Evidence for Use, Implementation, and Scale-Up of the Standard Days Method®

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Standard Days Method® in Community Based Family Planning Programs Technical Consultation

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Search Strategy

 Structured search of peerreviewed and grey literature on the Standard Days Method® (SDM) of contraception

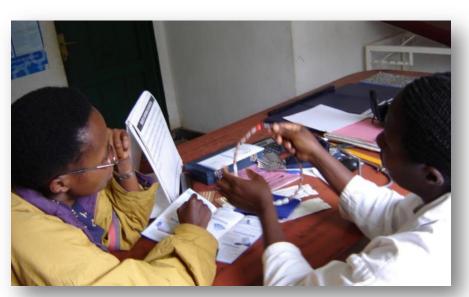


 52 articles or reports met inclusion criteria and were abstracted for relevant data

Studies in 23	SDM In	nplementa up Stud		d Scale-	Sp Impleme			
countries	Efficacy Trial	Method Intro- duction	Long-term Follow Up	Scale-Up	Social Marketing	Knowledge improve- ment Toolkit (KIT)	Most Significant Change	Other
Albania								X
Benin					X			
Bolivia	X							
Brazil								X
Burkina Faso		X						
DRC				Χ	X			
Ecuador		X						
El Salvador		X						X
Ethiopia								X
Guatemala				X		X	X	
Honduras		X						
India		X	X	X			X	
Iran								X
Kenya								X
Madagascar					X			
Malawi								X
Mali		X		X	X		X	
Nigeria					X			
Pakistan								X
Peru		X						X
Philippines		X						
Rwanda				X			X	X
Turkey								X

Outcomes Assessed

- Outcomes for clients
 - Efficacy
 - Acceptability
 - Knowledge
 - Demand for SDM
 - Use of SDM
- Outcomes for providers
- Service delivery characteristics
- Costs or cost effectiveness of SDM implementation
- Scale-up and implementation





SDM has a foothold in some countries on par with some methods that have been around for much longer

Current Use of SDM, Selected DHS, 2003-2013, All Women													
			Modern Method % Use									a	
Country	Year	MCPR	Female sterilization	Male Sterilization	Pill	IND	Injectables	Implants	Male Condoms	Female Condoms	SDM	Other	Traditional Method % Use
DRC	2013	8.1	0.5	0	0.7	0.1	0.9	0.5	4.6	0.1	0.2	0.4	11.1
Honduras*	2005	37.7	15	0.1	7.1	4.4	8.6	-	2.3	-	0.1	0.1	5.5
Madagascar	2008	23	0.9	0.1	4.8	0.3	14.1	1.2	1	0	0	0.8	8.7
Mali*	2012	9.6	0.1	0	2.6	0.3	3.8	2.4	0.2	0	0.1	0	0.4
Nigeria	2013	11.1	0.3	-	1.9	0.8	2.5	0.3	4.5	-	0.1	0.8	4.8
Philippines	2013	23.5	5.4	0.1	11.8	2.2	2.3	-	1.4	-	0.1	0.3	11
Rwanda	2005	5.6	0.3	-	1.3	-	2.4	-	0.8	-	0.2	0.6	3.9
Rwanda	2007	16.3	0.5	0	3.6	0.1	9	0.9	1.4	0	0.2	0.6	7.7
Rwanda	2010	25.2	0.5	0	3.9	0.2	14.6	3.6	1.8	-	0.3	0.3	3.4

SDM reaches women with unmet need who:

New to using family planning

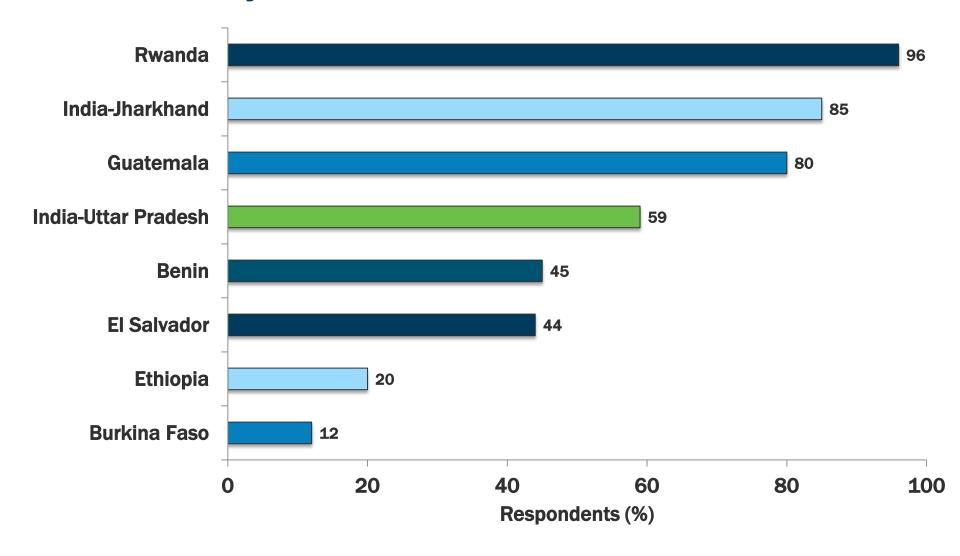
 Desire non-hormonal FP methods without side effects

Transition from less effective methods

SDM appeals to a tranche of women with unmet need



SDM Acceptors Who Had Never Previously Used FP

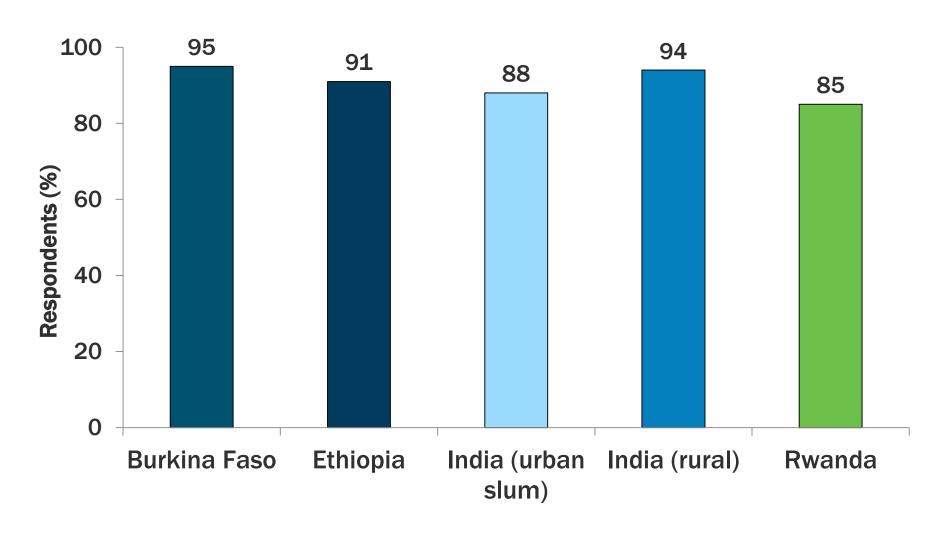


Most women who use SDM find it fairly easy to use and are satisfied with the method

India – 98% of couples in rural and urban sites in found SDM easy to use

Rwanda – 95% of female SDM users and 90% of male SDM users reported the method was easy

SDM Users with Correct Placement of Black Ring on CycleBeads



SDM Effectiveness Rates

Correct and typical use effectiveness rates are similar to some other modern methods of contraception

- SDM efficacy:
 - 95% with correct use
 - -88% with typical use



SDM Effectiveness Rates, Cont.

% of Women Experiencing an Unintended Pregnancy within the First Year of Use*

Contraceptive Method	Typical Use	Perfect Use
NuvaRing	9	0.3
Pill	9	0.3
SDM	12	5
Diaphragm	12	6
Two Day Method	14	4
Male Condoms	18	2
Female Condoms	21	5
Withdrawal	22	4

^{*}Adapted from Trussell 2011 Table 3-2 (data are for United States, some methods not shown here)

SDM increases knowledge about fertile period

Average correct knowledge of fertile period DHS from 61 countries*: 26%

Correct knowledge of the fertile period among SDM users:

- India (urban slum): 67%
- India (rural): 91%
- Ethiopia: 83%
- Rwanda: 99%
- El Salvador, men only:80%

SDM promotes male engagement in FP

- SDM involves both men and women; active management of the fertile period essential for method success
- Male engagement varied across countries but men tended to be active partners in SDM use



India 482 SDM couples	Experi- mental	Control
Incorrect Use of SDM	.3%	2.6%
Method Failure	11.9%	18.8%

Control group: female volunteer providers experimental group: female and male volunteer providers

Providers can be trained to offer SDM and a range of providers in the public, private and NGO sectors can offer SDM





Studies found the need for refresher training and for simplifying training for decentralized or non-clinical providers



Scale-up needs for SDM

Scale-up of SDM requires attention to a number of issues:

- Establishing stakeholder buy-in, particularly by governments and MOH
- Early introduction of SDM into policies, guidelines, norms, and curricula
- Incorporation SDM into national or sub-national HMIS, procurement and training systems
- Regular supportive supervision and refresher training for providers
- Public-private partnerships



Other Issues

Other Issues

- Procurement and availability of CycleBeads
- Agreement that SDM is a modern method of contraception
- Inclusion in M&E, HMIS and national surveys
- Expansion of cadre of providers offering SDM

Thank You

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