THE FEMALE CONDOM - UGANDA EXPERIENCE

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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 gadgets, 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.
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