

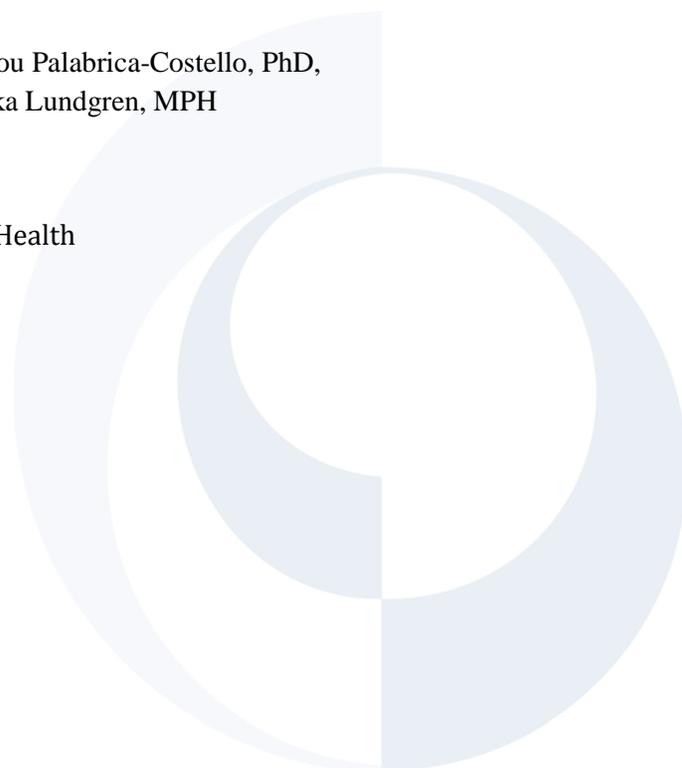
Standard Days Method® in the Philippines: A Non-Strategic Approach to Scale-up of a Family Planning Innovation

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

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

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Acronyms

BHW	Barangay Health Worker
BOM	Billings Ovulation Method
CBCP	Catholic Bishops Conference of the Philippines
CFC	Couples for Christ
DOH	Department of Health
FAM	Fertility Awareness-based Methods
FBO	Faith-based Organization
FPOP	Family Planning Organization of the Philippines
GAA	General Appropriation Act
IMAP	Integrated Midwives Association of the Philippines
IRH	Institute for Reproductive Health
Kaanib	An NGO based in Bukidnon which pioneered SDM
LAM	Lactational Amenorrhea Method
NFP	Natural Family Planning
PHANSuP	Philippines NGO Support, Inc.
POPCOM	Commission on Population
PNGOC	Philippine NGO Council for Population and Health
PRISM	Private Sector Mobilization
RPM	Responsible Parenting Movement
SDM	Standard Days Method®
USAID	United States Agency for International Development

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Report Title: Standard Days Method® in the Philippines: A Non-Strategic Approach to Scale-up of a Family Planning Innovation

Executive Summary

The combination of apparent demand for traditional methods and a supportive environment towards NFP suggested that modern fertility awareness-based methods (FAM) could expand the options available to Filipino couples, within the context of informed choice. One component of successful introduction and expansion of a reproductive health innovation is testing and providing evidence of its effectiveness through pilot or introduction studies, as the Institute for Reproductive Health, Georgetown University (IRH), has done with one such method, the Standard Days Method® (SDM).

SDM, developed by Georgetown University, IRH, is a reproductive health innovation tested through efficacy studies, long-term follow-up and operations research. The SDM, a fertility awareness-based method, identifies days 8 through 19 of the menstrual cycle as potentially fertile and is appropriate for women with most cycles between 26 and 32 days long. It is used with CycleBeads®, a string of color-coded beads that helps couples track the days of the cycle.

In 2003, following the efficacy trials, withdrawal of donor funding for contraceptives reduced programming efforts in the Philippines. IRH-Philippines focused on building capacity of organizations to deliver FAM services and advocacy. Despite IRH Washington and IRH-Philippines' efforts, the cessation of funding by USAID in combination with the challenging political environment stalled the process of scaling-up SDM.

The objectives of this assessment are to: 1) understand the current status of SDM in the Philippines since the completion of the efficacy study and operations research in 2003, given the reduction of technical assistance, 2) identify lessons learned which can inform on innovative strategies for SDM scale-up given varying levels of technical assistance 3) determine whether opportunities exist to further increase access to SDM, and 4) to inform IRH and other interested stakeholders on potential future programming in the Philippines.

In May 2008 – August 2009, data were collected in Marikina, Benguet, Negros Occidental, Cagayan de Oro, Quezon City, San Juan, La Union, and Naga, Philippines. We carried out in-depth stakeholder interviews at local (N = 22) and national (N= 29) level with family planning program managers and policy makers and health facility assessments (N = 21), health facility provider (N = 21) and community health worker interviews (N = 18). We used the ExpandNet framework to describe the process of scale-up in the Philippines.

SDM was offered in all health facilities surveyed, along with other methods of family planning, including condoms. Most facility-based and community-based providers were trained to offer SDM

and were found competent in correctly counseling clients on the method (71-100% - clinic level, 67-94% - community level). Data reveal that most facilities had SDM IEC materials (87%). Yet, although SDM is logged into most health facilities records (79%), gaps in rolling up data and stock-outs remain, in particular with half of health facilities reporting stock-outs in the last 3 months.

The environment is favorable to scaling-up SDM, given that some vertical integration has been achieved and demand/interest is high. However, further expansion faces constraints, including: conflict between the government and the Catholic Church on family planning, withdrawal of funding for contraceptives by international donors; and opposition to SDM by some church groups that negatively labeled the innovation as a pretext to promote contraception, thus limiting availability of CycleBeads.

A well-defined scaling-up strategy can build support for SDM within the politically-charged context of family planning, decentralization, and USAID transfer of contraceptive procurement to the government. The potential next steps to address constraints in scaling-up in the Philippines, based on elements of the ExpandNet framework, include: generating support from the church to integrate SDM services through interested church networks, expand strategies to address negative, politicized views of SDM through talk shows, articles, and engaging champions of SDM, continue to generate resources to upgrade technical capabilities, expand and maintain a network of community-based groups and FP/RH organizational partners to expand access and availability of SDM/CycleBeads, conduct Fertility Awareness orientations for public and private sector leaders and work with partners on a commodity distribution system to ensure accessibility of CycleBeads. In the future, a scaling-up strategy that addresses the following three areas: 1) advocacy, 2) CycleBeads availability, and 3) direct to consumer approaches, can generate support and address barriers to SDM integration, ensure good quality SDM services and programs and create demand for CycleBeads/SDM.

1. Introduction

Historically, population growth and fertility reduction were not viewed as political issues in the Philippines. In 1970, President Ferdinand Marcos created the national Population Commission (POPCOM) to reexamine the legal and administrative rules affecting family size, with formal adoption of a population policy by Congress in 1971. In 1987, the government sought to protect the rights of married couples “to found a family in accordance with their religious convictions and the demands of responsible parenthood,” with a commitment to “equally protect the life of the mother and the life of the unborn from contraception.” The new national population policy created in the late 1980’s focused on the importance of optimal population size and the freedom to choose a method of family planning according to family values.¹

Population policy in the Philippines has been shaped by the government and the church. The Filipino government has strongly and consistently rejected abortion, and the Catholic Church has been an influential actor in policy and public opinion over the course of many years. Further, in 1991, the Local Government Code resulted in a shift of power and resources from the national to the local government units (LGUs), as this statute mandated decentralization in the Philippines (Bossert & Beauvais 2002). This affected family planning, as the Department of Health (DOH) set the national family planning policy, yet implementation and funding for programming, as well as procurement of their own contraceptives, was left to the discretion of the LGUs.²

Clearly, family planning in the Philippines presents a complex picture. In this predominantly Roman Catholic country with nearly universal literacy, significant numbers of Filipino couples have continued to rely on traditional methods of family planning, including calendar rhythm and withdrawal.^{3, 4, 5, 6} Approximately ~17 % of Filipino married women ‘currently use’ traditional methods of family planning.⁷ Further, more than one-quarter of married women of reproductive age stated they ‘ever used’ a traditional family planning method in their lifetime, based on 2003 DHS data.⁸ This is concerning given the high failure rates of these methods. The low rate of modern method contraceptive use is considered the main reason for high fertility in the

¹ Flavier, J. M. 1973. Population Planning Policy in the Philippines. *International Journal of Health Services*, 3 (4), pp. 811-819.

² Ramiro LS et al. 2001. Community participation in local health boards in a decentralized setting: cases from the Philippines. *Health Policy Planning*, Suppl 2, pp. 61-9

³ Macro International. 1993. *Demographic Health Survey, Philippines*. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=61&ctry_id=34&SrvyTp=ctry&cn=Philippines

⁴ Macro International. 1998. *Demographic Health Survey, Philippines*. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=111&ctry_id=34&SrvyTp=ctry&cn=Philippines

⁵ Macro International. 2003. *Demographic Health Survey, Philippines*. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=227&ctry_id=34&SrvyTp=ctry&cn=Philippines

⁶ Philippines National Statistics Office 2009. *Preliminary Results from The 2008 National Demographic and Health Survey*, Accessed on April 27, 2009 from <http://www.census.gov.ph/data/pressrelease/2009/pr0929tx.html>

⁷ Philippines National Statistics Office 2009. *Preliminary Results from The 2008 National Demographic and Health Survey*, Accessed on April 27, 2009 from <http://www.census.gov.ph/data/pressrelease/2009/pr0929tx.html>

⁸ Macro International. 2003. *Demographic Health Survey, Philippines*. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=227&ctry_id=34&SrvyTp=ctry&cn=Philippines

Philippines.⁹ Preliminary data from the 2008 Demographic Health Survey (DHS), a nationally representative survey of 14,000 women, 15-49 years of age, reveal only one-third of married women use any modern method of family planning, with the majority using pill (16%) or female sterilization (9%).¹⁰ Other contributing factors to high fertility, and low family planning use include the strong opposition of the Catholic Church towards family planning, lack of widely implemented programs to inform couples on family planning options, limited access to clinicians who provide family planning and unavailability of affordable contraceptives.¹¹

In 2002, the Government of the Philippines endorsed natural family planning (NFP) methods as part of national policy, with opposition for public provision of other modern contraceptive methods. This was further compounded by reductions in international and local donor support for contraceptive commodities that resulted in decreased supplies in the national network of public health facilities.¹² In the Philippines, national government funds cannot be used to purchase contraceptives, such as condoms, pills and intrauterine devices, although those who can afford contraceptives can buy them for a fee from health centers.¹³ LGU's can also obtain and provide contraceptives to health facilities, but many lack funds to do so.¹⁴ The phasing out of donated supplies meant a shift to contraceptive self-reliance for the Filipino population.

1.1. Standard Days Method® (SDM) – A tested reproductive health innovation

The combination of apparent demand for traditional methods and a supportive environment towards NFP suggested that modern fertility awareness-based methods (FAM) could expand the options available to Filipino couples, within the context of informed choice. One component of successful introduction and expansion of a reproductive health innovation is testing and providing evidence of its effectiveness through pilot or introduction studies, as the Institute for Reproductive Health, Georgetown University (IRH), has done with one such method, the Standard Days Method® (SDM).

SDM identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is used with CycleBeads®, a visual tool that helps women track their cycle and know when they are fertile. SDM, developed by Georgetown University, IRH, is a reproductive health innovation tested through efficacy studies, long-term follow-up and operations research (as detailed below).

⁹ Herrín, A. N. et al. 2003. *An evaluation of the Philippine Population Management Program (PPMP)*. Discussion Paper, Philippine Institute for Development Studies.

¹⁰ Philippines National Statistics Office 2009. *Preliminary Results from The 2008 National Demographic and Health Survey*, Accessed on April 27, 2009 from <http://www.census.gov.ph/data/pressrelease/2009/pr0929tx.html>

¹¹ Mello, M. M. et al. 2006. The role of law in public health: The case of family planning in the Philippines. *Social Science & Medicine*, 63 (2), pp. 384-396.

¹² Harvey, P. D. (2008, February 26). Social Marketing: No Longer a Sideshow. *Studies in Family Planning*, 39 (1), pp. 69-72.

¹³ Harden, B. (2008, April 21). *Birthrates Help Keep Filipinos in Poverty*. Retrieved April 1, 2010, from The Washington Post: <http://www.washingtonpost.com/wp-dyn/content/article/2008/04/20/AR2008042001930.html>

¹⁴ Harden, B. (2008, April 21). *Birthrates Help Keep Filipinos in Poverty*. Retrieved April 1, 2010, from The Washington Post: <http://www.washingtonpost.com/wp-dyn/content/article/2008/04/20/AR2008042001930.html>

SDM Efficacy study: From 1999 to 2002, IRH collaborated with the Department of Health (DOH) and selected non-governmental organizations (NGOs) and faith-based organizations (FBOs) to develop and test SDM. The Philippines was one of the sites of the SDM multi-country efficacy trials. Efficacy studies conducted in several countries, including the Philippines, show that SDM has a failure rate of 4.8 with correct use and 12.0 with typical use, comparable to other user-dependent methods.^{15, 16} Further, SDM was used correctly by a majority of women, and feasible to offer through government services.

Follow-up of efficacy study participants: Follow-up of efficacy study participants for up to two years revealed high continuation rates (67% after a total of 36 months) and typical-use effectiveness in the second and third year of follow-up (95% and 97% respectively).

SDM Operations Research: In the Philippines, studies tested offering SDM in three services delivery settings: a government family planning clinic at Fabella Hospital, a fee-for-service setting, and a community-based agricultural cooperative. Study results showed that the method was successfully offered through all three channels, and that most women used SDM correctly following initial counseling.

SDM Services: In 2005, data from interviews with SDM clients and providers in 15 sites indicate continued program activity, as well as demand for SDM.¹⁷ All municipalities surveyed showed increases in SDM use between June 2003 and March 2005; 78% of previously trained health personnel currently offered SDM. Local governments supported integration of SDM into their programs and planned to procure CycleBeads like other commodities.

1.2. IRH and IRH-Philippines: provision of technical assistance

The purpose of introducing this new family planning method was to broaden the method mix in the context of informed choice and to increase contraceptive prevalence, particularly in an environment favorable to natural methods of family planning. Following the efficacy trials carried out by IRH, IRH-Philippines was established as a local NGO in 2000. From 2002 to 2005, IRH-Philippines provided SDM training to public- and NGO-sector organizations, primarily with local funds, and offered leadership in-country as a technical resource. IRH-Philippines' strategies included building on existing interest in natural family planning methods in the public and private sector, and providing training for SDM, the Billings Ovulation Method (BOM), and other natural methods to many local organizations.

¹⁵ Arevalo, M., Jennings, V., Sinai, I. 2002. Efficacy of a new method of family planning: the Standard Days Method. *Contraception* 65, pp. 333-338.

¹⁶ Hatcher, R. ed., et al. 2004. *Contraceptive Technology*, 18th edition.

¹⁷ Georgetown University, Institute for Reproductive Health, for the U.S. Agency for International Development (USAID), Awareness Project, Philippines Country Report: 2002-2007. January 2008. Washington, D.C.

During this time, although IRH-Washington's in-country work was suspended due to cessation of USAID funding, materials and lessons learned from experiences in other countries were disseminated via IRH-Philippines. In 2005, IRH-Philippines reinitiated activities, focusing on assessing the status of SDM services. IRH-Philippines carried out activities through DOH, U.S. Agency for International Development's (USAID) Private Sector Mobilization for Family Health (PRISM) and Philippines NGO support, Inc. (PHANSuP) to strengthen the capacity of these organizations to offer SDM in the public and private sector. These activities were as follows:

- Building capacity in public- and private-sector organizations for delivery of FAM services through DOH, USAID's PRISM and PHANSuP, and several LGUs.
- Positioning SDM as an option to help address unmet need, and as a method that is effective and acceptable to clients, programmatically feasible, and suitable to policymakers in the public and private sector, including FBOs; and
- Supporting decentralization in the public health sector by working directly with regional and local governments in charge of community development.

Despite IRH and IRH-Philippines' efforts, the withdrawal of funds to purchase contraceptives by international donors in combination with the challenging political environment has stalled the process of scaling-up SDM and diminished programming efforts. This paper intends to examine opportunities and constraints to SDM scale-up in the Philippines.

1.3. Objectives

The objectives of this assessment are to: 1) understand the current status of SDM in the Philippines since the completion of the efficacy study and operations research in 2003, given the reduction of technical assistance, 2) identify lessons learned which can inform on innovative strategies for SDM scale-up given varying levels of technical assistance 3) determine whether opportunities exist to further increase access to SDM, and 4) to inform IRH and other interested stakeholders on potential future programming in the Philippines.

2. Methodology

We carried out 29 in-depth key stakeholder interviews with family planning program managers and policy makers at the local level (NGO, FBO, government) in June-July 2008 and 22 national-level interviews from June-July 2009. We sought to understand to what extent SDM has been integrated into programs and how this process occurred and/or evolved over time. We also conducted interviews at SDM service delivery points (defined as health facilities which offer family planning services) to determine the availability and quality of SDM services from eight areas, including: Marikina, Benguet, Negros Occidental, Cagayan de Oro, Quezon City, San Juan, La Union, and Naga. These areas were selected to be representative of the following: previous IRH scaling-up activities (for example: SDM training, CycleBeads procurement, and reported users of SDM), previous sites of SDM efficacy studies, varying levels of training and/or technical assistance on SDM, and sites which have FBOs, private sector midwives and/or have demonstrated past local

support/provision of SDM. In June-July 2008, structured interviews of providers, health facilities and community health workers (Barangay Health Workers [BHWs]) were conducted to determine knowledge, attitudes, and practices regarding SDM (Table 1).

In total, 20 government service delivery points were visited, and a questionnaire was administered to gather specific information from each health facility. In addition, 21 family planning providers and 18 BHWs (the smallest administrative unit in the Philippines) were

interviewed. Family planning providers from one NGO and two FBO service delivery points were interviewed to gather information on SDM services offered by various types of service delivery points. Within the above-designated areas, assessed were three training integration models based on the level of technical assistance

Table 1: Data elements for Philippines, Status of SDM Scale-up Case Study

Data source, by type of interview					
	Stakeholder (local level)	Stakeholder (national level)	Health facility	Provider	BHW
N	22	29	21	21	18

provided by IRH: 1) the areas of Quezon City and San Juan which had not received any training or technical assistance by IRH on SDM - specifically, Management Sciences for Health (MSH) initiated training on SDM; 2) the areas La Union and Naga which had received some training and technical support from IRH, the Ministry of Health conducted cascade trainings with support from IRH; and 3) the areas Marikina, Benguet, Negros, and Cagayan de Oro where IRH had provided cascade training at all levels. These results will be used as a means to provide information for SDM programs to key stakeholders and also, to inform IRH on future SDM research and programming in the Philippines, including the potential opportunities and barriers to scale-up of SDM.

3. Application of the ExpandNet Framework

We used the ExpandNet framework, depicted in Figure 1, to describe the process of scale-up of SDM in the Philippines.¹⁸ The ExpandNet framework is based upon the scale-up¹⁹ of an “innovation” – defined as an intervention(s) or package of interventions that has been tested through small-scale pilot projects and/or research studies. The main elements of this scale-up framework include:

- a resource organization or resource team: individuals and organizations involved with the development and testing of the innovation which seek to facilitate the wider use of the innovation,

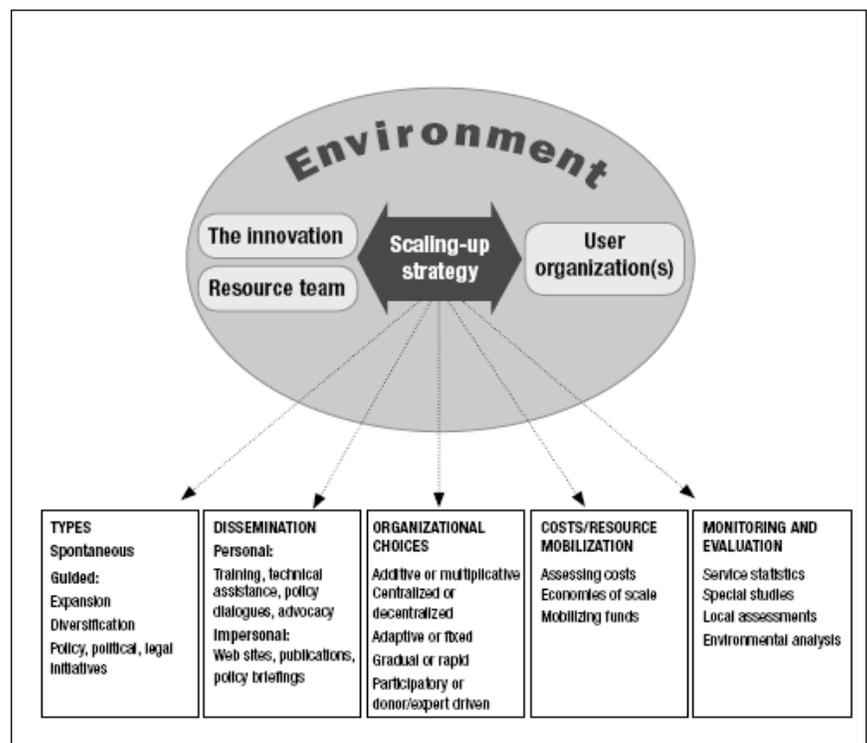
¹⁸ Simmons R, Fajans P, Ghiron L, Eds. 2007. "Scaling up Health Service Delivery: From Pilot Innovations to Policies and Programmes" World Health Organization.

¹⁹ ExpandNet definition: Scaling up is defined here as efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.

- a user organization: institutions/organizations that are expected to adopt and implement the innovation,
- the environment: people and communities who require health services, as well as stakeholders/actors that will influence the process of scaling-up,
- the scale-up strategy defined at the outset, determines the type of scaling-up, how the innovation will be scaled up, disseminated, and how quickly/slowly this will occur, and discussions on how to address opportunities and barriers to scale up, as well as additional research evidence needed.

Although a deliberate and guided scale-up strategy was not developed or implemented, nonetheless, spontaneous diffusion of the method (the spread of the innovation from individual to individual or organization to organization following introduction of the method) was observed. Funding constraints, the lack of a defined scale-up strategy and planned uptake of the innovation by user organizations, as well as a limited resource team, hindered the scale-up process in the Philippines. Elements of the ExpandNet framework were used to analyze the political and religious influences that comprise the environment surrounding scale-up of SDM.

Figure 1: Expand Net model: strategic choices in scaling up



From 1999 – 2002, IRH collaborated with DOH and selected NGOs and FBOs to develop and test FAM in the Philippines. In the Philippines, SDM has been mostly taught as an abstinence only method and classified as a natural method.

The innovation can be defined as SDM/CycleBeads provided to women with a strong emphasis on couple involvement combined with local capacity building activities such as: training of trainers, cascade training, and advocacy for SDM integration into academic curricula, public health services, and the private sector. Yet despite these activities and apparent demand for the method, difficulty in distribution and access to CycleBeads nationwide resulted in reduced quality of the innovation. Hence, IRH-Philippines had to use its own limited funds to purchase CycleBeads.

4. Elements of the Scale-up in the Philippines

4.1. Innovation – Standard Days Method

From 1999 – 2002, IRH collaborated with DOH and selected NGOs and FBOs to develop and test FAM in the Philippines. In the Philippines, SDM has been mostly taught as an abstinence only method and classified as a natural method.

The innovation can be defined as SDM/CycleBeads provided to women with a strong emphasis on couple involvement combined with local capacity building activities such as: training of trainers, cascade training, and advocacy for SDM integration into academic curricula, public health services, and the private sector. Yet despite these activities and apparent demand for the method, difficulty in distribution and access to CycleBeads nationwide resulted in reduced quality of the innovation. Hence, IRH-Philippines had to use its own limited funds to purchase CycleBeads.

4.2. Resource Organization/team – IRH-Philippines

IRH-Philippines provided support for SDM expansion in the country, yet the resource team was never formed with a specific scale-up strategy in mind, due to a lack of technical and financial resources. The resource organization provided technical assistance through three projects on SDM integration with PRISM from 2005-2009. However, limited financial and technical resources were a major drawback to scale-up efforts. IRH-Philippines resource team has a motivated leader, Mitos Rivera, who has been able to provide and support technical competence in SDM and build capacity through cascade training and advocacy, upon request. However, limited number of staff within the resource team impacted the potential for SDM to achieve wide expansion and scale-up.

4.3. User Organizations

Organizations expected to adopt and implement SDM were not defined at the outset and therefore, strategic planning and selection of organizations to carry out scale-up activities were not conducted. While organizations expected to adopt and implement SDM were not identified, some strategic planning for the scale-up was undertaken. Scale-up activities proposed to partner organizations (i.e., LGUs, national government agencies, cooperative agencies, and FBOs) could not be implemented as policy issues and financing of activities posed major constraints. For three years through PRISM, IRH-Philippines provided training, advocacy, monitoring and community information sessions on SDM for private sector midwives and private companies. For PHANSuP, IRH-Philippines provided technical assistance to their reproductive health programming, training and provision of SDM services, and small-scale social marketing of CycleBeads in Negros Occidental.

5. Scaling-up strategy – not systematic, yet vertical integration achieved

Funding constraints did not allow for development and implementation of a specified scale-up strategy. Scale-up of SDM was neither systematic nor strategic, was of uncertain quality, and

tended to occur spontaneously than systematically. Yet, the policy environment is favorable to SDM, as institutionalization or “vertical” integration of SDM in norms, policies and guidelines has occurred.

In the Philippines, a number of policymakers, program managers, and service providers strongly supported natural methods for several years, following positive results from SDM efficacy studies, though some challenges remained. IRH-Philippines continued to provide information about SDM to educate and inform professional associations, DOH personnel (including regional and local governments), NGOs and FBOs, and made materials available to a wide variety of stakeholders. In 2003, a policy memorandum from the Department of Interior and Local Government was issued encouraging LGUs to introduce SDM into local family planning programs. The DOH issued a circular approving SDM in 2005, and in 2006 the method was included in the Philippines Clinical Standards Manual, which serves as the curriculum for in-service training of nurses, doctors, and midwives with the DOH, volunteer workers and BHWs.

The Philippines Commission on Population (POPCOM), as part of the DOH family planning programs expanded policies in recent years to support couples’ fertility intentions and desired family size in the context of a program entitled “Responsible Parenthood.” In 2006, President Gloria Macapagal-Arroyo mandated the DOH and POPCOM to implement the Responsible Parenthood Movement (RPM) and NFP program with an annual budget of 252 million pesos. RPM is a family-centered process to empower Filipino families through awareness of basic parenting responsibilities as a way of life through classes at the community or “barangay” level. RPM focused on promoting to couples “the new and enhanced NFP methods,” including: 1) SDM, 2) Lactational Amenorrhea Method (LAM), 3) BOM, 4) Sympto-Thermal Method, 5) Basal Body Temperature, and 6) TwoDay Method® (TDM).

Box 1: General Appropriation Act, 2008 for Family Planning Programming in the Philippines

“Five percent of the total amount appropriated for MOOE of all hospitals shall be allocated and used for specific programs/activities for disease prevention and health promotion, including programs for itinerant family planning teams. The amount of two billion pesos shall be for reproductive health and family planning, which shall be utilized as follows:

- The amount of Eight Hundred Million Pesos shall be allocated for reproductive health and family planning seminars to be conducted nationwide by DOH in coordination with LGUs in order to create an enabling environment for women and couples to make an informed choice regarding the FP method that is best suited to their needs, personal convictions and religious beliefs.
- The amount of One Billion Two Hundred Million Pesos shall be sub-allotted by the DOH to LGUs for the procurement of reproductive health commodities both for modern natural and artificial FP methods and devices which are medically and legally permissible, for free distribution to poor acceptors.”

In 2008, to support the RPM, the General Appropriation Act (GAA) specified budget allocations for the procurement of contraceptive commodities and for family planning/reproductive health seminars (Box 1).

5.1. Logistics and Procurement System

Despite the existence of the RPM program and funding to support contraceptive commodities on a national level, including SDM, no formal logistics system is in place for obtaining and supplying CycleBeads to health facilities. The primary challenge for sustainable inclusion of CycleBeads in logistics systems is obtaining CycleBeads. Limited to nonexistent supplies of CycleBeads have been observed in some LGUs. Some stakeholders remarked that some couples may consider the CycleBeads expensive, which could limit demand in some areas. On the other hand, some LGUs (particularly in the National Capital Region [NCR] - City of Marikina and Valenzuela) are purchasing CycleBeads in bulk. Further, a few LGUs developed an ordinance - check to purchase FP/NFP commodities to ensure future sustainability. In Negros Occidental, a local distribution mechanism for CycleBeads has been established through the Negros Economic Development Fund (NEDF) in partnership with IRH-Philippines. IRH-Philippines has newly reached an agreement with a local distributor for commercial distribution of CycleBeads in addition to selling CycleBeads directly to LGUs.

5.2. Health Management Information Systems: Acceptors Recorded, Yet Availability is a Barrier

Few CycleBeads users have been documented through health management information systems, largely as a result of inadequate to nonexistent supplies of CycleBeads in health centers due to limited budgets or non-allocation of funds to purchase CycleBeads. In some cases, data is collected on SDM users; however this information is not rolled up to the central level reports. In Quezon City, monthly reporting for family planning, including SDM, includes number of women counseled, number of new acceptors, continuing users, dropouts and users who switched to other methods, side effects experienced, and how many users purchased contraceptives. In some LGUs (e.g. Marikina City), data is collected through the Community-Based Management Information System (CBMIS), a system initiated by USAID, although it is no longer used by some LGUs. In Negros Occidental, SDM is offered, and data on users and number of CycleBeads distributed is collected. Despite different systems being used and difficulty with receiving reports from some LGUs, the DOH records new acceptors/new users of SDM. RPM class attendees often are classified as non-FP users or traditional method users rather than reported NFP users (and SDM users), and the data is not rolled up. This gap can lead to underreporting. Although SDM acceptors are recorded in some LGUS, and in a few cases, CycleBeads, varying systems of recording and/or lack of reporting at the central level can lead to underestimated numbers of SDM users in service statistics.

5.3. Gaps in Vertical Integration

Despite large allocations of government funding for family planning and reproductive health programs, gaps in institutionalization of SDM in norms, guidelines and policies or “vertical integration” are major barriers to scale up. POPCOM and DOH are viewed as being “hostage” to the “higher -ups” in government as difficulties in movement of funds have been observed (Solon 2009). The allocations of 150 million pesos in 2007 and an additional 2 billion pesos in 2008 through GAA for the procurement of family planning supplies and training has not been fully used for programs. The DOH and Department of Budget and Management spent less than 100 million

pesos so far from the 2007 appropriation and the guidelines for the 2 billion peso allotment are still pending approval by the Filipino government. One stakeholder feared that the House of Representative may divert funds from family planning because implementing agencies have not maximized their use.

The absence of local policies on reproductive health and family planning means that no mandate has been given to translate national policy into family planning programs at the local level. Decentralization leaves the development and implementation of family planning policy to LGUs whose support, motivation, and/or

“Because there was no SDM provided at the health centers ... for this year we have actually allocated 32,460 pesos for the purchase of SDM, so we will be able to buy about 5000 [CycleBeads].”

Program Manager, Quezon City

local resources to provide SDM services vary widely. One stakeholder warned that leaving family planning policy to LGUs means that initial interest to implement policies are diffused, given that health systems and barangay health workers are overburdened and may not have the motivation to improve family planning services (Solon 2009). This is compounded by limitations in funding and budgets at local government levels that reduce the ability to procure CycleBeads at health facilities, despite interest/demand.

6. Spontaneous Scale-Up Occurred, with Minimal Technical Assistance and Funding

Horizontal scale-up/expansion occurred in the Philippines with minimal technical assistance and limited funding, through awareness raising activities, training of facility and community-based providers, dissemination of information, education, communication (IEC) materials at the facility level, and through offering the method widely.

6.1. Increased awareness through local actors/actresses or radio stations/spots

A number of awareness-raising activities on family planning have incorporated SDM. Family planning is typically addressed through pre-marital counseling, lectures, and responsible parenting movement classes on the community level offered by community health workers and health care providers. In Quezon City, awareness raising activities on SDM included clinic lectures, mothers' classes, one-to-one counseling, community assemblies, posters and materials that are reproduced and distributed to mothers. In areas that had full technical support from IRH-Philippines (Negros Occidental, and Cagayan de Oro), radio programs and/or TV commercials, provided information on SDM.

6.2 Indicators of Vertical and Horizontal Scale-up of SDM

SDM was offered in all health facilities surveyed, along with other methods of family planning, including condoms. Most facility-based and community-based providers were trained to offer SDM and were found competent in correctly counseling clients on the method (see Table 2). Recently, public and private sector midwives, members of the Integrated Midwives Association of the

Philippines (IMAP), were trained on “How to Handle Clients of SDM and the Intensive Training of Government Midwives” sponsored by USAID’s PRISM. Data reveal that most facilities had SDM IEC materials. Yet, although SDM is logged into most health facilities records, gaps in rolling up data and stock-outs remain, in particular with half of health facilities reporting stock-outs in the last 3 months.

Table 2: Horizontal and Vertical scale-up Indicators

	Clinic level: Health facility (N= 24) FP Provider (N =21)	Community level: CHWs (N = 18)
Percentage of Service Delivery Points/CHWs that include SDM		
SDM training in pre-service/in-service	81%	100%
- Had SDM refresher trng in last 2 yrs	86%	100%
Offered SDM in last 3 months	100%	N/A
Offered SDM services	96%	N/A
Provided FP counseling in communities	N/A	61%
Correct counseling on SDM (12 counseling items)	71-100%	67-94%
IEC that include SDM		
SDM materials in health facilities	87%	N/A
• SDM included in health talk	92%	
• SDM included in flipchart	79%	
CycleBeads included in systems- logistics/HMIS		
SDM included in logbook at facility	79%	N/A
CycleBeads data uploaded in past 3 yrs	63%	N/A
CycleBeads stock-outs in last 3 months	50%	N/A

6.3 Gaps in Horizontal Scale-Up

Despite progress in achieving horizontal scale-up there is a need for campaigns/promotion for community-level participation to create demand for CycleBeads. In addition, community leaders and community health workers are needed to for door-to-door distribution, possibly through RPM, and to talk with couples about the method, through integrated promotion and distribution activities inclusive of CycleBeads and other family planning methods. Finally, opportunities for direct-to-consumer approaches through a variety of technologies (the cell phone, for example) may be appropriate for reaching young and urban couples.

7. Environment

7.1. Political Sensitivities

NFP policy created controversy within the family planning community. Stakeholders' reactions ranged from complete agreement to outright rejection of the policy. NFP is viewed by its supporters as complementary to the Contraceptive Self-Reliance (CSR) policy by addressing unmet need, focusing on family planning as "a way of life" and shifting couples away from using

Box 2: View on NFP Policy and Government

"Our organization is for informed choice and we promote both NFP and other FP methods. However there is a polarization of sorts between advocates of NFP and modern effective methods with the current NFP only policy. The president's support for NFP only and preference for NFP over other methods is a statement of policy. If government does not allow choice, or organization is prepared to a wide array or a basket of family planning methods. We are promoting NFP, including SDM as part of the menu of FP methods in the community health care clinics and chapters of nationwide. . ." - *Program Manager, RH*

Box 3: RH Advocate view on NFP Policy

NFP-only is a discriminatory policy alienating a large proportion of the female population, particularly women who have irregular menstrual cycles, women with uncooperative or drunkard husbands, women who want to seek protection against sexually transmitted diseases, and overseas Filipino Workers." - *RH Advocate*

ineffective traditional methods to scientifically-based NFP, without added costs to family planning programs. A few stakeholders (N =2) felt the national government policy supporting NFP violates the rights of individuals to choose methods they prefer to use, which constitutes an important element of quality of care. For one stakeholder, this approach will provide further motivation to ensure that other methods are also made accessible to the public, in the context of informed choice, in response to the government's non-support for the modern "more effective" methods (Box 2).

An RH advocate expressed his doubts that the NFP policy is an adequate response to address the problems of high maternal mortality, unwanted or unplanned pregnancies, and sexually transmitted infections (Box 3).

Several stakeholders from POPCOM expressed disagreement with the NFP policy, yet acknowledged the advantages of NFP methods: improved couple communication and male

involvement, increased number of family planning options provided to couples, and decreased concerns regarding side effects with use of NFP, which are in line with the values of "responsible parenting."

Stakeholders from POPCOM and DOH felt NFP "levels the playing field" in family planning programming and provides couples with access to more family planning options, both artificial and natural, in the context of free and informed choice. The policy makes NFP a "real option," supported by dissemination of information, advocacy, and actual delivery of NFP services and

supplies. The NFP program mainly targets women new to family planning - reducing unmet need.²⁰

According to a POPCOM respondent, “NFP is the method of choice of the President. But we can never be sure of the future of the RPM-NFP program beyond the present administration. One thing is clear-we are definitely experiencing a favorable policy environment for NFP in the Philippines, and, if something should be done to strengthen SDM, the time is now, because we cannot tell what will happen in 2010.”

7.2. Religious Sensitivities

The NFP policy was a welcome development for some faith-based groups, particularly for some members of the Catholic Church who advocated for the NFP-only approach. Yet, one of the major barriers to the integration of SDM in family planning programs is the lingering objection of The Catholic Bishops Conference (CBCP) —which does not wish to participate in any program that offers an array of family planning methods. NFP program managers contend, “They will not in any way be connected with the existing family planning program or any program associated with artificial contraceptives. The CBCP did not collaborate with the government’s natural family planning program as they perceived NFP as a gateway/entry point to use of contraceptives (Boxes 5 and 6).

In 2001, the CBCP recognized SDM as a natural method, issuing its first consensus vote on the issue in July 2003. In 2009, the CBCP issued a second consensus statement affirming SDM as a method that “could be used by a diocese in its NFP program.... provided it was not combined with contraceptives, and it was not seen as part of the government’s ‘cafeteria’ approach of promoting contraceptives.” This was seen as support for SDM.

According to one respondent, the full impact of this statement has resulted in a shift of the position of the Couples for Christ (CFC), by their recognition of SDM as an NFP method. They

Box 4: Rationale for on NFP Program

The reasons for high unmet need for family planning as revealed in the NDHS 2003 are method-related health concerns, fear of side effects and other complications, lack of access (availability, accessibility, and affordability) cost too much, inconvenient to use, and the objection to use by the husband/partner, culture, tradition, religious prohibition, and lack of knowledge. We hope that Natural Family Planning will address these issues by reaching out to loyal users of ineffective traditional family planning methods. The NFP program aims to convert the 17% percent users of traditional method users to a more effective and scientific natural family planning method users.” - *Policy Maker*

Box 5: Opposition from the Church

“The Philippine Church has been far more active in opposing contraception including SDM by political means, than in forming consciences of its people and providing them with a real choice in the form of natural family planning. The situation is made even worse by conflicts within the church about the legitimacy and effectiveness of various NFP methods.”

- *Policy Maker*

²⁰ Osias, T.M. (2009, May 8th), Personal Communication, Executive Director, Commission on Population, Philippines

support BOM “only” due to expertise and experience; however, if funds become available, CFC states a willingness to expand their family planning services and include SDM.²¹

On the other hand, some faith-based Catholic organizations, including Diocesan Family and Life Apostolate, Pro-Life Philippines, Kanlungan ng Buhay, Human Life International, and Fullness for the Integration of Life are reported to discredit SDM, maintaining that BOM is the “only real and acceptable” method. They are against the inclusion of BOM as part of the menu of “reproductive health services” and would only entertain teaching the method within an all-NFP program, or even better, as a stand-alone method. See Box 6 for criticism of SDM by Kanlungan ng Buhay, a well-known anti-contraceptive, pro-life local organization.

7.3. Confidence in the Method

Several stakeholders (N = 5) viewed the next steps after SDM introduction as research studies to confirm the method’s effectiveness. A few (N =2) mentioned the need to document testimonies of challenges that users face and how they overcame them (for example – strategies to move the band as part of morning ritual, etc.). Further, a few mentioned re-informing and disseminating the results of the efficacy and/or operations research studies to communities that are “uninformed/ unaware” of the effectiveness of SDM through campaigns, radio broadcasts, print media and flyers with endorsement from the DOH.

Box 6: Catholic Church’s Stance on NFP Policy

“At the plenary Assembly of the Catholic Bishops’ Conference of the Philippines...two consensus votes were taken with regard to family planning. The first vote was “No” to collaboration with the government’s total family planning program...This (first) vote maintained the Church’s stance against the government’s population program, which was still perceived to be dictated by a contraceptive mentality. This apprehension persisted even if the present government of President Gloria Macapagal Arroyo ... had earlier indicated its preference for natural family planning methods.”

–Archbishop Ledesma

Box 7: Critic of SDM, Faith-Based Organization

“SDM for all its pretense of being a “natural method” is just one more contraceptive method in the repertory of contraceptives offered by the population control industry and now part of the inventory of “Reproductive Health Services.SDM is a strategy to subvert the BOM; reduce less effective methods users because of high failure rates, and make these disillusioned users shift to modern artificial methods. SDM is suspect because it was being promoted by government, presumably with some back-up contraceptive methods; the research for SDM was funded by USAID; the method was not yet fully tested; and it was nothing more than the old calendar-rhythm method that had already been discredited as unreliable. Moreover, SDM could not be considered as NFP because it did not involve the daily examination of bodily signs and symptoms. NFP groups look upon SDM with suspicion and perceive the method as ‘USAID’s Trojan horse.’” - Stakeholder, Kanlungan ng Buhay

²¹ Bisnar J. (2009, May 18th) Personal Communication Assistant to the President, Couples for Christ Foundation for Family Life, Philippines

7.4. User Perspectives and Input from Community Members

Based on feedback shared during a NFP Users Assembly conducted by the DOH and POPCOM, many couples were very satisfied with SDM. There is high demand from clients primarily due to its

Box 8: Positive Views on SDM

“SDM offers reproductive health benefits and addresses the needs of people who want to use a natural method because of their religious conviction and [it] offers opportunities for improved couple communication.” -*Policy maker, Philippines*

“ ...Simple and useful for couples with contraindications to temporary methods, and poor compliance [with these methods].” - *Program Manager, Philippines*

lack of side effects and the ease in learning how to use CycleBeads. Clients reported that use of SDM helps with birth spacing, marital harmony and dialogue, and improves their relationship with their spouses. The only constraint to SDM acceptability mentioned by clients is the eligibility criteria, for those who may not have regular (once-a-month) 26-32 day cycles.²² Despite the challenges faced by SDM users in managing the “fertile” days, providers reported that the method is popular and easy to teach, and that many view the method positively, especially policy makers and program managers.

7.5. Lack of Funding and Problems with Availability and Supply of CycleBeads

Complaints regarding the lack of funding for CycleBeads commodities or SDM training were voiced by multiple stakeholders, across various areas of the Philippines. In Marikina City, where IRH conducted cascade training, a budget for contraceptives was believed to be sufficient for SDM provision (if it would be included in future procurements). In Cagayan de Oro, there is no budget for commodities although local government funds can cover SDM training. The DOH has designated 782,300 pesos (\$16,845) to cover reproductive health supplies, including CycleBeads and NFP training in the next year. In Negros Occidental, there is a revolving fund (with an initial 20,000 pesos, \$430) for CycleBeads; however no funds were earmarked for SDM training.

7.6. Value/acceptance of SDM at the Community and Service Delivery Level

The popularity of SDM is due to its simplicity, lack of expensive commodities, and lack of side effects. Two stakeholders discuss the perceived value of SDM by clients and health providers (Boxes 9 and 10).

Box 9: Suitability of SDM

“SDM is particularly useful and suited for:

- Couples who want a natural family planning method for religious or social reasons
- Women with contraindications to the use of artificial temporary methods
- Couples who have shown poor compliance with temporary family planning methods”

- *DOH Program Manager*

²² Apale, F. (2009, May 14th) Personal Communication Director, Reproductive Health, Department of Health (DOH), Philippines

Box 10: Value of SDM Services

“SDM is appreciated because services can be provided in a variety of locations- in the clinic or in the community during home visits. Most clinics that provide primary health care services will be able to incorporate SDM services within their existing facilities. They only need a supply of CycleBeads, IEC materials on SDM – leaflets, flip charts. In the community, SDM services can be provided in the homes of the clients, in the homes of the volunteer health workers, or in the Barangay Health Stations.”

“It is important for husbands to cooperate in the practice of NFP by abiding with the periodic abstinence requirement because SDM, like any other NFP method, is a “couple” method. Its value added is the emphasis on the fertility awareness education.....bringing the husbands remains a challenge.”

- *Department of Health Stakeholder*

7.7. Support Groups and Potential Allies for SDM Scale-Up

Supportive groups and potential allies in scaling-up SDM were considered a vital aspect of scale-up – as identified by program managers and policy makers through in-depth interviews. SDM found crucial support through Bishop Antonio Ledesma from San Juan Diocese, who stated his position as, “The more the church can make options available for natural family planning; the more Catholic couples are empowered to exercise responsible parenthood”.

Box 11: Church Advocate of SDM: Bishop Ledesma

“In the prelature of Ipil, we have included SDM as an added option...we note that the couples themselves have found SDM a much easier method to learn...why did you not teach this to us earlier?, has been the common reaction... in 2006 the number of clients practicing NFP in 19 parishes after two years reached 1,453 couples, 68% of who are SDM acceptors.” - *Bishop Ledesma*

Ledesma’s advocacy for SDM, along with some members of the CBCP, is in part due to his belief that natural family planning is crucial to church programs on peace and development. According to Bishop Ledesma, SDM has become the method of choice among NFP users in his Prelature of Ipil where the All-NFP Program was started nearly four years ago.

It is clear that the church is influential in NFP. According to Bishop Ledesma, “Perhaps at no other time has the church and government agreed more fully on the goal of responsible parenthood and the means of natural family planning” (Box 11).

Aside from Bishop Ledesma, the POPCOM regional stakeholders noted successful partnerships with non-Catholic FBOs (e.g., United Pentecost, Grace Mission Team International in San Pablo City). According to one Regional Director, pastors are eager to partner with POPCOM on the NFP program because it is compatible with the church’s teachings and values. For them, it is a case of shifting from a “contraceptive mentality” of encouraging/supporting contraceptive use to a focus on “responsible parenthood.” Other potential partners include faith-based women’s groups, who are already teaching NFP as “a way of life”, such as the Catholic women’s leagues or parish workers. Further, parishes from COC and Daughters of the Immaculate of Mary give pre-marital

counseling that incorporate NFP messages, with some providing SDM messages as well, for promotion of family planning.

Within DOH and POPCOM, community health workers and RPM teams are natural partners to expand SDM. USAID cooperating agencies, particularly PRISM, worked with the Integrated Midwives Association of the Philippines (IMAP) which trained midwives on SDM.

Several local organizations that work in family planning are potential partners for scaling up SDM. The Philippine Center for Population and Development could partner with IRH-Philippines, previously involved in NFP training and research materials, this organization provides small grants to FBOs to implement NFP programs in their communities. The Family Planning Organizations of the Philippines (FPOP), with a pool of experienced family planning trainers in 25 chapters and 33 community health care clinics nationwide could also be a potential partner. They expressed willingness to include SDM as one of the array of modern methods taught to health care providers. In addition, the Philippine NGO Council for Population and Health (PNGOC) uses local radio broadcasters to spread knowledge on natural family planning including SDM.

Community-based initiatives were cited as vital to scale-up of SDM. Community leaders from farmers' organizations, leaders from the Federation of Barangay Health Workers, and politicians (governors and mayors) are needed to advocate and support SDM. Teachers could integrate SDM into Family Health curricula and teach youth about fertility awareness - using CycleBeads to explain the menstrual cycle and ovulation. Several respondents reiterated the need to expand SDM services through community-based organizations that could train all BHWs and Barangay Service Point Officers.

Partnerships and supportive allies of SDM could lead to distribution of the method in non-traditional ways. Potential channels of distribution of the method include: drugstores, grocery stores, and pharmacies that distribute SDM with an instruction card and media health promotion campaigns. Lectures, flyers and health education were also mentioned as modes of distribution by stakeholders. Training of sales persons in pharmacies on SDM could also reach people outside of the health provider/health facility setting. Finally, with distribution, awareness is needed to generate demand. Awareness of the SDM could be increased through IEC activities using local actresses/actors for TV and/or radio spots or through community-based lectures with question/answer sessions.

8. Lessons Learned for the Philippines and Other Countries/Scale-Up Efforts

The environment is favorable to scaling-up SDM, given that some vertical integration has been achieved and demand/interest is high. However, further expansion faces constraints, including:

- Conflict between the government and the Catholic Church on family planning, resulting in a negative politicized stance towards SDM by some stakeholders;

- Withdrawal of funding for contraceptives by international donors; and
- Opposition to SDM by some church groups that negatively labeled the innovation as a pretext to promote contraception, thus limiting availability of CycleBeads.

A well-defined strategy is needed to build support for SDM within the politically-charged context of family planning, decentralization, and USAID transfer of contraceptive procurement to the government. The potential next steps to address constraints in scaling-up in the Philippines, based on elements of the ExpandNet model include:

Environment:

- Generate support from the church to integrate SDM services through interested church networks, by demonstrating how teachings on marriage and family support these services;
- Expand strategies to address negative, politicized views of SDM through talk shows, articles in peer-review publications/briefs, and identifying and engaging champions of SDM.

Resource team:

- Continue to generate resources to upgrade technical capabilities.
- Learn from experiences of countries engaged in scaling up SDM.
- Respond to bids for proposals to access government funding for NFP.

User organizations:

- Expand and maintain a network of community-based groups and FP/RH organizational partners to expand access and availability of SDM/CycleBeads. The following partners have been identified by IRH-Philippines:
 - DOH - to aid in development of new policies, NFP training manuals and participation in DOH's initiated national family planning/NFP events.
 - POPCOM - to carry out Training of Trainers on SDM, and participating in NFP events.
 - Church groups- to provide continued technical assistance through Archbishop Ledesma, a champion of SDM, and introducing SDM to various church groups.
 - NGOs and cooperatives – to revitalize former partnerships with projects/organizations (PHANSuP, PRISM, United Nations Population Fund, etc.).
 - Private practice midwives – to continue distribution of CycleBeads, in PRISM project areas (although PRISM project has ended).
 - Partnerships with the Philippines Nursing Association and IMAP to aid in dissemination of information and training on SDM.
- Conduct Fertility Awareness orientations for public and private sector leaders.
- Work with partners on a commodity distribution system to ensure accessibility of CycleBeads, which is a major barrier for scale-up.

Scaling-up Strategy:

- A scaling-up strategy would focus on three areas: 1) advocacy, 2) CycleBead availability, and 3) direct to consumer approaches, to generate support and address barriers to SDM integration, ensure good quality SDM services and programs and create demand for CycleBeads/SDM.

Advocacy:

- Disseminate policy actions on SDM to inform health authorities and providers. Many are not well-informed that these exist within a decentralized health system.
- Support integration of SDM in family planning funded activities either by donors or local governmental and NGO agencies.
- Address the barrier of the availability of the method due to funding and cost of the CycleBeads to consumer to donors, local governmental and NGO agencies, and health authorities
- Collect data on SDM and document experiences, best practices and activities on SDM.
- Conduct research to address need for evidence, and/or credibility of the method for critics of SDM to get buy-in for the method.

CycleBeads Availability:

- Work with distributors for CycleBeads in private and public sectors. To date, IRH-Philippines has established agreements with cooperative groups, such as Pamana and Pangarap of Cavite, private-practice midwives with PRISM-IRH-Philippines project, NEDF and Lefado, yet more partnerships need to be developed with distributors to ensure access to CycleBeads.
- Implement private sector approaches, through social marketing and social franchising, to expand access to SDM in non-traditional outlets, such as beauty parlor chains and mass-based drugstore chains, e.g. Generika, the Generics Pharmacy, Botika ng Barangay. This would involve a formative phase of examining consumers' needs and preferences for repackaging and repositioning CycleBeads and to determine the target market segment. A mass media communications strategy, through television, would be implemented to stimulate client demand to purchase the CycleBeads through beauty parlor and/or drugstore chains.
- Strengthen information/education outreach efforts to increase access and availability.
 - Guide work with teams at the community level with Responsible Parenting Movement (RPM, a family-centered process that creates awareness of basic parenting responsibilities through informational classes given at the "barangay" level, that focus on NFP methods)
 - Utilize community leaders and community health workers for door-to-door distribution and talks with couples about the method.
 - Equip RPM groups with CycleBeads and IEC materials so mothers/couples can use SDM immediately following the informational class, if SDM is her/their method of choice.
 - Set up a sustainable mechanism for integration of SDM services into RPM classes to eliminate the need to refer clients to health facilities.

Direct to Consumer:

- Implement CycleTel™ cell phone initiative with local cell phone providers. This initiative will require pre-testing and formative work to develop/adapt the cell phone application to the local context and population.

Appendices

Appendix A: Individual Structured Interviews with CHW/BHWs

Individual structured interview with CHW/BHWs

Health Facility ID N° /___/___/

CHW / BHW ID N° /___/___/

First and Last name of interviewer: _____ Code /___/

Date of interview: Day ____ Month ____ Year _____

I. PROFILE OF CHW/BHW

a. Province: _____

b. District: _____

c. Neighborhood: _____

d. Barangay: _____

e. Address if home-based: _____

f. Are you associated with a health facility?

1 = Yes

2 = No → *Skip to i.*

g. Name of health facility: _____

h. Type of sector of facility (*Mark all that apply*)

1 = Government/Public

2 = FPA - Family Planning Association

3 = FBO - Mission or Faith-based Organization

4 = NGO - Non-governmental Organization

i. Are you associated with an organization?

1 = Yes

2 = No → *Skip to k*

j. Name of organization _____

k. Age (*completed age in years*): _____

99 = Don't know

l. Sex:

1 = male

2 = female

m. Can you read a letter or newspaper easily, with difficulty, or not at all?

- 1=easily
- 2=with difficulty
- 3=not at all

n. Education:

Mark the highest school year they reached on the line.

- 1 _____ Never attended school
- 2 _____ Primary (1-6)
- 3 _____ Secondary (7-12/ diploma)
- 4 _____ Technical
- 5 _____ University (college)

o. Religion:

- 1=Catholic
- 2=Protestant (FLM)
- 3=Muslim
- 4=Traditional/Animist
- 5=None
- 6=Other (specify _____)

p. Number of years of working as a CHW/BHW: _____

99 = Don't know

II. EXPERIENCE AND TRAINING IN FP SERVICES

I would first like to ask you about your training and experience, especially in family planning.

1. In what health areas do you provide counseling to your clients? *(Mark all that apply)*

- 1=family planning
- 2=maternal health
- 3=child health
- 4=other (specify _____)

2. For how many years have you been offering family planning services *(If 0 (zero), end interview)?*

_____years _____month

3. What methods are currently available in your area? *Mark all that apply.*

- 1=Pills
- 2=Injectables (Depo-Provera)
- 3=Condoms
- 4=IUD
- 5=SDM (CycleBeads)
- 6=Other Natural Methods (specify _____)
- 7=Other FP Methods (specify _____)

4. Have you done any raising awareness for, IEC, or selling of family planning methods or commodities to clients in the last two years?

- 1 = Yes
- 2 = No → *End interview*

5. Are there any methods that you are not authorized to provide or distribute?

- 1=Yes If yes, which ones? _____
- 2=No

6. Have you had basic training in Information, Education, & Communication (IEC) or counseling?
 1 = Yes
 2 = No → skip to Q.9
7. Was SDM included in this training?
 1 = Yes
 2 = No
8. Have you had a refresher training in the last two years?
 1 = Yes
 2 = No
9. How equipped are you to counsel on SDM?
 1 = Well equipped
 2 = Somewhat equipped
 3 = Not equipped
10. How equipped are you to raise awareness about SDM in your community?
 1 = Well equipped
 2 = Somewhat equipped
 3 = Not equipped
11. Which of the following activities do you do as a CHW/BHW? (*Mark all that apply*)
 1 = Home visits
 2 = Group meetings
 3 = Advocacy
 4 = Counseling
 5 = Referrals
 6 = Selling/distributing methods
 7 = Other (specify _____)

III. TRAINING ON THE SDM METHOD

12. When did you first receive training on the Standard Days Method?
 Month _____ Year _____
13. Who trained you the first time on the Standard Days Method? (*Mark all that apply*)
 1 = Department of Health (DOH)
 2 = Clinic staff in your area
 3 = Management Sciences for Health (MSH)
 4 = Institute for Reproductive Health Philippines (IRHphi)
 5 = Center for Health and Development (CHD)
 6 = Other NGOs
 7 = Other (specify _____)
14. How long was the training you received for the Standard Days Method?
 1 = less than 2 hours
 2 = ½ day
 3 = full day
 4 = 2 days
 5 = other (specify _____)
15. Did the training include any of the following? (*Mark all that apply*)

- 1 = How to record SDM users in reports
- 2 = How to get supplies of CycleBeads
- 3 = How to include SDM in FP promotional activities
- 4 = Where to go for help

IV. FP METHOD DELIVERY

16. How would you describe a typical Standard Days Method user?

Probe: education level/literacy, religion, wealth, personal characteristics

17. What commodities do you offer clients who request the SDM?

- 1 = CycleBeads
- 2 = Calendar
- 3 = Condoms
- 4 = Client cards
- 5 = Emergency contraception
- 6 = Other (specify _____)

18. Do you have CycleBeads right now?

- 1 = Yes
- 2 = No → *Skip to Q. 20*

19. How many CycleBeads do you have right now? _____

20. How many client cards do you have right now? _____

21. Do you sell the CycleBeads?

- 1 = Yes
- 2 = No → *Skip to Q. 26*

22. For how much do you sell the CycleBeads? _____

23. How much profit do you make on each CycleBeads necklace? _____

24. Do you make more money selling CycleBeads or selling Pills?

- 1 = CycleBeads
- 2 = Pills
- 3 = Same profit for both
- 4 = Not Applicable

25. Do you make more money selling CycleBeads or selling Injectables?

- 1 = CycleBeads
- 2 = Injectables
- 3 = Same profit for both
- 4 = Not Applicable

26. Do you receive any other type of motivation or encouragement for your efforts to provide SDM other than profit from selling CycleBeads?

- 1 = Yes
- 2 = No → *Skip to 28*

27. From where do you receive encouragement? (Probe: from NGO, DOH, Community)

28. Whom do you work with on SDM instruction or provision? (Mark all that apply)

- 1 = Clinic staff
- 2 = Community members
- 3 = Advisory groups
- 4 = Local government
- 5 = Community leaders
- 6 = Religious leaders
- 7 = CHW/BHW
- 8 = Don't work with anyone → *Skip to Q.30*

29. What kind of support or assistance do they give?

VI. COUNSELING CLIENTS AND RAISING AWARENESS ON THE STANDARD DAYS METHOD/ CYCLEBEADS

Now I would like to ask you questions specifically relating to the CycleBeads and SDM counseling activities

30. Whom do you normally counsel on SDM use: women alone, men alone, or both together? (Mark all that apply)

- 1 = women alone
- 2 = men alone
- 3 = both men and women together

31. Based on your own experiences, how easy or difficult is it to offer the Standard Days Method/CycleBeads? (read the options)

- 1 = very easy
- 2 = easy
- 3 = difficult
- 4 = very difficult

Why do you say this?

32. Which of the following do you use when counseling on SDM? (read options and mark all that apply)

- 1 = CycleBeads
- 2 = Calendar
- 3 = Client cards
- 4 = Checklists/job aids
- 5 = Flipchart
- 6 = Cue Cards
- 7 = Other (specify) _____

33. What activities do you do to raise awareness about FP? Which do you do for the SDM?

		a. FP 1 = yes 2 = no	b. SDM 1 = yes 2 = no
a	Put up posters		
b	Hand out pamphlets		
c	Make murals/displays		
d	Talk at health fairs		
e	Talk during community meetings		

f	Talk during religious meetings/ through religious leaders		
g	Do home visits/ door-to-door		
h	Other (specify _____)		

34. Have you noticed any differences in the way that men react to family planning since you started providing the Standard Days Method/CycleBeads?

1 = Yes

2 = No → Skip to Q. 36

35. If yes, please explain.

VII. KNOWLEDGE OF THE CHW/BHW ON THE SDM/CYCLEBEADS

HOW TO USE CYCLEBEADS

36. Pretend that I would like to use the method. Could you please explain to me how to use CycleBeads/SDM? (Give the CHW a set of CycleBeads to use and ask the CHW/BHW to get any other materials necessary that they use during counseling sessions. Mark yes on the aspects mentioned by the CHW/BHW and no on those not mentioned)

		1= yes 2= no
A	CycleBeads represent the menstrual cycle.	
B	The first day of your period, move the band to the red bead.	
C	Mark this day on your calendar.	
D	Move the band to the next bead every day.	
E	Always move the band in the direction of the arrow.	
F	During the white bead days, you can get pregnant.	
G	Abstain from sexual intercourse during the white bead days.	
H	During the brown bead days, a pregnancy is not likely.	
I	You can have sexual intercourse on the brown bead days.	
J	At the start of your next period, move the band to the red bead, skipping any other beads.	
K	If your period starts before the band is on the dark brown bead, your cycle is too short to use this method.	
L	If your period does not start the day after you put the band on the last brown bead, your cycle is too long to use this method.	

37. Interviewer: What materials did they use for the simulated counseling session? (Mark all that apply)

- a. CycleBeads
- b. Calendar
- c. Client Cards
- d. Checklists/job aids
- e. Flipchart
- f. Cue Cards
- g. Other (specify _____)

38. What should a woman do if she does not remember if she moved the band or not? (Do not read the responses, let the CHW/BHW give spontaneous responses)

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.	1= correct 0 = incorrect
--	-----------------------------

39. When does the menstrual cycle begin and end?

(Do not read the responses; let the CHW/BHW give spontaneous responses)

The menstrual cycle begins on the first day of a woman's period and ends on the day before her next period begins.	1= correct 0 = incorrect
--	-----------------------------

ELIGIBILITY CRITERIA

40. What two requirements are necessary to be able to use the method?

(Do not read the responses; let the CHW/BHW give spontaneous responses. Ask if there is anything else after the CHW/BHW answers)

		1= correct 0 = incorrect
A	To have a cycle that is 26 to 32 days long	
B	The woman and her partner can abstain on the days she can get pregnant (white bead days).	

41. How can you tell if the woman's cycle is the right length for this method?

(Do not read the responses; let the CHW/BHW give spontaneous responses. Ask if there is anything else after the CHW/BHW answers)

		1= correct 0 = incorrect
A	Ask if her period comes about once a month.	
B	Ask if her period comes when she expects it.	
C	Calculate the number of days between the first day of the last menstrual period and when she expects her next period	

STARTING THE METHOD

42. If a woman remembers the date of her last period, when can she begin using the SDM?

(Do not read the responses; let the CHW/BHW give spontaneous responses.)

		1= correct 0 = incorrect
a.	She can begin using the method immediately.	

43. If she does not remember the date of her last period, when should she start?

(Do not read the responses; let the CHW/BHW give spontaneous responses)

		1= correct 0 = incorrect
a.	She can begin using the method when her next period starts.	
b.	Advise her she should abstain in the meantime.	

44. If a woman meets the eligibility criteria for using CycleBeads, but does not remember the first day of her last period, do you give her CycleBeads?

(Do not read the responses; let the CHW/BHW give spontaneous responses)

		1= correct 0 = incorrect
a.	Yes, but advise her to begin using CycleBeads the day her next period starts	

45. What would you tell a woman who wants to use CycleBeads, but does not know the exact length of her cycle?

(Do not read the responses, Mark all that apply)

- 1 = Offer her the method
- 2 = Refuse her the method
- 3 = Tell her to return when she has her periods

- 4 = Tell her to track her cycles
- 5 = Ask her if her periods come generally when she expects every month
- 6 = Refer her to the health facility
- 7 = Other (specify) _____

46. What do you do if she says that her periods come generally around the date expected every month? (*Do not read the responses, Mark all that apply*)
- 1 = Offer her the method
 - 2 = Refuse her the method
 - 3 = Tell her to return when she has her periods
 - 4 = Tell her to track her cycles
 - 5 = Refer her to the health facility
 - 6 = Other (specify) _____

47. When can a woman who is postpartum or breastfeeding start using the method?
 (*Do not ask if the CHW/BHW refers for special circumstances. Do not read the responses; let the CHW/BHW give spontaneous responses*)

		1= correct 0 = incorrect
A	Once she has had at least four periods since her baby was born.	
B	If the time between her last two periods was about one month.	

FOLLOW-UP

48. When do you tell women they should come back to see you?
 (*Do not read the responses; let the CHW/BHW give spontaneous responses*)

		1= correct 0 = incorrect
A	If her period does not start by the day after putting the ring on the last brown bead/Her cycle is too long	
B	If her period comes before she puts the ring on the dark brown bead/Her cycle is too short	
C	If the couple cannot abstain on the white bead days and wants to switch to another method	

V. REPORTING

49. Do you collect information on the number of family planning users that you serve?
- 1 = Yes
 - 2 = No →skip to Q.51.
50. If yes, to whom do you submit this information? (*mark all that apply*)
- 1 = clinic staff
 - 2 = an organization
 - 3 = regional ministry office
 - 4 = other (specify _____)

VIII. ATTITUDES TOWARDS CONTINUING/ EXPANDING THE PROGRAM

51. Would you like to continue providing SDM services? If yes, why? If no, why not?
-

52. What are the main challenges you have faced providing SDM services?
-

53. What could we do to solve those challenges?

54. Based on your experiences with SDM/CycleBeads, how important is it for BHWs to continue to offer the SDM/CycleBeads? Why?

- 1 = very important
- 2 = somewhat important
- 3 = not important

55. How receptive is the community to the SDM/CycleBeads?

- 1 = very receptive
- 2 = somewhat receptive
- 3 = not receptive

56. What do clients seem to like the most about it?

- 1 = it's natural
- 2 = it's simple
- 3 = it's cheap
- 4 = other (specify _____)

57. What do clients seem to dislike most about it?

- 1 = it's too difficult
- 2 = partner won't use it
- 3 = it's too expensive
- 4 = other (specify _____)

58. How do couples generally manage their white bead days?

59. Do you have any suggestions/recommendations to improve and extend SDM services?

Probe: training, supervision, products, tools, logistics, IEC materials, reporting

Thank you for your time and cooperation.

Appendix B: Philippines Stakeholder Interview – Community Leaders 2008

Philippines Stakeholder Interviews:
Community Leaders

Name of Person Interviewed:

Title:

Community:

District/Area:

Contact Information:

Date of Interview:

Name of Interviewer:

INTRODUCTION

Introduction

1. What family planning services are available in your community?

2. How do women obtain FP services?

3. Do services meet the needs of couples here? Why do you say that?

4. How does the Church/religion affect family planning in your community?

5. Are you familiar with Natural Family Planning?
Which methods?
What can you say about them?

SDM

6. Have you ever heard of the Standard Days Method (SDM)? What about CycleBeads?
What can you say about it?

7. How did you hear about the SDM? Did you hear about SDM anywhere else?
Probe for materials, TV ads, radio sports, community out-reach activities, community health workers, health promoters, TBA, doctor, nurse

8. To what degree have other people in your community been informed about SDM? How did they learn about it? (Probe: From whom and what channels?)

9. Do you think that providing SDM would contribute to the welfare of couples in this community? Why do you say that?
What advantage would SDM have over other methods of family planning?
What disadvantages does SDM have?

Community level services

10. To what extent do you think that men will be supportive of and interested in the SDM? What do you base your opinion on?

11. It is sometimes more difficult to advocate family planning to men. How do you think that we can reach men with information about SDM?

12. Where do you think that couples in your community would prefer to obtain the SDM?
Probe with: CHW, clinic, pharmacy? Why do you say that?

13. In your opinion, what are the advantages and disadvantages of having a CHW/BHW or other community person offer the SDM?

14. Has the local government supported your efforts to provide the SDM in your community?
If so, how have they been supportive? If not, why not?

15. Do you have any suggestions on how SDM services could be expanded?

16. Do you foresee any potential barriers to SDM expansion?

17. From your perspective, is there anything else about SDM in your community that we haven't discussed that you think is important?

Thank you for your time and cooperation.

Appendix C: Philippines Stakeholder Interview – Community Leaders 2009

Philippines Stakeholder Interviews:
Community Leaders

Name of Person Interviewed:

Title:

Community:

District/Area:

Contact Information:

Date of Interview:

Name of Interviewer:

INTRODUCTION

Introduction

1. What family planning services are available in your community?

2. How do women obtain FP services?

3. Do services meet the needs of couples here? Why do you say that?

4. How does the Church/religion affect family planning in your community?

5. Are you familiar with Natural Family Planning?
Which methods?
What can you say about them?

SDM

6. Have you ever heard of the Standard Days Method (SDM)? What about CycleBeads?
What can you say about it?

7. How did you hear about the SDM? Did you hear about SDM anywhere else?
Probe for materials, TV ads, radio sports, community out-reach activities, community health workers, health promoters, TBA, doctor, nurse

8. To what degree have other people in your community been informed about SDM? How did they learn about it? (Probe: From whom and what channels?)

9. Do you think that providing SDM would contribute to the welfare of couples in this community? Why do you say that?
What advantage would SDM have over other methods of family planning?
What disadvantages does SDM have?

Community level services

10. To what extent do you think that men will be supportive of and interested in the SDM? What do you base your opinion on?

11. Where do you think that couples in your community would prefer to obtain the SDM?
Probe with: CHW, clinic, pharmacy? Why do you say that?

12. In your opinion, what are the advantages and disadvantages of having a CHW/BHW or other community person offer the SDM?

13. Has the local government supported your efforts to provide the SDM in your community?
If so, how have they been supportive? If not, why not?

14. Do you have any suggestions on how SDM services could be expanded?

15. Do you foresee any potential barriers to SDM expansion?

16. From your perspective, is there anything else about SDM in your community that we haven't discussed that you think is important?

Thank you for your time and cooperation.

Appendix D: Philippines Health Facility Assessment

June 4, 2008

Philippines Health Facility Assessment

Service Delivery Point Identification

HEALTH FACILITY VISITED (NAME) _____							
HEALTH FACILITY CODE		<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>					
REGION		<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>					
URBAN/RURAL (URBAN=1, RURAL=2)		<table border="1" style="width: 20px; height: 20px; margin: auto;"> <tr><td> </td></tr> </table>					
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)		<table border="1" style="width: 20px; height: 20px; margin: auto;"> <tr><td> </td></tr> </table>					
DATE	_____	DAY	<table border="1" style="width: 20px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>				
		MONTH	<table border="1" style="width: 20px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>				
		YEAR	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
TYPE OF SECTOR 01 = Government/Public 02 = FPA - Family Planning Association 03 = Mission/FBO - Faith-based Organization 04 = NGO - Non-governmental Organization 05 Other _____			<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>				
INTERVIEWER'S NAME _____							
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY				
NAME _____	NAME _____	NAME _____	NAME _____				
DATE _____	DATE _____	DATE _____	DATE _____				

OBSERVATIONS

Instructions: For the following section, only observe whether the facility has any of the following promotional items. You may complete this section before, during, or after the actual interview.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
01	<p>Does the facility have any FP posters which include SDM that are clearly visible? (observe)</p> <p>By clearly visible we mean the posters are strategically placed in a non-cluttered environment and not blocked by other print materials</p>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
02	<p>What is the condition of the poster? Mark all that apply</p>	Torn.....1 <input type="checkbox"/> Misplaced..... 2 <input type="checkbox"/> Dirty..... 3 <input type="checkbox"/> Sun damaged..... 4 <input type="checkbox"/> Generally good..... 5 <input type="checkbox"/> Not Applicable..... 6 <input type="checkbox"/>	
03	<p>Does the facility have any wall murals/ displays with SDM?</p>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
04	<p>a Does the facility have any FP brochures/handouts that are clearly visible and available to clients?</p> <p>b If yes, is SDM included?</p>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
05	<p>a Does the facility display data on the number of FP users in the facility? (Observe, then ask if this information is displayed somewhere)</p> <p>b Is it broken down by method?</p> <p>c Are SDM users displayed?</p>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	

SECTION 1 SERVICE PROVISION AND ACCESS TO SERVICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	<p>Are FP services available to clients at this facility?</p>	YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/> →	If no, end
101	<p>What family planning methods are offered at this facility? (Check or circle all that apply)</p>	FEMALE STERILIZATION A <input type="checkbox"/> MALE STERILIZATION B <input type="checkbox"/> PILL C <input type="checkbox"/> IUD D <input type="checkbox"/> INJECTABLES E <input type="checkbox"/> CONDOM F <input type="checkbox"/> CALENDAR RHYTHM G <input type="checkbox"/> BILLINGS OR SYMPTOTHERMAL H <input type="checkbox"/> STANDARD DAYS METHOD (SDM) I <input type="checkbox"/> WITHDRAWAL J <input type="checkbox"/> →	if no SDM end

102	How many days per week are family planning services offered here?	<input type="checkbox"/>	
103	Is the SDM always offered as a FP choice in this facility? If no, why not?	YES = 1 NO = 2 _____	<input type="checkbox"/>
104	Is this the only unit/section where FP is offered in this facility?	YES = 1 NO = 2 _____	<input type="checkbox"/> → If yes go to Q.106
105	If not, please tell us which other unit/section of the facility provides FP?	_____	
106	Do you receive referrals for SDM? If yes, where do they come from?	1 = Yes 2 = No _____	<input type="checkbox"/>
107	Do you refer clients for SDM services elsewhere? If yes, why?	1 = Yes 2 = No _____	<input type="checkbox"/> If no skip to 109
108	Where do you refer clients for SDM services?	01 = Referral Hospital 02 = District Hospital 03 = Sub-district Hospital 04 = Rural Health Center 05 = Private Clinic 06 = Health Post 07 = Pharmacy 08 = CBD or Community Outreach 10 = Faith-based organization (FBO) 11 = Other _____	<input type="checkbox"/>
109	In your opinion, do you feel the staff at this facility have the knowledge, skills, and confidence to offer the SDM?	1 = Yes 2 = No	<input type="checkbox"/> If yes, skip to 201
110	If no, why not? Please explain. _____ _____		

SECTION 2 STAFFING AND TRAINING

NO.

QUESTIONS AND FILTERS

Please ask the following questions about the paid staff in this facility and fill in the table below.

	a Medical doctor	b. Nurse	c. Midwife	d CHW
201	How many provide family planning services? Number:	Number:	Number:	Number:
202	How many are trained to provide SDM? Number:	Number:	Number:	Number:
203	How many offer the SDM? Number:	Number:	Number:	Number:

204 Have CHWs in your catchment area been trained to provide information on the SDM? 1 = Yes 2 = No

205 Have CHWs in your catchment area been trained to offer CycleBeads? 1 = Yes 2 = No

	a Medical doctor	b. Nurse	c. Midwife	d CHW
206	In general, what type of FP training did they receive for their first training? (mark all that apply) 1 = TOT 2 = Pre-service 3 = In-service 4 = Workshop 5 = Institutionalized			
207	Was SDM included in their training? 1 = Yes 2 = No			

208 After they received initial training on the SDM, did the providers receive any additional or refresher training during the last 12 months? 1 = Yes 2 = No → If no, skip to 210

209 If yes, was it individual or group training? 1 = Individual 2 = Group

210 If a trained SDM provider is not available, what is a client who requests SDM told to do? 1 = Come back later 2 = Go to another health site
3 = Choose a different method
4 = Other _____

SECTION 4 INFORMATION, EDUCATION, AND COMMUNICATION (IEC)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	a. Does this facility have videos on SDM? b. Does this facility have video equipment needed to watch videos?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
402	a Does the facility have a flip chart to support FP counseling? b If yes, is SDM included?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
403	a Does the facility host " health talks" or mothers' classes ? b If so, is SDM included as part of the discussion?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
404	Does the facility conduct activities other than health talks that raise awareness about SDM in the community?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	if no, go to 501 →
405	If yes, what are these activities? _____ _____		
406	Who conducts these activities? _____ _____		

SECTION 6 HEALTH MONITORING INFORMATION SYSTEMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are family planning clients recorded in the FHSIS? (ask to see the register/book)	Yes 1 <input type="checkbox"/> No 2	if no go to 701
602	If yes, how are the clients counted/registered?	1=Cards <input type="checkbox"/> 2=Forms 3=Logbook 4=TC List 5=Other _____	
603	Are clients of the SDM recorded/registered in this unit? (observe, and ask to see the register/book)	Yes 1 <input type="checkbox"/> No 2	
604	At what point do you record a woman as an SDM user? (check all that apply)	1=She receives CycleBeads <input type="checkbox"/> 2=She is counseled on SDM 3= Counseled and receives CBs 4=She returns for follow-up 5=She says she uses CycleBeads or SDM 6=Other _____	

SECTION 7 COST OF SERVICES

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	What is the cost of SDM counseling?	_____	
702	Does the facility charge for the Cyclebeads?	Yes 1 <input type="checkbox"/> No 2	
703	What is the cost of CycleBeads per client?	_____	

Appendix E: Philippines Stakeholder Interviews: Policy Makers (local) 2008

Philippines Stakeholder Interviews:
Policy Makers (local)

Name of Person Interviewed:

Title:

Institution or organization:

Province/State/Department:

District:

Contact Information:

Date of Interview:

Name of Interviewer:

Introduction

1. The Philippines has a reported unmet need for family planning. What do you think are the main reasons for this?

2. Are you familiar with Natural Family Planning? What can you say about it?

SDM

3. *Have you ever heard of the Standard Days Method (SDM)? What can you say about it? *(If the person has never heard, explain the SDM using "Basic SDM Facts". Then skip to question 4).*

4. *Do you think that providing the SDM would strengthen family planning programs in the Philippines? In what way?

5. *What advantage would SDM have over other family planning methods?

6. *What do you think are the disadvantages of SDM?

7. *What evidence do policy makers need to help them decide whether to include the SDM in their programs?

8. *How would you measure whether or not the SDM has been successfully included in the health system?

National/local policies (RH/FP Strategy/strategic plan)

9. *Are there national family planning norms or guidelines?

Is SDM included in these?

What is the policy document called? Do you have a copy that I could keep?

10. *What government strategies and objectives would SDM address?

11. Is there a supportive political environment for including SDM in family planning programs?

If yes, could you describe it?

If no, what barriers exist?

12. *What is your local policy on SDM?

13. How do local policies affect SDM service delivery?

14. *What additional policy action – such as issuance of operational guidelines, directives or standards, or budgetary allocations – would facilitate implementation of an SDM guideline? Who would issue these?

Level of budgetary support

15. *Does your budget include provision for SDM training and commodities?
If no, would it be possible to explore funds for this? How would this happen?
If yes, how and when does the funding happen?

16. *What are other sources of funds could you explore for the inclusion of SDM? (probe with donors: USAID or UNFPA)

Other considerations/constraints

17. *Who do you consider to be potential allies/champions in the effort to include SDM in family planning programs? (Probe with: Any other people from the DOH, donors, CAs, local NGOs, FBOs, etc.)

18. *Who might be opposed to including SDM in health services?

19. Are there any ways you could suggest to reduce potential barriers to SDM inclusion?

Wrap-up

20. *Overall, what are the most important challenges you face in trying to integrate the SDM in your program?

21. *Now that the method has been introduced and tested, what do you think are the next steps for SDM in your program?

22. *From your perspective, are there any other issues around SDM integration that we haven't discussed so far that you think are important?

Thank you for your time and cooperation.

Appendix F: Philippines Stakeholder Interviews: Policy Makers (local) 2009

Philippines Stakeholder Interviews:
Policy Makers (local)

Name of Person Interviewed:

Title:

Institution or organization:

Province/State/Department:

District:

Contact Information:

Date of Interview:

Name of Interviewer:

Introduction

1. The Philippines has a reported unmet need for family planning. What do you think are the main reasons for this?

2. Are you familiar with Natural Family Planning? What can you say about it?

SDM

3. *Have you ever heard of the Standard Days Method (SDM)? What can you say about it? *(If the person has never heard, explain the SDM using "Basic SDM Facts". Then skip to question 4).*

4. *Do you think that providing the SDM would strengthen family planning programs in the Philippines? In what way?

5. *What are the advantages of including the SDM in family planning/ other health programs?

6. *What do you think are the disadvantages of SDM?

7. *What evidence do policy makers need to help them decide whether to include the SDM in their programs?

National/local policies (RH/FP Strategy/strategic plan)

9. *Are there national family planning norms or guidelines?
Is SDM included in these?
What is the policy document called? Do you have a copy that I could keep?

10. *What government strategies and objectives would SDM address?

11. Is there a supportive political environment for including SDM in family planning programs?
If yes, could you describe it?
If no, what barriers exist?

12. *What is your local policy on SDM? How does it affect SDM service delivery?

13. *What additional policy action – such as issuance of operational guidelines, directives or standards, or budgetary allocations – would facilitate implementation of an SDM guideline?
Who would issue these?

Level of budgetary support

14. *Does your budget include provision for SDM training and commodities?
If no, why is it not included in your budget? Would it be possible to explore funds for this? How would this happen?
If yes, how and when does the funding happen?

15. *What are other sources of funds could you explore for the inclusion of SDM? (probe with donors: USAID or UNFPA)

Other considerations/constraints

16. *Who do you consider to be potential allies/champions in the effort to include SDM in family planning programs? (Probe with: Any other people from the DOH, donors, CAs, local NGOs, FBOs, etc.) Could you explain why and how they have been champions/allies?

17. *Who might be opposed to including SDM in health services?

18. Are there any ways you could suggest to reduce potential barriers to SDM inclusion?

Wrap-up

19. *Overall, what are the most important challenges you face in trying to integrate the SDM in your program?

20. *Now that the method has been introduced and tested, what do you think are the next steps for including/ expansion of the SDM in health programs ?

21. *From your perspective, are there any other issues around SDM integration that we haven't discussed so far that you think are important?

Thank you for your time and cooperation.

Appendix G: Philippines Stakeholder Interviews: Policy Makers 2009

Philippines Stakeholder Interviews:
Policy Makers

Name of Person Interviewed:

Title:

Institution or organization:

Province/State/Department:

District:

Contact Information:

Date of Interview:

Name of Interviewer:

Introduction

1. The Philippines has a reported unmet need for family planning. What do you think are the main reasons for this?

2. Are you familiar with Natural Family Planning? What can you say about it?

SDM

3. *Have you ever heard of the Standard Days Method (SDM)? What can you say about it? *(If the person has never heard, explain the SDM using "Basic SDM Facts". Then skip to question 4).*

4. *Do you think that providing the SDM would strengthen family planning programs in the Philippines? In what way?

5. *What are the advantages of including the SDM in family planning/ other health programs?

6. *What do you think are the disadvantages of SDM?

7. *What evidence do policy makers need to help them decide whether to include the SDM in their programs?

National/local policies (RH/FP Strategy/strategic plan)

8. *Are there national family planning norms or guidelines?

Is SDM included in these?

What is the policy document called? Do you have a copy that I could keep?

9. *What government strategies and objectives would SDM address?

10. Is there a supportive political environment for including SDM in family planning programs?
If yes, could you describe it?
If no, what barriers exist?

11. *What is your local policy on SDM? How does it affect SDM service delivery?

12. *What additional policy action – such as issuance of operational guidelines, directives or standards, or budgetary allocations – would facilitate implementation of an SDM guideline?
Who would issue these?

Level of budgetary support

13. *Does your budget include provision for SDM training and commodities?
If no, why is it not included in your budget? Would it be possible to explore funds for this? How would this happen?
If yes, how and when does the funding happen?

14. *What are other sources of funds could you explore for the inclusion of SDM? (probe with donors: USAID or UNFPA)

Other considerations/constraints

15. *Who do you consider to be potential allies/champions in the effort to include SDM in family planning programs? (Probe with: Any other people from the DOH, donors, CAs, local NGOs, FBOs, etc.) Could you explain why and how they have been champions/allies?

16. *Who might be opposed to including SDM in health services?

17. Are there any ways you could suggest to reduce potential barriers to SDM inclusion?

Wrap-up

18. *Overall, what are the most important challenges you face in trying to integrate the SDM in your program?

19. *Now that the method has been introduced and tested, what do you think are the next steps for including/ expansion of the SDM inhealth programs ?

20. *From your perspective, are there any other issues around SDM integration that we haven't discussed so far that you think are important?

Thank you for your time and cooperation.

Appendix H: Philippines Stakeholder Interviews: Program Managers 2008

Philippines Stakeholder Interviews:
Program Managers (DOH and NGO)

Name of Person Interviewed:

Title:

Institution or organization:

Province/State/Department:

District:

Contact Information:

Date of Interview:

Name of Interviewer:

Organizational Profile *(Can be completed as much as possible prior to the interview)*

1. What services does your program provide?
 - a. FP (counseling and all methods – specify which ones)
 - b. Other reproductive health services (OB/GYN services)
 - c. Adolescent reproductive health
 - d. Community Based Programs for FP/RH (CBD, Community-based education – IEC/Promoters, TBA, etc.)
 - e. Social Marketing
 - f. Pre- and post-natal care
 - g. STI and/or VCT
 - h. Others (specify)

2. What populations does your program serve? (Probe with: low-income women, youth, rural indigenous populations, etc.)

3. What geographic area and population size do you serve? (include total population of entire area)

4. Does your program provide facility or community-based services? Please explain.

5. How many facilities and sites does your program manage?

SDM

6. *Have you ever heard of the Standard Days Method (SDM)?
If yes, what can you say about it?

7. * How did you hear about the SDM?

8. *Do you think that providing the SDM would strengthen family planning programs in the Philippines? In what way?

9. *What advantage would SDM have over other methods of family planning?

10. *What do you think are the disadvantages of the SDM?

Political Considerations & Constraints

11. What FP norms/guidelines does your organization follow? Is SDM included?
What is the name of the policy document? Do you have a copy that I could keep?

12. *How do social factors – like religious beliefs, gender norms, or cultural practices – affect SDM service delivery?

13. Who do you consider to be potential allies/champions in the effort to include the SDM into family planning programs? Why?

14. Who might be opposed to including SDM in family planning programs? Why?

15. What other barriers are there to including SDM in family planning programs?

16. Are there any ways you could suggest to reduce these potential barriers?

Management Information System

17. *What information do you collect on family planning? (Probe: new users, continuing users, type of method)

Does it include the SDM/CycleBeads?

If not, what can be done to get the SDM included?

18. *How is this data collected and reported? Could you please explain the process?

19. *How do you use this information?

IEC/Advocacy

20. *Does your organization work to raise awareness about the SDM?
What do you do?

21. *What has worked well?

22. *What has not worked well?

23. What do you see as the most effective ways for raising awareness the SDM to potential clients?

24. *What major challenges do you face with respect to providing services on the SDM? Why do you think this is the case? What could be done to overcome these challenges?

Probe: For example, time constraints, staffing levels, capacity development MIS, commodities logistics/distribution system)?

Logistics and Distribution of Contraceptives:

25. *Does your department/organization have a logistics and distribution system for RH/FP supplies? If yes, please describe.

26. *Are CycleBeads being included? How?

Training and Capacity Building

27. *Is there in-service training of health personnel (doctors, nurses, midwives, etc.)? *Obtain copies of curriculum if possible.*

If yes, when does it happen?

Is the SDM included? If no, what can be done to get the SDM included?

28. *Do you have trainers that have the capacity to train providers to offer the SDM? Who are they?

29. *In your opinion, what strategy would be most effective for training a large number of providers on the SDM?

30. *Are the CHWs/BHWs allowed to offer the SDM?

Other Sectors

31. *Are there any programs, other than health and family planning programs, that could offer the SDM? Probe: for example, pharmacies, agriculture, commercial sector? What can you say about them?

Other affiliated organizations

32. *Do you partner with any other NGOs to provide family planning services? If yes, please specify names.

What role do you think these NGOs have in supporting/providing the SDM?

33. *Do you partner with any community based organizations (CBOs) or faith-based organizations (FBOs) to provide family planning services? If yes, please specify names.

What role do you think these CBOs/FBOs have in supporting the SDM?

Funding

34. Does your budget include provision for SDM training and commodities?
If yes, where does it come from?

35. Is it sufficient to cover your SDM-related services?
If yes, how do you allocate your budget? What goes towards FP supplies/commodities?
If no, are you exploring the possibility of allocating funds?

36. What other sources of funds could you explore to help with including SDM in family planning programs? (probe with donors: USAID or UNFPA)

Wrap-up

37. Now that SDM has been introduced and tested, what do you see as the next steps for SDM programs in this area?

38. From your perspective, are there any other issues around SDM integration that we haven't discussed so far that you think are important?

Thank you for your time and cooperation.

Appendix I: Philippines Stakeholder Interviews: Program Managers 2009

Philippines Stakeholder Interviews:
Program Managers (DOH and NGO)

Name of Person Interviewed:

Title:

Institution or organization:

Province/State/Department:

District:

Contact Information:

Date of Interview:

Name of Interviewer:

Organizational Profile *(Can be completed as much as possible prior to the interview)*

1. What services does your program provide?
 - a. FP (counseling and all methods – specify which ones)
 - b. Other reproductive health services (OB/GYN services)
 - c. Adolescent reproductive health
 - d. Community Based Programs for FP/RH (CBD, Community-based education – IEC/Promoters, TBA, etc.)
 - e. Social Marketing
 - f. Pre- and post-natal care
 - g. STI and/or VCT
 - h. Others (specify)

2. What populations does your program serve? (Probe with: low-income women, youth, rural indigenous populations, etc.)

3. What geographic area and population size do you serve? (include total population of entire area)

4. Does your program provide facility or community-based services? Please explain.

SDM

5. *Have you ever heard of the Standard Days Method (SDM)?
If yes, what can you say about it?

6. *Do you think that providing the SDM would strengthen family planning programs in the Philippines? In what way?

7. *What do you think are the advantages of including SDM in health programs?

8. *What do you think are the disadvantages of the SDM?

Political Considerations & Constraints

9. Who do you consider to be potential allies/champions in the effort to include the SDM into family planning programs? Could you explain why and how they have been champions/allies?

10. Who might be opposed to including SDM in family planning programs? Why?

11. What other barriers are there to including SDM in family planning programs? Can you explain how you think we can address these barriers?

12. Are there any ways you could suggest to reduce these potential barriers?

13. Do you provide SDM services? If yes, please describe how you offer SDM and engage the community. If not, would you have interest in providing SDM services in the future? (skip 15 if answer no) Why?

14. *What major challenges do you face with respect to providing services on the SDM? Why do you think this is the case? What could be done to overcome these challenges?

Probe: For example, time constraints, staffing levels, capacity development MIS, commodities logistics/distribution system)?

Training and Capacity Building

15. *Is there in-service training of health or other personnel (doctors, nurses, midwives, etc.) in your organization or area? *Obtain copies of curriculum if possible.*

If yes, when does it happen?

Is the SDM included? If no, what can be done to get the SDM included?

16. *Do you have trainers that have the capacity to train providers to offer the SDM? Who are they? How do they provide the SDM to the community, through what programs?

17. *Do CHWs/BHWs offer the SDM through your organization or in your area? If not, how can CHWs/BHWs be engaged to offer the SDM?

Wrap-Up

18. Now that SDM has been introduced and tested, what do you see as the next steps for SDM programs in this area?

19. From your perspective, are there any other issues around SDM integration that we haven't discussed so far that you think are important?

Thank you for your time and cooperation.

Appendix J: Philippines Provider Interview

June 5, 2008

Philippines SDM Provider Interview

Provider Interview

Provider ID _____ HEALTH FACILITY VISITED (NAME) _____ HEALTH FACILITY CODE REGION URBAN/RURAL (URBAN=1, RURAL=2) LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	<table style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>									
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TYPE OF SECTOR 01 = Government/Public 02 = FPA - Family Planning Association 03 = Mission/FBO - Faith-based Organization 04 = NGO - Non-governmental Organization 05 Other _____		<table style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>								
INTERVIEWER'S NAME _____										
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR _____ _____								
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SECTION 1 SERVICE PROVISION AND TRAINING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	Designation of staff member:	1 = Doctor <input style="float: right;" type="checkbox"/> 2 = Nurse 3 = Midwife 4 = CHW/BHW 5 = Other _____	
101	I would like to ask you about family planning services you provide in this facility. Do you yourself provide family planning ?	Yes 1 <input type="checkbox"/> No 2	→ If no, end
102	In the last 3 months have you provided family planning to clients?	Yes 1 <input type="checkbox"/> No 2	→ If no, go to 104
103	If yes, in the last 3 months, have you yourself provided _____? (Read the options to the right)	a. Pills Yes = 1 <input type="checkbox"/> No = 2 b. LAM Yes = 1 <input type="checkbox"/> No = 2 c. Condoms Yes = 1 <input type="checkbox"/> No = 2 d. Injectables Yes = 1 <input type="checkbox"/> No = 2 e. SDM Yes = 1 <input type="checkbox"/> No = 2	
104	How long have you been working here at this facility?	If less than 1 year, write 00. <input style="width: 40px; height: 20px;" type="text"/> years	
105	How many years ago did you finish your basic family planning training?	Less than 1 year of training write 00. <input style="width: 40px; height: 20px;" type="text"/> years	
106	Did your basic training cover the following family planning methods?	a. Pills Yes = 1 <input type="checkbox"/> No = 2 b. LAM Yes = 1 <input type="checkbox"/> No = 2 c. Condoms Yes = 1 <input type="checkbox"/> No = 2 d. Injectables Yes = 1 <input type="checkbox"/> No = 2 e. SDM Yes = 1 <input type="checkbox"/> No = 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	How many years ago was your SDM training?	If less than 1 year, write 00. <input type="text"/> <input type="text"/> years	
108	How long was your SDM training session?	If less than 1 day, write 00. <input type="text"/> <input type="text"/> Days	
109	Who conducted your SDM training?	1=IRH 2=DOH 3=MSH 4=Other _____ <input type="text"/>	
110	In 2007, did you receive any refresher training on the following family planning methods?	a. Pills Yes = 1 <input type="checkbox"/> No = 2 <input type="checkbox"/> b. LAM Yes = 1 <input type="checkbox"/> No = 2 <input type="checkbox"/> c. Condoms Yes = 1 <input type="checkbox"/> No = 2 <input type="checkbox"/> d. Injectables Yes = 1 <input type="checkbox"/> No = 2 <input type="checkbox"/> e. SDM Yes = 1 <input type="checkbox"/> No = 2 <input type="checkbox"/>	

SECTION 2 SDM COUNSELING

Instructions: Tell the Provider, "Pretend that I would like to use SDM. Could you please explain to me how to use the Cyclebeads?" (Give the provider a set of CycleBeads to use in the demonstration).
Mark "yes" for every correct statement given.

Questions and Filters	Coding categories	Skips
Q 200		
a. CycleBeads represent the menstrual cycle	Yes 1 No 2	<input type="checkbox"/>
b. The first day of your period, move the band to the red bead	Yes 1 No 2	<input type="checkbox"/>
c. Mark this day on your calendar	Yes 1 No 2	<input type="checkbox"/>
d. Move the band to the next bead every day	Yes 1 No 2	<input type="checkbox"/>
e. Always move the band in the direction of the arrow	Yes 1 No 2	<input type="checkbox"/>
f. During the white bead days, you can get pregnant	Yes 1 No 2	<input type="checkbox"/>
g. Abstain from sexual intercourse on white bead days	Yes 1 No 2	<input type="checkbox"/>
h. During the brown bead days, a pregnancy is not likely	Yes 1 No 2	<input type="checkbox"/>
i. You can have sexual intercourse on the brown bead days	Yes 1 No 2	<input type="checkbox"/>
j. At the start of your next period, move the band to the red bead, skipping any remaining beads	Yes 1 No 2	<input type="checkbox"/>
k. If your period starts before the band is on the dark brown bead, your cycle is too short to use this method	Yes 1 No 2	<input type="checkbox"/>
l. If your period does not start the day after you put the band on the last brown bead, your cycle is too long for this method	Yes 1 No 2	<input type="checkbox"/>
<i>Interviewer: circle the answer stated by the provider. Do not read the responses.</i>		
201. What should a woman do if she does not remember if she moved the band or not?		
a. Check her calendar and count how many days have gone by since the first day of last period.	Yes 1 No 2	
b. Count the same number of beads and place the ring on the correct day.	Yes 1 No 2	
202. What two requirements are necessary to use this method?		
a. A cycle is 26 to 32 days long or it comes about once a month.	Yes 1 No 2	
b. The woman and her partner can abstain on the days she can get pregnant	Yes 1 No 2	

<p>203. How do you know if a woman's cycle is the right length?</p> <p>a. If her period comes about once a month</p> <p>b. If her period comes when she expects it.</p> <p>c. Calculate the number of days between the first day of the last menstrual period and when she expects her next period (if her period comes anytime from the dark brown bead to the black barrel)</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>	
<p>204. If a woman remembers the date of her last period, when can she begin using SDM?</p> <p>a. She can begin using it immediately.</p>	<p>Yes 1 No 2</p>	
<p>205. If she does not remember the date of her last period, when should she start?</p> <p>a. She can begin using the method when her next period starts</p> <p>b. Advise her she should abstain in the meantime</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p>	
<p>206. If a woman meets the eligibility criteria for CycleBeads, but does not remember the first day of her last period, do you give her CycleBeads?</p> <p>a. Yes, but advise her to begin using CycleBeads the day her next period starts</p>	<p>Yes 1 No 2</p>	
<p>207. What would you tell a woman who wants to use CycleBeads but does not know the exact length of her cycle? (Don't read responses, mark all that apply)</p>	<p>1 = Offer the method 2 = Refuse her the method 3 = Tell her to return when she has her periods 4 = Tell her to track her cycles 5 = Ask her if her periods come generally when she expects them every month 6 = Refer her to the health facility 7 = Other (specify) _____</p>	
<p>208 Do you offer CycleBeads if a client's partner doesn't receive counseling?</p>	<p>Yes 1 No 2</p>	
<p>209 When can a woman who is breastfeeding or postpartum start using the method?</p> <p>a. When she has had at least 4 periods since her baby was born</p> <p>b. If the time between her last 2 periods was about 1 month</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p>	

<p>210 When can a woman who recently used the Pill use CycleBeads?</p> <p>a. If her cycles were between 26-32 days before using the Pill</p>	<p>Yes 1</p> <p>No 2</p>
<p>211 When can a woman who has discontinued use of a three-month injectable (Depo-Provera) use CycleBeads?</p> <p>a. Once three months have passed since her last injection</p> <p>b. If her periods have returned</p> <p>c. If her last cycle was between 26-32 days</p>	<p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p>
<p>212 When do you tell women they should come back to see you?</p> <p>a. If her period does not start the day after putting the ring on the last brown bead (Her cycle is too long)</p> <p>b. If her period comes before she puts the ring on the dark brown bead (Her cycle is too short)</p> <p>c. If the couple cannot abstain on the white bead days and want to switch to a different method</p>	<p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p>

SECTION 3 SDM ADVANTAGES & DISADVANTAGES			
	Questions and Filters	Coding categories	Skips
300	<p>When counseling women on family planning how often do you tell them about SDM?</p> <p>All of the time, most of the time, some of the time, almost never, or never?</p>	<p>1=All the time</p> <p>2=Most of the time</p> <p>3=Some of the time</p> <p>4=Almost never</p> <p>5=Never</p>	<input type="checkbox"/>
301	<p>Why do you think you are not able to tell clients about SDM more often?</p> <p>(Don't read answers)</p> <p>(Multiple responses, allow to be said spontaneously)</p> <p>(Circle all responses stated by provider)</p>	<p>1=It is not available</p> <p>2=Only tell new clients about SDM</p> <p>3=Clients don't ask for it</p> <p>4=I am not trained on SDM</p> <p>5=I disapprove of SDM</p> <p>6=Cycle Beads not available</p> <p>7=Other</p> <p>_____</p>	<input type="checkbox"/>
302	<p>When you tell clients about SDM, are they interested in learning more about the method?</p>	<p>Yes = 1</p> <p>No = 2</p> <p>Some are , some are not = 3</p>	<input type="checkbox"/>

303	Why do you think clients choose SDM? (circle all reasons stated by the provider)	1 = low cost 2 = no side effects or bad health effects 3 = involves partner <input type="checkbox"/> 4 = partner likes the method 5 = no resupply 6 = doesn't interfere with breastfeeding 7=acceptable to the Church/religion 8 = Other_____	
304	Are there any reasons why you think clients don't want SDM? (circle all reasons stated by the provider)	1=Lack of information <input type="checkbox"/> 2=Rumors/misconception 3=Can't afford cost 4=Husband does not approve 5=Don't want to abstain 6=Other_____(specify)	
305	What do you think are the advantages of the SDM? (circle all advantages stated by the provider)	1 = low cost 2 = no side effects or bad health effects 3 = involves partner <input type="checkbox"/> 4 = partner likes the method 5 = no resupply 6 = doesn't interfere with breastfeeding 7=acceptable to the Church/religion 8 = Other_____	
306	What do you think are disadvantages of SDM?	1 = difficult to use/abstain <input type="checkbox"/> 2 = difficult to teach 3 = involves partner 4 = partner doesn't like the method 5 = expensive 6= Other_____	

307	What are the main highlights of offering the SDM? Please explain. _____ _____ _____
308	What are the main challenges that you have faced in providing SDM services? Please explain. _____ _____ _____
309	How supportive has your community been to SDM? Please explain. _____ _____ _____

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