructions

Please submit an expression of interest that clearly describes your idea/approach, including what makes it different from and superior to current practice, and how it is relevant to the Solutions Sought (Section II); highlights your group's unique capabilities and value to the partnership; and discusses the potential for your idea to transform the way in which sexual and reproductive information reaches adolescents through direct-to-consumer channels, implementation details, and capacity to measure the impact of knowledge on key behaviors.

Submitted expressions of interest will:

- Be in English
- Be up to 3 pages in length, no smaller than 12 point
- Contain a header with the following information (included in the page count):
 - Respondent Name/Group and Contact Information
 - Response Title
 - BAA Addendum Name/Number
- Contain one optional graphic that fits on an 8.5"x11" or A4 piece of paper (not included in the page limit)
- Be in .pdf or .docx format

Information Protection

USAID's goal is to facilitate the research that is required to lead innovative, and potentially commercially viable, solutions. Understanding the sensitive nature of submitters' information, USAID will work with organizations to protect intellectual property.

Expressions of interest should be free of any intellectual property that the submitter wishes to protect, as the expressions of interest will be shared with USAID partners as part of the selection process. However, once submitters have been invited to engage in further

discussions, submitters will work with USAID to identify proprietary information that requires protection.

Therefore, organizations making submissions under this BAA Addendum hereby grant USAID a royalty-free, nonexclusive, and irrevocable right to use, disclose, reproduce, and prepare derivative works, and to have or permit others to do so to any information contained in the expressions of interest submitted under the BAA Addendum. If USAID engages with the organization regarding its submission, the parties can negotiate further intellectual property protection for the organization's intellectual property. Organizations must ensure that any submissions under the Addendum are free of any third party proprietary data rights that would impact the license granted to USAID herein. This Addendum falls under the Development Innovation Accelerator Broad Agency Announcement for Global Health Challenges.

IV. Review of Submissions

A. Criteria

The following criteria will be applied to all expressions of interest:

1. Idea/Approach: Novelty, creativity and soundness of the idea/approach, its advantages relative to existing practice or products, its relevance to the Solutions Sought (Section II), and its appropriateness for developing country settings.
2. Organizational Capacity and Value: Strengths of your organization or consortium, including your capacity to engage with private sector partners (including resource leveraging) reaching adolescents and to make a unique contribution to the Solutions Sought (Section II).
3. Impact: The likelihood of generating substantial impact on fertility knowledge and the above-identified behaviors (health seeking, empowerment, communication with parents and in other relationships, and/or contraceptive use as appropriate) among adolescents with potential for scale and reach among adolescents.

B. Selection Process

USAID and partners will review and select expressions of interest submitted in accordance with the guidelines and criteria set forth in this Addendum. USAID and partners reserve the right to disregard any expressions of interest that do not meet the guidelines. USAID is not obligated to issue a financial instrument or award as a result of this Addendum.

Stage 1: Selected organizations or consortia will be invited, individually or in combination, to a convening for co-creation, which may result in one or more applicants/consortia being invited to submit concept papers.

Stage 2: Concept papers will be submitted to USAID and reviewed for selection. Approved proposals will proceed to an award process.

C. Timing

All submissions should be submitted via the link to the application platform found at <https://direct-to-consumer.smapply.io/> by April 13, 2018 at 5:00 p.m. EST.

All submissions will be accepted starting on February 14, 2018. USAID intends to select apparently successful applicants as quickly as possible.

Questions can be submitted to direct-to-consumer@usaid.gov

¹ Adolescent Sexual Health Definition. TPS Committee on Adolescent and Sports Medicine. Approved October 2012.

² US Department of Health and Human Services. A Guide for Discussing Relationships. Spring 2007.

³ Direct to Consumer Family Planning Project Summary (pdf resource); Direct to Consumer Family Planning Private Sector Playbook (pdf resource); A Comprehensive Literature Review: Fertility Awareness Across the Life Course" <http://irh.org/resource-library/a-comprehensive-literature-review-fertility-awareness-across-the-life-course/>; "Moving from Pilot to Scale: Lessons Learned from the GREAT Project" http://irh.org/wp-content/uploads/GREAT_ScaleUp_Results_Brief.pdf; Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0157805>

⁴ In the context of this addendum, Direct-to-Consumer (DTC) approaches make age-appropriate knowledge of puberty, fertility, and pregnancy risk available directly to adolescents and/or their parents and support systems outside of the traditional healthcare delivery system. Such approaches should promote voluntarism, informed choice, privacy, and gender inclusive accessibility.

⁵ In the context of this addendum sexual health shall also include information on sexuality, reproduction, reproductive health, and sexually transmitted infections/HIV, including as it relates to exploitation, human trafficking and abuse. Such activities would be implemented with other programs also designed to address such issues.