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.

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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 (PPMVs)
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
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

Sales growth of Cyclebeads in Nigeria

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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.