



Bringing a health innovation to scale: The story of successful introduction of the Standard Days Method® in Rwanda

To increase access to and ensure sustainability of life-saving health innovations, it is not enough to demonstrate success in a pilot project alone. The proven innovation must be scaled up—i.e. expanded from the pilot phase to nationwide coverage (horizontal scale-up) as well as institutionalized in national norms and systems (vertical scale-up). Successful pilots are the basis for scaling up, but if the pilot is not designed from the beginning with expansion and institutionalization in mind, attempts to scale the program in its initial form can hit roadblocks. Scale-up depends on sound partnerships, involvement of stakeholders, collaboration with different cadres of providers, and commitment to monitoring and evaluating the process.

In Rwanda, the FAM Project, implemented by Georgetown University's Institute for Reproductive Health and supported by USAID, has catalyzed the scaling up of a proven health innovation to address unmet need for family planning. Through the efforts of the Ministry of Health (MOH) and other partners over a ten year period from 2002-2012, the Standard Days Method® (SDM) has achieved nationwide coverage in Rwanda's health facilities.

At the turn of the century, the contraceptive prevalence rate in Rwanda was just 4% and the fertility rate was nearly six children per woman.ⁱ This data revealed a striking need



for family planning among Rwandan women and couples. Recognizing the role that family planning plays in saving the lives of women and children and increasing economic and social stability, the Government of Rwanda has prioritized reproductive health and backs a strong family planning program. This is critical for achieving Millennium Development Goals 4 and 5, honoring the principles laid out in the 1994 International Conference on Population and Development (ICPD), and addressing the priorities of FP2020.

Many studies show that adding a new method of family planning to the existing method mix, if available widely, raises the contraceptive prevalence rate.^{ii,iii} This, along with Rwandans' desire to space births and the traditional and religious beliefs of many regarding contraception, made the timing ripe for the expansion of a modern, effective, and easy-to-use fertility awareness-based method like SDM.

What makes the Standard Days Method® (SDM) package a scalable innovation?

- **There is a need for side-effect-free methods** | DHS data indicate side effects are the primary reason women do not use or discontinue use of family planning. SDM is side effect free, and FAM Project data indicate high client satisfaction rates among SDM users.
- **Brings new users to family planning** | Service delivery reports have shown the majority of SDM users have never before used family planning. Some eventually transition to other modern methods.
- **Easy to learn** | Provider trainings are as short as two hours when added to regular contraceptive technology updates.
- **Easy to teach clients** | Time required for SDM counseling is comparable to other family planning methods.
- **Feasible for clients to use** | Data from client follow-up indicate women use SDM correctly and consistently.

Therefore, the Government of Rwanda and USAID invited the Institute for Reproductive Health to introduce SDM into the public health system as a new family planning option (Box 1).

Since its initial introduction in 2002, SDM integration has achieved the scale-up targets selected by the MOH. SDM has been integrated into 100% of Rwanda's health facilities and all necessary elements of the health system including national family planning guidance documents, training curricula, the health management information system and the contraceptive logistics system (Box 2). With SDM tools and information also included in the national community-based health strategy, the method is well positioned to reach even more women and couples as the MOH rolls out this program.

LESSONS LEARNED IN RWANDA

These important achievements did not happen spontaneously. They were the result of strong commitment and hard work on behalf of the MOH, partners, USAID and the FAM Project, combined with a strategic approach which routinely scanned and responded to emerging opportunities and constraints in each element of the system. The experience of SDM in Rwanda has revealed important lessons on strategic scale-up for the global health community.

Successful integration of a health innovation depends on the commitment of MOH at all levels

Commitment is critical to the scale-up process because sustainability requires that the MOH and partners continue to support SDM service delivery once the scale-up phase has ended, particularly once the FAM Project closes. In Rwanda, the MOH initially recognized the value of adding SDM to their family planning program because of its ability to bring new users to family planning and to meet an existing demand for natural, side-effect-free methods. Because of these unique characteristics and the government's commitment to expanding family planning choice, the MOH has been involved in all stages of integrating SDM into the method mix. Through close collaboration between the MOH and the FAM Project, SDM has been integrated into nearly all national family planning policies and guidance documents, and it is available in nearly all health centers across the country.

Scale-up depends on a sound logistics system for the health commodity

An important component to successful scale-up of a health innovation is access to essential commodities. For the SDM, this commodity is CycleBeads®. At the onset of scale-up in Rwanda, CycleBeads was not included in any global procurement mechanism in the same way that other family planning commodities were. This posed serious challenges for scale-up of SDM because Rwanda procures family planning commodities through donor funds and donor-managed procurement mechanisms. In 2006, the MOH included CycleBeads in their family planning commodity logistics system, and in 2009, USAID announced that they would add CycleBeads to the list of family planning commodities available through their global procurement mechanism, the USAID | DELIVER PROJECT, managed by JSI. These were crucial turning points in scale-up of SDM in Rwanda. However, no other international donor has yet responded to the demand for CycleBeads in Rwanda.

Pre-service curricula and refresher trainings are important for sustainability when introducing an innovation into the health system

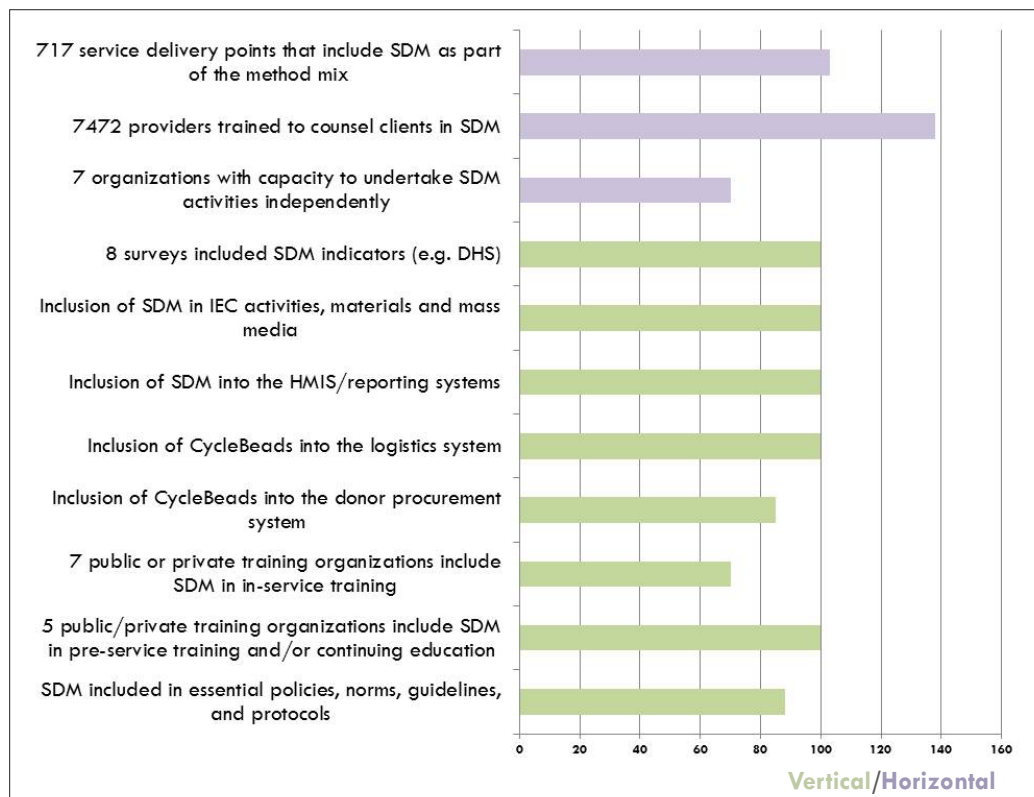
Since SDM is a new addition to the method mix in Rwanda, adding SDM to in-service provider trainings has been an

Box 1: Defining the Innovation Package

Bringing a health innovation to scale involves more than just making a particular health commodity widely available. The Standard Days Method® (SDM), a modern and effective family planning method, was the innovation scaled up in Rwanda from 2002-2012. However, one might more accurately describe it as an "innovation package." The basics of the SDM innovation package include the visual tool CycleBeads® (with user instructions and calendar), training curricula for health providers, monitoring and evaluation tools, and awareness-raising and IEC materials. All of these components have evolved since the initial introduction of SDM in Rwanda, responding to the dynamic nature of scale-up. In order for an innovation to achieve scale-up, it must be designed "with the end in mind". This means that all aspects of expansion must be taken into consideration from the beginning, even during the pilot phase.



Box 2: Vertical & Horizontal Scale-up Objectives attained in Rwanda by 2012



important first step to offering the method at scale. Results from the scale-up monitoring activities have shown that targeted refresher trainings are also critical for building provider confidence, addressing myths about SDM and reinforcing key knowledge and skills. Finally, an important step toward sustainability and inclusion of SDM as a mainstream, modern method offered by family planning providers is to include it in pre-service education for all cadres of providers. SDM can even enhance the family planning curricula as it facilitates the understanding of the woman's menstrual cycle and because the underlying information on reproductive physiology is the basis of other family planning methods.

Successful scale-up relies on partnership | Successful partnerships rely on coordination

SDM scale-up required an array of stakeholders, including the MOH, international donors, NGOs, faith-based organizations, and private-sector pharmacies. To ensure that scale-up was participatory and ultimately sustainable, the FAM Project played a strong coordinating and technical assistance role among these partners. Stakeholders recognized the effective role the FAM Project played in building the capacity of partners and bringing non-traditional partners, like the Church, into the circle of family planning stakeholders.

MAINTAINING THE MOMENTUM

While much progress has been made in the scale-up of SDM (See Box 2: SDM Scale-up Achievements), gaps remain. As the FAM Project comes to an end, it is the role of the MOH, partners and international donors to maintain strong integration and quality service delivery of this new family planning method in Rwanda. The following are suggestions for where to begin.

Ensure SDM is included in new and revised family planning guidance documents

Frequent staff turn-over at the MOH and transitions to new health projects threaten the inclusion of SDM in family planning guidance documents. In several instances, newly produced or revised guidance documents have omitted SDM from the method mix. Though unintentional, this can have grave effects on integration of a new family planning method, particularly at the policy level. By remaining vigilant, the MOH and partners can ensure that accurate information regarding SDM is presented in family planning guidance documents.

Address bias among providers and decision makers

Through stakeholder interviews collected during the scale-up process, it was clear that the Government of Rwanda, as well as international donors, have a strong preference for long-acting methods of family planning. This has repercussions, as SDM is seen by many as a short-term, birth spacing option. In response, IRH has worked to position SDM as an option among long-acting methods which women can feasibly use for an extended time without need for additional

commodities or visits to the healthcare provider. Additionally, a facility assessment revealed presence of provider bias against SDM concerning issues of method efficacy, eligibility or preference for long-acting methods. In cases where bias is a barrier to scaling up a new health innovation like SDM, it is important to have sound evidence readily available for providers and decision makers so that their evaluations of the innovation are data-driven.

Ensure equity among all methods in the performance-based financing (PBF) system



A provider at a Rwandan community-based clinic offering the Standard Days Method to an interested client.

In Rwanda, the MOH uses a performance-based financing (PBF) system to incentivize family planning providers to offer methods to clients. Traditionally, the PBF system did not include natural methods, so providers had little motivation to provide them to clients. With the scale-up of SDM, providers in Rwanda now had an easy-to-teach, natural method with a commodity to offer. In 2009, the FAM Project succeeded in advocacy efforts to include SDM in the PBF system among other family planning methods, but the next year it was removed again. This negatively impacts quality service provision and access to SDM. Maintaining SDM in the national PBF system alongside other available methods is critical for ensuring method availability.

Expand access to SDM through new channels

An important component of the scale-up process in Rwanda was extending SDM awareness and availability outside of the public health system. The FAM Project worked with PSI to offer SDM in pharmacies through social marketing. Another partner, Urunana, brought SDM and family planning information directly to people's homes through a health-themed soap opera. With the support of the MOH, the FAM Project piloted an innovative social diffusion approach to family planning demand creation. By working with satisfied family planning users in community-based women's and men's associations, the FAM Project saw marked improvements in awareness of and motivation to use family planning, including SDM. Success with these approaches suggests that the MOH and partners could consider other direct-to-consumer strategies for SDM. Evidence-based examples used in other contexts which could be piloted in Rwanda include CycleTel, an mHealth application using SMS messages on a mobile phone to offer SDM; CycleBeads Online, which is available to anyone with access to the internet through any device; or use of a CycleBeads paper image distributed in small shops and boutiques, which informs women about SDM and encourages them to see a family planning provider.

Encourage all international donors in the health sector to share responsibility of CycleBeads procurement

While much progress has been made in scaling up SDM in Rwanda since the USAID | DELIVER Project first began procuring CycleBeads, USAID remains the sole international donor to regularly purchase CycleBeads for family planning programs in the country. It is important for sustainability that all international donors who procure family planning commodities in Rwanda share the responsibility of commodity purchasing, including CycleBeads. Showing preference for certain family planning commodities can undermine informed choice and restrict access to a consistent supply of methods for which there is a demand. By encouraging donors to procure CycleBeads, the MOH and partners could address informed choice while ensuring that women who choose SDM have access to this important option.

¹Rwanda DHS 2000

²Mackenzie et al., "What is the Impact of Contraceptive Methods and Mixes of Contraceptive Methods on Contraceptive Prevalence, Unmet Need for Family Planning and Unwanted and Unintended Pregnancies: An Overview of Systematic Reviews," University of Portsmouth: Portsmouth, UK, 2010. Jain, A.K. "Quality of Care," presentation at USAID and UNFPA meeting, "High Impact Practices in Family Planning," July 9, 2012.

³Jain, A. K., Assessing the Fertility Impact of Quality of Family Planning Services. Working Paper No. 22, Population Council, 1988.

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