

# Evaluation of South Africa's National Female Condom Programme



**How effective is South Africa's Female Condom Programme in providing and promoting female condoms, expanding method choice, increasing condom use and meeting the diverse needs of women?**

## A CRITICAL PROBLEM

The female condom (FC) is the only woman-initiated HIV prevention barrier method, offering both women and men an additional HIV prevention option. Yet FC distribution remains significantly low compared with male condoms, accounting for only 0.2% of global condom procurement. Research is needed to better understand how to improve FC service delivery and enhance use of the product, thereby maximizing its contribution to reductions in HIV acquisition.

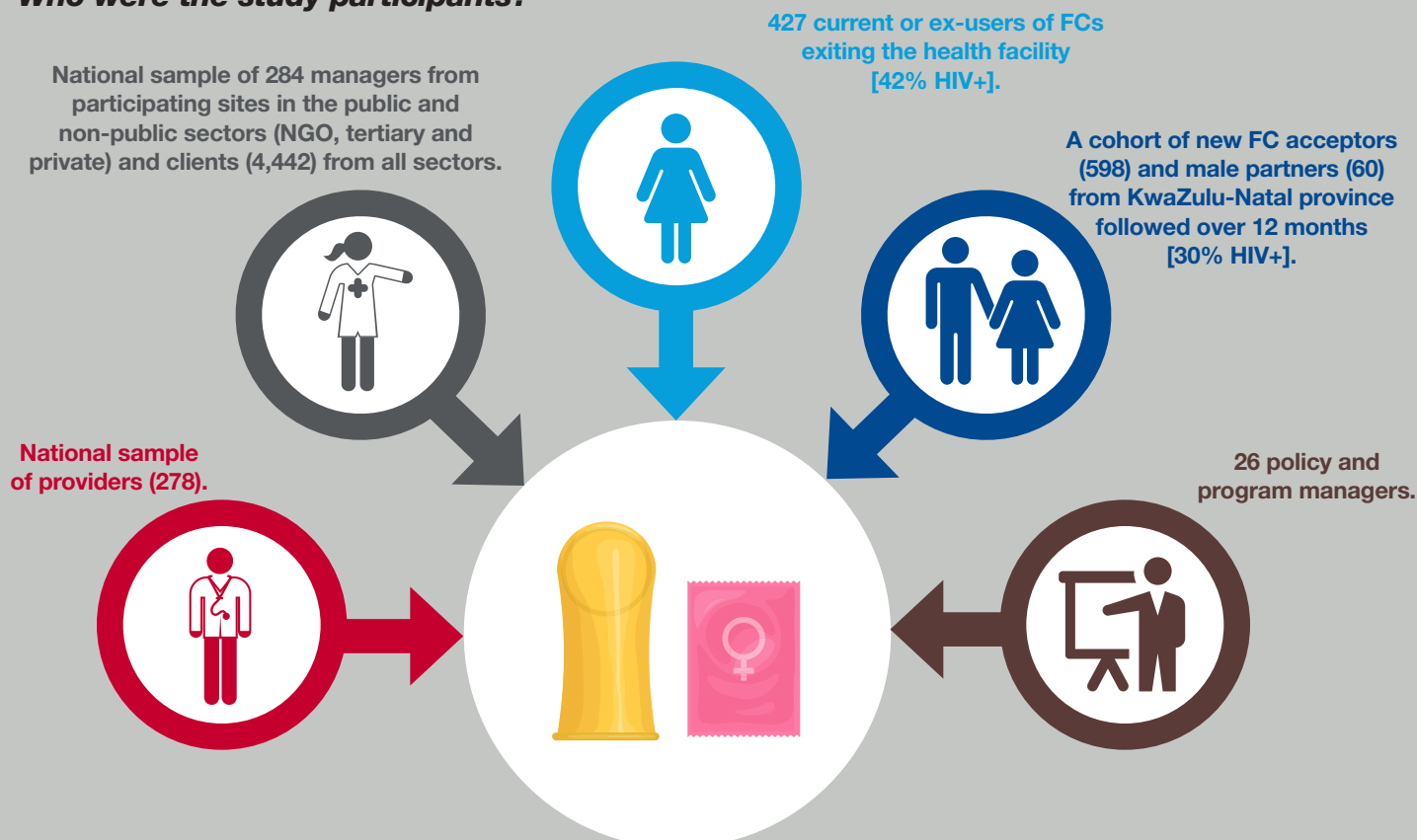
## SPOTLIGHT ON SOUTH AFRICA'S FEMALE CONDOM PROGRAMME

- The FC was introduced in South Africa in 1998.
- The program has grown rapidly from a pilot phase to a national government-supported program that is one of the largest in the world.
- 27 million FCs were distributed in South Africa in 2016, exceeding the country's National Strategic Plan annual target of 25 million.
- Since 2014, a variety of FCs have been distributed through the public sector program.
- No evaluation of the national program has been conducted since the pilot phase in 1999-2000.

## THE FEMALE CONDOM EVALUATION (2014 – 2016)

The MatCH Research Unit at the University of the Witwatersrand in Johannesburg, South Africa, led a comprehensive mixed-methods study to identify strategies to enhance the FCs' acceptability, and strengthen the national FC program's effectiveness and efficiency.

### Who were the study participants?



## RESULTS

**All public health sector facilities surveyed have distributed FCs, but their promotion by providers and through educational materials varies.**

- The FC program is well embedded in the healthcare system with similar ordering, distribution and reporting processes for FCs and male condoms (MCs).
- Two-thirds of providers had ever received training in FCs. Those who had received refresher training had better knowledge about FCs than those who had not.
- Providers were positive about the quality of FCs and their ability to provide dual protection. Yet what products they offer clients and how they counsel clients on their use is not consistent.
- Posters, leaflets and demonstration models for the FC were considerably less available in facilities than those for MCs.
- Between a quarter and a third of female and male clients interviewed were unaware that FCs were available at the facility.

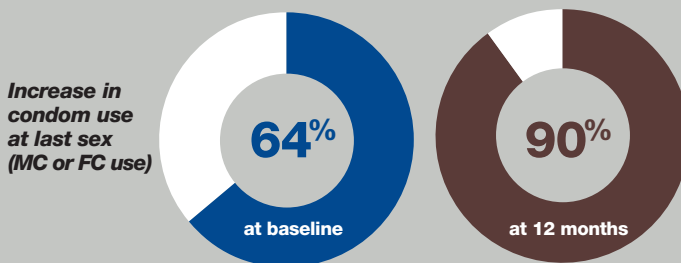
**Providers and clients at sites that received new FC products were very positive about having more choices.**

Female condom types available in South Africa during the study period.



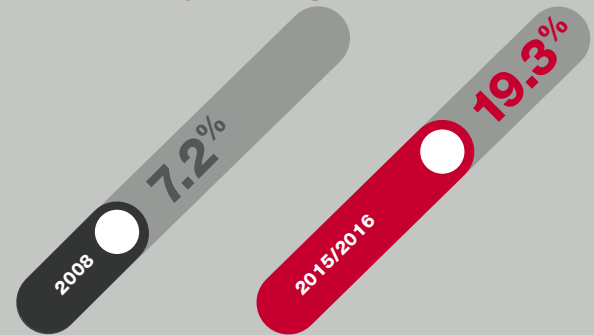
**Condom protection at last sex among cohort women, including those living with HIV, increased from less than two-thirds to 90% after 12 months.**

- MC use at last sex only decreased from baseline by 7.5 percentage points at one year; whereas female condom use increased from 0% to 34%.
- Results indicate that providing women with a choice of FC or MC contributed to a greater proportion of protected sex acts, including clients living with HIV.
- Over time, the new FC users reported an increase in partner support for the FC.



**Since 2008 the proportion of respondents at the national level who had ever used a FC more than doubled.**

- Currently, ever use of the FC is lowest among those under 20 years of age – 8% for young women and 6% for young men – compared to all other age groups.
- Main reasons for not trying a FC were not knowing where to obtain them, fear of using it and male partner reluctance.



DATA SOURCES (Ever Use of FCs): 2008 National Survey and 2015/2016 National Evaluation

## EVIDENCE TO ACTION

Findings from this evaluation provide data-driven support for further FC program expansion in South Africa. As demand for FCs has increased, the South African National Strategic Plan, 2017-2022, includes increased targets for condom distribution (3 billion MCs and 33 million FCs). Public sector facilities have now been given FC distribution targets; therefore, this evaluation provides important data to inform FC scale-up in South Africa, as well as in other countries, particularly around realities of the healthcare system, provider competencies and client needs.



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