

Process for Integrating the Standard Days Method into Services: Essential Steps

Benefits of offering the Standard Days Method

The Standard Days Method (SDM), developed by the Institute for Reproductive Health (IRH) at Georgetown University, is an easy-to-teach and use fertility awareness-based method of family planning that is 95% effective when used correctly. The SDM is offered in conjunction with CycleBeads, a simple device consisting of color-coded beads to help users easily monitor their fertile and infertile days. It has been proven to be acceptable to providers and couples, and is currently being offered by ministries of health, NGOs, and faith-based and community-based organizations in more than 20 countries worldwide. Programs adding SDM to their family planning and reproductive health services benefit by:

- Addressing unmet need, particularly among hard-to-reach and under-served populations;
- Attracting new family planning users;
- Improving contraceptive prevalence;
- Offering women increased family planning options;
- Increasing the participation of men in family planning; and
- Controlling recurring commodity costs.

Steps in integrating the SDM

Programs need to undertake a number of steps to ensure that the SDM is successfully introduced and made a regular part of the service delivery system. These actions include:

- Training providers on how to screen and counsel clients;
- Building SDM into the on-going supervision system;
- Promoting the SDM and providing information about it in the community to both women and men who are potential SDM users;
- Ensuring that CycleBeads are available where services are offered;
- Collecting data on SDM clients and services for reporting and management purposes; and
- Creating a supportive environment to facilitate sustainability.

Training and supervising providers

Training providers is a first step in building capacity to offer the SDM. Training helps ensure that providers have knowledge about the method and skills to screen and counsel clients in how to use it. Because the SDM can be offered by clinically-trained providers such as nurses and doctors, as well as by community-based health workers, who may have less experience in counseling, the training approach needs to match the needs of the trainees. Options for training staff include:

- ▶ Distance learning approaches can provide training in the SDM to a large number of providers in a cost-effective way. Online training for providers with computer access can be completed in less than 2 hours and self-paced to meet the learner's schedule.
- ▶ In Guatemala, a self-study manual for training health care professionals in the SDM is helping minimize the costs associated with classroom training and the time providers spend in the classroom and away from services.

- One-day training covering information about the method and practice in SDM counseling primarily for providers with limited family planning counseling skills or experience;
- Four-hour workshop for health and family planning providers with counseling skills and experience;
- Pre-service training for medical, nursing and midwifery students
- Computer-based instruction for experienced providers with access to computers is available online; and
- Self-study training for health care professionals.

Supervisors can play an important role in monitoring and supporting providers in offering the method correctly. Thus the SDM should be incorporated into on-going supervision systems. The SDM Knowledge Improvement Tool (KIT) supports supervision by identifying and assessing provider skills essential to quality SDM services.

Increasing awareness of the SDM

Women and men need to know about the SDM and its characteristics to assess whether it would be an appropriate option for them. Providers, policymakers and other stakeholders also need to know about the method and where to obtain more information about it. Approaches for providing this information to the public include:

- ▶ A mass media TV campaign in Ecuador promoting the SDM resulted in substantial increases in awareness and inquiries among the target audience.
- ▶ Electronic media, such as the USAID E-learning Center, can be a tool for engaging and informing mission officials about the SDM.

- Placing information about the SDM in public service advertisements or programs on radio or TV and in newspapers and popular magazines;
- Including displays about the SDM in health fairs and community events;
- Incorporating the SDM into clinic posters and materials, waiting room videos and client brochures; and
- Including information about the SDM in communication strategies with a wide variety of stakeholders.

Assuring the availability of CycleBeads

The CycleBeads instructional device, with an estimated product life of more than two years and an estimated annual cost of US\$0.75, can help programs reduce the recurring costs of contraceptives.

- ▶ In Bolivia, PROSALUD, a social marketing organization, is managing the procurement and distribution of CycleBeads for both the government and NGO sector.

- CycleBeads are available from Cycle Technologies, the distributor, and USAID-supported programs can purchase them at a negotiated price. To order them, contact info@cycletechnologies.com or use the electronic order form listed under **Resources Materials** on page 2;
- Donors or ministries can be asked to cover the costs of CycleBeads,

or programs can recover the costs of the beads by selling them; and

- National logistics and distribution systems can include CycleBeads among their reproductive health supplies.

Including the SDM in reporting systems

Programs need to collect routine data on the SDM to monitor services and acceptability. This can be accomplished by:

- Including SDM in clinic records and service statistic forms and in regional and national reporting systems;
- Training providers to record and report users; and
- Assisting supervisors to use and analyze the data to monitor their program. In addition, special studies can be conducted to assess quality of services and method continuation.

▶ In Peru, when family planning records incorporated the SDM as an option on the forms that providers could easily check, evidence of user volume increased dramatically.

Creating a supportive environment to facilitate sustainability

To help ensure that initial introduction efforts are successful and sustained as well as scaled-up, programs need to:

- Include SDM in national norms and program guidelines;
- Regularly include in pre-service and on-going provider training; and
- Brief and regularly update policymakers, program managers and influential family planning and reproductive health professionals about SDM as new experiences and findings emerge. Ask that your email address be added to the IRH list to receive updates and new research findings.

Selecting credible partners working in areas of high unmet need can help ensure the success of initial introduction efforts, as well as acceptability of the SDM.

Resource Materials for Programs

The following resources are available online at:

http://irh.org/resources/pdf/SDM_Essential_Steps.pdf

To obtain a hard copy of some of the materials listed, contact:

irhinfo@georgetown.edu

- [WHO Medical Eligibility Criteria for Contraceptive Use](#)
- [WHO Family Planning Decision Making Tool](#)
- [WHO Selected Practice Recommendations for Contraceptive Use](#)
- [Contraceptive Technology](#)
- [Global Health Technical Brief](#)
- [SDM Fact Sheet](#)
- [CycleBeads Instructional Insert](#)
- [Counseling Job Aids](#)
- [Knowledge Improvement Tool \(KIT\)](#)
- [SDM Online Training](#)
- [SDM Module in USAID's E-Learning Center](#)
- [Mind the gap: responding to the global funding crisis in family planning](#)
- [CycleBeads Order Form](#)
- [CycleBeads Production & Procurement Guide](#)
- Additional materials can be found online at http://www.irh.org/SDM_Implementation/SDMResources.htm

The Institute can provide the following assistance to organizations interested in integrating the SDM into their services:

- Train trainers in the SDM and offer on-line training for providers
- Provide continuing education units for professionals trained
- Review and provide feedback on the SDM content of norms, training and educational materials developed by other organizations and provide feedback
- Provide prototype training and educational materials in English, Spanish and French. (This includes training curricula, counseling guides, job aids, client educational materials, a sample of CycleBeads, etc.)
- Assist organizations to train providers, develop materials and assess their program
- Evaluate training activities

For more information contact:

Institute for Reproductive Health
Georgetown University
4301 Connecticut Ave., NW, Suite 310
Washington DC 20008
Website: www.irh.org
Email: irhinfo@georgetown.edu