

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 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.

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.

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	<p>(2.1.) Investments in the production capacity of condom manufacturers can be 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>
Advocacy	<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 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>
<p>Governance</p>	<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>

