

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

## Benefits of offering the Standard Days Method®

The Standard Days Method (SDM), developed by researchers at the Institute for Reproductive Health (IRH) at Georgetown University, is an easy-to-teach and use fertility awareness method of family planning that is 95% effective when used correctly and 88% with typical use. SDM is used with CycleBeads®, a simple innovation of color-coded beads available in different formats (i.e., string of beads, mobile app, paper image), to help users easily monitor their fertile and infertile days, and avoid unprotected sex to prevent pregnancy on fertile days. This method has been proven to be acceptable to providers and users, and is currently being offered in services of ministries of health, NGOs, faith-based and community-based organizations in more than 20 countries worldwide. Programs adding SDM to their family planning and reproductive health services benefit by:

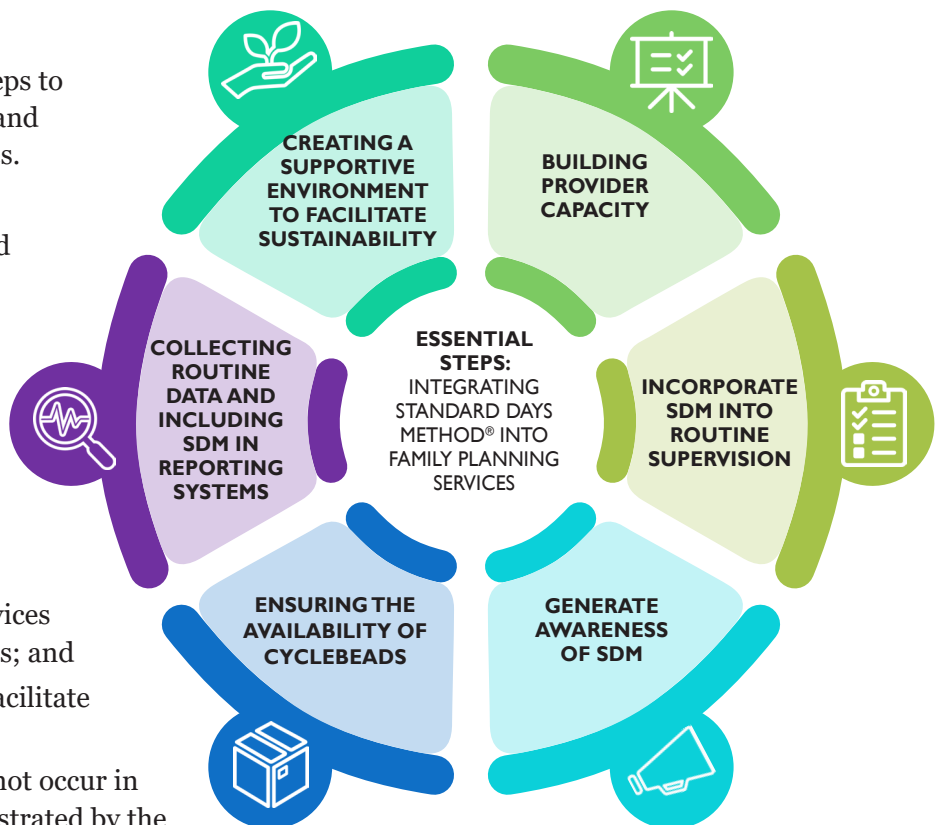
- Addressing unmet need, particularly among hard-to-reach and under-served populations;
- Attracting new family planning users;
- Improving contraceptive prevalence;
- Offering women a wider range of family planning options;
- Increasing the participation of men in family planning; and
- Controlling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

## Steps in SDM integration

Programs need to undertake a number of steps to ensure that SDM is successfully introduced and made part of regular family planning services. These actions include:

- Building provider capacity to screen and offer the method to clients;
- Incorporating SDM into on-going supervision systems to ensure service quality;
- Generating awareness about SDM within the context of informed choice;
- Ensuring that CycleBeads are available where services are offered;
- Collecting data on SDM clients and services for reporting and management purposes; and
- Creating a supportive environment to facilitate sustainability.

As with any method, SDM integration does not occur in isolation. A systems-based approach, as illustrated by the interconnected steps in the graphic, is needed to ensure that all aspects of service delivery are addressed, and to best set the method up for sustainability.





## BUILDING PROVIDER CAPACITY

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

- A two-hour session covering essential information about the method, which can be integrated into regular family planning training;
- Interactive Voice Response (IVR) course for community health workers with a mobile phone;
- Self-paced webinar is available online for experienced providers with access to computers;
- Self-study course with printed materials for healthcare professionals; and
- Pre-service training for medical, nursing and midwifery students.

Distance learning approaches can provide training in SDM to a large number of providers in a cost-effective way.

- Online training for providers with computer access can be completed in two hours, and it is self-paced to meet the learner's schedule.
- In Guatemala, a self-study manual for training health care professionals in SDM helped minimize the costs associated with classroom training and the time providers spent in the classroom and away from services.
- Programs in Rwanda and Nigeria used IVR—a technology that allows learners to listen to pre-recorded material on their mobile phone—to train low-literacy, community-level providers in SDM counseling. Learners followed seven lessons on their mobile phones, each lasting five to seven minutes.



## INCORPORATE SDM IN ROUTINE SUPERVISION

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



## GENERATE AWARENESS OF SDM

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

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

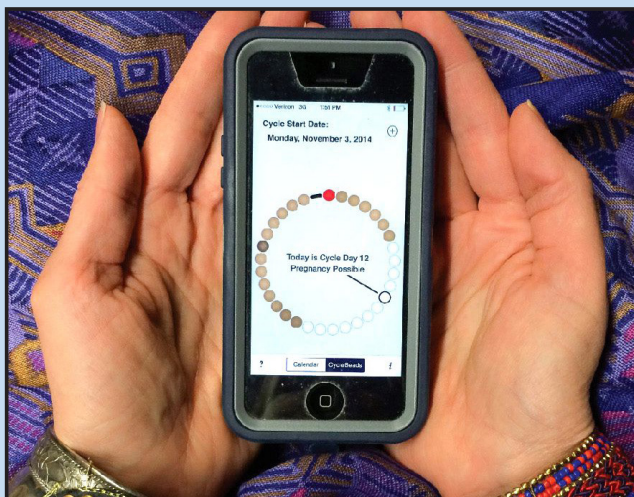
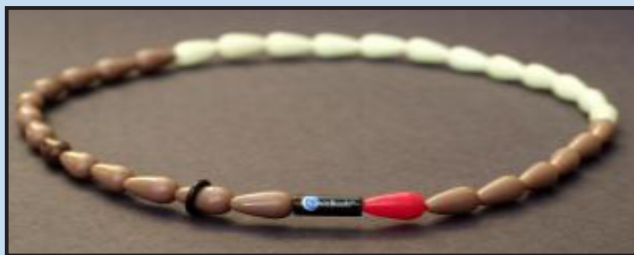
- Dedicated social media campaigns utilizing Facebook, Twitter, and Instagram implemented by service delivery partners in Rwanda and Uganda helped raise awareness about the CycleBeads mobile app.
- Electronic media, such as the USAID E-learning Center, can be a tool for engaging and informing mission officials about SDM.



## ENSURING THE AVAILABILITY OF CYCLEBEADS

CycleBeads, with an estimated product life of more than two years and an estimated annual cost of US\$1.50, can help programs reduce the recurring costs of contraceptives. CycleBeads is also available as a mobile app, downloadable for free in the [Apple](#) and [Google Play](#) stores.

- CycleBeads are available from Cycle Technologies, the distributor, and USAID-supported programs can purchase them at a negotiated price. To order them, contact [info@cycletechnologies.com](mailto:info@cycletechnologies.com).
- Programs can include links to CycleBeads mobile apps on their websites, family planning promotional materials and social media platforms.



**Standard Days Method®**

The Standard Days Method helps a woman to know the days on which she can become pregnant. SDM is 96% effective when used correctly. Try it now, and talk to your provider about the SDM.

- The SDM is for women who get their period about once a month.
- The SDM is for couples who communicate well and agree to avoid unprotected sex on the days the woman can become pregnant.

This image represents the menstrual cycle.

**First day of your period**

**BROWN DAYS**  
Pregnancy is unlikely. You can have sex today.

**WHITE DAYS**  
Pregnancy is possible. Use a condom or avoid sex.

**If your period starts BEFORE:**

- your cycle is too short to use the method
- contact your provider

**If your period starts AFTER:**

- your cycle is too long to use the method
- contact your provider

**1. First drop:**

- Mark the first day of your period on the red bead
- Also mark the date in the area provided

**2. Each morning:**

- Mark an 'X' in the next symbol
- Follow the direction of the arrow

**3. When your period starts again, begin marking the next image**

**What should you do if you forget to mark?**

- Verify the first day of your period
- Count the days that have passed including today
- Starting with the red bead mark the same number of symbols

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- Donors or ministries can be asked to cover the costs of CycleBeads, or programs can recover the costs of the beads by selling them.
- National logistics and distribution systems can include CycleBeads among their reproductive health supplies.
- Alternatively, programs can use the printed version of CycleBeads on paper, particularly in cases of commodity stockouts.



## COLLECTING ROUTINE DATA AND INCLUDING SDM IN REPORTING SYSTEMS

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

- Including SDM in clinic records and service statistic forms and in regional and national reporting systems;
- Training providers to record and report users;
- Assisting supervisors to use and analyze the data to monitor their program; and
- Conducting special assessments to evaluate quality of services and method continuation.

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



## CREATING A SUPPORTIVE ENVIRONMENT TO FACILITATE SUSTAINABILITY

To help ensure that initial SDM introduction efforts are successful and sustained, programs need to:

- Include SDM in national norms and program guidelines;
- Regularly include SDM in pre-service and on-going provider training; and
- Brief and regularly update policymakers, program managers and influential family planning and reproductive health professionals about SDM as new experiences and findings emerge.

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

### Resource materials for programs

Resources designed for program managers, policymakers, and providers can be found in the [Standard Days Method Resource Repository](https://www.irh.org/standard-days-method-resource-repository/). The repository is specifically organized according to the Essential Steps outlined above.

[www.irh.org](http://www.irh.org) • <https://www.irh.org/standard-days-method-resource-repository/>



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