

This document forms part of a series of publications that document field experience in HIV and AIDS. This work was undertaken by Jacqueline Papo, intern with UNHCR in Nairobi, Kenya and Marian Schilperoord, Technical Officer HIV/AIDS, UNHCR, Geneva.

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Other titles in the HIV/AIDS Field experience series:

Assessment of HIV/AIDS Behaviour Change Communication Strategies employed by NGOs in Kakuma Refugee Camp, Kenya (December 2002)

Evaluation of the introduction of Post Exposure Prophylaxis in the Clinical Management of Rape Survivors in Kibondo Refugee Camps, Tanzania (October 2005)

Community Conversations in Response to HIV/AIDS: A capacity building project with refugees and host populations, Republic of Congo (December 2005)

Acknowledgements

Numerous refugees in Kakuma refugee camp have shared their insights on the Female Condom and supported with great enthusiasm the development of this strategy. Their support has contributed significantly to this end product.

Finally thanks to the staff from UNHCR and NGOs in Kakuma refugee camp and the Nairobi offices for their guidance and support.

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FOREWORD

Although the female condom has been available for many years now, for numerous reasons outlined in this Field Experience, it has not been accepted and used on a wide scale basis in refugee as well as numerous other settings. This document provides a guide on how to implement a female condom programme in refugee settings. Of course, it can be used in non-refugee settings as well.

Unlike the male condom, the female condom empowers women as it is they who can choose whether or not to use them. However, we must recognise that a man can still coerce a woman not to use a female condom. Thus, both women and men must be included in sensitisation efforts to increase the usage of female condoms and provide women with more control over their sexual lives.

As with the availability of post-exposure prophylaxis to rape survivors, UNHCR has recently made a concerted effort to provide female condoms to refugees and other persons of concern. This Field Experience is targeted specifically for those in the field who are directly providing services. We hope that this simple and practical guide will encourage the promotion and usage of female condoms as one important method to reduce the transmission of HIV and other sexually transmitted infections.

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List of Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
CHW	Community Health Worker
FC	Female Condom
FHC	Female Health Company
IEC	Information, Education and Communication Materials
IP	Implementing Partner
MC	Male Condom
M&E	Monitoring and Evaluation
PATH	Program for Appropriate Technology in Health
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother-To-Child Transmission
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counselling and Testing

1. Introduction

The Female Condom (FC) is a relatively new method of protection against sexually transmitted infections (STIs), HIV and unintended pregnancy.

Given the increasing toll of STIs and HIV in *women*, as well as, the unmet need for methods of family planning, the female condom offers an added option of protection. Women, including *refugee* women, are at risk of STIs, HIV and unwanted pregnancy, particularly due to their precarious social and economic situation, and lack of negotiating power in sexual decision-making.

UNHCR, with the support from UNFPA, will be introducing the female condom in its refugee programs in addition to its ongoing HIV prevention and awareness activities as one of the methods of prevention of HIV infection, STIs and unwanted pregnancy.

This Guide provides an overall framework for female condom introduction in the refugee setting. **UNHCR, Implementing Partners (IPs) and outreach staff** are encouraged to use it to guide their activities.

Section one offers a step-wise approach to FEMALE CONDOM introduction, and is addressed to UNHCR and IP staff involved in **overall strategy design**.

Section two is addressed to staff working in the community, e.g. health providers, peer educators, community health workers, workshop leaders, etc. It offers **practical information and advice** on how to integrate the FEMALE CONDOM successfully in their activities and how to communicate about the FEMALE CONDOM effectively.

Section three provides **supporting materials**, including a summary of steps for the FEMALE CONDOM introduction, monitoring and stock record forms and Information, Education and Communication Materials.

Section One

Implementation Step-by-Step Guide for UNHCR and Implementing Partners

Step 1: UNHCR and Implementing Partners Strategic Meeting

Aim

Hold a meeting with all relevant UNHCR staff, Implementing Partners and Refugees to discuss the overall FEMALE CONDOM strategy and allocate responsibilities.

Key Questions

Who should be responsible for overseeing the female condom strategy?

Within UNHCR, the health coordinator, community service officers, field officer or programme officer can be responsible for overseeing the overall design, implementation and evaluation of the strategy. However, this can also be done by an implementing or operational partner. This person is also responsible for organizing the Strategic Planning Meetings.

Following the first strategic meeting, progress meetings should be held to share experiences, assess past activities and coordinate future activities. This meeting can be part of the regular HIV and AIDS Coordination meetings.

Who should attend the Strategic Meeting?

- All partners involved in HIV/AIDS awareness activities, reproductive health services, and condom promotion.
- Partners providing health services, education, social services, outreach work, camp management etc.
- Key community members, such as community leaders, women's representatives, religious leaders, adolescents etc.

What is the aim of the Meeting?

- Agree on the allocation of responsibilities.
- Responsibilities include ordering of female condom supplies and information materials, ensuring supplies are replenished, training of trainers, conducting awareness activities and workshops in the community.
- Develop monitoring and evaluation systems.

After the initial Strategic Meeting, what is next?

- Develop a plan of activities including a timeline and a possible budget. The UNHCR focal point should check each plan to make sure the overall strategy is coherent and unified.

Important

The Strategic Meeting is essential for ensuring that there is a clear, coordinated and well-planned strategy. Meetings should be held regularly thereafter to allow partners to share experiences, assess the current situation, and coordinate future activities.

Step 2: Information Materials

Aim

Decide what resource materials are needed, order them in sufficient quantities, and make sure supplies are replenished.

Key Questions

What information materials exist?

- A variety of materials on the female condom can be obtained: leaflets, posters, videos, Splash Cards, Discussion guide, plastic wall hangings, flipcharts, etc
- See Supporting Materials in Section 3 for details of materials and contact information to order them. Most materials can be obtained **free**, in electronic or print format.
- Find out whether the Ministry of Health or NGOs have materials on the female condom.
- Order a variety of materials to suit the different activities.

In what quantities should these be ordered?

Information materials should be ordered in bulk and in sufficient quantities to meet demand.

IPs should not forget that this guide can be ordered too. “Section 2” of this guide is especially useful for staff working in the community (e.g. health providers, peer educators, etc, who give information on the female condom), and should be part of the training materials they receive.

Are the information materials culturally appropriate?

The language and pictures should be well-suited to the target audience. Leaflets and posters designed specifically for the refugee setting can be obtained from UNHCR (hivaid@unhcr.org).

Translate materials into other languages where appropriate, and share these with UNHCR. New materials can also be developed in the field; organise, for example, a poster competition.

Where should the materials be available?

- Posters: at health centers, and in public spaces, e.g. youth centers, shops, beauty salons, gathering places.
- Leaflets/Flipchart/Wall hangings: all points where female condoms are provided, i.e. clinics, VCT centers, peer educators, community health workers, during HIV/AIDS-related events, or as part of female sanitary materials distribution.
- “Section 2” of this guide: should be distributed to all relevant staff during trainings.
- Videos: for staff training sessions, as well as video screenings in the community.

Who will make sure supplies of materials are sufficient?

Medical staff, peer educators, etc. should have a clear feedback system, ensuring that they inform their supervisor when supplies run out.

Important

Make sure that there are **sufficient and culturally-appropriate** information materials, for awareness-raising purposes, as well as for training of trainers.

Order a variety of materials (posters, leaflets, video, flipcharts, FEMALE CONDOM guide, etc.), and make these available through a **variety of outlets** (clinics, peer educators, shops, public spaces, etc.), to increase accessibility and awareness.

Monitor the supplies and replenish regularly.

Step 3: Training of Trainers

Aim

Train all relevant staff and community members involved in FEMALE CONDOM provision and promotion.

Key Questions

Who shall be responsible for conducting the training sessions on the female condom?

Each IP may conduct training sessions separately for its own staff, or IPs can work together to prepare and carry out the training sessions in partnership. It is vital that the training sessions be organized by qualified and competent trainers/IPs

Who should be trained?

Essential:

- Health staff working in Family Planning Services, VCT centres, PMTCT services
- Peer educators and community health workers

Highly desirable:

- Staff in close contact with the community, e.g. social and community services, education, staff working in the safe haven, etc.
- Leaders of community groups (youth, women, men, PLWHA)
- Community and religious leaders
- Traditional healers, Traditional birth attendants
- Shop owners, beauty salons.

Note: Community (Health) workers and peer educators have unique access to populations vulnerable to HIV and STIs. It is therefore crucial that they receive full information on the female condom, and that any negative biases against the product be addressed during the training.

Should we give refresher trainings on the female condom?

Refresher trainings provide an opportunity for staff to fill in any gaps in knowledge and share experiences. Ideally, refresher courses should occur regularly, especially for IPs with high staff turnover rates.

Should the trainees receive information materials?

Trainees should receive **SECTION 2 OF THIS GUIDE**, to use as a reference. In addition, they should be given posters, leaflets and female condoms for distribution in their communities.

What should the trainings include?

- Key information on the female condom
- Background information on sexual health, HIV/AIDS and the situation in the camp.

- Tips for staff on how to promote the female condom effectively, present information in an unbiased way, and encourage discussion.
- Discussion of probable barriers to female condom use and how these can be addressed.
- Discussion of how to approach the issue of re-use in the setting of the camp.
- Explanation of role and responsibilities of staff in promoting the female condom, including their role in ongoing monitoring and evaluation.
- **See Section 2 for more information.**

Important

Staff promoting the FEMALE CONDOM should come from a variety of backgrounds to ensure that they can access various groups in the community. It is especially important to have staff from each of the main ethnic groups in the camp, some from the host community, and have a mix of male and female facilitators

All relevant staff and community members MUST be trained on the FEMALE CONDOM, so that they provide accurate and complete information on the FEMALE CONDOM, and can answer any questions.

Step 4: Female Condom supplies

Aim

Make female condoms available through a variety of health-related and non-health-related channels. Make sure supplies are regular and sufficient.

Key Questions

Who should be in charge of ordering and keeping track of female condom supplies?

- In each camp one person/organisation should be responsible for keeping track of condom distribution and preventing any shortages.
- This person/organisation should work together with UNHCR, as well as, the Ministry of Health and other organisations to ensure supplies are regular and sufficient.
- Peer educators, service providers, shop owners, community leaders should take responsibility to make sure that female condom supplies are replenished in each of their contexts (e.g. at the clinics, VCT centers, dispensers in public areas, among outreach workers).
- There should be a clear system of feedback so that workers in the field can report back on number of condoms distributed, and number of condoms needed.
- Stock and requisition forms are provided in Section 3.

How many female condoms should be ordered?

The calculation provided by UNFPA in the Manual Reproductive Health Kit is 450 female condoms / 10,000 populations for a three month period. If the female condom has been used in your programme adapt these numbers in line with the number of female condoms distributed.

From where will we order female condom supplies?

Female condom supplies should be available free from **UNFPA**. It is highly recommended to give regular updates to UNFPA. In addition, it is recommended to find additional suppliers, e.g. the Ministry of Health or PSI. This may be useful as a fallback option if UNFPA supplies are not sufficient.

Important

Female condom supplies should be available in sufficient quantities, and in a variety of locations.

There should be a clear feedback system to ensure that the IP responsible for ordering female condoms knows when and how many female condoms to order.

Staff working in the field should be responsible for ensuring stocks are replenished on time.

Step 5: Female Condom Provision

Aim

Make sure that the female condom is available through a variety of outlets, both health-related and non-health-related so that female condoms are accessible to various groups in the population.

Key Questions

Where female condoms should be made available?

Essential:

- Family Planning clinics
- VCT centres and PMTCT services
- Peer educators and community health workers

Highly recommended:

Health-related and community channels:

- Social workers
- Traditional birth attendants
- Pharmacies, drug shops
- Drop-In Centres and Sexual and Gender-based Violence services
- Services for people with mental disabilities

Non-health-related channels:

- During awareness campaigns (e.g. Women's Day, sports events, workshops, video screenings)
- Bars, clubs
- Shops, beauty salons
- Link (female) condom distribution with sanitary material distribution for women
- Link (female) condom with food supplementation programs
- In dispensers, located at the gates of:
 - Schools, vocational centres, and youth centres
 - Community centres, Reception centre, Administration blocks
 - Food distribution centres
 - Public latrines
 - Safe Haven

Through which channels should female condoms be available?

- The more the better, as each channel may reach different groups in the community. For example, some **women** may be too embarrassed to get condoms from a dispenser or at the family planning clinic, but may feel more comfortable accepting female condoms from a peer educator.
- **Young people** may not feel comfortable accessing condoms through health services, and may prefer accessing them through youth-friendly locations (e.g. schools, vocational centres, youth centres, sports events).

- When introducing the female condom in a variety of outlets, IPs and staff must consider carefully whether the outlet is **culturally acceptable** and whether there may be any resistance to it. If so, they should consult with key members of the community to identify their concerns and address them.
- Each of these outlets should also have **information materials** available; to make sure female condoms are distributed together with full information on female condom use.

Important

FEMALE condoms should be available through a variety of health-related as well as non-health-related channels to ensure that various groups have access to female condoms, whether young, old, single, married, male or female.

When providing female condoms in outlets that are not health-related, staff must make sure that they address concerns of parents, community leaders, religious leaders and elders to make sure that there is support and cooperation from the community.

Step 6: Female Condom Awareness Campaigns

Aim

“Launch” the Female Condom and carry out mass awareness campaigns, in collaboration with other IPs.

Key Questions

How should the female condom be launched?

Ideas for launching the female condom:

- Choose a central location
- Set up a table with leaflets, posters and samples of female condoms. Also include information on HIV/AIDS and reproductive and sexual health in general.
- Have educators at the table to answer questions, conduct workshops on the female condom and organise games (see Section 2 for ideas of games)
- Perform dance, songs, theatre on topics related to the female condom.
- Show videos on the female condom

This event will provide an opportunity for community members to learn about the female condom. Some members of the community may express **concern** or disapproval, e.g. parents or religious leaders. It is important that staff listen to their concerns, and address these where possible.

This event also allows for the identification of **potential allies**, i.e. people who are enthusiastic about the female condom and want to help promote it in their communities. It is recommended to get the contact information of these people, provide them with leaflets, posters and samples for them to share in their community, and include them in training sessions.

What approaches can be used to raise awareness?

To reach a wide audience, a combination of approaches should be used:

Media approaches:

- Create **billboards**, with possible captions such as “The Female Condom, for Couples who care”
- Show **videos** on the female condom, followed by discussion
- Distribute **posters and leaflets** for service providers,
- Peer educators, community members, shop owners, etc.
- Make the information available in strategic locations.

Interpersonal approaches:

- **Integrate** the female condom in ongoing HIV/AIDS awareness activities, and in the work of peer educators and community health workers.
- Conduct **workshops** followed by discussions on the female condom among various groups, e.g. youth (male and female), married men and women, single

men and women, commercial sex workers, PLWHA, parents, community leaders, religious leaders, women at the safe haven.

Should men also be targeted?

Although the female condom is a product for women, **men should also be included** in information campaigns and workshops. The female condom should not be “mystified” as a product that only women should know about. Men should also have access to the female condom.

The more men know about the female condom, the easier it will be for women to introduce it into their relationships.

How should the product be positioned?

The female condom should be positioned as a product for anybody who is sexually active, regardless of age, sex, religion, marital status, etc. The female condom should NOT be advertised as a product only for commercial sex workers or people who have HIV, as this could result in stigmatization of the use of the female condom.

In addition, the female condom should NOT be presented as ONLY a method of protection against STIs and HIV. Its role in **family planning** and pregnancy prevention should also be emphasized, to make sure that couples who trust each other can also use the female condom without connotations of disease or infidelity.

Important

Because the FEMALE CONDOM is a new method and few people know about it, it is essential that FEMALE CONDOM provision be complemented by **awareness campaigns** to ensure men and women know about the FEMALE CONDOM and know where/whom to go to for information and supplies.

Men should also be included in awareness efforts, as they play an important role in sexual decision-making.

Step 7: Monitoring and Evaluation

Aim

Keep track of activities, number of female condoms distributed, type and number of people reached, and community reactions to the female condom. Use this information to adapt the strategy where necessary. Share experiences with UNHCR to help guide future efforts.

Key Questions

How should activities be monitored?

All relevant staff should be provided with sheets to fill out after each activity. The IP should compile this information on a monthly basis and submit this to the UNHCR focal point. The UNHCR should then compile these into monthly and yearly summaries of activities conducted across all IPs.

See Supporting Materials for **sample forms** for field staff, IPs and UNHCR.

What indicators should be used?

IPs should keep track of:

- Activities carried out
- Number of people reached (watch out for double-counting)
- Type of people reached (age, gender, marital status, ethnicity, religion, host community)
- Number of condoms distributed, in total, and by channel (e.g. health facility, peer educators, etc.)
- Number of information materials distributed
- Whether female condom supplies or information materials need to be replenished.
- Any anecdotal evidence of community attitudes towards female condoms
- Any remarks on challenges to female condom introduction and possible solutions

*These indicators above are useful for **monitoring and evaluation** purposes, i.e. making sure that the strategy is being carried out according to plan.*

Important

Monitoring and evaluation should be integrated in FEMALE CONDOM activities to ensure that an accurate and detailed record is kept of activities carried out, number of female condoms distributed, and attitudes on condom use among the community.

Step 8: Checklist of Do's and Don'ts

Aim

The following checklist was compiled based on past experiences with the female and male condom in UNHCR programs in Africa and Asia, and based on NGOs' experiences in Kenya.

Refer to this checklist throughout implementation to make sure the strategy incorporates these Do's and Don'ts.

Do:

- Organise training and activities on the female condom
- Contact the manufacturer, UNHCR, PATH or UNAIDS for information materials
- Make sure information materials are adapted to culture and language(s) of the population
- Train all relevant staff
- Conduct mass awareness campaigns, as well as individual-level counselling sessions
- Use peer educators and community health workers to reach the community
- Make sure vulnerable groups are included, e.g. commercial sex workers, orphans, people with mental disabilities, women at the safe haven, etc.
- Tap into the enthusiasm and creativity of youth
- Involve religious leaders and parents to address their concerns
- Include men
- Keep track of activities
- Record the number of female condoms distributed
- Share successes and failures with other programs
- Make sure female condoms are available in sufficient numbers to avoid re-use
- Make sure the host community is included
- Integrate the female condom into VCT and PMTCT services
- Integrate the female condom in health centres, family planning clinics
- Integrate female condoms in ongoing HIV awareness activities
- Develop new channels for female condom distribution
- Emphasize condoms as providing *dual protection* (against HIV/STIs, as well as pregnancy)
- Be sensitive to the religious and cultural background of the refugee population(s)
- Provide full information on the female condom before giving it out
- Target all sexually active men and women
- Access youth through youth centres and schools
- Communicate with the UNHCR, UNFPA and/or the host government to ensure sufficient and continued supplies.
- Use a combination of approaches: information through mass media and peer education; provision through service providers and distribution sites
- Print Section 2 of this Guide to give to health providers, peer educators, etc.

Don't:

- Distribute female condoms without making sure people understand how to use them
- Introduce the female condom without training relevant staff beforehand
- Assume that women will be able to access female condoms through the clinics
- Stigmatize the female condom by associating it only with HIV/AIDS or commercial sex workers
- Exclude people who are not literate or who speak a different language
- Bypass influential community leaders who can help shape attitudes
- Assume that men and women know the benefits of dual protection
- Assume that the population knows about HIV, STIs and Family Planning
- Forget to replenish supplies
- Forget to include the host community or staff in awareness campaigns and female condom provision

Important

UNHCR and IPs should refer to this checklist on a regular basis to make sure the female condom strategy takes into account lessons learned from past experiences

Section Two

Promoting the Female Condom in the community Guide for staff working in the field

1. Responsibilities of Staff Providing or Promoting the Female Condom

Main Point

Staff providing or promoting the FEMALE CONDOM act as “ambassadors” for the FEMALE CONDOM, and must therefore be confident and enthusiastic, and ready to answer questions on the FEMALE CONDOM as well as related topics on HIV and reproductive and sexual health.

FEMALE CONDOM providers/promoters play a key role in accessing various groups in the community, and must pay particular attention as to whether any groups have been left out, and make sure they are included in future efforts.

Staff providing or promoting the female condom should:

- Have received **training** on the female condom.
- Have received **reference materials** on the female condom, such as this guide (especially Section 2).
- **Integrate** the female condom in their activities/services
- Have good **communication and listening skills**.
- **Respect** other people’s opinions.
- Present information on the female condom in an **unbiased** way
- Maintain a **non-judgmental** attitude and encourage questions
- Attend **refresher trainings** and share experiences with other staff
- Be able to situate the female condom in the **context** and cultural background of their clients/audience.
- **Assess whether any segments of the community have been left out**, and seek to reach these in future efforts. Segments of the population that may be left out include **orphans and vulnerable children, married women, vulnerable women, men, people living with HIV/AIDS, traditional birth attendants, and community and religious leaders**.

Possible points of entry for workshops include schools, youth centers, community gatherings, HIV awareness activities, group meetings (e.g. youth groups, women’s groups, groups of people living with HIV/AIDS), food distribution, reception centers, water points, and any other gathering points.

Health Providers, in the context of health clinics, VCT centres or PMTCT services, have key access to people of reproductive age who may have a high need for condom use (male or female condoms). They therefore play a **central role** in making sure their clients are presented with all the relevant information on the female condom.

Health providers should provide the female condom in **sufficient quantities** to prevent re-use and make sure that sufficient information is provided on the use of the female condom. Health providers should present the female condom to both women and men.

When talking about the female condom **all staff, whether health providers or peer educators, should include the following:**

- **Background information** on HIV/AIDS and condom use. Explain what a barrier method is, and how it prevents HIV and STI transmission. Clarify the risks of STIs.
- **Key information on the female condom:** what is the female condom, how to use the female condom, its advantages and disadvantages. Explain the female anatomy in relation to the female condom (see Section 3 for details).
- **Demonstration** of how the female condom is used using visuals and/or hands to explain.
- **Comparison** of the female condom with the male condom
- **Comparison** of the female condom with other methods of contraception (pill, injectable, implant, IUD), which only protect against pregnancy, not HIV/STIs.
- Consideration of the more controversial issues of **cost and re-use**
- List of **places where participants can obtain female condoms** and get more information

At the end of *workshops*, staff presenting the female condom should:

- Have female condom **samples** available to distribute
- Hand out **leaflets** on the female condom, make poster(s) available
- Get the **contact information** of participants who want to become more involved, involve them in future efforts, and encourage them to advocate within their own communities.
- Fill out the **form for monitoring and evaluation**, and submit it to the relevant IP. This report should provide information on the activity carried out, the name of the person responsible, the date and location, the number and type of people reached, the number of female condoms distributed, and comments on their reactions.

If more time is available, the following can also be included during female condom sessions:

- Help participants develop **negotiation skills** for female condom use through role-plays
- Talk in more depth about **related topics**, e.g. HIV/AIDS, reproductive health, etc, if there are clear gaps in knowledge and the audience would benefit from such information.
- Initiate **discussion** by asking questions on **condom use** and barriers to condom use (see Discussion Guide)
- Play **games**, e.g. quiz comparing the female condom with the male condom, “tough” questions on female condom.
- Stimulate discussion by asking questions about their own **knowledge, attitudes and behaviours** relating to condom use. Take note of the answers, for evaluation purposes.

Targeting your Audience

Always make sure that you adapt your presentation depending on the audience.

Youth: Emphasize that whether or not they are sexually active, it is important to know what methods of protection and contraception are available, so that once they are in a relationship, they can make informed decisions. Highlight the importance of the ABC model. Encourage youth not to rush into sexual activity, and, once they decide they are ready to engage in sexual activity, recognize that all sexual activity must be protected (with a condom).

For female youth, the issue of **virginity** might arise: explain that inserting the female condom will not make them lose their virginity, but having sexual intercourse (i.e. penis enters the vagina) will cause them to lose their virginity.

Married Women: Emphasize that the female condom is an added option for **family planning** (to control spacing and number of pregnancies), as well as STI and HIV protection. Because the issue of trust and faithfulness is so delicate among married couples, highlight its value as a method of family planning, and avoid the stigma associated with it as a method of STI and HIV prevention. The Female Condom has **no side effects**, can be obtained and used without medical assistance, and is reversible (women can conceive again when the method is not used).

Men: Emphasize the **advantages of the female condom for the male** (penis less constricted, higher sensitivity than with male condom, can stay longer inside partner after ejaculation, does not depend on the male erection). Underline that they have tremendous power within their sexual relationships to control use of contraceptive methods. Although the female condom is female-controlled, *both* men and women are encouraged to pick it up and use it within their relationships.

Commercial Sex Workers: Emphasize that the female condom gives them an extra option for protection. May be especially useful for male clients who refuse to use a male condom, or for clients/boyfriends with whom they usually do not use a male condom, but with whom they think they might still need protection. The female condom is **stronger** than the male condom, and women have **greater control over its correct use**.

Community Leaders: Highlight the crucial role they play in accessing their community with information on the female condom, and underline the key role they can play in shaping attitudes towards the female condom. Include a discussion on how they think they can increase information and access to the female condom. Emphasize that you are not trying to impose any values or choices on them, but that you simply want the information to be available and access ensured so that people can make their own decisions.

Religious/Community Leaders: Be sensitive to their attitude towards condom use and family planning. Emphasize that you are not trying to go against their principles, and that you agree that abstinence and faithfulness are the safest ways to stay protected. However, acknowledge that for some people, this is not possible, and the only way that they can stay safe and healthy is through access to methods of protection, such as the male and female condom.

2. Key information on the Female Condom

Aim

To be provided to all staff involved in condom promotion, especially health providers and peer educators/community health workers

The female condom is produced by the Female Health Company (www.femalehealth.com, info@femalecondom.org).

The female condom entered the market in 1992 and is available in over 100 countries worldwide.

When used **correctly** and **consistently**, the female condom is very effective (~95%) at protecting against HIV/STIs and unintended pregnancy.

Studies in US, Europe, Africa and Asia indicate that around 70% of men & women find the female condom **acceptable**.

The female condom offers **dual protection**:

1. HIV and STIs
2. Unintended pregnancy.

The female condom offers an **added option** for married couples, young men and women, commercial sex workers, People Living with HIV and AIDS, People having an STI, who want to keep themselves and their partners protected.

Features of the female condom:

- Made out of polyurethane.
- Have an outer ring, and an inner ring.
- Lubricated on the inside to help with insertion and intercourse.

The advantages of the female condom:

- The **woman** can wear it.
- It is made out of polyurethane, which is **stronger** than latex (the material of the male condom).
- There are **no side effects and no allergies**.
- It does not depend on the man's erection, so couples can **stay together longer**
- It can be used with both **water-based and oil-based lubricants** (e.g. Vaseline, oil...) (note: the male condom cannot be used with oil-based lubricants).
- The outer ring covers the female external genitalia, offering **added protection**.

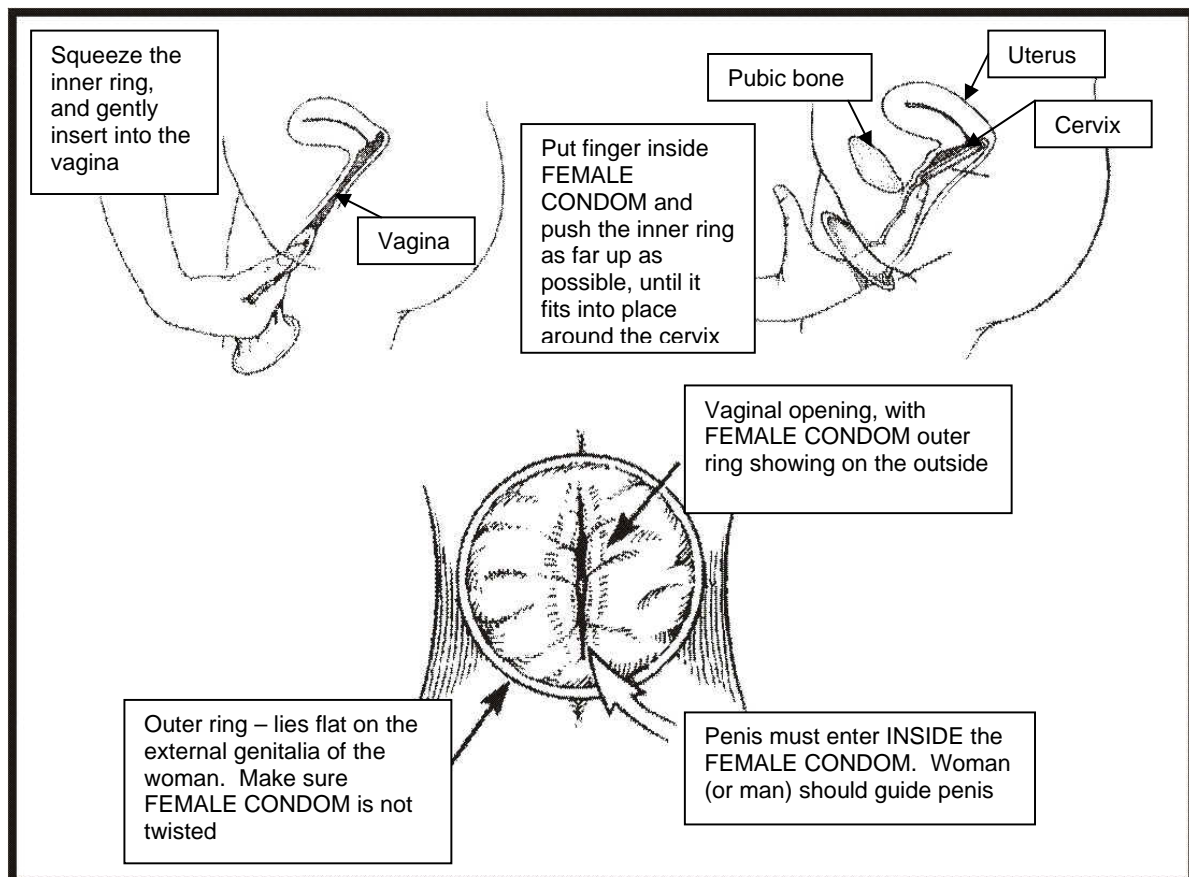
The possible disadvantages of the female condom:

- The woman must feel comfortable **touching** her body, and must **practice** inserting the female condom.
- The female condom may be **noisy** – this can be avoided by adding lubrication.
- The female condom is not completely invisible, so still requires **cooperation** with the male partner.
- Some couples may find the inner ring **uncomfortable**; this may happen if the female condom is not inserted correctly.
- It is more **expensive** than the male condom

How to use the female condom correctly

- 1) Check the expiry date, and tear the packaging carefully at the arrow
- 2) Squeeze the inner ring to make the female condom long and narrow, and insert it into the vagina.
- 3) The female condom can be inserted up to 8 hours in advance.
- 4) Push the inner ring inside the vagina as high up as possible. The inner ring should fit into place at the top of the vagina, against the cervix. The outer ring stays on the outside of the body
- 5) Guide the penis to make sure it enters inside the female condom. If the penis enters on the side of the female condom, start again.
- 6) At the end of sexual intercourse, twist the female condom around to ensure nothing spills out, and gently pull it out.
- 7) Throw away the female condom safely, in a pit latrine or in a rubbish bin (not a flush toilet, as it could block the pipes).

Diagram on how to use the female condom



Note:

- **Practice** inserting the female condom before using it for the first time.
- Only **one female condom** should be used at a time.
- Only use the female condom **once**, the female condom should not be reused.
- The female condom should **NOT be used with the male condom**
- If the penis enters on the side of the female condom, **STOP**, remove the penis, and start again.
- If the female condom slips inside the vagina during intercourse, **STOP**, remove the female condom, and insert a new one before continuing

Controversial issues:

Re-use:

- UNHCR strongly recommends that the Female Condom is to be used **once only**.
- Also WHO continues to recommend use of a *new* male or female condom for every act of intercourse for those individuals who use condoms for pregnancy prevention and/or STI/HIV prevention.

Cost:

- The female condom is about ten times **more expensive** than the male condom.
- Therefore, the UNHCR and IPs must make sure that they provide female condoms **free**, as it is unlikely that the refugee populations would be able to afford to buy them.
- In addition, female condoms must be provided in **sufficient** quantities to ensure that women do not have to re-use them if they run out.
- For example, **a woman must be able to have at least 3 female condoms per week**, according to her needs.

3. Questions on the Female Condom

All staff involved in Female Condom provision or promotion should be able to answer any of these questions, in the context of a consultation with a client, during a home visit, or during a workshop.

These questions can be used to¹:

- Stimulate discussion during workshops
- Organize a “quiz” on the female condom
- Help the facilitator, health provider or peer educator prepare to answer such questions in the context of a workshop, a health consultation, or home visit.

37 QUESTIONS:

1) What is the female condom?

The female condom is a soft, loose-fitting pouch that goes inside the vagina to protect a woman and her partner against HIV, other sexually transmitted infections (STIs), and pregnancy.

2) What is the female condom made of?

The female condom is made of thick plastic called polyurethane, which is stronger than rubber or latex used for male condoms

3) What does the female condom look like?

The female condom is a pouch with a soft ring at each end. The ring at the closed end is used to insert it and hold it in place. The ring at the open end stays outside the vagina and is where the penis enters.

4) Are there any side effects from using the female condom?

The female condom has no side effects. Even people with latex allergies can use it.

5) Why is the female condom bigger than the male condom?

The female condom is wider than a male condom, but it is the same length. Many men report they like this width because it does not constrict the penis.

¹ These questions were taken from Splash Cards on the FEMALE CONDOM (developed by PATH).
These Splash card can be ordered from Program for Appropriate Technology in Health (PATH, info@path.org)

6) Do female condoms come in different sizes?

The female condom comes in only one size and fits all women.

7) How long do female condoms last until they expire?

Female condoms should last 5 years from the date of manufacture. Always check the expiry date before use.

8) Is the female condom easy to use?

Most women understand the instructions easily and feel they could use the female condom. It usually takes three tries for a woman to feel comfortable inserting it.

9) Can the female condom be used more than once?

The female condom should be used only once and disposed of after each act of sexual intercourse.

10) Can I use the female condom without my partner's knowledge?

Some women have said that they used the female condom without their partner's knowledge. Usually partners need to talk with each other and agree to use it.

11) Can I use more than one female condom for more protection?

Only one female condom should be used at a time. Using more than one can cause them to move out of place or not work properly.

12) When am I supposed to insert the female condom?

The female condom can be inserted right before sex or up to eight hours before. Most women insert it 2-20 minutes before engaging in sex.

13) Can the penis be used to insert the female condom?

The female condom should be inserted using the inner ring and pushed into place with a finger.

14) Can the female condom be used in any position?

The female condom can be used in any sexual position. However, extra lubricant may be needed.

15) Can a couple use a male condom and a female condom at the same time?

A female condom should not be used with a male condom because neither will work properly. Only one female or male condom is needed to protect against infection and pregnancy.

16) Does the inner ring of the female condom need to fit snugly around the cervix?

The female condom's inner ring does not need to fit snugly around the cervix because semen is captured inside the condom.

17) Can I use the female condom during my period?

The female condom can be used during your period, but then it is better to insert it right before intercourse.

18) Can I use spermicidal foam, gel or film with the female condom?

You can use spermicidal foam, gel or film with the female condom. Put the spermicide inside the vagina or outside the female condom before inserting it.

19) Can the female condom be used with an IUD?

A female condom can be used with an IUD.

20) Can I urinate while wearing the female condom?

You can urinate while the female condom is in place by moving it to the side or back. After urinating, check with your finger to be sure the inner ring is still in place.

21) Can I use the female condom during anal sex?

The female condom is not specifically approved or recommended for anal sex, but there are people who use it for anal sex. The inner ring should be removed for anal sex.

22) Who can use the female condom?

People who want to protect themselves and their partners from STIs, including HIV and unintended pregnancy; people whose partners cannot or will not use the male latex condoms; women who are menstruating; people who are allergic or sensitive to latex.

23) Can the female condom be used soon after childbirth?

The female condom can be used after childbirth, as soon as the woman is ready to have sexual relations.

24) Can a pregnant woman use the female condom?

A pregnant woman can use the female condom, because she still needs to protect herself from STIs/HIV.

25) Can the female condom be used if I have a urinary tract infection?

If you have an infection, you should discuss using the female condom or any device with your doctor before using it during sex.

26) How can I keep the female condom from making noise during sex?

If the female condom makes noise while you are using it, try using more jelly or changing positions.

27) What if the outer ring of the female condom is pushed inside during sex?

If the female condom goes completely inside the vagina during sex, STOP immediately, remove the condom, and insert a new one.

28) What if the female condom comes out on his penis?

If the female condom is pulled out of place, STOP having sex, get a new female condom, add extra lubricant to the inside of the condom and his penis, and insert the new condom.

29) Can the female condom get lost inside the vagina?

The outer ring keeps the female condom in place even with intense movements. If the female condom goes completely inside the vagina, it can be easily removed with two fingers.

30) Will the ring on the outside hurt?

The outer ring is very soft and flexible. Some women say that they enjoy the outer ring because it can rub against the clitoris and increase stimulation.

31) What kind of lubricant can I use with the female condom?

The female condom can be used with water-based lubricants, as well as oil-based lubricants (e.g. Vaseline, oil). The female condom is made from a thin plastic (polyurethane), so oil-based lubricants won't damage it.

32) Can the man feel the inner ring?

Most men do not feel the inner ring, although some have said that they could feel it was there.

33) Is the inner ring uncomfortable?

Some women report that the inner ring is uncomfortable. If it is, try to reinsert or re-position the female condom so that the inner ring is out of the way.

34) How do I remove the female condom?

Immediately after intercourse, twist the outer ring to avoid spillage and gently pull out the female condom.

35) How do I dispose of the female condom?

The female condom can be wrapped in tissue and then disposed of in a dustbin or pit latrine. It should not be placed in a flush toilet.

36) Can I use the female condom with a diaphragm?

No, the inner ring of the female condom goes in the same place as the diaphragm ring, so they should not be used at the same time.

37) Why is the female condom so much bigger than the male condom?

The female condom is wider than a male condom, but it is the same length. This is so it will stick to the vaginal wall during intercourse. Many men report they like this width because it does not constrict the penis.

4. Quiz – Comparing the Male Condom with the Female Condom

All staff involved in condom promotion should be familiar with the content of this quiz. It is important that health providers and peer educators understand the differences and similarities between the FEMALE CONDOM and the MALE CONDOM.

These questions can be used²:

- To stimulate discussion
- To quiz workshop participants and encouraging participation by asking participants to raise their hand if they think the answer is the female condom, the male condom, or both.
- To organize a game in which participants have to stand up and move about. This requires an empty room or an open space, and takes about 45 min. See below for details of the game.

Game:

- 1) Place four sheets of paper with the words male condom, female condom, both, and neither written on them, in four corners of the room.
- 2) Ask participants to stand in the centre of the room. After reading each statement, participants should move to the sheet of paper with the correct answer. No discussions are allowed.
- 3) If participants have moved to different corners, ask participants from each group to explain why they chose that answer. Provide the correct answer and allow participants to ask questions.
- 4) Repeat process for each question.

Questions:

- 1) Protects against pregnancy and STIs, including HIV. [Both]
- 2) Only made from polyurethane. [FC]
- 3) Two can be used at the same time. [Neither]
- 4) Inserted into the woman's vagina. [FC]
- 5) Can be used with both water-based and oil-based lubricants. [FC]
- 6) May irritate people with latex allergies. [MC]
- 7) Is not damaged by temperature or humidity. [FC]
- 8) Must be put on an erect penis. [MC]
- 9) Does not need to be removed immediately after ejaculation. [FC]
- 10) Can be inserted up to 8 hours before sexual intercourse. [FC]

² The following questions were developed by PATH, and are contained in their Discussion Guide on the condom use, which can be ordered from them.

- 11) Can be used only with water-based lubricants not oil-based lubricants. [MC]
- 12) Covers most of the penis and protects the woman's internal genitalia. [MC]
- 13) Must be removed immediately after ejaculation. [MC]
- 14) Can be used more than once. [Neither]
- 15) Covers both the woman's internal and external genitalia and the base of the penis. [FC]
- 16) Can be damaged if exposed to heat or sunlight. [MC]
- 17) Does not need to be removed for urination. [FC]

5. Discussion Guide on Condom Use

This discussion guide is to be used by **workshop facilitators** to stimulate discussion. It may be especially useful when conducting workshops with **community or religious leaders** who may need to discuss certain issues first before being able to accept and promote the FEMALE CONDOM within their own communities.

Possible list of questions to stimulate discussion among diverse groups, from parents, to religious leaders, youth, married couples...

- What are the possible ways of protecting oneself against HIV, STIs and unintended pregnancy?
- What is a condom? What is a male condom? What is a female condom?
- Why do people use condoms?
- Who uses condoms?
- What are the advantages and disadvantages of condoms? Of male condoms? Of female condoms?
- What are the prevalent attitudes towards condom use in your community?
- If attitudes are negative, how can that be explained?
- What are the levels of knowledge about HIV, STIs and Family Planning in your community?
- What are the values and beliefs in your culture/religion that make condoms not acceptable?
- Are there any aspects of your culture/religion that would accept condoms?
- If a person can't abstain or be faithful, should he/she then use a condom?
- What if a husband thinks he is HIV positive? How can he introduce the condom into his marriage?
- How can a woman convince her partner to use a condom if he refuses?
- What type of negotiation methods could she use?
- What does empowerment means? Can the female condom be seen as a tool for empowerment?
- Who should have the final say with respect to sexual matters?
- What activities could help condoms become more popular in your community?

6. “Magnet Theatre”

Magnet Theatre can be organized by a group of **outreach workers**, together with the **community**, to raise awareness through participatory theatre.

Awareness about female condoms (as well as other topics related to HIV/AIDS and sexual health) can be promoted through **Participatory Theatre**. This activity requires several members of staff and community members who are well-motivated³.

Key characteristics of Magnet Theatre:

- Objective: encourage **discussion and problem-solving** around a community problem, and help raise awareness and bring about positive behaviour change.
- A **specific audience** is targeted and encouraged to attend regularly.
- Theatre performances have a **fixed schedule** and take place at the **same location**.
- A **facilitator** guides the performance by asking questions and involving the audience.
- The performance is linked to the community’s existing **health services**, so audience members can consult them, if needed.

Steps in Magnet Theatre:

Preparation:

- **Problem identification:** the theatre troupe identifies a problem in the community (through discussion with the audience or community, observation).
- **For the female condom, examples of relevant problems include:** men who refuse to use the male condom, difficulty of women to negotiate condom use (whether male or female condom) with their partners, difficulty of men and women to access condoms, lack of awareness about condoms (male and female) and HIV/AIDS, and any other problem identified by the community.
- The theatre troupe develops a **script** on the topic and **rehearses** the drama.

Performance:

- The theatre troupe attracts the audience through **mobilization** activities (e.g. song and dance – the audience can join in).
- **Icebreaking** activities help the actors and the audience feel comfortable and ready, and mark the beginning of interaction between audience and actors.
- **Review** of the previous performance and connect the topic to the current one.
- **Introduce** the theme, drama, actors and characters of the outreach.
- During the performance, the drama poses a **dilemma** to the audience, who must then **participate** and **interact** with the troupe. The actors **freeze**, giving a chance for audience input, with the help of the facilitator. Different solutions to solve the dilemma are explored.
- Individuals with personal experience on the topic and positive behaviour change are encouraged to **share their experiences** with the audience. This can be done through members of the **audience** speaking up, or using an **expert interview** or a **guest speaker**.
- After the performance, **discussion** with a few audience members takes place. Future topics for performances may be identified based on the audience members’ comments.

³ PATH has developed a model for Participatory Theatre called “**Magnet Theatre**”. They offer (at a cost) a discussion guide and 10-day **training** for actors, plus additional 5-day training for discussion facilitators. Contact them for further information.

Section Three

SUPPORTING MATERIALS

1. Reminder on How to use the Male Condom

- Open the packaging carefully to make sure the condom is not damaged.
- Put on the condom before any genital contact occurs.
- Blow on the condom to check which way is the correct side to roll it on (so not inside out).
- Pinch the air out of the tip of the condom. Leave a half-inch space at the tip to collect semen. Roll the condom over the tip of the hard penis (**image 1**).
- Unroll the condom over the erect penis. Roll it all the way down to the base of the penis (**image 2**). The penis with condom is now ready for intercourse (**image 3**).
- After intercourse, remove the penis before it softens. Hold the condom against the base of the penis while it is pulled out, to make sure it does not slip off (**image 4**).
- Remove the condom from the penis, wrap in tissue, and throw into waster disposal (**images 5 & 6**).

Note:

- Make sure the condom is stored properly. Do not keep it in the sun or in a back pocket (friction and heat might damage the condom).
- Check the expiration date on the condom before use.
- Only water-based lubricants can be used with the male condom. Do NOT use oil-based products (e.g. Vaseline) with the condom, as it destroys the material of the condom (latex).



2. Summary of Steps for the Female Condom Introduction

Steps	Activities	in charge?	Done?	Suggested Timeline
Step 1 Strategic Meeting	<p>Hold a strategic meeting with relevant staff from UNHCR and IPs</p> <p>Allocate responsibilities, e.g. who will conduct training sessions, who will order information materials, who will order FC supplies, who will check supplies are replenished, who will do awareness campaigns, etc.</p> <p>Agree on how monitoring and evaluation will be done. Use sample M&E forms for guidance</p> <p>Agree to hold meetings regularly, e.g. every month, to review past activities and coordinate future activities.</p> <p>Each IP should then plan its activities, timeline and budget (if any), and submit to UNHCR</p>			Week 1, plus regular meetings every month
Step 2 Info. Materials	<p>Order information materials on the FC and make these available in relevant locations (health services, community centres, workshops, VCT, PMTCT...)</p> <p>Make various materials available: posters, leaflets, flipchart, video, guides...</p> <p>Consult the sheet on "Resources and Contact information" in the UNHCR Guide</p>			Week 1 or 2 Re-order to make sure stocks are always sufficient
Step 3 Training of Trainers	<p>Train all relevant staff on how to talk about the FC, and how to integrate it into their activities as health providers, peer educators, community health workers, workshop leaders, social workers, etc.</p> <p>Conduct refresher trainings every 3 - 6 months to ensure that all staff, old and new, have complete and accurate info. on the FC, and can share experiences.</p> <p>Make sure all trainers have access to information materials and FCs for distribution</p>			Week 3 Refresher trainings every 3 -6 months
Step 4 FC Supplies	<p>Order FCs in sufficient quantities, and make sure these are made available in all</p> <p>Replenish stocks regularly. Re-order more FCs when necessary.</p> <p>Make sure women receive enough FCs so they are not tempted to re-use them.</p>			Week 2 Replenish stocks when needed.
Step 5 FC Provision	<p>Make FCs available through various-related and non-health-related outlets e.g. family planning clinics, VCT, PMTCT, youth centres, administration blocks, shops, beauty salons through sanitary pad distribution, through peer educators, traditional healers, for surrounding community, in staff compound, etc.</p> <p>Make sure that people accessing FCs can obtain information on the FC at the same time, either by asking questions to the relevant staff, or by picking information materials</p> <p>Consult with members of the community to make sure there is no resistance to making FCs available through certain channels</p>			Week 4 (after all relevant staff has been trained).

Step 6 FC Awareness	<p>Organize a "Launching Day" for the FC, with many activities, information, games, FC samples, workshops, video showings, participatory theatre, etc. to attract the community's attention and raise awareness.</p> <p>Follow-up this event with ongoing awareness activities in the community, e.g. by putting up posters and leaflets in key locations, conducting workshops in the community, integrating the FC in ongoing HIV/AIDS activities, link FC promotion with male condom promotion, etc.</p> <p>Make sure all segments of the community have been reached, including youth, married men and women, commercial sex workers, STI patients, people with HIV, staff, host community, women at Safe Haven, community leaders, women's groups...</p>			<p>Week 4 for launching</p> <p>Ongoing for general awareness activities, e.g. workshops, etc.</p>
Step 7 Monitoring and Evaluation	<p>IPs should keep a record of the activities they carry out, number of trainers trained, number of FCs ordered and distributed, number of information materials ordered / reordered, reactions among the community during workshops, etc.</p> <p>Staff working in the community should record activities carried out, the number and type of people reached, type of questions asked, etc. and submit the report to the IP</p> <p>UNHCR should compile information from all the IPs every month to create an overall picture of the strategy and identify any strengths and limitations in the strategy</p> <p>UNHCR should put together a yearly report of FC activities which it should then submit to UNHCR HIV/AIDS headquarters.</p> <p>UNHCR programs should share information between camps and countries.</p> <p>Consult the Sample M&E Forms to see what info. should be collected regularly</p>			<p>Begin week 2, i.e. as soon as FC activities begin.</p> <p>Ongoing M&E throughout.</p>
Step 8 Check for Do's and Don'ts	<p>Refer to the list of "Do's and Don'ts" in the UNHCR guide to make sure ongoing and future activities learn from past experiences</p> <p>The main points are: Do include men, do train all relevant staff, do order information materials, do make sure enough FCs are available, and do make sure FCs are available through different channels so different groups can access them.</p>			<p>Ongoing - constantly review and improve past & future efforts for FC promotion.</p>

3. IEC Materials on the Female Condom - Resources and Contact Information

Organization	Contact information	Materials available	Language	Ordering	Comments
UNHCR	hivaid@unhcr.ch	<p>Introducing the female condom in refugee settings</p> <p><i>Section 1:</i> for UNHCR and IPs. <i>Section 2:</i> for health providers, peer educators, workshop leaders. <i>Summary</i></p> <p>Leaflet on the female condom Poster on the female condom Video/DVD on the female condom (13 min.)</p>	materials are in English, but please check, as this may change. French and Swahili versions may be added	Available in electronic or in print format free from UNHCR	All UNHCR materials are highly recommended, as they are designed specifically for the refugee setting
FHC (Female Health Company)	info@femalecondom.org website: www.femalehealth.com	<p>Leaflets on the female condom Poster on the female condom Flipchart on the female condom with CD-Rom Video on the female condom for Trainers (10 min.)</p>	Eng/Fr/Spain English English	All materials can be ordered in print format free from FHC. For electronic version, ask UNHCR.	The poster and leaflets are well done and very useful - highly recommended The Video on the female condom to train staff is VERY useful , and should be included in training sessions and workshops
PATH (Program for Appropriate Technology in Health)	rtransgrud@path-kenya.or.ke (Kenya Country Director) info@path.org website: www.path.org	<p>Plastic wall hangings on how to use the female condom Splash cards with questions on female condom Mini-pamphlet on how to use female condom Discussion guide on condoms "Magnet Theatre" - training and discussion guide on participatory theatre</p>	Materials are available in Eng. and Swahili	Available in print format from PATH, <i>but at a cost.</i> Inquire with PATH to find out prices. Splash cards can be obtained electronically free from UNHCR	Much of the content of the splash cards, and info. on how to use the female condom is contained in Section 2 of the Guide from UNHCR (available free) The wall hangings and mini-pamphlet, however, can only be obtained through PATH.
UNAIDS and WHO	unaids@unaids.org rhrpublications@who.int website: www.who.int	<p>The female condom: A Guide for Planning and Programming</p> <p><i>(available in long or short version)</i></p>	English	Available in print format free from UNAIDS	Has useful info. for organizations introducing the female condom, as well as for trainers to conduct workshops

Requisition Voucher for the Field

Site → Place where the items are given out

Month → The month you are reporting

Item → Product this form is for

Amount Dispensed to User
→ How many were given out to people

Loss/Adjustment/Transfers
→ How many were loss, unaccounted for, damaged, or given to other sites

Stock On Hand
→ How much you still have

Comments
→ For any suggestions, explanations, or indications that would increase demand for items

Signature and Date
→ Person filling out the form

REQUISITION VOUCHER

Site _____ Month _____

Item _____

Amount Dispensed to Users = _____

Loss/Adjustments/Transfers = _____

Stock On Hand = _____

Comments:

Signature

Date

REQUISITION VOUCHER

Site: _____	Month: _____
Item: _____	

Amount Dispensed to Users =

Loss/Adjustments/Transfers =

Stock On Hand =

Comments:

Signature

Date

5. Sample Monitoring and Evaluation Forms

Activity Form

To be filled out by field staff

Date	
Location of activity	
Name of person filling out form	
Name of Implementing Partner	
Activity (e.g. workshop, training, video screening, leaflet distribution, provision through health services, etc.)	
No. people reached	
Specify no. and type of population reached (e.g. women, men, youth, married, UNHCR/IP staff, host community, comm. sex workers, Safe Haven, etc)	
Did activity include female condom distribution? If yes, how many female condoms were distributed?	yes or no (circle answer)
Did activity include distribution of info. materials? If yes, specify no. and type of materials (e.g. leaflets, posters, guides on female condom, etc)	yes or no (circle answer)
Any negative attitudes among audience? Explain	
Any positive attitudes among audience? Explain	
Type of questions asked on female condom?	
Need for extra female condom supplies? If yes, how many?	
Need for extra training? Explain	
Need for extra resources? IEC materials? if yes, which ones, and how many?	

Additional comments:

Monthly Summary of Activities

Date:

	Type and no. Activities (1)	No. of people reached (2)	No. female condom ordered (3)	No. female condoms distributed (4)	No. materials ordered (5)	Money spent any, if (6)	Comments
IP 1							
IP 2							
IP 3							
IP 4							
IP 5							
IP 6							
IP 7							
	TOTAL:						

Note:

- (1) E.g. of activities: workshops, video screenings, trainings, condom provision through health services, new dispensers, etc.
- (2) Where possible, specify type of people reached: women/men, youth, married/single, people living with HIV/AIDS, sex workers, host community, UNHCR/IP staff, community or religious leaders, Safe Haven/DayCare centre
- (3) Specify whether from UNFPA, Min. of Health, or other source (NGO, etc.)
- (4) Where possible, specify through which outlet condoms were distributed: through health services, peer educators, dispensers...
- (5) Specify whether posters, leaflets, guides for IPs and staff, video on female condom, flipchart...
- (6) Specify currency.

Checklist of Key Activities

Period from _____ to _____

Date: _____ Camp: _____

female condoms integrated in family planning clinics?	yes or no	If yes, are staff trained?	
female condoms integrated in VCT centres?	yes or no	If yes, are staff trained?	
female condoms integrated in PMTCT services?	yes or no	If yes, are staff trained?	
Training sessions conducted on the female condom?	yes or no	If yes, how many?	
Health providers trained?	yes or no	If yes, how many?	
Peer educators trained?	yes or no	If yes, how many?	
Community health providers trained?	yes or no	If yes, how many?	
Information materials ordered?	yes or no	If yes, which and how many?	
New dispensers set up for the female condom?	yes or no	If yes, how many? And where?	
Dispensers replenished regularly?	yes or no	If no, who should be in charge?	
Refresher trainings conducted?	yes or no	If yes, how many? And for whom?	
Posters and leaflets in sufficient supply?	yes or no	If no, who will order more?	
Workshops conducted on the female condom?	yes or no	If yes, how many and for whom?	
Host community involved in female condom activities?	yes or no	If no, which IP(s) will include them?	
UNHCR and IP staff included in female condom activities?	yes or no	If no, which IP or UNHCR will include them?	

Comments, if any:

6. Lessons Learned from Past Experiences

Past Experiences with the Female Condom Learning from Tanzania and Sierra Leone

Tanzania and Sierra Leone have begun introducing the female condom, in November 2003 and May 2004 respectively. They have integrated the female condom in their clinics and peer education programs, targeting women of reproductive age, men and high-risk groups.

Activities:

- Two-day training of service providers
- Training of technical staff
- Awareness-raising through mass-campaigns in the community
- Integration in HIV/STI prevention activities
- Health education at male condom in the health clinic
- Group discussions in the community
- Outposts and out patient departments for the target group

Difficulties:

- Shortages in female condoms, especially after demand started to increase.
- Low awareness and low availability of female condom
- Opposition by religious leaders
- Parents worried condom use will encourage promiscuity
- Lack of skilled staff to teach correct use of female condom.
- Scepticism about effectiveness by men
- No IEC materials available

Acceptability:

The female condom is mostly popular among youth and adult men (Sierra Leone), and CSWs (Tanzania).

Tanzania's advice for future efforts:

- Emphasize health education
- Raise awareness among religious leaders
- Conduct refresher courses for trainers and trainees

Learning from Past Experiences with the Male Condom

Experiences in promotion of **male condoms** were gathered from Egypt, Yemen, Ethiopia, Pakistan, Thailand, Uganda, Chad, Nepal, Burundi, Ghana and Liberia.

Strengths of past programs:

- IEC materials used and **adapted** to local context (culture and language)
- Regular supplies ensured by using **several** suppliers (MoH, UNFPA, local suppliers, international NGOs, etc)
- **Diverse activities**, from mass media campaigns to peer education and one-on-one counselling.
- Distribution through **community-based interventions and peer education** (e.g. through CHWs, participatory theatre, interactive workshops) found to be the most successful

Condom distribution more effective when there is **strict confidentiality and privacy**

Limitations of past programs:

- **Demand** for condoms was very **low**, at less than 1 condom/person/month
- **Poor management and M&E**, responsible for irregularities in condom supplies and poor follow-up
- Condom supplies from government sources not always reliable
- No centralized “condom strategy” due to **fragmentation** of activities among various IPs
- Activities with **little inter-personal contact** (e.g. written materials, mass distribution through dispensers, and video screenings) cited as less successful.

Acceptability:


- Acceptability **varies** depending on the camp’s **ethnic and religious make-up**.
- There is usually **high** demand among young men, single women
- There is usually **low** demand among Catholics and Muslims.
- **Married** couples either have high or low demand, depending on whether male condoms were accepted as a contraceptive method.
- **Religious leaders and parents** are most often opposed to condoms.
- **Youth** (male and female) and **single women** are most often enthusiastic about condoms.

Advice for female condom promotion:

- Integrate the female condom into **ongoing activities** carried out for the male condom and HIV prevention
- In addition, develop **new channels** for female condom distribution, to ensure women can have easier access to them

7. Information, Education and communication Materials

Leaflet on Female Condom Use



HINTS

- For extra moisture and comfort use any water or oil based lubricant
- add extra lubricant if:
 - outer ring is pushed inside
 - penis sticks
 - you hear noise during sex

CONSEILS

- Pour plus de confort, utiliser des lubrifiants à base d'eau ou d'huile
- Ajouter du lubrifiant si:
 - La bague extérieure est poussée à l'intérieur du vagin
 - Le pénis ne glisse pas bien
 - On entend des bruits pendant les rapports sexuels

CONSEJOS

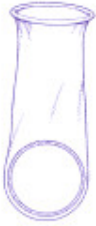
- para obtener una mayor humedad y comodidad usar con cualquier lubricante a base de aceite o agua
- añadir lubricante si:
 - el aro externo penetra al interior de la vagina
 - el pene queda atascado
 - se escucha ruido durante el acto sexual

1

Rub condom to spread lubricant.

Frotter le préservatif pour bien répartir le lubrifiant

Erotar el preservativo para esparcir el lubricante.




2

HOLD RING
Squeeze Ring.

MAINTENIR LA BAGUE et la pincer.

SOSTENER EL ARO.
Apretarel Aro.




3

INSERT
Insert as far as it will go.

INTRODUIRE le préservatif aussi loin que possible.

INTRODUCIR.
Introducir lo más posible.




4

PUSH UP
Condom should not be twisted.

POUSSER VERS LE HAUT.
Veiller à ce que le préservatif ne soit pas tordu.

EMPUJAR HACIA ARRIBA.
El preservativo no debe retorcerse.




5

DURING SEX
Guide penis inside condom

PENDANT LES RAPPORTS SEXUELS, guider le pénis à l'intérieur du préservatif.

DURANTE EL ACTO SEXUAL. Guiar al pene dentro del preservativo.




6

REMOVAL
Squeeze and twist outer ring, pull out and discard in wastebin.

DEPOSE.
Pincer la bague extérieure en la faisant tourner. Déposer le préservatif et le jeter dans une poubelle.

PARA RETIRARLO
Apretar y retorcer el aro externo, jalar del mismo y echar al basurero.



Manufactured by:
The Female Health Company
Chicago IL / London UK
www.femalehealth.com

CE 0088

For additional IEC materials see the references on page 35 of this Field experience.