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STANDARD DAYS METHOD® CONSULTATION REPORT
FEBRUARY 2015

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Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Photo Credit: Institute for Reproductive Health

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ACRONYMS

APC	Advancing Partners & Communities
CBFP	community-based family planning
CHW	community health worker
CPR	contraceptive prevalence rate
FACT	Fertility Awareness for Community Transformation
FAM	fertility awareness-based methods
FP	family planning
HMIS	health management information systems
IEC	information, education, and communication
IRH	Institute for Reproductive Health
LAM	lactational amenorrhea method
MOH	ministry of health
PRH	USAID's Office of Population and Reproductive Health
SDM	Standard Days Method®
UPMB	Uganda Protestant Medical Board
USAID	U.S. Agency for International Development
VHT	village health team

INTRODUCTION

To achieve FP2020's goals and to ensure that people have access to a broad range of choices, it is essential that the Standard Days Method® (SDM) be included as part of the family planning (FP) modern method mix in facilities and in community-based family planning (CBFP) programs. On December 9, 2014, Advancing Partners & Communities (APC) launched its series of CBFP-related technical consultations. This consultation focused on raising awareness of SDM as part of the method mix. Close to 50 people representing over 20 different organizations, including participants from USAID as well as country representatives of programs in India, Mali, Nigeria, Rwanda, and Uganda, convened to discuss the integration of SDM into CBFP programs.

SDM is a simple, fertility awareness method that appeals to many women with an unmet need for FP, especially those who are new to using FP, desire non-hormonal FP methods without side effects, or want to transition from less effective methods. Based on scientific knowledge about reproductive biology and proven effective in a multination efficacy trial, SDM meets established criteria as a modern method. A recent literature review found that the method has a foothold in some countries on par with other modern methods that have been around much longer, such as male and female sterilization and the intrauterine device. Correct and typical use effectiveness rates are similar to other user-directed methods of contraception: 95 percent with correct use and 88 percent with typical use. The literature review found that most women who use SDM find it easy to use and are satisfied with the method.

The objectives of the meeting were to:

1. Generate an understanding of history, evidence, and global access to SDM
2. Learn about the benefits, challenges and barriers to introducing and maintaining access to SDM
3. Discuss approaches and ways to address barriers for integrating SDM in CBFP programs

PRESENTATIONS

History and Current Status of SDM as Part of the Method Mix

Victoria Jennings, Ph.D., Director, IRH, Georgetown University

Victoria Jennings described how SDM fits into community-based programming, from the original efficacy study through new digital/mobile tools. She highlighted how the essential elements for introduction of SDM have—and have not—been applied in various settings and noted the effect of these elements on the success of community programs. The presentation also included a snapshot of countries where SDM has been introduced and supported by CBFP programs.

During the discussion, participants highlighted the need of clinic-based providers' support for community-based programming. Additionally, Dr. Jennings noted the dual purpose of CycleBeads® as an integral tool as both an FP method to prevent pregnancy as well as a fertility awareness tool for couples trying to get pregnant. A great deal of anecdotal evidence shows that CycleBeads® start out being used as a contraceptive method and then are used later by the same couples to identify best days to try and get pregnant. The discussion also noted that CycleBeads® are an important tool for HIV-discordant couples trying to get pregnant who want to minimize the risk of HIV exposure.

Evidence Review of SDM

Karen Hardee, Director & Kelsey Wright, Staff Associate, Evidence Project, Population Council and Elizabeth Bastias-Butler, Project Coordinator for APC

Karen Hardee presented on the Evidence Project's synthesis of the literature on SDM. Following Ms. Hardee, Elizabeth Bastias-Butler outlined the key findings from an APC survey that explored the integration of SDM into CBFP programming. The survey was completed by program managers and technical backstops of CBFP programs in 13 countries from 23 different organizations. The information collected from the survey informed the planning of the technical consultation on SDM. Through this report, a summary of the key findings is being shared with partners who completed the survey.

Data provided in the presentations emphasized the importance of the World Health Organization's (WHO) classification of SDM as a modern method. Referring to SDM as 'natural' often leads to its being labeled as a non-modern method. The January WHO/USAID Technical Consultation on Classification of Contraceptive Methods discusses the classification of SDM and other FP modern methods.

In terms of evidence, the longest follow-up study of SDM is two years. Evidence that shows how effective SDM is as a transition to hormonal methods is mostly anecdotal. It was noted that SDM is not necessarily a "transition" method like Lactational Amenorrhea Method (LAM), and it is not an appropriate method for postpartum women. A part of SDM counseling is informing women when they do need to switch to another method (listed in provider job aids). While there aren't long-term studies, retention rates for women who successfully use SDM tend to be high, and couples that cannot use SDM tend to change methods early on.

A potential research question to explore this issue is:

- Does SDM have a higher discontinuation rate than other methods, or are those that discontinue SDM, women that would likely discontinue any method? (i.e., are the women who discontinue using SDM also likely to discontinue other methods?)

Learning from Field Experiences: Mali, Rwanda, Senegal, Nigeria, India, and Uganda

Mali: Kwamy Togbey, CARE Mali

Kwamy Togbey discussed the integration of SDM into Project Keneya Ciwara, USAID's district-level health project in Mali. The project used several unique approaches to community-based provision of the method, including working through women's associations and providing direct-to-consumer services through community "boutiques." He shared successes and challenges of working to integrate the method into Mali's Ministry of Health (MOH) structures. In Mali, the barrier is less about cost and more about the unavailability of CycleBeads®, in part due to supply chain barriers as a result of the country's recent coup.

Rwanda: Marie Mukabatsinda, IRH Country Representative

Marie Mukabatsinda described the technical assistance provided to four organizations, each with their own cadre of community health workers (CHWs) in Rwanda: the Association Rwandaise pour le Bien-Etre Familial (an International Planned Parenthood [IPPF] affiliate), Caritas Rwanda, Action Familiale Rwandaise, and the MOH. She described the context in Rwanda with regard to CBFP and the role that each of these organizations play in expanding access at the community level. In Rwanda, the cost for CycleBeads® in the public sector is the same, thus cost is not a barrier to uptake. IRH began a pilot to initiate the provision of SDM in one district. The results from the pilot could be used to advocate for initiating the provision of other FP commodities by CHWs, such as pills and injectables.

Senegal: Adrienne Allison, Senior Technical Advisor for FP/Reproductive Health, World Vision

Adrienne Allison gave a presentation about how World Vision (WV) adopted healthy timing and spacing of pregnancies as an essential intervention in their global maternal and child health programs worldwide. WV trained MOH staff to counsel women and men on all available FP methods, including SDM, to time and space births and to save lives. SDM counseling on the use of CycleBeads® enabled WV to build a partnership with the Roman Catholic sisters that ran three of 12 health posts. Although the high cost of CycleBeads® may account for Senegal's lower use of the method, a conclusion cannot be drawn from the available data.

Despite challenges, SDM also proved to be an excellent approach to bringing men into the conversation and provided WV with an opening to discuss other modern FP methods available through the MOH. Aided by the support of Roman Catholic sisters and local Muslim Imams, the CPR rose from 2 percent to 9 percent in 18 months.

Nigeria: Jane Adizue, Sales and Demand Creation Manager, Society for Family Health (SFH) Nigeria

Jane Adizue presented on lessons learned on SDM programming within two USAID-funded projects, Improved Reproductive Health Project (IRHIN) from 2005–2010 and the Expanded Social Marketing Project in Nigeria (ESMPIN) from 2011–2016. She highlighted the SFH's work building providers'

knowledge of SDM within the range of contraceptive methods being offered. She also discussed the role faith-based institutions played in increasing community awareness of SDM in two pilot states. Jane also talked about how SFH helped ensure availability of the CycleBeads® throughout Nigeria, so supply could meet demand. In Nigeria, the cost of CycleBeads® is double the price of Depo-Provera® at150 naira. However, this price difference has been successfully addressed through appropriate social marketing, including messages such as although the initial cost is high, SDM costs less than other FP methods over time. In Nigeria, SFH only works with the private sector and only CycleBeads® are available and that is what is used.

Improving couple's dialogue about FP methods and related issues has been presented as a benefit of SDM. In Nigeria, the approach is different depending on the setting but in both situations gender relationships are improved through couples FP counseling on SDM. For example, in northern Nigeria, conversations start with men so that they will bring their wife and that they agree together, while in southern Nigeria, women bring their husbands.

India: Ragini Sinha, Former IRH India Country Representative

Ragini Sinha presented on integrating SDM into community-level services in the state of Jharkhand, India. She provided an overview of the CHWs cadre in Jharkhand and how they are positioned within the Government of Jharkhand's health system. In addition to discussing advocacy efforts for building the capacity of these CHWs, she also described training and supervision activities, as well as community-focused promotional activities. She spoke about the community response to SDM during this time and the challenges and successes experienced in the method's integration into CBFP programs. Due to the low literacy level of CHWs, IRH developed a comic book, which helps describe SDM in a visual format. The comic book was particularly useful for training CHWs.

CHWs utilized the CycleBeads® instructions as the take-home materials that come in the package to council FP clients. For those who are not able to read well, it is a more visual tool. This tool has been tested in almost every country where the method has been introduced. The current instructions reflect rigorous testing. There is only one tool for CHWs. Over time, additional tools for people like clinicians have been developed.

Uganda: Dr. Tonny Tumwesigye, Director, Uganda Protestant Medical Board

Across Uganda, the Uganda Protestant Medical Board (UPMB) works with village health teams, the Uganda CHW equivalent, in the catchment areas of their member facilities. UPMB selected eight facilities in which to introduce the three Fertility Awareness-based Methods (FAM): SDM, TwoDay Method®, and LAM at the facility and community level. Dr. Tumwesigye's presentation focused on the FP work at the community level with VHTs who are being equipped to offer three FAM methods, condoms, pills, and referrals for clients choosing other methods. During the discussion, it was noted that low literacy levels in English by CHWs is a significant challenge. There are over 50 languages in Uganda. UPMB translated the materials into four dialects.

Sharing Formative Research Findings Used to Inform a Group Teaching Model for FAM in Northern Uganda

Shannon Pryer, Senior Specialist, Family Planning/Reproductive Health, Department of Health and Nutrition, Save the Children

The Fertility Awareness for Community Transformation (FACT) project is currently working in Uganda, Rwanda, India, and Nepal to test two hypotheses: 1) Increasing fertility awareness among women and men improves family planning use, and 2) Expanding access to FAM improves uptake of FP services and reduces unintended pregnancies. Save the Children works as an implementing partner in Uganda and Nepal.

Shannon Pryor shared findings from formative research that was conducted in Gulu, Uganda, where FACT is developing a group teaching approach for FAM. Many of the findings were not unexpected; however, men reported more concern about side effects than women, which was an interesting outcome of the research. During the presentation, Shannon briefly described how the formative research findings are being used to inform the development of a group teaching model for the FACT project. Currently, Save the Children is still in the design phase in the larger process of developing solutions and will begin the proof of concept phase in March.

BREAKOUT SESSIONS

During the afternoon, participants separated into groups to discuss the following topics in more depth:

1. To explore gaps with resources and tools.
2. To identify research gaps.
3. To discuss barriers and challenges in more detail regarding policy and supportive environment.
4. To discuss barriers and challenges in more detail regarding service delivery and implementation.

These rich small-group discussions had several cross-cutting themes:

- SDM can be used as a fertility awareness tool with both adolescents and adults, couples who are HIV-positive or discordant couples (those where one partner is living with HIV and the other is not) who want to plan their pregnancies, and couples planning their pregnancy.
- Advocating for policy change is context specific, and there is ample existing evidence available which can be used rather than conducting new studies.
- Advocacy with ministries of health to include SDM and CycleBeads® into national reporting systems, logistics and procurement systems, and FP strategies and policies strengthens the supportive environment and eliminates many service delivery barriers.
- Alternatives to CycleBeads® merit further exploration, including mobile applications such as CycleTel™, CycleBeads® Apps, CycleBeads® Online, plus using a paper calendar in remote areas where CycleBeads® are not accessible.

The following are the group-specific themes and recommendations that came out of each discussion.

Group 1: Gaps with Resources and Tools

The group identified the following resource needs:

- Life-course/stage-specific materials for adolescents as well as adults
- Tools to facilitate couples communication
- Program guidelines for engaging men and linking with other methods
- Fertility awareness for adults and HIV-positive/discordant couples, and planning for pregnancy
- Curricula on how to integrate fertility awareness and SDM education with other sectors and programs
- In addition to information, education, and communication (IEC) materials, the strengthening of procurement processes and securing funding for SDM, especially for hard-to-reach populations, continues to be a challenge.

Group 2: Needs and Gaps in Research

- The in-depth discussion on research gaps for SDM integration resulted in the conclusion that there is ample existing evidence available, which should be adapted for different country contexts rather than conducting new studies on SDM. However, a few study ideas did come out of this discussion that are relevant to both SDM and CBFP programs:
    - What effect does male engagement have on women's empowerment?
    - What are the factors influencing long-term use/continuation of SDM?
    - What are the dynamics of contraceptive use?
    - What is the frequency of supervision and refresher training needed to ensure high-quality SDM and CBFP programs?

Group 3: Challenges/Barriers with Supportive Environments

- Several of the country presentations discussed the importance of creating a supportive policy environment for the scale-up and sustainability of their programs. This small group discussion focused on some of these country-specific advocacy approaches to develop the following recommendations for other SDM programs:
    - Frame the need for SDM with the evidence
    - Identify champions and develop a working group
    - Start small and build donor-inclusive partnerships

Group 4: Challenges/Barriers with Service Delivery and Implementation

This small group discussion was dynamic and resulted in a good exchange surrounding the costs of the commodity to the end user as well as the program, challenges with logistics, the training needs of providers beyond just the community health worker. Several recommendations came out of this discussion:

- Roll out more mobile apps for the product
- Advocate at the national level to get CycleBeads® into Health Management Information Systems (HMIS) and FP strategies and policies
- Integrate SDM and CycleBeads® into preservice training for health care providers and professional associations
- Have more mobile technology training for service providers so they can follow up with clients and monitor stocks more closely

CONCLUSION

The presentations and discussions emphasized that increased support for SDM requires champions to build acceptance and sustain integration efforts, promote male engagement in FP, as well as strengthen outreach to Roman Catholic, Protestant, and Muslim clients and service providers. Throughout the meeting, presenters and attendees stressed the important role of CycleBeads® as a teaching tool that providers, women, and men understand and that increases knowledge about the fertile period to prevent and plan pregnancies. However, challenges remain, such as CycleBeads® availability. Currently availability varies depending on the country context and procurement mechanisms in place; they are procured by donors as well as by Ministries of Health in a number of countries but not every country implementing CBFP programs.

The recommendations from the upcoming WHO/USAID Technical Consultation on Classification of Contraceptive Methods and the online release of the Evidence Project's literature review on the evidence for use, implementation, and scale-up of SDM will be shared in early 2015.

Key resources for integrating SDM into CBFP programs can be found on K4Health.

- Standard Days Method® and CycleBeads®: Top 20 Most Frequently Asked Questions
- SDM Factsheet
- Process for Integrating the Standard Days Method into Services: Essential Steps
- Standard Days Method®: A Modern Family Planning Method
- Standard Days Method with CycleBeads Provider Job Aid
- CycleBeads Instructions: Pictorial Africa (ENG)

You can download presentations and other supporting materials from the meeting here.

APC would like to thank the steering committee for their contributions to planning this event. The committee included: Karen Hardee (Population Council), Mona Bormet (Christian Connections for International Health), Mariah Preston (Population Services International) and Susan Otchere (WV, Core Group SMRH Working Group), Victoria Jennings (Institute for Reproductive Health [IRH]), Lauren VanEnk (IRH), Lissa Glasgo (IRH), Trinity Zan (APC), Leigh Wynne (APC) and Elizabeth Bastias-Butler (APC).

APPENDIX I: AGENDA

STANDARD DAYS METHOD® IN COMMUNITY-BASED FAMILY PLANNING PROGRAMS TECHNICAL CONSULTATION

Tuesday, December 9, 2014

Purpose: Raise awareness of the Standard Days Method® (SDM) as part of the community-based method mix.

Meeting Objectives:

1. Generate an understanding of history, evidence, and global access to SDM.
2. Learn about the benefits, challenges, and barriers to introducing and maintaining access to SDM.
3. Discuss approaches and ways to address barriers for integrating SDM in CBFP programs.

Time	Session
8:30–9:00	Registration
9:00–9:30	**Welcome and opening remarks from USAID and APC** Victoria Graham, USAID and Elizabeth Creel, APC
9:30–9:45	**History and current status of SDM as part of the method mix** Victoria Jennings, Ph.D., Director, IRH, Georgetown University
9:45–10:30	**Evidence review of SDM** Karen Hardee, Director, Evidence Project, Population Council Elizabeth Bastias-Butler, Project Coordinator, APC
10:30–10:45	Break
10:45–12:00	**Learning from field experiences in Mali, Rwanda, Senegal, and Nigeria** Kwamy Togbey, Chief of Party, Nutrition and Hygiene Project, CARE Mali Marie Mukabatsinda, IRH Country Representative, Rwanda Adrienne Allison, Senior Technical Advisor for FP/RH, WV Jane Adizue, Sales and Demand Creation Manager, Society for Family Health (SFH), Nigeria
12:00–1:00	Lunch (provided)
1:00–1:45	**Learning from field experiences in India and Uganda** Ragini Sinha, Community-Based Research Consultant, India Dr. Tonny Tumwesigye, Director, Uganda Protestant Medical Bureau

1:45–2:15	**Sharing formative research findings used to inform a group teaching model for FAM in Northern Uganda** Shannon Pryor, Senior Special, Family Planning and Reproductive Health, Save the Children
2:15–3:30	Breakout sessions to discuss: • To explore gaps with resources and tools. • To identify research gaps. • To discuss barriers and challenges from the presentations on policy and supportive environment, as well as on service delivery and implementation.
3:30–4:00	Next steps and closing remarks from USAID and APC

APPENDIX II: SURVEY RESULTS

Survey Background

This survey was shared with 51 program managers and technical backstops of community-based family planning (CBFP) programs. This survey assessed the barriers and facilitating factors to SDM integration in CBFP programs across five essential program elements (training, awareness raising, commodities logistics, data collection, and creating a supportive environment). The information provided helped to inform the planning of the APC project's Standard Days Method® in Community-Based Family Planning (FP) Programs.

The survey was released via Google Forms in October 2014 and was closed for review of the results in late November. The survey was disseminated over various listservs.

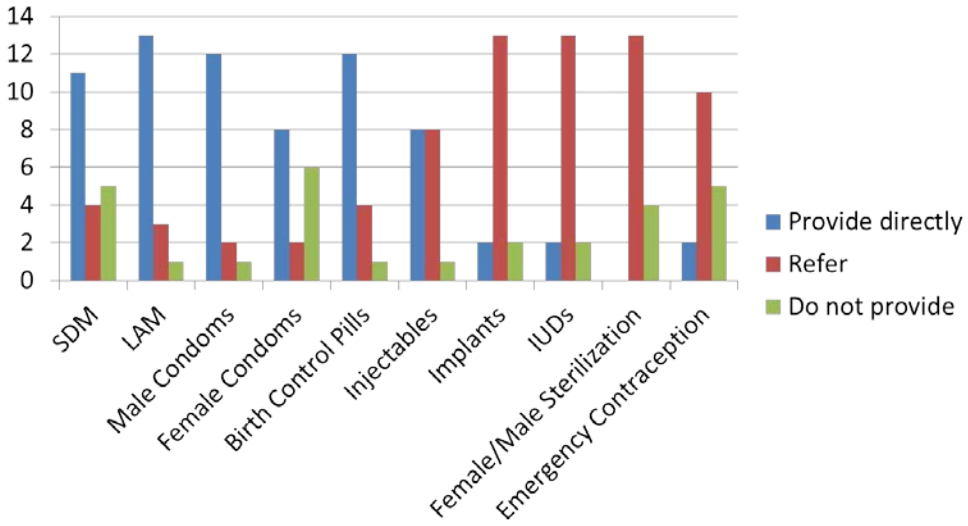
Survey Basics

Table I. Participant Information

Number of participants	25
Participants who work directly in CBFP service delivery	21
Number of organizations	23
Local NGOS	8
International NGOS	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

Participants were asked what methods they offer in their CBFP programming and if they provide directly, refer, or do not provide them. At least 75 percent of those that responded to the question provided SDM directly or referred clients to another provider. The following graph indicates that most participants referred and did not provide long-acting methods as opposed to short-term methods:

Figure I:



Participants were then asked to identify how integrated SDM was into their CBFP programs. They were asked if SDM is included in training for community-based workers and to what extent. Eighty-five percent stated that SDM is always or sometimes included in training for community-based workers. This correlates with 85 percent that provide SDM directly or refer for the CBFP programs. Eighty percent always or sometimes include SDM in supervision visits for community-based workers. Eighty-five percent always or sometimes include SDM in information the organization provides to the community on FP.

In terms of why participant organizations chose to include SDM in their programming, there were a variety of reasons submitted, each had approximately the same number of responses. The reasons listed include:

- The method is effective and safe
- Male involvement and 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 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 FP are inclusive of the SDM information
- SDM is included as an official method for natural FP in HMIS, the national Demographic and Health Survey, and other official government documents

This list is also reflective of the variety of reasons why women chose SDM as their FP method.

CycleBeads®

Fifty-six percent of the participants who responded offer CycleBeads® to women and couples through their CBFP programs. The sources of CycleBeads® were the USAID | DELIVER PROJECT, KEMSA in Kenya, district pharmacies, manufacturers, distributers, ministries of health, UN agencies, and other donors. Respondents from Kenya, Madagascar, and Nigeria characterized the supply chain through which CycleBeads® are delivered as integrated with other commodities. Responses from Ghana and Democratic Republic of Congo indicated that the supply chain for CycleBeads® was separate from other commodities. In the Philippines both are integrated and separated supply chains are utilized, depending on the need. There were conflicting responses from Uganda, which could indicate both types are utilized there as well.

Participants gave a number of reasons for not providing CycleBeads® in their programming. These reasons include cost, few samples available, the popularity of the method, country-wide shortages, sporadic availability at service delivery sights, availability in the government FP service delivery system, and the fact that few people are trained on SDM at the facility and community levels. These reasons overlapped with the barriers preventing CycleBeads® from being distributed at the community level, noted by participants. Additional barriers given were that clients find SDM too complicated to use and often switch to a different FP method as well as a lack of awareness about the method.

SDM In-Country Documentation

There were some discrepancies in the data reported from Uganda, Ghana, Nigeria, Kenya, and Madagascar. This could be due to difficulties in disseminating information on national policies and protocols at the community level. For the table below, please note that N/A* signifies conflicting data reported and N/A signifies lack of response.

Table II:

	Are community-based FP services recorded in the HMIS?	Is there a designated column/row/box for SDM?	Is SDM included in the national family planning guidelines where your program is implemented?
Uganda	Yes	N/A*	Yes
Ghana	Yes	N/A*	Yes
Nigeria	Yes	Yes	N/A*
Philippines	Yes	Yes	Yes
Bolivia	No	N/A	Yes
DRC	Yes	Yes	Yes
Ethiopia	N/A	N/A	N/A
Kenya	N/A*	N/A*	Yes
Zambia	Yes	Yes	N/A
Rwanda	Yes	Yes	Yes
Madagascar	N/A*	Yes	Yes

Benefits, Challenges, and Technical Assistance Needs

The most significant benefits in providing SDM as part of the method mix in CBFP programs cited by participants were that it can be used by women who cannot use, or prefer not to use, methods that contain hormones/require a medical procedure and that it overcomes religious and cultural opposition to FP. The additional significant benefits cited were that SDM does not cause any physical side effects and that it encourages male involvement in FP.

The most significant challenge to providing SDM as part of the method mix in CBFP programs cited by participants was the belief that SDM is not an effective modern FP method. The other significant challenges noted were logistics and stockouts—getting consistent supplies of CycleBeads® and lack of funding for including SDM in CBFP programs.

Participants were asked how they would address the challenges presented by including SDM as part of the method mix. One participant from Kenya stated that they worked with the MOH to introduce SDM in one region. Once the success was seen, the ministry has started scaling up with support from partners. In the Philippines, training modules were prepared and training was conducted by another agency with the use of press releases and IEC materials. In Ethiopia, programming was designed to create demand for FP counseling referrals. In Madagascar, training and refresher courses were provided with more information so that the client may decide it is worth it to buy the CycleBeads®. Additionally, the program ensured that supervision of SDM work is part of overall health supervision.

At the end of the survey, participants were asked to identify technical support needed to improve the provision of SDM in their programs. This technical assistance (TA) included:

- Training of trainers and refresher courses on SDM were highlighted, along with counseling tools, information, and educational materials to create awareness about SDM in the communities
- Research, specifically on SDM's psychosocial benefits and best practices of SDM services provision at the community level
- Advocacy and support for demand creation through IEC/behavior change communication materials as well as research would be beneficial in supporting programs
- Additional funding for research and training on the provision of SDM as well as the purchase of CycleBeads®
- Improved integration of SDM into medical and nursing school curricula
- More technical documents supporting CycleBead®'s effectiveness

A summary of these findings and technical assistance needs were shared with participants at the technical consultation and several resources from the Standard Days Method® Knowledge for Health Toolkit were identified as potential resources to address some of these needs. They can be accessed here.

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