



Fertility Awareness
for Community
Transformation



At a Glance Standard Days Method Implementation

LOCATION

Rupandehi, Nepal

INTERVENTION DATES

September 2016 – March 2018

PARTNERS

Institute for Reproductive Health at Georgetown University, Save the Children, Family Health Division (FHD), Rupandehi District Health Public Office (DPHO), & National Health Training Center (NHTC)

SDM LOCAL IMPLEMENTERS

Health Facility Staff (HFS), Roving Auxiliary Nurse Midwives (RANMs), Female Community Health Volunteers (FCHVs)

DONOR

United States Agency for International Development (USAID) under the Fertility Awareness for Community Transformation (FACT) Project

Integrating the Standard Days Method® in Nepal's Family Planning Program

Though population surveys in Nepal continue to show a declining total fertility rate (TFR), the contraceptive prevalence rate (CPR) has stagnated over the past several years. This stagnation has been attributed to a combination of factors including migration, fear of side effects from hormonal methods, and limited access to family planning (FP) among marginalized communities. The result is increased use of traditional FP methods, higher rates of method discontinuation, abortion, and emergency contraception.

Expanding the Method Mix in the Public and Private Sector

In an effort to diversify the method mix, the USAID-funded FACT Project, in collaboration with the Family Health Division (FHD) of the Ministry of Health and Population of Nepal and the National Health Training Center, designed and supported the introduction of the Standard Days Method (SDM), an effective and side-effect-free fertility awareness-based method.

What is the Standard Days Method?



- Based on reproductive physiology, SDM, used with CycleBeads, identifies days 8-19 in the menstrual cycle when pregnancy is most likely to occur, and thus, when to avoid unprotected intercourse.
- CycleBeads®, a color-coded string of beads, facilitates use of SDM by helping women track their menstrual cycle and identify their fertile days.
- For women with cycles 26 to 32 days long, correct-use effectiveness is 95% and typical-use effectiveness is 88% (Arevalo et al. 2002).
- Most women who choose SDM do so because it is side-effect-free. The majority of SDM users have never used family planning before.
- The World Health Organization (WHO) and USAID recognize SDM as an evidence-based practice and include it in their family planning guidance documents. SDM has been incorporated into national FP norms and policies in over 20 countries around the world.

INTEGRATING SDM IN SERVICES

Building Capacity for SDM Services

An assessment of FHD's FP program helped stakeholders determine the program's capacity to incorporate SDM in the method mix and design an integration strategy that was carried out in 32 health facilities in Rupandehi. Buy-in from central and district stakeholders – who were engaged in orientation and planning workshops – was critical to integration. Stakeholders' involvement paved the way for SDM integration in the Comprehensive Family Planning (COFP) curriculum used in training health facility providers nationwide.

In Rupandehi, 68 trained healthcare providers – including health assistants, auxiliary nurse midwives (ANM), and auxiliary health workers – received the revised COFP training that included a focused SDM orientation which was later reinforced through monitoring visits. To support SDM integration system-wide, the FACT project team in Rupandehi implemented routine orientations for facility staff, community workers, and stakeholders.

Securing Availability of Commodities

To ensure availability within the supply chain, national level procurement systems provided CycleBeads to the District Public Health Office (DPHO) for distribution to the 32 health facilities. This distribution system included mechanisms to record uptake and maintain stock at health facilities. SDM service delivery quality was reinforced through IRH's competency checklist, the Knowledge Improvement Tool (KIT) and a health facility supervision checklist assessing providers' SDM-related counseling competency.



Quality service delivery was also assessed through a series of client follow-up visits to measure clients' correct use and understanding of the method.

Getting the Word Out

Female community health volunteers (FCHVs) and Roving Auxiliary Nurse Midwives (RANMs) raised awareness about SDM during their interactions with clients and monthly health group meetings. CycleBeads were introduced as 'Malachakra' to the community.

Other communication activities included a series of radio jingles appealing to marginalized groups (aired in Nepali and Awadhi), CycleBeads pamphlets (distributed during community meetings and home visits), and CycleBeads posters distributed to health facilities offering SDM.

Provider Competence: Ensuring Appropriate Screening & Quality Counseling

The success of SDM depends on providers' ability to adequately screen for method eligibility and appropriately counsel eligible clients. FACT staff applied the KIT to 51 health facility providers and nine RANMs during the project as part of supportive supervision and to determine providers' capacity for accurate screening and correct counseling on a fertility awareness-based method. Clients are eligible to use SDM if they meet the following three criteria:

- 1) have regular monthly cycles,
- 2) cycle length is consistently between 26 – 32 days
- 3) the couple agrees to use condoms or abstain from sex during the fertile days

As shown in the table, providers were able to adequately screen SDM users. Provider's accuracy in counseling scores (aggregate scores for each provider on key counseling messages) ranged from 85-100%.

Health Facility Provider and Roving Auxiliary Nurse Midwife (RANM) Competence in SDM Counseling

Competence in SDM Counseling (Percentages)	HF providers (N=51)	RANMs (N=9)
Mean KITs score	94.6	91
Score ranges	81 -100	85-98
Accurate Eligibility Screening		
Who can use CycleBeads	98	100
Accurately Explained Key Counseling Messages		
Explained how CycleBeads work	98.0	100
Explained monitoring periods come on time	85.3	100
Explained managing the fertile days	100.0	88
Explained when to return to the provider	96.1	N/A

HOW SUCCESSFUL WAS SDM INTEGRATION?

Correct Use and Couple Satisfaction

Project staff conducted follow-up visits with 74 women three months after they were counseled and began using CycleBeads. Questions focused on clients' experiences, satisfaction with the method, and whether they had continued to use the method or not. Of those interviewed, 49% were of Madeshi ethnicity, and most were literate (76%) and homemakers (82%). During follow-up visits, women responded to questions about method adherence. All women knew to move the ring daily and see a provider or RANM if they had pregnancy concerns or questions about the method. Almost all knew to see a provider if their period started before the darker brown bead, i.e. short cycle (96%) or did not start after the last brown bead, i.e. long cycle (96%). The majority of clients (82%) reported discussing how to manage the fertile days and agreeing to adhere to abstaining or using a barrier method during those days.

Satisfaction and continuation

- 82% obtained CycleBeads from a health facility
- 88% were still using CycleBeads after three months and were satisfied with the method
- 12% stopped method-use due to irregular cycles, switching to another method, or partner migration

Managing fertile days: 97% used condoms or did not have sex during fertile days

Knowledge of appropriate SDM use: 80% explained the essential points of correct SDM use

Husbands' support: 82% reported that their husband supports method-use in conversation and in practice

Qualitative interviews with SDM users focused on user experiences and satisfaction with the method, couple dynamics, and management of fertile days. Qualitative findings indicated that SDM users liked this method because it provided actionable information about fertility and didn't have side effects. Knowledge about the fertile window allowed users to manage fertile days to prevent unwanted pregnancy.

The majority of users were largely satisfied with the method because they found the method effective, convenient, and easy to use. Qualitative results show that the most common reasons for discontinuing use were irregularity of menstrual cycle, lack of husband cooperation, and burden of method use.



"Other methods are a little bit tedious. Either we have to take medicine or have to inject in our body, but this [SDM] is one of the easiest ones. Here we neither have to take a medicine nor do we have to inject; we simply have to remember the days. So I must say this is one of the easiest and convenient methods." – **Male SDM User**

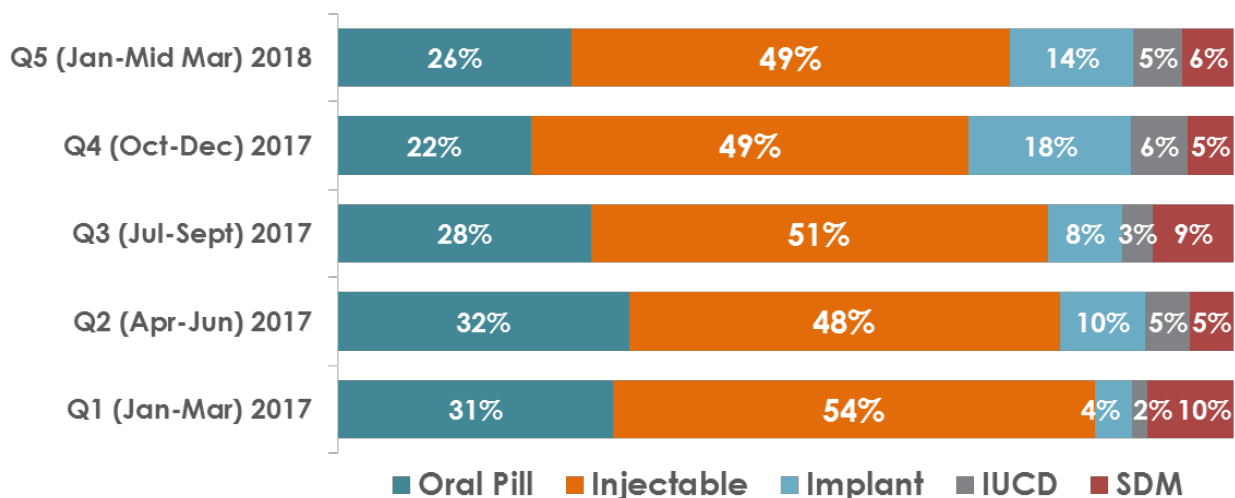
"Some of the methods are not suitable for some bodies. We don't have to take pills regularly for Malachakra. During the safe period, we don't have to use other methods... Instead of taking pills during the whole cycle, it is beneficial when we know the exact time of the safe period." – **Female SDM User**

"It [SDM] has been useful for me till now because of my regular cycle and my husband is also careful about it and my career. My husband supports me. But if it [my menstrual cycle] is irregular, even if I wish to use it [SMD] I won't be able to." – **Female SDM User 2**

Supporting FP Uptake

SDM use was reported by health facilities at all sites. The graph below shows select results on SDM new users within the overall family planning uptake during the integration period. As service statistics from the 32 SDM integration sites show, introduction of this method did not have a negative effect on the FP method mix and indicates a contribution in overall FP uptake.

Percentage method mix of facility accepted new FP users, per quarter



POSITIONING FOR EXPANSION

After the completion of the project, IRH in collaboration with USAID and representatives from the FHD, developed recommendations for the scale-up of SDM in Rupandehi and other districts of Nepal as follows:

- ✓ Focus expansion of SDM areas where CPR is below 30%
- ✓ Utilize half-day SDM orientation for local health facility staff for purposes of expansion
- ✓ Establish clear monitoring procedures to ensure quality SDM integration across Rupandehi and in other districts
- ✓ Incorporate procurement of CycleBeads into the Logistic Management Division (LMD)'s procurement system

In addition, IRH in collaboration with CycleTechnologies translated the CycleBeads app into Nepali. This app was launched for free download on Android based smart phones in November 2018.

SUMMARY

Following a successful pilot study, SDM is included in the national FP program and subsystems, including norms, guidelines, in-service training, and the logistics and health information (HMIS) reporting. Awareness-raising about the method, an essential element of new method integration, was supported by community volunteers and health provider diffusion in the community in addition to traditional radio jingles. Other strategies, such as use of social media platforms, need to be explored for future SDM-integration.

The Rupandehi experience – integrating of SDM with CycleBeads using a systems approach that addresses several logistical concerns about distribution of the method – provides a model for further expansion of the method to other districts. While SDM's effectiveness and method continuation by users has been amply tested through a clinical trial and multiple impact and operations research studies, the evaluation of the integration effort in Rupandehi confirmed local users' ability to use the method correctly and its acceptability as a modern fertility awareness method in the Nepal context. Resources for training, services, logistics, and monitoring were adapted and remain available for further expansion of SDM services in Nepal.

