



Education as a Vaccine



Rutgers

For sexual and reproductive health and rights

females4All
UAFC
joint programme



**FEMALE CONDOMS
AVAILABILITY AND ACCESS IN
PUBLIC HEALTH FACILITIES:
Roadblocks and Recommendations**

HOW FEMALE CONDOMS GETS TO PUBLIC HEALTH FACILITIES



Female Condoms are procured into the country by the Federal Ministry of Health with support from UNFPA



Female condoms that are brought into the country are kept in a central warehouse for distribution to states



States receive their consignment of female condoms from the central warehouse. The family planning coordinator is responsible for keeping records of quantity of female condoms available and providing local governments with their supply



Each month the State family planning coordinator meets with the LGA family planning officers to review how many female condoms they have distributed to users and to request for more



LGA family planning officers meets with health providers to review how many female condoms they have available in their clinics and to get more if needed



Clients come to the health facility to receive female condoms for free



Client want to use a form of contraception and thinks about using a female condom

ROAD BLOCK TO AVAILABILITY AND ACCESS



If excess female condoms are left in the central warehouse, no new purchase are made by FMOH. Previous procured female condoms expire and funds for new consignments are used for other contraceptives.



No new request from states, so female condoms are not sent. Female condoms are not available to be taken to the states because old consignments are expired.



LGA family planning coordinator don't request for new stock of female condoms, so it remain in the state warehouse and expire. State do not make arrangement for female condoms and other contraceptives to be transported to the LGA.



Health facilities don't request for new stock of female condoms, so it remain in the LGA store and expire. LGA doesn't make arrangement for female condoms and other contraceptives to be transported to the health facilities



Health providers do not have the capacity to explain how female condoms are used, so they do not market or recommend it to women and their partners. Female condoms are not available in the facility because

1. health workers have not gone to get their supply from the LGA due to lack of transportation or
2. health providers do not request for it from LGA store.



Women and their partners do not know about female condoms and do not go to the health facility to ask for it. Women and partners have heard about female condoms but do not know how to use it or that they can get it from public health facilities for free.

RECOMMENDATIONS

- Ministries of health at federal and state level need to invest in the development and implementation of large scale social marketing campaign to generate demand for female condoms. These campaigns will help to improve awareness, challenge myths and misconceptions and inform women, men and young people about where they can access female condoms for free. National level budgetary allocations made for the procurement of female condoms can be shared to support these campaigns.
- The Federal ministry of health should diversify the brands of female condoms procured into the country. The WHO has pre-qualified FC2 and Cupid condoms for bulk purchase by the UN system. This means that the Nigerian government now has an additional product it can choose and it is not limited only to the FC2 brand currently available in the country. Diversifying the brands of female condoms will provide more choices for women, men and young people and contribute to increased as well as sustained use of the commodity.
- State and local governments need to make budgetary allocation to support and sustain contraceptive logistics management as part of their budgets for reproductive health within the ministries of health and health departments respectively to ensure transportation of female condoms to health facilities.
- Federal, state, local government and other development partners need to invest in building the capacities of healthcare workers, especially at the primary health care level, to be able to inform, educate and promote female condoms to women, men and young people who seek contraceptive services. An opportunity that can be leveraged to achieve this is the newly approved task shifting and sharing policy, especially for family planning services. Female condom programming can be integrated into capacity building programs for different cadres of health workers, who will be taking on new roles in provision of contraceptives.

This roadmap was developed by Education as a Vaccine (EVA) under the Female Condom Advocacy Project (FCAP). FCAP is jointly implemented with Association for Reproductive and Family Health (ARFH) and funded by Rutgers, Netherland under the Universal Access to Female Condom Joint Program (UAFC).

For more information contact

Education as a Vaccine

No 2 Kutsi Close.

4th Floor Standard Plaza.

Off Aminu Kano Crescent.

Wuse II, Abuja.

www.evanigeria.org

communication@evanigeria.org.