



# Society for Family Health, Nigeria

*...Creating Change, Enhancing Lives*

## INCLUSION OF SDM IN COMMUNITY BASED FAMILY PLANNING DISTRIBUTION IN NIGERIA

*Experiences from two USAID funded Family  
Planning projects in Nigeria.*

PRESENTED BY:  
ADIZUE JANE CHINYERE  
SALES AND DEMAND CREATION MANAGER

# ***NIGERIA:***

- Over 60% of Nigerians live in rural areas.
- Existence of wide urban vs. rural economic and infrastructural disparity
- Further worsened by inadequate and low supply of skilled health professionals at rural area



# Nigeria's Family Planning Statistics



- **Maternal Mortality Ratio (MMR):** 575 per 100,000 live births
- **Contraceptive Prevalence Rate (CPR) 15%**
  - ❑ North West 4%
  - ❑ South East 29%
- **Total Fertility Rates 5.5 (4.7 Urban; 6.2 Rural)**
- **High Unmet need for FP 16%**
- **High FP knowledge:** 85% of Women of Reproductive Age (WRA) know at least one method of Family Planning

# The USAID Projects – Promotion of Community Intervention of SDM

- USAID supported the introduction of SDM in Nigeria through PSI/SFH implemented *Improved Reproductive Health in Nigeria (IRHIN) Project;2005-2010*
  - ✓ IRHIN project was aimed at improving availability, access, and appropriate use of modern contraceptives including SDM in Nigeria, using social marketing
  - ✓ Piloted community based distribution in 2 states (***Enugu and Katsina***) using community based groups
  - ✓ Commenced social marketing of SDM branded *CycleBeads* in 2006
  - ✓ **4,762** CycleBeads were distributed within the period by these communities





# The USAID Projects – Promotion of Community Intervention of SDM ...

- USAID strategic contributions towards improving access to FP commodities and services continued with the Expanded Social Marketing Project in Nigeria (**ESMPIN**), (2011-2016)
- Key ESMPIN Project Strategies include:
  - Community Based Distribution (CBD) in four Northern states - Deploy over **400 CBD Agents** for community mobilization + distribution
  - Interpersonal Communication (IPC) - **300 IPC Agents** mobilize, educate on FP + SDM & refer WRA to health facilities
  - Engagement and training of Proprietary Patent Medicine Vendors (PPMVVs)



# Training and Supervisions on SDM

- **Provider Training** remains very critical to assure optimal uptake of Cyclebeads as a contraceptive option
- While **IRHIN project** included a provider training (conducted in 3 LGAs), the ESMPIN project has no component for provider training
- **However in ESMPIN:**
  - ✓ A one day sensitization workshops for PPMVs (**over 40,000 since inception**) is conducted across Nigeria on FP and Child Survival, including SDM
  - ✓ CBDAs and IPCAs are trained on counseling and distribution of **CycleBeads**
- CSO/CBOs supervised the activities in the communities
- For CBFP to be successful, active supervision remains imperative - there exists the potential to cause more damage than desired if unsupervised

# Community Intervention for SDM



# Increasing awareness of SDM - Opportunities

- Though knowledge of FP is high (85% *know at least one FP method*), but same cannot be said of SDM knowledge
- The projects deployed multiple interventions; CBDs, CBOs, IPC and PPMVs to directly increase knowledge and awareness of SDM (*Cyclebeads*) in FP
- From the communities there were success stories of how the SDM helped women understand their cycle better, leading to contraception (for those seeking to space births)
- Huge opportunity exists for SDM to be integrated into FP counseling methods by service providers



# Increasing awareness of SDM - Challenges

- Limited resources to reach the scale and maintain quality of message
- Community Based Distribution model use volunteers – high attrition, limited volunteers that fit the criteria as agents
- Quality assurance issue – requires active supervision of CBDAs
- Balance – tendency for agents to be prescriptive in discussing methods – sometimes focusing on methods they have with them.

# Increasing awareness of SDM - Emerging issues

- Some experiences amongst WRA during awareness creation:
  - Misconception by Muslims that the product is the Rosary used by Catholics hence reluctant to use it : *Advocacy to the religious leaders in the North which eventually led to the acceptance of SDM by the Muslim North.*
  - Challenge of managing the length of abstinence; '**white** bead days' by the Islamic WRA in Katsina; *Use of Male IPCAs targeting men and introduction of the ways of managing the window period improved acceptance of the method.*

# Assuring Availability of SDM

- SFH has an extensive distribution and logistic channel throughout the Nigerian commercial sector
  - About **50** registered Wholesalers + over **300,000** retail outlets that distribute SFH products
  - *Cyclebeads* is distributed through these channels to ensure availability and access
  - The PPMVs and CBDAs play crucial role in assuring availability of *CycleBeads* to end users
- USAID has assured of continual availability of the product at central level due to proper forecasting and planning

# SFH REP DETAILING A PPMV



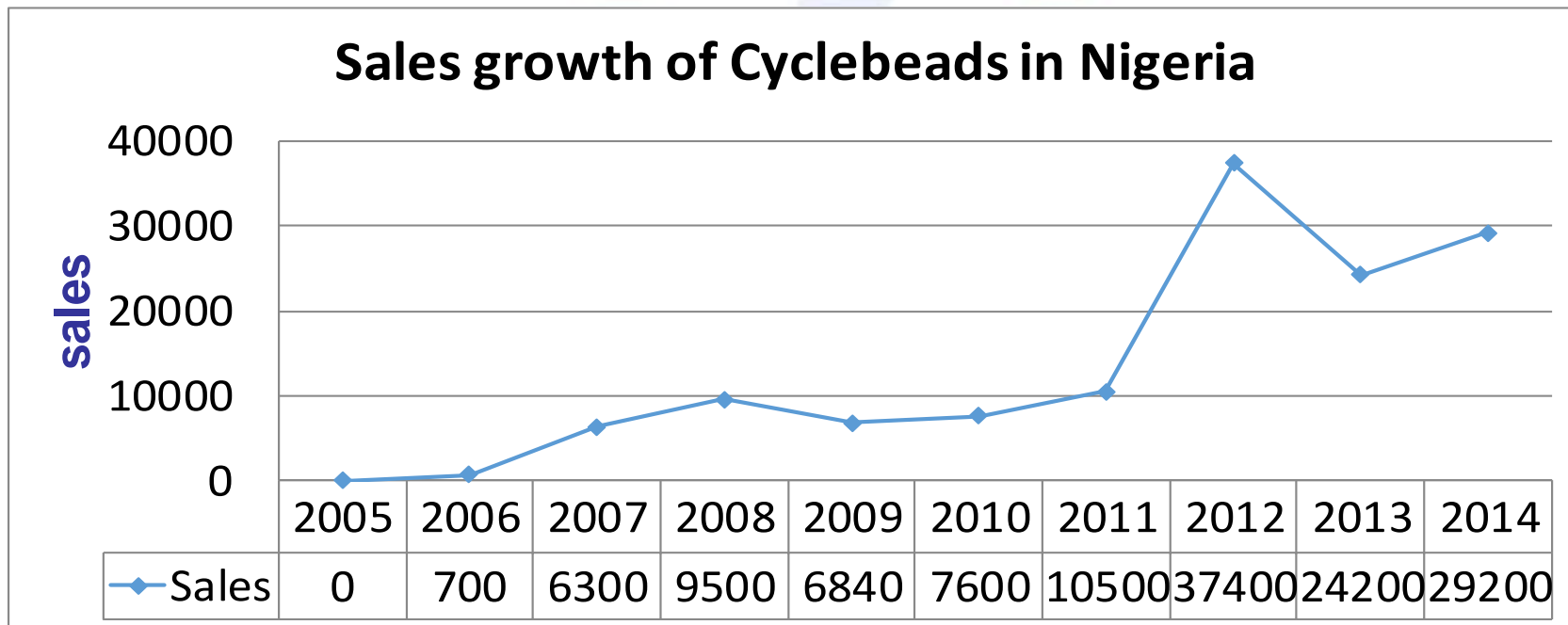


# Assuring Availability of SDM - Challenges

- Cyclebeads in Nigeria is still in its early stage with limited demand, as such the product spends long time on retail outlet shelves
- Unavailability of CycleBeads (SDM) in the public sector poses limitation to increased access to the product
- Uptake is directly linked to Awareness and Mobilization activities

# Including SDM in system reporting

- Use of sales ledgers to track sales of Cyclebeads by each community based provider
- Collation of sales from each community feeds into the state Management information system (MIS) on the sales of Cyclebeads



# Creating Supportive environment

- Advocacy with various stakeholders was key to the successes achieved on the distribution of Cyclebeads in Nigerian communities

## **IRHIN:**

- Advocacies with religious heads and community leaders
- State and local government officials

## **ESMPIN:**

- Advocacy with drug regulatory/enforcement agencies
- Security operatives in the states
- State, local government, and community chapters of the PPMV associations

# Opportunities

Inclusion in the essential drug list in Nigeria.

Formation of distribution networks

Inclusion in taught curriculum of health professionals



Implementation of strategies in line with cultural norms and beliefs

Leveraging on government Policies/Programs to increase awareness.



# Conclusion

- Product availability at community level through CBDAs and PPMVs elicited enhanced uptake of CycleBeads
- Advocacy and awareness creation for and by religious and community leaders contributed significantly in the acceptance of the SDM
- Men who ordinarily were reticent about spacing their children were found to be more receptive to family planning
- The acceptance and uptake of CycleBeads could be improved through provision by community workers who also serve as a reference for health seeking behaviour by the community members

# 'SARA'



THANK YOU



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