



22 countries selected globally

Africa (10)

Botswana, Cameroon, Eritrea, Ethiopia, Liberia, Nigeria, Sierra Leone, Swaziland, Zambia, Zimbabwe

Asia (5)

Cambodia, India, Myanmar, Papua New Guinea, Sri Lanka

Europe & Arab States (3)

Sudan, Tunisia, Ukraine

Latin America & the Caribbean (4)

Brazil, English speaking Caribbean, Honduras, Mexico

Rapid FC situation Assessment Ethiopia & Nigeria, 2005



Support for FC promotion

Government

- Both offer the use of existing health structure, etc
- Policy environment is favorable

Concerns

Government

- Cost of FC programming (promotion, procurement)
- HIV/AIDS is housed in different gov't units which don't necessarily talk to each other – pile of FCs in a warehouse is news to the other

Rapid FC situation Assessment
Ethiopia & Nigeria, 2005



Support for FC promotion

NGO's

- Highly motivated – keen to integrate FC into existing FP/RH/VCT, ...
- They promote FC even when they are out of stock (posters, brochure, ..)
- Have trained providers

Concerns

NGO's

- Out of stock
- Fear of being seen as supporting a product *not* fully endorsed by a Donor &/or Gov't - 'our names are written in pencil..'

Rapid FC Situation Assessment
Ethiopia & Nigeria, 2005



Support for FC promotion

Service providers

- FC could be used by women who have problem with other FP methods
- FC could be used to fill a gap when there is shortage of other methods, ...

Concerns

Service providers

- 'FC is useless, complicated, ...'
- Have no training, no pelvic models, ...
- Our people don't like it, ...our culture ...

Rapid FC Situation Assessment Ethiopia & Nigeria, 2005



Support for FC promotion

Women

- 'Gone are the days when women had to seek for the man's permission'
- 'Our women don't wish to die - whether the man likes it or not they will use FC'
- 'In this country everything arrives late... ARV and now FC .. bring it on'

Concerns

Women

- Noise
- Holding FC in place during sexual intercourse
- Cost – women have no financial capacity – in a way FC is MC
-

Female Condoms in Ethiopia:



Empowering Women to make more informed choices

Key Strategic Questions

- Is there a need to improve the provision of currently available dual protection methods in Ethiopia?
- If largely distributed, would FCs have a clear added value in the Ethiopian context?
- Have Stakeholders in Ethiopia agreed on a series of interventions that would ensure adequate and continued supply and consistent utilization of FCs?
- Have needs been identified and quantified and what are the gaps?

REPRODUCTIVE HEALTH RELATED INDICATORS



Country	Maternal Deaths	Life Time risk	Maternal Mortality	Range of Uncertainty	
Congo, Dem Rep	20,000	13	940	390	1,800
Eritrea	1,600	12	1,100	830	1,400
Ethiopia	46,000	7	1,800	790	3,200
Kenya	13,000	13	1,300	1,000	1,700
Malawi	2,800	21	580	410	750
Sudan	13,000	12	1,500	1,000	1,900
Uganda	10,000	11	1,100	900	1,200
Somalia	7,100	7	1,600	770	2,400
Tanzania, UR	13,000	14	11,000	800	1,300

Source: UNICEF, 2002

Is there a need to improve the provision of currently available dual protection methods in Ethiopia?

MAJOR HIV/AIDS RELATED INDICATORS				
	2003	2004	2005	2008
Adult HIV Prev. (%) National	4.4	4.6	4.7	5.0
Adult HIV Prev. (%) Urban	12.6	12.5	12.5	12.6
Adult HIV Prev. (%) Rural	2.6	2.8	3.0	3.4
HIV Pos. Pop	1,474,758	1,590,967	1,590,967	2,037,112
HIV Preg. Women	128,122	137,596	146,650	169,410
HIV Pos. Births	34,875	37,450	39,886	46,093
New HIV Infect.	231,415	244,384	253,308	277,141
New AIDS cases	122,697	132,677	143,129	177,232
AIDS deaths	114,690	124,178	134,124	166,901
AIDS Orphans	538,674	606,998	678,938	917,688
Prop. Of 15-49 dying of AIDS	30%	32%	33%	36%
Decreases in Life due to AIDS	4.6 Years	4.7 Years	4.9 Years	5.6 Years

Source: 5th AIDS report

Factors Affecting HIV/AIDS Transmission

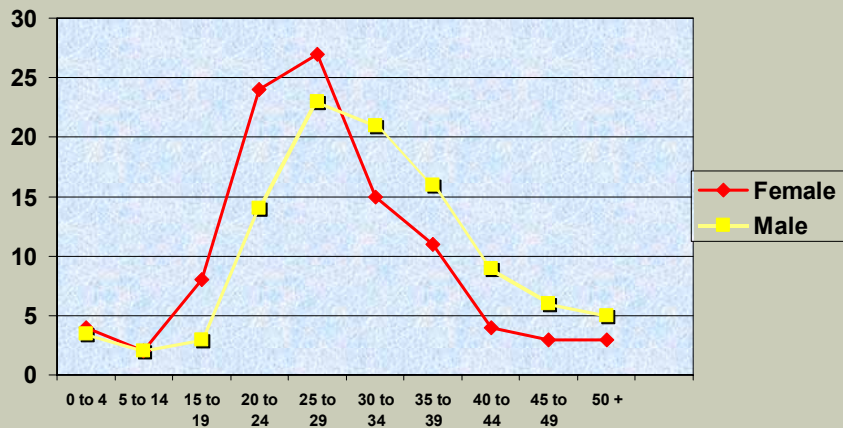


- Low status of women
- Transport corridors and high population mobility
- Conflict and displaced persons
- High prevalence of STIs

Socio- Environmental characteristics of women and girls in Ethiopia.....

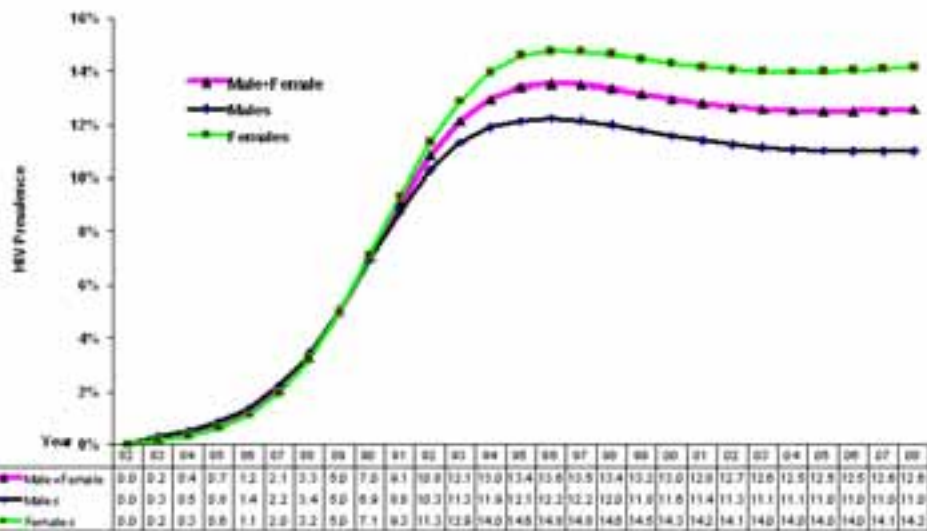
- **Extreme poverty**
- **Low levels of education**
- **Early marriage leading to early onset of sexual activity and early pregnancy**
- **High fertility**
- **Rapidly spreading HIV epidemic.**
- **High proportions of HTPs (up to 80% FGC)**
- **High maternal morbidity and mortality ratio**

Distribution of reported AIDS cases in Ethiopia.




Source: MOH as cited by UNAIDS

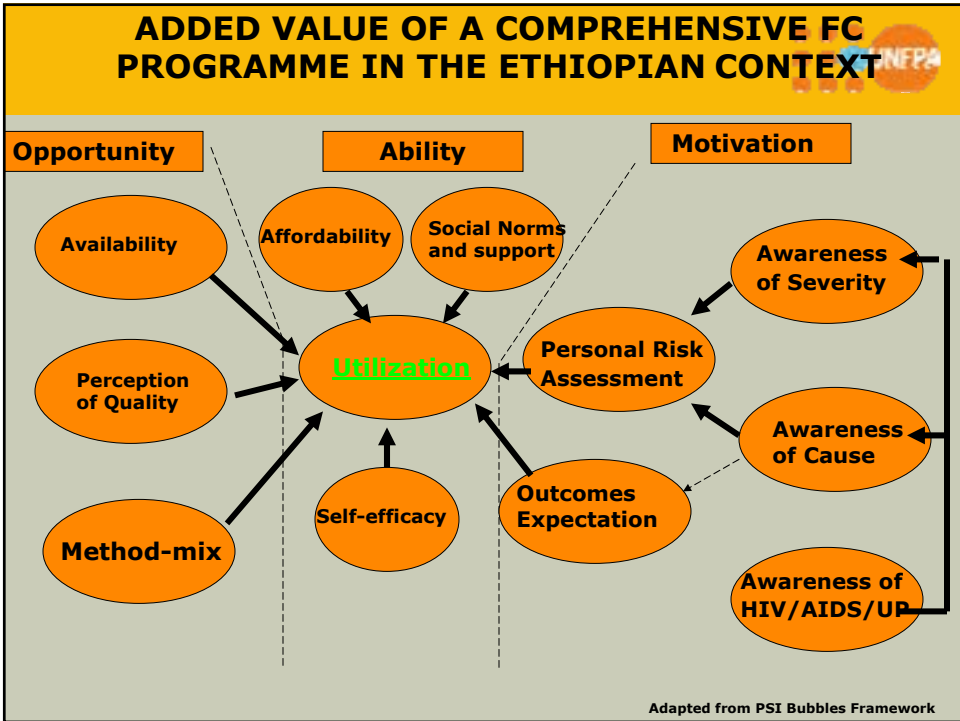
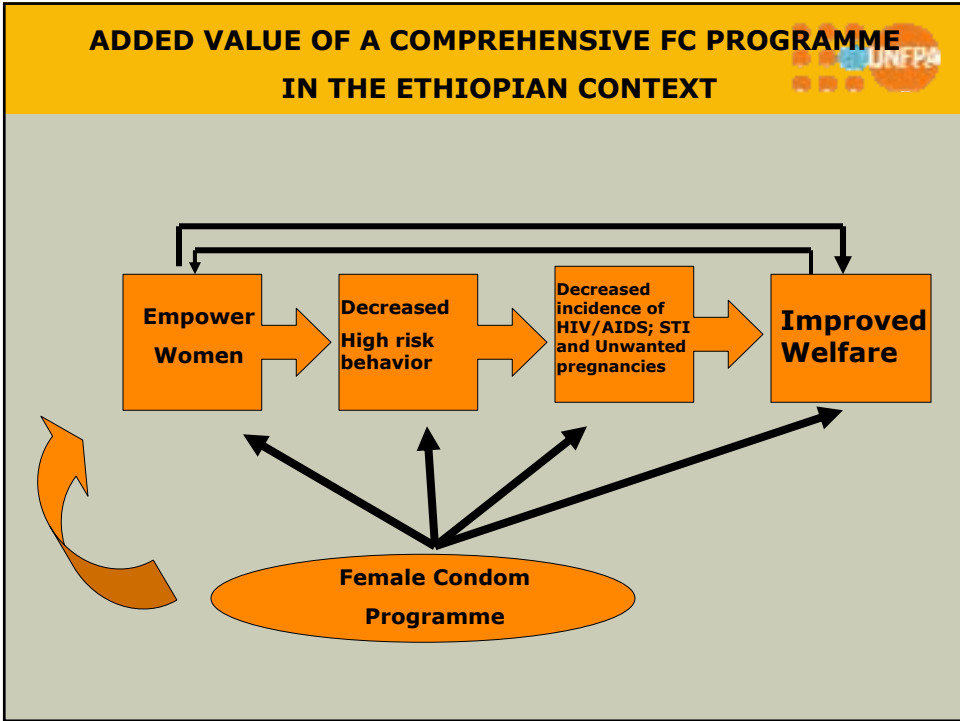
Figure 2: Estimated and Projected HIV Prevalence by Sex 1982-2008
Adult Population 15-49, National Urban (Ethiopia)



Background	Unmet Need for Family Planning (FP)	Met Need for FP (currently using FP)	Total Demand for FP	Percentage of demand satisfied
Age				
15-19	40.4	3.9	44.3	8.8
20-24	37.8	7.5	45.3	16.5
25-29	37.2	9.6	46.8	20.6
30-34	38.8	9	47.7	18.8
35-39	35.8	10.9	46.7	23.3
40-44	37.2	7.9	45.1	17.6
45-49	18.1	4.1	22.3	18.6
Residence				
Urban	25	35.6	60.6	58.8
Rural	37.3	4.3	41.5	10.3
Total	35.8	8.1	43.8	18.4
Source: DHS 2000				

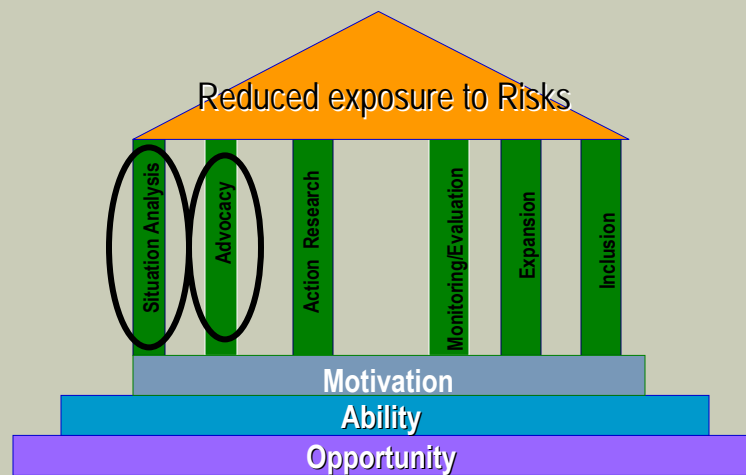


If largely distributed, would FCs have a clear added value in the Ethiopian context?



Have Stakeholders agreed on interventions that would ensure adequate and continued supply and consistent utilization of FCs?

Pillars of FC programming



Source: Modified from WHO Making Decisions about contraceptive Choice and Improve quality of care

Female Condom situation Analysis in Ethiopia: current situation

1. Limited promotion and distribution, mostly thru NGOs;
2. Limited Research, mostly concentrated on sex workers and youth;
 - MSF, FGAE
3. Incomplete and Inconsistent attempts to promote FCs to targeted groups;
 - Limited training
 - Limited IEC/BCC interventions
 - Limited supplies

Female Condom situation Analysis in Ethiopia: Favorable environment.

- **Favorable Policy environment** (HSDPIII, Population Policy, HIV/AIDS programme etc)
- **Providers (mostly NGOs) eager** to integrate FC into their existing programs. Considerable demand from NGOs;
- **Well-established distribution networks**, possible identification of target audiences;
- **Knowledge and attitudes** of political leadership extremely positive; High HIV/AIDS awareness among the general population;
- **Priority target audiences**, possible partner organizations have been identified;
- **Existing Health systems reform** favorable to proximity communication and community based distribution;



Female Condom situation Analysis in Ethiopia, Challenges:

- 1. FC Availability and Sustainability;**
 - Procurement and Distribution
 - Cost recovery Vs free distribution
- 2. Availability of trained Human Resources;**
- 3. Integrating FC programming in other well established RH programmes (VCT, FP, CBS,CS Community dialogue, HEEP etc)**
- 4. Attitudes and practices of service providers from the public sector;**
- 5. Culturally Specific IEC/BCC**



Female Condom situation Analysis in Ethiopia: Next Steps:

- Policy and Planning meeting among stakeholders (FC programme as part of an affirmative effort to empower women)
- Identify Community based programs willing to integrate FC programming
- Reinforce and coordinate partnerships already identified to begin incremental FC program targeting specific groups;
- Plan and conduct training for services providers;
- Procure and distribute FC to appropriate outlets (CBS, FP, VCT, STI, HEEP);
- Slowly expand programme based on lessons learned

Because of women's increasing vulnerability to HIV/AIDS, because of the consequences of unintended pregnancies all over Africa, comprehensive interventions that inform, educate and empower women must become critical parts of any sustainable plan to achieve the MDGs and reduce poverty. FC programmes are to be seen as an important step in that direction, an essential component of targeted efforts to provide women with the knowledge, tools and confidence they desperately need to protect themselves and gain control over their own lives .

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GLOBAL CONSULTATION ON THE FEMALE CONDOM

Radisson Plaza Lord Baltimore
Baltimore, Maryland (USA).
26-29th September 2005



Sharing Country Experiences on
the **FEMALE CONDOM**



FEMALE CONDOM RAPID SITUATION ASSESSMENT
IN NIGERIA

Dr. Luka T. MONOJA. MD. MSc. DTM&H
Regional Adviser RHCS
UNFPA Country Technical Support Team
Dakar-SENEGAL.



1. UNFPA's strategy in HIV/AIDS prevention is through the comprehensive 'ABC' approach:
 - ABSTINENCE from sexual activity.
 - BEING faithful to one sexual partner.
 - CONDOM use in case of risky sexual encounter.
2. The female condom adds to the armamentaria of preventive methods, hence its importance to UNFPA work.
3. UNFPA promotes women empowerment. Since FC strengthen a woman's power in negotiating safe sex, it is an important device to women sexual empowerment!



- Female condom was first piloted in Nigeria in 1991 at the Fertility Research Unit-University College Hospital, Ibadan.
- Additional acceptability trials were subsequently undertaken in different parts of the country between 1991-2003 by Non-government Organizations- AFRH, SWAAN, CEDPA, SFH, PLWA.
- UNFPA supplied 50 000 pieces of female condoms to the FMOH in 2001.
- UNFPA further supplied 450 000 female condoms in 2003 on demand of the FMOH.

OBJECTIVE OF THE FEMALE CONDOM ASSESSMENT



- Given the long period of acceptability trials (12 years), the assessment sought to find out the status of FC and the potential for going from pilots to full nationwide FC programming;

MAIN FINDINGS-OPPORTUNITIES



- There is a national mood, politically and socially to prevent AIDS as well as promote family planning activities.
- Although the pilot areas were initially circumscribed in the southwest, its progressive move to the rest of the country did not meet with any opposition
 1. There is a national STI/HIV/AIDS policy
 2. Several other RH/RR related policies are enacted
 3. There is an Action Committee on AIDS at all tiers of government (federal, state, Local Government)

MAIN FINDINGS-OPPORTUNITIES



1. An operational social marketing program for RH commodities covers the whole country. This is a potential venue for increasing FC distribution
2. NGO are very active in promotion of FC-all have trained service providers and counselors

MAIN FINDINGS-CHALLENGES...



- Policy declarations have yet to be followed up by concrete strategic actions is very weak.
1. There is no public display of **condom promotional materials**. The national AIDS policy document for example does not mention **condom**
 2. There appears to be an exclusive focus on **AB** to the exclusion of **C**.

MAIN FINDINGS-CHALLENGES



- The NGO are the most active promoters of FC. However, they are enormous difficulties in accessing the FC in the public sector once their initial pilot stocks run out. The national CLMS policy is that NGO can access RH commodity supplies from the public sector warehouses!
- A situation is therefore prevailing where large stocks of FC are running the risk of expiration at public sector warehouses (more than 350 000 FC in stock at the Central Warehouse alone) whereas NGO including PLWA are short of FC!
- Social marketing and the private 'for profit' sector are not involved in any FC programming activity.

MAIN FINDINGS-CHALLENGES



- The health and logistics information management system though beautifully designed and has relevant tools is not providing much needed information!

MAIN FINDINGS-CHALLENGES



- The cost of FC is high compared to male condom (FC=\$0.14, MC=\$0.03). Both are non-reusable!
- There is no sustainable funding mechanism in place; donor or government!
- Current stocks of FC were one-time donations with no arrangements for continuity of supply.
- Promotion and dispensing of FC seems to be voluntarily focused on certain population groups- CSW, PLWA. This affects the FC image.
- Service providers in the public sector are not trained and are in possession of large stocks whereas, service providers in the NGO are well trained but do not have reliable supplies to enable them plan expansion!

MAIN FINDINGS-COORDINATION MECHANISM



- It is clear from the preceding that there is no efficiently functioning coordination mechanism among the female condom stake holders. This partly explains the simultaneous presence of large stocks of FC at public sector warehouses and the chronic stock out of FC at partner NGO service delivery points.
- The NACA is still to effectively assume its coordination and advocacy role.

THE WAY FORWARD



- Need to match policy documents and declaration with explicit strategic actions that incorporates FC.
- Government commitment to an inclusive **ABC approach**.
- **Comprehensive FC programming** framework to guarantee security of supply.
- **Partnership & Coordination**: Should be inclusive of government, NGO, donors, civil society, consumers.
- **Progressive Marketing**: Should target all population-irrespective of social or institutional standing. (**ALL ARE AT RISK OF HIV INFECTION!**).
- Adoption of harmonized H&LMIS-tools, analysis, dissemination, utilization by all stake holders.

THE WAY FORWARD



- Since the situation assessment, a broad based nationwide FC programming strategy has been initiated.
- The report on FC in Nigeria will hopefully report on wider acceptability and effectiveness findings.



*THANK YOU VERY MUCH FOR YOUR
ATTENTION!*