



THE FEMALE CONDOM - UGANDA EXPERIENCE

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**Global consultation on the female
Condom - Baltimore Sept. 26-29
2005**

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UGANDA





Background

- Uganda is situated at the heart of Africa
- Population 26 M - 95 men to 100 women
- 15 M are children less than 18
- 90% of population rural
- 67% of women have had their first sexual encounter by age 18 years
- Fertility rate has stagnated at 6.9
- Use of modern contraception less than 20%



HIV and AIDS Prevention and Control

- AIDS disease (slim) first described in 1982
- Govt. set up National AIDS Control Program in 1986 – policy of openness with intensive IEC program
- Multisectoral program coordinated by UAC in 1991 under president's office
- A-B-C Strategy adopted for prevention and control of STIs including HIV and AIDS
- Steady decline in HIV prevalence in last decade but magnitude still unacceptably high. 2004 National sero survey indicated HIV prevalence of 7%.



HIV& AIDS Prevention (cont-)

- Awareness of HIV& AIDS high but not matched with knowledge and access to methods to avoid infection
- Prevalence of STIs higher in women than in men
- Women's choices constrained by gender inequalities + social-economic and biological factors
- Differences in risks as well as access to & utilization of available prevention options



Introduction of female condom

- Male condom promoted under ABC
- Test marketing of female condom done in 1997 indicated high acceptability mainly by urban women.
- FC introduced under World Bank STI project in as additional option for both women and men.
- MOH procured 1.2 million FC in 1998
- 1 M for Social Marketing & 0.2M for education, demonstration and trial/practice



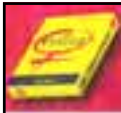
Female Condom target group

- Women who practiced high risk behavior
- Women in stable relationships but whose partners might have multiple partners
- Males who are partners to the above groups



Female Condom Launch 2000





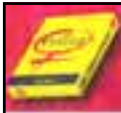
Female Condom "Program"

- MSI Uganda took on marketing of 500,000 pieces with limited funding for promotion activities while Somarc (FUTURES Group) pulled out
- MOH was stuck with 700,000 pieces not earlier planned for.
- No active MOH promotion apart from integration into education provided to groups during RH & HIV/AIDS workshops (Quiet Condom promotion policy)
- No targeting, record keeping or Monitoring & Evaluation strategy / plan



FC Education session by MSI






FC "program" Cont--

- MSI designed attractive packaging and related IEC materials
- MOH distributed the condoms unpackaged to any interested sexually active individuals.
- No defined distribution strategy
- MSI had 10,000 outlets for "Life Guard" & FC (goods stores, clinics, drug stores, bars and lodges, NGOs)
- FC at 3-5 times price of male Condom





Poster by MSI- Uganda





FC program (continued)

- By end of 2002 MSI had sold close to 0.6 million pieces to “Life Guard” + FC outlets
- MOH had distributed 0.4 million & 0.2 M for educational purposes
- By end of 2002 FCs were still in some district stores & no clear data on how many had actually been used.



CHALLENGES

- There was need for demonstration gargets, which were not available and expensive
- FC program required longer period of interpersonal education for both men and women and Skills building for negotiation and use.
- Condom policy still “quiet” promotion



CHALLENGES CONTINUED

- Too many condoms in relation to needs (the FC were close to expiry date)
- Cost of Condoms high compared to male Condoms
- FC uptake not as expected, there was interest at the beginning which reduced after awareness.



WAY FORWARD

- Promotion of female Condom as additional method for prevention of STIs and unplanned pregnancies
- Plans underway to procure small numbers of FC for identifies needs among targeted groups.
- Pursue plans for introduction of the Panty condom program



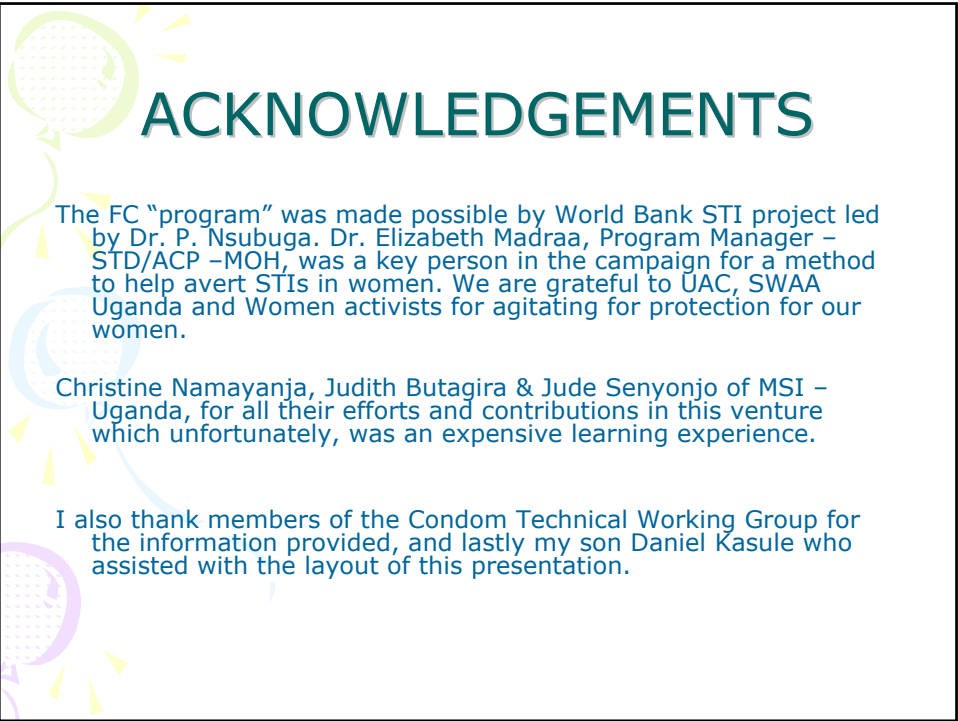
LESSONS LEARNED

- FC programs requires strategic collaborative planning with CBOs who are able to reach more people.
- M & E is essential as in all programs
- Education activities should be intensive with more skills training (negotiation) and addressing concerns of potential users in counseling sessions
- Condoms should be procured in smaller numbers & staggered to avoid wastage



Lessons learned

- Requires more funding compared to male condom, therefore need subsidizing price to close the gap
- Male involvement to be encouraged FC promoted as female initiated rather than female controlled, to make it less threatening to men.



ACKNOWLEDGEMENTS

The FC “program” was made possible by World Bank STI project led by Dr. P. Nsubuga. Dr. Elizabeth Madraa, Program Manager – STD/ACP –MOH, was a key person in the campaign for a method to help avert STIs in women. We are grateful to UAC, SWAA Uganda and Women activists for agitating for protection for our women.

Christine Namayanja, Judith Butagira & Jude Senyonjo of MSI – Uganda, for all their efforts and contributions in this venture which unfortunately, was an expensive learning experience.

I also thank members of the Condom Technical Working Group for the information provided, and lastly my son Daniel Kasule who assisted with the layout of this presentation.