APC Survey - Standard Days Method® in Community-Based Family Planning Programs Results

SDM® Technical Consultation

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Survey Overview:

Number of participants: 25
- Participants who work directly in community-based family planning service delivery: 21

Number of organizations: 23
- Local NGOS: 8
- INGOS: 13
- Independent Consultants: 2

Countries represented: Uganda, Ghana, Nigeria, Philippines, Bolivia, DRC, Ethiopia, Kenya, Zambia, Rwanda, and Madagascar *

*Some participants identified Global/USA as their implementation location
Methods participants offer in their family planning programming:

- SDM
- LAM
- Male Condoms
- Female Condoms
- Birth Control Pills
- Injectables
- Implants
- IUDs
- Female/Male Sterilization
- Emergency Contraception

Legend:
- Blue: Provide directly
- Red: Refer
- Green: Do not provide
How integrated is SDM into the participants’ CBFP program?

Is SDM included in training for community-based workers?

- Always: 75%
- Sometimes: 15%
- Never: 10%

*(Out of 20 responses)*
How integrated is SDM into the participants CBFP program?

Is SDM included in supervision visits for community-based workers?

- Always: 20%
- Sometimes: 25%
- Never: 55%

Is SDM included in information the organization provides to the community on FP?

- Always: 80%
- Sometimes: 15%
- Never: 5%

*(Out of 20 responses)*
Reasons participants are including SDM in their programs:

- The method is effective and safe
- Male involvement/partner dialogue
- Recent introduction of SDM into method mix in-country
- Supports the needs of women who seek hormone-free methods
- Supports religious and/or cultural beliefs
- Need for expanded method options for women of reproductive age
- Alternative method when others are unavailable
- Appropriate for community-level FP service delivery
- All training materials for community based distributors of family planning are inclusive of the SDM information (Zambia)
- SDM is included as an official method for natural family planning in HMIS, DHS, and other official government documents
Number of participants who offer CycleBeads® to women and couples through their CBFP programs: 13 out of 23 that responded (56%)

Source of Cyclebeads®:
- USAID DELIVER (Nigeria, Kenya, Rwanda, Madagascar)
- UN Agencies and other donors (Uganda)
- Manufacturer or distributor (Philippines, Uganda)
- District pharmacies (Rwanda)
- Ministry of Health (Global)
- KEMSA (Kenya)
## SDM in Country Documentation

<table>
<thead>
<tr>
<th>Country</th>
<th>Do community-based FP services get recorded in the HMIS?</th>
<th>Is there a designated column/row/box for SDM?</th>
<th>Is SDM included in the national family planning guidelines where your program is implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Yes</td>
<td>N/A*</td>
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<tr>
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<tr>
<td>Madagascar</td>
<td>N/A*</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

N/A* = Conflicting data reported; N/A = No response
The three most significant benefits to providing SDM as part of the method mix in CBFP programs cited by participants:

1. Can be used by women who cannot use, or prefer not to use, methods that contain hormones or require a medical procedure (tie)
2. Overcomes religious and cultural opposition to family planning (tie)
3. Does not cause any physical side effects
4. Encourages male involvement in family planning

The three most significant challenges to providing SDM as part of the method mix in CBFP programs cited by participants:

1. Belief that SDM is not effective modern family planning method
2. Logistics and stock outs—getting consistent supplies of CycleBeads®
3. Lack of funding for including SDM in CBFP programs
Participants’ solutions to addressing challenges in providing SDM as part of the method mix in CBFP programs:

• Worked with the Ministry of Health to introduce SDM in one region and once the success was seen, MOH has started scaling up with support from partners (Kenya)
• Training modules were prepared but training was conducted by another agency & some press releases and early IEC materials (Philippines)
• Programming that seeks to create demand for referrals for FP counseling (Ethiopia)
• Provide training and refresher course with more information, the client may decide that it is worth it to buy the CycleBeads®; make sure supervision of SDM work is part of overall health supervision (Madagascar)
Information or technical support needed by participants to improve provision of SDM as part of the method mix in their CBFP programs:

- Training of trainers
- Re-training on SDM
- More counseling tools, information, and educational materials to be used in creating awareness about SDM in the communities
- Improved integration of SDM into medical and nursing school curriculum
- More technical documents supporting the effectiveness of CycleBeads®
- Research on psychosocial benefits of SDM
- More funding for training and research on SDM
- Support on demand creation (IEC/BCC materials with information especially increasing awareness on SDM)
- Sharing best practices of SDM services provision at community level
- Funding for the purchase of CycleBeads® for onward distribution at subsidized prices for clients who prefer its use
- Monitoring at community level
- SDM will need to be included in the HMIS
QUESTIONS?