

# Monitoring and Evaluating of Scale Up



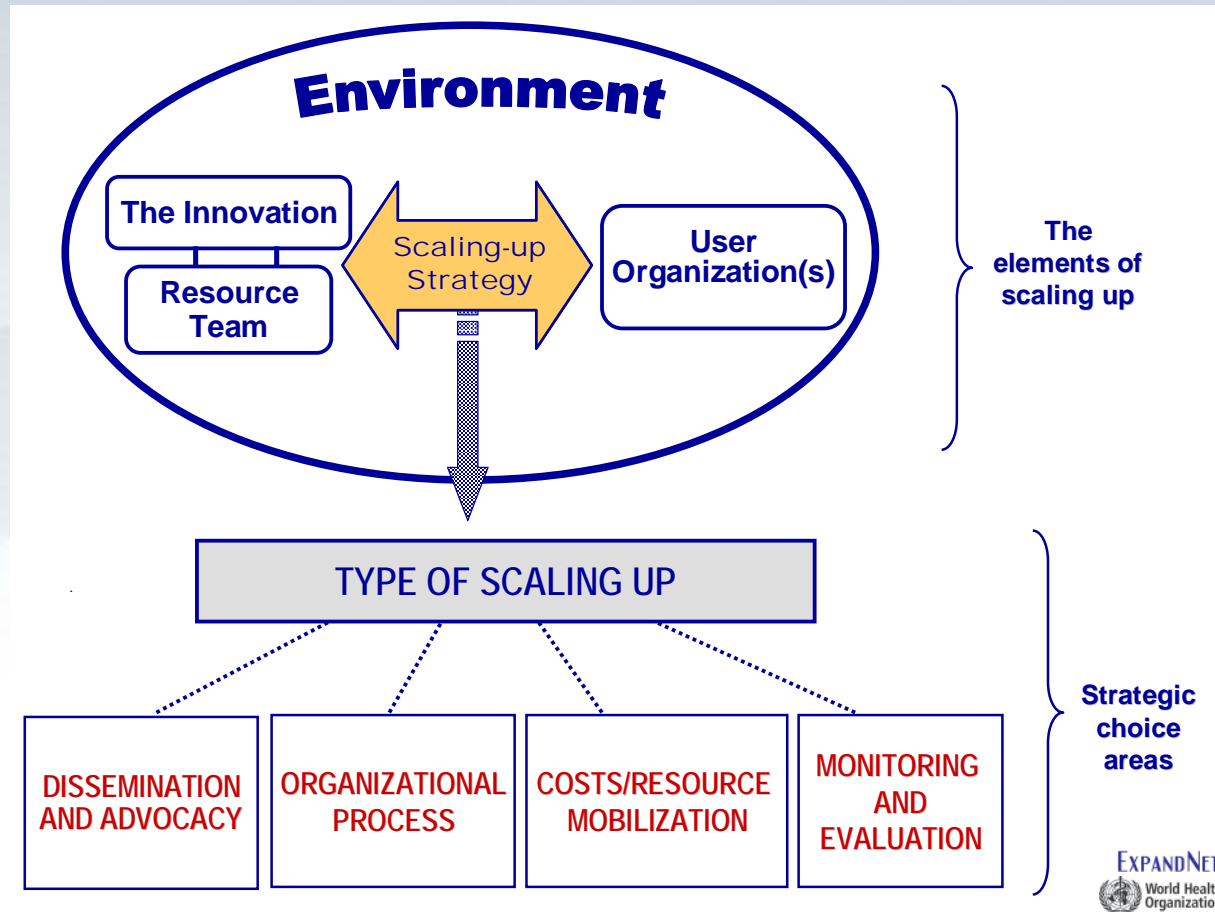
EXPANDING FAMILY PLANNING OPTIONS

# 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

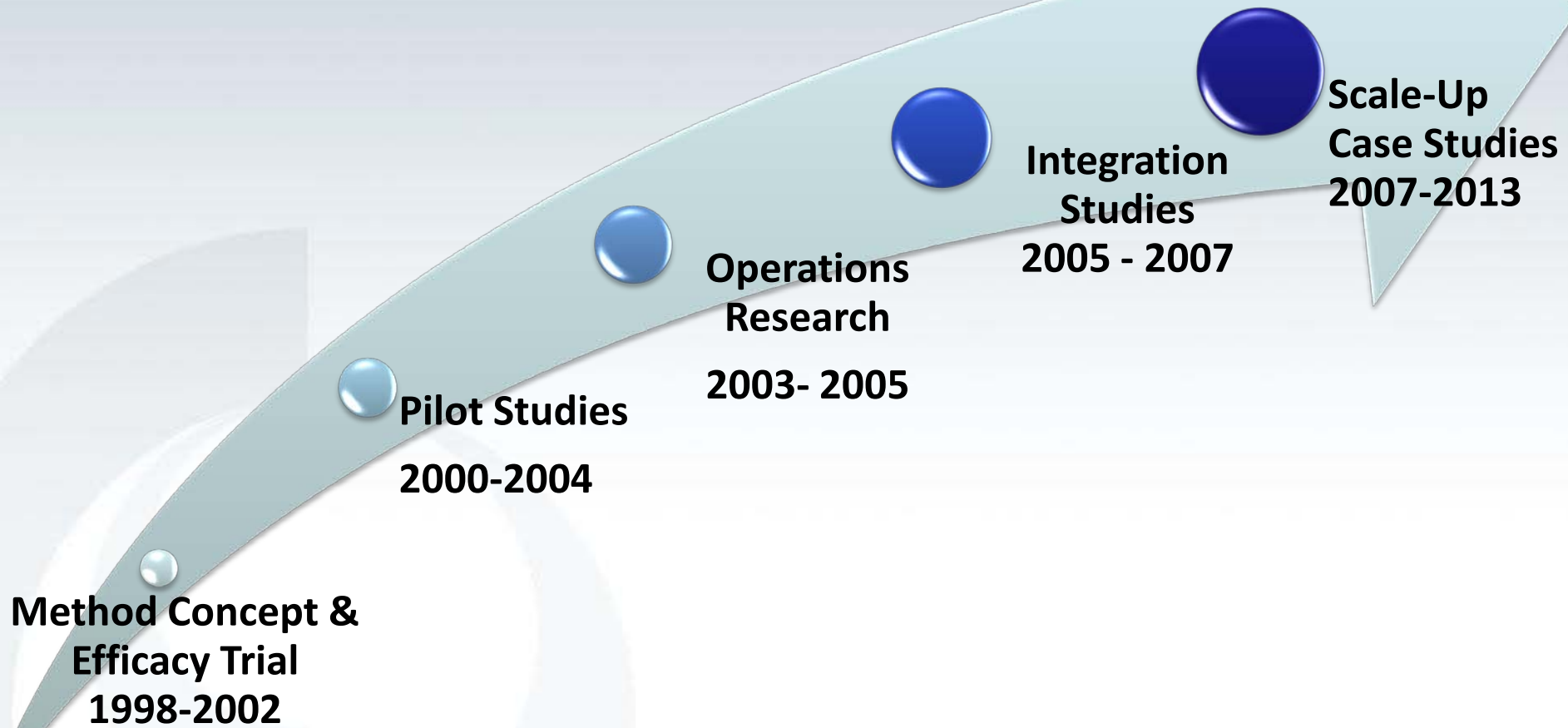


# WHO/Expandnet Scale-up Framework





# Standard Days Method: From Research to Practice



# 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



**USAID**  
FROM THE AMERICAN PEOPLE



# Monitoring benchmark scale-up indicators

**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

**STANDARD DAYS METHOD, Knowledge Improvement Tool (KIT)**

Provider's Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Name of the Block \_\_\_\_\_  
 Training date: \_\_\_\_\_ District: \_\_\_\_\_

**Instructions**

- Ask the following questions to the provider
- On correct responses, mark "1"
- On non-response or incorrect response, mark "0"
- For questions that were answered incorrectly, give the correct information immediately after completion of the KIT/after completion of one part of the KIT, as per the convenience and situation
- For questions that were un-answered or answered incorrectly, please ensure to ask these questions again during the next visit

	Date of Visits	
	1	2
<b>How to use CycleBeads?</b>		
<b>1. Explain how are CycleBeads used (Give a set of CycleBeads to the provider for demonstration)</b>		
a.	CBs represent the menstrual cycle of a woman. Each bead of the CBs represents a day of the menstrual cycle	
b.	The red bead represents the first day of menstrual bleeding	
c.	All brown beads represent days when pregnancy is most likely to occur	
d.	All white beads represent days when pregnancy is unlikely to occur	
e.	On the first day of menstrual bleeding, move the black band on to the RED bead	
f.	Consecutively, mark that day on the calendar	
g.	Move the black band to the next bead every day (even on days of menstrual bleeding)	
h.	Always move the black band forwards the direction of arrow	
i.	Use a condom or abstain during the white bead days	
j.	On Brown Bead days, couple may have sex without using a condom	
k.	On the start of your next menstrual bleeding, skip the left-over brown beads and move the black band on to the red bead. Leave aside the left-over beads, if any	
l.	If the menstrual bleeding start before the black band reaches the dark brown bead, the periods (menstrual bleeding) have come early	
m.	If the menstrual bleeding does not start even after the black band reaches the last brown bead, the periods (menstrual bleeding) are late	
<b>2. What should the woman do, if she forgets to move the black band?</b>		
a.	Check the first day of the woman's menstrual cycle on the calendar	
b.	Start counting days from that day to the present date and count the number of days that have passed in her menstrual cycle	
c.	Then, starting from the red bead, count those many number of beads, and move the black band on to the correct bead	
<b>3. Who can use the SDM?</b>		
a.	Women who have their periods (menstrual bleeding) once a month, or in other words whose periods come a month apart	
b.	A couple who is willing to use a condom or abstain on the days when the pregnancy is likely to occur (white bead days)	

**Client Follow-up Form for SDM users**..... District, Jharkhand

Name of Block: ..... Name of Health Facility (PHC/APHC/HSC/Village): ..... Name of Provider (MOL/HV/ANM/Sahiya/AWW/Others): ..... Date: ..... Year: 2010

S. No	Name of the Client	Has been interviewed	Reason for non-availability of the client	Are you using SDM (CycleBeads)?	Are you Satisfied with SDM Use?	How does a woman manage her fertile days?	Verification of the use of Cycle Beads	Correct Demonstration by client	Reasons for dissatisfaction with SDM/ Reasons for not using SDM	How does the husband cooperate in the use of SDM/CBs?
1		Yes-1 (Go to Col.4) No-2	Please see the code	Yes-1 No-2 (Go to Col.10)	Yes-1 No-2 (Go to Col.10)	Abstinence-1 Condom-2 Either Abstinence or condom-3 Withdrawal-4 Do not use any family planning method and do not abstain-5	Marked on the calendar Yes-1 No-2	Moved black band on to the correct bead Yes-1 No-2	Yes-1 No-2	Please see the code (In case of multiple codes, write them with a comma in between) Please see the code (In case of multiple codes, write them with a comma in between)
1	1	2	3	4	5	6	7	8	9	10
2										
3										
4										
5										

Code for Column No. 3		Code for Column No. 10		Code for Column No. 11	
Migrated permanently	1	Wanted a pregnancy	1	Uses condoms on fertile days	1
Migrated for employment (seasonal)	2	Became pregnant	2	Abstains during fertile days	2
Gone to another village for some festival/marriage/other ceremony	3	Husband dislikes/unsatisfied	3	Moves the ring over the beads	3
Gone to farm	4	Want to use more effective method	4	Marks the date of start of period on the calendar	4
Refused to be interviewed	5	Did not like the method	5	Husband not involved	5
Not present at home	6	Irregular menstruation	6	Other (Specify)	6
Other (Specify the reason)	7	Use of other family planning methods	7		
		Difficulty in using	8		
		Other (Specify the reason)	9		
			10		

Signature of the Investigator .....

Signature of Provider .....

# M&E Data sources

benchmark monitoring  
(Semi annual )

Individual interviews  
with stakeholders  
(1-3 times)

Service statistics  
(quarterly)

Most Significant  
Change (MSC) story  
collection  
(1-2 times)

Event tracking  
(timelines)

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

EXIT

Country			
	Country_ID	Country_Na	Add New Field
+	1	DRC	
+	2	Guatemala	
+	3	India	
+	5	Mali	
+	6	Rwanda	

# Mali: Snapshot of Progress Toward Benchmarks

**Table 1 Mali FAM Project – Progress in Achieving Service Expansion and SDM Institutionalization, December 2010, IRH FAM project accomplishments toward end of project target, by project year**

Mali end of project goals (by the end of 2011):

- To reinforce the integration of the SDM into 90% of public sector, private sector and community-level service delivery points in 8 regions of Mali and the district of Bamako.
- To contribute to the routinization of LAM into 90% of 3 other regions of Mali, in addition to *Sikasso*.

Mali population coverage for scale-up: 12.96 million (8 regions of Mali including Bamako)

Horizontal scale-up <sup>a</sup>	Year 1 <sup>1</sup>	Year 2	Year 3	Year 4 to 12/10	Year 5	End of project target (n)
3.0.7 Proportion of SDPs that include FAM as part of the method mix (Year 1 and Year 2 percentages were calculated based on targets for three regions only). End of project target will be in all eight	719 (81%)	825 (70%)	850 (74%)	992 (84%)		1,154
3.0.8 Estimated number of individuals trained to counsel clients in FAM (MHauppedal) regions	10,054 (47%)	12,954 (57%)	23,395 (95%)	21,670 (96%)		22,500
3.0.9 Number of organizations that have capacity to undertake FAM activities (see resource)	15 (100%)	15 (100%)	15 (100%)	15 (100%)		15
Vertical scale-up	Year 1 <sup>1</sup>	Year 2	Year 3	Year 4 to 12/10	Year 5	End of project target (n)
3.0.1 SDM and LAM included in essential or key policies, norms, guidelines, and protocols	4 (50%)	4 (50%)	7 (88%)	7 (88%)		8
3.0.2a Presence of public or private training organizations that include FAM in pre-service training and/or continuing education	0	0	3 (6%)	6 (16%)		10
3.0.2b Presence of public or private training organizations that include FAM in in-service training	10 (91%)	10 (91%)	11 (100%)	11 (100%)		11
3.0.3a Sustainable inclusion of <i>CycleSeeds</i> into donor environment systems	0	0	1 (25%)	1 (25%)		2
3.0.3b Sustainable inclusion of LAM user card into donor environment systems	0	0	0	0		1
3.0.3c Sustainable inclusion of <i>CycleSeeds</i> into logistics systems	2 (100%)	2 (100%)	2 (100%)	2 (100%)		2
3.0.3d Sustainable inclusion of the LAM user card into logistics systems	0	0	0	0		1
3.0.4a Inclusion of SDM in MMS/reporting systems	0	0	0	0		1
3.0.4b Inclusion of LAM in MMS/reporting systems	0	0	0	0		1
3.0.5a Inclusion of SDM in IEC activities, materials and mass media	2 (25%)	6 (75%)	8 (100%)	8 (100%)		8
3.0.5b Inclusion of LAM in IEC activities, materials and mass media	0	0	2 (87%)	2 (87%)		3
3.0.5c Inclusion of BOTH SDM and LAM in IEC activities, materials and mass media	0	0	1 (50%)	1 (50%)		2

- 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

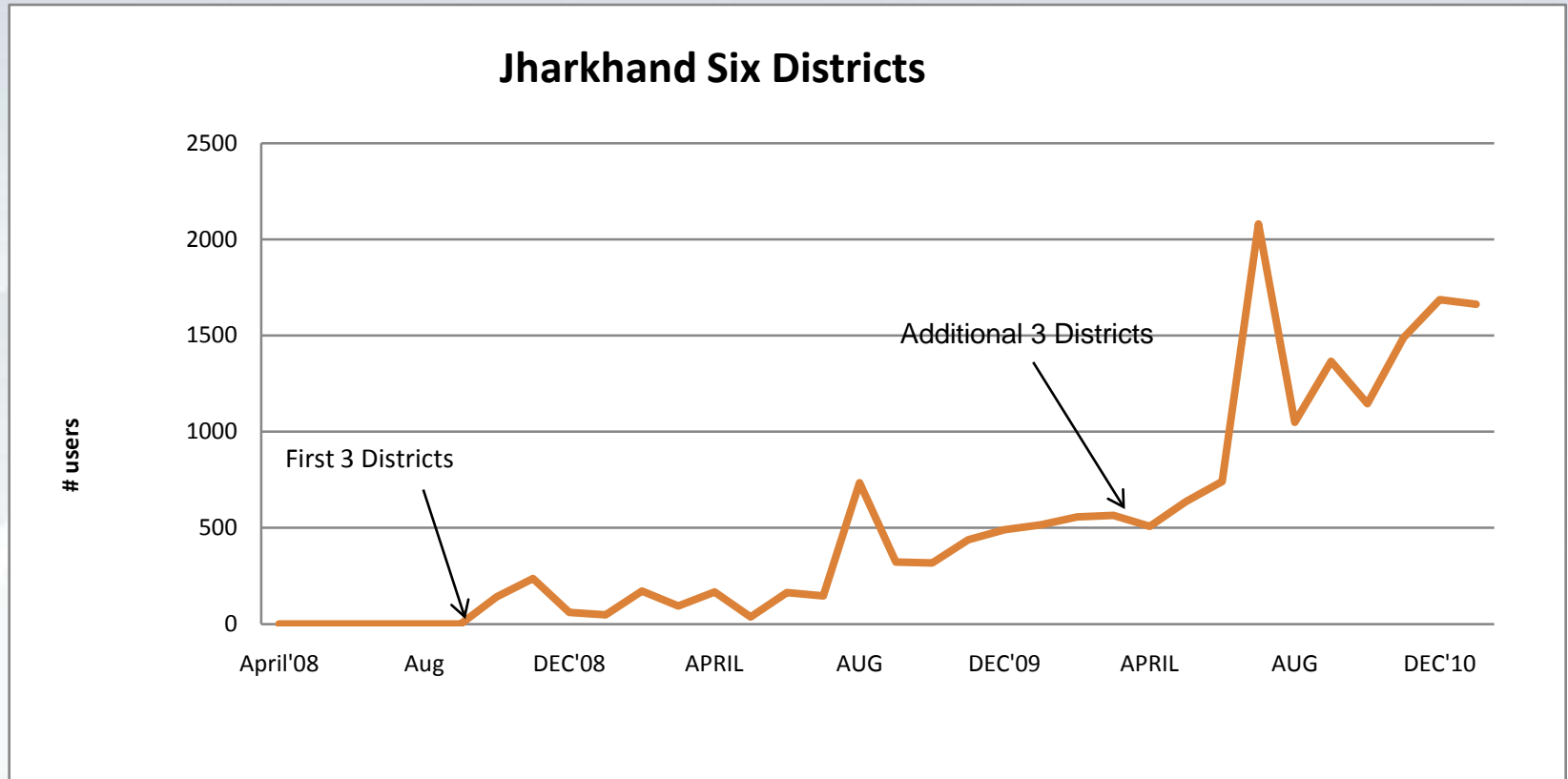
6  
(16%)

- Public or private organizations including Standard Days Method in in-service training

11  
(100%)

Service statistics  
(quarterly)

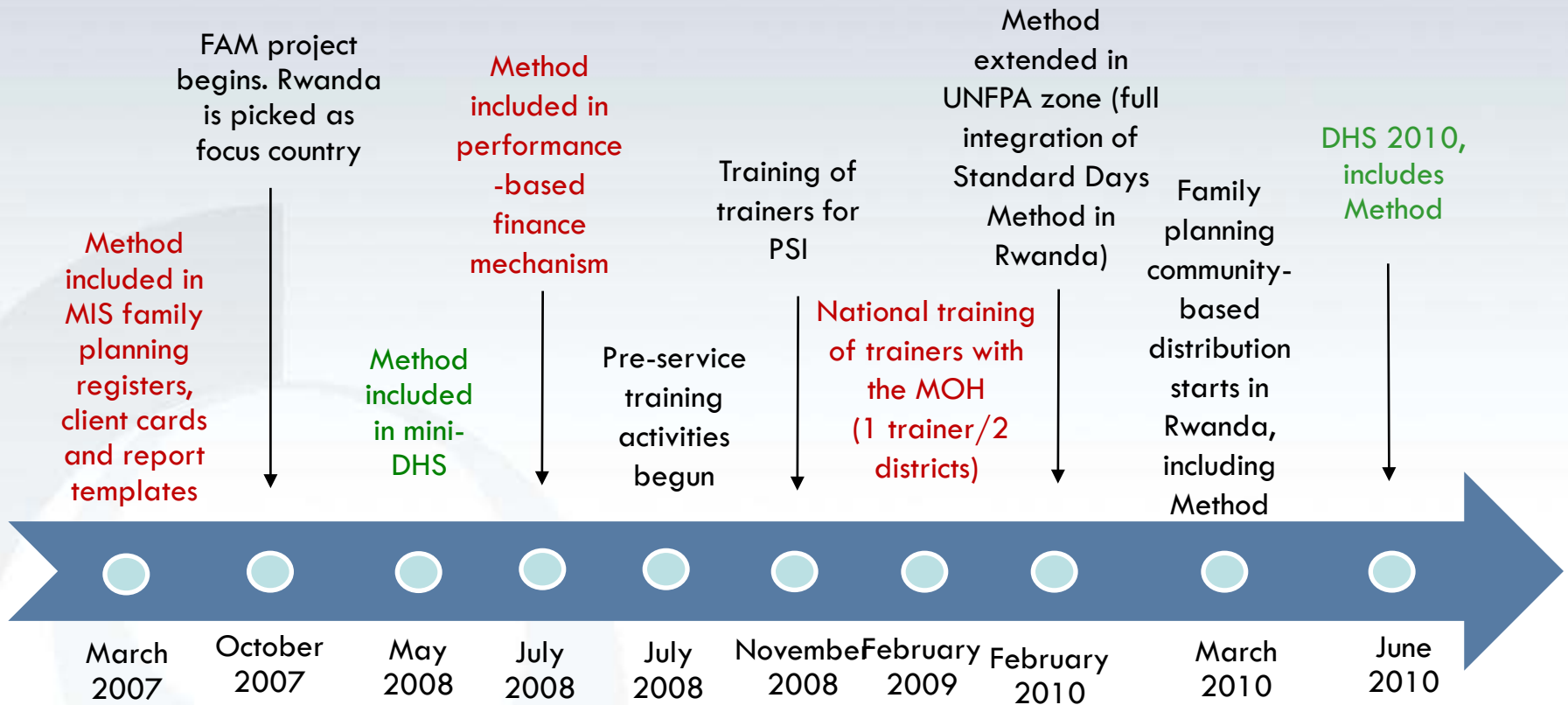
# Monitoring Standard Days Method Uptake during Scale Up (Jharkhand)



Jharkhand service data, through December 2010

## Event tracking (timelines)

# Events Timeline (Rwanda)



Individual interviews  
with stakeholders  
(1-3 times)

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

Political commitment to Standard Days Method scale up	Yes, Standard Days Method already integrated (norms, training, materials)
Political factors in Standard Days Method scale up	Some not convinced a natural method can be modern and effective and demand is sufficient demand. FBOs and community based NGO networks strong supporters
Standard Days Method knowledge/attitudes	Aware of Standard Days Method (but lack specifics, esp. efficacy)
Ability of MOH to manage Standard Days Method scale up	Within their mandate. If there is demand, they will support it.
Integration of Standard Days Method into annual planning/budgeting processes	Not yet. If high Standard Days Method 'demand proved' it would be integrated.

Most Significant  
Change (MSC) story  
collection  
(1-2 times)

# Most Significant Change stories... start with a question

“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

Community surveys &  
facility assessments  
(1-2 times)

# Rwanda surveys

**SPAs**

6-8/2007

**Mini DHS**

12/2007-4/2008

**Preliminary  
results**

Year 1 monitoring results  
July 2008

**Facility  
assessment**  
4/2009

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

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

<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



# Standard Days Method users in Rwanda 2007 DHS, married women of reproductive age

Ever heard of the method	64.1%
Ever used the method	1.0%
Currently using the method	0.3%



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



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

# 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



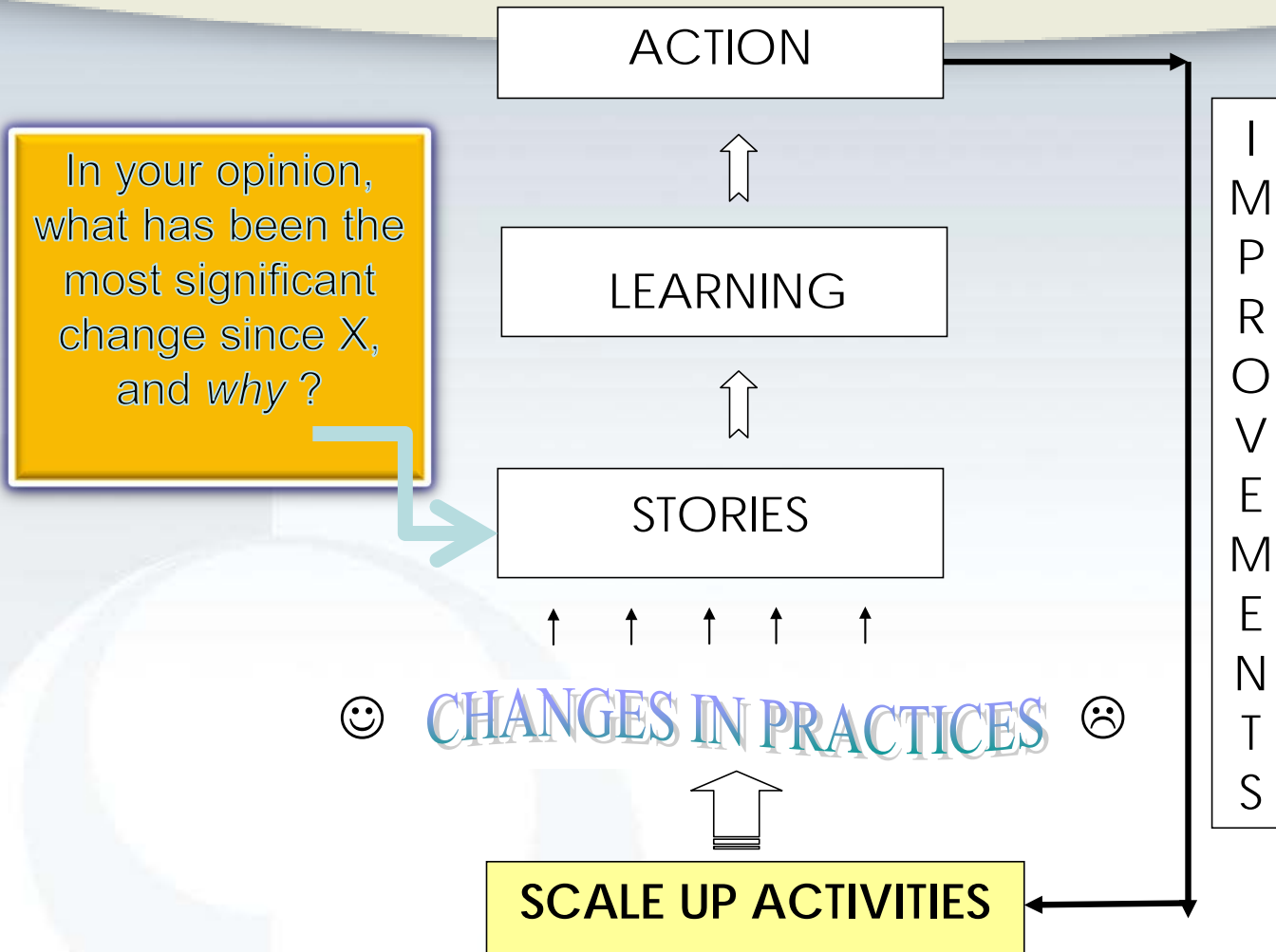
## For the process of introducing and scaling up Standard Days Method in FP programs, MSC adds value...

- 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



# 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 Question

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

**Changes in the lives of  
Standard Days Method  
users**

**Changes signaled by  
service providers since  
Standard Days Method was  
introduced**

**Changes signaled by  
managers since Standard  
Days Method was  
integrated into programs**

**Other changes**

# 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.*

### Why most significant?

Standard Days Method helps women to better understand how their body works (fertile days)

Appropriate use of condoms by the couple (only during fertile periods)

Importance of CIPs (talks) for the acceptability of Standard Days Method

Standard Days Method use has revitalized women's life within the couple

## 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).*

#### Why most significant?

Standard Days Method fosters equity and the respect of a client's rights,

Standard Days Method has increased the CYP of FP programs,

Standard Days Method has increased the range of FP products

## 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.*

#### Why most significant?

Standard Days Method strengthens a couple's emotional ties

Men are strongly involved in managing fertile periods

Importance of communication (CIPs and media) to raise the awareness of Standard Days Method at community level

# 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**





Irit Sinai & Susan Igras  
Institute for Reproductive Health  
Georgetown University  
sinaii@georgetown.edu

[www.irh.org](http://www.irh.org)