

End of Term Evaluation of the UAFC Joint Programme

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Foreword

On March 2011, a team of 7 consultants started the challenging task of evaluating the UAFC Joint Programme. After 6 months of interviews, focus group discussions, visits to programme countries and a lot of interesting discussions, the team members have become advocates themselves of the female condom. We have seen a dedicated team of staff at the implementing agencies whose enthusiasm was inspiring. We would like to thank all staff and stakeholders for the time they have invested in this evaluation. Without their engagement, this evaluation would never have been successful. We wish all people involved in female condom advocacy, research and social marketing, a lot of courage and perseverance to continue fighting for the accessibility, affordability and availability of female condoms for all!

Geert Phlix (ACE Europe) Mechelen, Belgium. December 2011



Executive summary

- ¹ This evaluation report is the product of the End of Term Evaluation of the Universal Access to Female Condoms (UAFC) Joint Programme. The evaluation was coordinated by ACE Europe and implemented by a team of four international consultants and two national consultants, with additional assistance from an expert in governance and contract management and an expert in female condom manufacturing and regulations. The evaluation was commissioned by the UAFC International Steering Group and executed in the period April 2011-October 2011 (final year of implementation of the programme).
- ² The Universal Access to Female Condoms Joint Programme aims to make female condoms accessible, affordable and available for all. To realize its goals, the UAFC Joint Programme has a threefold strategy based on (1) supporting research and development on female condoms and their actual manufacturing; (2) supporting two large-scale country programmes¹ in Nigeria and Cameroon, including a comprehensive package of activities to increase the demand for female condoms, to ensure a steady supply of the commodity and to ensure that the (promotion and availability of) female condoms (as well as training and IEC activities) are included in regular service provision within on-going national programmes and (3) national advocacy in the UAFC Joint Programme countries (Nigeria and Cameroon) and international advocacy to ensure that the female condom gets the attention it deserves by putting it on the political agenda and ensuring funding.
- ³ The programme was initiated by four organizations: the Netherlands Ministry of Foreign Affairs, Oxfam Novib, i+solutions and Rutgers WPF. For the two large-scale country programmes in Nigeria and Cameroon, local organizations are contracted, namely the Society for Family Health (SFH) in Nigeria and the “Association Camerounaise pour le Marketing Social” (ACMS) in Cameroon.
- ⁴ The objectives of the End of Term Evaluation of the UAFC Joint Programme are: (1) to report on the achievement of the overall aim & goals of the programme and (2) to provide “lessons learned” with respect to the contribution of the different programme components towards the achievement of the overall goals.
- ⁵ The evaluation has been carried out in three phases: an inception phase, a phase of data collection and preliminary analysis, a phase of analysis and reporting. A participative approach was adopted to guarantee effective participation and enhance ownership of evaluation results by all stakeholders involved. ACE Europe has met the coordination group three times and communicated regularly with the Country Liaison Officers (CLO) to discuss

¹ A third large-scale female condom programme is executed in Mozambique but because of timing and funding constraints the Mozambique programme could not be included as a country programme under the UAFC umbrella. Though not officially part of the UAFC Joint Programme, there are close links between the Mozambique female condom programme and the UAFC Joint Programme.

progress of the evaluation. A combination of methods (semi-structured interviews, stakeholder mapping workshop, self-assessment workshops, e-survey, focus group discussions with female condom users, visits to sales outlets, study of documents) has been applied and different stakeholders interviewed in order to triangulate data. Two short field missions were organized in June 2011 to visit the programme in Nigeria and Cameroon.

Evaluation findings

(1) Contribution of the UAFC Joint Programme to the affordability, production and diversification of available female condoms on the global market

- ⁶ Through a Manufacturing and Regulatory component (initially called the Research and Development component), the UAFC Joint Programme aimed to reduce the cost of female condoms, to increase the production capacity of newly-developed female condoms and to promote choice between high-quality female condoms.
- ⁷ The UAFC Joint programme has been successful in negotiating the FC2 price with the Female Health Company so as to obtain a price of USD 0.35 per unit, during the lifetime of the UAFC Joint Programme. This reduced the procurement costs for the UAFC Joint Programme but has no consequence for the price set for the end-user as the female condom will be a subsidized product for a long time to come (as many male condoms in many countries are being subsidized). However, the UAFC Joint Programme has been instrumental to re-addressing the female condom price discussion and this has had a “snowball” effect. It can be expected that the female condom price will remain a topic on the international agenda for the coming years.
- ⁸ The UAFC Joint Programme has successfully supported three female condom manufacturers (via the financing of a functionality study) to prepare and submit their technical dossiers to the WHO in order to obtain the WHO approval for three new female condom types. There is no doubt that – if successful – this will be an essential contribution to expanding the availability of a wider range of female condoms suitable for public sector distribution, provided that international agencies are willing to support the funding of the new types of condom. Since the WHO-pre-qualification process is still ongoing, the UAFC Joint Programme was not yet able to demonstrate the effect of increased choice on the demand for female condoms and the price for the end-user.
- ⁹ The investments in production capacity of two manufacturers can be questioned. As MedTech was a commercial manufacturer with a large male condom business, the rationale for the investment is perhaps a little hard to justify. The investment in the Path Women’s Condom seems relevant given the fact that Path is a non-profit organization with limited financial resources. However, without obtaining funds from multiple sources it is unlikely that Path/Dahua will be able to continue its development of the Path Women’s Condom. In all cases, the UAFC Joint Programme budget was never substantial enough to invest large amounts of funding into the manufacturing capacity of the female condom manufacturers. It will remain difficult to compete with a market player like FHC unless a larger budget



becomes available. Overall it is fair to state that investing in the production capacity of manufacturers (which has contributed to decreased production costs like at the Path/Dahua plant) and discussing price-settings has enhanced the *legitimacy* and *credibility* of the UAFC Joint Programme with regard to their advocacy efforts to make female condoms affordable, accessible and available for all.

- ¹⁰ The effectiveness and efficiency of this component has been hampered by the weak design of the R&D plan and the absence of pre-award organizational capacity assessments of the female condom manufacturers that received support from the UAFC Joint Programme.

(2) *Contribution of the UAFC Joint Programme to increased political support for the female condom resulting in increased financial support for female condom programming, research and development and international advocacy.*

- ¹¹ The UAFC Joint Programme is involved in international advocacy and in advocacy at the national level (the Netherlands, USA, Cameroon, Nigeria and Mozambique). The UAFC Joint Programme advocacy process has been quite extensive. UAFC has become a brand in itself and the UAFC Joint Programme has become a legitimate and credible advocate for the female condom. This has resulted in increased attention for the female condom at international level and in the two programme countries. However, concrete policy changes combined with additional financial commitments are still lacking, both from public sector stakeholders and from private sector ones. Taking into consideration the three-year project period, this is understandable as policy changes often require much more time. The fact that the female condom is on the agenda of main stakeholders is very positive and offers opportunities to realize concrete policy changes in the future.

- ¹² Effective implementation of the advocacy component was made possible by the adequate advocacy expertise of the programme partners, the presence of a well-developed advocacy strategy, good networking and the use of appropriate communication instruments. Lack of sufficient time and budgets for advocacy compared to the ambitions set for advocacy resulted in staff having to deal with work overload, and limited participation of Southern partners in international advocacy.

- ¹³ The establishment of an International Advocacy Platform (IP) increased collaboration, coordination and synergy between public- and civil society stakeholders in the female condom sector and appears to increasingly facilitate joint advocacy activities at global level. This strengthens the position of the UAFC Joint Programme for future joint advocacy, which is necessary to fight against the increasingly difficult international trend not to invest in female condom programmes. The strengths of the IP are its composition (57 members), the focus and the consistent communication and exchange of information, as well as the management of the platform by Rutgers WPF. The level of interaction between the IP members seems to be limited, however, since – according to some members of the IP – the platform does not sufficiently link between international and national advocacy and neither does it provide sufficient international/technical information on female condoms to be used for advocacy. The focus is mainly on UAFC issues and not on wider (policy) issues related to

the female condom, like family planning, HIV/AIDS, etc. The advocacy toolbox that has been developed during the programme implementation period will be a useful instrument in the near future for responding to some of the concerns expressed by the IP members.

- ¹⁴ A communication plan has been developed to support programme implementation. The communication plan has a strong focus on the development of products (website, etc.) rather than on the ways communication can contribute to achieving the overall objectives of the UAFC Joint Programme. Weaknesses include the difficulty experienced in working in a planned manner because of the lack of time and the lack of a more comprehensive communication strategy in which communication is fully integrated into the overall UAFC Joint Programme and more time can be reserved to prepare communication activities more in advance while at the same time being able to respond effectively to upcoming events.
- ¹⁵ At national level, continuous advocacy activities of the implementing partners contributed to a broadened support base among political, religious and community leaders and opinion makers, which contributed to swift programme implementation. However, the advocacy at federal/national level in the programme countries was less successful. Little evidence has been found in achieving real political commitments resulting in policies and budget lines for effective female condom programming (e.g. through the public sector) and female condom procurement (e.g. in collaboration with UNFPA). One of the explanatory factors is the lack of well developed advocacy plans to that end and limited joint advocacy efforts between the international and national programme partners.

(3) Contribution of the UAFC Joint Programme to a sustainable increase of the demand for female condom and of the availability of the female condom at affordable prices in Nigeria and Cameroon.

- ¹⁶ In Nigeria and Cameroon, social marketing organizations with an impressive track record have been recruited for the implementation of the large-scale female condom programmes. These large-scale programmes include the distribution of female condoms in the intervention zones, national advocacy and social marketing. Collaboration has been sought with local CBOs and NGOs to deliver peer educators in order to reach out to the different target groups. In both countries, hairdressers and barbers have been included in the programme to inform their customers about the female condom and to sell it. A total of 6.5 million female condoms have been procured by i+solutions from the Female Health Company and 219,000 from the MedTech plan (for Cameroon only). Both countries experienced procurement problems in the initial phase of the UAFC Joint Programme (2009), resulting in a delay in programme implementation.
- ¹⁷ The country programmes contributed to making female condoms available, accessible and affordable for the general public. Female condoms have become available and accessible on a large scale in the programme intervention zones in the respective countries through the private and associative sectors and a variety of sales points/agents. Programme targets have been achieved or will be achieved soon. The country programmes clearly have demonstrated that a demand can be created by investing substantially in social marketing



and by guaranteeing a sustained supply of the commodity. Interviews with end-users, peer educators and sales points illustrate a general acceptance of the female condom once initial questions, concerns, myths and misconceptions are properly addressed. Affordability of the female condom does not appear to be a major obstacle. However, acceptance of the female condom does not result evidently in its frequent use. It was mentioned that sufficient time is needed to convince people to try out a female condom and that sustained and increased visibility, education and awareness-raising are still needed. No data are available yet on frequent use of the female condom (this will be available from an additional impact study that will be finalized in 2012).

- ¹⁸ Possible female condom users need to be reached repeatedly with appropriate messages. Sales points need to be motivated or revitalized frequently as the product is a slow mover and profits are very low. The strategy of working through peer educators and NGOs/CBOs in the community appeared to be an effective and efficient instrument to reach out to the target groups and sales points. Financial incentives and rewards for sales points/agents increased motivation and, consequently, sales. From the country programmes, it was learned that close monitoring and supervision of peer educators/CBOs and NGOs involved in the social marketing is crucial for sales improvements.
- ¹⁹ Sustainability of the achievements is at risk. The product still needs to be pushed in the market, requiring continuous social marketing interventions. Sustained supply still depends on external donor funding as the female condom has not yet been integrated into the public health system (except for some pilot cases). It is clear that a three-year programme is much too short for a product to become self-sustaining or to achieve full integration in the public and private sector. However, a foundation has been laid for future advocacy actions towards several policy decision makers and donors to commit themselves to female condom procurement and female condom programming.
- ²⁰ The involvement of the private sector (like traditional sales outlets, private pharmacies, private health centres, hairdressers and barbers) and the civil society (SFH and ACMS and their implementing partners from civil society) and their collaboration has worked well in both countries. However, sustained integration of female condom promotion/selling in the private sector as well as through civil society is not fully guaranteed because of a lack of capacity, lack of integration into existing programmes and/or lack of resources (staff and budget) to continue female condom promotion without external support.
- ²¹ There seems to be an underutilized potential in collaborating for example with family planning clinics and VCT centres. The involvement of the public sector in both countries was limited to the training of public health workers (with the exception of a major achievement in Cameroon regarding the collaboration with the Ministry of Defence).
- ²² Appropriate IEC materials have been developed as well as enhanced social marketing strategies. Cultural and gender dimensions seem to play a large role in accessing family planning, and condoms in general. Negotiating on the use of the female condom was integrated in the IEC material (in both countries) but the messages were rather gender-

neutral (not addressing gender power relations as such). It depended on the nature of the NGOs/CBOs involved to what extent gender power relations was discussed in their communication and information activities. The introduction of the female condom has been supported in both countries by larger media campaigns (increasing visibility in the street and on television and radio). It can be questioned whether it is useful to implement media campaigns with small budgets resulting in limited exposure. The experience in Mozambique using social media in the social marketing strategy will be interesting to follow up.

(4) Assessment of the governance and coordination structures

- ²³ The UAFC Joint Programme has been conceived as a very comprehensive, innovative and complex programme with global ambitions. A large number of organizations are involved in the strategic guidance, supervision, management and implementation of the different components of the UAFC Joint Programme. A governance structure has been developed based on an international steering group (ISG) with an independent chairperson, an independent programme coordinator, a coordination group and CLO meetings. Steering committees have been set up in both countries and these structures have worked well. Overall, the roles and responsibilities of the main actors within organizational set-up of the UAFC Joint Programme and governance structures were clear and transparent. The CLOs, CG and programme coordinator were sufficiently empowered to take decisions, and division of responsibilities and decision-taking power seems to be clear. Throughout the programme's implementation, some weaknesses with respect to roles and responsibilities were identified and solved (e.g. communication lines towards Cameroun, procurement contracts).
- ²⁴ Some of the assumptions, success factors and risks for each of the programme components and its threefold strategy seemed not to have been discussed sufficiently at the start of the programme, which explain the non-achievement of some of the expected outputs and outcomes of each of the components and the programme at large. In fact, the UAFC Joint Programme was above all a pilot phase enabling the programme partners to explore these assumptions. The evaluation team acknowledges that though the strategic design of the programme was rather weak, this has been compensated by a sound strategic management of the programme during implementation.
- ²⁵ In general the capacity of all organizations and staff involved has been assessed as good by all interviewees. However, the programme coordination and the management of the programme components have been hampered by a high turnover and replacement of key staff at the different levels of the programme, with significant consequences for programme coordination. A lot of time needed to be invested in the induction of new staff. Damage could be controlled as staff at key positions guaranteed continuation like the line director for advocacy, the programme coordinator and the independent chair.
- ²⁶ The contribution of the L&L component (Linking & Learning) in the set-up of the UAFC Joint Programme towards the achievement of the programme's objectives seems to be limited, specifically in the beginning of the programme. Initially lessons learned have mainly been



used *within* each of the components separately but did not take place *between* the components (except the discussion on lessons learned in meetings of the coordination group and CLO meetings, but a follow-up of this discussion is not clear). This can be explained by the initial lack of a clear L&L strategy, a lack of time and the late start of the country programmes (there was not a lot to share in the beginning). However, after the adjustments to the L&L strategy and with the implementation of the country programmes in Nigeria and Cameroon, the exchange of lessons learned improved considerably.

²⁷ Management systems, including reporting and monitoring processes, were clearly conducive to appropriate communication between those responsible for specific programme components and those participating in the overall coordination and steering of the programme (members of CG and of ISG). However, the management system did not provide organized communication between all implementing parties involved. Internal communication depended on the formal and informal contact lines between parties involved but a systematic update of the strategic issues at stake to all parties involved was not organized. Though the programme was conceived as a 'joint' programme, all programme partners seemed to operate mostly on their own island and communication and collaboration between the components seems under-utilized.

Conclusion and recommendations

²⁸ It must be acknowledged that the overall objectives of the UAFC Joint Programme were very ambitious to be realized in a lifespan of three years. Female condoms are not yet available, affordable and accessible for all, however considerable progress can be noted.

²⁹ The UAFC Joint Programme has renewed the interest for the female condom among several stakeholders and succeeded in placing the issue on the international agenda. Some changes in language in policy documents and statements of important multi-lateral actors have been noticed. The WHO has become more active in the development of standard criteria on female condoms and has accelerated its pre-qualification process. Some agencies like UNFPA and USAID are scaling up their female condom programmes. Several manufacturers have made available their technical dossiers to the WHO for pre-qualification and these will be complemented soon with the results of the functionality study. Large-scale country programmes have proven the existence of a (potential) market for female condoms. Donors appear more interested in seeking opportunities to include the female condom in their existing and new programmes, such as DfID and USAID.

³⁰ It appeared to be an effective and efficient choice to implement the three programme components at the same time and to support them with linking and learning and communication interventions.

³¹ A set of recommendations has been formulated.

R&D	(2.1.) Investments in the production capacity of condom manufacturers can be
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	<p>relevant but must be based on a sound risk and opportunity analysis as well as a pre-awarded assessment and comprehensive capacity development plan.</p> <p>(2.2.) Supporting female condom manufacturers with the WHO pre-qualification process will be relevant but market disturbance must be taken into account as several female condom manufacturers are entering the market. This support must be combined with continued monitoring of the WHO regulation and qualification process and exerting pressure when necessary.</p> <p>(2.3.) Enhanced advocacy for increased donor funding for female condom procurement (combined with female condom programming, see further) and for research and development is needed. One could take into consideration whether it is not more relevant to put pressure on (bigger) donors to invest in increased female condom production capacity instead of investing in female condom production capacity with limited funds.</p>
<p>Advocacy</p>	<p>(3.1.) International advocacy should be continued and enhanced, for example by involving Southern partners in international advocacy in a more systematic manner and by making the International Platform more interactive. Increased attention needs to go to advocating bilateral donors.</p> <p>(3.2.) International and national advocacy should go hand in hand and a joint advocacy strategy needs to be developed (instead of focusing on building advocacy capacity of programme country partners) 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.</p> <p>(3.3.) At national level, sufficient resources (including staff) must be made available for advocacy. It might be interesting to look for additional partners with expertise in advocating and campaigning for policy change. In order to avoid ad hoc advocacy initiatives and to enhance the legitimacy and credibility of the female condom advocacy, it might be interesting to set up a national task force for joint female condom advocacy (like a national advocacy platform for FC).</p> <p>(3.4.) Sufficient resources should be invested to guide the distribution of the developed advocacy toolkit and female condom implementation guide.</p>
<p>Large-scale country programmes</p>	<p>(4.1.) In the transition and bridge period – after the formal closure of the first phase of the UAFC Joint Programme and before new funding for female condoms is expected – it will be necessary to further discuss and fine-tune the process of integrating the female condom into other family planning and/or HIV/AIDS prevention programmes. It is recommended to discuss this issue with SFH and ACMS, but also with other donors in the country. It is also recommended to develop a strategy on how to approach the need to integrate female condoms into regular programmes. It is foreseen that for the years to come, female condoms will require parallel 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.</p> <p>(4.2.) 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 should be continued and even broadened. It could be worth considering the integration of other type of NGOs/CSOs to strengthen the</p>



	<p>intervention strategies. This group can be complemented with NGOs/CSOs with considerable experience in advocacy.</p> <p>(4.3.) A strategy to collaborate with the public sector is needed. In general, NGOs have limited financial resources, financial and otherwise, to strengthen the public sector (procurement, supply chain management, training, promotion, etc.). A twofold approach can be considered: (1) securing the integration of FC, beyond family planning programmes only, reaching out to HIV/AIDS programmes provided by the public sector, stretching out to also include the promotion of female condoms within the Prevention of Mother to Child Transmission of HIV (the so-called 'supermarket approach') and within VCT clinics. (2) investing in effective and efficient joint advocacy. This is a role that can be taken up by civil society. This advocacy role can even be strengthened when looking pro-actively for collaboration with bilateral donors (like the Netherlands) who support larger public health programmes (through sector budget support, basket funds or specific programmes).</p> <p>(4.4.) 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.</p>
Governance	<p>(5.1.) A continuation of the threefold strategy seems evident as the foundation has been laid now for stronger mutual enhancement of the different programme components. To that end, appropriate strategies and communication lines need to be developed.</p>

List of abbreviations

ACMS	Association Camerounaise pour le Marketing Social
CBO	Community-Based Organization
CLO	Country Liaison Officer
CSO	Civil Society Organization
DANIDA	Danish International Development Agency
DfID	Department for International Development
DGIS	Directorate for International Cooperation, the Netherlands' Ministry of Foreign Affairs
FC	Female condom
FHC	Female Health Company
FP	Family Planning
GMP	Good Manufacturing Practices
GPI	Girl Power Initiative
HCP	Health Care Providers
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IALLC	International Advocacy Linking and Learning and Communication
IEC	Information Education Communication
IPC	Inter-personal Communication Conductors
ISG	International Steering Group
KAP	Knowledge/Attitude/Performance study
LAPO	Lift Above Poverty
L&L	Linking and Learning
MAP	Measuring Access and Performance
NARSH	National HIV/AIDS and Reproductive Health Survey
NGO	Non-Governmental Organization



PATH	Programme for Appropriate Technology in Health
PPMV	Patent and Proprietary Medicine Vendors
PSI	Population Services International
R&D	Research and Development
Rutgers WFP	World Population Foundation merged with Rutgers NISSO Group; Rutgers WPF is the new name of the organization
SFH	Society for Family Health
SIDA	Swedish International Development Agency
SMILE	Sustainable Market Impact to Lower cost for Everyone
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UAFC	Universal Access to Female Condoms Joint Programme
UNAIDS	United Nations AIDS Fund
UNITAID	International Facility for country members to contribute airline tax to fight HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Terminology

Advocacy Advocacy is the act or process of supporting a cause or issue; it is speaking up, drawing a community's attention to the issue and directing decision makers toward a solution. Advocacy is working with other people and organizations to make a difference/change.

Effectiveness Effectiveness measures the extent to which an aid activity attains its objectives.

Efficiency Efficiency measures the outputs, quantitative and qualitative, in relation to the inputs. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.

Inter-personal Communication Conductors (IPC)

A trained individual who, in the context of the UAFC Joint Programme, engages in personal communication with community members transmitting skills, knowledge and information relevant to the cause.

Patent and Proprietary Medicine Vendors (PPMV)

Term used for individuals, owners of private shops that may be registered or unregistered. Typically, these shops may legally sell over-the-counter drugs, and generally they also illegally sell prescription drugs, such as antibiotics, sedatives. (USAID, 2004). PPMVs engage in selling medicine, giving advice to customers, and providing instructions on how to take the medicine.

Peer educator is a person who is trained in relevant skills and communication to promote healthy behaviour to its community members/peers. There is a great variety in the support peer educators receive in terms of training and coaching, as well as in financial terms. This varies from not receiving any form of (formal) payments to a small stipend, or a regular salary.

Relevance² The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.

Sales outlets In everyday practice, a sales outlet is a place of business for retailing goods, varying from shopping malls to marketplaces, warehouses, etc. In social marketing the term sales outlet is used also for a more wide range of trading places, such as pharmacies, and non-traditional outlets like hairdressers and barbers. In Nigeria, peer educators also are seen as 'sales outlets'

Social marketing +

Social marketing is the adaptation of commercial marketing techniques for social goals. Using traditional commercial marketing techniques, social marketing makes needed products available and affordable to low-income people, while encouraging the adoption of healthier behaviour (USAID, 2000). Social Marketing as practiced by PSI combines education to motivate healthy behaviour with the provision of needed health products and services to lower-income persons (PSI, 2003). Social marketing + refers to social marketing strategies that are complemented with information, education, and

² Sources: *The DAC principles for the evaluation of development assistance*, OECD (1991), *Glossary of Terms Used in Evaluation*, in 'Methods and Procedures in Aid Evaluation', OECD (1986), and the *Glossary of Evaluation and results Based Management*, OECD (2000)



communication materials and local advocacy to reach out to people who represent communities in legislative bodies, government departments, professional associations, corporations and civil society organizations (UAFC Joint Programme Business Plan 2008-2010)

Sustainability Sustainability is concerned with measuring the benefits of an activity which is likely to continue after donor funding has been withdrawn. Projects need to be environmentally sustainable as well as financially sustainable.

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1 Introduction

³² This evaluation report is the product of the End of Term Evaluation of the Universal Access to Female Condom (UAFC) Joint Programme. The evaluation was coordinated by ACE Europe and implemented by a team of four international consultants and two national consultants with additional assistance from an expert in governance and contract management and an expert in female condom manufacturing and regulations. The evaluation was commissioned by the UAFC International Steering Groups and executed in the period April 2011-October 2011 (final year of implementation of the programme).

1.1 EVALUATION DESIGN

³³ The Universal Access to Female condom (UAFC) Joint Programme, an initiative of four Dutch organizations, aims to make female condoms accessible, affordable and available for all. Its goals are to contribute to a decrease in new infections with HIV and STIs and of unwanted pregnancies, as well as to enable women to exercise power over their sexual and reproductive health. To realize its goals, the UAFC Joint Programme has a threefold strategy:

- Supporting research and development on female condoms and their actual manufacturing, including enhanced choice and reduction of costs as well as expanding overall production capacity;
- Two large-scale female condom country programmes in Nigeria and Cameroon, including a comprehensive package of activities to increase the demand for female condoms, to ensure a steady supply of the commodity and to ensure that the female condoms, and their promotion and availability, (as well as training and IEC activities) are included in regular service provision within on-going national programmes;
- National advocacy in the UAFC Joint Programme countries (Nigeria and Cameroon) and international advocacy to ensure that the female condom gets the attention it deserves by putting it on the political agenda and ensuring funding. A more systematic approach to linking and learning, which includes input into the programme and international advocacy from various actors and from past experiences.

³⁴ The programme was initiated by four organizations in the Netherlands: the Netherlands Ministry of Foreign Affairs, Oxfam Novib, i+ solutions and Rutgers WPF. For the two large-scale country programmes in Nigeria and Cameroon, local organizations have been contracted, namely the Society for Family Health (SFH) in Nigeria and the “Association Camerounaise pour le Marketing Social” (ACMS) in Cameroon.



³⁵ In early 2009, the UAFC International Steering Group decided positively to explore the opportunities of including Mozambique as the third large-scale country in the UAFC Joint Programme. Because of timing and funding constraints, the Mozambique programme could ultimately not be included as a country programme under the UAFC umbrella. However, although not officially part of the UAFC Joint Programme, there are close links between the Mozambique female condom programme and the UAFC Joint Programme. Programme partners in Mozambique receive funding from the UAFC Joint Programme for participation in linking and learning events and to collaborate in advocacy activities. PSI Mozambique, the implementing partner, is supported by the UAFC Joint Programme in its fund raising activities.

1.1.1 OBJECTIVES

³⁶ The objectives of the End of Term Evaluation of the UAFC Joint Programme are:

- to report on the achievement of the overall aim & goals of the programme;
- to provide 'lessons learned' with respect to the contribution of the different programme components towards the achievement of the overall goals.

³⁷ The Terms of Reference (ToR) sets out 6 groups of evaluation questions, referring to all components and strategies of the UAFC Joint Programme. For each of these evaluation questions, specific points of attention were identified in the initial proposal for this End of Term Evaluation (ToR are added in annex 1).

1. Overall programme	1.1 To what extent has the UAFC Joint Programme achieved its overall objective of making female condoms available, affordable and accessible for all? 1.2. How did the different components of the UAFC Joint Programme contribute to making condoms available, accessible and affordable for all?
2. Research and development	2.1 How effective and efficient was the R&D component in achieving its objectives? 2.2 How has UAFC as an NGO consortium influenced the female condom industry, a private sector?

<p>3. Country Programmes</p>	<p>3.1 How effective and efficient were the country programmes in achieving their objectives?</p> <p>3.2. Which methodologies (partly based on the underlying assumptions) in the country programmes have contributed to demand creation?</p> <p>3.3 How has the cooperation, coordination and governance structure in the countries influenced the achievement (or not) of objectives?</p> <p>3.4 How has the triangle of actors (civil society, the private sector and the government) contributed to the achievement of the objectives?</p> <p>3.5 To what extent are the country programmes sustainable?</p> <p>Additional questions for Cameroon³</p> <p>3.6 How effective and efficient was the support to the LANACOME laboratory?</p> <p>3.7 Does a variety of condoms indeed increase demand as assumed?</p> <p>3.8 Is the profile of an FC2 user different to the profile of a Reddy user?</p>
<p>4. Comparison between the two country programmes</p>	<p>4.1 Are factors influencing the achievement (or not) in the two countries similar?</p> <p>4.2 Are strategies working the same in the two countries?</p>
<p>5. International advocacy, L&L and communication</p>	<p>5.1 How effective and efficient was the International Advocacy, Linking and Learning and Communication component in achieving its objectives?</p> <p>5.2 How sustainable are the different activities of International Advocacy and Linking and Learning?</p>
<p>6. Partnership and governance & coordination structure</p>	<p>6.1. How has the governance and coordination structure influenced the achievement (or not) of the objectives?</p> <p>6.2 What was the role of the different partners of the programme, including the role of the overall coordinator and ISG chair in achieving its objectives?</p>

Table 1 Overview of the evaluation questions as formulated in the ToR

³⁸ In addition to the End of Term Evaluation, the UAFC Joint Programme initiated an impact research, which will be implemented parallel to the End of Term Evaluation, to answer the following questions: (1) Does the female condom contribute to a decrease in HIV rates and the number of unwanted pregnancies? And (2) What is the role of men in the acceptance and use of female condom?

³⁹ This End of Term Evaluation will assess all components of the programme, including their organizational structure and underlying assumptions. With respect to the achievement of UAFC Joint Programme's objectives, this End of Term Evaluation primarily focuses on the contribution of the programme towards making female condoms available, affordable and accessible for all. The impact on HIV rates and unwanted pregnancies as well as questions

³ As no second female condom had been introduced on the market, the sub-questions 3.7. and 3.8. could not be addressed in this End of Term Evaluation



with respect to male involvement are not studied in this evaluation, as they are being addressed through the impact research mentioned above.

1.1.2 ORGANIZATION OF THE EVALUATION

⁴⁰ The evaluation has been carried out in three phases: an inception phase, a phase of data collection and preliminary analysis, a phase of analysis and reporting. A participative approach was adopted to guarantee effective participation and enhance ownership of evaluation results by all stakeholders involved. ACE Europe met the coordination group three times and communicated regularly with the Country Liaison Officers (CLO) to discuss progress of the evaluation. A combination of methods has been applied and different stakeholders interviewed in order to triangulate data. Two short field missions were organized in June 2011 to visit the programme in Nigeria and Cameroon (country evaluation reports are added in annexes 6 and 7). The table below presents an overview of the data collection methods as applied during the different phases of the evaluation.

Phases of the evaluation	Approach and data collection methods
Inception phase April – May 2011	Study of programme documents Interviews with programme partners Stakeholder mapping workshop with coordination group and CLOs Identification of local consultants Planning of the field missions Drafting of an inception report
Phase of data collection and preliminary analysis in the Netherlands June – August 2011	Analysis of existing data (KAP and MAP reports, quarterly reports, reports of meetings, etc.) Semi-structured interviews (face-to-face, telephone, Skype) Self-assessment workshop with members of the coordination group and CLOs E-survey sent to all members of the International Advocacy Platform
Phase of data collection and preliminary analysis in Nigeria and Cameroon June - August 2011	Semi-structured interviews with all stakeholders identified Focus group discussions with end-users (beneficiaries) Self-assessment workshop with all stakeholders involved Visits to sales outlets Restitution workshops involving staff of the implementing agencies
Phase of analysis, synthesis and reporting September – October 2011	Draft of country evaluation reports and evaluation notes on the different components Restitution meeting with coordination group and CLOs Additional interviews and study of documents Analysis and synthesis; drafting of evaluation report

Table 2 Overview of the data collection methods

1.1.3 EVALUATION FRAMEWORK

- ⁴¹ An evaluation framework has been developed to indicate clearly what kind of data will be looked for in order to formulate an answer to the evaluation questions formulated in the ToR. The framework has been developed based on the information gained from the study of programme documents and the interviews conducted during the inception phase. The evaluation framework consists of five evaluation questions (EQ), judgement criteria and indicators. The first four evaluation questions are linked to the objectives of the UAFC Joint Programme (and not as such to each of the three components), the fifth evaluation question is different in nature and refers to the governance and coordination of the programme. The judgement criteria are often linked to output as formulated in the programme documents for each of the components. Some of the judgement criteria refer to factors that can explain, according to the evaluation team, the achievements (or not) of the output and outcome of the programme. For each of the judgement criteria, several indicators have been formulated. As far as possible, indicators formulated in the programme documents have been used⁴. For each of the indicators, information was collected during the second phase of this evaluation. This information will enable the team to assess each of the judgement criteria. An assessment of each of the judgement criteria will make it possible to formulate an answer to the evaluation question.
- ⁴² The table below provides an overview of the main evaluation questions with their respective judgement criteria. Responses to all five evaluation questions will enable the team to respond to the overall question as formulated in the ToR, i.e. *“To what extent has the UAFC Joint Programme achieved its overall objective of making female condoms available, affordable and accessible for all”*. The evaluation process will specifically focus on assessing the contribution of each of the programme components to this overall objective. In other words, also assessing to what extent the threefold strategy of the UAFC Joint Programme was appropriate (an evaluation framework with indicators has been added in annex 2).

⁴ The evaluation team observed that there was not always consistency between the indicators described in the business plan, operational plans, quarterly reports and annual reports, and that some indicators refer more to activities.



Evaluation questions	Judgement criteria
<p>EQ 1 – To what degree has the UAFC Joint Programme contributed to the affordability, production and diversification of available female condoms on the global market?</p>	<p>1.1. Price reduction of the female condom 1.2. Production capacity of newly-developed female condoms increased, as did the contribution of the UAFC Joint Programme towards a reduced gap between the female condom supply and demand 1.3. Increased choice between good-quality female condoms. 1.4. Sustainability of the achievements in the R&D component</p>
<p>EQ 2 – To what extent has the UAFC Joint Programme contributed to increased political support for the female condom resulting in increased financial support for female condom programming, R&D and international advocacy?</p>	<p>2.1. Change in policies and/or implementation of policies on female condoms 2.2. Increased synergy and collaboration between key stakeholders for international and national advocacy on female condoms 2.3. Increased sphere of influence for advocacy on female condoms</p>
<p>EQ 3 – To what extent is adequate evidence-based advocacy capacity available at the international and national level?</p>	<p>3.1. UAFC joint partners and implementers develop evidence-based advocacy messages based on input from R&D and LL 3.2. UAFC Joint Programme partners and implementers have the capacity to contribute timely to the debate on female condoms at national and international level 3.3. Continuous analyses of the political and societal environment on female condoms via effective M&E and LL</p>
<p>EQ 4 - To what extent has the UAFC Joint Programme contributed to a sustainable increase in the demand for the female condom and of the availability of the female condom at affordable prices in Nigeria and Cameroon?</p>	<p>4.1. Increased demand for female condoms 4.2. Increased supply of female condoms 4.3. Sustained demand for and supply of female condoms 4.4. Effective and efficient procurement of female condoms</p>
<p>EQ 5 - To what extent did the governance and coordination structures and management systems, including the contract management, of the UAFC Joint Programme contribute to (or hamper) the achievement of the objectives ?</p>	<p>5.1. Strategic governance 5.2. Clear division of roles and responsibilities with corresponding competences and capacity 5.3. Effective and efficient management systems in place 5.4. Appropriate partnership and contract management 5.5. Internal control and risk management</p>

Table 3 Overview of the evaluation questions and judgement criteria

1.2 EVALUATION IMPLEMENTATION

- ⁴³ The evaluation has been implemented as planned. The team would like to thank all implementing partners for their active collaboration in this evaluation. All information that was asked for was delivered properly and in time, staff participated actively in workshops and meetings, comments on intermediary reports were provided in time and external stakeholders were motivated to participate in the evaluation. Some key stakeholders were interviewed several times without problem.
- ⁴⁴ The e-survey was launched at the end of June 2011, lasting till mid-July. Because of the limited response, most likely due to overloaded agendas, a second launch was organized in September 2011. This resulted in a response from 20 respondents (31%). Because of the small population group (#61) this response is not sufficient to draw conclusions that are representative for the whole group. The low response can be explained by various factors: some of the members of the platform are rather 'dormant' members and/or several of the members are active advocates with limited time. However, additionally, interviews were held with several members⁵ of the international platform that confirm the results of the survey.
- ⁴⁵ Country visits were planned and prepared in close collaboration with SFH (Nigeria) and ACMS (Cameroon). In each of the countries, two regions (Cameroon) and three states (Nigeria) were visited. The evaluation team were able to interview a variety of stakeholders. ACE Europe would like to thank also the coordinators of SFH and ACMS for the professional preparation and guidance of the teams during the mission. Without their support it would not have been possible to collect data in such a limited time.

1.3 OUTLINE OF THE EVALUATION REPORT

- ⁴⁶ The evaluation report is divided into four chapters. The first chapter describes the evaluation objectives, evaluation design and formulates comments on the evaluation process. The second chapter briefly describes the context within which the UAFC Joint Programme has been conceived and has been implemented. This enables the evaluators to assess the relevance of the programme. The third chapter presents the evaluation findings for each of the evaluation questions as formulated in the evaluation framework. A brief description is given of the programme components and their output, followed by the assessment of the effectiveness, relevance, sustainability and efficiency of the programme interventions. Conclusions and recommendations are presented in the fourth and final chapter.

⁵ Some of them had responded the survey, some of them didn't



⁴⁷ Several annexes are added to the report. These include the separate country evaluation reports and the report of the e-survey, which can be obtained upon request.

2 Brief context description

- ⁴⁸ Since the introduction of the female condom on the global market in the early nineties, only two designs from the same company, the Female Health Company (FHC), have been approved by influential bodies such as the US Food and Drug Association (FDA) and the WHO. However, the female condom market has not been without product investment. Manufacturers have invested over USD 120 million to bring several products to the market, including the FC1, FC2 (both products from FHC) and MedTech (producing the Reddy Condom, which is not yet on the market). The Programme for Appropriate Technology in Health (PATH) has spent over USD 12 million to develop its Women's Condom while several Indian and Chinese manufacturers have spent some USD 5 million on female condom prototypes (e.g. Cupid Ltd producing the Cupid condom). A major barrier to the development of different female condom products has been the complex and lengthy clinical study and regulation process that must be undertaken. Companies wishing to enter the market with variations of the female condom are facing challenges to marketing their products on a large scale as they generally lack the rigorous scientific data needed to back up their application for registration and/or are not able to fund this. Secondly, the international donor community has failed to prioritise a consistent and significant global procurement for female condoms. As a consequence, potential (larger) competitors have come to the conclusion that investing in female condoms is not commercially viable. Therefore, to date, the monopoly position for FHC continues to exist.
- ⁴⁹ Major clients of FHC, such as UNFPA and USAID, only purchase the FC2 in bulk quantities for distribution in their sexual and reproductive health programmes worldwide. As a result, the options for the consumer remain limited and pricing depends on the agreements made between the purchaser and the company and on the level of subsidies, rather than on competition in the market.
- ⁵⁰ In 2009, donor support for female condom commodities represented only 0.38% of the total donor expenditure to global HIV/AIDS programmes (UNFPA, 2010). Costs are an often-cited barrier to providing more support, when programme managers consider the investment in female condoms compared to that of male condoms. Currently, the manufacturing cost of a female condom is USD 0.35 with a normal selling cost of USD 0.60, often making end-user in-country cost over USD 1.00 each. This is 10 to 30 times more expensive than male condoms. Another important barrier to providing more financial support is certain myths related to female condoms that are difficult to debunk, specifically from high-level policy makers at national and international level.
- ⁵¹ The support necessary to upscale production and promote the use of the female condom is still lacking. In spite of its huge potential the number of women worldwide using the female condom consistently is extremely low. Only a handful of opinion leaders have addressed the need to increase access to a commodity that successfully combines dual protection (against



STIs, including HIV, and unwanted pregnancies) with an instrument to enhance women's empowerment. An even lower number have addressed the apparent mismatch between (potential) demand and supply (at all levels).

- ⁵² Almost twenty years after its introduction, the female condom has yet to become a common good. Despite small successes in scaling up female condom programming – such as the 2005 UNFPA Global Female Condom Initiative which resulted in a more than threefold increase of female condoms distributed in Africa over a period of three years – the overall global distribution remains low (Peters et al, 2010).
- ⁵³ Universal access to female condoms assessed from the technical aspects of the supply side includes: the manufacturing of the product, international procurement, packaging, shipment, trade agreements. Assessing supply from the side of the local provider, there are other issues to consider, such as pricing, marketing strategies, prevailing misconceptions or myths, familiarity with the product, willingness to invest in a novelty.
- ⁵⁴ Looking at the demand side, acceptability of and demand for any contraceptive are determined by a combination of personal, cultural and socio-economic factors. Still, many men and women have misconceptions about condoms (not only FCs), and are hesitant to believe in the effectiveness of the product, or simply lack knowledge and correct information on modern Family Planning methods. The determinants of contraceptive preferences and uses have been widely studied. In the case of the female condom, there is ample evidence of female and male preference and demand for this particular type of contraceptive (see for example positive experiences with female condom programmes in Ghana, Zimbabwe and South Africa in: Peters et al. 2010).
- ⁵⁵ Since the mid-1980s, condom social marketing has emerged as an effective tool in combating the spread of HIV/AIDS, with social marketing – using traditional commercial marketing techniques – making products such as condoms available and affordable to target groups, while encouraging the adoption of healthier behaviour (UNAIDS/PSI, 2000).

3 Evaluation findings

⁵⁶ This chapter describes the main evaluation findings and is structured according to the evaluation questions formulated in the evaluation framework. For each of the evaluation questions, the relevant programme components are briefly described, followed by the assessment of the effectiveness and relevance, sustainability and efficiency of the Joint Programme interventions.

⁵⁷ The findings related to the sub-components of linking and learning, and communication have been integrated into the assessment of the different evaluation questions, where relevant. The findings related to evaluation question three of the evaluation framework are not specifically elaborated in a separate section but have been used to assess the factors contributing to the results of advocacy (evaluation question two).

3.1 CONTRIBUTION OF THE UAFC JOINT PROGRAMME TO THE AFFORDABILITY, PRODUCTION AND DIVERSIFICATION OF FEMALE CONDOMS ON THE GLOBAL MARKET

3.1.1 BRIEF DESCRIPTION OF THE R&D COMPONENT

⁵⁸ The objectives of the R&D component are:

- To reduce the cost of female condoms by supporting accessibility and sustainability
- To increase production capacity of newly-developed female condoms
- To promote choice between high-quality female condoms

⁵⁹ The main R&D outputs in the UAFC Joint Programme business plan 2009 are:

- The Women's Condom (PATH) progresses in WHO pre-qualification processes; and the factory producing the Women's Condom is able to expand its production capacity;
- The Women's Condom is better known by potential customers of the private and public sector;
- The viability of the PATH condom is documented and available by 2011 or earlier;
- The viability of the Belgian condom is described and a business plan developed;
- Funding for R&D for the Belgian condoms is pledged;



- A reduced price for the female condom of FHC.

⁶⁰ The responsible organization for the R&D component (hereafter called the Manufacturing and Regulatory Support) is i+olutions. The total budget for this M&R component was EUR 1,544,400 (source: 2010 annual plan R&D component). This included the costs for the functionality study. The following table gives an overview of the output realized.

Year	Main focus of the R+D Component per project year
2009	<p>The UAFC Joint Programme invested USD 367,000 in the support of MedTech and USD 225,000 in the support of PATH.</p> <p>MedTech received support from UAFC with the purpose of increasing the production capacity in India from 20,000 units per month to 175,000 per month. An important development was that the Brazilian Government planned to procure up to 10 million MedTech female condoms in 2010 (ultimately, this large order did not materialize).</p> <p>PATH received UAFC support for the development of the female condom (lubrication process and dissolving caps).</p> <p>The UAFC Joint Programme developed plans for the functionality study with the aim of achieving clear international standards for the production of female condoms in order to speed up the pre-qualification process at the WHO.</p> <p>Direct price negotiations took place with FHC and manufacturers of demonstration models. This resulted in a price for the FC2 condom of \$ 0.35 per condom. The price for the demonstration model for the FC2 and the MedTech condom was agreed upon (Euro 13-16 per device).</p> <p>The SMILE (Sustainable Market Impact to Lower cost for Everyone) proposal was developed. The main aim of the proposal is to lower the cost by increasing the choice of female condoms in the international market (three new types in addition to the FC2).</p>
2010	<p>The support to the production capacity of the MedTech and Path female condoms was continued. Support to MedTech was provided to prepare for the audit of the Brazilian Government (to prepare a large order).</p> <p>New potential manufacturers were identified to assess their potential to be included in the SMILE proposal (potential to reach WHO qualification).</p> <p>The R&D component was renamed Manufacturing and Regulatory support (M&R).</p> <p>The work on the SMILE proposal and proposal for the functionality study was continued.</p> <p>Technical support was provided to the national test laboratory in Cameroon: LANACOME. The aim was to install testing equipment for the in-country testing of the MedTech condom and the FC2 condom. This was combined with the procurement of the equipment and training of the laboratory staff.</p> <p>A more cost-efficient supplier was identified for the production of demonstration models.</p> <p>The supply chain was closely monitored to ensure more efficient procurement, shipments and delivery of orders to Cameroon and Nigeria.</p>
2011	<p>In 2011 the focus will be on the following areas:</p> <p>Completing the functionality study in China and South Africa by October 2011 (Budget</p>

	<p>EUR 583,000).</p> <p>Supporting the manufacturers with the preparation of the dossiers for the WHO pre-qualification of the female condoms.</p> <p>Increasing the capacity of the Dahua plant (the women's condom of PATH). It is hoped that the production capacity can be increased from 400,000 to 7 million units per year by 2012. Increased capacity will provide an opportunity to negotiate the unit price from USD 0.80 to USD 0.50 (to USD 0.35 later on). The aim is that Path will also identify additional resources.</p> <p>Ensuring that the SMILE proposal will be funded by UNITAID and can be phased in by the end of the year. Other donors will be approached to assess and secure co-funding opportunities.</p> <p>To develop new partnerships (internationally and in Nigeria and Cameroon) to support the new phase of the programme (provided that funding will be guaranteed).</p>
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Table 4 Overview of the output of the R&D component

⁶¹ Comparing the different documents of the UAFC Joint Programme, it was not easy to identify which output and indicators needed to be measured for the R&D component. The UAFC Joint Programme proposal and the annual R&D workplans were not consistent (or logical) in their outputs and indicators. For a relative outsider it was difficult to establish which indicators belonged to which level in which particular year (e.g. objectives, strategies outcomes and outputs).

3.1.2 ASSESSMENT OF THE EFFECTIVENESS AND RELEVANCE OF THE MANUFACTURING AND REGULATORY SUPPORT

⁶² **Reduced price of female condoms** – The UAFC Joint Programme has been successful in negotiating the FC2 price with the Female Health Company to obtain a price of USD 0.35 per unit, during the lifetime of the UAFC Joint Programme. The same procurement price was negotiated by the UAFC Joint Programme with Medtech and Cupid. It is still too early to achieve an overall price reduction for all procurement agencies for different types of female condoms as this can only take place after the devices have reached the WHO pre-qualification stage and larger-scale production can start. The earliest that this will be possible is by the end of 2012/beginning of 2013. The UAFC Joint Programme has however been instrumental in re-addressing the female condom price discussion and this has had a 'snowball' effect. It can be expected that the female condom price will remain a topic on the international agenda for the coming years.

⁶³ The current price of the female condoms (for the global market) still averages at about USD 0.55 to USD 0.60/unit, with USD 0.60 being more typical. Volume purchasing has not made any serious dent in this pricing structure. This is clearly related to the fact that FHC has had a monopoly with the FC2. As such, the price was fixed (with little negotiation possible or undertaken) and was most often paid for by the international donor agencies (e.g. UNFPA



have been guaranteeing the higher price). It was pointed out that price reduction has never really been a priority for the UNFPA. For the UNFPA it was more important to guarantee a continuous supply of female condoms. Another side of the story is that FHC will remain reluctant to reduce the prices as long as donor agencies do not guarantee substantial orders over a longer period of time. Only then will there be sufficient 'safeguards' in place to reduce the FC2 price.

⁶⁴ **Increased production capacity of newly-developed female condoms** – The UAFC Joint Programme has invested in two manufacturers: Path/Dahua, producing the Women's Condom, and MedTech. The UAFC Joint Programme has contributed to increased production capacity of the Path/Dahua plant, as such decreasing production cost⁶. Due to problems at the MedTech company, investments in the UAFC Joint Programme have not resulted yet in increased production capacity. However, equipment purchased has been transferred to another company that is capable of producing the MedTech female condom.

⁶⁵ Unlike PATH/Dahua, MedTech was undertaking an expansion of female condom manufacturing capacity rather than a major technology transfer and scale-up operation. The risks associated with this intervention should, therefore, have been much lower. From the UAFC perspective, investing in additional capacity at MedTech made sense given the objective of increasing the availability of condoms for public sector distribution (and PATH was not this advanced yet). Given that MedTech was a commercial manufacturer with a large male condom business, the rationale for the investment is perhaps a little harder to justify.

⁶⁶ **Increased choice between good quality female condoms** – the UAFC Joint Programme had the ambition to contribute to increased choice between female condoms based on the assumption that increased choice will increase the market (demand side) and that competition in the end will lower the price (supply side). The strategy consisted in increasing production capacity of a limited number of female condom manufacturers (see above) and in providing technical and financial support to the regulatory process towards WHO pre-qualification. Above all, a functionality study needed to be financed in order to assist female condom manufacturers in completing their WHO dossiers.

⁶⁷ The activities of the UAFC Joint Programme in promoting, setting up and funding the functionality study can be regarded as a major achievement. All the preparatory work has been done to ensure that the manufacturers (MedTech condom, Path Women's Condom and the Cupid condom) are able to prepare and submit their dossiers to the WHO (the process is ongoing). There is no doubt that this activity will contribute to the availability of a wider range of female condoms suitable for public sector distribution.

⁶⁸ The choice of financing a functionality study seems relevant. As soon as a product is validated following strict manufacturing standards, it must undergo a functionality study.

⁶ Refers to path document and costs.

Small comparative studies had been funded by manufacturers with their new condom designs but had been unable to stand up to technical expert's critique and therefore deemed not valid. The functionality study set up by i+ solutions stands up to ISO and WHO pre-qualification standards. The number of organizations with experience of conducting these studies is very limited and i+ solutions has recruited two of the most experienced researchers in this sector to plan and manage the clinical programme. The design of the study meets the currently accepted requirements for female condom functionality studies. It has been reviewed by WHO and meets requirements specified in ISO 25841⁷. The cost of the study, EUR 538,000, appears to be very reasonable for a study of this type but without competitive quotations it is not possible to confirm this. The cost is certainly significantly lower than would be expected had the study been contracted to a commercial clinical research organization.

⁶⁹ The study is located in two countries; South Africa and China. The study will need to be completed before the end of the year. The results of the study will be provided to the manufacturers in order to complete their so-called 'dossiers'. The manufacturers will need to follow up the pre-qualification process with the WHO. i+solutions does not really have a say in this process. The WHO process is expected to be bureaucratic and slow but there is an 'advocate' within the WHO. It is expected that once the WHO has approved the new types of FC, the manufacturers will have the go-ahead to start with the large-scale production.

⁷⁰ There is an extremely high level of confidence that the study, when completed, will be acceptable to the WHO/UNFPA Female Condom Technical Committee on female condoms in terms of its execution, data management and reporting. Clearly the outcome of the study in terms of the performance of the individual products against the requirement specified in ISO 25841 cannot be prejudged. Those products that meet the acceptance criteria will be considered for pre-qualification but other factors also have to be taken into account by the Technical Committee. These include the outcome of the factory inspections, which are planned to run in parallel with the functionality study in the case of the Cupid product and are scheduled for PATH/Dahua as soon as they have moved to the new factory site. A factory inspection of MedTech is clearly not possible given the issues at the moment. Additionally, before WHO/UNFPA pre-qualification can be considered, manufacturers are required to meet other quality-related requirements. MedTech has so far failed to comply with these requirements. In particular, the specification for the airburst properties of the MedTech product has not been set in accordance with the requirements of ISO 25841. Pre-qualification of the MedTech product is therefore not guaranteed, given a successful outcome from the study.

⁷ It should be noted that the draft international standard for conducting functionality studies on female condoms is still at a very early stage of development and will not be published for some time (when published, the standard is expected to be designated ISO 29943-2). Nevertheless, the protocol for the study does comply fully with the current requirements of this draft standard.



- ⁷¹ Despite the fact that during the onset of the UAFC Joint Programme different views existed regarding the importance and the need for WHO pre-qualification, developments over recent years illustrate that WHO approval is important. Most developing countries require WHO endorsement for inclusion of products in government tenders. UNFPA supplies many female condoms to developing country programmes and the UNFPA requires WHO pre-qualification. However, the functionality of the UAFC Joint Programme strategies to market and achieve a wider choice of the female condom in the country programmes has so far been limited. It is actually too early to evaluate this, given the fact that the pre-qualification study is still ongoing.
- ⁷² In Nigeria, only one condom was marketed (the FC2). This condom has a WHO pre-qualification and did not require in-country testing. In Cameroon, all condoms need to be tested by the national laboratory, Lanacome (also WHO-qualified devices). There have been serious constraints regarding the procurement of the testing equipment (see Cameroon country evaluation report). As the FC2 has a WHO pre-qualification, it was distributed in the country without being fully tested. It is expected that the laboratory will be fully operational before the end of 2011. Despite problems reported earlier, resource persons also pointed out the importance and relevance of a female condom testing laboratory in Africa as the Cameroon laboratory will be the first one on the continent. Meanwhile, plans have been made in Cameroon to introduce a second brand of the female condom. An expert meeting on the topic is planned in November 2011. For Mozambique, no WHO pre-qualification is needed. The programme in Mozambique procured Cupid (CEE approval) condoms with the support of the UAFC Joint Programme. No in-country testing was required for these condoms. In Mozambique two different types of female condom are currently planned to be distributed: the FC2 through MoH/UNFPA-supported programmes and Cupid through PSI and consortium partners of the female condom programme. In any case it is too early, or not possible given the country situation, to draw distinct conclusions on the effect of multiple female condom choices on demand creation, user preferences, and price reduction.
- ⁷³ It is expected that once the WHO pre-qualification process has been completed and funding for the next programme phase has been secured (SMILE⁸ and other proposals to donors); the UAFC Joint Programme will be able to market a wider choice of condoms in different countries. Lessons learned from the country programme, however, show that the actual marketing requires substantial programme support in the country since procurement only will not lead to success.

3.1.3 ASSESSMENT OF THE SUSTAINABILITY OF THE ACHIEVEMENTS

- ⁷⁴ The reduced price for the FC2 has been obtained only for the lifespan of the UAFC Joint Programme. Lower price levels can only be 'sustained' by manufacturers (including FHC) if the production (volume) of the female condoms can be increased. This will require (1) more

⁸ SMILE = Sustainable Market Impact to Lower cost for Everyone.

and larger-scale investments from donor agencies for support towards increased manufacturing capacity and (2) funding for procurement and programming for different varieties of female condom. The female condom is a product that still needs to be 'pushed' on the market for the coming years as the number of potential clients is not large enough to 'pull' the products and to sustain the market.

- ⁷⁵ The female condom market is a fully subsidized market. This implies that external donor funds will be required to procure, invest and market the device. There is a strong relation between the volume (production) and the price. Historically, the funding for female condoms has been grossly disproportionate to that of male condoms. This has been due to the high cost of the FC1, and now the FC2 devices. The actual production costs are around USD 0.35 per unit⁹. Stakeholders pointed out that FHC should reduce the female condom price by 50%. The FHC brought the production of the FC2 to Malaysia and this brought down the price by 30% (but the investment to do this was substantial). Over the past 20 years, USD 120 million has been invested in FHC to become a market player. This is relevant to note as it shows that long-term and substantial investments will be required to become a competitor on the global female condom market. The UAFC Joint Programme budget was never substantial enough to invest huge amounts of funding into the manufacturing capacity of other female condom manufacturers. In that sense, it will remain difficult to compete with a market player like FHC unless a larger budget becomes available.
- ⁷⁶ The feasibility to support the pre-qualification process of multiple female condoms beyond 2011 will depend on the availability of continued funding. As far as could be established, the SMILE proposal¹⁰ is expected to be the only opportunity to guarantee the continuation of the manufacturing and regulatory support to the manufacturers with the preparation of the dossiers. It is assumed that if there is no continued funding for the UAFC consortium from January 2012 onwards, the manufacturers will need to do this by themselves. According to the study team (functionality study), this should not be a problem for the PATH and the Cupid but will be a problem for the MedTech company due to earlier stated issues.
- ⁷⁷ There is definitely a future for the Path/ Dahua Women's Condom and the Cupid female condoms. Cupid has excellent latex quality, a good product design and the manufacturing capacity to handle large orders of product. The product is produced to Good Manufacturing Standards (GMP) and the factory will be audited by WHO in the near future as part of the WHO pre-qualification process. The condom is attractive and expected to perform well in acceptability, safety and functional performance during the UAFC Joint Programme trial. Cupid has EU and Indian government approvals and plans are under way to seek USFDA approval. The Women's Condom has just been approved (late June 2011) by the Chinese Food and Drug Administration (SFDA). In addition, the WC has EU approval and the device is currently under study to obtain approval by the USFDA. It will be available only in China until production is increased. This will not take a long time. The Chinese government has

⁹ Though some interviewees mention that the real production costs is USD 0,12 per unit



become increasingly interested in the product (WC and others) due to advocacy efforts of the various Planned Parenthood entities within the country.

3.1.4 ASSESSMENT OF THE EFFICIENCY OF IMPLEMENTATION OF THE M&R COMPONENT

⁷⁸ Efficiency of the M&R component has been hampered by the weak design of the R&D plan. The R&D plan was not clear about the rationale for the selection of manufacturers that would be supported nor on the capacity development strategy. The 2009 business plan as well as the R&D plan lack a detailed discussion about the need for well-designed and executed clinical studies (functionality studies) to evaluate the effectiveness and safety of new types of female condoms. The need for these studies was a clear element of the draft ISO standard for female condoms, ISO 25841, and was accepted by the members of the WHO/UNFPA Female Condom Technical Review Committee. The WHO pre-qualification process seems not to be well understood at the time of the drafting of the R&D plan and was perhaps not given sufficient attention. However, the importance of pre-qualification was realized early in the UAFC Joint Programme and plans for a functionality study were developed from 2009 onwards to help three manufacturers achieve this WHO pre-qualification. The timeline of the UAFC Joint Programme was underestimated, for example with regard to the objectives to promote wider choice of female condoms in the UAFC Joint Programme countries. New types of female condoms can be marketed only if WHO pre-qualification has been achieved, which requires a lot of time (including the time needed to set up and carry out a well developed functionality study).

⁷⁹ *Consequences of the weak design of the R&D plan for the investment in production capacity.*

- The selection process and rationale for the selection of manufacturers was neither clear nor properly documented. The UAFC Joint Programme did not carry out a 'pre-award' organizational assessment of MedTech and PATH (only an audit report of MedTech was received). Seemingly there was not enough time to carry out an in-depth assessment and it seems that this element has not been taken seriously. Such a pre-award assessment is quite common and assesses the capacity of the organization to implement the programme (governance, organizational structure, management capacity and financial management). As a consequence, a tailor-made capacity building plan (based on pre-award findings) was not prepared. Hence, it is difficult to establish what the expected outcome was intended to be of the technical and financial support for the organizational capacity. The support focused mainly on increased production (or improved production process) of female condoms in order to decrease the cost of the female condom. Other capacity challenges therefore have been neglected that might have an influence on the WHO pre-qualification process. It is not sure that the production capacity of MedTech, Path and Cupid will be sufficient (for the international market) and how much funding and time it will take to build up substantial capacity (what is the preferred capacity in comparison to FHC).
- It is not clear whether the problems with MedTech could have been known and addressed at an earlier stage in order to prevent the closure of the factory (was it indeed financial



management problems or industry politics?). Some resource persons indicated that MedTech already had a reputation for being a vulnerable and financially not so healthy organization before the start of the UAFC Joint Programme. Initially it was thought that the UAFC Joint Programme would be the best way to support MedTech in order to overcome the problems (although the precise nature of the problems was not assessed). This has probably been a naïve or excessively optimistic approach towards the MedTech situation. However, this was difficult to establish without sufficient documentation.

- The R + D Plan focused on a limited number of the female condom product that were available, at least in advanced prototype or limited distribution, at the time that the plan was developed. No mention was made of the Cupid condom, which was already at an advanced stage of development at the time that the plan was developed, and the Innova Panty Condom, which was in limited commercial distribution. The Cupid condom has, however, been included in the UAFC Joint Programme clinical trial but was not discussed in the document. Another female condom that could have been considered during the design stage is the Phoenurse Female condom manufactured by Tianjin Condbao Medical Polyurethane Tech.Co., Ltd, and China. The Phoenurse condom is effectively a generic version of the FC1 and with appropriate technical support it might even be possible for this product to receive WHO approval for public sector distribution without further clinical studies. The R&D plan discusses generic versions of FC1 and FC2 but does not mention the Phoenurse.

⁸⁰ *Consequences of the weak design of the R&D plan for the support to the WHO pre-qualification process* – The process to develop the functionality study began in late 2009, with a final approval granted by the UAFC Joint Programme in February 2010. The official approval for the funding for the development of the protocol was given in May 2010. The actual study (i.e. enrolling participants) began in March 2011 in South Africa and in June 2011 in China. It should be noted that it took almost a year to develop a quality protocol and related study instruments and to obtain the necessary ethical and governmental approvals. This explains why the period between study approval by the UAFC Joint Programme and study initiation at the sites was so long.

3.2 CONTRIBUTION OF THE UAFC JOINT PROGRAMME TO INCREASED POLITICAL SUPPORT FOR THE FEMALE CONDOM RESULTING IN INCREASED FINANCIAL SUPPORT FOR FEMALE CONDOM PROGRAMMING, R&D AND INTERNATIONAL ADVOCACY

3.2.1 BRIEF DESCRIPTION OF THE ADVOCACY COMPONENT

⁸¹ The UAFC Joint Programme is involved in international advocacy and in advocacy at national level (the Netherlands, USA, Cameroon, Nigeria, Mozambique). The national advocacy is done by the implementing partners in Nigeria and Cameroon, often supported by Rutgers WPF, the UAFC Coordinator and ISG members. In the Netherlands collaboration between Rutgers WPF and the Dutch Ministry of Foreign Affairs is good. The international/global advocacy is done by Rutgers WPF, the UAFC Coordinator and ISG members in collaboration with others, but mainly with Change (for the USA) and Countdown 2015 Europe (18 partners from 16 countries). Other main partners in the international advocacy are the Reproductive Health Supply Coalition and the International Health Coalition. There is regular contact with partners and networks such as Prevention NOW campaign partners, DAWN, ARROW, WGNRR, Oxfam International Network, Stop AIDS Now Network, MFO network (Hivos, Cordaid, ICCO), and the Power analysis network (Oxfam Novib, IDS). The total budget foreseen for this programme component was EUR 805.098 (also including linking and learning, communication and advocacy workshops in programme countries).

⁸² The objectives of the advocacy component are¹¹:

- Broadening and strengthening the support base for female condoms
- Building advocacy capacity on the female condom;
- Urging the UN and donor agencies to include the female condom in their relevant policies and programmes;
- Financial commitments to the UAFC Joint Programme are guaranteed, which will enable the implementation of all components of the UAFC Joint Programme business plan.

⁸³ Expected outputs as formulated in the UAFC Joint Programme business plan and advocacy plan are:

- The establishment of an active international platform with more than 50 organizations and at least six donor agencies supporting and participating in the platform;

¹¹ As formulated in the UAFC Joint Programme revised business plan (March, 2009) and the International Advocacy, Linking and Learning and communication plan 2008-2011 (October 2008)



- The development, distribution and use of the advocacy toolkit;
- The inclusion of the female condom in gender and health policies by one additional UN agency and three donor agencies;
- The guaranteed financial commitments of at least three other donor agencies (other than Hewlett Foundation, DANIDA and DGIS) to the UAFC Joint Programme, for a total amount of EUR 17.8 million.

⁸⁴ Rutgers WPF has formulated four fields of activity for advocacy, divided into eight concrete objectives.

Fields of advocacy activity	Concrete advocacy objectives
1. The supply of the female condom	Develop a joint advocacy message on variety, marketing, choice and competition Build more political support for female condoms within WHO and find ways to increase access to new female condoms by lowering barriers Prepare the ground for funding; including for Research & Development
2. International policy and organizations	Convince international organizations, including UNFPA, of the effectiveness of more large-scale female condom programming and a broader procurement policy of the female condom. Get active support from UNAIDS regarding the importance of female condoms in the HIV prevention strategy and of large-scale female condom programming.
3. Building bridges	Unite the voices of civil societies and donor agencies
4. Reacting on developments in the field and communication	Formulate an answer to important studies Communication to support the choices mentioned above

Table 5 Overview of fields of advocacy activities

85 The following table presents an overview of realized output per year:

Year	Main focus of the advocacy component per project year
2009	<ul style="list-style-type: none"> - Growing International Platform (established in December 2008) with 32 organizations, 42 committed members, and 8 donor organizations. Development of advocacy messages. - Skills-building workshop at Family Planning Conference in Uganda (organized by the Comprehensive Condom Programming working group) with the participation of representatives of SFH and ACMS and presentation on advocacy during Global NGO Forum on ICPD+15 in Berlin. Development of advocacy information sheets, hand-outs, posters, advocacy statements. - Power mapping and –analyses (end of 2008) to get insight into the role and position of key actors in the field of FC. - Advocacy towards UNAIDS and UNFPA, as well as towards UNITAID (through Countdown 2015), EC and others such as CPD and ICPD+15. - Mapping of potential donors and advocacy for fundraising towards Finland, the EC, France, Spain and UNITAID. Also a presentation of the UAFC Joint Programme to BMZ Germany and USAID/Pepfar. - Scanning of funding opportunities in Cameroon (KfW, Global Fund) and Nigeria (Dfid, USAID) and development of fundraising strategy for Mozambique.
2010	<ul style="list-style-type: none"> - Strengthening IP advocacy (57 members representing over 40 organizations) - Advocacy at international advocacy high-level meetings (the Beijing +15 review of the Platform for Action at the Commission of the Status of Women (CSW), Women Deliver Conference, International AIDS Conference and the UNAIDS PCB Meeting. Meetings with UNAIDS, UNITAID, Dutch Ministry of Foreign Affairs, etc. Advocacy at the STI/AIDS/SEX conference in Amsterdam. Development of specific advocacy messages was part of the preparation. - Distribution of draft Advocacy Toolkit to 44 potential advocates. - Power analyses of key stakeholders to focus advocacy in year 2011 - Strengthening cooperation with partners in South and North: advocacy collaboration with 'Equilibre et Population', Change USA, PSI, IWHC, RHSC. - Advocacy workshop in Nigeria with the participation of partners from Nigeria, Cameroon, Zimbabwe and Mozambique. - Advocacy for fundraising towards Pepfar, Hewlett Foundation, USAID, UNITAID, SIDA.
2011	<ul style="list-style-type: none"> - Start-up of the Paper Doll Campaign (coordinated advocacy towards UNAIDS) with 18 organizations from 10 countries participating and advocacy towards UNAIDS for inclusion of comprehensive sex education, male and female condoms in the draft outcome document of the UNGASS on HIV/AIDS (letter signed by 24 organizations from all over the world). - Advocacy for a session on new and under-used technologies during the plenary of the RHSC membership meeting making it possible to advocate for the presentation of one of the UAFC Joint Programmes as a case study during the session. - Advocacy at the IRHA Conference in Beirut, and the Girls' Summit for G8/G20 parliamentarians.



- Advocacy towards and during the UNGASS on HIV/AIDS meeting in New York and the RHSC meeting in Addis Ababa
- Advocacy related to the Paper Doll Campaign resulted in the inclusion of harm reduction organizations into the campaign on female condoms, and interest from G8/G20 parliamentarians.
- Talks with potential donors during RHSC meetings.
- Planned for 3rd and 4th quarter (amongst others): finalization of Advocacy Toolkit, re-evaluation of the IP and follow-up of potential donors.

Table 6 Overview of main output of the international advocacy activities

3.2.2 ASSESSMENT OF THE EFFECTIVENESS AND RELEVANCY OF THE ADVOCACY INTERVENTIONS

⁸⁶ **More political support at international level for the supply of the female condom and female condom programming** – The UAFC Joint Programme advocacy process has been quite extensive. The UAFC Joint Programme has featured in prominent fora¹² and has lobbied at the international agencies (UNFPA, USAID, UNITAID, WHO, bilateral donors). The UAFC Joint Programme has been widely acknowledged for its effortless approach to put the female condom on the international agenda again. The UAFC Joint Programme strategy has renewed the interest in female condoms and has been described as a ‘wake-up call’ for many actors. Several interviewees also notice a change in the language (e.g. message on a variety of female condoms) in policy documents and statements of UNAIDS and UNGASS on HIV/AIDS in favour of Female condoms. The WHO has become more active in the development of standard criteria on the female condom and increasingly cooperates with the UAFC Joint Programme. Some agencies like UNFPA and USAID are up-scaling their female condom programmes¹³.

⁸⁷ In the early stages of the UAFC Joint Programme there, was some friction between the UNFPA and the UAFC Joint Programme. The UNFPA was not convinced that additional types of female condoms were required. The UNFPA was concerned that this would lead to a fragmentation of the market and reduced availability of female condoms (in the case that other factories would not be able to guarantee the production). This view has changed over the years and the UNFPA has become more open towards promoting variety and market opportunities.

¹² At international level, the UAFC Joint Programme has been very active and contributed to the debate via joint advocacy (e.g. at UNAIDS PCB meetings, Beijing +15 review at CSW) and by participating in the International AIDS Conferences, annual sessions of the UNFPA, lunchtime seminars at UNAIDS, Parliamentary Round Table in France, the International Harm Reduction Conference in Beirut in 2011, and several meetings in the USA (e.g. Women Deliver Conference, HLM on AIDS in New York with the Paper Dolls Campaign involving MPs). UAFC staff gave presentations on the UAFC programme, held demonstrations on how to use the FC, delivered advocacy messages, and raised awareness on the FC.

¹³ It is difficult to attribute these results to the UAFC Joint Programme interventions, however several interviewees confirm that UAFC has contributed to these results.

- ⁸⁸ Advocacy work done in collaboration with Change, one of the advocacy partner organizations of the UAFC Joint Programme in the USA, resulted in PEPFAR policy explicitly mentioning female and male condoms and including female condoms in the FY2011 country operational plan guidance. Additionally, there is a dramatic increase in the number of female condoms procured by the US government for HIV/AIDS and family planning programmes worldwide. The advocacy of Change contributed also to the formation of a US government inter-agency task team on female and male condoms, housed at PEPFAR.
- ⁸⁹ The advocacy has not yet resulted in changes in policies of donor agencies as such. Taking into consideration the three-year project period, this is understandable as policy changes often need much more time to take effect. The fact that the female condom is on the agenda of many stakeholders is very positive and offers opportunities to realize concrete policy changes in the future. Several donor agencies are actively involved in the UAFC Joint Programme, like the Dutch Ministry of Foreign Affairs, SIDA, DANIDA and NORAD (through a financial contribution and/or strengthening the advocacy activities). However, these commitments already fit within the existing policies on gender, reproductive and sexual rights and/or HIV/AIDS. All of these donor agencies are also giving core support (non-earmarked) to UNFPA. The Dutch Ministry of Foreign Affairs is also an important funder of WHO. Through these relationships, some influence can be exerted on UNFPA and WHO regarding female condom programming. Staff at these donor agencies are active advocates for the female condom but have not yet been able to integrate female condom programming into the bilateral programmes of their respective agencies. Integration of the female condom into gender and health policies of other donor agencies has not been reported so far (e.g. USAID had already integrated female condoms into its policies).¹⁴
- ⁹⁰ **Increased funding at international and national level** – The UAFC Joint Programme aimed at securing funding for the UAFC Joint Programme on the one hand and at preparing the ground for funding for female condom procurement, female condom programming and also for Research and Development. The original objective related to guaranteeing funding for the UAFC Joint Programme (enabling implementation of all components of the UAFC Joint Programme business plan 2009) was revisited in 2010. The objective to find EUR 17.8 million for the UAFC Joint Programme was revisited because the UAFC Joint Programme came to the conclusion that it would not be able to raise the funds for a third country programme. Therefore the strategy towards Mozambique was reformulated (see also annex 8) and the UAFC Joint Programme budget revised. The decision was taken to focus the advocacy on sustained funding of female condom programming, in particular for funding follow-up activities of the country programmes after 2011.
- ⁹¹ With regard to the funding of the follow-up of the UAFC Joint Programme, there seems to be some interest among current and new donors for financing female condom programming in a following phase: (1) the Dutch embassy and the Norwegian embassy (approved USD 1.8 mln for 3 years) decided to finance the female condom programme in Mozambique for the

¹⁴ The output indicators as formulated in the A&L plan refer to integration of FC in policies of one additional UN agency and three donor agencies.



period 2011-2013; (2) the Hewlett Foundation expressed an interest in continuing to finance the coordination of the UAFC Joint Programme, international advocacy and the advocacy activities in programme countries; (3). Concept notes were presented to several donors, including to UNITAID (see further), to KfW, Germany (for the Cameroon programme), to NORAD (for the Nigeria programme) and to PEPFAR (for the Mozambique programme). No reactions have been received so far. The programme in Nigeria might receive funding from DfID and USAID. The UAFC consortium can be complimented for the early start with the preparation of the SMILE proposal, presented to UNITAID. The SMILE proposal has been prepared some time ago (started in 2009 and was further developed in 2010). The SMILE proposal foresees an extension of the programme to 10 countries. The aim is to invest in the companies that can produce new WHO-prequalified female condoms. The SMILE proposal allows for upscaling and for competition and is considered as a good development and will contribute to price negotiations (if funding were received). However, there are a few concerns. (1) At this stage it is not clear whether alternative funding will become available for the new programme phase. There is still the chance that the UAFC Joint Programme may need to slim down or even close down due to budget constraints. (2) It was pointed out that it could even take a year before the approval process is completed by UNITAID¹⁵. (3) The SMILE proposal seems to cater mainly for the support towards increased production of female condoms, larger-scale procurement and the distribution to 10 countries. The actual programming approach (management, training, and marketing) seems not to have been sufficiently represented (unless other financial resources become available). It was pointed out by various people and in the literature that procurement and programming should go hand in hand in order to make social marketing products successful.

⁹² One could say that the UAFC Joint Programme has been 'preparing the ground' for female condom funding but results with regard to increased funding for large-scale female condom procurement, female condom programming and female condom Research and Development by other multilateral and bilateral donors are less visible at the moment. The three-year period is therefore probably too short. Continuous advocacy efforts are still needed. To broaden the base for advocacy, an advocacy toolkit has been developed to enable people (mainly from civil society organizations) to become advocates for the female condom. The advocacy toolkit contains information, materials, advocacy strategies and messages for advocates on female condoms. According to the annual report on A&L of 2010, draft advocacy toolkits have been distributed to 44 female condom advocates to get their feedback. This feedback is currently being incorporated into the final version of the toolkit. The toolkit was planned to be ready in 2009, but will now be published by the end of 2011.

¹⁵ In the light of recent meetings with UNITAID board members, the following has become clear: where in the past all sorts of proposals were admissible, UNITAID has chosen to narrow down the focus, work with rounds of solicited Letters of Intent on specific themes and leave only limited space for unsolicited Letters of Intent. The UAFC SMILE proposal does not fit in the theme chosen for the first round of solicited Letters of Intent. It will therefore end up in the unsolicited category. In October 2011 the final decision by UNITAID on the proposal, sent as a Concept Note in 2009 and as a full proposal in June 2010, had still not been made. It remains unclear whether UAFC has to submit the proposal in the new framework or that a decision on the proposal in its current form can still be expected.

93 **Factors contributing to the results:**

- *Legitimate and credible advocates:* The UAFC Joint Programme is seen as very credible and legitimate for female condom advocacy, as confirmed by organizations and partners such as USAID, WHO, UNFPA and Change. In the near future, WHO intends to establish a neutral forum for female condoms and confirmed that the UAFC Joint Programme needs to be included in this forum. The UAFC Joint Programme is increasingly seen as a centre of expertise on female condoms and a partner in development. According to several interviewees, the threefold strategy of the UAFC Joint Programme has increased its credibility and legitimacy and the fact that current donors such as the Dutch Ministry of Foreign Affairs and the Hewlett Foundation actively contribute to the advocacy activities.
- *The UAFC Joint Programme partners have demonstrated adequate advocacy expertise –* The previous experience, involvement and contacts of Rutgers WPF regarding international advocacy in the fields of sexual and reproductive rights have contributed to effective planning, organization, execution and follow-up of the female condom advocacy activities. A comprehensive stakeholders analysis and power mappings were carried out in 2009 and 2010 resulting in the identification of important stakeholders and the development of an appropriate advocacy strategy. Policies and positions of stakeholders have been properly analyzed for better targeting the advocacy messages. Several advocacy officers are, or have been, involved but sufficient care was taken to speak with one voice (e.g. putting the programme coordinator to the forefront).
- *Well-developed advocacy strategy –* strengths in the advocacy strategy are the sound preparation and the regular update of the stakeholders and their respective influence¹⁶, the strategy to actively link to international processes via high-level and strategic meetings and the regular identification of opportunities at political level and donor level, the active networking of Rutgers WPF and ISG members at different levels and the establishment of the international advocacy platform (see box 2). Advocacy messages were adjusted to the target groups and elaborated via brainstorming with relevant people (Change, members of ISG, members of the IP). However limited, the involvement of Southern partners in the advocacy process, specifically at international conferences, was very effective and enhanced credibility and legitimacy.
- *Networking –* The UAFC Joint Programme has been able to develop and maintain relevant contacts with various networks and coalitions, amongst many others Countdown 2015 Europe, Change, the Reproductive Health Supply Coalition and the International Health Coalition. Network- and coalition building was permanently on the agenda within Rutgers WPF and was done in an appropriate way. Not all partners and networks are continuously involved in policy analyses and joint advocacy activities. This depends on the type and objective of the event, the location and availability. This enhances effectiveness for advocacy

¹⁶ Initially there seemed to have been an underestimation of the internal processes, spheres of influence and power relations at stake within WHO and UNFPA. It took some time to become acquainted with these organizations and to find the most appropriate ways of advocating them.



but risks leaving out other interesting partners (e.g. partners that might be interested in contributing to female condom advocacy but that are not yet actively involved). Joint international advocacy with common messages is sometimes difficult to achieve due to a different focus; in the USA, focus is mainly on getting female condoms back on the agenda (of PEPFAR for instance) and on enhancing female condom availability in general. In the EU/globally, the focus is mainly on getting more female condoms certified by WHO and as such contributing to an increase in diversity of female condoms on the market, and on getting female condoms integrated into relevant policies. This difference in focus sometimes hampers a strong, common, joint advocacy activity and message. Nevertheless, the USA and EU/Global focus can be seen as complementary, since an increased female condom attention and female condom availability as well as increased diversity and FC-inclusive policies are necessary for larger-scale female condom procurement and programming. This complementarity can be highlighted for future common advocacy activities.

Supporting communication strategy and instruments – The development of communication products (information leaflet, gadget, website, newsletter, e-alerts, etc.) resulted in a good visibility of the UAFC Joint Programme at international level and a continuous flow of up-to-date information to all target groups. The products were effective for advocacy and communication during conferences and meetings with the general public, decision makers and potential funders. Also the popular annual reports were used for awareness-raising and advocacy. Several articles on female condoms have been published in newspapers and magazines, and press releases have been issued in the Netherlands and the partner countries.

Box 1 - Communication products

According to the e-survey, the UAFC Joint Programme information leaflet is considered to be a useful, informative and attractive tool for awareness-raising, information-sharing as well as for advocacy. The availability of the information leaflet was not always 100% due to the system of distribution, for example lack of swift distribution by partner organizations. Although the gadget (small box with a sample FC) is considered to be an excellent tool for awareness-raising and good for advocacy, its availability and quantity were not always guaranteed.

Via its database, the website (www.condoms4all.org) provides very useful and up-to-date information. It gives important information on the data of main (political) events, policy issues at international levels, as well as information, experiences and lessons learned of national advocacy activities. Google search shows that, when searching for 'female condom', the search does not list the UAFC Joint Programme website at the top, but on the second page. In 2010, the site got 2,239 unique visitors (the goal was 500). The knowledge base got 598 page views (the goal for 2010 was 100). Also the (digital) UAFC Newsletter, developed by the Communications Officer and accessible via the UAFC website, provides regular and useful information (on past, current and future advocacy events, progress at the level of Country

Programmes, L&L visits, etc.) on female condoms to a broad audience.

- *Evidence-based advocacy* – as far as possible, evidence has been used from other female condom programmes, available statistics and research to support the advocacy messages. Evidence from the UAFC Joint Programmes will only become available towards the end of the programme and the capacity and structures are in place to get these necessary data. Although there is currently sufficient expertise available to develop an effective evidence-based advocacy, capacity (mostly time) for more pro-active advocacy to be able to make use of all opportunities and the necessary follow-up, is lacking. The agendas and policies of numerous international organizations need to be followed regarding female condom issues, and complex (internal and almost hidden) decision-making processes need to be analyzed to be able to exert influence as early as possible with relevant and realistic proposals. Moreover, often personal follow-up of advocacy activities needs to be given to assure the advocacy messages have been taken up. This demands more capacity in terms of time.

- *Increased spheres of influence*: the UAFC Joint Programme has been able to contribute to the debate on female condoms in formal and informal ways. Both at the invitation of organizers of conferences and as a result of persistent advocacy, UAFC staff (and partners) participated and gave input on female condoms in formal and informal meetings with bilateral donors and during conferences (as keynote speakers, organization of workshops, giving female condom demonstrations, organizing information booths, etc.). The opportunities for contributing to the debate on female condoms are regularly identified by the Advocacy Officers at Rutgers WPF. Some of these advocacy opportunities are automatically integrated into the activity planning, while other advocacy opportunities present themselves during the year, and possible UAFC participation is discussed at the level of the UAFC coordination.



Box 2 - The International Platform

The results of the survey confirm the realization of the objectives set for the IP. The IP contributed to enhanced joint advocacy on female condoms at international level, more synergy and networking, and sharing of know-how and experiences between a diversity of actors in the female condom sector contributing to increased awareness of the issues at stake. The strengths of the IP lie in its composition; its focus and consistent communication and exchange of information, as well as its management by Rutgers WPF.

The communication within the IP is considered to be good but the level of interaction seems limited. Only a small group of members appears to be actively involved and mostly in a reactive way (members themselves do not easily propose issues for the agenda). It is not clear to what extent there is also a regular consultation and interaction between the members of the IP themselves. According to some members, the IP does not sufficiently link between international and national advocacy and does not provide enough international/technical information on female condoms to be used for advocacy. The Southern perspective and analysis in the advocacy could be enhanced. The exact advocacy goals of the IP and the progress on results are not always clear. Information is mostly focused on UAFC issues and not on wider (policy) issues related to female condoms, like family planning, HIV/AIDS, etc. Last but not least, many members of the IP themselves lack the time to become more actively involved.¹⁷

⁹⁴ The establishment of the International Platform (see box 2) increased collaboration, coordination and synergy between public- and civil society stakeholders in the female condom sector, resulting in increasingly joint advocacy activities at global level. The International Advocacy Platform (IP) for Female Condoms was established in 2009 and has 57 members from civil society (national and international), national governments (e.g. Brazil, Finland, France, Netherlands), UN agencies (UNAIDS, UNFPA), donor organizations (USAID, UNITAID, Hewlett Foundation, EC), independent experts and members of the UAFC Joint Programme themselves. The e-alerts and the telephone conferences within the IP were considered by the respondents of the e-survey to be useful for information-sharing on female condoms and female condom programming, but by far the most useful activity for information-sharing were the two IP meetings where members could personally meet.

¹⁷ Complete results of the survey are added in annex 5.5.

3.2.3 ASSESSMENT OF THE SUSTAINABILITY OF THE ACHIEVED RESULTS

- ⁹⁵ The integration of the advocacy activities on female condoms within Rutgers WPF assures a degree of sustainability since advocacy on subjects related to sexual and reproductive rights is at the core of the organization. It is highly probable that the team of Rutgers WPF will continue advocating on female condoms with or without specific financing for female condom advocacy, although in the latter case the intensity of the female condom advocacy activities will be much lower.
- ⁹⁶ The advocacy toolkit has the potential to contribute to sustained female condom advocacy at international and national levels when introduced in an appropriate manner. The implementation guidelines that have been developed in close collaboration with the implementing partners, and that will be published soon, will be a relevant tool to support other actors with large-scale female condom programming. Although there appears to be sufficient interest for this tool, it is too soon to evaluate to what extent the implementation guidelines will be used effectively.
- ⁹⁷ Sustainability of female condom advocacy will be affected by lack of funding. Advocacy at international level will slow down and in particular the continuation of some processes already initiated will be threatened. The functioning of the IP depends to a large extent on the facilitation coordinated by Rutgers WPF. Changes at the level of Rutgers WPF and loss of a specific budget for the functioning of the IP can threaten its sustainability. Funds are needed to introduce and distribute the advocacy toolkit among a variety of actors that can/want to invest in female condom advocacy.

3.2.4 ASSESSMENT OF THE EFFICIENT IMPLEMENTATION OF THE ADVOCACY INTERVENTIONS

- ⁹⁸ The participation of Rutgers WPF in the UAFC Joint Programme has been crucial for the success of the UAFC advocacy component, with its expertise and networks and, not least, the commitment of the staff of Rutgers WPF. Also the strong involvement in advocacy activities of some members of the International Steering Group contributed to this success, providing new contacts and opening doors to stakeholders and potential donors. Members of the ISG as well as the Advocacy Officers at Rutgers WPF played an important role in creating ways for participation in conferences, meetings and events.
- ⁹⁹ Collaboration with a variety of partners contributed to efficient advocacy. For example, meetings in the USA were increasingly coordinated with US-based organizations such as PSI, Change and Smart Youth. On other occasions (e.g. International AIDS Conference 2010), collaboration with other NGOs (Oxfam International) and involvement of staff of ACMS and SFH was realized and created moments to contribute to the debate. A major achievement was also the collaboration with other NGOs, UN agencies (e.g. UNFPA) and



the private sector (e.g. Durex) in the Condomize Campaign during the AIDS conference in Vienna in 2010.

¹⁰⁰ The choice to establish an International Advocacy Platform appears to have been efficient for consultation and the development of joint advocacy messages. The IP enables swift collaboration with a variety of actors who all have become female condom advocates, as well as making joint advocacy possible, which increases its legitimacy.

¹⁰¹ Two factors seem to have hampered the efficiency of this component: budget and some identified weaknesses in the strategies developed for this component.

- The role of Southern partners in the advocacy at international level is limited. The lack of financial resources in the budgets of the country programmes (Nigeria, Cameroon) for such advocacy visits and the absence of a well-defined role in the advocacy strategy seemed to have hampered consultation and participation.
- Only three full-time staff have been made available for international advocacy, communication and linking and learning¹⁸. Combined with an initial under-estimation of the workload, this resulted in a lack of time to follow up all international advocacy activities and/or to carry out all tasks as planned, including updating of the website, information leaflets, etc. In particular, the current capacity (time) for linking and learning and communication has been insufficient, making it difficult to prepare and structure communication and L&L activities in time.
- Because of the delay in the development of the advocacy toolkit, due to lack of time and/or under-estimation of the workload, the toolkit has not contributed to supporting the national advocacy in Cameroon and Nigeria.
- The communication plan has a strong focus on the development of products (website, etc.) and not so much on the ways that communication can contribute to achieving the overall objectives of the UAFC Joint Programme. Furthermore, no resources were planned to develop (visual) reports from e.g. Nigeria and Cameroon. Weaknesses include the difficulty in working in a planned manner because of the lack of capacity (time) and the lack of a more comprehensive communication strategy, where communication is fully integrated into the overall UAFC Joint Programme and more time can be reserved to prepare communication activities more in advance, while at the same time being able to respond effectively to upcoming events.

¹⁸ 1 FT for A&L, 1,5 day/week for L&L and ½ FT communication officer.

3.3 CONTRIBUTION OF THE UAFC JOINT PROGRAMME TO A SUSTAINABLE INCREASE OF THE DEMAND FOR THE FEMALE CONDOM AND OF THE AVAILABILITY OF THE FEMALE CONDOM AT AFFORDABLE PRICES IN NIGERIA AND CAMEROON

¹⁰² The UAFC Joint Programme has chosen to implement large-scale country programmes in Nigeria and Cameroon to *demonstrate* that women and men are willing to buy and use female condoms if they are (widely and easily) available and affordable. In both countries the lead organizations are local organizations – Society for Family Health (SFH) in Nigeria and ACMS in Cameroon. Both organizations have extensive experience in social marketing.

3.3.1 BRIEF DESCRIPTION OF THE COUNTRY PROGRAMMES

¹⁰³ The objectives of the three large-scale country programmes are ‘to generate an increase in the demand for the female condom; to make female condoms widely available in convenient places, at affordable prices and with increased distribution and sales; and to gain public acceptance for the female condom as a commodity that enables women to exercise their sexual and reproductive rights.’ (Revised business plan, March 2009).

¹⁰⁴ The female condom programmes in the two countries aim to achieve the same objectives, but are both slightly different in approach, reflecting the specific country ownership. It was envisaged that in three years’ time around five million condoms would be distributed in the two countries.

¹⁰⁵ The overall goals of both country programmes are the reduction in the number of unwanted pregnancies and a reduction in the incidence of STIs and HIV infection. A sustained use of female condom should contribute to these goals¹⁹. The specific objectives of the country programmes as formulated in their country plans refer to (1) increased demand and supply of FCs; (2) enhanced capacities of a variety of stakeholders for programme implementation; (3) effective supply chain management and distribution of the female condom and (4) the integration of female condoms in existing programmes. The following table presents the objectives as formulated in the Nigeria and Cameroon programme plans. A more detailed description of the programme objectives, output and assessment of these outputs has been written in the evaluation country reports, which can be obtained upon request from the UAFC Joint Programme coordination team.

¹⁹ Assessment of the level of realisation of these goals is not the scope of this EoT evaluation but of the impact study that has been implemented in 2011 by the University of Amsterdam. This report can be obtained upon request.



Nigeria	Cameroon
<ol style="list-style-type: none"> 1) Create enabling environment by building the capacity of all relevant stakeholders 2) Create awareness and increase demand for female condoms. 3) Make female condoms widely available through effective supply chain management. 4) Integrate female condoms into existing programmes 	<ol style="list-style-type: none"> 1) Strengthening the partnership with the public sector, the professional sector and civil society by contracting them in implementing the project. 2) Ensuring the promotion and distribution of female condoms through communication on behavioural changes, the strengthening of capacities and distribution as such. 3) Advocating improving the support of policies to strategies for introducing the female condom in Cameroon. 4) Ensuring the quality of female condoms in Cameroon, by enforcing LANACOME. 5) Improving the co-ordination, monitoring and evaluation of the education on and distribution of female condoms.

Table 7 Objectives as formulated in the Nigeria and Cameroon plans

¹⁰⁶ At the national level, the approach in both countries included a small mass media campaign, branded marketing, national advocacy and collaboration. At the community level, community actions included the uptake, promotion and consistent usage of female condoms, among others through training of NGOs, CBOs, hairdressers and public health workers. Key activities included increasing awareness of the female condom through the development of IEC materials, the integration of female condoms in reproductive health and behaviour change communication (including HIV education) programmes at community level; stakeholders' meetings at the national and state/province levels with community leaders, religious leaders and activists to sensitize them to the female condom, and the leveraging of existing community level interventions such as the peer education and community outreach programmes to promote the branded female condom (Elegance in Nigeria and Protective in Cameroon).

¹⁰⁷ The UAFC Nigeria Programme is implemented by one main implementing partner, the Society for Family Health (SFH) in collaboration with two local CSOs that previously had a relation with Oxfam Novib²⁰. The UAFC Cameroon Programme is implemented by one main implementing partner, ACMS. In both countries, NGOs and community-based organizations have been trained and contracted to implement the programme. The budget for the implementation of the Nigeria programme was EUR 2,828,487, and EUR 2,126,880 was foreseen for the Cameroon programme (Revised business plan, March 2009).

²⁰ Previously, one more NGO was involved in the programme (BAOBAB) but this NGO ceased to participate in the Programme in 2010.

¹⁰⁸ In Nigeria the programme is implemented in three pilot states (Lagos, Edo and Delta), and in Cameroon in the provinces in the centre of the country (notably Yaoundé and surroundings), the coastal provinces (Douala and surroundings), the provinces in the northeast, northwest and east as well as the province of Adamaoua in the north of the country.

¹⁰⁹ The country programmes are monitored by country liaison officers (CLOs) that are hosted at i+ solutions (CLO Cameroon) and Oxfam Novib (CLO Nigeria). Monitoring costs for the country programmes are respectively EUR 652,919 (or 23 % of the programme budget) and EUR 320,047 (10% of the programme budget)²¹.

¹¹⁰ i+solutions is the partner responsible for female condom procurement. Its responsibility ends upon arrival of the female condom in the port of disembarkation. A budget of EUR 3,289,780²² was foreseen for female condom procurement. For the Cameroon programme, i+solutions was also responsible for the support to the Lanacome laboratory. A budget of EUR 160,000 was foreseen for purchasing adequate equipment to test the female condoms and the MedTech female condoms and for costs related to the maintenance of this equipment.

¹¹¹ The implementation strategy in both countries is similar, with the main difference in Nigeria being the involvement of the CSOs (GPI and LAPO) complementing the SFH strategy.

	Nigeria – SFH	Cameroon – ACMS
Regional coordination: monitoring and supervision	SFH state coordinators	ACMS regional coordinators and promoters
Training and supervision of peer educators	Lead trainers (staff of NGOs) They report to the state coordinators	Supervising NGOs/CBOs (started with 6, currently 4) They report to the ACMS promoter. <i>In 2010 it was decided to limit their role to wholesaler of female condoms. Training and supervision of peer educators becomes the responsibility of promoters and animators (staff of ACMS recruited for the UAFC Joint Programme)</i>
Peer educators	Peer educators (staff of NGOs/CBOs) are responsible for female condom education and selling female condoms. In addition, some NGO/CBO workers are	Peer educators (staff of NGOs/CBOs) are responsible for female condom education, creation of sales outlets and selling female condoms to sales outlets. They report to the promoters.

²¹ There is a considerable difference in costs budgeted for the CLOs. Costs related to staff and preparation costs are EUR 415,500 for the CLO Cameroon (which included for administrative reasons also costs for the Lanacome lab) and EUR 81,384 for the CLO Nigeria.

²² EUR 2,169,780 to procure 3,105,585 female condoms for the Nigeria programme and 1,120,000 to procure 3,400,000 female condoms for the Cameroon programme.



	<p>involved as Lead Trainers. All operate as sales agents and report to SFH staff (peer educators to Lead Trainers).</p> <p><i>In 2010, specific targets are set for NGOs and peer educators to increase sales. Also training targets were downsized (number of peer educators), which freed up funds for stipends. In 2011, it was decided to include hairdressers in the strategy</i></p>	<p>Peer educators at hairdressing salons (min. 3 per salon) are responsible for female condom education and selling female condoms to their clients (and in their communities). Hairdressers are also stimulated to create other sales points and to sell some of their stock via these created sales points. Hairdressers report to the promoter/animator.</p> <p>Educational and sales targets are set in contracts and financially rewarded.</p> <p><i>In 2010, it was decided to terminate the contracts of 14 of the 30 NGOs/CBOs as they were not performing well, and to engage independent peer educators supervised by the ACMS animator.</i></p>
<p>Additionally</p>	<p>GPI and LAPO were involved in the programme for their outreach to specific target groups (GPI to girls and women) and micro-credit approach (LAPO). As such, they involve their own approaches which complement the marketing approach of SFH. Activities implemented by GPI and LAPO staff are supervised and monitored by their staff and progress reported to SFH.</p> <p><i>A third CSO, BAOBAB, was involved in the early stages of programme implementation, specifically for advocacy; however they ceased their programme participation in late 2010.</i></p>	

Table 8 Overview of the community-based strategy implemented by SFH and ACMS and the changes in these strategies during project implementation

¹¹² The changes to the implementation strategy are indicated in *italics*, showing a well-developed adaptive capacity of both implementing organizations, amongst others supported by linking and learning activities. Linking and learning was foreseen to support programme implementation in the countries (and to support evidence-based advocacy). The following table gives an overview of the main output of the L&L component of the UAFC Joint Programme.

Year	Main focus of the L&L component per project year
2009	Establishment of a linking and learning model that includes all expectations of the participants.

	<p>Organization of three information-sharing meetings in Nigeria, Cameroon and Mozambique where the local partners discussed and compared their experiences and realities.</p> <p>Organization of IP meeting for sharing of information between the UAFC Joint Programme staff and country programmes</p> <p>Development of two best practices and descriptions for implementation of specific phases of female condom programming by country programmes</p> <p>Further development of a manual and guidelines for large-scale female condom programming was started in 2009 and will continue in 2010.</p>
2010	<p>Increase capacity within Rutgers WPF for Linking and Learning</p> <p>Relevant country programme documentation was gathered and studied, interviews with SFH and ACMS during the IAC in Vienna. Output: L&L information for Regular Updates and Implementation Guide.</p> <p>Development of the Linking & Learning internal 'report', entitled 'Regular Update' (3 issues published in 2010).</p> <p>Partner meeting in Nigeria, which was attended by ACMS (Cameroon), SFH (Nigeria), Forum Mulher (Mozambique), PSI-Zimbabwe, GPI (Nigeria) and LAPO (Nigeria). Output: Exchange of information on best practices and lessons learned – amongst others about male involvement, supply chain management and involvement of the media.</p> <p>Development of criteria and a list of content for the Implementation Guide.</p>
2011	<p>Organization of L&L between UAFC country programmes and the female condom programme in Mozambique.</p> <p>Finalization of the second draft of the Implementation Guide on Female condom Programming.</p> <p>Partner meeting in Douala, Cameroon, with representatives from UAFC partners and implementing organizations from Zimbabwe and Mozambique.</p>

Table 9 Overview of the output of the Linking and Learning component during the programme period

3.3.2 ASSESSMENT OF THE EFFECTIVENESS AND RELEVANCE OF THE COUNTRY PROGRAMMES

¹¹³ **Increased demand for the female condom** – The UAFC Joint Programme has made an impact in terms of widening the scope of reproductive health commodities in Nigeria and Cameroon, albeit on a limited scale. There appears to be little evidence of demand on the ground *before* the introduction of the UAFC Joint Programme. In Nigeria and Cameroon, the only programme through which female condoms were introduced was through the MoH/UNFPA approach, which mainly targeted female sex workers (in particular in Nigeria), and to a much lesser extent the general public through the public health sector (with a small number of female condoms made available in Cameroon).



The KAP study carried out in 2010 in Cameroon showed a high level of knowledge on the female condom but a small level of uptake of the FC, explained by the limited availability of the female condom in the country.

- ¹¹⁴ Interviews with end-users, peer educators and sales points illustrate a general acceptance of female condoms once initial questions, concerns, myths and misconceptions are properly addressed (see box 3). It was mentioned that sufficient time is needed to convince people to try out a female condom and that sustained and increased visibility, education and awareness-raising are still needed. A major challenge was to 'destigmatise' the female condom in particular in Nigeria, as previously female condom projects had targeted female sex workers, and to introduce it as a 'neutral' product, using the strategic approach of marketing it as a family planning commodity.
- ¹¹⁵ In both countries quite a number of peer educators/interpersonal communicators/community facilitators have been trained and implementing partners (both the main implementing partners and the NGOs and CBOs involved) commented that the diversity of trainers allowed for reaching different target groups (urban/semi-urban/rural, varied socio-economic status, men and women).
- ¹¹⁶ In Nigeria, 2,224,600 people have been reached with educational activities by the end of March 2011, and in Cameroon 757,792 persons²³. This is respectively 94% and 263% of the overall programme target. This is an impressive achievement given the fact that this number of people has been reached in a relatively short time span, across large geographical areas and through a personalized approach.

²³ Data are collected through a reporting system used by the peer educators of ACMS, NGOs, CBOs and hairdressers. However, the total amount of people reached through SWAA (one of the partners that is freely distributing the FC and that integrates FC education into their work in women's groups) and of the so-called "tirs-groupés" (a joint activity of all peer educators in a particular region) are not systematically counted and as such not included in the total amount of people reached.

Box 3 - Main questions and concerns expressed by end-users

Shyness of women to touch their body (and private parts); initial ignorance, for example confusing the product with the diaphragm; fear of losing the female condom in the vagina or belly; difficulties with the insertion process; size of the condom; comfort during intercourse (feeling the ring inside, fear of noisiness during use, questions whether it can be used in all positions); questions on re-use; gender issues (how to negotiate with the husband/sex partner without running the risk of domestic violence or arguments and reluctance of women to discuss the issue of family planning with their husband).

None of the reports and interviews mentioned problems related to religious issues. The price of the female condom was not mentioned as a bottleneck. Women only felt it unfair that the female condom is more expensive than the male condom.

¹¹⁷ By the end of September 2011, both countries had reached 82% and 59% of their programme target in terms of female condoms sold or distributed. It is unlikely that the targets set will be reached in either country. However, one should take into account that targets had been set for an implementation period of three years whereas the actual implementation period only covers two years and three months. The number of female condoms sold demonstrates that a market can be created but that the female condom is a 'slow starter', with much depending on the appropriate marketing mix (with specific attention to social marketing). The number of female condoms sold in Nigeria increased substantially in 2011 after a reorientation of the strategy was implemented, for example by setting sales targets and introducing stipends (making the female condom a profitable product for the peer educators). The following table gives an overview of the number of female condoms sold and distributed for free.

Country	Year	Free sample	FC Sold	Total
Nigeria	2009	5,000	205,178	210,278
	2010	76,142	840,572	916,714
	2011 (till Q3)	56,450	1,073,664	1,130,114
	Total	137,592 (46% of target)	2,119,414 (78% of target)	2,257,006 (82 % of target)



Cameroon	2009	60,381	326,895	387,276
	2010	199,980	773,321	973,301
	2011 (till Q3)	153,180	489,775	642,955
	Total	413,541 (206% of target)	1,589,991 (50% of target)	2,003,532 (59% of target)

Table 1 Overview of the number of female condoms sold and distributed for free in the period 2009 till the third quarter of 2011

¹¹⁸ Relating the total number of people reached (in the period 2009 - 2011 Q1) to the total female condom sales could suggest that each individual reached has purchased 1.4 female condoms (Nigeria) and 1.6 female condoms (Cameroon) over an implementation period of 18 months. It is difficult to judge at this stage how to interpret the results of the pilot programme in this regard. As the number of female condoms distributed before the UAFC Joint Programme (mainly through UNFPA – public health facilities) was much more limited, it is evident that through this large-scale programme more people have purchased a female condom compared to the period before the UAFC Joint Programme. However, the results do not give an indication of increased use of female condoms since no data are available on the amount of frequent users, and the number of sales remain limited. The results need to be seen over time, as movements in sales and actual use of female condoms can only be assessed over a longer period of time.

¹¹⁹ **Increased supply of female condoms** – One of the major achievements of the UAFC Joint Programme in Nigeria and Cameroon is the increased coverage of female condom sales points. The UAFC Joint Programme has brought the female condom closer to the end-users. Sales points have been created in the intervention regions and both country programmes are well on track to realizing the targets set (Nigeria) or have realized their targets (Cameroon). In some regions, interviewees confirmed that there was even a saturation of sales points.

¹²⁰ In the sales points visited by the evaluation team, female condom quality norms seem more or less respected (visibility, availability, price setting, respect of expiry dates and visibility of promotion material). According to MAP studies and observations of the evaluation team, penetration of the female condom was high (both countries), and the main challenge is the visibility of the promotion materials (both countries). The evaluation team report a better assessment of the quality norms, as compared to the results of the MAP studies.

- Nigeria – The key findings of the MAP Nigeria (May 2011) show that there is a relatively high penetration of the female condom in each of the three states in Nigeria (with a higher coverage in Lagos compared to Delta and Edo states). It shows an availability of female condoms in the country within a range of 20 minutes. The display of promotional

materials seems a challenge and stock-outs were reported in Edo and Delta states. This has been confirmed by the evaluation team that has visited several sales outlets. Some outlets preferred to use their spaces to display more lucrative products. In Lagos state, outlets could not place posters externally as this was against the state government regulations. The female condom promotional materials seemed not 'flashy' enough compared to the male condoms materials. In Nigeria the female condom is sold at different prices. No stock-out problems have been reported during the project period. The results of the MAP Nigeria demonstrate that mostly female condoms are sold at a higher price than the recommended consumer price of 30 Naira (for two female condoms). The sales outlets visited by the evaluation team sold the female condom for higher prices (between 50 and 100 Naira).

- Cameroon – The key findings of the MAP Cameroon (2010) showed a higher number of sales points already selling female condoms situated in the UAFC intervention zone as compared to the other zones²⁴. A better coverage in Douala and Bamenda is reported. The display of promotional materials is also a challenge in Cameroon, in particular in the classical outlets and pharmacies. This has been confirmed by the evaluation team that has visited several sales outlets. Visibility of the female condom and the presence of promotional materials was clearly better at the hairdresser's salons as compared to the other sales points and pharmacies. All sales points visited by the evaluation team sold the female condom at the fixed price of 100 CFA. This price is also indicated on the packaging. However, the MAP shows that the female condom is also sold at variable prices in the zones visited.

²⁴ National coverage of FC sold in sales points was 45,2%



¹²¹ Distribution of female condoms is organized through commercial outlets and the community organizations. Traditional channels of social marketing include pharmacies and Patented Proprietary Medicines Vendors (Nigeria) and pharmacies and classical sales points like small shops, kiosks, hotels, bars, ambulant vendors, etc (Cameroon). The Cameroon programme started from the beginning of the programme to expand the traditional sales network by creating non-traditional sales points, such as hairdressers and by cooperating through community-based organizations and NGOs, stimulating them to create sales points themselves within the communities (kiosks, pharmacies, ambulant vendors, etc.). In Nigeria, the female condom is also sold in the family planning clinics. In Nigeria the initial approach was changed as slow sales indicated that the approach through the traditional outlets was not fully effective for the distribution of the new female condom product. These channels were reluctant to buy the product, anticipating a slow movement of the FC. SFH therefore successfully introduced new sales outlets, expanding to include IPCCs/peer educators and NGO/CBO workers as sales agents (in 2010) and hairdressers and barbers (since 2011).

¹²² Much was invested in (institutional) capacity building of the local partners (like NGOs and CBOs) and vendors (like hairdressers and smaller sales points). In Nigeria it was also necessary to give particular attention to gain the interest and ensure the involvement of wholesalers because of their crucial role in the supply chain²⁵. Sustained sensitization paid off with their increased confidence in the 'saleability' of the FC. The following table gives an overview of the total number of sales points created. Notice the difference in strategy between the Nigeria programme and the Cameroon programme whereby the trained peer educators in the Nigeria programme are seen as sales agents (selling female condoms to individuals and/or other sales outlets) whereas in the Cameroon programme trained peer educators are stimulated to create sales points (and sell female condoms to these sales points).

²⁵ Cameroon is much smaller and ACMS hosts the central warehouse. 6 NGOs and CBOs have been contracted to function as a wholesaler. They have been trained by ACMS and ACMS provides them with sufficient stock. However, ACMS has successfully contacted and sensitized two of the wholesalers in the commercial pharmaceutical circuit to distribute the female condom.

Type of sales outlet Nigeria	Sales outlets Nigeria (until March 2011)	Type of sales outlet Cameroon	Sales outlets Cameroon (until March 2011)
Trained IPC conductors	1,597 (104% of the target)	Classical sales points ²⁶	2,108
Trained NGO workers ²⁷	592 (93% of the target)	Pharmacy network	167
Trained PPMVs	6,427 (79% of the target)	Revitalized sales points ²⁸	4,412
Hairdressers	173 ²⁹	Hairdressers	185
Total sales outlets Nigeria	8,789 (85 % of the target)	Total sales outlets Cameroon	6,780 (116 % of the target)

Table 11 Overview of the number of sales outlets distributing the female condom between 2009 – March 2011

¹²³ **Effective procurement and quality control of the female condom** –6,506,000 female condoms have been procured from the Female Health Company. Both countries have experienced procurement problems in the initial phase of the UAFC Joint Programme (2009). Compared to Cameroon, Nigeria has felt these consequences more strongly in delaying the implementation of the Programme.

- Cameroon –3,400,000 FC2s were bought by i+solutions from the Female Health Company (production in Malaysia and packaging in Cameroon) and arrived in the port of Doula in four phases (the first shipment arrived in August 2009, the final delivery of 1,600,00 FC2s arrived in June 2011). 700,000 of these FCa are not intended to be sold. They are a kind of reserve, in anticipation of a swift continuation of the programme. Also a total of 219,000 female condoms of the MedTech plant have been received. Because these condoms are pending WHO approval, they are subject to in-country testing (at the LANACOME laboratory) which was not able to be done by the time of the evaluation visit (see further).
- Nigeria – a 3,105,585 FC2s were bought by i+solutions and arrived in the port of Lagos. The first shipment arrived in late 2009, with a delay of 6 months, caused by communication problems between i+solutions and SFH and the lack of follow-up by

²⁶ Example: small private pharmacies, small shops, kiosks hotels, etc., These sales points are created by staff of ACMS or of NGOs/CBOs

²⁷ SHF collaborates with 101 NGO partners

²⁸ Revitalized sales points are sales points that have sold the female condom but needed to be motivated and provisioned again. It is not clear how much of an overlap exists between the total number of classical sales points created and revitalized sales points.

²⁹ In early 2011 SFH started with including hairdressers and barbers: 173 hairdressers and barbers were trained (as of March 2011).



i+solutions regarding the orders at FHC. Condoms which have not been distributed by the end of programme implementation will be used as buffer in 2012.

- Mozambique – The UAFC Joint Programme contributed to the programme in Mozambique through the procurement of 450,000 Cupid condoms.³⁰

¹²⁴ Both implementing partners have sufficient experience with the clearing, storage and distribution of the commodity. SFH and ACMS prepared the whole set of pre-clearance documents and the application for importation. The pre-clearance documents are essential for a smooth clearance process in the country. The pre-clearance documents were forwarded to i+solutions so that all the required information would be available. SFH and ACMS reported that to date it frequently experienced that the documents prepared by i+solutions and sent to the shipping agencies were not correct or incomplete (despite the pre-clearance documents). This led to delays in the clearance of the shipment. The consequences of these delays are the additional in-port charges. Both countries have experienced substantial losses on the budget to compensate these additional in-port charges.

¹²⁵ Both organizations have a well-developed distribution system for all the products they are marketing, and manage the whole supply chain in an excellent way. The supply chain is organized differently in both countries, taking into account the size of the countries, but no problems with supply chain management have been reported.

¹²⁶ In two countries, the UAFC Joint Programme intended to contribute to an increased variety of female condoms by procuring female condoms from the MedTech company for Cameroon (219,000 condoms) and Cupid condoms for the Mozambique programme (500,000 condoms). It was decided not to introduce a second condom in Nigeria because SFH feared that given the lack of sufficient market penetration by the FC2, the introduction of a second device would at this moment only lead to confusion.

- In Cameroon, national testing of all male and female condoms is required, with or without a WHO qualification. As such there was an openness to also introducing an EC-labelled device such as the MedTech condom. In this perspective the support to the Lanacome laboratory (purchase of testing equipment and training of staff in using this equipment) was a very relevant strategy. The purchase of the adequate equipment to test the FC2 and the MedTech condom was problematic. Initial equipment bought from Real Time Control seemed not to be adequate for the tests that needed to be done at the Lanacome laboratory. New equipment was purchased at Enersol (with whom Lanacome was already collaborating) and only arrived in August 2011. As a consequence, full testing of the female condoms (FC2 and the Reddy condom manufactured by MedTech) have not been completed so far. Mozambique accepts the distribution of EC- and WHO-labeled female condoms as such, paving the way for the

³⁰ Also with contributions from the Dutch embassy in Mozambique. PSI Mozambique is currently in a process of branding this FC, which is not expected to cause any problems, since the condom has EC approval.

introduction of the Cupid condom. The distribution of Cupid condoms is against official PSI policy, since the Cupid female condom is not officially recognised by the WHO (only EC approval). At the request of the UAFC Joint Programme, PSI Mozambique advocated at headquarter level to start distributing the Cupid FC, supported in their efforts by the Embassy of the Kingdom of the Netherlands in Mozambique, the Norwegian Embassy in Mozambique and the Mozambican Ministry of Health. The advocacy was successful, and now PSI Mozambique is permitted to distribute the Cupid FC, which is cheaper (pink in colour, and vanilla-flavoured) and made of latex (softer and thinner material than the FC2 material).

127 **Factors contributing to results**

- *The community outreach through grass root organizations (NGOs/CBOs)* – This proved an effective approach for reaching target groups. This approach is time-consuming and labour-intensive (given the tedious process of allocating, recruiting, training and monitoring the NGOs/CBOs and the peer educators in the field and the nature of the sensitization work), which was under-estimated in the programme set-up. Both countries faced challenges regarding the performance of the NGOs/CBOs involved. The combination of outreach work with commercial activities was new for many of them and sometimes in contradiction with their missions. Another bottleneck was the poor management capacity at some CBOs. For that reason, ACMS decided to terminate the contracts of 14 of the 30 NGOs/CBOs contracted. In Nigeria, some of the NGOs dropped out during programme implementation, and a smaller number of intermediates were trained, also to free up funds for creating stipends for the volunteers.
- *Consistent monitoring of sales agents/sales points* – in both countries sales agents and sales points were monitored and supervised regularly. In Cameroon, this monitoring and supervision was very intensive with promoters and animators visiting NGOs/CBOs, hairdressing salons and created sales points once or twice a week. However time-consuming, this approach proved to be effective in revitalizing several sales points and assisting sales points with marketing strategies, especially seen as relevant taking into account that limited sales may demotivate sales agents. The female condom product is a 'slow mover' which risks high stocks and sales agents drop-outs. In Nigeria much was invested in interesting the wholesalers in 'buying into' the female condom, as they prove crucial elements in the supply chain. Their sensitization to and familiarization with the female condom proved essential in making the product available, especially to the more traditional outlets of pharmacies and supermarkets.
- *Setting targets* – ACMS has sales (and IEC) targets included in the contracts with the implementing NGOs and CBOs and linked these to financial compensations. Being involved in the UAFC Joint Programme contributed to generating income for NGOs and CBOs involved. The financial rewards for selling all the female condom stock was an extra incentive, for CBOs/NGOs and in particular for the hairdressers. In the Nigeria programme the decision to set sales targets for CBOs and NGOs was made at a later stage in the programme, with a positive effect. As in Cameroon, financial compensation proved an



important motivating factor in Nigeria, as it generates (additional) income, especially for the Non-Traditional sales outlets.

- *Free sampling* – In both countries free sampling was part of the practice, as it encourages people to try out the new product. In practice, sales agents also distributed more free samples. In Cameroon for example, some hairdressers use the free sample as a marketing tool for clients who buy larger numbers of female condoms. In Nigeria, some sales agents provided free condoms to their target groups from their own resources because it was in line with the mission of the NGO/CBO. In Nigeria there still is room for ample free sampling, since only 44% of the target was reached with only 6 months left. In Cameroon the target has been exceeded, mainly because of the policy of SWAA, one of the implementing partners that only distributes female condoms for free (according to their mission). Based on the existing data, it is not possible to assess the effect of the free sample. No data exist on the number of persons that bought a female condom after having received a free sample. However, based on the interviews with sales agents and end-users, the importance of the free sample is evident.
- *National advocacy* – In both countries much was invested in national advocacy with the aim of increasing the support from political leaders, opinion leaders (including media), community leaders and religious leaders for the introduction of the female condom. Several advocacy workshops were organized at state level (Nigeria) and regional level (Cameroon) resulting in an increased support base for the female condom. A regular dialogue with key people at national (and state) policymaking level related to health, family planning and purchasing of RH commodities forms a crucial part of the advocacy strategy (in both countries). Both countries report the benefits of advocacy actions to facilitate the introduction of the female condom at the community level. Without the approval and support of local authorities and leaders, programme implementation would not have reached the current level of success. To a lesser extent, advocacy at the national levels has paid off, as in both countries little evidence is found of a strong (unified) voice for female condom programming. In both countries Steering Committees were expected to join forces around the FC, however in both countries much of their efforts were placed on implementation issues, rather than on strategic positioning of the female condom and policy influencing.
- *Added value of GPI and LAPO* – The involvement of these CSOs was seen as instrumental in reaching out to specific target groups such as girls, women, recipients of micro-credits. As such, CSOs report a positive spin-off of their involvement. For example, LAPO reported to have learned from the (social) marketing approach. The selection of the CSO was influenced by their track record and working relation with OXFAM Novib, as well as their ability to assist SFH in achieving targets in the pilot states. Unfortunately, one of the selected CSOs dropped out because of incompatibility of elements of the UAFC Joint Programme and their mission (more focused on advocacy and to a lesser extent on sales). The recommendation of partners within a working relationship which was not properly negotiated between Oxfam Novib and SFH gave rise to challenges and key lessons have been taken from this experience.

- *Availability and quality of IEC material* – Interviews with peer educators and end-users confirm the good quality of the IEC materials (information leaflet, flipcharts, posters, demonstration models, etc.), the appropriateness of the languages and messages used and its user-friendliness. In order to 'neutralize' or 'destigmatize' the female condom, the UAFC marketing strategy therefore focused on the family approach and put 'pleasure' to the forefront. This seemed to have worked well. In Cameroon the messages were targeting specifically couples. In Nigeria specific attention was given to reach out to males. SFH took into consideration the need to involve men, and strengthened their involvement in IEC events and product distribution. This approach is showing positive results, with women feel encouraged to try the FC. Also there is a positive effect noticeable of the engagement of men as role models, such as in the case of the Anglican Bishop as a female condom champion (Nigeria) or the male artists involved in the television advertisement in Cameroon. Male involvement was discussed during one of the L&L events. The evaluation team in Cameroon also addressed this issue during the restitution meeting with ACMS, which commented that a survey will be conducted in order to prepare appropriate male involvement approaches.
- Cultural and gender dimensions seem to play a large role in accessing FP, and condoms in general. Negotiating on the use of the female condom was integrated into the IEC material (in both countries) but the messages were rather gender-neutral (not addressing gender power relations as such). The extent to which gender power relations would be discussed in the communication and information activities of NGOs/CBOs depends on the nature of said NGOs/CBOs.
- *Role of larger media campaigns* – the introduction of the female condom has been supported in both countries by larger media campaigns (visibility in the street and on television, on the radio). Sales agents interviewed claim to experience an increase in sales during periods with larger media exposure. The fact that the UAFC Joint Programme had limited resources for mass media strategies was felt as a major shortcoming of the programme by all interviewees. However, there were divergent views among the UAFC Joint Programme partners towards the *need* and *usefulness* of mass media campaigns. Overall though it was felt that the pilot stage of the project would have been ideal to test mass media approaches to market female condoms and gauge its effect on increasing demand and use. It can be questioned whether it is useful to implement media campaigns with small budgets and, consequently, limited exposure. The plan in Mozambique to use social media in the social marketing strategy will be interesting to follow up.
- *Explanation of fluctuations in sales* – Not all sales points show a regular increase in sales. Several explanations have been given such as: weather conditions making it difficult for peer educators to reach out to their target groups (Nigeria, Cameroon), transport problems (Nigeria), period of mass media campaigns and the time needed to convince women/couples to become regular users. Furthermore, the product is seen as a 'slow sale' because in all it is still a relatively new product among a wide array of sexual and reproductive health commodities.



- *Collaboration between the public-, private- and the associative sector* – The UAFC Joint Programme demonstrated that a good collaboration between the private sector and civil society is possible. On the other hand, the possibilities for a triangle between CSOs, the private sector and the government appear less evident. This is partly due to the fact that the UAFC Joint Programme mainly focused on reaching out through the private sector, and implemented training activities only to a limited extent through the public sector. This collaboration did not result in a ‘tandem’ approach between the public and private sector – i.e. resulting in joint female condom procurement, programming and monitoring and evaluation for the public and private sector.

3.3.3 ASSESSMENT OF THE SUSTAINABILITY OF THE RESULTS IN THE COUNTRY PROGRAMMES

¹²⁸ Overall, it is acknowledged that 3 years is much too short for a product to become self-sustaining. Also, the specifics of the female condom may hinder an easy entry into the market: the price (higher as compared to the male condom), lack of diversity, and perceptions and myths (including perceived difficulty in inserting and use). SFH and ACMS recognise that the female condom is not yet sustainable, judging from its level of profitability and current level of demand. They do, however, have a clear view of what is needed to sustain this momentum and to ensure a stable position for the FC. The experience with the male condom has taught them important lessons: to be modest in expectation and to plan realistically. The introduction of the male condom some 17 years ago did not go smoothly, as there were many taboos to be broken, and only 4 brands available. Now there are, for example in Nigeria, 200 million male condoms being sold annually, thanks to consolidated demand and sustained and consistent supply.

¹²⁹ **Sustained demand** – The impact study will provide more useful information on the consistent use of female condoms and the motivational factors underlying this behaviour. Current data on frequent users are not available yet. One should also take into consideration the difficulty in assessing sustained demand within a lifetime as short as the UAFC Joint Programme. The UNGASS Progress report on Nigeria (2010)³¹ and the KAP study of Cameroon (Sept. 2010) show a low uptake of family planning methods in general and limited discussion between men and women on FP methods. There is still a long way to go. It was a relevant choice to introduce the female condom into the reproductive health product mix, as a method that would enhance the expansion of reproductive health commodities choices. It is clear that UAFC country programme partners are investing in addressing the indicators that are precursors to the use of FP methods, including the female condom.

¹³⁰ Barriers (see box 3) to frequent use of the female condom (and at large the use of family planning methods) have been well identified by SFH and ACMS and well addressed in IEC

³¹ About 30% of sexually active women aged 15–24years had an unmet need for modern contraceptives.

material and activities developed by the UAFC Joint Programme. Additionally, peer educators, above all the hairdressers in Cameroon, testified to the importance of repeating the messages in order to convince women to try the female condom and to keep on trying.

¹³¹ Anecdotal evidence from focus group discussions show that once a woman/couple has used the female condom several times (one needs to get used to it), the couple prefers the female condom above the male condom. However, it is clear that the purchasing power of women will differ amongst age groups and zones (urban and rural). (see also box 4)

Box 4 - Testimony of women participating in a focus group, Cameroon

After having been informed about the female condom, the women tried to use the FC. For most of them this first time was not successful. They started to get used to it after a second or a third time. Four women received a free sample; three of them bought their first FC. According to these women, who are frequent users, the female condom has a lot of advantages: the material is nicer, the female condom does not burst, women feel less friction during intercourse as compared to the male condom, the lubricant isn't toxic, the female condom is safer and can be inserted before having sex, cannot be taken off during intercourse and gives more pleasure. Information and sensitization are of utmost importance as is the use of demonstration models (artificial vaginas).

According to the women, it was not easy to convince their partners but they all have insisted, some of them by explaining all the advantages, other by using more subtle approaches. One woman for example also refused having sex when using the male condom. Another woman inserted the female condom without knowledge of her partner. Other women used peer pressure and convinced partners of their friends (Note: these women were all students).

¹³² **Sustained supply** –The sustained supply of the female condom is threatened when the UAFC Joint Programme is ended at the end of the year and this has several reasons. There is a need for a steady supply of the commodity but it is not sure yet who will procure and distribute the female condom after the end of the UAFC Joint Programme. female condom programming and supply needs to be integrated into existing programmes for family planning, HIV/AIDS and suchlike and this integration is not guaranteed yet. This will negatively affect the achieved results with regard to demand creation so far.

– *No integration of female condom in the public system:* In terms of reaching out through the public (health) sector, in both countries the UAFC Joint Programme is limited to working with



public health workers (training). This approach has not been very promising, as the motivation within the public health sector to promote the female condom appeared low, for various reasons, including the unreliable availability of the product through the Ministry of Health. The Ministries of Health in both countries face challenges in distributing the female condom through its health system. In Nigeria many of the FC2s (procured through UNFPA programmes) intended for distribution through the public sector remained in stock³². In Cameroon, all FC2s that circulate in the public sector are provided through the MoH/UNFPA programme³³. In the past only small numbers of female condoms were procured, and currently no female condom procurement is happening. It was beyond the scope of the UAFC Joint Programme to support distribution of female condoms through the public system³⁴ but advocacy activities were foreseen to bring this issue onto the political agenda.

However, in both countries there is strong support from the Ministries of Health, and in Cameroon from the Ministry of Promotion of Women and Family Planning, for the UAFC Joint Programme. In both countries (and also in Mozambique) some experience has already been gained with the distribution of female condoms before the start of the UAFC Joint Programme (mainly through UNFPA programmes and on a limited scale). One could say that the UAFC Joint Programme contributed to the official integration of female condoms in public health policies (in particular strategic plans to fight HIV/AIDS). In Cameroon the UAFC Joint Programme also contributed to the integration in the “*feuille de route 2011*” of the Ministry for the Promotion of Women and Family and to the integration of a specific module on female condoms in the national curriculum for family planning. In both countries, government is represented in the steering committees (in Nigeria also in the state steering committees) and is actively supporting UAFC Joint Programme implementation. However, a well-developed advocacy strategy to advocate the MoH and UNFPA in the respective countries for large-scale female condom programming and female condom procurement is absent in the UAFC Joint Programme strategy at country level. One could question whether SFH and ACMS are the most appropriate partners for such advocacy purposes. It is interesting to note the presence of strong partners, in the case of Mozambique, with experience in advocacy and campaigning.

- *Weak integration in existing programmes of implementing partners:* To a certain extent the UAFC Joint Programme has been successful in including female condoms in other programmes of SFH, ACMS and other implementing NGOs/CBOs. The latter concerns mainly the stronger and bigger NGOs/CBOs. For example, in Nigeria, there is ample evidence that partners have been able to integrate the female condom into other programmes such as Women’s Health Project (WHP), CIHPAC, ENR, and the Global Fund HIV Programme. LAPO has integrated female condoms into their credit/loan training scheme, while GPI has integrated female condoms into their girl child enhancement

³² Information from UNFPA indicates that the number of female condoms in stock increased to close to a million, all which were to be destroyed because they had gone beyond their expiry date.

³³ In Nigeria, in an interview with UNICEF it was suggested that there may be options to include female condoms in the health insurance schemes but this has not been explored further.

³⁴ In Nigeria this is forbidden by law (NGOs supplying public health centres). In Cameroon, ACMS as partner for the MoH, is mainly involved in the training of public health staff but not in the distribution of the FP commodities through the public health system.

programmes and other capacity building in school programmes. CSOs and NGOs have also been able to integrate the female condoms into their other programmes – for example in their regular outreach and community actions to prevent malaria or STIs – or use other projects to leverage female condom interventions. Regarding the latter, LAPO (CSO in Edo State) indicates that it is only because of resources from other programmes that they have been able to reach their target groups with female condom promotion. Additionally, although travelling to the field only for female condom promotion would not be efficient or effective, there is no quantification of how many partners use this approach of leveraging. From focus group discussions with implementing partners in Cameroon, we learn that some of the NGOs/CBOs involved have integrated female condoms into existing programmes and intend to continue female condom promotion after the end of the UAFC Joint Programme. However, most of the CBOs/NGOs depend a lot on the UAFC Joint Programme financing and will not be able to finance outreach work for female condoms on proper resources. However, in all cases it is clear that the motivation to promote the female condom without being sure of its availability will decline rapidly.

- *No secured funding for the continuation of the country programmes:* funding of the continuation of the UAFC Joint Programme in Nigeria and Cameroon is at risk. Both countries will be able to continue programme implementation for another three months (end of March 2012) using profits made from sales and female condoms in stock. In October 2011 the Ministry of Foreign Affairs committed to funding the continuation of the country programmes in 2012. The main challenge will be to secure funding for the period after 2012. There is a possibility that the programme in Nigeria might be funded by DfID. In Cameroon a concept note was presented to KfW (Germany). ACMS has successfully advocated integrating female condom programming into the next phase of the regional PPESAC programme. However, this programme is facing other target groups (like the youth), and the budget for female condom programming will be limited. The SMILE proposal foresees in female condom procurement also for Nigeria and Cameroon but only a very limited budget for female condom programming is foreseen in this proposal. This imbalance between procurement and programming is an issue for concern.

The advocacy strategy to look for future funding appears not to be well developed. Both the country implementing partners as well as the international steering group were responsible for fundraising. No clear advocacy strategy was developed to that end at country level and neither have SFH and ACMS taken sufficient advantage of the presence of key actors in their respective programme steering committees. Advocacy for future funding took place on an ad hoc basis. The same applies for the International Steering Group. Some initiatives have been taken by members of the ISG to approach bilateral donors in the respective countries but also on an ad hoc basis and without any result so far.

¹³³ It is clear that SHF and ACMS, and many of their partners, will continue with female condom programming after the end of the UAFC Joint Programme (including the extension by one year), in one way or another. However, at this moment it is clear that it will not be large-scale programming, so the momentum created in the past three years will be lost.



3.3.4 ASSESSMENT OF THE EFFICIENT IMPLEMENTATION OF THE COUNTRY PROGRAMMES

¹³⁴ It is evident that SFH and ACMS are well-established and professional agencies for the procurement, storage, distribution and social marketing of family planning commodities. SFH's and ACMS' infrastructure allowed for an efficient roll out of the programme. Both organizations invested in the UAFC Joint Programme with their own resources (including staff from other departments, relying on overall support services within the organization) and both indicated that they have invested much more time in the programme than was budgeted.

¹³⁵ The programme approach in both countries shows some similarities and some differences as has been described above. It is interesting to compare the efficiency of both approaches (see the following table).

Total till March 2011	Nigeria – SFH	Cameroon – ACMS
Total female condoms distributed	1,504,095	1,227,588
Total sales outlets/agents	8,616	6,780
<i>Female condoms sold/outlet</i>	<i>174 female condoms sold/outlet</i>	<i>181 female condoms sold/outlet</i>
People reached with IEC	2,224.600	757.792 ³⁵
Total of peer educators trained	8,616	1,039
<i>People reached/peer educator</i>	<i>258 people/peer educator</i>	<i>729 people/peer educator</i>
NGOs/CBOs involved	110	16 + 4 (supervising NGOs)

Table 12 Comparison of output realized between the Nigeria and the Cameroon programme.

¹³⁶ *Comparison of approach in the two countries* – A comparison between the countries on the effect of the approach must be done carefully, as not all variables that have an influence on programme output are known or can be compared, or their specific effect be singled out. However, in terms of completion rate, both countries show more or less the same picture. Targets of creating sales outlets have been reached (Cameroon) or will be reached soon (Nigeria). Both countries face challenges in reaching the target of female condoms distributed (sold or free samples), albeit to a different extent. In terms of sales outlets created and the number of female condoms sold per sales outlet, the results in both

³⁵ Based on number of educational talks and individual interviews held. It is not clear to what extent people may have been counted double or twice.

countries are similar (till 2011-Q1). Given differences in country and population sizes, the largest difference is seen in the actual numbers of peer educators trained, people reached through IEC activities and of collaborating NGOs and CBOs. This difference has led to an increase in female condom sales in 2011 in Nigeria when peer educators have been stimulated to become sales agents as well (see increased number of sales in table 10, including sales of the second and third quarters of 2011).

- ¹³⁷ *Community approach* – In both countries a community approach has been adopted, which seems to be successful in reaching out to specific target groups. It has already been noted that this approach is time-consuming and demanding. From the evaluation mission in Cameroon, it was learned how important close monitoring and supervision of NGOs/CBOs and peer educators is for achieving the targets (and, as such, budgeting these supervision costs). This monitoring and supervision was organized differently in Nigeria and apparently also in a less intensive way. This might explain the difference in outreach per peer educator.
- ¹³⁸ *Capacity of NGOs and CBOs involved* – It was an efficient choice to collaborate with NGOs/CBOs, not only for reaching out to target groups but for leveraging existing programmes for female condom promotion (linking female condom promotion to messages related to family planning, HIV/AIDS, STIs, etc but also combining resources from different programmes for female condom promotion). This was not an overall success as not all NGOs/CBOs succeeded in really integrating female condom promotion into their other programmes nor did they always have the capacity (managerial, financial, operational) to effectively and efficiently implement the expected activities.
- ¹³⁹ *Adaptive approach of SFH and ACMS* – In both countries a well-developed monitoring and evaluation system exists, making it possible to closely monitor and evaluate the programme. This facilitated the process of taking strategic decisions to adjust programme targets and programme approaches when needed. The pilot status of the programme allowed for swift redirections or testing of new approaches and both partners showed a commendable capacity to incorporate new ideas and apply lessons learned. Some of the adjustments in programme implementation have been inspired by the Linking and Learning events; such as the opening towards non-traditional outlets (like hairdressers), male involvement and setting of sales targets for NGOs/CBOs. Both partners have appreciated these Linking and Learning events.
- ¹⁴⁰ *Role of country programme steering groups* – The composition of the steering groups and their way of working were conducive for programme implementation and for gaining sufficient support for the programme. In both countries, top-level political representatives were actively participating. In Cameroon the approach of organizing a three-day meeting of the steering group in one of the intervention zones has proven to facilitate effective monitoring and steering of the programme.
- ¹⁴¹ Some factors that have hampered efficient programme implementation:



- The first year of programme implementation was partly overshadowed by procurement challenges causing a delay in launching the UAFC Joint Programmes. Slow achievements of sales targets were compensated for in 2010 and 2011.
- Budget constraints have been reported frequently, related to the production of IEC promotion material, making available sufficient demonstration models (artificial vaginas), training sufficient peer educators and not least for setting up larger mass media campaigns.
- Reporting formats were experienced to be heavy and redundant. In the Cameroon case also, time pressure was felt for delivering the quarterly reports in time as these reports needed to be translated from French into English. It does not seem to be efficient for the entire reports to be translated so that these reports could be used for internal communication and for drafting the consolidated annual reports by the contract manager.

3.3.5 BRIEF ASSESSMENT OF THE MOZAMBIQUE PROGRAMME

¹⁴² Mozambique was selected as the third large-scale country in the UAFC Joint Programme because of this country's needs in terms of high HIV/AIDS levels, high numbers of unwanted pregnancies, women's low decision-making power on RH issues, overall low condom use, and the potential interest of a number of bilateral donors in the country. Furthermore, demand for the female condoms was expressed from within Mozambique, and strong political support was evident in the form of the First Lady. Initial efforts to design a UAFC Joint Programme however did not result in a country programme set-up similar to those in Nigeria and Cameroon. Substantial input from the side of OXFAM Novib and the Netherlands Embassy (EKN in Mozambique) resulted in the development of the current female condom programme, which is being implemented by a consortium led by PSI Mozambique. Though not officially part of the UAFC Joint Programme, there are linkages between the Mozambique female condom Programme and the UAFC Joint Programme, among others through Linking and Learning events, fundraising activities, and some initial financial support for female condom procurement.

¹⁴³ Although the programme recently came off the ground, some observations can be made. The female condom Programme in Mozambique is recognized as timely and relevant to the country context; and there is increased interest from the public sector as well as from the side of the donor community. The female condom is promoted as dual protection means, with some emphasis on the family planning side, emphasizing it as a neutral RH commodity. The programme benefits from a good triangle between the government, the private sector and civil society, recognizing the added value of the social marketing approach as being important in complementing the 'traditional' (public) approach of free distribution at health centres. The role of UNFPA in female condom programming remains challenging mainly because of distribution problems. Also in Mozambique, it appears that the female condom does not 'sell' itself without any additional efforts such as IEC, the use of social media, and the use of a personalised approach in promoting the product to the end-user.

¹⁴⁴ Once the Cupid condom is branded – a process currently being undertaken – the supply side of the programme is expected to take off, alongside the community outreach and sensitization of the general public. After having encountered some initial hurdles, the programme appears to be well-equipped to roll out the social marketing of female condoms in Mozambique. Important ingredients that make this possible are the high level of locally created demand and support, and the deliberate choice to create a support and coordination network. Programme partners had to invest much time and effort in creating fertile grounds for the programme with a successful outcome, given the fact that there is a functioning Female Condom Technical Working Group, secured donor support (until the end of 2013), political (high-level) support from the Cabinet of the First Lady and the First Lady herself, as well as a solid programme set-up.

3.4 ASSESSMENT OF THE GOVERNANCE AND COORDINATION STRUCTURES

¹⁴⁵ The UAFC Joint Programme has been conceived as a very comprehensive, innovative and complex programme with global ambitions. The conceivers of the UAFC Joint Programme succeeded in convincing donors, and the programme was entrusted with substantive funding. A large number of organizations are involved in the strategic guidance, supervision, management and implementation of the different components of the UAFC Joint Programme. A governance structure has been developed based on an international steering group (ISG) with an independent chairperson, an independent programme coordinator, a coordination group and CLO meetings. In the two countries equally, steering committees have been set up.

3.4.1 STRATEGIC GOVERNANCE

¹⁴⁶ *Weak strategic design* – The main strategies and underlying principles of the UAFC Joint Programme are clearly described in the business plans (2008 and 2009) and other related documents. However the underlying assumptions³⁶ and levers of success are insufficiently documented. This leads to weaknesses in the strategic risk analysis and monitoring that should have been built on the more explicit identification of success factors inherent to the underlying assumptions of the main strategic choices, made when conceiving the UAFC Joint Programme. For example, the strategy to approach the public sector in the programme countries was not fully developed taking into account the risks and opportunities; the choice of the programme countries was mainly based on an existing demand for a female condom programme and historical relations with some of the partners rather than on strategic opportunities with the perspective of realizing the programme's objectives (e.g. piloting on

³⁶ Only the component plans of Advocacy and the Nigeria programme describe assumptions. However, these assumptions are neither strategic, nor were they monitored during implementation.



the integration of female condoms into the public sector or piloting on the introduction of a second female condom design). A strategy for enhancing/supporting national advocacy, based on an analysis of the current capacity of all stakeholders that could be involved, was lacking. The process to bring about change at several levels was often under-estimated (processes at UNFPA, WHO, public sector in programme countries, involvement of civil society organizations, etc.).

- ¹⁴⁷ The UAFC Joint Programme objectives are very ambitious and impossible to realize in a three-year programme period. These objectives must be seen as 'guiding targets' for the long term instead of real programme objectives.
- ¹⁴⁸ The evaluation team acknowledges that though the strategic design of the programme was rather weak, this has been compensated by a sound strategic management of the programme during implementation (see also further). According to the information received from members of the International Steering Group, many strategic choices have been intensively discussed in the ISG, addressing risks and opportunities, and ample examples have been provided to the evaluation team.
- ¹⁴⁹ *Strategic steering* – Despite the weak strategic design of the UAFC Joint Programme, strategic decisions regarding implementation have been properly taken. The coordination group, the CLO meeting and the International Steering Group met regularly. They implement their roles in reporting, monitoring and evaluation. The International Steering Group evolved from a national steering group into an International Steering Group, bringing in external expertise that could contribute to critical reflection. Not all of the international members fully took up this role, though it is felt by all members interviewed that the enlargement of the steering group contributed to more strategic management. From the minutes it is clear that the steering group evolved from steering at the operational level (and more hands-on management) towards more strategic steering. Sufficient proof can be found of the ISG's members challenging the way the UAFC Joint Programme business plan and strategies were being implemented throughout the different components and second opinions being provided for improvement of such implementation.
- ¹⁵⁰ Several interviewees confirm that the available expertise brought in by the international members in the International Steering Group was not fully 'made use of' and that the absence of representatives of the country programmes (or mechanisms to involve them in strategic discussions) probably caused the strategic challenges that countries in the South are facing not to be sufficiently taken into account in the strategic discussions.
- ¹⁵¹ *Risk management* – There are 'risk management' components in the business plan and in the monitoring and reporting system of the UAFC Joint Programme. However, these deal more with operational and implementing risks. There is little risk management related to strategic issues such as the success factors required to make the underlying UAFC Joint Programme's threefold strategy work and achieve its fundamental multidimensional ambition. The specific '*Risk management document*' (mentioned in the updated UAFC Joint Programme's business plan 2009) was not elaborated.

3.4.2 CLEAR DIVISION OF ROLES AND RESPONSIBILITIES WITH CORRESPONDING COMPETENCES AND CAPACITY

- ¹⁵² *Clear division of roles and responsibilities* – Overall, the roles and responsibilities of the main actors within the UAFC Joint Programme’s organizational set-up and governance structures were clear and transparent. The TOR of the ISG sufficiently approaches the normal TOR of a Board. The CLOs, CG and programme coordinator were sufficiently empowered to take decisions, and division of responsibilities and decision-taking power seems to be clear. Overall, written TORs are available and being used at the different levels of governance and management structures of the UAFC Joint Programme and its components. Throughout the programme’s implementation, some weaknesses with respect to roles and responsibilities were identified and solved (e.g. communication lines towards Cameroun, procurement contracts).
- ¹⁵³ *Governance structure* – With regard to the governance structure, some fundamental weaknesses in the division and synergy of roles could be noticed between the independent Chairperson of the ISG, the Programme Coordinator and Oxfam Novib as the Contract manager, being responsible for the contracting with the implementing partners for the different components. The role of the ‘Programme Coordinator’ is stuck half way between the role of a ‘coordinator’/‘staff advisor to the ISG’ and the role of a ‘Programme Manager’. The coordinator’s position vis-à-vis Oxfam Novib as main contractor and vis-à-vis the implementing organizations (and respective line management structures) was occasionally ambiguous. Although the programme coordinator did not have a strong role with respect to monitoring the contractual arrangements with the implementing partners of the programme, in practice it was mainly the programme coordinator that held implementing partners accountable for execution or not of the contract, and who supported implementing partners in looking for solutions. In practice, the role division apparently worked well (due to a well-functioning tandem between programme coordinator and independent chair and the smooth relationship with the contract manager) but the way of working demonstrates more characteristics of a classic governance set-up with a UAFC Joint Programme management unit, fully accountable to the donors/funders, lead by a Programme Manager and assisted by a contract manager/controller under the authority of the Programme Manager.
- ¹⁵⁴ *Good capacity* – In general, the capacity of all organizations and staff involved has been assessed as good by all interviewees. However, a few remarks can be formulated.
- The programme coordination and the management of the programme components have been hampered by a frequent turnover and replacement of key staff at the different levels of the programme, with serious consequences for programme coordination. A lot of time needed to be invested in the induction of new staff. Damage was able to be controlled since staff in key positions like the line director for advocacy, the programme coordinator and the independent chair guaranteed continuation.



- There is little evidence of joint competence-based analysis leading to decisions with respect to filling key staff positions in the programme. Each of the implementing partners was solely responsible for appointing their key staff in the programme (in the context of offering sustained job perspectives). No indication has been found of synergy between the UAFC Joint Programme's partners in selecting the right persons for the right positions. All implementing partners have been confronted with staff not possessing the required competences, which hampered the smooth implementation of all programme components and the management of the programme. But measures have been taken and competence gaps have been managed effectively by each of the implementing partners separately.

3.4.3 EFFECTIVE AND EFFICIENT MANAGEMENT SYSTEMS IN PLACE

- ¹⁵⁵ Overall, the management systems used for the UAFC Joint Programme and for its components seem to be adequate.
- ¹⁵⁶ *Contract management* – At the start of the programme, the financial management and project management system of Oxfam Novib did not meet the requirements of a large, multi-donor and multi-component, programme such as the UAFC Joint Programme. It took rather long (one or two years) to bring the systems up to the required level. The programme coordinator also needed to invest time in pointing out mistakes in financial reporting. The management problems at Oxfam Novib and the fact that some financial reports of implementing partners sometimes arrived too late at the level of the contract manager resulted in financial reports sometimes not being able to be approved by the ISG. However, these problems have been properly managed and donors did not experience any problems regarding the compliance with donor requirements. To improve financial reporting, the decision was taken (half way through the programme) to invite the financial officer to attend the meetings of the coordination group in order to be able to link financial data with the narrative data.
- ¹⁵⁷ At country level, solid strategic, operational and financial management systems have been set up and appropriate internal control mechanisms have been established. This also took some time to put into place.
- ¹⁵⁸ *Financial management* – Problems of under-spending were often the subject of the ISG and measures have been taken to speed up implementation. It is not yet clear to what extent flexibility existed regarding the efficient use of the available funds. On the one hand, interviewees confirm that discussions on changes in budget lines were frequent and consensus was easily found in CLO meetings and meetings of the coordination group. In the case of fundamental changes, the ISG needed to approve changes to the budgets. On the other hand, the different donor requirements also limit possibilities in changes to the budget. Thirdly, all implementing partners (including the Southern partners) complain of the workload but no measures have been taken. Most likely there is no clear data on the exact amount of

overwork. It is only in the minutes of the ISG in May 2011 Cameroon that a comment was made with the ISG asking ACMS to include hours of overwork in the financial reporting.

¹⁵⁹ *Management systems* – The management and coordination structure of the UAFC Joint Programme, with a CG and CLO meeting and ISG meetings, sometimes hampered efficiency due to the multiple meetings and the fact that several parties needed to agree upon a certain strategy, which caused delays in implementation of some parts of the programme (e.g. with regard to Linking and Learning).

¹⁶⁰ *Monitoring and evaluation* – Overall, the monitoring and evaluation system at the different management levels (including country programmes) are sufficient to enable management to take informed and timely decisions to enhance timelines, efficiency and results of the UAFC Joint Programme's operations. The format for quarterly reports is well-developed and provides an overview of implemented activities and achieved output quickly (when used properly by the author)³⁷. The output indicators of R&D and A&L show a mix of indicators related to activities and expected output. The indicators formulated for the country reports are of better quality, and focus output and outcome. The quarterly and annual reports are a solid base from which the consolidated annual reports can be developed. The quarterly reports are a good instrument for managing programme implementation, identifying risks (mainly at operational level) and formulating lessons learned. Members of the ISG confirm that sufficient information was available to enable informed decisions to be made.

¹⁶¹ The contribution of the L&L component (Linking & Learning) in the set-up of the UAFC Joint Programme towards the achievement of the programme's objectives seems to be limited, specifically in the beginning of the programme. Initially, lessons learned have mainly been used within each of the components separately but did not take place between the components (except the discussion on lessons learned in meetings of the coordination group and CLO meetings, but follow-up of this discussion is not clear). This can be explained by the initial lack of a clear L&L strategy, a lack of time and the late start of the country programmes (there was not a lot of information to share in the beginning). However, after the adjustments to the L&L strategy and with the implementation of the country programmes in Nigeria and Cameroon, the exchange of lessons learned improved considerably, in particular between the country programmes and between the country programmes and the advocacy and lobby components (e.g. via the Regular Updates and the organization of partner meetings in Nigeria and Cameroon). Within the L&L strategy, much energy went into the development of 'good practices' (which is different from lessons learned). Several good practices have been developed and are being used for the development of the implementation guidelines. It is less clear how the good practices are further used within the UAFC Joint Programme

³⁷ Though leading to the delivery of redundant information, as experienced by the country programme partners



¹⁶² *Communication* – Management systems, including reporting and monitoring processes, were clearly conducive to appropriate communication between those responsible for specific programme components and those participating in the overall coordination and steering of the programme (members of CG and of ISG). All partners respected the reporting deadlines (with an occasional exception, but without causing problems in contract management). However, the management system did not foresee in an organized communication between all implementing parties involved. There seems to be a lack of communication of the output of meetings of the ISG, coordination group and CLO meetings to the parties not involved in these meetings. According to the interviewees, the internal UAFC Joint Programme meetings (ISG, Coordination, CLO) are very important for getting long-term directions on strategies for advocacy, Linking and Learning and Communication, and for getting up-to-date information on recent female condom developments. Nevertheless, specifically in the CLO meetings, mostly procedural issues were discussed and therefore not enough time is available to analyze specific topics for advocacy, communication and Linking and Learning. Internal communication depended on the formal and informal contact lines between parties involved but a systematic update of the strategic issues at stake to all parties involved was not organized.

¹⁶³ The ToR (or job descriptions) of the different staff of the different implementing partners are not always shared, which hampered swift communication between staff involved (e.g. what can be expected, what can be asked) in the early phase of the programme (e.g. i+solutions: task division between project coordinator for R&D and procurement and CLO Cameroun; involvement in A&L from staff at the different partner organizations). Not all implementing partners (at country level) have equal (in-depth) knowledge of the organizational set-up of the programme at the international level, which is partly due to the fact that they do not all have the same level of communication and dealings with the different implementing partners.

¹⁶⁴ Some problems have been mentioned by the partners in the countries visited, in particularly at the beginning of the programme. With regard to Cameroon, the communication channels have not always been respected as had been agreed upon (e.g. all communication to be channelled via the CLO, not always respected by i+solutions) which several times caused frustrations on both sides. With regard to Nigeria, complaints were formulated regarding the non-involvement of SFH in the selection of implementing CSOs and some communication problems with i+solutions. These problems have been sorted out and both partners were able to develop good working relations with the partners in the Netherlands. Both partners appreciate that the partners in the UAFC Joint Programme are open to new approaches and always willing to discuss and seek solutions.

3.4.4 APPROPRIATE PARTNERSHIP AND CONTRACT MANAGEMENT

- ¹⁶⁵ *Contract management* – The UAFC Joint Programme clearly tried to set up partnership arrangements that lead to high-level accountability of the implementing partners of the programme. It was challenging to manage all the contracts of the implementing partners as well as of the donors, as all contracts started at different moments. Oxfam Novib has properly managed all these contracts. Oxfam Novib negotiated with the donors and managed to harmonize donor requirements. These donor requirements were well communicated to all implementing partners, amongst others via the coordination group. Some of the initial ‘contracts’ between Oxfam Novib and the project partners (e.g. i+solutions) were sometimes too rigid and did not allow for flexible management and operations by the partner. These contracts were adapted later on in order to provide more flexibility.
- ¹⁶⁶ Contracts (at first level- and second level partnership) include clear budget lines, accountability requirements and a scheme for financial and narrative reporting. Accountability was realized through the quarterly and annual financial and narrative reports. Funds were transferred regularly and financial reports were checked. Under-spending of some budget lines has been regularly reported and measures have been taken. The reporting mechanisms allowed the contract manager to follow up programme implementation and to report to the different donors. At the beginning of the programme some miscommunication regarding expectations on financial auditing arose but these were managed properly. The initiative has been taken to document the requirements regarding financial auditing.



4 Conclusions and recommendations

¹⁶⁷ First a general conclusion will be formulated with regard to the achievement of the overall programme objective. Further, conclusions have been added related to the contribution of the different UAFC Joint Programme components to making condoms available, accessible and affordable for all. Each conclusion is followed by a set of recommendations. Country-specific recommendations have been described in the respective country evaluation reports.

4.1 CONTRIBUTION OF THE UAFC JOINT PROGRAMME TO THE OVERALL OBJECTIVE OF MAKING FEMALE CONDOMS AVAILABLE, AFFORDABLE AND ACCESSIBLE FOR ALL

¹⁶⁸ It must be acknowledged that the overall objectives of the UAFC Joint Programme were very ambitious to be realized in a lifespan of three years. Female condoms are not yet available, affordable and accessible for all, however considerable progress can be noted.

¹⁶⁹ The UAFC Joint Programme has renewed the interest of female condoms among several stakeholders and managed to place the issue on the international agenda. Some changes in language in policy documents and statements of important multi-lateral actors have been noticed. WHO has become more active in the development of standard criteria on female condoms and accelerated its pre-qualification process. Some agencies like UNFPA and USAID are upscaling their female condom programmes. Several manufacturers have introduced their technical dossiers to WHO for pre-qualification and these will be complemented soon with the results of the functionality study. Large-scale country programmes have proven the existence of a (potential) market for female condoms. Donors appear more interested in seeking opportunities to include the female condom in their (current/new) programmes, such as DFID and USAID. The contribution from each of the programme components is further described in the following sections.

4.2 CONTRIBUTION OF THE R&D COMPONENT TO MAKING CONDOMS AVAILABLE, ACCESSIBLE AND AFFORDABLE

¹⁷⁰ The UAFC Joint Programme has been successful in negotiating the FC2 price with the Female Health Company so as to obtain a price of USD 0.35 per unit during the lifetime of the UAFC Joint Programme. This reduced the procurement costs for the UAFC Joint Programme but has no consequence on the price set for the end-user since the female condom will be a subsidized product for a long time to come (as many male condoms in many countries are being subsidized). However, the UAFC Joint Programme has been instrumental in re-addressing the female condom price discussion and this has had a

'snowball' effect. It can be expected that the female condom price will remain a topic on the international agenda for the coming years.

¹⁷¹ The UAFC Joint Programme has successfully supported three female condom manufacturers to prepare and submit their technical dossiers to WHO in order to obtain WHO approval for three new female condom types. There is no doubt that – if successful – this will be an essential contribution to the availability of a wider range of female condoms, suitable for public sector distribution, provided that international agencies are willing to fund the new types of condoms. Since the WHO pre-qualification process is still ongoing, the UAFC Joint Programme was not yet able to demonstrate the effect of increased choice on the demand for female condoms and the price for the end-user.

¹⁷² The investments in production capacity of two manufacturers can be questioned. As MedTech was a commercial manufacturer with a large male condom business, the rationale for the investment is perhaps a little hard to justify. The investment in the Path Women's Condom seems relevant given the fact that Path is a non-profit organization with limited financial resources. However, without obtaining funds from multiple sources it is unlikely that Path/Dahua will be able to continue its development of the Path Women's Condom. In all cases, the UAFC Joint Programme budget was never substantial enough to invest large amounts of funding into the manufacturing capacity of the female condom manufacturers. It will remain difficult to compete with a market player like FHC unless larger budgets become available. Overall it is fair to state that investing in the production capacity of manufacturers (which has contributed to decreased production costs at, for example, the Path/Dahua plant) and discussing price-settings has enhanced the *legitimacy* and *credibility* of the UAFC Joint Programme with regard to their advocacy efforts to make female condoms affordable, accessible and available for all.

¹⁷³ Effectiveness and efficiency of the R&D component has been hampered by the weak design of the R&D plan and the absence of pre-award organizational capacity assessments of the female condom manufacturers that received support from the UAFC Joint Programme. This resulted in a unclear selection of female condom manufacturers and a too narrow focus on capacity building (predominantly tuned towards the production capacity but not towards the long-term organizational and management capacity).

¹⁷⁴ **Recommendations:**

(2.1.) Investments in the production capacity of condom manufacturers can be relevant but must be based on a sound risk and opportunity analysis, a pre-awarded assessment and a comprehensive capacity development plan.

(2.2.) Supporting female condom manufacturers with the WHO pre-qualification process will be relevant but market disturbance must be taken into account as several female condom manufacturers are entering the market. This support must be combined with continued monitoring of the WHO regulation and qualification process and exerting pressure when necessary.



(2.3.) Enhanced advocacy for increased donor funding for female condom procurement (combined with female condom programming, see further) and for research and development is needed. One should consider whether it is not more relevant to put pressure on (bigger) donors to invest in increased female condom production capacity instead of investing in female condom production capacity with limited funds.

4.3 CONTRIBUTION OF THE ADVOCACY TO MAKING CONDOMS AVAILABLE, ACCESSIBLE AND AFFORDABLE.

¹⁷⁵ The UAFC Joint Programme advocacy process has been quite extensive. UAFC has become a brand in itself and the UAFC Joint Programme has become a legitimate and credible advocate for the female condom. This resulted in increased attention for the female condom at international level and in the two programme countries. However, concrete policy changes combined with additional financial commitments are still lacking, both from public sector- and from private sector stakeholders. Taking into consideration the three-year project period, this is understandable since policy changes often need much more time to take effect. The fact that the female condom is on the agenda of main stakeholders is very positive and offers opportunities to realize concrete policy changes in the future.

¹⁷⁶ The establishment of the International Platform increased collaboration, coordination and synergy between public- and civil society stakeholders in the female condom sector and appears to be increasing joint advocacy activities at global level. This strengthens the UAFC Joint Programme's position for future joint advocacy, necessary to combat the increasingly difficult international trend not to invest in female condom programmes. The role and the active involvement of the IP members can be strengthened.

¹⁷⁷ At national level, continuous advocacy activities of the implementing partners contributed to a broadened support base among political, religious and community leaders and opinion makers, which contributed to swift programme implementation. However, the advocacy at federal/national level in the programme countries was less successful. Little evidence has been found in achieving real political commitments resulting in policies and budget lines for effective female condom programming (e.g. through the public sector) and female condom procurement (e.g. in collaboration with UNFPA). One explanation is the lack of well-developed advocacy plans to that end and limited joint advocacy efforts between the international and national programme partners.

¹⁷⁸ Recommendations:

(3.1.) International advocacy should be continued and enhanced, for example by involving Southern partners in international advocacy in a more systematic manner and by making the International Platform more interactive. Advocacy targets remain more or less the same since ongoing processes/commitments must be followed up but these can be complemented

by new advocacy targets like UNICEF, ILO (through its HIV/AIDS workplace policies). Increased attention needs to go to advocating bilateral donors.

(3.2.) International and national advocacy should go hand in hand and a joint advocacy strategy needs to be developed (instead of focusing on building advocacy capacity of programme country partners) 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.

(3.3.) At national level, sufficient resources (including staff) must be made available for advocacy. It might be interesting to look for additional partners that are strong in advocating and campaigning for policy change. In order to avoid ad hoc advocacy initiatives and to enhance the legitimacy and credibility of the female condom advocacy, it might be interesting to set up a national task force for joint female condom advocacy (like a national advocacy platform for FC). This task force should also be responsible for regularly analysing the political agendas of the main stakeholders, realizing stakeholder and power mappings, building alliances and strategising advocacy activities, including setting concrete and measurable advocacy objectives.

(3.4.) Invest sufficient resources to guide the distribution of the developed advocacy toolkit and female condom implementation guide. Sufficient resources are necessary to present and discuss the toolkit, preferably via face-to-face sessions, and an introductory training session for potential advocates to become familiar with the content and proposed methodologies. Similarly, the implementation guide needs further introduction and explanation on its use to strengthen commitment and assure practical use. The presentation of both the toolkit and the implementation guide can be used in itself for advocacy on the FC. Finally, for both the toolkit and the implementation guide, resources and time need to be reserved for monitoring and evaluation its use, to adjust content and to develop updates.

4.4 CONTRIBUTION OF THE COUNTRY PROGRAMMES TO MAKING FEMALE CONDOMS AVAILABLE, ACCESSIBLE AND AFFORDABLE.

¹⁷⁹ The country programmes contributed to making female condoms available, accessible and affordable for the general public. Female condoms have become available and accessible on a large scale in the programme intervention zones in the respective countries through the private and associative sectors and a variety of sales points/agents. Programme targets have been achieved or will be achieved soon. The country programmes clearly have demonstrated that a demand can be created by investing substantially in social marketing and by guaranteeing sustained supply of the commodity. Affordability of the female condom does not appear to be a major obstacle. The targets with regard to numbers of female



condoms distributed is almost 50% after 18 months of effective implementation³⁸. However, no data are available yet on the frequency of use of the female condom.

- ¹⁸⁰ Sustainability of the achievements is at risk. The product still needs to be pushed in the market, requiring continuous social marketing interventions. Sustained supply still depends on external donor funding as the female condom has not yet been integrated into the public health system (e.g. some pilot cases). It is clear that a three-year programme is much too short for a product to become self-sustaining or to achieve full integration in the public and private sectors. However, the foundation has been laid for future advocacy actions towards several policy decision makers and donors in order to commit themselves to female condom procurement and female condom programming.
- ¹⁸¹ Possible female condom users need to be reached repeatedly with appropriate messages. Sales points need to be motivated or revitalized frequently as the product is a slow mover and profits are very low. The strategy of working through peer educators and NGOs/CBOs in the community appeared to be an effective and efficient instrument for reaching out to the target groups and sales points. Financial incentives and rewards for sales points/agents increased their motivation and, as a consequence, sales. From the country programmes we have learned that close monitoring and supervision of peer educators/CBOs and NGOs involved in social marketing is crucial for sales improvements.
- ¹⁸² The involvement of the private sector (like traditional sales outlets, private pharmacies, private health centres, hairdressers) and civil society (SFH and ACMS and their implementing partners from civil society) and their collaboration has worked well in both countries. However, sustained integration of female condom promotion/selling in the private sector as well as through civil society is not fully guaranteed because of a lack of capacity, lack of integration into existing programmes and/or lack of resources (staff and budget) to continue female condom promotion without external support.
- ¹⁸³ Additionally there seems to be under-utilized potential in collaborating for example with family planning clinics and VCT centres. The involvement of the public sector was limited in both countries to training public health workers (with the exception of a major achievement in Cameroon regarding the collaboration with the Ministry of Defence).
- ¹⁸⁴ Appropriate IEC materials have been developed as well as enhanced social marketing strategies. Cultural and gender dimensions seem to play a major role in accessing FP, and condoms in general. Negotiating on the use of the female condom was integrated into the IEC material (in both countries) but the messages were rather gender-neutral (not addressing gender power relations as such). It depended on the nature of the NGOs/CBOs involved to what extent gender power relations was discussed in their communication and information activities. The introduction of the female condom has been supported in both countries by larger media campaigns (increasing visibility in the street and

³⁸ Targets were set for a three year implementation period.

on television, on the radio). It can be questioned whether it is useful to implement media campaigns with small budgets and, as a consequence, achieve limited exposure. The experience in Mozambique using social media in the social marketing strategy will be interesting to follow up.



185 **Recommendations:**

(4.1.) In the transition and bridging, after the formal closure of the UAFC Joint Programme and before new funding for female condoms is expected, it will be necessary to further discuss and fine-tune the process of integrating the female condom into other family planning and/or HIV/AIDS prevention programmes. It is recommended to discuss this issue with SFH and ACMS, but also with other donors in the country. It is also recommended to develop a strategy on how to approach the need to integrate female condoms into regular programmes. It is foreseen that for the years to come, the female condom will require parallel 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.

(4.2.) 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 should be continued and even broadened. It could be worth considering the integration of other types of NGOs/CSOs to strengthen the intervention strategies. For example, NGOs/CSOs with a clear gender mission, NGOs/CSOs that reach out to specific target groups, etc. This group can be complemented by NGOs/CSOs with considerable experience in advocacy.

(4.3.) A strategy to collaborate with the public sector is needed. In general, NGOs have limited (financial) resources to strengthen the public sector (procurement, supply chain management, training, promotion, etc.). However, increasingly public-private partnerships (PPPs) are being established for specific reasons such as complementing the public sector in certain areas and for specific reasons. In the context of the UAFC Joint Programme, the public-private collaboration referred mainly to the training of public health workers (albeit on a limited scale). Training of health workers however may not be taking into account sufficiently that (1) top management of health centres might not be convinced of the importance of the FP commodity and as such no official policy nor motivation system exists to support trained health workers in female condom promotion and (2) female condom availability is not guaranteed. Therefore, a twofold approach can be considered:

a) securing the integration of female condoms, beyond family planning programmes only, reaching out to HIV/AIDS programmes provided by the public sector, stretching out to also include promotion of female condoms within the Prevention of Mother to Child Transmission of HIV (PMTCT) (the so-called 'supermarket approach') and within VCT clinics.

b) investing in effective and efficient joint advocacy is of utmost importance. This is a role that can be taken up by civil society. This advocacy role can even be strengthened when looking pro-actively for collaboration with bilateral donors (like the Netherlands) who support larger public health programmes (through sector budget support, basket funds or specific programmes). The case of Mozambique might be interesting in this

perspective. Selection of programme countries in the SMILE programme should take this issue into account.

(4.4.) 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.

4.5 EFFECTIVENESS AND EFFICIENCY OF THE THREEFOLD STRATEGY

¹⁸⁶ It appeared to be an effective and efficient choice to implement the three programme components at the same time and support them with linking and learning and communication interventions. For example:

- R&D interventions will be less effective when not combined or supported with advocacy. Female condom manufacturers will be reluctant to reduce the prices of the female condoms as long as donor agencies do not guarantee substantial orders over a longer period of time. Lower price levels can only be 'sustained' by upcoming manufacturers if the production (volume) of the female condoms can be increased. These factors will require (1) more and larger-scale investments from donor agencies for support towards increased manufacturing capacity and (2) funding for procurement and programming for different varieties of female condoms.
- Investing in the production capacity of female condom manufacturers has contributed to increased credibility and legitimacy of the female condom advocates.
- Taking into consideration that policy changes often need a lot of time to be made, it is understandable that international advocacy has started before evidence from programme implementation was available. The foundation has been laid now for future advocacy, using evidence that is coming from country programme implementation.

¹⁸⁷ The threefold strategy was less effective in bringing a variety of condoms onto the market in the country programmes. This has appeared to be an overambitious objective. The R&D component and the country programmes did not mutually reinforce each other. It even might have been a better choice to initially select countries where female condoms without WHO pre-qualification could have been procured in order to test their effect on increased demand.

¹⁸⁸ Though the programme was conceived as a 'joint' programme, all programme partners seemed to operate mostly on their own island and communication and collaboration between the components seems under-utilized.

¹⁸⁹ Some of the assumptions, success factors and risks for each of the programme components and its threefold strategy seemed not to have been discussed sufficiently at the start of the



programme, which explains the non achievement of some of the expected output and outcome of each of the components and the programme at large. In fact, the UAFC Joint Programme was above all a pilot phase enabling the programme partners to explore these assumptions. Now that more information is available, other strategic choices might appear (see recommendations above).

¹⁹⁰ **Recommendation:**

(5.1.) A continuation of the threefold strategy seems evident as the foundation has been laid now for stronger mutual enhancement of the different programme components. To that end, appropriate strategies and communication lines need to be developed.

5 Annexes

5.1 TERMS OF REFERENCE

1. Short presentation of the Universal Access to Female Condom Joint Programme

The Universal Access to Female Condom Joint Programme, which started in 2008, is an ambitious programme aimed at making the female condom accessible, affordable and available for all. Its goals are to contribute to a decrease in new infections with HIV and STIs and of unwanted pregnancies, as well as to enable women to exercise power over their own sexual and reproductive health. To realize its goals, the UAFC Joint Programme has a threefold strategy:

- a. Supporting Research and Development on female condoms and their actual manufacturing, including promotion of choice and reduction of costs as well as expanding overall production capacity.
- b. Two large-scale female condom country programmes in Nigeria and Cameroon, including a comprehensive package of activities to increase the demand for female condoms in order to ensure a steady supply of the commodity and to ensure that the female condoms (as well as training and IEC activities) are included in regular service provision within ongoing national programmes.
- c. National and international advocacy to ensure that the female condom gets the attention it deserves by putting it on the political agenda and ensuring funding. A more systematic approach to linking and learning, which includes input into the programme and international advocacy from various actors and from past experiences.

This threefold strategy is based on the following main assumptions:

- The female condom is one of the driving forces for sexual health and rights for women and girls.
- Demand will increase when female condoms are made available and affordable on a large scale.
- Female condoms are for all women and men; and not only intended for a specific segment of society.
- Social marketing + is needed since traditional social marketing might not be enough to introduce the female condom. Awareness and training are accompanied by mass media in order to create mass exposure, while at the same time training directed at specific groups are conducted to maximize knowledge of the product and its benefits.
- A triangle of actors (civil society, the private sector and government) will together be able to make the UAFC Joint Programme a success. CSOs will be able to advocate for sexual and



reproductive rights and to provide opportunities for social marketing +. Support from the government and specialized UN agencies is essential for the inclusion of female condoms in existing service packages and the private sector plays a role in making female condoms available through different outlets.

- Implementing the three components of the programme is seen as the best way of achieving the overall goal of the UAFC Joint Programme.

The programme was initiated by four organizations in the Netherlands: the Netherlands Ministry of Foreign Affairs, Oxfam Novib, i+solutions and Rutgers WPF. For the two large-scale country programmes in Nigeria and Cameroon, local organizations have been contracted.

2. Evaluation objectives

The objectives of the end evaluation of the UAFC Joint Programme will be the following:

- to report on the achievement of the overall aim & goals of the programme
- to provide input to learn from the contribution of the different parts of the programme towards the achievement of the overall goals

The main direct users of the report are:

- Rutgers WPF, Oxfam Novib and i+solutions; interested both in the result but also in the lessons learned about the organizational structure of the UAFC Joint Programme.
- Organizations in Cameroon and Nigeria: ACMS, SFH and their partners; interested both in the results and the lessons learned.
- UAFC Joint Programme staff and ISG members; interested in both the results and the lessons learned
- Platform members; interested both in the results and the lessons learned
- Hewlett Foundation, Sida, Danida, The Netherlands Ministry of Foreign Affairs and potential donors: these will be especially interested in the results achieved with the funds provided and also the lessons learned for future female condom programmes

3. Scope of the evaluation

Impact research: besides the end evaluation, the UAFC Joint Programme initiated an impact research to answer the following questions:

- Does the female condom contribute to a decrease in HIV rates and the number of unwanted pregnancies?
- What is the role of men in the acceptance and use of female condom?

This research started in February 2011 and will be implemented parallel to the end evaluation.

End evaluation: this end evaluation is broader than the scope of the research since it will look at all components of the programme, its organizational structure and the underlying assumptions.

Concerning the achievement of the UAFC Joint Programme objectives, the prime interest for the end evaluation lies in the contribution of the programme towards making female condoms available, affordable and accessible for all. Therefore questions on the impact on HIV rates and unwanted pregnancies as well as questions on male involvement should not be integrated into the evaluation proposal.

4. Key evaluation questions

The UAFC Joint Programme is a complex programme composed of different strategies and components. Based on the overall goals of the programme, the objectives of the components, its organizational structure and underlying assumptions, the following main questions are defined.

1. Overall programme

1.1 To what extent has the UAFC Joint Programme achieved its overall objective of making female condoms available, affordable and accessible for all?

1.2. How did the different components of the UAFC Joint Programme contribute to making condoms available, accessible and affordable for all?

- Was it indeed crucial to employ a threefold strategy, with three components (R&D, country programmes and International Advocacy) to achieve the overall goals?
- What is the effectiveness and efficiency of implementing the different programme components at the same time?
- What was the contribution of the different components (research & development, international advocacy & linking and learning, country programmes) to the objective of making condoms available, accessible and affordable for all?

2. Research and development

2.1 How effective and efficient was the R&D component in achieving its objectives?

2.2 How has the UAFC Joint Programme as an NGO consortium influenced the female condom industry, a private sector?

3. Country programmes



Besides the following main questions, the country programmes will have the possibility to include their questions.

3.1 How effective and efficient were the country programmes in achieving their objectives?

- What are the major factors influencing the achievement (or not) of the objectives?

3.2. Which methodologies (partly based on the underlying assumptions) in the country programmes have contributed to demand creation?

– How has the availability of female condoms in Cameroon (two types) and Nigeria (1 type) increased demand?

– How have the different components of social marketing + contributed to the demand creation?

– How has the inclusion of female condoms in reproductive health and family planning contributed to demand creation?

– Is marketing beyond specific target groups indeed effective?

– What is the profile of a sustainable FC2 user?

– How effective and efficient is free sampling as a promotion method?

3.3 How has the cooperation, coordination and governance structure in the countries influenced the achievement (or not) of the objectives?

3.4 How has the triangle of actors (civil society, the private sector and the government) contributed to the achievement of the objectives?

– What were the major factors influencing the partnership between the civil society, the private sector and the government?

– What has been the specific role of each of the actors in the triangle?

3.5 To what extent are the country programmes sustainable?

– How will the reserve fund contribute to sustainability?

– What was the role of the triangle of actors (including the lead organization and the steering committee(s)) in creating interest in female condoms and securing funds for the coming years?

Additional questions for Cameroon

3.6 How effective and efficient was the support to the LANACOME laboratory?

3.7 Does a variety of condoms indeed increase demand as assumed?

3.8 Is the profile of an FC2 user different from the profile of a Reddy user?

4. Comparison between the two country programmes

4.1 Are factors influencing the achievement (or not) in the two countries similar?

4.2 Are strategies working the same in the two countries?

- Free sampling
- Social marketing +

5. International advocacy, L&L and communication

5.1 How effective and efficient was the IA, L&L and communication component in achieving its objectives?

- What are the major factors influencing the achievement (or not) of objectives?
- How has L&L improved strategies and informed International Advocacy?

5.2 How sustainable are the different activities of IA and L&L?

6. Partnership and governance & coordination structure

6.1. How has the governance and coordination structure influenced the achievement (or not) of the objectives?

- Which aspects of governance, coordination and collaboration were facilitating and which were less effective/blocking progress?
- role of the steering committee
- role of coordination group and independent coordinator
- role of CLOs
- role of fundraising
- role of contract management
- communication between components of the programme

6.2 What was the role of the different partners of the programme, including the role of the overall coordinator and ISG chair in achieving its objectives?



- What was the added value of working with different organizations on one programme, paying special attention to the Ministry of Foreign Affairs as it is both a donor as well as a partner?
- Which factors coming from the different organizations facilitated/hindered the achievements of objectives?
- Which factors in the division of tasks facilitated/hindered the achievement of objectives?
- To what extent did the role of one subcontractor for the country programmes facilitate the involvement of other NGOs in relation to the achievement of the objectives?

5. Research methodology

The evaluation methodology and design will be developed by the evaluator(s) in close collaboration with the UAFC Joint Programme evaluation committee. This paragraph states only some directions/suggestions for the research.

Use of existing data: It is preferred that the evaluation starts with existing data available. Quarterly reports are available of all components of the programme. To monitor progress of the country programmes, Knowledge, Attitude & Practices (KAP) have been carried out for baseline information. Besides KAP, the supply chain is monitored through regular MAP (Measuring Access and Performance) studies and progress through TRaC (Tracking Results Continuously) studies.

Participatory approach: The UAFC Joint Programme values a participatory approach for the end evaluation to ensure that different perspectives and perceptions are taken into account. This will ensure relevance and increased ownership of the evaluation findings by the different stakeholders.

6. Expected outputs

1. Evaluation plan: Draft evaluation plan included the following:
 - Detailed description of methodology and data gathering methods
 - Detailed plan and budget
 - Methodological challenges and how these are taken into account
 - Final evaluation plan
2. Evaluation report

- Evaluation research report of 70 pages maximum (excluding annexes) is expected including the following:
 - An executive summary
 - The objectives as stated in the terms of reference
 - A justification of the methods and techniques used including any limitations of the evaluation
 - Presentation of the findings, their analysis, conclusions, lessons learned and recommendations concerning:
 - Overall objectives
 - Research and Development
 - Country programmes (including comparison)
 - International Advocacy, Linking & Learning and Communication
 - Partnership and governance & coordination
 - Final conclusions & recommendations
- Final evaluation report

3. Presentation of evaluation findings: The UAFC Joint Programme is planning a female condom conference at the end of 2011, where the consultants will present the findings.

7. Requirements

The evaluator or evaluators will need to have experience and expertise in the following areas:

- End evaluations of complex programmes
- Sexual Reproductive Health and Rights (including STIs and HIV/AIDS and preventive methods)
- Gender (& male influence on the use of contraceptives and prevention methods)
- Language skills: English and French

Knowledge of procurement, supply chain management and working with the private market is also required for the evaluation of the R&D component. In the case of non availability in the team, the UAFC Joint Programme is open to discuss possible solutions.

Proposal for local consultants will be discussed with the partners in the countries.

8. Management arrangements



For the end evaluation, the UAFC Joint Programme will set up an Evaluation Committee consisting of the coordinator of the programme (Lucie van Mens) and the programme officer in charge of the evaluation (Ciska Kuijper).

9. Tentative timeframe

	March	April	April/ May/June/July	Aug	Sept	Oct	Nov
Selection of evaluators	x						
Evaluation plan		x					
Implementing the evaluation			x				
Draft report (consolidated or per component)*				x			
Comments on draft report					x		
Final report						x	
Presentation of evaluation findings							x

* in consultation with the evaluators it can be decided either to make a draft consolidated report of all components or first separate documents per component.

10. Budgets

The total budget for the end evaluation ranges from EUR 70,000 to 100,000 excluding VAT.

From this budget, a maximum of EUR 20,000 can be allocated to the evaluation of the Nigeria programme just as a maximum of EUR 20,000 can be allocated for the Cameroon programme.

5.2 EVALUATION FRAMEWORK

Evaluation question 1 – To what degree has the UAFC Joint Programme contributed to the affordability, production and diversification of available female condoms on the global market?		
<i>Judgement criteria</i>	<i>Indicators</i>	<i>Sources of verification</i>
1.1. Price reduction ³⁹ of the female condom	<p>1.1.1 Price of the female condom reduced from USD 0.55 per unit to or below USD 0.35 and feasibility (or options) to sustain lower price levels by the female condom manufactures.</p> <p>1.1.2. UAFC has effectively contributed to achieving a price reduction for different types of female condoms.</p>	<p>Programme reports on price negotiations by i+solutions</p> <p>Power mapping analysis report</p> <p>Contractual documents between UAFC and condom manufacturers</p> <p>Business Plans and reports of the female condom manufactures to UAFC</p> <p>Interviews with i+solutions</p>
1.2. Production capacity of newly-developed female condom enhanced and contribution of UAFC towards a reduced gap between the female condom supply and demand.	<p>1.1.2. Actual results of the technical and financial support by UAFC towards the capacity building and female condom production process of the various condom manufacturers are visible.</p> <p>1.2.2. UAFC advocacy process results in changes in perceptions and increased (financial) support (or intention to provide support) among key international partners towards increased female condom production capacity.</p>	<p>Pre-qualification dossiers</p> <p>Contractual documents between UAFC and condom manufacturers</p> <p>Business Plans and reports of the female condom manufacturers to UAFC</p> <p>Interviews with i+solutions and Rutgers WPF, condom manufactures, and other relevant stakeholders or platform members (participants with relevant expertise and experience)</p>
1.3. Increased choice between good-quality FC.	<p>1.3.1. The various UAFC-supported female condoms have made significant progress in the WHO pre-qualification stage.</p> <p>1.3.2. The contribution of the female condom functionality study towards completed manufacturer dossiers for WHO pre-qualification of new female condoms .</p>	<p>Pre- qualification dossiers</p> <p>Contractual documents between UAFC and condom manufacturers</p> <p>Business Plans and reports of the female condom manufactures to UAFC</p> <p>Available research reports, including acceptability studies</p>

³⁹ Price paid to the FC manufacturer



	1.3.3. Feasibility of UAFC strategies to market and achieve a wider choice of female condoms in the country programmes, marketing female condoms with a country-owned or WHO certificate (based on the quality standards as set in each of the countries).	Interviews with i+solutions, condom manufacturers, CLOs and other relevant stakeholders or platform members Country programme reports
1.4. Sustainability of the achievements in the R&D component	1.4.1 Feasibility to sustain low price levels for different types of FC. 1.4.2 Feasibility to support the pre-qualification process of multiple female condoms beyond 2011. 1.4.3. Feasibility to support the production and shipment of different types of female condoms beyond 2011.	Interviews with i+solutions, condom manufacturers, platform members and major donors. WHO guidelines and policies. UAFC Annual Reports, R+D reports and studies, SMILE draft proposal

Points of attention:

What is the opinion of various stakeholders involved in Programme implementation about the assumptions: Increasing the choice in female condom will result in (1) more competition in the market, (2) reduced pricing of the female condom as well as (3) an improved quality of the condom?
Investments in the manufacturing process (1) will lead to reduced pricing of the female condom and that (2) if investing in manufacturing companies would lead to sustainable pricing agreements?
An increase in female condom production capacity will lead to an increased supply of female condoms on the global market (linear relation between production and closing the demand-supply gap).

Evaluation question 2 – To what extent has the UAFC Joint Programme contributed to increased political support for the female condom resulting in increased financial support for FC, R&D and international advocacy?

<i>Judgement criteria</i>	<i>Indicators</i>	<i>Sources of verification</i>
2.1. Change in policies and/or implementation of policies on female condom Programming	2.1.1. The female condom is integrated into existing gender and health policies of one additional UN agency (apart from UNFPA) and three donor agencies 2.1.2. Financial resources (EUR 30 million, including the UAFC Joint Programme) for female condom programming are made available, or committed, by five donor agencies	UAFC internal reporting documents Interviews with advocacy officer and participating members in the International Platform Interviews with Country Coordinators Interviews with advocacy targets such as decision

		<p>makers on FCs</p> <p>UN policy documents and official documents of other key decision-making bodies on the FC</p>
2.2. Increased synergy and collaboration between key stakeholders for international and national advocacy on the female condom	<p>2.2.1. International Platform, composed of more than 50 organizations from civil society, private sector and government institutions and of at least six donor agencies, is advocating for the female condom</p> <p>2.2.2. Partnerships and networks are involved in joint (policy) analyses of – and carry out joint advocacy on – common issues</p> <p>2.2.3. There is a continuous flow of up-to-date information on female condoms and female condom programming to all target groups</p>	<p>Internal UAFC documents</p> <p>Interviews with donors, UAFC coordination and Country Coordinators</p> <p>Interview with Advocacy, L&L and Communication Officers</p> <p>Interviews with advocacy targets</p>
2.3. Increased sphere of influence for advocacy on the female condom	<p>2.3.1. UAFC Joint Programme partners and implementers are perceived by key stakeholders as legitimate and credible advocates in the field of the female condom</p> <p>2.3.2. There is structural consultation between civil society groups, private sector and key decision makers in government institutions on the female condom</p> <p>2.3.3. UAFC Joint Programme partner organizations and implementers have created formal and informal ways and opportunities to contribute to the debate on female condoms</p>	<p>Internal UAFC documents</p> <p>Interviews with donors/UN agencies, UAFC coordination, CLOs and Country Coordinators and national ministries</p> <p>Interview with Advocacy, L&L and Communication Officers</p>
<p><i>Points of attention:</i></p> <p>Analysis of the advocacy messages</p> <p>Have the right stakeholders been addressed in the most appropriate way or have opportunities been missed?</p>		

Evaluation question 3 – To what extent is adequate evidence-based advocacy capacity available at international and national level?

<i>Judgement criteria</i>	<i>Indicators</i>	<i>Sources of verification</i>
3.1. UAFC Joint Programme Partners and implementers	3.1.1. UAFC Joint Programme partners and implementers have common notion of	Internal UAFC documents



<p>develop evidence-based advocacy messages .</p>	<p>evidence-based advocacy on female condoms</p> <p>3.1.2. There is meaningful and timely input from R&D, country programmes, LL and C for evidence-based advocacy to all target groups of UAFC (International (UN) organizations, national governments in South, parliamentarians, AIDS ambassadors, researchers, SRHR and HIV/AIDS NGOs, youth groups, women's networks, potential users and the media)</p>	<p>Interviews with donors, UAFC coordination and Country Coordinators</p> <p>Interviews with Advocacy, L&L and Communication</p>
<p>3.2. UAFC Joint Programme partners and implementers have the capacity to contribute timely to the debate on female condoms at national and international level</p>	<p>3.2.1. UAFC Joint Programme partners and implementers have staff with advocacy and communication expertise</p> <p>3.2.2. UAFC Joint Programme partners and implementers use the Advocacy Toolkit in their advocacy on female condoms</p> <p>3.2.3. UAFC Joint Programme partners and implementers are able to mobilize (external) funding for advocacy on female condom programming</p>	<p>Progress reports</p> <p>Interviews with members of UAFC organizations in Cameroon, Nigeria</p> <p>Interviews with donors, UAFC coordination and Country Coordinators</p> <p>Interviews with Advocacy, L&L and Communication Officers</p>
<p>3.3. Continuous analyses of the political and societal environment on female condoms via effective M&E and LL</p>	<p>3.3.1. UAFC Joint Programme partners and implementers are up-to-date with new developments on female condoms and female condom programming</p> <p>3.3.2. UAFC Joint Programme partners and implementers adjust to new circumstances and new evidence on female condoms and female condom programming (coming from L&L, R&D, country programmes, others)</p> <p>3.3.3. Implementation guidelines for the scaling up of future female condom programmes are developed</p>	<p>Internal UAFC documents</p> <p>Interviews with UAFC coordination, CLOs and Country Coordinators</p> <p>Interviews with Advocacy, L&L and Communication Officers</p>
<p><i>Points of attention:</i></p> <p>Check assumptions and expectations of Linking & Learning: L&L for the elaboration of evidence-based advocacy, for communication, for the development of implementation guidelines, for mutual learning in country programmes, or for M&E purposes?</p> <p>Check definitions of advocacy, awareness-raising, campaigning , communication within UAFC Joint Programme</p> <p>Verify whether advocacy is mostly proactive or reactive</p>		

Evaluation question 4: – To what extent has the UAFC Joint Programme contributed to a sustainable increase in the demand for the female condom and of the availability of the female condom at affordable prices in Nigeria and Cameroon?

<i>Judgement criteria</i>	<i>Indicators</i>	<i>Sources</i>
4.1. Increased demand for female condoms	<p>4.1.1. Level of awareness and knowledge on the use of female condoms among women and men of reproductive age (and compared to the overall knowledge on condoms, FCs, family planning methods and HIV/AIDS prevention)</p> <p>4.1.2. Number of IPC and peer educators trained</p> <p>4.1.3. Number of women/men reached by IEC activities</p> <p>4.1.4. Information on the use of female condoms is appreciated by target groups as appropriate, sufficient and accessible</p> <p>4.1.5. Number of distributed female condoms (numbers sold and numbers freely distributed) in the period 2009-2011</p>	<p>KAP/baseline studies</p> <p>National surveys or studies</p> <p>UN databases</p> <p>Interviews with IPC and peer educators⁴⁰</p> <p>Data in quarterly and annual reports</p> <p>Focus group discussions with women/men</p>
4.2. Increased supply of FC	<p>4.2.1. Number of sales outlets selling female condoms at the right price (public, private, associative)</p> <p>4.2.2. Number of sales outlets respecting quality standards⁴¹ (visibility, no stock-outs, price that is equal to or lower than the recommended price, visible promotion material, no expired products)</p> <p>4.2.3. Variety of sales outlets (proximity of</p>	<p>MAP surveys</p> <p>Data in quarterly and annual reports</p> <p>Visits at sales outlets and interviews with sellers</p> <p>Interviews with staff and implementing partners involved</p>

⁴⁰ We refer here to IPC and peer educators for the whole group of people involved in informing and educating target groups on the use of female condoms. These also include, for example, the hairdressers in Cameroon.

⁴¹ Quality indicators used in the MAP surveys



	<p>sales outlets, accessibility, variety of sales outlets)</p> <p>4.2.4. Stock management system in place</p> <p>4.2.5. Procurement guidelines in place</p>	<p>Focus group discussions with women/men</p> <p>Country reports on commodity security in reproductive health</p>
4.3. Sustained demand for and supply of FCs	<p>4.3.1. Number of women/couples that have used a female condom more than once</p> <p>4.3.2. Bottlenecks for frequent use of female condoms are known and appropriate action is taken to deal with these bottlenecks</p> <p>4.3.3. Appropriate choice of implementing partners that have easy access to different kinds of target groups. Partners are convinced of the female condom as a family planning method and a way of protecting against HIV infection.</p> <p>4.3.4. Implementing partners have been able to attract other donor funding to finance female condom programming or have integrated female condom programming in other programmes.</p> <p>4.3.5. Revolving fund set up in the UAFC Joint Programme can contribute meaningfully to continuous supply of FCs</p> <p>4.3.6. Number of programmes/services in the public sector that have included the marketing and provision of female condoms in their service package</p> <p>4.3.7. Number of programmes/services in the private sector that have included the marketing and provision of female condoms in their service package</p>	<p>KAP surveys</p> <p>Focus group discussions with women/men</p> <p>Interviews with staff of implementing partners (SFH and ACMS) and interviews with CLOs</p> <p>Interviews with (possible) donors</p> <p>Interviews with stakeholders in the public and private sector involved in family planning, SRH and HIV/AIDS prevention</p> <p>National strategies on public health, HIV/AIDS, family planning and SRH</p>
4.4. Effective and efficient procurement of FC	4.4.1 Effective procurement strategies have been adopted and key bottlenecks in the financing, delivery and clearance of commodities have been managed effectively.	<p>Interviews with i+solutions, SFH and ACMS</p> <p>Interviews with stakeholders involved in</p>

	<p>4.4.2 Effective and efficient strategies followed to ensure efficient distribution of the female condom in-country after completion of the clearing procedures.</p> <p>4.4.3 Number of female condoms that were procured annually by UAFC from (different) manufacturers and delivered to the ports of Nigeria and Cameroon.</p> <p>4.4.4 Quality control and registration procedures followed in-country through the National Drug Quality Control and Valuation Laboratories.</p> <p>4.4.5. Lanacome has been strengthened, enabling Lanacome to implement the norms and quality standards in order to ensure the quality of female condoms introduced in Cameroon.</p>	<p>distribution</p> <p>Interviews with stakeholders involved in quality control</p> <p>Interviews with staff of Lanacome laboratories</p>
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Points of attention:

Assessment of the triangle of actors – strategy of collaborating with NGOs and CBOs, public sector and private sector

Assessing factors that have contributed to increased demand:

Free sampling

Efficient choice of strategies for social marketing

Targeting the general public or specific target groups

Availability of the FC

Appreciation of the marketing messages

Contribution of all stakeholders in securing funds for the coming years

What were the characteristics and main causes of the problems in the procurement and delivery of the female condom to the country warehouses and were they sufficiently understood and addressed by the UAFC actors?

Did the procurement problems faced by i+solutions affect the implementation and progress of the R+D component? In what ways and to what extent?

Specific attention will also be given to the extent the linking and learning have rendered the implementation of the large-scale female condom programme in the countries more effective.

Evaluation question 5 – To what extent did the governance and coordination structures and management systems, including the contract management, of the UAFC Joint Programme contribute to (or hamper) the achievement of the objectives ?

<i>Judgement criteria</i>	<i>Indicators</i>	<i>Sources of verification</i>
5.1. Strategic governance	5.1.1. The main strategies of the UAFC Joint Programme are well documented, with explicit hypothesis/assumptions and clear identification	Interviews with members of the ISG, coordination group and CLO officers



	<p>of strategic risks.</p> <p>5.1.2. The strategies of the UAFC Joint Programme (including its strategic partnerships) are regularly assessed; lessons learned during programme implementation and new external developments, including new strategic opportunities or risks, are taken into account and lead to strategic redesign, where appropriate.</p> <p>5.1.3. Members of the international steering group challenge the proposed strategic choices and provide a second opinion when needed for proactive updating of the programme's strategy.</p> <p>5.1.4. The strategic reporting, monitoring and evaluation tools of the UAFC Joint Programme are in line with the requirements for the above.</p>	<p>Reports to, and minutes of, the Steering Group.</p> <p>Documented strategies.</p> <p>Other sources of documented information used in support of strategic governance.</p>
<p>5.2. Clear division of roles and responsibilities with corresponding competences and capacity</p>	<p>5.2.1. Roles and responsibilities (including written TORs/Mandates) for the UAFC Joint Programme as a whole and for each of its components are clear and transparent. They take into account synergies, accountability and internal control mechanisms.</p> <p>5.2.2. At the different levels (strategic, management and implementation) the actors/partners within the UAFC Joint Programme have the competences and professional/organizational capacity required. This is being appropriately documented and monitored.</p> <p>5.2.3. Added value of each of the programme partners (including Ministry of Foreign Affairs) is clear and acknowledged by all partners</p>	<p>Interviews with key stakeholders at the strategic and management level.</p> <p>Documented Roles and Responsibilities.</p> <p>UAFC's policies and practices with respect to selection/recruitment and professional development</p> <p>Reports to and minutes of decision-making bodies within the UAFC setup.</p>
<p>5.3. Effective and efficient management systems in place</p>	<p>5.3.1. The management systems, for each of the UAFC Joint Programme components (including country programmes) separately and for the UAFC Joint Programme as a whole are appropriate and contribute to efficiency and effectiveness in UAFC's programme implementation.</p> <p>5.3.2. The monitoring and evaluation system enables management to take informed and timely decisions to enhance effectiveness and</p>	<p>Interviews with key stakeholders at the strategic and management level.</p> <p>Documented management systems.</p> <p>Reports to, and minutes of, decision-making bodies within the UAFC</p>

	<p>efficiency of the programme.</p> <p>5.3.3. Lessons learned have been documented and used to improve programme implementation</p> <p>5.3.4. Management systems, including reporting and monitoring processes, are conducive to swift communication between partners of the programme.</p>	<p>setup.</p>
5.4. Appropriate partnership and contract management	<p>5.4.1. The UAFC Joint Programme has set up partnership arrangements that make partners accountable for (contributing to) cost-effective and sustainable achievement of programme objectives.</p> <p>5.4.2. The choice of working with one subcontractor for each of the country programmes was appropriate and contributed to the efficiency and effectiveness of the programme implementation</p> <p>5.4.3. Contract management (both for first-level partnerships, as well as for second-level partnerships) allows the UAFC Joint Programme to ensure that all programme funds are used economically and efficiently and that this use of resources produces the expected outputs and results, thus contributing to the UAFC Joint Programme objectives.</p>	<p>Interviews with key stakeholders at the strategic and management level.</p> <p>Documented contract management systems.</p> <p>Reports used within the contract management and consolidated further reporting to higher levels.</p>
5.5. Internal control and risk management	<p>5.5.1. The main risks of the UAFC Joint Programme are appropriately identified, well documented and managed. This is being done for the UAFC Joint Programme as a whole and for its components and country programmes separately.</p> <p>5.5.2. Essential internal control mechanisms are built in to the systems and operations of the UAFC Joint Programme. This is being done for the UAFC Joint Programme as a whole and for its components and country programmes separately.</p> <p>5.5.3. At their level, programme partners with main responsibility for programme components and/or country programmes are explicitly</p>	<p>Interviews with key stakeholders at the strategic and management level.</p> <p>Documented internal controls and risk management systems.</p> <p>Documents from internal/external auditing</p>



	<p>accountable for internal controls and risk management at those levels.</p> <p>5.5.4. Yearly, or at least once half-way through the Programme, the Steering Group has assessed the internal control system and risk management of the UAFC Joint Programme.</p>	
<p><i>Points of attention:</i></p> <p>The extent to which strategic options, agreements, roles and responsibilities and management systems are well documented and monitored</p> <p>The extent to which shortcomings in the contract management, management systems and operations, respect of task division, roles and responsibilities and execution of contract agreements are proactively detected and taken care of.</p>		

5.3 OVERVIEW OF PEOPLE CONSULTED

Annet Neijmeijer	Communication officer Rutgers WPF
Annie Michèle Salla	Country Coordinator Cameroon, ACMS
Annie Peters	Pioneer – involved in the development of the first business plan
Bert Van Wijk	i+solutions
Bill Potter	Independent consultant
Caitriona Rush	Project manager R&D, i+solutions (new since May 2011)
Carol Joanis	Independent consultant
Clemens Wennekes	Financial officer Oxfam Novib
Eva Charlotte Roos	SIDA
George Brown	Consultant for Hewlett
Gertjan Van Bruchem	Country Liaison Officer Nigeria, Oxfam Novib
Greetje Lubbi	Independent president of the international steering group
Henk Den Besten	Former director i+solutions
Jan Van Duijn	i+solutions
Jeff Spieler	Senior Technical Advisor for Science and Technology Office of Population and Reproductive Health Bureau for Global Health, USAID
Juan Wells	Project manager R&D, i+solutions
Jagdish Upadhyay	UNFPA, member of ISG
Kirstine Vangkilde	Danida
Lily Talapessy	Policy coordinating officer Sexual and reproductive Health and Rights, The Netherlands Ministry of Foreign Affairs, Social development Department, Health and AIDS Division
Lucie Van Mens	Programme coordinator
Maggie Usher Patel	WHO



Mags Beksinska	Former member ISG UAFC Joint Programme, currently involved in clinical trials of WHO Technical Review Committee
Margot Fahnestock	Hewlett
Michèle Razanamparany	Country Liaison Officer Cameroon, i+solutions
Mike Pope	Female Health Company
Monique Demenint	Contract manager Oxfam Novib
Rino Meijers	Former project manager R&D, i+solutions and pioneer involved in the set-up of the programme
Nienke Blauw	Advocacy officer Rutgers WPF
Serra Sippel	President Center for Health and Gender Equity, CHANGE
Sille Jansen	Advocacy officer Rutgers WPF
Victoria Archibong	Country Coordinator Nigeria, SFH
Yvonne Bogaarts	Manager advocacy department Rutgers WPF, member of the international steering group and pioneer involved in the set-up of the programme

Overview of stakeholders consulted during the country evaluation mission can be found in the respective country evaluation reports.

5.4 OVERVIEW OF DOCUMENTS CONSULTED

5.4.1 OVERALL STRATEGIC AND MANAGEMENT DOCUMENTS

A matter of choice rather than noise. Report of an international Meeting on the Female Condom. 12-14 September 2007. Oegstgeest, The Netherlands.

UAFC Joint Programme, (2009 Empowerment and Dual Prevention, Integrated Annual report of the Universal Access to Female condoms Joint Programme 2008.

UAFC Joint Programme, (2010) Integrated Annual Report of the Universal Access to Female condoms Joint Programme, 2009.

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UAFC Joint Programme (2010) Integrated Work plan 2011 for the Universal Access to Female condoms Joint Programme, September 2010.

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UAFC Joint Programme, Quarterly reports 1, 2 and 3, 2009.

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UAFC Joint Programme, (2008) Business Plan universal Access to Female Condoms 2008-2010

UAFC Joint Programme, (2009) Revised Business Plan 2008, March 3, 2009.

UAFC Joint Programme, (2009) Budget updated business plan, March 2009.

UAFC (2008). Failing Women Withholding Protection. 15 years lost in making the female condom accessible

5.4.2 DOCUMENTS PER COMPONENT

R&D

Christine K. Maucka, Mark A. Weaver, Jill L. Schwartz, Terri Walsh, Carol Joanis, Critical next steps for female condom research — report from a workshop, *Contraception* 79 (2009) 339–344.

Anny Peters, Willy Jansen, Francien van Driel, The female condom: the international denial of a strong potential. *Reproductive Health Matters* 2010;18(35):119–128

Anny JTP Peters, Maja Micevska-Scharf, Francien TM Van Driel, Willy HM Jansen, Where does public funding for HIV prevention go to? The case of condoms versus microbicides and vaccines, *Globalization and Health* 2010, 6:23 doi:10.1186/1744-8603-6-23



Jill L. Schwartz^a, Kurt Barnhart^b, Mitch D. Creinin^c, Alfred Poindexter, Angie Wheelesse, Maggie Kilbourne-Brookf, Christine K. Maucka, Debra H. Weinere, Marianne M. Callahana, Myths, Misperceptions and Fears; Addressing condom use and barriers. Original research article. Comparative crossover study of the PATH Woman's Condom and the FC, *Contraception* 78 (2008) 465–473.

UAFC and i+solutions, Research & Development Agenda for support to female condom development 2008-2011

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5.5 RESULTS OF THE E-SURVEY ON THE INTERNATIONAL PLATFORM

Separate report. This report can be requested from the Rutgers WPF

5.6 COUNTRY EVALUATION REPORT NIGERIA

Separate report. This report can be requested from the coordination office of the UAFC Joint Programme

5.7 COUNTRY EVALUATION REPORT CAMEROON

Separate report. This report can be requested from the coordination office of the UAFC Joint Programme

5.8 BRIEF DESCRIPTION OF THE PROGRAMME IN MOZAMBIQUE

5.8.1 INTRODUCTION

In early 2009, the UAFC international steering group decided positively on an exploratory mission to Mozambique to assess the eligibility of including Mozambique as the third large-scale country in the UAFC Joint Programme. Mozambique fitted perfectly within the selection criteria (see III) in terms of familiarity with condoms and family planning, high HIV/AIDS levels, high numbers of unwanted pregnancies, and the presence (and potential interest) of a number of bilateral donors in the country. Furthermore, demand had been expressed for the female condoms from within Mozambique, and strong political support from the First Lady. During a visit to the Netherlands in 2008, she made a plea for initiating a female condom Programme in Mozambique.

After an initial mission of representatives of the consortium, Pathfinder in Mozambique (an International NGO active in reproductive health) was invited to lead the development of a UAFC Joint Programme, and to submit a proposal to Oxfam Novib. Also, the organization was requested to assess local fundraising opportunities and develop a fundraising plan. In addition to Pathfinder, the national consortium consisted of PSI (a leading social marketing organization) and Forum Mulher (a National Mozambican women's network) who collaborated in the development of the proposal. In early 2010, it was decided not to continue the collaboration with Pathfinder for several reasons. Pathfinder indicated that they lacked the capacity to implement the programme as other priorities emerged. In addition, they suggested that PSI would be a better organization to lead the programme because of their expertise in social marketing and supply chain management in RH commodities. Their proposal was discussed at length, but ultimately did not meet the expectations of the UAFC consortium, as it was too public sector-minded and not reflecting the social marketing approach sufficiently. A second proposal, developed under the lead of PSI was accepted; however because of timing and funding constraints the Mozambique programme could not be included as a country programme under the UAFC umbrella. Though not officially part of the UAFC Joint Programme, there are close links between the Mozambique Female Condom Programme and the UAFC Joint Programme. Effectively, this intention to cooperate resulted in the following arrangements:

- PSI/programme partners in Mozambique receive funding from UAFC (are supported by UAFC) for participation in L&L events, to share lessons learned, and to collaborate in advocacy actions (including participation in the UAFC IP);
- PSI is supported by the UAFC Joint Programme in its fundraising activities;
- The UAFC Joint Programme looked into the possibility to procure FC2 for the PSI programme at a reduced price;
- Oxfam Novib supports the PSI programme as part of their country strategy on sexual and reproductive health rights and HIV/AIDS prevention. For 2011 a grant of EUR 140,000 was made available.

The programme in Mozambique successfully raised the interest of donors including NORAD and the Netherlands Embassy of the Kingdom of the Netherlands (EKN) in Maputo. The role of the



EKN was instrumental in the start-up of the Female Condom Programme in the country, as well as in interesting other donors. The Embassy recognized the added value of the social marketing approach as important in complementing the 'traditional' (public) approach of free distribution at health centres (generally supported by UNFPA). During the course of 2010, the Netherlands Ministry of Foreign Affairs approved of the support to PSI, but because of administrative difficulties it was not possible to disperse funding for female condoms in 2010, besides the core funding PSI is receiving from the Netherlands.

Oxfam Novib is indirectly linked to the Female Condom Programme, given its interest in supporting and strengthening civil society, and its involvement in Sexual and Reproductive Health and Rights (including gender-based violence) and focus on gender issues.

Below is an overview of the main results/experiences with the Female Condom Programme in Mozambique, organized around four criteria: embedding and relevance; approach; observations; and sustainability.

Embedding and relevance

- The Female Condom Programme in Mozambique is seen as important to the country, people are open to the idea of female condoms and interested in the programme. Despite a difficult start, the programme finally got off the ground and now, after 'the dust has settled' the programme partners are busy implementing activities. Strong support from the EKN and Oxfam Novib was pivotal in this period, as well as having motivated stakeholders in the country.
- Female condoms prove to be a very relevant product for Mozambique, given the Sexual and Reproductive Health and Rights situation in the country: women's low decision-making power over RH issues (and low condom use), high HIV/AIDS levels – in a non-stabilising epidemic – and high number of teenage pregnancies. Female condoms are very much needed in countries with high HIV prevalence, simply because only two barrier methods exist to prevent STIs, one of which is female condoms.
- Female condoms are not new to Mozambique. In the past, PSI implemented a social marketing FP programme (funded under SALIN) in which female condoms were integrated into FP, and provided to sex workers through a different PSI programme. Other initiatives include the UNFPA-supported distribution of female condoms in public sector institutions (except for health-related institutions, falling under the responsibility of the supply chain management of the MoH). Female condoms have also been made available through the National Aids Council – the agency which is managing the country supply chain of all condoms in the public sector. Pathfinder (one of the consortium partners) also had prior experience with female condoms programming, and FM also had experience with the promotion of the female condom, albeit with a focus on women's rights and empowerment.
- Contrary to the above examples of scattered female condom programming, the current programme is the first (large-scale) programme targeting the general public (specifically

women of reproductive age) with a neutral approach. It was a deliberate choice to introduce the female condom from the FP perspective, to minimize stigmatization.

- The programme benefits from a solid triangle between government, private sector and civil society. The government approved of the condom strategy of PSI, and approved of their strategy to promote the (subsidized/socially marketed) Cupid female condom through the private channels. The Mozambican government was very collaborative. Equally important is the role of the National Aids Council, proactively promoting and supporting the female condom.

Approach

- A consortium of 3 organizations is responsible for the implementation of the female condom programme in Mozambique, whereas PSI is the lead organization. PSI is responsible for the social marketing component, IEC material development and production (the partners, PI and FM, are also involved in the development phase), community distribution and supply chain management.
- Another partner in the female condom programme is Forum Mulher, a network of more than 80 national and international organizations, including NGOs, CBOs, unions, government gender units, among others. They are active collaborators in advocacy and campaigning, and in the sharing of information. Advocacy and policy influencing is their core business, and in the context of the programme they are instrumental in women's empowerment and disseminating information on the female condom (through lectures). Forum Mulher proactively seeks support from the 'ground' (i.e. not relying on international initiation of such actions). The organization is strong in capacity building and linking with CBOs, and has a strong track record in advocating the government for example supporting efforts to include female condoms in the RH budgets of local- and national-level government.
- Pathfinder – the third partner involved in the national consortium – works on female condom programming through health system strengthening (training of health workers) and monitoring and evaluations actions.
- The female condom is promoted as dual protection means, with the emphasis on the family planning side. The product is available through both entry points. In the past it was mainly distributed through the public sector. In the new programme, a solid link between the public and private sectors is provisioned. Pathfinder will train Maternal and Child Health nurses, and may distribute female condoms on a limited scale to accommodate the training. Distribution of the female condom in the public sector however is beyond the mandate of the Consortium.
- Distribution to other channels (civil society) will be done through community outreach (training outreach workers) and social marketing of the Cupid female condom, making use of its national network of sales teams on the ground. In its supply management, PSI covers both public (civil sector only, as PSI has stopped with distributing female condoms in public



institutions because a parallel and unsustainable system had to be avoided – the responsibility was handed back to the public institutions themselves and the National AIDS Council) and private channels.

- The distribution of Cupid female condoms is against official PSI policy, since the Cupid female condom is not officially recognized by WHO (only EC approval). At the request of UAFC, PSI Mozambique advocated at HQ level to start distributing the Cupid female condom, supported in their efforts by EKN in Mozambique, the Norwegian embassy in Mozambique and the Mozambican Ministry of Health. The advocacy was successful, and now PSI is allowed to distribute the Cupid female condom, which is cheaper (pink in colour, and vanilla-flavoured) and made of latex (softer and thinner material than the FC2 material). PSI is in the process of branding the female condom, which is expected not to cause any problems, since the condom has EC approval. This is necessary because the current batch of condoms that are procured by UNFPA and made available through the National AIDS Council – the FC2 – cannot be sold, only given away as free samples.

Observations on the implementation of female condoms in Mozambique

- After having taken the first hurdles, the female condom programme appears to be well-equipped to roll out the social marketing of female condoms in Mozambique. Important ingredients that make this possible are the high level of locally created demand and support, and the deliberate choice to create a support and coordination network. This has not been all that easy, but seems to be functioning. The support network was set as a pre-condition for the programme, and it has proven to be a valuable approach. Programme partners had to invest much time and effort in getting the programme off the ground. Time and budget constraints (the UAFC Joint Programme did not cover these activities) placed a heavy burden on the internal relations between programme partners. However, this process paid off, and now there is a functioning Female Condom Technical Working Group (positioned under the National Aids Commission of the Ministry of Health, as a sub-group of the Condom Technical Working Group).
- The role of UNFPA in female condom programming is challenging. They have an important role to play supplying and promoting female condoms in the public sector, however this trajectory is not without its problems. For example, in late 2010 the MoH distributed a large number of FC2s in the country without a proper information/sensitization campaign or IEC, practically causing a complete stock-out in the country.
- In the past, the supply and distribution chain was not functioning smoothly, as condoms (provided by UNFPA) were stuck in provincial warehouses, or shelved in the public health centres. It is clear that the female condom does not 'sell' itself without any additional efforts. It is clear that a personalised approach in promoting the product to the end-user is very much needed, especially in the beginning while the product has to struggle to get rid of a negative image (perceived difficulty regarding its use, association with HIV/AIDS).

- Despite (perceived) difficulties in the acceptance of female condoms among the general public, it appears that some initial successes can be reported of increased access to, and use of, the female condom. To date, experience with the personalised approach through interpersonal conductors has been positive. It is also foreseen to make use of social media – under a different FP programme but linked to the female condom programme – by use of consumer profiles and of mobile phones to send regular social marketing messages. As the UAFC Joint Programme is targeting the general public, it is important to learn more about how to target the common man/woman as they need to see the benefits of female condoms.
- Similar to the situation in other countries, the product has an aura of being difficult to use (technique). In addition, there are gender and cultural dimensions surrounding the product, which influence demand creation and actual use. In the general Mozambican context, men do not accept women demanding that they wear a condom, and ‘steady’ couples tend not to use condoms. The implementing organizations therefore build on their experiences in dealing with gender issues in Sexual and Reproductive Health through a personalised approach and sensitization programmes targeting couples, and/or persons in multiple recurrent partnerships, with targeted messages for different user groups (e.g. people in stable relationships, in unstable relationships, men, and people living with HIV/AIDS).
- It is too early to measure any impact, since the programme has only been running for less than a year, and the socially marketed female condom will only be launched late 2011, early 2012. PSI intends to conduct a MAP study (of programming purposes and to identify potential sales outlets for the Cupid female condom – once this has been branded), and a client satisfaction survey late 2012, beginning of 2013.

Sustainability

- Some of the Development Partners are showing interest in the female condom and are willing to financially support the programme. NORAD provides a 3-year funding of approximately EUR 1.4 million (2011-2013). Oxfam Novib supports the Female Condom Programme in 2011, and will perhaps continue to do so in 2012. Their interest in funding the initiative would be mainly to continue the work and to gain the interest of other donors. DfID is less interested in funding a separate programme, but would support a more integrated approach (for example as part of a HIV/AIDS prevention initiative). The outlook beyond 2013 is relatively positive, given the interest of the Nordic countries in pushing the female condom separately or as part of a wider SRHR initiative. Also it would be good to look at funding options for HIV prevention programmes through larger global initiatives such as PEPFAR.
- The programme benefitted from political (high-level) support such as the commitment and force demonstrated by the First Lady. She continues her support, PSI/Mozambique has signed an MoU with her cabinet. The UAFC Joint Programme invited her to the UNGASS meeting, and she continues to be a strong voice and advocate for female condoms.



- The future outlook looks promising; programme partners are continuing the implementation on the ground, including training and IPC activities within the communities, aimed at increasing demand for, and accessibility and acceptability of female condoms.

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