Stakeholder Perceptions of Wide-scale Integration of Fertility Awareness-Based Methods (FAM) into Family Planning Programs in Mali: Current Status and Future Directions

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The Institute for Reproductive Health
Georgetown University
The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches.

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Acronyms

**ASDAP** Association de Soutien au Développement des Activités de Population/Support Association for Population Activity Development
**ATN+** National Technical Assistance Program
**CAG** Centrale d’Achat Géneriques/Central Generic Medicine Depot
**CAREF** Centre d’Appui à la Recherche et à la Formation/Center for Research and Training Support
**CBD** Community Based Distributer
**CHW** Community Health Worker
**CPT** Contraceptive Procurement Table
**CPR** Contraceptive Prevalence Rate
**CSCOM** Centre de Santé Communautaire/Community Health Center
**DHS** Demographic and Health Survey
**FAM** Fertility Awareness Based Methods
**FP** Family Planning
**GP/SP** Groupe Pivot Santé Population
**IEC** Information, Education, and Communication
**INFSS** Institut National de Formation en Sciences de la Santé/National Training Institute for Health Sciences
**IPPF** International Planned Parenthood Federation
**IRH** Institute for Reproductive Health
**IUD** Intrauterine Device
**LAM** Lactational Amenorrhea Method
**MOH** Ministry of Health
**NFP** Natural Family Planning
**NGO** Non Governmental Organization
**PKC2** Projet Kènèya Ciwara
**PPM** Pharmacie Populaire de Mali/People’s Pharmacy of Mali
**PSI** Population Services International
**RH** Reproductive Health
**SDM** Standard Day Method
**TA** Technical Assistance
**TOT** Training of Trainers
**UNFPA** United Nations Population Fund
**UNICEF** United Nations Children’s Fund
**USAID** United States Agency for International Development
Stakeholder Perceptions of Wide-scale Integration of Fertility Awareness-Based Methods (FAM) into Family Planning Programs in Mali: Current Status and Future Directions

Executive Summary

The overarching goal of IRH’s activities in Mali, under the FAM Project, is to expand family planning choices by developing the capacity of MOH and partners to fully integrate and ensure sustainable FAM services with an emphasis on transferring capacity to local entities. The FAM Project focuses on scaling up a family planning innovation, the SDM, through creating and maintaining partnerships with other reproductive health and family planning organizations and institutions throughout the country. In June – August 2009, we carried out 18 in-depth stakeholder interviews in Mali. We examined topics to achieve the following research objectives: 1) understand the current status of SDM and attitudes of key FP stakeholders towards SDM integration 2) learn about the environment for FAM scale-up and the level of FAM awareness 3) determine whether opportunities exist to further increase access to the SDM, and 4) ascertain how stakeholders understand the scale-up process.

Results

Stakeholders’ understanding of the innovation, SDM, is high yet there is a need to inform those who do not work directly with SDM about the method’s efficacy. In examining different components of the ExpandNet framework, we found that resource organizations have fully integrated SDM into their program planning, training/supervision and budgets, with an interest in national scale-up. User organizations integrated SDM into all IEC and training materials, budgets, planning and supervision/training programs, yet also identified the need to ensure that all personnel offering SDM are trained on the method. Our analyses revealed several barriers in the environment that may impact use and scale-up of FAM including: reluctance from men to use any type of family planning method for religious or social reasons, women’s fear discussing family planning with their husbands, resulting in clandestine use; a cultural desire to have numerous children (up to 7-8); and the perceived low level of understanding of the benefits of family planning and/or birth spacing. Moreover, there is a need to secure additional funding to ensure scale-up of SDM.

The following key recommendations were discussed by stakeholders as essential components of successful scale-up of SDM. Stakeholders identified the need to increase awareness of SDM and how it is used, through both national and community radio as many couples lack access to television or are not accustomed to watching it. Efforts to reach service providers have been insufficient to achieve scale up given most demand creation/marketing was targeted to medical establishments. A few stakeholders suggested the involvement of religious leaders as effective and influential channels of communication to a large population. In addition, an increased emphasis on male involvement was cited as the key to increasing use and lessening taboos against
FP (i.e. religion is not opposed to natural methods). Some stakeholders also emphasized women’s empowerment was necessary to help women take charge of their own bodies and health. In addition, more efforts should be placed on assisting organizations that currently offer the method to expand SDM training and supervision to other health zones. New organizations interested in adding SDM to their FP programs will require funds for procurement of CycleBeads, IEC materials, training, and supervision for SDM integration. One stakeholder mentioned that SDM should be de-medicalized, so it can be offered by anyone with basic training, as are condoms, at the community level. Finally, to attain scale-up, new private sector channels should be considered, e.g., placing CycleBeads in small retail stores (boutiques), as another option to expand access to SDM.

Perceptions de l'intégration à grande échelle des Méthodes Basées sur la Connaissance de la Fécondité (MBCF) dans les programmes de planification familiale au Mali parmi les parties prenantes: Statut actuel et directions futures

Résumé Exécutif

Le principal objectif des activités d’IRH au Mali, sous l’égide du Projet des Méthodes Basées sur la Connaissance de la Fécondité (MBCF), est d’élargir les choix de planification familiale (PF) en développant la capacité du Ministère de la Santé et des partenaires à assurer l’intégration complète et la durabilité des services MBCF en mettant l’accent sur le transfert des capacités aux organismes locaux. Le Projet MBCF se focalise sur la mise à l’échelle d’une innovation en planification familiale, la Méthode des Jours Fixes® (MJF), par le biais de la création et du maintien de partenariats avec d’autres organisations et institutions de planification familiale et de santé reproductive dans tout le pays. De juin à août 2009, nous avons mené 18 entretiens approfondis auprès des parties prenantes au Mali. Nous avons examiné divers sujets pour atteindre les objectifs de recherche suivants : 1) comprendre le statut actuel de la MJF et les attitudes des parties prenantes clés en planification familiale concernant l’intégration de la MJF 2) mieux connaître l’environnement pour la mise à l’échelle des MBCF et le niveau de connaissance des MBCF 3) déterminer s’il existe des opportunités d’accroître encore l’accès à la MJF et 4) évaluer dans quelle mesure les parties prenantes comprennent le processus de la mise à l’échelle.

Résultats

Les parties prenantes affichent un haut niveau de compréhension de l’innovation MJF, mais il est toutefois nécessaire d’informer ceux qui ne travaillent pas directement avec la MJF sur l’efficacité de la méthode. En examinant les divers composants du cadre ExpandNet, nous avons découvert que les organisations ressources ont complètement intégré la MJF dans leur planification de programme, leur formation/supervision et leurs budgets, en montrant un intérêt pour la mise à l’échelle nationale. Les organisations-utilisatrices ont intégré la MJF dans tous leurs matériels
d'IEC et de formation, leurs budgets, leur planification et programmes de supervision/formation, mais elles ont aussi identifié le besoin d'assurer que tout le personnel qui offre la MJF est formé en cette méthode. Nos analyses ont révélé plusieurs obstacles dans l'environnement qui peuvent avoir un impact sur l'utilisation et la mise à l'échelle des MBCF, y compris : l'hésitation des hommes à utiliser tout type de méthode de planification familiale pour des raisons sociales ou religieuses, la peur des femmes de discuter de la planification familiale avec leurs maris, ce qui résulte en une utilisation clandestine ; un désir culturel d'avoir de nombreux enfants (jusque 7 ou 8) ; et la perception d'un faible niveau de compréhension des bénéfices de la planification familiale et /ou de l'espacement des naissances. De plus, il existe un besoin d'obtenir des fonds supplémentaires pour assurer la mise à l'échelle de la MJF.

Les recommandations clés suivantes ont fait l'objet de discussions parmi les parties prenantes, en tant que composants essentiels de la mise à l'échelle réussie de la MJF. Les parties prenantes ont identifié le besoin d'augmenter la connaissance de la MJF et sa mode d'utilisation au travers de la radio nationale et communautaire puisque plusieurs couples n'ont pas d'accès à la télévision ou ils ne sont pas habitués de la regarder. Les efforts à atteindre les prestataires sont, jusqu'au maintenant, insuffisant pour réaliser la mise à l'échelle, étant donné que la plupart de la création de demande/commercialisation est ciblé aux établissements médicaux. Quelques parties prenantes ont suggéré l'implication des dirigeants religieux comme des réseaux de communication efficaces et influentes à une grande population. En plus, un accent augmenté sur la participation des hommes a été cité comme étant essentiel à l'augmentation de l'utilisation et la réduction des tabous contre la PF (i.e. la religion n'est pas contre les méthodes naturelles). Quelques parties prenantes ont aussi mis l'accent sur l'importance de l'autonomisation des femmes afin d'aider les femmes à prendre charge de leurs propres corps et leur santé. En plus, des efforts supplémentaires doivent être faits pour aider les organisations qui offrent actuellement la méthode à étendre la formation en MJF et la supervision aux autres districts sanitaires. Nouvelles organisations qui sont intéressées d'ajouter la formation en MJF à leurs programmes de PF auront besoin des fonds pour l'approvisionnement en Colliers du Cycle®, matériels d'IEC, formations, et supervision pour l'intégration de la MJF. Une parties prenante a mentionné que la MJF doit être démédicalisé, afin qu'elle puisse être offerte par tous ceux qui ont reçu une formation de base, comme la distribution des préservatifs au niveau communautaire. Enfin, pour réaliser la mise à l'échelle, les nouveaux canaux du secteur privé doivent être considérés ; par exemple, placer les Colliers du Cycle dans les boutiques, comme une autre méthode d'élargir l'accès à la MJF.
1. Introduction

Mali is a country in western Africa with a population of 12.7 million people (2008 estimate). Although French is its official language, the local language, Bambara, is spoken by 80% of the population, which is 90% Muslim, 6% practicing indigenous religions, and 4% Christian. The infant mortality rate is 121/1,000 live births and life expectancy is 54 years. The total fertility rate is 6.6, and child spacing is actively practiced by 6.9% of the population, by using modern family planning methods. The literacy rate is 31% and agriculture accounts for 70% of the country’s economy with an annual per capita income of $470. The political environment is relatively stable with occasional tribal disputes in the North, and the country has operated under a multi-party democracy since 1992.¹

The Institute for Reproductive Health (IRH) at Georgetown University has been working with the United States Agency for International Development (USAID) in Mali to expand Family Planning (FP) choices since 2006. Presently, IRH is developing the capacity of the Malian Ministry of Health (MOH) and partners to fully integrate and ensure sustainable Fertility Awareness-Based Methods (FAM) in family planning services. As part of a larger study undertaken by CAREF/IRH to understand the extent that Standard Days Method® (SDM) was integrated into FP services, a series of in-depth FP stakeholder interviews was carried out to: 1) understand the current status of SDM scale up and attitudes of key FP stakeholders towards SDM integration, 2) learn about the social and political environment for FAM scale-up, 3) identify opportunities and barriers to SDM scale up; and 4) ascertain how stakeholders understand the scale-up process.

1.1 Key Stakeholders in Family Planning and Fertility Awareness-Based Methods (FAM) Project

The FAM Project is working with other USAID-funded projects in order to achieve scale-up of the SDM. Current FAM Project partners in Mali include:

- MOH/Division of Reproductive Health which works closely with USAID and partners to set national policies and norms;
- Projet Kèneya Giwara 2 (PKC2) led by CARE focuses on nation-wide community mobilization for improvements in health, and includes family planning;

• The National Technical Assistance Program (ATN+), led by Abt Associates, strives to improve health/FP service delivery at national, regional, and health facility level; and
• Population Services International (PSI), working with the Central d’Achats Generiques (CAG), has introduced CycleBeads® into its line of socially marketed FP products available through private pharmacies.

To increase access to FAM at clinic and community level, IRH continues its collaboration with the Association for Population Activity Development (ASDAP), the International Planned Parenthood Federation (IPPF) affiliate, and Groupe Pivot/ Santé Population (GP/SP), a network of local NGOs and community associations working in reproductive health. IRH works with the Futures Group/Health Policy Initiative, to include SDM in advocacy and outreach efforts to targeted groups including Muslim organizations, religious and other local leaders, and men. Efforts to institutionalize FAM in FP programs also continue. IRH-Mali, with the IntraHealth/Capacity project, advocated for the inclusion of SDM and LAM into the pre-service curriculum in one regional nursing and midwifery school that will then be adopted by the remaining 35 schools of public health, health sciences, medical schools, nursing, and pharmacy institutions throughout Mali. Currently, the National Training Institute for Health Sciences (INFSS) campus in Bamako teaches FAM during pre-service training and is working to roll it out nationwide.

1.2 SDM and CycleBeads
The SDM, unlike other modern contraceptive methods, requires no commodity for its use. However, to facilitate teaching men and women about SDM, IRH developed a string of color-coded beads – CycleBeads – a visual aid to track fertile days of the menstrual cycle (see Figure 2). CycleBeads are low-cost and, unlike many family planning methods, involve a one-time purchase, eliminating the burden of contraceptive re-supply. In Mali, CycleBeads are integrated into the Contraceptive Procurement Table (CPT) and the National List of Essential Medicines.

1.3 Family Planning Context in Mali
According to the Demographic and Health Surveys (DHS) 2006, despite consistent supply of FP methods and provision of these methods by government facilities, private clinics, and
pharmacies, uptake and continued use of FP is low and has plateaued over the past 10-15 years. The reason for low demand of family planning is likely due to a lack of information about family planning services, prevalence of incorrect information and opposition from male partners.3

The 2006 DHS shows that Mali has a low contraceptive prevalence (6.9%) coupled with high total fertility rate (6.6).2 The most commonly used methods in Mali are pills (3%) and injectables (2%), followed by traditional family planning methods (1.4%), which included periodic abstinence (rhythm, calendar method) and withdrawal (coitus interruptus). In the 2006 DHS, LAM was the only modern natural family planning method reported. Its inclusion was largely due to national policies to promote breastfeeding and birth spacing. About 21% of women and 23% of men had heard of LAM. However, only 0.5% of women reported LAM use3. SDM was not included as a modern method in the 2006 DHS as it had only been introduced in Mali that year.

Although SDM was included in national reproductive health norms, the method was not available through health services. In late 2006, the Malian MOH expressed interest in receiving technical assistance to support scale-up of SDM nationally, to expand access and availability of another family planning option. IRH was invited by USAID and the MOH to spearhead this effort. As a result of these discussions, IRH established an office in late 2006 and subsequently began SDM and LAM programming through the USAID-funded AWARENESS Project (2002-2007). The AWARENESS Project sought to improve contraceptive choice by expanding natural family planning options, specifically SDM and LAM, including increasing awareness of individuals and communities in developing countries.

Under the AWARENESS Project, which ended in June 2007, IRH supported training of over 300 trainers in SDM from MOH and Non-governmental Organizations (NGOs) partners at central, regional, and district levels, which then trained more than 1,200 providers in 400 sites. As a continuation of the AWARENESS Project, IRH was awarded funding from USAID for the Fertility Awareness-Based Methods (FAM) Project (2007-2012) to scale-up SDM in five focus countries, including Mali.

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The overarching goal of IRH’s activities in Mali under the FAM Project is to expand family planning choices by developing the capacity of MOH and partners to fully integrate and ensure sustainable FAM services with a continued and strong emphasis on transferring capacity to local entities. The FAM Project focuses on scaling up a family planning innovation, the SDM, through partnerships with other reproductive health and family planning organizations and institutions throughout the country.

By 2007, IRH worked with the MOH and its FP technical assistance partners to introduce the SDM in all regions of the country except Kayes, in western Mali. SDM training and supervision activities were concentrated in four regions supported by earlier USAID bilateral programs. Since 2008, the current, follow-on USAID bilateral programs are now national in scope. This has provided an opportunity for SDM activities to be integrated into a breadth of national level programs that support FP.

A secondary, albeit limited, emphasis on LAM revitalization is also occurring with Mali with support from IRH. At the same time of SDM introduction, LAM was simultaneously introduced in nine districts in the province of Koulikoro, east of the capital Bamako, where 42 trainers and over 500 providers from 131 health centers were trained in LAM. Discussions have begun with the MOH/Nutrition Division and United Nations Children's Fund (UNICEF) about possible expansion through their maternal and child health programs into 2 additional regions of Mali.

In 2009, IRH-Mali carried out an assessment study to ascertain the status of scale-up of SDM and LAM via household survey, health facility assessments and provider interviews in Bamako, Koulikoro and Ségou. Central level stakeholder interviews, the object of this report, were part of the study. The surveys were carried out in 102 health delivery points that included service provider and community health worker (CHW) interviews. There were also 600 household interviews carried out that included men and women of reproductive age (15-49 years old). Of the women interviewed, 79.3% had heard of the SDM, but only 0.6% reported using it. An analysis of the assessment report data indicated several possible reasons for the low reported SDM use: lack of social diffusion of the method (through interpersonal communication) may have contributed to the lack of demand in the population, the possibility that SDM could have been confused with periodic abstinence, and therefore the number of SDM users were underreported.
2. Objectives

The objectives of this stakeholder assessment are to:

1) Understand the current status of SDM scale up and attitudes of key FP stakeholders towards SDM integration.
2) Learn about the social and political environment for FAM scale-up.
3) Identify opportunities and barriers to SDM scale up and,
4) Ascertain how stakeholders understand the scale-up process, including systems capacity, and political and social environment and their influence on SDM scale-up, and systems thinking and planning for scale-up more generally.

3. Methodology

In June-August 2009, 18 in-depth stakeholder interviews were carried out (see Table 1). Five types of stakeholders who work in family planning were interviewed, each with varying levels of knowledge and experience with SDM and LAM: (a) policy/decision makers (three) b) family planning program managers (five), (c) donor and multi-lateral agency representatives (two), (d) pharmacy wholesale and retail staff (three), and (e) leaders of community organizations (five leaders, religious and non-religious). Interviewers from The Center for Applied Research and Training (CAREF) conducted interviews in French and/or Bambara on: (a) the extent of SDM integration into programs, planning, training, supervision, information, education and communication (IEC) activities, and budget and procurement lines, (b) availability of SDM and LAM services in their organization/community, (c) acceptance of FAM among providers and program managers as well as among community, men, women and religious groups, (d) perceived advantages and disadvantages of scale-up of SDM, and (e) perception of the social, political and economic environment. A smaller set of questions on LAM were also asked, including knowledge of and interest in promoting LAM in FP programs.

Table 1. List of stakeholders interviewed, FAM Project, Mali

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<tr>
<th>Stakeholder type</th>
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<th>Org’s Interviewed</th>
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<tr>
<td>Policy makers</td>
<td>3</td>
<td>• DRS/Koulikoro</td>
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<tr>
<td></td>
<td></td>
<td>• DPM</td>
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<td></td>
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<td>• PPM</td>
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<td>Program mgrs</td>
<td>5</td>
<td>• ATN/Abt Assoc</td>
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<td>• PSI-Mali</td>
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<tr>
<td>Donor org staff</td>
<td>2</td>
<td>• UNFPA</td>
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<td></td>
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<td>• Netherlands Emb</td>
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<tr>
<td>Pharmacies/private sector</td>
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<td>• Labourex</td>
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<td>• CAMED</td>
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<td></td>
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<td>• CAG</td>
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<tr>
<td>Community organization reps</td>
<td>5</td>
<td>• CAFO</td>
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<tr>
<td></td>
<td></td>
<td>• Assoc Femmes Catholiques</td>
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<td></td>
<td>• Protestant Women’s Association</td>
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<td>Total</td>
<td>18</td>
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</table>
4. ExpandNet Framework for Scaling Up Reproductive Health Innovations

The FAM Project and the ExpandNet model of scaling-up health interventions (see Figure 3) were presented to in-country partners working in FP during a partners meeting with the MOH in February 2008. This was followed by a two-day workshop in November 2008 to collectively plan to further SDM scale-up activities using the ExpandNet ‘Nine Step Guide.’ Partners vetted and used the framework to guide development of a multi-organizational plan to scale-up SDM activities, with different partners taking on different SDM scale up activities within their programs.

The ExpandNet framework is based upon the scale-up\(^4\) of an “innovation” – defined as an intervention or package of interventions that has been tested through small-scale pilot projects and/or research studies (Simmons, Fajans & Ghiron, 2007). The innovation can be defined as SDM/CycleBeads combined with local capacity building activities such as: training of trainers, cascade training, and advocacy for SDM integration into academic curricula, public health services, and the private sector.

The ExpandNet scaling up framework recognizes participation of the following actors:

- **Resource Organizations or Resource Team**: individuals and organizations involved with the development and testing of SDM interventions, who seek to facilitate the wider use of the innovation, and,

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\(^4\) ExpandNet definition: Scaling up is defined here as efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.
• **User Organizations:** institutions/organizations that are expected to adopt and implement SDM services and related activities.

The model also recognizes the importance of monitoring and managing:

• **The Environment:** The social and political environment and people who influence the process of scaling up, and

A successful scale up strategy for the SDM, led by the MOH, takes into account all the above. User and resource organizations interact and resource organizations help build capacity of user organizations, who eventually develop their own capacity to act as SDM resource organizations. The SDM scale up planning meeting by key FP organizations led to the creation of a multi-agency strategy to expand access to SDM services as well as to complete institutionalization of the SDM into different FP sub systems. In addition, during the meeting a strategy to make people more aware of the new FP method and needed advocacy efforts were outlined. As an evidence-based strategy, participants at the meeting also identified additional research to produce evidence that will be used to inform the scale-up strategies, such as piloting and testing placing socially-marketed SDM/CycleBeads in small retail outlets, in addition to pharmacies. IRH would take on overall monitoring and evaluation of the SDM scale-up integration process.

**Findings**

5.1 Stakeholder Understanding of the Innovation (SDM and CycleBeads)

All stakeholders interviewed were aware of the SDM or CycleBeads when asked if they had “ever heard” of SDM. All partner organizations in FAM scale-up (n=13) originally heard about the SDM during training or sensitization/information meetings organized by IRH, MOH or other partner organizations, such as PKC2 and CARE. In these trainings and information sessions, the SDM was presented either as one of the range of FP methods or as the SDM alone (in the initial 18 months when the SDM was first being introduced in Mali). Many (n=8) mentioned that they had seen television spots for the SDM.

The method is not commonly referred to as the SDM [*Méthode des Jours Fixes* (MJF) in French] but rather as “the necklace method” [*méthode de collier* in French]. During the interviews, one respondent did not know what the interviewer was referring to when he/she mentioned the SDM, but when the method was explained, the respondent recognized it as *le collier*.

Although the stakeholders were not specifically asked to recite the requirements or instructions for using the SDM during the interview, all stakeholders recognized that using the method required knowledge of the menstrual cycle and the time in the cycle when the
A few stakeholders did not have sufficient information on SDM, which created or reinforced negative perceptions of the method. One representative from a donor organization said that their organization did not understand why SDM was considered a modern method when it is based on an old method (calendar method). Some mentioned not having enough information about SDM to fully promote it. Another representative, from a national organization working with pharmacists, asked about the efficacy and failure rate of SDM during his interview, as he had not yet heard this information, even though his organization was involved in the distribution and sales of CycleBeads.

5.2 Assessment of Resource and User Organizations

Donor organizations. Due to scheduling conflicts, only two donor organizations in Mali were interviewed: 1) the Dutch Government that works in partnership with MOH and funds the PRODES Project (focusing on maternal and child health and FP) and 2) the United Nations Population Fund (UNFPA) that provides technical assistance in RH to the government and funds the JEUNES Project (sexual and reproductive health activities that target youth).

Both stakeholders stated that SDM is fully integrated into their FP programs, as they support the MOH directives, and focus training and capacity building on the full range of family planning methods, including SDM. One of the donor organizations mentioned being very interested in taking the SDM to scale but lacked the financial resources to support the necessary training and supervision required for expansion of SDM to other regions. The other one questioned if it was truly modern.

Technical Resource and User Organizations. In Mali, user organizations with capacity to offer SDM services, training, supervision and promotion of SDM include (a) the MOH/Department of Reproductive Health, (b) ASDAP, (c) Groupe Pivot/Sante Population. Technical resource organizations that support FP capacity building efforts in Mali, who now have capacity in SDM technical assistance include: (d) PKC2 Project led by CARE, (e) Save the Children (who had a USAID Flexible FP Fund Project), (f) Population Services International (PSI), and (g) the Capacity Project led by IntraHealth International.
All organizations interviewed that currently offer or distribute the method (n=12) would like to continue to provide the method in their current health zones or at a national level, and propose integration of SDM into their workplans, trainings, IEC materials and budget, where appropriate. All expressed interest in scaling up SDM nationally. One of the organizations mentioned they lack adequate financial resources to do so. Of the organizations not currently offering the method (n=6), all stated they would like to integrate SDM into the current range of methods offered if financial resources were made available.

Regarding integration of SDM into programs, of the five program managers interviewed from user and resource organizations, four mentioned that the SDM is already fully integrated into their organizations’ training and supervision systems and manuals. One program manager whose organization does not yet offer the SDM said that it could be easily integrated into training for peer educators, animators and community health workers (CHWs).

In terms of motivation to offer the SDM, all organizations that currently offer the method or support technically those offering the method (n=12) say that it has been fully integrated into the range of methods offered to assist in overall increase of family planning. No special emphasis is placed on a specific method, but rather the range of methods and informed choice. Of organizations interviewed, only one family planning program uses Community-Based Distributors (CBDs) to sell CycleBeads. CBDs are required to offer all available methods. The stakeholder relayed that a small profit (50 Frs. = $0.10) from the sale of CycleBeads is a motivating factor.

On integrating NFP into programs...

“These two methods are natural methods, which are very important, and they have a lot of advantages because there aren’t any side effects. There aren’t any medications to administer. The population needs to be more informed about these methods and we can scale them up. We can make the population understand the advantages of these methods.”

Program Manager, Bamako

On integrating NFP into programs...

“There are always [some] health personnel who are in charge of distribution or promotion of these products that are poorly informed... in Koutiala, I asked the woman in charge of the pharmacy at the Community Health Center if le collier [SDM] was available. She told me that it was but she had some problems with it. She sold CycleBeads to a woman who then came back and told her that the necklace was too small and couldn’t fit it around her thigh or neck. The pharmacy worker said she didn’t know anything about it [CycleBeads] and that she found it [the CycleBeads] in the pharmacy. I think one of the constraints is to train the staff who are in charge of prescribing these methods. They need to be trained and informed about the method to do promotion.”

Program Manager, Bamako
One program manager expressed concern about the lack of training of some pharmacists and pharmacy staff working at the Community Health Center (CSCOM) level and the misconceptions about SDM that can arise when women are not properly informed and provided with correct information about use. Two of three organizations involved with offering the SDM at the national pharmacy level concurred. They stated that it would be beneficial to train staff working in commercial pharmacies and small shops because women seek FP advice from these venues rather than from clinics or health facilities. Often pharmacy staff are not sufficiently trained or aware of how to counsel on the method.

Regarding IEC materials, all four program managers whose organizations currently offer the SDM mentioned that the SDM has been integrated, including flip charts used by the CHW/CBD.

5.3 Assessment of Environment

All stakeholders were asked to comment on the environmental factors that might inhibit/enhance SDM scale up efforts. Many spoke of social, religious and cultural factors affecting use of family planning. Some spoke of partner issues in using the method, particularly about couple communication was needed and how male involvement was necessary for successful use of SDM.

Mali’s population is 90% Muslim, and religion plays a major role in daily life. Religious leaders have considerable influence on public opinion and many/most are openly opposed to modern forms of family planning such as condoms, pills, injections, or intrauterine devices (IUDs). Because of this, family planning suffers from a strong social and religious taboo because, “God created us to reproduce so that we can be numerous behind Mohammed.” According to one of the Muslim community leaders, many men are against using FP because they feel it is against God’s laws, and that they consider it as a woman’s issue. The SDM offers a new option; according to community leaders, Islamic religious leaders are in favor of using natural family planning (NFP) for birth spacing as it does not involve any type of abortion (as some other methods are perceived to be), is natural and does not require any medication. The ATN Project and Health Policy Initiative, partners in SDM scale up efforts, have undertaken some important work at central and regional levels and within Bamako to work with religious leaders to

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5 Interview with an Islamic community organization in Mali
understand the role of child spacing in religion. But more is needed to create large scale consensus among religious leaders on child spacing and religious doctrine.

All stakeholders mentioned additional sensitivities to family planning and SDM in particular, such as social factors, including male involvement in FP decision-making, relationships between couples, and fertility desires of couples. Many men in Mali are not supportive of family planning and if their wives want to use it, they must do so in secret, as mentioned by one stakeholder. All stakeholders interviewed recognized the need for male involvement to successfully use SDM. Yet, only three mentioned this as a positive aspect of the method. Also, there is a general misunderstanding of family planning and its implications for family life and marriage.

Other cultural and social factors influence FP decisions and perceptions in Mali, such as the desire to have many children. One program manager stated that many Malians want to have seven or eight children and that it is difficult to convince them to use family planning. One community leader spoke of fears of family planning use, including infidelity. Male involvement and/or couple communication constraints were underpinned by cultural reasons. This includes how couples will be able to manage the fertile days by abstaining or using condoms. This was seen as a disadvantage by five of the 18 stakeholders.

Policy makers and program managers also spoke about the need to promote the technical aspects of the method more broadly; many are unsure of efficacy and the scientifically-derived algorithm that is the basis of CycleBeads.

5.4 Identified Resource Mobilization Issues

Issues relating to resource mobilization primarily stem from low demand for FP. Because of slow uptake of this relatively new method and logistical and training issues identified in the larger CAREF/IRH study, the existing stock of CycleBeads is adequate until 2011. There is a need to generate awareness of and demand for the SDM as a new method.

The three pharmacists interviewed stated that they would continue to sell and distribute CycleBeads as long as there is demand. They added that customers are willing to pay the price of 200 Francs CFA (approx. $0.41) because it is affordable and a one-time purchase, unlike pills or condoms, which need to be purchased regularly. At the time of these interviews (May 2009), the wholesale price of CycleBeads was 144 Frs. (approx. $0.30) and the retail price was 200 Frs.
None of the three respondents mentioned a problem with supply stock outs and stated that if this ever happened, they could contact one of the other suppliers/distributors. (The larger CAREF/IRH study, though, indicated that stock outs of CycleBeads at health center level were still a significant problem.)

5.5 Perceptions of LAM and efforts to revitalize it in Mali

In addition to SDM, questions concerning LAM were asked of 13 stakeholders. LAM is integrated into all four national family planning programs interviewed. Five community-based organizations had heard of LAM and felt that it was socially and religiously appropriate, however, none of the 13 respondents mentioned the method’s criteria for use as a FP method, and it was unclear if they could differentiate LAM from breastfeeding.

6. Recommendations for Scale-Up of SDM

The following recommendations were made by stakeholders as essential components of successful SDM scale-up:

**INCREASING AWARENESS AND DEMAND FOR SDM AND FAMILY PLANNING**

- All stakeholders (n = 18) identified the need to significantly increase awareness of SDM and how it is used, both for the general population (using mass media campaigns and other communication channels). Many stakeholders recommended using both national and community radio to reach couples as many lack access to television or are not accustomed to watching it.

- To address religious concerns, it will be necessary to reach imams, midwives, and doctors. There were a few (n=3) suggestions to involve religious leaders as they exert considerable influence and are effective channels of communication to a large population.

- Efforts to reach service providers with information are also needed, as medical professionals, but insufficient to achieve scale up. Many stakeholders had the perception that much of the demand creation/marketing was targeted to the medical establishments, and that this was insufficient for successful scale up.

- The consequences of inadequate promotion are seen in SDM uptake and CycleBead sales. Pharmacies (n = 3) cited low demand and sales for the method due to a lack of marketing and promotional materials. Since the airing of television spots in Mali on SDM, CycleBeads and the menstrual cycle, in October-December 2008, there has been little media coverage of SDM and CycleBeads.
REACHING SPECIFIC SUBSEGMENTS OF THE POPULATION

- In terms of messaging and outreach to specific groups, stakeholders stressed that increased emphasis on male involvement was needed for scale-up of SDM. Because of the role of men as family heads, decision makers and community leaders in Mali, sensitizing them to SDM, and FP in general, is the key to increasing use of FP. Men are not usually involved or present at the health centers where women learn about FP.

- Many men do not know that their religion is not opposed to natural methods. This can be addressed by religious community leaders who regularly hold meetings with men and who can explain to them the benefits of family planning.

- Women’s empowerment was also cited as necessary to help women take charge of their own bodies and health.

- Another program manager stated that the youth in their program have heard about SDM, even though their program does not offer it. They expressed interest in providing CycleBeads to this population segment if funding for training and supplies of CycleBeads were available.

EXPANDING ACCESS AND AVAILABILITY OF SDM SERVICES

- Expanding access to SDM services can only be achieved through interested service delivery organizations/partners. More efforts are needed to assist organizations that currently offer SDM to expand training and supervision to other health zones to increase access.

- New organizations interested in adding SDM to their FP programs will require funds for procurement of CycleBeads, IEC materials, training, and supervision to integrate the SDM into their programs.

- SDM should be de-medicalized, as mentioned by one stakeholder, so it can be offered by anyone with basic training, as are condoms, by community agents (animateurs) at the community level.

- New private sector channels should be considered, e.g., placing CycleBeads in small retail stores (boutiques) which are much more numerous than pharmacies, as another option to expand access to SDM.
Appendices

Appendix 1: Stakeholder Interview for Technical Agencies or Donor Agencies

Stakeholder Interviews
Representatives of Technical Assistance/Donor Agencies

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<thead>
<tr>
<th>Name of Person Interviewed:</th>
<th>Province/State/Dept:</th>
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<tr>
<td>Title:</td>
<td>Institution/Organization:</td>
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<td>Date of Interview:</td>
<td>Name of Interviewer:</td>
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READ THE FOLLOWING GREETING BEFORE BEGINNING THE INTERVIEW.
Hello, my name is _______. I am representing the Institute for Reproductive Health. As you may know, IRH is working in several countries to introduce the Standard Days Method into family planning services. We are conducting a study to document the process of introducing the Standard Days Method in ____ (country/region). As part of this study, I would like to ask you some questions about reproductive health and family planning programs in general, and the SDM specifically. This interview should take approximately 30 minutes to an hour. Your participation is entirely voluntary. 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.

Interviews des Parties Prenantes
Représentants de l’Assistance Technique / Agences Donatrices

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<tr>
<th>Nom de la Personne Interviewée:</th>
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<td>Titre:</td>
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<tr>
<td>Date de l’Interview:</td>
<td>Nom de l’Enquêteur</td>
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LIRE LE TEXTE SUIVANT AVANT DE COMMENCER L’INTERVIEW
Bonjour, je m’appelle _______. Je suis un représentant de l’Institut pour la Santé Reproductive (IRH). Comme vous le savez, IRH travaille dans plusieurs pays pour introduire la Méthode des Jours Fixes (MJF) dans les services de planning familial. Nous faisons une étude pour documenter le processus de l’introduction de la MJF au Mali. Une partie de cette étude consiste à poser des questions sur la santé de la reproduction et les services de planning familial en général, et la MJF en particulier aux personnes choisies. Cette interview devrait avoir une durée d’environ 30 minutes. Votre participation est volontaire ; il n’y a pas de conséquence négative si vous ne souhaitez pas participer. Vous pouvez répondre seulement aux questions que vous souhaitez et vous pouvez arrêter l’interview à n’importe quel moment. Nous inclurons vos idées dans notre rapport, mais nous n’utiliserons pas votre nom, et nous ferons en sorte que vos commentaires ne vous soient pas attribués.

Avez-vous des questions ? Êtes-vous d’accord pour participer à cette interview ? (Demander au participant de signer le formulaire de consentement). Puis-je enregistrer notre conversation ? – Oui / Non

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6 Representatives from USAID, UNFPA and Cooperating Agencies which do not provide services.
7 Représentants de l’USAID, UNFPA et Agences Coopératives (associées) qui n’offrent pas de services.
STANDARD DAYS METHOD AND CYCLEBEADS

1. What is the role of your organization related to family planning? (Read alternatives, circle all that apply)
   a. funding organization
   b. training/capacity building
   c. policy/advocacy
   d. research
   e. Information
   f. other (specify)

2. What are your specific activities/programs that include Family Planning or Reproductive Health Presently?

3. Is your organization involved in scale up of the SDM/CycleBeads?

4. Do your FP activities cover a specific geographic area in the country?
   Examples of responsive answers: Whole country, all rural areas, provinces X,Y, and Z

5. Is there a start and end date for your family planning activities?
   1. Yes (give start and end dates m/y)
   2. No

6. Have you ever heard of SDM (Probe Explain and show CycleBeads)

7. Successful use of CycleBeads requires much cooperation between the woman and her partner. Do you think that this is a strength or limitation of the method? Example of acceptable answer (“men will not abstain from sex, it increases partner communication;” unacceptable answer “more methods are better”
Could you explain your answer a little more? Why is it a strength/weakness?
   a. Strength
   b. Limitation

7. L’utilisation efficace de la méthode du collier demande la collaboration entre la femme et son partenaire. Pensez-vous que cela soit une force ou une faiblesses de la méthode?
Exemple de réponse acceptable (« les hommes ne peuvent s’abstenir de rapports sexuels ce qui accroît la communication entre partenaire »)
8. Do you think it would be a good idea to scale up the SDM? (Explain).

8. Pensez-vous qu'il soit une bonne idée de diffuser à grande échelle la méthode du collier (Expliquez)?

9. How much demand do you think there will be for the SDM if it is scaled-up?
   1. A great deal, why?
   2. Some, why?
   3. Not very much, why?
   4. Don’t Know

If respondent answers 1-3 probe why respondent thinks demand will be at the stated level. (Acceptable answers: difficult to use, periodic abstinence widely accepted, need another temporary method, religion will support it, unsafe)

9. Que pensez-vous que la demande va être si la MJF est diffusée à grande échelle ?
   1. Très importante, Pourquoi?
   2. Relativement, Pourquoi?
   3. Pas vraiment, Pourquoi?
   4. Ne sait pas

Si la réponse de l'interviewé est compris entre le 1 et le 3, sondez pourquoi il pense que la demande sera au niveau mentionné. (Réponses acceptable : difficile à utiliser, l'abstinence périodique est largement accepté, besoins d'une autre méthode temporaire, soutien des religions, dangereux)

10. In what ways do you think that widespread distribution of the SDM could influence the FP program? (Specific probes for quality, access, new users, increased CPR, unwanted pregnancy and unsafe abortion).

10. De quelle manière pensez-vous qu'une diffusion à grande échelle de la MJF peut influencer les programmes de PF ?
   Sondez spécifiquement pour la qualité, l'accès, les nouvelles utilisatrices, augmentation de la prévalence contraceptive, grossesses non désirées, avortement dangereux.

**SDM SCALE-UP**

11. Are you aware that IRH are working to scale up the SDM into programs in Mali?
   1. Yes
   2. No

11. Savez-vous qu’IRH fait une diffusion à grande échelle de la MJF dans les programmes au Mali ?
   1. Oui
   2. Non

12. Is your organization involved in scaling up CycleBeads?
   1. Yes (Explain how)
   2. No, Do you see any role for your organization in scaling up CycleBeads?

12/ Est-ce que votre organisation est impliquée dans la diffusion à grande échelle des colliers ?
   1. Oui (Expliquez comment)
   2. Non, Voyez-vous quel peut être le rôle de votre organisation dans la diffusion à grande échelle du collier?
13. An important element of introducing a new family planning method is making sure that the people who need to be involved know about it. In your organization who are the people that need to know about new methods as they are introduced (Acceptable: name of department or division, local, headquarters levels, no one specifically)

13. Un élément important dans l’introduction d’une nouvelle méthode de PF est que les gens qui en ont besoin la connaissent. Dans votre organisation quels sont les gens qui doivent connaître les nouvelles méthodes au fur et à mesure qu’elles sont introduites. (Sondez pour : nom du département ou de la division, local, siège, personne de manière précise)

14. In Mali what are the most important steps in making a new method like the SDM widely available in the National Family Planning Program of (country). Probe for administrative steps, donor support, demonstration of acceptability, demand, etc?

14. Quels sont au Mali les étapes les plus importantes pour rendre disponible une méthode comme le collier dans le Programme National de PF. Sondez pour les étapes administratives, le soutien des donateurs, montrer l’acceptabilité, exigence, etc ?

15. Who would be potential allies/champions in the effort to scale up the SDM? 
Probes: Titles/Jobs of persons in Program, names of other organizations

15. Qui serait un allié potentiel dans l’effort de diffuser le collier à grande échelle ? Sondez pour : le titre, le poste dans le programme, le nom de l’organisation.

16. Who might oppose SDM scale-up? Why?

16. Qui pourrait s’opposer à la diffusion à grande échelle du collier ? Pourquoi ?

17. What barriers other than opposition exist?
If opponents or barriers are mentioned, ask: How could these barriers be overcome?

17. À part l’opposition, quelle autre barrière existe ? 
Si des adversaires ou barrières sont mentionnés, demandez : Comment ces barrières peuvent être surmontées.

18. In general, how supportive would you say the current environment is for scaling up the SDM? Why?
   1. Very supportive
   2. Somewhat supportive
   3. Not supportive

18. En général, jusqu’à quel point diriez-vous que l’environnement actuel pour la diffusion à grande échelle du collier est favorable ? Pourquoi ?
   1. Très favorable
   2. Favorable
   3. Pas favorable

LAM

Before we wrap up our discussion, I’d like to talk to you a little about another fertility awareness-based method, LAM.

Avant de finir notre entretien, je voudrais que nous parlions brièvement d’une autre méthode fondée sur la connaissance de la fécondité.

19. Have you ever heard of the lactational amenorrhea method (LAM)
   1. Yes
   2. No ---Terminate interview
19. Avez-vous déjà entendu parler de la méthode d’allaitement maternel et de l’aménorrhée (MAMA)
   1. Oui
   2. Non --- Fin de l’interview

20. Is LAM part of the family planning program in Mali?
    1. Yes
    2. No

20. Est-ce que la méthode d’allaitement maternel et de l’aménorrhée (MAMA) fait partie du programme de PF au Mali
    1. Oui
    2. Non

21. Is LAM included in your activities? How? (Acceptable answers, we fund organizations that teach LAM, we provide materials)

21. Est-ce que la méthode d’allaitement maternel et de l’aménorrhée (MAMA) fait partie de vos activités ? Comment ?
   (Réponses acceptables : Nous finançons les organisations qui enseignent la MAMA. Nous fournissons le matériel)

CONCLUSION

22. Anything else about SDM or LAM that you would like to discuss?

22. Y a-t-il autre chose à propos du collier ou de la MAMA que vous voulez discuté ?
Appendix 2: Stakeholder Interview for Policy Makers

Stakeholder Interviews
Policy Makers

Name of Person Interviewed: Province/State/Dept:
Title: Institution/Organization:
Date of Interview: Name of Interviewer:

READ THE FOLLOWING GREETING BEFORE BEGINNING THE INTERVIEW.

Hello, my name is _______. I am representing the Institute for Reproductive Health. As you may know, IRH is working in several countries to introduce the Standard Days Method into family planning services. We are conducting a study to document the process of introducing the Standard Days Method in ____ (country/region). As part of this study, I would like to ask you some questions about reproductive health and family planning services in general, and the SDM specifically. This interview should take approximately 30 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.

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?

Nom de la Personne Interviewée: Région:
Titre: Institution/Organisation:
Date de l’Interview: Nom de l’Enquêteur

LIRE LE TEXTE SUIVANT AVANT DE COMMENCER L’INTERVIEW

Bonjour, je m’appelle _______. Je suis un représentant de l’Institut pour la Santé Reproductive (IRH). Comme vous le savez, IRH travaille dans plusieurs pays pour introduire la Méthode des Jours Fixes (MJF) dans les services de planning familial. Nous faisons une étude pour documenter le processus de l’introduction de la MJF au Mali. Une partie de cette étude consiste à poser des questions sur la santé de la reproduction et les services de planning familial en général, et la MJF en particulier aux personnes choisies. Cette interview devrait avoir une durée d’environ 30 minutes. Votre participation est volontaire ; il n’y a pas de conséquence négative si vous ne souhaitez pas participer. Vous devez répondre seulement aux questions que vous souhaitez et vous pouvez arrêter l’interview à n’importe quel moment. Nous inclurons vos idées dans notre rapport, mais nous n’utiliserons pas votre nom, et nous ferons en sorte que vos commentaires ne vous soient pas attribués.

Avez-vous des questions ? Êtes-vous d’accord pour participer à cette interview ? (Demander au participant de signer le formulaire de consentement). Puis-je enregistrer notre conversation ? – Oui / Non

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8 Ministers of health, policy level personnel from service-delivery organizations
9 Parts of this tool could be applied to different respondents, depending on their interests/expertise.
Introduction

1. What are the current priorities of your organization in reproductive health? (probe for programs, geographic areas, target populations)

2. How much of a priority do you consider family planning in terms of your overall organizational concerns?

3. SDM is now a part of the FP program in Mali, what do you think about it as another FP option for couples?

4. Have you ever heard of the Standard Days Method? (Probe: Explain and show CycleBeads)
   a. Yes
   b. No

5. Does your program offer the SDM?
   1 = Yes
   2 = No

6. Would you be interested in expanding the availability of SDM in your program? If yes, why? If no, why?
   Probe: effect on quality, access, new users, increased CPR, unwanted pregnancy and/or unsafe abortion

7. Successful use of CycleBeads requires much cooperation between the woman and her partner. Do you think that this is a strength or limitation of the method? Example of acceptable answer (“men will not abstain from sex, it increases partner communication”); unacceptable answer “more methods are better”
   Could you explain your answer a little more? Why is it a strength/weakness?
   a. Strength
   b. Limitation

7. L'utilisation efficace de la méthode du collier demande la collaboration entre la femme et son partenaire. Pensez-vous que cela soit une force ou une faiblesse de la méthode?
   Exemple de réponse acceptable («les hommes ne peuvent s'abstenir de rapports sexuels ce qui accroît la communication entre partenaire»)
   Réponse inacceptable « plus de méthodes est meilleur »
Pouvez-vous expliquer un peu plus votre réponse ? Pourquoi est-ce une force ou une faiblesse ?
   a. Force
   b. Faiblesse

**SDM Scale-up**

8. Do you envision expanding SDM services at the community, regional or national?
   In what period of time do you hope to achieve this?

8. Envisagez-vous d’accroître la disponibilité du collier au niveau communautaire, régional ou National ?
   En combien de temps pensez-vous réaliser cela ?

9. Who in your program is permitted to offer the SDM?
   a Doctors
   b Nurses
   c Auxillary nurse
   d Community workers
   e Midwife
   f Matrone

9. Qui est autorisé à offrir la MJF dans votre programme ?
   a Médecins
   b Infirmières
   c Aides Infirmières
   d Relais Communautaires
   e Sage Femme
   f Matrone

10. Who are the persons in your program or in the community who could provide the SDM?

11. Could the SDM be offered through programs in other sectors, or organizations (such faith based, womens organizations)
   • Do you see any benefits to doing so?
   • What might be the challenges?

11. Le collier peut-il être offert à travers d’autres programmes dans d’autres secteurs ou organisations (comme celles confessionnelles, les organisations de femmes)
   a. Quels bénéfices y voyez-vous ?
   b. Quels défis y voyez-vous ?

12. What are the major challenges you face with regards to making the SDM a sustainable part of your program?
   **Probe for:** human resources, CycleBeads, training, IE&C, changes needed in the organization/management of services

12. Quels sont les principaux défis auxquels vous êtes confrontés pour faire du collier un élément durable de votre programme ?
   **Sondéz pour :** les ressources humaines, le collier, la formation, IEC, changements nécessaires dans l’organisation/la gestion des services

**Political and Financial Support for SDM Introduction**

13. Would you say that the current environment is supportive of scaling up the SDM among other family planning methods?
   **(Probe for politics, policy, donor agendas, socio-cultural/economic factors)**
• What barriers exist? (probe for structural barriers, people or organizational opponents)
• How could these barriers be overcome?

13. Est-ce que l’environnement actuel est d’un grand secours dans la diffusion à grande échelle de la MJF parmi les méthodes de planning familial ? (Sonder pour l’environnement politique, agendas des donateurs, facteurs socioculturels / économiques)

• Quelles sont les barrières existantes ? (sonder pour barrières structurelles, personnes ou organisations opposantes)
• Comment pourrait-on surmonter ces barrières ?

14. Who would be potential allies/champions in the effort to scale up the SDM?
Probe: Titles/Jobs of persons in Program, names of other organizations

14. Qui serait un allié potentiel dans l’effort de diffuser le collier à grande échelle ?
Sondez pour : le titre, le poste dans le programme, le nom de l’organisation.

15. Who might oppose SDM scale-up? Why?

15. Qui pourrait s’opposer à la diffusion à grande échelle du collier ? Pourquoi ?

16. The SDM is already included in [norms and guidelines, in service training]. Are there any other policy actions that need to be taken to complete the integration of SDM services in your program?
   1 = Yes, If yes, which ones?
   2 = No

16. La MJF fait déjà partie des normes et procédures et de la formation continue. Y a-t-il d’autres actions politiques qui doivent être prise pour compléter l’intégration de la MJF dans vos programmes ?
   1 = Oui, Si Oui, lesquelles ?
   2 = Non

17. It takes funds to introduce something new into your program. Are sufficient funds currently available to support SDM integration?
   • If not, how could funds be made available?

17. Le financement est nécessaire pour introduire quelque chose de nouveau dans votre programme. Y a-t-il suffisamment de fonds pour soutenir l’intégration de la MJF ?
   • Sinon, comment les fonds peuvent ils être disponibles ?

LAM

Before we wrap up our discussion, I’d like to talk to you a little about another fertility awareness-based method, LAM.

Avant de finir notre entretien, je voudrais que nous parlions brièvement d’une autre méthode fondée sur la connaissance de la fécondité.

18. Have you ever heard of the lactational amenorrhea method (LAM)
   1. Yes
   2. No ---Terminate interview

18. Avez-vous déjà entendu parler de la méthode d’allaitement maternel et de l’aménorrhée (MAMA)
   1. Oui
   2. Non ---Fin de l’interview
19. Is LAM a part of your family planning program?
   1 = Yes
   2 = No

19. Est-ce que la méthode d'allaitement maternel et de l'aménorrhée (MAMA) fait partie de votre programme de planification familiale ?
   1 = Oui
   2 = Non

20. Would you be interested in improving/expanding LAM services? Why?
   a = Improve, explain
   b = Expand, explain
   c = Improve and Expand, explain
   d = Neither, explain

20. Seriez-vous intéressé à améliorer/mieux faire connaître la méthode d'allaitement maternel et de l'aménorrhée (MAMA)? Pourquoi?
   a = Amélioré, expliquez
   b = Faire mieux connaître, expliquez
   c = Amélioré et Faire mieux connaître, expliquez
   d = Aucun, expliquez

Conclusions

21. Anything else about SDM or LAM that you would like to discuss?

21. Y a-t-il autre chose à propos du collier ou de la MAMA que vous voulez discuté ?
Thank you for your time and cooperation.
Appendix 3: Stakeholder Interview for Program Managers

Stakeholder Interviews
Program Manager

Name of Person Interviewed:    Province/State/Dept:  
Title:       Institution/Organization:  
Date of Interview:     Name of Interviewer: 

READ THE FOLLOWING GREETING BEFORE BEGINNING THE INTERVIEW.
Hello, my name is _______. I am representing the Institute for Reproductive Health. As you may know, IRH is working in several countries to introduce the Standard Days Method into family planning services. We are conducting a study to document the process of introducing the Standard Days Method in ____ (country/region). As part of this study, I would like to ask you some questions about reproductive health and family planning services in general, and the SDM specifically. This interview should take approximately 30 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.

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?

Nom de la Personne Interviewée:   Région:
Titre:       Institution/Organisation:
Date de l’Interview:     Nom de l’Enquêteur

LIRE LE TEXTE SUIVANT AVANT DE COMMENCER L’INTERVIEW

Bonjour, je m’appelle _______. Je suis un représentant de l’Institut pour la Santé Reproductive (IRH). Comme vous le savez, IRH travaille dans plusieurs pays pour introduire la Méthode des Jours Fixes (MJF) dans les services de planning familial. Nous faisons une étude pour documenter le processus de l’introduction de la MJF au Mali. Une partie de cette étude consiste à poser des questions sur la santé de la reproduction et les services de planning familial en général, et la MJF en particulier aux personnes choisies. Cette interview devrait avoir une durée d’environ 30 minutes. Votre participation est volontaire ; il n’y a pas de conséquence négative si vous ne souhaitez pas participer. Vous devez répondre seulement aux questions que vous souhaitez et vous pouvez arrêter l’interview à n’importe quel moment. Nous inclurons vos idées dans notre rapport, mais nous n’utiliserons pas votre nom, et nous ferons en sorte que vos commentaires ne vous soient pas attribués.

Avez-vous des questions ? Êtes-vous d’accord pour participer à cette interview ? (Demander au participant de signer le formulaire de consentement). Puis-je enregistrer notre conversation ? – Oui / Non

10 Individuals in charge of service delivery programs at the MOH or NGOs (central, regional or local)
11 Parts of this tool could be applied to different respondents, depending on their interests/expertise.
Introducing the Standard Days Method and CycleBeads

1. Have you heard of the Standard Days Method?
   (Probe: Explain and show CycleBeads)
   a. Yes
   b. No

1. Avez-vous entendu parler de la Méthode des Jours Fixes ?
   (Sinon, expliquer et montrer le Collier du Cycle)
   a. Yes
   b. No

2. Does your program offer the SDM?
   1 = Yes, If yes, how long have you been offering the SDM?
   2 = No

2. Votre programme offre-t-il la méthode des jours fixes ?
   1 = Oui, Si Oui depuis combien de temps l’offre-t-il ?
   2= Non

3. SDM is now a part of the FP program in Mali, what do think about it as another FP options for couples?

3. La méthode des jours fixes fait à présent partie des programmes de PF au Mali, qu’en pensez-vous en tant qu’option pour les couples ?

4. Who in your program is permitted to offer the SDM?
   a Doctors
   b Nurses
   c Auxillary nurse
   d Community workers
   e Midwife
   f Matrone

4. Qui est autorisé à offrir la MJF dans votre programme ?
   a Médecins
   b Infirmières
   c Aides Infirmières
   d Relais Communautaires
   e Sage Femme
   f Matrone

5. Who are the persons in your program or in the community who could provide the SDM?

5. Quelles sont les personnes dans votre programme ou dans la communauté qui peuvent offrir le collier ?

6. What are the major challenges you face with regards to making the SDM a sustainable part of your program?
   Probe for: human resources, CycleBeads, training, IE&C, changes needed in the organization/management of services

6. Quels sont les principaux défis auxquels vous êtes confrontés pour faire du collier un élément durable de votre programme ?
   Sondez pour : les ressources humaines, le collier, la formation, IEC, changements nécessaires dans l’organisation/la gestion des services
Essential Elements of Scale-up

Provider Awareness of the SDM

7. An important element of introducing a new family planning method is making sure everyone involved knows about it. Would you say that most people in your organization are aware of the SDM?
   1 = Yes are aware of the SDM
      a. If yes, how supportive are they of offering the method?
      b. Why do you say that? (Probe: are some methods more widely prescribed?)
      c. If yes, is any additional evidence needed to support introducing the SDM?
      d. What type of evidence is needed?
   2 = No, not aware of the SDM

7. Un élément important dans la diffusion à grande échelle d’une nouvelle méthode de PF est que les gens qui en ont besoin la connaissent. Pouvez-vous dire que beaucoup de gens dans votre organisation sont sensibilisé à la MJF ?
   1 = Oui, ils le sont
      a. Si Oui, jusqu’à quel point sont- ils engagé dans l’offre de la MJF?
      b. Pourquoi le pensez-vous? (Sondez:Ya-t-il des méthodes qui sont plus largement prescrites?)
      c. Si Oui, a-t-on besoin d’autres preuves pour appuyer la diffusion à grande échelle de la MJF?
      d. Quel genre de preuve est nécessaire ?
   2 = Non, ils ne le sont pas.

Provider training

8. Is the SDM included in provider trainings?
   a. Yes; how many days of training?
   b. No

8. Est-ce que la MJF fait partie de la formation des prestataires ?
   a. Oui; Combien de jours de formation ?
   b. Non

9. Is the SDM included in the training manual or policy that is commonly used?

9. Est-ce que la MJF existe dans les manuels de formation ou dans les politiques qui sont communément utilisés ?

Provider supervision

10. Have your supervisors been trained in the SDM?
    1 = Yes, all
    2 = Some
    3 = No
    4 = Don’t know

10. Vos superviseurs sont-ils formés en MJF ?
    1 = Oui, tous
    2 = Quelques-uns
    3 = Non
    4 = Ne Sais pas
**IE&C**

11. Is the SDM included in these activities/materials? Please describe what activities and materials.

11. La MJF est-elle incluse dans les activités / matériel ? Décrivez SVP dans quelles activités et dans quels matériels ?

12. What would be the best strategies to inform communities and couples that a new FP method, the SDM, is available?

12. Quelle serait la meilleure stratégie pour informer la communauté et les couples qu’une nouvelle méthode de PF, la MJF, est disponible ?

**System for obtaining CycleBeads**

13. How are CycleBeads distributed in your program?

13. Comment le collier est distribute dans votre programme?

14. Can you tell me how the system works ?
(Probe : How do you request, how do you distribute, how do you restock the CycleBeads?)

14. Pouvez-vous me dire comment le système marche ?
(Sondez pour : comment faire la demande, comment vous distribuez, comment vous renouveler le stock de collier)

15. Do you have stock-outs of CycleBeads? Why?

15. Avez-vous des ruptures de stock de collier ? Pourquoi ?

**Planning and Budgeting**

16. Has the SDM been included in your work plan and budget?

16. La MJF a-t-elle été incorporée dans votre plan de travail et votre budget ?

17. Do you think this is important?

17. Pensez-vous que c’est important ?

18. What do you see as the next steps in integrating the SDM into your program?

18. Quelles sont les étapes futures dans l’intégration de la MJF dans votre programme ?

19. Funds are needed to ensure the full integration of new methods into programs. Are adequate resources currently available to include the SDM in your program?

   • If not, what additional funds are needed?
   • How could additional funds be made available?

19. Le financement est nécessaire pour introduire de nouvelles méthodes dans les programmes. Y a-t-il suffisamment de fonds actuellement disponible pour intégrer la MJF dans votre programme ?

   • Sinon, de quels fonds supplémentaires a-t-on besoin ?
   • comment les fonds supplémentaires peuvent ils être disponibles ?
LAM

Before we wrap up our discussion, I’d like to talk to you a little about another fertility awareness-based method, LAM.

Avant de finir notre entretien, je voudrais que nous parlions brièvement d’une autre méthode fondée sur la connaissance de la fécondité.

20. Have you ever heard of the lactational amenorrhea method (LAM)
   1. Yes
   2. No ---Terminate interview

20. Avez-vous déjà entendu parler de la méthode d’allaitement maternel et de l’aménorrhée (MAMA)
   1. Oui
   2. Non ---Fin de l’interview

21. Is LAM a part of your family planning program?
   1 = Yes
   2 = No

21. Est-ce que la méthode d’allaitement maternel et de l’aménorrhée (MAMA) fait partie de votre programme de planification familiale ?
   1 = Oui
   2 = Non

22. Would you be interested in improving/expanding LAM services? Why?
   a= Improve, explain
   b= Expand, explain
   c= Improve and Expand, explain
   d = Neither, explain

22. Seriez-vous intéressé à améliorer/mieux faire connaître la méthode d’allaitement maternel et de l’aménorrhée (MAMA) ? Pourquoi ?
   a= Amélioré, expliquez
   b= Faire mieux connaître, expliquez
   c= Amélioré et Faire mieux connaître, expliquez
   d = Aucun, expliquez

Conclusions

23. Anything else about SDM or LAM that you would like to discuss?

23. Y a-t-il autre chose à propos du collier ou de la MAMA que vous voulez discuté ?
Thank you for your time and cooperation.

[31]
Appendix 4: Stakeholder Interviews for Community Leaders

STAKEHOLDER INTERVIEWS
Community Leaders

Name of Person Interviewed:     District/Area:  
Title:        Community:  
Name of Interviewer:      Date:  

READ THE FOLLOWING GREETING BEFORE BEGINNING THE INTERVIEW.
Hello, my name is _______. I am representing the Institute for Reproductive Health. We are conducting a study on efforts to improve reproductive health services for women by making new family planning methods available in ____ (country/region). As part of this study, I would like to ask you some questions about reproductive health and family planning services in general, and the Standard Days Method specifically. This interview should take approximately 30 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.

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?

12 Presidents of community associations, religious leaders, mayors, members of community health committees city council members (if they exist) teachers, and/or others who interact frequently with women and partners.
1. How often do you talk to the health authorities in your community?
   1. Frequently
   2. Sometimes
   3. Infrequently
   4. never

2. Do you know if family planning methods (describe) are available in your community?
   1. Yes (probe: where? E.g. CBD, clinic, pharmacy))
   2. No

3. How many couples in your community do you think use family planning?
   1. About half
   2. Less than half
   3. Few
   4. None
   5. Don’t know

4. What is your personal opinion of family planning? Are you...
   1. Very much in favor
   2. Somewhat in favor
   3. Not very much in favor
   4. Not at all in favor

5. Who (else) do you think is in favor of family planning in this community?
   (Example of acceptable responses: the clinic, women’s groups, some women, don’t know)

6. Who (else) in this community is against family planning?

6. Qui (d’autre) dans votre communauté est contre la PF?
7. Have you ever talked to anyone about your support for/opposition to family planning?
   1. Yes (probe who, when where)
   2. No

7. Avez-vous jamais parlé à quelqu’un à propos de votre soutien/opposition à la PF ?
   1. Oui (Sondez : qui, quand, où)
   2. Non

8. What family planning methods have you heard of? (spontaneous) If CycleBeads not mentioned probe for method “have you ever heard of CycleBeads?” Regardless of response, show beads and explain.

8. De quelles méthodes de PF avez-vous entendu parlé ? (Spontanée)
   Si le collier n’est pas mentionné, sondez spécifiquement « Avez-vous entendu parlé du collier ? »
   Quelle que soit la réponse, montrez le collier et expliquez.

8. If the SDM/ CycleBeads is not available in your community, would you support making it available?
   1. Yes (probe why, where)
   2. No (probe why) ----Terminate SDM interview

8. Si la MJF/le collier n’est pas disponible dans votre communauté, voulez-vous aider à le rendre disponible ?
   1. Oui (sondez Pourquoi?, Où?)
   2. Non (sondez Pourquoi?)

9. SDM requires that the husband and wife communicate about the method. Do you think this is an advantage or a disadvantage? Explain

9. La MJF nécessite que le mari et la femme communiqués à propos de la méthode. Pensez-vous que c’est un avantage ou un désavantage ? Expliquez.

10. Have you seen or heard any information on the SDM through posters, flyers, television, radio, community outreach activities?
    1. Yes (probe which?)
    2. No

10. Avez-vous vu ou entendu une information sur la MJF/le collier à travers les affiches, les dépliants, la télévision, la radio, les activités communautaires ?
    1. Oui (sondez lequel ?)
    2. Non

LAM

11. Do you think that breastfeeding can be a good family planning method?
    1. Yes (probe why)
    2. No (probe why)

11. Pensez-vous que l’allaitement puisse être une bonne méthode de PF?
    1. Oui (sondez pourquoi)
    2. Non (sondez pourquoi)

12. Have you ever heard of LAM (explain about LAM if answer is either yes, no)
    1. Yes (probe where when)
    2. No

12. Avez-vous déjà entendu parler de la méthode d’allaitement maternel et de l’aménorrhée (MAMA) (Expliquez la MAMA si la réponse est Non)
    1. Oui
2. Non

13. Do you see any advantages or disadvantages of including LAM as a family planning method in this community?

13. Voyez-vous des avantages ou inconvénients à l’introduction de la MAMA comme méthode de PF dans votre communauté?
# Appendix 5: List of Stakeholders Contacted for Interview ("*" indicates person was actually interviewed)

**ENQUÊTE AUPRES DES PARTIES PRENANTES**

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Contact</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chef de Division Santé de la Reproduction : Dr Binta Keïta</td>
<td></td>
<td>Politique</td>
</tr>
<tr>
<td>* 2. Directeur Régional de la Santé de Koulikoro : Dr Guindo</td>
<td>Dr. Konate, 76026879</td>
<td>Politique</td>
</tr>
<tr>
<td>3. Directeur Régional de la Santé de Ségou : Dr Alassane Dicko</td>
<td>76128267</td>
<td>Politique</td>
</tr>
<tr>
<td>* 4. Conseiller SR/PF PSI ou Directeur de programme, Boureima Maïga</td>
<td>66761249</td>
<td>Programme</td>
</tr>
<tr>
<td>* 5. Conseiller SR/PF PKC2 ou Directeur de programmes, Dr. Ouattara (CARE, MALI)</td>
<td>76243939 Telephoner la bas</td>
<td>Programme</td>
</tr>
<tr>
<td>* 6. Conseiller SR/PF ATN Plus ou Directeur de programmes, Dr. Arkia</td>
<td>66718832</td>
<td>Programme</td>
</tr>
<tr>
<td>* 7. Directeur de programmes ASDAP, Dr. Ousmane Traore</td>
<td>66720765</td>
<td>Programme</td>
</tr>
<tr>
<td>* 8. Directeur Projet Jeunes (UNFPA)</td>
<td>Telephoner la bas</td>
<td>Programme</td>
</tr>
<tr>
<td>9. Responsable SR/PF USAID Dr. Medina Sangara et Bob de Wolfe</td>
<td>20702727</td>
<td>AT</td>
</tr>
<tr>
<td>* 10. Responsable SR/PF UNFPA, Dr. Maryam Sissoko</td>
<td>66715816</td>
<td>AT</td>
</tr>
<tr>
<td>* 11. Responsable SR/PF Royaume Pays Bas (Chef de file de PTF) - Netherlands</td>
<td></td>
<td>AT</td>
</tr>
<tr>
<td>* 12. FENASCOM : Dr Sidi Touré (Federation des les ASACO)</td>
<td>764 76435</td>
<td>Communitaire</td>
</tr>
<tr>
<td>* 13. CAFO : (Coordination des femmes de l’ouest)</td>
<td></td>
<td>Communitaire</td>
</tr>
<tr>
<td>* 14. RIPOD : Mme Mafouné (Reseau Isame, Population et Developpmente)</td>
<td>76449615</td>
<td>Communitaire</td>
</tr>
<tr>
<td>* 15. Association Catholique :</td>
<td>On va chercher</td>
<td>Communitaire</td>
</tr>
<tr>
<td>* 16. Association Protestante : Mme Diakité Pauline</td>
<td>66796002</td>
<td>Communitaire</td>
</tr>
<tr>
<td>17. Ordre des Pharmaciens du Mali Dr. Dia</td>
<td></td>
<td>Politique</td>
</tr>
<tr>
<td>* 18. DPM : Dr Touré Daouda Makan</td>
<td>20232463 (bureau), 76012445 (portable)</td>
<td>Politique</td>
</tr>
<tr>
<td>* 19. PPM : Directeur de l’approvisionnement Dr. Daiga Tioukaina</td>
<td>76430265</td>
<td>Politique</td>
</tr>
<tr>
<td>* 20. Pharmacie Grossiste/Warehouse - CAG Central d’achat de Generique</td>
<td></td>
<td>Pharmacie</td>
</tr>
<tr>
<td>* 21. Laborex Distributors- interview the pharmacy (officine)</td>
<td></td>
<td>Pharmacie</td>
</tr>
<tr>
<td>* 22. CAMED (Mali) Central Achats de Générique</td>
<td></td>
<td>Pharmacie</td>
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