

Scaling up a family planning innovation: How health systems are strengthened along the way

Standard Days Method® (SDM) identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is typically used with CycleBeads®, a visual tool that helps women track their cycle to know when they are fertile. Results of an efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user dependent methods.

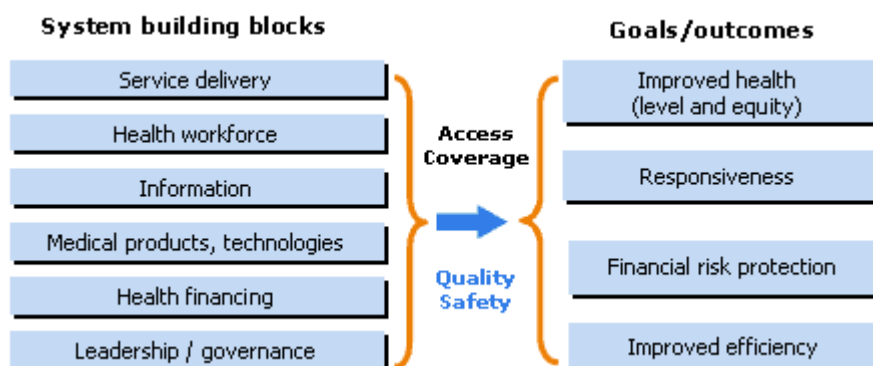
Lactational Amenorrhea Method (LAM) is based on post-partum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use.

Strong health systems play a crucial role in making services accessible and affordable; and scaling up health innovations intrinsically requires efforts to strengthen health systems. Georgetown University's Institute for Reproductive Health (IRH) is engaging in a strategic process to scale up two family planning



(FP) innovations—the Standard Days Method® (SDM) and the Lactational Amenorrhea Method (LAM)—into existing programs in select countries.ⁱ In this brief, we describe how through scaling up these Fertility Awareness-based Methods (FAM), IRH is strengthening broader health systems.ⁱⁱ

World Health Organization Framework for Health Systems Strengthening



Leadership & Governance

Policy and technical leadership, informed by evidence of what does and does not work, are important components of strong health systems and essential to scaling up innovations.

Fostering multi-organizational and evidence-based approaches to scaling up. When IRH begins planning for FAM scale up in a country, a resource team, led by the Ministry of Health (MOH), is created with emphasis on involving local organizations to coordinate scale up efforts. The resource team regularly assesses evidence of the status of FAM scale up and makes recommendations for needed changes. These recommendations are utilized to readjust the scaling up strategy. MOH leadership, participation in and ownership of the scale up process by the entire resource team, and use of data for decision-making not only are essential for sustainable scale up, but they are transferrable to other systems strengthening initiatives.

Supporting systems thinking. Both scaling up and health systems strengthening require a systems-focused perspective to assess and address challenges. Through the process of scaling up FAM, IRH trains and mentors others in systems thinking including systems-focused monitoring and evaluation design.

Improving Capacity of the Health Workforce

Health systems depend on the availability, competence and motivation of their workforce. Thus, as we focus on scaling up, we consider who should offer a service, what are the motivations and barriers for doing so, how to prepare workers for new tasks, and how to motivate and reinforce new behaviors. We explore ways to integrate FAM that aim to support, rather than burden, the health workforce.

Valuing task sharing and supportive supervision. In light of the immense burden on health care workers in developing countries, it is vital to determine the right venues for offering FAM, including clinic and community approaches. Studies in Rwanda, Benin and India have shown that both facility- and community-based staff can successfully offer SDM. Linking these staff through supportive supervision – utilizing our Knowledge Improvement Tool (KIT) – provides a clear example of how health personnel at various levels can work together and encourages similar linkages throughout the health system.

The Knowledge Improvement Tool (KIT), a simple form that assesses provider capacity to offer FAM, is applied at work sites and used to monitor service quality at a systems level. The KIT often is used as a self-assessment tool for providers and site supervisors when group refresher training is not an option.



Integrating FAM into in-service and pre-service training. Training systems that address capacity needs by a wide range of personnel are often fragmented, resulting in lack of continuity in services and information for clients. To scale up FAM, IRH has developed curricula that are easily integrated into FP training courses designed with the audience in mind.



In India, a comic-book style manual was developed for community health workers (CHWs), while pre-service curricula for nursing students followed the format for other pre-service training. But information and messages are consistent, ensuring that clients receive correct information about FAM from a range of providers.

WHO Building Blocks for Strengthening Health Systems

Health Information Systems

Health information systems (HIS) provide critical data for program troubleshooting and evidence for resource allocation. But HIS are revised only periodically, so new FP methods may be missing from reporting forms. For example, new FAM user information does not automatically reach district and central levels.

Instituting temporary HIS approaches. While working to include FAM in HIS, IRH works with local partners to collect and utilize data in other ways, such as adding a line for FAM on FP report forms. This allows stakeholders to gain an understanding of the importance of collecting and utilizing this data and encourages them to include FAM in HIS revisions.

Leveraging national surveys to monitor scale up. As national and regional surveys are being planned, IRH works with international and national groups to ensure SDM/LAM are integrated correctly. We work with DHS staff to develop reliable, valid questions regarding FAM and have helped train enumerators to ensure that SDM and LAM users are identified in surveys and not confused with users of other natural FP methods or condom users.

Addressing challenges to monitor LAM use. IRH is testing the feasibility of adding a LAM User Card for FP program use. A study in Guatemala and India is addressing a global HIS reporting issue: LAM users are not correctly registered as FP users; often all post-partum women who breastfeed are considered LAM users. Introducing a LAM user card will improve data quality and support scale up.

Strengthening data collection and utilization are critical for assessing scale up.



Attention to the Wider Environment

While delivery of and access to health services are the most central elements, health systems and people's decisions to use health services occur within a larger social, political and economic context.

Finding opportunities to strengthen the health system by including FAM. In light of the dynamic environmental factors that affect health systems, IRH seeks opportunities to reinforce health systems as they arise. For example:

- DRC became a federalized government after the war ended, with much policy authority shifting to the provincial level. IRH worked with provincial HIS and FP authorities to revise the HIS in different provinces, ensuring that the range of FP methods was being reported.
- In India, the government created a new cadre of health workers at the community level, Accredited Social Health Activists (ASHAs). As this cadre had the potential to drastically expand FP access, IRH seized the opportunity to provide them with FAM training.

Creating awareness and demand for new services. Without consumers motivated to use new or existing services, a health system does not function at capacity and quickly loses quality and cost-effectiveness. Therefore, IRH engages in demand creation efforts, an essential factor often left out of health systems strengthening strategies. In Rwanda, our work with URUNANA, a communications NGO specializing in radio entertainment, has allowed SDM awareness raising to be part of culturally relevant socio-dramas, positioning SDM as a woman's empowerment/male involvement method.

Service Delivery

Offering a broad range of FP methods has long been recognized as a hallmark of quality FP services.ⁱⁱⁱ Making FAM available at both clinic and community levels, strengthens reproductive health services. By expanding access to FAM, services are better able to address the diversity of needs in a population.

Improving counseling. Because FAM are user-directed methods, adding them to FP services reinforces client-centered, women-centered services, and reaffirms informed choice.

Reaching underserved groups. Community-level service delivery of FAM helps expand FP access to men, post-partum women and those who have not used family planning before. IRH research shows that offering SDM brings new users to family planning and is also a gateway to other modern method options.^{iv}

Expanding FP provision to Faith Based Organizations (FBOs). Since FAMs are accepted by most religions, adding FAM services to faith-based programs creates linkages between these programs and the public health system, often creating public-private partnerships that had never existed before. In Rwanda, this has resulted in Catholic FBOs sitting on the MOH FP Technical Working Group. As a result of collaboration with IRH, a local FBO in Honduras, CEVIFA, established itself as a national resource for the MOH and other organizations in the area of FAM training and service provision. Including FBOs in the broader health system strengthens FBOs and the system itself.

Contextualizing FP programs. In Guatemala, IRH has worked to include gender and fertility awareness in FP training and promotion efforts to address FP myths and increase utilization. In India, IRH has worked to position birth-spacing methods as FP, challenging the common perception that FP is synonymous with sterilization. Helping providers understand the added value of FAM beyond FP also supports general FP knowledge and understanding, thus improving FP training.

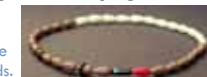
FP Product Availability

Quality FP services rely on the availability of commodities at the time of counseling. As FAMs are being introduced for the first time, IRH is helping partners address challenges in ensuring that clients have access to CycleBeads®.

Facilitating accurate forecasting and timely procurement. With lack of historical data on which to project demand, donors and programs have difficulty determining how many CycleBeads will be needed when they integrate or expand SDM in their programs – just as they do with any new commodity. With this in mind, IRH developed a forecasting toolkit to help procurement specialists and programs estimate CycleBeads demand.

Managing introduction of new methods into distribution systems. Logistics systems are under-resourced, and lack of commodities at service sites is a frequent barrier to service availability. Integrating new methods into existing distribution systems is a particular challenge, since methods are distributed from central to district level warehouses and depend on health center orders to move the commodities to the service site. Because there is often limited demand for new methods or order forms do not include new methods, bridging the gap between the district warehouse and health centers is critical. In SDM scale up countries, IRH is working with health programs and logistics systems decision makers to address this problem.

As a member of the Reproductive Health Supplies Coalition, IRH is taking the lead in addressing forecasting challenges for new and underutilized methods.



In sum, IRH supports health systems strengthening—whether by working to bolster the health system or working to accommodate its constraints—with its efforts to expand FP options to national levels. Through the participatory experience of being involved in FAM scale up, the skills of the MOH and other partners are reinforced in the following areas:

- matching services to needs;
- applying a systems approach to problem-solving;
- using evidence-based approaches to plan, implement and evaluate new programs;
- scaling up worthwhile pilot programs;
- forecasting commodity needs;
- policy communication and advocacy;
- participatory decision-making and program coordination;
- training;
- supportive supervision; and
- demand creation.

ⁱ Guatemala, India, Mali, Rwanda, Democratic Republic of Congo

ⁱⁱ Activities categorized using the WHO essential building blocks for health systems

ⁱⁱⁱ Bruce, Judith and Anrudh Jain. 1993. "Quality of care in family planning: standards, yes. standard, no," *Populi* 20(4): 12-3.

^{iv} Gribble J., Lundgren R., Velasquez C., Anastasi E. Being strategic about contraceptive introduction: the experience of the Standard Days Method®. *Contraception*. 77 (2008): 147-154.

**Institute for
Reproductive Health**
Georgetown University
4301 Connecticut Avenue NW,
Suite 310
Washington, DC 20008
Tel. 202-687-1392
Fax: 202-537-7450

www.irh.org
irhinfo@georgetown.edu

The Institute for Reproductive Health at Georgetown University contributes to a range of health initiatives and is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. For more information about the Institute, please see www.irh.org.

This publication and the project featured were supported by the U. S. Agency for International Development under Cooperative Agreement HRN-A-00-97-00011-00.

