“Let us not just have a project approach to female condoms. Human life is not a project that has to be piloted and then scaled up. Let us have a sustained supply and sustained programming. This is about human life and human dignity”.

Kunyima Banda,
International Female Condom Conference, the Hague, 16 November 2011
# Table of Contents

Foreword by the Chair of the UAFC International Steering Group .................................................. 4  
List of Abbreviations and Acronyms ................................................................................................ 5  

**Chapter one – context analysis and introduction to the UAFC Joint Programme** ..................... 6  
1.1. Introduction ............................................................................................................................. 6  
1.2. The public health and social context .................................................................................... 7  
1.2.1. HIV/AIDS ....................................................................................................................... 7  
1.2.2. Family Planning and condom use .................................................................................... 7  
1.2.3. Gender equity .................................................................................................................. 8  
1.3. Determinant of female condom access and use .................................................................... 8  
1.4. Main International actors and factors in the field of SRHR, female condoms .................... 10  
1.5. Results of the UAFC Programme ......................................................................................... 14  
1.6. Conclusion ............................................................................................................................ 15  

**Chapter two – UAFC Joint Programme strategy for 2012-2015** ............................................. 17  
2.1. Guiding principles of the UAFC Joint Programme ............................................................... 17  
2.2. Lessons learned and recommendations from the first phase (2009-2012) ..................... 18  
2.3. Vision, goals and programme objectives UAFC Joint Programme 2012-2015 .................. 19  
2.4. Continuation and shifts in focus and scope in phase II (2012-2015) ............................... 20  
2.4.1. OPO1: Increased availability and affordability ............................................................... 20  
2.4.2. OPO2: Increased demand and sustained use .................................................................. 21  
2.4.3. OPO3: Increased international and national support ..................................................... 22  
2.7. Exit strategy ......................................................................................................................... 24  

**Chapter three – Manufacturing & Regulatory Support** ......................................................... 27  
3.1. Introduction ............................................................................................................................ 27  
3.2. Achievements of the M&R component in the first phase of the UAFC Joint Programme 27  
3.3. Manufacturing and Regulatory support for the period 2012-2015 ................................... 27  

**Chapter four – Country programmes** .................................................................................... 32  
4.1. Introduction ............................................................................................................................ 32  
4.2. Cameroon ............................................................................................................................. 32  
4.2.1. Introduction .................................................................................................................... 32  
4.2.2. First phase of the UAFC Joint Programme in Cameroon ............................................... 33  
4.2.3. Strategy for 2012-2015 ................................................................................................. 34  
4.3. Nigeria ................................................................................................................................. 40  
4.3.1. Introduction .................................................................................................................... 40  
4.3.2. First phase of the UAFC Joint Programme in Nigeria .................................................... 40  
4.3.3. Strategy for 2012-2015 ................................................................................................. 40  
4.4. Mozambique ....................................................................................................................... 44  
4.4.1. Introduction .................................................................................................................... 44  
4.4.2. The Female Condom Consortium in Mozambique ........................................................ 45
4.4.3. Strategy for 2012 and further ................................................................. 45

4.5. Expansion to new countries .......................................................................... 46

Chapter five – Advocacy, linking and learning and communication (ALLC) ............. 48

5.1. Introduction ..................................................................................................... 48
5.2. Strategy 2012-2015 ....................................................................................... 49

Chapter six – Governance ...................................................................................... 52

6.1. Partnership of the UAFC Joint Programme ....................................................... 52
6.2. Governance Structure of the UAFC Joint Programme ...................................... 52
6.3. Monitoring, Evaluation and Learning ............................................................... 54
6.4. Fundraising ..................................................................................................... 55
6.5. Risk management ........................................................................................... 55

Annex 1 – Consolidated overview table UAFC Joint Programme Objectives, Strategies and Expected Outcomes ........................................................................................................ 57

Annex 2 – Overview table Manufacturing & Regulatory Support component .............. 61
Annex 3 – Overview table Country Programme Cameroon ...................................... 63
Annex 4 – Overview table Country Programme Nigeria ........................................... 68
Annex 5 – Shortlist of possible new UAFC Joint Programme target countries .......... 71
Annex 6 – Overview table Advocacy, Linking & Learning and Communication (ALLC) Component .............................................................. 74
Annex 7 - Composition of the UAFC Steering Group and Coordination Group ........ 78
Foreword by the Chair of the UAFC International Steering Group

At the time of writing this foreword, the UAFC Joint Programme is preparing for its second phase whilst at the same time continuing its activities as started in 2009. This illustrates the dynamics and importance of the continuing efforts to increase access to female condoms – there is no time to waste and still a lot of work to be done.

Now we have come to the end of the first phase of the UAFC Joint Programme, it has become apparent that, despite the successes and achievements, female condoms are still not the household commodity they should be. Every woman, every man should have the possibility to use a female condom, for prevention, for family planning and for pleasure, whenever needed or desired. We therefore welcome global initiatives like the Family Planning Summit in July 2012, and the UN Commission on Life-saving Commodities, for the consideration of which the female condom has been identified as an affordable and effective, but underfunded and underutilized life-saving commodity.

Comprehensive programming in both public and private sector will increase access to, and sustainable use of, female condoms. An innovative market intervention strategy, combining technical support to manufacturers and national regulatory bodies with the facilitation of a pooled procurement system for the main procurers will lead to a more competitive procurement market for female condoms and to an increased variety of affordable and quality-assured female condoms on the national markets. High-level and national advocacy will lead to an even broader support base and an integration of female condoms in policies and budget lines. In this second phase, even more emphasis will be placed on integration and collaboration with the public and private sectors. Through public-private partnerships, the UAFC Joint Programme will maximize the impact of female condoms programmes. In this Strategic Plan you will read how the planned strategies and activities will contribute to the ultimate goal of reducing HIV and STI infections and unplanned or undesired pregnancies, and of giving women and men in developing countries – in particular the most vulnerable groups among them – a real choice and the possibility to protect themselves and freely decide over their own sexuality.

Greetje Lubbi
Chair of the International Steering Group
### List of Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACMS</td>
<td>Association Camerounaise pour le marketing social</td>
</tr>
<tr>
<td>AIID</td>
<td>Amsterdam Institute for International Development</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>CENAMEE</td>
<td>National Central drug supply (Cameroon)</td>
</tr>
<tr>
<td>CLO</td>
<td>Country Liaison Officer</td>
</tr>
<tr>
<td>CCP</td>
<td>Comprehensive Condom Programme</td>
</tr>
<tr>
<td>CPD</td>
<td>Commission Population and Development</td>
</tr>
<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>DANIDA</td>
<td>Danish International Development Agency</td>
</tr>
<tr>
<td>DfID</td>
<td>Department for International Development (England)</td>
</tr>
<tr>
<td>DGIS</td>
<td>Directorate for International Cooperation, the Netherlands’ Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>FC2</td>
<td>Second generation female condoms by the Female Health Company</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FHC</td>
<td>Female Health Company</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FmoH</td>
<td>Federal Ministry of Health</td>
</tr>
<tr>
<td>GPI</td>
<td>Girl Power Initiative</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>IPC</td>
<td>Inter-Personal Communication Conductors</td>
</tr>
<tr>
<td>ISG</td>
<td>International Steering Group</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge / Attitude / Performance study</td>
</tr>
<tr>
<td>LANACOME</td>
<td>National Drug Quality Control and Valuation laboratory</td>
</tr>
<tr>
<td>LAPO</td>
<td>Lift Above Poverty</td>
</tr>
<tr>
<td>L&amp;L</td>
<td>Linking and Learning</td>
</tr>
<tr>
<td>MAP</td>
<td>Measuring Access and Performance</td>
</tr>
<tr>
<td>MEDTECH</td>
<td>Manufacturer of the Women’s Condom</td>
</tr>
<tr>
<td>NACC</td>
<td>National Aids Control Council</td>
</tr>
<tr>
<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
</tr>
<tr>
<td>PATH</td>
<td>Manufacturer of the Path women’s condom</td>
</tr>
<tr>
<td>Pepfar</td>
<td>United States Presidents Emergency Programme to Fight AIDS Relief</td>
</tr>
<tr>
<td>PCB-UNAIDS</td>
<td>Programme Coordination Board – UNAIDS</td>
</tr>
<tr>
<td>PPSAC</td>
<td>Prevention Project of AIDS in Central Africa</td>
</tr>
<tr>
<td>PSI</td>
<td>Public Services International</td>
</tr>
<tr>
<td>PPMV</td>
<td>Patent and Proprietary Medicine Vendors</td>
</tr>
<tr>
<td>RHSC</td>
<td>Reproductive Health Supplies Coalition</td>
</tr>
<tr>
<td>SFH</td>
<td>Society for Family Health</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TRaC</td>
<td>Tracking Results Continuously</td>
</tr>
<tr>
<td>UAFSC</td>
<td>Universal Access to Female Condoms Joint Programme</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Aids Fund</td>
</tr>
<tr>
<td>UNITAID</td>
<td>International Facility for country members to contribute airline tax to fight HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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</table>
Chapter one – context analysis and introduction to the UAFC Joint Programme

1.1. Introduction

Access to sexual and reproductive health is a universal right. Fulfilling this right is a challenge, as many men and women are facing unmet needs with regard to family planning1, and HIV/AIDS is still affecting millions of people, especially women and girls2. Despite efforts by the international community, most notably in trying to accelerate achievement of the Millennium Development Goals (MDGs), there is much to be done to ensure equal access to sexual reproductive health (SRH) services and commodities. Female condoms have an enormous potential to address the problem of inadequate access to family planning and protection against sexually transmitted infections (STIs), including HIV. Over the years, their efficacy has been proven, and people’s willingness to use them demonstrated.3 However, universal access to the female condom is not a given. Lack of access to female condoms can be considered a violation of human rights, as it is the only dual protection method besides male condoms. In addition, it has the potential to offer women a greater sense of control over their sexuality, as it is the only dual protection method that can be managed by women themselves.

Since the mid-1990s, female condoms have been distributed, predominantly in the public sector, as part of HIV/AIDS reduction programmes, and as an alternative to male condoms.4 The female condom has been on the market for quite some time, albeit only a few different types5 are distributed in a limited number. Some 22 million female condoms are being shipped annually, a small number compared to the almost 2 billion male condoms that are being transported globally (2011 figures).6 To date few have invested in producing the product on a large scale, negating evidence on increased interest and demand from (potential) users. A 1997 WHO review of female condom acceptability studies, conducted in 40 different countries around the world, found that 37% to 96% of female condom users rated the product as positive and acceptable.7 The review acknowledged that acceptability may be determined as much by how the technology is introduced as by its physical characteristics. A prerequisite for acceptability appeared to be education, training and the support that accompanied the introduction of the condom, and whether these were sustained.8

The Universal Access to the Female Condom (UAFC) Joint Programme implemented a holistic programme during 2009 to 2011. The programme is provisioned to continue and to be scaled-up in

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1 www.guttmacher.org/pubs/FB-AIU-summary.pdf
3 UNDP/UNFPA/WHO/World Bank special programme of Research on Human reproduction, the female condom a review. (Geneva, WHO 2007).
5 The Female Condom (FC1 and FC2), the VA w.o.w. Feminine Condom (also known as the ‘Reddy condom’), Cupid Female Condom, and the Women’s condom (an innovative model developed in close collaboration with women and couples). To date only type FC2 received approval from USFDA (in 2009) and from the WHO pre-qualification system. Reddy and Cupid have been granted a consumer safety mark for distribution in the European Union.
8 Ibid previous note
9 Part of this text was also used for the article “The female condom, what takes us so long?” in Bulletin of the Netherlands Society for tropical medicine and international health, Volume 50, 2012-1, E. Jurgens, C. Kuijper, MC Siemerink
the coming years (2012 – 2015). For the second phase of the UAFC Joint Programme, the three main objectives are:

- Increased availability of a variety of affordable and quality-assured female condoms;
- Increased demand for and correct, consistent and sustained use of female condoms;
- Increased support (financial and political) from global and national policy makers, donors and implementing organisations to female condom procurement, programming, manufacturing, regulation and advocacy.

As in the first phase, the UAFC Joint Programme will continue as a partnership between Oxfam Novib, Rutgers WPF, i+solutions and the Netherlands’ Ministry of Foreign Affairs. With their commitment to a continuation of the UAFC Joint Programme, the partners reiterate their intentions to enhance support to female condoms by working on specific and specialized strategies concurrently. These strategies will be further described in chapter two. The remainder of this chapter is dedicated to the context in which UAFC is operating (1.2), determinants of female condom access and use (1.3), stakeholders in the domain of Sexual and Reproductive Health and Rights (SRHR) (1.4), results of the first phase of the UAFC Joint Programme (1.5), and conclusions (1.6).

1.2. The public health and social context

1.2.1. HIV/AIDS

The annual number of people newly infected with HIV has dropped since its peak in the late 1990s, but infections are still occurring at an unacceptably high rate. For the past five years, between 2.5 and 3 million people have been infected annually, adding to the global number of people living with HIV, this number reaching 34 million at the end of 2010. There are still two new infections for every person starting treatment, 80% of these HIV infections occur through sexual intercourse, with women taking the burden particularly in large areas of Sub-Saharan Africa. Today, more than 20 years into the epidemic, women account for nearly half the 34 million people living with HIV worldwide. Young women especially have a high risk of acquiring an HIV infection: Young women have an especially high risk of acquiring HIV infection. In 2010, about 3.2 million women 15 – 24 years old were living with HIV, including more than 1.1 million living in South Africa and Nigeria in 2009. Evidence shows that the prevalence of HIV infection among young women in sub-Saharan Africa is disproportionately higher than among young men. The discrepancy is most stark in sub-Saharan Africa where, in 2010, 71% of the people 15 – 24 years old living with HIV were women. The first step in curbing this trend is to ensure comprehensive and correct knowledge about how to prevent HIV transmission. Studies indicate that only a quarter of young women and one third of men have accurate knowledge on HIV prevention. Although condom use among young women with multiple partners has increased in some countries, when compared to men, their rates of using condoms are still generally low.\(^\text{10}\)

1.2.2. Family Planning and condom use

Globally, but especially in Sub-Saharan Africa, the unmet need for family planning is substantial, and this need is expected to grow by another 40% over the next 15 years if insufficient action is taken to reverse this trend.\(^\text{11}\) In developing countries alone, approximately 75 million pregnancies (40% of the total per year) that occur are unintended. More than 200 million women wish to use modern contraceptives but have no access to these commodities\(^\text{12}\). The supply of condoms through the


\(^{11}\)http://www.unfpa.org/rh/planning.htm

\(^{12}\)Guttmacher institute IN BRIEF, November 2010
public sector worldwide is less than half of what is required to ensure adequate condom coverage. The availability of female condoms in the world is especially dismal. In 2010 only one female condom was available for every 13 women in Sub-Saharan Africa, compared to 9 male condoms for every adult male.

An estimated 356,000 women die every year from complications associated with pregnancy and childbirth, with unsafe abortions accounting for a high percentage of maternal deaths. Research shows that more contraceptive use is a result not only of increased educational levels and increased knowledge, but also of a wider array of choices. The latter is due to the fact that people’s preferences may vary during their lives, but also because having a choice – in addition to accessibility – enhances the likelihood that men and women are willing to use a family planning method.

### 1.2.3. Gender equity
According to the World Health Organisation (WHO), reproductive and sexual ill health accounts for 20% of the global burden of ill health for women, and another 14% for men. Close to a quarter of deaths in women of reproductive age are attributable to unsafe sex. Addressing gender relations plays an important role in attaining sexual and reproductive health, and reversing the spread of HIV in particular. The high percentage of HIV-affected women cruelly demonstrates how gender and social inequalities shape people’s behaviours, as well as limiting their choices. Worldwide, many women lack power (negotiation or otherwise) over sexual decisions, and they are not in a position to ask their partners to abstain from sex with others or to compel them to use a male condom. Female or male condom use typically requires negotiation between partners. Because of the nature of the female condom, it can give women a greater sense of control over their sexual and reproductive health. However, in patriarchal societies, men often have the final say in decisions regarding sexual and reproductive health, illustrating the importance of involving and targeting men in female condom programmes as advocates, trainers, and consumers in promotion and education campaigns. Moreover, unequal gender relations mark much sexual risk-taking by girls and young women. Providing an additional means for women to protect themselves against STIs, including HIV and unwanted pregnancies, in the form of female condoms will help to prevent women from entering a downward spiral of ill health.

### 1.3. Determinant of female condom access and use

#### 1.3.1. Economic determinants
Boosting women’s economic opportunities and social power is seen as part and parcel of potentially successful and sustainable HIV/AIDS- and family planning strategies. “Family planning promotion is unique among medical interventions in the breadth of its potential benefits: reduction of poverty, and maternal and child mortality; empowerment of women by lightening the burden of excessive childbearing; and enhancement of environmental sustainability by stabilizing the population of the planet.”

The cost of lifelong anti retroviral (ARV) treatment is higher than that of the regular use of contraceptive methods, either female condoms or another method. The cost of secondary health care, for those infected with HIV/AIDS, is equally high, as is the negative economic impact on

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14 Is there a condom gap in 2010? A Review of Condom Availability, Accessibility, and Acceptability in Sub-Saharan Africa. USAID. 2010
patients and their families, let alone the social and emotional impact on people living with HIV or AIDS, and their families. Every dollar spent on family planning saves at least 4 dollars that would otherwise be spent treating complications arising from unplanned pregnancies. Programming of female condoms (combining procurement with social marketing) comes currently at a higher cost than that of male condom programming. However, when demand is further increased, the economy of scale will decrease the procurement price. As is seen in the female condom programme in Zimbabwe, the costs per female condom had declined whereas the expansion of the programme led to increased knowledge and an increased demand for the female condom.

1.3.2. Universal access to female condoms
Despite the conviction of many of the benefits of the female condom as a dual protection method and as an SRH commodity that is managed by the woman herself, equal access to the device is hampered by a number of issues. Among the barriers is the persisting relative unawareness about the product in many countries, including developed countries. One of the reasons for the relatively low visibility of the product is the persistent high procurement price for female condoms – a situation related in part to the fact that so far there has only been one player of importance in the global female condom market – the Female Health Company (FHC) – with other condom manufacturers until recently being hesitant to invest in a product that is yet to become a household commodity. This vicious circle seems difficult to break especially when one considers the investment costs for production, and a generally low level of interest on the part of international stakeholders in promoting and supporting the product. Although progress has been made, some key players in the international development arena – donors and governments – still seem to perceive the female condom as a niche product, mainly for use by sex workers only. Many have yet to integrate them into their programmes, policies and budgets as a general family planning and STD prevention commodity. See also the section on international stakeholders (1.4).

In spite of the (potential) demand, the high price of the female condom – some 0.50 USD, compared to 0.03 USD for a male condom – impedes the process of making them widely available, affordable and accessible. This situation is unlikely to change in the absence of competition in the market. Currently, FC2 is the only condom approved for bulk procurement, mainly through the UNFPA and USAID. The UAFC Joint Programme has initiated research in which three newer types of condom are to be tested in field trials in China and South Africa. The study supports the manufacturers in completing their information for the WHO approval of their products.

1.3.3. Acceptance of female condoms
Experiences with the UAFC Joint Programme in the first phase show that female condoms are an accepted method for men and women, once they are informed about the effects and use of this particular family planning and STD prevention method. As mentioned earlier, several studies on the acceptability of female condoms have indicated a positive acceptance of the female condom, ranging between 37% and 96%, depending on the differences between women and men, age groups, socio-economic status and geographic locations ranges.

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17 Cost-Utility Analysis of A Female Condom Promotion Program in Washington, DC
David R. Holmgren • Catherine Maulsby • published online March 2012 Journal on Aids and Behavior

19 PSI, annual cost-effectiveness report 2008


21 UNDP/UNFPA/WHO/World Bank special programme on research on human reproduction, the female condom, a review. WHO 1997
During the first phase of the UAFC Joint Programme, a study was conducted specifically addressing the issue of acceptance of the female condom, with specific focus on men. Overall it was felt that female condoms have a good reputation, even amongst non-users/irregular users, because it has no side effects. Married men seem to accept the FC for family planning purposes, whereas single men (in a stable relationship) would use the FC as protection against STDs (including HIV). The main reasons for men not wishing to use female condoms include lack of knowledge and lack of availability. If men are well-informed about female condoms, they find them acceptable. Focus group discussions with women illustrated their acceptance of female condoms, not only because of an absence of side effects, but also because women experience a higher sense of control and protection against STIs and unwanted pregnancies. Below is an illustration of men and women’s perspectives on female condoms.

**Gender dimensions in female condom acceptance**

In 2011 a research was commissioned by the UAFC international steering group and implemented by the Amsterdam Institute for International Development (AIID) on male perception and involvement in acceptability and acceptance (i.e. in actual use) of female condoms. Men and women who were already acquainted with female condoms but not active users themselves were interviewed on issues such as acceptance and perception of the female condom. Findings illustrate a high acceptance among both groups: “The very positive finding was that nearly all participants were convinced of the superior effectiveness of female condoms for prevention of pregnancy and protection against HIV and STIs in comparison with other contraceptive methods and male condom.”

“The underlying reason for men to become regular users of female condoms (with their wife or stable girlfriend) is that they like the (protected) sex with female condoms since they hardly feel that they wear a condom, sex is described as next to natural and they derive sexual pleasure from it. Another major reason for regular use in marriage is that it is considered the best form of contraception, since it is very effective and, most importantly, that it does not have side effects”. Single men have the additional motivation that it is a very effective protection against STIs and HIV and that it provides a variation on male condom use. This variation motive was also pertinent for HIV-positive or discordant couples who always have to engage in protected sex. Many said that female condoms have advantages over male condoms which made them embrace female condoms: “Female condoms give more enjoyable sex and they do not have a bad smell, they give more protection, they do not interrupt foreplay, a man does not need an erection, and the man does not have to dispose of it.”

(1.4. Main International actors and factors in the field of SRHR, female condoms)

Though female condoms have been on the market since the mid 1990s, there has been relatively weak support for their promotion and support. Recently, the international climate for female condoms seems to be changing, as international donors are increasingly acknowledging female condoms for their potential and benefits. The use of female condoms is in particular connected to MDG5a and MDG5b, which are aimed at reducing maternal mortality and achieving universal access to reproductive health. Increased female condom use will also contribute to achieving MDG3 (promoting gender equality and empowering women), MDG6 (combating HIV/AIDS and other diseases) and the objectives set in the International Conference on Population and Development.

Overall though, progress towards achieving MDGs is lagging behind, pointing to the need to embrace all strategies enhancing access to SRH commodities, and augmenting awareness and

22 AIID report “Male involvement”, chapter 8, implications of findings for female condom programmes
knowledge on STDs, including HIV, and offering protection methods. The female condom, with its advantage of doing both, is still highly underutilised and undervalued. Following the active promotion and support for the female condom of some parties, such as the UNFPA and the UAFC Joint Programme, there is a huge potential for main actors in the international development arena to accelerate progress towards universal access to the female condom. The table below gives an overview of the main actors and their stance regarding female condoms.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Perspective</th>
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<tbody>
<tr>
<td><strong>United Nations Secretary General Initiative</strong></td>
<td>At the UN Leaders’ Summit for the Millennium Development Goals in 2010, the global strategy for Women’s and Children’s health was launched by the UN Secretary General. This commitment was accompanied by 40 billion USD allocated to improving women’s and children’s health and the achievement of MDGs 4 &amp; 5. Increasingly, it is felt by the international community that cost-effective, high-impact health commodities do not reach the women and children who need them. To accelerate progress in this field, including addressing SRH commodities, a Temporary Commission was established. The female condom is currently one of the three family planning methods that are being discussed to be put on the agenda of this high-level commission. At the same time more emphasis is placed on creating opportunities to enlarge funding for family planning with different initiatives to shape the global agenda on family planning.</td>
</tr>
<tr>
<td><strong>Bilateral donors</strong></td>
<td>Bilateral donors play an important role in the international arena to influence decisions taken on sexual and reproductive health and rights policies. During the first phase of the UAFC Joint Programme, advocacy was targeted towards bilateral donors to increase attention for specific female condom policies and budgets and decrease the scepticism surrounding female condoms. SRHR remains an important priority for Norway, Sweden, Finland and the Netherlands. A new strategy and corresponding budget for the Danish government is expected to become available mid 2012. Despite the fact that governments may attach a great deal of importance to the issue of SRHR, most of them are also facing severe budget cuts, which might have a negative impact on funding available for SRHR.</td>
</tr>
</tbody>
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24 Together with implants and emergency contraception, the female condom is one of the 3 “neglected commodities” the UN Commission for Life-Saving Commodities for Women and Children will focus on. UAFC has participated in the drafting of documents for the Commission.

25 For example the Family Planning Summit in London, the initiative of Dfid and the Bill and Melinda Gates foundation, which will take place in London, on 11 July 2012.

26 For the period 2009 – 2011 the UAFC Joint Programme itself was also supported by a number of these bilateral donors (Danida, Sida, Norad and Netherlands Foreign Affairs).

27 See also the letter to the parliament of the State Secretary of the Netherlands Ministry of Foreign Affairs (May 7, 2012, in Dutch), specifying the contours of their SRHR policy in which specific attention is placed on increased and better access to family planning commodities.
### Key stakeholders in SRHR and their perspectives on female condom promotion, procurement and programming

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Perspectives and Actions</th>
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<tbody>
<tr>
<td><strong>Three major players that have included female condoms in their policies and budgets more recently, and that have the potential to become more aligned to the UAFC objectives are DfID and USAID/PEPFAR. DfID has a strong policy emphasis on HIV/AIDS and gender equality and recently made 5 million British Pounds available for UNFPA, specifically earmarked for female condoms. DfID also plays a leading role in the family planning summit, planned for July 2012, which will likely lead to more commitment from governments and long-term funding by donors for family planning.</strong></td>
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<tr>
<td><strong>UNFPA</strong></td>
<td>The UNFPA is the leading UN organisation in the field of female condoms and is one of the biggest procuring agencies for this reproductive health commodity. The UNFPA has increasingly become more in favour of variety in female condoms, thereby increasing choices in, and opportunities to access, female condoms. Various types of female condom were presented at the 2010 UNAIDS Programme Coordination Board meeting. The organisation advocates for more funding towards female condom procurement and programming, and thereby remains a strong ally in advocacy actions for more national female condom programmes.</td>
</tr>
<tr>
<td><strong>UNAIDS</strong></td>
<td>UNAIDS is an important actor as it determines the strategy of the UN on HIV/AIDS. UNAIDS regards cost as an obstacle for female condom programming. The costs for female condoms are still much higher than for male condoms, a situation that would drastically change with large-scale manufacturing, procurement and female condom programming, as the economy of scale is likely to reduce the price. Female condoms do feature in the UNAIDS 2011-2015 strategy. They partner in the DfID-initiated discussion (early 2012) on pooled procurement in which major procurers and female condom supply specialists discuss the possibilities ‘to pool’ procurement of female condoms in order to reduce price and to increase variety.</td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>The WHO is a key player as the organisation handles the pre-qualification process. Pre-qualification is necessary for organisations and donors such as the UNFPA and USAID to procure female condoms. In addition, PEPFAR and USAID require approval from the US Food and Drug Administration (USFDA) to procure female condoms. The WHO expressed the will to speed up the pre-qualification to increase choice and decrease price on the female condom market.</td>
</tr>
<tr>
<td><strong>Private foundations</strong></td>
<td>The William and Flora Hewlett Foundation and the Bill and Melinda Gates foundation are influential players in the field of reproductive health and family planning. Especially the Hewlett Foundation is a prominent advocate of female condoms. Their influence is particularly substantial not only because of their financial capacity, but also because of their wide expertise and experience which has already contributed to increased attention to family planning at international forums.</td>
</tr>
<tr>
<td><strong>Coalition and networks</strong></td>
<td>The Reproductive Health Supplies Coalition (RHSC, a global partnership of public, private, and non-governmental organisations), and the</td>
</tr>
</tbody>
</table>

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28The UNFPA is represented in the International Steering Group of the UAFC Joint Programme
**Key stakeholders in SRHR and their perspectives on female condom promotion, procurement and programming**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Countdown 2015 movement</strong></td>
<td>a consortium of 16 leading European non-governmental organizations working to address the unmet need for family planning in developing countries. Rutgers WPF is a member of both these organisations. I+solution is a member of the RHSC coalition. The RHSC plays an invaluable role in facilitating the exchange of up-to-date information on female condom procurement and it is thanks to the RHSC that the female condom is being recognised as one of the underfunded and underutilised commodities in the UN Secretary general’s initiative.</td>
</tr>
<tr>
<td><strong>Governments</strong></td>
<td>Governments in low- and middle-income countries play a crucial role as they have the means to include female condoms in their policies and budgets, as well as to integrate female condoms in public health programmes and services. Moreover, they have a strong say in the Global Fund’s Country Coordinating Mechanisms (GF CCM) and as such can influence the support to female condoms at the local level. Inclusion of females condoms in the GF proposals is seen as key in ensuring sustainable female condom programming at country level. Targeting local governments and other CCM members with female condom promotion and advocacy is particularly needed to influence policy development and ensure budget allocations for female condoms. In addition, national governments are also responsible for determining the local requirements regarding female condoms, such as pre-qualification or the need for local testing.</td>
</tr>
<tr>
<td><strong>Manufacturers</strong></td>
<td>The Female Health Company (FHC) is the main producer of female condoms worldwide, with the capacity to produce large quantities of FC2 – the condom which is EC-, WHO- and USFDA-approved. The sales of the FC2 increased from 19.5 million shortly after their launch to nearly 40 million in 2010. The UAFC Joint Programme promotes variety and in doing so supports upcoming manufacturers. New condom types include the Cupid condom and the woman’s condom by PATH. It is expected that these two condoms will acquire their pre-qualification in 2012 and become available for the international procurement market. Increased variety and manufacturing capacity will greatly enhance the availability of a wide range of female condoms, suitable for public and private sector distribution.</td>
</tr>
</tbody>
</table>

Despite the above-mentioned initiatives, it is felt that promotion and support needs to be intensified. Donors and governments are hesitant to invest in research, development and programming. In 2009, donor support for female condom commodities represented only 0.38 per cent of the total donor expenditure on global HIV/AIDS, despite the substantial unmet need for condoms. Furthermore, few parties (donors, government, private companies) are investing in the social marketing and other effective/comprehensive programming essential for creating demand and enabling sustained use. Possibly, donors are hesitating because of a badly functioning supply chain in many developing countries, due to weakened public health systems enhancing the risks of

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29 Female Health Company Annual Report 2010  
irregular supplies and stock-outs. In addition, as indicated in several studies\textsuperscript{31} and by the WHO, because of the high cost of the female condom compared to male condoms, the female condom has achieved only limited distribution in countries hardest hit by the HIV/AIDS epidemic.\textsuperscript{32} The UAFC Joint Programme is a rare example in which funding for programming and procurement are combined, which is considered a prerequisite for ensuring access, creating demand and stimulating use. In addition, the UAFC Joint Programme in the first phase and second phase addresses the cost- and choice issues by promoting the entry of new types of female condoms onto the market.

\textbf{1.5. Results of the UAFC Programme}

The first phase of the programme (2009-2011) has been qualified as successful by external evaluators.\textsuperscript{33} By the end of 2011 most targets in all programme components Manufacturing and regulatory support; Country Programmes; Advocacy, Linking and Learning; Governance had been met.

The overall conclusion of the evaluators is that the UAFC Joint Programme has succeeded in achieving substantial demand creation, increased awareness and increased supply of female condoms at the local levels in the two (pilot) countries Nigeria and Cameroon. Community outreach strategies were tested, and for a great part the successful implementation of the programme was related to the commitment of the implementing organisations on the ground who could rely on their existing network of community promoters, peer educators and private sector sales strategies at grass-root levels, without having to invest in creating new/additional supply and distribution chains. Having this infrastructure in place at the start of the programme greatly enhanced the introduction of the female condom at various levels of the community. The inclusion of non-traditional sales outlets was noted as especially successful, as this strategy enabled the threshold of users to be lowered to access the product and learn about its advantages. The successes of this approach, aiming to increase access through private channels, can be helpful in making linkages with the public sector, i.e. seeking ways to distribute female condoms through the public (health) sector. The Male Acceptance Study\textsuperscript{34} looking into determinants of accepting the new product, which unfortunately is surrounded by myths and misconceptions, positively reaffirmed the willingness of people to try the female condom, and increase their awareness on family planning and STD/HIV prevention. The quantitative part of the study will also illustrate the effect of the programme, based on baseline- and follow-up survey data from the implementing partners in Cameroon and Nigeria (ACMS and SFH), providing input for refining the second phase of the Joint Programme.

Regarding other programme components, progress was noted in the area of manufacturing and production, notwithstanding the substantial challenges on the ground. The first phase of the programme has demonstrated that successfully opening the market to other types of condoms, other than the FHC-produced Female Condom 2 (FC2), is a long and relatively complicated process. Not in the last place due to the hesitance of condom manufacturers to embark on what they perceive as ‘a difficult to sell’ product. Advocacy has resulted in positive changes at country levels – such as the successful inclusion of female condom Champions in the promotion among the general public – but also at international level, where increasingly donors are looking into possibilities to include female condoms in their policies and programmes. This achievement has been noted, however it should be mentioned that progress is slow and much more advocacy and support is needed in order to make the female condom a common household commodity.

\textsuperscript{31} Center for Health and Gender Equity. Female Condoms and U.S. Foreign Assistance: An Unfinished Imperative for Women’s Health. Washington, DC: Center for Health and Gender Equity, 2011.


\textsuperscript{33} Please check the UAFC website at www.condoms4all.org for the evaluation report.

\textsuperscript{34} Conducted in 2011 by the AIID institute. Final report due in April/May 2012, accessible on the UAFC website.
In summary, over the last three years, the UAFC Joint Programme has achieved the following major results:

- The UAFC Joint Programme successfully negotiated the price of the FC2 female condom to 0.35 USD per item in return for high guaranteed volumes for three years. In comparison, the UNFPA currently still pays around 0.50 USD per item. The UAFC Joint Programme took steps towards introducing variety and competition by supporting two manufacturers in increasing their production capacity and by instigating a functionality study to obtain WHO pre-qualification for new female condom designs. It is expected that at least 2 of the 3 new female condom designs will be prequalified in 2012 and thus available for procurement by donor agencies.

- The functionality study created a standard protocol approved by the WHO. Other female condom manufacturers can use this protocol to get the data required for pre-qualification.

- In Nigeria and Cameroon, well functioning supply chain systems were set up in the intervention areas, as well as women-friendly sales and distribution points. Mass media supports the availability and accessibility of female condoms. The UAFC Joint Programme furthermore contributed to setting up a female condom programme in Mozambique.

- In Nigeria and Cameroon, demand for female condoms has increased. Combined interpersonal, group and mass communication strategies are used to clearly demonstrate the use and benefits of female condoms. This has successfully created demand: both country programmes sell one million female condoms per year in selected areas and demand is still increasing.

- The Programme was successful in bringing together and engaging a broad variety of stakeholders at country level, including large NGOs, CBOs, Women’s Organisations, Faith-Based Organisations, local and national governments, the UNFPA and international donor agencies.

- An International Advocacy Platform was set up, consisting of over 50 members, representing a wide range of organisations and nationalities. This has lead to increased collaboration, coordination and synergy between public and civil society stakeholders.

- Targeted international advocacy increased visibility of and attention for female condoms, resulting in placing female condoms higher on the international agenda or at all, the inclusion of female condoms in policy documents (e.g. UNAIDS, PEPFAR) and a shift in position of the UNFPA and WHO towards acknowledgement of the need for variety in female condom distribution and programming and support for the functionality study.

- Advocacy efforts lead to decreased scepticism surrounding female condoms and the UAFC Joint Programme has become a brand in itself.

- Linking and Learning, and Advocacy activities resulted in tools, good practices and lessons learned, on the basis of which an Implementation Guide on Female Condom Programming and an Advocacy Toolkit were developed. These documents have been made widely available to other advocates and programme implementers.35

1.6. Conclusion

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35 Toolkit and implementation guide are available from the UAFC website: www.condoms4all.org
The generally low rates of condom use, the high levels of unmet needs for protection methods, the higher HIV incidence and prevalence rates for women and their additional risk of unintended pregnancies provide a strong rationale for promoting a more female-controlled dual protection method as is done in the Universal Access to Female Condoms (UAFC) Joint Programme. As the first phase of the UAFC Joint Programme has demonstrated, massive social marketing and exposure to female condoms will, in time, decrease the cultural sensitiveness, myths and misconceptions surrounding the use of female condoms and promotion of women’s reproductive health in general.

Though more time is needed to promote female condoms as people’s preferred method, achieving the desired situation requires increased visibility of the product, accompanied with education and awareness-raising activities. The route to follow is not that much different to the one taken decades ago with male condom promotion. Their introduction to the general public also involved large-scale (mass media) campaigns, easy access and availability, and education and awareness-raising.

The UAFC Joint Programme sees great potential in working with the UNFPA at the local and international levels. At the country level, this involves actions to increase effective and efficient female condom programming. Internationally joint actions include promoting a system of pooled procurement to facilitate market entry and distribution for producers, and cheaper prices for procuring agencies.

Despite the results achieved in the first phase, and the slowly changing international climate, there is still a clear need for more female condom advocacy, programming and technical support for manufacturers and procurers. The fact that the UAFC Joint Programme’s holistic approach has already resulted in positive change in the different areas has underlined the conviction of all four consortium partners that it is too soon to discontinue the programme and that a second phase is definitely needed. The UAFC Joint Programme will continue to work with its allies in order to overcome these obstacles by implementing a holistic and innovative programme. The following chapters outline the planned approach and strategy for the next phase of the UAFC Joint Programme 2012–2015.
Chapter two – UAFC Joint Programme strategy for 2012-2015

It is clear that in general the present international efforts to achieve access to sexual and reproductive health and rights for all are far from sufficient. Global attention for female condoms remains necessary in order to reach the overall goal of making female condoms accessible, available and affordable to all. A comprehensive approach for the coming programme phase continues to remain essential for future large-scale sustainable use.

2.1. Guiding principles of the UAFC Joint Programme

The UAFC Joint Programme works according to the following guiding principles:

- Female condoms are a very effective dual-protection method that should become accessible, available and affordable for all who need it and want it, women and men alike.
- The UAFC Joint Programme believes that women and men should have access to a mix of prevention methods, both for preventing infection with STIs/HIV and for family planning and reproductive health purposes. Providing people with a choice in matters related to sexuality and reproduction, especially by adding a female-controlled product such as female condoms, is a matter of social justice.
- Women in developing countries, and in particular young women, are most vulnerable to HIV infection and unwanted pregnancies, and bear an unequal share of the health consequences, and therefore deserve our attention. We are convinced that female condoms can play an important role in achieving sexual health and rights for women and girls, provided that women and girls obtain female condoms in an enabling environment giving them the knowledge and skills needed to correctly use female condoms and negotiate female condom use with their sexual partners.
- The UAFC Joint Programme recognises the interplay between sexuality, gender, poverty and HIV/AIDS and wants to increase the capacity of women and girls to make their own choices vis-à-vis sexuality and to create access to a prevention method that will enable them to experience a greater sense of control.
- Since the use of female condoms is subject to negotiation, the UAFC Joint Programme will continue to involve men at all levels of the programme, either as trainers, peer educators, advocates or consumers. Therefore we believe it is crucial to target both women and men in the promotion of and education on female condoms. In social marketing strategies, information and awareness-raising to men and couples will be intensified.
- The UAFC Joint Programme considers local advocacy and culturally sensitive information, education and communication activities as essential add-ons to social marketing in order to bring about changes in the social and structural factors that impinge on an individual’s sexual health rights.
- The UAFC Joint Programme strengthens advocacy at both the national and international level to link the global dimension to the grass roots level, and vice versa. The UAFC Joint Programme believes that targeted in-country and international advocacy will support changes in policies, programmes and budgets of international institutions and donors as well as governments in the Global South.
- The relatively high costs of product development, the cultural barriers and lack of large-scale funding by donor agencies have so far prevented female condoms from becoming a “mainstream” product. We are convinced that through the concerted effort by the triangle of civil society, government and private sector actors it will be possible to create a viable market for female condoms and to make female condoms part and parcel of public and private health services.
2.2. Lessons learned and recommendations from the first phase (2009-2012)
The following recommendations have been formulated in the End of Term Evaluation report and Male Acceptance Study. The recommendations have been endorsed by the International Steering Group (ISG) and will be taken up by the UAFC Joint Programme in the coming period (as will be described in more detail in this and following chapters). They are presented per programme component.

**Manufacturing and Regulatory Support**
- Market disturbance will be taken into account as several female condom manufacturers are entering the market. Support to manufacturers will be combined with continued monitoring of the WHO regulation and qualification process and pressure will be exerted when necessary.

**International, national advocacy, linking and learning, communication**
- International and national advocacy will be continued and enhanced by involving Southern partners in international advocacy and by making the International Platform more interactive. International and national advocacy should go hand in hand and a strategy will be developed in order to link the national and international advocacy efforts for female condom procurement and female condom programming towards bilateral donors and multi-lateral donors in the programme countries.
- At the national level, sufficient resources (including staff) must be made available for advocacy. Additional partners with expertise in advocating and campaigning for policy change might be identified.
- Sufficient resources should be invested to guide the distribution of the advocacy toolkit and female condom implementation guide, both developed in the first phase of the programme.

**Country programmes**
- More discussion and fine-tuning is necessary to integrate female condoms into family planning and/or HIV/AIDS prevention programmes. A strategy needs to be developed with regard to integrating female condoms into regular programmes. It is foreseen that for the years to come, female condoms will require targeted programming, i.e. separate from the (regular) family planning and STI/HIV/AIDS prevention programmes, mainly because of the relative difficulty in ‘selling’ the product to a wider community.
- The community approach, involving a wide range of community outreach workers, has proven to be an effective and efficient instrument for female condom promotion. This approach will continue and be broadened. Local advocacy partners might be added.
- A strategy to collaborate with the public sector is needed. In general, NGOs have limited resources, financial and otherwise, to strengthen the public sector (procurement, supply chain management, training, promotion, etc.). This will be discussed with the lead organisations in the country programmes.
- The combination of procurement, programming and social marketing will need to be pursued in the new phase of the programme. As demonstrated in the UAFC Joint Programme, procurement and programming should not be disconnected. On the contrary, they need to be considered in a comprehensive manner.
- Men need to be involved and targeted more in order to enhance male acceptance.
2.3. Vision, goals and programme objectives UAFC Joint Programme 2012-2015

The ultimate goal of the UAFC Joint Programme is to contribute to:
- a decrease in the number of unwanted pregnancies and, subsequently, a decrease in the number of maternal deaths (MDG 5);
- a decrease in the number of STIs, including HIV transmissions (MDG 6);
- an increase in gender equality and women’s empowerment (MDG 3).

It is our vision to achieve this by making female condoms available, accessible and affordable to all. As this cannot be achieved within the duration of the programme period, nor by the UAFC Joint Programme alone, it is our mission to lay the foundations for universal access by sustainably changing the market into a competitive market for quality female condoms and by creating a solid global support base for female condoms by 2016.

The UAFC Joint Programme has formulated three overall programme objectives (OPOs) for the period 2012-2015:
- OPO1: increased availability of a variety of affordable and quality female condoms (referred to as “increased availability and affordability”);
- OPO2: increased demand for and correct, consistent and sustained use of female condoms (referred to as “increased demand and sustained use”);
- OPO3: increased – financial and political – support from global and local policy makers, donors and implementing organisations for female condom procurement, programming, research & development and advocacy (referred to as “increased international and national support”).

We have identified a number of strategies by which we intend to realise the overall programme objectives. The programme has three operational components responsible for implementing these strategies:
- Manufacturing and Regulatory Support (M&R);
- Large-scale Country Programmes (CP);
- Advocacy, Linking and Learning and Communication (ALLC).

The first phase of the programme has demonstrated that it has been an effective and efficient choice to implement the strategies of the three programme components simultaneously. The different components reinforce each other. We will therefore continue with this holistic approach in phase II of the UAFC Joint Programme.

Overall programme objectives and strategies are described in more detail in this chapter and summarized in Annex 1. The programme components, and how these contribute to the overall programme objectives, will be described in more detail in Chapters 3 to 5. The governance structure of the UAFC Joint Programme and how this contributes to the overall programme objectives will be described in chapter 6.

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36 Female condom programming is used here next to procurement to refer to a comprehensive set of activities essential for creating demand for, and enabling correct use of, female condoms, such as distribution, promotion, awareness-raising, interpersonal communication, training and advocacy towards local gatekeepers and decision makers.

37 Large-scale female condom programmes reach out to the entire sexually active population in an intervention area, as opposed to targeting only high-risk groups, and are of sufficient coverage, scale and intensity to be able to make a difference.

38 See End of Term Evaluation UAFC Joint Programme
2.4. Continuation and shifts in focus and scope in phase II (2012-2015)

The UAFC Joint Programme will build on the foundations laid in the first phase of the programme (2009-2011) (see Chapter 1), intensify and scale up some of its existing work, and adjust strategies based on lessons learned in the first phase and recommendations from the End of Term Evaluation.

In addition to intensifying and scaling up UAFC Joint Programme activities in Nigeria, Cameroon and Mozambique, we will seek to expand programme activities to 2 or 3 new countries (funds permitting). Scaling up will not only lead to increased access, demand and use for direct beneficiaries in the intervention areas, but also to a larger market for manufacturers and increased possibilities for learning about female condom programming in different contexts.

2.4.1. OPO1: Increased availability and affordability

Access to female condoms is hindered by a lack of availability, affordability and variety in the global market as well as for end users. In addition, new female condom types need to comply with international and national quality standards, in order to be accepted for distribution.

The UAFC Joint Programme will address these availability and affordability barriers with the following strategies:

- Ensure availability of a mix of quality-assured female condom designs on the market (M&R);
- Achieve a sustainable competitive global pricing market (M&R);
- Realise supply chain management in the UAFC target countries (M&R and CP).

By addressing these availability and affordability barriers, the UAFC Joint Programme aims at achieving the following outcomes by the end of 2015:

- At least three new WHO-prequalified female condom designs available on the global market (M&R);
- Substantial decrease by at least 25% of the procurement price of female condoms (M&R);
- At least two new WHO-prequalified female condom designs registered in and delivered to at least two UAFC target countries (M&R and CP);
- An estimated 10-15 million female condoms procured, delivered and distributed (sales and free sampling) in 3-6 UAFC target countries in an adequate way, i.e. supply meeting demand and without stock-outs (M&R and CP).

In the first phase, the foundations for market entry of new types of female condoms have been laid. However, market entry will also depend on the willingness of procurement agencies to buy new types. High procurement prices of female condoms continue to be a barrier to availability and affordability both for procurement agencies and for end users. We will therefore facilitate in setting up a system of pooled procurement to enable procurement agencies to buy different types of female condoms at a reduced price and at the same time provide a market to manufacturers.

This also means that under the Manufacturing & Regulatory (M&R) support component, manufacturers will continue to receive technical assistance in their efforts to get new products onto the global and national markets.

The introduction of new female condom designs to the market will require an adjustment of information and tools for awareness-raising and promotion. We will therefore develop a Training Manual for Parallel Programming to inform implementers of large-scale female condom programmes of the proper use and specific benefits of the different types of female condoms.
2.4.2. OPO2: Increased demand and sustained use
Demand for and sustained use of different types of female condoms is hindered by lack of knowledge about female condoms, lack of skills regarding how to use them or negotiate their use with one’s partner, and by prejudices and socio-cultural barriers with end users and community gatekeepers. In addition, local SRHR organisations and public and private health providers often lack the knowledge and skills for female condom programming and distribution. Demand for and sustained use of female condoms is also hindered by a lack of availability and affordability and vice versa (see above).

The UAFC Joint Programme will address these barriers to demand and sustained use in UAFC joint Programme countries with the following strategies:

- Social marketing strategies, community-based interventions and interpersonal communication strategies aimed at awareness-raising, increasing knowledge and skills (e.g. insertion and negotiation skills), and addressing myths and prejudices with end users (CP);
- Advocacy strategies aimed at producing acceptance of project implementation with local gatekeepers and stakeholders.(CP) and ALLC;
- Capacity building of and integration of female condoms into existing SRHR programmes and services of partners and allies of UAFC Joint Programme lead partner organisations (CP).

By addressing these barriers to sustained demand and use, the UAFC Joint Programme aims at achieving the following outcomes by the end of 2015:

- % of end users who report having used the female condom (among those who have heard of the female condom) has increased from the baseline;
- % of end users that report correct, consistent and sustained use increased from the baseline;
- % of partners and allies of UAFC Joint Programme lead partner organisations that have integrated female condoms into existing SRHR programmes and services has increased from the baseline\(^{39}\).

In the first phase of the UAFC Joint Programme, the large-scale country programmes in Nigeria and Cameroon have demonstrated that a demand for female condoms exists by investing in social marketing and interpersonal communication (IPC) campaigns, and by guaranteeing a sustained supply of female condoms through effective supply chain management. In phase II, increased attention will be given to addressing possible barriers to sustained and correct use of female condoms, such as a lack of self-efficacy and misconceptions by both women and men. To this end, the country programme partners will develop target group-specific interventions, making use of innovative marketing and communication approaches, e.g. using social and mass media.

Although the UAFC Joint Programme seeks to enhance women’s empowerment in sexual and reproductive health matters through the introduction of female condoms, the first phase has demonstrated that promoting female condoms overtly as such is not conducive for uptake and use in a context where the decision power lies with men and the cultural context is not open to discuss female sexuality in a public arena. Male acceptance may also vary by type of sexual partner. Their acceptance is based on trust, so men are more likely to use female condoms with a stable partner.\(^{40}\)

More than was the case in the first phase, the programme will target specific high-risk groups, e.g. young women and sex workers. Young people will be open to becoming buyers and users of female condoms, particularly the newer types. Using social and mass media will constitute part of this

\(^{39}\) The outcome percentages may differ per country and have therefore not been included here. See also relevant chapters and tables of country programmes

\(^{40}\) The AIID Male Acceptance Study gives specific recommendations per country programme as well as general recommendations on how to include men.
strategy. At the same time, young people are often not included or reached in the traditional family planning messages, therefore this group is reached by including tertiary institutions in the outreach activities of the country programmes.

The country programme partners will therefore seek to pursue strategies addressing specifics of the various target groups in order to enhance acceptance of female condoms, for example by addressing specific concerns men may have or stressing particular advantages to men. These targeted interventions will however still be embedded in large-scale programmes that target the entire population of reproductive age.

In the countries where the UAFC Joint Programme is being implemented, expansion of the programme is foreseen within selected areas and the scale-up to new areas.

**2.4.3. OPO3: Increased international and national support**

International and national support for sustained female condom procurement, programming, manufacturing and regulatory support, and advocacy is hindered by a lack of awareness, knowledge and motivation on the part of donors, international organisations and governments in the Global South about the potential of female condoms. In addition, many large-scale SRHR implementing organisations still lack the skills and motivation for scaling up or starting female condom programmes.

The UAFC Joint Programme will address these barriers to global support with the following strategies:

- Address gaps in female condom knowledge by commissioning studies and research (M&R/Governance);
- Advocate towards partners and allies in UAFC target countries to integrate female condoms in existing SRHR programmes and services (CP);
- Strengthen national and state-level female condom advocacy in UAFC country programmes and make advocacy part and parcel of UAFC country programmes by including an advocacy officer in country programmes (CP/ALLC);
- Increase awareness and support for female condoms among high-level stakeholders, decision makers and opinion leaders by presenting them with up-to-date information and evidence-based advocacy messages (ALLC);
- Mobilise the International Female Condom Platform as well as other organisations to support and participate in international advocacy activities (ALLC);
- Increase awareness and support for female condoms among the media (ALLC);
- Make female condom advocacy a sustainable part of advocacy strategies of international SRHR, HIV/AIDS and women’s organisations (ALLC);
- Advocate towards large implementing organisations to start or scale-up female condom programmes (ALLC);
- Capacitate large implementing organisations to engage in female condom programming (ALLC);
- Increase awareness and support for female condoms among large scale SRHR-implementing organisations through increased media coverage on female condom programming (ALLC).

By addressing these barriers to international and national support, the UAFC Joint Programme aims at achieving the following outcomes by the end of 2015:

- At least two donor agencies and international organisations that have included female condoms in relevant policies, budget lines and programmes;
- At least two in-country advocates have advocated successfully for inclusion of female condoms in relevant Southern government policies, budget lines and programmes;
At least three donor agencies and international organisations willing to support the country programmes of the UAFC Joint Programme;

At least two additional large-scale SRHR organisations having included female condom programming in their policies and budget lines.

In the first phase, the UAFC Joint Programme succeeded in placing the issue of female condoms on the international agenda. Local advocacy for sustained support of female condom procurement and programming at the state and national levels has proven to be a challenge. In the second phase, increased attention will be paid to local advocacy and linking local advocacy to global advocacy and vice versa. To this end the advocacy capacity of UAFC Joint Programme partners and other relevant organisations at the country level will be strengthened.

Targeted advocacy will make sure that the donor community and other key actors are convinced that support for and funding of female condoms is an efficient and cost-effective method for dual protection. It will be crucial to check that commitments from (bilateral) donors to put female condoms in policies are implemented by making earmarked funding for female condoms available. The UAFC Joint Programme will continue advocating for donors to make funding available and to act as advocates for female condoms. The UAFC Joint Programme will furthermore continue to work together with donors to get female condoms included in the policies and budgets of large UN bodies such as UNAIDS and other international organisations like the Global Fund.

In phase II, an increased effort will be made to involve other large SRHR organisations in female condom programming by means of awareness-raising and capacity building. The Implementation Guide for Female Condom Programming developed in the first phase of the programme will be of strategic importance to these efforts.

The objective of the coordination and governance of the UAFC Joint Programme is to facilitate the effective implementation of the programme and, hereby, the achievement of the overall programme objectives/outcomes.

2.5. Public health impact

The programme will contribute to a decreased HIV (re)infection rate through an increase in Couple Years Protection (CYP) and, related to this, averted HIV/AIDS cases and Disability Adjusted Life Years (DALYs). In addition, our activities will lead to averted unintended pregnancies and averted maternal deaths.

By 2015

- 10 – 15 million female condoms procured, delivered and distributed (sales and free sampling)
- End users who report to have ever used the FC (among those who have heard of the FC) has increased from the baseline $^{41}$
- End users that report correct, consistent and sustained use increased from the baseline $^{42}$
- Partners and allies of UAFC Joint Programme lead partner organisations that have integrated female condoms in existing SRHR programmes and services has increased from the baseline $^{43}$

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$^{41}$ Baseline will be established at the beginning of the new project. In the past we reached over a million people per country, both in Nigeria as Cameroon. We intend to increase the number of end users for the period 2013-2015.

$^{42}$ Ibid 15

$^{43}$ The total number of partners organizations will differ per country and have not been named.
Assuming the target of 10 – 15 million female condoms procured, delivered and distributed (see below) will be met, and assuming that the other indicators suggest (correct and consistent) use, by 2015, 166.667 CYP will be achieved directly as a result of the intervention. The number of HIV/ AIDS cases averted, the number of DALYs and the number of unintended pregnancies and maternal deaths averted depend on the distribution over the different countries\(^4^4\).

Beyond 2015

More access to female condoms (higher demand, more supply, lower prices), leads - through an increase in CYP - to an even larger decrease in HIV/ AIDS infections (number of HIV/ AIDS cases averted) - including a decrease of HIV infected newborns and decrease of re-infection – and also a decrease in unintended pregnancies and maternal deaths.

2.6. Value for money

By procuring and programming between 10 - 15 million female condoms over a three year period, the amount of people having access to female condoms will sharply increase. More access to female condoms means more prevention and protection, leading to a decrease in HIV infection or co infection and a decrease in unwanted pregnancies. The intervention provides good value for money. By saving a large amount of money that would potentially have to be spent on costs related to treatment and care related to HIV infections and unintended pregnancies: based on the limited information available, this would be approximately 20 $ US\(^4^5\) and 4 $ US\(^4^6\) per averted case respectively.

Value for money also includes positive benefits to purchasers outside of this program me—increased demand and more healthy market, lower prices and improved quality of product – thereby further increasing access and coverage beyond the UAFC focus countries and beyond the programme period.

Some key indicators of achievement

- Increased choice of FC will have a positive contribution to the competition and affordability of FC including security of supply.
- Sustainable cost reduction though optimisation of price mechanism starting 2014, the FC baseline is currently 55 USD cents each
- Market intelligence sharing amongst stakeholders will positively impact on the procurement activities by individual procurers and result in a healthy market place with affordable products.
- Pooled procurement activities will have a positive on capacity utilization of factories and hence result in optimized operations.

2.7. Exit strategy

Three years experience in implementing an innovative and holistic programme have demonstrated that there is sufficient potential for a viable international female condom market. The End of Term external evaluation indicates that in order to maintain momentum and to contribute to a sustainable

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\(^4^4\) But to give an example: if all 20 were distributed in Nigeria, based on the PSI DALY calculator, this would result in 93.138 DALYs, 2.919 HIV/ AIDS cases averted, 53.694 unintended pregnancies averted and 213 maternal deaths averted. This is only the direct impact. Indirect impact is much larger due to price reductions, increased demand and supply.

\(^4^5\) Cost–Utility Analysis of A Female Condom Promotion Program in Washington, DC David R. Holtgrave et al.

change in the market for female condoms, it is essential to implement a second phase of the UAFC Joint Programme.

The strategies described above will aim for a viable market for at least 3 to 4 types of quality female condoms by the end of 2015. Procurement prices will be kept down by a pooled procurement system for key procurement agencies such as the UNFPA. The fact that there is more than one type of female condom that can be procured by USAID and the UNFPA, will most probably lead to more competition, which in turn will lead to decreased procurement prices. More choice and variety on the female condom market will also create more incentives for the existing manufacturers to keep up with the latest developments. Through the UAFC intervention, the global female condom situation will be redefined. Increased demand and uptake will facilitate all manufacturers to produce and develop more and different female condoms. These developments will eventually also lead to a lower female condom price on the consumer market, in UAFC programme countries and beyond.

The advocacy component of the programme will lead to more international awareness and support on both global and national level. The advocacy component, using also information from the other components, will mobilize a more collective voice for continued support for female condoms. This will lead to the integration of female condoms in prevention programs (policies and budgets of organizations and governments), as well as to the integration of female condoms in the method mix. By integrating female condoms, the need for continued support for both demand and supply will become apparent and will be supported by these same organizations and governments.

The UAFC Joint Programme will strive for the situation that established and experienced social marketing organisations (PSI/DKT affiliates) continue to use their structures and systems to roll out female condoms in new countries, or new types in existing countries. An increased number of large SRHR organisations, Southern governments and private sector actors will have integrated female condoms in their programmes or services. The UAFC Joint Programme will direct its efforts to ensuring that an increased number of international organisations will include female condoms in their policies and budget lines and express their commitment to more universal access to female condoms at the highest international level.

By 2016, governments, international organisations, manufacturers and donors alike should work together to sustainably make female condoms available, accessible and affordable to all.

The members of the International Advocacy Platform will be able to continue the Platform after 2015. This could be done in the form of an informal web-based community.

International Advocacy efforts will continue by both Rutgers WPF and Oxfam Novib in different forums, albeit integrated in more general advocacy efforts in the field of SRHR.

On a national level, in this second phase partnerships will be sought with existing and committed advocacy organisations to guarantee continuation of advocacy activities after 2015. During the second phase, these organisations will be supported (financially, by training and through linking and learning) in their female condom advocacy, which will enable them to continue after the UAFC as such ceases to exist.

In current UAFC Joint Programme countries, the female condom will be integrated into services and packages of the national government and/or in the programmes of a (decentralised) donor present in the country. For the new country programmes, sustainable funding will be sought that will guarantee continuation of the programme also after the 2015 period.
Technical and manufacturing support can, upon request, be continued to be delivered by i+solutions as well as pooled procurement and other supply chain services.

All relevant national and international actors must take their mutual responsibility in making the availability and affordability of female condoms a sustainable reality.
Chapter three – Manufacturing & Regulatory Support

3.1. Introduction

When the UAFC Joint Programme was initiated in 2009, its aim was to make female condoms available, accessible and affordable for all. One of the main strategies of the UAFC Joint Programme is to support female condom manufacturers in negotiating regulations, procurement and marketing, which are notorious obstacles for female condoms to entering the international market.

The FC2 made by the Female Health Company (FHC) is currently the only WHO-prequalified female condom on the market. To break the monopolist position of the FHC, the UAFC Joint Programme supported three manufacturers by means of a functionality study and technical assistance on good manufacturing processes. Both are essential for WHO pre-qualification in 2012.

For the next phase of the UAFC Joint Programme, two more female condom manufacturers will be supported in obtaining WHO prequalification. Existing and new female condom programmers will thus be able to select the right type of female condom for their programmes, and increased availability of a variety of female condoms will sustain demand. Furthermore, the UAFC Joint Programme realises that added competition in the market boosts the potential of a lower and sustainable price of quality-assured female condoms. The FC2 female condom currently sells at a procurement price of 0.50 USD each (which is 10-30 times the price of male condoms). The FC2 is currently the only female condom which can be purchased by donor agencies such as the UNFPA and USAID and which is subsequently distributed in public sector programmes.

3.2. Achievements of the M&R component in the first phase of the UAFC Joint Programme

Lower female condom procurement price
For the first phase, the UAFC Joint Programme successfully negotiated a lower price and procured FC2s for 0.35 USD each in return for high guaranteed volumes.

Estimates suggest manufacturing costs per female condom should fall in the range of 0.20 USD - 0.35 USD each. As economies of scale are realised, it is expected that expenses will fall. In order to get to this point however, demand needs to be created and sustained users supported with reliable supply resulting in orders for manufacturers to ensure sustainability.

Increased female condom variety
A functionality study was carried out in support of three female condom manufacturers (Cupid, PATH and Medtech), leading to an expected two prequalified female condoms in 2012, ready to enter the international market.

While multilateral, bilateral and private donors, and NGOs all recommend improving contraceptive technologies to create greater choice and access to female condoms, very few donor resources have been forthcoming.

3.3. Manufacturing and Regulatory support for the period 2012-2015

The M&R component of the UAFC Joint Programme will focus on supply chain management issues in the period 2012-2015. Elements of female condom procurement and supply chain management such as the need for lower prices, meeting demand and an increased choice are crucial in pulling female condoms out of the realm of the neglected health commodities. Indeed a specific focus on
ameliorating the current market shortcomings such as poor variety, affordability and availability will contribute to realising better public health outcomes.

During 2012-2015, existing UAFC country programmes in Nigeria, Cameroon and Mozambique will continue to be supported and – funding permitting – three other female condom country programmes will be selected.

The UAFC Joint Programme will participate in a pooled procurement mechanism in conjunction with other female condom procurement agencies (e.g. the UNFPA and USAID) to lower the unit procurement cost of female condoms through offering guaranteed volumes to manufacturers.

**M&R Specific Component Objectives 2012-2015**

- Increased availability of a variety of quality-assured female condom designs on the market (OPO1);
- Reduced procurement costs of female condoms (OPO1);
- Strengthened supply chain systems for female condoms and reproductive health commodities in general (OPO1);
- Enhanced national and international support for new female condom designs (OPO3).

**M&R Strategies and Activities 2012-015**

**Ensure availability of a mix of quality-assured female condoms types and designs on the market**

**Female condom procurement and supply**

The M&R component of the UAFC Joint Programme will procure and supply 15-25 million items\(^{47}\) of a variety of female condom types in the period 2012-2015 to be distributed (sold and given away as free sampling) in the selected programme countries.

**Second functionality study 2012**

To allow more types of female condoms to enter the market, a second functionality study will take place where the functionality of two condoms; the HLL female condom and Condombao’s Phoenurse condom will be trialled against the FC2 condom from the Female Health Company. The results of the study will be provided to the manufacturers for inclusion in their WHO prequalification dossiers. These two condoms are considered to be at an advanced development stage and are both currently in production available for procurement. This study is scheduled to start in Q2 2012 and finish in Q4 2012.

It is important to note that the decision to actually enter the market it will depend on the demand for these new female condom designs (see below under pooled procurement mechanism).

**Technical assistance on Manufacturing and Regulatory issues to female condom manufacturers**

**Technical Assistance (TA) on Good Manufacturing Practices (GMP)**

Female condoms are made under controlled conditions to prevent contamination. Manufacturers will have to be certified compliant with ISO 13485 – the international standard for quality management systems for the manufacturing of medical devices – in order to obtain certain regulatory approvals and to meet the requirements of the major agencies. The M&R component of the UAFC Joint Programme will provide technical assistance in this area.

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\(^{47}\) Around 11 million for existing country programmes, the rest if funding is found in new country programmes
Technical Assistance Cupid Ltd.
The Cupid condom is likely to be the first ‘new’ female condom to receive WHO pre-qualification in 2012. It is therefore expected that demand for this product will increase, which will require improvements in the production process. In order to increase production speed and quality and reduce production costs, a Semi-Automatic Sealing machine for female condoms and a Class 10,000 Clean Room (used as per GMP requirement in the female condom sealing process to avoid contaminations during mass production activities) needs to be designed, developed, procured, installed and commissioned. This will be supported during 2012.

Technical Assistance PATH/Dahua
Successful completion of a factory audit is the final critical step for manufacturers to obtain pre-qualification. In order for the new Dahua factory to pass the WHO audit successfully, PATH has requested that a pre-inspection audit be performed by an expert, which will result in recommendations to fully prepare for the WHO audit. A second activity relates to the training of staff on GMP and Quality Systems and assuring that staff is kept updated about these by means of training. This will allow PATH’s systems to be up to date with current international practices, thereby making approvals and entry to world markets easier.

Technical assistance on quality assurance to manufacturers, national governments and regulatory authorities in the six target countries
M&R will provide technical assistance to manufacturers, governments and national regulatory bodies to ensure a smooth introduction of new (WHO-prequalified) condom types into national country programmes. The activities will include technical assistance to: manufacturers to meet national and international guidelines; national regulatory bodies to define standards for female condom quality control; national regulatory bodies to define specific registration procedures for female condoms (if necessary); T manufacturers for in-country product registration; and to governments to develop multi condom national condom programmes.

Female condom demonstration model development and procurement
The current female condom demonstration model used in the UAFC country programmes is used by trainers and peer educators to demonstrate the use of the FC2 female condom. There are no specific demonstration models currently available for demonstrating the other female condom types.

Whilst models are available which can be used to demonstrate all types of female condoms, they tend to be large, heavy, and expensive. The M&R component will work with manufacturers to develop demonstration models (where possible) for the different female condom types which UAFC will distribute. This will include the development of a model design in conjunction with manufacturers, deciding on materials, manufacturing of a mould (to be done with input from those working in the field who will use the model), and contacting a manufacturer to replicate this mould for production.

Achieve a sustainable competitive global pricing market

Setting up a system for pooled procurement
Procurement agencies individually procure female condoms from the Female Health Company (FHC). However, due to the “single source” situation there is little negotiating power. If procurement agencies join forces and ‘pool’ the procurement of female condoms, they can guarantee a much higher volume and negotiate a lower price with the various manufacturers. The M&R component of the UAFC Joint Programme will facilitate setting up a system for voluntary pooled procurement in
order to lower the procurement price of female condoms while guaranteeing manufacturers minimum volumes per year.

It is important to note that the success of pooled procurement will depend heavily on the number of prequalified condom designs as well as the willingness of procurement agencies to buy the new types of condoms. The overall female condom market will only benefit from increased competition if demand increases. Product choice, combined with lower prices of female condoms at consumer level, will facilitate the introduction of female condoms to the condom users. The net result of increased demand and good supply chain management will be greater access to female condoms globally.

**Strengthen supply chain systems of female condoms, and of reproductive health commodities in general, linking with the public and private sectors in UAFC target countries**

**Training and capacity building on supply chain management (SCM) for reproductive health (RH) commodities**
The M&R component will organise trainings and skills-building workshops in the area of supply chain management for reproductive health commodities in the selected countries: workshops on forecasting and quantification, warehouse operations management, monitoring and evaluation and pooled procurement. This will provide the selected countries with the necessary skills to successfully run their own female condom programmes after 2015.

**Technical assistance on SCM for RH commodities**
The M&R component will provide technical assistance on SCM for RH commodities evidenced by more predictable, planned and sustainable country-driven approaches to condom supplies.

Technical assistance to countries to generate and shape market forecasts that present both supply and demand estimates for female and male condoms across RH and AIDS programmes. Again this will provide countries with the knowledge and skills required to successfully continue with their country programmes after 2012.

**Parallel Programming Training Manual**
In November 2011, an expert meeting on parallel programming of different types of female condoms in the same country was held. Currently only Cameroon and Mozambique are planning on introducing a second female condom. However, with additional female condoms gaining WHO prequalification in 2012, it is likely that this will happen more often in the future. As parallel programming will be quite different from programming of just one condom (the FC2), information and tools regarding how to go about this should be available to all implementers at the national level planning to engage in this. The production of a Parallel Programming Training Manual will provide such tools and know-how.

**Promote evidence-based practice through sharing of lessons learned in female condom SCM**
Commission research and make contributions in national and international forums and peer reviewed journals on manufacturing and regulatory issues.

**Paper on Functionality Study 2012**
The 2011 functionality study will produce a report that, while useful, cannot be published as it has not been peer-reviewed. A peer-reviewed paper is needed so that the results can be made available to a wider audience and leave no room for doubts or speculations about the quality of the different condoms.
Please refer to Annex 2 for a complete overview of the objectives, strategies and activities of the M&R component.
Chapter four – Country programmes

4.1. Introduction
Since 2009, the UAFC Joint Programme has established a successful female condom programme both in Cameroon (lead partner ACMS) and Nigeria (lead partner SFH) through social marketing in the private sector. For the second phase, these partners have expressed their interest in continuing and their intent to upscale these programmes. In the End of Term Evaluation, it was explicitly mentioned that –although the programme was proving successful – it would be too early to stop it and leave it up to the private sector. The plans for the period 2012 to 2015 are presented in this UAFC strategy. Since funding for 2012 has already been secured, the UAFC Joint Programme is seeking funding for the period 2013-2015.

The female condom programme in Mozambique has secured funding for 2012, 2013 and part of 2014 from the Dutch and Norwegian Embassies as well as from Oxfam Novib. The UAFC Joint Programme directly contributes to the Mozambique programme through the procurement and packaging of CUPID condoms. The PSI consortium implementing the female condom programme in Mozambique has developed a strategy for the period until 2015.

Since the partners in the UAFC country programmes will also work towards strengthening national and state-level female condom advocacy, the country programmes also contribute to increased national support.

Next to the continuation and upscaling of the UAFC programmes in Cameroon, Nigeria and in the female condom programme of PSI in Mozambique, the UAFC Joint Programme has the ambition to start up new programmes in 2-3 countries. To guarantee sustainability, these new countries will only be included in the UAFC programme if funding and continuation for a longer period is guaranteed. The different criteria for new countries are further explained in section 4.5.

Scaling up and starting in new countries will not only lead to increased accessibility to, and demand and use by, direct beneficiaries in the intervention areas, but also to a larger market for manufacturers and increased possibilities for learning about female condom programming in different contexts. In this way, the country programmes contribute to the overall programme objective of increased availability and affordability as well as the increased demand and sustained use.

4.2. Cameroon

4.2.1. Introduction
The ‘Association Camerounaise pour le Marketing Social’ (ACMS), an affiliate of Population Services International (PSI), started implementation of the UAFC Joint Programme in Cameroon in 2009. In the second phase (2012-2015) of this programme, ACMS will continue and scale up female condom promotion in Cameroon, building on a solid experience of programme implementation to increase availability, accessibility and use of female condoms among women of reproductive age. Female condoms provide women with greater family planning options and can empower women to make their own sexual and reproductive health decisions. Moreover, female condoms are an effective prevention tool against HIV. In addition to the achievements of the first phase, particular emphasis for the 2012-2015 phase will be focused on securing stocks of female condoms, the launch of female condoms in semi-urban and rural areas, and the expansion of distribution networks. The programme will also open up to new target groups such as younger women, and commercial sex workers. In part of the intervention area, the price of female condoms will be aligned with that of male condoms to
evaluate the effect of removing the price differences between the two methods. More emphasis will be put on male involvement, and men will be included more explicitly in messaging since they can also be used as a channel for sending messages to women.

**Public health situation**

Cameroon has a population estimated at 20 million. 56% of the population is under 20 years old and approximately half of these live in urban areas. Cameroonian women are particularly vulnerable to HIV infection. According to the National AIDS control committee (2010 report), the HIV prevalence rate is 5.1% in the general population and almost 60% higher among women aged 15 to 49 years than men of similar age (6.8% among women and 4.1% for men) DHS 2004. The determinants of female vulnerability to HIV revealed that: 52% of women live below the poverty line; 28.4% of women live in polygamous unions; 12% of girls are married before the age of 15; 29% have no education even though 65% are considered to be literate; the prevalence of rape is 5.2%; only 61.8% of women used a condom during their last sexual encounter with a non-cohabiting partner; the average age of first intercourse is 16 and a half years old and only 39% of women know their HIV status. The use of female condoms is extremely low, with only 3.3% of women in Cameroon having ever used the product.

Women are also disadvantaged when it comes to preventing unwanted pregnancies. Contraceptive prevalence in Cameroon is 13% and has remained nearly unchanged over the last 10 years. The fertility rate is 4.7, with a first birth occurring at an average age of 19. In the 2004 DHS, 90% of women knew at least one contraceptive method, with the male condom as the most popular method cited by 86% of respondents. Only 43% of respondents cited female condoms.

However, an opportunity lies within these disturbing trends. Efficiency, cost effectiveness and health impact can be achieved by addressing the prevention of both sexually transmitted infections like HIV, and unwanted pregnancy, among women of reproductive age. It is common in public health practice to increase the availability, accessibility and use of HIV prevention methods initiated by women such as female condoms, which also contributes to the spacing or limitation of births. Female condoms were introduced to Cameroon in 2002 and through the UAFC Joint Programme female condoms have become better known as a tool for protecting against HIV but also as a family planning method.

**4.2.2. First phase of the UAFC Joint Programme in Cameroon**

With the political and technical support of the Cameroonian Government, ACMS developed an innovative female condom programme in January 2009. This programme integrates family planning with HIV prevention in five of the ten regions in Cameroon. Although the programme positions the female condom as a tool for women, ACMS includes men as equal partners in the female condom programme. Couples and men are targeted to ensure that men feel comfortable with the female condom and women feel comfortable to negotiate its use. To create a favourable environment for

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48 Third General Population and Housing Census, 2010
49 Enquête sur la pauvreté rurale, PNUD, 2007
50 MICS, 2009
51 MICS, 2009
52 Enquête sur le viol et l’inceste au Cameroun, GTZ, 2010
53 CAP, PPSAC, 2009
54 CAP, PPSAC, 2009
55 CAP, PPSAC, 2009
56 EDS, 2004
57 Demographic and Health Survey III (2004)
female condom use by men and women, advocacy is a key element of the female condom programme. ACMS has established a Steering Committee consisting of senior officials of the Ministry of Public Health, the Ministry of Women empowerment and the Family, the National AIDS Control Committee (NACC) and other departments, civil society organisations and UN bodies, who also contribute through various ways (including advocacy, condoms purchase for staff, training) to promote female condoms to their respective constituencies. Famous Cameroonian artists are also involved in the programme to help raise female condom awareness.

The programme has trained staff at more than 160 hairdressing salons to serve as female condom sales point, contributing to increased knowledge about and distribution of female condoms in Cameroon; an increase from 143,593 female condoms in 2008 to 321,895 in 2009 was observed. It should be noted that no programme existed prior to 2009 and it is the implementation of the UAFC Joint Programme which enabled the scale-up of female condom distribution in Cameroon. In 2010 alone, ACMS sold 773,321 female condoms against a target of 800,000, 40% of which took place at the trained hairdressing salons. Even though there was a slight decrease of sales in 2011 (599,243 females condoms sold), because of the slowdown of activities at the end of the first programme phase, it is firmly believed there is a growing interest for female condoms among the population.

4.2.3. Strategy for 2012-2015

During this new phase, the programme will remain focused in the five regions currently implementing it: Centre, Coast, North-West, South-West and Adamawa. It is also foreseen to extend the promotion of female condoms to women in semi-urban and rural areas, to increase the demand for female condoms. The objective is to go beyond the sixteen cities that are currently covered by programme activities and to reach rural populations, namely women, who have not yet been targeted. In addition to maintaining the previous achievements, in 2012-2015 the programme aims to:

- *Increase stock availability to ensure market penetration of female condoms in the country’s urban, semi-urban and rural areas.* Increased annual female condom stocks will support this, as will higher turnover of female condoms from stocks to outlet. The establishment of a price strategy that promotes accessibility and availability of female condoms to all women and couples in urban areas, as well as in semi-urban and rural areas will lead to higher sales. It is anticipated that the price of condoms among beneficiaries will be reduced. This will enable the programme to meet the needs of urban, semi-urban, and even rural populations. According to the qualitative research to assess needs of the target population,\(^{58}\) the last\(^{59}\) TRaC survey and the recent\(^{60}\) evaluation on male perceptions on the female condom, the female condom was perceived to be too expensive and difficult to find. In addition to the ignorance of the product use and its non-availability, the price of the female condom is a major obstacle for female condom purchase. These points were mentioned in all focus groups because they are of great importance for the female condom uptake. In addition, most participants reported having stopped using the female condom due to its price despite its numerous advantages.

\(^{58}\) Qualitative research to assess needs of the target, ACMS May 2009.

\(^{59}\) ACMS, TRaC, 2009

\(^{60}\) A Qualitative Study of Male Acceptance of Female Condom in Cameroon, AlID, Winny Koster and Marije Groot Bruinderink, November 2011
All groups considered a lowering of price as important and suggested changing the price as follows: 3 female condoms for 100CFA; or 1 for 33.3 CFA, this last price being equal to the price of a male condom.

It should also be noted that the price is one the reasons why the female condom is not widely available, since wholesalers are reluctant to buy a product that might not sell as fast as the male condom. The price reduction will enable better stock rotation, which will affect condom supply and availability in the commercial circuit, particularly among wholesalers, semi-wholesalers and retailers, who were not selling the product due to poor access to their customers.

In addition to the above arguments, the price reduction is a gender-sensitive decision. Indeed, according to statistics, women are socially, physically and financially more vulnerable than men; they are more affected by poverty. The only method they can control and initiate to reduce their vulnerability to HIV and unwanted pregnancies is three times more expensive than the male condom, which they can not afford. It is expected that the price reduction of the female condom will enable faster uptake of the product and thus contribute to the reduction of HIV and the numbers of unwanted pregnancies. This reduction of the condom price will be accompanied by ongoing communication to address potential concerns about the quality of condoms, so that beneficiaries do not link such a price reduction to a decline in product quality. In part of the intervention area, this price reduction will be implemented and closely monitored to evaluate its effects on sales and acceptance.

- **Expand the distribution network for female condoms.** A greater number of distributors will facilitate the introduction of the female condom in new areas, particularly in rural areas. Advocacy will be directed towards both public and private sectors. To this effect, collaborations will be established with the National Central drug supply (CENAMEE) for the distribution of condoms in the public sector and with the association of pharmacists and pharmaceutical wholesalers for the distribution of condoms in pharmacies. In addition, ACMS will offer training for the public servants or pharmacists to enable them to explain female condom use to patients and customers, and to educate them on this. The success of these advocacy and training activities will enable the effective integration of female condoms into the public and private sector and help ensure the sustainability of the distribution system (family planning services, pharmacies, commercial-, wholesaler- and community channels, such as hair salons). It is anticipated that by 2013, a representative of the CENAMEE and a representative of the College of Pharmacists will become members of the Steering Committee. It will also be necessary to advocate with religious, traditional and administrative authorities regarding the introduction of the female condom in these rural areas. This will be done through the development of an advocacy plan and the development of appropriate tools.

- **Mobilise national resources through advocacy.** The objective will be to advocate with the Government for a budget line to support the purchase of contraceptives (including female condoms) and for training of staff. Discussions which had already started with the Steering Committee and the UNFPA will continue at the local level for financial support of the programme as well as supplies of female condoms, leading to the provision of sufficient funds.

- **Develop mass media and interpersonal communication campaigns** to address the many misconceptions that still surround female condoms and their use to promote better acceptability of female condoms and encouraging women and couples to find out how to use and adopt them. A new mass media campaign will be produced to address the issue of regular use. IPC messages will reinforce this message. Another campaign will be set up to introduce a second condom design onto the market to promote variety and choice. Mass media and
Interpersonal campaigns will also target men with specific and direct messages to encourage them to help their partner to adopt the female condom.

- Organise training of IPC agents, peer educators, pharmacists, and retailers, to strengthen their capacities to address any negative views about the female condom and ensure they are able to explain to buyers how the female condom can be inserted.

- Expand the programme’s target audience to include young women as well as high-risk groups, such as sex workers. The programme currently targets women aged between 25 and 34. During the new period, the programme will also promote condoms to 20–24 year olds. This will be achieved through the introduction of a new condom with a more attractive brand appeal for young women, while still ensuring their double protection. Indeed, ACMS conducted a qualitative research on the introduction of female condom variety in June 2009. 17 FGDs in 7 cities were organised and 64% of participants expressed a need for product variety and improvement. The needs of high-risk groups like sex workers will also be addressed with specific interpersonal communication and distribution strategies, such as using peer educators and distributing female condoms at hot spots. These actions will stimulate the recruitment of new users as well as retain loyal users.

- Identify and involve two or three celebrities to convey key female condom messages. These spokespeople will be trained in communication/advocacy on the theme of female condoms. Unlike in the first phase, they will be more involved in field activities and will be incorporated into the programme as female condom ambassadors. Throughout the programme, they will participate in advocacy activities and events to increase female condom awareness and use. These individuals will be identified based on focus group discussions that will be conducted.

- Involve men as a target audience in the positioning of female condoms as a contraception tool. Men play a key role in decision making for contraception methods used in Cameroon and the integration of men in this programme will facilitate female condom use. According to the recent evaluation on male perceptions of the female condom, most participants thought “the advertisement campaigns are not widespread enough, do not reach enough people, and do not give enough attention to address men”. In addition, the quantitative study and operational research data showed that men were more likely to make impulse purchases. In this new phase, communications to promote the female condom will be intensified and will continue to target couples. Specific messages will be included to address men’s concerns about the female condom. Furthermore, barbers will also be engaged to increase the reach to men and discuss specific issues they have regarding the female condom. Men will also be associated with the production of the show “La minute Protectiv” with messages addressing their needs, and male artists will continue to promote the female condom.

Taken together these efforts will help bridge the current gap around female condom knowledge, availability and accessibility. The programme will ultimately contribute to improving sexual health for women as well as couples.

**Specific programme objectives Cameroon country programme**

The Cameroon programme will work on the following specific objectives under the overall programme objectives (OPOs):

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61 Qualitative research to assess needs of the target, ACMS May 2009.
62 Ibid footnote 35
OPO: Increased availability and affordability

- **Objective 1**: Increased opportunities for women and men of reproductive age to obtain the female condom through increased availability and affordability of the female condom in the intervention areas.

OPO: Increased demand and sustained use

- **Objective 2**: Increased ability of women and men of reproductive age in the intervention areas to adopt and use female condoms correctly by reinforcing their self-efficacy;
- **Objective 3**: Increased motivation of women and men of reproductive age in the intervention areas to adopt safer sexual behaviours through the correct and sustained use of the female condom.

OPO: Increased international and national support

- **Objective 4**: Increased national-level support among government and donor agencies for female condom programming and distribution.

**Objective 1**: Through this objective, the programme will work to increase the uptake of female condoms by women and men of reproductive age by 5% through increased availability and affordability in the intervention areas:

1. Distribute 3,700,000 condoms over four years in existing and new programme areas and establish buffer stocks of 2,000,000, making a total of 5,700,000 condoms;
2. In designated areas, distribute female condoms at a reduced subsidised price of 100 CFA per package of 3;
3. Introduce a second type of condom;
4. Strengthen the sales force, expansion of the distribution network and increase of female condoms sales points through the continuation of working with current 156 hair salons and 16 Community Based Organizations, recruitment of new hair salons and start working with commercial sex workers organisations, and collaboration with the CENAMEE, health centres and pharmacies.
5. Conduct advocacy activities with community leaders to facilitate the implementation of the programme in the field;
6. Ensure quality assurance of female condoms through systematic testing of all batches of condoms received.

**Objective 2**: Through this objective, the programme will work to increase from 30.2% to 50% the number of women and men of reproductive age in the intervention areas who declare that they are able to use female condoms correctly:

1. Train 1250 people as female condom peer educators and trusted female condom experts such as hair salon staff, CBOs, pharmacists and their assistants, personnel of the pharmacies of district hospitals;
2. Conduct interpersonal communication: Hold 47,000 educational talks and 180,000 one-to-one discussions with beneficiaries;
3. Disseminate mass media communication: produce and broadcast three mass media campaigns based on behavioural factors identified by the TRaC study conducted at the end of the first phase of the programme, and on the promotion of the variety. Dissemination of posters and publications in magazines. Use of social media;
4. Produce IEC and promotional material for female condoms to be used during trainings and IEC sessions with target groups, with specific attention for young women (20-24) and high-risk groups such as sex workers, and with specific attention for correct, consistent and sustained use;
5. Acquire 10,000 demonstration models for educational activities in the field, within hair salons and hospitals.

**Objective 3:** Through this objective, the programme will work to achieve that 1% of women and men of reproductive age in the intervention areas are motivated to adopt safer sexual behaviour through the correct and sustained use of female condoms

1. Design new female condom packaging to appeal in particular to young women (20-24);
2. Broadcast regular TV/radio shows including “La minute Protectiv” specifically to address the prejudices, fears and misgivings about female condoms and to increase women’s ability to negotiate their use;
3. Involve male artists to motivate women to adopt female condoms;
4. Address men’s concerns about the female condom with specific messages.

**Objective 4:** Through this objective, the programme will work to increase national-level support among government and donor agencies for female condom programming and distribution

1. Conduct advocacy towards CENAMEE, the UNFPA, association of pharmacists and the Government for greater involvement in female condom distribution and financial support to the constitution of condoms stocks;
2. Alliance building with SRHR/FP/HIV and Women’s organisations.

**Anticipated Results**

As a result of the four-year programme, the following key results are expected:

**Objective 1:** Increased opportunities for women and men of reproductive age to adopt and use the female condom through increased availability and affordability of the female condom in the intervention areas.

1. Female Condoms are distributed as follows :
   - Year 1 (2012): 700,000 units
   - Year 2 (2013): 900,000 units
   - Year 3 (2014): 1,000,000 units
   - Year 4 (2015) : 1,100,000 units
2. A reserve stock of 2,000,000 condoms is acquired;
3. At least 244 new female condom specific sales points are operational (100 in semi urban and rural areas), at least 200 new pharmacies sell the female condom (100 pharmacies in semi urban area); at least 2,000 new commercial sales points sell condoms (30% in semi urban and rural areas); and the condom is available in public hospitals across the CENAMEE
4. 16 CBOs and at least 2 associations working with commercial sex workers distribute the female condom;
5. The female condom is distributed in designated areas at the reduced price (100 XAF for 3);
6. Effect of price reduction evaluated and analysed;
7. New female condom design introduced;
8. Local authorities have accepted female condom introduction in their areas;
9. Quality of all batches of condoms received is assured.

**Objective 2:** Increased ability of women and men of reproductive age in the intervention areas to adopt and correctly use female condoms by reinforcing their self efficacy.

1. At least 2085 peer educators are (re)trained (of which 825 new);
2. At least 47,000 educative talks and 18,000 one-on-one discussions are held;
3. At least 600 ads are broadcast;
4. At least 500,000 women and men are reached, of which 10% are young women and 0.25% sex workers.
**Objective 3:** Increased motivation of women and men of reproductive age in the intervention areas to adopt safer sexual behaviour through the correct and systematic use of female condoms.

1. New female condom packaging (three condoms in a packet) designed;
2. At least 1000 broadcasts of the advertisement ‘La minute Protectiv’ completed;
3. Famous artists are engaged to promote the female condom.

**Objective 4:** Increased national-level support among government and donor agencies for female condom programming and distribution.

1. MoH support for female condom procurement and training of staff;
2. UNFPA support for female condom procurement and programming;
3. Pharmacies support for female condom distribution
4. CENAMEE support for female condom distribution

**Monitoring and evaluation**

The monitoring and evaluation strategy of ACMS consists of providing accurate and timely evidence of progress for decision making for the programme. Research under this programme will focus on themes that represent an issue for the future and will implement methodological approaches to generate data needed to design, implement, monitor and evaluate programmes. This will be done before the launching of any new campaign, and messages for the campaign will also be pre-tested to ensure their adequacy with target needs. In addition to the different focus groups conducted, a baseline study at the beginning and a programme end evaluation will assess programme quality and achievements towards targets. All monitoring and evaluation activities will be closely coordinated with the Ministry of Public Health to ensure data sharing and that programme activities are accurately recorded in the national information system.

In the previous phase, promoters and community animators ensured the monitoring of community network activities. There was one medical delegate, personnel of another division in ACMS, who was contributing to the pharmaceutical network. Due to the fact that the distribution network will be expanded with more hairdressing salons, and more pharmacies and sales points, the follow-up and monitoring of activities will be increased through the recruitment of 20 community animators and 5 Medical Delegates. In addition to the work done by the promoters (one per targeted region), they will ensure qualitative monitoring and supervision of activity implementation in the field.

Please refer to Annex 3 for a complete overview of the objectives, strategies and activities of the Cameroon country programme.
4.3. Nigeria

4.3.1. Introduction
The Universal Access to Female Condoms Joint Programme aims at contributing to improve the poor reproductive health (including HIV & AIDS and STIs) indices in Nigeria such as the high total fertility rate of 5.7 (2008 NDHS) and a Contraceptive Prevalence Rate of only 10.5% for modern methods of family planning (NPC and ICF Macro, 2009). The most recent HIV prevalence rate in Nigeria is 4.1% (FMoH, 2010) and for the Niger delta, one of the UAFC intervention areas, even as high as 5.3%63. In addition to these indices, the general knowledge of female condoms is still low among men and women, at 14% and 10.9% respectively (FMoH, 2007) and nationally characterised by a low uptake of the product as a result of numerous social, cultural, economic and programmatic factors. Outside the intervention area of the UAFC Joint Programme in Nigeria, there is still poor supply chain management, inadequate female condom promotion coupled with targeting of the product at mostly sex workers and women at government family planning clinics. There is furthermore: a general low level of awareness of the benefits of female condoms; inadequate skills on proper usage; and very limited male involvement. The impact of integrating female condoms into other donor programmes targeting RH and HIV and AIDS prevention is yet to be strongly felt, as to date few donors in Nigeria are investing in female condoms. National-level advocacy, promotion and support for female condom programming and distribution is weak, resulting in limited integration of female condoms into the programmes of NGOs/CSOs or large-scale nationwide interventions which do not consider the potential of female condoms and omit to include them in their intervention strategy.

4.3.2. First phase of the UAFC Joint Programme in Nigeria
Lessons learned from the first phase indicate that capacity-building of local partners (NGOs/CBOs) increased their confidence to promote female condoms. IEC activities by these partners through interpersonal communication (IPC) created opportunities to deliver quality messages on female condoms and demonstrate female condom insertion using demonstration models, while reaching over 2.7 million people. Mass media and other promotion activities complemented community-level interventions and to a large extent helped to sensitise target groups and created opportunities for them to try the product. By the end of the first phase, about 2.4 million female condoms were sold.

The strategic approach of marketing female condoms as a family planning commodity in addition to its use as protection against HIV and STIs helped to reposition the female condom as a neutral product and de-stigmatised female condoms by not targeting it at sex workers as previously happened during early promotional campaigns. The pleasure aspect of female condoms and its use in empowering women’s health and reproductive health rights were emphasised as additional features and benefits. Male involvement also impacted positively on the uptake of the product among couples. Overall, the female condom has great potential in addressing the unmet needs of large groups of women who cannot fully exercise their sexual and reproductive rights.

4.3.3. Strategy for 2012-2015
The second phase of the UAFC Joint Programme will focus on behaviour maintenance in the three focal states (Delta, Edo and Lagos) for sustained product demand, and use and will also create awareness for new female condom designs (for example Cupid and the Women’s Condom of Path

63 Potential pathways to HIV/AIDS transmission in the Niger Delta of Nigeria: Poverty, migration and commercial sex, May 2009 IA Udoh, PhD, JE Mantell, PhD, T Sandfort, PhD, and MA Eighmy, PhD, HIV Center for Clinical and Behavioral Studies, Columbia University,
who are expected to be WHO-prequalified in 2012). Interventions will be scaled-up to six additional states in Southern and Northern Nigeria. Appropriate criteria for selecting states will be considered and female condom interventions will be carried out in a total of nine of the 36 states.

National advocacy and support for female condoms will also be a strategic thrust to ensure sustained product availability, uptake and visibility to enhance female condom supply chain management and promote the inclusion of female condoms into RH and HIV interventions. SFH will have an advocacy strategy ready by the end of April 2012, which will reach out to government, donors, private sector, SRHR organisations, etc. A joint advocacy plan by SFH, UFFPA and the FMoH will be developed by December 2012 in order to enhance the relationship with FMoH and the UNPFA in terms of public sector – social marketing collaboration.

The second phase of the UAFC Joint Programme will adopt new innovations to strengthen the presence of female condoms in reproductive health and HIV programming, and in maternal health and gender projects. Attention will be given to address existing myths and misconceptions, especially the misconception that female condoms are only meant for a specific (and often stigmatised) part of the population. Sustained product support will be built on acceptance and visibility.

Continued attention will be given to male involvement and SFH will look for ways to make promotion and education materials more sensitive to male perceptions. The programme will continue to reach out to young women through tertiary institutions and will look for new ways of reaching young women. In the second phase, more attention will be given to the factors underlying sustained product use and a strategy will be developed to address these.

A second condom will be introduced in some of the first-phase regions, drawing from the experience SFH already has with programming variety in male condoms and water purification tablets.

Estimated total female condom distribution in the second phase will be 6.9 million female condoms (1.5 million in 2012 and then an estimated 1.8 million per year). It is expected that 60-80% of the market share will be taken by the current market leader (FC2), leaving around 20-40% of the total market to the new manufacturers.

**Social Marketing is key for female condom programmes: the UAFC Joint Programme seeks closer collaboration with UNFPA.**

To further integrate female condom programming in both the public and the private sector, to assure universal access for the end user, the UAFC Joint Programme has explored collaboration with the UNFPA. Reasons for more collaboration:

- by donating female condoms directly to the social marketing sector, the UNFPA uses a distribution channel with a proven high effectiveness, and gives a clear signal to government and donors that a public sector-only approach will not be able to give women and men universal access to female condoms; a donation of female condoms to SFH will thus stimulate the government to include collaboration with social marketing organisations in its future programmes;
- more attention and availability in the private sector will also increase interest and demand in the public sector. In this way, the UNFPA’s cooperation with the private sector will also contribute to more demand in the public sector;

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64 Extract from briefing note as was used for discussion between UNFPA HQ and UAFC chairman
SFH will use the revenues of the private sector sales and their in-depth knowledge on female condoms for education, sensitisation and training of public sector workers.

Results so far
The UAFC Joint Programme started discussing with the UNFPA both at headquarter-level and at national level in Nigeria to see how, through cooperation, more access and use of female condoms in Nigeria can be realised. UNFPA HQ has already expressed the wish to provide SFH with 4 million female condoms for the period 2013-2015.

Specific objectives for the country programme in Nigeria
- Increased availability of female condoms at an affordable price and in a sustainable manner in the three existing focal states and six new intervention states;
- Increased demand for female condoms in the intervention states;
- Female condom provision integrated into existing programmes and services on SRHR and HIV and AIDS;
- Increased national-level support among government agencies, donors and policy makers for female condom programming and distribution.

Intervention strategies for the country programme in Nigeria
- Leveraging on existing SFH distribution infrastructure and social franchising to expand distribution nationwide to build a sustainable pharmaceutical channel;
- Increase awareness and demand for female condoms through the use of mass media65, social networks and media (including social media), capacity-building and use of IEC and interpersonal communication to sensitize end users on the benefits of the female condom and equip them with skills on correct use; specific attention is given to male involvement and reaching young women, for example by working through tertiary institutions;
- Promoting partnership and collaboration with civil society and the private sector, leading to more effective systems to put female condoms in a wider context by relating them to the unmet needs of many women to have increased control over their sexuality;
- Advocacy through policy engagement and integration into existing projects and advocacy activities to convince key policy makers at the federal and state levels of the need to support female condom programming and its visible inclusion/promotion into Reproductive Health Policy documents.

Critical success factors
- Availability of female condoms during the intervention period ensuring no stock out;
- Political stability in intervention locations/states;

Main Activities
- Product distribution
- Awareness and demand creation activities including community-level intervention and use of social networks and media and mass media;
- Collaborations and linkages;
- Advocacy;
- Inclusion of female condoms within other public health programmes and public and private health services.

Estimated
1. Increased availability of female condoms in the three existing focal states and six new intervention

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65 As was recommended in the EoT evaluation
results by December 2015

- 6.9 million female condoms distributed by 2015;
- at least two female condom designs distributed by SFH;
- 30% of retail outlets in the selected states selling female condoms;
- 30% increase from baseline (males and females) who feel that the female condom is available among those who have heard of female condoms;
- 25% increase from baseline (males and females) who believe female condoms are affordable among those who have heard of female condoms.

2. Increased demand for and use of female condoms in the intervention states
   - At least 2,400,000 women and men sensitised on the benefits and use of female condoms through IEC activities, of which at least 33% men;
   - 30% increase from baseline of men and women who have ever heard of a female condom in new states
   - 25% increase from baseline in proportion of those who have ever used a female condom in old states and 20% increase from baseline in new states among those who have heard of female condoms
   - 20% increase from baseline in proportion of those who are currently using female condoms among those who have ever used a female condom
   - 90% of trained partner organisations implementing female condom programming

3. Female condom provision integrated into existing programmes and services on SRHR and HIV and AIDS.
   - At least 3 donor supported programmes have integrated female condoms into their packages and services. Such programmes include:
     - USAID MARP funded programme
     - USAID RH and MCH programmes
     - DFID funded HIV programmes
     - World bank assisted HIV programmes
     - GF HIV programmes

4. Strengthened national and state-level female condom advocacy and support
   - 60% of key stakeholders have integrated female condoms into their packages and services. Such key stakeholders include:
     - FMOWA, FMoH, UNFPA at national level
     - SMoWA, SMOH and UNFPA state offices at state level

Monitoring and evaluation

The monitoring and evaluation strategy of SFH consists of a number of key elements which mutually reinforce each other.

- Quarterly programme update meetings are held between SFH and the Oxfam Novib Country Liaison Officer (CLO) of the UAFC Joint Programme. These updates help to review SFH performance, discuss emerging issues and measures to address these.
- Biannual National Steering Committee (NSC) meetings are held to update committee members while soliciting their support for the UAFC programme and female condom programming. Participating at the NSC meeting are representatives of various Government agencies, IPs and donors working in FP, HIV and RH intervention areas, e.g. National Agency for the Control of AIDS (NACA). The meetings also provide an opportunity to provide committee members with updates on international advocacy and M&R components of the UAFC Joint Programme. At state levels, quarterly coordination committee meetings are held. Key expected outcomes of national
and state-level committee meetings are improved partnership and collaboration with relevant partners and stakeholders.

- Monthly review meetings, quarterly retreats and partner meetings are held for periodic assessments of programme achievements, identification of gaps and emerging issues, ways of addressing these issues, and experience sharing on lessons learned and best practices.
- SFH will submit annual work plans and quarterly and annual progress reports, both narrative and financial, to the UAFC CLO. The progress reports help to review SFH performance on planned activities, as well as provide insight into unforeseen results, risk management and lessons learned.
- SFH will conduct pre- and post-intervention evaluations on knowledge, attitudes and practices (KAP), coverage and quality of coverage (MAP) to universal access to female condoms in the focal states. Findings from the SFH evaluation of the first phase show that the programme did have a very significant impact on most of the programme indicators. Challenges that need to be addressed in the next phase are sustained use of female condoms and the strengthening of national-level advocacy and support for female condoms through effective integration of national (public and private partners) to ensure improved female condom inclusion in national HIV and RH programmes.
- SFH and other partners representing the Nigeria UAFC country programme will participate at relevant international conferences, to share experiences and updates on global female condom programming, and promote female condom as a choice modern FP product. In the first phase, SFH and partners also participated in the development of the UAFC implementation guide, a document that highlights experiences, lessons learned and best practices across various UAFC country programmes. SFH will continue to provide input for future updates of this guide. SFH will also participate in linking and learning meetings and exchange visits between teams from different UAFC programme countries to learn from each others’ experiences and create synergies where possible.
- SFH will continue to document the various community processes, best practices and lessons learned. This documentation is also contained in the UAFC Implementation Guide developed by the UAFC Joint Programme. At country level, SFH will share its experiences on female condom programming through reports and other means. This will also serve as a tool for advocacy to solicit support and guide future female condom programming in Nigeria.
- The monthly review meetings, quarterly retreats and partner meetings are additional avenues for linking and learning and experience sharing to improve the overall programme implementation.

Please refer to Annex 4 for a complete overview of the objectives, strategies and activities of the Nigeria country programme.

4.4. Mozambique

4.4.1. Introduction

In Mozambique, the national HIV prevalence rate is 11.5%. Among women between 15-49 years old, 13.1% are HIV positive, whereas among men in the same age group, the prevalence rate is 9.2%.66 The prevalence rate among the younger population between the ages of 15 and 24 is 11.1% for women, as opposed to 3.7% among men. A contributing factor to this is that adolescent women often have older partners with which they engage in transactional sex. Furthermore, multiple concurrent partnerships are common, which facilitate the spread of HIV. The maternal mortality rate

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66 Inquérito Nacional de Prevalência, Riscos Comportamentais e Informação sobre HIV e SIDA em Moçambique, 2009.
is high in Mozambique, being 408/100,000, with unsafe abortions and complications during abortion major contributory factors. In the MICS\(^{68}\) 2008, it is reported that 16.2% of married women make use of contraception, while only 12.2% of those use a modern contraceptive method. In relation to the DHS of 2003, this does not constitute an improvement. The total percentage of unmet need in limiting or spacing births is 18%, of which 11% of women are looking to space births. That said, the intention to use a contraceptive method is high at 40.4%\(^{69}\).

### 4.4.2. The Female Condom Consortium in Mozambique

The female condom programme has been implemented by the Female Condom Consortium Mozambique since January 2011, with PSI Mozambique as the lead organisation, in cooperation with Pathfinder International and Fórum Mulher (a Mozambican women’s rights advocacy organisation).\(^{70}\)

The three organisations are working on different components of the programme and complement each other. PSI is focussed on supply chain management, Forum Mulher is responsible for community mobilisation and advocacy, while Pathfinder is focussed on the training of healthcare providers. Bi-monthly consortium meetings are held in which reports on past and future activities are exchanged and discussed.

The donors for this programme are the Norwegian and Dutch Embassies in Mozambique (2011-2013) and Oxfam Novib (2011 and 2012). The UAFC Joint Programme is supporting the Mozambique programme through the procurement of 500,000 Cupid female condoms. These Cupid condoms will be rebranded under the Jeitosa brand, which is represented by an archetype: a 25-year-old woman living in an urban/peri-urban area, just finished school and starting her first job. She alludes to both younger and more mature women who are not afraid to try new things, are comfortable with their own bodies, speak openly about sex and feel good about being different from others. This marketing strategy is based on the market research that was done in 2011, which showed that young urban women are most likely to buy and use this product, and they emerged as the target group. Distribution of the new female condom is expected to begin spring 2012.

The programme goals are:
- to reduce the incidence of HIV infection and the number of unplanned pregnancies among the sexually active population in Mozambique;
- to empower women by giving them access to a means of protection that is controlled by them and by enabling them to use it and negotiate its use with partners.

The programme strategy has two core components: demand generation and the strengthening of supply chain management through an increased focus on community distribution.

### 4.4.3. Strategy for 2012 and further

This means that the following activities will take place in 2012 and 2013:
- Training of health personnel and community promoters on family planning and female condom promotion;

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\(^{67}\) DHS, 2003.

\(^{68}\) Multiple Indicator Cluster Survey

\(^{69}\) DHS, 2003.

• Continuation of activities advocating for the promotion of the female condom among their member organisations;
• Continuation of the promotion and distribution activities regarding the generic FC2 female condom that is available for free in the public sector;
• Implementation of an SMS (texting) platform before the second half of 2012. Activists and peer educators will work through an SMS platform. To create a database and have a platform to communicate targeted messages;
• Launch of the Jeitosa female condom in April/May of 2012;
• Promotion of the Jeitosa female condom through the implementation of a communication campaign. based on market research that was conducted in 2011;
• Distribution of the Jeitosa female condom. Distribution will take place through sales representatives, with an initial focus on Maputo city, and subsequent expansion to other urban and peri-urban areas in Maputo province, Nampula city and possibly Beira city in Sofala province. These sales representatives will be selling Jeitosa female condoms within their own network, making use of word-of-mouth promotion to enlarge their networks. This strategy will closely link education efforts with sales; each buyer will be educated on correct use and other important aspects. Promoters and distributors of the Jeitosa female condom would join a special network of supporters whose individual performance will be evaluated and incentives will be given appropriately and regularly in order to maintain motivation;
• Investigate partnerships for promotion and distribution purposes tailored to the target group (e.g. partnerships with radio/TV shows, and hair/beauty salon chains and brands targeting women in the Jeitosa target group);
• Acceptability and market study concerning the FC2 in 2012. This research will inform a more targeted distribution strategy for the FC2 that is being distributed for free. A consumer satisfaction survey on the Jeitosa female condom is envisioned for 2013.

This will lead to the following results for the female condom programme in Mozambique in 2012 and 2013:
• Increased acceptance, availability and use of the female condom (FC2 and Jeitosa Cupid female condom);
• Distribution of 500,000 Jeitosa Cupid female condoms in three years (2012-2014) (or more depending on the sales in the period 2012-2013);
• Increased visibility of the Jeitosa Cupid female condom in the intervention provinces;
• Increased knowledge on programming of a second female condom on a national market.

For the period after 2013, the Mozambique programme foresees that the priority areas will be the continuation of distribution and promotion activities of the Jeitosa female condom. The UAFC Joint Programme, in addition to the Netherlands embassy and PSI Mozambique, will engage in fundraising activities to secure funding for the period 2014-2015 for procurement, promotion and distribution of female condoms as well as for linking and learning. Procurement of additional Jeitosa female condoms for the 2014-2015 period will be prioritised as the shelf life of the Cupid female condom is three years. Quantities to be distributed will depend on the sales in the current period and the outcomes of the consumer satisfaction survey scheduled for 2013.

4.5. Expansion to new countries

To be able to create enough demand for potential manufacturers and to acquire more (and different) programme experience and data, the opening of country programmes is deemed desirable. Pivotal in deciding on the start up in a new country – in addition to the activities in Cameroon, Nigeria and the collaboration with PSI in Mozambique – is the commitment of the government of the new country or of an in-country donor. The first phase UAFC has shown that a 2-
3 year period of intense programming results in more users and far better knowledge in the society concerning the existence and use of female condoms. Such a period however is not long enough to establish sustainable use and a private sector that is able and willing to take over. To start new UAFC country programmes, the UAFC Joint Programme takes these lessons learned into consideration. Therefore commitment on the part of the government or a bilateral donor/embassy for a new country programme is essential to enable the implementing partner to continue programming, also after the final project period of the UAFC Joint Programme.

To enable the two manufacturers who will be qualified in 2012 (Path and CUPID) and others in 2013 (probably HLL and Phoenurse) to market their condom, a demand of at least 600,000 female condoms per manufacturer per year will facilitate their start-up and enable them to introduce their country to a wide audience. The opening of 2 to 3 new country programmes as well as expansion of current country programmes will allow for these new manufacturers to enter the market.

Similar to the initial criteria for starting up in Cameroon, Nigeria and Mozambique, the 3 main criteria for the selection of a new country programme are:

• High HIV/AIDS prevalence and unmet family needs;
• A government that is open to female condom programming, the presence of social marketing organisations (already existing social marketing programmes, not yet including female condoms), an active civil society and established rules and regulations which allow for new commodities to enter the country;
• The possibility to phase out/handover to government or donor at the end of the project period to guarantee sustainability.

The UAFC Joint Programme has shortlisted 10 countries in which it is deemed desirable and possible to integrate a female condom programme into existing family planning and/or HIV prevention programmes (Annex 5).

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71 Other criteria include: CPR, population growth, legal framework in potential country which allows female condoms to be imported, presence of the UNFPA, presence of SRHR organisations, presence of social marketers, presence of UAFC partners
Chapter five – Advocacy, linking and learning and communication (ALLC)

5.1. Introduction

Although the UAFC Joint Programme has already been able to push the agenda and implementation of female condom programmes forward, it is also clear that in general the present international efforts to realise access to sexual and reproductive health and rights for all are still insufficient. The ICPD (International Conference on Population and Development) Programme of Action, as well as MDG 5 are lagging behind. In the meantime, there are still two new HIV infections for every person starting treatment. 80% of these infections occur through sexual intercourse. And there is still a huge ‘unmet need’ for family planning, which is expected to grow by another 40% over the next 15 years. Women are disproportionately affected by both HIV/AIDS as well as unwanted pregnancies, and have insufficient means available to protect themselves and to claim their sexual and reproductive health and rights.

In Phase 1 of the UAFC Joint Programme, through targeted international advocacy, we have increased visibility of and attention for female condoms. This resulted in getting female condoms higher on the international agenda (or at all), the inclusion of female condoms in policy documents (including UNAIDS, PEPFAR) and a shift in position of the UNFPA and WHO towards acknowledgement of the need for variety in female condom distribution and programming and support for the functionality study. An International Advocacy Platform, consisting of over 50 members representing a wide range of organisations and nationalities, was set up to support international advocacy for the female condom. Linking and Learning (LL) made it possible for the country programmes to share their insights on critical issues with each other. Both LL and advocacy activities resulted in tools, good practices and lessons learned, on the basis of which an Implementation Guide on Female Condom Programming and an Advocacy Toolkit were developed. These documents have been made available to other advocates and programme implementers.

In phase 1 of the UAFC Joint Programme, we have contributed to an international female condom movement, uniting national and international female condom advocacy efforts and starting a campaign. In 2012-2015 we want to expand and strengthen this movement to increase global support for female condoms and to increase access to female condoms for people around the world. By continuing our international advocacy efforts, we want to continue to put the female condom on the international agenda. Positive communication about female condoms through the UAFC website, media, networks and list serves will support advocacy messages. Broadening and strengthening the International Platform will facilitate the international advocacy efforts as well as contribute to advocacy capacity on the national level. Within the UAFC country programmes, national advocacy will be strengthened further by including advocacy officers in the country teams. Large implementing SRHR organisations will be targeted to increase female condom programming and thus enhance access to female condoms.

In the End of Term Evaluation, the following recommendations were made for the ALLC component: The UAFC Joint Programme will increase international advocacy and involve Southern partners in in-country and international advocacy. The International Platform will be more interactive and increased attention will be paid to advocating towards bilateral donors;

- International and national advocacy will be inter-linked, a joint advocacy strategy will be developed in order to advocate jointly for increased female condom procurement and female condom programming towards bilateral donors and multi-lateral donors in the programme countries.
• At the national level, sufficient resources (including staff) must be made available for advocacy. Additional local advocacy partners might be identified that have specific expertise in advocacy and campaigning for policy change.

5.2. Strategy 2012-2015

Under the overall programme objective “Increased international and national support”, the ALLC component seeks to achieve the following three specific objectives:

(1) Increased political and financial support for female condoms from donor agencies and international organisations

In order to keep female condoms on the agenda of international organisations and donor agencies such as UNAIDS, PEPFAR and DfID, to get them on the agendas of others (e.g. UNITAID, Bill and Melinda Gates Foundation) and to get female condoms higher on the agenda of UNFPA and WHO, we need to continue our international advocacy efforts as well as increase our international advocacy capacity. Thus, we will continue to advocate for female condoms to be on the agenda of relevant high level meetings, to be included in the outcome documents of these meetings, and to meet with relevant policy makers having a say in these matters. Specific attention will be given to those bilateral donors who are positive about female condoms but have not yet made sustainable financial commitments such as a budget line reflecting their position (e.g. DfID and USAID). At bilateral and multilateral meetings, it is important to also broaden our network and involve new people and organisations in female condom advocacy. One way to achieve this is by mobilising key actors to participate in the Paper Doll Campaign. This campaign allows organisations to engage in in-country advocacy while being part of an international female condom advocacy movement at the same time.

Another way to involve organisations in female condom advocacy is by inviting them to become a member of the International Advocacy Platform. The goal of the Platform is to make female condoms universally accessible, available and affordable to all by broadening and strengthening the support base for female condoms, sharing knowledge and expertise among actors, and by jointly advocating for female condoms. The objectives of the Platform are:

• To generate maximum attention for female condoms at all levels;
• To achieve synergy by sharing know-how, experience and lessons learned;
• To achieve optimal coordination of international female condom advocacy efforts;
• To give credibility and power of numbers to advocacy efforts;
• To provide support to female condom advocacy at the national level/in-country female condom advocacy.

The expansion of the Platform by adding relevant and motivated organisations to it72 (for example also relevant Paper Doll Campaign partners) will make the international female condom voice stronger and shape it into a real female condom movement, which will help to convince donors and international organisations to include female condoms in their relevant policies, budget lines and programmes. From the End of Term Evaluation and the International Platform meeting in November 2011, it became clear that the members of the International Platform would like the Platform to work in three modes of operation:

72 In order to assure the quality of the Platform, a TOR with criteria for becoming/being a member of the Platform will be developed and (new) members will be asked to sign it.
1. Centralise communication from the Platform coordinators to the members regarding new developments in the female condom field (e.g. research results, policy changes, funding opportunities, new female condoms prequalified);
2. Mobilise the international collective voice;
3. Provide technical training/skills building to members.

As of 2012, the Platform will operate in these three modes. Activities that are part of the first and third modes, such as the Advocacy Toolkit, regular updates on important female condom data, webinars on particular skills and the sharing of lessons learned, will increase the capacity of Platform members.

The Advocacy Toolkit will also be distributed strategically beyond the International Platform. International networks and list serves will continue to be used to raise awareness for female condoms and to reinforce the message that female condoms should be included in international SRHR and HIV/AIDS discussions. Strategic meetings will take place with large SRHR, HIV and Women’s organisations such as PSI, MSI, DKT, IPPF, PAI, IWHC and AVAC with the purpose of convincing them to sustainably include female condoms in their advocacy efforts. To this same end, we will also involve high-level supportive voices (e.g. donors of the UAFC Joint Programme and high-level individuals within the RHSC). Furthermore, the focus on the media will be increased to support positive messages on female condoms to reinforce the idea that female condoms should be available, accessible and affordable to all. A study trip for journalists to one of the UAFC country programmes will be organised.

(2) Increased political and financial support for female condoms from governments in the Global South

An expansion and strengthening of the international platform will not only increase our international impact but will provide a stronger voice at the national level in the Global South. Advocates from the Global South working on in-country advocacy can build their capacity by taking part in the International Platform activities, thereby strengthening in-country advocacy efforts. At the same time, the inclusion of national advocates in the larger international female condom movement will also strengthen international advocacy efforts and will reinforce the link between the two levels. Platform members can bring national issues to the attention of the Platform and give input to each other based on national experiences. National experiences will also reinforce and provide evidence for international advocacy efforts.

Another way to work on increasing support from governments in the Global South is to stimulate advocates to participate in advocacy campaigns that link the grass roots to the international level, such as the Paper Doll Campaign. In-country advocates will be able to collect local evidence in support of the inclusion of female condoms in their government’s policies and budgets and at the same time impress government officials by showing that they are part of a big and strong international movement.

A third important step in increasing the financial and political support for female condoms from governments in the Global South is to increase the advocacy capacity within the UAFC country programmes. One of the recommendations of the End of Term Evaluation is to increase capacity in the country programmes in terms of adding an in-country Advocacy Officer to the programmes and identifying where these officers could best be based in terms of advocacy expertise. These recommendations have been taken to heart, which is why an identification process will be started, together with the UAFC Coordinator, the CLOs and the lead organisations of the country programmes, to find the right organisation to station the advocacy officer. Budget for this identification – as part of Local Advocacy Capacity Building – as well as for the in-country advocacy
officers themselves is part of the Advocacy, Linking & Learning and Communication budget because it is not yet clear where the in-country advocacy officers will be stationed.

The UAFC Joint Programme will organise advocacy (training) workshops for the country programme staff working on advocacy. One of these workshops will be used to develop a joint Advocacy Strategy. Implementation of this strategy is not only aimed at contributing to increased support for the female condom programmes from national governments and donors active in these countries, but it will also help to increase involvement of UAFC partners in international additional workshops. The in-country workshops will be needs-based and tailor-made and will include training of trainers. As of 2014, some of these training workshops will also be open to in-country advocates outside the UAFC country programmes.

(3) Increased and improved involvement of large scale SRHR-implementing organisations

The support of large SRHR-implementing organisations such as MSI, PSI, DKT and IPPF, is crucial to gain wider access to female condoms. In fact, universal access to female condoms cannot be achieved without convincing these organisations to invest in female condom programming. The strategic distribution of the implementation guide to these organisations both at the country level and at the international HQ level will lower the threshold for female condom programming. The implementation guide is available in English, French and Portuguese. A Chinese version of the implementation guide is currently being developed together with PATH. Approaching these organisations at international meetings, agenda setting at international conferences and media coverage will also contribute to the increase in support from these organisations.

Large-scale implementing organisations will also specifically be invited to the presentation of the results of the Functionality Study, the Quantitative Impact Analysis and the Qualitative Male Acceptance Study. The findings of these studies can help convince them to invest in starting or scaling-up female condom programmes. Additionally, representatives of implementing organisations will be invited to an organised visit to one of the UAFC country programmes. Last but not least, we will connect implementing organisations to our efforts undertaken in pooled procurement to lower the barrier of high procurement prices.

In Annex 6 the specific objectives and the related activities of the Advocacy, Linking & Learning, and Communication component are shown in a schematic overview.
Chapter six – Governance

6.1. Partnership of the UAFC Joint Programme

The UAFC Joint Programme is a partnership between Oxfam Novib, Rutgers WPF, i+solutions and the Netherlands’ Ministry of Foreign Affairs. In addition to the partners in the Netherlands, the UAFC Joint Programme works with lead social marketing partners in two country programmes: the Society for Family Health (SFH) in Nigeria and the ‘Association Camerounaise pour le Marketing Social’ (ACMS) in Cameroon. A special relationship there is between the UAFC and the PSI programme in Mozambique, although they are directly funded by the Norwegian embassy, the Dutch ministry of Foreign Affairs and Oxfam Novib, there is a lot of contact and exchange of information between the programme and the UAFC joint programme. The added value of implementing specific and specialised strategies concurrently is recognised by all partners.

The UAFC Joint Programme is uniquely positioned for three major reasons:

1) The UAFC Joint Programme is widely recognized for its female condom expertise
2) The UAFC Joint Programme is a neutral coalition, a public-private partnership not aligned with any female condom manufacturer in particular, but one that works with all parties involved with female condoms
3) The UAFC Joint Programme is a trusted and respected broker, and therefore capable of bringing parties together that are less likely to take the initiative to join forces by themselves.

There is no other party that combines these assets, whereas key female condom stakeholders - donors, manufacturers, procurers, implementing organizations and regulatory organizations alike - need to join forces or at least need to see a common interest in order for the female condom to eventually become available, affordable and accessible for all.

Roles of partners

Oxfam Novib is responsible for the contract management, and provides clear lines of accountability towards the other partners in the programme and the UAFC donors. Oxfam Novib as the main contractor manager will screen the UAFC contracts and the implementation plans of the programme partners to ensure they are in line with the strategic decisions taken in the steering group. Oxfam Novib safeguards that both the donor requirements and the Oxfam Novib guidelines for the contracts are taken into account. Oxfam Novib is also the liaison for the Nigeria country programme. Rutgers WPF has the lead on advocacy, linking and learning and communication, both international and national. Rutgers WPF is the driving force behind the platform and is a member of most of the international list serves and working groups on family planning, HIV prevention or on female condom specific. The not-for-profit supply chain specialist i+solutions is responsible for manufacturing and regulatory support, for the UAFC country programmes as well as playing the role of expert in international working groups. i+solutions is responsible for all procurement of female condoms (including custom clearance and regulatory support on the national level) and is the liaison for the Cameroon programme. The Netherlands’ Ministry of Foreign Affairs continues to be a large donor in 2012 and links the UAFC Joint Programme to relevant international donor agencies and institutions. In addition, the Dutch Ministry plays an important role to keep the female condom discussion on the political agenda. All partners of the UAFC Joint Programme are represented in the UAFC International Steering Group.

6.2. Governance Structure of the UAFC Joint Programme

In order to continue the synergy in the programme and to be accountable to the donors, the UAFC Joint Programme will continue with the current coordination and governance structure including the international steering group. The coordination and governance structure makes it possible to carry
out day-to-day management and makes sure that the information flow between different layers and partners in the programme takes place accurately and consistently. It furthermore provides the ISG with relevant management information, which is a basis for the strategic steering done by the ISG.

**International Steering Group**

The UAFC International Steering Group is the highest-level body within the programme and responsible for strategic decision-making and the overall strategic supervision of the programme. For the coming period, it will decide on the policy framework as set out in this UAFC Strategic Plan. The ISG decides on strategic issues such as programme proposals, and approves work plans, and budgets. The members of the ISG will continue to consist of senior management staff of the organisations that make up the UAFC Joint Programme, plus strategic international members that have been selected on the basis of their specific knowledge and expertise. Please see Annex 7 for a list of the current members of the UAFC ISG. The ISG meets four times a year (twice face-to-face and twice through teleconferencing). In 2012, the ISG will continue to be chaired by the independent chairperson. A review on the needs for an independent chair was conducted in spring 2012. It is commonly felt that the ISG should continue to be managed by an independent chairperson to facilitate a neutral stance of the programme.

The ISG is supported by the UAFC coordinator and the programme support officer. The continued assistance of the programme support officer is foreseen in view of the intention to focus more on research and to coordinate the follow-up of the End of Term Evaluation of the first phase as well as to instigate a mid-term and final evaluation of the second phase and to monitor implementation of lessons learned.

The UAFC coordinator is responsible for day-to-day management of all programme partners and serves as linking pin and networker for the programme, while also functioning as the secretary of the International Steering group, with regular contact with the chairperson.

**Coordination group**

Operational representatives from the UAFC partner organisations and the Country Liaison Officers (CLOs) meet once a month in a coordination group meeting to ensure efficiency and easy exchange of information across all parts of the programme. These meetings are chaired by the coordinator or contract manager. The operational team of the UAFC Joint Programme consists of key representatives of the UAFC Joint Programme partners. For a full list of the UAFC key staff, please see Annex 7.

Specific terms of reference have been created for the ISG, the programme coordinator, the programme support officer, members of the coordination group and the CLOs in order to ensure clarity on the specific mandates, roles and responsibilities.

**Country-level coordination**

In both country programmes, national steering committees exist to strategically lead the programme. Key actors such as the Ministry of Health, the UNFPA, and large donors such as DfID and USAID (in Nigeria) are represented. Both lead organisations have an elaborate system in place for monitoring the programme and are able to provide detailed information on key indicators for sales, distribution and people reached. The CLOs will continue to be the first point of contact for the lead organisations in the country programmes and will facilitate the stream of communication between the coordinator, contract manager and other staff of the UAFC partners.
6.3. Monitoring, Evaluation and Learning

The UAFC Joint Programme is committed to monitoring and evaluation in order to:

- support accountability for the effective use of funds, both towards donors as towards the intended beneficiaries of the UAFC Joint Programme;
- improve the performance of programme components and the UAFC Joint Programme as a whole by focusing on delivering outputs and achieving outcomes and, ultimately, impact;
- collect lessons learned to be shared and used by UAFC and others to improve programme design, strategies and activities.

The UAFC contract management provides clear lines and formats for planning and reporting. All programme components report by means of narrative and financial quarterly reports. These reports are discussed and analysed in the coordination group meetings and summarised for the ISG in order to allow the ISG to closely monitor the programme and provide strategic steering. Country Liaison Officers report back to the lead country partners with the recommendations from the coordination group.

Contract management ensures that the annual narrative and audited financial report is sent to the donors of the UAFC Joint Programme. Donors will receive interim updates in the case of special events and in accordance with contract requirements per donor.

Expected outputs and outcomes for phase II are summarised in the overview tables of the different programme components (Annexes 1-6). UAFC consortium and country partners will establish baselines for output and outcome indicators in 2012 by making use of existing data where possible, by mapping exercises and surveys. It should be noted here that the UAFC Joint Programme will try to create synergy at the level of the overall programme objectives (OPOs) between the different programme components, but will also respect the autonomy of the consortium and country partners to tailor the monitoring systems to their own needs.

In the country programmes, information on changes in knowledge, attitudes and practices and (quality of) coverage of female condoms is gathered and analysed in the KAP and MAP studies, respectively. These allow for more in-depth insights in changes as experienced by the beneficiaries of the programme. Together with country partners, the UAFC also intends to optimise the existing surveys to allow enhanced evaluation of programme impact, as well as to explore new ways of capturing stories of individual beneficiaries in the next phase.

The UAFC Joint Programme will continue to collect lessons learned and promote learning between programme partners and other stakeholders. To this end, UAFC intends to organise learning events for country programme partners and an International Female Condom Conference in the next programme phase. Country partners collect best practices and the ALLC component makes sure these are incorporated into future updates of both the UAFC Implementation Guide for Female Condom Programmes and the Advocacy Toolkit. Recommendations from the End of Term Evaluation and Male Involvement Study of the first phase have been incorporated into the strategy for the next phase of the programme and will be closely monitored. An End of Term Evaluation is foreseen for the next phase.

The UAFC Joint Programme also seeks to contribute to the knowledge base of female condoms and female condom programming by commissioning research and studies. To this end, UAFC will consult with leading researchers in the field and other stakeholders, donors and policy makers, to identify the most imminent knowledge gaps and what type of research would be needed to fill these gaps. If required, additional funding will be looked for to finance this research and studies.
6.4. Fundraising

In the first phase of the UAFC programme, 2008-2011 successful fundraising led to the welcome support of six donors (the William and Flora Hewlett Foundation, Danida, the Netherlands Ministry of Foreign Affairs, Sida, Norad and Oxfam Novib) for a total amount of 12.5 million euros to implement the three-year programme. As mentioned above, the Norwegian embassy, the Dutch Ministry of Foreign Affairs as well as Oxfam Novib are also contributing directly to the female condom programme in Mozambique.

For this year, 2012, The Dutch and Finnish Foreign Ministries and the William and Flora Hewlett Foundation have approved key activities and budget for 2012 activities, to enable the UAFC to finish activities starting during the first phase as well as to continue ongoing activities (finalisation of 1st functionality study and the setting up of the 2nd functionality study, support to manufacturers, facilitating pooled procurement, programming in Nigeria and Cameroon, advocacy at the national and international levels and governance) and to prepare for the second phase. Oxfam Novib has approved an amount of 155,600 euros for the Paper Doll Campaign and has committed 150,000 euros for the female condom programme in Mozambique. Fundraising is of key importance for the next phase.

For 2013 and beyond, the UAFC Joint Programme hopes to continue and intensify the good relationship with the present donors.

Fundraising is not only the responsibility of the UAFC Joint Programme partners in the Netherlands, however. The lead organizations in the country programmes are also actively involved in identifying potential donors. The Society for Family Health in Nigeria is a major recipient of USAID and DfID and will continue to try to include female condoms in the reproductive health and HIV/AIDS programmes of these donors. For the 2nd phase, it is furthermore foreseen that SFH and ACMS will raise their own funds for the procurement of female condoms for the period 2013-2015.

6.5. Risk management

Management of the risks will take place in the CG and ISG meetings and will be discussed each quarter.

<table>
<thead>
<tr>
<th>What is the potential risk?</th>
<th>What would be the negative consequence if the risk materialises?</th>
<th>What is the probability of the risk becoming a problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNAL</td>
<td></td>
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</tr>
<tr>
<td>Lack of data on sustained use and how to enhance sustained use.</td>
<td>Major If no efforts are made to assess and stimulate people to become frequent users, the long-term sustainability of the product is greatly at risk.</td>
<td>Medium Lead organisations agree with the importance of sustained use and repeated intervention. Targeted research on sustained use will inform programming. The project period might be too short to achieve sustained use in (all) the intervention areas. This topic will also be included as a linking and learning topic.</td>
</tr>
<tr>
<td>Lack of sustainability of country programmes (in particular the new country programmes)</td>
<td>Major The new programmes will collapse if funding is not continued, which will lead to a</td>
<td>Medium When starting up in new countries (and to a lesser extent in existing country programmes), it will be difficult to ensure</td>
</tr>
<tr>
<td><strong>the end of UAFC phase II.</strong></td>
<td>negative image of female condoms and will have a negative impact on the public health situation.</td>
<td>a sustainable female condom market after only three years of distribution and programming.</td>
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<td>-----------------------------</td>
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<tr>
<td></td>
<td>It takes a substantial amount of time to realise new policies and budgets and to start implementing them.</td>
<td>Commitment of major actors such as donors, international institutions and national governments needs to be secured from the start to avoid a sudden stop of country programmes at the end of the UAFC programme</td>
</tr>
</tbody>
</table>

| **Lack of long-term substantial funding for the UAFC Joint Programme to cover all programme components for the next phase.** | Major Programming, procurement, support to manufacturers and advocacy all need sustained funding. This is of particular concern after 2012. | Medium Positive results for the UAFC Joint Programme are described in the End of Term Evaluation report. Fundraising both at the national and international levels will continue and several donors (both current and potential) are showing interest in funding the programme. FP commodities and especially female condoms are in the limelight. |

| **Lack of substantial demand to establish viable markets for more than one manufacturer.** | Medium/major Monopoly will persist with high price per female condom | Low Through demand creation and competition, resulting in lower prices, market segment for female condoms will grow. |

| **EXTERNAL** | **Lack of global support due to conservative international development agenda, both in terms of spending (economic crisis) and in terms of content and attitude (conservative towards reproductive health rights, sexuality, use and women initiating contraceptives)** | Medium Less funding, less programming, less willingness to include female condoms in policies and budgets. Policies remain the same and women lack access to contraceptives. | Medium Able to be mitigated through advocacy on global and national level, using champions. |
|              | Map and track donors that are interested. | |
### Annex 1 – Consolidated overview table UAFC Joint Programme Objectives, Strategies and Expected Outcomes

#### Overall Programme Objective: Increased availability and affordability (OPO1)

<table>
<thead>
<tr>
<th>Specific Component Objectives</th>
<th>Strategies</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased availability of a variety of quality-assured female condom designs on the market (M&amp;R)</td>
<td>▪ Ensure availability of a mix of quality-assured female condoms types (M&amp;R)</td>
<td>▪ Female condoms procured and delivered to the 3-6 UAFC target countries, in sufficient numbers (estimated 15-25 million, supply meeting demand) and in an adequate way (without stock outs) to meet UAFC objectives. ▪ At least two new quality-assured female condom designs registered in and delivered to at least two of the 3-6 UAFC target countries.</td>
</tr>
<tr>
<td>Reduced procurement costs of female condoms (M&amp;R)</td>
<td>▪ Achievement of a sustainable competitive pricing market</td>
<td>▪ Average per unit female condom procurement purchase price substantially lower (&gt; 25%) by end of 2015, compared to 2012. One global price per female condom design.</td>
</tr>
<tr>
<td>Strengthened supply chain systems for female condoms and reproductive health commodities in general (M&amp;R)</td>
<td>▪ Strengthen supply chain systems of female condoms in particular, and of reproductive health commodities in general, linking with the public and private sectors in target countries</td>
<td>▪ Partners in 6 UAFC target countries able to produce reliable forecasts and ensure a smooth supply/demand process (i.e. no stock outs) for female condoms in particular, and reproductive health commodities in general.</td>
</tr>
<tr>
<td>Increased opportunities for women and men of reproductive age to obtain the female condom through increased availability and affordability (Cam)</td>
<td>▪ Efficient supply chain management in particular by - Increasing stock availability to ensure market penetration of female condoms in the country’s urban and semi-urban and rural areas. - Expansion of the distribution network for female condoms - Introduction of a new price setting to enhance product flow - Advocacy towards local authorities to allow the introduction of the female condom</td>
<td>▪ Increase by 5% of the uptake of female condoms by women and men of reproductive age in the intervention areas. ▪ Increase from 3% to 5% the proportion of female condoms distributed as compared to the number of male condoms distributed in project implementation regions (NSP). ▪ Increase from 28.2% to 38% the percentage of sexually active women and men who agree that FC is always available at the next shop. ▪ Increase from 21.3% to 31% the percentage of sexually active women and men who strongly agree that they can easily access FC when they want it; ▪ 5% of sexually active women and men strongly agree that female condoms are always available at their hairdresser salon or barbers. ▪ Increase from 42.5% to 62% the percentage of sales outlets selling FC at the right price.</td>
</tr>
<tr>
<td>Increased availability of female condoms in the three existing focal states and six new intervention</td>
<td>▪ Leveraging on existing SFH distribution infrastructure and social franchising to expand distribution nationwide to build a sustainable</td>
<td>▪ 30% of retail outlets in the selected states selling female condoms. ▪ 30% increase from baseline (males and females) who feel that the female condom is available among those who have heard of female condoms.</td>
</tr>
</tbody>
</table>

73 Corresponding activities and expected outputs can be found in overview tables of respective programme components.  
74 2012 baselines for outputs and outcomes will be established; see also section on Monitoring & Evaluation in Chapter 6.
states, at an affordable price and in a sustainable manner (Nig) pharmaceutical channel 25% Increase from baseline (males and females) who believe female condoms are affordable among those who have heard of female condoms

**Overall Programme Objective: Increased demand and sustained use (OPO2)**

<table>
<thead>
<tr>
<th>Specific Component Objective</th>
<th>Strategies</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased ability of women and men of reproductive age in the intervention areas to adopt and use female condoms correctly by reinforcing their self-efficacy (Cam)</td>
<td>- Build the ability of women and men of reproductive age to adopt and use the female condom by reinforcing their self-efficacy - Awareness-raising and education</td>
<td>- increase from 30.2% to 50% the number of women and men of reproductive age in the intervention areas who declare that they are able to use female condoms correctly - Increase from 66.3% to 70% the percentage of sexually active women and men who strongly agree that they can always insist or negotiate female condom use with their regular sexual partner. - Increase from 3.5% to 8% the percentage of sexually active women and men who know how to make a clear and correct demonstration of the FC use. - Proportion of sex workers reporting having use a female condom with their last client (NSP + UNGASS). - Increase from 0.2 to 0.5% the percentage of people reporting correct and consistent use of the FC. - Reduce from 38.5% to 33% the percentage of women who feel uncomfortable to ask for a condom in a shop.</td>
</tr>
<tr>
<td>Increased motivation of women and men of reproductive age in the intervention areas to adopt safer sexual behaviours through the correct and systematic and therefore sustained use of female condom. (Cam)</td>
<td>- Increase the motivation of women and men of reproductive age to adopt safer sexual behaviours by addressing prejudices and concerns and by offering choice.</td>
<td>- 1% of women and men of reproductive age in the intervention areas are motivated to adopt safer sexual behaviours through the correct and sustained use of female condoms - Increase in % of people who mention the female condom as a primary method of HIV prevention; - Increase from 84.5% to 90% of the percentage of people who say that the female condom is effective against HIV transmission - 30% of sexually active women and men who strongly disagree or disagree that using female condoms decreases sexual enjoyment - Increase from 42.6 to 52% the percentage of sexually active women and men who strongly agree or agree that they enjoy sex with a female condom. - Increase in 50% of sexually active women and men strongly agree or agree that sex using a female condom is safe. - 20% of sexually active women strongly disagree or disagree that women who use condoms are prostitutes.</td>
</tr>
</tbody>
</table>
**Increased demand for and use of female condoms in the intervention states (Nig)**

- Increasing awareness and demand for female condoms through
  - the use of mass media, social networks and media (including social media)
  - capacity building and use of IEC and interpersonal communication to sensitise end users on the benefits of female condoms and equip them with skills on correct use
  - giving specific attention to male involvement and reaching young women, for example by working through tertiary institutions

- 30% increase from baseline of men and women who have ever heard of a female condom in new states
- 25% increase from baseline in proportion of those who have ever used a female condom in old states and 20% increase from baseline in new states among those who have heard of female condoms
- 20% increase from baseline in proportion of those who are currently using female condoms among those who have ever used a female condom
- 90% of trained partner organisations implementing female condom programming

**Overall Programme Objective: Increased national and international support (OPO3)**

<table>
<thead>
<tr>
<th>Specific Component Objectives</th>
<th>Strategies</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced national and international support for new female condom designs (M&amp;R)</td>
<td>Address gaps in knowledge about new female condom designs</td>
<td>Increase # national and international stakeholders that have included new female condom designs in their policies and budget lines</td>
</tr>
<tr>
<td>Increased national-level support among government and donor agencies for female condom programming and distribution (Cam)</td>
<td>Increase national-level support among government and donor agencies for female condom programming and distribution</td>
<td>MoH support for female condom procurement through the validation of an annual budget line for procurement and training of staff of 50 public health centres</td>
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<td></td>
<td>UNFPA financial support for female condom procurement and programming (communication and distribution).</td>
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<td></td>
<td>Pharmacies support for efficient distribution of female condom through regular purchase of female condoms from wholesalers;</td>
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<td>CENAMEE support for efficient distribution of female condom in public sector through purchase of female condom from ACMS and supply of all public health centres involved.</td>
</tr>
<tr>
<td>Female condom provision integrated into existing programmes and services on SRHR and HIV and AIDS (Nig)</td>
<td>Promoting partnership and collaboration with civil society and the private sector, leading to more effective systems to put female condoms in a wider context by relating them to the unmet needs of many women to have increased control over their sexuality</td>
<td>At least 3 donor supported programmes have integrated female condoms into their packages and services. Such programmes include:</td>
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<tr>
<td></td>
<td></td>
<td>USAID MARP funded programme</td>
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<td></td>
<td></td>
<td>USAID RH and MCH programmes</td>
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<td></td>
<td></td>
<td>DFID funded HIV programmes</td>
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<tr>
<td></td>
<td></td>
<td>World bank assisted HIV programmes</td>
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<td></td>
<td></td>
<td>GF HIV programmes</td>
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<tr>
<td>Increased national-level support among government agencies, donors and policy makers for female condom programming and distribution (Nig)</td>
<td>Advocacy through policy engagement and integration into existing projects and advocacy activities to convince key policy makers at the federal and state levels of the need to support female condom programming and its visible</td>
<td>60% of key stakeholders have integrated female condoms into their packages and services. Such key stakeholders include:</td>
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<td></td>
<td></td>
<td>FMOWA, FMoH, UNFPA at national level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SMoWA, SMOH and UNFPA state offices at state level</td>
</tr>
</tbody>
</table>
| Increased political & financial support for female condom procurement, programming, research & development and advocacy from donors and international organisations/institutions (ALLC) | • Increase awareness and support for female condoms among high-level stakeholders, decision makers and opinion leaders by presenting them with up-to-date information and evidence-based advocacy messages  
• Mobilise the International Female Condom Platform as well as other organisations to support and participate in international advocacy activities  
• Increase awareness and support for female condoms among the media  
• Make female condom advocacy a sustainable part of advocacy strategies of international SRHR, HIV/AIDS and women’s organisations | • At least 2 additional international organisations and/or donor organisations have included female condoms in their policies, programmes and/or budget lines  
• 1 international organisation and/or donor agency has allocated budget for female condom research, resulting in a female condom study that provides data on effectiveness, use/uptake and/or impact of current female condom models and can be used for evidence-based advocacy messages  
• At least 3 donor agencies and international organisations are willing to support the country programme in UAFC countries |
| Increased political & financial support for female condom procurement, programming, research & development and advocacy from governments in the Global South (ALLC) | • Make female condom advocacy an established part of advocacy strategies of relevant organisations, at the country level  
• Make advocacy part and parcel of UAFC country programmes by including an advocacy officer in country programmes | • At least 2 in-country advocates have advocated (successfully) towards their government for inclusion of female condoms in their policies, programmes and/or budget lines, trained, supported or otherwise facilitated by the UAFC Joint Programme |
| Increased and improved involvement of large-scale SRHR-implementing organisations in large-scale female condom programmes (ALLC) | • Advocate towards large implementing organisations to start or scale up female condom programmes  
• Enable large implementing organisations to perform female condom programming  
• Increased awareness and support for female condoms among large-scale SRHR-implementing organizations through increased media coverage on female condom programming | • At least 2 additional organisations have included female condom programming in their policies and/or budget lines |
## Annex 2 – Overview table Manufacturing & Regulatory Support component

### Overall Programme Objective: Increased availability and affordability (OPO1)

<table>
<thead>
<tr>
<th>Specific Component Objective</th>
<th>Strategy</th>
<th>Activities</th>
<th>Expected Outputs⁷⁵</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased availability of a variety of quality-assured female condom designs on the market</td>
<td>▪ Ensure availability of a mix of quality-assured female condoms types</td>
<td>▪ Female condom procurement and supply</td>
<td>▪ An estimated 15-25 million condoms procured and supplied</td>
<td>▪ Female condoms procured and delivered to the 3-6 UAFC target countries, in sufficient numbers (estimated 15-25 million, supply meeting demand) and in an adequate way (without stock outs) to meet UAFC objectives</td>
</tr>
</tbody>
</table>
| | | ▪ Second functionality study 2012
▪ First functionality study finalised | ▪ At least 3 new female condom designs, WHO-prequalified | |
| | ▪ Technical assistance on manufacturing and regulatory issues to female condom manufacturers | ▪ At least 2 new female condom manufacturers compliant with international and national standards and guidelines | |
| | ▪ Technical assistance on quality assurance to manufacturers, national governments and regulatory authorities in the target countries | ▪ Compliance with in-country registration requirements for female condom products in all UAFC target countries | |
| | ▪ Production of Parallel Programming Training Manual | ▪ Partners in (at least) 2 UAFC target countries planning on introducing a second condom design in country have received the Parallel Programming Training Manual | |
| | ▪ Development and procurement of female condom demonstration models | ▪ Demonstration models developed for the (at least) two new female condom designs introduced in UAFC target countries
▪ An estimated 20-40,000 demonstration models procured and supplied | |

⁷⁵ 2012 baselines for outputs and outcomes will be established; see also section on Monitoring & Evaluation in Chapter 6
### Reduced procurement costs of female condoms
- **Achievement of sustainable competitive pricing market**
- **Setting up a system of pooled procurement**
- **# meetings with manufacturers and procurement agencies**
- **Market intelligence system for female condoms operational**
- Average per unit female condom procurement price substantially lower (> 25%) by end of 2015, compared to 2012
  - One global price per female condom design

### Strengthened supply chain systems for female condoms and reproductive health commodities in general
- **Strengthen supply chain systems of female condoms in particular, and of reproductive health commodities in general, linking with the public and private sectors in target countries**
- **Training and capacity-building on reproductive health commodities supply chain management**
- **Technical assistance on reproductive health commodities supply chain management**
- **Promote evidence-based practice in female condom supply chain management**
- Partners in 6 UAFC target countries received training on all relevant aspects of supply chain management
- Partners in 6 UAFC target countries able to produce reliable forecasts and ensure a smooth supply/demand process (i.e. no stock outs) for female condoms in particular, and reproductive health commodities in general

### Overall Programme Objective: Increased national and international support (OPO3)

<table>
<thead>
<tr>
<th>Specific Component Objective</th>
<th>Strategy</th>
<th>Activities</th>
<th>Expected outputs</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced national and international support for new female condom designs</td>
<td><strong>Address gaps in knowledge about new female condom designs</strong></td>
<td><strong>Production of peer-reviewed Papers on Functionality Studies</strong></td>
<td><strong># relevant national and international stakeholders received Papers on Functionality Studies</strong></td>
<td><strong>Increase in # national and international stakeholders that have included new female condom designs in their policies and budget lines</strong></td>
</tr>
</tbody>
</table>
## Annex 3 – Overview table Country Programme Cameroon

### Overall Programme Objective: Increased availability and affordability (OPO1)

<table>
<thead>
<tr>
<th>Specific component objectives</th>
<th>Strategies</th>
<th>Activities</th>
<th>Expected outputs&lt;sup&gt;76&lt;/sup&gt;</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased opportunities for women and men of reproductive age to obtain the female condom through increased availability and affordability</td>
<td>▪ Efficient supply chain management in particular by - Increasing stock availability to ensure market penetration of female condoms in the country’s urban and semi-urban and rural areas - Expansion of the distribution network for female condoms - Introduction of a new price setting to enhance product flow - Advocacy towards local authorities to allow introduction of female condom</td>
<td>▪ Distribution and establishing reserve stocks of female condoms</td>
<td>▪ 3,700,000 female condoms are distributed as follows: Year 1: 700,000 Year 2: 900,000 units Year 3: 1,000,000 units Year 4: 1,100,000 units ▪ A buffer stock of 2,000,000 condoms is acquired ▪ Total: 5,700,000 units</td>
<td>▪ Increase by 5% of the uptake of female condoms by women and men of reproductive age in the intervention areas ▪ Increase from 3% to 5% the proportion of female condoms distributed as compared to the number of male condoms distributed in project implementation regions (NSP)&lt;sup&gt;ii&lt;/sup&gt;; ▪ Increase from 28.2% to 38% the percentage of sexually active women and men who agree that FC is always available at the next shop&lt;sup&gt;i&lt;/sup&gt;. ▪ Increase from 21.3% to 31% the percentage of sexually active women and men who strongly agree that they can easily access FC when they want it&lt;sup&gt;iii&lt;/sup&gt;; ▪ 5% of sexually active women and men strongly agree that female condoms are always available at their hairdressers salon or barbers; ▪ Increase from 42.5% to 62% the percentage of sales outlets selling female condoms at the</td>
</tr>
<tr>
<td></td>
<td>▪ Introduction of new female condom design</td>
<td>▪ 2nd female condom design introduced.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Application of the new price for the female condom (3 condoms at 100 XAF per packet) ▪ Monitoring new price setting in sales outlets</td>
<td>▪ Female condom distributed at the reduced price (100 XAF for 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Capacity-building of sales force, peer educators and personnel of the pharmacies of district hospitals ▪ Recruitment of new sales points ▪ Signing of MoU with CENAMEE and pharmacists for distribution of female condoms</td>
<td>▪ At least 244 new female condom specific sales points are operational (100 in semi-urban and rural areas) ▪ At least 200 new pharmacies sell the female condom (100 pharmacies in semi-urban areas); ▪ At least 2,000 new commercial sales points sell female condoms (30% in semi-urban and rural areas) ▪ The condom is available in public hospitals across the CENAMEE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>76</sup> 2012 baselines for outputs and outcomes will be established; see also Monitoring and Evaluation section in Chapter 6
<table>
<thead>
<tr>
<th>Specific component objectives</th>
<th>Strategies</th>
<th>Activities</th>
<th>Expected outputs</th>
<th>Expected outcomes</th>
</tr>
</thead>
</table>
| Increased ability of women and men of reproductive age in the intervention areas to adopt and use female condoms correctly by reinforcing their self-efficacy | • Build the ability of women and men of reproductive age to adopt and use the female condom by: - reinforcing their self-efficacy - Awareness-raising and education | • Train 1250 people as female condom peer educators and trusted female condom experts such as hairdressing salon staff, CBOs, pharmacists and their assistants, personnel of the pharmacies of district hospitals. | • At least 2085 peer educators are (re)trained (of which 825 new) | • Increase from 30.2% to 50% the number of women and men of reproductive age in the intervention areas who declare that they are able to use female condoms correctly • Increase from 66.3% to 70% the percentage of sexually active women and men who strongly agree that they can always insist or negotiate female condom use with their regular sexual partner.  
<p>| Proportion of sex workers reporting having used a female condom with their last client. • Increase from 3.5% to 8% the percentage of sexually active women and men who know how to make a clear and correct demonstration of the female condom use. | • Disseminate mass media communication: produce and broadcast three mass media campaigns based on behavioural factors identified by the TRaC study conducted at the end of the first phase of the programme, and on the promotion of the variety. Dissemination of posters and publications in magazines. Use | • At least 47,000 group talks and 180,000 individual discussions are held | | • Increase from 0.2 to 0.5% the percentage of people reporting |</p>
<table>
<thead>
<tr>
<th>Increased motivation of women and men of reproductive age in the intervention areas to adopt safer sexual behaviours through the correct and systematic and therefore sustained use of female condoms</th>
<th>Increase the motivation of women and men of reproductive age to adopt safer sexual behaviours by addressing prejudices and concerns and by offering choice</th>
<th>Design new female condom packaging to appeal to young women in particular (20-24)</th>
<th>New female condom packaging (three condoms in a packet) designed</th>
<th>1% women and men of reproductive age in the intervention areas are motivated to adopt safer sexual behaviours through the correct and sustained use of female condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce IEC and promotional material for female condoms to be used during trainings and IEC sessions with target groups, with specific attention for young women (20-24) and high-risk groups such as sex workers, and with specific attention for correct, consistent and sustained use, and also address negative thoughts</td>
<td>At least 500,000 women and men are reached, of which 10% young women (50,000 young girls) and 0.25% sex workers (1250 commercial sex workers)</td>
<td>10,000 demonstration models distributed for educational purposes</td>
<td>At least 500,000 women and men of reproductive age in the intervention areas are motivated to adopt safer sexual behaviours through the correct and sustained use of female condoms</td>
<td></td>
</tr>
<tr>
<td>Acquire demonstration models for peer educators’ activities in the field, within hair salons, CBOs and hospitals</td>
<td>Increase from 38.5% to 33% the percentage of women who feel uncomfortable to ask for a condom in a shop. viii</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadcast regular TV/radio shows including “La minute Protectiv” specifically to address the prejudices, fears and misgivings about female condoms and to increase women’s ability to negotiate their use</td>
<td>Increase from 84.5% to 90% of the percentage of people who say that the female condom is effective against HIV transmission.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involve male artists to motivate women to adopt female condoms</td>
<td>Increase in % of people who mention the female condom as a primary method of HIV prevention ix;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address men’s concerns about the female condom with specific messages</td>
<td>Increase from 84.5% to 90% of the percentage of people who say that the female condom is effective against HIV transmission.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific messages on female condom knowledge and use elaborated and broadcast directed to men</td>
<td>30% of sexually active women and men who strongly disagree or disagree that using female condoms</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Increased motivation of women and men of reproductive age in the intervention areas to adopt safer sexual behaviours through the correct and systematic and therefore sustained use of female condoms**
condoms decreases sexual enjoyment
• Increase from 42.6 to 52% the percentage of sexually active women and men who strongly agree or agree that they enjoy sex with a female condom.  
• Increase in 50% of sexually active women and men strongly agree or agree that sex using a female condom is safe.  
• 20% of sexually active women strongly disagree or disagree that women who use condoms are prostitutes.

| Overall Programme Objective: Increased international and national support (OPO3) |
|-------------------------------------------------|------------------|------------------|------------------|------------------|
| **Specific component objectives** | **Strategies** | **Activities** | **Expected outputs** | **Expected outcomes** |
| ▪ Increased national-level support among government and donor agencies for female condom programming and distribution | ▪ Increase national level support among government and donor agencies for female condom programming and distribution | ▪ Advocacy visits of key stakeholders | ▪ 4 advocacy visits | ▪ MoH support for female condom procurement through the validation of an annual budget line for procurement and training of staff of 50 public health centres |
| | ▪ Advocacy visits of key stakeholders | ▪ Alliance building with SRHR/FP/HIV/Women’s organisations | ▪ 10 visits to SRHR/FP/HIV/Women’s organisations | | |
| | ▪ Alliance building with SRHR/FP/HIV/Women’s organisations | ▪ 6 joint advocacy activities with SRHR/FP/HIV/Women’s organisations | | | |
| | ▪ 6 joint advocacy activities with SRHR/FP/HIV/Women’s organisations | | | | |

66
in public sector through purchase of female condom from ACMS and supply of all public health centres involved.

Reference: ACMS 2012, Annual Report ACMS
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, MAP
Reference: NSP + UNGASS
Reference: 0.2% - TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Reference: ACMS 2012, TRAC
Annex 4 – Overview table Country Programme Nigeria

<table>
<thead>
<tr>
<th>Specific component objectives(s)</th>
<th>Strategy</th>
<th>Activities</th>
<th>Expected outputs</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased availability of female condoms in the three existing focal states and six new intervention states, at an affordable price and in a sustainable manner</td>
<td>▪ Leveraging on existing SFH distribution infrastructure and social franchising to expand distribution nationwide to build a sustainable pharmaceutical channel</td>
<td>▪ Capacity-building of sales team</td>
<td>▪ 6.9 million female condoms distributed (sales and free samples) by 2015</td>
<td>▪ 30% of retail outlets in the selected states selling female condoms&lt;sup&gt;iv&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ PPMV sensitisations</td>
<td></td>
<td>▪ 30% increase from baseline (males and females) who feel female condom is available&lt;sup&gt;xv&lt;/sup&gt; among those who have heard of female condoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Engagement with public sector and private partners to promote institutional sales</td>
<td></td>
<td>▪ 25% increase from baseline (males and females) who believe female condoms are affordable among those who have heard of female condoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Registration of new product variants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Packaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Female condom distribution activities by partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 6.9 million female condoms distributed (sales and free samples) by 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 1 additional alternative female condom brand distributed by SFH&lt;sup&gt;xvii&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>▪ 30% of retail outlets in the selected states selling female condoms&lt;sup&gt;iv&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 30% increase from baseline (males and females) who feel female condom is available&lt;sup&gt;xv&lt;/sup&gt; among those who have heard of female condoms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific component objectives(s)</th>
<th>Strategy</th>
<th>Activities</th>
<th>Expected outputs</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased demand for and use of female condoms in the intervention states</td>
<td>▪ Increasing awareness and demand for female condoms through - the use of mass media, social networks and media (including social media) - capacity-building and use of IEC and interpersonal communication to sensitise end users on the benefits of the female condom and</td>
<td>▪ Packaging design</td>
<td>▪ 2,400,000 women and men sensitised on benefits and use of female condoms of which at least 33% are men&lt;sup&gt;xvii&lt;/sup&gt;</td>
<td>▪ 30% increase from baseline of men and women who have ever heard of a female condom in new states&lt;sup&gt;xix&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Project launch</td>
<td></td>
<td>▪ 25% increase from baseline in proportion of those who have ever used female condom in old states and 20% increase from baseline in new states among those who have heard of female condoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Brand promotion and adverts e.g. mass media, social media, billboards</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ Airing of generic and branded mass media campaigns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Design and production of promotional materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Design and production of IEC materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 2,400,000 women and men sensitised on benefits and use of female condoms of which at least 33% are men&lt;sup&gt;xvii&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>77</sup> 2012 baselines will be established for outputs and outcomes; see also section on Monitoring and Evaluation in Chapter 6

<sup>78</sup> Based on availability of condoms and supply of information requirements for registration by UAFC M&R component
equip them with skills on correct use - giving specific attention to male involvement and reaching young women, for example by working through tertiary institutions

- IEC events, community entry and community mobilisation to sensitise community members
- Capacity-building, meetings and conferences for linking and learning on programme implementation
- Research, monitoring and evaluation
- Local transport to communities, meetings, etc
- Female condom programming by partners

- 20% increase from baseline in proportion of those who are currently using female condoms among those who have ever used female condoms
- 90% of trained CSO/NGO partner organisations implementing female condom programming

<table>
<thead>
<tr>
<th>Specific component objective</th>
<th>Strategy</th>
<th>Activities</th>
<th>Expected outputs</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female condom provision integrated into existing programmes and services on SRHR and HIV and AIDS</td>
<td>Promoting partnership and collaboration with civil society and the private sector, leading to more effective systems to put female condoms in a wider context by relating them to the unmet needs of many women to have increased control over their sexuality</td>
<td>Advocacy visits to partners and relevant stakeholders</td>
<td>Each programme has included female condoms in their work plans or activities</td>
<td>At least 3 donor supported programmes have integrated female condoms into their packages and services. Such programmes include: - USAID MARP funded programme - USAID RH and MCH programmes - DFID funded HIV programmes - World bank assisted HIV programmes - GF HIV programmes</td>
</tr>
</tbody>
</table>

| Increased national-level support among government agencies, donors and policy makers for female condom programming | Advocacy through policy engagement and integration into existing projects and advocacy activities to convince key policy makers at the federal and state levels of the need to support female | Support the implementation of a joint female condom advocacy plan with stakeholders. Organize a forum for National Advisory Committee, IPs and key stakeholders to design means of mainstreaming female condoms | Joint Advocacy Plan of UAFC, FMoH and UNFPA developed and implemented The Joint Advocacy Plan is reviewed as the need arises during condom | 60% of key stakeholders have integrated female condoms into their packages and services. Such key stakeholders include: - FMOWA, FMoH, UNFPA at national level |
| Distribution | Condom programming and its visible inclusion/promotion into Reproductive Health Policy documents | Into other national programmes such as sexual and reproductive health programmes.  
- Participate in joint advocacy visits to policy makers for policy review.  
- Participate at and provide support to national fora/conferences on SRH, HIV&AIDS and FP promoting female condom programming.  
- Support advocacy meetings with key groups at focal states and national level to build synergy and collaboration  
- Review of female condom BCC (Behaviour Change Communication) materials by other key partners e.g. FMoH and UNFPA | Technical working group (TWG) meetings and other stake holder forums/meetings to assess progress  
- One female condom advocate will participate in at least one event (meeting and fora) in a quarter consisting of implementing partners and key stakeholders | - SMoWA, SMOH and UNFPA state offices at state level |

**Notes:**
- Source: Programme report
- Source of data: Commodity measuring access and performance (MAP) report
- These are indicators from state-specific HIV and AIDS reproductive and child health survey. However if funds are available, annual evaluations can be done in selected states. At least 15% of total budget should be used for research activities.
- Source: National HIV/AIDS and Reproductive Health Survey (NARHS), State Specific HIV/AIDS, Reproductive and Child Health Survey (SPARC), Programme evaluation report
- Source: Programme MIS report
- Source: Programme report
- Source: NARHS / SPARC / Programme evaluation report
- Source: ibid
- Source: ibid
- Source: Programme report
- Source: ibid
- Source: ibid
### Annex 5 – Shortlist of possible new UAFC Joint Programme target countries

<table>
<thead>
<tr>
<th></th>
<th>Uganda</th>
<th>Ethiopia</th>
<th>DRC</th>
<th>Tanzania</th>
<th>Ghana</th>
<th>Senegal</th>
<th>Indonesia</th>
<th>Pakistan</th>
<th>Bangladesh</th>
<th>Sierra Leone</th>
</tr>
</thead>
</table>
| Population number 2010 (thousands)
| 33 425            | 82 950  | 65 966  | 44 841  | 24 392  | 12 434 | 239 871  | 173 593  | 148 692    | 5 868        |
| Expected population in 2050 (thousands)
| 94 259            | 145 187 | 148 523 | 138 312 | 49 107  | 28 607 | 293 456  | 274 875  | 194 353    | 11 088       |
| HIV prevalence WHO 2009
| 6.5               | ...     | ...     | 5.6     | 1.8     | 0.9    | 0.2      | 0.1       | <0.1       | 1.6          |
| HIV prevalence UNAIDS 2007
| 5.4               | 2.1     | ...     | 6.2     | 1.9     | 1.0    | 0.2      | 0.1       | ...         | 1.7          |
| Local Ministry of Health men/women
| ...               | [2006] 2.1 | 1.7/2.5 | ...     | [2007] 1.3 | 0.9/1.6 | ...     | [2009] 0.7 | 0.4/0.9    | [2008] <0.1  |
|                  | [DHS 2011] 1.5 | 1.0/1.9 | ...     | [2010] 1.722 |       | ...     | MoH only researches Most At Risk Groups |
| HIV prevalence among young people men/women (15-24)
| 2.3/4.8           | ...     | ...     | 1.7/3.9 | 0.5/1.3 | 0.3/0.7 | 0.1/ <0.1 | 0.1/ <0.1 | <0.1/ <0.1 | 0.6/1.5      |
| UNAIDS report 2009
| ...               | [DHS 2011] 0.1/0.5 |       | ...     | [2007] 1.0/0.5 |       | ...     | [2007] 0.2 (15-19yr) | 0.1/0.5 (20-24yr) | ...     | [2005] 1.6 | 1/1.9  |
| Local Ministry of Health
| ...               | [DHS 2011] 0.1/0.5 |       | ...     | [2012] 0/0.2 (15-19yr) | 0.1/0.5 (20-24yr) | ...     | ...         | ...          |
| Unmet FP need (percentage)
<table>
<thead>
<tr>
<th>Country</th>
<th>Uganda</th>
<th>Ethiopia</th>
<th>DRC</th>
<th>Tanzania</th>
<th>Ghana</th>
<th>Senegal</th>
<th>Indonesia</th>
<th>Pakistan</th>
<th>Bangladesh</th>
<th>Sierra Leone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence** (any method)(^2)</td>
<td>23.7</td>
<td>14.7</td>
<td>20.6</td>
<td>34.4</td>
<td>23.5</td>
<td>11.8</td>
<td>61.4</td>
<td>27.0</td>
<td>55.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Contraceptive prevalence (male condom)(^3)</td>
<td>1.7</td>
<td>0.2</td>
<td>3.4</td>
<td>2.3</td>
<td>2.4</td>
<td>1.5</td>
<td>1.3</td>
<td>5.4</td>
<td>4.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Public sector interested in FC</td>
<td>Yes, (eg MoH was present at Female condom conference)</td>
<td>Yes, but regulatory problems with FC</td>
<td>Yes, National programs all promote and distribute FC, but small scale.</td>
<td>GF supported female condom programme,</td>
<td>Yes, very active civil society &amp; MoH present at Female Condom conference</td>
<td>Yes, female condom included in plans of National Council for the Fight Against Aids included FC.</td>
<td>Female condom will be included in GF proposal</td>
<td>unknown, but 80% of reproductive health takes place in private sector</td>
<td>Big private sector for health providers</td>
<td>MoH member of UN commission underfunded commodities</td>
</tr>
<tr>
<td>Social marketing organization present/ UNFPA present</td>
<td>Pace (PSI affiliate)/ yes</td>
<td>PSI/ yes</td>
<td>DKT PSI/ yes</td>
<td>PSI/ yes</td>
<td>DKT (MSI &amp; IPPF affiliate present)/ yes</td>
<td>Path, MSI ADEMAS Female Condom Working Group since 2006.</td>
<td>DKT (and IPPF affiliate present as well)/ yes</td>
<td>PSI/ DKT (as of 2012) / MSI big program/ yes</td>
<td>MSI / yes</td>
<td>MSI/ yes</td>
</tr>
</tbody>
</table>
13. Support – country program Indonesia
17. 73
## Annex 6 – Overview table Advocacy, Linking & Learning and Communication (ALLC) Component

### Overall Programme Objective: Increased international and national support (OPO3)

<table>
<thead>
<tr>
<th>Specific component objectives</th>
<th>Strategies</th>
<th>Activities</th>
<th>Expected outputs</th>
<th>Expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased political &amp; financial support for female condom procurement, programming, research &amp; development and advocacy from donors and international organisations/institutions</td>
<td>▪ Increase awareness and support for female condoms among high-level stakeholders, decision makers and opinion leaders by presenting them with up-to-date information and evidence-based advocacy messages</td>
<td>▪ Identifying potential supportive high-level stakeholders and decision makers by (reviews of) power mapping</td>
<td>▪ # advocacy activities</td>
<td>▪ At least 2 additional international organisations and/or donor organisations have included female condoms in their policies, programmes and/or budget lines</td>
</tr>
<tr>
<td></td>
<td>▪ Mobilise the International Female Condom Platform as well as other organisations to support and participate in international advocacy activities</td>
<td>▪ Identifying strategic advocacy momentum such as large international meetings</td>
<td>▪ # joint advocacy momentsums</td>
<td></td>
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<td></td>
<td>▪ Regular updates to the International Platform via mail and conference calls to strategise around important international advocacy momentum</td>
<td>▪ Formulating strong advocacy evidence-based messages and sign-on letters</td>
<td>▪ # of organisations involved in the international female condom platform</td>
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<td></td>
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<td>▪ Getting female condoms on the agenda of relevant high-level meetings</td>
<td>▪ # of media coverage</td>
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<td></td>
<td></td>
<td>▪ Organising meetings with high-level stakeholders, donors and decision makers</td>
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<td></td>
<td></td>
<td>▪ Extending or developing campaigns to connect the grass roots with the international policy level in collaboration with a female condom network.</td>
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<td></td>
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<td>▪ Making website more attractive and keeping it updated</td>
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<td>▪ Popularising Annual Report to send to important stakeholders and publicise on the website</td>
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<tr>
<td></td>
<td></td>
<td>▪ Regular updates to the International Platform via mail and conference calls to strategise around important international advocacy momentum</td>
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<td></td>
<td></td>
<td>▪ Advocate via international networks such as Countdown 2015 Europe, Athena Network, ISRRC, Worldpop, RHSC working groups</td>
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<td></td>
<td></td>
<td>▪ Collaborating with International Platform</td>
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</tbody>
</table>

79 2012 baselines for outputs and outcomes will be established; see also section on Monitoring and Evaluation in Chapter 6
members and others interested in developing and implementing joint advocacy activities for strategic advocacy momentums

- Organising biannual international platform face-to-face meetings
- Developing International Platform in line with outcomes of Platform meetings
- Distributing Advocacy Toolkit among (potential) female condom advocates

| Increase awareness and support for female condoms among the media | Identifying media outlets (potentially) interested in female condom stories and work with them to make positive publications
- Taking journalists on study tour to UAFC country programme. |
| Make female condom advocacy a sustainable part of advocacy strategies of international SRHR, HIV/AIDS and women’s organisations. | Increasing awareness of the need for sustainable advocacy through the International Platform + networks/listserves
- Making SRHR, HIV/AIDS and women’s organisations such as PSI, DKT, MSI, IPPF, PAI, IWHC and AVAC enthusiastic about female condoms by having strategic meetings with them
- Mobilising supportive high-level voices to convince organisations |

| Increased political & financial support for female condom procurement, programming, research & development and advocacy from governments in the Global South | Make female condom advocacy an established part of advocacy strategies of relevant organizations, at the country level |
| Distributing FC advocacy toolkit among (potential) female condom advocacy organisations |
- Building female condom advocacy capacity of national advocates by regularly providing adequate scientific information, latest female condom knowledge and data, international developments and advocacy momentum outcomes |

| # of toolkits distributed |
| # of organizations included in advocacy activities |
| # of SRHR/HIV/AIDS |

| At least 2 in-country advocates have advocated (successfully) towards their government for inclusion of female condoms in their policies, programmes and/or budget lines, trained, |

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80 Outcome of International Platform meeting in November 2011: Platform will operate in three modes 1) centralised communication regarding new developments in the female condom field, 2) weighing in as international collective voice and 3) providing technical training/skills building to members. In 2013 and 2015, new Platform Meetings are scheduled. Changes will be made in line with outcomes of these meetings.
<table>
<thead>
<tr>
<th>Increased and improved involvement of large-scale SRHR implementing organisations in large-scale female condom programmes</th>
<th>Make advocacy part and parcel of UAFC country programmes by including an advocacy officer in country programmes</th>
<th>Advocate towards large implementing organisations to start or scale up female condom programmes</th>
<th>Enable large implementing organisations to perform female condom programming</th>
</tr>
</thead>
</table>
| ▪ Strategising with local female condom advocates about missing links between local and international level  
▪ Involving female condom supportive organisations from Global South in the International Platform and other advocacy activities (e.g. campaign)  
▪ Identifying organisations from Global South for advocacy capacity building and providing in-country advocates with needs-based/tailor-made training workshops and training of trainers  
▪ # of female condom advocacy training provided supported or otherwise facilitated by the UAFC Joint Programme | ▪ Make advocacy part and parcel of UAFC country programmes by including an advocacy officer in country programmes  
▪ Identifying advocacy organisations in UAFC countries  
▪ Supporting and assisting CLOs and partners in embedding advocacy officers in the country programmes, among others by developing a joint advocacy strategy together with UAFC in-country advocacy officers | ▪ Advocate towards large implementing organisations to start or scale up female condom programmes  
▪ Convincing relevant persons of large-scale SRHR-implementing organisations of the importance of female condoms and making them enthusiastic about programming  
▪ Presenting results of impact research to large-scale SRHR-implementing organisations such as IPPF, PSI, MSI and DKT  
▪ Holding in-country meetings in and with UAFC country programme to show successes of female condom programming | ▪ Enable large implementing organisations to perform female condom programming  
▪ Developing Chinese version guide (digital only), together with PATH  
▪ Distributing the Female Condom Implementation Guide: sending guides (hard copy or digital) to interested parties  
▪ Updating Implementation Guide on Female Condoms | ▪ At least 2 additional organisations have included female condom programming in their policies and/or budget lines |

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81 In-country Advocacy Officers from UAFC country programmes can be part of the training workshops and are the most likely target group for a Training of Trainers.
<table>
<thead>
<tr>
<th><strong>Condom with good practices and lessons learned on programming</strong></th>
<th><strong>Connecting large-scale implementing organisations with pooled procurement actors for a better female condom price</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased awareness and support for female condoms among large-scale SRHR-implementing organisations through increased media coverage on female condom programming</strong></td>
<td><strong>Identifying media outlets (potentially) interested in female condom stories and working with them to make positive publications</strong></td>
</tr>
</tbody>
</table>
## Annex 7 - Composition of the UAFC Steering Group and Coordination Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Greetje Lubbi</td>
<td>Independent chair of the UAFC Steering Group</td>
<td></td>
</tr>
<tr>
<td>Ms Lily Talapessy</td>
<td>Senior Policy Officer SRHR, Netherlands Ministry of Foreign Affairs</td>
<td></td>
</tr>
<tr>
<td>Ms Yvonne Bogaarts</td>
<td>Manager Advocacy Department, Rutgers WPF</td>
<td></td>
</tr>
<tr>
<td>Ms Adrie Papma</td>
<td>Business Director, Oxfam Novib</td>
<td></td>
</tr>
<tr>
<td>Mr Luuk Jan Boon</td>
<td>General Director, i+solutions</td>
<td></td>
</tr>
<tr>
<td>Mr Jagdish Upadhyay</td>
<td>Head of Procurement Department, UNFPA, HQ</td>
<td></td>
</tr>
<tr>
<td>Ms Valerie Coulibaly</td>
<td>Expert in retail business and marketing</td>
<td></td>
</tr>
<tr>
<td>Vacant</td>
<td></td>
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<tr>
<td>Vacant</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Marie Christine Siemerink</td>
<td>Programme coordinator</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>UAFC/independent</td>
<td></td>
</tr>
<tr>
<td>Ms Ciska Kuijper</td>
<td>Project Support Officer/independent</td>
<td>80%</td>
</tr>
<tr>
<td>Ms Monique Demenint</td>
<td>Project Leader/Contract Manager/Oxfam Novib</td>
<td>100%</td>
</tr>
<tr>
<td>Ms Aafke Wegerif</td>
<td>Team assistant/Oxfam Novib</td>
<td>40%</td>
</tr>
<tr>
<td>Ms Dianne Langedijk</td>
<td>Financial Officer/Oxfam Novib</td>
<td>40%</td>
</tr>
<tr>
<td>Ms Maaike van Loor</td>
<td>Country Liaison Officer, Nigeria/Oxfam Novib</td>
<td>20%</td>
</tr>
<tr>
<td>Ms Anneke Zuyderduin</td>
<td>Project Manager- Female Condom Supply Chain Management/ i+solutions</td>
<td>80%</td>
</tr>
<tr>
<td>Mr Marcel Hendriks</td>
<td>Strategic Procurement Advisor/i+solutions</td>
<td>100%</td>
</tr>
<tr>
<td>Ms Yanti Kusumanto</td>
<td>Support Officer/i+solutions</td>
<td>25%</td>
</tr>
<tr>
<td>Mr Jean Charles Merdy</td>
<td>Country Liaison Officer, Cameroon/i+solutions</td>
<td>20%</td>
</tr>
<tr>
<td>Ms Nienke Blauw</td>
<td>Advocacy Officer/Rutgers WPF</td>
<td>100%</td>
</tr>
<tr>
<td>Ms Sille Jansen</td>
<td>Advocacy Officer/Rutgers WPF</td>
<td>40%</td>
</tr>
<tr>
<td>Ms Rosa Draaisma</td>
<td>Campaign leader Paper Doll Campaign/Rutgers WPF</td>
<td>80%</td>
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</tbody>
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