

Feasibility and Potential for Introducing a User Card for the Standard Days Method[®] (SDM)

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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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Introduction

The Standard Days Method® (SDM), a fertility awareness-based family planning method, unlike other modern contraceptive methods, requires no commodity for its use. However, to facilitate teaching men and women about the SDM, the Institute for Reproductive Health, Georgetown University (IRH) developed a string of color-coded beads – CycleBeads® - a visual aid to track fertile days of the menstrual cycle. CycleBeads are low-cost and, unlike many family planning methods, involve a one-time purchase, eliminating the burden of contraceptive re-supply. Recently, CycleBeads were added to USAID's commodity procurement process, which is expected to expand their availability in the next years as they become an accepted part of reproductive health programming. However, because cost, access and/or availability could be problematic in some resource-poor and/or post-conflict settings, an SDM user card with a printed image of CycleBeads was developed as an alternative.

The SDM user card includes instructions and a black and white image of CycleBeads using different shapes (circles, squares, and a droplet symbol representing the first day of the menstrual period) to help women track their menstrual cycle on paper, identify their fertile days, and recognize whether the method is suitable for them over time depending on their cycle length. This black and white design, rather than a potentially more attractive color version, was chosen to lower cost and increase access through black-and white paper copies. The SDM user card has been pre-tested and validated in selected sites in Guatemala and El Salvador. Results indicate that the instructions and concepts on the SDM user card are easy to follow. In Guatemala, a study which compared this approach with CycleBeads revealed that both tools are effective in helping couples use the SDM successfully. Further, there were small differences in acceptability, partner involvement and provider attitudes between CycleBeads and the SDM user card; although a significant number of study participants chose to switch from the SDM user card to CycleBeads.

As demand for SDM increases with FAM Project scale-up efforts, financially hard-pressed governments have asked whether there are alternatives to CycleBeads and further, if SDM could be offered at an even lower cost. CycleBeads, a low cost commodity (approximately US \$1) that can be used repeatedly over an indefinite period of time, is much less expensive than virtually any other family planning method (Gribble et al, 2008). However, they currently are not available to some populations residing in rural and/or conflict settings. This needs assessment will ascertain the potential feasibility, benefits, and challenges of introducing the SDM user card to facilitate SDM scale-up in some settings.

Objectives

The primary objectives of the needs assessment are to:

1. Assess the opinion of stakeholders' regarding whether introduction of the SDM user card would be strategic, as an alternative to CycleBeads, particularly in populations residing in isolated rural and/or post conflict settings, and to determine key stakeholders' perceptions regarding feasibility (defined as logistics /cost of reproduction, and acceptance) of introducing the SDM user card
2. Explore potential benefits and disadvantages of introducing the SDM user card for SDM scale-up
3. Identify 1-2 settings and programs potentially appropriate for the introduction of the SDM user card and determine which areas are most advisable
4. Identify research questions and evidence needed to offer the SDM user card as a viable alternative to CycleBeads, particularly in areas where access and availability of CycleBeads is challenging, difficult, or nonexistent or as an option not culturally appropriate or appealing.

Methodology and Timeframe

In February-March 2009, 16 telephone and face-to-face semi-structured interviews were conducted with IRH country representatives (from both IRH U.S. and field offices), and key stakeholders/partners in Mali, Rwanda, Guatemala, Democratic Republic of Congo, India and Philippines, where IRH is active and CycleBeads are relatively well known. Further, 17 identified key stakeholders/partners from non-governmental organizations and educational institutions, with a potential interest in the SDM user card in Senegal, Malawi, Kenya, Peru, U.S. and Europe, were interviewed in April-June 2009, following IRH staff interviews. Results from these interviews will be utilized to determine the potential role of the SDM user card and guide decision-making on whether to proceed with pilot introduction of the SDM user card in selected sites. Our findings will provide pertinent information as to next steps in generating and providing evidence for use and scale-up of the SDM user card in selected countries. Subsequently, the development of a research protocol and tools for pilot introduction of the SDM user card will be planned based on results from interviews.

Background and Rationale for the SDM User Card

CycleBeads are manufactured for world-wide procurement by Cycle Technologies, the licensed manufacturer, which utilizes factories in Hong Kong and Peru. Recently Cycle Technologies has sublicensed Hindustan Latex Limited (HLL) to locally manufacture and distribute CycleBeads in India.

Historically, CycleBeads were purchased by IRH, cooperating agencies and others for relatively small-scale use in their projects and were not widely available for larger scale programming. In January 2009, the USAID, Global Health Bureau, Office of Population and Reproductive Health awarded a new contract for procuring CycleBeads to Cycle Technologies. Currently, USAID missions can procure CycleBeads through John Snow, DELIVER, Central Contraceptive Procurement Project (CCP), through the same procurement process used for other contraceptive methods. The availability of this procurement mechanism has had a significant impact in availability of CycleBeads in countries in which USAID missions are aware of it and have included CycleBeads in their procurement plans.

However, in countries without a USAID mission which do not procure contraceptive commodities, having sufficient CycleBeads for programs to use is challenging. In other situations, USAID procurement may focus only on needs of the government or large non-governmental organizations (NGOs) services, leaving smaller organizations without supplies of CycleBeads. This has proved challenging in some countries. In the past three years, in countries where IRH is active and/or there is local interest in SDM, some non-governmental and/or local organizations that have offered CycleBeads no longer do so because of stock outs. For example, in India, some organizations and private sector providers (e.g. URMUL in Rajasthan, PREM in Orissa, Pathfinder in Bihar, and CARE in Uttar Pradesh, India) no longer offer SDM due to a lack of CycleBeads. In Senegal, Management Sciences for Health (MSH), Christian Children's Fund (CCF), Cannah and Intrahealth had previously offered CycleBeads but no longer do so primarily due to lack of CycleBeads. In several countries, (e.g., Peru, Nicaragua, Bolivia and Guatemala) small local organizations or NGOs that do not procure CycleBeads through the USAID delivery mechanism and lack other international support are particularly vulnerable to shortages of supplies.

Results

A. Expanding Access to SDM through the SDM User Card

Perceptions of stakeholders regarding expanding access to SDM through the SDM user card were largely positive. Several stakeholders noted the value of the SDM user card as a viable solution for couples who have limited access to health services. It can also provide an alternative means to attract more users to SDM, as a family planning method.

Table 1 Perceptions of stakeholders on the SDM User Card, by type and topic

	Donors (N = 2)	IRH (N = 16)	NGO and government (N = 17)
Expands Access	Positive: 2	Positive: 8 For some: 5 Negative: 3	Positive: 9 For some: 3 Negative: 5
Appropriate for Systems/ Programs	Positive: 2	Positive: 3 For some: 10 Negative: 3	Positive: 3 For some: 11 Negative: 3
Appropriate for Clients	Positive: 2	Positive: 3 For some: 10 Negative: 3	Positive: 3 For some: 11 Negative: 3

However, most voiced caution that the SDM user card may be not appropriate for all. Careful consideration of factors affecting access, such as exposure of the population to CycleBeads, literacy levels, type of programs and cost of introduction of the SDM user card is needed. Those who expressed hesitancy tended to have a balanced view of positive and negative aspects of the SDM user card. IRH respondents tended to share this perspective. Other stakeholders from NGOs, especially those working in field programs in areas where access to CycleBeads is challenging, viewed the SDM user card more positively. Positive stakeholders tended to favor the card in general, though most specified a particular niche of programs and subgroups of the population the SDM user card would best serve.

Study respondents were asked their opinion of the advantages and disadvantages of the SDM user card in comparison to CycleBeads (see Table 2). Stakeholders had varying degrees

of knowledge, exposure and experience with the SDM and CycleBeads, which may have influenced their perceptions.

Table 2. Perceived Advantages and Disadvantages of the SDM User Card vs. CycleBeads	
Advantages	Disadvantages
Policy level	
<ul style="list-style-type: none"> ▪ Greater accessibility ▪ Quicker distribution to those without health services 	<ul style="list-style-type: none"> ▪ Problematic to manage locally – requires coordination to get to health center ▪ Logistics may be difficult
Health Systems level	
<ul style="list-style-type: none"> ▪ Low cost - (depended on features of user card) ▪ Ease in reproduction locally ▪ Clients can be given 2 cards at one visit (1 year supply) ▪ No procurement of commodity ▪ Instructions for use on the card 	<ul style="list-style-type: none"> ▪ Lack of monetary value – not useful in social marketing/those selling supplies ▪ Photocopier not always available, paper can be expensive ▪ Re-supply requires return to source of card ▪ Paper requires procurement ▪ May require more counseling
Client level	
<ul style="list-style-type: none"> ▪ Ease of storage (e.g. purse) ▪ Confidentiality and privacy ▪ Appropriate for those individuals who can write/mark, use pen/pencil ▪ May facilitate couple communication (husband/partner can help fill card) ▪ Providers/users could photocopy ▪ Ease of tracking cycles, provides record 	<ul style="list-style-type: none"> ▪ Easy to lose/damage ▪ Not attractive/lacks visual appeal of CBs ▪ Not appropriate for low-literacy setting ▪ May be more difficult to share with partner ▪ Providers/users may not have access to photocopier

B. Health Systems Issues for Introduction of the SDM User Card

“Health providers have a preference for CycleBeads; they are more user-friendly and easier to explain. It is easier if they have never seen CycleBeads – there is no comparison.”

Stakeholder, NGO, Africa

The value of the SDM user card, issues of integration of CycleBeads in logistics and procurement systems, the impact on the private sector and social marketing initiatives, cost considerations and direct-to-consumer approaches were health systems issues addressed by stakeholders.

Value The majority of IRH staff felt the SDM user card would face some resistance from health workers, community health workers (CHWs) and clients (Table 3). Many contextualized their responses as dependent on exposure and access to CycleBeads, literacy levels and perceived acceptability among clients, as well as time required for counseling. A preference for CycleBeads was stated by some stakeholders working in field programs, given they aid in explanation of SDM in a simple and straight forward manner. CycleBeads can be “touched” by the provider and client, hung in a visible location, and are valued (obtained via fee for service), with the “pull factor” of being “nice,” “novel,” and “pretty/attractive”.

On the other hand, about one-third of the stakeholders from other organizations/ partner institutions felt health workers, CHWs, and clients would respond positively to the SDM user card, though they also share the concerns of IRH respondents. A preliminary assessment/ test with an orientation or training to the SDM user card was recommended by a few respondents, as necessary to understand health providers’ and CHWs needs, level of comprehension and ability to counsel potential clients using the card. As is the case with the insert that accompanies CycleBeads, the SDM user card may take the place of counseling, or fill any gaps in counseling – as the card is considered to be easy to use with instructions printed on card to guide the health provider.

Table 3 Perceptions of Stakeholders Regarding Potential Response of Providers, CHWs and Client to the SDM User Card, by type of Stakeholder

	Donors (N = 2)	IRH (N = 16)	NGO and government (N = 17)
Health Provider	Positive: 2	Positive: 0 It depends: 9 Negative: 7	Positive: 6 It depends: 9 Negative: 2
Community Health Worker (CHW)	Positive: 2	Positive: 0 It depends: 11 Negative: 5	Positive: 5 It depends: 9 Negative: 3
Clients	Positive: 2	Positive: 1 It depends: 11 Negative: 5	Positive: 6 It depends: 8 Negative: 3

CycleBeads Integration into Logistics and Procurement Systems The SDM user card was considered a good option for areas/programs where procurement of CycleBeads is challenging, from the perspective of study respondents working in field programs. From a donor perspective (N = 2), the biggest problem is the inability to procure CycleBeads, which the SDM user card could address. Most stakeholders recognized that setting up CycleBeads procurement is problematic, due to import taxes, logistics, storage issues and distribution.

In addition, seven of 15 IRH staff expressed concerns that introduction of the SDM User Card in countries where IRH works could undermine current efforts to make CycleBeads available widely through local production in India or social marketing endeavors or that it could contradict efforts to include CycleBeads in procurement systems at the country program/ Ministry of Health level. One donor is comfortable with the SDM user card as complementary to CycleBeads, as it is an option that maximizes the number of couples/women who may choose SDM and given their given experience with family planning (most SDM users are new to family planning).

“...the more versions the better”. “People will procure what they want to – so we should not worry who is purchasing CycleBeads. We can ...reach people that have difficulty accessing beads through distance to health centers, non-availability of CycleBeads or price. Expanding access would be like having 3 kinds of pills – from least expensive, to middle priced to expensive – you can provide it [the SDM] in a range of ways. “ – Donor, U.S.

Social Marketing Stakeholders’ views were largely positive about offering CycleBeads and the SDM user card through targeted social marketing efforts. Eight out of 15 respondents from IRH predicted that introduction of the SDM user card may coexist with CycleBeads and be offered in different settings or targeted toward different subgroups. The importance of market segmentation of the SDM user Card and CycleBeads resonated among many stakeholders, in terms of the need to market CycleBeads to women who can afford to pay for the commodity and to give the SDM user card free-of-charge to others.

Seven IRH staff shared contrasting views, suggesting that the SDM user card would compete with CycleBeads. Others felt that the impact was dependent on the social marketing program and the promotion of CycleBeads vs. the SDM user card, while a few IRH respondents perceived that there would be no interest/profit from social marketing the SDM user card. A minority suggested that the SDM user card could be positioned as a “back-up” for CycleBeads and CycleBeads as a “back-up” to the card, in the case of stock-outs. Donors (N = 2) were split. One felt the card could be introduced as a variation to CycleBeads, while the other expressed that if the SDM user card was introduced side by side with CycleBeads there may be a negative reaction. It could be problematic if some couples pay for CycleBeads and others receive the SDM user card free of charge.

“There are no negative impacts; if they cannot buy it [CycleBeads] people should have it [access to the SDM] anyway. The card [SDM User Card] and the beads [CycleBeads] are complementary. For very low income, give them for free. The SDM user card could be a backup method; people try it for a few months/ use it for a while and then could switch to CycleBeads. The beads [CycleBeads] are reusable and can share with friends. One can give friends the card [SDM user card]. Stakeholder, U.S.

Private sector The minimal profit margin from the SDM user card was perceived to have a potential negative effect on the private sector. Several IRH staff cautioned that the lack of profit from the SDM user card could adversely impact distribution by community-based distributors (CBDs) who sell family planning methods. This is of particular relevance given the SDM user card can be easily reproduced and provided free-of-charge. Another stakeholder working in field programs cautioned that if a private sector clinic advertises CycleBeads and clients instead receive the paper version, clients may view the SDM user card as substandard and devalue the method.

“There is a lot of demand for community health workers to make a profit off of selling it[CycleBeads]. If we had the cards [SDM user cards] women would find a way to get it for free but the [community health worker] would lose out” – IRH staff, U.S.

Cost The majority of stakeholders felt that the SDM user card would be easier to reproduce and cheaper to provide than CycleBeads. A minority mentioned that the cost of paper and printing/reproduction, coordination and logistics of supplying health facilities, and ensuring access to working printers as challenges.

“ Paper is a precious commodity, continued printing will also become a challenge, as has been the procurement of CycleBeads.....Procurement of paper is less of a hurdle... would need to be a resource that is available at scale.” – Stakeholder, NGO, U.S.

Direct-to-consumer A small group of stakeholders suggest that direct-to-consumer approaches may be an effective approach to integrating the SDM user card into existing systems and offer the method through non-traditional channels. A few stakeholders recognized that couples could teach themselves how to use the method through the card, as the instructions are written on the tool itself. This could be an advantage over CycleBeads – which are distributed with an

accompanying insert that could potentially be lost. Others mentioned the potential to distribute the user card through stationary stores, pharmacies, newspapers, and other non-traditional channels, in the absence of CycleBeads. An IRH staff member thought the availability of the SDM user card online could expand access and allow students and health providers to print the card.

C. Potential Client Response to SDM User Card

The preference/demand and intrinsic value of the SDM user card, effectiveness of the SDM with use of the card, and the impact of literacy levels and couple communication on correct use of the method were discussed by stakeholders.

Preference/Demand The lack of novelty of the SDM user card, including the absence of color and tactile stimulation that facilitates comprehension was a drawback that was universally expressed by key stakeholders from nongovernmental organizations and partner institutions. Similar views emerged from IRH respondents, including concerns about its appeal and durability and greater difficulty in understanding the method using the SDM user card. Some mentioned the preference for a hands-on visual aid, with which the woman can physically move the ring for each day of the menstrual cycle, as with CycleBeads. This was viewed as an important facet unique to use of the method.

Intrinsic value Stakeholders' perceptions of the value clients may attribute to the SDM user card ranged from potential competition with CycleBeads to a negative influence on the legitimacy of SDM as a method when used with the SDM user card, particularly among those who are familiar with and/or prefer CycleBeads. Respondents from non-governmental organizations differed in their views, although most felt the SDM user card would be positively received. Nearly half of IRH staff agreed.

Six IRH staff expressed concern that the SDM user card may cause others to view the SDM as a difficult/ complicated family planning method or see the SDM user card as an entirely different family planning method, separate from the SDM/CycleBeads. One participant expressed concern that the SDM user card may not be perceived as a method in some settings, which could damage SDM's image. Another IRH respondent thought the SDM user card could diminish the method due to a possible lower value placed on it – which may result in couples/women losing interest in SDM use over time. Several (N = 4) stakeholders from NGOs

voiced concerns about “cheapening” the image of SDM, reducing the “prestige” of the actual CycleBeads, and the fact that the SDM User Card symbols could potentially be confusing. It was perceived that the SDM is “synonymous” with CycleBeads and no image of CycleBeads is displayed on the card.

“The card uses symbols and they could confuse them. Women could think that CycleBeads and the card are a different method. If countries could do it with the actual image of CycleBeads, instead of symbols in black and white, it could just be seen as a back up to CycleBeads.” IRH U.S. staff

Effectiveness The need to convey the message that SDM as the same method (with no difference in effectiveness or quality) whether used with CycleBeads or the user card was mentioned by a number of stakeholders from organizations/ partner institutions (N = 6) and well as donors (N = 2) and one IRH respondent.

Correct use: literacy levels and couple communication Most respondents felt that literacy levels must be sufficient to facilitate comprehension and use of the card. The SDM user card would require that a person know how to make markings on the card, which may be difficult for individuals unaccustomed to writing. One respondent mentioned that the SDM user card may be difficult for users who have trouble understanding shapes. For illiterate clients who might not understand the concept of tracking menstrual cycles every month using a paper-based tool, CycleBeads were generally considered more “user-friendly” and easier to understand. Some IRH staff (N = 6) and a few stakeholders from organizations (N = 3) expressed the opinion that the user card should be an available option for all couples, regardless of literacy level or prior exposure to CycleBeads and SDM.

Another critical issue is the role of CycleBeads and the user card to facilitate couple communication and correct use. Several IRH staff and other stakeholders/partners reported that CycleBeads serves as a visual aid to help couples talk about the method and discuss how to manage the fertile days of the menstrual cycle. It was also noted that men can see when a woman is on a fertile day, and help move the ring each day to the next bead, which can facilitate his understanding of his role in avoiding pregnancy (e.g. abstain from sex, or use a barrier method – condom).

“CycleBeads are more attractive and men can see the glowing white beads at night and talk to their wives about what the beads mean.” Stakeholder, NGO, Africa

On the other hand, a few stakeholders from other organizations recognized that the SDM user card could help facilitate couple communication in a different way from CycleBeads, as the husband/partner can help fill out the card or remind/help the woman mark the symbols. One respondent from a NGO that works in field programs mentioned that the couple can look at the SDM user card together and establish patterns of the woman’s menstrual cycle.

D. Strategic Introduction of the SDM User Card

“If they have never been exposed to CycleBeads, the SDM user card may be very attractive to them. They would find it easy to use and a nice record of their cycles and it is inexpensive. If women have seen CycleBeads, if there are stock outs and we have the card instead, she is using it [the SDM user card] for the first time, and would use it and keep track of it.”

- IRH staff, U.S.

Stakeholders’ views of promising sites for SDM user card introduction depended on level of prior exposure to CycleBeads, access/availability of health services and whether procurement of CycleBeads was challenging. IRH and other stakeholders/partners felt introduction of the SDM user card would be beneficial in populations groups/settings without prior exposure to CycleBeads, assuming existing preference to CycleBeads would exist. If couples have knowledge or are aware of CycleBeads, they may prefer the “necklace” to the card. A minority of respondents conveyed an opposing view - women who have never seen CycleBeads may have difficulty understanding the concepts presented in the SDM user card. Several respondents suggested offering the SDM user card with CycleBeads or offering both options within the same programs.

Extremely difficult or post-conflict settings with no functioning distribution system (areas of Congo), isolated rural areas (Uganda, Nigeria), areas with stock outs or difficulties in procurement (Peru), and community-based settings (e.g. community outreach workers in Uganda) were suggested as potential sites for introduction of the SDM user card. Among these settings, a few stakeholders stressed the importance of targeting programs where a card based

system for tracking health information is already in place (e.g. Road to Health cards, immunization cards).

Respondents varied in their views on whom the SDM user card should be given to and how it should be distributed. Most stakeholders considered a variety of service delivery and non-traditional settings appropriate for offering the SDM user card, from community based services, clinics, and maternity wards to stationary stores and pharmacies. Five respondents from IRH and two donors emphasized that small reproductive health programs with difficulties securing international funding for CycleBeads procurement could benefit from the SDM user card. Several respondents stressed the importance of focusing on religious groups, traditional communities, and areas where family planning use is low or non-existent. However, a minority of respondents felt that the distribution of the SDM user card should not be restricted to specific groups.

According to respondents, the introduction of the SDM user card would require support from IRH to provide the card (electronic copy) and technical assistance (how to counsel using the card), monitor quality of services, and provide guidance on promotion, as was done previously with the introduction of CycleBeads. This would include providing programs a brief guide on how to use, adapt and reproduce the user card. One respondent identified the need to designate in-country personnel to help to integrate the card into services. This would require advocacy, orientation and formal discussions with Ministry of Health, USAID, UNICEF, UNFPA, and the media.

E. Strategies for Moving Forward with SDM user card introduction

“I think in order for the expansion to happen –it is not a matter of having the box of cards in the health center – it is a matter of finding strategies..... that may be feasible, for diffusing it and where would you place this without the dependency on the provider....”

– IRH staff, Washington

Testing the SDM user card About one-third of all respondents felt that determining the best process for introducing of the SDM user card requires testing and further examination. The first step would be to adapt and test the SDM user card to the local context of the specified setting – especially user comprehension. The development of a low literacy version of the SDM user

card was also recommended by a few respondents, as an important element of expansion. Specifically, the card could be adapted to local context and language, taking into consideration the amount of text, images, and colors that would appeal to a specific population. A few IRH staff (N = 2) expressed that a simple, innovative way of presenting the SDM user card is needed to facilitate understanding, confidence and reliability in the SDM. Donors (N = 2) stressed the importance of explaining through information, education and communication (IEC) that the SDM user card is not of lower quality compared to CycleBeads.

“Expanding access needs to be tested.” What happens when the card and CycleBeads are available? Some women many love pushing the ring and don’t want to mark a card [SDM User Card], there is sense to have two systems – one for low literacy persons and another group of women...however will donors procure the them [SDM user cards]? ...Could run into a bottleneck if it is not perceived as a [family planning] method per se..”

- Stakeholder, NGO, U.S.

Generating Evidence

From the perspectives of the respondents, evidence on the SDM user card would help stakeholders, health providers and potential users understand the value of SDM when offered and used in conjunction with the user card. The essential issues that stakeholders suggest be addressed through research include: uptake (number of users of the SDM user card), correct use with and/or without counseling, failure rate (in comparison to CycleBeads), cost (logistics/ procurement), acceptability (value of a paper article), as well as promotion and marketing. Several IRH staff mentioned the need to gather data on the same parameters that have been collected on CycleBeads. Comparisons could be made on characteristics of users of the card compared to users of CycleBeads. Further, many respondents considered understanding how the SDM user card influences couple communication as an important piece of research.

Testing the user card in a variety of service delivery settings (public, private, clinic and community) and countries was recommended by others. It was noted that research could be conducted in atypical non-service delivery settings with the potential for wide distribution, including pharmacies and universities.

Respondents differed markedly in their suggestions for study design. Some felt introducing the card in a setting where SDM has not had exposure and documenting what occurs would be worthwhile. Others thought a comparative study evaluating the SDM user card vs. CycleBeads in a specified population/context would be valuable. Focus groups/ in-depth interviews with potential users to test the card, and then to determine acceptability of the card would be sufficient, according to several respondents, as a body of evidence would not be required.

Table 4 presents potential research topics on the SDM user card, in order of priority, based on stakeholders' perceived importance:

Table 4 Potential Research Topics on the SDM User Card, ranked by frequency recommended by stakeholders
1. Acceptability
2. Cost of logistics and procurement
3. Effectiveness and failure rates of SDM user card, in comparison to CycleBeads
4. Uptake <ul style="list-style-type: none">a. Variety of settings (e.g. public, private, clinics, pharmacies, universities)b. Select countries
5. Correct use with/without counseling, in comparison to CycleBeads
6. Comparison of user characteristics, SDM user card vs. CycleBeads
7. Impact on couple communication
8. Promotion and marketing strategies advertising the SDM user card

Discussion

Expanding access to SDM through the SDM user card Most respondents felt the SDM user card could contribute to broader access to SDM. Some factors included determining a target niche population based on literacy levels and prior exposure to/or preference for CycleBeads and undertaking to resolve logistics and advocacy with stakeholders, providers and communities. This would ensure the SDM user card is both positioned and perceived correctly and positively

Health Systems Issues: It was also noted that introduction may be easier in countries where couples and women are familiar with a card-based system (health cards). In addition, some suggested that the SDM user card could be offered as another option along with CycleBeads. For example, in areas where stock outs of CycleBeads are a problem, the SDM user card could be used as an alternative or “backup.” Similarly, CycleBeads could provide a “backup” to the SDM user card, when photocopies/ user cards are out of stock/temporarily unavailable. Also, the SDM user card could serve a different market segment at low/no cost (keeping in mind costs associated with paper and photocopying), while CycleBeads could be sold to segments of the population that can afford to purchase them. The low profit margin of the SDM user card could affect social marketing of the method and community-based distribution, where FP methods are sold for a fee.

Client Issues Most respondents considered the introduction of the SDM user card feasible among semi-literate to literate populations in areas that have not had prior exposure to CycleBeads. One concern, however, is that the intrinsic value of the SDM user card and its image in comparison to CycleBeads could negatively affect clients’ perceptions of SDM. The view that CycleBeads is “synonymous” with SDM may impact client demand and preference. The effectiveness of the SDM user card on couple communication should be conveyed as equivalent to CycleBeads, which requires further examination to confirm.

Strategic introduction of the SDM user card Respondents recommended introducing the SDM user card in countries or regions where CycleBeads are not widely available. Countries where gains have been made in wide availability of CycleBeads were not seen as appropriate for introduction. Most respondents agreed that the SDM user card should be introduced in areas that have not had exposure to CycleBeads, have low family planning use, and are isolated, rural, or have difficulty with obtaining family planning supplies/commodities.

Strategies for moving forward with introduction of the SDM user card

Stakeholders felt the SDM user card requires redesign and testing as well as generation of evidence on several important parameters, described below.

Redesign and testing the SDM user card

- Most respondents recommended formative research to test how people would use and understand the card and how it will be used (including the specific images and flow).

The following suggestions were offered during the interviews:

- The nomenclature and purpose of the card should be clear (exact use, as memory aide?).
- The card should mention the “necklace” or be named “necklace card”, as CycleBeads are commonly referred to and known as the “necklace”. Several respondents stated that the SDM user card “doesn’t give you a good sense of CycleBeads,” and “must provide an image of the necklace.”
- The text was too small/ too many words and would need to be reduced, to ensure legibility. Translation into local languages was mentioned by most respondents.
- The images would require adaptation to the local context.
- Production in color should be considered – to increase attractiveness and appeal, while weighing increase in cost and difficulty of reproduction.
- Distribute pens/pencils with the SDM User card as well as plastic protectors for the cards to prevent damage (spills, direct sunlight), although this too could significantly affect cost.

Evidence Most felt that evidence should be generated on the acceptability (comprehension), cost, effectiveness and uptake (use) of the SDM user card, although variations existed in respondents perceptions’ of research design.

Considerations

For programs, development of a guide for the SDM user card would address any perceived differences in approach from the SDM user card (in comparison to CycleBeads) and establish a good understanding of how to counsel potential users. Respondents felt that the way various providers explain the card could be explored, as well as information on how users understand and internalize the providers’ explanation. It is important to consider that potential clients may get confused on whether the SDM user card is associated with SDM or may view the SDM user card as another family planning method altogether. Therefore issues of legitimacy of the method should be sufficiently addressed through promotion and marketing strategies and research. Finally, systems and client issues including the environment, the potential for market segmentation of the SDM user card alongside CycleBeads, the presence/ prior exposure to CycleBeads, logistics and costs as well as perceived value, demand and use should be carefully considered prior to strategic introduction of the SDM user card.

Appendix 1 Questionnaires

SDM User Card Needs Assessment Guide – IRH Country Managers (DC and Field)

INTERVIEWER: USE THIS GUIDE TO ASK QUESTIONS AND WRITE YOUR ANSWERS IN A SEPARATE NOTEBOOK. Remember to read the bold-faced statements before asking the questions below. *The probes and reminders for you are in italicized text.*

Thank you again for participating in this interview. First, I would like to ask you a few questions on who is offering and procuring CycleBeads in your country.

Date: _____

Length: _____ **Interviewer:** _____

Name of Person interviewed: _____

Title/ Position: _____

COUNTRY: _____

I. Information on Offering and Procuring CycleBeads/SDM

1. Who is currently offering CycleBeads/SDM in your country?
2. Are there any organizations which have offered CycleBeads in the past 3 years, and are no longer offering it?
3. Who is procuring CycleBeads?

4. Are there any organizations that would like to offer the SDM but cannot procure CycleBeads? (*Probe: Please briefly explain why they cannot procure CycleBeads*).

PLEASE READ TO PERSON YOU INTERVIEW: INTERVIEWER: PLEASE SEND/SHOW THE SDM USER CARD TO THE PERSON YOU ARE INTERVIEWING AND READ THE PARAGRAPH BELOW. ASK THE PERSON TO LOOK AT THE SDM USER CARD WHILE YOU ARE INTERVIEWING THEM.

The SDM user card is a picture of CycleBeads with specific instructions to the user on sturdy paper. It includes six identical illustrations of the beads to use for six menstrual cycles that can be used by a woman/SDM user to track the fertile days of her menstrual cycle. There is also a 12 month calendar so the woman can mark the first day of her menstrual cycle every month. The cost includes the reproduction of the SDM user card with black and white images and instructions on sturdy paper and ensuring the SDM user cards are delivered to health providers and/or community health workers offering the SDM. A woman must return to the health provider, as the SDM user card must be replaced every 6 months. Alternatively she can be given 2 SDM user cards, during her first visit, so she can use the SDM user card for 1 year. Now that I have explained the SDM user card to you, I would like to ask you some questions about your opinion of the SDM user card in comparison to CycleBeads and whether it could be a good idea to use it in programs in your community or in your work. Let's look quickly at the card. I would like to describe the symbols to you on the back. (Interviewer: read the description of each symbol). Do you have any questions for me before we begin the interview?

5. What types of users would use the card? Would they find it appropriate? (*Probe - Would they find the card appealing?*)
6. What types of users would not use the card? Why would they not find it appropriate? (*Probe: What about appeal?*)

III. Providers, Community Health Workers and Men and Women Response to the SDM User Card

Now, I would like to ask you a few questions on how you think providers, community health workers, as well as men and women would react to the SDM user card.

7. How do you think health providers (doctors, nurses, auxiliary nurses) would respond to the card? How would they view the card compared to CycleBeads? *Probe: why?, advantages, disadvantages, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

8. Think about how community health workers would view the card. Do you think community health workers (CHWs) would accept the card and be willing to offer the card to women and men in your community? How would they view the card compared to CycleBeads? *Probe: why?, and ask about advantages, disadvantages, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

9. What about potential users of the SDM? How might they respond to the card? *Probe: users exposed to programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

10. What differences (if any) might there be between men and women and how they respond to the card? *Probe: Would impact the success of the introduction of the card?, level of literacy and how would affect if couples can use the card*

Next, I would like to ask about your opinion of the SDM user card, and what you see as the positive and negative aspects of the SDM user card in your country.

II. Opinions, Benefits and Challenges of the SDM user card

11. In your opinion, what do you see as the potential advantages and disadvantages of the SDM user card in comparison to CycleBeads?

12. Do you think introducing the card would help expand access or further SDM scale-up in your country? Explain
13. Do you think introducing the card would have any negative impacts? *Probe: procurement, social marketing/ private sector initiatives, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs), if there is any competition between the card and the beads, any issues of trust between the card and the CBs?*
14. How could the card affect the image of CycleBeads?
15. What evidence is needed to demonstrate that the card is a feasible desirable and acceptable alternative to CycleBeads? (*Probe: What would they like to know? – cost, like/accept/communication/ effectiveness*)

IV. Potential Programs Offering the SDM User Card

Now, I would like to ask you some questions to determine whether any of the programs you work with in your country might benefit from introducing the SDM user card.

16. Do you think programs would benefit from offering this card?
17. Which programs would benefit from offering the card? (*Probe: why/why not?*)
- a) In what type of settings could the card be introduced? (*Probe: community, clinic, other?*) *Interviewers: Please ask about and write the name of the program (s) that could offer the SDM user card in this way – next to each of the places named.*

- b) Who would offer the card? Which type of providers? (*Probe: Who would more likely offer the SDM user card?*) Interviewers: Please ask about and write the name of the program (s) that could offer the SDM user card in this way – next to each of the providers named)

- c) How would programs reproduce the card? How would they distribute the SDM user cards? How would these costs be covered? What is the estimate of the cost? Interviewers: Please write the name of the program (s) that could reproduce the user card and how they would do this.

- d) What would IRH's role be in helping the program (s) you mentioned offer the card? (*Probe: technical assistance or resources*)

- e) What kind of specific assistance would the program (s) you identified need in order to be able to offer the card?

- f) Do you see any potential issues with introducing the card into existing programs? (*Probe: Describe*)

18. How do you think program managers would respond to the card? (*Probe: why? and please explain which programs and how they would respond, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs))*

Now, I would like to finish our discussion today by asking you a few questions on expanding the user card and to get your final comments.

19. What ways do you see for spreading (or expanding access to) the user card as another option for family planning?

20. Is there anything else you would like to add, before we finish our conversation?

21. Is there anyone else you recommend we should talk to? (*Interviewer: please gather the contact information of persons named by the respondent. The name, title, organization affiliation, phone and email should be collected, where possible. Then, list people who can be interviewed in the second round of interviews (based on the suggested ideas from stakeholders/ country representatives as well as your own ideas).*)

SDM User Card Needs Assessment Guide – High level Stakeholders

INTERVIEWER: USE THIS GUIDE TO ASK QUESTIONS AND WRITE YOUR ANSWERS IN A SEPARATE NOTEBOOK. Remember to read the bold-faced statements before asking the questions below. *The probes and reminders for you are in italicized text.*

Thank you again for participating in this interview. First, I would like to ask you a few questions on who is offering and procuring CycleBeads in programs that you work with or are familiar with in certain countries.

Date: _____

Length: _____ **Interviewer:** _____

Name of Person interviewed: _____

Title/ Position : _____

COUNTRY: _____

I. Information on Offering and Procuring CycleBeads/SDM

1. According to your knowledge, what programs are currently offering CycleBeads/SDM?
2. Are there any organizations which have offered CycleBeads in the past 3 years, and are no longer offering it?
3. Who is procuring CycleBeads?
4. Do you know of any organizations that would like to offer the SDM but cannot procure CycleBeads? (*Probe: Please briefly explain why they cannot procure CycleBeads.*)

PLEASE READ TO PERSON YOU INTERVIEW: INTERVIEWER: PLEASE SEND/SHOW THE SDM USER CARD TO THE PERSON YOU ARE INTERVIEWING AND READ THE PARAGRAPH BELOW. ASK THE PERSON TO LOOK AT THE SDM USER CARD WHILE YOU ARE INTERVIEWING THEM.

The SDM user card is a picture of CycleBeads with specific instructions to the user on sturdy paper. It includes six identical illustrations of the beads to use for six menstrual cycles that can be used by a woman/SDM user to track the fertile days of her menstrual cycle. There is also a 12 month calendar so the woman can mark the first day of her menstrual cycle every month. The cost includes the reproduction of the SDM user card with black and white images and instructions on sturdy paper and ensuring the SDM user cards are delivered to health providers and/or community health workers offering the SDM. A woman must return to the health provider, as the SDM user card must be replaced every 6 months. Alternatively she can be given 2 SDM user cards, during her first visit, so she can use the SDM user card for 1 year. Now that I have explained the SDM user card to you, I would like to ask you some questions about your opinion of the SDM user card in comparison to CycleBeads and whether it could be a good idea to use it in programs in your community or in your work. Let's look quickly at the card. I would like to describe the symbols to you on the back. (Interviewer: read the description of each symbol). Do you have any questions for me before we begin the interview?

5. What types of users would use the card? Would they find it appropriate? (Probe - Would they find the card appealing?)

6. What types of users would not use the card? Why would they not find it appropriate? (Probe: What about appeal?)

II. Providers, Community Health Workers and Men and Women Response to the SDM User Card

Now, I would like to ask you a few questions on how you think providers, community health workers, as well as men and women would react to the SDM user card.

7. How do you think health providers (doctors, nurses, auxiliary nurses) would respond to the card? How would they view the card compared to CycleBeads? *Probe: why?, advantages, disadvantages, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

8. Think about how community health workers would view the card. Do you think community health workers (CHWs) would accept the card and be willing to offer the card to women and men in your community? How would they view the card compared to CycleBeads? *Probe: why?, and ask about advantages, disadvantages, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

9. What about potential users of the SDM? How might they respond to the card? *Probe: users exposed to programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

10. What differences (if any) might there be between men and women and how they respond to the card? *Probe: Would impact the success of the introduction of the card?, level of literacy and how would affect if couples can use the card*

Next, I would like to ask about your opinion of the SDM user card, and what you perceive as the potential positive and negative aspects of the SDM user card, based upon your experience.

III. Opinions, Benefits and Challenges of the SDM user card

11. In your opinion, what do you see as the potential advantages and disadvantages of the SDM user card in comparison to CycleBeads?

12. Do you think introducing the card would help expand access or further SDM scale-up in programs? Explain
13. Do you think introducing the card would have any negative impacts? *Probe: procurement, social marketing/ private sector initiatives, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs), if there is any competition between the card and the beads, any issues of trust between the card and the CBs?*
14. How could the card affect the image of CycleBeads?
15. What evidence is needed to demonstrate that the card is a feasible, desirable and acceptable alternative to CycleBeads? (*Probe: What would they like to know? – cost, like/accept/communication/ effectiveness*)

IV. Potential Programs Offering the SDM User Card

Now, I would like to ask you some questions to determine whether any of the programs you work with or are familiar with might benefit from introducing the SDM user card.

16. Do you think programs would benefit from offering this card? If not, why not?
17. Which programs might benefit from offering the card? Can you please name a few? (*Probe: why/why not?*) (*Interviewer: Now I am going to ask you some questions that pertain to each of the programs and countries that you mentioned*)
- a) In what type of settings could the card be introduced? (*Probe: community, clinic, other?*) *Interviewers: Please ask about and write the name of the*

program (s) that could offer the SDM user card in this way – next to each of the places named.

Note to Interviewer: b,c deleted as not appropriate for high level stakeholders

d) What would the role of IRH be in helping the program introduce the card?
(Probe: technical assistance or resources)

e) What kind of specific assistance would the program (s) you identified need in order to be able to introduce the card?

f) Do you see any potential issues with introducing the card into existing programs? *(Probe: Describe)*

18. How do you think program managers would respond to the card? *(Probe: why? and please explain which programs and how they would respond, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs))*

Now, I would like to finish our discussion today by asking you a few questions on expanding the user card and to get your final comments.

19. What ways do you see for spreading (or expanding access to) the user card as another option for family planning?

20. Is there anything else you would like to add, before we finish our conversation?

21. Is there anyone else you recommend we should talk to? *(Interviewer: please gather the contact information of persons named by the respondent. The name, title, organization*

affiliation, phone and email should be collected, where possible. Then, list people who can be interviewed in the second round of interviews (based on the suggested ideas from stakeholders/ country representatives as well as your own ideas)

SDM User Card Needs Assessment Guide – High level Stakeholders, Round 2

INTERVIEWER: USE THIS GUIDE TO ASK QUESTIONS AND WRITE YOUR ANSWERS IN A SEPARATE NOTEBOOK. Remember to read the bold-faced statements before asking the questions below. *The probes and reminders for you are in italicized text.*

Thank you again for participating in this interview. First, I would like to ask you a few questions on who is offering and procuring CycleBeads in programs that you work with or are familiar with in certain countries.

Date: _____

Length: _____ **Interviewer:** _____

Name of Person interviewed: _____

Title/ Position : _____

COUNTRY: _____

II. Information on Offering and Procuring CycleBeads/SDM

7. According to your knowledge, what programs are currently offering CycleBeads/SDM?
8. Are there any organizations which have offered CycleBeads in the past 3 years, and are no longer offering it?
9. Who is procuring CycleBeads?
10. Do you know of any organizations that would like to offer the SDM but cannot procure CycleBeads? (*Probe: Please briefly explain why they cannot procure CycleBeads.*)

PLEASE READ TO PERSON YOU INTERVIEW: INTERVIEWER: PLEASE SEND/SHOW THE SDM USER CARD TO THE PERSON YOU ARE INTERVIEWING AND READ THE PARAGRAPH BELOW. ASK THE PERSON TO LOOK AT THE SDM USER CARD WHILE YOU ARE INTERVIEWING THEM.

The SDM user card is a picture of CycleBeads with specific instructions to the user on sturdy paper. It includes six identical illustrations of the beads to use for six menstrual cycles that can be used by a woman/SDM user to track the fertile days of her menstrual cycle. There is also a 12 month calendar so the woman can mark the first day of her menstrual cycle every month. The cost includes the reproduction of the SDM user card with black and white images and instructions on sturdy paper and ensuring the SDM user cards are delivered to health providers and/or community health workers offering the SDM. A woman must return to the health provider, as the SDM user card must be replaced every 6 months. Alternatively she can be given 2 SDM user cards, during her first visit, so she can use the SDM user card for 1 year. Now that I have explained the SDM user card to you, I would like to ask you some questions about your opinion of the SDM user card in comparison to CycleBeads and whether it could be a good idea to use it in programs in your community or in your work. Let's look quickly at the card. I would like to describe the symbols to you on the back. (Interviewer: read the description of each symbol). Do you have any questions for me before we begin the interview?

11. What types of users would use the card? Would they find it appropriate? (Probe - Would they find the card appealing?)

12. What types of users would not use the card? Why would they not find it appropriate? (Probe: What about appeal?)

III. Providers, Community Health Workers and Men and Women Response to the SDM User Card

Now, I would like to ask you how you think providers, community health workers would react to the SDM user card.

11. How do you think health providers (doctors, nurses, auxiliary nurses) and community health workers would respond to the card? How would they view the card compared to CycleBeads? *Probe: why?, advantages, disadvantages, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs)*

Next, I would like to ask about your opinion of the SDM user card, and what you perceive as the potential positive and negative aspects of the SDM user card, based upon your experience.

III. Opinions, Benefits and Challenges of the SDM user card

12. In your opinion, what do you see as the potential advantages and disadvantages of the SDM user card in comparison to CycleBeads?
13. Do you think introducing the card would help expand access or further SDM scale-up in programs? Explain
14. Do you think introducing the card would have any negative impacts? *Probe: procurement, social marketing/ private sector initiatives, programs that ever used the beads vs. programs that have never seen CycleBeads (new programs), if there is any competition between the card and the beads, any issues of trust between the card and the CBs?*
15. How could the card affect the image of CycleBeads?

V. Potential Programs Offering the SDM User Card

Now, I would like to ask you some questions to determine whether any of the programs you work with or are familiar with might benefit from introducing the SDM user card.

16. Do you think programs would benefit from offering this card? If not, why not?

17. Which programs might benefit from offering the card? Can you please name a few?
(Probe: why/why not?) (Interviewer: Now I am going to ask you some questions that pertain to each of the programs and countries that you mentioned)

b) In what type of settings could the card be introduced? *(Probe: community, clinic, other?) Interviewers: Please ask about and write the name of the program (s) that could offer the SDM user card in this way – next to each of the places named.*

Now, I would like to finish our discussion today by asking you a few questions on expanding the user card and to get your final comments.

18. What ways do you see for spreading (or expanding access to) the user card as another option for family planning?

19. Is there anything else you would like to add, before we finish our conversation?

Appendix 2. SDM User Cards – English, French Spanish

2004

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	
4	5	6	7	8	9	10	8	9	10	11	12	13	14	7	8	9	10	11	12	13
11	12	13	14	15	16	17	15	16	17	18	19	20	21	14	15	16	17	18	19	20
18	19	20	21	22	23	24	22	23	24	25	26	27	28	21	22	23	24	25	26	27
25	26	27	28	29	30	31	29							28	29	30	31			

April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3						1	2	3	4	5				
4	5	6	7	8	9	10	7	8	9	10	11	12	13	6	7	8	9	10	11	12
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30			
							30	31												

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30		

October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	7	8	9	10	11	12	13	5	6	7	8	9	10	11
11	12	13	14	15	16	17	14	15	16	17	18	19	20	12	13	14	15	16	17	18
18	19	20	21	22	23	24	21	22	23	24	25	26	27	19	20	21	22	23	24	25
25	26	27	28	29	30	31	28	29	30	31				26	27	28	29	30	31	

Messages for my partner

- *Having sex and preventing a pregnancy are decisions we make together.*
- *This method is for both of us because family planning is our responsibility.*
- *To prevent a pregnancy we avoid unprotected sex on the days pregnancy is likely.*
- *We should contact our healthcare provider if we have questions or problems using the method.*

Standard Days Method™ of Family Planning



The necklace helps couples identify easily the days when the woman can get pregnant.

CLIENT CARD

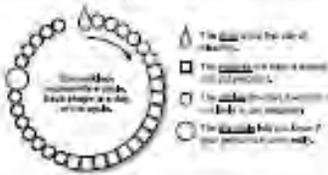
Name _____

Date of first visit _____

Date of follow-up visit _____

The number of pills within a pack of the mini-pill is marked for by the pill number on the side of your pill pack. Each number is marked on the side of a pill pack.

Instructions



1. Always use the pill pack that you received from your provider.

2. Use the pill pack that you received from your provider.



3. If you have a question about the pill pack, please call your provider.



4. To be used when you need a pill pack, please call your provider.



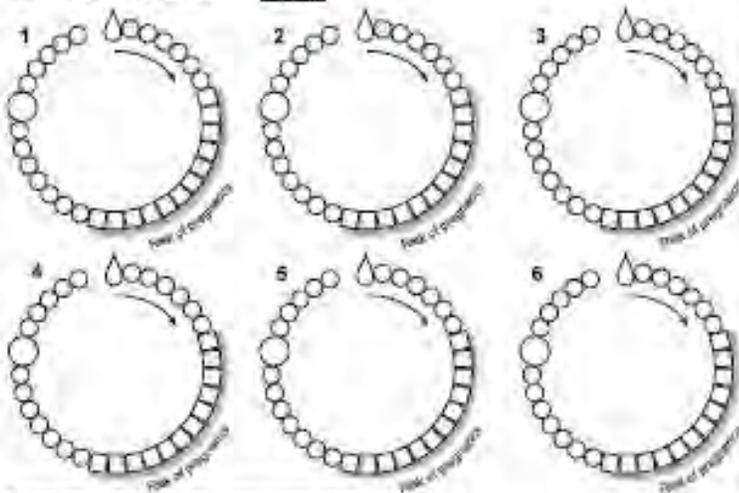
Contact your provider

1. Contact your provider if you have a question about the pill pack.



2. Ask your provider for a new pill pack if you need one.

Always mark on your calendar the first day of your period.



If you forget to mark, follow these instructions:

- 1) Check your calendar for the first day of your period.
- 2) Starting with the day you started your period, count the number of days that you passed including today.
- 3) Then go back to the number, start with the drug and mark the same number of pills.

Return to your provider for a new Card before you finish marking the last medicine.

2009

JANVIER							FEVRIER							MARS						
D	L	M	M	J	V	S	D	L	M	M	J	V	S	D	L	M	M	J	V	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28
25	26	27	28	29	30	31								29	30	31				

AVRIL							MAI							JUN						
D	L	M	M	J	V	S	D	L	M	M	J	V	S	D	L	M	M	J	V	S
			1	2	3	4					1	2		1	2	3	4	5	6	
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30				
							31													

JUILLET							AOÛT							SEPTEMBRE						
D	L	M	M	J	V	S	D	L	M	M	J	V	S	D	L	M	M	J	V	S
			1	2	3	4						1			1	2	3	4	5	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30			
							30	31												

OCTOBRE							NOVEMBRE							DECEMBRE						
D	L	M	M	J	V	S	D	L	M	M	J	V	S	D	L	M	M	J	V	S
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
4	5	6	7	8	9	10	4	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30						27	28	29	30	31		

La Méthode des Jours Fixes® de la Planification Familiale

Messages pour mon partenaire

- Nous décidons ensemble d'avoir les rapports sexuels et devenir enceinte.
- Cette méthode est pour nous deux parce que la planification familiale est notre responsabilité.
- Pour éviter la grossesse, nous n'aurons pas les rapports sexuels non protégés les jours où il est probable de tomber enceinte.
- Nous devons contacter notre prestataire de soins si nous avons des questions ou problèmes avec cette méthode.

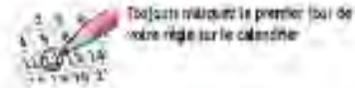


Ce collier aide les couples à identifier facilement les jours où une femme peut tomber enceinte.

Carte de cliente

Nom _____
 Date du visite initiale _____
 Date du visite de suivi _____

La Méthode des Jours Fixes est fondée sur le cycle menstruel de femme. Le cycle commence le premier jour de votre règle et se termine le jour avant votre prochaine règle. Ce calendrier représente le cycle menstruel et chaque forme représente un jour du cycle.



Toujours marquez le premier jour de votre règle sur le calendrier.

La goutte représente le premier jour de saignement.

Les carrés représentent les jours où une femme peut tomber enceinte.

Les cercles représentent les jours où il est peu probable qu'une femme peut tomber enceinte.

Le grand cercle vous indique si votre règle est venue trop tôt.

1 2 3

Hauteur de grossesse

Instructions

Le jour où votre règle commence, marquez la goutte. Aussi, marquez le jour sur le calendrier.

Chaque jour marquez le prochain symbole, suivez la direction de la flèche.

Les jours où vous marquez un carré, la grossesse est peu probable.

Les jours où vous marquez un cercle, vous pouvez tomber enceinte. Pendant ces jours il faut utiliser un préservatif ou éviter les rapports sexuels.

4 5 6

Hauteur de grossesse

Contactez votre prestataire

Contactez votre prestataire de soins de santé si votre règle commence avant que vous marquez le grand cercle. Ce signifie que votre cycle menstruel est trop court pour utiliser cette méthode.

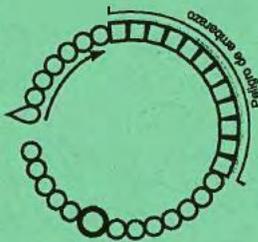
Contactez votre prestataire de soins de santé aussi si vous marquez le dernier cercle et le jour suivant votre règle n'a toujours pas commencé. Ce signifie que votre cycle menstruel est trop long pour utiliser cette méthode.

- Si vous voulez de marquer le calendrier, suivez ces instructions :
- 1) Vérifiez le calendrier pour le premier jour de votre règle.
 - 2) En commençant avec le jour où votre règle a commencé, comptez le nombre de jours qui ont passé, aujourd'hui inclus.
 - 3) Puis regardez encore le calendrier. Commencez avec la goutte et marquez le même nombre de symboles.

Retournez chez votre prestataire de soins de santé pour une nouvelle carte avant que vous commencent le dernier calendrier.

COMO USAR EL CARNET DEL METODO DEL COLLAR

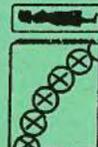
El Método del Collar se basa en el ciclo menstrual de la mujer. El ciclo empieza el primer día de la regla y termina un día antes de la siguiente regla. El Collar representa el ciclo menstrual de la mujer y cada símbolo es un día del ciclo.



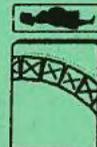
-  La gota representa el primer día de su regla.
-  Los círculos representan los días en que no hay peligro de embarazo.
-  Los cuadrados representan los días de peligro de embarazo.
-  El círculo más grande es el día a partir del cual debe bajar la siguiente regla.



El día que empiece su regla, marque la gota. 
También marque ese día en su calendario. 
Cada día marque el símbolo que sigue en dirección de la flecha.

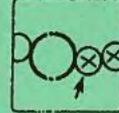


Los días que marque un círculo  son los días en que no hay peligro de embarazo. En esos días **SI** puede tener relaciones sexuales.

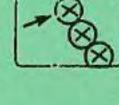


Los días que marque un cuadro  son los días en que usted puede quedar embarazada. En esos días **NO** tenga relaciones sexuales sin protección.

CUANDO CONSULTAR AL TRABAJADOR DE SALUD

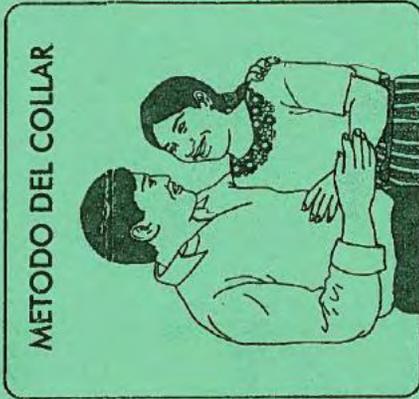


Si su regla empieza ANTES de llegar al círculo más grande 



Si su regla no le ha llegado al día siguiente de haber marcado el último símbolo 

En estos casos, es posible que el método ya no sea apropiado para usted.



**CARNET DE LA USUARIA
2005-2006**

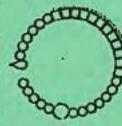
Area de salud: _____

Comunidad: _____ C: _____ P: _____

Nombre: _____

Fecha de primera visita: _____

Fecha de próxima visita: _____



Este método sirve de guía a las parejas que se comunican bien para saber qué días puede quedar embarazada la mujer. Es un método natural.

MSPAS

Calendario 2005-2006

Cada ciclo marque en su calendario
el primer día de su regla.



Septiembre 2005

D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Octubre 2005

D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Noviembre 2005

D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Diciembre 2005

D	L	M	M	J	V	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Enero 2006

D	L	M	M	J	V	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Febrero 2006

D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

Marzo 2006

D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Abril 2006

D	L	M	M	J	V	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Mayo 2006

D	L	M	M	J	V	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Junio 2006

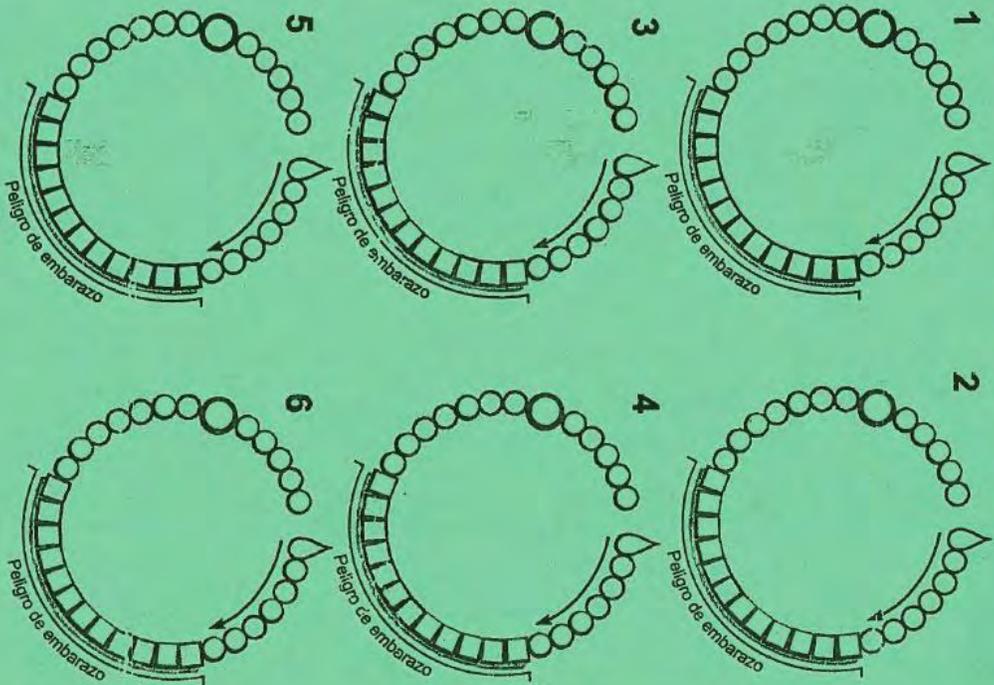
D	L	M	M	J	V	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Julio 2006

D	L	M	M	J	V	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Agosto 2006

D	L	M	M	J	V	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



Si se le olvida marcar su Collar un día, siga estas instrucciones:

- 1) Vea en su calendario el primer día de su regla.
- 2) Cuente el número de días, del primer día de su regla al día de hoy.
- 3) Regrese al Collar; y, empezando con la gota, marque el mismo número de símbolos.

Este carnet le sirve para 6 meses. Vaya con el trabajador de salud antes de llenar todos los collares o antes de que cambie el año, para que le dé un carnet nuevo.