

Female Condoms and the Donor Landscape in Uganda

Donor support for female condoms globally has surged in the past decade. Since 2001, donors increased their support for female condoms from nearly \$2 million in 2001 to almost \$13 million in 2007.¹ The bulk of donor support for female condoms has been directed at sub-Saharan Africa. Despite growing donor interest and investment in female condoms, Uganda has not been a major recipient of donor support for this critical, woman-initiated prevention method.

PRODUCT AND DONOR HISTORY

A female condom acceptability study funded by the UK Department for International Development (DfID) and executed by Marie Stopes International-Uganda (MSI-Uganda) in 1997 paved the way for product introduction in Uganda.² Subsequently, in 1998, female condom procurement was financed by the World Bank through the Sexually Transmitted Infections Project.³ A total of 1.2 million female condoms were procured by the Ministry of Health (MOH) in 1998⁴, and 200,000 units were designated for MOH demonstrations and trials.⁵ The remaining one million female condoms were to be divided evenly and distributed through social marketing channels including MSI-Uganda and SOMARK⁶—a social marketing project launched by the United States Agency for International Development (USAID) and managed by the Futures Group. SOMARK, however, withdrew its participation, leaving the Ministry of Health with 700,000 female condoms to distribute through its networks.⁷

In 2000, the female condom was introduced by MSI-Uganda⁸ and was distributed countrywide through the same channels as the male condom. Despite favorable findings among potential users during the acceptability study, a constellation of programmatic, policy, social and financial factors caused the female condom to register little success. It is against this historical backdrop that the Ministry of Health plans to re-launch the female condom in Uganda in the fall of 2009.

RECENT DONOR SUPPORT

Donor support for the female condom in Uganda since the 2000 launch has been limited. According to 2000-2008 data from RHInterchange—a database that tracks contraceptive orders and shipments from multiple sources⁹—only four female condom shipments to Uganda were made during this time period.¹⁰ Of these four shipments, two were funded by the International Planned Parenthood Federation for Reproductive Health Uganda (1,000 units shipped in 2006 and 1,000 in 2007) and the other two were funded by the United Nations Population Fund (UNFPA) for the Ministry of Health (14,000 units shipped in 2006 and 100,000 in 2008).¹¹ In 2005, UNFPA launched the Global Female Condom Initiative (GFICI) in 23 countries aimed at scaling up universal access and use of the female condom. Uganda, however, is not currently participating in the Global Female Condom Initiative.

Noticeably absent is USAID support for female condoms in Uganda. USAID represented the largest supplier of female condoms globally in 2007, accounting for 54% of all female condoms supplied.¹² USAID has also dramatically increased distribution of female condoms in recent years. For example, female condom shipment values increased from \$1.5 million in fiscal year 2006 to \$7.4 million in fiscal year 2007.¹³ Yet, USAID has not shipped any female condoms to Uganda.¹⁴ In comparison, USAID shipped 12 million male condoms to Uganda in FY 2007 alone.¹⁵

The Global Fund to Fight AIDS, Tuberculosis and Malaria is another important donor source for female condoms. Between 2005 and 2007, the Global Fund financed 5.2 million female condoms.¹⁶ It also funded about 14 percent of all female condoms donated during 2005 and 2006.¹⁷ But female condom distribution by the Global Fund has not had widespread benefits. For instance, in 2005, only three countries financed female condom procurement through the Global Fund: Djibouti, Namibia and Suriname.¹⁸ The Global Fund represents another untapped potential avenue for female condom donor support in Uganda.

CIVIL SOCIETY

The female condom was strongly supported by women's groups and advocates when it was launched in Uganda in 2000. Female condom introduction, however, did not capitalize on the energy and resources of civil society. Follow-up training of providers was limited, minimal funding was available for education and women's groups were not routinely engaged to create awareness needed for uptake at the community level.¹⁹ The government eventually stopped distributing female condoms in its prevention programs in 2007 until women – married and unmarried – recently demanded access to this vital prevention tool.²⁰

Learning from past experience, the Ugandan female condom re-launch strategy calls for greater consultation and engagement of civil society stakeholders, including women's groups, AIDS service organizations, community and faith-based organizations and service providers. In particular, it seeks to bring together a diverse array of organizations to participate in strategy development and to have ownership over the female condom program.²¹ Inclusive and robust civil society participation is a key ingredient in helping to ensure the success of a sustained female condom program and specifically within the context of Uganda.

NOTES

¹ United Nations Population Fund (UNFPA). 2007. *Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2007*. New York: UNFPA.

² Uganda Ministry of Health. 2009. *The Female Condom in Uganda: A Situation Analysis*. Kampala, Uganda: Ministry of Health.

³ Ibid.

⁴ Kibirige, Vastha. 2005. *The Female Condom – Uganda Experience*. Power Point presentation presented at the Global Consultation on the Female Condom, Baltimore, Maryland, September 26-29, 2005.

⁵ Uganda Ministry of Health. 2009.

⁶ DfID Health Systems Resource Center. 2003. *Review of DfID Approach to Social Marketing*. London: DfID Health Systems Resource Center.

⁷ Uganda Ministry of Health. 2009.

⁸ Marie Stopes International. 2001. *Position Paper: HIV/AIDS*. London: Marie Stopes International.

⁹ RHInterchange aggregates data from three primary sources: the International Planned Parenthood Federation (IPPF), the United Nations Population Fund (UNFPA) and the United States Agency for International Development (USAID). In addition to these three funding sources, RHInterchange shipment reports include data when available from a variety of donors and funders, including the UK Department for International Development (DfID), the Global Fund for AIDS, Tuberculosis and Malaria, the World Bank, the German Reconstruction Bank (KfW), Population Services International, and Marie Stopes International, among others.

¹⁰ RHInterchange. *RHInterchange: A Website for coordination of contraceptive orders and shipments*. Reproductive Health Supplies Coalition.

<http://www.rhsupplies.org/resources/rhinterchange.html>.

¹¹ Ibid.

¹² UNFPA. 2007. This figure from UNFPA's calculations regarding total donor support does not include data from the Global Fund to Fight AIDS, Tuberculosis and Malaria or the World Bank.

¹³ USAID. 2008. *Overview of Contraceptive and Condom Shipments FY 2007*. Washington, D.C.: United States Agency for International Development.

¹⁴ RHInterchange. This RHInterchange figure represents USAID shipment data from 2000-2008.

¹⁵ USAID. 2008.

¹⁶ JSI DELIVER. 2008. *Policy Brief: Global Fund Financing of Condoms and Contraceptive Security*. Arlington: John Snow (JSI) DELIVER.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Uganda Ministry of Health. 2009.

²⁰ PlusNews. "Uganda: Ditched female condom makes a comeback." February 12, 2009. <http://www.plusnews.org/Report.aspx?ReportId=82902>

²¹ Uganda Ministry of Health. 2009.