

STANDARD DAYS METHOD: A NATURAL FAMILY PLANNING OPTION FOR COUPLES



A GUIDE FOR LOCAL GOVERNMENT UNITS

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Background

The Philippine Government addresses the causes and consequences of population growth primarily through the work of two national government agencies, the Department of Health (DOH) and the Commission on Population (POPCOM). The DOH is mandated to implement the National Family Planning Program within the Reproductive Health Framework. It also provides technical and financial assistance to Local Government Units (LGUs) and ensures that sufficient contraceptives are available and distributed in all local public health facilities.

Decentralization, which formally took effect in 1992, propelled the devolution of numerous functions of the national government and placed LGUs at the forefront of providing their constituencies with social services that include health and family planning. It also tasked LGUs with the formulation of comprehensive development plans, the implementation of multi-sectoral development programs and the promotion of community-based population programs and services. Hence, in 1999, the DOH launched the Matching Grant Program (MGP) to provide financial and technical assistance to municipalities and cities to improve their service delivery, particularly in the areas of family planning, maternal and child health, and nutrition.

The 1998 NDHS showed that a large number of eligible women (about 20%) who do not want any more children are not using any form of contraception.

Many of the LGUs participating in the MGP are interested in establishing specific services, particularly for No-Scalpel Vasectomy, IUD, and a new natural method, the Standard Days Method (SDM) but they do not know how to go about it. Concerns were also raised on the cost implication of establishing such services. However, the experience of Bago City in Negros Occidental in promoting and providing NSV showed that it can be done. Other MGP areas like Naga City and Donsol, Sorsogon in the Bicol Region, and Kapalong in Davao Norte are also NSV success stories. Promoting IUD services in Pantukan, Compostela Valley and SDM in Lupon and Banaybanay can also be models for setting up these FP services.

This module documents the process in setting up these specific FP services based on the experiences of LGUs that have successfully set them up and compiles existing local materials that may be used by other interested LGUs planning to set up similar services.

The Standard Days Method

The Standard Days Method or Cycle Beads Method is a new natural family planning method in which all users are counseled to abstain from unprotected intercourse on days 8-19 of any cycle to avoid pregnancy. The couple uses a device – the Cycle beads to mark the fertile and infertile days.



A. Establishing the Need for SDM Services

Experience suggests that the availability of a wide range of family planning methods increases the probability of acceptance and continued use.

The decision to establish SDM services should be based on the need for this specific family planning service. The experiences in MGP areas like Naga City and Lupon and Banaybanay in Davao Oriental showed that a community survey using the Community-Based Monitoring and Information System (CBMIS) helps in identifying potential constraints, establishing potential demand, and caseload for SDM services.

SDM is particularly useful for:

- Couples who want a natural family planning method for religious or social reasons
- Women with contraindications to the use of artificial temporary methods
- Couples who have shown poor compliance with temporary FP methods
- Women who are breastfeeding.

Program managers should also weigh the suitability of SDM to certain clients against the fact that provision of SDM services requires:

- Appropriately-trained clinic personnel and or Barangay Health Workers
- Appropriate facilities
- A well-organized follow-up/referral system.

B. Setting Up the Required Facilities

Physical Facilities/Supplies

SDM services can be provided in a variety of locations- in the clinic or in the community during home visits. Most clinics that provide primary health care services will be able to incorporate SDM services within their existing facilities.

In a clinic set-up, the following should be available, but not necessary, to be able to provide SDM services. These ensure that SDM is provided in the context of good quality reproductive health care:

- A comfortable waiting area for clients (in a clinic set-up)
- A room for counseling, preferably isolated or private
- A private examination room, with adequate natural or artificial lighting and a sink, where clients can undergo routine general and pelvic examinations
- Supply of cycle beads, IEC materials on SDM – leaflets, flip charts
- Arrangement for storage and retrieval of records
- An area for office work, completion and storage of records, and storage for information materials.

In the community, SDM services can be provided in the home of the client, in the home of the volunteer health worker or in the Barangay Health Station. The following should be on hand to be able to provide SDM services:

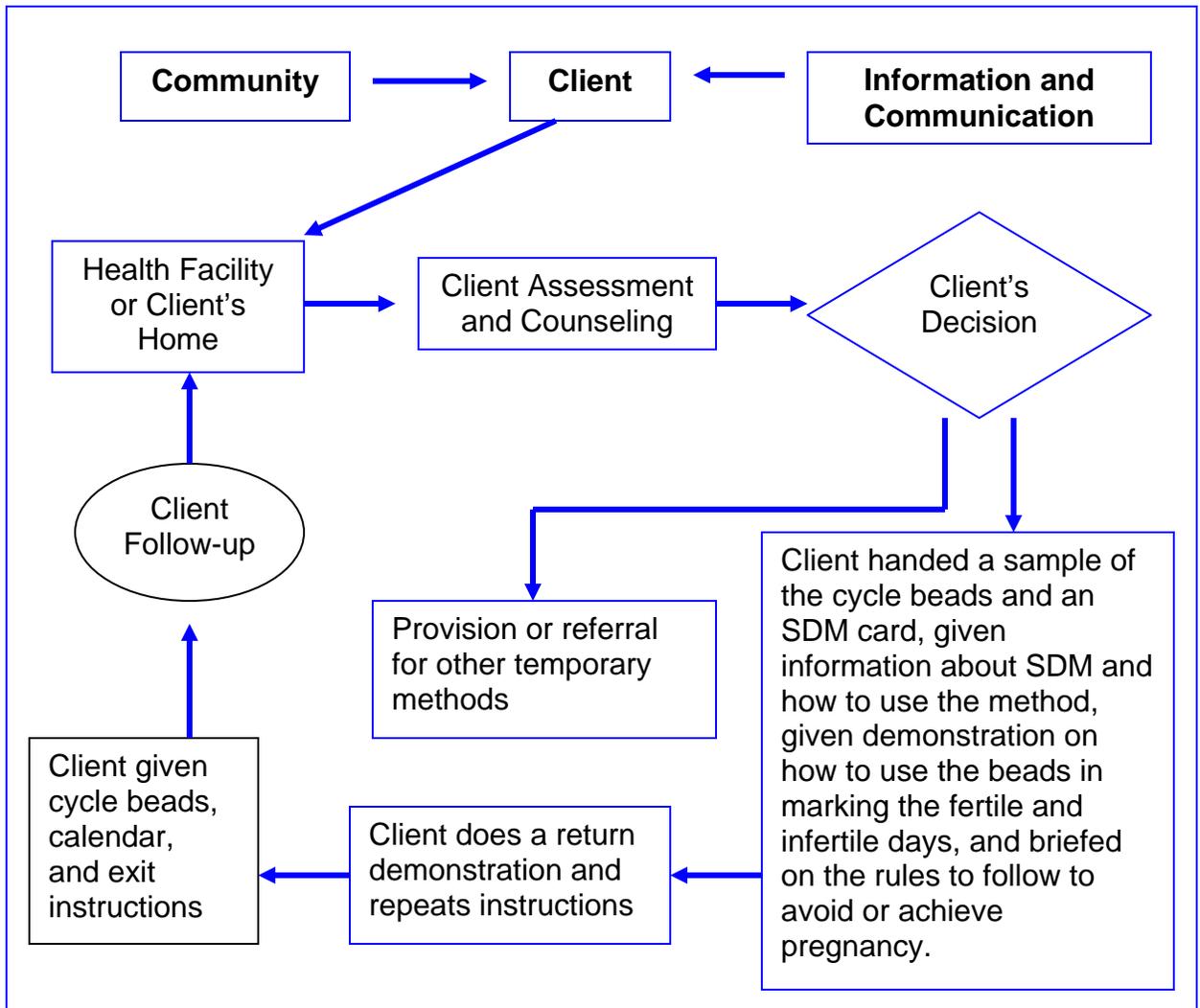
- A room or area for counseling, preferably isolated or private
- Supply of cycle beads, IEC materials on SDM – leaflets, flip charts.

Client assessment can be done using a checklist, which basically includes questions on the presence or absence of conditions that will either prohibit them or make their use of SDM difficult, to wit:

- Is the cycle length between 26-32 days?
- Can the couple abstain from sexual intercourse during the fertile days?

Client Flow

An orderly flow of clients through the health facility site is necessary in order to ensure a comprehensive, cost-effective service and to enhance client satisfaction. Below is an illustration of a well-managed client flow:



Clinic Location and Working Hours

If a new facility is to be established, its location and working hours should be assessed in relation to potential client accessibility.

- Do majority of clients have easy access to the clinic?
- Are the clinic hours convenient for working clients?

If the service point is too far from where the client lives, they may not return for follow-up visits because of the distance and the possible expenses (fares, loss of income for time off, cost of child care). Having an outreach program utilizing the barangay health workers, will increase access to this method.

Providing services after regular working hours or on weekends may increase client accessibility.

Equipment, Instruments, Supplies

The SDM does not require an examining room, but routine gynecological examination is essential for good quality reproductive health service. The following are the items that should be made available:

- An examining table with good light source
- Set of bivalve vaginal speculum
- Sterile or highly-disinfected gloves
- Cycle beads and SDM cards.

B. Selecting and Training Personnel

The number and type of staff needed in providing SDM services will vary with the size of the clinic, caseload, service hours, and other services provided. Clinic personnel or volunteer health workers with CBT FP Training can provide SDM services either in the clinic or the client's home during home visits.

Staffing Pattern

The factors that influence staffing pattern include:

- The type and mix of FP services to be offered.** The more effective methods like IUDs or VSC tend to be more labor-intensive and time-consuming than other methods, and require staff with specialized skills (and thus requires more training) and a greater degree of supervision. Educating clients on natural methods like SDM requires relatively simple training (4-day CBT FP for VHW) that can be done in the community.



- ☑ **The volume of services.** In low-volume clinic-based services where less than five service providers are needed, it is generally possible for one person to manage both the clinical and administrative aspect of family planning services.

In high-volume services, however, where five or more service providers are required, it is generally necessary to have a full-time manager.

- ☑ **The mode of service provision.** Staffing pattern will depend on whether services are provided only at the base facility or offered in conjunction with outreach programs.

- ☑ **The allocation of responsibilities.** In clinics with low caseloads, a nurse, a midwife or a BHW can usually handle several functions and provide a complete package of services.

In clinics with high caseloads, staff tends to become more specialized resulting in a more efficient client flow.

However, in all types of facilities, functions should be delegated to the staff with the lowest level of training consistent with safe and quality clinical practice.

For example, a midwife or nurse who has undergone CBT FP level 1 training or a volunteer health worker with CBT FP training can receive the client, do the screening, and provide education and counseling to an SDM client.

As the caseload increases, more personnel, each responsible for a particular area or task, may be needed.

Staff Functions

Focusing on the tasks to be performed should make staffing plans more relevant. Tasks should be delegated to the staff with the appropriate training to provide medically-safe and quality services. Certain functions should be allocated to personnel on a regular basis and the clinic manager should designate the person responsible for carrying out a given function, taking into account the training and ability of each staff member. In most clinics, the same person may perform several functions.

In an SDM center, the functions that should be assigned to a specific person or persons are as follows:

- Management of the clinic
- Supervision of the staff

- Cleaning of facility
- Ordering of cycle beads
- Bookkeeping for financial control
- Providing information materials to clients and ensuring that these materials are available at all times for clients and staff
- Counseling clients (at various times)
- Taking the medical/gynecological histories of the clients
- Screening clients/Performing general physical examination and recording observations (when needed)
- Undertaking outreach activities initiated by the clinic with the aim of recruiting new clients
- Follow-up clients who do not return for appointments
- Maintaining medical records
- Collecting and reporting data

D. Informing Potential Clients

Creating Awareness

- ☑ **Clinic Signage** -Clients should be aware of the services available at the center, i.e. SDM services. If the service is available only on certain days or time of the day, this information should be prominently displayed in front of the facility. Service fees, if any, should be clearly stated.
- ☑ **Product Launching** – the MGP conducted a variety of activities to launch SDM services in the community, to wit:
 - **Seminar/Lecture/Open Forum** –on the SDM. Testimonials from clients who have used SDM.
 - **Community Theater/Comedy Skit** – on the values of planning the family and answers to questions frequently asked about SDM. How does it work? How is it used? What are the rules to follow?

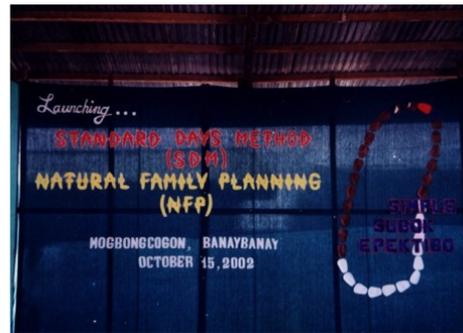


- **Street Parade** – participated in by local government officials, barangay health workers, students, and interested parties from the community.

- **Poster-making Contest** – for elementary students with the theme – “Maliit na Pamilya, Masagana, Masaya” and for high school students with the theme – “Masaganang Pamumuhay, Makakamtan sa Natural na Pamamaraan.”



- ☑ **Streamers** – posted at strategic areas announcing the availability of the services.
- ☑ **Posters** – can also be displayed in prominent places in the clinic and other areas in the community.



E. Maintaining Quality of Care

The quality of care is usually defined in the context of client satisfaction, such as:

- Information given to the client
- Access-geographical, physical, and financial
- Waiting time and client flow
- Delivery of the service following service protocols
- Post-service or exit follow-up

Collaborating Agencies

The health facility needs to collaborate with other agencies to ensure the delivery of high-quality health services. The motivation of clients for SDM services can be done by other agencies. The clinic may also need higher-level centers for referral of individuals who cannot use a natural method like SDM.

The cycle beads are at the moment available only through the: ***Institute for Reproductive Health***, located at ***#16 Starline Road, Blue Ridge, Quezon City, Philippines 1109*** with ***Tel. # (632) 6471084; fax (632) 4382292***; Contact Person – ***Ms. Mito Rivera, Country Representative***

Financing

- Personnel who are responsible for organizing a new SDM program in their area must determine the initial cost as well as the recurring expenditures depending on local conditions and particular program design. For example, budget requirements may be influenced by whether the cycle beads will be sold to the clients or given to them for free, as well as by the type of informational activity to be used (e.g. word of mouth, mass media, community field agents).
- Experience in MGP areas showed that SDM services may be initiated with existing personnel and facilities. Initial cost involved a revolving fund used in purchasing the cycle beads, which cost about Php 50.00 each. These beads are sold to clients interested in using the SDM.

STANDARD DAYS METHOD

The Standard Days Method (SDM) is a new natural family planning method. It identifies days 8 to 19 of a woman's cycle as the fertile days. The couple uses a device called the necklace to identify the fertile and infertile days.

The necklace has 32 beads composed of the following: one red bead which represents the first day of menstruation, followed by six brown beads for infertile days, then 12 white beads for fertile days, and 13 brown beads for infertile days.

Only women with a regular menstrual cycle ranging from 26 to 32 days can use the method.

How is the SDM used?

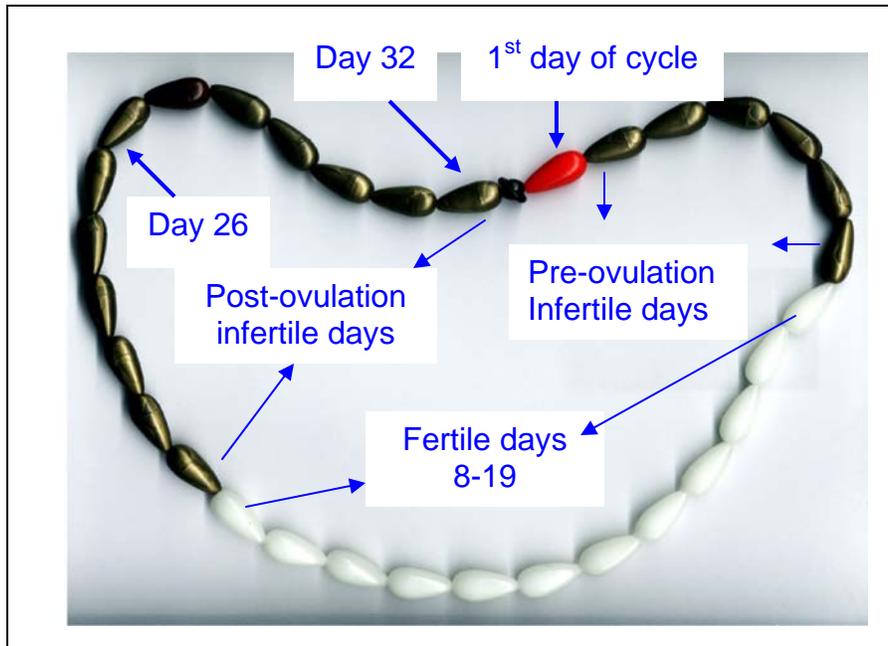
Before using the SDM, advise the client to consult a trained FP worker like you. They need to be screened first for any condition that may prevent them from using the method. They should also be taught on how to use the method. Encourage them to ask questions if they do not understand the instructions.



What should you advise the client who opts to use this method?

1. Determine if the length of the menstrual cycle falls within the range of 26-32 days.
2. If the cycle length is less than 26 days or more than 32 days, she cannot use the method.
3. If she qualifies, provide her instructions and counseling. If possible, the client should bring her husband during the orientation session.
4. Provide your client with the SDM card and necklace. Instruct her to use it in marking the days of her cycle. The menstrual cycle starts on the first day of menstruation and ends until the last day before the next menstruation.

5. The necklace has 32 beads, which are color-coded to represent, more importantly, the fertile and infertile days. A rubber ring that fits into the beads is used to mark the days in the cycle, represented by the colored beads. The one red bead represents



the first day of menstruation. It is followed by 6 brown beads that indicate the pre-ovulation infertile days, and then by 12 white beads that mark the fertile days. The 13 brown beads that follow represent the post-ovulation infertile days.

6. To mark the first day of the menstruation period in the necklace, the client simply moves the rubber marker on the red bead. She should record the date of the first day of menstruation in the SDM card. She can use this later to check if she has already moved the marker or not.

January					2003	
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

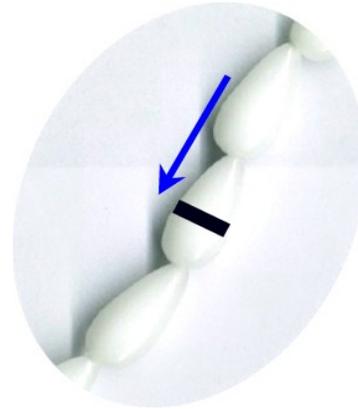
For example if the 1st day of her menstrual cycle is January 5, 2003, the client either encircles or marks with an “X” the date (January 5) on the SDM Card.

7. The client moves the rubber ring to the next bead every morning until the first day of her next menstruation. If this does not fall on the red bead, then she should move it to the red bead to mark the first day of her next menstruation.



8. Emphasize to your client that **if she does not want to get pregnant, then she should abstain from sexual intercourse when the marker is on any of the white beads.**

Otherwise, she should resort to a back-up method like asking her husband to use a condom.



Assure her that **she can have sex without getting pregnant if the marker is on any of the brown beads.**

What are the advantages of SDM?

1. Safe, easy to learn, easy to use
2. 95% effective when correctly used
3. Provides opportunity for open communication between couples
4. The necklace is low-cost and is a one-time purchase even when not provided free by the center.

What are the disadvantages of SDM?

1. Cannot be used by women with very short (less than 26 days) or long (more than 32 days) menstrual cycles
2. Needs the cooperation of the husband for a back-up method to be very effective.