Institute for Reproductive Health
Georgetown University

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Field Notes

The Role of the Standard Days Method in Repositioning Family Planning: Senegal

Background

In Senegal, like many other sub-Saharan African countries, repositioning family planning has emerged as a strategy to address the continuing problem of unmet contraceptive need. This strategy aims to revitalize family planning on the reproductive health agenda and recognizes its crucial role in preventing unplanned pregnancies, unsafe abortion and poorly spaced births which contribute to high maternal and infant mortality and morbidity. Although only 10.3% of women in Senegal are using modern contraceptive methods, 21% no longer wish to have children, and 39% wish to wait two or more years before their next birth.[1]

Benefits of SDM Integration

The SDM offers several opportunities to support the Senegalese Ministry of Health's (MOH) repositioning strategy. The SDM adds a simple natural method to the national method mix and addresses unmet need particularly among women who have never used family planning, or prefer a simple natural method. The SDM can be offered effectively by clinic-and community-based health workers. Finally, as correct SDM usage requires active participation by the male partner, the SDM offers an opportunity to integrate men into family planning.

Family Planning education at a Thies region community

Introducing the SDM in Senegal

In collaboration with Management Sciences for Health (MSH), USAID's implementing agency for family planning and maternal health in Senegal, and the Institute for Reproductive Health, Georgetown University, the MOH began to integrate the SDM in September 2005. Thirty eight trainers from the MOH and a number of other organizations were trained. Seven districts in two regions covering 58 health facilities including hospitals, health centers and health posts were selected for the intervention. Efforts were also started to integrate the SDM into reproductive health norms, protocols and training curricula.

Provider training was decentralized to the district level. Between October 2005 and March 2006, 256 providers were trained, including doctors, nurses, midwives and community health workers, most of whom worked in health posts and health centers. A gradual increase in SDM users was observed between October 2005 and June 2006,when the pilot program ended.

The program made available to all intervention facilities a poster presenting SDM as an addition to other available contraceptive methods. Also, IEC tools for providers and community health workers were developed to reinforce providers' counseling skills.

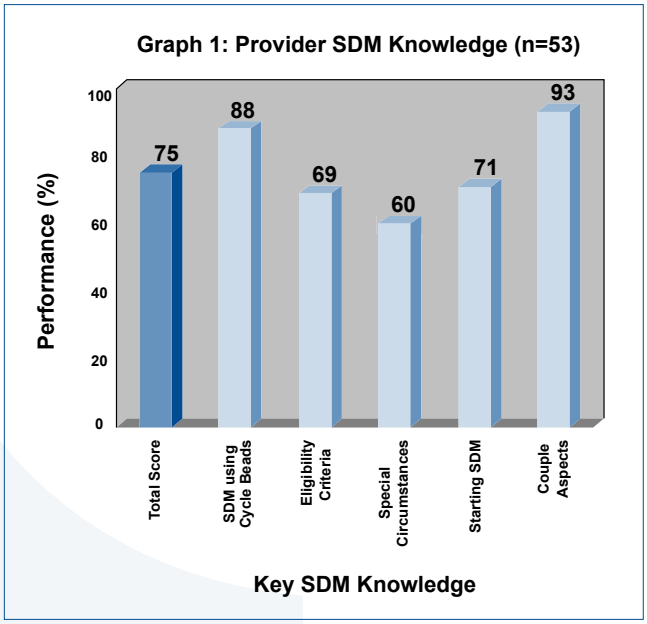
Partnerships with Faith-Based Organizations

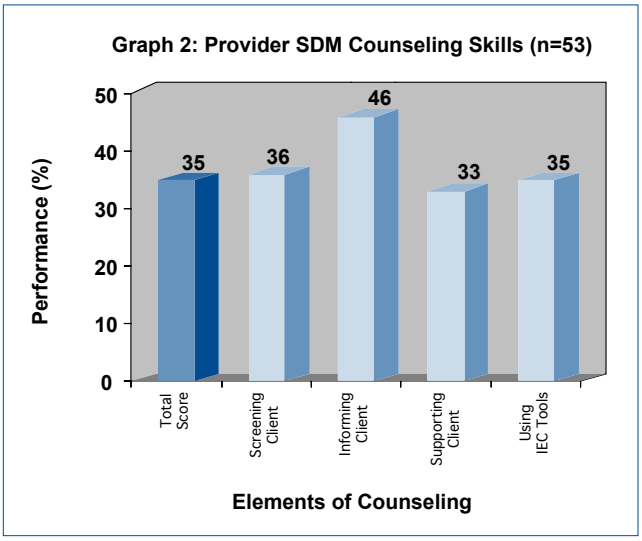
The program has also developed partnerships with faith-based organizations. The Senegalese Association for the Promotion of the Family (ASPF), a local Catholic organization that promotes and provides natural family planning in several regions, was one of the program's first local partners. Twelve ASPF members were trained in SDM counseling to help integrate the SDM into its natural family planning activities. In 4 intervention districts, MSH trained 40 community agents from

the Christian Children's Fund (CCF), USAID's implementing agency for child survival. The SDM is being integrated into CCF's maternal health/family planning activities and its agents are actively informing the community about the SDM. To assess the impact of CCF's work on SDM utilization, the program introduced a referral system between CCF agents and health facilities enabling them to quantify the number of women referred to health facilities who select the SDM.

Assuring Quality Services

The SDM program has adopted coaching, a simple, practical approach to supervision and since January 2006, 53 health providers have received one coaching visit. Two tools are used during coaching: the Knowledge Improvement Tool (KIT), developed by the Institute to evaluate SDM knowledge, and a checklist developed by MSH to evaluate SDM counseling skills. Both tools help supervisors provide structured, immediate feedback to health workers. At the time of the supervision visit, provider knowledge of SDM concepts proved to be satisfactory with an overall average score of 75% (Graph 1). Almost half of providers observed were able to inform clients about how to use the method, though in general counseling skills were weak. (Graph 2). To reinforce counseling skills, the program will ensure continued and frequent coaching.





Accomplishments

Currently, there are 65 clients actively using the SDM., the majority of whom (54%)are new family planning users. Slightly more than half use condoms to manage the fertile time.

This experience has shown that the SDM is accepted by providers, that it can be offered at different types of facilities, and that trained community workers can provide information about the SDM in their communities. In addition, coaching was found to be a practical and low-cost technique to reinforce providers' knowledge and skills in counseling.

[1] *Ministre de la Santé et MeasureDHS. Sénégal Enquête Démographique et de Santé 2005. ORC Macro.*

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The **Institute for Reproductive Health** conducts research and provides technical assistance on expanding access to natural methods of family planning and improving options for women and couples worldwide.

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