PROMISING PRACTICES IN SCALE-UP MONITORING, LEARNING & EVALUATION

A COMPENDIUM OF RESOURCES

USAID
FROM THE AMERICAN PEOPLE

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Through partnership with international and local organizations, the Institute for Reproductive Health (IRH) at Georgetown University strives to: expand family planning choices to meet the needs of women and men worldwide; advance gender equality by helping women and men across the lifecycle learn about and take charge of their reproductive health; and involve communities in reproductive health interventions that improve their wellbeing.

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INTRODUCTION

Although a wealth of tested, practical methods, tools, and guidelines exist for planning, monitoring, and evaluating project-based sexual and reproductive health (SRH) interventions, there is less guidance for best practices to support scale-up efforts. While donors and governments are increasingly demanding the scale-up of evidence-based practices, products, and approaches, the reality is that many interventions that have been taken to scale do not sustain their effects once project funding ends. There is growing realization that inadequate attention has been paid to systems issues that support successful and sustainable scale-up. Organizations undertaking systems-oriented approaches to scale-up will find few tested, practical tools and guidelines to monitor and evaluate scale-up of an innovation within a complex health system. In the context of FP2020, which strives to reach 120 million women with lifesaving family planning (FP) information, services, and supplies in by 2020, a more complete road map for learning from monitoring and evaluating the introduction *and* scale-up of new FP methods and approaches is critical.

Georgetown University's Institute for Reproductive Health (IRH), through its global FAM Project (Fertility Awareness-based Methods Project, 2007-2013), worked with partners in five countries to design and guide scale-up of a new FP method – the Standard Days Method ® (SDM) - into FP programs and health systems *and* to use rigorous Monitoring, Learning, and Evaluation (MLE) to guide scale-up, from the design phase through implementation and evaluation phases. Guided and informed by the systems-oriented approach espoused in the ExpandNet scale-up framework, this compendium represents a distillation of knowledge and tools for scale-up MLE developed and used by IRH to provide stakeholders timely monitoring information to inform scale-up decisions, learn throughout the process, and evaluate achievements. We have developed this compendium to share our experiences and contribute to the growing evidence base on MLE of the scale-up process.

COMPENDIUM AIM AND AUDIENCE

The compendium is intended to 1) link the scale-up theory discussed in the briefing paper[1] to field-based practice; 2) provide tools, ideas, and guidance for designing and implementing robust systems for monitoring processes and evaluating outcomes of scaling up innovations in an accessible, practical format; and 3) share IRH lessons learned on what worked well and not so well in the process. Where feasible, generic data collection tools are presented which can be adapted for use with other SRH innovations. Key references to additional materials and resources are also included. As such, we hope this compendium will be useful to program planners, researchers and evaluators, and practitioners who support scale-up efforts.

SCALE-UP MLE PLANNING & IMPLEMENTATION: SUGGESTED STEPS

MLE of scale-up provides more than an assessment of whether scale-up is achieved in terms of outcomes and/or impact. It also provides data to guide a scale-up process that is occurring at multiple

[1] Download at http://irh.org/wp-content/uploads/2013/09/ME_Scale_Up_Briefing_Paper_Final.pdf

levels (central, district, facility, community) with diverse partners (MOH, INGOs, NGOs) over several years. If information is not shared regularly, stakeholders can lose sight of the big picture and fail to address critical issues. Regular sharing of M&E information with partners maintains stakeholder momentum and accountability in a complex environment and fosters learning.

The steps outlined below lay out a process for planning a scale-up MLE system that is participatory in engagement of scale-up partners and thoughtful in defining goals and indicators to monitor processes and evaluate scale-up. This process serves as a reminder not to forget critical steps that are unique to scale-up MLE.

Suggested steps for designing and implementing MLE of scale-up with helpful tips as applicable:

DEFINE THE INNOVATION: Take time to articulate the essential innovation and system elements needed to support expansion rather than rushing to scale-up without adequate definition of the practice.

LOOK INWARD FIRST: Build the capacity of staff to plan, monitor, learn from, and evaluate scale-up efforts with a "scale-up" rather than "project" mind set.

> Tip: **Develop and use simple, flexible monitoring systems with user-friendly tools to engage stakeholders, guide scale-up processes, and aid in developing better practices to meet the multidimensional challenges of achieving universal coverage of a new practice.**

BEGIN MLE DISCUSSIONS WITH THE END IN MIND: Work with stakeholders to define the process and outcomes of scale-up and establish benchmarks (knowing that these may change over time). Identify, negotiate, and select evaluative criteria and standards of performance, establish a learning agenda for the innovation, and decide what will constitute credible evidence of performance for key stakeholders.

> Tip: **Formulate project and evaluation goals that reflect the scale-up vision of stakeholders and contribute to shared understanding between policy makers, program managers, staff and other participants.**

OPERATIONALIZE SCALE-UP INDICATORS: Define and contextualize indicators. Contextualization helps create a roadmap of the scale-up process. For example, the following indicators, when operationalized, clarify progress goals and performance benchmarks.

- 'Innovation is included in all key normative policies' (which policies, exactly?)
- 'Percent of coverage' (of health zones or service delivery points?)
- 'Extent innovation is implemented with fidelity during scale-up' (focus on service quality? values? training of service providers?)

SYSTEMATICALLY TAKE INTO ACCOUNT THE ENVIRONMENT: Track contextual factors including those external to the immediate program that is scaling up the innovation. For example, presidential elections and MOH health systems finance policies may greatly influence a scale-up process. Align scale-up indicators and reporting with national HMIS; this will allow use of existing MOH data (eg. new FP users) for scale-up monitoring and can increase harmonization (joint attribution) and sharing of MLE results more broadly.

Tips:

- ✓ Reflect on the political and economic factors that play important roles in facilitating or inhibiting the scale-up processes.
- ✓ Consider the politics of scale-up and manage the competing interests of donors, partners, and other stakeholders to understand or facilitate discussion of the costs of unfavorable results during monitoring and evaluation.

CHOOSE MLE DESIGNS AND METHODS: Align existing data sources and necessary, additional data sources with timing of implementation. Some data are needed during planning, others during implementation, and yet others for evaluation. Consider potential designs and methods that will provide critical and credible scale-up systems information.

PROCESS MONITORING: Systematically track and document the inputs and processes of the innovation to assure processes are in accordance with the innovation's design and expansion goals.

Tip: Conduct periodic systems assessments to maintain accountability and build systems evaluation capacity.

QUALITY ASSURANCE MONITORING: Measure indicators of adherence to fidelity standards during scale-up, e.g. quality of the service, correct use, and satisfaction by end-users.

VALUES MONITORING: Integrate and measure gender and other values indicators inherent to the innovation to ensure they remain once the innovation is offered at scale. Policy-makers, managers, providers, and users all ascribe value to an innovation. Understand and monitor such values, as they can influence the ultimate success of scale-up.

Tip: Integrate gender equity reflections in the MLE process and use gender/social analysis and formative research to identify *actionable* gender-equity practices and outreach strategies and messages for women and for men.

CONTINUE TO SHARE MLE INFORMATION REGULARLY WITH SCALE-UP STAKEHOLDERS, KEEPING THE END IN MIND: Maintain regular formal and informal contact with key stakeholders throughout the scale-up process to share progress and use data for decision making.

COMPENDIUM ORGANIZATION: THE TOOLS

Tools highlighted in the compendium are organized into three sections according to their primary use—planning, monitoring and supervision, and evaluation. Accompanying each tool is a description of its purpose, how it was developed and used, whether/how the tool was used to collect information on values of the innovation, and lessons learned about what worked and what IRH would do differently going forward.

SECTION 1: PLANNING TOOLS

This section contains tools that assist in planning the MLE of scale-up with key partners involved in scale-up. Planning leads to a clear definition of the innovation -- it is not just the product, practice or approach -- and the set of interventions that will support the scale-up process and expected end results. An important planning activity is assessing the scalability of an innovation and making needed adjustments to maximize success going to scale.

SECTION 2: MONITORING & SUPERVISION TOOLS

This section provides samples of tools used for scale-up monitoring. Several tools assess quality in order to monitor whether the innovation is offered correctly by providers as it is going to scale and to assess whether users are correctly using the innovation and are satisfied with it. The key events timeline serves to collect information on factors outside of the immediate program that may be influencing the scale-up process, such as changes in policies or laws, political leadership, and/or donor project focus.

SECTION 3: EVALUATION TOOLS

This section contains evaluation tools and reinforces the importance of using mixed methods for evaluation of scale-up. Most of the tools will be familiar to MLE experts, yet the *way* in which these tools are used in scale-up MLE changes. For example, household surveys are usually applied at base and endline to measure changes in community awareness and attitudes towards an innovation. For scale-up evaluation, though, a more important impact measure endline may be how well an innovation is known relative to a similar product, practice, or approach (in IRH's case, comparing community awareness and attitudes towards SDM to another FP method), since by the end of scale-up a new innovation has to be as well-known as others to increase its probability of being sustained. In addition, household surveys may need to be applied more frequently to provide timely information that allows decision-makers to take remedial actions if needed. Open-ended tools that allow collection of unexpected results can provide critical information not collected in other tools. IRH used the Most Significant Change methodology, but other evaluation methodologies exist that are designed to capture unexpected results or perceptions by those offering or using the innovation or value of the innovation offered at scale. The tool selection and use of findings reinforce the importance of evaluation tools that serve program decision-makers, implementers and participants equally well.

LOGIC MODEL FOR SCALE-UP

PURPOSE

The logic model describes the theory of change leading to the innovation being offered at scale—to the point where the innovation becomes part of routine service delivery—and depicts the causal relationships of inputs, processes (activities and participation), outputs, outcomes and impact. It serves as a guide to achieving project objectives for core resource organization staff and the network of in-country partners who are collectively responsible and accountable for scale-up success as the innovation moves from pilot to being offered at scale. It may also be used as a resource during monitoring and evaluation.

HOW IT WAS DEVELOPED AND USED

IRH developed a global project logic model through a series of consultations among headquarters and field staff and partners. The global logic model, which uses a standard logical framework (log frame) format with impact defined as increased availability of SDM, was designed to be broad enough to guide all five country scale-up programs. Consultations involved targeted input from USAID and other stakeholders, discussions about what IRH expected to change due to widespread expansion of method choice once Standard Days Method® (SDM) was incorporated, and consideration of the activities that would be needed to make SDM services broadly available and sustainable.

The logic model was derived from a temporal and systems-oriented relational framework of SDM integration, which outlined the project's theory of change. More closely tied to the ExpandNet model of building evidence before considering going to scale, it defines impact as contributing to Millennium Development Goals. We share both the logic model and the relational framework in the compendium but focus discussion in this section on the more traditional logic model that was used to guide country-level efforts.

The logic model was used in discussions with stakeholders in the early stages of scale-up and served as a reference in subsequent years. During the initial scale-up phase it was used to guide key decisions relating to the range of activities on which to focus and identification of partners critical to ensure SDM integration into the method mix of FP programs.

ATTENTION TO VALUES

The global logic model that was first developed did not explicitly lay out the values embedded in the SDM package of interventions or in a scale-up process. Classic log frames are not designed to incorporate values, as they detail activities that can be monitored. They can be adapted to measure values-oriented results, such as 'favorable attitudes to SDM by policymakers.' Additionally, due to the systems-oriented focus of this framework, end-users were not included in the global log frame. The second, in-country log frame did include a more explicit focus on values and users.

LESSONS LEARNED

- Practically, the participatory approach used to develop the log frame yielded better understanding of scale up processes by all partners, specifically, the breakdown of the process section into activities and participation—that is, listing individuals,

groups, types of organizations that would be reached with interventions.

- Overlay of causal relationships with specific types of monitoring, learning, and evaluation in the same graphic worked well.
- Conceptually, this log frame did not incorporate a developmental, non-linear process such as scaling up within complex systems. Other model types might be more useful, such as logical frameworks from the practice of Developmental Evaluation, which are designed to be adaptable over time and to reflect the non-linear nature of scaling up within complex health systems.

KEY REFERENCES & RESOURCES

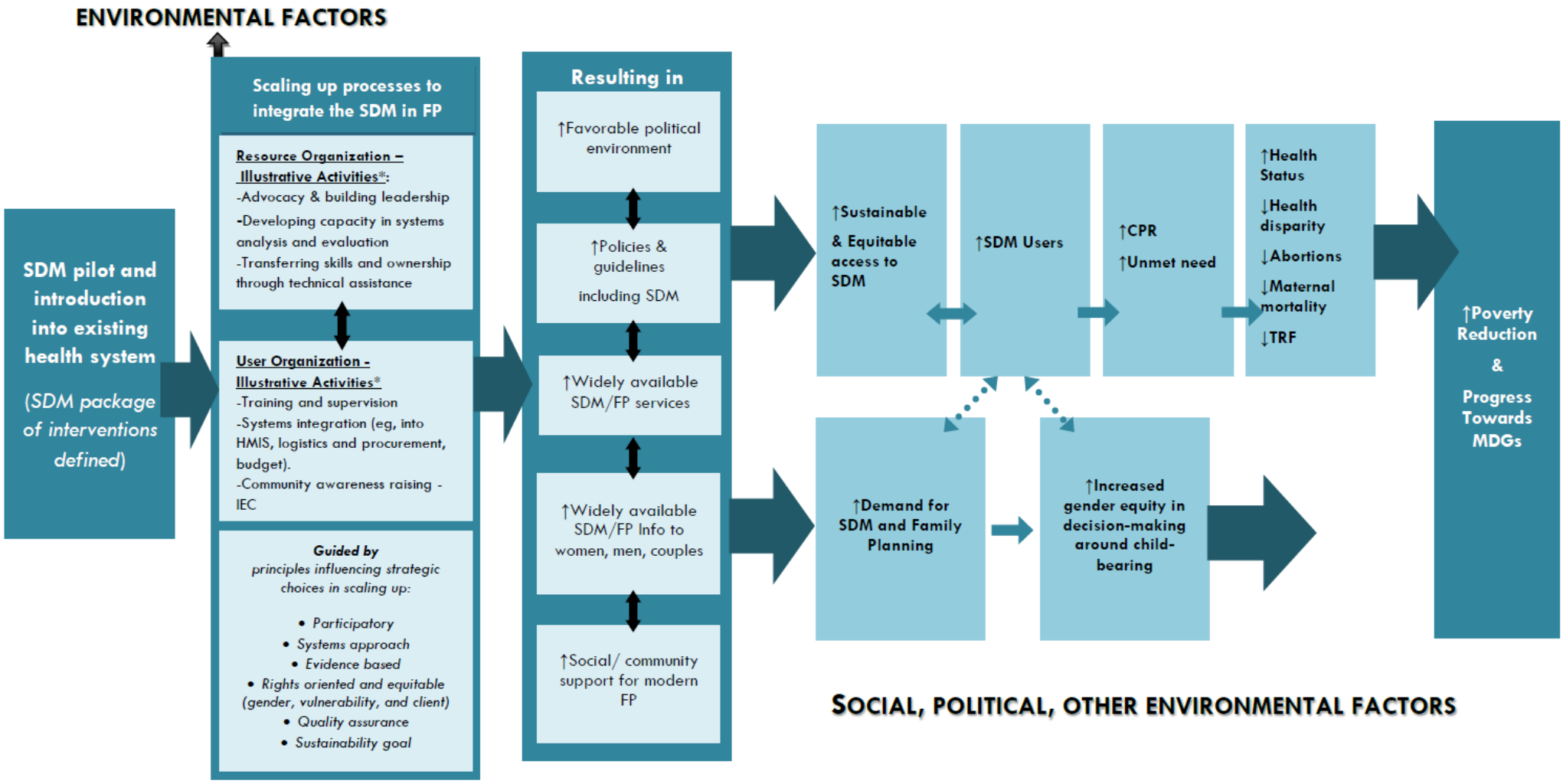
USAID Project Starter Logical Framework: http://usaidsite.carana.com/content/logical-framework-lf

DFID, How To Note - Guidance on using the revised Logical Framework, January 2011. http://www.dfid.gov.uk/Documents/publications1/how-to-guid-rev-log-fmwk.pdf

The World Bank, Logical Framework Handbook http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2005/06/07/000160016_20050607122225/Rendered/PDF/31240b0LFhandbook.pdf

PLANNING | MONITORING & SUPERVISION | EVALUATION

RELATIONAL FRAMEWORK OF SDM INTEGRATION INTO NATIONAL FP/DEVELOPMENT PROGRAMS



**The ExpandNet terms for scale-up are used for this framework. The arrow between the user and resource organization shows the fluidity between the two; organizations may move from user to resource or activities may switch around between user and resource organization, especially as countries go further along in the process of scale-up. Likewise, various results influence each other and shift throughout the scaling up process.*

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LOGIC MODEL FOR MONITORING PERFORMANCE AND EVALUATING FAM SCALE-UP AT THE COUNTRY LEVEL

In-Country Program Perspective: What IRH and its network of in-country partners are collectively responsible and accountable for

Objective: Reduce unmet need by increasing FAM use

INPUTS	PROCESS		OUTPUTS/OUTCOMES		
	Activities	Participation			
What we invest	***What the program does***	***Who is reached***	***Short-term changes***	***Medium term changes***	***Long-term changes***

• Staff (IRH and partners)
• Trainers
• Supervisors
• Time
• Financial resources
  o IRH
  o Others
• Research Findings
• In-country FAM resource organizations
• Partners (global and in-country)
• Policy Guidelines and procedures
• FAM resources
  o Training materials
  o IEC materials
  o Supplies (ie, CycleBeads and client instructions)
	• Provide technical assistance
	• Advocate for integration of FAM into service delivery
	• Develop/adapt /disseminate IEC materials
	• Create awareness in potential users (dissemination of IEC messages)
	• Provide FAM support services (MIS, procurement, etc.)
	• Train providers
	• Supervise service delivery
	• Training of trainers
		• Potential FAM clients
		• Other FAM stakeholders
		• Community members
		• Policy makers
		• Training Institutions
		• Students (medical, nursing, etc.)
		• FP providers:
		  o Community health workers
		  o Private FP practitioners
		  o Commercial outlets
		• Program and clinic managers
			• Increased awareness of fertility and FAM
			• FAM integrated into existing FP programs (national, sub-national organizations): Policies and norms, IEC, MIS/reporting, national surveys, procurement, training programs, supervision systems
			• Trained providers
			• Service delivery systems (public, private practitioners and commercial outlets) provide FAM
				• Improved attitudes towards FAM (among policy makers, providers, donors and clients)
				• Increased demand for FAM
				• FAM services sustainably included in RH systems
				• Increased provider competence
				• Increased fertility knowledge
				• Increased use of FAM
					• Reduced unmet need

Input/Resource Monitoring	**Input/Resource Monitoring**		**Outputs Monitoring/Outcomes Monitoring**		
Evaluation on process, systems strengthening, and outcomes					

PLANNING → MONITORING & SUPERVISION → EVALUATION

LOGIC MODEL FOR MONITORING PERFORMANCE AND EVALUATING FAM SCALE-UP AT THE GLOBAL LEVEL

Global Project Perspective: What IRH and its technical partners are responsible and accountable for

Objective: Expand family planning choices by making FAM available

INPUTS

What we invest

- Staff:
  - Technical
  - Management
  - Support
- Technical Partners
- Time
- Financial Resources
  - USAID/W
  - USAID/Missions
- Knowledge

PROCESS

Activities

What the project does

- Conduct and disseminate research
- Advocate for FAM Integration(MIS, Policy, Procurement, etc.)
- Engage/expand and maintain partners
- Mentor in-country resource organizations
- Provide Technical Assistance
  - *Strategic Planning*
  - *Quality Assurance*
  - *Monitoring and Evaluation*
- Develop/adapt training resources
- Train trainers
- Develop, adapt, and disseminate IEC resources
- Procure supplies

Participation

Who is reached

- Partners (Global and In-country)
- Host governments (national, regional other)
- Policy makers
- Donors including USAID Missions
- Pre-service training Institutions
- Research institutions
- Community leaders
- In-country FAM resource Organizations
- Other FAM stakeholders

OUTPUTS/OUTCOMES

Short-term changes

- Research findings available
- Partnership with FAM resource organizations strengthened
- Diverse partners
- Sensitized policy makers and partners
- Coordinated vision for FAM scale-up
- FAM integrated into existing FP national and organizational programs: Policies and norms, IEC, MIS/reporting, national surveys, procurement, training programs, supervision systems
- FAM training resources available
- FAM trained trainers available
- FAM IEC resources available
- FAM supplies available in public, private and commercial outlets
- Strengthened research capacity

Medium term changes

- Research findings utilized
- Increased capacity of FAM resource organizations to provide FAM technical services
- Increased stakeholder awareness of FAM
- Broadened base of support
- Improved capacity of governments, partners and commercial outlets to provide FAM
- Improved services by addition of FAM

Long-term changes

- Increased availability of FAM

Input/Resource Monitoring | **Input/Resource Monitoring** | **Outputs Monitoring/Outcomes Monitoring**

Evaluation on process, systems strengthening, and outcomes

PLANNING | MONITORING & SUPERVISION | EVALUATION

BENCHMARK SETTING WORKSHEET

PURPOSE

As the project team worked to develop overarching monitoring indicators for Standard Days Method® (SDM) scale-up, it became apparent that a tool would be needed to help replicate goal setting both over the project period and annually within each country. The benchmark setting worksheet was developed to guide country teams through the process of establishing their in-country targets in accordance with global project goals and indicators. The worksheet is intended to accompany the benchmark tool (See Monitoring & Supervision Tool #1).

HOW IT WAS DEVELOPED AND USED

The benchmark setting worksheet was the culmination of a series of discussions among core IRH research staff and with key stakeholders including country representatives, partner organizations, and USAID. While the research team was primarily responsible for setting realistic and measurable project goals, participatory methods were important in validating the logic and feasibility of the goals with stakeholders. Country staff was particularly key to adapting indicator definitions (especially in listing national normative documents to count in vertical scale-up) and targets to country contexts.

LESSONS LEARNED

- Participatory methods in the form of interactive, engaging discussions are critical to the benchmark setting process. A discussion guide in the form of a worksheet are paramount to fruitful conversations that yield useful, applicable results that can be captured and disseminated in a simple manner.
- Discussion questions in the worksheet must explicitly highlight both horizontal and vertical scale-up so that participants are driven to consider scale-up holistically. As vertical questions tended to be harder to state, however, sufficient time should be included for thorough discussion among project staff and those completing the worksheet.
- In multi-country initiatives, Individual country needs need to be balanced with uniformity across the initiatives. This includes defining and operationalizing indicators in a manner that simultaneously depicts country-specific phenomena while allowing standardization for later comparison across countries. It also includes determining the appropriate and possibly individualized setting of intervals for collecting the data if annual benchmarks are not suitable.

VALUES

An inherent value of SDM is stakeholder involvement. Engaging stakeholders in all aspects of scale-up, including MLE, brings ownership to the process. Moreover, including stakeholders from the beginning in the benchmarking phase facilitates data collection and process monitoring throughout the scale-up process.

BENCHMARK SETTING WORKSHEET

Each innovation going to scale will have to its own unique set of horizontal and vertical scale-up benchmarks. To establish those benchmarks, an organization should set a final goal(s) for scale-up, identify indicators that will measure progress towards that goal, and establish intermediary benchmarks to track progress towards the goal(s).

Step 1: Establish end-of-scale-up goals and targets
Conduct a visioning exercise with key staff and stakeholders to establish scale-up goals and targets. Consider both *availability* of the innovation and *institutionalization* of the innovation.

At the end of the scale-up phase, where will the innovation be in terms of availability?

At the end of the scale-up phase, to what extent will the innovation be integrated into critical policies, organizational systems and normative structures that support the innovation's sustained availability at service sites?

Step 2: Build on the goals articulated in Step 1 to establish benchmarks
Identify quantifiable indicators that can be tracked to monitor scale-up progress. To operationalize indicators, establish an End-of Scale-up Benchmark Target for each indictor. Finally, establish intermediary benchmarks that can be used to track progress on a quarterly, semi-annual, or annual basis.

Horizontal Benchmarks

For health products, services, and approaches, indicators are often linked to *training* of providers and to *availability of the innovation at service sites* or village/district sites, the *quality* of the offered innovation, and the *availability of promotional materials* that let consumers know that a new innovation exists.

Horizontal Benchmarks			
Indicator	**End of Scale-up Benchmark Targets**	**Intermediary Benchmarks**	
Example: Number of providers trained in innovation	*500*	*Year 1*	*50*
		Year 2	*100*
		Year 3	*150*
		Year 4	*200*
		Period 1	
		Period 2	
		Period 3	
		Period 4	
		Period 1	
		Period 2	
		Period 3	
		Period 4	
		Period 1	
		Period 2	
		Period 3	
		Period 4	

Vertical Benchmarks

For health products, services, and approaches, indicators are often linked to the presence of the innovation in normative documents such as *policies, standards, and service protocols*. Indicators are also often linked to the integration of the innovation into support systems that allow the innovation to be offered, such as its integration into *provider training programs, supervision systems, procurement systems, and reporting systems*.

To operationalize such indicators, list specific policies, protocols, and systems into which the innovation will be integrated. Identify intermediary steps involved in the process of achieving the end-of scale-up benchmark

Vertical Benchmarks				
Indicator	**Intermediary Steps**	**End of Scale-up Benchmark Targets**	**Intermediary Benchmarks/Process Status**	
Example: Innovation present in key policy documents	1. *Ministry agrees to include innovation in norms* 2. *Draft language approved by Ministry* 3. *Updated FP Norms rolled out*	*Innovation present in National Family Planning Norms*	*Year 1*	
			Year 2	
			Year 3	
			Year 4	
Example: Innovation integrated into reporting systems	1. Innovation integrated in into reporting system guidelines 2. Innovation integrated in into service registers 3. Innovation integrated in into district reports 4. Innovation integrated in into central reports	Innovation present in national reporting system	*Year 1*	
			Year 2	
			Year 3	
			Year 4	
			Period 1	
			Period 2	
			Period 3	
			Period 4	
			Period 1	
			Period 2	
			Period 3	
			Period 4	

DEFINING THE INNOVATION WORKSHEET

PURPOSE

The Defining the Innovation Worksheet (See MEASURE Evaluation PRH Guide for Monitoring Scale-up of Health Practices and Interventions) serves to assist planners and practitioners piloting innovative products, services, or approaches articulate essential elements for expansion *as part of the initial planning for strategic scale-up*. The worksheet should be completed using a participatory process that includes multiple stakeholders, facilitates broad ownership of scale-up goals and monitoring, learning, and evaluation (MLE) of the scale-up process, which fosters the sustainability of the innovation offered at scale.

The worksheet combines understanding of implementation drivers and systems thinking (see Box) to guide practitioners through a process to define the human, financial, and time processes and resources required for scaling up an innovation. Ultimately, this exercise will help practitioners define their evidence-based innovation package and move to the next level of program scale.

HOW IT WAS DEVELOPED AND USED

As part of its mandate, the High Impact Practices (HIP) Monitoring and Evaluation of Scale-up Community of Practice (COP) was interested in documenting experiences of innovations that were successfully defined from the beginning. Working in collaboration with MEASURE Evaluation PRH, USAID, Futures Group and other M&E of Scale-Up COP members on the Guide for Monitoring Scale-up of Health Practices and Interventions, IRH developed the worksheet to capture its experiences defining SDM. The worksheet was inspired by the ExpandNet's Nine Step Guide to Scale-Up, literature on critical implementation drivers of successful scale-up (Blase et al 2009), and actual IRH staff and stakeholder experiences defining the SDM innovation. The worksheet received positive reactions from the M&E of Scale-Up COP members who practiced using it with a variety of innovations during the group's 2012 meeting.

The worksheet consists of tables to guide the definition process. Topic questions reflect main issues to consider in innovation definition, while those in the tables are probing questions that help drill down the necessary level of detail in each step of the definition process. Additional, customized questions may be inserted into the worksheet. Participants should be encouraged to expand the number of rows under each step, as needed.

The worksheet should not be used by program managers in isolation, but rather within the context of a participatory process involving a set of multi-disciplinary stakeholders who are part of or will be affected by implementation of the innovation. This will ensure a well-operationalized definition of the innovation appropriate to the context and will garner stakeholder buy-in. In defining the innovation, it may be useful to assure representation from members of the resource team, user organizations, as well as 'vertical scale up' actors (e.g. central level and technical staff involved in developing norms and policies, HMIS, clinical services BCC, etc.). To maximize the process, a mix of presentations, discussions,

and group work is recommended to engage all parties. Facilitators of the definition process need to exercise flexibility and tact in knowing when to push and when to alter the approach in order to arrive at a complete definition of the innovation elements.

ATTENTION TO VALUES

Both the Nine Step Guide and the 'Defining the Innovation' Worksheet pay specific attention to defining core values of the innovation that should remain when offered at scale. The worksheet captures an innovation's inherent values by having those who use it describe the underlying principles of the innovation as well as elements related to gender, equity, and human rights, and other values defined by an innovation's resource team.

LESSONS LEARNED

- Feedback from its testing by IBP M&E Working Group members indicated that the worksheet is practical and can be adapted to a variety of innovations, as it allows flexibility to include additional questions. To make full use of the worksheet during a participatory process, facilitators should orient the group to the rationale of the questions and the format of the worksheet.
- The worksheet still needs to be tested in a real-time field setting to judge what works and does not work so well. Based on IRH's experience using ExpandNet's Nine-Step Guide process to define the innovation, it should take 3-4 hours to reach a consensus on the innovation definition.

KEY REFERENCES & RESOURCES

ExpandNet. "Nine Steps for Developing a Scaling-up Strategy", page 9

Blase, KA, Fixsen, DL et al. (2009) Implementation Drivers – Best Practices for Coaching, page 1. Retrieved June 25, 2012, from the State of Washington Office of Superintendent of Public Instruction website http://www.k12.wa.us/RTI/Implementation/pubdocs/DriversBestPracticesCoachingSept_09NIRN.pdf

ANATOMY OF AN INNOVATION: DEFINITION, INVOLVED PARTIES, AND METHODS

The implementation and scale-up of best practices requires careful documentation of the evolution of the practice as well as lessons learned along the way. Often, practitioners get so invested in piloting their ground-breaking programs, that they lose sight of the basics. Moreover, they struggle to scale up innovations because they are unable to articulate essential elements for expansion. Obtaining broad ownership of scale-up goals and embarking upon a process to monitor and evaluate progress is impossible without a clear definition of the innovation. Several organizations such as ExpandNet, the World Health Organization (WHO) and the National Implementation Research Network (NIRN) have developed resources to facilitate scale-up processes for programmers and researchers alike. Additionally, throughout the literature, there is agreement that defining the innovation is an essential component of scale-up success.

"Implementation drivers" for scaling up an innovation within a health system are the engine behind scale-up and are comprised of six processes: staff recruitment and selection, pre-service or in-service training, coaching/mentoring and supervision, internal management support, systems level partnership, and staff and program evaluation. These processes enable implementation of evidence-based practices at scale by improving the organizational and systems environment[1]. Without attention to these drivers, the scale-up process breaks down.

It is important to remember that the innovation refers to service components, other practices or elements that are new or perceived as new and consists of a "set of activities" including not only a new technology, clinical practice, educational component or community initiative, but also the managerial processes necessary for successful implementation[2]. Furthermore, this set of activities needs to be a package that is transferrable with local and contextual modification. With this foundation of what an innovation consists of, each organization or implementing entity can follow a process to define the components of a particular innovation in their specific context.

In defining the innovation, it is important to first assess the body of knowledge and evidence about successful implementation of the innovation collected during the pilot phase or other setting to tease out the various contributing components including: the practice, the evidence base, the methodology, the users, the implementers, the dissemination strategy, and the policy environment. Useful resources to review include reports from clinical trials, service delivery research, and program evaluations. It will also be useful to consult documentation and tools from previous experiences with the innovation, such as monitoring instruments, supervision check lists, training manuals, budgets and work plans. The worksheet found in this section should serve as an easy reference point in the process of defining the components of the innovation.

INTEGRATING AT SCALE A NEW FAMILY PLANNING METHOD: EXAMPLE

- Offering the method according to a tested protocol by competent and supervised providers to eligible women who are counseled on a range of options and make an informed decision to choose the method.
- The method is included in SBCC materials and strategies with well-tested messages.
- The method is incorporated into appropriate norms and guidelines.
- Finally, the supporting systems such as HMIS, finance and procurement, report appropriate information on processes and commodities.

[1] Blase, KA, Fixsen, DL et al. (2009) Implementation Drivers – Best Practices for Coaching, page 1. Retrieved June 25, 2012, from the State of Washington Office of Superintendent of Public Instruction website http://www.k12.wa.us/RTI/Implementation/pubdocs/DriversBestPracticesCoachingSept_09NIRN.pdf

[2] ExpandNet. "Nine Steps for Developing a Scaling-up Strategy", page 9

DEFINING THE INNOVATION WORKSHEET

1. Document the philosophy, values and principles that underlie the innovation, provide guidance for all decisions and evaluations, and promote consistency, integrity and sustainable effort across all organizational units.

What are the underlying principles of the innovation product, service, or practice?	What are the elements related to equity?	What are the elements related to gender?	What are the underlying human rights angles?	What are the elements related to [ADDITIONAL THEME]?	How does informed choice factor into this practice?

2. Determine the inclusion and exclusion criteria that define the population for which the innovation is intended and who is most likely to benefit when the program is implemented as intended.

Who does the innovation benefit?	Who is the primary audience?	What other audiences are involved?	Who is not the intended audience?

3. Enumerate the features or the essential ingredients (also known as core intervention components, active ingredients, or practice elements) that must be present to say that a program exists in a given location.

Service Delivery *(Effective, Efficient, and Accessible Services)*	Human Resources *(Sufficient, well-trained staff)*	Medical Products, Vaccines, Technologies *(Equitably accessible)*	Information Systems *(Providing useful data on health determinants and health system performance)*	Governance *(Leadership with effective oversight, regulation, and accountability)*	Finance *(Adequate funds for affordable services)*

4. Capture the implementation drivers or the components related to developing staff competency, organizational supports, and technical and adaptive leadership supports, as well as the responsible party for each implementation driver.

STAFF COMPETENCY/PEOPLE *(List Individual/Group Responsible for Managing Staff Competency)*	
Who will be involved in implementing this innovation?	
How will they be selected?	
What skills do they need?	
How will they be trained to introduce/maintain the innovation?	
Who provides the training?	
How is the training or coaching received, processed, and applied by the recipient practitioners?	
What type of ongoing coaching, monitoring and/or supervision will they require?	
Who will provide the ongoing coaching and support?	
What tools, if any, are needed?	
How will these processes and tools be integrated into systems for sustainability?	
What other resources are needed?	
Where will the resources come from?	

ORGANIZATIONAL SUPPORTS/SYSTEMS *(List Individual/Group Responsible for Managing Organizational Supports/Systems)*	
What are our Monitoring & Evaluation capacities?	
What level of support can our HMIS data systems provide?	
Is there administrative support for this innovation?	
What kind of administrative support do we have?	
What is the buy-in of management?	
Which organizational norms and policies facilitate this innovation?	
Which organizational norms and policies hinder/serve as obstacles to this innovation?	
What further systems support is required?	
Where will the additional support come from?	
What are our supervision and/or quality assurance capacities?	
What activities are needed to integrate this innovation into existing systems?	

ENVIRONMENTAL/OTHER ELEMENTS *(List Individual/Group Responsible for Managing Environmental/Other Elements)*	
What national norms and policies facilitate this innovation?	
What national norms and policies hinder/serve as obstacles to this innovation?	

5. Describe how all core elements of the innovation interact with other sub-systems.

Sub-system	Kind of interaction	What are the system-wide effects?

6. Define the adaptations needed for expansion/scale-up sites.

Adaptation	Is this adaptation practical for the field context?	If it is not practical, should we adjust or drop it? If adjust, how?	What core elements of the intervention would the field application of the adaptation compromise?	Where has this been successfully field tested before? What were the results?

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SCALABILITY ASSESSMENT TABLE

PURPOSE

The Scalability Assessment Table provides stakeholders a tool to use when evaluating the feasibility of taking an innovation to scale. The table guides stakeholders in assessing an innovation's scalablity, component by component. When completed, the table provides an overview of an innovation's potential to be taken to scale, and helps identify which elements may prove problematic and should be simplified or changed to facilitate scale-up.

HOW IT WAS DEVELOPED AND USED

The table is based on recommendations in the WHO/ExpandNet document, "Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up." It is meant to be used in consultation with stakeholders, where all can review the questions and reach a consensus about each. Different stakeholders may have vested interests in various elements and may not want to see elements to which they have contributed removed from the innovation package. This tool further reminds stakeholders that it may not be realistic to take all elements to scale. When used in a collaborative and participatory process, it can help stakeholders reach consensus on which elements of an innovation should be prioritized or simplified during the scale-up phase.

LESSONS LEARNED

- This tool is best presented and completed in early planning meetings with key stakeholders who will contribute to the scale-up effort. If in-person meetings are not an option, it can still be useful to ask stakeholders to complete the tool on their own and share via email.
- Use of this tool has facilitated important corrections before scale-up was fully underway, such as redesigning materials to allow for less expensive reproduction or eliminating elements of an intervention package which would be too difficult to implement at scale.

VALUES

The table reminds stakeholders to consider the values inherent in the innovation and assess how they can be maintained as the innovation goes to scale. For scale-up to succeed, it is critical that these values be compatible with those of user organizations, or alternatively, to include strategies to nurture these values. When used in a participatory process, this tool can facilitate the inclusion of various stakeholder perspectives and help ensure that values important to different stakeholders are identified and a plan for maintaining them in the scale-up process is established.

VALUES

For detailed, practical tools to guide the scale-up process, visit the ExpandNet Website, where Beginning with the end in mind can be found.

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SCALABILITY ASSESSMENT TABLE

Innovation/ Intervention Component	**Commodity** *(Medicine, device, product used)*	**User Instructions** *(Take-home pamphlet, brochure, or other document to reinforce correct use)*	**Training** *(How to offer it to potential users)*	**IE&C** *(Strategies to raise awareness and create demand for method)*	**Other**
What are the key characteristics and values?					
Will it be difficult to maintain core innovation during expansion?					
Can innovation be implemented with available resources?					
Is innovation compatible with values, services, and capacity of user organization?					
Will changes in logistics be needed to incorporate the innovation as expansion proceeds?					
What training and support will be needed?					
What adaptations may be needed?					
What are potential challenges to scaling up?					
What are possible solutions to these challenges?					

BENCHMARK TABLES

PURPOSE

The Benchmark tables were designed to track scale-up progress by comparing indicators to pre-set benchmarks. They consist of a summary table, in which changes over time in all indicators may be viewed at a glance, and more detailed tables for each indicator.

HOW IT WAS DEVELOPED AND USED

As the FAM project began, IRH identified multi-faceted goals of Standard Days Method® (SDM) scale-up and developed simple, measurable indicators for process monitoring. (See the Benchmark Setting Worksheet for a Description of the process.) The indicators were designed to assess both horizontal scale-up (service expansion) and vertical scale-up (institutionalization) elements, and to be applicable to all countries and settings. The five scale-up countries then developed unique benchmarks for each of these indicators using a collaborative approach that involved multiple meetings with MOH officials, other stakeholders, cooperating partners, and the IRH team. The benchmarks for each indicator were targets that the team felt were reasonable and meaningful to achieve within the five-year scale-up period.

A Microsoft Access data base was developed to centralize data collection of these indicators. Twice a year, country staff tabulated the data in Access and reported progress towards benchmarks. At the end of the first year the team evaluated and adjusted the benchmark targets as needed; targets were not revised thereafter. Results allowed tracking of progress toward the five-year benchmarks throughout the life of the project, and aided staff in determining how to adjust scale-up activities to focus on areas where insufficient progress had been made towards scale-up goals.

The cover sheet of the benchmark table presents a summary of results, which is the most useful table for donors and stakeholders. The tables with indicator details that follow are most useful for those managing the scale-up process. These showed, for example, a list of organizations targeted to become part of the resource team (competent in the innovation), rather than the simply the summary number which appeared on the cover sheet. A system of solid and patterned dots indicated whether the benchmark was not yet achieved, in progress, achieved or achieved and sustained since the last reporting period.

LESSONS LEARNED

- The benchmark tables were extremely useful for establishing and tracking concrete scale-up goals throughout the scale up process and were referenced frequently by IRH staff in field offices and headquarters.

- Unlike other indicators, indicators that were benchmarking progress toward HMIS and Procurement System integration goals were not standardized. When developed, IRH thought that each country's systems were too unique. In retrospect, it would have been useful to have come to an agreement on how to operationalize these indicators, as this would have allowed for comparisons across countries and facilitated discussions of issues using a common terminology and framework.

- Creating the Access data base was a large undertaking, requiring efforts to meet data needs of all countries while maintaining uniformity. In retrospect, it was not as useful as anticipated. Data was only manipulated at headquarters, and scale-up managers did not use the data to its full potential. Data for the tables can be collected using cheaper, less time-consuming methods; simple Excel spreadsheets are sufficient. For some indicators, the tables can simply be updated as less frequent events occur (for example, when SDM is added to a new policy), eliminating the need for separate data collection.

VALUES

The nature of this tool means that it will reflect and allow monitoring of values such as equity of access to SDM services and information, including monitoring SDM integration across public and private sector institutions.

BENCHMARK TABLES

Project Progress: Summary Table 1 Project accomplishments toward end of project targets, by project year						
End of project goals: 1. 2. 3.						
Project area population coverage:						
Horizontal scale-up	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**End of project**
Proportion of **SDPs that include METHOD** as part of the method mix						
Estimated number of **individuals trained** to offer METHOD						
Number of **organizations that have capacity** to undertake method activities						
Vertical scale-up	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**End of project target (n)**
Number of essential or **key policies**, norms, guidelines, and protocols that include the METHOD						
Number of public or private training organizations that include METHOD in **pre-service training** and/or continuing education						
Number of public or private training organizations that include METHOD in **in-service training**						
Number of **donor procurement systems** that sustainably include the METHOD system						
Number of **logistics systems** that include METHOD commodity						
Number of **HMIS/reporting systems** that include METHOD						
Number of **IEC activities** that include METHOD						
# of surveys including METHOD						

Benchmark Tables Detailed Results

Key:

- ○ **Initiated:** Began discussions with organizations/donors or began advocacy for inclusion.
- ◘ **In progress:** new item working on for that year, or item continues to be worked on (e.g., guideline carried over from year to year), or item included but not correctly and needs updates or revision.
- ● **Correctly included**
- ● **Maintenance:** Continued monitoring and support to ensure sustainability

Horizontal scale-up

Proportion of **SDPs that include METHOD** as part of the method mix	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Include METHOD (cumulative % from End of Project target n)						
Comments:						

Estimated number of **individuals trained** to offer METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Female						
Male						
Total (cumulative)						
Comments:						

Estimated number of **individuals trained** to offer METHOD	Year 1**	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Facility based						
Community based						
Total (cumulative)						
Comments:						

Number of **organizations that have capacity** to undertake method activities	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Organization name						
Organization name						
Organization name						
Total (cumulative)						
Comments:						

Vertical scale-up

Number of essential or **key policies**, norms, guidelines, and protocols that include the METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Policy						
Norm						
Guideline						
Protocol						
Total						
Comments:						

Number of public or private training organizations that include METHOD in **pre-service training** and/or continuing education	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Organization name						
Organization name						
Organization name						
Total						
Comments:						

Number of public or private training organizations that include METHOD in **in-service training**	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Organization name						
Organization name						
Organization name						
Total						
Comments:						

Number of **donor procurement systems** that sustainably include the METHOD system	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
System name						
System name						
System name						
Total						
Comments:						

Number of **logistics systems** that include METHOD commodity	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
System name						
System name						
System name						
Total						
Comments:						

Number of **HMIS/reporting systems** that include METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
System name						
System name						
System name						
Total						
Comments:						

Number of **IEC activities** that include METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Activity name						
Activity name						
Activity name						
Total						
Comments:						

# of surveys including METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Survey name						
Survey name						
Survey name						
Total						
Comments:						

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FOCUS GROUP DISCUSSIONS WITH SCALE-UP PRACTITIONERS & RESOURCE TEAM MEMBERS

PURPOSE

Focus group discussions (FGDs) were held with staff at the beginning, middle and end of the Standard Days Method® (SDM) scale-up process to learn from their experiences using a systematic approach to expansion and to understand how engagement in scale-up affected them personally. This information provided useful insight into effective practices to support scale-up and to inform the type of training and support practitioners need to effectively do their job of supporting expansion. These questions could also be used with members of the resource team supporting scale-up.

HOW IT WAS DEVELOPED AND USED

The tool was guided by elements of the WHO/ExpandNet *Nine steps for developing a scaling-up strategy,* including the innovation, resource and user organizations, environment, and scale-up strategies. Three focus group guides were developed to reflect the changing emphases and issues encountered during different scale-up phases. These questions allowed reflection on scale-up opportunities and barriers, and provided insight into the ability of the scale-up team to apply a systematic approach.

The initial FGD questions were used in discussions with IRH country teams – including field and headquarters staff – one year into the scale-up process during an annual staff meeting. Discussions were facilitated by an IRH staff member or ExpandNet colleague and audio-recorded. Additional rounds of FGDs were held in subsequent years. Action items emerging during the conversations were documented for follow-up by team members.

VALUES

The FGDs provided insights into staff values relating to the scale-up processes. For example, FGDs specifically asked about the application of the principles of the ExpandNet model, including attention to innovation values, such as informed choice, male involvement, and addressing other gender or equity issues, through scale-up activities.

LESSONS LEARNED

- The FGDs provided a moment for staff across the different countries to step back and reflect on the scale-up process and use of a systems-oriented approach to scale-up. Such shared reflections and discussions provided staff different ways of thinking about scale-up, which enriched their country strategies.

- An initial idea to hold annual FGDs with resource teams in country was not systematically implemented, because of the way different resource teams were constituted, e.g, some resource teams were informally constituted, while others were integrated into existing structures and it was not always feasible to conduct FGDs in such settings.

KEY REFERENCES & RESOURCES

World Health Organization/ExpandNet, 2010. *Nine steps for developing a scale-up strategy.* http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf

Focus Group Discussion Guide: One Year into Scale-Up

Objectives:

- Assess the trajectory of the innovation package (adaptation, leveraging resources, training on the innovation)
- Reflect on the composition and role of the resource team, and determine the skills needed to move the innovation forward.
- Describe stakeholder involvement and assess leadership and ownership of the innovation
- Assess sustainability of the innovation at this point of the scale-up process.

Discussion Questions:

1. Looking back to the beginning of the scale-up process, how has the innovation package been adapted or changed? Describe the adaptation. Has the adaptation been sufficient? Is it evidence-based?

2. What is being done, other than training, to roll out the innovation? Should more be done, and why? If you had additional resources, what more would you do?

3. How do you feel about partner involvement, commitment, and ownership of scale-up at this point?

4. To what extent, if any, has your work to roll out the innovation strengthened systems capacity? Give examples.

5. Do you see any changes in your [your organization's] role since scale-up began? Are you consciously judging when you can step back? What steps are you taking?

6. Describe to what extent you are using a systems approach (e.g. the ExpandNet framework) to conceptualize and plan out the scale-up process. In what ways do you find it more or less useful?

7. How has guiding the scale-up process affected you personally?

Focus Group Guide: Midway into Scale-Up

Objectives:

- Assess the trajectory of the innovation package (adaptations, leveraging resources, training on the innovation)
- Reflect on the composition, skills, and role of the resource team, and determine the adjustments needed to move the innovation forward.
- Describe stakeholder involvement and assess leadership and ownership of the innovation
- Assess sustainability of the innovation at this point of the scale-up process and determine steps to achieve sustainability in the second half of the process.

Discussion Questions:

1. Do you feel that enough is being done in terms of advocacy for the expansion/integration of the innovation? What are the bottle necks, skills, resources? What more could be done?

2. Are you getting enough support from headquarters? Are you getting the right kind of support? What more could be done?

3. How do you feel about partner involvement, commitment, and ownership of scale-up at this point? PROBE: Is there fatigue? Is there greater buy-in? Are you seeing organizations make the transition from user to resource organizations?

4. Who owns the scale-up process in terms of political leadership?

5. What new, if any, organizations have assumed involvement, responsibility and ownership of scale-up? To what extent are donors involved?

6. Describe to what extent you are using a systems approach (e.g. the ExpandNet framework) to manage this phase of scale-up. In what ways do you find it more or less useful?

7. How do you monitor scale-up progress? What are you doing to know what is going on in the scale-up process? Do you have enough information? What can you do to get more information?

8. How has guiding the scale-up process affected you personally?

Focus Group Guide: Nearing Completion of Scale-Up

Objectives:

- Assess the trajectory of the innovation package (adaptations, resources, trainings, effect on health systems) and its potential to contribute to the evidence-based scalability of the innovation.
- Reflect on the evolution of the skills and roles of resource team members and organizations as scale-up progressed.
- Describe stakeholder involvement and capacity to sustain the innovation beyond the scale-up phase.
- Assess the sustainability of the innovation following scale-up.

Discussion Questions:

1. In your opinion, will integration/expansion of the innovation be sustained after the funding support for scale-up ends?

2. What is still needed to get the innovation to scale? Is this a feasible goal? (Take into account factors such as the user organizations, resource team/organizations, and the larger environment.)

3. What needs to be done this year to support continued expansion and consolidation of the innovation? At the local level? At the global level? Describe to what extent you used a systems approach (e.g. the ExpandNet framework) throughout the scale-up process. In what ways have you found it more or less useful?

4. How has your role in the scale-up process evolved since scale-up began?

KEY EVENTS TIMELINE

PURPOSE

The purpose of the events tracking timeline is to document chronologically key internal and external events that influence the Standard Days Method® (SDM) scale-up process both positively and negatively. The timeline offers a 'high-level' view of scale-up over time and provides information that is not captured in other tools, such as key meetings and external events that may have influenced scale-up processes and outcomes. Key event 'types' are categorized by color to aid in visual analysis by thematic area of scale-up.

HOW IT WAS DEVELOPED AND USED

Country teams were asked to note key events that potentially influenced scale-up as they occurred and to update the key events timeline every six (6) months. The categories of interest to IRH were **Commodity Procurement & Logistics, FP Guidelines & Protocols (Norms), Information, Education, and Communication (IEC), Political environment, Project, Research,** and **Training in SDM.** Critical internal and external events in horizontal scale-up and expanding access to SDM included events such as main training events held by IRH or partners, important coordination meetings of the scale-up process, and important meetings with the MOH or donors. Key internal and external events relating to vertical scale-up / institutionalization included completion of integration of SDM into a nursing pre-service curriculum, SDM included in the DHS, political events such as a change in MOH leadership, closing of a major bilateral that provided leveraged resources for SDM integration, and natural or other emergencies. Staff were encouraged to find a balance between key events and all events, and to make decisions which were the most critical to include in the timeline.

IRH used an Excel template developed by Vertex 42 LLC. The Excel template is comprised of: 1) a worksheet where key events– are listed by month and year and assigned a coordinate on the X and Y axes; and 2) a second worksheet that transforms the data into a graphic timeline representation (shown here).

Country offices sent an updated list of key events every six months, when they updated their project benchmark tables. The Country Program Officer at IRH headquarters entered the data into the Excel template that created the timeline graphic. The timelines were used during national and local annual scale-up planning meetings to identify key events that may have influenced scale-up activities and the achievement of benchmarks. The timelines also served as a data triangulation mechanism for scale-up case study analysis.

VALUES

The key events timeline did not specifically include a consideration for or measurement of values, although new or revised laws and policies can reflect societal or government values around family planning and SDM.

LESSONS LEARNED

The key events timeline was useful for snapshot views of key internal and external events that might be influencing scale up processes. Because of the volume of key events data, though, over the years the graphics program became unwieldy. To use this tool effectively it is

important to include key events and not minor/lower level events. Possible ways to create more stringent criteria than individual judgment:

- Follow a participatory process similar to the selection of Most Significant Change stories so that only the most critical events are included.
- Restrict the number of events per year and/or per category that may be included on the timeline. This would improve the usefulness of such a data visualization tool throughout the scale-up phase, particularly toward the end of a multi-year scale up period.

KEY REFERENCES & RESOURCES

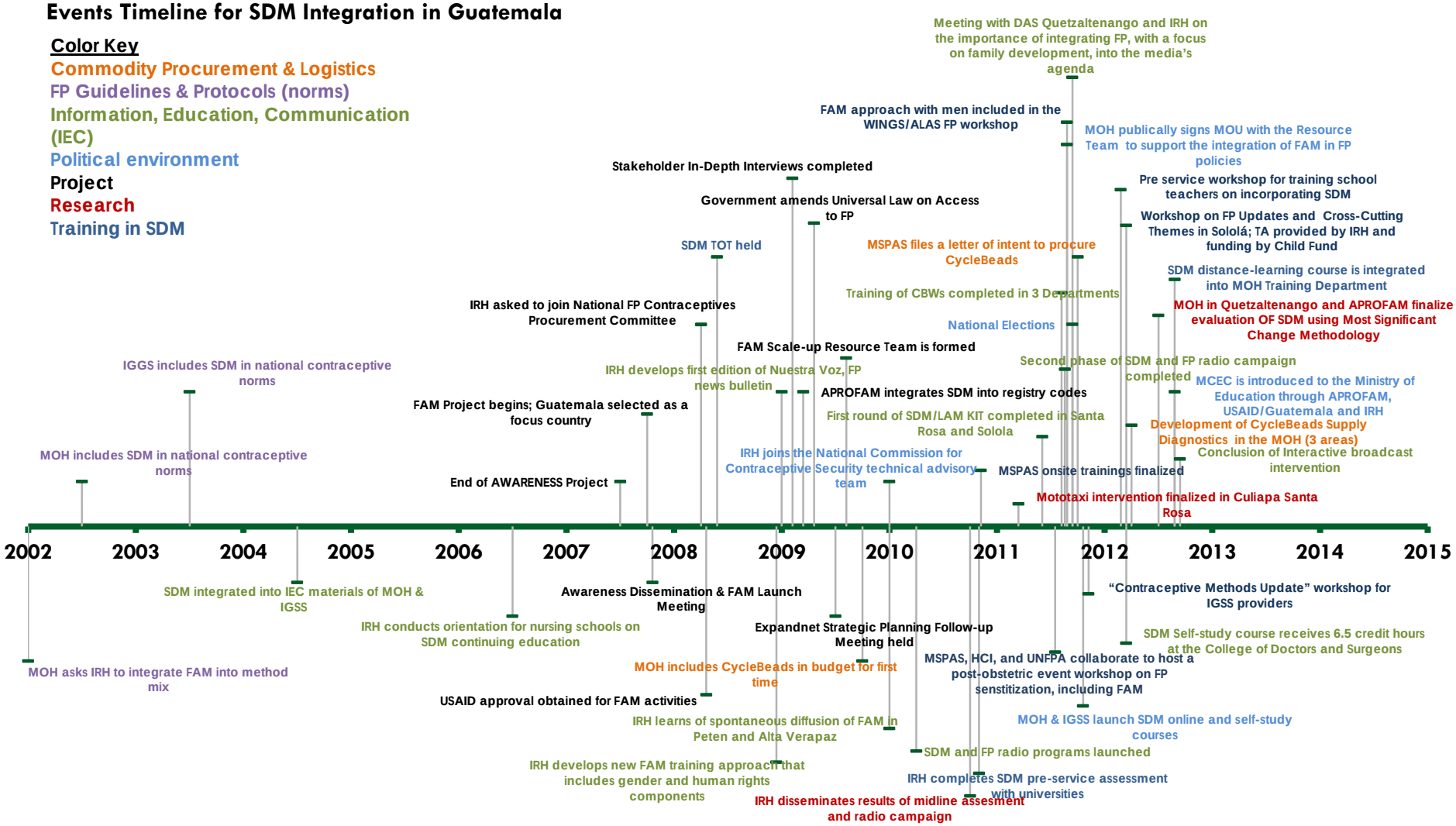
Vertex42 LLC © 2005
http://www.vertex42.com/ExcelArticles/create-a-timeline.html

KEY EVENTS TIMELINE

Events Timeline for SDM Integration in Guatemala

Color Key

- Commodity Procurement & Logistics
- FP Guidelines & Protocols (norms)
- Information, Education, Communication (IEC)
- Political environment
- Project
- Research
- Training in SDM



QUALITY ASSURANCE TOOLS

PURPOSE

In order for a piloted innovation to maintain its positive outcomes during scale-up, it must be implemented with fidelity. Robust tools are needed to monitor the quality of services during this phase. Two key tools were used to monitor SDM service quality: (1) the Knowledge Improvement Tool (KIT), a check list to assess provider SDM counseling skills, including who is eligible to use SDM, how the method works, and how to teach method use; and (2) a Client Follow-Up (CFU) questionnaire to assess whether couples were using the method correctly, which can help evaluate whether providers are correctly conveying information to clients.

These tools provide unique perspectives on scale-up and were used separately during the SDM scale-up process (except in India, where they were used in tandem). To streamline tools and foster cross learning in quality assurance mechanisms, the two tools have been combined into one section in this compendium. As these tools are specific to SDM, they should be adapted appropriately for the innovation being scaled up.

HOW THE PROVIDER KNOWLEDGE IMPROVEMENT TOOL (KIT) WAS DEVELOPED AND USED

Originally developed to monitor service quality during the SDM efficacy and introduction studies, the KIT was used during scale-up to evaluate the effect of streamlined training approaches and to compile individual data on the quality of counseling at a district or central level. During operations research, IRH found that incorrect method use was often the result of receiving poor information from providers. This tool was thus implemented as a check on provider competency and the quality of the system in place to train and coach providers. KIT results helped IRH identify gaps and difficulties in method counseling, and refine the training protocol accordingly. During the scale-up phase, the KIT was streamlined to focus on essential aspects of SDM counseling and, in some countries, revised to include other FP methods.

The KIT is administered by supervisors to a sample of providers. The timing and frequency of KIT administration depends on a program's needs as it revises training approaches during the scale-up process. During scale-up, IRH requested that several rounds of the KIT be applied at the regional level in all countries in order to monitor the quality of SDM services as the program went to scale.

Findings from administration of the KIT were shared with stakeholders during meetings and used to highlight areas in training that needed to be improved or reinforced during supervisory visits.

HOW THE CLIENT FOLLOW-UP (CFU) TOOL WAS DEVELOPED AND USED

The CFU tool was developed mid-way through the scale-up phase to assess provider competency from the system end-user (client) perspective and to gain a general understanding of correct use of

SDM when offered at a large scale. It was refined over time as it was used in programs.

The CFU tool was administered less frequently than the KIT because use of this tool is only feasible in settings where providers can locate their clients without encroaching on their privacy or breaking confidentiality. The provider or provider and supervisor visit the client and ask several simple questions about SDM use. During scale-up, IRH requested that at least one round of CFU be completed in all countries as a check on the quality of provider counseling and training.

Similarly to the KIT, results from administration of the CFU tool were used as field data to advocate for improved provider training and supervision as well as overall health systems strengthening to provide increased support for FP clients.

LESSONS LEARNED

- Stakeholders in all countries requested information regarding the quality of SDM services because they were unsure of whether an information-dependent method could be scaled up in relatively weak systems. These tools provided valuable information to enhance efforts to strengthen training and supervision systems to support the delivery of high quality SDM services.

- As a single-method quality assurance tools, programs found the KIT and CFU tool difficult to use during normal supervision visits intended to monitor correct record keeping and commodity flows. Therefore, IRH developed versions which covered a variety of methods and facilitated the review of service quality during supervision visits.

VALUES

KIT questions address male involvement in using SDM and provide the opportunity for providers to reinforce this critical aspect of SDM use. The CFU tool also provides a values-check on the scale-up process. It inquires generally about client satisfaction with different elements of the method, including partner participation.

KEY REFERENCES

Naik S., Suchi TI, and Lundgren R. (2010) Options for maintaining quality family planning counseling: strategies for refresher training. *International Journal for Quality Health Care*. 22(2):145-150.

STANDARD DAYS METHOD KNOWLEDGE IMPROVEMENT TOOL (KIT)

Provider's Name: _____ **Community Name:** _____

Date Trained: _____ **Name of person applying KIT:**_____

Instructions: Ask the provider the following questions. If s/he responds correctly, mark "1". If s/he does not respond correctly, mark "0" and explain the concept. For questions that were answered incorrectly, please reinforce the knowledge and ask these questions again during your next visit.

How to use CycleBeads?		Visit Dates	
		1	2
1.	**Pretend that I would like to use the method. Explain to me how to use CycleBeads (Give the provider a set of CycleBeads to use in the demonstration).**		
1a.	CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.		
1b.	The **RED** bead marks the first day of your period *(menstrual bleeding)*.		
1c.	The **BROWN** beads mark days when pregnancy is unlikely.		
1d.	The **WHITE** beads are days when you CAN get pregnant.		
1e.	The **DARKER BROWN** bead helps you know if your period came too soon to use CycleBeads.		
1f.	On the day you start your period, move the ring to the RED bead.		
1g.	Mark this day on your calendar.		
1h.	Move the ring every day to the next bead, even on days you are having your period.		
1i.	Always move the ring in the direction of the arrow.		
1j.	Use a condom or do not have sex during the white bead days when you can get pregnant.		
1k.	You may have sex when the ring is on the brown beads.		
1l.	When your next period starts, move the ring to the red bead, skipping over any remaining beads.		
1m.	If your period comes before the dark brown bead, your period has come too soon to use this method.		
1n.	If your period does not come by the day after you reach the last brown bead, your period has come too late to use this method.		
2.	**What should the woman do if she forgets whether or not she has moved the ring?**		
2a.	Check her calendar and count how many days have gone by since the first day of her last period. Then count the same number of beads and place the ring on the correct day.		

Who can use the method?			
3.	**What two requirements are necessary to be able to use the method?**		
3a.	The woman must have periods about once a month, when she expects them.		
3b.	The woman and her partner are able to use a condom or not have sex on the days she can get pregnant (white bead days).		
When can a woman start using the method?			
4.	**When can a woman begin using the method?**		
4a.	If she knows the date of her last period, she can move the ring to the appropriate bead and begin using the method immediately.		
4b.	If she knows the date of her last period, she can begin using the method when her next period starts. Until then she should use a condom or abstain to prevent a pregnancy.		
5	**When can a woman who is postpartum or breastfeeding start using the method?**		
5a.	Once she has had at least four periods since her baby was born, and		
5b.	If her last two periods were about a month apart.		
6.	**When can a woman who has recently used a hormonal method start using the SDM?**		
6a.	She should be referred to the nearest health center.		
How can CycleBeads help a woman remain alert?			
7.	**Why is it important to move the ring every day?**		
7a.	Moving the ring every day helps her know if she can get pregnant or not that day.		
7b.	It also helps her know if her period has come **too soon** (period starts before DARK Brown bead)		
7c.	It also helps her know if her period has come **too late** to use this method (period has not started after moving ring to last brown bead.		
When to contact the provider?			
8.	**When should an SDM User contact her family planning provider?**		
8a.	If her period does not start by the day after putting the ring on the last brown bead. This means that her period came too late to use CycleBeads.		
8b.	If the couple cannot abstain or use condoms on the white bead days and wants to switch to another method.		
8c.	If the couple has had sex on the white bead days without using condoms.		
8d.	If she hasn't had her period when she expects it and thinks she may be pregnant.		
How effective is the SDM?			
9.	**Among women who use SDM, how many will become pregnant in a year?**		
9a.	Five out of 100 women who use the SDM correctly in a year will get pregnant.		
How does family planning support the Healthy Timing and Spacing of Pregnancies?			
10.	**What should clients know about the healthy timing and spacing of pregnancies?**		
10a.	Wait at least two years after your baby is born before getting pregnant again. It is good for the health of your baby and you.		
10b.	Use a family planning method continuously for at least two years to avoid getting pregnant too soon		

CLIENT FOLLOW UP (CFU) FORM

Instructions

Client follow-up is typically done 2-3 months after providers are trained to assess quality of counseling as measured by clients' ability to follow method directions correctly and satisfaction with the method chosen. The data collector should explain that the purpose of the visit is to see how the client is doing with the method and if she has any concerns. The data collector should emphasize that all information is confidential, that participation in this visit is completely voluntary, and that the client may decline to answer any question she is not comfortable with.

District/Town/City/Village: _____ Name of Provider: _____

Name of Health Facility: _____ Date: _____

No.	Are you using CycleBeads?	Are you satisfied with the method?	If dissatisfied or not using the method, why?	Verification of use of Cycle Beads		Client demonstrates correct CycleBeads use	How does a woman manage her fertile days?	How do men cooperate in use of the method?	Have you had any concerns with the method?[1]	Did you talk to the provider about your concerns?	Was the provider's response satisfactory to you?
	Yes -1 No -2	Yes -1 No -2	• Did not like the method – 1 • Irregular periods – 2 • Got pregnant – 3 • Wants pregnancy – 4 • Husband dislikes method- 5 • Wants another method - 6	Marked date of period on calendar Yes-1 No-2	Ring is on correct Bead Yes-1 No-2	• Move ring to red bead every time period starts -1 • Move ring daily, even on bleeding days-2 • See provider if period starts before darker brown bead -3 • See provider if period doesn't start after last brown bead -4 • See provider if had sex without condoms on white bead day-5	• Abstain from sex – 1 • Use Condoms -2 • Abstain from sex or use condoms – 3 • Withdrawal – 4 • Does nothing/does not know - 5	• Helps move ring -1 • Reminds to move ring -2 • Agrees to use protection or abstain on fertile days- 3 • Other – 4 (Specify)	Yes - 1 No- 2	Yes - 1 No - 2	Yes - 1 No - 2
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

[1] The three questions in grey were added to the CFU to help assess service delivery quality. It is important to note that there is not an exhaustive way to capture service delivery quality, which is a complex measure.

HOUSEHOLD SURVEY

PURPOSE

A household survey was conducted at baseline to understand awareness, knowledge, attitudes, and use of the innovation among the target population. The data was used to guide scale-up strategy and to establish a baseline against which to measure scale-up progress. The survey was conducted again at endline to assess progress toward sustainable scale-up of the innovation and identify gaps.

HOW IT WAS DEVELOPED AND USED

The household survey questionnaire was based on Demographic and Health Surveys (DHS) with additional questions added for Standard Days Method® (SDM)-specific variables and outcomes. The household surveys consisted of three (3) modules – a household questionnaire, a men's questionnaire, and a women's questionnaire – with the following sub sections:

- Characteristics/Demographics
- Exposure to Media
- Reproduction (for women only: number of children and pregnancies as well as current pregnancy status)
- Contraception/Family Planning Methods (for men and women: ever and current use of family planning/contraception; for men: current and ever use as well as knowledge of pregnancy risk, fertility, and breastfeeding),
- SDM/CycleBeads® (for men and women: awareness of the method, sources of information about the method, ever and current use, reasons for discontinuation, partner involvement in method use, satisfaction with the method, maximum cost allowable for purchase of CycleBeads, source of procurement of CycleBeads and SDM counseling)
- Fertility Preferences (for men only: attitudes towards delaying pregnancy or having future children)
- Postpartum Family Planning and Return of Menses (for women only: post-partum health seeking behavior, family planning use, LAM knowledge and attitudes)
- Marriage and Sexual Activity (for women only: cohabitation with husband/partner, rank of wife in polygamous unions, sexual intercourse)
- Gender and Empowerment (for men and women: decision-making power, couple communication on household finances and sexual relations/family planning use
- Husband's Background and Woman's Work (for women only: husband's age, education level, and occupation; as well as woman's occupation)

IRH selected DHS questions, adapted questions to the SDM context, and harmonized the three modules with input from IRH field staff and other stakeholders. To foster survey efficiency and quality within each country, endline questionnaires did not include some of the baseline questions; some questions were eliminated that collected information only applicable at baseline, and some questions were eliminated because they were not relevant in a specific country context.

All countries conducted household surveys of women and men (couples) at least once during the scale-up period and several conducted household surveys at two points in time. IRH developed the research protocols, received IRB approval, and then worked with field-based IRH staff and research organizations to obtain local IRB approval. Local research organizations were contracted to adapt the survey

instruments to local contexts, collect and analyze data and report preliminary findings, with IRH support throughout the process.

ATTENTION TO VALUES

The household survey was a key source of information on values, measuring the core SDM innovation values explicitly and implicitly. Questions in the Gender and Empowerment, Contraception/Family Planning Methods, and SDM/CycleBeads sections addressed the values of gender equity, male involvement, and couple communication from both the male and female perspectives.

LESSONS LEARNED

- The FAM Project Monitoring Plan proposed using household surveys to measure changes between baseline and endline, as is typically done in impact evaluation. Headquarters staff supporting the surveys was focused on impact evaluation, rather than program planning and monitoring. As a result, baseline data was effectively utilized for strategy-setting in only two of the scale-up countries. A revised focus on data use early in the scale-up process is recommended to improve this situation.
- In addition, when survey data were mined for use in programs, it was apparent that much of the collected data was not needed for program purposes. For example, the detailed information collected to measure socio-economic status was complicated to analyze and never used. In retrospect, it would have been more useful to have designed the survey to provide information specific to identifying gaps in the status of scale-up from a population perspective. More rapid methods, LQAS or sentinel sites, might be more effective in supporting the scale-up process (rather than simply evaluating it).
- The comparison of baseline results (often registering 'zero') to endline proved of limited use. Instead, focusing measurement on how much change is enough to declare achievement of the scale-up tipping point might be more useful for the purposes of scale-up MLE. Conceptualizing desired relational changes, such as comparing SDM knowledge with another well-integrated FP method at endline, rather than focusing on changes between the beginning and end of a scale-up period (the classic impact evaluation approach), might yield more useful information.
- Working with local research organizations provides the possibility of utilization of in-country knowledge and resources for implementing the study protocol and surmounting any challenges that arise during the process. The general training manuals and dummy tables for analysis that accompanied each country's household survey resource packet were useful to guide local research organizations in preparing for and later analyzing collected data. Still, unless they had worked previously with FAM, research organizations often needed extensive orientation on the innovation in order to properly execute the data collection and then analyze the data. A global survey template was used across the five countries which could be adapted to each country's context proved a useful approach to standardize critical variables facilitating later cross-country analysis.

KEY REFERENCES & RESOURCES

MEASURE DHS | http://measuredhs.com/What-We-Do/Survey-Types/DHS.cfm (Modules: Family Planning, Fertility and Fertility Preferences, Household and Respondent Characteristics, Maternal Health, Unmet Need, Women's Empowerment)

HOUSEHOLD SURVEY

FAM PROJECT ENDLINE: HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . ☐☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐☐

REGION . . . . . ☐☐☐☐

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDI . . . . . ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER ☐☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

TOTAL ELIGIBLE MEN ☐☐

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT:	TRANSLATOR USED
01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	01 = ENGLISH 06 = OTHER 02 = FRENCH _____ 03 = SPANISH (SPECIFY) 04 = HINDI	YES..... 1 NO..... 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	
	Please give me the names of the persons above 10 years old who usually live in your household and guests of the household who stayed here last night starting with the head of the household AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL MARRIE WOMEN AGED 15-49	CIRCLE LINE NUMBER OF ALL MARRIED MEN AGE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			M F	Y N	Y N	IN YEARS			
01			1 2	1 2	1 2			01	01
02			1 2	1 2	1 2			02	02
03			1 2	1 2	1 2			03	03
04			1 2	1 2	1 2			04	04
05			1 2	1 2	1 2			05	05
06			1 2	1 2	1 2			06	06
07			1 2	1 2	1 2			07	07
08			1 2	1 2	1 2			08	08
09			1 2	1 2	1 2			09	09
10			1 2	1 2	1 2			10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			M F	Y N	Y N	IN YEARS			
11		☐☐	1 2	1 2	1 2	☐☐	☐	11	11
12		☐☐	1 2	1 2	1 2	☐☐	☐	12	12
13		☐☐	1 2	1 2	1 2	☐☐	☐	13	13
14		☐☐	1 2	1 2	1 2	☐☐	☐	14	14
15		☐☐	1 2	1 2	1 2	☐☐	☐	15	15
16		☐☐	1 2	1 2	1 2	☐☐	☐	16	16
17		☐☐	1 2	1 2	1 2	☐☐	☐	17	17
18		☐☐	1 2	1 2	1 2	☐☐	☐	18	18
19		☐☐	1 2	1 2	1 2	☐☐	☐	19	19
20		☐☐	1 2	1 2	1 2	☐☐	☐	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing

Are there any other persons such as children above 10 years old that we have not liste YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 OTHER _____ 96 (SPECIFY)	
102	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE . . . . . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRINE . . . . . 51 NO FACILITY/BUSH/FIELD . . . . . 61 OTHER _____ 96 (SPECIFY)	→ 104
103	Do you share this toilet facility with other households or people?	YES . . . . . 1 NO 2	
104	Does your household have:	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 NON-MOBILE TELEPHONE . . . . . 1 2 REFRIGERATOR 1 2	
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG . . . . . 02 NATURAL GAS . . . . . 03 BIOGAS . . . . . 04 KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 AGRICULTURAL CROP . . . . . 10 ANIMAL DUNG . . . . . 11 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	

106	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
107	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND . . . . . 11 DUNG . . . . . 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
108	MAIN MATERIAL OF THE EXTERIOR WALLS. **(4)** RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DIRT . . . . . 13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS	
110	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor?	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTE . . . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT WITH MOTOR 1 2	
111	Does any member of this household own any agricultural land?	YES . . . . . 1 NO . . . . . 2 → 113	
112	How many hectares of agricultural land do members of this household own?	HECTARES . . . . . 95 OR MORE HECTARES . . . . . 95 DON'T KNOW 98	
113	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO . . . . . 2 → END	
114	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Cattle? b) Milk cows or bulls? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens?	CATTLE . . . . . COWS/BULLS . . . . . HORSES/DONKEYS/MULES . . . . . GOATS . . . . . SHEEP . . . . . CHICKENS	

FAM PROJECT ENDLINE
WOMEN'S QUESTIONNAIRE

[NAME OF COUNTRY]

IDENTIFICATION

PLACE NAME _____

CLUSTER NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐

REGION . . . . . ☐☐

URBAN/RURAL (URBAN=1, RURAL=2) . . . . . ☐

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

NAME AND LINE NUMBER OF WOMAN _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	NAME ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT:	TRANSLATOR USED
01 = ENGLISH	01 = ENGLISH	01 = ENGLISH 06 = OTHER	YES..... 1
02 = FRENCH	02 = FRENCH	02 = FRENCH _____	NO..... 2
03 = SPANISH	03 = SPANISH	03 = SPANISH (SPECIFY)	
04 = HINDI	04 = HINDI	04 = HINDI	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

SECTION 1. RESPONDENT'S BACKGROUND AND EXPOSURE TO MEDIA

SECTION 1A: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
103	Have you ever attended school?	YES . . . . . 1 NO 2	→ 107
104	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER 3	
105	What is the highest (grade/form/year) you completed at that level?	GRADE . . . . . ☐☐	
106	CHECK 104: PRIMARY ☐ ↓ SECONDARY OR HIGHER ☐ →		108
107	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
108	What is your religion?	Categories country-specific	

SECTION 1B: EXPOSURE TO MEDIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Now let us talk about listening to radio, watching television, reading newspaper and use of cell phone Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 111
110	Can you tell me the names of newspapers or magazines you read regularly?	Newspapers Country specific categories Magazines Country specific categories	
111	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 114
112	What are the main TV channels you watch regularly?	Country specific categories	
113	What type of programs do you generally watch?	Country specific categories	
114	Do you listen to the radio almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 117

115	What channels on the radio do you listen to?	Country specific categories	
116	What type of programs do you generally listen to?	Country specific categories	
117	In your opinion, what media should be used to communicat family planning messages? Any other? CIRCLE ALL MENTIONED	RADIO. . . . . A TELEVISION. . . . . B NEWSPAPERS/MAGAZINES. . . . . C LEAFLET/HANDOUTS. . . . . D POSTERS. . . . . E FOLK MEDIA. . . . . F INTERPERSONAL COMMUNICATION G CELL PHONE. . . . . H NONE. . . . . I OTHER_____ J (SPECIFY)	
118	Do you own a cell phone?	YES. . . . . 1 NO. 2	→ 121
119	Can you find a cell phone to use if you want to send or receiv e messages?	YES. . . . . 1 NO. 2	→ 201
120	From where would you find one? Any other? CIRCLE ALL MENTIONED	HUSBAND. . . . . A NEIGHBOR. . . . . B FRIEND. . . . . C FAMILY MEMBER. . . . . D COMMERCIAL PLACE. . . . . E OTHER . . . . . F	
121	How often do you send or receiv e text messages with a cell phone?	NEVER . . . . . 1 SEVERAL TIMES PER MONTH. . . . . 2 SEVERAL TIMES PER WEEK. . . . . 3 SEVERAL TIMES PER DAY. . . . . 4 OTHER _____ 5 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you about all the births you have during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	I would like to know about all the children you have who are alive, whether they live with you or not. Do you have any sons or daughters to whom you have g who are alive?	YES . . . . . 1 NO 2	→ 208
203	How many sons do you have? And how many daughters do you have? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	→
206	SUM ANSWERS TO 203 AND 205 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
208	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 210
209	At the time you became pregnant did you want to becc pregnant then, did you want to wait until later, or did yo to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	→ 211

210	When did your last menstrual period start? ENSURE THAT ANSWERS ARE FOR FIRST DAY OF THE LAST PERIOD _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] NOT SURE/DON'T KNOW. . . . . 5 IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATE 996	
211	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
212	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? READ ALL OPTIONS	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD. . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED. . . . . 3 HALFWAY BETWEEN TWO PERIODS. . . . . 4 OTHER _____ # (SPECIFY) DON'T KNOW . . . . . #	

SECTION 3. FAMILY PLANNING METHODS

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.
BEGIN BY ASKING QUESTION 301. FOR EACH METHOD MENTIONED SPONTANEOUSLY CIRCLE CODE 1. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRC 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED, ASK 302.

	301 Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTENEOUSLY, ASK: Have you heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	Yes . . . . . 1 No 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	Yes . . . . . 1 No 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a a nurse.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
05	INJECTABLES (or Depo) Women can have an injection by a provider that stops them from becoming pregnant for one or more months.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
06	IMPLANTS (or NORPLANT) Women can have one or more rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or in their their vagina before sexual intercourse.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
11	SDM (CYCLEBEADS) A woman uses a string of colored bead to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
12	LACTATIONAL AMENORRHEA METHOD (LAM) If a woman's period has not returned in the first 6 months after her baby is born, she can avoid pregnancy by only breastfeeding her baby on baby's cue, day and night	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
13	RHYTHM: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
14	WITHDRAWAL Men can be careful and pull out before climax.	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
15	EMERGENCY CONTRACEPTION as an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	Yes . . . . . 1 No 2	YES . . . . . 1 NO 2
16	Have you heard of any other ways or methods that women men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY)	YES . . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐		→ 306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 306
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	CHECK 302 (01): WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		→ 401
307	CHECK 208: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 401
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 401
309	Which method are you using? CIRCLE ALL MENTIONED	FEMALE STERILIZATION A MALE STERILIZATION B PILL . . . . . C IUD . . . . . D INJECTABLES E IMPLANTS . . . . . F CONDOM . . . . . G FEMALE CONDOM H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J SDM (CYCLEBEADS). . . . . M LACTATIONAL AMEN. METHOD. . . K RHYTHM. . . . . L WITHDRAWAL. . . . . N OTHER _____ X	

SECTION 4. SDM (CYCLEBEADS) MODULE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301(13) (EVER HEARD OF THE SDM (CYCLEBEADS)		
	HEARD OF SDM (CYCLEBEDS) ☐ HAS NOT HEARD OF THE SDM (CYCLEBEADS) ☐ →		500
402	How did you hear about the SDM (CycleBeads)? CIRCLE ALL MENTIONED PROBE: Anybody or anywhere else?	HEALTH TALK. . . . . A POSTER IN HEALTH CENTER. . . . . B POSTER IN PHARMACY. . . . . C POSTER ELSEWHERE. . . . . D BROCHURE/FLIER. . . . . E STREET THEATER. . . . . F WALL PAINTING. . . . . G LOUDSPEAKER . . . . . H RADIO. . . . . I TV. . . . . J NEWSPAPER. . . . . K MAGAZINE. . . . . L HEALTH PROVIDER. . . . . M COMMUNITY HEALTH WORKER. . . . . N PHARMACIST. . . . . O SPOUSE. . . . . P MOTHER. . . . . Q MOTHER IN LAW. . . . . R SISTER. . . . . S OTHER RELATIVE. . . . . T FRIEND/NEIGHBOR. . . . . U OTHER _____ X (SPECIFY) CAN'T REMEMBER. . . . . Y DON'T KNOW. . . . . Z	
403	Now I would like to ask you about your opinion about the SDM (CycleBeads). Plese tell me if you agree, disagree with the following statements, or if you don't know	AGREES YES NO DK	
	A. The SDM (CycleBeads) is hard to understand	HARD TO UNDERSTAND. 1 2 8	
	B. The SDM (CycleBeads) is hard for your partner t understand	HARD FOR PARTNER TO UNDERSTAND. . . . 1 2 8	
	C. The SDM (CycleBeads) is easy to use	EASY TO USE 1 2 8	
	D. The SDM (CycleBeads) is an effectiv e method in prev enting pregnancy when used correctly	EFFECTIVE. 1 2 8	
	E. The SDM (CycleBeads) is affordable	AFFORDABLE. 1 2 8	
	F. The SDM (CycleBeads) is hard to obtain	HARD TO OBTAIN. 1 2 8	
	G. Few women use SDM (CycleBeads) in your community	USED BY FEW WOMEN IN COMMUNITY. . 1 2 8	
	H. Use of SDM (CycleBeads) is against your religiou beliefs	AGAINST MY RELIGIOUS BELIEFS. 1 2 8	
	I. The SDM (CycleBeads) is acceptable to men	ACCEPTABLE TO MEN. 1 2 8	
	J. The SDM (CycleBeads) does not hav e side effe	DOES NOT HAVE SIDE EFFECTS. 1 2 8	
	K. The SDM (CycleBeads) does not cause health problems	DOES NOT CAUSE HEALTH PROBLEMS. . . . 1 2 8	
	L. The SDM (CycleBeads) interferes with sexual relationships	INTERFERES WITH SEXUAL R/SHIPS. 1 2 8	

CHECK 302(13) (EVER USED THE SDM (CYCLEBEADS)

404 USED THE SDM (CYCLEBEADS) ☐ — DID NOT USE THE SDM (CYCLEBEADS) ☐ → 445

405 When you first learned to use the SDM (CycleBeac were you giv en CycleBeads? SHOW CYCLEBEADS
YES . . . 1
NO . . . 2
DON'T KNOW . . . 8

406 When you first learned to use the SDM (CycleBeac were you giv en a calendar? SHOW A CALENDAR
YES . . . 1
NO . . . 2
DON'T KNOW . . . 8

407 When you first learned to use the SDM (CycleBeac were you giv en an insert/with information? SHOW AN INSERT
YES . . . 1
NO . . . 2
DON'T KNOW . . . 8

408 Were you told to keep track of your cycle lengths t sure they were within range before using SDM (CyeleBeds)?
YES . . . 1
NO . . . 2
DON'T KNOW . . . 8

409 CHECK 309 (CURRENTLY USING THE SDM (CYCLEBEADS))

NOT USING SDM (CYCLEBEADS) ☐ — USING SDM (CYCLEBEADS) ☐ → 423

QUESTIONS FOR SDM (CYCLEBEADS) USERS WHO DISCONTINUED

410 CHECK 405 (WAS GIVEN CYCLEBEADS)

YES ☐ — NO OR DON'T KNOW ☐ → 413

411 SHOW AND GIVE THEM CYCLEBEADS

Please show me how to use CycleBeads

CIRCLE ALL SHOWN
THEN PROBE BY ASKING:
What else can you tell me about how to use CybleBeads?

MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . A
MOVE RING ONE BEAD EACH DAY . . . B
MOVE RING IN THE DIRECTION OF ARROW . . . C
AVOID UNPROTECTED SEX ON WHITE BEAD DAYS . . D
UNPROTECTED SEX OK ON BROWN BEAD DAYS . . . E
MARK FIRST DAY OF PERIOD ON CALENDAR . . . F
OTHER _____ (SPECIFY) X
DON'T KNOW . . . Z

412 When you began using the SDM (CycleBeads), di use CycleBeads to keep track of your fertile days?
YES . . . 1
NO . . . 2

413 Were you using anything else to keep track of your days?
YES . . . 1
NO . . . 2
DON'T KNOW . . . 8 → 415

414	What were you using?	CALENDAR . . . . . 1 OTHER _____ 2 (SPECIFY) DON'T KNOW 8	→ 416
415	CHECK 406 (WAS GIVEN CALENDAR) YES ☐ NO OR DON'T KNOW ☐ →		417
416	Please explain how you used the calendar to help track of your fertile days? RECORD ALL MENTIONED	MARK FIRST DAY OF PERIOD . . . . . A MARK FERTILE DAYS 8-19 . . . . . B AVOID UNPROTECTED SEX ON FERTILE DAYS . . . . C COMPARE DATE IF NOT SURE WHERE RING SHOULD BE ON CYCLEBEADS . . . . . D IF MY CYCLES ARE NOT REGULAR I NEED TO USE CONDOM OR ABSTAIN . . . . . E IF MY CYCLES ARE NOT REGULAR I NEED TO SEE MY PROVIDER . . . . . F DID NOT USE THE CALENDAR . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
417	When you were using the SDM (CycleBeads), did you ever get your period before the day you reached the dark brown bead, or after you reached the last bead?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
418	What should a woman do if this (i.e period before dark brown bead or period after the last bead) happens twice in one year? RECORD ALL MENTIONED	CONTINUE USING METHOD . . . . . A WAIT TO SEE IF IT HAPPENS AGAIN . . . . . B STOP METHOD AND SEE A PROVIDER . . . . . C NEEDED TO ABSTAIN OR USE CONDOM . . . . . D SWITCH TO ANOTHER METHOD . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
419	How long did you use the SDM (CycleBeads) before you stopped?	MONTHS . . . . . ☐☐ YEARS . . . . . ☐☐ CAN'T REMEMBER . . . . . 9 7 DON'T KNOW 9 8	

420	Why did you stop using the SDM (CycleBeads)? RECORD ALL MENTIONED	BECAME PREGNANT . . . . . A HAD TWO CYCLES OUT OF RANGE/ IRREGULAR CYCLES . . . . . B CONCERNED ABOUT EFFECTIVENESS . . . . . C HUSBAND CONCERNED ABOUT EFFECTIVENESS . D DOESN'T UNDERSTAND THE METHOD . . . . . E LOST CYCLEBEADS . . . . . F PARTNER DISAPPROVED OF METHOD . . . . . G INCONVENIENT/DIFFICULT TO USE . . . . . H TOO MANY DAYS TO AVOID SEX DURING FERTILE DAYS . . . . . I DESIRED PREGNANCY . . . . . J MARITAL DISOLUTION . . . . . K FAMILY MEMBERS DISLIKED METHOD . . . . . L OTHER _____ X (SPECIFY) DON'T KNOW . . . . . z	
421	Did your husband help you use the SDM (CycleBeads)?	YES. . . . . 1 NO. 2	▲ 441
422	What did your husband do to help you use the SDM (CycleBeads)? MARK ALL MENTIONED	MOVE RING ON CYCLEBEADS . . . . . A MARK CALENDAR . . . . . B REMIND ME TO MOVE THE RING . . . . . C ASK ME IF WE CAN HAVE UNPROTECTED SEX . . . D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS . . . E USE CONDOM ON WHITE BEADS/FERTILE DAYS . F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAY G BUY CONDOMS . . . . . H FOLLOW INSTRUCTIONS ON HOW TO USE METH I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	441
	QUESTIONS FOR CURRENT SDM (CycleBeads) USERS		
423	How long have you been using the SDM (CycleBeads)?	MONTHS. . . . . YEARS. . . . . CAN'T REMEMBER . . . . . 9 7 DON'T KNOW 9 8	
424	CHECK 405 (WAS GIVEN CYCLEBEADS) YES ☐ NO OR DON'T KNOW ☐		429
424a	SHOW AND GIVE THEM CYCLEBEADS Please show me how to use CycleBeads CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?	MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . A MOVE RING ONE BEAD EACH DAY. . . . . B MOVE RING IN THE DIRECTION OF ARROW. . . . . C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. . D UNPROTECTED SEX OK ON BROWN BEAD DAYS. . . E MARK FIRST DAY OF PERIOD ON CALENDAR. . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

433	What will you do if you get your period after the last bead? CIRCLE ALL MENTIONED	USE CONDOM . . . . . A ABSTAIN . . . . . B SEE MY PROVIDER . . . . . C GET ANOTHER METHOD . . . . . D WAIT TO SEE IF THIS HAPPENS AGAIN . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
434	What should you do if when using SDM (CycleBead you get your period before the dark brown bead or after the last bead twice in a year?	CONTINUE USING METHOD . . . . . A WAIT TO SEE IF IT HAPPENS AGAIN . . . . . B STOP METHOD AND SEE A PROVIDER . . . . . C NEEDED TO ABSTAIN OR USE CONDOM . . . . . D SWITCH TO ANOTHER METHOD . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
437	Does your husband help you use the SDM ? (CycleBeads)?	YES . . . . . 1 NO 2	▼ 439
438	What does your husband do to help you use the SDM (CycleBeads)? CIRCLE ALL MENTIONED	MOVE RING ON CYCLEBEADS. . . . . A MARK CALENDAR. . . . . B REMINDS ME TO MOVE THE RING. . . . . C ASK ME IF WE CAN HAVE UNPROTECTED SEX. . . . D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS. . . E USE CONDOM ON WHITE BEADS/FERTILE DAYS. . F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAY G BUY CONDOM. . . . . H FOLLOW INSTRUCTIONS ON HOW TO USE METH I OTHER _____ x (SPECIFY) DON'T KNOW. . . . . Z	
439	In general, would you say you are very satisfied, somewhat satisfied, or not satisfied with the SDM (CycleBeads)?	VERY SATISFIED. . . . . 1 SOMEWHAT SATISFIED. . . . . 2 NOT SATISFIED. 3	
440	Do you plan to continue using the method?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	

	QUESTIONS FOR CURRENT AND FORMER SDM (CYCLEBEADS) USERS		
441	Who taught you how to use SDM (CycleBeads)? Anybody else? CIRCLE ALL MENTIONED	GOVERNMENT CLINIC PROVIDER. . . . . A NGO CLINIC PROVIDER. . . . . B PRIVATE CLINIC/DOCTOR. . . . . C CBD WORKER. . . . . D PHARMACIST. . . . . E SPOUSE. . . . . F MOTHER. . . . . G MOTHER IN LAW. . . . . H SISTER. . . . . I OTHER RELATIVE. . . . . L FRIEND/NEIGHBOR. . . . . K READ AN INSERT. . . . . L OTHER _____ X (SPECIFY) CAN'T REMEMBER. . . . . Y DON'T KNOW. . . . . Z	
442	Where did you first obtain CycleBeads?	GOVERNMENT RUN CLINIC. . . . . A NGO CLINIC . . . . . B PRIVATE CLINIC/DOCTOR'S OFFICE. . . . . C CBD. . . . . D PHARMACY. . . . . E SPOUSE. . . . . F MOTHER. . . . . G MOTHER IN LAW. . . . . H SISTER. . . . . I OTHER RELATIVE. . . . . L FRIEND/NEIGHBOR. . . . . K OTHER _____ X (SPECIFY) CAN'T REMEMBER. . . . . Y DON'T KNOW. . . . . Z	
443	Did you pay for CycleBeads?	YES. . . . . 1 NO. . . . . 2 CAN'T REMEMBER. . . . . 7 DON'T KNOW. 8	→ 445
444	How much did you pay for CycleBeads?	$ or symbol for local currency ☐☐ DON'T REMEMBER. 0 0	

	QUESTIONS FOR ALL WHO HEARD OF THE SDM (CycleBeads) (USERS AND NON-USERS)		
445	If you wanted to buy CycleBeads and the price wc the beads alone, would you buy them?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	448
446	If the price of CyceBeads was X+2, would you still purchase them?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	448
447	What would be the most you would pay for Cyclebeads?	$ or symbol for local currency ☐☐ DON'T KNOW. 0 0	
448	If you wanted to buy CycleBeads and the price wc X-2 for the beads alone, would you buy them?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
449	What would be the most you would pay for Cyclebeads?	☐☐ DON'T KNOW 0 0	
450	If you were going to purchase Cyclebeads, where would you like to find them for sale? CIRCLE ALL MENTIONED	GOVERNMENT RUN CLINIC. . . . . A NGO CLINIC. . . . . B PRIVATE CLINIC/DOCTOR'S OFFICE. . . . . C CBD. . . . . D PHARMACY. . . . . E OTHER _____ X (SPECIFY) DON'T KNOW. . . . . Z	
451	Hav e you talked about SDM (CycleBeads) with anyone?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	500
452	Whom did you talk about SDM (CycleBeads) with? CIRCLE ALL MENTIONED	SPOUSE. . . . . A PROVIDER. . . . . B MOTHER. . . . . C MOTHER IN LAW. . . . . D SISTER. . . . . E ANOTHER RELATIVE. . . . . F FRIEND/NEIGHBOR. . . . . G OTHER _____ X (SPECIFY) CAN'T REMEMBER. . . . . Y DON'T KNOW. . . . . Z	

SECTION 5: LAM MESSAGES RECEIVED DURING ANTENATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK: 202 IF THE WOMAN HAS A LIVING BIOLOGICAL CHILD	YES. . . . . 1 NO. . . . . 2 →	
501	What is the age of your youngest living child? NAME _____ IF MONTHS, CIRCLE 1 AND WRITE NUMBER OF MONTHS IN BOXES. IF YEARS, CIRCLE 2 AND WRITE NUMBER OF YEARS IN BOXES.	MONTHS. . . . . 1 ☐☐ YEARS. . . . . 2 ☐☐	
502	CHECK 501: AGE OF YOUNGEST CHILD CHECK 208: CURRENTLY PREGNANT LESS THAN 12 MONTHS OR CURRENTLY PREGNANT ☐ OLDER THAN 12 MONTHS ☐ →		
503	Now I would like to ask a few questions about the time while you were pregnant with your youngest child (or with your current pregnancy). Did you see anyone for prenatal care while you were pregnant with (NAME) (or during your current pregnancy)?	YES. . . . . 1 NO. . . . . 2 →	
504	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED	DOCTOR. . . . . A NURSE/MIDWIFE. . . . . B AUXILIARY NURSE. . . . . C TRADITIONAL BIRTH ATTENDANT. . . . . D COMMUNITY HEALTH WORKER. . . . . E OTHER _____ X SPECIFY	
505	During your prenatal check: a. Did the health provider tell you to feed (NAME) only breastmilk and no other foods or liquids? b. Did the health provider tell you about any family planningmethods? c. Did the health provider tell you about LAM? d. Did the health provider explain that it is better for your health and the health of your baby if you wait until your baby is at least 2 years old to get pregnant again?	YES. . . . . 1 NO. . . . . 2 YES. . . . . 1 NO. . . . . 2 YES. . . . . 1 NO. . . . . 2 YES. . . . . 1 NO. 2	

SECTION 5: INFANT FEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	**CHECK 501** YOUNGEST CHILD LESS THAN 6 MONTHS OF AGE YOUNGEST CHILD 6 TO 24 MONTHS OF AGE ☐ →		511
	YOUNGEST CHILD GREATER THAN 24 MONTHS ☐ →		523
507	Now I would like to ask you some questions on how you routinely feed your youngest child. Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 →	
508	How long after birth did you first put (NAME) to the breast? IF IMMEDIATELY, CIRCLE 000. IF LESS THAN 1 HOUR, CIRCLE 1, WRITE '00' HOURS. IF LESS THAN 24 HOURS, CIRCLE 1 AND WRITE NUMBER OF HOURS. IF DAYS, CIRCLE 2 AND WRITE NUMBER OF DAYS.	IMMEDIATELY . . . . . 0 0 0 HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
509	In the first 3 days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 →	
510	What was (NAME) given during that time? Anything else? CIRLCE ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . . . A PLAIN WATER . . . . . B SUGAR OR GLUCOSE WATER . . . . . C SUGAR-SALT-WATER SOLUTION . . . . . D FRUIT JUICE . . . . . E INFANT FORMULA . . . . . F TEA/INFUSIONS . . . . . G HONEY . . . . . H OTHER _____ X DON'T KNOW . . . . . Z	
511	Are you still breastfeeding (NAME)?	YES . . . . . 1 → NO 2	
512	How many months did you breastfeed (NAME)?	MONTHS . . . . . ☐☐ → DON'T KNOW . . . . . 9 8 →	

513	CHECK 501: AGE OF YOUNGEST CHILD 6 MONTHS OF AGE OR LESS ☐ → 514 OLDER THAN 6 MONTHS ☐ → next		
514	How many times did you breastfeed (NAME) from 6:00 in the morning until 10:00 in the evening yesterday? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. (ADAPT TIMES TO LOCAL CONTEXT)	NUMBER OF DAYTIME FEEDINGS. . . . ☐☐	
515	How many times did you breastfeed (NAME) from 10:00 in the evening until 6:00 in the morning yesterday? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. (ADAPT TIMES TO LOCAL CONTEXT)	NUMBER OF NIGHTTIME FEEDINGS. . ☐☐	
516	So, that would be (ADD 513 AND 514) total number of breastfeeds yesterday. Is that correct?	TOTAL NUMBER OF FEEDINGS. . . . . ☐☐	
517	During the last month, was there any occasion when you went more than 6 hours without breastfeeding day or night?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
518	During the last month, was there any occasion when you went more than 10 hours without breastfeeding day or night?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
519	Did you feed (NAME) anything other than breastmilk yesterday? PROBE: Solid, semi-solid/mushy foods, liquids? DEVELOP COUNTRY-SPECIFIC	YES. . . . . 1 NO. . . . . 2 → DON'T KNOW. 8	
520	How many times did you give (NAME) foods or liquids other than breastmilk yesterday? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES. . . . . ☐ DON'T KNOW. 8	
521	Did you breastfeed (NAME) first before giving her/him other foods or liquids?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
522	Did you breastfeed (NAME) immediately after feeding (NAME) other foods or liquids?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	

SECTION 5 POSTPARTUM FAMILY PLANNING AND RETURN OF MENSES			
523	Next, I would like to ask you some questions on your use of family planning after the delivery of your youngest child. Did you see a health provider about your health or or the health of your child after the birth of your youngest child?	YES. . . . . 1 NO. . . . . 2 →	
524	Why did you see the health provider? CIRCLE ALL ANSWERS MENTIONED Probe: WERE THERE ANY OTHER REASONS YOU WENT TO SEE THE HEALTH PROVIDER?	FAMILY PLANNING. . . . . A CHILD IMMUNIZATION. . . . . B GROWTH MONITORING. . . . . C CHILD SICK. . . . . D INFANT FEEDING PROBLEM/QUESTION. . . . E I WAS SICK. . . . . F CHECK MY HEALTH AFTER BIRTH. . . . . G OTHER _____ X	
525	How soon did you see a health provider after (NAME's) birth? IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF NEVER SAW A PROVIDER CIRCLE 996	DAYS AFTER BIRTH . . . . . 1 WEEKS AFTER BIRTH . . . . . 2 MONTHS AFTER BIRTH . . . . . 3 NEVER SAW A PROVIDER. 996	
526	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED.	DOCTOR. . . . . A NURSE/MIDWIFE. . . . . B AUXILIARY NURSE. . . . . C TRADITIONAL BIRTH ATTENDANT. . . . . D COMMUNITY HEALTH WORKER. . . . . E OTHER _____ . X	

527	After (NAME) was born: a. Did the health provider tell you to feed (NAME) only breastmilk and no other foods or liquids? b. Did the health provider tell you about any family pla methods? c. Did the health provider tell you about LAM? d Did the health provider explain that it is better for you health and the health of your baby if you wait until your baby is at least 2 years old to get pregnant again?	YES. . . . . 1 NO. . . . . 2 YES. . . . . 1 NO. . . . . 2 YES. . . . . 1 NO. . . . . 2 YES. . . . . 1 NO. 2	
528	Did you use a method of family planning?	YES. . . . . 1 → NO. 2	
529	If no, why not? RECORD ALL THAT APPLY	NOT MENSTRUATING. . . . . A NOT SEXUALLY ACTIVE. . . . . B → DON'T WANT TO INTERFERE WITH BREASTFEEDI C AFRAID OF SIDE EFFECTS. . . . . D CANNOT AFFORD/TOO EXPENSIVE. . . . . E NOT AVAILABLE. . . . . F OTHER _____ X DON'T KNOW. . . . . Z	
530	How old was (NAME) when you started using a family planning method? IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF YEARS, CIRCLE 4 AND WRITE YEARS	DAYS . . . . . 1 WEEKS . . . . . 2 MONTHS . . . . . 3 YEARS . . . . . 4 HAVE NOT USED A FAMILY PLANNING METHO 996	
531	What method of family planning did you use? PROBE: DID YOU USE ANYTHING ELSE? CIRCLE ALL ANSWERS MENTIONED	FEMALE STERILIZATION. . . . . A MALE STERLIZATION. . . . . B IUD. . . . . C INJECTABLES. . . . . D IMPLANTS. . . . . E CONDOM. . . . . F FEMALE CONDOM. . . . . G DIAPHRAGM. . . . . H FOAM/JELLY. . . . . I LAM. . . . . J RHYTHM. . . . . K STANDARD DAYS METHOD (CYCLBEADS). . L WITHDRAWAL. . . . . M PILLS (COMBINED HORMONES). . . . . N PILL (PROGESTIN ONLY). . . . . O OTHER _____ X (SPECIFY)	

532	Has your menstrual period returned since the birth of (NAME)?	YES. . . . . 1 NO. . . . . 2 →	
533	After birth, when did your last menstrual period start? DO NOT COUNT BLEEDING WITHIN THE FIRST 8 WEEKS POSTPARTUM. _____ (DATE, IF GIVEN) **PROBE: USE A LOCAL CALENDAR AND USE EVENTS OR HOLIDAYS IN THE COMMUNITY TO HELP WOMEN REMEMBER THE DATE** IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF YEARS, CIRCLE 4 AND WRITE YEARS	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/HAS HAS HYSTERECTOMY 994 BEFORE LAST BIRTH. . . . . 995 NEVER MENSTRUATED. 996	
	SECTION 5 LAM KNOWLEDGE AND ATTITUDES		
534	Do you think a woman who is breastfeeding can becc pregnant?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW 8	
535	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW 8	
536	CHECK 301(11) HEARD OF LAM ☐ → ↓ HAS NOT HEARD OF LAM ☐ →		
537	I would like to ask you some questions on LAM and hear some of your opinions about LAM, as well. How did you first hear about LAM? CIRCLE ALL RESPONSES MENTIONED	HEALTH TALK IN COMMUNITY/STREET THEATRE A POSTER IN HEALTH CENTER. . . . . B POSTER IN PHARMACY. . . . . C POSTER ELSEWHERE. . . . . D BROCHURE/FLIER. . . . . E WALL PAINTING . . . . . F RADIO. . . . . G TELEVISION. . . . . H HEALTH PROVIDER AT HEALTH CENTER/CLINIC. I HEALTH PROVIDER AT MATERNITY WARD /LABOR AND DELIVERY. . . . . J COMMUNITY HEALTH WORKERS. . . . . K PHARMACIST. . . . . L SPOUSE. . . . . M MOTHER. . . . . N MOTHER IN LAW. . . . . O RELATIVE. . . . . P FRIEND/NEIGHBOR. . . . . Q CAN'T REMEMBER. . . . . R DON'T KNOW. . . . . Z OTHER _____ (SPECIFY) . . . s	

538	Please tell me what you know about LAM PROBE: Anything else? CIRCLE ALL MENTIONED.	LAM PROTECTS AGAINST PREGNANCY / LAM IS EFFECTIVE. . . . . A LAM LASTS UNTIL CHILD IS 6 MONTHS OF A B I MUST BREASTFEED MY BABY WHENEVER MY BABY IS HUNGRY. . . . . C ONLY GIVE THE BABY BREASTMILK. . . . . D DO NOT GIVE THE BABY OTHER FOODS OR LIQUIDS . . . . . E LAM IS BREASTFEEDING. . . . . F LAM PREVENTS RETURN OF MY MENSTRUAL PERIOD . . . . . G I NEED TO CHANGE TO ANOTHER METHOD WHEN LAM NO LONGER WORKS FOR ME H LAM HAS NO SIDE EFFECTS. . . . . I LAM IS NATURAL . . . . . J LAM IS AFFORDABLE/ NO FORMULA TO BU`K OTHER _____ X OTHER _____ Y	
539	If a woman is breastfeeding to prevent pregnancy, when do you think breastfeeding will no longer work for her? CIRCLE ALL MENTIONED.	BABY IS 6 MONTHS OLD. . . . . A WHEN MENSTRUAL PERIOD RETURNS. . . . . B WHEN SHE GIVES THE BABY OTHER FOODS AND LIQUIDS. . . . . C WHEN SHE STOPS BREASTFEEDING. . . . . D OTHER _____ X DON'T KNOW. . . . . Z	
540	Now I would like to ask you about your opinion about LAM. Please tell me if you agree or disagree with the following statements, or if you don't know.	YES NO DK	
	a LAM is low cost for my family.	LOW COST. 1 2 8	
	b LAM can be used by women that do not have enough food to eat.	NOT ENOUGH TO EAT. 1 2 8	
	c LAM is difficult to use.	DIFFICULT TO USE. 1 2 8	
	d LAM is accepted by women in this community.	ACCEPTED 1 2 8	
	e LAM is an effective method to prevent pregnancy.	EFFECTIVE METHOD. 1 2 8	
	f LAM goes against religious beliefs.	AGAINST RELIGION. 1 2 8	
	g LAM is beneficial for the health of my child.	HEALTH OF CHILD. 1 2 8	
	h LAM is beneficial for my health.	MY HEALTH. 1 2 8	
	i LAM interferes with my sexual life.	INTERFERES SEX. 1 2 8	
	j LAM provides time for women to think about another method of contraception.	THINK OF OTHER METHOD. . 1 2 8	

SECTION 6 MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNIARE. IF HE IS NOT LISTED IN THE HOUSEHOLD , RECORD 00.	NAME_____ LINE NO.	
602	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER. . . . . 1 STAYING ELSEWHERE. 2	
	COUNTRIES WHERE POLYGAMY/ MULTIPLE WIVES		
603	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→ 606
604	Including yourself, in total, how many wives or partners does your husband live with now as if married?	Total number of wives and live-in partners DON'T KNOW. 9 8	
605	Are you the first, second, ….wife?	RANK. . . . . . DON'T KNOW. 9 8	
606	When was the last time you had sexual intercourse? days, weeks, months or years ago? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO. . . . . 1 WEEKS AGO. . . . . 2 MONTHS AGO. . . . . 3 YEARS AGO. . . . . 4 DON'T KNOW. 9 9 8	

SECTION 8: HUSBAND'S BACKGROUND AND WOMAN'S WORK			
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP**
801	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
802	Did your husband/partner ever attend school?	YES . . . . . 1 NO 2	→ 805
803	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER . . . . . 3 DON'T KNOW 8	→ 805
804	What was the highest (grade/form/year) he completed at that level?	YEAR. . . . . ☐☐ DON'T KNOW 98	
805	What is your husband's/partner's occupation That is, what kind of work does he mainly do?	AGRICULTURE. . . . . 1 LABORER/INDUSTRY/TECHNICAL. . . . 2 SALES (STREET, MARKET). . . . . 3 SALES (SHOP). . . . . 4 SERVICES. . . . . 5 PROFESSIONAL/ADMINISTRATIVE. . . 6 OTHER _____ 7 (SPECIFY)	
806	Aside from your housework, are you currently working?	YES . . . . . 1 NO 2	→ 901
807	What is your occupation. That is, what kind of work do you mainly do?	AGRICULTURE. . . . . 1 LABORER/INDUSTRY/TECHNICAL. . . . 2 SALES (STREET, MARKET). . . . . 3 SALES (SHOP). . . . . 4 SERVICES. . . . . 5 PROFESSIONAL/ADMINISTRATIVE. . . 6 OTHER _____ 7 (SPECIFY)	
808	As you know, some women take up jobs for which they are p in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES . . . . . 1 NO 2	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 309/309A: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ →		801
702	CHECK 208 NOT PREGNANT OR UNSURE ☐ ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD. . . . . 1 NO MORE/NONE. . . . . 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED. . . . . 4 DON'T KNOW 5	801
703	CHECK 208 NOT PREGNANT OR UNSURE ☐ ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS. . . . . 1 ☐☐ YEARS . . . . . 2 SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW. 998	skips deleted

FAM PROJECT ENDLINE
MEN'S QUESTIONNAIRE

[NAME OF COUNTRY]

IDENTIFICATION

PLACE NAME _____

CLUSTER NUMBER ..... [ ][ ][ ]

HOUSEHOLD NUMBER ..... [ ][ ]

REGION ..... [ ][ ]

URBAN/RURAL (URBAN=1, RURAL=2) ..... [ ]

LARGE CITY/SMALL CITY/TOWN/COUNTRYSII ..... [ ]
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

NAME AND LINE OF MAN _____ [ ][ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWER'S NAME	_____	_____	_____	NAME [ ][ ]
RESULT*	_____	_____	_____	RESULT [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED
2	NOT AT HOME	5	PARTLY COMPLETED
3	POSTPONED	6	OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT:	TRANSLATOR USED
01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	01 = ENGLISH 06 = OTHER 02 = FRENCH _____ 03 = SPANISH (SPECIFY) 04 = HINDI	YES..... 1 NO..... 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	[ ][ ]	[ ][ ]
DATE _____ [ ][ ]	DATE _____ [ ][ ]		

SECTION 1. RESPONDENT'S BACKGROUND AND EXPOSURE TO MEDIA

SECTION 1A: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Now I would like to ask a few questions about yourself Are you currently married or living with a partner as if married	YES ..... 1 NO 2	→ END
102	Do you have one wife/partner or more than one wife/partner? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES/ PARTNERS	
103	How old is your partner/wife (s) _____ (NAME) _____ (NAME) _____ (NAME) _____ (NAME) IF NO PARTNER/WIFE 15-49 YRS END INTERVIEW	AGE ..... AGE ..... AGE ..... AGE	
104	In what month and year were you born?	MONTH ..... DON'T KNOW MONTH ..... 8 YEAR ..... DON'T KNOW YEAR 8	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS DON'T KNOW 8	
106	Have you ever attended school?	YES ..... 1 NO 2	→ 110
107	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER 3	
108	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR	

109	CHECK 107: PRIMARY ☐ SECONDARY OR HIGHER ☐ → GO TO 111		
110	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 _____ (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
111	Are you currently working?	YES ..... 1 NO 2	→ 113
112	What is your occupation, that is, what kind of work do you mainly do?	AGRICULTURE ..... 1 LABORER/INDUSTRY/TECHNICA... 2 SALES (STREET, MARKET) ..... 3 SALES (SHOP) ..... 4 SERVICES ..... 5 PROFESSIONAL/ADMINISTRATIVE... 6 OTHER _____ ... 7	
113	What is your religion?	Categories country-specific	
SECTION 1B: EXPOSURE TO MEDIA			
114	Now let us talk about listening to radio, watching television, reading newspaper and use of cell phone Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	→ 116
115	Can you tell me the names of newspapers or magazines you read regularly?	Newspapers Country specific categories Magazines Country specific categories	
116	Do you watch television almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	→ 119
117	What are the main TV channels you watch regularly?	Country specific categories	
118	What type of programs do you generally watch?	Country specific categories	
119	Do you listen to the radio almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL 4	→ 122

120	What channels on the radio do you listen to?	Country specific categories	
121	What type of programs do you generally listen to?	Country specific categories	
122	In your opinion, what media should be used to communicat family planning messages? Any other? CIRCLE ALL MENTIONED	RADIO ..... A TELEVISION..... B NEWSPAPERS/MAGAZINES..... C LEAFLET/HANDOUTS ..... D POSTERS ..... E FOLK MEDIA..... F INTERPERSONAL COMMUNICATION G CELL PHONE..... H NONE ..... I OTHER ..... J (*SPECIFY)	
123	Do you own a cell phone?	YES ..... 1 NO 2	→ 126
124	Can you find a cell phone to use if you need to send or receiv e messages?	YES..... 1 NO..... 2	→ 201
125	From where would you find one? Any other? CIRCLE ALL MENTIONED	WIFE..... A NEIGHBOUR..... B FRIEND..... C FAMILY MEMBER..... D COMMERCIAL PLACE..... E OTHER..... F	
126	How often do you send or receiv e text messages with a cell phone?	NEVER ..... 1 SEVERAL TIMES PER MONTH ..... 2 SEVERAL TIMES PER WEEK ..... 3 SEVERAL TIMES PER DAY..... 4 OTHER ..... 5 (SPECIFY)	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.
BEGIN BY ASKING QUESTION 301. FOR EACH METHOD MENTIONED SPONTANEOUSLY CIRCLE CODE 1. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 2 CIRCLED, ASK 302 IF APPLICABLE

	301 Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO 2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
11	SDM (CYCLEBEADS) A womanuses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	YES . . . . . 1 NO 2	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
12	LACTATIONAL AMENORRHEA METHOD (LAM) If a woman's period has not returned in the first 6 months after her baby is born, she can avoid pregnancy by only breastfeeding her baby on baby's cue, day and night	YES . . . . . 1 NO 2	
13	RHYTHM: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant	YES . . . . . 1 NO 2	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
14	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
15	EMERGENCY CONTRACEPTION As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES . . . . . 1 NO 2	
16	Any other methods	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain when a woman is more likely to become pregnant if she sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 305
304	Is this time just before her period begins, during her perio right after her period has ended, or halfway between two periods, when she is on white beads, in days 8-19 of cyc when she notices secretions?	JUST BEFORE HER PERIOD BEGINS . . . . . 01 DURING HER PERIOI . . . . . 02 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 03 HALFWAY BETWEEN TWO PERIODS . . . . . 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
305	Do you think that a woman who is breastfeeding her bc become pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
306	CHECK 302: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED)		→ 310
307	Have you and your wife/wives ever used anything or tr in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 401
308	What have you used or done? CORRECT 302 AND 307 (AND 301 IF NECESSARY).		

309	CHECK 302 (02): MAN NOT STERILIZED ☐ → MAN STERILIZED ☐ → 401		
310	Are you and your wife/wiv es currently doing something / using any method to delay or av oid getting pregnant?	YES . . . . . 1 NO . . . . . 2 → 401	
311	Which method are you using? CIRCLE ALL MENTIONED	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDO . . . . . G FEMALE CONDO . . . . . H DIAPHRAG . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METH . . . . K RHYTHM . . . . . L SDM (CYCLEBEADS) . . . . . M WITHDRAWAL . . . . . N OTHER _____ X (SPECIFY)	

SECTION 4. SDM (CYCLEBEADS) MODULE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301: (EVER HEARD OF THE SDM (CYCLEBEADS) HEARD OF SDM (CYCLEBEDS) ☐ HAS NOT HEARD OF THE SDM (CYCLEBEADS) ☐ →		501
402	How did you hear about the SDM (CycleBeads)? CIRCLE ALL MENTIONED PROBE: Anybody or anywhere else?	HEALTH TALK. . . . . A POSTER IN HEALTH CENTER. . . . . B POSTER IN PHARMACY. . . . . C POSTER ELSEWHERE. . . . . D BROCHURE/FLIER. . . . . E STREET THEATER. . . . . F WALL PAINTING. . . . . G LOUDSPEAKER . . . . . H RADIO. . . . . I TV. . . . . J NEWSPAPER. . . . . K MAGAZINE. . . . . L HEALTH PROVIDER. . . . . M COMMUNITY HEALTH WORKER. . . . . N PHARMACIST. . . . . O SPOUSE. . . . . P MOTHER. . . . . Q MOTHER IN LAW. . . . . R SISTER. . . . . S OTHER RELATIVE. . . . . T FRIEND/NEIGHBOR. . . . . U OTHER _____ X (SPECIFY) CAN'T REMEMBER. . . . . Y DON'T KNOW. . . . . Z	

			AGREES			
403	Now I would like to ask you about your opinion about the SDM (CycleBeads). Plese tell me if you agree, disagree with the following statements, or if you don't know		YES	NO	DK	
	A. The SDM (CycleBeads) is hard [for man] to understand	HARD TO UNDERSTAND.	1	2	8	
	B. The SDM (CycleBeads) is hard for your partner t understand	HARD FOR PARTNER TO UNDERSTAND.	1	2	8	
	C. The SDM (CycleBeads) is easy to use	EASY TO USE.	1	2	8	
	D. The SDM (CycleBeads) is an effectiv e method in prev enting pregnancy when used correctly	EFFECTIVE.	1	2	8	
	E. The SDM (CycleBeads) is affordable	AFFORDABLE.	1	2	8	
	F. The SDM (CycleBeads) is hard to obtain	HARD TO OBTAIN.	1	2	8	
	G. Few couples use SDM (CycleBeads) in your community	USED BY FEW COUPLES IN COMMUNITY. . . .	1	2	8	
	H. Use of SDM (CycleBeads) is against your religiou beliefs	AGAINST MY RELIGIOUS BELIEFS.	1	2	8	
	I. The SDM (CycleBeads) is acceptable to men	ACCEPTABLE TO MEN.	1	2	8	
	J. The SDM (CycleBeads) does not hav e side effe	DOES NOT HAVE SIDE EFFECTS.	1	2	8	
	K. The SDM (CycleBeads) does not cause health problems	DOES NOT CAUSE HEALTH PROBLEMS.	1	2	8	
	L. The SDM (CycleBeads) interferes with sexual relationships	INTERFERES WITH SEXUAL R/SHIPS.	1	2	8	

	CHECK 302(13) (EVER USED THE SDM (CYCLEBEADS)	
404	USED THE SDM (CYCLEBEADS) ☐ — DID NOT USE THE SDM (CYCLEBEADS) ☐ → 445	
409	CHECK 309 (CURRENTLY USING THE SDM (CYCLEBEADS))	
	NOT USING SDM (CYCLEBEADS) ☐ — USING SDM (CYCLEBEADS) ☐ → 423	
	QUESTIONS FOR SDM (CYCLEBEADS) USERS WHO DISCONTINUED	
411	SHOW AND GIVE THEM CYCLEBEADS Please show me how a couple can use CycleBeads CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use Cybl	MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . . . A MOVE RING ONE BEAD EACH DAY. . . . . B MOVE RING IN THE DIRECTION OF ARROW. . . . . C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. . . . . D UNPROTECTED SEX OK ON BROWN BEAD DAYS. . . . . E MARK FIRST DAY OF PERIOD ON CALENDAR. . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
418	What should a woman who uses the SDM (CycleB do if she gets her period before the day she reach brown bead or period the last bead twice in one RECORD ALL MENTIONED	CONTINUE USING METHOD . . . . . A WAIT TO SEE IF IT HAPPENS AGAIN . . . . . B STOP METHOD AND SEE A PROVIDER . . . . . C NEEDS TO ABSTAIN OR USE CONDOM . . . . . D SWITCH TO ANOTHER METHOD . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
419	How long did you use the SDM (CycleBeads) befo stopped?	MONTHS . . . . . ☐☐ YEARS . . . . . ☐☐ CAN'T REMEMBER . . . . . 9 7 DON'T KNOW 9 8

420	Why did you stop using the SDM (CycleBeads)? RECORD ALL MENTIONED	WIFE BECAME PREGNANT . . . . . A WIFE HAD TWO CYCLES OUT OF RANGE/ IRREGULAR CYCLES . . . . . B CONCERNED ABOUT EFFECTIVENESS . . . . . C WIFE CONCERNED ABOUT EFFECTIVENESS . . . . . D DOESN'T UNDERSTAND THE METHOD . . . . . E LOST CYCLEBEADS . . . . . F DISAPPROVE OF METHOD . . . . . G INCONVENIENT/DIFFICULT TO USE . . . . . H TOO MANY DAYS TO AVOID SEX DURING FERTILE DAYS . . . . . I DESIRED PREGNANCY . . . . . J MARITAL DISOLUTION . . . . . K FAMILY MEMBERS DISLIKED METHOD . . . . . L OTHER _____ X (SPECIFY) DON'T KNOW . . . . . z	
421	Did you do anything to help your wife use the SDM (CycleBeads)?	YES. . . . . 1 NO. 2	→ 445
422	What did you do to help your wife use the SDM (CycleBeads)? MARK ALL MENTIONED	MOVE RING ON CYCLEBEADS . . . . . A MARK CALENDAR . . . . . B REMIND HER TO MOVE THE RING . . . . . C ASK HER IF WE CAN HAVE UNPROTECTED SEX . . . . . D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS . . . . . E USE CONDOM ON WHITE BEADS/FERTILE DAYS . . . . . F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAYS . . . G BUY CONDOMS . . . . . H FOLLOW INSTRUCTIONS ON HOW TO USE METHOD. . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	all to 445 .
	QUESTIONS FOR CURRENT SDM (CycleBeads) USERS		
423	How long have you been using the SDM (CycleBeads)?	MONTHS. . . . . [ ][ ] YEARS. . . . . [ ][ ] CAN'T REMEMBER . . . . . 9 7 DON'T KNOW 9 8	
424a	SHOW AND GIVE THEM CYCLEBEADS Please show me how a couple can use CycleBeads CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?	MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . . . A MOVE RING ONE BEAD EACH DAY. . . . . B MOVE RING IN THE DIRECTION OF ARROW. . . . . C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. . . . . D UNPROTECTED SEX OK ON BROWN BEAD DAYS. . . . . E MARK FIRST DAY OF PERIOD ON CALENDAR. . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

434	What should a woman who uses the SDM (CycleB do if she gets her period before the day she reach brown bead or after the last bead twice in one year? CIRCLE ALL MENTIONED	CONTINUE USING THE METHOD . . . . . A WAIT TO SEE IF IT HAPPENS AGAIN . . . . . B STOP AND SEE A PROVIDER . . . . . C NEED TO ABSTAIN OR USE CONDOM . . . . . D SWITCH TO ANOTHER METHOD . . . . . EE OTHER _____ XX (SPECIFY) DON'T KNOW . . . . . ZZ	
437	Do you help your wife use the SDM (CycleBeads)?	YES . . . . . 1 NO 2	→ 439
438	What do you do to help your wife use the SDM (CycleBeads)? CIRCLE ALL MENTIONED	MOVE RING ON CYCLEBEADS. . . . . A MARK CALENDAR. . . . . B REMINDS HER TO MOVE THE RING. . . . . C ASK HER IF WE CAN HAVE UNPROTECTED SEX. . . . . D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS. . . . . E USE CONDOM ON WHITE BEADS/FERTILE DAYS. . . . . F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAYS. . . . G BUY CONDOM. . . . . H FOLLOW INSTRUCTIONS ON HOW TO USE METHOD. . I OTHER _____ X (SPECIFY) DON'T KNOW. . . . . Z	
439	In general, would you say you are very satisfied, somewhat satisfied, or not satisfied with the SDM (CycleBeads)?	VERY SATISFIED. . . . . 1 SOMEWHAT SATISFIED. . . . . 2 NOT SATISFIED. 8	
440	Do you plan to continue using the method?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
	QUESTIONS FOR ALL WHO HEARD OF THE SDM (CycleBeads) (USERS AND NON-USERS)		
445	If you wanted to buy CycleBeads and the price w the beads alone, would you buy them?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→ 448
446	If the price of CyceBeads was X+2, would you still purchase them?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	→ 448

447	What would be the most you would pay for Cyclebeads?	$ or symbol for local currency ☐☐ DON'T KNOW 0 0	
448	If you wanted to buy CycleBeads and the price w for the beads alone, would you buy them?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
449	What would be the most you would pay for Cyclebeads?	☐☐ DON'T KNOW 0 0	
450	If you were going to purchase Cyclebeads, where would you like to find them for sale? CIRCLE ALL MENTIONED	GOVERNMENT RUN CLINIC . . . . . A NGO CLINIC . . . . . B PRIVATE CLINIC/DOCTOR'S OFFICE . . . . . C CBD . . . . . D PHARMACY . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
451	Have you talked about SDM (CycleBeads) with a	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
452	Whom did you talk about SDM (CycleBeads) with CIRCLE ALL MENTIONED	SPOUSE . . . . . A PROVIDER . . . . . B MOTHER . . . . . C MOTHER IN LAW . . . . . D SISTER . . . . . E ANOTHER RELATIVE . . . . . F FRIEND/NEIGHBOR . . . . . G OTHER _____ X (SPECIFY) CAN'T REMEMBER . . . . . Y DON'T KNOW . . . . . Z	all to 501

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES . . . . . 1 NO . . . . . 2 UNSURE 3	
502	CHECK 501: YES, WIFE/WIVES/ PREGNANT ☐ Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now would you like to have another child or would you prefer not to have any more children at all? NO WIFE/PARTNER PREGNANT OR UNSURE ☐ Now I have some questions for the future. Would you like to have (a/another) child or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD . . . . . 1 NO MORE/NONE . . . . . 2 WIFE/WIVES INFECUND/ STERILIZED . . . . . 3 UNDECIDED/DON'T KNO 8	→ 504 → 601 → 504
503	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 OTHER 996 _____ (SPECIFY) DON'T KNOW 998	
504	In the next few weeks, if you discovered that your wife/partner was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM . . . . . 1 SMALL PROBLEM . . . . . 2 NO PROBLEM 3	
505	CHECK 311: USING A FAMILY PLANNING METHOD? NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐		→ 601
506	Do you think you will use a family planning method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 6: GENDER AND EMPOWERMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) making large household purchases? b) making small daily household purchases? c) deciding when to visit family, friends or relatives? d) deciding what to do with the money the wife earns for her work? e) deciding how many children to have and when to have them?	HUSBAND = 1; WIFE = 2; BOTH EQUALLY = 3; DON'T KNOW, DEPENDS = 8	
602	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations... a) If she leaves the house without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES = 1; NO = 2; DON'T KNOW, DEPENDS = 8	
603	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
604	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if... a) She is tired and not in the mood? b) She has recently given birth? c) She knows her husband has sex with other women? d) She knows her husband has a sexually transmitted disease e) She is on her fertile days and does not want to get pregnant	YES = 1; NO = 2; DON'T KNOW, DEPENDS = 8	
605	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to... a) Get angry and reprimand her? b) Refuse to give her money or other means of financial support? c) Use force and have sex with her even if she doesn't want to? d) Go and have sex with another woman?	YES = 1; NO = 2; DON'T KNOW, DEPENDS = 8	

606	Would you say that using family planning is mainly a woman's decision, mainly a man's decision, another person in the household's decision, or should be decided jointly by the man and woman?	MAINLY WOMAN'S . . . . . 1 MAINLY MAN'S . . . . . 2 JOINT DECISION . . . . . 3 ANOTHER FAMILY MEMBER . . . . . 4 OTHER _____ 6 (SPECIFY)	
607	Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a family planning method to avoid pregnancy?	APPROVES . . . . . 1 DISAPPROVES . . . . . 2 DON'T KNOW 8	
608	How often have you talked to your wife/partner about family planning in the past year?	NEVER . . . . . 1 ONCE OR TWICE . . . . . 2 MORE OFTEN 3	
609	CHECK 302 NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ → END		
610	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

FACILITY ASSESSMENT TOOL

PURPOSE

The facility assessment tool serves to collect information on access to and availability of Standard Days Method® (SDM) system-wide in order to assess the status of SDM integration and service quality. It allowed IRH and the scale-up resource team to track the pace of scale-up and identify areas where specific interventions were needed or strategies needed to be adjusted.

HOW IT WAS DEVELOPED AND USED

The facility assessment tool was born out of the need to properly measure the multiple, complex dimensions of integration of an innovation into a health system, including service quality, commodities and supply chain, provider knowledge and performance, raising awareness of the innovation, and overall health systems strengthening and advocacy into a comprehensive yet simple tool. The tool was developed by combining principles from EngenderHealth's Supply-Enabling Environment-Demand (SEED) Assessment Guide for Family Planning Programming along with questions and formats from various Service Provision Assessments.

The tool was applied at the beginning and towards the end of the scale-up period in a random sample of service delivery points in intervention areas to allow for generalization of findings. Data were collected by a research organization contracted to undertake the assessment on behalf of IRH.

The tool has three components: 1) a brief interview with facility managers to gauge whether SDM services are offered and to verify that SDM is included in record keeping and information systems; 2) knowledge questions and observation (using a checklist) of the provider explaining to the interviewer how to use SDM/CycleBeads®[1] (not discussed here; see Provider Interview Tool for details); and 3) an audit to assess availability of CycleBeads and IEC materials which include SDM.

Results from the facility assessment were used along with other information, such as stock-out reports, to triangulate service delivery and supervision data related to facility capacity to offer quality SDM services. The baseline/midline findings revealed whether SDM services were affected by systemic issues such as stock outs or poor service quality, and allowed resource organizations to follow up with corrective actions as needed. At endline, the results provided a system-wide assessment of the extent of quality SDM service-provision within a family planning program.

The tool contained eight modules with specific scale-up indicators as listed below:

Section 1: Training and service provision (See Provider Interview Tool)

- Extent of method integration into provider service delivery (offering method at facility)
- Number of providers with capacity to offer method

Section 2: Community health workers (CHW)

- Extent of method integration into CHW service delivery
- Number of CHWs with capacity to offer method

[1] Because the Provider Interview Tool was applied by the same interviewer conducting the facility assessment, it is mentioned here. The compendium treats it as a separate tool, however, to allow more flexibility by organizations or program managers who may choose to use it independently of the provider interview tool.

Section 3: Management and supervision
- Extent of method integration into supervision system

Section 4: Information, Education & Communication (IEC)
- Degree of inclusion of method in IEC materials at facility
- Degree of inclusion of method in IEC activities at facility and/or community level

Section 5: Norms and protocols
- Degree of inclusion of method in facility protocols

Section 6: Logistics and supplies
- Availability of the commodity in facility stock
- Inclusion of the commodity in the facility tracking system

Section 7: Health monitoring information systems (HMIS)
- Level of inclusion of method in HMIS daily register
- Level of inclusion of method's clients in aggregate monthly form
- Level of inclusion of method in user data displayed at facility

Section 8: Costs
- Price at which clients are willing to purchase CycleBeads

IRH defined what constituted SDM services capacity and selected the indicators above to measure different aspects of capacity. Each innovation would need to develop definitions of service capacity and develop indicators accordingly. The tool can easily be adapted to assess integration and service quality for any family planning method.

VALUES

The facility assessment tool helped to monitor the extent to which values inherent in the SDM innovation, such as quality of services and informed choice, were maintained during scale-up. The tool assessed availability and quality of counseling and services for all methods, rather than SDM only, in order to provide a comparison (e.g. is SDM as available as oral contraceptives?) and to monitor fidelity to the value of expanded choice to a range of FP options.

LESSONS LEARNED

- It is essential to share assessment results with user organizations, such as the Ministry of Health, in a timely manner in order to facilitate collective efforts to address identified weaknesses in service provision.
- Careful definition of indicators is critical. For example, one indicator of availability was simply asking the head of the service facility if the method was available. We found the answer to that question not always valid as s/he may say SDM was available while there were no CycleBeads in stock or no providers were trained to offer the method.
- Often, identified areas of weakness were FP-program related, such as overall commodity stock outs, rather than SDM-specific issues. Effective sharing of SDM integration results often resulted in actions to strengthen FP programs more generally.
- The timing of the facility assessments determines their usefulness. While baseline and midline results provided actionable data for program improvement, the endline data served primarily to assess the success of the scale-up effort.
- The sampling strategy in most countries (representative at the national level, but not by supervision area) limited the usefulness of the data for program improvement. Periodic data collection with smaller samples pegged to supervision areas might yield more useful data.

KEY REFERENCES & RESOURCES

EngenderHealth | 2011. *The SEED assessment guide for family planning programming:* http://www.engenderhealth.org/files/pubs/family-planning/seed-model/seed-assessment-guide-for-family-planning-programming-english.pdf

MEASURE DHS | Service Provision Assessment Surveys: http://www.measuredhs.com/What-We-Do/Survey-Types/SPA.cfm

Population Council | 1989. *Situation Analysis: Pinpointing problems in family planning service delivery:* http://www.popcouncil.org/what/technicalservices/SA.asp

FACILITY ASSESSMENT TOOL

FAM PROJECT SITE ASSESSMENT ENDLINE

INTERVIEWER: WHEN YOU ASK THE CONSENT OF THE HEALTH FACILITY SUPERVISOR, ASK THE SUPERVISOR TO HELP YOU IDENTIFY WHICH PERSONS WOULD BE APPROPRIATE/HAVE THE EXPERIENCE OR KNOWLEDGE TO ANSWER EACH OF THE SECTIONS

SECTION	NAME	ROLE/TITLE
1. TRAINING AND SERVICE PROVISION		
2. COMMUNITY HEALTH WORKERS		
3. MANAGEMENT AND SUPERVISION		
4. INFORMATION, EDUCATION AND COMMUNICATION		
5. NORMS AND PROTOCOLS		
6. LOGISTICS/SUPPLIES		
7. HEALTH MONITORING INFORMATION SYSTEMS		
8. COST		

INTERVIEW THE RELEVANT PERSONS THAT CAN ANSWER THE QUESTIONS TO THESE MODULES

CONSENT WILL BE REQUESTED OF EACH RESPONDENT

FAM PROJECT ENDLINE: SITE ASSESSMENT

[NAME OF COUNTRY]

IDENTIFICATION

NAME OF HEALTH FACILITY VISITED: _____

HEALTH FACILITY CODE . . . . . ☐☐☐

REGION . . . . . ☐☐

URBAN/RURAL (URBAN=1, RURAL=2 . . . . . ☐

LARGE CITY/SMALL CITY/TOWN/COUNTRYSID . . . . . ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	NAME ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED
2	NOT AVAILABLE	5	PARTLY COMPLETED
3	POSTPONED	6	OTHER _____ (SPECIFY)

TYPE OF SECTOR ☐
1 = GOVERNMENT/PUBLIC
2 = MISSION/FBO
3 = NGO
4 = PRIVATE
6 = OTHER_____

TYPE OF HEALTH FACILITY ☐
1 = REFERRAL HOSPITAL
2 = DISTRICT HOSPITAL
3 = SUB-DISTRICT HOSPITAL
4 = RURAL HEALTH CENTER
5 = CLINIC
7 = HEALTH POST
6 = OTHER _____

LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT:	TRANSLATOR USED
1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI	1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI	1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI 6 = OTHER _____ (SPECIFY)	YES . . . . . 1 NO 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

SECTION 1: TRAINING AND SERVICE PROVISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
100	Are family planning services available to clients at this facility?	YES ..... 1 NO 2	→ END
101	What family planning methods does this facility offer? READ ALL AND CIRCLE THOSE MENTIONED	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LAM ..... K SDM (CYCLEBEADS) ..... M OTHER _____ X (SPECIFY)	
102	Typically, how many days per week are family planning services offered?	DAYS PER WEEK ..... ☐	
103	Is this the only unit where family planning is offered in this facility?	YES ..... 1 NO 2	→ 105
104	If not, please tell us which other unit/section of the facility provides family planning?	_____ ☐	
	PLEASE ASK THE FOLLOWING QUESTIONS ABOUT THE PAID STAFF IN THIS FACILITY **IF YOU DON'T KNOW, WRITE 86 AS THE ANSWER.**		
105	How many providers have been trained to offer family planning services?	NUMBER OF PROVIDERS ..... ☐☐	
106	How many providers have been trained to offer SDM (CycleBeads)?	NUMBER OF PROVIDERS ..... ☐☐	
107	Have providers received refresher training on the SDM (CycleBeads) in the last 1 year?	YES ..... 1 NO ..... 2 NO SDM (CYCLEBEADS) OFFERED 3	

108	CHECK 101: SDM NOT OFFERED ☐ SDM OFFERED ☐		→ 110
109	CHECK 106: AT LEAST ONE PROVIDER TRAINED ON SDM ☐ NO PROVIDERS TRAINED ON SDM ☐		→ END
110	How long ago did this facility start offering the SDM (CycleBeads)?	YEARS ..... ☐☐ MONTHS ☐☐ DON'T KNOW 8	
111	During those days you offer family planning, are there days when SDM (CycleBeads) is not offered?	YES ..... 1 NO 2	→ 113
112	Why is SDM (CycleBeads) not offered ev ery other day family planning serv ices are offered?	NO TRAINED PROVIDER AVAILABLI ..... 1 NO ELIGIBLE WOMEN VIS ..... 2 NOT OFFERED BY PROVIDERS ..... 3 OTHER_____ 6 (SPECIFY)	
113	Do you ev er receiv e referrals for SDM (CycleBeads)?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 115
114	From where does your facility receiv e referrals? Any other place? CIRCLE ALL MENTIONED	REFERRAL HOSPITAL ..... A DISTRICT HOSPITAL. ..... B SUB-DISTRICT HOSPITAL ..... C RURAL HEALTH CENTER ..... D CLINIC. ..... E HEALTH POST ..... F PHARMACY ..... G CBD OR COMMUNITY OUTREACI , , , , , , , H FAITH-BASED ORGANIZATION (FBC ..... I OTHER ..... X (SPECIFY)	
115	Do you refer clients for SDM (CyclcBeads) serv ices elsewhere?	YES ..... 1 NO 2	→ 118
116	Why?	_____ _____	
117	Where do you refer clients for SDM (CycleBeads) serv ices? Any other place? CIRCLE ALL MENTIONED	REFERRAL HOSPITAL ..... A DISTRICT HOSPITAL. ..... B SUB-DISTRICT HOSPITAL ..... C RURAL HEALTH CENTER ..... D CLINIC. ..... E HEALTH POST ..... F PHARMACY ..... G CBD OR COMMUNITY OUTREACI ..... H FAITH-BASED ORGANIZATION (FBC I	

SECTION 2: COMMUNITY HEALTH WORKERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	☐	
201	Are there any community health workers affiliated with this facility?	YES. . . . . 1 NO. 2	→ 301
202	What type of services do Community Health Workers (CHW) associated with your facility offer? CIRCLE ALL MENTIONED Any other service?	FAMILY PLANNING. . . . . A IMMUNIZATI(. . . . . B WELL-BABY CARE . . . . . C TB DOTS . . . . . D HEALTH EDUCATION . . . . . E OTHER_____ X (SPECIFY)	
203	Is SDM (CycleBeads) part of the package of family planning services offered by CHWs?	YES. . . . . 1 NO. 2	→ 205
204	If not part of the package, why not?	CHWs HAVE NOT BEEN TRAINED . . . . 1 SDM HAS NOT BEEN INTRODUCED . . 2 DO NOT HAVE CYCLEBEADS . . . . . 3 OTHER _____ 6 (SPECIFY)	
205	How many staff or CHWs have been trained to offer SDM (CycleBeads): all, most, some, or none?	ALL. . . . . 1 MOST. . . . . 2 SOME. . . . . 3 NONE. 4	→ 207 → 207
206	Please explain. _____ _____	☐	
207	Is LAM part of the package of family planning services offered by CHWs?	YES. . . . . 1 NO. 2	
208	How many staff or CHWs have been trained to offer LAM all, most, some, or none?	ALL. . . . . 1 MOST. . . . . 2 SOME. . . . . 3 NONE. 4	→ 301 → 301
209	Please explain. _____ _____	☐	

SECTION 3: MANAGEMENT AND SUPERVISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
301	How many times in the last 6 months has a supervisor come to the family planning unit for supervisory purposes?	NUMBER OF TIMES ..... ☐☐ NOT ONCE 00	→ 401
302	When visiting the facility, which of the following does the supervisor do: READ ACTIVITIES BELOW, CIRCLE 1 FOR YES, 2 FOR NO, 3 FOR SOMETIMES	YES NO SOME-TIMES DK	
	a. Observe delivery of family planning services?	OBSERVES 1 2 3 8	
	b. Is SDM (CycleBeads) observed?	SDM (CBs) 1 2 3 8	
	c. Is LAM observed?	LAM 1 2 3 8	
	d. Asks about family planning counseling?	ASKS 1 2 3 8	
	e. Does he/she ask about SDM (CycleBeads) counseling?	SDM (CBs) 1 2 3 8	
	f. Does he/she ask about LAM counseling?	LAM 1 2 3 8	
	g. Examines family planning registers/books?	REGISTERS 1 2 3 8	
	h. Examines family planning client charts?	CLIENT CHARTS ... 1 2 3 8	
	i. Uses tool to supervise providers?	SUPERVISE TOOL 1 2 3 8	
	j. Is SDM (CycleBeads) included on the tool?	SDM (CBs) 1 2 3 8	
	k. Is LAM included on the tool?	LAM 1 2 3 8	
	l. Provides feedback?	FEEDBACK 1 2 3 8	
	m. Provides reinforcement training?	REINFORCEMENT 1 2 3 8	

SECTION 4: INFORMATION, EDUCATION AND COMMUNICATION (IEC)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
	QUESTIONS 401-404 ARE BASED ON OBSERVATION		
401	**CIRCLE ALL THAT APPLY** SIGN/POSTER ANNOUNCING FP SERVICES: INSIDE THE BUILDING OUTSIDE THE BUILDING WALL MURALS/DISPLAYS (INCLUDING POSTERS) FAMILY PLANNING BROCHURES/HANDOUTS FLIP CHART TO SUPPORT FAMILY PLANNING COUNSELLING. *Clearly visible means that posters are logically placed, in a non-cluttered environment and not blocked by other print materials	Available Clearly Visible* Includes SDM (CBs) Includes LAM SIGN INSIDE A B C D SIGN OUTSIDE A B C D DISPLAYS A B C D BROCHURES A B C D FLIP CHART A B C D	
402	OBSERVE IF THERE IS A SIGN/POSTER STATING COST OF FAMILY PLANNING SERVICES.	YES . . . . . 1 NO 2	→ 404
403	IF COSTS OF EACH METHOD ARE INCLUDED ON THE SIGN/POSTER, PLEASE WRITE THEM HERE.	UNIT COST FEMALE STERILIZATION . . . ☐ ☐☐☐ MALE STERILIZATION . . . . . ☐ ☐☐☐ PILL . . . . . ☐ ☐☐☐ IUD . . . . . ☐ ☐☐☐ INJECTABLES . . . . . ☐ ☐☐☐ IMPANTS . . . . . ☐ ☐☐☐ CONDOM . . . . . ☐ ☐☐☐ FEMALE CONDOM . . . . . ☐ ☐☐☐ DIAPHRAGM . . . . . ☐ ☐☐☐ FOAM/JELLY . . . . . ☐ ☐☐☐ LAM . . . . . ☐ ☐☐☐ SDM (CYCLEBEADS) . . . . . ☐ ☐☐☐ OTHER_____ ☐ ☐☐☐	
404	WHICH OF THE FOLLOWING SDM POSTERS ARE CLEARLY VISIBLE AT THIS FACILITY?	DEVELOP ACCORDING TO LOCAL CONTEXT COLLAPSE INTO ONE LIST, OBSERVATION	
	ASK THE FOLLOWING (405-414):		
405	Are talks on family planning provided at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 409
406	How often are these talks held?	EVERY WEEK . . . . . 1 EVERY MONTH . . . . . 2 EVERY 3 MONTHS . . . . . 3 ONCE A YEAR . . . . . 4 OTHER _____ 6 SPECIFY	

407	Is SDM included in the talks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
408	Is LAM included in the talks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
409	Does the facility provide family planning education through outreach activities such as community talks and h visits?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
410	Is the SDM (CycleBeads) included?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 413
411	What outreach activities include SDM (CycleBeads)? Any other activity? RECORD ALL MENTIONED.	COMMUNITY TALKS . . . . . A HOME VISITS . . . . . B LOUD SPEAKER . . . . . C HEALTH FAIRS . . . . . D RADIO SPOTS/TALKS . . . . . E STREET THEATER . . . . . F OTHER_____ X (SPECIFY)	
412	Who conducts these activities? RECORD ALL MENTIONED.	COMMUNITY HEALTH WORKERS . . . . . A COMMUNITY VOLUNTEERS . . . . . B FACILITY BASED PROVIDERS . . . . . C CURRENT USERS . . . . . D MIDWIVES . . . . . E NGO EXTENSIONISTS . . . . . F OTHER_____ X (SPECIFY)	
413	Is LAM included in outreach activities?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
414	What outreach activities include LAM? Any other activity? RECORD ALL MENTIONED.	COMMUNITY TALKS . . . . . A HOME VISITS . . . . . B LOUD SPEAKER . . . . . C HEALTH FAIRS . . . . . D RADIO SPOTS/TALKS . . . . . E STREET THEATER . . . . . F OTHER_____ X (SPECIFY)	
415	Who conducts these activities? RECORD ALL MENTIONED.	COMMUNITY HEALTH WORKERS . . . . . A COMMUNITY VOLUNTEERS . . . . . B FACILITY BASED PROVIDERS . . . . . C CURRENT USERS . . . . . D MIDWIVES . . . . . E NGO EXTENSIONISTS . . . . . F OTHER_____ X (SPECIFY)	

SECTION 5: NORMS AND PROTOCOLS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
501	Does the facility have written norms and protocols?	YES . . . . . 1 NO . . . . . 2 → 601 DON'T KNOW . . . . . 8 → 601	
502	Can I see a copy of FP protocol or norms CHECK YES OR NO IF PROTOCOLS OR NORMS ARE AVAILABLE	YES AVAILABLE . . . . . 1 NOT AVAILABLE . . . . . 2 CAN'T FIND A COPY 8	
503	Is SDM (CycleBeads) included in the family planning protocol of your facility?	YES . . . . . 1 NO . . . . . 2 → 505	
504	How do you know SDM (CycleBeads) is included in the protocol?	_____ ☐ _____	
505	Is LAM included in the family planning or other protocols of your facility?	YES . . . . . 1 NO . . . . . 2 → 601	
506	How do you know LAM is included in the protocol?	_____ ☐ _____	

SECTION 6. LOGISTICS AND SUPPLIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
601	CHECK Q. 101 AND MARK METHODS THAT ARE PROVIDED IN THE FACILITY	PILL . . . . . C CONDOMS . . . . . G SDM (CYCLEBEADS) . . . . . M	
602	IF THE METHOD IS PROVIDED, CHECK IF IT IS AVAILABLE IN INVENTORY	PILL . . . . . C CONDOMS . . . . . G SDM (CYCLEBEADS) . . . . . M	
603	ASK TO SEE THEIR CYCLEBEADS INVENTORY AND OBSERVE THE FOLLOWING: a. CORRECT INSERT? (HAVE ONE AVAILABLE TO COMPARE) SPECIFY_____ (LITERACY, LANGUAGE, ETC) b. EXTRA RING IN PACKAGE? c. ARE THIS YEAR'S (2012) AND NEXT YEAR'S (2013) CALENDARS IN THE PACKAGE?	YES . . . . . 1 NO . . . . . 2 CYCLEBEADS NOT SEEN/ NO STOCK . . . . . 3 YES . . . . . 1 NO . . . . . 2 CYCLEBEADS NOT SEEN/ NO STOCK . . . . . 3 YES . . . . . 1 NO . . . . . 2 CYCLEBEADS NOT SEEN/ NO STOCK 3	
604	Has there been any stock outs in the last 3 months of any of CycleBeads, condoms, or pills?	PILL . . . . . C CONDOMS . . . . . G SDM (CYCLEBEADS) . . . . . M	
605	Does your facility have a system for recording contraceptive supplies?	YES . . . . . 1 NO 2	→ 609
606	How do you track supplies?	_____ ☐ _____ _____	
607	Which methods are included in the tracking system: CycleBeads, condoms, pills, injectables, foam/jelly or any other?	PILL . . . . . C INJECTABLES . . . . . E CONDOMS . . . . . G FOAM/JELLY . . . . . J SDM (CYCLEBEADS) . . . . . M OTHER_____ X (SPECIFY)	

608	Which methods have been added to the tracking system in the last three months: CycleBeads,condoms, pills, or any othe	PILL . . . . . C INJECTABLES . . . . . E CONDOMS . . . . . G FOAM/JELLY . . . . . J SDM (CYCLEBEADS) . . . . . M OTHER_____ X (SPECIFY)	
609	ASK TO SEE THE CARD/REGISTER AND RECORD THE NUMBER OF EACH SUPPLY IN STOCK.	PILLS . . . . . ☐☐ INJECTABLES . . . . . ☐☐ CONDOMS . . . . . ☐☐ CYCLEBEADS . . . . . ☐☐	
610	When you need more CycleBeads, how do you order them? _____ ☐		
611	When you need more pills, how do you order them? _____ ☐		
612	Do you supply CycleBeads to CHWs or community-based organizations?	YES . . . . . 1 NO 2	

SECTION 7 HEALTH MONITORING INFORMATION SYSTEMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
701	Are family planning clients recorded in the daily register?	YES . . . . . 1 NO 2	→ 710
702	Are SDM (CycleBeads) clients recorded in the daily register?	YES . . . . . 1 NO 2	→ 706
703	How are SDM (CycleBeads) clients recorded in the daily register?	SEPARATE COLUMN FOR SI . . . 1 CODED UNDER NATURAL . . . . . 2 SEPARATE FORM . . . . . 3 WRITTEN IN MARGIN . . . . . 4 OTHER _____ 6 (SPECIFY)	
704	AFTER ASKING Q703, OBSERVE HOW IT IS DONE ASK TO SEE THE REGISTER/BOOK.	SEPARATE COLUMN FOR SDM . . 1 CODED UNDER NATURAL . . . . . 2 SEPARATE FORM . . . . . 3 WRITTEN IN MARG . . . . . 4 OTHER _____ 6 (SPECIFY)	
705	Are SDM (CycleBeads) clients recorded in the aggregate (monthly) form that is used to report to the next lev el?	YES . . . . . 1 NO 2	
706	Are LAM clients recorded in the daily register?	YES . . . . . 1 NO 2	→ 710
707	How are LAM clients recorded in the daily register?	SEPARATE COLUMN FOR SDM . . 1 CODED UNDER NATURAL . . . . . 2 SEPARATE FORM . . . . . 3 WRITTEN IN MARG . . . . . 4 OTHER _____ 6 (SPECIFY)	
708	AFTER ASKING Q707, OBSERVE HOW IT IS DONE ASK TO SEE THE REGISTER/BOOK.	SEPARATE COLUMN FOR SI . . . 1 CODED UNDER NATURAL . . . . . 2 SEPARATE FORM . . . . . 3 WRITTEN IN MARG . . . . . 4 OTHER _____ 6 (SPECIFY)	
709	Are LAM clients recorded in the aggregate (monthly) form that is used to report to the next lev el?	YES . . . . . 1 NO 2	
710	Does the facility display data on the number of FP users in the facility?	YES . . . . . 1 NO 2	→ 801
	a. Is it broken down by method?	YES . . . . . 1 NO 2	→ 801
	b. Are SDM (CYCLEBEADS) users displayed?	YES . . . . . 1 NO 2	
	c. Are LAM users displayed?	YES . . . . . 1 NO 2	

SECTION 8: COST

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	TITLE OF RESPONDANT FOR SECTION	_____ ☐	
801	Does the facility charge for family planning visits?	YES ..... 1 NO 2	→ 803
802	If so, how much is each visit?	COST PER VISIT ..... ☐☐	
803	For which of the following methods does the facility charge for supplying: CycleBeads, condoms, pills, injectables, any other?	CYCLEBEADS ..... A CONDOMS ..... B PILLS ..... C INJECTABLES ..... D OTHER _____ X (SPECIFY)	
804	How much does the facility charge for CycleBeads?	CYCLEBEADS..... ☐☐☐	
805	How much does the facility charge for Condoms?	CONDOMS..... ☐☐☐	
806	How much does the facility charge for Pills?	PILLS..... ☐☐☐	

PROVIDER INTERVIEW GUIDE

PURPOSE

The Provider Interview Guide assesses the quality of offering the innovation in a service setting by collecting information on a provider's prior training, provider knowledge, and experiences offering the innovation in relation to similar services. When compiled, the results provide information on the quality of services provided during scale-up, such as the percentage of providers correctly offering the innovation in a given district.

HOW IT WAS DEVELOPED AND USED

IRH selected relevant questions from the Measure DHS Service Provision Assessment (SPA) tool and added Standard Days Method® (SDM)-specific questions.

The provider interview was administered twice in most countries: at baseline or midline, and at endline, as part of a full scale facility assessment on SDM (see Facility Assessment Tool). Service delivery sites were randomly selected to allow for later generalization of findings. Interviewers randomly selected a family planning provider to interview. The provider interview is a stand-alone module that can be administered to providers without also conducting a full-scale facility assessment.

The results provided useful planning information at baseline and midline, identifying geographic areas where service quality was low and required additional attention to supervision and training. One question allowed for assessment of provider bias against SDM, which was shared with the resource team to develop strategies to remedy the situation. Baseline data also allowed for refinement of benchmarking relating to the extent of trained providers and extent of service delivery points offering SDM. Endline data measured gaps in the quality of services and was used for advocacy purposes.

VALUES

The tool's construction represents the value of quality services (its main aim) but also collects information related to informed choice. Providers are asked about other methods in addition to SDM, and are asked indirectly about bias towards SDM which could potentially affect informed consent.

LESSONS LEARNED

- It would have been useful to apply the provider interview tool at multiple points during the scale-up process, to gather data on whether service quality was changing during scale-up and to allow sufficient time to act to resolve quality issues.
- Ideally this tool would be applied to samples of providers which correspond to supervision/managerial areas, so the data could be fed back into programs.
- Adding an innovation to existing services can mean more work for providers. Some providers may not immediately embrace or appreciate the value of the innovation. Thus, it is important to include one or two questions relating to innovation bias, so that additional studies can be conducted to understand the bases of bias and actions can be taken to address the root cause on a systems level.
- Look for other studies being conducted that may provide information useful to the scale-up process. Other organizations may conduct SPAs during the scale-up phase, which may eliminate the need for special or additional data collection efforts.

KEY REFERENCES & RESOURCES

Measure DHS | *Service Provision Assessment (SPA)*. http://www.measuredhs.com/What-We-Do/Survey-Types/SPA.cfm

PROVIDER INTERVIEW GUIDE

FAM PROJECT ENDLINE: PROVIDER INTERVIEW

[NAME OF COUNTRY]

IDENTIFICATION

Health facility visited (name) _____

HEALTH FACILITY CODE . . . . . [ ][ ]

REGION . . . . . [ ][ ]

URBAN/RURAL (URBAN=1, RURAL=2) . . . . . [ ]

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . [ ]
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

NAME _____

PROVIDER ID . . . . . [ ][ ][ ]

INTERVIEWER VISITS

	1	2		FINAL VISIT
DATE	_____	_____		DAY [ ][ ]
				MONTH [ ][ ]
INTERVIEWER'S NAME	_____	_____		YEAR [ ][ ][ ][ ]
RESULT*	_____	_____		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OR VISITS [ ]
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED
2	NOT AVAILABLE	5	PARTLY COMPLETED
3	POSTPONED	6	OTHER _____ (SPECIFY)

TYPE OF SECTOR [ ]
1 = GOVERNMENT/PUBLIC
2 = MISSION/FBO
3 = NGO
4 = PRIVATE
6= OTHER_____ (SPECIFY)

TYPE OF HEALTH FACILITY [ ]
1 = REFERRAL HOSPITAL
2 = DISTRICT HOSPITAL
3 = SUB-DISTRICT HOSPITAL
4 = RURAL HEALTH CENTER
5 = CLINIC
7 = HEALTH POST
6= OTHER _____ (SPECIFY)
8 = DON'T KNOW

LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF INTERVIEW	NATIVE LANGUAGE OF RESPONDENT:	TRANSLATOR USED
1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI	1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI	1 = ENGLISH 2 = FRENCH 3 = SPANISH 4 = HINDI 6 = OTHER _____ (SPECIFY)	YES..... 1 NO..... 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	[ ][ ]	[ ][ ]
DATE _____ [ ][ ]	DATE _____ [ ][ ]		

SDM SERVICE PROVISION AND TRAINING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	SELECT THE DESIGNATION OF STAFF MEMBER TO BE INTERVIEWED	DOCTOR . . . . . 1 NURSE . . . . . 2 NURSE AUXILARY . . . . . 3 MIDWIFE . . . . . 4 OTHER _____ 6 (SPECIFY)	
101	First, I would like to ask you some questions on family planning and the training you received in the past. How long have you been working here at this facility? IF LESS THAN 1 YEAR, ENTER '00'	YEARS	
102	How many years ago did you receive your initial family planning training? IF LESS THAN 1 YEAR, ENTER '00'	YEARS . . . . . NEVER TRAINED . . . . . 7 →	104
103	Did your initial family planning training, whether during or after school, cover the following methods:	YES NO	
	a) SDM (Cyclebeads)?	SDM 1 2	
	b) Information on LAM?	LAM 1 2	
	c) Condoms?	CONDOMS 1 2	
	d) injectables?	INJECTABLES 1 2	
	e) Pills?	PILLS 1 2	
	f) IUD ?	IUD 1 2	
	g) Sterilization?	STERILIZATION 1 2	
	h) Other?	OTHER _____ 1 2 (SPECIFY)	
104	Now, I would like to ask you some questions about the SDM (CycleBeads). Have you heard of the SDM (CycleBeads)?	YES . . . . . 1 NO . . . . . 2 →	106
105	When did you receive your last training on SDM (Cyclebea IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS. IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS. IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS. IF YEARS CIRCLE 4 AND WRITE NUMBER OF YEARS. IF NEVER TRAINED, CIRCLE 995	DAYS . . . . . 1 → 107 WEEKS . . . . . 2 → 107 MONTHS . . . . . 3 → 107 YEARS . . . . . 4 → 107 NEVER TRAINED 995	
106	Would you like to be trained in the SDM (Cyclebeads)?	YES . . . . . 1 NO 2	
107	In the last year have you provided SDM in your health faci	YES . . . . . 1 NO 2	
108	In the last 3 months have you provided SDM in your health	YES . . . . . 1 → NO 2	110
109	Why not?	_____ _____ _____	

110	YES NO a) CHECK 105 TRAINING IN SDM UP TO 1 YEAR AGO ☐ ☐ b) CHECK 107 OFFERING SDM ☐ ☐ NOTE: IF NEVER TRAINED, CHECK NO FOR a). IF a) AND b) ARE CHECKED NO IF a) OR b) IS CHECKED YES --GO TO 111		→143
111	Besides the SDM, in the last 3 months have you provided o family planning methods to clients?	YES ..... 1 NO 2	→114
112	In the last 3 months have you provided:	YES NO	
	a) Condoms?	CONDOMS 1 2	
	b) Injectables?	INJECTIBLES 1 2	
	c) Pills?	PILLS 1 2	
	d) IUD ?	IUD 1 2	
	e) Sterilization?	STERILIZATION 1 2	
	f) Emergency Contraception?	EMERGENCY CONTRACEPTION .. 1 2	
	g) Other?	OTHER _____ (SPECIFY) 1 2	
113	Do you know if SDM is included in the family planning protocol of your health facility?	YES ..... 1 NO ..... 2 NOT SURE 8	

SDM (Cyclebeads) COUNSELING

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	I would like to ask you some questions on how you counsel women on the SDM (Cyclebeads) in this health facility/clinic. Please explain to me how you would teach a woman to use SDM (Cyclebeads). **OFFER CYCLEBEADS TO SUPPORT THE EXPLANATION AND ASK THE PROVIDER TO GET MATERIALS NEEDED FOR COUNSELING.** MARK 1 (YES) ON THE ITEMS MENTIONED BY THE PROVIDER AND 2 (NO) ON THOSE NOT MENTIONED.)		
	a. CycleBeads represent the menstrual cycle	YES . . . . . 1 NO 2	
	b. On the first day of your period, move the ring to the RED bead	YES . . . . . 1 NO 2	
	c. Mark the first day of your period on your calendar	YES . . . . . 1 NO 2	
	d. Move the ring to the next bead every day	YES . . . . . 1 NO 2	
	e. Always move the ring in the direction of the arrow	YES . . . . . 1 NO 2	
	f. During the white bead days, you can get pregnant	YES . . . . . 1 NO 2	
	g. Abstain from sex or use a condom on white bead days	YES . . . . . 1 NO 2	
	h. During the brown bead days, a pregnancy is not likely	YES . . . . . 1 NO 2	
	i. At the start of your next period, move the ring to the red bead	YES . . . . . 1 NO 2	
	j. If your period starts before the ring is on the dark brown bead, your cycle is too short to use this method	YES . . . . . 1 NO 2	
	k. If your period does not start the day after you put the ring on the last brown bead, your cycle is too long for this method	YES . . . . . 1 NO 2	
115	OBSERVE THE MATERIALS THAT THE PROVIDER USES TO COUNSEL ON SDM (Cyclebeads). CIRCLE ALL MATERIALS USED TO COUNSEL ON SDM (Cyclebeads)	CYCLEBEADS . . . . . A CALENDAR . . . . . B INSERT/INSTRUCTIONS . . . . . C CHECKLIST/JOB AIDS . . . . . D FLIPCHART . . . . . E OTHER _____ X (SPECIFY)	
Now, I will ask you more questions about counseling clients on SDM (CycleBeads). You may have already answered some of these questions but I will ask them again.			
116	What should a woman do if she does not remember whether or not she has moved the ring? CIRCLE ALL MENTIONED	CHECK THE DAY SHE HAS MARKED ON HER CALENDAR. . . . . A COUNT HOW MANY DAYS HAVE GONE BY SINCE THE FIRST DAY OF HER PERIOD. . . . B MOVE THE RING AS MANY BEADS AS COUNTED DAYS SINCE THE BEGINNING OF HER PERIOD. . . . . C NONE OF THE ABOVE. . . . . D DON'T KNOW. . . . . Z	
117	What requirements must a woman meet to use SDM (Cyclebeads)? CIRCLE ALL MENTIONED	HER CYCLE IS USUALLY 26 to 32 DAYS LONG. . . . . A HER PERIOD COMES ABOUT ONCE A MONTH. . . . . B HER PERIOD COMES WHEN SHE EXPECTS . . . C THE WOMAN AND HER PARTNER CAN ABSTAIN OR USE A CONDOM ON THE DAYS SHE CAN PREGNANT. . . . . D NONE OF THE ABOVE. . . . . E DON'T KNOW. . . . . Z	

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	How do you know if a woman's cycle is the right length to use SDM (Cyclebeads)? Anything else? CIRCLE ALL MENTIONED	HER PERIOD COMES ABOUT ONCE A MONTH. . . . . A HER PERIOD COMES WHEN SHE EXPECTS IT. . . . . B YOU CALCULATED THE NUMBER OF DAYS BETWEEN THE FIRST DAY OF HER LAST PERIOD AND THE DAY SHE EXPECTS HER NEXT PERIOD TO BE ABOUT A MONTH APART. . . C NONE OF THE ABOVE. . . . . D DON'T KNOW. . . . . Z	
119	What would you advise a woman who wants to use SDM (Cyclebeads) but does not know the length of her cycle? CIRCLE ALL MENTIONED	OFFER HER THE METHOD. . . . . A REFUSE HER THE METHOD. . . . . B TELL HER TO COME BACK WHEN SHE HAS HER PERIOD. . . . . C TELL HER TO TRACK HER CYCLES D ASK HER IF HER PERIODS COME WHEN EXPECTED. . . . . E ASK HER IF HER PERIODS COME ABOUT ONCE A MONTH. . . . . F REFER HER TO A HEALTH FACILITY . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW. . . . . Z	
120	What do you do if she says that her periods come generally around the date expected every month?	OFFER HER THE METHOD. . . . . A REFUSE HER THE METHOD. . . . . B TELL HER TO RETURN WHEN SHE HAS HER PERIOD. . . . . C TELL HER TO TRACK HER CYCLES. . . . . D REFER HER TO THE HEALTH FACILITY. . . . . E OTHER _____ X (SPECIFY)	
121	If a woman meets the requirements for using SDM (CycleBeads) and remembers the date of her last period, when can she start using SDM (CycleBeads)?	IMMEDIATELY. . . . . 1 AT THE START OF HER NEXT PERIOD. . . . . 2 DON'T KNOW. 8	
122	If a woman meets the requirements for using SDM (CycleBeads) and does NOT remember the date of her last period, when can she start using SDM (CycleBeads)?	IMMEDIATELY. . . . . 1 AT THE START OF HER NEXT PERIOD. . . . . 2 DON'T KNOW. 8	→ 124 → 124
123	What do you advise her to do in the meantime? CIRCLE ALL MENTIONED	USE A CONDOM. . . . . A ABSTAIN. . . . . B USE A BARRIER METHOD. . . . . C OTHER _____ X (SPECIFY) DON'T KNOW. . . . . Z	
124	If a woman meets the requirements for using SDM (Cyclebeads), but does not remember the first day of her last period, do you give her a set of CycleBeads?	YES . . . . . 1 NO . . . . . 2 DEPENDS ON CLIENT/SITUATION. . . . . 3 DON'T KNOW. 8	

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	When can a woman who is breastfeeding or postpartum start using SDM (Cyclebeads)? CIRCLE ALL MENTIONED	WHEN SHE HAS HAD AT LEAST 4 PERIODS SINCE HER BABY WAS BORN. . . . . A IF THE TIME BETWEEN HER LAST 2 PERIODS WAS ABOUT A MONTH APART. . . . . B WHEN HER PERIODS ARE REGULAR C NONE OF THE ABOVE. . . . . D DON'T KNOW. . . . . Z OTHER _____ X (SPECIFY)	
126	Can a woman who recently used hormonal contraceptives use SDM (CycleBeads)? If RESPONDENT SAYS "YES", ASK "CAN YOU TELL ME MORE ABOUT THAT?"	YES. . . . . 1 YES, IF HER CYCLES WERE BETWEEN 26-32 DAYS BEFORE USING THE HORMONAL. . . 2 NO. . . . . 3 DON'T KNOW. 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	When counseling women on family planning, do you tell them about SDM (Cyclebeads) all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. . . . . 1 → 129 MOST OF THE TIME. . . . . 2 → 129 SOME OF THE TIME. . . . . 3 RARELY. 4	
128	Why do you think you do not tell clients about SDM (Cyclebeads) more often? CIRCLE ALL MENTIONED	CLIENTS DON'T ASK FOR IT. . . . . A NOT TRAINED ON SDM (Cyclebeads). . . . . B DISAPPROVE OF SDM (Cyclebeads). . . . . C CYCLEBEADS NOT AVAILABLE. . . . . D OTHER _____ X (SPECIFY)	
129	In general, when you tell clients about SDM (Cyclebeads), are they interested in learning more about the method?	YES . . . . . 1 NO . . . . . 2 → 132 SOME ARE, SOME ARE NOT . . . . . 3 DON'T KNOW . . . . . 8 → 132	
130	After they learn more about SDM (Cyclebeads), do most clients decide to use the method?	YES . . . . . 1 → 132 NO . . . . . 2 SOME DO, SOME DO NOT . . . . . 3 DON'T KNOW . . . . . 8 → 132	
131	Why do you think some clients who express initial interest in the SDM (Cyclebeads), later decide not to adopt/use the method? CIRCLE ALL MENTIONED	HUSBAND WILL NOT COOPERATE. . . . . A CYCLEBEADS NOT AVAILABLE. . . . . B DOES NOT KNOW DATE OF LAST PERIOD. . . . . C PERIOD HAS NOT RETURNED AFTER BIRTH. . . . D PERIODS NOT ABOUT A MONTH APART. . . . . E PERCEIVED NOT EFFECTIVE. . . . . F HAVE TO MOVE BAND DAILY. . . . . G FAMILY DOES NOT APPROVE. . . . . H FERTILE PERIOD TOO LONG. . . . . I DOESN'T LIKE TO ABSTAIN/USE CONDOMS. . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
132	Does the SDM (Cyclebeads) have any advantages?	YES . . . . . 1 NO . . . . . 2 → 134 DON'T KNOW . . . . . 8 → 134	
133	What are they? CIRCLE ALL MENTIONED If RESPONDENT SAYS "NATURAL", ASK 'CAN YOU TELL ME MORE ABOUT WHAT YOU MEAN BY "NATURAL"?'	EASY TO USE. . . . . A EFFECTIVE . . . . . B NO SIDE EFFECTS/HEALTH EFFECTS. . . . . C INVOLVES PARTNER. . . . . D PARTNER LIKES THE METHOD. . . . . E NO RESUPPLY. . . . . F DOES NOT INTERFERE WITH BREAST-FEEDING. . . . . G CONSISTENT WITH RELIGIOUS BELIEFS. . . . . H NONE. . . . . I OTHER _____ X (SPECIFY)	
134	Does the SDM (Cyclebeads) have any disadvantages?	YES . . . . . 1 NO . . . . . 2 → 136 DON'T KNOW . . . . . 8 → 136	
135	What are they? CIRCLE ALL MENTIONED	DIFFICULT TO USE. . . . . A NOT AS EFFECTIVE AS OTHER METHODS. . . . . B MUST HAVE CYCLES WITHIN RANGE. . . . . C DEPENDS ON PARTNER. . . . . D INTERFERES WITH SEX/ TOO MANY WHITE BEAD DAYS. . . . . E NONE. . . . . F OTHER_____ X (SPECIFY)	
136	Did you find any part of providing SDM (Cyclebeads) services difficult?	YES. . . . . 1 NO. . . . . 2 → 138	

137	What? (IF YES, WRITE 2 MAIN DIFFICULTIES)	_____ ☐ _____ ☐	
138	Would you use the SDM (Cyclebeads)?	YES. . . . . 1 NO. 2	
139	Do you think this method is easy to use?	YES. . . . . 1 NO. 2	
140	Do you think this method is more or less effectiv e than:		
	a) Condoms?	CONDOMS 1 2 3 8	
	b) Pill?	PILL 1 2 3 8	
	c) Injectables?	INJECTABLES 1 2 3 8	
		MORE LESS SAME DON'T KNOW	
141	Now I would like to ask you a few questions on how you record SDM (Cyclebeads) users. Hav e you ev er recorded a SDM (Cyclebeads) user?	YES. . . . . 1 NO. . . . . 2 → 143	
142	When do you record a woman as an SDM (Cyclebeads) user?		
	a) When she receiv ed CycleBeads	WHEN SHE RECEIVES CYCLEBEADS. 1 2	
	b) When she is counseled on the SDM (Cyclebeads)	WHEN SHE IS COUNSELED ON SDM (Cyclebeads). . . 1 2	
	c) When she is both counseled and receiv es CycleBeads	WHEN SHE IS BOTH COUNSELED AND RECEIVES CYCLEBEADS. 1 2	
	d) When she returns for a follow-up v isit	WHEN SHE RETURNS FOR A FOLLOW-UP VISIT. 1 2	
	e) When she receiv es a calendar	WHEN SHE RECEIVES A CALENDAR. 1 2	
		YES NO	

LAM SERVICE PROVISION AND TRAINING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
143	Now, I would like to ask you some questions on LAM. Have you heard of LAM?	YES ..... 1 NO ..... 2 → 145	
144	When did you receive your last training on LAM? IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS. IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS. IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS. IF YEARS CIRCLE 3 AND WRITE NUMBER OF YEARS. IF NEVE TRAINED, CIRCLE 995	DAYS..... 1 ☐☐ → 146 WEEKS..... 2 ☐☐ → 146 MONTHS..... 3 ☐☐ → 146 YEARS..... 4 ☐☐ → 146 NEVER TRAINED..... 995	
145	Would you like to be trained in LAM?	YES ..... 1 NO 2	
146	In the last 3 months have you provided information on LAM?	YES / NO LAM ..... 1 / 2	if yes, 148
147	Why have you not been able to provide information on LAM to clients?	_____ ☐ _____ _____ ☐	

LAM COUNSELING

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148	**CHECK 146** OFFER LAM ☐ DOES NOT OFFER LAM ☐		177
149	Next, I would like to ask you some questions on how LAM counseling is provided in this health facility/clinic. Do you know if LAM is included in the family planning protocol of your facility?	YES . . . . . 1 NO 2	
150	What are the conditions a woman needs to fulfill to use LAM correctly? PROBE: Anything else? CIRCLE ALL MENTIONED	SHE HAS NOT HAD HER PERIOD YET . . . . . A WOMAN IS FULLY OR NEARLY FULLY BREASTFEEDING HER BABY . . . . . B BABY IS NOT YET 6 MONTHS OLD . . . . . C WILL USE ANOTHER FAMILY PLANNING METHOD WHEN ANY ONE OF THE CRITERIA IS NO LONGER MET . . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
151	Do you use any materials to explain LAM to women?	YES . . . . . 1 NO . . . . . 2 →	153
152	What materials do you use? (PROBE: PLEASE SHOW ME THESE MATERIALS) CIRCLE ALL MENTIONED	CLIENT CARD . . . . . A PROVIDER JOB AID/ MEMORY CARD . . . . . B BROCHURE . . . . . C OTHER _____ X (SPECIFY)	
153	What advice do you give women about how to exclusively breastfeed? PROBE: Explain CIRCLE ALL MENTIONED	BREASTFEED WHENEVER THE CHILD IS HUNGRY/THIRSTY . . . . . A GIVE YOUR CHILD ONLY BREASTMILK . . . . . B BREASTFEED EVEN WHEN THE CHILD OR YOU ARE SICK . . . . . C AVOID USING BOTTLES AND ARTIFICIAL NIPPLES . . . . . D OTHER _____ X (SPECIFY)	
154	Are there benefits to exclusive breastfeeding?	YES . . . . . 1 NO . . . . . 2 →	156
155	What do you tell women about the benefits of breastfeeding? CIRCLE ALL MENTIONED	BREASTFEEDING IS GOOD FOR THE CHILD'S GROWTH AND DEVELOPMENT . . . . . A BREASTFEEDING IS GOOD FOR HEALTH OF CHILD . . . . . B BREASTFEEDING PROTECTS CHILDREN AGAINST ILLNESS AND DISEASE . . . . . C BREASTFEEDING PROTECTS AGAINST PREGNANCY . . . . . D BREASTFEEDING SUPPORT MOTHER-CHILD BONDING . . . . . E ECONOMICAL/NO FORMULA TO BUY . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

156	What advice do you give women who no longer meet the LAM criteria? CIRCLE ALL MENTIONED	IMMEDIATELY USE ANOTHER METHOD. . . . . A CONTINUE TO BREASTFEED. . . . . B CONTINUE TO BREASTFEED EVEN IF YOU OR YOUR CHILD ARE SICK. . . . . C DISCUSS THE IMPORTANCE TO WAIT 2 YEARS BEFORE GETTING PREGNANT AGAIN. . . . . D EXPLAIN WHAT OTHER METHODS OF FAMILY PLANNING BREASTFEEDING WOMEN CAN USE. E NO ADVICE . . . . . F OTHER _____ X (SPECIFY)	
157	What family planning methods are recommended for breastfeeding women? CIRCLE ALL MENTIONED	FEMALE STERILIZATION. . . . . A MALE STERILIZATION. . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E CONDOM . . . . . F FEMALE CONDOM . . . . . G DIAPHRAGM . . . . . H FOAM/JELLY . . . . . I LACTATIONAL AMEN. METHOD . . . . . J RHYTHM . . . . . K STANDARD DAYS METHOD. . . . . L WITHDRAWAL . . . . . M EMERGENCY CONTRACEPTION. . . . . N PILL (COMBINED HORMONES). . . . . O PILL (PROGESTIN ONLY). . . . . P OTHER _____ X (SPECIFY)	
158	What advice do you give HIV-positive women about breastfeeding? CIRCLE ALL MENTIONED	BREASTFEED EXCLUSIVELY FOR 3-6 MONTHS. . . . . A BREASTFEED EXCLUSIVELY FOR 6 MONTHS . . . . . B DO NOT BREASTFEED, USE FORMULA WHEN SAFE, AVAILABLE, ACCESSIBLE, AND AFFORDABLE. . . . . C WHEN YOUR BABY IS 6 MONTHS OLD, WEAN RIGHT AWAY AND DO NOT CONTINUE TO BREASTFEED. . . . D STOP BREASTFEEDING WHEN YOU KNOW YOUR STATUS AND GIVE BABY OTHER MILK AND FOODS. . . . . E NONE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW. . . . . Z	

LAM COUNSELING AND HMIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
159	Do you offer antenatal care? OFFER ANTENATAL CARE ☐ ↓ DOES NOT OFFER ANTENATAL CARE ☐ →		→ 163
160	Do you offer LAM during antenatal care? OFFER LAM DURING ANTENATAL CARE ☐ ↓ DOES NOT OFFER LAM DURING ANTENATAL CARE ☐ →		→ 163
161	When counseling women on family planning during antenatal care, do you tell them about LAM all of the ti most of the time, some of the time, or rarely?	ALL OF THE TIME. . . . . 1 MOST OF THE TIME. . . . . 2 SOME OF THE TIME. . . . . 3 RARELY. 4	→ 163 → 163
162	Why don't you discuss LAM with your clients more often during antenatal care? CIRCLE ALL MENTIONED	DON'T THINK LAM IS EFFECTIVE. . . . . A ONLY TEMPORARY. . . . . B WOMEN DON'T BREASTFEED EXCLUSIVELY. . . . . C LAM IS A MATERNAL/CHILD HEALTH ISSUE. . . . . D NOT TRAINED TO EXPLAIN LAM. . . . . E NO TIME TO EXPLAIN LAM. . . . . F OTHER _____ X (SPECIFY)	
163	Do you offer postnatal care? OFFER POSTNATAL CARE ☐ ↓ DOES NOT OFFER POSTNATAL CARE ☐ →		→ 169
164	Do you offer LAM during postnatal care? OFFER LAM DURING POSTNATAL CARE ☐ ↓ DOES NOT OFFER LAM DURING POSTNATAL CARE ☐ →		→ 169
165	When counseling women on family planning during postnatal care, do you tell them about LAM all of the tin most of the time, some of the time, or rarely?	ALL OF THE TIME. . . . . 1 MOST OF THE TIME. . . . . 2 SOME OF THE TIME. . . . . 3 RARELY. 4	→ 167 → 167
166	Why don't you discuss LAM with your clients more often during postnatal care? CIRCLE ALL MENTIONED	DON'T THINK LAM IS EFFECTIVE. . . . . A ONLY TEMPORARY. . . . . B WOMEN DON'T BREASTFEED EXCLUSIVELY. . . . . C LAM IS A MATERNAL/CHILD HEALTH ISSUE. . . . . D NOT TRAINED TO EXPLAIN LAM. . . . . E NO TIME TO EXPLAIN LAM. . . . . F OTHER _____ X (SPECIFY)	
167	When you tell clients about LAM, are they usually interes in learning more about the method?	YES. . . . . 1 NO. . . . . 2 SOME ARE, SOME ARE NOT. . . . . 3 DON'T KNOW. 8	→ 169 → 169
168	Why do you think some women don't want to use LAM? CIRCLE ALL MENTIONED	LACK OF INFORMATION. . . . . A MOTHER/MOTHER-IN-LAW/FAMILY DOES NOT APPROVE. . . . . B PARTNER DOES NOT APPROVE. . . . . C CANNOT/DOES NOT WANT TO BREAST-FEED EXCLUSIVELY. . . . . D PERCEIVED NOT EFFECTIVE. . . . . E TEMPORARY METHOD. . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
169	Does LAM have any advantages?	YES. . . . . 1 NO . . . . . 2 DON'T KNOW. 8	 → 171 → 171

170	What are they? CIRCLE ALL MENTIONED	NATURAL/NO SIDE EFFECTS . . . . . A EASY TO USE . . . . . B EFFECTIVE . . . . . C GOOD FOR BABY/MOTHER'S HEALTH . . D GOOD FOR MOTHER-BABY BONDING. . . E ECONOMICAL/ NO FORMULA TO BUY . . F OTHER_____ X (SPECIFY)	
171	Does LAM have any disadvantages?	YES. . . . . 1 NO . . . . . 2 → 173 DON'T KNOW. . . . . 8 → 173	
172	What are they? CIRCLE ALL MENTIONED	NOT OFFERED . . . . . A DIFFICULT TO BREASTFEED EXCLUSIVELY. B NOT EFFECTIVE . . . . . C TEMPORARY . . . . . D OTHER_____ X (SPECIFY)	
173	Have you found any part of providing LAM services diffi	YES. . . . . 1 NO. . . . . 2 → 175	
174	What? (WRITE 2 MAIN DIFFICULTIES)	_____ ☐ _____ ☐	
175	Now, I would like to end the interview with a few questions on how you record LAM users. Have you ever recorded a LAM user?	YES. . . . . 1 NO. . . . . 2 → 177	
176	When do you record a woman as a LAM user? READ THE OPTIONS BELOW AND CIRCLE YES/NO.		
	a) When she states she breastfeeds for birth spacing	Y N WHEN SHE STATES SHE BREASTFEEDS FOR BIRTH SPACING. 1 2	
	b) When her menstrual period has not returned	WHEN HER MENSTRUAL PERIOD HAS NOT RETURNED. 1 2	
	c) When she is fully or nearly fully breastfeeding	WHEN SHE IS FULLY OR NEARLY FULLY BREASTFEEDING. 1 2	
	d) When her child is less than 6 months old	WHEN HER CHILD IS LESS THAN 6 MONTHS OLD. 1 2	
	e) When she states she is breastfeeding	WHEN SHE STATES SHE IS BREASTFEEDING. 1 2	
	f) When she has been counseled on LAM	WHEN SHE HAS BEEN COUNSELED ON LAM. 1 2	
	g) When she has been counseled on LAM and received a client card/brochure	WHEN SHE HAS BEEN COUNSELED ON LAM AND RECEIVED A CLIENT CARD/ BROCHURE. 1 2	
	h) When she says she is using LAM	WHEN SHE SAYS SHE IS USING LAM. . 1 2	
	i) Other	OTHER _____ 6 (SPECIFY)	
177	THANK YOU FOR YOUR TIME. END THE INTERVIEW		

PLANNING | MONITORING & SUPERVISION | EVALUATION

STAKEHOLDER IN-DEPTH INTERVIEW GUIDE

PURPOSE

The Stakeholder In-Depth Interview Guide contributes to understanding the scale-up process by asking key stakeholders to evaluate what has been achieved in scale-up, understand their perspectives regarding expansion and integration of the innovation, factors and environmental forces that have influenced scale-up, and identify actions needed to support the innovation and its expansion.

Stakeholders were individuals who had some involvement with SDM scale-up, including representatives of the MOH/government, bilateral projects, USAID implementing agencies, donors and multi-lateral organizations, professional associations and civil society organizations including FBOs, local NGOs, and women's rights organizations.

HOW IT WAS DEVELOPED AND USED

The ExpandNet framework elements were used to develop questions to gather opinions and perceptions of stakeholders and shed light on what had been achieved in scale-up. The interview focused on topics related to institutionalization of the innovation, the reasons for progress (or lack thereof) including environmental forces, and recommendations for next steps. IRH field staff identified a range of key organizations involved in family planning, and invited individuals who were influential in family planning and SDM scale-up to participate in an interview to discuss the scale-up process. In each country, a consultant familiar with SDM scale-up was hired to conduct interviews using the in-depth interview guide.

Nine to eighteen stakeholders—not necessarily the same people—were interviewed in each country at baseline and at endline. Interviewers compiled results of all the interviews and analyzed trends in responses.

Baseline study results informed or reinforced strategic planning decisions. Endline study results were particularly useful in understanding the current environment and what needed to be done to ensure that scale-up was sustained. Across countries, study results contributed to identifying common determinants of scale-up, particularly political and environmental forces, and issues going forward.

LESSONS LEARNED

- It is important to interview a diverse group of stakeholders, including those who are not supportive of the innovation. This allows for comparison of different perspectives on the innovation's value and role in the system.

- The baseline instrument did not work as well as expected. It was not sufficiently focused on seeking respondent's analysis of environmental and system factors that could influence scale-up. The tool was significantly revised for the endline, and included visual aids (in particular benchmark tables and maps) that could be shared with interviewees to encourage system-oriented reflections.

- The most effective approach to the interview proved to be organizing the discussion guide according to a systems framework and beginning by sharing a brief overview of the ExpandNet framework and

a snapshot of scale-up progress using the benchmark tables as a visual aid.

- The type of in-depth interview guide – thematic and open-ended – required skilled interviewers with agile probing skills. Interviewers needed to be conversant with scale-up concepts and the particular innovation in order to elicit relevant, detailed information. Interviewers had to be perceived as unbiased so that stakeholders felt comfortable sharing negative perceptions of the innovation or the scale-up process. Individuals directly involved in the innovation scale-up would likely not be good candidates for this task.

VALUES

The individuals interviewed were key decision-makers and leaders in family planning, their values and opinions towards SDM as well as their analysis of institutional values and opinions provided information that could be used to assess how leader and organizational values may have contributed to the success or failure of SDM scale-up process and outcomes. Information obtained from these interviews offered insight into the relative importance that the innovation's core values played in convincing government ministries, health organizations, and service providers of the contribution of adding the innovation to their programs.

KEY REFERENCES & RESOURCES

World Health Organization/ExpandNet, 2010. Nine steps for developing a scale-up strategy. http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf

STAKEHOLDER IN-DEPTH INTERVIEW GUIDE

Background: *[Describe implementing/resource organization, project, and scale-up phase.]*

In order to assess the integration of *[innovation]* into family planning and reproductive health services in [focus countries/*countries/area of implementation*], *[organization]* is collecting data through *[list applicable data sources – ie, household surveys, facility assessments and stakeholder interviews and frequency]*. Results will be used to make changes in integration strategies and focus, capture lessons learned, measure project accomplishments and impact, and report to the governments of project countries and to *[donor, other interested parties(if applicable)]*.

Purpose: To evaluate what *[organization]* has achieved in scaling up *[innovation]*, understand stakeholders' perspectives regarding *[innovation]* scale-up, contribute to understanding the process of scale-up, and identify actions to be taken to support expanded, sustained services.

Objectives:

1. Understand stakeholders' views/definitions of scale-up and in particular *[innovation]*scale-up
2. Determine stakeholders' perspective of extent of success/failure of *[innovation]* scale-up and their analysis of factors that have affected scale-up success/failure
3. Determine stakeholders' current commitment to and attitudes toward *[innovation];* evaluate changes, and cause of changes, in stakeholder attitudes regarding *[innovation]* and integrating it into their program.
4. Determine what remains to be accomplished for *[innovation]* scale-up and who will do it
5. Educate stakeholders in what *[organization]* has accomplished regarding *[innovation]* scale-up

Preparation: The interviewer should be familiar with each individual interviewee's background and degree/type of involvement in the scale-up process, position, and knowledge of scale-up. Apply this information to personalize the questions.

Interview Materials:

- Benchmark tables
- Logframe inputs/outputs
- Map of *[innovation]* coverage in the interviewee's country over time (if available)

Potential types of interviewees:

- Policymakers
- Representatives of technical assistance and donor agencies
- Representatives of private for-profit provider networks
- Program managers, including managers in capacity building
- Association of pharmacists or service providers (in some countries)

In-Depth Interview Guide

Name of Person Interviewed: _____

Title: _____

Institution/Organization: _____

Date of Interview: _____

Person conducting the interview: _____

READ THE FOLLOWING GREETING BEFORE BEGINNING THE INTERVIEW:

Hello, my name is _____. I am representing [organization]. As you may know, [organization] is working to introduce [innovation] into family planning services. We are conducting a study to document the process of introducing [innovation] in your country. As part of this study, I would like to ask you some questions about scaling up family planning innovations like [innovation] into reproductive health and family planning services in general, and integration of [innovation] specifically. This interview should take approximately 45 minutes to an hour. Your participation is entirely voluntary; there is no penalty to you if you decide not to participate. You only need to respond to those questions you wish to answer and you may stop the interview at any time. We will include your ideas in our report, but we will not use your name, and will take care that your comments cannot be attributed to you.

Please read the informed consent form. (Allow respondent time to read consent form)

Do you have any questions? Do you agree to participate in the interview? (Ask respondent to sign consent form)

May I tape record our conversation?

MAJOR THEMES, QUESTIONS AND PROBES:

1. **Understanding of Scale-Up**

   All governments use scale-up models, whether they are written or implicit, to help integrate a best practice into their programs or to help expand access to a best practice in a systematic way.

- How do you understand scale-up? What do you understand scale-up to be?

  [Organization] used the ExpandNet framework to guide, plan and evaluate [innovation] scale-up efforts with partners. Under the ExpandNet framework, scale-up is defined as deliberate efforts to increase the impact of tested health service innovations to benefit more people and foster sustainable policy and program development. (Revise this paragraph as necessary to reflect the scale-up model chosen.)

  (Show participant ExpandNet framework and explain different components.) According to this approach, the innovation would be the interventions or best practices that are being

scaled up. The resource team refers to the individuals or organizations that will promote and facilitate wider use of the innovation. The user organization refers to the organizations that will adopt or implement the innovation. The environment refers to the conditions that affect scale-up, such as political, economic and social factors. The scale-up strategy is made up of different types of scale-up, such as political and geographical expansion, dissemination approaches, organizational processes, resource mobilization, and monitoring and evaluation. (Revise this paragraph as necessary to reflect the scale-up model chosen.)

- Have you seen this model before? Do you think a model like this is helpful? Why?
- What do you consider indicators of successful scale-up?

2. Scale-Up Process & Extent To Which Scale-Up Principles Were Applied

- Can you describe how *[innovation]* scale-up was operationalized in your program/organization? What has worked well? What hasn't worked well?
  - *To what degree was a model/strategic approach to planning applied? Describe.*
  - *How does it differ from other work you're doing in expanding programs?*
  - *Who has been involved? How has that changed?*
  - *In what way, if at all, would you say the process contributed to systems strengthening?*
  - *Are you familiar with any data/evidence of [innovation] scale-up? For example, [mention data collected- .i.e, quality assurance data, midline assessment results, service statistics, Most Significant Change (MSC) stories]. To what extent has the evidence/data collected around [innovation] been used to support scale-up?*

- There are many external factors that may influence *[innovation]* scale-up activities within the larger political-social environment and among the different organizations involved. Are there any external factors that have influenced *[innovation]* scale-up in the last four years?
  - *How have political environment and government transitions played a role?*
  - *What has been the participation of various actors in this process? Have there been any champions that have played a significant role? If so, please describe.*
  - *How has the concept of human or reproductive rights played a role? To what extent, if any, do you think the work around [innovation] has involved gender equity? [Revise or add questions that address values of the innovation.]*
  - *How has [organization] helped to make this happen?*
  - *What could have been done differently?*

3. Degree Of [Innovation] Scale-Up in the Country and Organization

[Show and explain Benchmarks Summary Table (see (link to Benchmarks)) by indicator.] Take a moment to look at these scale-up benchmarks. Tell me what catches your attention.

[Probe by elements of Benchmark Progress Summary ***(For program managers and representatives of private organizations)****]:*

- In regards to provision of family planning methods, to what degree has *[innovation]* been fully integrated into your organization/programs? Why is that? Why not?

- *Is [innovation] included as part of your program/organization's method mix/service offerings?*
- *Are providers trained to counsel on [innovation]? What type of providers are best suited to offer the [innovation]? What are providers' perceptions regarding [innovation] efficacy? Does [innovation] integration affect or influence the overall family planning training for providers?*
- *Is [innovation] included in your program/organization's logistics system?*
- *Is the [innovation] included in the HMIS and reporting systems of your program/organization?*
- *Is [innovation] included in your program/organization's plans and budget?*
- *Is [innovation] included in your program/organization's materials and activities to increase awareness of family planning methods/demand? Do you think enough awareness has been generated about this method? If not, what do you think is needed to create greater awareness?*
- *What role do provider attitudes play?*
- *Why do you think scale-up has been successful in some areas more than others?*

[Probe by elements of Benchmark Progress Summary ***(For policymakers and representatives of donor and cooperating agencies)****]:*

- In regards to *[innovation]* inclusion in family planning initiatives and programs, to what degree has *[innovation]* been fully integrated into your organization's initiatives/programs? Why is that? Why not?
  - *Would you say the [innovation] is included in the country's key policies, norms and guidelines? If not, why not?*
  - *Is [innovation] included in the country's procurement system? If not, why not?*
  - *Is [innovation] being included in the country's national health surveys? If not, why not?*
  - *What role do provider attitudes play? Does [innovation] integration affect or influence the overall family planning training for providers?*
  - *Why do you think scale-up has been successful in some areas more than others?*

4. Specific Questions Regarding *[Innovation]*

- To what degree is *[innovation]* consistent with your program/organization's current priorities in reproductive health and family planning?
  - *What do you think are the benefits that [innovation] brings to RH/FP programs in your country? Does it also bring any disadvantages? Please describe.*
  - *What is the effect of adding [innovation] to the method mix?*
  - *Is scale-up of [innovation] an effective way of working with FP programs outside of the public sector or at community level? How?*
  - *Because of your involvement with [innovation] scale-up, has your perception of scale-up changed? In what way?*

5. Next Steps

- What is needed to complete *[innovation]* scale-up in your country? What is needed to sustain what has been achieved?

MOST SIGNIFICANT CHANGE STORY COLLECTION FORM

PURPOSE

The *Most Significant Change* (MSC) technique[1] is an inductive, indicator-free, participatory evaluation method that complements deductive methods. Initially developed to evaluate social-change programs operating within complex community systems, IRH adapted MSC techniques for use in evaluating changes within complex health systems.

Three domains were defined for MSC collection:

- changes in the lives of Standard Days Method® (SDM) users;
- changes noted by service providers since SDM introduction; and
- changes detected by program managers since SDM was integrated into their programs.

This methodology was an important tool to assess whether values inherent in the innovation remained when SDM was offered at scale. By allowing respondents to describe phenomena that they valued, MSC uncovered scale-up effects not detected by quantitative evaluation data, and intangible aspects of SDM scale-up such as advocacy, champions, leadership, gender equity and informed choice, among others.

HOW IT WAS DEVELOPED AND USED

The MSC process involves (1) the collection of significant change stories at the field level, and (2) the systematic selection of the most significant of these stories by panels of designated stakeholders and project staff. IRH followed *The 'Most Significant Change' (MSC) Technique* Guide, developed by Dart and Davies, to develop and implement the MSC Methodology in the five scale-up countries. Three domains of change were established prior to story collection to facilitate later analysis by category of change, while a fourth category, 'any other significant change' was added later to captured unexpected significant changes recounted by storytellers.

MSC story collection occurred once in each country, in the latter years of the scale-up process, to provide information on impact of widespread availability of SDM. If used to

[1] Dart, J. and Davis, R. 2003. "A Diagonal, Story-Based Evaluation Tool: The Most Significant Change Technique". *American Journal of Evaluation* 24(2): 137-155.

evaluate the impact of other innovations, domains of change would need to be established as well as relevant questions.

IRH held sensitization meetings with stakeholders and partner organizations to introduce them to the MSC methodology and solicit their participation in the MSC process.

Organizations that agreed to participate were invited to an MSC training session, and asked to collect at least 12 stories using the following questions designed to solicit stories of significant change:

KEY QUESTIONS GUIDING REFLECTION ON MOST SIGNIFICANT CHANGES

For program managers and technical partners in charge of FP programs:

What was the most significant change that has occurred in your organization since the introduction (the innovation) in your FP programs? Why is this significant?

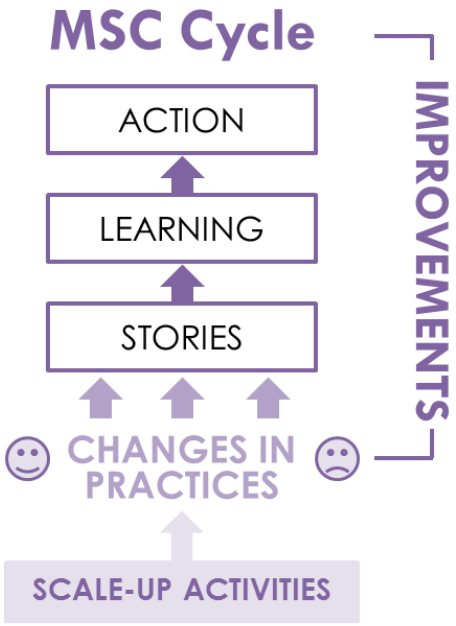
For providers:

What was the most significant change that has occurred in the work/services that you offer since the introduction of (the innovation)? Why is this significant?

For FP users/beneficiaries:

What was the most significant change that you noticed in the quality of your life since you have started using (the innovation)? Why do you say this?

The questions were included in a simple, four-question format that interviewers used to collect story information from program managers, providers, and users. Over several months, partner organizations, including NGOs and Ministries of Health, collected a designated number of MSC stories from SDM users, providers, and program managers. Stories were collected following ethical guidelines including informed consent from participants, full disclosure of why stories are being collected and how they would be used, and confirmation that anyone or any group that is mentioned in a story consented to their name being used.



Staff then wrote in narrative form the stories of significant change, based on the interviews and information collected on the forms. Stories were brief; no more than one or two pages.

The first level of participatory story selection was completed by staff (a story selection committee) within each organization, who selected *the* most significant story/stories in each domain of change. The second level of participatory story selection was completed by a multi-organization committee composed mostly of scale-up partners at the regional or national level. This committee reviewed MSC stories from all organizations, and selected the

most significant stories in each domain. At both levels of story selection, participants were asked to decide, 'among all these significant changes, what do you think was the most significant change, and why?' Discussions and debates and eventual selection of one or two stories in each domain forced participants to clarify significance or impact, often relating to how SDM was valued by users, providers, and managers.

Decisions and the processes used at each level for story selection were documented. The final group of selected stories, along with the reasons why they were chosen, was presented to IRH, who shared stories with other stakeholders at country level. IRH created a booklet of MSC stories across countries that was shared with global audiences.

VALUES

MSC stories provided a platform for SDM users, providers, and program managers to explain how SDM contributed to changes – positive or negative- in their personal or professional lives. In most cases, these changes reflected how SDM was valued from different perspectives. The stories and related values served to reaffirm the core values inherent in the innovation (such as male involvement, improved couple communication, women's empowerment) as well as the values related to expanding method mix and providing new options to people seeking FP.

LESSONS LEARNED

- Participation in MSC reinforced stakeholder and partner commitments to expanding FP choice and supporting the scale-up process. Stakeholders who actively participated in collecting and selecting stories received first-hand evidence of how an additional FP option can be valued, that is, make a difference in the lives of women and couples, providers and managers. The stories allowed various actors to claim success for the positive changes reported and were used in advocacy efforts to demonstrate benefits and acknowledge challenges of expanding SDM.
- Significant efforts were required in some countries to persuade scale-up partners to use the MSC methodology, particularly in contexts where FP program M&E is defined by target-driven objectives with limited value given to a qualitative approach.
- Given the varying social and health systems contexts in different countries, participatory approaches needed to be adjusted. Program managers in one country were reluctant to share their stories, either because the process of collecting personal accounts from program managers was unorthodox or because they felt that they did not have anything "significant" to contribute. Program managers in another country felt it inappropriate to be collecting stories, and IRH supervisors had to conduct interviews for later review with program managers.
- It might be a good idea to add a new domain of story collection for community-based providers. Some selection committees found it difficult to evaluate provider stories among community-level and clinic-level providers because of the vast differences of service delivery in these settings.
- Story-collection approaches were unfamiliar to many participants and struck them as "awkward' at first. Training was needed to practice collecting information in story format and to translate collected information in a story narrative format. In retrospect, it would have been better to record stories using digital recorders to facilitate transcription and the creation of a written story.

- Smaller organizations, lacking computer access and/or skills in word processing,

  wrote stories in longhand, which necessitated back-and-forth discussions with IRH to make stories available electronically. In one country, many stories were hand-written and illegible. The MOH decided to vote for the top stories using only stories that were typed, a decision which excluded half of all collected user and provider stories.
- Because of widespread use of 'success' stories in international FP, it is important to emphasize throughout the MSC process that an MSC story is not the same as a FP success story, and that one measure of a quality MSC process is that negative significant stories are collected as well as positive ones. This is particularly important during the story selection phase.

KEY REFERENCES & RESOURCES

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Using Most Significant Change Methodology to Evaluate Impact of a Health Innovation in Four Countries. May 2013. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

MOST SIGNIFICANT CHANGE STORY COLLECTION FORM

[Organization] and *[Partner/Ministry]* would like to capture stories of significant change that may have resulted from the work in the introduction and expansion of *[innovation]* in family planning programs in *[location]*. This will help us improve our efforts and enable us to celebrate the successes together.

The stories and information collected from these interviews will be used for a number of purposes including:

- to identify areas that need improvement;
- to learn what has already been achieved;
- to help understand what is important to the people of *[location];* and
- to acknowledge and publicize what has already been achieved.

CONTACT DETAILS

Name of storyteller* _____

Category: (tick one)
User/community member ___ Provider/health worker ___
Program manager ___ Other (list) ___

Sex of storyteller: (tick one) Male __ Female __

Name of person recording story _____

District: _____Block:_____

Date _____

** If they wish to remain anonymous, do not record their name or contact details—just write job title or category – ie, service provider, user, MOH official, or some similar description.*

CONFIDENTIALITY

We may wish to use your story for reporting to our partners, or sharing with other people in the region.

Do you (the storyteller):

Allow us to write down your story and share it with others? (tick one) Yes ___ No ___
Would you like to have your name on the story? (tick one) Yes ___ No ___
Would you like to have your photo on the story? (tick one) Yes ___ No ___

QUESTIONS

1. **Tell me about how you learned about *[innovation]* and how you got involved with [innovation].**

2. **Please take a few minutes to think about all the changes that have happened this past year.**

   For users and community members:
   Changes related to using the*[innovation]*
   For providers / health workers:
   Changes related to including the *[innovation]* in your services
   For program managers:
   Changes related to including the *[innovation]* in your program

   Pause here to allow the story teller to think about all the changes.

3. **From your point of view, describe a story that best illustrates the most significant change that you have experienced as a result of *[innovation]* being offered in your program or community or being used in your personal life.**

4. **Why is this story significant for you?**

Domain of story (tick one):

- ☐ **Domain #1**: User perspective on *[innovation]*
- ☐ **Domain #2:** Provider perspective on *[innovation]*
- ☐ **Domain #3:** Program perspective on *[innovation]*
- ☐ **Domain #4:** Other

BUILDING INNOVATION-COMPETENT ORGANIZATIONS: ORGANIZATIONAL CAPACITY ASSESSMENT TOOL (OCAT)

PURPOSE

To regularly assess changing organizational capacity to the point where an organization or institution was deemed 'Innovation competent.'

A key aim during the scale-up process is to transfer capacity to other organizations, preferably local ones that remain in-country over the long term. IRH's goal was to create 'Standard Days Method® (SDM)-competent' organizations, in a given technical or management area, with an understanding that once competency was built and responsibility transferred for specific activities, IRH could focus capacity building on a new round of resource and user organizations that were not yet SDM-competent.

For example, IRH's technical assistance to PSI offices in DRC, Mali, and Rwanda helped these country-level PSIs to become SDM-competent and graduate from technical assistance. By mid-point in the scale-up phase IRH no longer had active TA partnerships; PSI could handle training, promotion, and procurement with little support from IRH. In the early scale-up years, IRH's technical assistance to local NGOs that wanted to add the SDM into their FP programs (e.g., IPPF affiliates in Mali and Rwanda, local NGOs in Guatemala, DRC, and India), also led to NGOs competent in service provision, training, commodity resupply, and community outreach.

The FAM Project monitored capacity building and graduation of targeted organizations over a five-year period in different SDM program areas necessary for SDM sustainability at scale.

From the Benchmark Tables we know that by the end of the scale-up phase in the five countries, 66 organizations were deemed SDM-competent and had graduated to full resource organization status.

HOW IT WAS DEVELOPED AND USED

An experiential-evidence-based approach was used by IRH to assess whether an organization should be deemed SDM-competent based on interactions with staff in different resource and user organizations. IRH staff gathered information on the capacity of organizations from a variety of sources, including discussions with management and technical staff during meetings, observations during training, and interactions during joint technical efforts to integrate SDM into materials, procurement lists, FP service delivery programs, etc. An additional information source was how often a partner requested assistance from IRH for help in achieving a specific activity.

Due to the complexity and range of SDM competencies needed during scale-up, a written Organizational Capacity Assessment Tool (OCAT) was never developed. Technical and program management competencies and related capacity-building efforts needed to be tailored to each organization. Different organizations required different capacities, depending on the role they were playing in scaling up, and whether they focused on training, social marketing, demand creation, service provision and supervision, procurement, and/or norms setting. This tool was developed through a review of the key competencies that

were deemed important for distinct types of organizations. To IRH's knowledge, the OCAT worksheet presented here is the first such worksheet developed for scaling up a new FP method.

LESSONS LEARNED

- Not all competencies (or areas of competency) need to exist in any one organization, including the MOH; some capacity areas may be externally resourced, e.g., media efforts.
- Once 'graduated' an organization remains SDM-competent or can relapse into needing technical assistance again. This is because staff, including program managers, trainers, champions, leaders, transfer or leave organizations and project/donor bases shift. Relapses also occur when the external environment changes and organizations need to adapt to remain viable. Because of this, monitoring is needed to ensure that built capacity is sustained within an organization.
- Training is a big piece of building capacity. We have learned that getting SDM into training curricula creates a foundation. Ensuring that SDM is treated equal to other FP methods during training delivery is not assured and needs to be monitored. This is especially true in an environmental context of promotion of long-acting and permanent methods.

VALUES

Conducting regular organization capacity assessments relating to innovation scale-up involves initially assessing and then monitoring how organizations (leaders, managers, trainers and norms-setting policies) value the innovation. Likewise, during the capacity-building process attention needs to be paid to ensuring organizations understand and apply the inherent values in the innovation. Organizational values will influence the scale-up process and ultimately determine scale-up outcomes.

KEY REFERENCES & RESOURCES

New Partners Initiative Technical Assistance Project (NuPITA). Building NGO Capacity to Implement High-Quality Programs Using the Organizational Capacity Assessment Tool. John Snow Inc. 2011

Fertility Awareness-Based Methods (FAM) USAID Evaluation 2011 Self Assessment. January 2011. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

ORGANIZATIONAL CAPACITY ASSESSMENT TOOL (OGAT) FOR INNOVATION SCALE-UP

	Yes	Partial	No	Comments
MANAGEMENT CAPACITY				
Organizations are "innovation-competent" if they have…				
✓ ability to lead or shepherd the scale-up process in collaboration with other stakeholders				
✓ policies within the organization that facilitate scale-up(e.g. support for key values, such as informed choice or gender equality)				
✓ skilled staff with experience in capacity building, advocacy, MLE or research				
✓ capacity and motivation to do policy and advocacy for the innovation				
✓ MIS and reporting systems that include the innovation				
✓ MLE system that addresses innovation				
✓ an efficient supervision structure for the innovation				

	Yes	Partial	No	Comments
TECHNICAL CAPACITY				
Organizations are 'innovation competent' if they have the ability to…				
In-service Training ✓ prepare accurate training plans and materials specific to the innovation				
✓ deliver training, including counseling practicum and use of case study materials				
✓ evaluate training participants' knowledge; apply evaluation findings to improve performance				
Service delivery supervision ✓ observe and assess skills of provider performance				
✓ provide supportive feedback to improve performance and address potential biases				
✓ undertake whole-site supervision: systematic monitoring of commodity availability and stock out history, availability of IEC materials, correct recording of services (e.g. FP users)				

	Yes	Partial	No	Comments
Monitoring, learning & evaluation ✓ compile and use service statistics data to track expansion progress, identify issues and make mid-course adjustments				
✓ apply evaluation tools, compile findings, and use findings to monitor quality of services and/or use				
Health workforce education institutions (Pre-service training) ✓ apply knowledge underlying the innovation (ex. the biological basis for SDM effectiveness and mode of action)				
✓ identify and utilize technical resources related to innovation				
Organizations developing and distributing IEC materials and implementing mass media campaigns ✓ integrate technically correct and appealing images and messages related to innovation into print materials				
✓ develop technically correct and appealing messages for mass media applications				
Organizations involved in commodity procurement ✓ Ability to make realistic commodity projections, using the NUMs guide or historical data				

	Yes	Partial	No	Comments
Organizations using social marketing to increase access of FP products ✓ Ability to develop creative briefs that accurately reflect innovation and correct misconceptions				
✓ Ability to develop messaging based on formative research findings				
✓ Ability to develop media spots to promote sales				
Development of sales strategy for a new method/SDM ✓ determine market price based on willingness-to-pay studies				
✓ support new product expansion using strategies such as deploying retail promoters to promote sales to retailers				