Standard Days Method

Implementation Guidelines for Program Personnel

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The **Institute for Reproductive Health** at Georgetown University in Washington, D.C., is a leading technical resource in Natural Family Planning committed to developing and increasing the availability of effective and easy-to-use natural methods.

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Introduction

These Implementation Guidelines were designed to assist program managers to plan for and integrate the Standard Days Method® (SDM) into their services. These guidelines are based on the experience of more than twenty international and local organizations that successfully have introduced this simple natural method into their countries' family planning programs. The SDM has been introduced into diverse programmatic settings, including clinic- and community-based programs, by ministries of health, NGOs providing family planning services, as well as community development organizations with limited experience in carrying out health or family planning programs. The method is being used by women and men with a wide variety of religious, cultural, educational, and socio-economic backgrounds.

This guide provides information on key aspects of the SDM for managers considering including it in their programs. It includes background information on how the method was developed and tested, and the benefits for programs of introducing the SDM. It also discusses key steps that need to be addressed as the introduction is planned and implemented. Of course, not all elements of the handbook will be relevant to each reader, and program managers are encouraged to select those elements most appropriate for their programs.

Where is the SDM being offered and used?

The Standard Days Method is being introduced into many parts of the world. Click on a country or country name in the map below to discover how the SDM is being implemented in that country:

About the SDM

What is the SDM?

The SDM is a simple and effective fertility awareness-based method of family planning developed through scientific analysis of the fertile time in the woman's menstrual cycle. The SDM is based on the fact that there is an identifiable "fertile window" during the woman's menstrual cycle—several days before ovulation and about 1 day after—when she can become pregnant. To prevent pregnancy, users avoid unprotected intercourse on days 8 to 19 of the cycle—a formula based on computer analysis of 7,500 menstrual cycles [1]. Some couples choose to abstain during the fertile days while others prefer to use a barrier method, usually condoms. A set of colored beads, called CycleBeads®, facilitate provision and use of the SDM by helping a woman track her cycle days, know which days she is fertile, and monitor her cycle lengths.

The SDM is a modern, scientific method which provides two couple years of protection (CYP) per user [2]. Although it is a relatively new method, it is now being used in more than 21 countries around the world. Ministries of health, non-governmental organizations, international private voluntary organizations, and community development groups are including it in their policies, norms, and services. The method has been incorporated into guidance documents for contraceptive use such as the WHO's Medical Eligibility Criteria for Contraceptive Use, and Contraceptive Technology 18th Edition, as well as the policies and norms of numerous goverments and private sectors programs.

How was the SDM developed?

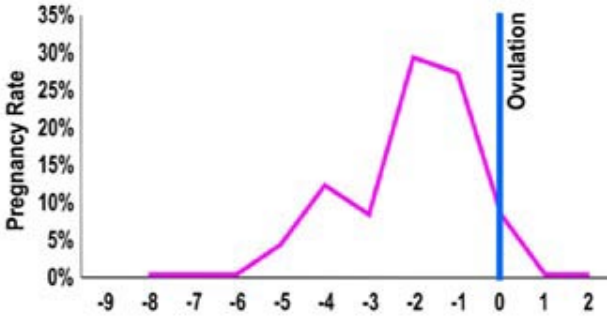
The SDM was developed by the Institute for Reproductive Health, Georgetown University with support from the U.S. Agency for International Development. To develop this method, researchers:

- identified days 8 to 19 as the likely fertile window, taking into account human reproductive physiology, such as viable lifespan of the gamete, the probability of becoming pregnant on different days relative to ovulation, and the probability of ovulation on different days of the cycle relative to the mid-point day.
- then a computer model was designed to assess the efficacy of the 8 to 19 fertility windown and to identify for whom it would be appropriate. The model was applied to menstrual cycle data from a number of published studies and a large data set from the World Health Organization. The analysis confirmed that avoiding unprotected intercourse on days 8 through 19 provided maximum protection for women with menstrual cycles between 26 and 32 days long (78% of cycles are in this range), while minimizing the number of days to avoid unprotected intercourse.
- A clinical trial was conducted to determine its effectiveness in actual use. The study included nearly 500 women in three countries – Bolivia, Peru, and the Philippines – who used the method for up to one year. The study followed internationally recognized procedures used in efficacy studies for all modern family planning methods.
- Follow-up studies conducted in the clinical trial sites looked at method continuation following the completion of this trial.
- Operations research studies were conducted in sites where the SDM was introduced. These studies examined acceptability of the method to providers and users, the feasibility of offering the method, and its effectiveness in typical service delivery settings.

What is the scientific basis of the SDM?

The SDM is based on reproductive physiology. A woman is fertile approximately five days before ovulation plus the day of ovulation. This is because of the life span of the sperm, which remain viable in the woman's reproductive tract for approximately five days, and the fact that the ovum can be fertilized for up to 24 hours following ovulation.

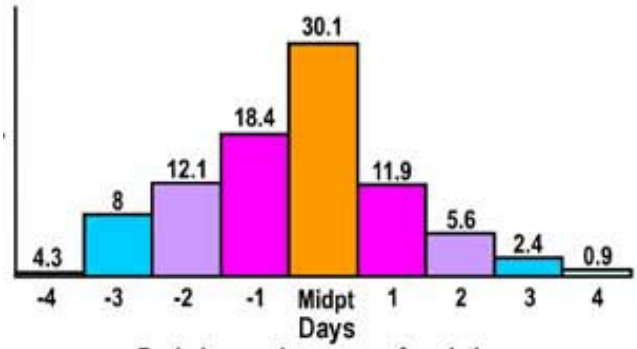
If a woman has unprotected sex 6 or more days before she ovulates, the chance she will get pregnant is virtually zero. If she has unprotected sex 5 days before she ovulates, her probability of pregnancy is about 5%. Then, her probability of pregnancy rises steadily until the two days prior to ovulation. If she has unprotected sex on either of these two days, she has a 25-30% chance of becoming pregnant.



Probability of Pregnancy from Intercourse on Days Relative to Ovulation

From that point, the probability of pregnancy declines rapidly. By 12-24 hours after she ovulates, a woman is no longer able to get pregnant during that cycle. [3]

The timing of ovulation during the menstrual cycle also is important for the SDM. Ovulation occurs around the mid-point of the menstrual cycle particularly for regularly-cycling women. In approximately 89% of cycles, ovulation occurs within +/- 3 of the midpoint day. Thus, a woman's fertile "window" (days in the menstrual cycle when she can get pregnant) begins as early as five days prior to ovulation and lasts up to 24 hours after ovulation.



Peak day used as proxy of ovulation

How effective is the SDM?

To determine the contraceptive efficacy of the SDM, a prospective, multi-center efficacy study was conducted in Bolivia, Peru, and the Philippines among 478 women 18 to 39 years of age.

The results of the study found that, for women with cycles between 26 and 32 days long, the SDM is more than 95% effective with correct use and more than 88% effective with typical use [4] (typical use calculations include women who had unprotected intercourse during the fertile days as well as those who did not). This is similar to the efficacy of most other user-dependent methods.

Contraceptive Failure of User-Directed Methods

% of women who became pregnant during 1st year of use

	Correct Use	Typical Use
No Method	85	85
Spermicides	18	29
Diaphragm	6	16
Condom	2	15
OC	.3	8
Standard Days Method	5	12

Adapted from Contraceptive Technology, 18th Edition, 2004.

These, the SDM provides significant protection against unplanned pregnancies and is well accepted by couples in a wide range of settings. The method was used correctly in about 97% of the cycles. Similar typical-user failure rates have been reported in other studies conducted in several countries. [5]

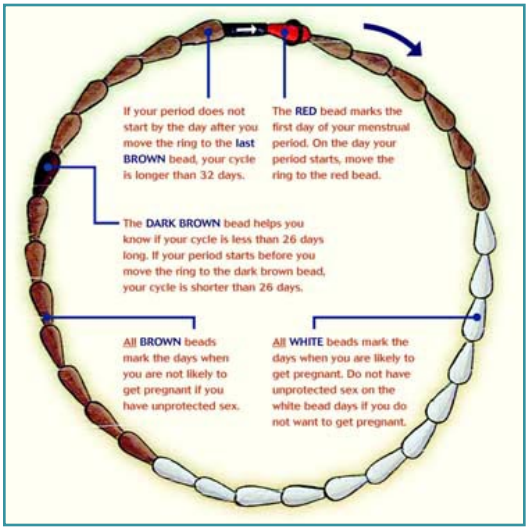
How is the SDM used?

In many programs the SDM is used in conjunction with CycleBeads, a visual tool that helps women use the SDM by keeping track of their cycle days, identify whether or not they are fertile on that day, and monitor cycle length.

Indications for Using CycleBeads

- **To track her fertile days**, the woman moves a rubber ring one bead every day. On the day she starts her period, she moves the ring to the red bead and marks that day on her calendar. To prevent pregnancy, she avoids unprotected sex when the ring is on a white bead day. On all brown-bead days, pregnancy is very unlikely. On the day she starts her next period, she skips over any remaining brown beads, puts the ring on the red bead, and begins a new cycle.
- **To monitor her cycle length,** the woman knows that if her period starts before moving the ring to the darker brown bead her cycle is shorter than 26 days. If she doesn't start her period by the day after moving the ring to the last brown bead, her cycle is longer than 32 days. If she has a cycle shorter than 26 or longer than 32 days more than once in a year, the SDM will not be effective for her, and she should be encouraged to use another method.

VIEW ANIMATION OF CYCLEBEADS



Who can use the SDM?

The SDM is appropriate for many women but, like all methods of family planning, it is not appropriate for all who may want to use it. According to the World Health Organization's "Medical Eligibility Criteria for Contraceptive Use" (2004), the SDM does not have any negative effect on a women's health. [6]

As noted previously, to use the SDM successfully, women should have regular menstrual cycles between 26 and 32 days long. Because successful use of the SDM involves using condoms or not having sex on days 8 to 19 of the cycle, the woman's partner also needs to be involved. Women who have more than one cycle outside this range in a year should not use the SDM to prevent pregnancy, since the method would be less effective for them.

Like most family planning methods, other than condoms, the SDM does not protect against STIs and HIV/AIDS.

Is the SDM appropriate for young women and newly married couples?

Research shows that young women and newly married couples also can effectively use the SDM. The research found that younger women have more frequent sexual intercourse, and they may have it more frequently during their fertile days, but they use more back-up protection on those days than older women. As a result, there was no statistical difference in the pregnancy rates among young women versus older women. What is most relevant for effective use of the SDM is that women have regular cycles and that they are able to communicate with their partners about how to handle the fertile days. Younger girls may have very irregular cycles. But by 3 to 4 years after the first menstruation, most adolescents have fairly regular cycles at which time the SDM may be appropriate for them, if they meet the regular screening criteria [7].

Do women need to be educated or literate to use the SDM?

SDM studies conducted in Latin America, Asia and Africa demonstrate that women with very little education and those who cannot read or write can use the method as effectively as highly educated women. However, they may require specially tailored materials and more counseling time [8].

Why Introduce the SDM?

Expanding contraceptive choice increases contraceptive prevalence

The success of a family planning program depends on its ability to meet the family planning needs of the populations it serves, including their need for specific methods, whether they are for spacing or limiting births. Research shows that when people can choose among several different contraceptive methods they are more likely to find – and use – a method that appeals to them [9]. With the introduction of the SDM in Peru, for example, approximately 5% of all new family planning users in areas served selected the SDM in the first year the method was introduced [10].

Most couples using periodic abstinence do not have correct information on how to avoid pregnancy

It is estimated that 27 million couples worldwide, representing 2.6% of all couples in reproductive age, use periodic abstinence to avoid pregnancy [11]. The majority of them, however, do not know when they are most likely to get pregnant – often making their efforts to avoid pregnancy unsuccessful.

Key Reasons for Making the SDM Part of Your Program

- Expanding contraceptive choice increases contraceptive prevalence.
- The SDM is an effective option for couples using periodic abstinence who do not have correct information on how to avoid pregnancy.
- SDM services can be offered easily and effectively by a wide variety of programs.
- SDM introduction will contribute to efforts to reduce the gap between contraceptive commodity needs and donor capacity.
- The SDM is a safe and effective natural option for many women and couples in a variety of contexts worldwide.
- The SDM increases male participation in family planning.
- The SDM increases the understanding of basic fertility awareness among men and women, thus enhancing their ability to make family planning decisions.

SDM can be offered easily and effectively by a wide range of organizations

Incorporating the SDM helps programs expand informed choice, reduce unmet need and increase contraceptive prevalence. It is easy for organizations to offer the SDM because the method does not require special equipment or infrastructure. In fact, a wide range of organizations – ministries of health, family planning associations, faith-based groups and NGOs – are now offering the SDM. It has been offered successfully by community volunteers, community-based health workers and NGO outreach workers as well as by auxiliary nurses and physicians. In El Salvador, for example, the SDM was successfully incorporated into rural programs addressing health, water and sanitation, education, and micro-enterprise by Project Concern International and the Reconstruction Committee of El Salvador (CIRES).

SDM offers a strategy to bridge the gap between contraceptive commodity needs and donor commitment

The growing demand for family planning services and funding levels that do not match the growing need are resulting in a major gap. One alternative to alleviating this donor gap is the introduction of low-cost, simple, and effective methods of family planning, such as the SDM. The SDM may be particularly important in settings where there is a high reliance on traditional methods, high levels of unmet need for family planning, and chronic depletion of contraceptive commodities. In most developing countries, contraceptives and the educational materials that support them are heavily subsidized and often are distributed to users at no cost or at a very low fee [12]. The only “commodity” cost associated with the SDM is CycleBeads—the device that women use to track their menstrual cycle—which represents a low-cost one-time purchase. In Burkina Faso, CycleBeads were sold to SDM users at 500 CFA (approximately US$1)—and the majority of users reported that this price was reasonable [13].

The SDM has been accepted by clients and providers in a variety of settings and programs worldwide

Around the world, approximately 90% of women participating in operations research studies reported that the SDM is easy to use and that they would recommend it to others. The reasons men and women give for their positive attitudes towards the SDM include that it is natural, has no side effects, and is effective, affordable and easy to use.

Reasons for Choosing the SDM

	Six Countries1	U.S.2
Doesn't affect health	70%	80%
No side effects	20%	30%
Economical	30%	5%
Easy to learn and use	10%	45%

Source:
1 Interviews with users in 6 countries, IRH
2 Survey of internet purchasers

The results of research worldwide also show that women and men are able to successfully manage the woman's fertile period—either through abstinence or using other means of protection. Women and men have also reported that the SDM has helped them to improve couple communication—and women are empowered by having better knowledge and information about their bodies and reproductive health. Research shows that women who complete one year of SDM use are very likely to continue using the method. In a multi-year use study conducted by the Institute for Reproductive Health, 66% of SDM users were still using the method two years later.

SDM increases male participation in family planning

While program planners and providers often are concerned about the acceptability of the SDM for men, research shows that men generally are satisfied with the method. In the clinical trial of the SDM, only 2% of women dropped out of the study because their partners did not want to use the method. And in many instances men actually increased their participation in family planning. Results of the SDM introduction studies, which followed some 1,600 users in nine countries for up to 13 cycles, showed that most men participated in method use by helping to keep track of the fertile days and by abstaining or using condoms during these days.

SDM attracts clients who are not interested in other methods

While the SDM is used by a range of clients with different backgrounds, research shows that the method is very attractive for clients who never before have used any family planning method. For example, research in Benin and Rwanda showed that 80% and 96% of SDM users, respectively, were first time users of family planning.

SDM has no side effects and does not affect the woman's health

The SDM is an appropriate alternative for women seeking a family planning method that does not cause side effects. Although the SDM also attracts many clients with no previous family planning experience, some SDM users are women who have discontinued other methods because their concerns about side effects and other health issues. When men and women were asked about their reason for using the SDM, the majority stated that they chose it because it has no effect on their health. In Burkina Faso, for example, with the introduction of the SDM, 89% of women reported choosing the SDM because it had no effect on their health.

Assessing Need and Preparing to Integrate the SDM into Programs

Assessing Need

SDM introduction is most sucecessful in areas where there is a potential demand and where there is likely to be high acceptability. Worldwide, millions of women report that they are using “periodic abstinence” to avoid pregnancy, although the majority of them do not know when they are most likely to get pregnant. Additionally, millions of women who do not want to get pregnant are not using any method of family planning, while others are using a method inconsistently.

Key Actions

1. **Determine the contraceptive prevalence rate and number of women using periodic abstinence, traditional methods or no methods at all, in areas where SDM introduction is being considered.**
   SDM introduction has been particularly successful in areas where contraceptive prevalence is low and where there is potential demand, such as large numbers of women who are either using no method of family planning or using some form of periodic abstinence. Even countries with high prevalence have areas where contraceptive use is lower, and thus where interest in the SDM could be strong.
2. **Assess the appropriateness of introducing the SDM**
   SDM may not be an appropriate method in places where HIV/AIDS is highly prevalent, where attitudes support having many sexual partners, and women are powerless to negotiate the timing of intercourse and/or the use of condoms.
3. **Assess the feasibility of introducing the SDM**
   The feasibility of introducing the SDM will depend on whether there is a supportive policy environment for offering a new natural method, interest on the part of potential implementing organizations, and financial support that is likely to be sustained. Many national family planning policies and norms already include natural methods. Others mention more generally offering a wide variety of methods to ensure informed choice. The SDM can be included in these policies. Public and private sectors programs can be appropiate implementers of SDM introduction. In many settings, an NGO initiates the method and documents its experience to help the government programs make decisions about strategies for method introduction. In their settings, the ministry of health will introduce the SDM in one or two pilot areas before expanding nationally.
4. **Identify the capacities of the organizations involved in the introduction.**
   Although a large variety of organizations can successfully introduce the SDM, the nature of the organization and its mission will affect what the organization needs to do to prepare for the introduction. For example, organizations that have not previously offered family planning will require a lot more preparation than groups familiar with family planning services. Non family planning community development organizations, for example, will need to consider how family planning services fit within their mission and activities, and how the SDM will be integrated into other activities.

   An Assessment Checklist provides a list of questions that can be used to assess the political environment and the capacity and readiness of organizations for introducing the SDM. It is also a tool that managers can use to review their programs to determine how the SDM can be effectively integrated into existing services.

Preparing to integrate the SDM into your program

The successful integration of the SDM requires preparation and follow-through. Decisions need to be made about where the SDM should be offered and by whom. Support among key “influentials” and program decision-makers must be developed and a supportive policy environment established. Support materials and training for service personnel are required as well as communication strategies for inform the community about the availability of the method. . In addition, CycleBeads must be available, and providers need to be supported in offering the method. All of these steps are a critical part of the integration process, though their sequence may vary from site to site. The following sections address these topics and include references that will help personnel establish SDM as an integral part of the family planning program.

- **Norms and Guidelines**
- **Training**
- **Counseling**
- **Information, Education, Communication**
- **Assuring Quality**
- **Procurement and Logistics**
- **Other Service Delivery Issues**

To assist program managers integrate the SDM successfully, a list of key actions related to each of these program elements is provided in the SDM Programmatic Framework that follows. The actions are not necessarily sequential, but all need to be considered, and those appropriate to the particular program carried out. These actions are discussed in the chapters that follow.

SDM Programmatic Framework

Norms and Policy

Key Questions

- Has the SDM already been incorporated into the country's official family planning norms? Alternatively, does a written directive exist?
- Do the norms include natural methods as a general category?
- How often does the program update family planning norms?
- Are there any public sector organizations that have already started to offer the SDM?
- What type of collaboration should be considered for better communication with public sector officials?

Key Actions

- Investigate what natural methods are included in the country's official family planning norms.
- Identify who are the key stakeholders to work with for incorporating SDM into the official norms.
- Be familiar with international service delivery guidelines for the SDM.
- Ensure that SDM guidelines are incorporated into the organization's policies and procedures.
- Recognize that some providers will have biases and address these biases.

Training

Key Questions

- Does the organization have a mechanism to provide continued training of providers or contraceptive technology updates for its personnel?
- Are there other local training organizations or training resources that could support training activities for the SDM?
- Do healthcare providers have access to continuing education programs or re-certification programs that might be appropriate for including information on the SDM?

Key Actions

- Develop a training plan that determines training activities for primary and secondary providers of the SDM, as well as sensitization for other staff.
- Ensure that the training exercises incorporate use of the SDM job aids and tools.
- Ensure mechanisms are in place for monitoring the effectiveness of training activities and improving providers' knowledge and skills in the SDM as needed,
- Use of the Knowledge Implementation Tool [KIT] during supervision visits to support activities).

Counseling

Key Questions

- Which providers are responsible for family planning counseling?
- Does the organization have and follow service protocols for providing family planning?
- How are service protocols made known to service providers?
- Have service providers been trained in counseling, family planning, informed choice, interpersonal communications, sexuality, gender?
- What support materials exist for service providers?
- Is there a supervision mechanism to support and monitor service provision?

Key Actions

- Determine which providers will be directly responsible for SDM counseling and how other providers/staff will support the process.
- Determine how and where to include SDM information in counseling materials for providers.
- Ensure that job aids and other SDM teaching tools are accessible to SDM providers.
- Ensure that providers understand the importance of screening and monitoring of cycle length for SDM users.
- Ensure that counseling also includes strategies on how to avoid unprotected intercourse.
- Ensure mechanisms for periodically monitoring provider competency.

IEC

Key Questions

- Does the facility take advantage of the client's waiting period to provide information?
- Are informational materials easily accessible to clients?
- Does the organization have community outreach and education activities?
- What steps are needed to make SDM information available through IEC and community outreach?

Key Actions

- Develop a plan for internal and external IEC activities.
- Select and adapt materials to be used in SDM informational and educational activities.
- Integrate information on the SDM into existing client and provider materials.
- Translate and adapt training materials and job aids, client materials as required (for local context).
- Conduct sensitization activities to address provider concerns about natural methods.

Assuring Quality

Key Questions

- Does the organization have monitoring systems in place to monitor provider performance?
- Does the organization have a mechanism in place to solicit client feedback on services?
- Does the organization have an appropriate management information system in place to collect information on SDM services?

Key Actions

- Determine what supervisory mechanisms must be established for service delivery.
- Determine what mechanisms will be established to ensure appropriate client follow-up.
- Ensure that the MIS system has the capability to track the SDM users and monitor services.
- Determine who will monitor the impact of SDM services in the short- and long-term.

Procurement & Logistics

Key Questions

- Does the organization currently have a centrally managed logistics and distribution system for distributing medical supplies and information materials to its service sites?
- Will the organization be able to procure CycleBeads based on estimated demand for the method?
- What additional steps will need to be addressed to ensure smooth procurement and distribution of CycleBeads?
- Will clients be charged for SDM? How much?

Key Actions

- Develop a timeline for procurement and international shipping of CycleBeads.
- Asses how CycleBeads will be included in existing logistics systems.
- Investigate local importation and any registration requirements applicable to CycleBeads.
- Determine whether CycleBeads will be sold to end users, and if so, establish aprice to the consumer.

Establishing Norms and Service Delivery Guidelines

The integration of the SDM is facilitated by clear norms and service delivery guidelines for providing the method, though they are not pre-requisites for introducing the method.

Ideally these norms and guidelines should exist at both the national MOH level as well as the program level. Including the SDM in national norms ligitimazes the method and encourages programs to offer it.

Service Delivery Guidelines and Norms that include the SDM

- Contraceptive Technology, 18th Edition, 2004.
- World Health Organization Medical Eligibility Criteria for Contraceptive Use, 2004
- Global Health Technical Brief, USAID, 2004

Norms refer to statements that reflect a program's philosophy about offering family planning or specific methods. Guidelines are more detailed documents that describe how SDM services will be offered. A number of countries have incorporated the SDM into their national family planning norms, and several international organizations have developed evidence-based service delivery guidelines for the SDM.

Key Actions

- **Investigate what methods are included in the country's family planning norms, and the process by which norms are developed and approved.**
  Because the SDM is a relatively new method, many countries have not yet included it in their national family planning norms. Even if the SDM is not specifically cited in the norms, usually it can still be offered because norms often refer to natural methods in general or to making a variety of methods available. It is be important to determine when the national or program norms will next be updated, who the key stakeholders are and if they are considering the incorporation of the SDM in the next revision of the norms. The timetable and process for including norms in national programs needs to be locally determined. In some places, governments are reluctant to include the SDM until they are convinced about how acceptable it is among clients and providers, and how feasible is it to offer in their service delivery. In other instances, incorporating the SDM into norms might be one of the first steps undertaken by the government to encourage programs to integrate it into their services.
- **Identify key stakeholders and keep them informed of the introduction of the SDM.**
  Many programs that have introduced the SDM have done so independently of the public sector, while others have worked in close collaboration —even when services were offered in MOH facilities. In countries where the SDM is being introduced for the first time, it is important to identify the key stakeholders in different sectors to obtain support for SDM introduction. The process of developing norms offers an opportunity to engage key policymakers and stakeholders and build their support for the SDM.
- **Utilize international SDM service delivery guidelines that have been developed and disseminated.**
  Programs can rely on and consult international sources for SDM service delivery guidelines such as the latest edition of Contraceptive Technology and the World Health Organization's Medical Eligibility Criteria for Contraceptive Use. Publications in peer-reviewed journals also present research findings with important service delivery implications. All of these publications will serve as an important resource for programs incorporating the SDM into their norms and service delivery protocols. Norms must be evidence-based and should be reviewed by experts to ensure accuracy.
- **Ensure that SDM guidelines are incorporated into the appropriate organizational documents.**
  At the organizational level, the service delivery protocol for the SDM must be incorporated into the organization's guidelines, procedures, and materials (e.g. training manuals, IEC materials, etc). This will offer guidance to providers on how the SDM should be offered in their facilities, and ensures standardization in SDM service provision.

Key Guidelines and Policy Materials

- **Contraceptive Technology, 18th Edition, November 2004**
- **World Health Organization Medical Eligibility Criteria for Contraceptive Use, 2004**
- **Global Health Technical Brief, Standard Days Method, a simple, effective natural method. 2004 INFO Project Publication**
- **IPPF Medical Bulletin 37(5): 3-4 (2003). The Standard Days Method of Family Planning**
- **Mind the gap: responding to the global funding crisis in family planning, James N. Gribble. 2004 Journal of Family Planning and Reproductive Health Care 30(3)**
- **The Standard Days Method of Family Planning: A Response to Cairo, Guttmacher Institute, International Family Planning Perspectives, Volume 29, Number 4, 2003**
- **Reducing Barriers to Offering the SDM, Technical Brief. Institute for Reproductive Health, 2005**
- **The importance of screening and monitoring: the Standard Days Method and cycle regularity. Sinai I, et al in Contraception 2004; 69:201-206**

Training Providers to Offer the SDM Effectively

The SDM is an information-based method, and while it is not difficult to provide and does not require any special procedures or equipment, the accuracy of the client screening and the quality of the counseling are critical to successful method use. Successful SDM introduction involves training not only the providers who will offer the method, but other personnel who will inform clients and supervise service delivery. To ensure that providers competent, programs can rely on existing training resources that can be easily adapted for different levels of providers. Basic guidelines on how to organize and conduct the training also are included in these resources.

Learning Objectives for SDM Providers

During an SDM training workshop, participants demonstrate:

- knowledge of SDM basics
- skills in assessing method appropriateness for clients and teaching method use
- increased awareness of how couple and sexuality issues influence SDM use
- use of techniques for supporting couples' use of SDM

Key Actions

1. **Orient policymakers and program decision makers to the SDM**
   Before providers are trained, conduct orientations to familiarize policymakers and program managers with the SDM. This will help build political and programmatic support for the method and is an integral part of the overall training plan. These can be meetings of 2-3 hours in duration, where the scientific basis of the SDM is presented, and experiences of introducing the SDM elsewhere are discussed. An orientation package which includes a PowerPoint presentation is available and can be adapted to local situations.

Resources Packet for SDM Orientation

- SDM Overview - PowerPoint Presentation
- SDM Field Notes
- SDM Efficacy Results: article in Contraception, 2004
- SDM Overview, Limitations and Advantages

Tailor this packet to your audience by selecting other materials from the SDM Resources section in this document

2 **Identify primary and secondary providers of the SDM and determine training activities for them.**
In most programs, there will be both primary and secondary providers of the SDM. Primary providers are responsible for SDM screening for medical and behavioral eligibility and for counseling clients on how to use the SDM. There may be clinically trained staff offering other methods of family planning, or they may be community-based providers with limited family planning experience and counseling skills. Secondary providers often are community motivators or health educators who offer general information and support to clients, but do not screen or counsel clients on the SDM. Nevertheless, they need to know enough about the SDM to be able to answer basic questions about the method and who can use it.

3. **Determine appropriate training approaches for the population to be trained.**
The learning objectives for training providers are standard, but the length and content of the training will depend on the trainees' counseling skills. Well qualified personnel experienced in family planning counseling may require a brief 3 to 4 hour training. Other types of providers, such as non-health personnel and community-based workers, may need up to two days of training to acquire the knowledge and skills needed to appropriately counsel clients. Training of secondary providers may consist of formal training or more informal briefings during meetings or workshops.

While it may not be feasible to train all levels of providers at once, the overall implementation of training activities will be easier if the population to be trained is identified, the appropriate training approach is determined and a schedule to complete the training events is established.

Different approaches for training providers in the SDM have been tested and are available along with corresponding support materials. These approaches range from traditional class room training to online and distance learning packages. The different training approaches and available resources are summarized in Table 2.

Supervisors and senior clinical personnel should be included in the training. Knowledge of the SDM will enable them to support providers, and assist in the integration of SDM. In addition, policy makers and program managers should be briefed on the SDM to build their support for SDM introduction.

Table 2. Training Curricula and Resources to Support SDM Introduction

Objective	Staff to be trained	Type of training	Resources
Build support for SDM introduction Train providers in the SDM	Policy makers and program managers Trainers	Briefings and orientations Classroom training of trainers	PowerPoint presentation SDM Overview SDM of Family Planning: A Training for Trainers SDM Counseling Video
Screen and counsel women in the SDM	Counselors (all levels of service providers)	Classroom training Online Training Distance Learning Contraceptive Technology updates	SDM: A Training for Services Providers Participant Notebook SDM Counseling Video SDM Online Training Course for Healthcare Professionals SDM Distance Learning Manual (June 2006)
Screen and counsel women in the SDM	Potential providers	Pre-service included in their course of study	Pre-service training curriculum – Contact irhinfo@georgetown.edu to receive a printed copy
Provide information on the SDM	Clinicians Supervisors Auxiliary Personnel Health Educators	Brief SDM Presentation	Tutorial (CD/ROM or online) English Spanish Online resources: - Technical updates - Newsletters - Research articles
Provide information on the SDM	Volunteers Outreach Workers Promoters Pharmacists	Informational Talk	Lesson Plan for informational talk CycleBeads Brochure CycleBeads Insert
Ensure quality services	Supervisors Providers	On the job, as part of the supervision process	Knowledge Improvement Tool (KIT)

These resources are available in print free of charge to organizations in developing countries. They can also be downloaded online at www.irh.org.

4. **Match curriculum and training design to skill level of trainees**

A variety of materials have been developed for training providers in the SDM. They vary in the level of skills they intend to achieve, and training length and methodology. In cases where providers have little experience and skills in family planning counseling the curriculum must address key family planning content and provide opportunities for practicing new skiils and receiving feedback. Consideration also should be given to incorporating SDM into pre-service curricula to impart an understanding of SDM to nursing and medical school students.

Training Providers to Offer the SDM Effectively

Using Community Health Workers to Offer the SDM

IRH experience using community health workers as providers of the SDM in several countries (Ecuador, El Salvador, Honduras, Guatemala, India, the Philippines, Benin) suggests that they offer a number of advantages. They are comfortable with a user-dependent method that involves men and they tend to be good at counseling couples, discussing sex and the couple's relationship. Since they live in the community they are available for follow-up as needed, and they are often free of the biases that many clinically trained staff have about natural methods. Depending on their educational levels and family planning counseling skills, however, they are likely to require more training time as well as materials specifically geared to their level of literacy. They may also need more supervision and support, at least initially.

Skilled providers can learn to offer SDM in just a few hours

Providers with clinical training, knowledge of STI prevention and counseling experience can learn to offer the SDM in just a few hours. A two hour workshop for skilled providers, covers the scientific basis of the method and how to counsel clients. An on-line course provides another alternative for them to learn about the SDM.

5. **Incorporate SDM job aids and tools in training exercises.**

Provider job aids have been tested, adapted and used in diverse programs. To ensure that providers are familiar with these job aids —and eventually use them in their work sites— the trainers should make these available and use during training exercises, role plays, and general discussions. Peer-feedback and self-evaluation tools also are effective strategies for strengthening counseling skills.

6. **Assess the capacity of participating organizations to support and conduct training and sustain follow-up activities.**

Follow-up actions should be considered as an integral component of the training effort. When training of trainers (TOTs) are conducted for example, plans should be developed to training providers and ensure that resources, such as a dedicated cadre of trainers, are available for the training. Although cascade training, (training trainers to train providers) offers a potentially efficient approach to in-country SDM training, it only works where there are training professionals who devote most of their time to training. Where a cadre of trainers does not exist, personnel will need to be drawn from the ranks of providers, thus burdening the service delivery system. When providers are trained, plans should be made for addressing the factors necessary to support service delivery, such as provider and client materials. The availability of personnel trained in SDM must be accompanied by organizational commitment to offering SDM, and systems in place to support SDM services. These systems include IEC to inform women about the availability of a new family planning option, SDM materials for providers and clients, an adequate supply of CycleBeads, and policies and procedures for incorporating SDM into the service delivery system.

7. **Establish mechanisms to assess the effectiveness of training activities.**
   Effectiveness of SDM training can be assessed through immediate evaluation of changes in knowledge and skills, and evaluation of the training rom the participants' perspective. SDM training curricula include a pre- and post-test and a participant evaluation. Responses should be analyzed after the training to determine whether the training met the objectives and participants are competent to provide the method to clients. The training evaluation can also help identify areas where reinforcement or adjustments are needed as well as:

   - **Providers' acceptability of the SDM**
   - **Provider competence in offering the method**
   - **Whether providers find the service delivery tools appropriate and can use them correctly**

A **Knowledge Improvement Tool (KIT)** is available to help supervisors identify areas of SDM counseling that need to be strengthened. The KIT consists of a series of questions about the SDM that assesses provider knowledge, skills and practices in offering the SDM. The use of the KIT reinforces knowledge and provides immediate, individualized feedback during follow-up visits.

Key Training Materials:

The training materials the Institute has developed and tested include:

- **SDM Training for Service Providers.** Developed to guide trainers through the process of training providers on the SDM, it includes information for designing, conducting, and evaluating training programs. A companion Participant Notebook is also part of the Manual.
- **Counseling Clients in the SDM : Online Training for Healthcare Professionals.** This Internet-based course provides a comprehensive orientation on how to counsel clients in the SDM. This interactive course takes approximately 2 hours to complete and features case studies, video clips of sample counseling sessions, downloadable provider job aids and a variety of SDM resources.
- **Standard Day Method Tutorial: A Simple Fertility Awareness-based Approach to Family Planning. (CD ROM).** This 21-minute tutorial brings an SDM expert to the learner through a multimedia experience that includes an audio presentation and downloadable text transcript and resources, frequently asked questions and a self-grading quiz. Ideal for those interested in providing SDM services in their programs, the tutorial explains how the method works, its development, biological basis and contraceptive effectiveness, the service delivery process, and how to incorporate the SDM into existing services.
- **SDM Counseling Video.** This companion video to the SDM Training Manuals is an eight-part video designed to assist healthcare providers learn about the key aspects of counseling clients in the SDM. The video supports and reinforce trainer-led courses in the SDM and helps engage participants in problem solving and discussions of real situations encountered in counseling. Available in English, French and Spanish (NTSC, PAL , SECAM, DVD formats). Order from irhinfo@georgetown.edu

Most materials are available in English, French and Spanish. A number have also been translated into other languages, including Hindi, Swahili, Albanian, Amharic, Romanian and Portuguese.

Counseling Clients

High quality counseling of SDM users is one of the most critical steps to ensuring correct use of the method. The counseling methodology has been tested and refined in diverse settings and can be easily adapted to the needs of different programs. One advantage of the SDM is that it can be offered by a wide variety of healthcare providers and community workers. In most cases, a counseling session can be completed in approximately 20 minutes—and most women can effectively learn to use it in one session. A follow-up visit may be appropriate after one month of use to ensure that the woman understands the method and is using it correctly.

SDM counseling is designed to be simple and straightforward. It is based on three key elements:

- Assess – helping women determine if the method is appropriate for them and their partners.
- Inform – providing women with the information and tools they need to understand the instructions and use the method correctly; and
- Support – helping women identify potential difficulties and how to handle them in managing the fertile days with their partners, and encouraging them to return for additional information and services as appropriate.

These components are described in detail in the **SDM Reference Guide for Counseling Clients.**

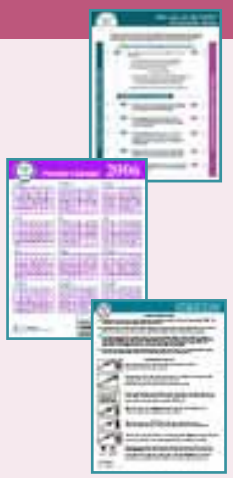
Key Actions

1. **Determine which providers will be directly responsible for SDM counseling and how other staff will support them.**
   The SDM can be offered successfully by community health workers as well as by auxiliary nurses, nurses, midwives and physicians. In clinic-based programs, midwives, nursing and auxiliary nursing personnel are usually responsible for SDM counseling, while other staff provide introductory information about the method and refer clients to a trained SDM counselor. All program personnel, however, should be comfortable providing basic information about the SDM to ensure that women who are interested in the SDM have their basic questions answered and that there is a systematic mechanism for referrals. Determining how SDM services will be offered is the first step in identifying which providers should be trained in counseling on the method.

2. **Define the counseling protocol and whether it will involve one or two counseling sessions.**
   Research conducted by IRH has shown that most women can learn to use the SDM correctly in one counseling session and follow-up sessions are not usually necessary. However, clients should be encouraged to return if they have questions or concers. Nevertheless, some programs at least initially, continue to suggest two visits: an initial and follow-up visit. When deciding if scheduling a follow-up visit is necessary for SDM clients, programs should follow their protocol for other client-dependent methods such as the pill and condoms.

3. **Make counseling job aids and other SDM counseling tools available to providers.**
   Tools to facilitate SDM counseling include a Screening Checklist to help providers apply the method criteria, a Provider Calendar to calculate the client's cycle length, and a Cue Card to show clients how to use CycleBeads. These tools are particularly useful for new SDM providers and are helpful as refresher materials for experienced SDM providers.

Provider Job Aids



The **Provider Checklists for Initial and Follow-up Visits** help providers correctly assess a woman's eligibility to use the SDM and during a follow-up visit, their ability to continue to use the method—both for biological and behavioral eligibility criteria.

The **Provider Calendar** provides personnel with a reusable tool for calculating the length of the woman's menstrual cycle.

The **CycleBeads Cue Card** helps the provider to explain key points about how to use CycleBeads.

4, Ensure that providers understand the importance of screening and monitoring the cycle length of SDM users.
Following established guidelines will help select for whom the method is appropriate and screen out women with a history of frequent irregular cycles. Simple questions applied during the counseling session can identify with a high degree of accuracy the women who are likely to have most cycles in the 26-32-day range. Monitoring to ensure that a user who has 2 cycles out of the 26 to 32-day range does not continue to use the method should also be emphasized. Women can easily be taught to monitor their cycle length using CycleBeads, to help them know if their cycles fall out of the range required for the method and seek assistance in finding another method that will work for them.

Service Delivery Issues

Addressing barriers to the SDM

Although the SDM has been successfully introduced into programs around the world, barriers to offering it have been observed in some settings. These barriers deny clients the method they seek, or they delay providing the method by causing women to return for service at another time, when that is unnecessary and cannot be scientifically justified. A Screening Checklist for assessing method eligibility can help providers screen for eligibility – namely, that the woman has regular cycles between 26 and 32 days. The checklist, which is easy to use, suggests questions for the provider to ask so the woman's eligibility can be assessed.

SDM Initial Visit Screening Checklist

5. Ensure that counseling also includes strategies on how to avoid unprotected intercourse during the fertile days
Provider's support to women in establishing a plan for discussing method use and strategies for handling the fertile days with her partner should be part of the counseling process, as it is an important first step in ensuring successful method use by the couple. Providers need to be aware of the strategies that couples use for coping with the fertile days. Many couples choose to avoid intercourse altogether on these days —and develop strategies for dealing with the fertile days, such as sleeping apart, having their children sleep with them, or working different shifts. Other couples choose to use a barrier method or alternative forms of sexual intimacy.

6. **Consider strategies for involving men in counseling.**
   Providing information and counseling to men can have a positive impact on correct use and continuation of the SDM, and many programs have worked to include men in counseling. Strategies for involving men include training male counselors to counsel men directly, offering counseling in the home, and setting up specific times to talk to the man and the woman as a couple. While it is ideal to counsel men directly, it is not always easy to reach them. Oher strategies for reaching men include providing written information for women to take home, group educational sessions at work sites, or making information widely available in the community. [14].

Counseling on the Behavioral Aspects of SDM Use

Addressing issues related to the couple's relationship:

- Identify possible challenges to successful method use and solutions
- Role-play talking with partner
- Invite partner to meet with provider

7. **Provide clients with avilable take-home materials such as the CycleBeads instructions.** See a list of options for client materials in the IEC section that follows.

8. **Address reluctance among providers to discuss couple relationship issues with the client.** This aspect of the counseling involves dealing with issues that are highly personal in nature and exploring them requires sensitivity and skill. Provider skills in interviewing and counseling will help in making the client comfortable in sharing information and in actively participating in the counseling process. Providers should use the screening job aid to ensure that the behavioral requirements for successful use of the SDM are covered during counseling.

Key Counseling Materials:

A set of provider job aids designed to support the counseling process are available in several languages and for different literacy levels. These materials are ready to use and can be adapted to local contexts. Electronic versions are available for this purpose.

- **Standard Days Method of Family Planning: Provider Job Aids Packet, 2005.**
  This comprehensive guide for providers explains how to appropriately counsel women and couples on the Standard Days Method using CycleBeads. The guide, which is available at www.irh.org in English, Spanish, and French, includes the following provider job aids:

  Screening Checklists for Initial Visit and Follow-up Visit help the provider apply the method eligibility criteria to determine if the SDM is appropriate for the woman and her partner.

  Provider Calendar used to estimate the length of the woman's menstrual cycle. A provider marks on the calendar the start date of the woman's most recent period, asks her to estimate the start date of her next period, and then counts the days between her last period and the next.

  CycleBeads Cue Card reminds the provider of the key points to cover when providing method instruction. It includes general information on CycleBeads, how to use them correctly, and when the woman should contact her provider.

- Other useful materials providers can use as reference or to facilitate counseling clients on the SDM are:

  WHO Family Planning Decision Making Tool

  Contraceptive Technology Update, 18th edition

Informing, Educating, and Communicating on the SDM

The primary objective of information, education, and communication efforts for the SDM is to ensure that women and couples make an informed choice about their family planning options. Because the SDM is suitable for a wide range of users, (e.g. literate, non literate, urban, rural, non-users of family planning, users of periodic abstinence, etc) IEC materials must be tailored to the audience and setting in which the method will be provided. Ideally, the SDM should be integrated into existing family planning and reproductive health IEC materials. In addition, because it is a new method and most potential clients may not have heard of the method, developing some materials dedicated exclusively to inform them about the SDM also may be appropriate.

Key Actions

1. **Determine target audiences for IEC efforts**
   A first step in developing IEC materials should be to identify the target audience(s) you want to reach with SDM information. The characteristics of the audience (e.g. literate, non literate, urban, rural, etc) will help define the best strategies for reaching them as well as the kinds of materials which will be most appropriate.

2. **Decide on approaches for providing information on the SDM.**
   Numerous approaches can be considered for informing the target audience. They include print materials for women and couples in the clinic or community, group information sessions in the clinic or community, videos for waiting rooms, posters for the clinic or community, street theatre, and radio or TV. The determination of the best approach comes from knowing the characteristics of the population to be reached as well as knowing the best ways to inform these groups.

3. **Assess existing SDM materials and consider adapting them for informational and educational activities, as appropriate.**
   A wide variety of materials on the SDM have been developed in different languages. Most of these materials are appropriate for both literate and low-literacy populations, can be reproduced very inexpensively, and are available in print and electronically. Program planners may be able to use these materials “as is” or they may need to adapt them to meet their specific programmatic needs.

4. **Determine how best to include information on the SDM in existing counseling and educational materials for providers and clients.**
   SDM can be added to an organization’s existing materials for family planning counseling that address all methods. Sometimes adaptations of SDM-specific provider job aids and materials will be needed. It may not be feasible to incorporate SDM into all existing materials immediately, they should be incorporated as materials, protocols and guidelines are revised, updated and reprinted.

5. **Test new SDM materials among key target audiences.**
   New materials developed for the SDM should be tested among the program’s primary target audience to ensure that key messages are understood. The tests may involve a one-on-one situation where potential users are asked to review the materials and answer a series of questions, or they may involve a group setting as in focus groups. Since prototype materials have been widely tested with a variety of audiences, simple exercises may be sufficient to test visuals and the selected language when adaptations are being considered. It is also important to give service providers an opportunity to review and comment on SDM materials before they are finalized.

6. **Determine strategies for disseminating information on the SDM.**
   Interpersonal communication and word-of-mouth are important strategies for increasing awareness and acceptance of the SDM. Community- and clinic-based programs can incorporate information on the SDM into existing outreach programs, such as using community-based promoters to provide information on the SDM during home visits or community talks. One-on-one communication can be most effective, especially in rural settings, and SDM can be incorporated into local parish programs for pre-marital counseling. In clinic programs, awareness can be raised

among women seeking family planning services through existing clinic education efforts. A variety of strategies can also be used for the general population including mass media and radio campaigns, street theater, TV spots, print advertisements, and information in magazines and professional journals. Information can also be provided during community activities such as health fairs, home visits and through volunteers and health workers.

7. **Document the planned IEC activities.**
   It is helpful to document planned activities including what they are, who (individuals or groups) who will carry them out, when they will be conducted, and the SDM-related information that will be provided. Consideration should also be given to monitoring and evaluating the effectiveness of IEC activities.

IEC and the SDM

Promoting the SDM:

In India, a variety of approaches were used to inform communities about the SDM. They included street theatre where the benefits of SDM were enacted, wall writing and displays during village fairs. Programs on television and radio as well as newspaper articles were also useful methods for raising awareness and imparting information on the SDM. Many people, however, preferred face-to-face communication.

In Bolivia, a mass media campaign used print and radio targeted two audiences: women and young adults. The messages emphasized the naturalness of the SDM and that it was practical for planning.

In Ecuador, print and TV were used to support a social marketing campaign that promoted the SDM as economical, safe and easy.

Key IEC Materials:

A set of provider job aids designed to support the counseling process are available in several languages and for different literacy levels. These materials are ready to use and can be adapted to local contexts. Electronic versions are available for that purpose.

- **CycleBeads inserts**. CycleBeads are distributed with an instructional insert that guides the user through all the steps required to use the method effectively. The CycleBeads insert is available in literate and low-literacy versions English, Spanish and French and can be adapted locally if necessary. Local organizations in several countries have developed versions in other languages.
- **Brochure**. This informative brochure explains the Standard Days Method and how to use it, and outlines its advantages and disadvantages. It includes an assessment section to help the provider and client determine if the method is appropriate for her. Available in English and Spanish.
- **CycleBeads: An Easy Way to Use the Standard Days Method (Video or CD ROM).** This 5-minute introductory audio-visual is designed for providers and clients interested in the method. It provides general information on the SDM and explains how to use CycleBeads. It also emphasizes the importance of informed choice. Order from irhinfo@georgetown.edu
- **Fact sheet**
- Other promotional materials such as posters, fliers, brochures, banners, radio and news ads developed by programs in different languages are available online at **www.irh.org**
- **Field Notes**

Assuring Quality

Most service delivery programs have established mechanisms for monitoring the quality of services. These may include supervision visits, review of service statistics, routine observations and feedback to staff, and special studies such as client exit interviews and mystery clients. While planning introduction of SDM services, it is important to identify what programs will do to assure that high quality services are provided.

Key Actions

- **Integrate the SDM into existing supervision systems**
  At the service delivery level, supervisors should include the SDM in the routinely scheduled supervision visits. A Knowledge Improvement tool (KIT) for the SDM is available to help supervisors assess counselors skills and knowledge, and identify needs for remediation. The KIT consists of a series of questions that providers are asked about the SDM. It reinforces knowledge and provides immediate, individualized feedback during follow-up or supervisory visits.

- **Integrate the SDM into the existing MIS**
  Most organizations have management information systems that collect basic service statistics on programs and clients. The SDM should be incorporated into this system, and all relevant data collection forms should include the SDM. This will allow the program to collect data about users and evaluate acceptance of the method and results of outreach and information efforts. Information provided by the MIS may also determine the profile of SDM users, and determine if clients are new or previous users of family planning. This data will also help programs measure the effectiveness of services in different clinics and identify areas that need strengthening.

- **Evaluate the impact of SDM services in the short- and long-term**
  It is recommended that an internal evaluation of the introduction of SDM be conducted. This will enable program planners to identify the strengths and weaknesses of the program, consider lessons learned, and adapt and adjust strategies as appropriate—taking into consideration the perspective of service providers as well as actual SDM users. A longer-term impact study might also be considered to examine the effect of SDM introduction on method mix and contraceptive prevalence.

The Knowledge Improvement Tool

A Knowledge Improvement Tool (KIT) was developed by IRH to help maintain and improve provider competence in SDM counseling. The KIT, a checklist of required SDM provider behaviors, identifies individual provider deficits that need to be corrected. It is meant to be used by a supervisor during regular supervisory visits but it can also be used by the provider as a self-applied checklist Use of the KIT can help strengthen provider competency, and it offers a more cost-effective and timely alternative to refresher training. In India, El Salvador and Honduras, use of the KIT checklists resulted in significant improvements in provider ability from an overall score of 67% one month after training to 87% after one year of service delivery.

Key Supervision and Monitoring Materials:

- **Knowledge Improvement Tool (KIT)**

Procuring CycleBeads and Establishing Appropriate Logistics Systems

One of the SDM's key advantages is that the method does not involve recurring commodity costs. In most programs the SDM is offered in conjunction with CycleBeads, a simple device that allows users to monitor easily their fertile and infertile days. CycleBeads are estimated to have a product life of more than 2 years, and the estimated annualized cost is including shipping approximately US$0.75. This makes the SDM cost-effective and represents a major advantage for both programs and users.

CycleBeads®

Key Actions

1. **Assess demand for CycleBeads**
   When the SDM is initially introduced the demand for the method and CycleBeads will usually be low. But by training providers and increasing client awareness, demand will increase over time. IRH's experience in typical program introductions suggests that the percent of new family planning users who choose the SDM and CycleBeads will range between 2 and 15 percent in the first year, depending on the setting and promotion efforts.. The Procurement and Manufacturing Guidelines developed with the Program for Appropriate Technology in Health (PATH) helps program managers assess the demand for CycleBeads and compare costs of various procurement options.

How to Procure CycleBeads

CycleBeads can be obtained through the licensed manufacturer and distributor **Cycle Technologies**. Special bulk pricing has been negotiated for USAID-supported programs. For purchasing through this mechanism follow the guidelines in the order form. For all other purchasing and shipping information email **info@cyclebeads.com**

2. **Assess the best method of supplying CycleBeads**
   CycleBeads are available worldwide through the U.S.-based licensed manufacturer/distributor, Cycle Technologies. They can be purchased in bulk (special pricing has been arranged for programs supported by USAID), in increments of over 500 sets. Order forms for USAID-supported programs and others can be obtained through info@cyclebeads.com. Programs can purchase the complete CycleBeads product set including simple, user-friendly instructional inserts (available in English, French and Spanish) and calendars. Alternatively, in accordance with the manufacturer's specifications and based on licensing agreement, they can import the CycleBeads only, with calendars and inserts adapted and produced locally. Once the demand for CycleBeads has been established, countries with high levels of demand and local capacity for manufacturing and quality control may want to consider local production. Guidance in making this assessment also is available in the (name of PATH document).

3. **Develop a timeline for procurement and international shipping of CycleBeads.**
   Cycle Technologies is able to ship CycleBeads within two weeks of receiving an order. While ocean shipping usually is the most cost-effective, arrangements can be made for express delivery of an initial supply (typically 500-1000 sets).

4. **Incorporate CycleBeads into the logistics system**
   Having a sufficient supply of CycleBeads for training providers, conducting IEC activities, and distributing to clients is critical for success. Most programs have central distribution and inventory systems into which they can incorporate CycleBeads.

5. **Determine whether CycleBeads will be sold to end users, and if so, establish price to the consumer (SDM user).**
   Programs must decide whether users will be charged for CycleBeads, or whether it will be provided without charge, based on their existing system and whether there are service fees. Service fees for the SDM can be incorporated into the fee payment system that exists for the other methods, and this has generally proven to be acceptable.

Some programs provide methods free of charge; others are dispensed based upon a sliding ee scale and others are purchased at local pharmacies. If the decision is made to offer SDM free of charge, programs will need to determine how they will sustain SDM services for the long term.

Key Procurement & Logistics Materials

- **CycleBeads order form**
- **CycleBeads Procurement and Manufacturing Guidelines**

Addressing Other SDM Service Delivery Issues

In addition to the programmatic elements that have proved critical to successful SDM introduction, there are additional issues to be considered including:

1) the critical role of men in using the SDM and how men have been successfully integrated into programs; and

2) the importance of addressing medical barriers imposed by providers and provider biases about a fertility awareness-based method, and

3) the feasibility of making SDM available through social marketing outlets.

Involving Men in SDM Use

Programs have identified creative strategies to involve men in the use of the SDM. Although initially providers often are skeptical about the abilit of men to use a natural method, experience with the SDM demonstrates that men are supportive of the method. Men often welcome the opportunity to become involved in family planning and participate in using the method. Several pilot projects have been designed specifically to integrate men. Their experience suggests that it is possible to reach men if programs identify an appropriate approach and if they are flexible and innovative. Research also suggests that acceptance and correct use of the SDM are better when men are involved.

At the same time, reaching men can be challenging. For example, in community settings, they often are not at home when a promoter would normally visit the woman. Men often don't feel comfortable going to a clinic, and clinic hours may not be compatible with their schedules. In addition, some providers may view men as obstacles to—rather than participants in—change. Some opportunities to involve men in SDM services are:

- Inviting women to bring their partners
- Giving women take-home materials to share with their partners
- Relying on male workers to talk with partners
- Providing information in community settings where men will have access to the it

Testimonials

- "With this method, we are both responsible. I didn't feel comfortable with condoms because it was only his responsibility." –El Salvador.
- "He likes this method. He doesn't agree with other things to plan and he likes sex better "natural" on the days we can."
- "My husband says that CycleBeads and the rubber ring are our treasure." –Honduras.
- **"**I feel good that my husband now understands how my body works. He pays attention to my suggestions and respects my wishes. For the first time he asks me if we can have intercourse. I am happy that he cares about me." –India.

Addressing Biases Toward the SDM

One of the strengths of the SDM is that it can be offered by all types of service providers, including physicians, nurses, counselors, social workers, community promoters, and volunteers. Most providers, program managers and policy makers are receptive to the SDM after learning about its solid scientific underpinnings, the rigorous testing of the method and program experiences in offering the SDM worldwide.

Despite the overall positive reaction toward the SDM, some providers will have initial doubts about the method as reflected in Table 3. which summarizes common myths and misperceptions related to the SDM. One strategy for addressing these biases is to ensure that providers have access to the scientific data from research studies that has been conducted on the SDM. This information should be shared with healthcare personnel at all levels, including medical directors, clinic directors, and providers, and included in training sessions, conferences, and meetings.

Other Service Delivery Issues

How women and men learn about the SDM

Many women learn about the SDM from health providers when they seek advice on birth spacing. They have confidence in the advice that providers offer because they feel it comes from trusted sources. In Rwanda, male partners learned about the SDM at community meetings and from the radio. Initially, most men were resistant to information about the method that their wives provided and only became receptive to using the SDM after meeting with a provider. In Rwanda, it was easier for men who learned about the SDM to convince their wives to use it, than for women to convince their husbands. In Benin, men came to the clinic to learn about the SDM so they could inform their wives about it and encourage them to use it.

Involving Men

One way of involving men in the use of SDM, is to engage them in promoting the method. In El Salvador, male extensionists of a community water management project included information about family planning and the SDM in talks they conducted at meetings of the community water board and other community events. Men comprised most of their audience. In India, CARE used male volunteers to conduct group meetings for men, while women participated in community meetings led by a woman. When husbands participated in these meetings, they tended to be more informed and interested in the method than men who learned about the SDM from their wives or other village people.

Table 3. Common Myths and Misperceptions Related to the SDM

Myth	Fact
Most women do not know the length of their cycle, so they won't be able to use the SDM.	Studies have found that a simple series of screening questions can help determine whether a woman's cycles are usually between 26-32 days. • Do your periods usually come about when you expect them? • When did your last period start? • When do you think your next period will start? If the woman knows the first day of her last menstrual bleeding and the day she next expects her period, the expected length of her cycle can be calculated. Even if she does not know the exact day her last period started, the answers to these questions are sufficient to determine whether her cycles are with the 26 to 32 day range. If a woman cannot answer these questions, she is encouraged to keep track of her cycles using the beads or a calendar. But she should not rely on the SDM to prevent pregnancy until she is sure her cycles are usually between 26 and 32 days long.

Myth	Fact
This method is for very educated people.	The method has been shown to be equally effective for highly educated women and women with no formal education, who may not be literate. There is no need for women to be able to read in order to use the SDM. CycleBeads are helpful because they provide a visual aid for women, regardless of their educational level.
Using a natural method harms the couples' sexual relationship.	Study results show that couples who use the SDM have sex about the same number of times a month as other couples - they just have sex on the days outside the fertile window. Most couples who use the SDM find acceptable strategies to manage the fertile days. In India, for example, many couples use condoms during the fertile days. Some couples report that increased couple communication and changes in the timing of intercourse actually enhance sexual pleasure.
The SDM is just another name for the rhythm method.	Actually, the SDM is very different from rhythm. The rhythm method involves having exact information about the last 6 menstrual cycles and making calculations – adding and subtracting – each month to figure out which days in the current cycle a woman is likely to get pregnant. Also, the rhythm method has never been tested in a well-designed efficacy study. On the other hand, the SDM is simple, doesn't involve any calculations, works the same way every cycle, and has been tested in a well-designed efficacy study, with excellent results.
Women will forget to move the band on the CycleBeads and lose count of the days.	SDM users are encouraged to mark the first day of their period on a calendar. That way, if a woman is not sure whether or not she has moved the ring that day, or whether it may have been moved accidentally, she can check her calendar. She counts the days from the day she started her period to today, and then she counts the same number of beads. The ring should be on the corresponding bead.
Men will not be able to use this method.	In the clinical trial of the SDM, only about 2% of women dropped out of the study because their partners did not want to use the method. The results of introduction studies of the SDM show that most men help their partners use the method and are very satisfied with it. CycleBeads are an excellent tool to help women and men talk about avoiding unprotected sex during the fertile days. And even if they don't talk about it, CycleBeads are very visual – the man can see when the woman is on a fertile day, and he understands what they need to do to avoid pregnancy.

Offering SDM through social marketing outlets

Integrating the SDM into social marketing programs can help increase access by making the method available in non-clinical settings such as pharmacies. For this reason, the feasibility of adding SDM to social marketing programs should be explored. The successful marketing of SDM requires that it be accompanied by communication efforts to make people aware of the method and where it can be obtained, and to help them use the method correctly. A price for CycleBeads would also need to be set so that it is attractive to users and provides sufficient incentives to providers.

CycleBeads as a Fertility Awareness Tool

In addition to being used as a method to prevent or plan pregnancy, the SDM has proven to be useful in teaching fertility awareness to adolescents. Many programs include community health education and outreach in public schools, after-school programs, community agencies, and other sites. CycleBeads, for example, is also a good educational tool for teaching girls about their menstrual cycles—an activity that could easily be introduced into school-based programs. The curriculum, My Changing Body, Fertility Awareness for Young People, was field tested in Jamaica, India, and the US. This manual includes an activity that utilizes CycleBeads to help girls understand their menstrual cycle. (Available in English, Spanish and French)

SDM Resources

Assessing Need

- Needs Assessment Checklist
- SDM Programmatic Framework

Policy

- SDM Research to Practice - Timeline
- WHO Medical Eligibility Criteria
- WHO Family Planning Decision Making Tool
- Contraceptive Technology Update, 18th Edition (Eng, Fre, Spa)
- SDM Technical Brief (Eng, Fre, Spa)
- IPPF Bulletin (Eng, Fre, Spa)
- The SDM: A Response to Cairo
- Mind the gap: Responding to the global funding crisis in family planning

SDM Training Manuals and Tools

- Manual for Training Providers (Eng, Fre, Spa)
- Training - Participant Notebook
- Module in USAID E-Learning Center
- SDM Online Training for Healthcare Providers
- Counseling Video
- Fertility Awareness Education for Youth – My Changing Body (Eng, Fre, Spa)

SDM Counseling Tools

- Provider Job Aids Packet (Eng, Fre, Spa)
- SDM Counseling Guide (Eng, Fre, Spa)
- Counseling Video
- Low-literacy Job Aids (Eng, Fre, Spa)

Information, Education and Communication

- Client Materials

– CycleBeads Insert (Eng, Fre, Spa, other languages)

– Low-literacy Insert (Eng, Fre, Spa, other languages)

- Informational/Promotional Materials

– CycleBeads Brochure

– Other sample brochures

- Posters
- Media and News Releases

Quality Assurance

- Knowledge Improvement Tool (KIT)
- Reducing Barriers to Offering the SDM
- Management Information System Form

Logistics and CycleBeads Procurement

- CycleBeads Procurement and Production Guide
- CycleBeads Order Form

References

- USAID E-Learning Center
- Implementing Best Practices
- Jim Shelton's Contraceptive Pearls
- Population Reports
- Field Notes

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CEDPA	Center for Development and Population Activities
CEMOPLAF	Centro Medico de Orientacion y Planificacion Familiar
CIRES	International Reconstruction Committee of El Salvador
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IRH	Institute for Reproductive Health
MOH	Ministry of Health
NGO	Non-governmental organization
SDM	Standard Days Method
STI	Sexually transmitted Infection
WHO	World Health Organization