Studying Scale Up of Standard Days Method Integration (2007-2013)

- 5 (6) year prospective, multi-site, comparative study of process and outcomes of scaling up a family planning innovation
- Democratic Republic of Congo, Guatemala, India (Jharkhand), Mali, Rwanda
- Uses ExpandNet/WHO model for scale-up planning, implementation, monitoring and research
WHO/Expandnet Scale-up Framework

The elements of scaling up

The Innovation
Resource Team

User Organization(s)

Scaling-up Strategy

Environment

TYPE OF SCALING UP

DISSEMINATION AND ADVOCACY
ORGANIZATIONAL PROCESS
COSTS/RESOURCE MOBILIZATION
MONITORING AND EVALUATION

Strategic choice areas

The elements of scaling up
Standard Days Method: From Research to Practice

1998-2002: Method Concept & Efficacy Trial
2000-2004: Pilot Studies
2005-2007: Integration Studies
2007-2013: Scale-Up Case Studies
Beyond the Standard Days Method...
Rigorous monitoring and evaluation of scale up

Theory-based methods and tool kit to monitor scale up process and evaluate outcomes, including:

- Research questions and hypotheses
- Logic model, indicators, benchmarks
- Quality assurance tools
- Various data sources
Standard Days Method
Scale Up Logic Model

**Problem:** Gap in availability & access to Standard Days Method services

**INPUTS**
- Staff
- Partners
- Funds
- CycleBeads

**PROCESS**
- TA for systems adjustment
- Advocacy
- Capacity Building
- QA – monitoring & supervision

**OUTPUTS**
- Providers trained
- Clinics offering Standard Days Method
- Demand oriented IEC
- Supportive partners/stakeholders
- Systems Harmonization

**OUTCOMES**
- Provider competency
- Awareness and use
- Availability of quality services
- Supportive policies

**Impact:** increased sustained availability of the Standard Days Method
Developed scale up indicators

Each country decided on five-year benchmarks

Designed automated procedures for recording monitoring data and reporting against the benchmarks
Quality Assurance Tools

Provider supervision

Client follow up
M&E Data sources

- Benchmark monitoring (Semi annual)
- Individual interviews with stakeholders (1-3 times)
- Most Significant Change (MSC) story collection (1-2 times)
- Event tracking (timelines)
- Service statistics (quarterly)
- Community surveys & facility assessments (1-2 times)
Semi annual benchmark monitoring

Standard Days Method scale-up monitoring data base, Microsoft Access 2007

IRH MONITORING - TABLES MENU

- ORGANIZATION
- DOCUMENTS
- LOGISTICS
- IEC MATERIALS
- MASS MEDIA
- INDICATORS
- COUNTRY
- REGION
- SUB-REGION
- SURVEYS

<table>
<thead>
<tr>
<th>Country_ID</th>
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<tbody>
<tr>
<td>1</td>
<td>DRC</td>
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<tr>
<td>2</td>
<td>Guatemala</td>
</tr>
<tr>
<td>3</td>
<td>India</td>
</tr>
<tr>
<td>4</td>
<td>Mali</td>
</tr>
<tr>
<td>5</td>
<td>Rwanda</td>
</tr>
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</table>
Mali: Snapshot of Progress Toward Benchmarks

- SDPs that include Standard Days Method as part of the method mix
  - 992 (84%)
- Public or private organizations including Standard Days Method in pre-service training
  - 6 (16%)
- Public or private organizations including Standard Days Method in in-service training
  - 11 (100%)

### Table: Mali CARM Project - Progress in Delivering Service Expansion and SMM/Mini-Roadmap, December 2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<th>Year 7</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Year 11</th>
<th>Year 12</th>
<th>Year 13</th>
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<td>3.0</td>
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<tr>
<td>4.0</td>
<td>50</td>
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Semi annual benchmark monitoring
Monitoring Standard Days Method Uptake during Scale Up (Jharkhand)

Service statistics (quarterly)

Jharkhand Six Districts

First 3 Districts

Additional 3 Districts

Jharkand service data, through December 2010
FAM project begins. Rwanda is picked as focus country.

Method included in MIS family planning registers, client cards and report templates.

Method included in mini-DHS.

Pre-service training activities begun.

Training of trainers for PSI.

National training of trainers with the MOH (1 trainer/2 districts).

Method extended in UNFPA zone (full integration of Standard Days Method in Rwanda).

Family planning community-based distribution starts in Rwanda, including Method.

DHS 2010, includes Method.

March 2007

October 2007

May 2008

July 2008

July 2008

November 2008

February 2009

February 2010

March 2010

June 2010
Baseline Stakeholder Interviews: Health/FP program managers and policy makers in Guatemala (n=20)

<table>
<thead>
<tr>
<th><strong>Political commitment to Standard Days Method scale up</strong></th>
<th>Yes, Standard Days Method already integrated (norms, training, materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Political factors in Standard Days Method scale up</strong></td>
<td>Some not convinced a natural method can be modern and effective and demand is sufficient demand. FBOs and community based NGO networks strong supporters</td>
</tr>
<tr>
<td><strong>Standard Days Method knowledge/attitudes</strong></td>
<td>Aware of Standard Days Method (but lack specifics, esp. efficacy)</td>
</tr>
<tr>
<td><strong>Ability of MOH to manage Standard Days Method scale up</strong></td>
<td>Within their mandate. If there is demand, they will support it.</td>
</tr>
<tr>
<td><strong>Integration of Standard Days Method into annual planning/budgeting processes</strong></td>
<td>Not yet. If high Standard Days Method ‘demand proved’ it would be integrated.</td>
</tr>
</tbody>
</table>
“Looking back over the last year, what do you think was the most significant change you have experienced as a result of Standard Days Method being offered in your community?”

And ask why
Rwanda surveys

Community surveys & facility assessments (1-2 times)

- SPAs 6-8/2007
- Preliminary results
- Facility assessment 4/2009

Year 1 monitoring results July 2008
Year 2 monitoring results July 2009
### Table 5.1 Availability of family planning services

Percentage of all eligible facilities offering specific family planning (FP) methods, by background characteristics, Rwanda SPA 2007

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>Temporary FP methods</th>
<th>Percentage offering any modern method of FP&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Percentage offering counseling on SDM method&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Percentage offering any temporary method</th>
<th>Percentage offering male or female sterilization</th>
<th>Number of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of facility</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital</td>
<td></td>
<td>52</td>
<td>26</td>
<td>52</td>
<td>48</td>
<td>42</td>
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<tr>
<td>Health center/Polyclinic</td>
<td></td>
<td>82</td>
<td>69</td>
<td>85</td>
<td>1</td>
<td>389</td>
</tr>
<tr>
<td>Dispensary/Clinic/Health post</td>
<td></td>
<td>37</td>
<td>16</td>
<td>37</td>
<td>1</td>
<td>107</td>
</tr>
<tr>
<td><strong>Managing authority</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td></td>
<td>89</td>
<td>72</td>
<td>89</td>
<td>4</td>
<td>309</td>
</tr>
<tr>
<td>Government-assisted</td>
<td></td>
<td>54</td>
<td>46</td>
<td>62</td>
<td>8</td>
<td>133</td>
</tr>
<tr>
<td>Private/NGO/Community</td>
<td></td>
<td>38</td>
<td>13</td>
<td>38</td>
<td>2</td>
<td>96</td>
</tr>
<tr>
<td><strong>Province</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>North</td>
<td></td>
<td>76</td>
<td>63</td>
<td>78</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>South</td>
<td></td>
<td>68</td>
<td>58</td>
<td>69</td>
<td>7</td>
<td>117</td>
</tr>
<tr>
<td>East</td>
<td></td>
<td>78</td>
<td>65</td>
<td>80</td>
<td>3</td>
<td>113</td>
</tr>
<tr>
<td>West</td>
<td></td>
<td>77</td>
<td>55</td>
<td>81</td>
<td>6</td>
<td>132</td>
</tr>
<tr>
<td>Kigali City</td>
<td></td>
<td>51</td>
<td>30</td>
<td>53</td>
<td>3</td>
<td>86</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>71</td>
<td>55</td>
<td>73</td>
<td>5</td>
<td>538</td>
</tr>
</tbody>
</table>

<sup>1</sup> Any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male or female condoms, spermicides or diaphragm.

<sup>2</sup> Standard Days Method using Cycle Beads
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ever heard of the method</td>
<td>64.1%</td>
</tr>
<tr>
<td>Ever used the method</td>
<td>1.0%</td>
</tr>
<tr>
<td>Currently using the method</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
### Table A-5.3: Availability of family planning methods by province

Among facilities offering specific family planning methods, percentage where the method was available on the day of the survey, by province, Rwanda SPA 2007

<table>
<thead>
<tr>
<th>Methods</th>
<th>North</th>
<th>South</th>
<th>East</th>
<th>West</th>
<th>Kigali City</th>
<th>Total percentage</th>
<th>Number of facilities offering the indicated method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptive pill</td>
<td>47</td>
<td>84</td>
<td>65</td>
<td>95</td>
<td>63</td>
<td>74</td>
<td>368</td>
</tr>
<tr>
<td>Progestin-only oral pill</td>
<td>47</td>
<td>79</td>
<td>59</td>
<td>95</td>
<td>59</td>
<td>71</td>
<td>351</td>
</tr>
<tr>
<td>Progestin-only injectable (2-3 month</td>
<td>45</td>
<td>81</td>
<td>63</td>
<td>95</td>
<td>56</td>
<td>71</td>
<td>368</td>
</tr>
<tr>
<td>intervals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>368</td>
</tr>
<tr>
<td>Combined injectable (monthly)</td>
<td>0</td>
<td>43</td>
<td>9</td>
<td>36</td>
<td>50</td>
<td>30</td>
<td>44</td>
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<tr>
<td>Male condom</td>
<td>47</td>
<td>71</td>
<td>58</td>
<td>93</td>
<td>66</td>
<td>69</td>
<td>362</td>
</tr>
<tr>
<td>Female condom</td>
<td>47</td>
<td>86</td>
<td>24</td>
<td>70</td>
<td>56</td>
<td>57</td>
<td>139</td>
</tr>
<tr>
<td>Intrauterine device (IUD)</td>
<td>27</td>
<td>74</td>
<td>20</td>
<td>48</td>
<td>40</td>
<td>44</td>
<td>81</td>
</tr>
<tr>
<td>Implant</td>
<td>53</td>
<td>55</td>
<td>16</td>
<td>66</td>
<td>38</td>
<td>49</td>
<td>202</td>
</tr>
<tr>
<td>Spermicide</td>
<td>-</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Emergency contraceptive pill</td>
<td>17</td>
<td>32</td>
<td>13</td>
<td>17</td>
<td>25</td>
<td>22</td>
<td>63</td>
</tr>
<tr>
<td>Cycle Beads for Standard Days Method (SDM)</td>
<td>19</td>
<td>9</td>
<td>19</td>
<td>4</td>
<td>8</td>
<td><strong>12</strong></td>
<td>297</td>
</tr>
</tbody>
</table>
Facility assessment April 2009

- 94% of facilities offer the method
- Only 8% experienced CycleBeads stock outs in past 3 months
- 87% of trained providers offered the method in past year
- 96% of trained providers demonstrated correct knowledge of the method
- But some confusion regarding eligibility to use the method
Most Significant Change
Using a participatory, story-based methodology to complement other M&E data

www.mande.co.uk/docs/MSCGuide.pdf
For the process of introducing and scaling up Standard Days Method in FP programs, MSC adds value...

- Identifies results / unexpected effects of scaling up that may not be detected with quantitative M&E.
- Explores how the process of scaling up and its effects are viewed by those involved in the process – FP stakeholders, implementing partners, and community members/users.
- Elucidates intangible aspects and values of Standard Days Method scale up (role of advocacy, champions, leadership, gender equity, informed choice).

And creates a space for...

- Dialogue and reflection that contributes to program improvements and a common vision of scale up efforts.
The MSC Cycle

- **ACTION**
- **LEARNING**
- **STORIES**
- **SCALE UP ACTIVITIES**

**Challenges:**
- In your opinion, what has been the most significant change since X, and why?
## Main Steps of MSC Process

1. Establish story ‘domains’
2. Collect MSC stories
3. Select the most significant of collected MSC stories
4. Verify information found in the stories
5. Share information with key FP stakeholders

*MSC is a Participatory Methodology – With Stories Collected & Analyzed by Organizations Involved in Standard Days Method Scale up*
The answer to a simple question:

« In thinking about this past year, what has been the most significant change in your life (professional or personal) that is due to your involvement in introducing or integrating the Standard Days Method? »

« And why? »
**What domains are we using?**

- Domains are large categories of stories; they are not indicators
- Why use domains?
  - Makes it easier to manage the analysis of a large number of stories
  - Ensures comparison between similar types of change

<table>
<thead>
<tr>
<th>Changes in the lives of Standard Days Method users</th>
<th>Changes signaled by service providers since Standard Days Method was introduced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes signaled by managers since Standard Days Method was integrated into programs</td>
<td>Other changes</td>
</tr>
</tbody>
</table>
Most Significant User Story - Mali
Title: Harmony in our sexual relationship

I have four (4) children. Until I became aware of Standard Days Method, condoms have always been the form of contraception that my husband and I have used, for fear of side effects of other methods. Yet the constraints of using this method were starting to weigh heavily on me.

Approximately nine (9) months ago I found out about CycleBeads as part of a discussion on family planning organized by AMPPF agents. Since then, we have adopted this method. What attracted me first was that this was a natural method. Ever since we started using this method I've noted many positive changes, both for myself and as part of my relationship:

- I have a better understanding of the way my body works, such as the days on which I'm fertile or not; this is something I never worried about before.

- Standard Days Method is a very unobtrusive method and allows wide autonomy in the way we handle our relationship.

- There is no need to get new supplies from the health care agent and no need for follow-up appointments at the health post.

- There is greater harmony in the sexual relations I have with my husband. Standard Days Method has revitalized our life as a couple. This is the most significant change. Ever since we adopted this method we only rarely suffer from the constraints connected with condoms, and this suits us perfectly.
Most Significant Program Manager Story - Mali
Title: Increasing CYP (Couple-Years of Protection) and strengthening the client’s right to choose

I am the program manager at the Malian Association for the Protection and Promotion of Families (AMPPF) and have held this position since 1990. I'm in charge of coordinating and following up all programs and projects for this organization.

I first heard about Standard Days Method in 2007 as part of activities organized by IRH to promote the method; the project coordinator subsequently requested our help to include the method at our service delivery points (SDPs).

The level of adoption of Standard Days Method is quite low because of clients’ limited interest, but this is probably due to the fact that the method is in its early days. Standard Days Method has increased the range of choices our clients have. It has also increased the CYP (couple-years of protection) of our FP services, even though the increase is not significant.

On the other hand, what is particularly important is respecting the client's right to choose. As AMPPF is a member of the International Planned Parenthood Federation (IPPF), it attaches great importance to anything that can contribute to respecting this right, as it is an integral part of service quality criteria.

AMPPF has helped to improve the accessibility of Standard Days Method by adding it to its health care service delivery points and to community-based distribution (CBD).
Most Significant Provider Story - Mali
Title: I'm helping women in my community to better understand how to use CycleBeads

My name is Safiatou Haidara, I'm a saleswoman for beauty products, condoms and the necklace. My younger brother handles sales in my shop. One day, a friend of mine told me that promoters of condoms and CycleBeads needed an interpreter with a view to selling their products in small shops in Goundam. I went to meet them and when I arrived they told me what kind of change they were looking to make in their district through family planning and HIV control. They provided me with information about the beads, namely how to use it, eligibility criteria and the fertility mechanism.

After I received all this information we all left together to meet small shop owners and women's groups in our district; I served as both interpreter and facilitator. This activity lasted one week.

When the promoters left, the women who had bought the beads came to see me so that I could show them once again how to use it, and often took the opportunity to ask me if I had any condoms to manage fertile days. Women's groups are now contacting me to provide explanations to various groups as a reminder on how to use the method, or they send me newly affiliated members of the group.

Thanks to this experience, my shop’s sales figures for condoms have increased as I’m able to easily supply both products. This led to a significant change in my life for I am now well known in the village.
Lesson learned

• Use a variety of data sources
• Use data for mid-term correction in the intervention
• Be careful how indicators are defined
• Keep your eyes open for system elements
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