

# MAINSTREAMING NATURAL FAMILY PLANNING

The IRH Experience in  
the Philippines  
January 1997 to  
December 2004



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Support from the United States Agency for International Development (USAID) enables the Institute to assist a variety of international institutions, both public and private, to introduce and expand SDM services.

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## **List of Abbreviations and Acronyms**

ADPCN	Association of Deans of Philippine Colleges of Nursing
All NFP SP	All NFP Methods Training for Service Providers
All NFP TOT	All NFP Methods Training of Trainers
AO	Administrative Order
APSOM	Association of Philippine Schools of Midwifery
BBT	Basal Body Temperature
BCC	Basic Christian Communities
BHWs	Barangay Health Workers
BNSs	Barangay Nutrition Scholars
BOM	Billings Ovulation Method
CAR	Cordillera Autonomous Region
CBMIS	Community Based Management Information System
CBT	Competency-Based Training
CFC	Couples for Christ
CHO	City Health Office
CIDA	Canadian International Development Agency
CMM	Cervical Mucus Method
CPR	Contraceptive Prevalence Rate
DILG	Department of Interior and Local Government
DOH	Department of Health
FA	Fertility Awareness
FP	Family Planning
GTZ	German Agency for International Cooperation
HAIN	Health Action Information Network
IEC	Information/Education Communication
IRH	Institute for Reproductive Health
IRH GU	Institute for Reproductive Health Georgetown University
IRHphi	Institute for Reproductive Health Philippines Foundation, Inc.
LAM	Lactational Amenorrhea Method
LGU	Local Government Unit
LTFU	Long Term Follow Up
MGP	Matching Grants Program

MIS	Management Information System
MM SP	Mucus Method Training for Service Providers
MM TOT	Mucus Method Training of Trainers
MSH	Management Sciences of Health
NDHS	National Demographic and Health Survey
NFP	Natural Family Planning
NGO	Non-Government Organization
O/R	Operations Research
PBSP	Philippines Business for Social Progress
PFNFP	Philippine Federation for Natural Family Planning
PHO	Provincial Health Office
POPCOM	Commission on Population
RH	Reproductive Health
RPC	Responsible Parenthood Council
SDM	Standard Days Method
SDM BHW	Standard Days Method Training for Barangay Health Workers
SDM SP	Standard Days Method Training for Service Providers
SDM TOT	Standard Days Method Training of Trainers
SEC	Securities and Exchange Commission
SIMs	Self Instructional Modules
STM	Sympto-thermal Method
TDM	TwoDay Method
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development





## Executive Summary

“Mainstreaming Natural Family Planning (NFP): The IRH Experience in the Philippines” is a summary report of 7 years of the contributions of the Institute for Reproductive Health, Georgetown University (IRH/GU) to the Philippine Family Planning Program. It covers the period from January 1997 when IRH/GU hired a full time NFP consultant in the Philippines, through its opening of a country office in 1998 and the registration of the IRH Philippines Foundation (IRHphi) as a non-governmental organization affiliated with IRH/GU in 2000, up until IRHphi became fully independent in December 2003.

The report presents the contributions of IRH/GU in the promotion of NFP in a chronological order. It also describes, in as candid a way as possible, the factors and events that have affected the manner in which its contributions were delivered and accepted, both at the national and local levels.

During the initial years of its presence in the Philippines, IRH/GU supported the efforts of the Department of Health (DOH) in strengthening the promotion and service delivery of the existing natural family methods then offered by the program, these being the Cervical Mucus Method (CMM), the Basal Body Temperature (BBT) and Sympto-Thermal Methods (STM), and the Lactational Amenorrhea Method (LAM). In this regard, the inclusion of NFP in the Clinical Standards Manual of the DOH was pursued to ensure the standardized provision of NFP services in all DOH-affiliated and supervised structures. In the area of training this was achieved through:

- the development of the competency-based training (CBT) package for the mucus method consisting of a curriculum, a teaching guide, and flipchart

- development of self-instructional materials (SIMs) including a standardized module on Fertility Awareness (FA), and
- the training of DOH NFP training teams to ensure the systematic integration of NFP into regular health services.

In the area of IEC and advocacy, this was achieved through:

- popularizing NFP by facilitating its acceptance among health professionals and FP groups through consultative dialogues,
- conducting fertility awareness sessions in all divisions of DOH,
- conducting NFP contests,
- mounting NFP exhibits, and
- radio and TV interviews.

To ensure the continuous supply of nurses and midwives who could provide NFP services, IRH/GU supported the integration of NFP into the nursing and midwifery curricula. As policy support, it facilitated the issuance of the Department of Health Implementing guidelines for NFP in May 1997. By the year 2001, NFP was very much a byword at the DOH and its field offices, accompanied by a favorable response from a majority of the workers with the efforts to mainstream NFP into the program. This was the result of a careful process of bringing in and supporting NFP methods without denying the existing benefits of the 33 year old family planning and reproductive health program in the Philippines.

In line with its new mandate of developing simple and effective methods of natural family planning received in 2000, IRH/GU, through its AWARENESS Project (centrally funded by US Agency for International Development/Washington (USAID) through the Research, Technology and Utilization Division of the Office of Population and Reproductive Health, Bureau for Global Health, developed and tested the Standard Days Method™ (SDM), with the Philippines as one of the sites for its initial pilot testing. An efficacy study was then published in the scientific journal "Contraception" in June 2002. The results of the study were very encouraging and provided

evidence that the SDM was a simple, effective, natural method that could potentially play an important role in multi-method programs. With the involvement and support of the DOH, IRH/GU began a program of operations research to test strategies to introduce the method as an option to address the unmet need in family planning, particularly among couples who were unwilling or unable to practice other currently available methods. According to the 2000 National Demographic and Health Survey (NDHS), in the Philippines, 51% of women of reproductive age were not practicing any method while 16% reported using ineffective traditional methods, meaning that there is potential demand within the country for a natural, effective, and simple method.

This beneficial partnership between IRH and the DOH, however, slowly eroded as ideological doubts were cast as to the effectiveness of the SDM and its authenticity as a natural method. Ironically, this anti-SDM campaign was spearheaded by groups promoting NFP who felt that the method did not meet church-related criteria for being classified as natural. While the SDM is a fertility awareness-based method that identifies when during a woman's menstrual cycle she is likely to become pregnant, how the couple manages the identified fertile days is left to the discretion of each individual couple; this resulted in several local influential NFP groups objecting to the method on the grounds that some couples might (and did) use condoms on fertile days.

This organized campaign by influential groups coincided with decisions made by the USAID Mission in the Philippines to reduce its contribution of contraceptive commodities (part of a worldwide effort to transfer responsibility to national governments) and with the national leadership's announcement that rather than spend its resources on commodities to compensate for reduced USAID funding, it would instead allocate significant resources to mainstream NFP methods through an intensive campaign. This negative policy environment created an expectation of competition for the national NFP funds, and a fear among some groups that unless it took action, the SDM might be favored over other

NFP methods preferred by certain key groups. These two factors –an organized and successful campaign presenting the SDM as “not natural”, coupled with USAID/Philippines frustration with the national decision not to purchase additional contraceptives, –left IRH (both GU and Philippines) in a difficult position. Influential NFP groups viewed them as not natural while the USAID Mission felt they were single–method focused. IRH/GU was left without policy or financial support from both sides, and the ongoing debates caused a “management burden” for the Mission which led it to close–out IRH supported SDM activities in the Philippines. Similarly, the DOH changed its supportive position on the SDM to one of non–involvement.

Firm in the belief that the SDM is very much natural (and effective) and that it offers a viable option for couples to practice responsible parenthood in a natural way, IRHphi pursued its plans and continued its advocacy work under an independent national NGO status. IRHphi established networks in some local government units with the endorsement of the Department of the Interior and Local Government (DILG), which despite lagging support from the DOH, issued a memorandum circular no. 2003–204, on October 13, 2003, encouraging local government units to introduce the SDM into their family planning programs. IRH also forged alliances with key champions holding broader visions in the hierarchy of the increasingly influential Roman Catholic Church.

In line with the ongoing drive for contraceptive self reliance, IRHphi has explored and tested various ways of positioning the SDM in the contraceptive market vis–à–vis various segments of its target market: in a multi–method, government hospital–based family planning clinic, in a fee–for–service setting, and in the services of a community–based organization not traditionally involved in family planning. In the process, it has found evidence that the method can be successfully offered through all of these various channels. More importantly, the introductions provided insights that can be beneficial to programs wishing to expand the reach and coverage of all NFP methods. At the time of the preparation of this report, IRHphi

continues to test various ways of making the SDM available nationwide to all couples who might be interested in using it.

The unrelenting efforts of IRHphi to respond positively to the numerous requests for training that continue to materialize from service provision organizations despite the setbacks experienced on the policy front have paid off. The 2002 Family Planning Survey reported that after only one year of implementation (conducted on a research basis and a very small scale), 0.1% of women surveyed reported using the SDM. While this figure is low, taking into account the extremely limited scale of the service delivery activities, it demonstrates that potential demand exists. It should also be noted that this figure is superior to the reported use of the mucus/ovulation method, even though this method has been offered in the Philippines for many years on a much wider scale.

Promising findings also were reported in the Community Based Management Information System (CBMIS) of June 2003 in the City of Malaybalay (Bukidnon) where the SDM had been offered in services for less than one year. The SDM increased the Contraceptive Prevalence Rate (CPR) by over 1%, and this percentage would have been greater if couples that chose to use condoms to manage the fertile period not been recorded as condom users (only those that reported plans to abstain on the fertile days were recorded as SDM users). In this very short period, new users chose the SDM more frequently than the ovulation method and the BBT method combined. Inquiries made by IRH/GU to the headquarters of Macro International (the organization tasked with conducting DHS surveys) revealed that 10% of currently married women interviewed in the 2004 DHS had heard of the SDM, and that 0.3% reported ever use.

It is unclear how survey findings would have been different if the SDM program had not been terminated in 2003.

Since IRH/GU was required to terminate support for the SDM program prematurely, it was not possible to follow these trends rigorously over time. However, recent reports from a sample of 14 former IRHphi partners indicate

that, between July 2003 and December 2004, 4,293 new users chose the SDM. In order to gather additional data on SDM use in the field, including service statistics and provider experiences, IRHphi will be undertaking a brief assessment that will involve gathering data and information from a sample of groups that were provided with SDM training and CycleBeads (the tool used in conjunction with the SDM). The full scope of work of this assessment is included in the attachments to this report. (*See Annex 30*)

These achievements were made in an extremely unfavorable policy environment. Were the situation more amenable to SDM introduction and programming, the method could be expected to develop an important client base (5–10% of new family planning users) and to do so at low cost. To make this happen, funding needs to be made available to expand SDM services and promotional activities.

Prior to the termination of assistance to IRHphi, IRH/GU, again through its AWARENESS Project, developed a second simple natural method called the TwoDay Method™ (TDM). The TDM is a simplified mucus-based natural method that involves women noting the absence or presence of cervical mucus on a daily basis. The Philippines was again chosen as a site for the efficacy trial, which has since been completed and published in the scientific journal “Fertility and Sterility”.<sup>1</sup> A full copy of the published findings of the trial is included in Annex 1 of this report. In brief, the efficacy trial found the TDM to be 96.5% effective with correct use, and like the SDM, it is easy to teach, easy to learn, and easy to use. Local dissemination of the efficacy study results were initiated in mid 2005.

IRHphi continues to provide training on the SDM as well as other fertility awareness-based methods for a fee. This generates revenues that contribute toward its planned self-sufficiency. It has also developed a website ([www.irhphi.com](http://www.irhphi.com)), and has entered into a partnership with

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<sup>1</sup> Arevalo M, Jennings V, Nikula M, Sinai I. Efficacy of the new TwoDay Method of family planning. *Fertility and Sterility*. 2004; 82(4):885-892.

Chemonics International under which IRHphi will develop an SDM module for use in a family planning curriculum for private sector service providers, including midwives, and will conduct SDM training for these providers as part of an effort to strengthen FP service delivery in the private sector. IRHphi is also continuing to seek funding for its activities, to advocate SDM introduction through other partners, and for policy change.

IRHphi has been very good at learning from its experiences, both positive and negative. It has taken calculated risks and has prevailed despite the odds against its success. It vows to remain committed to making simple natural methods of family planning an option for couples to practice responsible parenthood, not to replace or compete with existing methods (natural, hormonal, or surgical), but to provide an additional choice and enhance fertility management efforts in the country based on the concept of informed choice.



#### I. The Beginnings of Natural Family Planning in the Philippines

Efforts to make periodic abstinence a part of the Philippine Population Program started right at the time of the program's birth in the early 1970s, largely as an NGO initiative. The Responsible Parenthood Council (RPC) was the first and only agency engaged in a large-scale program teaching the use of calendar rhythm and basal body temperature. In partnership with the Institute for the Study of Human Reproduction of the University of Santo Tomas, the Council invited Drs. John and Evelyn Billings to introduce the Billings Ovulation Method (BOM) in the Philippines. Several pilot areas had a good showing in terms of interest generated and provider success in offering the methods. Around this time, an initiative in the Del Monte area in Bukidnon gave birth to the teaching of the BBT in the context of a family life program.

However, after RPC efforts discontinued in the mid 70s, there was a vacuum for organized NFP activities. The Philippine Federation for NFP was organized in 1977 but did not undertake any projects at that time. In 1983, there was renewed interest in promoting NFP with the Philippine Business for Social Progress (PBSP) Alliance and the Archbishop Gabriel M. Reyes Memorial Foundation tapping organized groups in the community as their partners. The Population Center Foundation sought to introduce NFP in private hospitals. (Maglaya, Villarta and Pedersen, 1994). Also by this time, the Asian Social Institute had undertaken parallel efforts to set up NFP centers in the Archdiocese of Manila, although these efforts eventually ceased due to lack of resources. Church policy was to dissociate itself and its affiliated organizations from any government or population funding.

Government indifference to NFP changed slightly with the appointment of Placido Mapa as economic minister during the later years of the Marcos administration. As member of the Board of the Commission on Population (POPCOM), Minister Mapa saw to it that some amount in the budget was specifically earmarked for NFP. Towards the end of Marcos' rule, groups such as the Daughters of Mary Immaculate (a church-based organization) and the Philippine Federation for Natural Family Planning (PFNFP) were added to the list of organizations who were actively involved in NFP.

When Corazon Aquino became president in 1986, the Roman Catholic bishops became very vocal and tried to exert their influence to reduce the emphasis on artificial contraception. This created space for NFP advocates to intensify their campaign for the mainstreaming of NFP. Still, NFP did not get official endorsement from the DOH.

During the term of Fidel Ramos as president, the government resumed the high profile promotion of family planning programs. The first health secretary, Juan Flavio, was often at odds with the Roman Catholic bishops because of his promotion of artificial contraceptives. In fairness, however, it



was also during Ramos' term when NFP received more attention as a family planning method.

In 1990 the DOH began to cite NFP as an official FP program method which included the following – calendar rhythm, basal body temperature (BBT), cervical mucus method (CMM), sympto-thermal method (STM) and Lactational Amenorrhea Method (LAM). The continuing effort of NFP groups to exclude calendar rhythm, which they considered ineffective, paid off when the DOH issued a circular in 1994, defining modern NFP. This circular defined modern NFP as including BBT, CMM, STM and LAM. This circular reclassified calendar rhythm as a traditional FP method together with withdrawal or coitus interruptus. It was also by this time that the PFNFP received a Php22 million grant from UNFPA for NFP activities – a sign that family planning donor agencies were starting to take cognizance of NFP.

In 1996, President Ramos issued Executive Order 307 mandating the implementation of family planning programs at the local government level. The order included a directive “to ensure that information on and services for all methods including Natural Family Planning endorsed by the program are available at all appropriate levels of service outlets, adhering to the standards of quality care promulgated by the national program.”

It was at this point that IRH/GU established ties with the DOH to pursue support for the mainstreaming of natural family planning in the Philippine Family Planning Program.

A major policy initiative and indication of support from then Secretary Carmencita Reodica in May 1997 was the issuance of Department Circular No. 130. This circular gave detailed guidelines on the installation and maintenance of NFP services at the national, regional, district and municipal levels. Still, no major budgetary allocations for NFP were made in the Department.

## II. Sharing the NFP Concern: Initial IRH Efforts in the Philippines

Georgetown University in Washington, D.C., U. S. A. created the Institute for Reproductive Health (IRH/GU) in 1985 for the purpose of developing and testing simple methods of natural family planning in collaboration with local reproductive health groups and through community development. The Institute for Reproductive Health is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. As part of Georgetown University's School of Medicine, the Institute conducts research to develop natural methods of family planning and test them in service delivery settings.

### Developing Simple and Effective Family Planning Alternatives

IRH's goal is to make natural methods easier to use and more widely available. The Institute has so far, developed three new methods: LAM (Lactational Amenorrhea Method), the Standard Days Method and The TwoDay Method.

By so doing, IRH helps in broadening the choices of those who are unable or not willing to practice artificial contraception. In the process of developing these new NFP methods, IRH first conducted pilot studies followed by rigorous efficacy trials using sound scientific methods and designs to determine method efficacy. Following the publication of the efficacy study results in June 2002 (published in *Contraception* 65 (2002) 333-338), IRH undertook operations research studies on the SDM in 6 countries including the Philippines to test different service delivery strategies. Analysis of results from these OR studies are near completion and will be submitted for publication in 2005. (*See Annex 2 a & b for the monographs on the Fabella and the Friendly Care Philippines studies*)

The Philippines was chosen to be one of the sites where IRH conducted both its efficacy and operations research studies. Other countries

included El Salvador, India, Benin, Honduras and Ecuador. The defining criteria for selection was the fact that about one fifth (approximately 20%) of couples of reproductive age choose to practice a natural method of family planning as shown in demographic studies and family planning acceptor surveys.

Thus, in 1997, IRH established a foothold in the Philippine NFP arena. While IRH/GU was instructed by the local USAID office to phase out its financial support to its office in the Philippines in 2004 due to a perceived “management burden” on the USAID Philippines Mission, it left, as part of its legacy, a cadre of committed and qualified NFP workers who had established IRHphi as a duly registered local NGO, thus, continuing to ensure the availability of NFP options to Filipino couples. IRH/GU and IRHphi continue to communicate regularly and share information and experience on developments in the global and Filipino NFP world.

### III. Broadening and Deepening IRH’s NFP Involvement

#### 1. The IRH NFP Consultancy at the DOH (Natural Family Planning Prior to the Development of the Standard Days Method)

In 1997, a post was opened for a full time resident consultant on natural family planning at the Philippines’ DOH. Although stationed at the DOH, the NFP consultant was to be hired by IRH/GU through the Development Group, Inc. both of which are based in Washington, DC., USA. At least 3 names were considered for the post, one of which was Ms. Milagros “Mitos” Rivera, then Vice President of the Philippine Federation for Natural Family Planning (PFNFP) Board, an NGO then working with IRH/GU on several research projects. A staunch NFP advocate, Ms. Rivera was very much involved in crafting the client-based approach in promoting NFP then being implemented by the PFNFP. This provided the important edge for her to be selected for the position. This

qualification coincided with the goal of IRH/GU which was to make modern NFP methods accessible to all who wish to use them.

Immediately upon assumption of the position, the IRH-NFP consultant proceeded to review the policies and strategies of the DOH in implementing NFP vis-à-vis the mandate and nature of IRH/GU as an organization. She also conducted consultative dialogues with local health personnel and got requests for NFP training from 11 Local Government Units. This provided the consultant with a grasp of the issues and concerns to be addressed and helped her to prioritize the projects to be pursued.



*Exhibit at the Department of Health*

## 2. Ensuring the Effective Integration of NFP into Existing FP Training Programs

Among the initial activities undertaken during the 3-year consultancy was the inclusion of NFP teaching guidelines in the Clinical

Standards Manual, which defined the basic minimum essentials as well as the procedures for the provision of family planning services. Three consultative dialogue sessions with NFP-friendly professionals in different fields were also undertaken in 1997 to gain the much-needed support for the “professionalization” and mainstreaming of NFP, which until then was generally looked upon as ineffective and complicated, and the promotion of which was viewed as best left to the efforts of (Roman Catholic) parish-based organizations.

A competency-based training (CBT) curriculum which utilized the client-based approach in the promotion of NFP was developed for the Mucus Method in cooperation with the DOH in 2000. In support of this curriculum, IRH produced a teaching guide and a corresponding flipchart for the Mucus Method. These curricula and materials were tested in several sites in the country and were found to be effective and much liked by the couples who participated in the study. However, the study likewise yielded very few users and little change in providers’ attitudes in the teaching of NFP. Thus, the study provides insight into the dichotomous phenomena in NFP work, i.e. that while providers’ are influenced by religious beliefs which are reflected as biases in teaching family planning, the users they were trying to reach do not consider religion as a significant factor in their choice of family planning method. *(See Annex 3 – Evaluation of Competency Based Training on Mucus Method)*

Self Instructional Modules (SIMs) on all the natural methods of family planning including a session on fertility awareness were developed for the USAID-funded Management Sciences for Health (MSH) project. A total of 7 batches of NFP trainings were conducted by the DOH NFP Training Team which was formed to ensure the systematic integration of NFP into regular health services. One significant change in the SIMs was the streamlining of the module content retaining only the most essential information for NFP use. Fertility awareness sessions were conducted for all divisions of the DOH. Likewise, NFP exhibits and contests were conducted on several occasions at the DOH. Radio and TV interviews

were arranged through the DOH Media Relations Unit. These activities affected a gradual acceptance of NFP as a viable approach to population and fertility management.

In May 1997, the Department of Health Implementing Guidelines for natural family planning was issued for field use. (*See Annex 4*)

### 3. Rationalizing the NFP Program Through Research

One of the mandates of IRH is to assist couples to manage their fertility using natural methods, through research and development of natural methods and strategies for their implementation. Thus, the use of research was an important tool employed by the local IRH/GU project office in program/project implementation. Further, findings from these research/studies were routinely shared with the DOH and various partners/stakeholders in NFP.

Prior to the hiring of a local consultant, IRH/GU had been commissioning the conduct of research on NFP efforts in the country. One such research project was specifically focused on the establishment of a management information system (MIS) in NFP sites and the integration of NFP in Local Government Units (LGUs). Unfortunately, this study that was done in partnership with the PFNFP gave little insight into best practices in NFP project management, partly because NFP groups rarely attach importance to data collection and objective measurement of results. In 1997, other local NFP research agenda items were identified. A study done in the year 1999 by Health Action Information Network (HAIN) for IRH on the policy environment of NFP in the country revealed that indeed there was a demand for NFP methods and that there had been successful efforts in this regard in the past albeit on a very small scale. The study also indicated that natural methods of family planning are culturally acceptable to Filipinos. (*See Annex 5 – Natural Family Planning in the Philippines: Policy and Practice, Politics and Passion*)

Another study done during the early phase of assistance was the documentation of the integration of NFP service delivery in a hospital setting which looked at a 10-year old Billings Center being run by a Catholic sister and paid staff at the Makati Medical Center, a prime hospital in the highly urbanized Makati City. The study showed that the number of satisfied users (at the time of the study) did not justify the capital outlay used for the NFP center operations, which relied heavily on the support of the medical director himself acting out of his religious convictions. There was also little support from the OB/Gyn Doctors of the hospital. *(See Annex 6 - Integrating NFP Service Delivery in the Hospital Setting)*

#### 4. Mainstreaming NFP in the Midwifery and Nursing Undergraduate Curricula

The critical role of nurses and midwives in the provision of health services, including family planning, is well recognized by IRH. In order to facilitate the involvement of nurses and midwives in the provision of NFP services, IRH supported the integration of Natural Family Planning with special focus on the Cervical Mucus Method (CMM) in the Nursing and Midwifery Curricula in 2000. In partnership with the Association of Deans of Philippine Colleges of Nursing (ADPCN) and the Association of Philippine Schools of Midwifery (APSOM), the project was able to produce Instructional Plans and Resource Units which were used in the teaching of NFP and CMM as integrated in various areas of the nursing and midwifery curricula.

These instructional plans and resource units were later tested in 27 schools and revised accordingly. The ADPCN later trained a core of nursing faculty in each of the regions. These trained faculty members were tasked to provide support to other faculty members in their respective regions in the teaching of NFP using the instructional plans

and resource units. On the other hand, the APSOM distributed copies of the instructional plans and resource units and during its national convention in 2002 included a one-day orientation to familiarize the faculty members who would teach NFP using the materials. (*Table 1 – List of Nursing and Midwifery Schools*)



**Table 1. List of Nursing & Midwifery Schools for Mucus Method Testing**

Nursing	Midwifery
<ol style="list-style-type: none"> <li>1. Ago Medical and Educational Center</li> <li>2. Benguet State University</li> <li>3. Bohol University</li> <li>4. Butuan Doctors College</li> <li>5. Central Philippine University</li> <li>6. Davao Doctors College</li> <li>7. Dipolog Medical Center</li> <li>8. Far Eastern University</li> <li>9. Lyceum of Batangas</li> <li>10. Northern Christian College</li> <li>11. Silliman University</li> <li>12. Sultan Kudarat Educational Institute</li> <li>13. Western University</li> </ol>	<ol style="list-style-type: none"> <li>1. Aldersgate College</li> <li>2. Brent School of Midwifery</li> <li>3. Liceo de Cagayan</li> <li>4. Lorma College</li> <li>5. Luzon Colleges</li> <li>6. Nikki Louise College</li> <li>7. Palawan State University</li> <li>8. Southern Christian College</li> <li>9. St. Anne College</li> <li>10. St. Vincent School of Midwifery</li> <li>11. Riverside College</li> <li>12. Univ. of North Eastern Philippines</li> <li>13. Univ. of Perpetual Help Systems–Binan</li> <li>14. University of Regina Carmell</li> </ol>

#### 5. Fertility Awareness as an Approach to Literacy and Family Planning

In teaching NFP, fertility awareness has served as the springboard for IRH to introduce specific methods. A fertility awareness approach describes the scientific basis of the natural methods at a level which can be understood by women and men of low education. Health professionals, including medical doctors have reported learning from IRH’s materials that fertility facts and events can be easily and accurately presented using non-medical terminology.

In 1999, a functional literacy module on fertility awareness was developed for the program of the Non-formal Adult Education Division of the Department of Education and its partners. The module was well-received

and received high rankings in the evaluation done on the retention and importance of the 40-plus modules that the women in the program completed.

Although the module served its purpose within the program, the value of the module has not been maximized as a widely used material. It could be further used in the teaching of indigenous peoples on the basics of fertility or be integrated in a research study on fertility beliefs and practices of indigenous Filipinos, one of the special interests for future IRH strategic directions.

#### IV. Testing and Introducing New NFP Methods

##### 1. The Standard Days Method (SDM)

The Philippines was selected as one of the three sites where the SDM, a newly developed fertility awareness-based method, was to be tested. A study coordinator was appointed from the DOH to help lead the activities with the Regional and Local Health Offices of the selected sites. The pilot test was for 6 months, but after two months, the Coordinator was reassigned.

The DOH-IRH resident consultant, who by this time had worked under 4 Secretaries of Health, was appointed Country Representative to establish the Philippine Field Office of IRH/GU. The major task for the Country Representative was to coordinate the pilot testing of the SDM involving the health offices at the regional, provincial, and municipal levels and some 20 midwives. At the end of six months, with the pilot test yielding positive results, the Philippine sites were expanded to two and the efficacy trial began (which collected data for 13 cycles). Additional efficacy sites in this multi-country study were established in Peru and Bolivia.

Periodic visits were made to the sites to meet with the midwife providers and to continue coordination work with their superiors. The involvement of the local government chief executives was also solicited. The number of users exceeded the number initially required and only two of the trained providers did not recruit users. The Philippines contributed almost 50% of the study sample. Final results from the multi-country study came up to 95.25% effectiveness for those who followed the method rules, that is, abstaining during the fertile days.<sup>2</sup> (*See Annex 7 – Efficacy of a new method of family planning: the Standard Days Method*)

#### The SDM Long Term Follow Up Study

Users in the SDM efficacy trial who agreed to be monitored quarterly were included as participants in a study designed to evaluate the continued use of SDM for the next twenty four months – the SDM Long Term Follow-Up Study (LTFU). This study, undertaken immediately after the efficacy study ended, forms part of yet another multi-country study in the Philippines, Peru and Bolivia. The study showed continuing use of SDM even among those who got pregnant after a conscious departure from rules, that is, they stopped following the rules because they desired to have a pregnancy. In the Philippines cohort, women who chose to become pregnant either resumed SDM use or indicated a desire to do so after giving birth to their babies. Analysis is nearing completion at IRH/GU.

#### National Policy on SDM

**Department of Health** – Administrative Order No. 49 s.2001 was signed by Health Secretary Manuel Dayrit on November 14, 2001, adopting the SDM as an additional NFP method for the Philippine

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<sup>2</sup> Arevalo M, Jennings V, Sinai I. Efficacy of a new method of family planning: the Standard Days Method. *Contraception*. 2002; 65:333-338.

Family Planning Program. This Administrative Order was presented at the First National SDM Dissemination Forum on November 15, 2001, quoting the effectiveness results of the SDM Efficacy Trial, which by this time had been endorsed by the WHO as a recognized fertility awareness-based method. However, citing the fact that the long term follow-up studies were still on-going at the time, NFP interest groups raised doubts about the effectiveness of the SDM during the DOH workshop on the National NFP Strategic Plan for Years 2002–2006 and influenced the policy environment. Thus, on June 5, 2002, Administrative Order 125 s. 2002 rescinded all other previous Administrative Orders and the SDM was again classified as “under study” and an “adjunct” method to the NFP methods according to the DOH. *(See Annex 8 – AO 49 and Annex 9 – AO 125)*

**The Catholic Bishops Conference of the Philippines** – In July 2003, the Catholic Bishops Conference of the Philippines took a consensus vote in favor of the SDM as a natural method, and a ‘yes’ to the SDM’s integration into local church NFP programs, even if without government collaboration. *(See Annex 10 – Natural Family Planning and SDM in the Local Church, Antonio J. Ledesma, S.J., Bishop, Prelature of Ipil)*

**Department of Interior and Local Government** – In October 2003, the Department of Interior and Local government issued Department Circular 2003–204 calling on local chief executives to initiate the integration of the SDM into local government family planning programs. *(See Annex 11 – DILG Dept Circular 2003–204)*

IRH/GU pursued its planned SDM dissemination activities and continued its discussion with the government at all levels. Three major fora in different regions of the Philippines were held, as well as some 30 presentations to Local Government Units, NGOs, two hospitals and three church groups. The SDM has been part of some 10 exhibits mostly in Metro Manila, and 1 in an International

Conference. (*Table 2.1 - Listing of presentations and Table 2.2 Exhibits*)

**Table 2.1 List of Phil. SDM Presentations by IRH**

<b>Year 2000</b>	
June 26	1. Hospital-Based NFP Clinic Presentation at Makati Medical Center
June 28	2. Launching of CBT Mucus Method at Balay Kalinaw, UP Diliman
June 28	3. HAIN Policy Study Results Presentation at Westin Phil. Plaza
<b>Year 2001</b>	
Feb. 16	1. V Jennings, IRH/GU Director, SDM Presentation – APCRH at World Trade Center
March	2. SDM Presentation – FriendlyCare
Apr. 20	3. SDM & TDM Presentation, DOH PCHRD
May	4. SDM Presentation, FLA Region 1
Sept. 6	5. Phil. National AIDS Council Strengthening FP in Areas with Low Contraceptive Prevalence Rate & Volunteer Health Workers for FP
Oct.	6. USAID SDM Presentation
Oct. 22	7. Commission on Population (POPCOM) Regional 4 <sup>th</sup> Senior Management Conference
Nov. 15	8. SDM National Dissemination Forum (with Sec. Dayrit) at Miramar Hotel
Dec. 7	9. City Council of Puerto Princesa, SDM Presentation
Dec. 10	10. SDM Launching at Municipality of La Trinidad, Benguet
<b>Year 2002</b>	
Jan. 8	1. POPCOM Region 7, Cebu City – SDM Presentation
Feb. 14	2. SDM Visaya & Mindanao Dissemination Forum at Cebu Plaza Hotel
Feb. 18	3. POPCOM Board of Commissioners SDM Presentation
Feb. 25–27	4. Seminar on Family Life & NFP For Clergy, Religious & Ministry Coordinators, Ipil, Zamboanga Sibugay
Apr. 5	5. DOH–UNFPA–PNGOC Male Involvement/Men’s Health Initiatives Among the Civil Society
Apr. 16	6. ProLife Phils SDM Presentation

May 11-12	7. Writeshop on the inclusion of SDM in the FP Counseling Curriculum, EngenderHealth
June 4	8. POPCOM Region 3 2 <sup>nd</sup> Quarter Provincial/City Population Officers' League NFP Program
June 7	9. San Juan Population Office, SDM Presentation
July 24	10. Dept. of Obstetrics & Gynecology, UST
Aug. 22	11. SDM NGO Dissemination Forum at Pearl Hotel
Sept. 9	12. Dialogue on NFP & SDM in ECFL office
Oct.	13. SDM Mindanao Forum (with Prof. Taha Basman)
Oct.	14. SDM Muslim Forum in Davao City
Oct. 22	15. Launching of SDM at Naga City Population Office
Nov. 21	16. POPCOM Region 3 SDM Presentation
Dec. 11	17. Family & Life Workers, Arch. Talamayan (Tuguegarao-N. Luzon) organized by Bantay Banay at Arch. Palace Grounds in Cebu with Cardinal Vidal's Blessings
<b>Year 2003</b>	
Jan. 22	1. Orientation on SDM for some Bishops at Pope Pius
Feb. 21	2. SDM Presentation, OPIMIN-Ustadz Adilao
March 7	3. League of Government Nurses-Laguna Chapter, SDM Presentation
March	4. SDM Presentation, Engender Health
March	5. Family Cooperation, Health Services Foundation, Inc. (FAMCOHSEF)
Aug. 7	6. NFP Services, City Government of Valenzuela
Aug. 15-16	7. Davao Society of Obstetricians & Gynecologists, Inc.
Aug. 21	8. SDMI Research Dissemination Forum at RCBC Tower
Sept. 15	9. DOH Mindanao Offices Planning Workshop on SDM at Miramar Hotel
Sept. 17	10. SDM Dissemination & Sustainability Planning at San Fernando City, La Union
Sept. 30	11. SDMI Hospital Dissemination Forum at UP PGH
Oct. 1	12. Council Session at Pasig City, Hon. Robert Eusebio

Oct. 28	13. Expanding Family Options thru the SDM at DSWD
	14. FLA Lingayen, Dagupan - Enhancing Family Life thru NFP
<b>Year 2004</b>	
Jan. 15-16	1. Phansup - 1 <sup>st</sup> National Conference on Sexual & Reproductive Health at Heritage Hotel
Feb. 11	2. PhilHealth SDM Presentation
May 13	3. Integrated Registered Nurses of the Phils. Inc.
Aug. 2	4. SDM Launching at CHO Marikina
Oct. 8	5. Presentation on Responsible Sexuality, 2 <sup>nd</sup> Year College student of College of Medicine, San Beda College
Oct. 8	6. SDM Presentation, Amang Rodriguez Hospital
Nov. 2	7. SDM Presentation, Chemonics



**Table 2.2 List of IRH Exhibits**

<p><b><i>Year 2000</i></b></p> <ol style="list-style-type: none"> <li>1. Launching of CBT Mucus Method at Bahay Kalinaw, UP Diliman</li> </ol>
<p><b><i>Year 2001</i></b></p> <ol style="list-style-type: none"> <li>1. APCRH at Phil Trade Training Center 2/15–19/01</li> <li>2. SDM National Dissemination at Miramar Hotel (Luzon) 11/15/01</li> <li>3. National Congress of the League of Municipalities of the Phils. at Midtown Ramada Hotel 11/26–28/01</li> </ol>
<p><b><i>Year 2002</i></b></p> <ol style="list-style-type: none"> <li>1. SDM National Dissemination Forum (Visayas &amp; Mindanao) at Cebu 2/14/02</li> <li>2. SDM NGO Dissemination at Pearl Hotel 8/22/02</li> <li>3. SDM Forum in Davao City “Muslim”</li> <li>4. Health &amp; Organic Show 2002 at SM Megamall 11/2–4/2002</li> <li>5. Exhibit at Petron Health Fair 11/23/02</li> </ol>
<p><b><i>Year 2003</i></b></p> <ol style="list-style-type: none"> <li>1. Exhibit at Shangrila “The Wedding Store” 6/6–8/03</li> <li>2. SDMI Dissemination Research Forum at RCBC Tower 8/21/03</li> <li>3. SDMI Hospital Dissemination at UP PGH 9/30/03</li> <li>4. Exhibit Phil. Association of Health Social research Forum, Cagayan de Oro City</li> <li>5. APCRSH Conference at Bangkok, Thailand – Amor 10/6–9/03</li> <li>6. Workshop on Working with USAID from proposal to close-out Bangkok, Thailand – S’Ding</li> </ol>
<p><b><i>Year 2004</i></b></p> <ol style="list-style-type: none"> <li>1. SDM Promotion at Lamaze Conference in Davao</li> <li>2. Phansup – Exhibit “1<sup>st</sup> National conference Reproductive &amp; Sexual Health” at Heritage Hotel 1/15–16/04</li> </ol>

3. POGS Exhibit “Buntis Assembly & Trade Fair” at SM Megamall 03/10–13/04
4. The Phil. International Trade Exhibit & Experts – “3<sup>rd</sup> Phil. Congress & Exhibition on Natural Health” 03/20–21/04
5. League of Corporate Foundation/Sarmiento Foundation Exhibit “May Bukas Ka, Bata!” at PICC 07/8–10/04
6. CHO Marikina Exhibit, Aug. 16–27, 2004
7. Parish–based NFP Among the Poor, ICSI at Ateneo 11/19/04

IEC materials were produced to help in the information dissemination. These included a poster, a brochure and a flyer, a promotional video, and 3 local versions of the beads used for tracking the fertile days based on the SDM. (Table 3 – List of IEC materials)

**Table 3. IEC and Training Materials Produced**

<b>Materials Produced</b>	<b>Language</b>
<b>A. IEC Materials</b>	
1. IRHphi brochure	English
2. SDM brochure	Tagalog, Bisaya
3. SDM flyer	Tagalog, Bisaya
4. SDM flyer (blue)	English
5. SDM poster	Tagalog
6. SDM video (VHS)	Tagalog, Cebuano, Ilocano
7. SDM Radio Ad	Tagalog
8. SDM Newspaper Ad	English, Tagalog
<b>B. Training Materials</b>	
1. Katsa “Menstrual Cycle” visual aid	English
2. Cycle Beads	
3. Vertical Beads	English
4. Client Card	English
5. Mucus Method Guide	English
6. Mucus Method Flipchart	English
7. Mucus Method Users Chart	Tagalog, Bisaya, Ilocano
8. SDM BHW Cue card	English, Tagalog
9. SDM Service Provider manual	
10.SDM TOT Manual	English, Bisaya
11.All NFP Manual	English
12.SDM Christmas card Newsletter (2003 and 2004)	English
<b>C. NFP/SDM</b>	
1. Billboard design	Tagalog

Two levels of SDM instructional materials were produced for health workers for nurses and midwives and simple cue cards for community volunteers. A small media campaign produced a radio spot, run for a month, and several press releases in a couple of tabloids. Some magazine articles have also been published. These resulted in an increase in telephone calls from potential clients who availed of the service at Fabella or Friendly Care. *(See the following for the sample IEC materials and Appendices for articles)*



## *I.E.C. Materials*



### The SDM Training Curriculum

An SDM training curriculum, patterned after the teaching session guides from IRH/GU, was developed, tested, and used in 38 sessions of SDM trainings. This training curriculum was later put into the GATHER framework, a counseling approach used for teaching family planning. Training participants were mostly government health workers, some volunteers and staff of NGOs and Family Life groups of the Catholic Church. A National Core of Trainers was formed to meet the training requests coming from the field operating on an on-call basis. *(See Annex 12 – SDM Curriculum using the GATHER approach)*

A detailed list of the 65 batches of trainings conducted by IRH, categorized into Mucus Method, all NFP, and/or SDM trainings, can be found in *Table 4*.

**Table 4. TRAINING ACTIVITIES**

DATE	KIND OF TRAINING	AREAS / LOCATION
<b>2001</b>		<b>Mucus Method</b>
Feb. 19–23	MM TOT	DOH & NGO/Cuidad Christhia
Apr. 25–27	MM for SP	Prolife/San Lorenzo Ruiz Center
<b>2001</b>		<b>Standard Days Method</b>
Sept. 24–27	SDM TOT	Tuba & La Trinidad
Nov. 7–9	SDM TOT	National Corps of Trainer/La Salette, Cavite
Nov. 27–29	SDM TOT	Malaybalay & Kaanib
<b>2002</b>		
Feb. 19–21	SDM TOT	Benguet Expansion (SP of Tuba & La Trinidad)
Mar. 19–21	SDM TOT	FriendlyCare
Mar. 20–22	SDM	Palawan
June 3–8	SDM SP	Engender Health Trng of Counselors
Aug. 25–31	SDM SP	Engender Health Trng of Counselors/Baguio
Sept. 10–11	SDM SP	DOH CHD Reg. 4
Oct. 1–3	SDM TOT	Mindanao Group/Davao Medical Trng Center
Oct. 23–25	SDM TOT	Luzon & Visaya Group/Titus Brandsma Center
Nov. 8–9	SDM SP	Brokenshire Women Center/Davao City
Dec. 9–11	SDM SP	Family Life Tagum City, Council of Women of Panabo City, 1 OPIMIN, 2 FC Davao & 12 Army Reserve Command/Mindanao
Dec. 16–17	SDM SP	BHW, Davao Province
Dec. 16–17	SDM SP	Doña Remedios Trinidad, Bulacan
<b>2003</b>		
Feb. 11–12	SDM SP	Friendly Care/Makiling Highlands Pansol,

		Laguna
Feb. 19-20	SDM SP	ULAMAS/Davao City
Aug. 28-29	SDM SP	NGO Trng for a Fee Corporate Inn
Oct. 9-10	SDM SP	Mindanao Family Life Workers/Malaybalay
Oct. 15-16	SDM SP	Hospitals Trng for a Fee/Contemporary Hotel
<b>2004</b>		
Jan. 17-18	SDM SP	Prolife/Good Shepherd Compound, Quezon City
Feb. 27-29	SDM SP	Family Life of Isabela, Basilan
Mar. 1-3	SDM SP	Family Life of Jolo, Sulu
Mar. 8-9	SDM SP	Plan San Jose, Occ. Mindoro
Mar. 10	SDM BHW	Plan San Jose, Occ. Mindoro
Mar. 13-14	SDM SP	Family Life Isabela Province
Mar. 15-16	SDM SP	CHO Pasig
Mar. 17&19	SDM SP	CHO Pasig
Mar. 22-23	SDM SP	CHO Pasig
Mar. 24 & 26	SDM SP	CHO Pasig
Apr. 28-29	SDM SP	PHO Marinduque/Boac Hotel, Marinduque
May 20-21	SDM SP	LGU Luzon Batch -Laguna, Pampanga, Lucena, San Fernando City, La Union
June 17-18	SDM SP	Valenzuela City
June 24-25	SDM SP	DOH Representatives in Metro Manila
June 29-30	SDM SP	Marikina City
July 1-2	SDM SP	Pateros and Mandaluyong City
Aug. 4-5	SDM SP/BHW	Brgy 178-GMAG/Brgy 178 Hall
Aug. 1&14	SDM BHW	Sr. Celeste-Family Life Group/Bagong Silang
Sept. 23-24	SDM SP	CHD Reg.6/Residence Hotel, Iloilo City
<b>2005</b>		
Jan. 5-7	SDM TOT	Alliance of Northern Iloilo for Health Dev. Inc.
Jan. 13-14	SDM SP	Mun. of Catarman, San Jose, Rosario, Bobon, Northern Samar
Jan. 20-21	SDM SP	Families & Children for Empowerment & Development Foundation (FCED)

<b>2002</b>		<b>All NFP Methods</b>
Nov. 25–29	All NFP for SP	CHD Reg. 5 Bicol Region
<b>2003</b>		
Feb. 24–28	All NFP TOT	CHD CAR/Baguio City
Mar. 3–7	All NFP TOT	CHD CAR/Baguio City
Mar. 10–14	All NFP for SP	CHD CAR/Baguio City
Mar. 17–21	All NFP for SP	CHD CAR/Baguio City
Mar. 24–28	All NFP for SP	CHD CAR/Baguio City
Apr. 7–11	All NFP for SP	CHD CAR/Baguio City
Apr. 21–25	All NFP TOT	CHD Reg. 1 Ilocos Region
May 12–15	All NFP TOT	CHD Reg. 7 Central Visayas/Cebu City
May 19–23	All NFP for SP	PHO Ilocos Norte
June 23–27	All NFP for SP	RHU Malasiqui, Pangasinan
July 15–18	All NFP for SP	PHO Ilocos Sur
Sept. 8–12	All NFP for SP	PHO La Union
Sept. 15–18	All NFP	Cebu City
Oct. 27–31	All NFP for SP	Torrijos, Marinduque
Nov. 10–14	All NFP for SP	CHD 7–Dumaguete City, Negros Oriental/El Oriental Beach Resort
Dec. 8–12	All NFP for SP	CHD 7–Tagbilaran City, Bohol
Dec. 8–12	All NFP for	CHD 7–Cebu Province



	SP	
<b>2004</b>		
Feb. 24-26	All NFP for SP	Trng for a Fee/Contemporary Hotel
Sept 3 to 7	All NFP Methods	Prelature Ipil/ Zamboanga Sibugay



*Dr. Arevalo, Training midwives for SDM testing*

## 2. Proving the SDM's Worth

In order to further study the performance of the SDM in different settings, operations research activities, collectively called SDM introduction studies, were conducted in partnership with local research agencies. The introduction of SDM into the FP Services of Kaanib, Inc.: Testing Counseling Strategies was undertaken by the Research Institute for Mindanao Culture of Xavier University. Another study, entitled Introducing SDM in Fee-for-Service Settings, was undertaken by the Asian Institute for Journalism and Communications.

The sites for this second study were two clinics of the Friendly Care Clinics, a fee-for-service, non-governmental organization which runs several reproductive health clinics in Metro Manila. The third study, entitled *Introducing SDM in Fabella: One Visit versus Two Visit Protocol* was done by the Arts and Sciences Interdisciplinary Network of the University of the Philippines. The Jose Fabella Memorial Hospital is a government hospital which offers all methods of family planning to its clientele, thus the study focused on documenting the introduction of the SDM in a multi-method, government hospital based family planning service site.

The results of the studies again gave us empirical data, even if the sample sizes were limited (typical in studies following clients over extended time periods), that the SDM is well worth pursuing, since they showed that the SDM is an acceptable and effective natural family planning method and that it can be promoted in various service delivery settings. The findings of these studies provided evidence that the SDM can be mainstreamed both as part of the regular method mix of family planning services and as a single method promoted by a cadre of trained and motivated educators and counselors. Moreover, the study also reiterated the usefulness of the CycleBeads as a tool in keeping track of one's menstrual cycle since it showed that most of the participants who got pregnant did not move the ring/band on the CycleBeads on a daily basis.

There were also special issues and concerns that the three studies clarified. Comparing the two protocols of providing instructions on the SDM, the findings of the Fabella study showed that clients in the two-visit protocol fared better than the clients in the one-visit protocol but that the difference was neither large nor statistically significant. The former had better knowledge of the method rules in the first month of use while the one-visit clients caught up by the third and fourth follow-up. Another concern explored was the matter of charging fees for SDM services. The

Friendly Care component of the study showed that its clients were willing to pay PhP60 for counseling and another PhP60 for the CycleBeads. A subsequent willingness to pay survey in a larger sample also found a willingness to pay for the SDM.

Kaanib, a people's organization which is not traditionally involved in family planning, tested the use of couples and male motivators to conduct IEC activities among its members and provide counseling to those who agreed to practice SDM. The Kaanib component of the study showed that the SDM can be learned and taught by individuals/couples with low levels of education. Further, the results showed that the SDM is simple enough to be taught by these same individuals/couples. (*See Annexes 13, 14, 15 - SDM OR Studies*)

### 3. The SDM Experience To-Date: Some Best Practices

#### *3.1 The Benguet Experience*

Documentation of the best practices in the introduction of the SDM in the Benguet area was done at the end of the Long Term Follow Up Study with a professor of the University of the Philippines Baguio taking special interest in the subject. In its final report dated June 2003, this study noted several best practices which contributed to the successful introduction of SDM in Benguet.

- First, during the preparatory activities, the project sought the active participation of three groups of people – the local government officials, the devolved health offices and the hospital-based health personnel. The efficient mainstreaming of the SDM in the existing health service delivery structure was achieved by building

capacity among key health providers on the method. Introductory activities consisted of a “public launching, orientation to BHWs and BNSs, and continuous dissemination of service providers to virtually all individuals in the community in all imaginable venues”.

- The strategy of disseminating information on the SDM to almost everybody that needed to know about it in the community was effective in generating interest in the method. At the clinic level, the SDM was presented as an option for NFP during the FP counseling session and was also integrated with other FP services in IEC activities. All interested individuals were counseled and assisted in monitoring and recording of their cycles to ensure the successful use of the method.
- The use of existing systems and procedures in the local health organizations helped to effectively integrate the SDM into the FP services of the clinics. The provision of IEC materials and adequate training ensured that the quality of information and client assistance given by the service providers was high. The invaluable support of the management paved the way for the mainstreaming of SDM.



### Testimonials of SDM Clients in Benguet Province

*Some testimonials from satisfied SDM users culled from a study on Best Practices of 105 couple users, 20 supervisors, 10 Local Executives, and 60 Service Providers:*

***Husband:***

*"It's respectful of the wife . . . and sexually satisfying for both. Now she is enjoying it, good mood palagi (always)."*

***Wife:***

*“Our closeness was intensified, not like before. I enjoy this method more than any that I have tried. Our relationship as a couple became more intimate. We seem to have been disciplined. If we should not do it, we really don’t. But if we can already do it, then we enjoy! No inhibitions! We seem to give it all during those days that we can have sex. Now he even wants me to take up computer lessons. “*

***Wife:***

*“When I was on the mucus method, my husband had to take the cues from me because I am the only one who knows if I am fertile or not. He is just depending on me. Now he is involved in the moving of the rubber band and can tell by himself.”*

***Provider:***

*“We always practice confidentiality. We assure our clients that nobody else will know what they are doing. I’m so proud because the method is good. From the mouth of our clients, we are so inspired, to move on and to move out of our office. Home visitation is good. Texting by cellphone for follow up is also good. We are doing it.”*

*“There are many who benefit from the SDM because they feel sickly with some other methods. Then they don’t want to practice family planning. Meeting the husbands is so good for family planning. It’s the first time that this is happening. They also like to know and talk about it. I was also able to teach a childless couple, now the wife is conceiving after 4 years together.”*

The province of Benguet consists of 13 municipalities, and while the efficacy trial was conducted in two municipalities, the other 11 municipalities had expressed interest in offering SDM in their areas. Service Providers of the two municipalities were trained by IRH to be SDM trainers. Together with IRH, the training on SDM for service providers of the 13 municipalities of Benguet was conducted from funds made available by the province. Eventually the entire Cordillera Autonomous Region (CAR) programmed a training for the service

providers in the 5 provinces of the region on natural family planning, including the SDM. At present, although the number of reported SDM users is quite impressive, there is a need to monitor how the SDM is performing on its own, scaled up through local initiatives. Unfortunately, USAID/Philippines' decision to terminate IRH/GU's Philippines program meant that scale-up plans for Benguet were not implemented. *(See Annex 16 – Benguet SDM write up)*

### *3.2 The Malaybalay Experience*

Based on the Kaanib SDM experience in two barangays of the City of Malaybalay, the City Government learned of the success of the SDM and decided to offer the method in the entire city as part of the local FP program. IRH designed a study to further evaluate how the SDM would perform based on a local initiative. The training of the city health workers was jointly conducted by Kaanib and IRH. It was actually the mayor (who is also a doctor) who first saw the usefulness of the SDM in addressing the unmet FP need of the city. Malaybalay is also a showcase for family planning efforts, having one of the highest CPRs in the country.

The following factors made the situation even more interesting.

- There were several factors that can be considered as critical in making this project work well. First, this project proved that LGU-NGO collaboration can be a formidable formula in the implementation of a project. The commitment of the Local Government Executive plus the support of members of the *Sanguniang Panlalawigan* (Provincial Council) by authorizing the Mayor to sign the Memorandum of Agreement with IRH paved the way for the implementation of the project. Kaanib then provided assistance in information dissemination activities as well as in the training of SDM providers.

Of course it helped that the Mayor wanted to provide an option for couples who prefer to practice a natural method of family planning, and that he saw the SDM as ideal for this purpose. Further, he believed that because SDM is a couple method, it would also provide an opportunity to promote responsible parenthood among both the wives and husbands.



- On the part of the service delivery arm, all midwives in the 46 barangays of the City of Malaybalay offered the SDM during the regular clinic hours. Supervisors in each clinic supported and supervised study activities including SDM counseling and data collection. The service providers encouraged the husbands to get involved in the practice of the SDM. Thus, most wives reported that their husbands are involved in SDM use by asking and seeing to it that she is moving the band correctly, by helping the wife move the band, by counting the days and seeing to it that the band is on the right bead and by marking the calendar at the start of the cycle.
- A users assembly was conducted to share their experiences, including their problems, if any, regarding use of the SDM. The assembly was also intended to acknowledge the good works of the providers, to encourage the users to continue using the method, and for users to meet other users of the method. During the assembly, the wives who are accompanied by their husbands were asked to give their testimonies as well as their concerns regarding SDM use. Most of them gave very positive feedback about the method indicating that they are happy with the method.

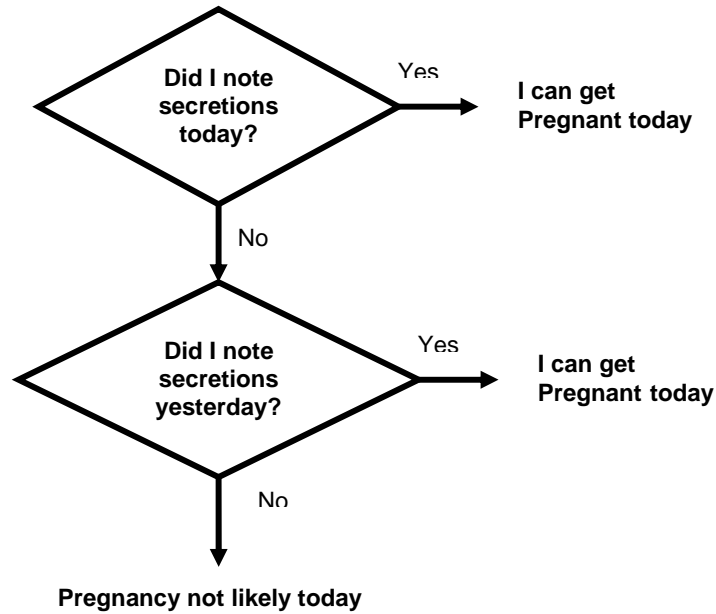
The results of the June 2003 Community Based Management Information System (CBMIS) shows that the SDM has already been added to the clinic record keeping and service statistics system. The SDM has contributed at least 1 percent to the overall contraceptive method mix of the city which was higher compared to Billings Method, the BBT and vasectomy.

As an offshoot of the positive outcomes of the Malaybalay project, other LGUs have expressed interest in integrating the same SDM service in their respective areas. In at least 3 of the neighboring municipalities, Kaanib has undertaken the training of service providers. *(See Annex 17 – Malaybalay experience write up)*

#### 4. The TwoDay Method Study

Towards the end of the SDM Efficacy Trial, selection of the pilot sites for another simple natural method, the TwoDay Method, began. The TwoDay Method (TDM) is a mucus-based method that uses an algorithm whereby the woman asks herself whether she observed secretions today and yesterday, thus simplifying the woman's observation by not having to pay attention to the characteristics of the mucus, and limiting the method rule to simply one: two days without any secretion means intercourse will not result in pregnancy on the second night.

### The TwoDay Algorithm



After a six-month pilot test and an efficacy trial conducted by IRH/GU for the TwoDay Method, the results showed that correct use of the method can give about 97% protection against pregnancy. The TDM is effective, acceptable, and feasible for programs to offer. It is easy to teach, learn and use, and it can address the need of women for simple, accurate instructions for identifying their fertile days. The results of the tests are encouraging IRH/GU to reach out to women who would like to use a simple natural method regardless of their cycle length. As with the SDM study, the TDM study is a multi-center, multi-country study that involved following up users for 13 cycles. The Philippines was one of the study sites.<sup>3</sup>

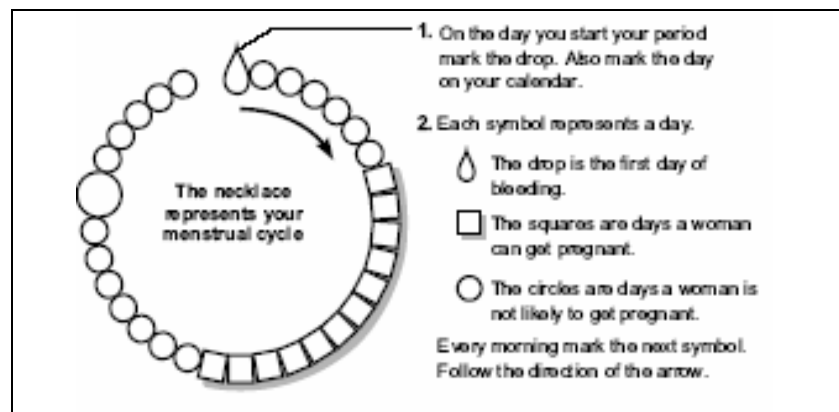
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<sup>3</sup> Arevalo M, Jennings V, Nikula M, and Sinai I. Efficacy of the new TwoDay Method of family planning. *Fertility and Sterility*. V82-4, Oct. 2004; pp.885-892.

## 5. Other Studies Undertaken

### 5.1 *Necklace on Paper*

One other interesting mini-study undertaken by IRH was the testing of a visual representation of the SDM beads on paper combined with instructions, that is, 'necklace on paper'. This pilot test was conducted in response to concerns that the SDM beads were not always available but that the SDM was an important method that was in high demand. While there was clearly a preference for the actual beads, the necklace on paper appeared to be a good substitute for tracking the fertile and infertile days of the users. Moreover, the providers found it effective in teaching the method while the users found it a useful learning and communication tool (with their partners). A more rigorous study on this subject is now underway in Guatemala. (See Annex 18 - *Necklace on Paper*)



*Diagram of the necklace on paper*

### 5.2 *The Market Feasibility Study*

A marketing study was commissioned by IRH/GU to look at the potential of the SDM to contribute to reducing the family planning

unmet need of the country through a commercialization strategy that would facilitate access. The potential FP market is 20.5% of currently married women of reproductive age, or approximately 2.4 million women. In keeping with the contraceptive self reliance efforts of the family planning program, the strategy of bringing the SDM to the end users would be through commercial outlets or private providers.

The study showed the potential target market for the SDM for the years 2004 to 2006. It also gave the recommended pricing for the beads, the product positioning and the possible distribution strategies. In the area of policy advocacy, the study recommended the pursuit of the acceptance and endorsement of the SDM by the DOH or even the President, and the active role of IRH/GU and USAID to help in educating the general public about the viability of the SDM. In summary, the possibility of commercialization of the SDM is very positive, based on the study findings, and that SDM promotion rests on the principle of expanding informed choice, and that a key component of the method is fertility awareness. IRHphi could either serve as the local distribution agent for CycleBeads, or as a sub-licensee that would manage local production. Any profits made from these activities could be used to support SDM scale-up and training. *(See Annex 19 – Market Feasibility Study for SDM)*

## V. Maintaining A Presence: SDM Implementation through Various Venues

### 1. Setting Up IRH Philippines

In December 2000, the Philippine NGO affiliate of IRH/GU, the Institute for Reproductive Health Philippines, was duly registered with the Securities and Exchange Commission (SEC) having fulfilled all requirements for board membership, its own bylaws, and capital

requirement. Having been registered, an omnibus brochure was produced and disseminated to introduce the organization. (*See Annex 20 – Founding Board Members of IRH Philippines*)

The primary mandate of the IRHphi was to help in the implementation of the SDM and simple natural methods of family planning since the DOH and the United States Agency for International Development (USAID) Philippines had not picked up the method nor were they providing the support that was expected from them. Neither did NFP groups linked with the Catholic Church provide any assistance since they look upon SDM with suspicion and perceive the method as ‘USAID’s Trojan horse’.

Despite these difficulties, the first project awarded to IRHphi was a small grant of over fifty thousand US Dollars from the United Nations Population Fund (UNFPA) as a 2-year special project for the mainstreaming of the Mucus Method in 9 UNFPA provinces. The efforts and costs far outweighed the positive results in terms of number of users. However, the project results supported a number of vital claims of the NFP groups, such as:

- NFP enhances the acceptability of the concept of family planning
- Fertility orientation session is greatly appreciated and useful as a background for all FP methods
- NFP contributes to increased gender awareness and sexual responsibility of couples, addressing male involvement in FP

(*See Annex 21 – Lessons Learned from the Final Project Report to UNFPA on the Mainstreaming of the Mucus Method in Five Provinces*)

One of the first projects of IRHphi was a partnership on SDM integration with EngenderHealth and Management Sciences for Health funded through USAID bilateral projects for the urban poor areas of the

country, starting with Metro Manila. The partnerships were coordinated by the Department of Health where the project was based.

At some point in the negotiation, IRHphi was asked to take on the training for all other FP methods as USAID follows a multimethod approach. Fully cognizant that the requested service was beyond its capacity and mandate, IRHphi declined the request. Instead, it actively participated in the development of a training curriculum for all family planning methods including the Standard Days Method. Likewise, a core curriculum for teaching all family planning methods using the GATHER approach, incorporating the SDM, was developed.

*(See Annex 22 – GATHER material for all methods including SDM, Engender Health Urban Poor project)*

*(See Annex 23 – MSH SDM module)*

In December 2002, a letter from Carina Stover, Chief of the Population/Health/Nutrition Division of USAID Philippines, informed IRH or the USAID Mission’s decision to end the operations research activities being undertaken by IRHphi (although funding was from IRH/GU’s centrally-funded AWARENESS Project and not the mission). No new activities would be permitted, and those underway were to be terminated early. No reason was given in the letter for the discontinuation. Pending approval of USAID/Philippines at that time was a proposal for scaling up SDM in the province of Benguet, designed to be a 3-year project. Likewise, several projects were in advanced planning stages. Among these was the integration of SDM in the Family Planning services in targeted depressed areas in Metro Manila, known as Kalahi areas. Under this project, IRH Philippines would have been subcontracted by EngenderHealth, which was the lead agency for the project.

*(See Annex 24 – Letter to IRH from C. Stover, USAID)*

Collaborative work was likewise undertaken with Management Sciences for Health on the Matching Grants Program (MGP). The SDM was incorporated in the training for Barangay Health Workers of the MGP areas, and materials were developed in collaboration with GTZ, the German government's agency for international cooperation. However, as training cascaded down the line at field level (starting from the core trainers), the quality of the SDM training was reported to deteriorate. Another issue was that the MSH material mentioned the use of condoms during the fertile period, if the couple could not abstain. This material was later used by DOH against IRH in declassifying SDM as an NFP method. No consideration was taken that an information-based method like the SDM could be offered by different groups in ways that are consistent with their policies and religious or moral beliefs. (For example, the Prelature of Ipil has found the SDM to be appropriate – without the use of condoms and with value counseling and guidance). A proposal was submitted to MSH to continue the collaboration at field level so as to address mentoring and monitoring of SDM in the MGP areas, but no response was obtained early enough before the MSH/MGP ended and was followed with the current LEAD Project.

At the time of the writing of this report, the DOH is said to be planning to conduct an evaluation of the SDM in 2005, the tentative dates for which were not given. It is felt that by this time, there is enough information/data generated by the various projects implementing the SDM which can help in resolving issues regarding the method. Priority has been given by the present administration in working with the Catholic lay group called Couples for Christ (CFC), by giving them a grant of P50 Million for the teaching of the Billings Method. Historically, the proposal for this grant began as an SDM-focused project drawn up by the POPCOM Region Office 1. It was scaled up to national proportions and the grant was awarded to the CFC and other groups while IRHphi was no longer invited to be part of any of the



national DOH–NFP programs. However at the Regional and Local Health units, demand for SDM has been increasing.

Despite the many setbacks the IRHphi Board has faced since its inception, it has exceeded its plans to provide direction to IRHphi, contributed financially to its efforts, and has served as a source of guidance on moral and ethical concerns. Their continued meetings and dialogues with key contact persons in the FP field have led to requests for training and orientation sessions in different areas.

## 2. SDM Implementation through the Local Government Network

In mid 2003, as plans for phase–out of IRH/GU support were being finalized, a consultancy position for a sustainability advisor was created at IRHphi. As the title of the position indicated, the task of this consultant was to explore opportunities to make the SDM maintain its presence within the national FP service delivery network as a safe and effective method of family planning. A former Secretary of Health was hired for this position. She was considered to be very instrumental in opening a window for Natural Family Planning in the International Conference on Population and Development held in Cairo, Egypt in 1994 and the Women in Development Conference held in Beijing, China in 1995.

Largely through the sustainability advisor’s advocacy with the Secretary of Interior and Local Government, Department Circular 2003–204 was issued in October 2003. This circular mandated the integration of the Standard Days Method in Local Government family planning programs and encouraged Local Chief Executives to offer the SDM as an additional option in their respective local family planning programs. In response to the issuance of this circular, IRHphi intensified its advocacy activities. Several consultative sessions were held with medical experts who gave their professional opinions on the

SDM. These were forwarded to the DOH for policy input. Part of the positive results gained from this move was the complete arrest of the negative statements being made against IRH by individuals then close to the DOH Secretary.

Collaboration with the Office of the President for Mindanao also resulted in the dissemination of the SDM among some Muslim groups and indigenous peoples of the area.

### 3. SDM Implementation through the Roman Catholic Church Network

One of the greatest challenges that the SDM group had to confront ironically came from the NFP camp. Their insistence was on the definition of NFP as a method that identifies the fertile and infertile phases of the cycle on the basis of daily observation of signs and symptoms and limiting coitus to days appropriate to achieving or avoiding pregnancy. Since the SDM does not involve the daily observation/identification of any signs or symptoms but only the starting date of the menstrual period, (just as in following the Calendar Rhythm formula which does not require couples to observe/identify fertility signs and symptoms), doubts were raised as to the SDM being a true NFP method. These doubts have also been traced to a question of turf, but the repercussions have proven to be very divisive among the NFP groups.

It was Bishop Antonio Ledesma, S.J. of the Prelature of Ipil, who recognized the value and later became an active advocate for the SDM. As Bishop Ledesma would later recall in his lecture at a symposium on the SDM sponsored by the Loyola School of Theology (June 2003), he and his delegation first came to know about the NFP method called SDM when they attended the 11<sup>th</sup> Mindanao-Sulu Pastoral Conference in October 2001 held in Malaybalay, Bukidnon, where IRHphi was then having a project with the Kaanib Foundation. Impressed with what they heard and saw, his group tried to learn more about the SDM by inviting

the IRH Country Representative to a seminar on family life and responsible parenthood organized by the prelature in February 2003.

Presented with all the facts about SDM, and having interviewed married couples who are NFP and SDM users in his Prelature of Ipil and nearby dioceses, he became convinced that the SDM can fulfill an important role in strengthening the marital relationship and enriching family life. He came out with the position that the validity of SDM (as an NFP method) is beyond question. Further, he believed that NFP is not only an added option for couples in their desire to follow the moral guidelines of the church but also a pastoral imperative for the local church to enable couples to make an informed and responsible choice with regard to family planning. He would later earn the nickname Bishop Champion among SDM advocates. *(See Annex 25 – Loyola School of Theology, SDM: Natural and Moral?)*

In July 2003, the Catholic Bishops Conference of the Philippines took a consensus **YES** vote for the SDM to be integrated in local churches' NFP programs without collaboration with government. In line with church beliefs, the SDM was to be offered as an abstinence-based method.

On the basis of this decision, a framework for revitalizing the NFP program of the Prelature of Ipil was drawn up by Bishop Ledesma and the Family and Life Apostolate Staff. This framework appears below together with the organizational steps followed in revitalizing the Prelature's NFP program.

The framework was explained in a concept paper from Bishop Ledesma entitled **'RESPONSIBLE PARENTHOOD THROUGH NATURAL FAMILY**

**PLANNING: A PRIORITY PROGRAM FOR THE LOCAL CHURCH'S FAMILY LIFE MINISTRY** (Sept. 2004) as follows:

**I: Proposed Pastoral Guidelines for the Local Church:**

1. We are Pro-Life. (first principle)

- at the service of life from the moment of conception
- against abortion

2. We are for Responsible Parenthood. (goal)

- rights and duties of parents extend to the procreation and education of their children

3. We are for Natural Family Planning. (means)

- the practice of periodic abstinence according to the natural fertility rhythm of the human body
- includes all modern, scientifically-tested NFP methods

4. We enable couples to make an Informed and Responsible Choice. (within the context of a secular, pluralistic society)

- government's focus: to provide information on all FP methods and to refrain from coercion for couples to make an informed choice
- church's focus: to provide information on all NFP methods and to form a right conscience for couples to make an informed and responsible choice

**Five Steps in Operationalizing the Ipil RP-NFP Program:**

1. leveling-off among parish priests, religious, family life workers, and other lay co-workers regarding the program at the diocesan level;
2. orientation seminar-workshop (2-5 days) on all NFP methods at the diocesan or vicariate level;
3. providers' training seminars at the parish level;

4. orientation talk and individual counseling by providers at the kapilya/barangay level;
5. monitoring and evaluation from the kapilya to the parish and diocesan levels.

One of the biggest accomplishments of the Ipil SDM efforts is the design of a vertical row of beads that couples are now using to follow the SDM formula of identifying the fertile and infertile days of a woman with cycles of 26 to 32 days. The beads have been in use for almost 3 years now with significant success. Presently, the Local Government Unit has asked for NFP training for their Health Workers from the Prelature staff. It would be worthwhile to document this process as a model for identifying points of synchronicity. A number of church-based programs are slowly following suit.

#### 4. Creating a Niche for SDM: Towards a Social Enterprise

The decision to scale up the promotion and accessibility of the SDM came out of the recognition of several factors. First, IRH believes that the SDM is a healthy option for FP practice. Second, studies have shown that SDM is an acceptable method among couples who want to manage their fertility and can be sustainably adopted in communities. Third, there is strong support from the Roman Catholic Church which has endorsed SDM as natural and moral. Fourth, several LGUs have actually used their local funds to install the SDM service in their localities with success.

The largely lukewarm attitude of the DOH in considering the SDM as part of the NFP choices can also be considered as a strong impetus for seeking a social marketing approach in the provision of

the SDM. Another consideration taken was President Arroyo's statement that in the event donors stop funding the purchase of contraceptive supply, she expects the NGOs to take up the challenge rather than the government. (PDI, July 7, 2002)

In deciding to go increase access to the SDM, IRHphi established the following (Social Marketing) objectives:

- Behavioral and attitudinal change to be effected through strategies that are within the umbrella of the overall national FP program of the government;
- The SDM will be promoted in areas where there is high unmet need, high use of traditional FP practices, and high discontinuation rates;
- The SDM will enlarge the FP user base as measured by CPR.

At the moment of writing, funds to be used as capital outlay for the commercialization endeavors need to be committed.

## 5. Setting Up the NFP-MIS

Except for reports coming from project sites, no monitoring of the outputs from other activities – such as orientation and training of various groups including Muslims and Indigenous Peoples in Mindanao – was systematically undertaken during the initial years of IRH's presence in the country.

However, the 2002 Family Planning Survey (a yearly survey), provides a picture of how even the low scale promotional efforts for SDM is paying off. It reported an average 0.1% SDM use among all FP methods, which is a far better performance than that of the

Mucus/Ovulation Method currently being promoted by the DOH. (See Table 5) Unfortunately, there was no data on the SDM in the method mix of the 2003 NDHS (a survey undertaken every 5 years).

The Community Based Monitoring Information System (CBMIS) of the LEAD Project under MSH includes the SDM as one of the FP methods, and as such, users do get reported in some areas. Looking at the FP website of the DOH, in particular at its recently launched *Ligtas Buntis* door to door family planning program, it is this monitoring form that is featured. (See Annex 26) Perhaps it is time for DOH to take a second look at its policy on the SDM, and to take into account its usefulness at field level, in particular, among the 51% of women reported not to be using any method, and the 16% still using the traditional methods.

Table 6. **SDM Reported Users (Year 2002 to December 2004)  
by Area/Location, Philippines (Partial Listing)**

Area/Location	Total Number of Users
NCR	
Fabella Hospital	52
FriendlyCare Clinics, NCR	151
Private Sector (Hospital, NGO & others)	7
<i>LGU:</i>	
San Juan	2
Quezon City	1
Muntinlupa City	2
Makati City	1
Mandaluyong City	1
Marikina CHO	81
Camarin, Caloocan City	97
Valenzuela City	16
CAR	
Benguet Province	335
CHD CAR	2
Region 1	
PHO La Union	63
PHO Ilocos Norte	105
PHO Ilocos Sur	33
PHO Pangasinan	50
Region 3	
Tarlac City Population Office	3
Region 4	
CHO Puerto Princesa, Palawan	108



PHO Marinduque	47
CHO Tanauan City, Batangas	20
Sariaya, Quezon	12
Cuenca, Batangas	119
Region 5	
Naga City Population Office	62
PHO Sorsogon	32
Private Sector (Hospital, NGO & others)	18
Region 6	
Silay, Negros Occidental	376
Calatrava, Negros Occidental	16
Region 8	
San Francisco, Leyte	69
Giporlos, Eastern Samar	263
Quinapondan, Eastern Samar	45
Tanauan, Leyte	144
Region 9	
Ipil, Zamboanga Sibugay (church)	434
MHO Zamboanga Sibugay	50
RHU Sindangan, Zamboanga del Norte	4
Region 10	
Bukidnon Province (includes Malaybalay)	175
Region 11	
CHD Region 11	806
PHO Davao Oriental	268
Nabunturan, Compostela Valley	3
Laak, Compostela Valley	26
Montevista, Compostella Valley	9

Sta. Maria, Davao del Sur	5
Region 12	
CHO Kidapawan City, North Cotabato	18
CARAGA	
Prosperidad, Agusan del Sur	5
Hinatuan, Surigao del Sur	7
Private Sector (NGO)	16
ARMM	
CHO Isabela City, Basilan	74
Balabagan, Lanao del Sur	6
Private Sector (Hospital, NGO & others)	54
<b>TOTAL SDM USERS :</b>	<b>4293</b>

As of December 2004, some 4,293 SDM users have been reported in specific areas in 13 of the 16 regions that responded to a survey conducted by IRHphi. The above figures do not represent all areas where the SDM is being used. It should be noted that IRHphi provided the SDM training in most of these areas. These organizations are a mix of government agencies, non-government agencies and church-based groups.

*(See Table 6 – SDM Users)*

The IRHphi website has been designed and is now in use. However, it has yet to be fully maximized at this point. The Resource Center database has likewise been installed. This includes the Database for Bead Sales and Inventory Monitoring which is already in use.

*(See Annex 27 – IRH Philippines Website Homepage & Annex 28 – Beads Sales sample sheet)*

## VI. IRH Philippines: Continuing Commitment to NFP and Family Welfare

### 1. On Our Own: Sustainability Efforts

The results of the market feasibility study provides IRH with the bases for the development of a business plan that will promote the SDM within a commercial strategy. This plan as recommended in the study should include the creation of demand through tri-media and working through institutional outlets. Coordination between IRH GU and IRHphi will be pursued. However no resources have yet been allotted or identified for these efforts.

Side by side with the commercial strategy is the pursuit of a stronger advocacy campaign with Local Chief Executives leading to the integration of SDM in the choices offered in local reproductive health programs. While this has been partly achieved through the issuance of the DILG memorandum circular, a lot needs to be done in seeing to it that this is done correctly in order to ensure its sustainability.

As IRHphi is no longer receiving funding from IRH/GU, the local unit challenged themselves to develop proposals to seek funding from various sources. The proposals which were developed tried to address strategic issues and concerns such as increasing male participation in reproductive health, prioritizing minority peoples and Muslim-dominated areas, working with community-based NGOs, and utilizing the innovative integrated population/health/environment approach for supplementary resource generation. As a result, five proposals have been developed and submitted to prospective donors. The proposals and their corresponding status to date are contained in *Table 7*.

2. Strategic Directions Taken Despite the setbacks on the project development and proposal making front, IRH-Phil has set its sight forward and has lined up projects

**Table 7. IRH-Phil Project Proposals for Sustainability 2004 - 2005**

Title/Nature	Donor	Status
<ul style="list-style-type: none"> <li>• SDM Integration in Community Settings</li> </ul>	World Bank DIMP	Not Approved
<ul style="list-style-type: none"> <li>• Male Involvement in RH</li> </ul>	CIDA	Reformat to CIDA proposal format
<ul style="list-style-type: none"> <li>• Increasing Male Participation in Family Planning</li> </ul>	UNFPA	Not Approved
<ul style="list-style-type: none"> <li>• Integrating SDM in a workplace setting/and private practitioners</li> </ul>	Sub-contract as part of Chemonics' Increasing Private Initiatives in FP	Approved for a 12-month demonstration project
<ul style="list-style-type: none"> <li>• Integration of SDM in Muslim FP programs</li> </ul>	Special Fund for Peace and Development	No Response
<ul style="list-style-type: none"> <li>• Developing Fertility Awareness Module for action sessions</li> </ul>	SAVE the Children	Discussion in progress
<ul style="list-style-type: none"> <li>• Customizing SDM for</li> </ul>	SAVE the Children	

the Muslim Couples		Discussion in progress
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that will ensure a more widespread and enduring presence of SDM in areas where it should be present. Along this line, the following concerns will be pursued:

- Publication of a book on all Natural Fertility Awareness-based methods
- Integration of RH programs on Natural Childbirthing (Lamaze Group), and Natural Neo-Natal Care (Kangaroo Care) for a more holistic approach to reproductive health care
- Continue the procurement of the beads, try-out ways of improving packaging, and establishment of a distribution scheme
- Advocate among private practitioners and private company clinics for capability building and eventual offering of the SDM as part of their services
- Training for a Fee in response to requests for institutions and individuals wanting to incorporate simple FAB methods in their programs or practice

## VII. Lessons Learned

### 1. Overcoming Challenges

- 1.1 The SDM has evidence-based potential in helping address the unmet need of family planning in general; particularly in rural areas.** The availability of the Standard Days Method at the

grassroots level could adequately address the demand for simple natural methods of family planning. Evidence of this is the 0.1% increase in CPR contributed by SDM as shown in the 2002 Family Planning Survey. This finding is quite impressive considering that this study was conducted just after the conclusion of the efficacy study and without any organized national effort or resources. Another evidence which can be cited in this regard is the 1.03% increase in CPR in the City of Malaybalay after the introduction of SDM through the trained public health workers. Given that the percentages of women using traditional methods as well as non-users of family planning has changed little over the past years, the SDM provides a lot of promise in addressing unmet family planning needs, especially those in the rural areas. The number of current users informally reported in the areas that claim to have SDM service is also quite significant. Basically it is SDM's simplicity, ease of teaching, learning and using that are the main attractions of the method not only for users, but also for the providers who are now using the method.

- 1.2 **The need to advocate, not only for SDM but for simple natural methods of family planning methods is still very great.** Existing family planning programs as well as donor attitude do not yet reflect an opening for easy acceptance and promotion of simplified natural methods nor view simple natural methods as cost effective for the long term. Generally among the hard core donor milieu who strongly advocate for population control, NFP is seen as ineffective, not cost efficient, and not a good strategy for addressing the population problem. NFP is also seen as a threat or competition to the artificial methods. Considering that the non-users of FP still outnumber the women using contraceptives, and that the percentage of traditional method users has not changed much over the years, NFP can well target a portion of these users.

On the other hand, the acceptance of the SDM as a natural method of FP in the same manner other as the other program-recognized natural methods are, still needs to be creatively and consistently pursued. One approach that has been effective in convincing those who have “doubts” about the method is to make them visit IRH/GU. It has been observed that visits to IRH/GU result in very positive supportive moves upon their return to the Philippines. Among those who visited IRH/GU are the IRHphi Board President Conrado Navarro, Board Member Mars Marquez, Bishop Ledesma, and Fr. Giordano, both Jesuits.

- 1.3 Participation of NGOs and faith-based groups, even Catholic organizations, in SDM/NFP promotion and service delivery can be achieved at the community level. For Catholic groups, the condition is:** the teaching of the method should be in synch with the institution’s policy or principles. Likewise, materials that evolve from Basic Christian Communities (BCC) perspectives are acceptable and effective because of its strong resonance with the values espoused by the end users in faith-based groups including Catholic groups.
- 1.4 Mainstreaming natural family planning as a process continues to be a challenge in terms of capability-building and the rethinking of government policies and resource allocation among donors and program managers outside the extreme views of population control and ideological positions.** Policy initiatives should be taken within the context of every administration’s political position regarding population and family planning as well as be acceptable to key groups and persons in the influential Catholic Church. Beyond training, resources need to be allocated for promotion and monitoring of NFP possibly within a family welfare context.
- 1.5 Natural family planning, while basically a technology that needs skills training, cannot be totally separate from a value-based**

**intervention.** A durable niche of NFP is that it naturally demonstrates the convergence of technology and values. The counselling approach used in teaching the SDM has added value to the method and has facilitated its acceptance in the Philippines. These values include honesty, self and mutual respect, couple communication and decision-making for fertility and sexual management.

- 1.6 There is a need to take cognizance of the growing involvement in and support of local governments to the FP/RH program. SDM as an NFP method is able to channel increasing LGU ownership that is critical to general acceptance of the various FP methods and successful implementation of these programs.** This maybe due to the fact that the support is premised on a recognition of the value of the program in responding to the needs of their constituents.
- 1.7 The management of an organization even on a low scale is greatly facilitated by administrative systems in place, including financial and technical systems.** A financial operational scale that is closer to local realities which is significantly lower than international donor standards helps in building an image that the program goals are sustainable and can be undertaken through community efforts. Likewise, transparency in major financial transactions and staff participation in decisions helps in reducing administrative problems of competition for limited resources. All financial reports are submitted to IRH/GU or to the IRHphi Board and are open to scrutiny.
- 1.8 Fertility Awareness – the knowledge of women’s fertile and infertile periods serves as a good start by which couples can arrive at decisions for fertility management and the corresponding behavior change needed.** The usefulness of FA serves as a good background for all family planning methods, regardless of the



woman's choice. A review of the current FP program designs show that FA is now part and parcel of the training curriculum. The SDM, in particular through the use of the CycleBeads as a tracking tool, serves as a good vehicle for fertility awareness. This knowledge is also empowering to both women and men.

**1.9 The SDM, in particular the sale of the beads, fits well into the overall current direction of the Population and Family Planning Program with regard to contraceptive self-reliance.** This direction calls for a programmed decrease in dependence on international (particularly USA) contraceptive donations and grants, both at the national and local levels. However since the CycleBeads are a patented product, effort must be made to ensure that commercial production is not undertaken in violation of intellectual property laws and rights.

**1.10 Men's involvement in Family Planning and Reproductive Health is inherent in the practice of SDM.** In a field assessment of the performance of FP methods in this particular aspect, researchers suggest that using SDM is an effective strategy to get the male partners involved in FP/RH decisions. This is especially true because the man does not rely on the woman's observations alone, depending on what she says is a fertile or infertile day, but he keeps track of the cycle through the beads.

**1.11 SDM benefits go beyond family planning.** It also potentially addresses gender-based issues, adolescent reproductive health, violence against women, reproductive tract infections, men's participation in RH, and sexual communications.

**1.12 There is still a need to develop and research into other simplified natural methods,**  
such as for women with short or long cycles, and for the scale-up of these methods.

**1.13 A good product such as SDM and a shared vision have facilitated the IRH work through the formation of effective partnerships with key individuals and organizations of a varied nature. This is in conformity with the long standing evidence of mainstreaming, a strategy that is based on inclusivity rather than exclusivity.**

*(See Annex 29 – List of IRH partners)*

## **2. Barriers to SDM Implementation in the Philippines**

- 2.1 The biggest barrier to the national implementation of the SDM is proving to be the turn – around in the policy pronouncements of the current Secretary of Department of Health (from adopting the method) (Administrative Order No. 49, s. 2991 dated November 14, 2001) but later flip–flopping on his position and reclassifying it as under study (Administrative Order No. 125, s. 2002 issued on June 5, 2002). Although this is slowly changing, this has resulted in an ambivalent direction/position of the DOH on SDM.**
- 2.2 The organized resistance from the Family Life workers of the Catholic Church was largely because of the fact that SDM efforts are funded by USAID and is part of the population and contraceptive program. In particular, a barrier to acceptance of the method in the Philippines is that in the rest of the countries where the SDM has been introduced, individuals are given information and are left to make their own choice on how to**

manage the fertile days. Some organizations choose to offer the SDM with condoms, others offer the SDM as an abstinence-based method. IRH/GU works in an informed choice context and does not insist that SDM be offered one way only. Each organization may offer the SDM in accordance with its policies and philosophy.

The twin or dual effect (i.e. Filipino term is “pompiyang”) of backlash from reproductive health groups because of the policy at the Department of Health favoring natural family planning on one hand, and the resentful attitude of NFP groups favored by the Department of Health which are by and large groups with close ties with the Catholic Church, has been unsettling, to say the least. The former think that SDM was able to get a slice of the grant given by DOH for NFP while the latter resented the possibility of SDM getting a slice of that grant thus joining in the demolition job of presenting SDM as “less-than-true NFP”.

- 2.3 Yet the biggest barrier could be the present lack of capability of the IRHphi staff to sustain itself as well as the policy to sell the CycleBeads only with the accompanying service (i.e. teaching the method on a face-to-face basis with a trained service provider).** This is coupled with the lack of in-house resources to respond to requests for training in areas with no local resources to even partially cover training costs. To address these apparent barriers, resources have to be put in place for additional staffing or replacements, and test inserts, to see if clients are able to use the SDM successfully. Funding grants to help tide over the costs for disadvantaged sectors and groups can be applied for.
  
- 2.4 To date, there is still a need to identify SDM champions in the public sector.** While the problem of a highly politicized arena (family planning and the position of the Catholic Church) is not

confined to SDM promotion alone, the consequences of this are seriously felt.

#### VIII. Prevailing Over the Odds

Through the seven years of presence in the Philippine Family Planning scene, the Institute of Reproductive Health has committed itself to service the Filipino people through the development, promotion, and service installation of natural alternatives in planning their family. This seven years journey has enriched the options for practicing family planning through the introduction of safe, simple, effective and natural methods. More importantly, it has reached out largely to non-users/traditional method users of family planning, but who want to space their children, and has contributed to the well-being of the families of the couples who have opted to receive the offer of practicing family planning the natural way.

The seven years of IRH presence in the Philippines has been a merry mix of triumphs and trials, challenges and opportunities. Despite the withdrawal of official support from the Department of Health, IRH has drawn its impetus both from the DILG Circular, and the approval of the Catholic Bishops so that the campaign for the promotion of the simplified natural methods of family planning has been pursued with determination to prevail over all odds. At this time, it can be said as backed by empirical data that the efforts of IRH has greatly contributed in the mainstreaming of NFP in the Philippine Family Planning Program. The self-instructional materials (SIMs) and competency based training (CBT) materials it produced continue to be of great use to NFP trainings being conducted. The SDM would lend itself particularly well for a SIM because of its simplicity, ease of use, and a worthwhile project to pursue. The training Team on NFP at the DOH continue to function, servicing not only the DOH structure but also made available to LGUs and NGOs who find a need for NFP trainings. The Nursing and Midwifery curricula into which NFP has been integrated continue to be in use thus ensuring the continuous supply of nurses and midwives who already have basic knowledge of the different NFP methods. And then, of course, there is the introduction of new, simplified, easy-to-practice yet

equally effective and scientific ways to practice NFP: the Standard Days Method (SDM) and TwoDay Method. There is still a great need to expand the efforts on a national scale, and generate the necessary resources to mainstream these into self-sustaining efforts.

One of the challenges posed by past DOH Secretary Alberto Romualdez during the IRH presentation on its NFP simplification efforts rings clearly to this day: “Show me what NFP can do, show me significant numbers of couples using the natural methods, as it is, the NFP programs have been grossly underachieving.” Unfortunately, we had to agree with the Secretary at that time. IRH has put its efforts towards achieving some impact in terms not just of numbers of users but also on the quality of users in measures of long term satisfaction with their methods of choice. It is discoveries of this type that have kept IRH strong in the face of what seemed to be insurmountable difficulties and objections from different FP camps.

Recently, IRH Philippines was invited to actively participate in the mobilization of the private sector in family planning initiatives through the PRISM Project which will include the integration of the Standard Days Method in workplace settings and in the private practice of doctors and midwives.

Truly, the closing of one door can become a good opportunity to open windows and perhaps, other doors as what the IRH experience has shown. While the policy fluctuations on SDM and a strong bias for Catholic NFP groups at the DOH may have lengthened and delayed the process, it may, in fact prove to have paved the way in pursuing IRH objectives in a more direct way, i.e. going direct to the people via the NGOs and LGUs. The test of the cake is in the tasting, so the saying goes. The IRHphi believes that testimonies from satisfied SDM users are proving the value of SDM in helping couples form and achieve their dreams for their respective families. Likewise, IRHphi will continue to provide assistance for as long as it can to all those who would be interested in using and/or promoting SDM/TDM/NFP as natural ways of managing fertility. Predictably, in some significant way,

these trailblazing efforts will eventually contribute to national development efforts.

The most recent interests expressed along the promotion and teaching of the simplified natural methods of family planning in the Philippines are seen in the light of a social marketing strategy, a truly challenging and promising strategic direction towards responsible sexual behavior.

### ~ Addendum ~

Based on lessons learned from the Field (including the Philippines) IRH GU has revised/updated/ created the following:

1. SDM training manual
2. Provider job aids including screening checklists for initial and follow up visits
3. Low literacy screening card for providers
4. Insert for CycleBeads (could be adopted for Philippines)
5. Knowledge improvement tool (Kit–previously called supervision guide) to help providers monitor service quality.

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## List of Annexes

Annex No.	Title
1	Efficacy of the new TwoDay Method of family planning
2.a	Monographs of Fabella
2.b	Monographs of FriendlyCare
3	Evaluation of Competency Based Training on Mucus Method
4	DOH Guidelines on the Installation and Maintenance of Natural Family Planning Service
5	Natural Family Planning in the Philippines: Policy and Practice, Politics and Passion
6	Integrating NFP Service Delivery in the Hospital Setting (Guidelines Based on the MMC Experience)
7	Efficacy of a new method of family planning: the Standard Days Method
8	Administrative Order No. 49 s. 2001
9	Administrative Order No. 125 s. 2002
10	Natural Family Planning and SDM in the Local Church
11	DILG Memorandum Circular No. 2003-204
12	SDM Curriculum using GATHER Approach
13	SDM OR – Introducing the SDM into the Family Planning Program of the Fabella Hospital: Testing the Effectiveness of Two Counseling Strategies
14	SDM OR – Introducing the SDM in FriendlyCare Clinics: Testing in a Fee-For-Service Set-up
15	SDM OR – Introducing the SDM of Family Planning into Kaanib: Testing Counseling Strategies
16	SDM Scaling Up: A Local Initiative in Benguet Province



17	Integrating SDM in the Local Family Planning Program: The Malaybalay Experience
18	SDM: Necklace on Paper
19	Market Feasibility Study for SDM
20	Founding Board Members of IRH Philippines
21	Lessons Learned from the Final Project Report to UNFPA on the Mainstreaming of the Mucus Method in Five Provinces
22	GATHER material for all methods including SDM, EngenderHealth Urban Poor Project
23	MSH SDM Module
24	Letter to IRH from CStover, USAID
25	Loyola School of Theology, SDM: Natural and Moral?
26	Ligtas Buntis Program, Barangay FPCBMIS Form
27	IRH Philippines Website Homepage
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29	List of IRH Partners
30	Scope of Work, SDM Field Implementation Monitoring

### List of Appendices

Appendix No.	Title
1	List of Publications that Featured SDM Article
2	Photos on Mainstreaming of NFP