

Female Condoms: Lessons from Zimbabwe

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BACKGROUND

Zimbabwe is regularly cited as a female condom success story and has among the highest distribution and sales of female condoms in the world.¹ Several crucial and complementary factors have fostered Zimbabwe's female condom success: strong civil society participation, innovative social marketing, well-functioning condom distribution mechanisms, capacity building of service providers across sectors, and sustained financial and technical support from the Government of Zimbabwe and funding partners. Zimbabwe provides important considerations for female condom introduction, effective distribution and programming, and high rates of acceptability among users.

FEMALE CONDOM INTRODUCTION

Women's rights and reproductive health organizations played a significant role in bringing female condoms to Zimbabwe by identifying a need for the product and advocating for their government's support in procurement. Women and AIDS Support Network (WASN) organized a successful, nationwide petition drive in support of female condoms that coincided with the government's efforts. The government of Zimbabwe launched the FC1 female condom in 1997. The government's unbranded female condom was made available in the public sector through 30 pilot districts.² In addition, Population Services International (PSI)/Zimbabwe introduced the '*Care Contraceptive Sheath*'—the first branded female condom in Africa.³

PSI/Zimbabwe's U.S.-funded programs used mass media to position *Care* female condoms as contraception so that use for HIV prevention was not stigmatized. PSI/Zimbabwe employed innovative social marketing strategies to promote the female condom, using hair salons in low-income, urban areas as training, distribution and retail outlets. With funding from the United States Agency for International Development (USAID) and the United Kingdom Department for International Development (DFID), PSI/Zimbabwe

trained female hairstylists from 500 salons in low-income neighborhoods to demonstrate correct use, discuss common misperceptions and answer questions on female condoms.⁴ The public sector program, however, faced setbacks due to challenges including the need for a strategy to guide programming. Despite this, between 2002 and 2004, the percentage of Zimbabwean women who reported ever using the female condom increased from 15 percent to 28 percent.⁵

REVITALIZING FEMALE CONDOMS

In recent years, many developments have converged to reenergize and strengthen female condom procurement, distribution and programming in Zimbabwe. In 2005, the United Nations Population Fund (UNFPA) launched the Global Female Condom Initiative aimed at scaling up access to and use of female condoms through financial and technical support to country programs. Zimbabwe was enrolled in this initiative, which is now part of UNFPA's broader Comprehensive Condom Programming efforts.

Recognizing the need for a more strategic urban/rural and public/social marketing approach in Zimbabwe, UNFPA worked with the government to form a Technical Support Group (TSG) on condom programming.⁶ The TSG, consisting of representatives from the Ministry of Health and Child Welfare (MOHCW), the Zimbabwe National Family Planning Council, PSI/Zimbabwe, civil society organizations, and donors, assisted the government in undertaking a female condom research review as well as a situation analysis to provide evidence for the development of a national female condom strategy.

These efforts fed into a National Stakeholder Meeting in 2006 aimed at creating a roadmap to scale up Zimbabwe's female condom program. Civil society organizations had strong participation in the stakeholder meeting with representation from the Interfaith Network, Men's Forum on Gender, Women's Action Group, Women and AIDS Support Network, Business

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Council on AIDS and the Network of People Living with HIV.⁷ This meeting culminated in the development of the Zimbabwe Five Year National Female Condom Strategy (2006-2010), which harmonized with the national AIDS response and reproductive health program.⁸ Since then, the stakeholders have had ongoing involvement in rolling out the strategy.

CURRENT PROGRAM

Today, the MOHCW continues to show strong commitment to female condoms and oversees the program. Zimbabwe relies on donor support for both its female and male condom programs, with its major funders including UNFPA, USAID, and DFID. UNFPA has largely financed Zimbabwe's female condom program implementation while USAID pays for the vast majority of the country's female and male condoms.⁹ USAID's female condom shipments have grown exponentially, from 300,000 units in 2005 to nearly 10 million units in 2009.¹⁰ USAID and DFID also support supply chain logistics through the John Snow Inc. (JSI) implemented USAID | DELIVER Project.

Female and male condoms are distributed through all public sector health institutions including community based distributors. Public sector distribution has been smooth. With support from USAID | DELIVER, the public sector distribution system achieves very high coverage of public sector health care facilities and maintains stock out rates below five percent for male condoms.¹¹

Social marketing of female condoms continues to be implemented by PSI/Zimbabwe with support from USAID and DFID. Today, PSI/Zimbabwe has trained more than 2,000 hairdressers operating in more than 1,700 hair salons in low-income neighborhoods.¹² In addition to the hair salon initiative, program implementers have pursued alternative channels of distribution and programming, such as barber shops targeting men, commercial sex worker networks, and support groups for people living with HIV and AIDS. For instance, women living with HIV and AIDS have been trained to conduct interpersonal communication sessions on positive prevention and have sold *Care* female condoms to support groups.¹³ A two-pack of *Care* female condoms sells for about US\$0.20.¹⁴

As a result of these interventions, sales of the *Care* female condom and uptake of public sector female condoms have increased. In 2009, a total of 4.7 million FC1 and FC2 female condoms were distributed through public sector and social marketing channels.¹⁵ Between 1997 and 2009, annual sales of *Care* increased from 120,720 to 2.1 million units.¹⁵ Zimbabwe's distribution figures far exceed what most countries have been able to accomplish.

Lessons from Zimbabwe: Three Basic Elements of a Successful Female Condom Program¹⁵

- Participatory development and implementation of a national female condom strategy, inclusive of diverse civil society actors;
- A strong collaboration between public sector and social marketing forces in both urban and rural areas; and
- Sustained political, financial and technical support for capacity building and commodities from the government, the bilateral community, the United Nations, and other donors.

While each country faces different opportunities, challenges and constraints around female condoms, successes from Zimbabwe provide evidence to leverage funding and political will for similar female condom efforts in developing countries.

NOTES

¹United Nations Population Fund (UNFPA), *UNFPA Female Condom Global Initiative: 2006-2007 Progress Report* (New York: UNFPA, 2007).

²Daisy Nyamukapa, e-mail message to Implementing Best Practices Global e-Forum on Female Condoms, May 1, 2008.

³Kumbirai Chatora, interview by Kimberly Whipkey, April 28, 2010.

⁴Center for Health and Gender Equity (CHANGE), *Saving Lives Now: Female Condoms and the Role of U.S. Foreign Aid* (Washington, D.C.: CHANGE, 2008).

⁵Ibid.

⁶UNFPA. 2007.

⁷Daisy Nyamukapa, e-mail message to Implementing Best Practices Global e-Forum on Female Condoms, May 1, 2008.

⁸Ibid.

⁹UNFPA, *UNFPA Global Condom Initiative – Scaling Up Male and Female Condom Programming: Zimbabwe Jan-Dec 2009* (Harare: UNFPA, 2009).

¹⁰RHInterchange. http://rhi.rhsupplies.org/rhi/index.do?locale=en_US (accessed July 1, 2010).

¹¹President's Emergency Plan for AIDS Relief (PEPFAR), *2009 Country Operational Plan: Zimbabwe* (Washington, D.C.: PEPFAR, 2009).

¹²Peter Halpert, e-mail message, April 23, 2010.

¹³Global Health Technical Assistance Project, *Zimbabwe HIV/AIDS Partnership Project & Behaviour Change Programme: A Joint USAID/DFID Assessment* (Washington, D.C.: Global Health Technical Assistance Project, 2008).

¹⁴Kumbirai Chatora. 2010.

¹⁵UNFPA. 2009.

¹⁶Peter Halpert. 2010.

¹⁷Bruce Campbell, e-mail message to Implementing Best Practices Global e-Forum on Female Condoms, April 30, 2008.