

AWARENESS Project Philippines Country Report 2002–2007

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The *Institute for Reproductive Health*, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods for family planning.

The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

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Acronyms

BBT	basal body temperature
BCC/IEC	behavior change communication/information, education, and communication
DHS	Demographic and Health Survey
DOH	Department of Health
FAB	fertility-awareness based method
FBO	faith-based organization
IRH	Institute for Reproductive Health
LAM	Lactational Amenorrhea Method
LGU	local government unit
MIS	management information system
NFP	natural family planning
NGO	nongovernmental organization
PRISM	Private Sector Mobilization in Family Planning Project
SDM	Standard Days Method [®]
TDM	TwoDay Method [®]
USAID	United States Agency for International Development



Country Program Summary

Philippines

November 2007

Country Context

The Philippines has one of the highest birth rates in Asia, with the population—currently more than 88 million—potentially doubling within three decades. The Philippines Commission on Population has expanded policies in recent years to help couples achieve their fertility goals in the context of responsible parenthood. The total fertility rate of 3.5 is still relatively high for Southeast Asia. Contraceptive use is increasing, but at 49% is low for the region, with an unmet need of 19% (about three million women). Some 16% of married women report using a “natural method” (predominantly calendar rhythm) to avoid pregnancy, yet many who claim to use natural methods are doing so incorrectly.

From 1999 to 2002, the AWARENESS Project collaborated with the Department of Health (DOH) and selected non-governmental organizations (NGOs) and faith-based organizations (FBOs) to develop and test fertility awareness-based methods (FAM). The Philippines was a site for the multicountry efficacy trials of both the Standard Days Method® (SDM) and the TwoDay Method® (TDM). From 2002 to 2005, IRH/Philippines, a local NGO, continued to provide SDM training to public- and NGO-sector organizations, primarily with local funds. Although IRH’s in-country work was suspended, we continued to share with IRH/Philippines materials and lessons learned from experience in other countries. In 2005, the AWARENESS Project reinitiated activities, focusing on assessing the status of SDM services and building capacity of IRH/Philippines to strengthen other organizations’ ability to offer the SDM.

Approach

- From 1999 to 2002, to test the efficacy of the SDM and the TDM, assess the feasibility of offering these methods in regular service delivery, and test best practices for SDM services.
- From 2002 to 2005, to build local capacity to offer SDM services through NGOs, FBOs, and Local Government Units (LGUs) and to advocate for its inclusion in policies and norms.
- From 2005 to 2007, to continue building support for FAM and strengthening local capacity.

Activities

- Collaborating with the DOH to test the efficacy of the SDM and the TDM and the feasibility of offering them through DOH services.
- Disseminating study results to key stakeholders advocating for policy support for FAM.
- Training trainers and providers of LGUs and NGOs to offer the SDM.
- Ensuring that LGUs and NGOs have materials (including CycleBeads®) needed to offer services.

Key Results

The SDM is now available in some sites in over 110 cities and municipalities in 50 provinces throughout



the country. It is included in the work plans of regional and municipal governments, local NGOs, FBOs, parishes, foundations, and universities. There appears to be a strong demand for the method at the community level as NGOs, FBOs, and LGUs trained by IRH/Philippines continue to purchase CycleBeads for their programs. A total of 489 providers have been trained in 125 different sites. The SDM is included in the USAID mission-funded PRISM Project (managed by Chemonics).

Research

SDM Efficacy Trial: The multicountry efficacy study included two Filipino sites. Study results showed that the SDM was effective (95% efficacy during the first year of use), that it was used correctly by the majority of women, and that it is feasible to offer through DOH services.

SDM Long-Term Follow-Up Study: This multisite study followed efficacy study participants for up to two additional years of use. Continuation rates were high (67% after a total of 36 months) as was typical-use effectiveness in years two and three (95% and 97% respectively).

SDM Operations Research: Various studies tested offering the SDM in a government family planning clinic at Fabella Hospital, a fee-for-service setting, and a community-based agricultural cooperative. Study results showed that the method was successfully offered through all three of these channels, and that most women used the SDM correctly after an initial counseling session of about 15 minutes (a follow-up visit was not necessary for correct use). Most couples abstained during the fertile days, with fewer users (mostly in urban areas) opting for condoms.

TDM Efficacy Trial: Two Filipino sites participated in this multicountry study. Study results showed high efficacy (96% with correct use), strong demand, provider and user satisfaction with the method, and the importance of trained providers to counsel women in method use.

SDM Status Study: In 2005, IRH/Philippines interviewed SDM clients and providers in 15 sites to assess the status of services. All municipalities surveyed showed increases in SDM use between June 2003 (when AWARENESS Project support was suspended) and March 2005; 78% of previously trained health personnel currently offered the SDM. Local governments supported integration of the SDM into their programs and planned to procure CycleBeads like other commodities (some will charge for CycleBeads to enhance contraceptive self-reliance).

SDM Integration

Building Support for the SDM

In the Philippines, many policymakers, program managers, and service providers have strongly supported natural methods for several years. With positive results from the SDM and TDM studies, a number of stakeholders have begun to support these methods as well, though many challenges remain. IRH/Philippines has provided information about these methods to professional associations, DOH personnel (including regional and local governments), and NGOs and FBOs; and it has made materials available to a wide variety of stakeholders. The DOH issued a circular approving the SDM in 2005, and in 2006 the method was included in the Philippines Clinical Standards Manual.

Developing the Capacity of Local Organizations to Offer FAB Method Services

Dissemination of the SDM efficacy trial results and early program integration successes led to increasing requests for SDM training and technical assistance from local governments and private organizations. IRH/Philippines responded to these requests when possible, given financial constraints. Since mid-2005, with limited IRH support, IRH/Philippines has been able to focus less on training and adopt a more efficient approach that leads to sustainable scaling up.

My husband used to insist on a white-bead day, but he agrees that we want to use the [SDM], so he has adapted to it.

Young Mother Who Works as a Fish Vendor

Current strategies to develop local capacity are to:

- Train trainers and support cascade training to ensure quality and help organizations develop sustainable capacity.
- Support a National Training Corps of independent trainers to respond to requests.
- Translate key job aids, client materials, and trainer and provider tools into widely used dialects including Tagalog, Cebuano, Ilonggo, Ilocano, and Waray.
- Assist universities to include the SDM in their teaching curricula and services.
- As a subcontractor on PRISM (a USAID private-sector project managed by Chemonics), help incorporate FAM in PRISM's workplace-centered initiative.

Incorporating SDM Into Reporting Systems

IRH works with DOH management information systems (MIS) managers to include the SDM in their systems, instruments, and training activities. The SDM has been included in the Family Planning Survey, the national and Malaybalay city health reporting systems and the Demographic and Health Survey.

Generating Resource Commitment for SDM by Governments, NGOs, and Donors

The Catholic Bishops' Conference of the Philippines, the Department of the Interior and Local Government, and the Secretary of the DOH have each given formal support for integrating the SDM into their programming. IRH/Philippines offers SDM training for a fee, with some supported through task orders on the PRISM project and the rest through local funding.

Incorporating SDM into Contraceptive Logistics Systems

IRH/Philippines includes logistics in training activities for managers and supervisors. It also conducted a demand forecasting exercise for CycleBeads and, through PRISM, developed a business plan to outline local production, pricing, and distribution. As CycleBeads are readily available from the international supplier, however, IRH will focus on the distribution system rather than spending resources on local production.

Lessons to Guide Future Programming

- A well-defined strategy is needed to build support for FAM within the politically-charged context of family planning, decentralization, and USAID transfer of contraceptive procurement responsibility to the government.
- Private sector approaches, possibly including social marketing and social franchising, should be considered to expand access to the SDM.
- An appropriate organization should be identified and supported to manage procurement and distribution of CycleBeads, consistent with arrangements for other reproductive health supplies.
- SDM scale-up efforts should concentrate on regions and organizations with the most potential for impact.
- Pre-service and in-service provider training needs strengthening. The potential for using a self-study approach (developed and tested by IRH in other countries) should be considered for developing and maintaining capacity for SDM counseling.
- The TDM and the Lactational Amenorrhea Method (LAM) also have the potential to address unmet need. Strategies to establish these methods in the Philippines should be developed and implemented.

I. Introduction

The Philippines, a grouping of 7,107 islands located in Southeast Asia, has the highest birth rate in Asia, with the population—currently more than 88 million—potentially doubling within three decades. Although the Philippines once had one of the region’s best-performing economies, high population growth (1.8% per year), unequal distribution of wealth, and large national debt have 40% of the Filipino population living below the poverty line. Two presidents have been forced from office by “people power” since 1986, and local government units (LGUs) of the Philippines’ 79 provinces (containing more than 100 chartered cities) are responsible for community development. Local governments generally avoid taking strong measures to curb the birth rate in order to placate the Catholic Church, which opposes artificial methods of contraception. Some 83% of Filipinos are Roman Catholic, 9% Protestant, 5% Muslim, and 3% Buddhist or other.

The 2000 census reveals that there is still a gap between desired and actual family size; in 1998, actual family size was 3.7 children while the desired family size per woman was 2.7. Although fertility has been declining, it is still relatively high for Southeast Asia, with a total fertility rate of 3.5. Almost half the Filipino population is of reproductive age, and another 13%, who are now 10–14, will soon join that group. The bulk of faster population growth is concentrated on 11 islands. The Philippines Commission on Population has expanded policies in recent years to help couples achieve their fertility goals in the context of responsible parenthood.

Contraceptive use is increasing, but at 49% is still low for the region, with an unmet need of 19 % (about three million women). Important to note is the fact that 16% of married women of reproductive age report “natural method” as their family planning method, predominantly calendar-rhythm, yet only 27% of women could correctly identify the fertile period during a woman’s menstrual cycle. This indicates that many women claiming to use natural methods are doing so incorrectly. Making simple, modern and effective fertility awareness-based (FAB) methods available to current users of ineffective natural practices could increase overall contraceptive effectiveness for this group. Demand for “natural methods” has traditionally been high in the country.

With support from USAID through the AWARENESS Project, the Georgetown University Institute for Reproductive Health (IRH), has worked in the Philippines for over 15 years. In the 1990s, the goal of IRH’s work was to increase the access to and use of the natural methods available at the time. When IRH developed the Standard Days Method[®] (SDM), the Philippines was one of the countries where it was tested. In the early 2000s, when results of the efficacy trial became available, Benguet Province was one of the first places in the world to incorporate the SDM into regular services. IRH and partners also tested the TwoDay method[®] (TDM) in the Philippines. Demand for the SDM and TDM was very strong during the pilot studies and



Source: CIA World Factbook 2008

efficacy trials, as well as during the initial post-study introduction of the SDM into regular services. The Philippines is one of the countries with the greatest potential for scaling up services of the SDM and other simple FAB methods. In addition, it is a country where making these methods widely available can have a great impact.

Although IRH had received previous USAID field support to work in the Philippines, in 2002 the Mission asked IRH to discontinue work due to strategic differences with the government, described in more detail below. From 2002–2006, IRH/Philippines—a local affiliate—conducted activities independently using very limited local resources. With technical assistance provided by IRH/US, IRH/Philippines secured a subcontract on the Private Sector Mobilization in Family Planning (PRISM) Project, implemented by Chemonics with USAID funds. In mid-2005, IRH/US was re-authorized to work in the Philippines and resumed funding and direct technical assistance to IRH/Philippines. As experience in the Philippines and other countries makes clear, it is critical to have an in-country entity with the capacity and mandate to not only foster a positive policy environment for FAB methods but also provide technical leadership for implementing organizations, including those with service delivery networks.

II. Objectives and Strategy

One of IRH/Philippines’ main objectives between 2002 and 2005 was to generate enough revenue to offer FAB leadership in-country and be a local technical resource. Its strategies included building on existing interest in natural methods, including FAB, in the public and private sector, and responding to requests for training in SDM, the Billings method, and other “natural methods” from many diverse organizations.

During this period, IRH provided IRH/Philippines with occasional guidance; updates on research findings and other developments; and access to electronic versions of materials including training manuals provider handbooks client materials, and monitoring and evaluation tools and guides. IRH reinitiated direct collaboration with IRH/Philippines in July 2005.

The main objective of IRH’s current work in the Philippines is to help address the unmet need for family planning by facilitating the availability of FAB methods across the country. Specifically, IRH is working with in-country partners, including IRH/Philippines, toward the sustainable integration of FAB methods into the public and private service delivery network.

The strategies to do this include:

- Building capacity in public- and private-sector organizations for delivery of sustainable FAB method services;
- Positioning the SDM as an option to help address unmet need that is effective and acceptable to clients, programmatically feasible, and suitable to policymakers in the public and private sector, including faith-based organizations (FBOs); and
- Supporting decentralization in the public health sector by working directly with regional and local governments in charge of community development.

III. Activities and Accomplishments

Initially, IRH supported Department of Health (DOH) efforts to strengthen the existing natural family methods then offered by the program, including the cervical mucus method, the basal body temperature (BBT) sympto-thermal methods, and the Lactational Amenorrhea Method (LAM). IRH hired an in-country staff person with strong natural family planning experience and co-located the staffer at the DOH. Staffing grew to match program expansion, with the eventual formation of IRH/Philippines. When IRH/US left the Philippines, IRH/Philippines focused on training, mostly for organizations that were able to pay, due to IRH/Philippines' financial constraints. With IRH/US's re-entry in 2005, IRH/Philippines has been able to select more strategic approaches, partners, and activities with an eye to longer-term sustainability of FAB services.

Various in-country systems capture information about the SDM. The Community-Based Management Information System in the city of Malaybalay (Bukidnon), where SDM had been offered for less than one year, reported a 1% increase in overall contraceptive prevalence in 2005 attributable to the SDM. In spite of its recent availability, women chose the SDM more frequently than the ovulation method and the BBT method combined, although these methods have been offered for many years on a much larger scale. The 2002 National Family Planning Survey reported that, after only one year of SDM services on a very small scale in a few areas of the country, 0.1% of women surveyed reported using the SDM, exceeding reported use of the ovulation method. Macro International reported that 10% of currently married women interviewed in the 2003 Demographic and Health Survey (DHS) had heard of the SDM, despite the lack of comprehensive programming after 2002. Reports from 14 former IRH partner organizations indicated that, between July 2003 and December 2004, 4,293 new users choose the SDM. IRH/Philippines now works with over 250 partner organizations. Based on their reports, estimates there were well over 8,000 SDM users by the beginning of 2006.

"If [my husband] starts to insist on a white-bead day, I just tell him that we can stop using the method—but he doesn't want us to do that so he stops insisting."
-Young Mother who works as a Fish Vendor

A. Research

The Philippines—due to its strong demand for natural methods and the support of government and other key stakeholders—has been a frequent site for IRH research. Studies carried out by IRH under the AWARENESS Project include:

- SDM pilot study
- SDM efficacy trial (two sites)
- SDM long-term follow-up study
- SDM operations research studies
- TDM pilot study
- TDM efficacy trial (two sites)

In 2005, IRH/Philippines also conducted a small-scale study to gather information about the current state of SDM services. Researchers interviewed a sample of clients and providers in 15 sites offering the SDM. Study results show:

- SDM made up 2% of family planning use in the sites visited.
- All municipalities surveyed showed an increase in SDM use between June 2003 and March 2005.
- Some 78% of health personnel previously trained in the SDM continued offering the method.
- Local governments support integration of the SDM into their programs, and plan to procure CycleBeads[®] as they do other commodities; some also plan to charge for CycleBeads to move toward contraceptive self-reliance.

i. Studies completed under the AWARENESS Project

SDM pilot study: This one-site study took place in Benguet Province and followed women for three months of use. Results showed a strong demand for the method and that it was feasible to teach and use.

SDM efficacy trial: Two sites in Benguet Province, Tuba and La Trinidad, participated in this multisite, international study. Local municipal health departments helped implement the study, which followed women for one year of method use. Key results indicated that:

- Overall efficacy was high at 95% with correct use.
- Demand was very high.
- Most couples used it correctly.
- Acceptability was high.
- It was feasible to provide through public-sector services.

SDM long-term follow-up study: As part of a multisite, international study, willing women who had participated in the efficacy trial in Tuba and La Trinidad, Benguet Province, were followed for an additional two years of method use. Results revealed good continuation rates (67% after 24 months in the study, for a total of 36 months of method use) and very high overall efficacy for years two and three (94.8% and 96.6% respectively, figures that include both correct and incorrect method use).

SDM operations research studies: Once SDM efficacy was established, IRH tested various ways of positioning SDM including: 1) in a multi-method, government hospital-based family planning clinic at Fabella Hospital, 2) in a fee-for-service setting (Friendly Care), and 3) in a community-based agricultural organization (KAANIB). Results showed the method could be successfully offered through diverse channels. Most users used the method correctly after initial counseling and a follow-up visit—although helpful for reinforcement of some issues—was not necessary for correct use and satisfaction with the method. No statistical difference was observed between users who received a follow-up visit and those who did not. Abstinence was the most common way of managing fertile days, with fewer users opting for condoms.

TDM pilot study: The TDM pilot study took place in Alfonso, a semirural site, and in one very poor section of Valenzuela, within Metro Manila. Results showed strong demand for the TDM and a need to screen potential users in these types of sites to determine their capacity to negotiate abstinence or condom use during fertile days.

TDM efficacy trial: Sites in both Alfonso and Valenzuela participated in this multisite, international study that followed women for one year of method use. The relevant municipal health departments implemented the study. The DOH and natural family planning (NFP) groups responded very favorably to the results, disseminated in late 2005. NFP groups, in particular, may like the TDM because of their experience with symptom-based methods as users and/or providers. Including the TDM in IRH's technical assistance package may be a good strategy to address the needs of these groups. Other key results include:

- TDM is just as effective as the SDM (96.5% with correct use).
- Demand was strong and acceptability high.
- Careful screening should be emphasized when training providers to ascertain if women's ability to negotiate with their partner may be particularly compromised.

B. Building awareness of and support for SDM

Filipino policymakers, program managers, and service providers have traditionally given strong support to natural methods. Through advocacy and other activities, IRH/Philippines has been able to transfer some of this support to the SDM, particularly after successfully integrating it into the services of a range of organizations. However, some individuals and groups—including very high-level policymakers and other key stakeholders—are strongly opposed to the SDM due to concerns that the SDM may undermine their efforts with the Billings and other traditional natural methods. Some actively try to discredit the SDM, IRH, IRH/Philippines and USAID. This makes building awareness of and support for the SDM particularly challenging and important.

It is critical to make key stakeholders aware not only of general information about the SDM and available support for its integration into services, but also of its efficacy, simplicity, and other characteristics. In its messages, IRH/Philippines emphasizes that the SDM:

- is effective and has been thoroughly tested in the Philippines and globally,
- is not a version of the calendar-rhythm method,
- is a natural method, even if it does not involve the daily monitoring of body signs or symptoms, and
- can be used with or without a barrier method, depending on the couples choice.

It is also important to specify the roles and positions of IRH/Philippines and IRH to key stakeholders, including that both organizations fully endorse and promote the concept of informed choice.

It is very important to adequately address concerns such as these that constantly arise. IRH proactively addresses them by preparing and sharing evidence-based information, both in a targeted way and broadly.

Behavior change communication/information, education, and communication (BCC/IEC) and advocacy activities carried out by IRH/Philippines include:

- promoting new, simple FAB methods among health professionals and family planning groups,
- providing fertility awareness sessions for technical and other personnel from regional and local governments and relevant DOH divisions,

- participating in relevant events with presentations, exhibits, distribution of literature, and other printed materials,
- proactively disseminating information in the printed and electronic media, including press releases, articles, letters, and interviews,
- being prepared and responding immediately to requests for information from stakeholders,
- being prepared and responding immediately to documents or declarations attempting to discredit the SDM or the organizations promoting it, and
- translating the TDM Job Aids Packet for NFP teachers into two local languages: Tagalog and Visayan.

C. Developing the capacity of local organizations



A midwife in the Benguet Province teaches men how the SDM works with the aid of CycleBeads.

IRH shared results from the SDM efficacy trial with policymakers and other key stakeholders. Many local governments and private organizations wanted to include it in their services and requested SDM training and technical assistance. The successful integration of the SDM into regular service delivery activities in Benguet Province, where the two local SDM efficacy trial sites are located, sparked even greater interest. As other local governments and private organizations integrated the SDM into their activities, interest and requests for training multiplied. IRH/Philippines responded to many requests and thus increased not only

the availability of SDM services but also field evidence of the method's viability.

When IRH stopped supporting work in the Philippines, IRH/Philippines used training as an income-generating activity, as it did not have any other support. At the time, it was the only organization working in the country to make the SDM available. Since mid-2005, with a small amount of IRH support, IRH/Philippines has been able to adopt a more efficient approach that leads to sustainable scaling up in conjunction with training. IRH has actively supported the change to this more strategic approach.

Strategies put in place during the last year of the AWARENESS Project to develop local capacity are:

- Ensure training quality through adequate preparation of trainers, support to new SDM trainers in the training cascade, and assistance to their organizations in developing sustainable capacity through a functioning cascade system.
- Develop and support a National Training Corps of independent trainers to assist IRH/Philippines with addressing training requests.
- Translate selected job aids, BCC/IEC materials, and trainer and provider tools into the most prevalent local dialects including Tagalog, Cebuano, Ilonggo, Ilocano, and Waray.

- Provide technical assistance to facilitate inclusion of the SDM in university curricula and activities.
- Train and provide technical assistance in FAB methods to the PRISM Project’s workplace-centered initiative.

Other IRH/Philippines training initiatives include:

- Development of a competency-based training package for the Billings method consisting of a curriculum, a teaching guide, and flipchart.
- Development of self-instructional materials including a standardized module on fertility awareness.
- Training of DOH NFP training teams to ensure the systematic integration of NFP into regular health services.
- Support for the integration of NFP into pre-service nursing and midwifery curricula.

These activities are part of IRH/Philippines’ strategy, using its own resources, to position itself as the lead organization in FAB work through demonstration of broad expertise. IRH/Philippines has an estimated 250 partners including national government agencies, LGUs, nongovernmental organizations (NGOs), Catholic and Muslim FBOs, hospitals, schools, and indigenous groups.

Table 2: SDM Integration in Public Health Services

Local Governments	Number of Providers Trained	Number of Sites of with Trained Providers
Valenzuela City	26	1
Marikina City	22	n/a
Negros Occidental	97	22 LGUs
Maguindanao	60	20 LGUs
Pangasinan	55	10 LGUs
Others	229	72
TOTAL	489	125

D. Incorporating SDM into reporting systems

One important intermediate objective of IRH’s work was that service delivery organizations generate data showing demand for FAB methods and in this way support efforts to include these methods in services. Strategies to achieve this included:

- Work with central and local DOH management information system (MIS) managers to integrate the SDM in their systems and instruments, including assigning a specific code to the method.
- Include an MIS component in training of DOH trainers.
- Facilitate use of forms developed by IRH/Philippines to track progress of SDM integration.

The program succeeded in including the SDM in the Community-Based Management Information System in the city of Malaybalay (Bukidnon), the National Family Planning Survey, the national health reporting system, and the DHS. The SDM is also included in the DOH Clinical Standards Manual. However, as IRH/Philippines works with a large number of diverse partner organizations, it also deals with a variety of MIS (or in many cases, none at all). This still

represents a challenge in terms of collecting service statistics and other project data in a cost-effective manner that also allows for aggregation of data.

E. Generating commitment of resources to SDM by governments, NGOs, or donor agencies

One of IRH's objectives is to help IRH/Philippines focus more on advocacy and technical leadership. To achieve this, it is important that implementing organizations allocate their own resources for service delivery, and other related activities. IRH/Philippines has succeeded in getting many organizations to use their own resources for training-related activities.

The Catholic Bishops' Conference of the Philippines recognized the SDM as a natural method in 2001. In October 2003, the Department of the Interior and Local Government issued a memorandum encouraging LGUs to introduce the SDM into their family planning programs. In addition, the Secretary of the DOH announced at the Population Congress in November 2005 that the SDM is now part of the DOH's family planning program, and guidelines for its inclusion in the NFP category are available. IRH/Philippines continues to offer SDM training for a fee, and receives some revenues through task orders on the PRISM Project. Central, provincial, and local governments; the USAID Mission; churches; and private organizations have all demonstrated support for the SDM.

F. Incorporating SDM into the logistics system

As a standard component of the technical assistance package for any organization interested in including the SDM in its services, IRH/Philippines works with its leaders and managers to include CycleBeads in the procurement and logistics systems. Training for managers, supervisors, and other relevant personnel includes a logistics component.

IRH/Philippines conducted an analysis of potential and realistic demands for CycleBeads, using a toolkit developed by the Program for Appropriate Technology in Health and IRH. IRH/Philippines worked with PRISM to implement a business plan to set up high-quality, licensed local production of CycleBeads, to establish an appropriate pricing scheme, and to set up a distribution network that will supply private providers, including nurse/midwives, physicians, and private companies' in-house family planning services. As CycleBeads are readily available from the international supplier, the next step is to focus on the distribution system rather than spending resources on attempting to develop local production.

G. Summary of experience of SDM introduction and expansion

Despite the challenges IRH and IRH/Philippines faced due to shifting policies, LGU and FBO demand for the SDM from continues to grow. As a result, the SDM is now available in pockets in over 110 cities and municipalities in 50 provinces throughout the country. The SDM has been included in the workplans of regional and municipal governments, local NGOs, FBOs, parishes, foundations, and universities. There is also strong demand for the method at the community level. IRH/Philippines is the leading technical resource on both the SDM and the TDM; it

cooperates actively with other USAID cooperating agencies, and provides technical support to the DOH and to LGUs.

D. Challenges

Certain areas still pose a challenge, including:

- the image of the SDM and of the organizations supporting it,
- shifting policies on the part of the DOH, regional and local governments, and USAID, and
- decentralization.

Uncertainties in the relationships among the key policymaking organizations, including the DOH, the Catholic Church, and USAID, directly affect IRH's work. NFP groups closely associated with the Catholic Church raised ideological doubts about the SDM as a natural method. This organized campaign coincided with decisions made by the USAID Mission to reduce its contribution of contraceptive commodities, as part of a worldwide effort to transfer responsibility to national governments, and the government's decision to promote natural methods rather than purchase contraceptive commodities. This put the SDM in "competition" with other natural methods for government support and caused the Mission to view it as an "escape route" for the government. The Mission feared that the government's support of natural methods and the growing popularity of the SDM would result in large-scale switching to the SDM, thereby undercutting efforts to increase the prevalence of a broad range of other modern contraceptives. Influential NFP groups saw the SDM's growing popularity as a threat to use of existing NFP methods, potentially undercutting their organizational support from the DOH. Ongoing debates led the Mission to close out USAID-supported SDM activities in the Philippines, as "too great a management burden."

The Catholic Church is probably the group exerting the most influence over decisions related to family planning in both the public and private sector. While some sectors of the Catholic Church are very supportive of the SDM and of IRH/Philippines, others are staunchly opposed. Managing this discord as it relates to SDM is very challenging.

Decentralization is mostly an advantage, as it allows local governments to make their own decisions and locate their resources according to their own priorities. However, dealing with individual governments represents an ongoing logistical challenge.

IV. Lessons Learned

Even in countries that seem ideal for implementing NFP innovations, resistance to change can be strong and preconceived notions about NFP in general can present strong barriers to acceptance of a new natural method. As with any other family planning method or intervention, a reliable system to provide commodities such as CycleBeads is an essential precondition for scaling up the SDM.

V. Future Plans

Priority should be given to creating awareness of and a supportive environment for the SDM, developing and strengthening mechanisms for local organizations to take on the task of pre- and in-service SDM training, and assisting local organizations to integrate the SDM into their procurement and logistics systems.

Future work should focus on strengthening the technical capacity of grassroots public and private organizations such as municipal and regional health departments, local NGOs and FBOs, and private provider groups, to offer sustainable services. This would build on existing momentum towards inclusion of FAB methods in their workplans and budgets. To ensure and maintain high quality both in the training cascade and services, the SDM should be fully integrated into existing supervision and quality assurance systems. Local social marketing groups could make CycleBeads available in their service sites. This would complement ongoing efforts by public and private organizations to procure commodities for their clients.

There is a high degree of interest in the Philippines in working with the TDM and LAM. There are currently no TDM services in the country. As the Philippines provides an ideal setting for expanding the TDM, a strategy for introduction of the method should also be developed. Availability of LAM is irregular; according to anecdotal information, technical competence of providers is not high.

FAB efforts should focus on those geographic areas and organizations where large-scale impact and long-term sustainability seem feasible. Work with institutions of higher learning and professional organizations could lead to university-based centers of excellence that could gradually assume the responsibility for providing technical assistance to implementing organizations, conducting research, and other tasks related to long-term technical sustainability.