



# Country Experiences South Africa



**Mags Beksinska** RHRU,  
**Eva Marumo** Dept of Health,  
**Jenni Smit** RHRU  
**Zonke Mabude** RHRU

## Background South Africa

Population approx 43 million  
HIV prevalence 29.5% (2004 ANC survey)  
5.6 million HIV infected individuals (2003 UNAIDS)



## National introduction of the FC

Initiated in response to a need to increase options available to South Africans to protect themselves against STI/HIV infection and unwanted pregnancy



## History of the FC programme

- First phase commenced in 1998 and consisted of:-
  - Provincial prog introduction meetings
  - Site selection by provinces
  - Clinic baseline assessments
  - Provider training
  - FC distribution and monitoring
  - Programme supervision

## Who was involved in the introduction?

- National and Provincial Departments of Health
- RHRU
- FHI

## FC programme in SA

Reality FCs introduced into pilot sites in 8 of 9 provinces. Sites included:-

- 19 DOH FP clinics
- 12 PPASA managed sites
- 2 CSW sites
- Social marketing programme managed by Society for Family Health

## FC Programme introduction components

- Training of providers
- Providers recorded condom distribution including basic info on clients.
- Quality assurance and supervision visits
- General site support
- Analysis of distribution records

## FC Programme introduction components

- IEC- leaflets were made available to clinics distributing the female condom.
- Some sites received vaginal models for demonstration purposes.



## FC Programme introduction-review of pilot phase

- 9,406 FP clients and 1,381 PPASA clients accepted FC at least once during pilot.
- Majority of first time users were women between 20-29 years.
- Users were existing hormonal contraceptive users (78%).
- Reasons for accepting FC was mostly for STI/HIV protection (77%)

## Review of pilot phase

- 198 of these women participated in in-depth interviews. Interviews included repeat users.
- A third (32%) said partners agreed to use without reservation whilst others reported some initial resistance (3% men refused).
- 65% said it would be easier to convince partner to use female condom compared to male mainly due to transfer of responsibility.

## Review of pilot phase

- Nearly half (44%) had used both male and female condom in month preceding interview.
- Majority (88%) said they were using protection more with availability of FC.
- Half (49%) were dual method users (continued with hormonal methods).

## Current status of FC programme

- The programme was expanded to 204 sites which includes a range of facilities in rural and urban sites and HE institutions.
- Further expansion is planned to 249 sites by 2006.
- Provinces advised to plan further sites to ensure at least one site per sub-district
- The programme has been devolved to provinces who will play a greater role in identifying sites.

## Current status of FC programme

- A considerable amount of distribution is reported from designated FC sites due to requests from other sites (National STI/HIV Baseline Assessment 02/03)
- Stock-outs rare (1-1.3%) reported from different sources.
- Numbers of FCs distributed is still recorded by sites
- National information system to include FC distribution at facility level through DHIS

## FC procurement figures

Year	Numbers (millions)
2005	2.4
2004	1.2
2003	1.2
2002	1.3

## Where does the FC programme fit in the Dept of Health?

- FC programme falls under National HIV, AIDS, STI and TB Cluster, Sub directorate: HIV and STI Prevention.
- Focus area: Barrier methods

## Objectives and activities of the Barrier methods focus area

- Ensure consistent supply of good quality condoms to all provinces
- Expand condom supply to non-traditional outlets (taxi ranks, shebeens, spaza shops etc).
- Expand FC distribution sites including rural areas.
- Motivate for condoms in higher learning institutes
- Ensure supply in High transmission areas

## Impact of FC in SA

- An ongoing study “Evaluating the Effect of Female Condom Distribution on Use of Dual protection” is almost complete. The goal of this randomized controlled trial is to produce evidence for policy makers and programme managers on the value of distributing and promoting female condoms in the context of a DP programme.

## Successes in SA

- Well co-ordinated, structured introduction strategy
- Even distribution across SA (all provinces expected to maintain and expand sites)
- Clients able to request FCs from non-designated sites using referral mechanisms or some sites getting FCs
- Social marketing strategy
- Recently some private companies purchasing FCs for employees
- Second largest distribution of FCs globally

## Challenges

- Keeping pace with demand and cost considerations.
- Demand from retail outlets and pharmacies has been poor
- Method needs to be obtained directly from provider due to complexity and cost.
- Occasional reports in the press about accessibility and availability

## Reuse in the programme

- Country standpoint: no reuse for a number of reasons.
- No reuse reported to DoH
- Limited to a few anecdotal reports after initial acceptability study and before main introduction of FCs.

## Plans for the next 5-10 years

- Increase FC distribution sites by at least 5 sites/province/year.
- Include rural and urban nodes in the provincial expansion plan
- Training of all health providers at PHC sites on FC
- Availability of updated FC distribution sites at all public facilities to improve access

## Words of wisdom

- Phased introduction to allow for regular assessment.
- Barrier methods task force at national level that meets quarterly and includes all the key role players (DoH, NGOs, social marketing)
- Well monitored and controlled supply of FCs
- Comprehensive training of providers on FC and DP

University of Natal-student clinic  
FCs available since 2001



“Survival” by Fiona Kirkwood  
exhibited in Durban.

