

Evaluation of an Approach to Transition Postpartum Women to Standard Days Method® Use

Investigators:
SMART CONSULTANCY LTD
The Ministry of Health (Rwanda)

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The FAM Project

Institute for Reproductive Health
Georgetown University
4301 Connecticut Avenue, N.W., Suite 310
Washington, D.C. 20008 USA
irhinfo@georgetown.edu
www.irh.org

Table of Contents

- Acronyms and Abbreviations 5
- List of tables and figures..... 6
- Executive summary 6
- 1. Key findings 7
 - 1.1. Providers’ competencies to correctly offer the SDM including the Bridge: 7
 - 1.2. Providers’ perceptions of the Bridge: 7
 - 1.3. Demand for the Bridge..... 8
 - 1.4. Transition from the Bridge 8
 - 1.5. User perspective 8
 - 1.6. Conclusions and recommendations 8
- BACKGROUND 10
 - 1. Introduction 10
 - 2. Justification 10
 - 3. Biological Basis for the Bridge 11
 - 4. The Bridge 12
 - 5. Rwanda context 13
 - 6. Aim and Objectives 14
 - 6.1. Provider perspective 14
 - 6.2. Program perspective 14
 - 6.3. Client perspective 14
 - 7. The intervention..... 14
- METHODS 15
 - 1. Study description and design 15
 - 1.1. Knowledge Improvement tool (KIT) 15
 - 1.2. Focus groups with providers 15
 - 1.3. Clients’ interviews 15
 - 1.4. Services statistics 16
 - 2. Study sites 16
 - 3. Sampling 17
 - 4. Study procedures 18
 - 4.1. Procedures at enrolment 18
 - 4.2. Follow-up 18
 - 4.3. Data management..... 18
 - 7. Ethical considerations 18
 - 8. Study limitations and challenges 19
- FINDINGS 20

1.	Provider perspective	20
1.1.	Providers’ competencies to correctly offer the SDM including the Bridge	20
1.2.	Acceptability of the Bridge to providers	23
1.3.	Providers’ perception on clients’ experience with the Bridge tool	24
1.4.	Providers’ recommendations.....	26
2.	Program perspective	27
2.1.	Scope of the demand for the Bridge.....	27
2.2.	Proportion of Bridge users who transition to SDM.....	30
3.	Client perspective	31
3.1.	Demographics of interviewed clients	31
3.2.	Correct use of the Bridge tool by women.....	31
	CONCLUSIONS AND RECOMMENDATIONS	33
	APPENDICES.....	34
	REFERENCES	80

Acronyms and Abbreviations

Dr	Doctor
FGD	Focus group discussion
HIV	Human immunodeficiency virus
IEC	Information, Education, Communication
IRB	Internal Review Board
IRH	Institute of Reproductive Health
IUD	Intra uterine device
KIT	Knowledge Improvement Tool
LAM	Lactational Amenorhea Method
Ltd	limited
MD	Medical Doctor
MOH	Ministry of Health
SDM	Standard Days Method
SPSS	Statistical Package for Social Sciences
STD	Sexual Transmitted Diseases
TA	Technical Assistance
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization

List of Tables and Figures

Table 1: Facilities participating the Bridge study17

Table 2: All providers' scores by KIT's item21

Table 3: Service Statistics summary, November 2011 – September 201228

Table 4: Bridge users, November 2011 - Sept 201229

Figure 1: Illustration of new SDM and bridge users, from November 2011 to September 201230

Appedix 1: Number of clients interviewed by health facilities34

Appedix 2: Summarized results between the two clients' interviews38

Appedix 3: Providers' scores by hospitals41

Executive Summary

This study was designed to evaluate what happens when guidelines for postpartum women (Bridge) are integrated into Standard Days Method® (SDM) services in a setting where the SDM is already widely offered as part of the full basket of modern family planning methods. The study focused on the following research questions:

- Can providers correctly offer the SDM including the Bridge?
- How acceptable is the Bridge to providers?
- What is the potential demand for the Bridge, that is, how many women who are interested in the SDM are not yet eligible to use it because they are postpartum?
- And what is actual demand – how many of these would be interested in using the Bridge to transition to SDM?
- Can women use the Bridge tool correctly?
- How difficult is it for women to use?
- How acceptable is the Bridge to users and their partners?
- How acceptable is the Bridge tool to women and providers? and
- What is the proportion of Bridge users who transition to SDM?

The study was conducted in 31 health facilities in Rwanda. It evaluated an intervention in which service providers in facilities that have been successfully offering the SDM for a number of years were trained in offering the Bridge to clients, as part of their SDM services. Evaluation research activities included:

- Knowledge Improvement tool (KIT) to measure provider competency
- Focus groups with 27 providers discussing provider perceptions of the Bridge
- Interviews with 45 women who started using the Bridge during the study period to determine if they were using the Bridge card correctly, and how satisfied they were with the Bridge and with the Bridge tool, and
- Service statistics to establish Demand for the Bridge, and transitioning from the Bridge.

1. Key findings

1.1. Providers' competencies to correctly offer the SDM including the Bridge:

In general, the analysis of KIT results shows a good picture of very knowledgeable providers, correctly responding, on average, to 75.2% of questions. They demonstrated Excellent knowledge of items related to correct use of SDM and CycleBeads. All of them (100%) responded correctly to three of the questions of how to use CycleBeads, and over 90% provided correct response to all other questions on SDM use. However, providers demonstrated incomplete knowledge of items related to correct screening for women who wish to use SDM, and items about when the client should seek provider help. Three KIT items related directly to the Bridge. Some 89% of providers correctly responded to the question about how to mark the Bridge tool; and 73% knew when postpartum women can start using the Bridge. However only 58% knew when a Bridge user should contact her provider.

1.2. Providers' perceptions of the Bridge:

Most of the providers who participated in the focus groups said that teaching clients how to use the Bridge Tool is easy. Many providers target women who come for vaccinations, antenatal care, and maternity care, in addition to clients who come to the facility seeking to use the SDM as their family

planning method. All providers felt confident to teach the Bridge. Most providers do not see any obstacle to mainstreaming the Bridge option in service delivery.

Views of most providers suggest that using the Bridge Tool is more difficult than using the CycleBeads, as the former requires some education (completion with a pen/pencil), which is not required by the latter. Providers offered suggestions on how to improve the Bridge tool.

1.3. Demand for the Bridge

Overall, 218 women started using the Bridge during a four-month recruitment period. Service statistics show that more than half (53.7%) were counseled during vaccination. Of all women who accepted a new family planning method during the 11-month study period, 2.5% chose SDM, and 1% chose the Bridge.

1.4. Transition from the Bridge

At the end of the 11-month study period, 79 Bridge users (36.2%) transitioned to SDM, while 105 48.2% switched to other family planning methods. Only 8 women became pregnant during their seven-month follow-up period, and 26 women (11.9%) stopped using the postpartum guidelines without transitioning to another method, or dropped out of the study.

1.5. User perspective

Some 45 Bridge users were interviewed two months after they started using the Bridge, and again five months later. In general, the study found that women can use the Bridge tool correctly when they get appropriate instruction. The difficulties expressed by users were minor but should be addressed. Two months after starting using the Bridge, all 45 interviewed clients still had their Bridge Tool and were marking it daily. Five months later, 28 were still using the tool, while 17 clients were no longer using the Bridge: 12 clients had already transitioned to SDM (26.7%), one client to Billings; two women were pregnant, one was on the last row of her card, while another one said she finished the card without being eligible to use SDM.

According to almost all clients (97.8%) during both interviews, the card is easy to use and easy for their partners to understand. More than 90% of clients in both interviews said that they did not have any problem with abstinence or condom use on the days the Bridge identifies as fertile. More than 70% of clients said they were generally satisfied, while all 100% would recommend it to others.

The study found that husbands of most respondents were involved in using of the tool, mostly by reminding their wives to mark it or by marking the tool themselves. The proportion of husbands who marked the cards themselves doubled between the first interview (20%) and the second (40%).

1.6. Conclusions and recommendations

The findings of this evaluation suggest enthusiasm about the Bridge initiative by users, their husbands, and providers. The following are key recommendations:

- Regular refresher trainings are recommended, which should include case studies, practical exercises, and demonstration of condom use
- It would be necessary to consider the Bridge tool formatting and the material it is made of, to address crucial concerns expressed by the research informants.

- Men's involvement should be more explicit in provider and client materials. Concerns about men involvement and condom use should be addressed.

BACKGROUND

1. Introduction

The Standard Days Method® (SDM) is a fertility awareness-based method of family planning. It is effective, and is easy for providers to teach, and for users to learn and use. Multiple studies around the world show that the method is a good family planning option for many women. However, because the method requires regular menstrual cycle (most menstrual cycles between 26-32 days long), the method is not appropriate for postpartum women until they have re-established cycle regularity. The Institute for Reproductive Health, Georgetown University (IRH), has developed a protocol for postpartum women to use starting after their first postpartum menstruation, and until they are eligible to use the SDM (Bridge). Provider and client tools have been developed and validated, that position the Bridge as an addition to SDM counseling. That is, postpartum women who are interested in using the SDM, but are not yet eligible to use it, may be counseled to use the Bridge. When they become eligible to use the SDM they can transition to it.

This study tested the integration of the postpartum protocol into existing SDM services in Rwanda. The Bridge has been integrated into the SDM counseling protocol in facilities where the SDM has already been offered as part of a variety of modern family planning methods.

This study examined the integration of the Bridge into SDM services from the provider, client, and program perspective. The intervention involved training SDM providers to offer the Bridge, including the guidelines in training for new SDM providers. The providers then offered the guidelines to interested and eligible clients and gave them the Bridge tool, which clients used to track their menstrual cycle days while they were using the Bridge. Research methodologies include service statistics, provider supervision forms, focus groups with providers, and interviews with clients two and seven (later, if necessary) months after they were counseled in method use.

2. Justification

Fertility awareness-based methods of family planning provide instructions for women to identify the days each menstrual cycle when they are likely to become pregnant. Couples who wish to prevent pregnancy avoid unprotected intercourse on those days. Studies and service statistics show that a substantial number of women around the world prefer this approach to pregnancy prevention.^{1,2,3}

Postpartum women and their infants face particular health risks if they become pregnant again before the infant is at least two and a half to three years old. Recent studies suggest that the ideal birth spacing is three to five years^{4,5,6} Ross and Winfrey⁷ used data from 27 Demographic and Health Surveys to show that there is much unsatisfied interest in, and unmet need for, contraception during the first year postpartum. Many countries lack a system for follow-up of postpartum women. While postpartum care is often included in community health home visit systems, it is less evident in clinic services. New mothers, their families, and even their health providers often do not recognize the need for postpartum follow-up beyond the first few weeks. Also, postpartum women and their families often mistakenly believe that postpartum women cannot become pregnant as long as they are amenorrheic, or while they are breastfeeding. Even more problematic, many health care providers still hold similar beliefs⁷.

A fertility awareness-based method that was developed specifically for breastfeeding women is the Lactational Amenorrhea Method (LAM), by which a breastfeeding woman has less than 2% probability of becoming pregnant as long as she meets all of the three following criteria: (1) she is still amenorrheic, (2) she is less than 6 months postpartum, and (3) she is breastfeeding fully, or nearly fully.⁸ As soon as the woman has

her first postpartum period, or the baby starts receiving more foods or liquids other than breast milk, or when the baby turns six months old, LAM is no longer as effective, and it is recommended that she use another family planning method to avoid pregnancy.⁹

Fertility awareness-based methods such as the Billings Ovulation Method and the Symptothermal Method are highly effective, but they are not offered by most multi-method family planning programs, in part because many providers do not have time to acquire the skills and engage in the extensive teaching process these methods require. As a result, relatively few women have access to them.¹⁰ This is even more problematic for postpartum women because studies show that while these methods can be effectively used by postpartum women, it is more difficult to learn to use them postpartum because the normal mucus and temperature patterns may not yet be reestablished, even after potentially fertile ovulatory cycles have resumed.¹¹

Recent years have seen efforts to develop simple fertility awareness-based methods of family planning, in order to make information about the fertile window available to more women around the world. One such method is SDM, which defines the fertile window as days 8-19 of the menstrual cycle, for women whose cycles usually range 26-32 days. The method is effective (failure rate with abstinence on the fertile day < 5 per 100 women/years; typical use failure rate <12)¹², but cannot be used by postpartum women until they have reestablished cycle regularity. By definition, LAM use ends when the woman menstruates, several months before she becomes eligible to use the SDM.¹³

To address the unmet need for an effective fertility awareness-based approach to avoiding pregnancy, for those postpartum women who prefer to not use other modern family planning methods, IRH developed the Bridge, to transition women from the first postpartum menses, until they are eligible to use the SDM. The study evaluated integrating the Bridge into SDM counseling and services.

3. Biological Basis for the Bridge

Pregnancy, child birth, and breastfeeding alter the normal pattern of hormonal events in the hypothalamus-hypophysis-ovary axis. As a result, ovarian activity is suppressed and fertility is reduced.^{4,14} The frequency and duration of breastfeeding episodes are important in suppressing ovulation and lowering the probability of pregnancy.^{15,16,17} Even after ovulation resumes, hormonal function often remains disrupted, so that probabilities of conception and implantation are still reduced.¹⁸ Yet fertility eventually returns, often when the woman is still amenorrheic and/or breastfeeding. The probability of pregnancy among lactating women increases with time postpartum. Short et al.¹⁹ estimated that 50% of breastfeeding women having intercourse and using no method of family planning, would become pregnant by 12 months postpartum, irrespective of whether their menses had already returned or not. Postpartum women who do not breastfeed, or who wean their infants soon after birth, go through the same process, but their fertility resumes sooner²⁰.

The period of time until cycle regularity returns postpartum consists of several distinct stages, each requiring separate consideration. Postpartum amenorrhea is the time between the birth of the child and the first postpartum menstruation; next is Cycle 1, the cycle starting with the first postpartum menses; followed by Cycles 2 and subsequent cycles until cycle regularity is re-established.

Studies on fertility while breastfeeding show that while many women in postpartum amenorrhea are either anovulatory, or ovulate but have hormone levels such that a pregnancy cannot be sustained – a significant number of women are, in fact, fertile before the first postpartum menses. Campbell and Gray¹², for example, followed 60 breastfeeding women in the United States, and discovered that two thirds of women ovulated before their first menstruation, but 47% of those menstrual cycles had insufficient luteal-phase levels of pregnanediol to sustain a pregnancy. Similarly, Arévalo et al.⁴ found in an analysis of data from 73 breastfeeding women in Britain, Canada and Australia, that about two thirds of women ovulated before their

first postpartum menses (as opposed to ovulatory activity not including actual ovulation), but only half of those who ovulated had a luteal phase of at least 10 days, which is considered long enough to support a pregnancy. Thus, about a third of breastfeeding women can theoretically become pregnant from unprotected intercourse during postpartum amenorrhea. If they rely on resumption of bleeding as the first sign of the return of fertility, they have no forewarning of it. As many as 13% of women in fact become pregnant while still in postpartum amenorrhea, before they experience menses postpartum.²¹

Postpartum amenorrhea can last from as little as five weeks (if the woman does not breastfeed), to two years or more (if the woman breastfeeds extensively for many months).⁴ The end of amenorrhea is highly correlated with breastfeeding patterns, but it is not possible to predict whether or not ovulation will occur while the woman is still amenorrheic (although ovulation becomes more likely over time postpartum), or to estimate the timing of ovulation. While LAM protects from pregnancy in the first six months of postpartum amenorrhea (provided that the woman breastfeeds fully or nearly fully), it is less effective after the baby is six months old.

Cycle 1 – the cycle that begins with the first postpartum menstruation – is still highly unpredictable. It can be as short as 20 days or as long as 100 or more days. About two thirds of cycles 1 are ovulatory and have a luteal phase long enough to sustain a pregnancy. The length of the menstrual cycle and the timing of ovulation still cannot be predicted, but ovulation tends to be later in the menstrual cycle (with a shorter luteal phase) than in non-postpartum menstrual cycles.⁴ The timing of ovulation, and menstrual cycle length and regularity, gradually return to “normal” in subsequent cycles (Cycles 2+).⁴ women in Cycle 1 and Cycles 2+ are not eligible to use LAM, as they have already menstruated postpartum.

4. The Bridge

The differences between the phases of the postpartum period until cycle regularity is reestablished posed a special challenge in developing the Bridge. Since the timing of ovulation is unpredictable in the amenorrhea phase, and is different in cycle 1 than in later cycles, a different set of instructions was needed for each phase. Yet the intent was to develop guidelines that are not only effective in preventing pregnancy, but also easy for providers to teach and for users to learn and use, so as to make them accessible to more women. Giving a user several sets of instructions, with guidelines on when to switch from the one to the other, would make the guidelines complex and difficult to follow, possibly leading to inconsistent use resulting in unintended pregnancy. Requiring the woman to return for new instructions at the end of each phase would make the Guidelines less feasible programmatically to offer in family planning and reproductive health programs, and therefore less accessible to women. With this in mind, IRH developed the Bridge, which was tested in this study.

While ideally IRH would have preferred to develop instructions that could offer protection to women before menses resumes, it proved to be difficult both programmatically and for potential users*. IRH therefore focused attention on the postpartum period starting with the first menses, and developed a single tool for clients to use starting with their first postpartum period, and continuing until they can start using the SDM.²²

IRH determined that the optimal protocol that would provide sufficient protection from pregnancy yet allow the couple to have unprotected intercourse several days in the cycle, would be to define the fertile window as

* Given the unpredictability of ovulation in the amenorrhea phase, the formula that we determined would be most effective in preventing pregnancy was for the couple to have unprotected sex no more than every 10 days. This formula is probability based, not fertility-awareness based, which may make it more difficult for providers to teach. In addition, because of the huge variability in the length of the amenorrhea phase, a second provider/client visit to give instructions for the phase starting with the first menstruation would be more difficult to avoid.

starting on day 11 of the cycle, and ending when the woman gets her second postpartum menses. It is known that in cycle 1 ovulation tends to occur later than in average cycles of non-postpartum women, but it is not possible to know how late it will occur. Because of this, the fertile window has to be open-ended (until the next menses). Users would therefore be counseled to avoid unprotected intercourse from day 11 of their cycle, until their next menses.

Regularity increases in cycles 2+, and the timing of ovulation gradually returns to 'normal'. The Bridge guidelines for these cycles prescribes a fertile window of 17 days (days 8-24 of the cycle). The woman would continue following this 8-24 rule until she is eligible to start using the SDM (fertile window on days 8-19 of the cycle for every user in every cycle). The fertile window for cycles 2+ starts earlier than in Cycle 1 (day 8) because the timing of ovulation may be 'normal'. But because ovulation may still occur later than 'normal' the fertile window must be longer (inclusive of day 24). Users would be counseled, then, to avoid unprotected intercourse on day 8-24.

To be eligible to use SDM, the woman needs to have at least three full cycles (4 periods) postpartum, such that the last is 26-32 days long. If the woman uses the tool for six cycles (Cycle 1 and five additional cycles), and she still does not have a cycle within the 26-32 day range, she is not a good candidate to use the SDM, and should select another family planning method.

A Bridge tool was developed for users of the Bridge, to help them keep track of the length of their cycles, and determine when they should return to their provider to transition to the SDM (or to another method if SDM is not a good option for them at the time). The tool can also be used by providers as they counsel women in how to use the Bridge. The Bridge tool, translated to Kinyarwanda, is attached in Appendix A.

5. Rwanda context

The SDM was first introduced in Rwanda in 2002 by IRH, in collaboration with the Rwanda Ministry of Health and INTRAH/PRIME II. To start, the method was integrated into the services of 13 pilot sites, including seven public health clinics, five clinics run by religious organizations, and one Nongovernmental organization (NGO) site. This was the first time that the method was introduced anywhere in regular service delivery without the rigorous follow up of clients that is inherent to efficacy and operations research studies. Interviews and focus groups conducted with providers and users of the SDM from these initial sites confirmed what was found when the method was offered in study settings, and show that the method is a viable option for many couples. Since most users are new to family planning use, it is an addition to (not a replacement for) other modern family planning methods.²³

Two years after this successful effort, the method was introduced in 15 additional sites. Rwanda was then chosen as one of three countries to study the impact of introducing the SDM on a larger (regional) scale. The northeastern province of Byumba was selected as the intervention area for the study. The intervention included extensive advocacy and capacity building efforts, provider training, Information, Education, Communication (IEC), monitoring and supervision. Large scale community surveys, simulated clients, and the collection of service statistics, were used to evaluate the outcome of this intervention. Results show substantial demand for the SDM in Rwanda, and no significant issues with service delivery, and offered valuable implications for scaling up the integration of the method nationally.²⁴

Efforts to scale up SDM in Rwanda began in 2007, and the method is now offered in almost all health facilities that offer family planning. While the recent Rwanda Service Delivery Assessment (2008) showed that only 12% of facilities had on the premises CycleBeads®, the commodity offered with the SDM, a facility assessment undertaken by IRH a year later showed that the problem has largely been resolved.

Considering the trajectory of the SDM in Rwanda and IRH's comprehensive efforts at the policy and program level there, the country offers the ideal settings for integrating the Bridge into SDM services.

6. Aim and Objectives

The objective of this study was to evaluate what happens when the Bridge is integrated into SDM services in a setting where the SDM is already widely offered as part of the full basket of modern family planning methods.

Since the efficacy of the Bridge had already been established,²⁵ the purpose of the study was to assess programmatic aspects of the intervention, from the provider, client, and program perspective. A specific set of provider and client tools that had been developed for the purpose was used and evaluated. Specific research questions include:

6.1. Provider perspective

- Can providers correctly offer the SDM including the Bridge?
- How acceptable is the Bridge to providers?

6.2. Program perspective

- What is the demand for the Bridge? That is, how many women who are interested in the SDM are not yet eligible to use it because they are postpartum? And how many of these would be interested in using the Bridge to transition to the SDM?

6.3. Client perspective

- Can women use the Bridge tool correctly? How difficult is it for women to use?
- How acceptable is the Bridge to users and their partners? How acceptable is the Bridge tool?
- What is the proportion of Bridge users who transition to SDM?

This report is structured around the six research questions.

7. The intervention

Facilities were selected to the study where SDM had been offered for at least two years as part of a full range of family planning methods, and service statistics showed significant SDM uptake. Providers in the 31 selected facilities were trained by IRH/Rwanda staff in how to offer the Bridge, and started offering the Bridge to postpartum women as part of their regular SDM counseling. Special IEC efforts were made to raise awareness of this option among postpartum women. Prenatal, postnatal, and well-baby services were targeted, to encourage providers to inform women about the SDM as a non-hormonal method and the option of tracking their menstrual cycles once their periods resume. In these sites, providers who were already offering the SDM to interested clients received refresher training in the SDM, which included also the additional information on the Bridge. Their training focused on: (1) screening potential clients for eligibility for the SDM and the use of the Bridge; and (2) teaching eligible clients how to use the Bridge to keep track of their menstrual cycles while they wait to meet the SDM eligibility criteria. Providers in Rwanda already used specially designed materials to help them correctly screen clients interested in the SDM for method eligibility, and to counsel them correctly in method use. These materials were revised to include the Bridge.

METHODS

1. Study description and design

The study consisted of several components that were conducted independently of each other, but their timing was interrelated:

- The intervention, including training of providers and supervisors, and beginning to offer Bridge services, began in November 2011, before research activities started.
- Research activities started two months after the training of providers in all participating health facilities. Four research methodologies were utilized, as follows:

1.1. Knowledge Improvement tool (KIT)

The KIT is a supervisory tool routinely used by supervisors of SDM providers to measure provider competency. It consists of questions regarding various elements of SDM service delivery, including checking for eligibility to use the method, and counseling in method use. Routine KIT administration allows supervisors to provide feedback to the providers, promotes refresher trainings focusing on weak areas, and promotes better quality services.

For this study IRH adapted the SDM KIT to include also Bridge elements. Enumerators administered the KIT in this study, instead of supervisors. They were trained to provide the type of feedback a supervisor would provide. As these data were collected as part of a study, the name or any identifying information about the provider were not recorded, to promote participant confidentiality.

1.2. Focus groups with providers

To examine the acceptability of the Bridge to providers, focus groups were undertaken with providers (who agreed to participate and signed an informed consent form) approximately two months after they were trained in offering the Bridge. A total of 27 providers participated in five focus groups in five sites; Kiziguro, Gakenke, Kibuye, Kilinda and Mibilizi between February 16 and 23, 2012. The focus groups took place in rooms where the discussion could not be overheard or interrupted. The focus groups were audio-recorded, and recordings were later transcribed.

1.3. Clients' interviews

Clients were interviewed to determine if they used the Bridge card correctly and how satisfied they were with the Bridge and with the Bridge tool. Since the efficacy of the Bridge had already been established, the Bridge was provided to women who chose it regardless of whether or not they agreed to participate in the study. After they chose the Bridge as their family planning method and were counseled in its use, they were invited (by the provider) to participate in the study. They could start using the Bridge regardless of whether they were admitted to the study or not. The training of providers focused on Bridge counseling, but included also a module about how to invite clients to participate in the study and how to obtain informed consent, with a strong emphasis on the voluntary nature of study participation.

Each Bridge user was interviewed twice, two and seven months after she started using the Bridge (if she was still using the Bridge when it was time for the seven-month interview, it was postponed until she completed Bridge use). Each interview lasted about 25 minutes. It included questions about their use of the Bridge, including the Bridge tool. Other questions focused on client satisfaction with the

Bridge. The seven-month interview included additional questions about the client's transition to the SDM. Those who did not transition were asked if they did not transition because they never resumed menstrual cycle regularity, or if they did not wish to transition, and what alternative family planning method (if any) they chose. To maintain confidentiality, the interviews were held in the facility. No one but the participant, the provider, and the interviewer knew that the participant was there for an interview, not for services.

In total, 45 women were interviewed. The first round of interviews was undertaken between February and April 2012; the second round of interviews was in July and August 2012. The interview instruments did not include any identifying information, only a client code that allowed us to connect the two interviews of each client. The list linking participant names and contact information with their codes was destroyed after data collection was completed, and were kept in a secured location in the office of the research group until then.

1.4. Services statistics

From the program perspective, the research sought to learn what proportion of women who seek the SDM are postpartum, and how many postpartum women who wish to use the SDM but are not yet eligible to, select the Bridge to use until they can transition to SDM. Also of interest is the proportion of those women who select the Bridge, who transition to the SDM. Facilities offering family planning in Rwanda routinely collect service statistics (the number of new users for any family planning methods in a month). Since their record keeping did not yet include the Bridge, the research developed a complementary form for providers to use to collect service statistics related to Bridge acceptors. Like service statistics, the data was registered in the aggregate. Service statistics were collected for 11 months, from November 2011 to September 2013.

2. Study sites

Health facilities were selected for the study that met the following criteria:

- Facilities that offered the full range of family planning services
- The SDM had been offered for at least two years
- Service statistics showed that the volume of new SDM users was relatively high.

The Rwanda Ministry of Health, together with IRH Rwanda office staff, pre-identified 50 health facilities and selected 32 that met these criteria. These facilities were geographically distributed across the entire country. Program managers in these facilities received a letter from the MOH introducing the study to which all responded positively. They have then been approached by IRH Rwanda staff to gauge their interest in including their facility in the study.

The following are names of 31 facilities participating in the study. Only one HF (Gikondo from Kicukiro District) decided not to participate as its managers (catholic nuns) were worried about the possible use of condoms during the fertile period, which was an option given to users when they were counseled on how to use Bridge. Tale 1 lists participating facilities.

Districts	Hospital	N°	Health center
Karongi	Kibuye	1	Rubengera
		2	Kirambo
		3	Kibuye
		4	Bubazi
		5	Mukungu
		6	Musango
	Kilinda	7	Kilinda
		8	Biguhu
		9	Birambo
		10	Munzanga
		11	Rugabano
	Mugonero	12	Mugonero
		13	Mubuga
		14	Mpembe
Gatsibo	Kiziguro	15	Kiziguro
		16	Bugarura
		17	Kabarore
		18	Muhura
		19	Rugarama
		20	Gakenke
		21	Rwimitereri
		22	Gasange
		23	Humure
		24	Gitoki
Kamonyi	Remera Rukoma	25	Musambira
		26	Kayenzi
		27	Mugina
Nyarugenge	Muhima	28	Gitega
Rusizi	Mibilizi	29	Nyabitimbo
		30	Bugarama
		31	Mushaka

Table 1: Facilities participating the Bridge study

3. Sampling

A convenience sample of providers was selected for the focus groups from the list of all providers trained in Bridge counseling in participating facilities. The choice was mostly geographic and practical. Participating facilities were spread out all over the country. Providers selected for the focus groups were from facilities grouped more closely together, to reduce the need for long travel. Five focus groups were conducted, with a total of 27 participants, each with about 4 to 6 providers.

No sampling was employed in the selection of clients. All clients who wished to use the Bridge in participating facilities, and who agreed to participate in the study were admitted. Given the normal volume of clients in selected facilities, 47 clients were admitted to the study, but interviewers were able to meet and interview 45 as the remaining two Bridge users moved from the area.

4. Study procedures

4.1. Procedures at enrolment

All family planning providers who offer SDM in the participating clinics were trained in the Bridge. Immediately following the training they were given information about the study, and were invited to participate in the focus groups. The names of providers who agreed to participate in the focus groups were listed and a convenience sample of providers was selected from the list. The choice was mostly geographic and practical, as described above. Individual informed consent was obtained from each participant before the start of each focus group, emphasizing the voluntary nature of participation.

Immediately following the Bridge training in each facility, the Bridge became available to facility clients as part of the family planning method mix. Postpartum clients who chose to use the SDM (from all the family planning options available to them) but were not yet eligible to, yet were eligible to use the Bridge, were given the Bridge tool and counseled in its use, regardless of their interest in participating in the study. In fact, clients were not told about the study until after they received counseling in Bridge use.

After counseling new clients in Bridge use, the providers told them about the study and invited them to participate. The informed consent emphasized the voluntary nature of the study, and the fact that services they receive in the facility would not be effected in any way if they decline to participation. It included consent to participate in the study, as well as consent to be contacted by the enumerators 6-8 weeks later for the interviews. After interested clients signed the informed consent form, the provider administered a short admission questionnaire to obtain background information that allowed the researchers invite the client for the interview.

4.2. Follow-up

Providers were administered the KIT, and participated in focus groups about two months after they were trained in the Bridge. Clients were followed up until they complete the use of the tool. Interviewers contacted them five months after the first interview (seven month after they started using the Bridge). If the client was still using the Bridge, an interview was scheduled for the time she is expected to complete her sixth cycle of Bridge use. If she was no longer using the Bridge (either she completed the entire Bridge tool and switched to the SDM or to another method, or she stopped using the Bridge for another reason), she was interviewed at that time.

4.3. Data management

Admission data were collected by the providers. When a woman who had been counseled in the Bridge agreed to participate in the study, providers collected her contact information and completed an admission form with background characteristics. Provider training had included a segment on collecting these data. All other data were collected by a research group (Smart Consultancy Ltd.) which was hired for the purpose.

5. Ethical considerations

All respondents, both providers and clients, signed an informed consent form. Providers signed an informed consent form before participating in the focus groups. The consent form was administered individually (not in the group setting), to prevent social pressure to participate. Clients signed an informed consent form before their admission to the study.

The study, including all its components and instruments, was approved by the Georgetown University Institutional Review Board (IRB) before it was presented and approved by the Rwanda National Ethics Committee based at the Ministry of Health.

6. Study limitations and challenges

- Study findings are limited to the health facilities involved. While it is likely that introducing the SDM in similar or neighboring facilities will yield similar results, results of this study cannot be statistically generalized.
- The research team faced some challenges during the study. Most were resolved, including the logistical unforeseen situation of visiting the same area many times to respect each client's schedule, based on the time she started using the Bridge. However some issues persisted:
 - Some providers were not available to participate in the focus groups, despite repeated attempts; they were excluded from the study, but their data on KIT were included.
 - Two clients moved to other areas and could not be reached for interview;
- Study results can only be generalized to other facilities in which the SDM has been successfully offered for a while, in Rwanda.

FINDINGS

The findings are structured by the six research questions listed in the Methods section above. They are grouped by the provider, program and client perspectives.

1. Provider perspective

Information on provider perspective was collected through focus groups with providers, and the administration of the KIT. All participating providers participated in training or refresher sessions organized by the IRH/Rwanda staff as part of the intervention two months earlier.

During the KIT administration, the interviewer marked a or b depending on the provider's correct or incorrect answer. During data entry these were coded as 1 for correct response, 0 otherwise. In the analysis these were added up. The total marks are illustrated in the Appendix 3.

1.1. Providers' competencies to correctly offer the SDM including the Bridge

In general, the analysis of KIT results provided a picture of very knowledgeable providers, with an average percentage of 75.2% of the correct answers of all 26 interviewed providers on 36 responded items of the KIT.

Three Bridge related items were included in the KIT. Providers showed good knowledge of two of them, but not of the third, as follows:

- 73.1% (19 of 26 providers) correctly responded that a woman who is postpartum of breastfeeding can start using the method once she has had at least four periods since her baby was born, and if her last two periods were about a month apart.
- 88.5% (23 of 26 providers) responded correctly that on the day the woman gets her period she should mark the drop, and also mark the date in the calendar.
- Only 57.7% (15 of 26 providers) responded correctly that the user should contact her provider if her period starts on a day inside the shaded box, because this means that she is ready to start using the SDM.

Providers demonstrated very good knowledge of items related to correct use of the SDM and CycleBeads. All of them (100%) responded correctly to three of the questions of how to use CycleBeads, and over 90% provided correct response to all other questions on SDM use. On the other hand, providers demonstrated incomplete knowledge of items related to correct screening for SDM use, and items about when the client should seek provider help. Table 2 shows the list of items on the KIT, and the percent of providers who correctly responded to each. Proportion of correct responses varied by facility. A table of correct responses by hospital is attached in Appendix 3.

While the percentage of correct responses to Bridge related items was not as high as to many of the more familiar SDM-related items, these results demonstrate that providers can correctly offer the Bridge, and that adding Bridge to SDM services did not badly affect quality of services

ITEM N°	ITEMS	TOTAL	MAX	%
1a.	CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.	20	26	76.9%
1b.	The RED bead marks the first day of your period (<i>menstrual bleeding</i>).	26	26	100.0%
1c.	The BROWN beads mark days when pregnancy is unlikely.	26	26	100.0%
1d.	The WHITE beads are days when you CAN get pregnant.	26	26	100.0%
1e.	On the day you start your period, move the ring to the RED bead.	25	26	96.2%
1f.	Mark this day on your calendar.	24	26	92.3%
1g.	Move the ring every day to the next bead, even on days you are having your period.	25	26	96.2%
1h.	Always move the ring in the direction of the arrow.	21	26	80.8%
1i.	Have no unprotected sex during the white bead days when you can get pregnant.	24	26	92.3%
1j.	You may have sex when the ring is on the brown beads.	24	26	92.3%
1k.	When your next period starts, move the ring to the red bead, skipping over any remaining beads.	22	26	84.6%
1l.	If your period comes before the dark brown bead, your period has come too soon to use this method.	18	26	69.2%
1m.	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.	18	26	69.2%
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.	21	26	80.8%
3a.	The woman must have periods about once a month, when she expects them.	23	26	88.5%
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).	16	26	61.5%
4a.	She can begin using the method when her next period starts. Until then she should use a condom or abstain to prevent a pregnancy.	17	26	65.4%
4b.	The woman had a difference of one month between two menstrual bleeding, before she started using oral contraceptive pills	13	26	50.0%
	After stopping oral contraceptive pills, the woman must have had at least 3 menstrual bleeding (periods) with an interval of 1 month between them	19	26	73.1%
4c.	Once she has had at least four periods since her baby was born, and if her last two periods were about a month apart.	19	26	73.1%
4f.	On the day your period starts mark the drop. Also mark that date on the calendar.	23	26	88.5%
4g.	Contact your provider if your period starts on a day inside the shaded box. This means you are ready to start using the SDM.	15	26	57.7%
5a.	Moving the ring every day helps her know if she can get pregnant or not that day.	25	26	96.2%
5b.	It also helps her know if her period has come too soon (period starts before DARK Brown bead)	13	26	50.0%
5c.	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.	10	26	38.5%
6a.	If her period starts before she puts the ring on the dark brown bead. This means that her period came too soon to use CycleBeads.	24	26	92.3%
6b.	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.	21	26	80.8%
6c.	If the couple cannot abstain or use condoms on the white bead days and wants to switch to another method.	14	26	53.8%
6d.	If the couple has had sex on the white bead days without using condoms.	14	26	53.8%
6e.	If she hasn't had her period when she expects it and thinks she may be pregnant.	15	26	57.7%
7.	Five out of 100 women who use the SDM in a year will get pregnant. 95% effective is used correctly.	17	26	65.4%
8a.	Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you. You and your baby will be stronger and healthier.	16	26	61.5%
8b.	Use a family planning method continuously for at least two years to avoid getting pregnant too soon.	18	26	69.2%
9a.	Talk to your partner about using this method together	21	26	80.8%
9b.	Talk to your partner about when to use condoms or avoid sex to prevent a pregnancy	19	26	73.1%
9c.	Invite your partner to come to the clinic.	12	26	46.2%
TOTAL		704	936	75.2%

Table 2: All providers' scores by KIT's item

1.1.1. Providers' opinion on counseling clients on Bridge use

Most of the providers who participated in the focus groups said that teaching clients how to use the card was easy. Very few (four) said it was difficult.

Regarding concepts or aspects that are difficult, some challenges noted were:

- Providers don't have enough time to go into details, due to a large number of clients, for instance, the ones who come for vaccination,
- Some women fear that the Bridge does not protect from pregnancy well enough *"for women with many children, they don't want to take any risk of new pregnancy: one of them told me that if she becomes pregnant while using the Bridge, she will bring/give the child to me"* P6
- Husband involvement was not always easy;
- Many people are afraid of the number of identified fertile days in the first cycle, and are therefore not motivated to follow the counseling;
- Clients may become impatient if they reach fourth row of the Bridge tool without being eligible to the SDM; *"it would be very important for the providers, to emphasis that on fourth row, the client will start SDM, if not eligible, another method."* P20

When asked who they target to teach the Bridge, it seems that many providers target women who come for vaccinations, ante natal consultation, maternity, and existing FP and clients who come to the facility seeking SDM as their preferred FP method.

1.1.2. Provider's opinion about the training they received on the Bridge

Providers' feeling about how the training has prepared them to offer the Bridge to clients

All provider FGD participants felt confident in their ability to teach the Bridge, and stated that the training has helped them understand who would be eligible to use the Bridge and the SDM in general. They are well equipped to respond to any clients' questions asked during FP counseling. *"We have got enough explanations between eligibility to the Bridge and the eligibility of to the SDM"*.

Nevertheless, some said the training was short. They argued that there was not enough time for discussions and exercises.

Asked if case studies were helpful, all providers who responded to this question have appreciated positively the case studies because they helped them discover the slight differences and anticipate clients' questions.

They wished refresher trainings would be offered to discuss each provider's experience with the Bridge.

Regarding the reference guide to refresh provider's knowledge, almost all providers found the guide helpful. In fact, some providers said that they wished they had more guides to share with other colleagues.

Providers made some suggestions for improving the guide and making it more user-friendly:

- Providers recommended that a stronger or more durable provider guide be used, or that a small book be used instead;
- Provided recommended that the provider guide be like a “boîte à image” ;
- Providers suggested that a « yes/no » column be added to the guide, that will help the provider proceed more easily with the counseling .

Obstacles foreseen by providers if the Bridge is mainstreamed into regular SDM services

Most providers do not see any obstacle to mainstreaming the Bridge option in service delivery. However, certain providers were worried about the limited number of trained providers in each facility, which can be a hindrance in case the trained provider is busy or absent.

Others recognized that it could not be mainstreamed until the research is completed and validated.

Provider’s opinion about the Bridge tool

It will be much easier for women who completed the cards to use the CycleBeads. According to most of providers’ views, using the card is more difficult than using the CycleBeads; as the former requires a minimum of education (completion with a pen/pencil), which is not required by the latter. They added that square and circles are so close and not easy to distinguish for many clients, mainly illiterate ones.

Asked if they would recommend any adjustments, providers suggested using a color card to facilitate mainly illiterate users; others wished to have a more friendly and portable card, easy to put in women’s bags;

Asked how long has it takes to providers on average to explain women in their initial visit, how to use the postpartum guidelines to track their menstrual cycles, the responses range from 15 minutes to one hour. Two providers used 2 hours, and explained before it was also new to them.

1.2. Acceptability of the Bridge to providers

1.2.1. Providers’ experience in integrating the Bridge in SDM counseling and in the regular counseling duties

Most providers see the Bridge as a positive addition to the services they provide. A common view by providers is that the Bridge has facilitated their work in explaining SDM to women. Other experiences have been described during focus groups as follows:

- *“I feel more confident when I see how women understand better the SDM when I use Bridge;*
- *Before the Bridge, providers used to tell the postpartum women who wanted SDM to come back after four months, and most of them did not show up, which is different when clients have something to help them to follow up their menstrual cycle;*
- *The Bridge helps the clients to understand better their menstrual cycle;*
- *“it is very probable that the Bridge will increase the number of SDM users;*

Concerning the time on average it has taken to the providers to explain to clients how to use the card, most of providers said they use around 25-30 minutes to explain to clients how to use the card. There were few who use one hour, and another small proportion that use between five to fifteen minutes.

Regarding challenges during counseling, while some providers stated that they did not face any challenge; others have revealed the following:

- Some clients said they cannot use condom or abstain for a long period;
- Providers do not have enough time to offer detailed explanations to the clients:
- It is something new which will take time to be familiar with both providers and clients
- Lack of sufficient confidence to convince clients about the Bridge: *“one client asked me: do you trust this card that I will not get pregnant if I use it correctly? Do you have any other successful experience with the Bridge users?”* P18

1.2.2. Provider’s perceptions of advantages and disadvantages of the Bridge and its tool

Most providers think that the tool helps the couple to know better the woman’s fertility and avoid unwanted pregnancy. They added that many clients like it because it is not associated with any hormonal method.

- It is well designed with a calendar that helps the users to know their fertility window;
- It helps the provider to assess and follow up the SDM users
- It helps women to know better their menstrual cycle;

The big disadvantages underlined by the providers are as follow:

- The card cannot be used by illiterate people;
- The card requires the involvement and the will of the husband, if he does not want, the woman becomes unprotected against unwanted pregnancy;
- Too many days of abstinence or condom use;
- The card material is very fragile and can easily become damaged or dirty; some women are coming back for another copy;
- Squares and circles are too similar and it is easy to mistake in marking;

1.2.3. Providers’ sharing information with colleagues about the Bridge option for postpartum women

Almost all providers have shared the Bridge option with their colleagues. The colleagues’ reactions were varied: some have appreciated, while others thought that the option does not protect enough from unwanted pregnancy. There were some colleagues who were confused, thinking that the Bridge was new FP method.

Regarding the category of women for whom the Bridge is a good option, all providers agreed that the Bridge is a good option for women who want only natural FP method.

When asked if the Bridge can be promoted or should be kept just for provider’s knowledge to help prepare women to transition to the SDM almost half of providers suggested to wait for the Bridge study findings, while the other half recommend to be promoted in all health services and in community.

1.3. Providers’ perception on clients’ experience with the Bridge tool

The following paragraphs comprise information collected through providers’ FGD on their perceptions on clients’ experience with the Bridge tool.

1.3.1. Providers' perception on clients' knowledge about when to avoid unprotected sex

Almost all providers met said that nearly all clients understand very quickly the days to avoid unprotected sex. However, on the issue of avoiding unprotected sex during the first menstrual cycle, all respondents recognized the number of identified fertile days may be too many, especially for men who don't like condom use.

Regarding subsequent cycles, the providers' responses showed that clients tolerate the subsequent cycles better than the first cycle. The providers thought that clients feel that the Bridge is easier to use in later cycles, because the fertile window is shorter.

"It is interesting to hear that clients who are determined understand and decide to abstain or use condom."

1.3.2. Provider's views on clients' likes and dislikes about the Bridge

Most providers liked the friendly, easy use of the Bridge. Below are other reasons for liking the Bridge:

- The Bridge has no side effects;
- the Bridge is accompanied by easy materials such as the calendar;
- it helps men to understand their spouses' body function;

On the other hand, most providers felt that many clients dislike the long fertile window (especially in the first cycle). According to the some providers, clients may fear that husbands will reject the Bridge for that reason. Others were worried about the number of cycles before the woman can determine if she is eligible to use SDM. A female provider from Rusizi district illustrated the client's apprehension as follows: *"imagine that I reach the fourth line and can not have menses in rectangles drawings and find myself not eligible to the SDM, it will be a waste of time and a high risk of unwanted pregnancy"*

- Few providers feared that some clients can get pregnant before the first menses.
- One provider said some clients don't like the Bridge because it is still in the pilot phase (under research) in Rwanda.
- One was also worried that the drawings are too small and not easy for illiterate couples.
- One provider said "a client who would use the card for 4 to 5 months and found herself not eligible to the SDM could be very disappointed and frustrated towards PF in general".

1.3.3. Provider perceptions of clients' understanding about the difference between the first three rows and the remaining three with the gray box

According to the majority of providers, most clients understand clearly the difference between the first three rows and the remaining three with the gray box. Most of them, however added that it is easier for literate clients to understand; One provider stated *"in case of illiterate couple, I ask each of them to fill and assess each one's understanding or difficulties."* P3

Other providers were convinced that illiterate clients do not understand the difference between the first three rows and the remaining three with the gray box. One provider stated that he can not provide the Bridge to illiterate couples.

1.3.4. Provider points of view on acceptability of the Bridge by users and their partners

Appropriateness of the Bridge for women

The great majority of providers said that the Bridge is appropriate for women, as it allows them to be aware of their menstrual cycles and be able to use the SDM later. However, they added that it is not appropriate for women with postpartum amenorrhea that lasts too much time such as one year or two.

When asked if there was any issues with the Bridge, it seems that providers' opinions are divided:

- Almost half of providers said that they find the option a good one;
- Other providers expressed worries linked to the long period of abstinence or condom use, illiteracy of many women; the weak quality of the card; squares and circles too close; existing mindset about the natural method;
- There are also risk for the woman who can't remember if she marked the card on any given day.

Regarding the clients' doubts about the Bridge or desire to stop following it, providers have not yet, in general met many cases of clients' doubts about the Bridge. Clients who were really worried chose not to use it in the first place.

Clients' concerns about managing potential fertile days with their partner

In general, providers said that most of their clients who accepted the card were able to cope with it, and were not concerned about the fertile days. Several mentioned the clients' needed to have many condoms, while others said that some clients told them that it was not easy to accommodate the use of condom or abstinence in the first cycle.

1.4. Providers' recommendations

During providers' focus groups, some recommendations were made to improve Bridge counseling. Below are the main ones.

- Support, training or information needed by providers:
 - Most providers said that they really need to understand better the Bridge and SDM. One said *"when clients ask me questions I am not able to respond, I tell them that we are still in research that will provide appropriate answers to all those questions and concerns"*.
 - Other providers wanted to be trained in helping illiterate users, while few of them suggested a motivation/incentive to Bridge users, as it is done for women who undergo all 4 ANC (and get a "kitenge/loincloth").
- To help clients follow instructions:
 - add enough instructions on condom use and abstinence;
 - leaflets for providers and clients;
 - need pens to distribute to the clients;
 - distribute pencils (and erasers) to help users to modify if there is a mistake in completing the card;
 - organize home follow-up visits as some clients don't come back to the facility;

- Means for follow-up visits or close communication with clients at least in the beginning, as they are asking us a lot of questions;
- Make available more condoms at health centers
- To facilitate teaching instructions:
 - it would be better to invite the couple, instead of inviting only women;
 - use radio media for better community awareness and as a motivation to the community to seek the service;
- Recommendations to improve the Bridge tool
 - In general, most of providers stated that the card was well made; nevertheless, some wished a more solid but firm card; others suggested a bigger size and in another color than white (which can easily become dirty).
 - better increase the size of squares and circles to avoid any confusion;

2. Program perspective

2.1. Scope of the demand for the Bridge

Service statistics were used to determine the number of women who were interested in the SDM but not yet eligible to use it when they were still postpartum, as well as how many of these were interested in using the Bridge to transition to the SDM. Service statistics were collected in an 11-months period, from 2011 to September 2012. All participating health center contributed to the service statistics, which included the routine service statistics collected by the centers for all family planning methods, as well as an additional form that providers completed concerning SDM and Bridge users.

MONTH	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	TOTAL	%
Condoms	189	204	234	212	224	198	188	129	139	116	83	1,916	9.1%
Billings Ovulation Methodⁱⁱ	20	29	16	41	59	16	22	19	19	27	16	284	1.3%
LAM	18	2	12	30	59	54	84	61	46	44	77	487	2.3%
Norplant	198	156	132	116	141	128	87	61	86	156	121	1,382	6.6%
Oral contraceptive	587	468	501	441	410	427	446	364	430	432	362	4,868	23.1%
Injections	1032	1117	1282	998	943	895	1075	828	1081	1102	835	11,188	53.2%
IUD	59	31	24	47	37	26	20	15	18	48	30	355	1.7%
Emergency contraception	1	3	2	3	1	2	2	2	4	2	6	28	0.1%
Number of new SDM users	43	103	58	46	67	41	41	39	44	29	25	536	2.5%
Number of new Bridge users	0	24	42	34	21	28	19	16	6	20	8	218	1.0%
Total number of all new FP users	2,147	2,113	2,261	1,934	1,941	1,787	1,965	1,518	1,867	1,956	1,555	21,044	100.0%
<p>*Of the 218 women who started using the Bridge, some 45 participated in the study. *Overall, SDM new users represented 2.5% (536 out of 21,044 new FP users). Injections are the most commonly accepted FP method with a proportion of 53.2% of all new FP users, followed by oral contraceptives (23.1%).</p>													

Table 3: Service Statistics summary, November 2011 – September 2012

ⁱⁱ The Billings was offered in very few health facilities.

BIDGE USERS		TOTAL	%
1	Number of new Bridge users		
1.1.	Counseled on Bridge & SDM during Ante Natal Consultation	1	<i>0.5%</i>
1.2	Counseled on Bridge & SDM in delivery room	5	<i>2.3%</i>
1.3	Counseled on Bridge & SDM during vaccination	117	<i>53.7%</i>
1.4	Counseled on Bridge & SDM during Post Natal Consultation	11	<i>5.0%</i>
1.5	Counseled on Bridge & SDM through Community Health Worker	4	<i>1.8%</i>
1.6	Counseled on Bridge during individual Family Planning counseling	76	<i>34.9%</i>
1.7	Heard about/Counseled on Bridge during another occasion	4	<i>1.8%</i>
	Total new Bridge users	218	<i>100%</i>
2	Number of Bridge users who transition to SDM	79	<i>36.2%</i>
3	Number of Bridge users who transition to other methodsⁱⁱⁱ		
3.1	Condoms	30	<i>22.9%</i>
3.2	Billings Ovulation Method	12	<i>9.2%</i>
3.3	LAM	2	<i>1.5%</i>
3.4	Norplant	15	<i>11.5%</i>
3.5	Pill	12	<i>9.2%</i>
3.6.	Injections	56	<i>42.7%</i>
3.7	IUD	4	<i>3.1%</i>
	Total new Bridge users who transition to other methods	131	<i>100%</i>
4	Number of Bridge users who get pregnant	8	<i>3.7%</i>
5	Number of Bridge users who drop out	26	<i>11.9%</i>

Table 4: Bridge users, November 2011 - Sept 2012

These service statistics show that out of 218 new Bridge users in 11 months, more than half (53.7%) were counseled during vaccination. The table illustrates other opportunities of meeting clients who would be enthusiastic about the bridge.

- FP counseling (34.9%) is also a good option for finding new bridge users, while ANC did not capture a lot of attention, with only one (1) client.
- During the first six months, 11 clients (7.4%) have transitioned to the SDM, while 17 (11.4%) transitioned to other FP methods, including injections, pills and implants.
- At the end of 11 months, 79 Bridge users representing more than a third (36.2%) finally transitioned to SDM, while 105 (48.2%) continued with other FP methods.
- The number of clients who got pregnant was very small (3.7%),

ⁱⁱⁱ The Bridge users who transitioned to other FP methods represent *60.1% of 218*

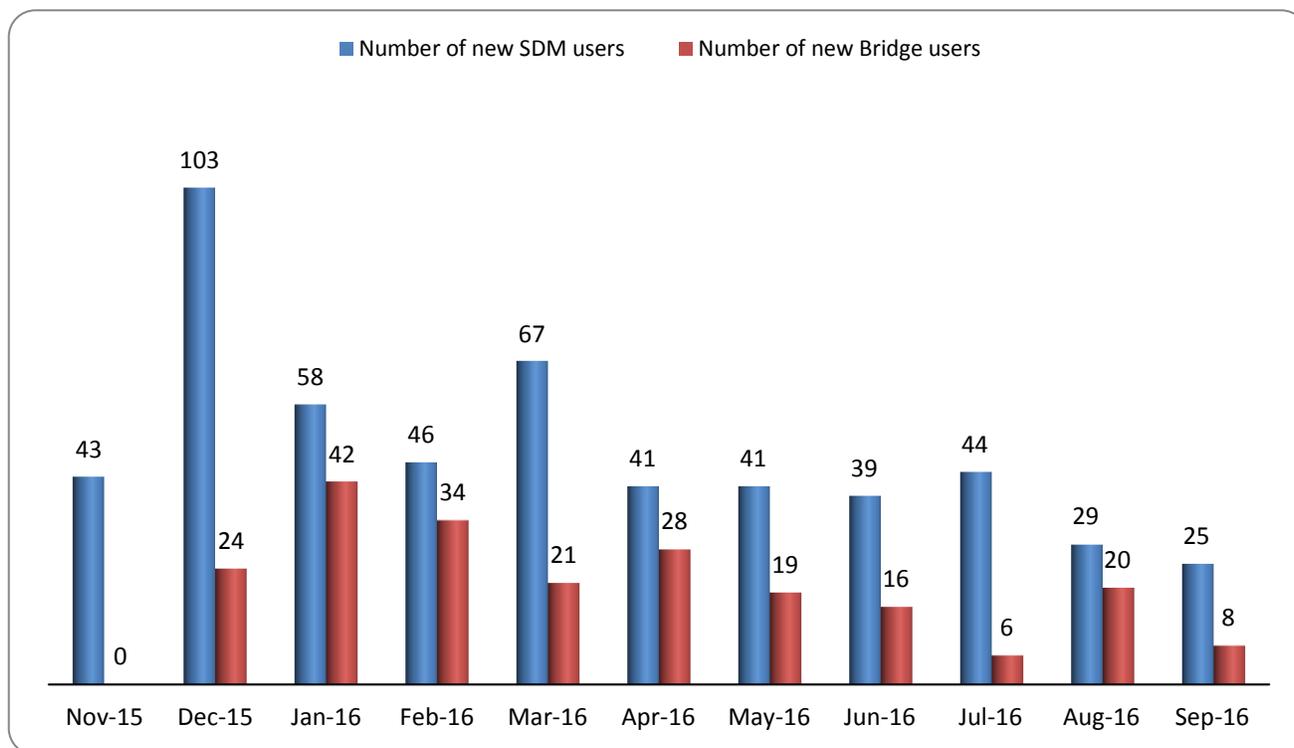


Figure 1: Illustration of new SDM and bridge users, from November 2011 to September 2012

- The percentage of women who started using the Bridge tool but stopped before transitioning to any FP method (drop out), is relatively small (11.9%), but not negligible.
- There were some months of higher than average uptake of SDM and Bridge users. The figure was highest in December 2011 because the training of providers occurred in November of the same year, hence they were still fresh, motivated, and actively created community awareness.
- In the last two months of the study, the numbers of new SDM and Bridge users decreased, possibly because providers new that the study was ending and therefore did not put the same effort into recruiting new Bridge users. Even though IRH/Rwanda and the research team have all emphasized that the use of the Bridge could continue to be used by all so interested and eligible women, some providers may have linked it with the Bridge study.

2.2. Proportion of Bridge users who transition to SDM

As shown in Table 3, some 79 Bridge users have transitioned to SDM use. They represent more than a third (36.2%), and are many more than the ones who transitioned to any other FP method, including injections (25.7%).

3. Client perspective

This section presents the results of the interviews with 45 Bridge users. They were interviewed two months after they started using the Bridge, and again five months later.

3.1. Demographics of interviewed clients

- Respondents' ages ranged from 21 to 42 years old (mean = 30 years). Most of them (71.1%) had primary education only, while 22.2% (10 of 45 clients) had been to secondary school. One client was a university graduate.
- They have between one and eight children (mean = 2.67). More than half (57.8% = 26 clients) had never used any family planning method before.
- Among the 19 women who had used some a family planning method previously, 11 had used injections while eight had used oral contraceptives.
- The table in appendix 2 illustrates the number of clients interviewed by health facility.
- It is important to mention that all the 31 sites selected in the beginning of the study contributed had at least one client to the study. However, only 25 are the ones that were able to recruit clients between December 2011 and the beginning of April 2012, when we closed admission to the study to facilitate timely completion of follow-up interviews.
- As not all clients started their use of the Bridge on the same date, the research team interviewed the 45 clients in 25 health facilities at different times, considering the necessary two and five months spacing for each individual client.

3.2. Correct use of the Bridge tool by women

In general, the study found that women can use the Bridge tool correctly, when they get the correct information. The difficulties expressed were minor.

Key findings from clients' interviews show that:

- During the first interview, two months after starting to use the Bridge, all 45 interviewed clients still had their card and were marking it daily. 42% were on 3rd row, 28% on 2nd row, while 15% were still on the 1st row. This difference is explained by the varying cycle lengths of each woman.
- The second interview, five months later, found that 28 clients were still using the postpartum card, while 17 clients were no longer using the Bridge:
 - 12 clients had already transitioned to SDM (26.7%),
 - one client to Billings
 - two women were pregnant,
 - one was on the last row of her card,
 - While another one said she finished the card without being eligible to the SDM.
- Clients most often marked their card in the morning (mentioned 55.6% and 60.0% during the first and second interview respectively); followed by 35.6% (in both interviews) who marked it in evening.
- Almost all clients (97.8%) in first interview and all in the second correctly interpreted the meaning of circle and square symbols on the card.
- 66.7% and 68.9% in the first and second interview respectively reported having sex on a square day in the month preceding the interview. While the big proportion (75.6% and 82.2% as responded respectively during the first and second interview) used condom, some had unprotected sex and said

they preferred to use withdrawal (13.3% and 8.9% in the first and second interview). The remaining respondents said they abstained during square days.

- According to almost all clients (97.8%) during both interviews, the card was easy to understand. The same number of clients revealed that it was also easy for their partners. Only two clients (4.4%) said that the card was difficult to use.
- More than 90% of clients during the two interviews did not have any problem with abstinence or condom use on the days the Bridge identifies them as fertile.
- While, 82.2% of clients in both interviews believed that the Bridge is effective in preventing pregnancy, several (8.9% and 4.4% clients in first and second interviews respectively) said they could not believe in its efficacy completely.
- All interviewed clients said that there are no side effects or any other health problem associated with the card. During the second interview, some 13.3% said the card interferes with sex life as it requires abstinence or condom use.
- Clients were asked to comment on the card. Most of the clients appreciated it positively. Nevertheless, a few, raised issues including a need for more explanations, length of identified fertile period or the refusal of husband to use condom.
- More than 70% of clients said they were generally satisfied with the Bridge, while all 100% would recommend it to others.
- Some clients suggested that their spouses should be invited to the counseling on the Bridge.
- The study found that most of the husbands were involved in the use of the card, mostly by reminding their wives to mark the card or by marking the card themselves. It is interesting to see that the proportion of husbands that mark the cards themselves has doubled between the first interview (20%) and the second (40%).
- The number of respondents who preferred “to not use condoms” has decreased between the first interview (31.1%) and the second (26.7%), while the proportion of women who, on another item, said that “they did not have any problem with condom” has increased, from 42.2% to 48.9% respectively from the first to the second interview.
- The same tendency was observed regarding the women’s responses on their husbands’ feeling about condom and abstinence: the proportion of men who were “not feeling well with condom” reduced from 44.4% in the first interview to 28.9% in the second interview, while the ones who said on another item :“no problem with condom” increased from 35.6% to 46.7% during the two interviews.

CONCLUSIONS AND RECOMMENDATIONS

The findings of the the Bridge study show that all key partners involved are very enthusiastic about the Bridge initiative. This is visible through the providers' points of view as well as clients' opinions. The conclusions and recommendations will follow the research questions:

- ✓ Results show that most providers (75.2%) can correctly offer the SDM including the Bridge, but some challenges in basic information on the Bridge Tool still hamper the good performance:
 - Regular refresher trainings are recommended, which should include many cases studies, practical exercises, and demonstration of condom use
 - It is important to continue to provide close supervision to the providers, through refresher trainings, to allow clients to get appropriate counseling
- ✓ All participating providers have been enthusiastic in accepting the Bridge and have more confidence in better counseling to postpartum women who want to use SDM. However, they have expressed some disadvantages related to its format and use.
 - It would be also necessary to consider and respond accordingly to some crucial concerns expressed by the research informants, such as the format (too fragile) and size of the card and drawings.
 - More attention should be given to husband participation in Bridge use.
- ✓ The demand for the Bridge is real. Service statistics have showed that a large proportion (36.2%) of Bridge users were interested and transitioned to the SDM immediately when they became eligible.
 - It is important to intensify all possible entry points of Bridge users, such as delivery room and ANC;
 - Peer to peer mobilization may yield good results.
- ✓ In general, the study found that women can use the Bridge tool correctly, after receiving appropriate counseling. The scores on key items of their interview were almost the same and positive two months after their beginning of Bridge use and five months later.
 - Nevertheless, some of them raised some concerns that should be addressed, regarding the men's involvement and condom use
- ✓ In general, the Bridge and its tool are acceptable to users and their partners, as it allows them to be aware of their menstrual cycles and be able to use the SDM later.

These results suggest that scaling up the Bridge to all facilities in Rwanda (and elsewhere) which offer the SDM, can provide postpartum women with an important family planning option. Given that most new Bridge users have never before used a family planning methods, Bridge use can serve not only as a Bridge to SDM use, but as Bridge toward family planning use, thus reducing unmet needs for family planning, not only in the postpartum period, but also later.

APPENDICES

1. Tables

N°	Health facilities	Number of clients interviewed
1	Birambo	2
2	Bubazi	1
3	Bugarama	1
4	Bugarura	2
5	Gakenke	2
6	Gasange	1
7	Gitoki	1
8	Humure	3
9	Kabarore	1
10	Kayenzi	2
11	Kilinda	1
12	Kiziguro	3
13	Mpembe	2

14	Mubuga	2
15	Mugina	1
16	Mugonero	1
17	Muhura	3
18	Mukungu	3
19	Munzanga	1
20	Musango	2
21	Mushaka	2
22	Mwendo	2
23	Nyabitimbo	1
24	Rugabano	1
25	Rugarama	4
Total		45

Appendix 1: Number of clients interviewed by health facilities

Items	Responses	First interview	First interview%	Second interview	Second interview %
Are you still using the card to keep track of your menstrual cycle	Yes	45	100.0%	28	62.2%
	No	0	0.0%	17	37.8%
Do you still have your recording card	Yes	41	91.1%	40	88.9%
	No	4	8.9%	5	11.1%
May i see it	Yes	45	100.0%	38	84.4%
	No	0	0.0%	7	15.6%
A has she been marking the card every day	Yes	44	97.8%	36	80.0%
	No	1	2.2%	1	2.2%
	Na	45	100.0%	8	17.8%
B is she marking the first day of her period on her card	Yes	40	88.9%	37	82.2%
	Na	5	11.1%	8	17.8%
C which row has she marked which row is she on now	Row 7	0	0.0%	7	15.6%
	Row 6	0	0.0%	10	22.2%
	Row 5	0	0.0%	9	20.0%
	Row 4	2	4.4%	5	11.1%
	Row 3	19	42.2%	3	6.7%
	Row 2	14	31.1%	1	2.2%
	Row 1	10	22.2%	3	6.7%
	Na	0	0.0%	7	15.6%
At what time of day do you usually mark your card	Morning	25	55.6%	27	60.0%
	Evening	16	35.6%	16	35.6%
	Afternoon	4	8.9%	2	4.4%
Please explain to me what the circle days are	Yes	44	97.8%	45	100.0%
			0.0%		0.0%
	No	1	2.2%	0	0.0%
Please explain to me what the square days are	Yes	44	97.8%	45	100.0%
			0.0%		0.0%
	No	1	2.2%	0	0.0%
What do you do when your period starts again	Yes	45	100.0%	45	100.0%
In the past month have you had sex on the square days	Yes	30	66.7%	31	68.9%
			0.0%		0.0%
	No	15	33.3%	14	31.1%
What do you and your partner do to avoid pregnancy when you have	Withdrawal	6	13.3%	4	8.9%
	Condom	34	75.6%	37	82.2%
	Abstinence	5	11.1%	4	8.9%
Is the card hard to understand					
	It is hard	1	2.2%	1	2.2%
	It is easy	44	97.8%	44	97.8%

Is the card hard for her partner to understand	It is hard	1	2.2%	1	2.2%
	It is easy	44	97.8%	44	97.8%
Was it harder in the beginning or all the time	It was not hard	41	91.1%	41	91.1%
	Condom was hard in beginning	1	2.2%	0	0.0%
	Abstinence was hard in the beginning but now it is ok.	3	6.7%	4	8.9%
Was it hard at some point how did she figure out how to overco	It was hard	3	6.7%	0	0.0%
	It was easy	42	93.3%	45	100.0%
Is the card easy or difficult to use	It is easy	44	97.8%	44	97.8%
	It is difficult	1	2.2%	1	2.2%
Is it effective in preventing pregnancy	Yes, when you follow the instruction	2	4.4%	6	13.3%
	Yes it is .	37	82.2%	37	82.2%
	No	1	2.2%	0	0.0%
	I can not believe it 100%.	4	8.9%	2	4.4%
	Yes , it is .but i can't use it because it is hard to understand.	1	2.2%	0	0.0%
Does it have any side effects or health difficulties	No side effects	45	100.0%	45	100.0%
Does it interfere with sex life	Yes in fertile days	1	2.2%	6	13.3%
	No	44	97.8%	39	86.7%
Do you have any other comments about tracking your cycle days a	The row 1 will finish when i will not see another menstruation.	1	2.2%	1	2.2%
	Suggest smaller card with visible numbers	0	0.0%	1	2.2%
	Nothing	24	53.3%	24	53.3%
	Lack of calendar	0	0.0%	1	2.2%
	It is well done if you follow instructions.	7	15.6%	1	2.2%
	It is not difficult to fill the card even if i don't know to write. My husband mark it	1	2.2%	1	2.2%
	It is easy to mark the card.	3	6.7%	9	20.0%
	If needed, i will ask providers	0	0.0%	1	2.2%
	If it is well filled it may prevent pregnancy	2	4.4%	2	4.4%
	I would like to be more formed about this card.	1	2.2%	0	0.0%
	I need more explanations	1	2.2%	1	2.2%
	Husband does not use condom, risk of pregnancy with withdrawal	0	0.0%	1	2.2%
	Card is almost finished	0	0.0%	1	2.2%
	Abstinence days are too many	1	2.2%	1	2.2%
	In general how satisfied are you with the card	Yes	32	71.1%	33
No		13	28.9%	12	26.7%
Would you recommend this approach of tracking your cycle days to	Yes	45	100.0%	44	97.8%
	No	0	0.0%	1	2.2%

Have you seen your provider since you began to use the card	Yes	14	31.1%	25	55.6%
			0.0%		0.0%
	No	31	68.9%	20	44.4%
Why did you consult your provider	To get the cyclebeads	0	0.0%	12	26.7%
	To check if i mark the card very well.	6	13.3%	5	11.1%
	To ask what to do as the card was about to finish	1	2.2%	1	2.2%
	To ask what to do as i had missed my card	1	2.2%	1	2.2%
	To ask him/her more explanation	5	11.1%	0	0.0%
	Na	29	64.4%	20	44.4%
	My cycle has changed and became short	1	2.2%	1	2.2%
	I was sick	0	0.0%	1	2.2%
	I thought i was pregnant	0	0.0%	2	4.4%
	For asking for other condoms	1	2.2%	2	4.4%
	My cycle was too long	1	2.2%	0	0.0%
	Do you have any specific questions to ask your provider	Yes	2	4.4%	6
			0.0%		0.0%
No		43	95.6%	39	86.7%
What are the questions	Why condom get broken	0	0.0%	1	2.2%
	Na	43	95.6%	39	86.7%
	Invite husbands to get the same info as we	0	0.0%	2	4.4%
	In wich periode i can have sex without using condom ?	1	2.2%	0	0.0%
	If my cycle changs and becomes too long, how can i fill the card ?	1	2.2%	0	0.0%
	How i can get pregnant while i use well the card	0	0.0%	2	4.4%
	Cyclebeads will be complicated for me	0	0.0%	1	2.2%
Do you intend to continue tracking your cycle days until you can	Yes	45	100.0%	36	80.0%
	No	0	0.0%	9	20.0%
Why you dont want	Na	45	100.0%	36	80.0%
	I need implants	0	0.0%	1	2.2%
	I have started using the cyclebeads	0	0.0%	6	13.3%
	I am pregnant	0	0.0%	2	4.4%
Is your husband partner involved in the use of the card	Yes	42	93.3%	43	95.6%
	No	3	6.7%	2	4.4%
How is your husband partner involved in the use of the card	Na	3	6.7%	2	4.4%
	He reminds me to mark the card or he marks it himself	20	44.4%	18	40.0%
	He reminds me to mark the card and asks me if it is safe to have sex.	10	22.2%	6	13.3%
	He marks it himself because i am illiterate	1	2.2%	1	2.2%
	He helps me to fill the card and he gives me more explanation about square days&circle days	2	4.4%	0	0.0%
	He always reminds me to write on the card.	9	20.0%	18	40.0%

How do you feel about not having sexual relations or using condo	Not feeling well with condom	14	31.1%	12	26.7%
	No problem with condom	19	42.2%	22	48.9%
	In the beginning i had problem when we use condom but now ,it is ok.	1	2.2%	0	0.0%
	I don't feel well with condom but it's our decision	4	8.9%	4	8.9%
	I am afraid of condom,i think that it can be tired and disappear in the sex.	1	2.2%	0	0.0%
	Husband does not want condom	2	4.4%	1	2.2%
	Because it is our decision, we abstain ourselves.	4	8.9%	6	13.3%
How does your husband partner feel about not having sexual relations	Not feeling well with condom	20	44.4%	13	28.9%
	No problem with condom	16	35.6%	21	46.7%
	No problem if hes is not drunk	0	0.0%	1	2.2%
	No problem but we only abstain as the hf does not offer condom	0	0.0%	1	2.2%
	He wants more children	0	0.0%	1	2.2%
	He is patient for no having sex because we abstain.	2	4.4%	2	4.4%
	He is not very confortable with neither condom nor abstinence	1	2.2%	2	4.4%
	He is not feeling well but he is patient because we don't want to give birth any other child.	6	13.3%	4	8.9%
Why did you stop using the Bridge tool	Transitioned to sdm	0	0.0%	12	26.7%
	Transitioned to bellings methode	0	0.0%	1	2.2%
	Pregnant	0	0.0%	2	4.4%
	Na	45	100.0%	27	60.0%
	Lost the card	0	0.0%	1	2.2%
	Card finished	0	0.0%	1	2.2%
	Ask more information about cycle day	0	0.0%	1	2.2%
Do you have anything else to add	Train also men		0.0%	3	6.7%
	Some providers dont offer right information		0.0%	1	2.2%
	Nothing	45	100.0%	22	48.9%
	Need training on condom use		0.0%	1	2.2%
	Need providers' follow up visits		0.0%	1	2.2%
	Good tool for everybody		0.0%	16	35.6%
	Can i use the card again after abortion		0.0%	1	2.2%

Appedix 2: Summarized results between the two clients' interviews

ITEM N°	ITEMS	Kibuye	Kilinda	Mugonero	Kiziguro	Remera	Muhima	Mibilizi	TOTAL	MAX	%							
		4	4	4	11	1	1	3	26	26								
1a.	CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.	3	75%	3	75%	2	50%	9	82%	1	100%	1	100%	1	33%	20	26	76.9%
1b.	The RED bead marks the first day of your period (<i>menstrual bleeding</i>).	4	100%	4	100%	2	50%	11	100%	1	100%	1	100%	3	100%	26	26	100.0%
1c.	The BROWN beads mark days when pregnancy is unlikely.	4	100%	4	100%	2	50%	11	100%	1	100%	1	100%	3	100%	26	26	100.0%
1d.	The WHITE beads are days when you CAN get pregnant.	4	100%	4	100%	2	50%	11	100%	1	100%	1	100%	3	100%	26	26	100.0%
1e.	On the day you start your period, move the ring to the RED bead.	4	100%	4	100%	2	50%	11	100%	0	0%	1	100%	3	100%	25	26	96.2%
1f.	Mark this day on your calendar.	4	100%	2	50%	2	50%	11	100%	1	100%	1	100%	3	100%	24	26	92.3%
1g.	Move the ring every day to the next bead, even on days you are having your period.	4	100%	3	75%	2	50%	11	100%	1	100%	1	100%	3	100%	25	26	96.2%
1h.	Always move the ring in the direction of the arrow.	3	75%	2	50%	2	50%	9	82%	1	100%	1	100%	3	100%	21	26	80.8%
1i.	Have no unprotected sex during the white bead days when you can get pregnant.	3	75%	3	75%	2	50%	11	100%	1	100%	1	100%	3	100%	24	26	92.3%
1j.	You may have sex when the ring is on the brown beads.	3	75%	3	75%	2	50%	11	100%	1	100%	1	100%	3	100%	24	26	92.3%
1k.	When your next period starts, move the ring to the red bead, skipping over any remaining beads.	3	75%	2	50%	2	50%	11	100%	0	0%	1	100%	3	100%	22	26	84.6%
1l.	If your period comes before the dark brown bead, your period has come too soon to use this method.	4	100%	1	25%	2	50%	8	73%	0	0%	1	100%	2	67%	18	26	69.2%
1m.	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.	4	100%	1	25%	2	50%	9	82%	0	0%	0	0%	2	67%	18	26	69.2%
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.	3	75%	2	50%	2	50%	10	91%	1	100%	1	100%	2	67%	21	26	80.8%

3a.	The woman must have periods about once a month, when she expects them.	4	100%	3	75%	2	50%	10	91%	0	0%	1	100%	3	100%	23	26	88.5%
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).	2	50%	4	100%	2	50%	6	55%	1	100%	0	0%	1	33%	16	26	61.5%
4a.	She can begin using the method when her next period starts. Until then she should use a condom or abstain to prevent a pregnancy.	2	50%	3	75%	2	50%	7	64%	0	0%	0	0%	3	100%	17	26	65.4%
4b.	The woman had a difference of one month between two menstrual bleeding, before she started using oral contraceptive pills	2	50%	2	50%	1	25%	5	45%	1	100%	1	100%	1	33%	13	26	50.0%
	After stopping oral contraceptive pills, the woman must have had at least 3 menstrual bleeding (periods) with an interval of 1 month between them	4	100%	2	50%	2	50%	7	64%	0	0%	1	100%	3	100%	19	26	73.1%
4c.	Once she has had at least four periods since her baby was born, and if her last two periods were about a month apart.	3	75%	3	75%	2	50%	9	82%	0	0%	0	0%	2	67%	19	26	73.1%
4f.	On the day your period starts mark the drop. Also mark that date on the calendar.	3	75%	4	100%	2	50%	11	100%	0	0%	1	100%	2	67%	23	26	88.5%
4g.	Contact your provider if your period starts on a day inside the shaded box. This means you are ready to start using the SDM.	1	25%	1	25%	2	50%	9	82%	0	0%	1	100%	1	33%	15	26	57.7%
5a.	Moving the ring every day helps her know if she can get pregnant or not that day.	4	100%	4	100%	2	50%	11	100%	1	100%	1	100%	2	67%	25	26	96.2%
5b.	It also helps her know if her period has come too soon (period starts before DARK Brown bead)	1	25%	1	25%	1	25%	8	73%	1	100%	0	0%	1	33%	13	26	50.0%
5c.	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.	0	0%	1	25%	1	25%	6	55%	1	100%	0	0%	1	33%	10	26	38.5%
6a.	If her period starts before she puts the ring on the dark brown bead. This means that her period came too soon to use	4	100%	4	100%	2	50%	11	100%	0	0%	1	100%	2	67%	24	26	92.3%

CycleBeads.																			
6b.	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.	4	100%	3	75%	2	50%	9	82%	0	0%	1	100%	2	67%	21	26	80.8%	
6c.	If the couple cannot abstain or use condoms on the white bead days and wants to switch to another method.	2	50%	2	50%	1	25%	7	64%	1	100%	0	0%	1	33%	14	26	53.8%	
6d.	If the couple has had sex on the white bead days without using condoms.	1	25%	1	25%	1	25%	8	73%	1	100%	0	0%	2	67%	14	26	53.8%	
6e.	If she hasn't had her period when she expects it and thinks she may be pregnant.	1	25%	1	25%	1	25%	9	82%	1	100%	0	0%	2	67%	15	26	57.7%	
7.	Five out of 100 women who use the SDM in a year will get pregnant. 95% effective is used correctly.	3	75%	3	75%	2	50%	7	64%	1	100%	0	0%	1	33%	17	26	65.4%	
8a.	Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you. You and your baby will be stronger and healthier.	3	75%	1	25%	2	50%	5	45%	1	100%	1	100%	3	100%	16	26	61.5%	
8b.	Use a family planning method continuously for at least two years to avoid getting pregnant too soon.	3	75%	1	25%	2	50%	7	64%	1	100%	1	100%	3	100%	18	26	69.2%	
9a.	Talk to your partner about using this method together	3	75%	4	100%	2	50%	7	64%	1	100%	1	100%	3	100%	21	26	80.8%	
9b.	Talk to your partner about when to use condoms or avoid sex to prevent a pregnancy	3	75%	4	100%	1	25%	7	64%	1	100%	0	0%	3	100%	19	26	73.1%	
9c.	Invite your partner to come to the clinic.	1	25%	1	25%	0	0%	8	73%	1	100%	0	0%	1	33%	12	26	46.2%	
TOTAL		104	72%	91	63%	63	44%	318	80%	24	67%	24	67%	80	74%	704	936	75.2%	

Appedix 3: Providers' scores by hospitals

2. Appendix – Study instruments in English and Kinyarwanda

- 1a. Admission form (English) **Error! Bookmark not defined.**
- 1b. Urupapuro rwo kwemererwa (Kinyarwanda) **Error! Bookmark not defined.**
- 2a. Consent to Participate in Research Study/Bridge user interviews 47
- 2b. Inyandiko yo kwemera kugira uruhare mu bushakashatsi (Kinyarwanda) 50
- 3a. Client interview form 53
- 3b. Ibibazwa ukoresha uburyo (Kinyarwanda) **Error! Bookmark not defined.**
- 4a. Client information form **Error! Bookmark not defined.**
- 4b. Umwirondoro w'ukoresha uburyo **Error! Bookmark not defined.**
- 5a. Guide for Focus Group with Providers 65
- 5b. Inyoborabiganiro igenewe abavuzi 67
- 6a. Standard days method (SDM) - knowledge improvement tool (KIT) With a postpartum bridge module 69
- 6b. Uburyo bw'iminsi idahinduka (SDM) igikoresho gifasha kongera ubumenyi (KIT), hifashishijwe module y'uburyo bukoreshwa nyuma yo kubyara 72
- 7a. Consent to Participate in Research Study, Provider focus groups 75
- 7b. Kwemera kugira uruhare mu bushakashatsi, Inyoborabiganiro mu matsinda y'abavuzi 78

2.1. Admission form (English)

To be completed by provider for the purpose of the study (in addition to any information collected for the clinic usual records of their clients)

Client ID

--	--	--

Today's date _____ / _____ / _____

Day Month Year

No.	Questions and filters	Coding categories	Skip
1	How old were you on your last birthday	<input type="text"/>	
2	What is the highest level of school you attended?	PRIMARY 1 SECONDARY 2 HIGHER 3	
3	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/>	
4	CHECK QUESTION 3: SECONDARY OR HIGHER	→	7
5	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	
6	How many children do you have?	<input type="text"/>	
7	In what month and year was your baby born?	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> DON'T KNOW YEAR 9998	
8	How old is your baby now?	MONTHS <input type="text"/>	

No.	Questions and filters	Coding categories	Skip
9	Have you ever used a family planning method?	Yes 1 No 2	
10	Which methods have you used? CIRCLE ALL MENTIONED	PILL A IUD B INJECTABLES C IMPLANTS D CONDOM E FEMALE CONDOM F DIAPHRAGM G FOAM/JELLY H LACTATIONAL AMENORHEA METHOD I RHYTHM J STANDARD DAYS METHOD K WITHDRAWAL L OTHER (specify) _____ X	

Keyed by

2.1.1. Urupapuro rwo kwemererwa (Kinyarwanda)

Rwuzuzwa n'utanga uburyo ku nyungu z'ubushakashatsi (Byiyongereye ku makuru asanzwe atangwa mu mavuriro n'abashaka uburyo)

Numero y'ushaka uburyo

--	--	--

Itariki y'uyu muni _____ / _____ / _____

Umuni Ukwezi Umwaka

No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
1	Igihe uherukira kwizihiza isabukuru y'amavuko yawe ya iheruka wari ufite imyaka ingahe? (Wabawujije imyaka ingahe y'amavuko)	<input type="text"/>	
2	Wize amashuri angahe ?	ABANZA 1 AYISUMBUYE 2 KAMINUZA 3	
3	Ni iyihe mpamyabumenyi wakuyemo?	IMPAMYABUMENYI <input type="text"/>	
4	REBA IKIBAZO CYA 3: ABANZA <input type="checkbox"/> AYISUMBUYE/KAMINUZA <input type="checkbox"/>	→ 7	
5	Nagirango noneho unsomere iyi nteruro EREKA UWO UBAZA IKARITA, NIBA ASHOBORA GUSOMA INTERURO YOSE , MUBAZE IKI KIBAZO : Ushobora kunsomera igice cy'iyi nteruro?	NTASHOBORA GUSOMA NA GATO 1 ASHOBORA GUSOMA IBICE BY'INTERURO 2 ASHOBORA GUSOMA INTERURO YOSE 3	
6	Ufite abana bangaha?	<input type="text"/>	
7	Umwana muto ufite yavutse mu kuhe kwezi, mu wuhe mwaka?	UKWEZI <input type="text"/> NTAZI UKWEZI 98 UMWAKA <input type="text"/> NTAZI UMWAKA 9998	
8	Uruhinja rwawe rungana rute?	AMEZI <input type="text"/>	
9	Wigeze ukoresha uburyo bwo kuboneza urubyaro?	YEGO 1 OYA 2	

No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
10	Ni ubuhe buryo bwo kuboneza urubyaro wakoreshesheje? CA AKAZIGA KU BURYO.	IBININI A AGAPIRA KO MU MURA B INSHINGE C Agapira ko mu kizigira cy'ukuboko D AGAKINGIRIZO K'ABAGABO E AGAKINGIRIZO K'ABAGORE F Uruziga/ DIAPHRAGM G IMITI YICA INTANGA-NGABO H KWONSA I KWIFATA / RHYTHM J UBURYO BW'URUNIGI K KWIYAKANA L UBUNDI (buvuge)_____ X	

Bikozwe na

2.2. Consent to Participate in Research Study/Bridge user interviews

Study Title: Evaluation of an approach to transition postpartum women to Standard Days Method use

Principal investigator: Irit Sinai, Ph.D. **phone:** U.S.A. (202)687-1392

Co- investigator: Felix Muramutsa, MA. **Phone .:** (250) 78 830 7890

Sponsor: United States Agency for International Development (USAID)

Introduction

You are invited to consider participating in this research study. Please take as much time as you need to make your decision. Feel free to discuss your decision with whomever you want, but remember that ***the decision to participate, or not to participate, is yours.*** If you decide that you want to participate, please sign and date where indicated at the end of this form.

If you have any questions, you should ask the researcher who explains this study to you.

Background and Purpose

This study is done in order to test adding instructions to postpartum women who wish to use the Standard Days Method into the method services offered by this facility and other facilities in Rwanda. The Standard Days Method is a fertility awareness-based family planning method that requires women to have regular menstrual cycles. Because of this requirement, the method is not a good family planning option for women with young babies until their cycles become more regular. The researchers developed guidelines for women with young babies who wish to use the Standard Days Method. Women can use the method after they get their first period since their baby was born, and until they can start using the Standard Days Method. When cycles become regular again, women can start using the Standard Days Method. The research will explore how women use this method and what they think about it, as well as how provider teach it and what they think about it.

The study is being sponsored by the United States Agency for International Development (USAID).

Study plan

You are being asked to take part in this study because you are a woman with a young baby, and you chose to use the guidelines for women with young babies as your family planning method until you can start using the Standard Days Method. About 40-60 women will take part in this study. They will be from all over Rwanda.

If you decide to participate in this study, you will take part in two interviews. I will ask your permission to give your contact information to the interviewers, who will contact you to coordinate the interviews. The first interview will be in about two months, and the second interview about five months later. In both interviews you will be asked questions about how you used the client card, and what you think about it. In the first interview you will also be asked some background information. Both interviews can be in person or over the phone, and will last about 25-35 minutes each. If the interviews are in person, they can be in your home or in this health facility or in any other place that you prefer. If the interview is over the phone, the researcher will still need to meet with you to see your client card, which is the tool you got today to keep track of your cycle, but this meeting will not be longer than two or three minutes. The time and place of the interviews or meeting will be up to you.

You can stop participating at any time. However, if you decide to stop participating in the study, we encourage you to talk to the researcher first.

Risks

When you chose to use the Bridge you were told that no family planning method is 100% effective. There is a chance that you will become pregnant even if you use the method correctly.

There are no physical risks associated with participating in this study. There is a small risk that talking about personal issues will make you feel embarrassment. This is unlikely because you do not need to respond to any questions that makes you feel uncomfortable and you can leave the study at any time. You may also feel embarrassed if private information about you becomes known to others. This risk is also very small because we will take precautions to prevent this from happening. We will make sure that the interviews are in a private place, where others can't hear us. The interview forms will not include your name, only a code. Your contact information and information that can connect you to the code will be kept in a secure location, and only the researches will have access to it. After the study is completed, we will destroy your contact information, and there will be no way to connect your responses to you. The data will be entered into password protected computer files on an encrypted computer, and only the researchers will have access to it.

Benefits

If you agree to take part in this study, there will be no direct benefit to you. However, information gathered in this study may benefit others by helping us to evaluate how best to integrate the guidelines for women with young babies into Standard Days Method services in Rwanda.

Confidentiality

Every effort will be made to keep any information collected about you confidential. However, it is impossible to guarantee absolute confidentiality. We will make sure that the interviews are in a private place, where others can't hear us. The interview forms will not include your name, only a code. Your contact information and information that can connect you to the code will be kept in a locked drawer in the researchers' office, and only the researches will have access to it. After the study is completed, we will destroy your contact information, and there will be no way to connect your responses to you. The data will be entered into password protected computer files on an encrypted computer, and only the researchers will have access to it. Your name or any other identifiable information about you will not appear on any report from this study.

Please note that The Georgetown University IRB will be allowed to access your study records if there is any need to review the data for any reason.

Your rights as a research participant

Participation in this study is entirely voluntary at all times. You can choose not to participate at all or to leave the study at any point. If you decide not to participate or to leave the study early, there will be no effect on your relationship with the researchers, with me or with any other health provider in this facility, or any other negative consequences. The services you get in this facility will not be affected in any way.

If you decide that you no longer want to take part in the study, simply say so to the interviewer who will contact you to schedule the second and third interviews. If you leave the study early, the information already obtained through your participation may still be included in the data analysis and final report for this study.

During the interviews, you do not need to answer any questions that make you feel uncomfortable. You can also stop the interview at any time.

Questions or concerns?

If you have questions about the study, you may contact Irit Sinai in the U.S.A , at (202)687-1392 or Marie Mukabatsinda in Kigali, at 250-252 503607.

Please call the Georgetown University IRB Office in the U.S.A. at **202-687-6553** (8:30am to 5:00pm, Monday to Friday Eastern Standard Time) if you have any questions about your rights as a research participant.

In case of questions about participant's rights: RNEC/Chair, Dr Justin WANE at 0788 500 499 and RNEC/Secretary, Dr Emmanuel NKERAMIHIGO at 0788 557 273

Statement of Person Obtaining Informed Consent

I have fully explained this study to the participant. I have discussed the study's purpose and procedures, the possible risks and benefits, and that participation is completely voluntary.

I have invited the participant to ask questions and I have given complete answers to all of the participant's questions.

Signature of Person Obtaining Informed Consent

Date

Consent of Participant

I understand all of the information in this Informed Consent Form.

I have gotten complete answers for all of my questions.

I freely and voluntarily agree to participate in this study.

I understand that my contact information will be given to the researchers who will contact me to schedule the interviews described in this document.

Participant Signature

Date

Printed Name of Participant

Once you sign this form, you will receive a copy of it to keep, and the researcher will keep another copy in your research record.

2.2.1. Inyandiko yo kwemera kugira uruhare mu bushakashatsi (Kinyarwanda)

Umushakashatsi mukuru: Irit Sinai, Ph.D.

Telephone: U.S.A. (202)687-1392

Umushakashatsi wungirije : Felix Muramutsa, MA.

Telephone: (250) 78 830 7890

Umuterankunga: Ikigo cy'abanyamerika gishinzwe iterambere mpuzamahanga (USAID)

Intangiriro

Muraho! Turabasaba gusubiza neza ibibazo bijyanye n'ubu bushakashatsi. Witonde utekereze neza mbere yo kugira icyemezo ufata. Isanzure igihe urimo uganira n'uwo ari we wese wihitanyemo ku cyemezo wafashe, ariko unazirikane ko gufata icyemezo cyo kwemera cyangwa kwanga kuganira ari wowe kireba. Niba wifatiye icyemezo cyo kwemera, shyira umukono wawe n'italiki hasi aho ikiganiro kirangirira.

Niba ufite ikibazo, ukibaze umushakashatsi urimo ugusobanurira.

Imvo n'imvano y'ubu bushakashatsi

Ubu bushakashatsi burakorwa mu rwego rwo gusuzuma imfashanyigisho nyongera ku mugore umaze kubyara kandi akaba ashaka gukoresha Uburyo bw'Urunigi mu bundi buryo bwo kuboneza urubyaro butangwa n'iki kigo cyangwa se mu bindi bigo nderabuzima byo mu Rwanda. Uburyo bw'Urunigi ni bumwe mu buryo bwo kuboneza urubyaro bushingiye ku kumenya uburumbuke bw'umugore bukaba busaba ko umugore aba afite ukwezi kudahinduka. Abashakashatsi bakoreye imfashanyigisho abagore bakimara kubyara bashaka gukoresha Uburyo bw'Urunigi.

Umugore ashobora gukoresha uburyo igihe amaze kubona imihango ye ya mbere nyuma yo kubyara kugeza igihe azatangirira gukoresha Uburyo bw'Urunigi. Igihe imihango ye yongeye kuzira igihe yari ayitegererejeho noneho umugore ashobora gukoresha Uburyo bw'Urunigi. Ubu bushakashatsi buzareba ukuntu abagore bakoresha ubu buryo, icyo babutekerezaho ndetse n'uko abatanga uburyo babwigisha n'icyo nabo babutekerezaho.

Ubu bushakashatsi buraterwa inkunga n'Ikigo cy'abanyamerika gishinzwe iterambere mpuzamahanga (USAID).

Gahunda y'ubushakashatsi

Turagusaba kudufasha muri ubu bushakashatsi kubera ko uri umubyeyi ukimara kubyara kandi ukaba warahisemo gukoresha imfashanyigisho igenewe abagore bakimara kubyara nk'uburyo bwo kuboneza urubyaro kugeza igihe uzatangirira gukoresha Uburyo bw'Urunigi. Umubare w'abagore bari hagati ya 40 na 60 niba bazajya muri ubu bushakashatsi, bakazatoranywa mu gihugu hose.

Niba wiyemeje kugira uruhare muri ubu bushakashatsi, tuzakorana ibiganiro bitatu. Icyamba mbere tugiye kugitangira nonaha. Ndakubaza ibibazo bijyanye n'ubuzima bwawe mu gihe cyashize, kandi ntabwo biza gufata iminota irenze icumi. Ndaza no kugusaba guha umwirodoro wawe abandi muzaganira, ubwo bazagushaka muganire mu bindi biganiro bibiri bizakurikiraho. Ikiganiro cya kabiri kizaba mu mezi abiri naho ikiganiro cya nyuma kizaba mu mezi arindwi. Ibyo biganiro bishobora kuba mwicaranye hamwe cyangwa se kuri terefoni kandi ikiganiro kimwe ntikizarenze iminota 25.

Nimukorana ikiganiro muri hamwe gishobora kuzabera iwawe, ku kigo nderabuzima se cyangwa ahandi hantu wowe wakwihitiramo. Nidukorana ikiganiro kuri terefoni icyo gihe n'ubundi nzaba ngikeneye guhura nawe kugirango ndebe ikarita yawe nza kuguha uyu muni. Iyo karita uzajya wandikaho ibijyanye n'ukwezi kwawe, gusa niduhura ntutuzatindana ngo turenze iminota ibiri cyangwa itatu. Isaha n'ahantu ibiganiro byabera ni wowe uzabyihitiramo. Muri ibyo biganiro, tuzakubaza ibibazo bijyanye n'ukuntu wakoresha iyo karita hamwe n'icyo uyitekerezaho.

Ufite uburenganzira bwo guhagarika uruhare rwawe muri ubu bushakashatsi igihe ubishakiye, gusa igihe wiyemeje guhagarika, tugusaba ko wabanza kubibwira bwa mbere ukoreshe ubu bushakashatsi.

Ingaruka

Igihe wahitagamo gukoresha uburyo bw'IKIRARO bakubwiye ko nta buryo na bumwe bwo kuboneza urubyarwo bwizewe ijana ku ijana . Birashoboka ko watwita kandi wakoresha uburyo bwawe neza.

Nta ngaruka zo ku mubiri zihari mu kwemera kugira uruhare muri ubu bushakashatsi. Gusa hari akabazo gato cyane kajyanye n'uko wakumva utisanzuye igihe utanga ibisubizo. Ariko ibyo ntibyagutera impungenge kubera ko udategetswe gusubiza ikibazo icyo aricyo cyose cyakubuza ubwisanzure kandi ko ushobora guhagarika uruhare rwawe mu bushakashatsi igihe cyose ubishakiye. Ushobora kandi kumva ubangamiwe igihe ibyari ibanga ryawe byamenywe n'abandi. Ibi nabyo ntibigutere ikibazo kuko tugomba gukora uko dushoboye kwose kugirango bitaba. Tuzakora uko dushoboye kwose kandi kugirango ibiganiro byacu bibere mu bwihereho aho abandi bantu badashobora kutwumviriza. Impapuro uzabarizwaho nta mazina yawe tuzashyiraho, ahubwo tuzashyiraho gusa inomeru y'ibanga. Umwirondoro wawe ndetse n'andi makuru ashobora kuguhuza n'inomeru yawe y'ibanga bizabikwa ahantu hizewe hagerwa gusa n'abakora ubushakashatsi. Ubu bushakashatsi niburangira umwirondoro wawe wose tuzawuca kuburyo nta buryo na bumwe bwo kumenya uwashubije gutya cyangwa kuriya. Ibyavuye mu bushakashatsi bizinjizwa muri za mudasobwa zifite ubushobozi bwo kubitekanisha, zemerera gusa abashakashatsi babifitiye uburenganzira kuzifungura no kugira icyo babikoraho.

Inyungu

Umuntu uzitabira ubu bushakashatsi nta nyungu iziguye azakuramo ariko amakuru tuzakura muri ubu bushakashatsi azagirira abandi akamaro adufasha kureba ukuntu byaba ari byiza gushyira imfashanyigisho y'abagore baherutse kubara muri serivisi zo gukoresha Uburyo bw'Urunigi mu Rwanda.

Amabanga

Hazakoreshwa ubushobozi bwose bushoboka mu kutamena ibanga ry'amakuru uzaba waduhaye. Gusa ntabwo twakwemerera ijana ku ijana ko nta banga na rimwe rizasohoka.

Tuzakora uko dushoboye kwose kandi kugirango ibiganiro byacu bibere mu bwihereho aho abandi bantu badashobora kutwumviriza. Impapuro uzabarizwaho nta mazina yawe tuzashyiraho, ahubwo tuzashyiraho gusa inomeru y'ibanga. Umwirondoro wawe ndetse n'andi makuru ashobora kuguhuza n'inomeru yawe y'ibanga bizabikwa ahantu hadadiye, hizewe cyane hagerwa gusa n'abakora ubushakashatsi. Ubu bushakashatsi niburangira umwirondoro wawe wose tuzawuca kuburyo nta buryo na bumwe bwo kumenya uwashubije iki n'iki. Ibyavuye mu bushakashatsi bizinjizwa muri za mudasobwa zifite ubushobozi bwo kubitekanisha, zemerera gusa abashakashatsi babifitiye uburenganzira kuzifungura no kugira icyo babikoraho. Amazina yawe cyangwa se ikindi kintu cyakuranga ntibizigera bishyirwa ku maraporo azasohoka muri ubu bushakashatsi.

Rwose wishyiremo ko iniverisiti ya Georgetown ari yo yonyine izemererwa kugira uburenganzira kuri aya makuru igihe ikeneye kugira icyo ihinduraho ku mpamvu iyi n'iyi.

Uburenganzira bwawe nk'umuntu wagize uruhare mu bushakashatsi

Kugira uruhare muri ubu bushakashatsi ni uburenganzira bwawe igihe icyo aricyo cyose. Ufite uburenganzira bwo kutabujyamo cyangwa se guhagarika gusubiza igihe icyo ari cyo cyose. Igihe udashatse kubujyamo cyangwa kubuhagarika hagati waratangiye nta ngaruka zizabaho mu mibanire yawe n'abakora ubushakashatsi, nanjye se cyangwa abatanga uburyo muri ikigo nderabuzima. Nta mpinduka izaba kuri serivisi wahabwaga muri iki kigo nderabuzima uko byamere kose.

Igihe uzaba ufashe icyemezo cyo kudakomeza kugira uruhare muri ubu bushakashatsi uzabibwire uwo mugomba kuzaganira ku nshuro ya kabiri n'iya gatatu. Uramutse uhagarikiyemo hagati, amakuru uzaba waraduhaye azaguma mu y'abandi bazagira uruhare muri ubu bushakashatsi kandi azasohoka muri raporo ya nyuma izavugaga ibyabuvuyemo.

Mu gihe cy'ikiganiro ufite uburenganzira busesuye bwo kudasubiza ikibazo icyo ari cyo cyose wumva gituma utisanzura. Ufite kandi uburenganzira bwo guhagarika ikiganiro igihe icyo ari cyo cyose ubishakiye.

Ibibazo n'ingorane

Uramutse ufite icyo ushaka gusobanura kuri ubu bushakashatsi , ushobora guhamagara Muramutsa Feligisi 078 830 7890 cyangwa se Madamu Marie Mukabatsinda i Kigali, kuri no 250-252 503607.

Ugize ikibazo kirebana n'uburenganzira bwawe muri ubu bushakashatsi, wahamagara abayobozi b'Urwego rw'Igihugu rushinzwe kubungabunga imyitwarire y'abashakashatsi (RNEC), aribo Umuyobozi Dr Justin WANE at 0788 500 499 cg umunyamabanga, Dr Emmanuel NKERAMIHIGO, 0788 557 273

Uruhushya rw'umuntu ushaka kubaza

Nasobanuriye bihagije uzabazwa kuri ubu bushakashatsi. Twaganiriye bihagije ibigamijwe kuri ubu bushakashatsi n'uko buzakorwa, ku ngaruka zishobora kubaho ndetse no ku nyungu zishobora kubaho kandi namubwiye ko kwemera kubujyamo ari ubushake bwa buri muntu.

Nasabye ushaka kubujyamo kubaza ibibazo kandi natanze ibisobanuro bihagije ku bibazo yabajije.

Umunkono n'amazina by'ubaza

Italiki

Uruhushya rw'ubaza

Ndumva neza ibikubiye muri iyi nyandiko.

Ibibazo byose nabajije nabisubijwe neza.

None ku bushake bwanjye, ntawe ubimpatiye nemeye kwitabira ubu bushakashatsi.

Nemeye kandi ko umwirondoro wanjye uzahabwa abashakashatsi bazaza kundeba tugahana gahunda yo gukorana ibiganiro byavuzwe haruguru.

Umukono w'uwemeye kubazwa

Italiki

Amazina y'uwemeye kubazwa:.....

Akarere:

Umurenge:

Akagari:

Umudugudu:

Telefoni:

Nyuma yo gushyiraho umukono cyangwa igikumwe, uwemeye kubazwa asigarana kopi y'iyi nyandiko, uzakora ubu bushakashatsi agasigarana indi kopi igomba gushyirwa mu bigize dosiyere y'ubu bushakashatsi.

2.3. Client interview form

To be completed by interviewer 8-10 weeks after admission form date, and five months later.

Client ID

--	--	--

Interviewer code

Today's date _____ / _____ / _____

Day Month Year

Interviewer: read the following statement to the client before you start the interview.

“When you started using this approach for tracking your periods to avoid becoming pregnant, you agreed to share your experience using the card, and your satisfaction with it. I am here to ask questions about how you are using the client card and whether you like using it. The interview will take about 25 minutes.

Remember that participation in the study is entirely voluntary. You do not have to answer every question. You have the right to leave the study at any time. Leaving the study will not affect the services you get from the clinic or the provider. Should you decide to leave the study, you can tell me that you no longer wish to participate.

At this point, do you still agree to participate in the study?”

If the client agrees, proceed with the interview. If she does not agree

No.	Questions and filters	Coding categories	Skip
1	Are you still using the card to keep track of your menstrual cycle to avoid pregnancy?	Yes 1 No 2 →	25
2	I would like to ask you about the card and how you use it. Do you still have your recording card?	Yes 1 No 2 →	25
3	May I see it? IF INTERVIEW IS OVER THE PHONE, DO NOT ASK THIS QUESTION AND SKIP TO #5. COMPLETE #4 WHEN YOU ARRANGE TO SEE THE CARD.	Yes 1 No 2 →	5

No.	Questions and filters	Coding categories	Skip
4	<p>LOOK AT THE CARD, AND RESPOND TO THE FOLLOWING QUESTIONS:</p> <p>(A) HAS SHE BEEN MARKING THE CARD EVERY DAY?</p> <p>(B) IS SHE MARKING THE FIRST DAY OF HER PERIOD ON HER CARD?</p> <p>(C) WHICH ROW HAS SHE MARKED? WHICH ROW IS SHE ON NOW?</p>	<p>Always 1</p> <p>Most of the times 2</p> <p>No 2</p> <p>Yes 1</p> <p>Sometime 2</p> <p>No 3</p> <p>She is in Row 1 1</p> <p>She is in Row 2 2</p> <p>She is in Row 3 3</p> <p>She is in Row 4 4</p> <p>She is in Row 5 5</p> <p>She is in Row 6 6</p> <p>She finished Row 6 7</p>	
5	<p>At what time of day do you usually mark your card?</p>	<p>Morning 1</p> <p>Afternoon 2</p> <p>Evening 3</p> <p>No set time 8</p>	
6	<p>Please explain to me what the circle days are</p> <p>THE CIRCLE INDICATES DAYS WHEN PREGNANCY IS NOT LIKELY</p>	<p>Correct answer 1</p> <p>Incorrect answer 2</p>	
7	<p>Please explain to me what the square days are</p> <p>THE SQUARE INDICATES DAYS WHERE PREGNANCY IS LIKELY</p>	<p>Correct answer 1</p> <p>Incorrect answer 2</p>	
8	<p>What do you do when your period starts again</p> <p>PROBE TO DETERMINE IF SHE STARTS MARKING A NEW LINE</p> <p>If she does not respond to the above, Probe: where do you mark when your period starts.</p>	<p>Yes 1</p> <p>No 2</p>	

No.	Questions and filters	Coding categories	Skip
9	In the past month, have you had sex on the square days?	Yes 1 No 2 →	11
10	What do you and your partner do to avoid pregnancy when you have sex on square days? CIRCLE ALL MENTIONED	Use condoms 1 Use withdrawal 2 Other (specify) 9	
11	Now I would like to ask your opinion about the card. Please tell me what you think about the card (WRITE WHAT SHE SAYS) <u>Probe:</u> Is the card hard to understand? Is the card hard for her partner to understand? Was it harder in the beginning, or all the time? Was it hard at some point – how did she figure out how to overcome the difficulty? Is the card easy or difficult to use? Is it effective in preventing pregnancy? Does it have any side effects or health difficulties? Does it interfere with sex life?		
12	Do you have any other comments about tracking your cycle days? About marking on the card? WRITE WHAT SHE SAYS		
13	In general, how satisfied are you with the card?	I like it a lot 1 I like it 2 Don't like it much 3 Don't like it at all 4	
14	Would you recommend this approach of tracking your cycle days to other persons?	Yes 1 No 2 2	

No.	Questions and filters	Coding categories	Skip
15	Have you seen your provider since you began to use the card?	Yes 1 No 2 →	17
16	Why did you consult your provider WRITE WHAT SHE SAYS		
17	Do you have any specific questions to ask your provider?	Yes 1 No 2 →	19
18	What are the questions? WRITE WHAT SHE SAYS		
19	Do you intend to continue tracking your cycle days until you can start using the Standard Days Method?	Yes 1 No 2 →	21
20	Why not? WRITE WHAT SHE SAYS		
21	Is your husband/partner involved in the use of the card?	Yes 1 No 2 →	23
22	How is your husband/partner involved in the use of the card? WRITE WHAT SHE SAYS Probe: does he ever help you mark the card, or remind you to mark the card, or asks if it is safe to have sex today?		
23	How do you feel about not having sexual relations or using condoms on the fertile days? WRITE WHAT SHE SAYS		
24	How does your husband/partner feel about not having sexual relations or using condoms on the fertile days? WRITE WHAT SHE SAYS		

No.	Questions and filters	Coding categories	Skip
25	Why did you stop using the client card? WRITE WHAT SHE SAYS		

2.3.1. Ibibazwa ukoresha uburyo (Kinyarwanda)

Byuzuzwa n'ubaza hagati y'ibyumweru 8-10 nyuma y'italiki atangiriyeho uburyo na nyuma y'amezi atanu.

Numero y'ukoresha uburyo

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No y'ubaza

Italiki y'uyu muni _____ / _____ / _____

Umuni Ukwezi Umwaka

Ubaza: Banza umusomere aya masezerano mbere yo gutangira kumubaza.

"Igihe watangiraga gukoresha ubu buryo bwo kugenda wandika ibijyanye n'ukwezi kwawe wanga ko watwita utabishaka, watwemeraye ko n'abandi bamenya uko wabigenje mu gukoresha ino karita, n'uburyo iyi karita wowe wayifashemo. Ubu nagirango nkubaze utubazo tumwe tujyanye n'ukuntu ukoresha iyi karita yawe cyangwa se niba warashimishijwe no kuyikoresha. Ikiganiro cyacu kiramara hafi iminota 25.

Wibuke ko kwemera kuja muri ubu bushakashatsi ari ubushake bw'umuntu, nta gahato! Ntabwo utegetswe gusubiza ibibazo byose ubajijwe. Ufite uburenganzira bwo kuva muri ubu bushakashatsi igihe ushakiye. Ntabwo kuva muri ubu bushakashatsi bizagira ingaruka kuri serivisi wahabwaga kwa muganga cyangwa se ku baziguhaga. Igihe wiyemeje kubuvamo ushobora kumbwira gusa ko utagishaka gukomeza, nta kindi!

Ese kugeza ubu uracyashaka gukomeza muri ubu bushakashatsi?

Niba akibishaka, komeza ikiganiro. Niba atakibishaka,



No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
1	Ese uracyakoresha ikarita mu kumenya ukwezi kwawe kugirango udatwita?	Yego 1 Oya 2 →	25
2	Ndashaka kukubaza ibijyanye n'ikarita n'ukuntu uyikoresha. Uracyandika ku ikarita yawe?	Yego 1 Oya 2 →	25
3	Ushobora kuyinyereka se? NIBA IKIGANIRO KIBERA KURI TELEFONI, WIMUBAZA KINO KIBAZO, JYA KU KIBAZO CYA #5. WUZUZA IKIBAZO CYA #4 IGIHE USHAKA KUREBA KU IKARITA.	Yego 1 Oya 2	5

No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
4	<p>REBA KU IKARITA HANYUMA USUBIZE IBIBAZO BIKURIKIRA:</p> <p>(A) Niba YARAGIYE YANDIKA KU IKARITA YE BURI MUNSI?</p> <p>(B) Niba YARAGIYE YANDIKA KU IKARITA YE UMUNSI WE WA MBERE W'IMIHANGO?</p> <p>(C) NI UWUHE MURONGO YANDITSEHO? NI UWUHE MURONGO AGEZEHO?</p>	<p>Buri munsi 1</p> <p>Hafi buri munsi 2</p> <p>Oya 2</p> <p>Yego 1</p> <p>Rimwe na rimwe 2</p> <p>Oya 3</p> <p>Ari ku murongo wa 1 1</p> <p>Ari ku murongo wa 2 2</p> <p>Ari ku murongo wa 3 3</p> <p>Ari ku murongo wa 4 4</p> <p>Ari ku murongo wa 5 5</p> <p>Ari ku murongo wa 6 6</p> <p>Yarangije umurongo wa 6 7</p>	
5	<p>Ubusanzwe ni ku yihe saha ukunda kwandika ku ikarita yawe?</p>	<p>Mu gitondo 1</p> <p>Nyuma ya saa sita 2</p> <p>Nimugoroba 3</p> <p>Ntabwo ari isaha imwe 8</p>	
6	<p>Wambwira icyo iminsi y'utuziga isobanura? URUZIGA RUSOBANURA IMINSI UDASHOBORA GUSAMIRAHU.</p>	<p>Igisubizo ni cyo 1</p> <p>Igisubizo si cyo 2</p>	
7	<p>Wambwira icyo iminsi y'udukare (Mpendenye ndinganire) isobanura? UDUKARE DUSOBANURA IMINSI USHOBORA GUSAMIRAHU</p>	<p>Igisubizo ni cyo 1</p> <p>Igisubizo si cyo 2</p>	
8	<p>Ukora iki iyo wongeye kubona imihango? REBA NIBA AGUSUBIZA KO YONGERA KWANDIKA KU WUNDI MURONGO MUSHYA Niba adasubije gutyo, MUBAZE: Wandika he iyo wongeye kubona imihango?</p>	<p>Yego 1</p> <p>Oya 2</p>	

No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
9	Waba warakoze imibonano mpuzabitsina mu kwezi gushize mu minsi y'udukare (mpandenye ndinganire)?	Yego 1 Oya 2	11
10	Mubigenza gute, wowe n'umugabo wawe kugirango udasama igihe mwakoze imibonano mpuzabitsina ku minsi y'udukare? SHYIRA AKAZIGA KU BYAVUZWE BYOSE	Gukoresha agakingirizo 1 Kwiyakana 2 Ubundi buryo (Buvuge) 9	
11	Noneho ndashaka kukubaza icyo utekereza kuri iyi karita. Wambwira icyo utekereza kuri iyi karita? (ANDIKA IBYO AVUZE) Mubaze: Ikarita iramugoye kuyumva? Ikarita igoye umugabo we kuyumva? Yamugoye agitangira, cyangwa ni igihe cyose? Yamugoye hamwe na hamwe ? – Aho hamugoye yaje kuhisobanurira gute? Ikarita iroroshye kuyikoresha cyangwa iragoye? Ikarita yaba ikoze neza ku buryo yabuza umuntu gutwita? Ikarita yaba ifite ingaruka cyangwa hari icyo yakwangiza ku mubiri? Yaba se ibangamira imibonano mpuzabitsina ? cg se umushyikirano w'abashakanye		
12	Waba ufite ikindi wakongeraho ku bijyanye no kumenya iminsi y'ukwezi kwawe? Ku bijyanye no kuyandika ku ikarita? ANDIKA IBYO AKUBWIYE		
13	Muri rusange, waba unyuzwe ute n'iyi karita?	Ni nziza cyane 1 Ni nziza buhoro 2 Si nziza 3 Si nziza na mba 4	
14	Wasaba abandi bantu ko bakoresha iyi karita?	Yego 1 Oya 2	2

No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
15	Kuva watangira gukoresha iyi karita wigeze ujya kureba muganga?	Yego 1 Oya 2	17
16	Ni ku zihe mpamvu wagiye kureba muganga se ? ANDIKA IBYO AKUBWIYE		
17	Hari ikibazo ufite cyihariye cyo kubaza muganga?	Yego 1 Oya 2	19
18	Ni ibihe bibazo ufite byo kubaza muganga? ANDIKA IBYO AKUBWIYE		
19	Waba ufite ubushake bwo gukomeza gukoresha ikarita kugeza igihe utangiriye gukoresha Uburyo bw'Urunigi?	Yego 1 Oya 2	21 →
20	Kubera iki utakibishaka? ANDIKA IBYO AKUBWIYE		
21	Umugabo wawe se yaba agufasha mu gukoresha iyi karita?	Yego 1 Oya 2	→ 23
22	Agufasha ate? ANDIKA IBYO AKUBWIYE Mubaze: Yaba yarigeze agufasha kwandika ku ikarita? Yaba yarigeze akwibutsa se kwandika ku ikarita cyangwa akubaza niba uwo muni ari igihe cyiza cyo gukora imibonano mpuzabitsina?		
23	Wumva umerewe ute mu minsi yo kwifata cyangwa se igihe ukora imibonano mpuzabitsina ukoresheje agakingirizo mu minsi y'uburumbuke? ANDIKA IBYO AKUBWIYE		

No.	Ibibazo	Imiterere y'ibisubizo	Jya kuri
24	<p>Umugabo wawe se we yumva amerewe ate mu minsi yo kwifata cyangwa se igihe mukora imibonano mpuzabitsina akoresheje agakingirizo mu minsi y'uburumbuke?</p> <p>ANDIKA IBYO AKUBWIYE</p>		
25	<p>Ni kuki wahagaritse gukoresha ikarita y'ukoresha uburyo ?</p> <p>ANDIKA IBYO AKUBWIYE</p>		

2.4. Client information form

To be completed by the provider after the client signs the informed consent form, and forwarded to the interviewer.

Name of health facility: _____

Name of provider: _____

Name of client: _____

Client address: _____

Special directions for finding address: _____

Client phone number (home) _____

Client phone number (mobile) _____

Client phone number (other) _____

Best time of day to call (circle one): morning / afternoon / evening

To be completed by the research team only:

Health facility code:

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Assigned Client ID

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2.4.1. Umwirondoro w'ukoresha uburyo

Yuzuzwa n'umukozi gore utanga uburyo, mbere yuko ukoresha uburyo ashya umukono ku rupapuro rwo kwemera kubazwa, rushyikirizwa uyoboye ubushakashatsi.

Izina ry'ikigo nderabuzima _____

Izina ry'utanga uburyo: _____

Izina ry'uhabwa uburyo: _____

Umwirondoro w'ushaka uburyo:

Ibindi byagenderwaho mu kumenya umwirondoro w'ushaka uburyo:

Telefone y'ushaka uburyo (mu rugo) _____

Telefone y'ushaka uburyo (igendanwa) _____

Telefone y'ushaka uburyo (indi) _____

Igihe cyiza yahamagarirwaho (Shyira akaziga kuri kamwe): Mu gitondo / sasita / nimugoroba

Byuzuzwa gusa n'abashakashatsi

Inimero y'ikigo nderabuzima :

--	--	--

Nimero yahawe ushaka uburyo

--	--	--

2.5. Guide for Focus Group with Providers

Objectives

- To learn about provider opinions on the level of ease or difficulty clients may have learning how to use the card.
- To explore providers' acceptability of this option for transitioning women to the SDM.
- To learn about providers' ability to integrate this option in regular counseling for the SDM and any challenges they face and how they suggest overcoming them.

About provider teaching/client learning process

1. What would you say clients like or dislike about this option for tracking their cycle? Why?
2. Do clients see/understand the difference between the first three rows and the remaining three with the gray box? Is it clear/unclear? Explain
 -
3. Did clients know when they were supposed to avoid unprotected sex?
 -
4. Have clients expressed any difficulty following the instructions for recording in their cards? Can you offer examples?
 -
5. Have clients expressed any other difficulties? How about avoiding unprotected sex during the first cycle? How about subsequent cycles? How have clients dealt with the challenge?
 -
6. In your opinion, is it easy or difficult to teach clients how to use the card? What concepts or aspects of it are easy/difficult? (Probe for the switching to the second row, switching to the fourth row)
 -
7. Did you teach this option just to women interested in the SDM or to other women in post partum? Explain.

About acceptability of this option

8. How appropriate or not is this option for women in this setting? Why or why not?
9. In your opinion are there any issues with this option? (probe: requirements, instructions, card design, prolonged fertile phase, switching rows).
10. Have clients expressed doubts about this option or desire to stop following it? What are the reasons expressed? What did clients do? (probe: did you offer additional counseling, did you provide any type of support? Explain).

11. Explain what has been your experience integrating this in SDM counseling? In your regular counseling duties? How much time on average has it taken you to explain to clients how to use the card? What challenges have you faced, if any, during counseling?
12. What advantages do you see in this option? Disadvantages?
-
13. Have clients expressed any concerns about managing potential fertile days with their partner? Explain
-
14. Have you shared information about this option for postpartum women with colleagues? What is their opinion?

About Training You Received in this Option

15. How do you feel the training prepared you to offer clients counseling in this option? What is missing? Were case studies helpful?
16. Have you used the reference guide to refresh your knowledge? How useful is this guide? What recommendations do you have for the guide?

Recommendation

17. Do you have recommendations to improve counseling in this option? (probe: help clients follow instructions, reduce teaching time, facilitate teaching instructions, help clients follow instructions for recording, for managing fertile days)
18. Do you have any recommendations to improve the client card, to make it easier for women to use, or to make it easier for you to counsel women with?
19. What kind of obstacles do you foresee if the option is mainstreamed in regular service delivery?
20. How easy or difficult is it to explain to women how to use the card to keep track of their cycles compared to teaching women how to use the beads? What kind of adjustments would you recommend?
21. How long has it taken you on average to explain women in their initial visit, how to use the postpartum guidelines to track their cycles?
22. Are there women for whom this is a good option? Why, why not?
23. Can this option be promoted or should it be kept just for provider knowledge to help prepare women to transition to the SDM?
24. Is there any type of support, training or information you would like to receive?

2.5.1. Inyoborabiganiro igenewe abavuzi

Ikigamijwe

- Kumenya uko utanga uburyo atekereza kubijyanye n' ikigero cy' ubworohe cyangwa ubukomere ushaka uburyo yahura nacyo mu kwiga uko bakoresha ikarita.
- Kumenya uburyo utanga uburyo yakira ubu buryo bw'abagore bamaze kubyara bakoresha mbere y'uko baja ku buryo bw'Urunigi.
- Kumenya ubushobozi bw'utanga uburyo mu kwinjiza ubu buryo mu nyigisho zisanze z'Uburyo bw'Urunigi, ibibazo bashobora guhura nabyo ndetse n'ibisubizo batanga mu rwego rwo kubikemura.

Uko utanga uburyo abwigisha/Uko ushaka uburyo abwiga

1. Ni iki watubwira abashaka uburyo bakunda cyangwa banga kuri ubu buryo mu iyuzuzwa y'ikarita ku bijyanye n'ukwezi kwabo? Kuki?
2. Abashaka uburyo babona cyangwa se basobanukirwa n'itandukaniro riri hagati y'imirongo itatu ya mbere n'indi itatu ikurikiyeho ifite utuzu tw'ibara risa nk'ikigina? Birasobanutse cyangwa ntibisobanutse? Sobanura.
3. Abakoresha uburyo baba basobanukiwe n'igihe bashobora gukora imibonano mpuzabitsina nta gakingirizo?
4. Abakoresha uburyo baba baragaragaje ibibazo bahuye nabyo mu gukurikira amabwiriza bahabwa mu kwandika ku makarita yabo? Watanga ingero?
5. Hari ibindi bibazo abakoresha uburyo baba baragaragaje? Babyitwaramo gute iyo habayeho imibonano mpuzabitsina badakoresheje agakingirizo mu kwezi kwa mbere? Andi mezi akurikiyeho? Abakoresha uburyo babyitwayemo gute?
6. Kuri wowe, ubona bikomeye cyangwa byoroshye kwigisha abashaka uburyo? Ni hehe cyangwa se ni ku bihe bika bigoranye kubyigisha? Mubaze niba ari ukujya ku murongo wa kabiri cyangwa kujya kuwa kane se.
7. Waba warigeze wigisha ubu buryo abadamu bashaka gukoresha Uburyo bw'Urunigi cyangwa se abandi badamu bakimara kubyara? Sobanura.

Ku bijyanye no kwakira ubu buryo

8. Ni gute ubu buryo bubereye cyangwa se butabereye abagore bari muri ki cyiciro cy'abamaze kubyara bategereje gukoresha Uburyo bw'Urunigi?
9. Kuri wowe, ubu buryo bwaba bufite inzitizi? (Mubaze: ku byangombwa, ku mabwiriza, uko ikarita ikozwe, igihe cy'uburumbuke cyiyongereye, kuwa ku murongo ujya kuwundi).

10. Abakoresha ubu uburyo baba barabushidikanyijeho cyangwa barigeze bashaka kubuhagarika? Impamvu batanze ni iyihe se? Bakoze iki? (Mubaze: Waba ubagira izindi nama, waba se ubafasha ku bundi buryo? Sobanura)
11. Wansobanurira icyo waba warungutse kindi mu kwinjiza ubu buryo mu bujyanama bw'Uburyo bw'Urunigi? Naho mu kazi kawe gasanzwe ko kujya inama? Ugereranyije byagufashe igihe kingana iki mu gusobanurira ushaka uburyo uko bakoresha iyi karita? Ni izihe ngorane wahuye nazo, niba zihari, mu gutanga inama?
12. Ni ibihe bintu byiza ubona muri ubu buryo? Ni ibihe bintu bibi ubona?
13. Abakoresha uburyo baba barakugejeje ingorane bahura nazo mu kubana n'abo bashakanye mu minsi y'uburumbuke? Sobanura.
14. Waba warigeze uganirira inshuti zawe ubu buryo bukoreshwa n'abagore bamaze kubyara? Babutekerezaho iki?

Ku bijyanye n'inyigisho wahawe kuri ubu buryo

15. Inyigisho wahawe wumva zaragufashije gute mu kwigisha abaza bashaka ubu buryo? Ni iki cyaba kiburamo? Amasomo-ngeru yaba yagufashije?
16. Waba warifashishije agatabo kavuga kuri ubu buryo mu gutyaza ubumenyi bwawe? Ese ni ingirakamaro? Ni izihe nama n'ibyifuzo wagatangaho?

Ibyifuzo

17. Waba ufite ibyifuzo watanga mu rwego rwo kunoza ubujyanama mu gukoresha ubu buryo? (Mubaze: Mu gufasha abakoresha uburyo gukurikira amabwiriza, mu kugabanya igihe cyo kwigisha, kworoshya amabwiriza yigisha, gufasha abakoresha uburyo gukurikiza ababwiriza yo kwandika ku makarita, kubafasha kubaho mu minsi y'uburumbuke)
18. Waba ufite ibyifuzo watanga mu kunoza ikarita y'ukoresha uburyo? Haba mu kuyorohereza abagore bayikoresha cyangwa se kuyorohereza wowe mu kugira inama umugore uyifite?
19. Ni izihe nzitizi ubona zabaho ubu buryo buramutse bwinjijwe mu itangwa risanzwe rya serivisi?
20. Byoroshye cyangwa bikomeye gute gusobanurira abagore uko bakoresha ikarita mu kwandikaho ibijyanye n'ukwezi kwabo ubigereranyije no kubigisha uko bakoresha amasaro? Ni iki wasaba ko cyanozwaho?
21. Ugereranyije byaba byaragutwaye umwanya ungana ute mu gusobanurira abagore baje bwa mbere uko bakoresha amabwiriza ajyanye n'uburyo bakoresha bamaze kubyara mu gukurikirana ukwezi kwabo?
22. Haba hari abagore ubu buryo bwaba bubereye bwiza? Kubera iki yego, kubera iki oya?
23. Ese urabona ubu buryo bukwiye kwamamazwa cyangwa se bwakagombye gukoreshwa n'utanga uburyo gusa mu gutegura abagore bashaka gukoresha Uburyo bw'Urunigi?
24. Ese haba hari ubufasha, amahugurwa cyangwa amakuru waba ukeneye ko wahabwa?

2.6. SDM - KIT (knowledge improvement tool) with a postpartum bridge module

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 at the end of the interview.

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.	<ul style="list-style-type: none"> CycleBeads represent the menstrual cycle. Each bead is a day of the cycle. 		
1b.	<ul style="list-style-type: none"> The RED bead marks the first day of your period (<i>menstrual bleeding</i>). 		
1c.	<ul style="list-style-type: none"> The BROWN beads mark days when pregnancy is unlikely. 		
1d.	<ul style="list-style-type: none"> The WHITE beads are days when you CAN get pregnant. 		
1e.	<ul style="list-style-type: none"> On the day you start your period, move the ring to the RED bead. 		
1f.	<ul style="list-style-type: none"> Mark this day on your calendar. 		
1g.	<ul style="list-style-type: none"> Move the ring every day to the next bead, even on days you are having your period. 		
1h.	<ul style="list-style-type: none"> Always move the ring in the direction of the arrow. 		
1i.	<ul style="list-style-type: none"> Have no unprotected sex during the white bead days when you can get pregnant. 		
1j.	<ul style="list-style-type: none"> You may have sex when the ring is on the brown beads. 		
1k.	<ul style="list-style-type: none"> When your next period starts, move the ring to the red bead, skipping over any remaining beads. 		
1l.	<ul style="list-style-type: none"> If your period comes before the dark brown bead, your period has come too soon to use this method. 		
1m.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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 SDM?			
3.	What two requirements are necessary to be able to use the method?		
3a.	<ul style="list-style-type: none"> The woman must have periods about once a month, when she expects them. 		
3b.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> She can begin using the method when her next period starts. Until then she should use a condom or abstain to prevent a pregnancy. 		
4b.	When can a woman who has recently used a hormonal method start using the SDM?		
	The woman had a difference of one month between two menstrual bleeding, before she started using oral contraceptive pills		
	After stopping oral contraceptive pills, the woman must have had at least 3 menstrual bleeding (periods) with an interval of 1 month between them		
	When can a woman who is postpartum or breastfeeding start using the method?		
4c.	<ul style="list-style-type: none"> Once she has had at least four periods since her baby was born, and if her last two periods were about a month apart. 		
4d.	<ul style="list-style-type: none"> If not, she can track her periods with the Client Card if she has had at least one period. 		
4e.	<ul style="list-style-type: none"> Explain how to use the client card 		
4f.	<ul style="list-style-type: none"> On the day your period starts mark the drop. Also mark that date on the calendar.  The next day mark the next symbol.  On days you mark a circle you may have sex. Pregnancy is unlikely on those days.  On days you mark a square use a condom or <u>do not</u> have sex. You can get pregnant on those days.  When your period starts again move to the next row and mark the drop again.  If you get to the end of a row and your period has not started, wait until it returns and begin marking the next row. 		
4g.	<ul style="list-style-type: none"> Contact your provider if your period starts on a day inside the shaded box. This means you are ready to start using the SDM. Also contact your provider if you reach Row 6 and your period has not started on any day inside the shaded box. This means the SDM will not work for you. Discuss other family planning methods with your provider. 		
Always be ALERT!			
5.	Why is it important for the woman to move the ring every day?		
5a.	Moving the ring every day helps her know if she can get pregnant or not that day.		
5b.	It also helps her know if her period has come too soon (period starts before DARK Brown bead)		
5c.	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 should the client contact the provider?			
6a.	<ul style="list-style-type: none"> If her period starts before she puts the ring on the dark brown bead. This means that her period came too soon to use CycleBeads. 		
6b.	<ul style="list-style-type: none"> 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. 		

6c.	<ul style="list-style-type: none"> If the couple cannot abstain or use condoms on the white bead days and wants to switch to another method. 		
6d.	<ul style="list-style-type: none"> If the couple has had sex on the white bead days without using condoms. 		
6f.	<ul style="list-style-type: none"> If she hasn't had her period when she expects it and thinks she may be pregnant. 		
How effective is the SDM?			
7.	Five out of 100 women who use the SDM in a year will get pregnant. 95% effective is used correctly.		
Healthy Timing and Spacing			
8a.	Wait 2 years after your baby is born before getting pregnant again. It is good for the health of your baby and you. You and your baby will be stronger and healthier.		
8b.	Use a family planning method continuously for at least two years to avoid getting pregnant too soon.		
Couples Sexuality and Decision Making			
9a.	Talk to your partner about using this method together		
9b.	Talk to your partner about when to use condoms or avoid sex to prevent a pregnancy		
9c.	<ul style="list-style-type: none"> Invite your partner to come to the clinic. Decide together how many children you want and when to have them. Decide together how you will protect yourselves from pregnancy and diseases. 		

2.6.1. Uburyo bw'iminsi idahinduka (SDM) igikoresho gifasha kongera ubumenyi (KIT), hifashishijwe ikarita ikoreshwa n'umugore nyuma yo kubyara (IKIRARO)

Izina ry'ahantu

Tariki yahuguweho..... Izina ry'ukoresha KIT:.....

Amabwiriza: Baza muganga ibibazo bikurikira. Nasubiza ushyireho 1. Nadasubiza neza ushyireho O, usobanure impamvu. Ku bibazo byasubijwe nabi gerageza kongera ubumenyi maze uzabibaze mu isura ry'ubutaha.

Ni gute bakoresha uburyo bw'urunigi		Tariki y'isura	
		1	2
1	Tekereza ko nkeneye gukoreha urunigi. Nsobanurira uburyo nabigenza (ha umuganga urunigi arwifashishe mu kugusobanurira)		
1.a.	Urunigi rwerekana ukwezi k'umugore. Buri saro ni umunsi umwe w'ukwezi k'umugore.		
1.b.	Isaro ritukura ryerekana umunsi wa mbere w'ukwezi kwawe. (Imihango).		
1.c.	Amasaro y'ikijuju yerekana iminsi gusama bidashoboka		
1.d.	Amasaro yera yerekana iminsi ushobora gusama		
1.e.	Ku munsi utangiyeho imihango, shyira impeta ku isaro ritukura.		
1.f.	Garagaza uwo munsi ku ndangaminsi yawe.		
1.g.	Imura impeta buri munsi ku isaro rikurikiraho ndetse no ku minsi uri mu mihango.		
1.h.	Buri munsi imura impeta mu cyerekezo cy'akambi.		
1.i.	Ntukore imibonano mpuzabitsina nta gakingirizo mu gihe cy'amasaro yera kuko ushobora gusama.		
1.j.	Ushobora gukora imibonano mpuzabitsina mu gihe impeta iri ku masaro y'ikijuju.		
1.k.	Igihe utangiye indi mihango, imura impeta ku isaro ritukura. uSimbuka andi masaro asigaye.		
1.l.	Niba imihango yawe ije mbere y'isaro ry'ikijuju cyijimye. Imihango yawe ije kare cyane kubijyanye no gukoresha ubu buryo.		
1.m.	Niba imihango yawe itaje nyuma yo kugera ku isaro rya nyuma ry'ikijuju, ukwezi kuba ari kurekure kubijyanye n'imikoreshereze y'urunigi.		
2.	Ni iki umugore yakora igihe yibagiwwe kwimura impeta?		
2.a.	Areba ku ndangaminsi ye maze akabara iminsi ishize ahereye ku munsi wa mbere w'imihango aheruka kubona. Nyuma akabara amasaro akurikije iyo minsi abonye maze agashyira impeta ku munsi agezeho		
Ni gute wakoreha uburyo bw'urunigi			
3.	Ni bihe bintu 2 by'ingenzi bisabwa kugirango ushobore gukoresha ubu buryo?		
3.a.	Umugore agomba kugirira imihango rimwe mu kwezi igihe ayiteganyamo.		
3.b.	Kuba Umugore n'umugabo we bagomba gukoresha agakingirizo cg se kwifata mu gihe cy'iminsi yo gusama (iminsi y'amasaro yera).		
Ni ryari umugore ashobora gutangira gukoresha ubu buryo?			

4.	Ni ryari umugore ashobora gutangira gukoresha ubu buryo?		
4.a.	Ashobora gutangira kubukoresha igihe atangiye imihango ye itaha. Igihe kandi ashobora gukoresha agakingirizo cg kwifata yirinda gusama.		
	Ni ryari umugore usanzwe akoresha uburyo bw'imiseburo yatangira gukoresha ubu buryo?		
4.b.	Ashobora kwegera/kwitabaza ikigo nderabuzima kimwegereye.		
	Ni ryari umugore umaze kubyara cg wonsa ashobora gutangira gukoresha ubu buryo?		
4.c.	Mu gihe yabonye imihango inshuro 4 kuva umwana we avutse kandi nibahagati y'imihango imihango ye 2 ya nyuma yarihuje ukwezi.		
4.d.	Niba ataribyoye, ashobora kwifashisha ikarita y'abakiliya niba yaragize byibura imihango inshuro1.		
4.e	Sobanura uko bakoresha ikarita y'umukiriya.		
4.f.	-Igihe ubonye imihango shyira akamenyetso ku gitonyanga. Ugashyire kandi ku'indangaminsi yawe. - Ku munsu ukurikiyeho shyira akamenyetso ku gishushanyo gikurikira. - Ku munsu washyizeakamenyetso ku ruziga ushobora kugira imibonano mpuzabitsina. Muri icyo munsu ntabwo ushobora gusama - Ku munsu washyizeho akamenyetso kuri kare,koresha agakingirizo cg wifate kuko ushobora gusama muri icyo munsu. - Mu gihe wongeye kubona imihango imukira ku murongo ukurikiyeho,ushyire akamenyetso kugitonyanga nanone. . - Niba urangije gushyira utumenyetso kubishushanyo byo kumurongo kandi imihango itaragaruka tegereza kugeza igihe iziye ubone gutangira umurongo rukurikiyeho.		
4.g	Reba muganga niba ubonye imihango ku munsu washyize akamenyetso kuri zimwe munziga ziri murukiramende rusize irangi. Ibi bivuze ko ushoboranyeho ushobora gutangira gukoresha uburyo bw'urunigi.. Reba nanone muganga igihe ugeze ku (murongo wa 6 utarabona imihango ku munsu washyize utumenyetso kuri zimwe munziga ziri murukiramende rusize irangi. Ibi bivuze ko udashobora gukoresha ubu buryo bw'urunigi. Vugana na muganga agufashe kubona ubundi buryo wakoresha bwo kuboneza urubyaro.		
Hora witeguye!			
5.	Kubera iki ari ngombwa ko umugore yimura impeta buri munsu?		
5.a.	Kwimura impeta buri munsu bimufasha kumenya niba ashobora gusama cg kudasama uwo munsu.		
5.b.	Bimufasha kandi kumenya niba imihango ye yaje kare (igihe imihango yagarutse mbere y'isaro ry'ikijuju ryijimye).		
5.c.	Bimufasha kandi kumenya niba imihango iza itinze mu gukoresha ubu buryobw'urunigi (igihe imihango yagarutse nyuma yo kwimurari impeta ku isaro		

	rya nyuma ry'ikijuju).		
	Ni ryari umukiriya ashobora kujya kureba muganga?		
6.a	Iyo ukwezi kwe gutangiye mbere yo gushyira impeta ku isaro ry'ikijuju kijimye. Ibi bivuze ko ukwezi kwe gutangira vuba cyane mu bijyanye no gukoresha uburyo bw'urunigi.		
6.b	Iyo imihango idatangiye umunsi umwe nyuma y'uko impeta igera ku isaro rya nyuma ry'ikijuju . Ibi bivuze ko ukwezi kwe gutangira vuba cyane mu gukoresha urunigi.		
6.c.	Mu gihe abashakanye batabasha kwifata cg gukoresha agakingirizo mu minsi bari ku masaro yera bashaka gukoresha ubundi buryo.		
6.d.	Mu gihe abashakanye bagize imibonano mpuzabitsina idakingiye mu gihe bari ku masaro yera.		
6.e.	Igihe atabonye imihango kugihe yarayitegerejeho akeka ko yaba yarasamye.		
Ubu buryo butanga icyizere kingana iki?			
7.	Abagore 5/100 bakoresha ubu buryo nibo bashobora gusamamu mwaka. 95% babukoresha neza ntibasama.		
Igihe gikwiye cyo kongera gusama			
8.a.	Tegereza imyaka 2 nyuma yo kubyara utarasama indi nda. Ni byiza ku buzima bwawe n'ubw' umwana wawe. Wowe n'umwana wawe muzakomera kandi murusheho kugira ubuzima bwiza.		
8.b.	Koresha uburyo bwo kuboneza urubyaro byibura imyaka 2 wirinda guhita usama.		
Umushyikirano w'abashakanye no gufata icyemezo.			
9.a.	Vugana n'uwo mwashakanye mu gukoresha mwembi ubu buryo.		
9.b.	Vugana n'uwo mwashakanye igihe cyo gukoresha agakingirizo cg igihe cyo kwifata mwirinda gusama.		
9.c	<ul style="list-style-type: none"> • Tumira uwo mwashakanye kuza kwa muganga. • mwumvikane mwembi umubare w'abana mushaka n'igihe muzababyarira. • Mwumvikane mwembi uburyo muzirinda gusama ndetse n'ibindi byorezo. 		

2.7. Consent to Participate in Provider focus groups

Study Title: Evaluation of an approach to transition postpartum women to Standard Days Method use

Principal investigator: Irit Sinai, Ph.D.

Telephone: U.S.A. (202)687-1392

Co- investigator: Felix Muramutsa, MA.

Phone .: (250) 78 830 7890

Sponsor: United States Agency for International Development (USAID)

Introduction

You are invited to consider participating in this research study. Please take as much time as you need to make your decision. Feel free to discuss your decision with whomever you want, but remember that ***the decision to participate, or not to participate, is yours.*** If you decide that you want to participate, please sign and date where indicated at the end of this form.

If you have any questions, you should ask the researcher who explains this study to you.

Background and Purpose

This study is done in order to test adding instructions to postpartum women who wish to use the Standard Days Method into the method services offered by this facility and other facilities in Rwanda. The Standard Days Method is a fertility awareness-based family planning method that requires women to have regular menstrual cycles.

Because of this requirement, the method is not a good family planning option for women with young babies until their cycles become more regular. The researchers developed guidelines for women with young babies who wish to use the Standard Days Method. Women can use the method after they get their first period since their baby was born, and until they can start using the Standard Days Method. When cycles become regular again, women can start using the Standard Days Method. The research will explore how women use this method and what they think about it, as well as how provider teach it and what they think about it.

The study is being sponsored by the United States Agency for International Development (USAID). This means that USAID is paying Georgetown University to conduct this study with Irit Sinai in the U.S.A. and Marie Mukabatsinda in Rwanda as the researchers.

Study Plan

You are being asked to take part in this study because you are a family planning provider, and you have been trained to offer the guidelines for women with young babies to use until they are eligible to start using the Standard Days Method. If you decide to participate in this study, you will take part in one focus group, which is a discussion with a small group of family planning providers who are offering these guidelines. The discussion will help us learn how providers offer the guidelines and what they think about them.

The focus group discussion will be tape-recorded, and the recordings will be transcribed into a computer file.

Risks

There are no physical risks associated with participating in this study. There is a small risk that you may be concerned if your supervisors will learn what you said in the focus group. To reduce this risk, we will ask all focus

group participants to not talk about the discussion to anyone who was not present. The focus groups will be tape-recorded, and the recordings will be kept in a locked drawer in the researchers' office. Only the researchers will have access to them. After the recordings are transcribed onto a computer file, they will be destroyed. Since your name will not be used in the transcriptions, there will be no way to connect what you said to you.

Benefits

If you agree to take part in this study, there will be no direct benefit to you. However, information gathered in this study may benefit others by helping us to evaluate how best to integrate the guidelines for women with young babies into Standard Days Method services in Rwanda.

Confidentiality

Every effort will be made to keep any information collected about you confidential. However, it is impossible to guarantee absolute confidentiality.

To reduce the risk that information you provided will become known to others we will ask all focus group participants to not talk about the discussion to anyone who was not present. The focus groups will be tape-recorded, and the recordings will be kept in a locked drawer in the researchers' office. Only the researchers will have access to them. After the recordings are transcribed onto a computer file, they will be destroyed. Since your name will not be used in the transcriptions, there will be no way to connect what you said to you.

Please note that The Georgetown University IRB will be allowed to access your study records if there is any need to review the data for any reason.

Your Rights As A Research Participant

Participation in this study is entirely voluntary at all times. You can choose not to participate at all or to leave the study at any point. You can also choose to respond to some questions but not to others. If you decide not to participate or to leave the study early, there will be no effect on your relationship with the researchers, your supervisors will not be told, and there will be no other negative consequences.

Questions or concerns?

If you have questions about the study, you may contact Irit Sinai in the U.S.A, at (202)687-1392 or Marie Mukabatsinda in Kigali, at at 250-252 503607.

Please call the Georgetown University IRB Office in the U.S.A. at **202-687-6553** (8:30am to 5:00pm, Monday to Friday Eastern Standard Time) if you have any questions about your rights as a research participant.

In case of questions about participant's rights: RNEC/Chair, Dr Justin WANE at 0788 500 499 and RNEC/Secretary, Dr Emmanuel NKERAMIHIGO at 0788 557 273

Statement of Person Obtaining Informed Consent

I have fully explained this study to the participant. I have discussed the study's purpose and procedures, the possible risks and benefits, and that participation is completely voluntary.

I have invited the participant to ask questions and I have given complete answers to all of the participant's questions.

Signature of Person Obtaining Informed Consent

Date

Consent of Participant

I understand all of the information in this Informed Consent Form.

I have gotten complete answers for all of my questions.

I freely and voluntarily agree to participate in this study.

I understand that the focus groups will be tape-recorded.

Participant Signature

Date

Printed Name of Participant

Once you sign this form, you will receive a copy of it to keep, and the researcher will keep another copy in your research record.

2.7.1. Kwemera kugira uruhare mu bushakashatsi, Inyoborabiganiro mu matsinda y'abavuzi

Inyito y'Inyigo: Gusuzuma uburyo bwo kuganisha abagore bamaze kubyara ku mikoreshereze y'Uburyo bw'Iminsi Idahinduka; Irit Sinai, Ph.D.

Umushakashatsi mukuru: irit sinai, ph.d **Telefone:** U.S.A. (202)687-1392

Umuterankunga: Ikigega cya Leta Zunze Ubumwe bw'Amerika cy'Iterambere Mpuzamahanga (USAID)

Intangiriro

Urasabwa kureba niba wagira uruhare muri iyi nyigo y'ubushakashatsi. Ushobora gufata igihe kinini gishoboka ukeneye mu gufata icyemezo cyawe. Ufite uburenganzira busesuye bwo kuganira ku cyemezo cyawe n'umuntu uwo ari we wese ushaka, ariko wibuke ko **icyemezo cyo kugira uruhare, cyangwa kutarugira, ari icyawe**. Niba wiyemeje ko ushaka kugira uruhare, usabwe gusinya no kwandika itariki aho byerekanwa mu mpera z'iyi nyandiko. Niba hari ibibazo ufite, ushobora kubaza umushakashatsi ugusobanura iyi nyigo.

Impamvu n'ikigamijwe

Iyi nyigo ikorewe gusuzuma inyongera y'amabwiriza ku bagore bamaze kubyara bifuzaga gukoresha Uburyo bw'Iminsi Idahinduka muri za serivisi z'uburyo bukoreshwa zitangwa n'iki kigo cyangwa n'ibindi bigo mu Rwanda. Uburyo bw'Iminsi Idahinduka ni uburyo bwo kuboneza urubyaro bushingiye ku kumenya iminsi y'uburumbuke busaba abagore kugira ukwezi kudahindagurika. Kubera iyi mpamvu, ubu buryo ntibunogera abagore bakimara kubyara mugihe cyose ukwezi kwabo kugihindagurika. Abashakashatsi bashyizeho amabwiriza ku bagore bakimara kubyara bifuzagukoresha Uburyo bw'Iminsi Idahinduka. Abagore bashobora gutangira ayo mabwiriza igihe bamaze kubona imihango yabo ya mbere nyuma yo kubyara, kugeza igihe bujuriye ibisabwa byo kuba batangira gukoresha Uburyo bw'Iminsi Idahinduka. Igihe ukwezi kongeye kuba ugusanzwe, (kudahindagurika) abagore bashobora gutangira gukoresha Uburyo bw'Iminsi Idahinduka. Ubushakashatsi buziga ku buryo abagore bakoreshe ubu buryo n'icyo babutekerezaho, n'uburyo abaganga babwigisha, ndetse n'ukuntu babubona. Iyi nyigo irimo guterwa inkunga n'IKigo cya Leta Zunze Ubumwe za Amerika gishinzwe Iterambere Mpuzamahanga (USAID). Ibi bivuye ku USAID irimo guha ubushobozi n'amafranga Kaminuza ya Georgetown mu gihe ikora iyi nyigo mu bufatanye na Irit Sinai muri Amerika na Mariya Mukabatsinda mu Rwanda nk'abashakashatsi.

Uburyo inyigo izakorwamo

Urimo gusabwa kwitabira iyi nyigo kubera y'uko uri umuganga ushinze kuboneza urubyaro, kandi ukaba warahuguwe kubijyanye n'amabwiriza abagore bakimara kubyara bakoreshe kugeza igihe bashora gutangira gukoresha Uburyo bw'Iminsi Idahinduka. Niba ufashe icyemezo cyo kwitabira iyi nyigo, uzaba uri mu itsinda rimwe ryateganyijwe, bikazaba ari ibiganiro mu itsinda rito ry'abaganga bashinze kuboneza urubyaro barimo gutanga aya mabwiriza.

Ibi biganirwa bizadufasha kumenya uburyo abaganga batangamo amabwiriza n'icyo bayatekerezaho.

Impaka zizagibwa mu itsinda ryateganyijwe zizafatwa amajwi hakoreshejwe cassette, maze ibyafashwe byandukurirwe mu bubiko bwa mudasobwa.

Ingaruka

Nta ngaruka ku mubiri wawe uzagira kubera kwitabira iyi nyigo. Hari ingaruka ntoya ushobora kugira niba abagutegeka bamenye ibyo wavuze mu itsinda ryateganyijwe. Mu kugabanya iyi ngaruka, tuzasaba abaje mu itsinda ryateganyijwe bese kutabwira ibyaganirweho umuntu wese utari uhari. Amatsinda yateganyijwe azafatwa amajwi hakoreshejwe cassette, kandi ibyafashwe bizabikwa mu kabati gakingishwa ingufuri mu biro by'abashakashatsi. Abashakashatsi bonyine ni bo bashobora kubibona. Amajwi namara kwandukurirwa mu bubiko bwa mudasobwa,

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