

Landscaping Analysis of Reproductive Health and Family Planning Policies in Nigeria: A Review of Inclusion of Female Condoms



Association for Reproductive and Family
Health (ARFH), Abuja, Nigeria



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Acronyms

ARFH	Association for Reproductive and Family Health
CAC	Corporate Affairs Commission
CLMS	Contraceptive Logistics Management System
CSOs	Civil Society Organizations
EVA	Education as a Vaccine
EWEC	Every Woman Every Child
FC	Female Condoms
FCT	Federal Capital Territory
FP	Family Planning
FMoH	Federal Ministry of Health
GFF	Global Financing Facility
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Logistics
HIV/AIDS	Human Immunodeficiency Virus/ Acquired immune deficiency syndrome
IDIs	In-depth Interviews
LARC	Long Acting Reversible Contraceptive
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
NDHS	Nigeria Demographic Health Survey
NEPWHAN	Network of People Living With HIV/AIDS in Nigeria
NGOs	Non-Governmental Organizations

PMTCT	Prevention of Mother to Child Transmission
RHCS	Reproductive Health Commodity Security
RH/FP	Reproductive Health/Family Planning
SFH	Society for Family Health
STI	Sexually Transmitted Infection
UAFC	Universal Access to Female Condoms joint programme
UNCoLSC	United Nations Commission on Life-Saving Commodities
WCBA	Women of Child Bearing Age

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Preface

Female condoms offer dual protection against unintended pregnancy and protects against sexually transmitted infections, including HIV/AIDS. They are also considered as enabler for providing power to women during negotiations for safer sex. Despite the known benefits, there is still relatively low awareness, limited availability and consequently limited utilization of this barrier method of family planning in Nigeria. Of note, is the apparent paucity of strategic information and guidance in policy documents to guide its widespread utilization and dissemination.

This study was commissioned by Rutgers, the Netherlands, to undertake an analysis of the existing Reproductive Health and Family Planning policies in Nigeria and investigate if and how female condoms are included. This study follows the recently concluded project entitled “Female Condom Advocacy project (FCAP) in Nigeria” implemented by Association for Reproductive and Family Health (ARFH) in collaboration with Education as a Vaccine (EVA). Having utilized the opportunities of the previous project to establish a platform for increasing awareness on female condoms as an essential component of the thirteen essential commodities prioritized by United Nations Commission on Live Saving Commodities, it was considered appropriate to conduct a critical appraisal of existing policies, guidelines and strategic plans to identify opportunities for advocacy and up-scaling of interventions for female condom programming in Nigeria.

Recommended citation

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Executive summary

The Association for Reproductive and Family Health (ARFH) in partnership with Education as a Vaccine (EVA) implemented the Female Condom Advocacy Project (FCAP) phases I and II between June 2013 and December 2015. During this period, the support for Female Condoms (FC) grew amongst stakeholders and female condoms were prioritized among other Family Planning (FP) methods in Nigeria. Despite promising moves, the need for continued advocacy to ensure further integration of female condoms in programs and budgets, as well as to ensure actual implementation of comprehensive female condom programming still exists in the country. As a result, ARFH has embarked on this RH/FP policy analysis to identify the gaps and challenges facing FC implementation and chart the way forward for advocacy and programming of female condoms.

A total of 36 in-depth interviews were conducted in the Federal Capital Territory (FCT), Lagos and Kaduna States with identified key stakeholders among Development Partners, Policy Makers, Implementers and service providers. In addition, an in-depth analysis of all relevant RH/FP policies in the country was undertaken. A standard template was developed and used to extract useful information on female condom programming contained in 16 available RH/FP policy documents in the country. Qualitative data collected were coded and analyzed using MAXQDA software. Findings from qualitative and secondary data were then synthesized and presented along themes as contained in the discussion guides developed for the study.

Findings revealed that participants' awareness of government policies on family planning was very prevalent, however most of them were not aware of any government policy on female condoms specifically. In addition, most CSOs and service providers in both public and private sectors were not aware of the Nigeria Country Plan

on UNCoLSC. Though participants were aware of other RH/FP policies, the results of policy analysis indicated that the majority of these documents have no specific mention of FC, unlike male condoms. Furthermore, findings revealed that most of the Development Partners, International NGOs and MDAs have participated in the development of some of the afore mentioned FP policy documents in the country, however, the analysis of these documents suggested that there were no specific strategies in the policy documents for the dissemination of RH/FP/FC policies.

On the accessibility of RH/FC policy to users, it was not clear from the feedback obtained from study participants that policy documents were widely accessible to implementers and end users. The implementation of the FC policies in terms of dissemination, advocacy and equitable access appears to be sub-optimal and usually not planned for. Most study participants it appears were more familiar with and implemented hormonal FP methods such as IUD, implants and injectable compared to FC.

Both the Federal and some State governments make budgetary provisions for Reproductive Health which by extension includes FP and FC. Findings however, revealed that the funding allocation for FP was generally inadequate and budgetary provisions usually make no specific allocation for FC.

The majority of study participants reported that the level of awareness of FC in the general population is low. As a result, very few people know about this contraceptive method and its benefits. Those who are aware of FC, know that it has dual benefit of preventing unintended pregnancy and STIs including HIV/AIDS. However, very few people demand for FC at service delivery points. Many women who have used female condoms reported that there are many challenges in utilizing them, including spousal refusal, problems of insertion and use, and the size of the condom.

Other challenges include the general lack of proper dissemination and distribution of policy documents by the FMoH, lack of funds,

unavailability of commodity, equity and inclusion issues in FC policy, inadequate capacity of health care providers to educate and promote female condoms, inadequate data to influence female condom programming and non-inclusion and measurement of FC indicators as those of male condoms.

Most of these issues could be addressed through proper education and awareness creation, improvement in providers' capacity, as well as policy review and advocacy.

The study provided key insights into the awareness, dissemination and use of FC policies in the country and revealed important gaps in FC policy formulation, dissemination, implementation and use in the country. Though female condoms provide users with dual protection from unintended pregnancy and STI infections, low awareness and utilization may be a direct consequence of policy failures, which could be addressed to achieve increased FC uptake among target groups.

1.0 Introduction and background

Nigeria's population makes it the largest country in Africa and is attributed to by a rapid population growth of about 3.2% per year, a high fertility rate of 5.5 children per woman, and an average family size of 4.6 (1NDHS 2013). Despite committed efforts to scale up interventions for family planning over the last decade, the contraceptive prevalence rates for modern methods have largely remained unchanged at 10% over the last five years while the unmet need for family planning was 16%. Consequently, there are worsening health outcomes; the maternal mortality ratio was estimated at 545 maternal deaths per 100,000 women live births in 2008, but increased slightly to 576 per 100,000 in 2013. Nigeria thus contributes about 14% of the global burden of maternal deaths. Likewise, mortality rates for neonatal (37 per 1,000 live births), infant (69 per 1,000 live births) and under five (128 per 1,000 live births) , and are higher than in most African countries.

Though there are wide regional variations in utilization of family planning commodities across the country, the overall use of these commodities is still limited. Of importance is the perceived low awareness and uptake of the three essential family planning commodities; emergency contraception (EC), female condoms (FC) and implants. Previous studies have demonstrated and adduced several reasons for this, including high cost of commodities, non-availability, low awareness of female condoms by women and men, difficulty with insertion and lack of adequate counseling and training on its usage. (2Country Implementation plan, 2013).

¹ NDHS 2013: Nigeria Demographic and Health survey 2013

² Country Implementation plan for United Nations Committee on Lives Saving Commodities 2013

Female condoms have essential benefits that should be explored to protect women against HIV/AIDS, unintended pregnancies and sexually transmitted infections including Human papilloma virus (HPV) which also has a tendency to cause uterine cancer. However, awareness of the use or availability of female condoms is still low with only marginal increase from 15% in 2008 to 29% in 2013 compared to male condoms which are commonly known among women (67%) (NDHS 2013).

1.1 Rationale for the study

Under the Universal Access to Female Condoms Joint Programme (UAFC), the Association for Reproductive and Family Health (ARFH) in partnership with Education As a Vaccine (EVA) implemented the Female Condom Advocacy Project (FCAP) phases I and II between June 2013 and December 2015. During this period, the support for Female Condoms (FC) grew amongst stakeholders from government and development organizations in Nigeria. In 2013, the UNFPA donated 4 million female condoms to Society for Family Health (SFH) for social marketing under the UAFC program in Nigeria, while the Federal government of Nigeria signed on to the UN Commission on Life Saving Commodities (UNCoLSC) in support of the Every Woman, Every Child (EWEC) initiative, and female condoms were prioritized as one of the 13 essential commodities. Despite these promising moves, the need for continued advocacy to ensure further integration of female condoms in national FP and HIV/AIDS programs and budgets, as well as to ensure actual implementation of comprehensive female condom programming is still a challenge in Nigeria.

1.2 Objectives of the study

The main goal of this study was focused on analyzing the opportunities and gaps in current government RH/FP policies, strategies, plans and budgets, including the Nigeria Country Plan on UNCoLSC, with a view to determining future direction of FC advocacy activities and strategies towards enhancing FC programming in Nigeria.

Specifically, the study:

1. Mapped key stakeholders and assessed their knowledge and barriers to the use of RH/FP policies, strategies, plans and budgets via in-depth interviews.
2. Analyzed existing government RH/FP policies, strategies, plans and budgets, including the UNCoLSC and GFF Country Plans, to determine the opportunities and gaps for female condoms.
3. Determined concrete advocacy strategies to take female condoms forward within existing Country frameworks and structures.

2.0 Methods applied for the study

2.1 Study design

The study used qualitative study design. This included content review and analysis of existing policy documents on RH/FP and HIV/AIDS in Nigeria. In addition, in-depth interviews were used to elicit responses from identified interviewees on their awareness, the adequacy of existing RH/FP and HIV/AIDS policies, plans and guidelines, the level of inclusiveness of FC, as well as their roles in the implementation of these policies in the country.

2.2 Study locations and Population

The study was implemented in the FCT, Kaduna and Lagos States of Nigeria. The study population was made up of identified personnel from both government and private institutions who are currently involved in the process of policy formulation, dissemination and implementation of reproductive health, family planning and/or female condom policy and promotion in Nigeria. This included civil society organizations, development partners, MDAs and implementing partners, NGOs and health facility staff.

2.3 Stakeholders' mapping

Prior to the selection of study participants, the mapping of key stakeholders in RH/FP was undertaken with due consultation with the FMoH and CSOs implementing RH/FP programs in Nigeria. This was very helpful in determining the full spectrum of organizations that were eligible for inclusion in the study. The list of organizations selected from the pool of stakeholders included in the study is presented Annex 3.

2.4 Data collection and quality assurance

A standard data extraction template was developed and used to extract useful information on female condom programming from about 14 available RH/FP and HIV/AIDS policy documents in the country. The National and International RH/FP policy documents were identified and listed, after which a critical appraisal of each policy document was undertaken to sieve out useful information regarding

female condom (see annex 5). The area of focus of each policy document was identified and recorded for comparison and further analysis in terms of implementation and dissemination. In addition, the in-depth review also sought information which indicated if policy statements were well articulated with clear strategies, activities, performance indicators and targets for tracking and if policies had specific target beneficiaries for intervention especially female condom utilization. Statements indicating financial back up for policy implementation were also identified and extracted.

For primary data collection, standardized IDI guides specific to the roles of interviewees were used to collect data from study participants. The number of IDI sessions conducted in each study location is presented in Annex 4.

Each IDI session was audio taped using digital recorders, after which recordings were later uploaded onto a computer and labelled. The recordings were then transcribed by experienced personnel, who listened to the recordings very carefully. Transcribed files were proof read and edited for errors.

2.5 Data management, analysis and dissemination plan

The transcribed files were then read into MAXQDA software where the qualitative data was managed, coded and analyzed in line with the purpose and objectives of the study. The concurrence and frequency of themes was noted, and illustrative quotes were extracted from outputs from the qualitative software to capture the essential comments from study participants. Data from both in-depth review of policy documents and interviews with participants were synthesized, and findings were captured succinctly in this report. Power point presentation slides were developed and used to disseminate key findings to immediate stakeholders, to seize their buy-in and recommendations during the stakeholder meeting held 6th April. It is hoped that the findings may also be shared with a wider audience via a peer reviewed article in a scientific journal.

3.0 Results of data analysis and key findings

Following the coding and analysis of text data obtained from all study locations as well as the analysis of RH/FP policy documents, key findings were identified and documented along the developed themes for the study. The themes included awareness of FP/FC policy environment in Nigeria, implementation and use of FC policy, policy environment and budgetary provisions, service provision and implementation of FC policy as well as barriers and constraints to use of FC policy. The report is presented along these key thematic areas with the view to achieving the set objectives of the study.

3.1 Profile of stakeholders in the study.

Table 3.1 presents the profile of organizations included in the study. The majority of organizations included in the study were NGOs most of which are located in the FCT. Detailed profiling of the participating organizations is provided in Annex 4.

Table 3.1: The profile of stakeholders included in the study

Profile of organization	Number of organization
State	
Kaduna	07
Lagos	07
FCT	24
Type of organization	
Public health facility	07
Private health facility	04
FMoH/Government MDA	07
Development Partner	01
Local/International NGO	17
Role of organization in FC policy implementation	
Policy formulation and development	12
Research/provision of evidence	07
Advocacy/Capacity building	06
Implementation	12
Dissemination	11

3.2 Awareness of FP/ FC policy environment

The awareness of government policies on family planning was very prevalent among study participants, however most of them were not aware of any government policy on female condoms specifically. For instance, only participants from the MDAs and Development Partners were aware of the Nigeria Country Plan on UNCoLSC, most CSOs and service providers in both public and private sectors were not aware of this plan. The results of policy analysis indicated that the Nigeria Country Plan on UNCoLSC was launched in October 2013 while implementation of the project started in February 2014 with a target to increase the awareness of female condoms as a contraceptive method from 15% to 58% by 2015. The apparent lack of awareness of this country plan, which was geared towards addressing a major challenge of FC programming in Nigeria among service providers,

highlights a gap in a key FC policy implementation in the country. However, most participants including service providers in public health facilities were aware of such policy documents as the National Reproductive Health Policy (2010), the National Family Planning Blueprint (scale up Plan, 2014), the National Family Planning/Reproductive Health Service Protocol (2010), the National Guidelines for the Integration of Reproductive Health and HIV Programs in Nigeria (2008), the National Condom Strategy, the LARC Scale up Strategy, CLMS policy and the National HIV prevention Plan 2014-2015. The results of policy analysis indicated that the majority of these documents have no specific mention of FC, unlike male condoms. Furthermore, the National Condom Strategy (2016-2020) sited FC inclusion as one of the 13 overlooked life-saving commodities for women and girls. Other identified challenges include the unwillingness of most players from the private sector to invest in condom marketing due to low demand and minimum returns. In addition, it was noted that the National SRH & HIV prevention policies and plans use lumped strategies for female and male condoms. Even the recent briefing of on Global Financing Facility (GFF) 2016, made of no specific mention of FC altogether. The views of most participants on the awareness of female condom is presented by the following statements from study participants:

The female condom does not have policy in the state we classify them under family planning and reproductive health so there is no policy specifically for female condom but it is for family planning not female condom..... IDI, State MDA

Not that I 'm really aware of it..... IDI, Public Service Delivery Point

Female condom? I don't know of any policy on that..... IDI, NGO

I cannot remember any policy on female condom for now...IDI, Private service delivery point.

When talking about FP commodities, female condom is part of it. It is not as if we have one active policy on the female condom..... IDI, NGO Partner.

3.2.1 RH/FP/FC policy development and strategies for dissemination

Most of the Development Partners, International NGOs and MDAs have participated in the development of some of the aforementioned FP policy documents in the country. The participation of stakeholders varied from provision of research evidences, funds, and technical assistance for policy development, to the documentation, dissemination and advocacy support for implementation at the grassroots level. There were suggestions from study participants that key strategies in some policy documents, such as the National Family Planning Blueprint on addressing FC awareness among target groups was peer education, distribution of commodity, promotions and sensitization and community engagement. However, our analysis found that there were no specific strategies in policy documents for the dissemination of RH/FP/FC policies. Furthermore, the National HIV/AIDS policy review report (2009, p.23-24) identified the promotion of FC as a policy gap and an emerging issue that should be addressed quickly via the active promotion of the use of FC and other new prevention technologies as they emerge. Seven years down the line, this study did not get any evidence to indicate that measures are in place for the active promotion of FC in the country. On the accessibility of RH/FC policy to users, it was not clear from the feedback obtained from study participants that policy documents were widely accessible to implementers and end users. Findings from visits to service delivery points suggested on one hand that it was uncommon to find these documents at both private and public health facilities, however, FMoH, Partners and implementers reported that concerted efforts were made to disseminate and distribute this documents to users. This also presents a gap that needs to be addressed; first documents need to be disseminated, but secondly,

they need to be explained to the end-user, who needs to read and apply the guidance provided. The role of the media and CSOs would be very critical here. Study participants' opinions on the accessibility of RH/FP policy documents are as follows:

The reproductive health and family planning policy documents are not made available to us. Most of these document ends up in federal ministry of health..... IDI, Service Delivery Point.

We make sure that the policies are distributed. We also help in reprinting the copies, we support the federal ministry of health in printing more copies of the policies, and we also use trainings to disseminate copies of the printed documents to states, we ensure that those we trained have copies of the guidelines..... IDI, NGO Partner

We can get them from ministry of health. Then we disseminate to others working with us. And for others we produce, print and keep..... IDI, NGO Partner

Yes. Most of them we have the soft copies and we also disseminate in our own project states IDI, Development Partner.

On the role of CSOs in policy dissemination, participants had this to say:

The CSOs are like a watchdog. They have specific role to make everybody accountable for what is expected of them. And the media's role is to ensure that the public is informed.

The CSO have role to play in terms of community mobilization, advocacy, sensitization.

3.3 Implementation and use of FC policy

Most study participants were more familiar with and implemented hormonal FP methods such as IUD, implants and injectables, while they were not or less familiar with female condoms. However, efforts have been made at the national level to ensure the implementation of all FP methods at the state and community levels to achieve

optimum RH among women of child bearing age (WCBA). Findings revealed however that, the implementation of the FC policy in terms of dissemination, advocacy and equitable access is sub-optimal and usually not planned to for. A concrete plan and strategy for the implementation and use of FC policy is generally lacking and this gap in FC programming needs to be revisited by policy makers and implementers. The views of participants are as follows:

When the targets are set, we provide the technical support in other to achieve those targets, we also provide the global materials and review the national documents to be in line with the global targets. We also do M&E; we also advocate with the ministries..... IDI, Development Partner.

We develop two curricula for training midwives, the first one that was develop was done with Federal ministry of health, SOGON, together with nursing and midwifery council to ensure that post abortion care is included in the training of pre nurses..... IDI, Development Partner.

They (women) are not aware of it. time when you watch the television, you see them promoting the male condom but not the female condom IDI, Service Provider.

I did say that awareness is very low we tell them every day but they are not ready to take it, no acceptance..... IDI, Service Delivery Point

Every method of family planning takes place in this place. Today now, I have done IUD insertion, both check-up and removal. I have removed Jadelle today and I have implanted..... IDI, Service Delivery Point.

If you interview 100 ladies, you hardly find 5 using FC Because the process of putting it on is cumbersome..... IDI, NGO Partner

No, usually it is the uptake of hormonal methods that are higher..... IDI, Development Partner.

3.4 Policy environment and budgetary provisions

Both the Federal and some State governments make budgetary provisions for Reproductive Health which by extension includes FP and FC. There is a Federal policy that supports the provision of FP commodities, including condoms, which are distributed free of charge to all the states of the federation including the FCT. Findings revealed that the funding allocation for FP was generally inadequate and this budgetary provision makes no specific allocation for FC. Though the results of policy analysis revealed that most policy documents did not indicate budgetary provisions in the documents the Country Plan on UNCoLSC however, indicated that the quantity of Female Condoms required to implement the plan was 1,237,039 at a total cost of \$2,164,818.00. This amount is however almost equal to the Federal Government annual budgetary provision for contraceptives for the whole country, indicating a huge funding gap for RH/FP commodities. Except the funding mechanism for RH/FP being supported by Development Partners, the UNCoLSC Country Plan as well as other RH/FP policies may never be implemented as planned. Furthermore, study participants also suggested that the proper quantification of FC needs in the country based on consumption data would help to ensure adequate budgeting and constant availability of FC commodity in the country.

The government budgetary allocation for FP is inadequate..... IDI, Development Partner.

In fact, some States have budgetary allocation for FP but there is no state that says this is budget for condom..... IDI, MDA

The budget is not adequate. And the consumables did not cover distributions. In terms of equity, it depends on the request..... IDI, NGO Partner

Now the Federal Government is budgeting for contraceptive to the tune of 3 million Dollars yearly for 5 years, which is something.....IDI, Development Partner

3.5 Service provision and implementation of FC policy

The study also assessed the awareness, benefits and barriers to FC utilization and demand among the general population, as presented in this section.

3.5.1 Level of awareness of FC in the general public

The majority of study participants reported that the level of awareness of FC in the general population is low. As a result, very few people know about this contraceptive method and its benefits.

People are not aware of female condom..... IDI, Service Delivery Point

Awareness is very low IDI, Service Delivery Point.

And besides very few people know about it..... IDI, NGO Partner

Some of the women do not have information about the female condom and the benefit of using it. Above all information should be taken to the grass root..... IDI, NGO Partner.

3.5.2 Perceived benefit and frequency of utilization of FC

Those who have awareness about FC, are aware of the fact that they have dual benefit of preventing unintended pregnancy and STIs including HIV/AIDS. There is need to integrate FC, as well as other FP methods, into HIV prevention programming. The National Guidelines on Integration of Reproductive Health and HIV Programs (2008) made no specific mention of FC, it provided models of integration of FP methods into HIV/AIDS programming with a clear strategy that PHCs and Private clinics should promote the use of condoms for dual protection and refer clients who test positive. This provides an opportunity for the greater integration of FC into HIV programming alongside other FP methods. However, very few people demand for FC at service delivery points currently. Many women who have used it reported that there are many challenges in utilizing FC including spousal refusal, problems of insertion and use, and the size of the

condoms.. The following opinions were expressed by participants on the benefits and frequency of use of FC.

The perceived benefits are quite obvious, dual protection against pregnancy and STIs..... IDI, Implementer/MDA

The medical advantage too is that it prevents unwanted pregnancy and STDs..... IDI, NGO Partner.

FC is the only method that has dual protection apart from preventing HIV/AIDS, it also prevents unwanted pregnancy IDI, Service Delivery Point.

Prevention of sexually transmitted diseases and unwanted pregnancy.... IDI, Service Delivery Point.

The acceptance of the client is very low but at least we have like 3 or 5 in a month that ask for female condom. Both new and the old clients they refuse it..... IDI, Service Delivery Point.

3.5.3 Barriers to use of FC and mitigation measures

Several barriers to the utilization of FC were identified by study participants. These included misconception, lack of awareness, spousal refusal, non-availability at the right places, stigma, insertion and cumbersome size of FC. Most of these issues could be addressed through proper education and awareness creation. As earlier mentioned, it would also be helpful to quantify required quantity of FC commodity for the country based on consumption data. This would adequately address the challenge of availability while the right distribution plan could address the challenge of equity. The opinions of participants on utilization of FC is presented as follows:

Yes, the major barrier is that they fear that it may disappear into the womb. And the misconception that a woman who is using condom is promiscuous.... IDI, Development Partner

Well the majority of FPs have sociocultural barriers, the decision you know, lies in the level of education of women and then male

involvement could be a challenge if it is not done, that could be a big challenge.... IDI, Implementer/MDA

They prefer male condom even after demonstration, you demonstrate to them, few out of hundreds prefer female condom. Most of them, if they have to use condom, they say give male condom. Like the one that happened this morning now, she removed it and collected male condom..... IDI, Service Delivery Point

They don't request, number oneand two, we don't have it..... IDI, Service Delivery Point

The bottlenecks against the utilization of FC are far numerous than the perceived benefits and that is why it is not as highly acceptable as it ought to be. A large number of people have complained they are afraid it might get lost inside their vaginal so it has adverse effect..... IDI, Implementer/MDA

The general perception of men too is a problem. Men believe a woman that talks about condom is a promiscuous woman.....IDI, Implementer/MDA

..... the husband said what is this rubbish about and doesn't want the wife to use, the wife to change to another method..... IDI, Service Delivery Point.

I have had two complain from them one came up with ache, pain and reaction, and the other one the husband does not like it..... IDI, Service Delivery Point

Some people what they believe is that when you use it, it makes them not to be productive again that is when the time come for them to have pregnancy, it will not come..... IDI, Service Delivery Point

The women are not interested in female condom in health education. They prefer to take either injectable, Norplant and implanon and IUCD, if you go through our records you will see that uptake of female condom is so low..... IDI, Service Delivery Point.

If they insert it the husband will not enjoy the sex, that they prefer to be in another method. Some will say I can't fix that thing in my vagina and that's why they prefer another method instead of being on female condom..... IDI, Service Delivery Point.

I went for a malaria meeting sometimes ago and I was surprise to hear one of the elderly men in the community say that since when the women started using female condom, the male are beginning to get down with malaria. This is a serious misconception..... IDI, NGO Partner.

Part of the challenge we have is despite all the health awareness given to this mother they still refuse female condom; they don't really like it. So, it is a major challenge it is like we are even forcing them to use it. Some of them are not even familiar with it, some will collect they will not use it. So, we still need a lot of awareness creation. Both on media, even radio anyhow you can do it..... IDI, Implementer/MDA.

Our greatest barrier is the level of awareness and religious believe IDI, Development Partner.

So we should keep on creating awareness as par the right thing..... Service Delivery Point.

Availability can affect the use. So because of the non-availability, some of the health providers may not know how to demonstrate how to use it or to even give counsel to their client on the use..... IDI, NGO Partner.

There is need to intensify our effort on the awareness, male condom is so common but female is not so but when we are counseling them and you talk of female condom, they ask so women now have their own condom, I said yes.... IDI, Service Delivery Point

One of the biggest barriers is the awareness of the existence of female condom. Despite the awareness, we still carry female condom outside and people still ask us what it is. A lot of people have not

*actually used it before. You have to increase the awareness.....
IDI, Implementer/MDA*

Well to make the female condom available even in the toilet, so it should be distributed and members of family should be educated..... IDI, Implementer/MDA

Basically, by making it available everywhere, FP providers needs to have the skills to give proper counsel and correct information about FC. Female condom is an option we need to emphasis on the benefit..... IDI, Development Partner

3.6 Barriers, constraints and opportunities for the use of FC policy

Study participants identified key barriers to FC policy implementation and use, and pointed out that these constraints hamper the achievement of set targets in FP programming across the country. Some of challenges include, lack of proper dissemination and distribution of policy documents by the FMoH, lack of funds, unavailability of commodities, and equity and inclusion issues in FC policy. The in-depth policy analysis also indicated that other major challenges also influence the use of FC policy in the country. These include inadequate capacity of health care providers to educate and promote female condoms, inadequate knowledge of how to use female condoms, availability of only one brand of female condom in public sector outlets, inadequate inclusion of female condoms in IEC and other demand generation communication materials, inadequate data to influence female condom programming, and non-inclusion and measurement of FC indicators just as those of male condom programming which have been included into NHMIS, NDHS, DHIS, GARPR& NARHS. The following statements present the views of most study participants.

What happens is that when the National wants to Disseminate, they involve 2 or 3 people and they will go and disseminate at the state

level. So it ends up from there. That is why you see policies at the ministries, and that policy is not at the facilities talk less of the communities..... IDI, NGO Partner

Well, I think even the service providers are not well informed. Meaning there is provider's bias. We also need the men to be enlighten so, that they can support the women. Because some of the men think that allowing the women to use female condom will make them promiscuous..... IDI, NGO Partner

They are under funding the states, under-allocation of the funding to the state because of population but this will affect many things.....IDI, Implementer

They are (policy documents) accessible to providers, managers and policy makers at the Federal and States levels but I am not sure that some of the policies are available at the Local government level IDI, Implementer/MDA

I think the area that is difficult to implement is the area concerning the state. I also recommend that the government should pay attention to the consumables, communications, and advocacy. Also policies should be debriefed, user friendly and easy to read.... IDI, NGO Partner

The women need to take permission from their husbands. So in the policy, the men are not involved. So in such policy, it will be difficult for us to implement. So, I think men involvement is very important..... IDI, Implementer/MDA.

The National Condom Strategy (2016-2020) provides an important opportunity for increased advocacy and offers a platform for increased collaboration among key stakeholders to improve the awareness and uptake of FC via improved universal access to FC and improved programming. The strategy also has the objective to identify and strengthen existing channels as well as to identify innovative methods for promoting female condoms through the improvement of

awareness and availability of FC mainly in the public sector via its inclusion in the national Essential Medicines List³, proper quantification and procurement and improved systems for last mile distribution. In addition, the GPRHCS surveys provides opportunity for supervision, training of health workers on data management and the use of mobile SMS as a simplified way of transmitting data to state level.

Furthermore, policy document analysis revealed that the expired Reproductive Health Commodity Security (RHCS) Strategic plan 2011-2015 made no mention of FC. Advocacy could be geared towards FMoH to include FC programming in the next Reproductive Health Commodity Security strategic plan for 2016-2020.

³ During the time of this analysis, ARFH and CiS-FP succeeded in getting female condoms specified on the national Essential Medicines List (16 March 2016).

4.0 Discussion of findings

This study has observed that the Government of Nigeria has aligned herself with international policies and guidelines in FP. This is evident in the country effort and commitment as documented in the Country Implementation plan for United Nations Commission on Life-Saving Commodities for Women and Children in which the specific strategic and indicators for the tracking of the 13 essential commodities prioritized by the UN Commission on Live saving commodities. These essential commodities include oxytocin, misoprostol, magnesium sulphate, female condoms, contraceptive implants, and emergency contraceptive pills, IUCD, and sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment of malaria in pregnancy (Country implementation plan UNCOLSC 2013). While commitment to such international policies and guidelines is there on paper, implementation is hampering, and there is a role for civil society to collaborate with Government to monitor budget allocation and implementation, and to hold Government accountable for what she committed to. Further to this UNCoLSC country plan, Nigeria is developing the National Blueprint for FP strategies which also elaborates the government commitment to female condoms as one of the minimum package of service.

There are also specific indicators mainly focused on measuring awareness on female condoms in the Country Implementation plan and in the Nigeria Demographic Health Survey (NDHS) while the National HIV Strategy for Adolescent and Young people contains condom related indicators which could be used to monitor usage of female condoms, if disaggregated. This can be measured during the conduct of the National HIV/AIDS and reproductive Health Survey (NARHS) using the indicator “Percentage of young people aged 15-24 who have had more than one sexual partner in the last 12 months and report the use of a condom during their last sexual intercourse”.

This study also found that FC programming in the country (including availability, awareness and utilization) has been inadequate due to major gaps in FC policy formulation, dissemination, accessibility and implementation in the country. The challenge of inadequate funding for RH/FP overall, including FC programming, was also identified by respondents. It appears that the benefits of using FC is far overshadowed by the challenges and constraints of using FC. In addition, there is low level of awareness, utilization and acceptance by women and their partners. Currently the perception and use of FC in the general public is low in spite of its dual protection against STIs and unintended pregnancy.

In view of this, study participants have opined that the active promotion of FC, capacity building initiatives for service providers and the appropriate review of RH/FP/FC policies are measures that could help to address the aforementioned challenges of successful FC programming in the country. It will be very important for FMOH to redefine its engagement with Development Partners especially in the area of setting and measurement of KPIs, quantification, budgeting, procurement of commodity, and distribution of the commodity to facilitate availability at the right places and locations. In addition, advocacy to communities and religious leaders as well as deliberate involvement of the private sector are options that needs to be explored further for positive results.

5.0 Conclusion and recommendations

The study provides key insights into the awareness, dissemination and use of FC policies in the country and revealed important gaps in FC policy formulation, dissemination, implementation and use in the country. Though FC provides users dual protection from unintended pregnancy and STIs , its low awareness and utilization seem to be a direct consequence of policy gaps coupled with some perceived problems associated with the use of FC. Therefore, as part of measures to improve FP service delivery, improving awareness on female condoms at all levels will help in assuring positive behavioural change.

In this study, efforts were made to ensure collection and management of quality data throughout the entire process. However, the views expressed in the study are largely the opinions of study participants. These views were however, synthesized with findings obtained from the analysis of established policy documents in the country which lends credence to the opinions of participants.

On the whole, the study was quite revealing of the gaps and challenges militating against FC programming in the country. If the identified issues are addressed, this would help to increase the utilization as well as promote the reproductive health of women and girls in the country. This is due to its potential to contribute to the reduction of unintended pregnancy and STIs, including HIV/AIDS.

5.1 Recommendations for policy review

The study revealed that lack of specific policy statements on FC programming, concrete strategic plan and dissemination plan and adequate budgetary provision for implementation were major barriers to FC policy use in the country. These gaps could be addressed by Policy Makers, Development Partners, NGOs and implementers working together with a common but clearly defined

FC goal for the country. The following were key recommendations based on suggestions made by study participants and findings from the RH/FP policy document analysis.

Policy makers, Government and development partners

- i. Policy Makers should clearly articulate the strategic direction for inclusion of FC programming in the country including the provision for national quantification of FP commodities to accommodate female condoms.
- ii. Policy makers should make conscious efforts to make adequate funds available for policy implementation and integration into existing RH/FP/HIV programming in the country.
- iii. For the provision of a complete method mix, FP information is crucial for FC programming. So, the measurement of FC indicators in appropriate National surveys should be considered and articulated in appropriate policy documents.
- iv. Government should ensure timely revision, effective dissemination and distribution of relevant policies, guidelines, and policy briefs with adequate consideration for FP/RH commodities including female condoms at all levels.
- v. Plan and budget adequately for policy dissemination, de-briefing at National, State and LGA levels.
- vi. Monitor and evaluate policy implementation at all levels.
- vii. Involvement of the private sector in FC social marketing and awareness creation.
- viii. Nigeria is one of the first priority countries on GFF. With the ongoing development of the Investment Case (GFF business plan) it is important for stakeholders to be fully aware and actively participate in its development of the Nigeria's investment plan for funding.
- ix. The strategies for community involvement, community engagement and community participation should be clearly spelt out.

- x. Government working with various development partners and donors should ensure regular availability of a variety of female condoms at a reduced cost (more in line with the cost of male condoms).
- xi. Institute measures that will promote wide dissemination and distribution and accessibility to female condoms in various parts of the country.

Media and Civil Society Organizations

- xii. The media and CSOs should play a crucial role in awareness creation and dissemination of Family Planning policies (including FC).
- xiii. Ensure FP policy documents have clear statements about men and their role in the utilization of FC.
- xiv. Utilize innovative methods to create more awareness about FC and make the commodity available even in public places such as toilets.
- xv. Monitoring and tracking of the implementation and funding of FP programs at national and state levels and holding governments and the donor community to accountability on RH/FP implementation.
- xvi. Advocate to communities and religious leaders to gauge their support for FC programming.
- xvii. Lobby Local Governments to integrate female condoms into existing Reproductive health programs implemented at primary health care level.
- xviii. Create awareness about female condoms in their communities during health campaigns, women empowerment outreach programs, and media houses.
- xix. Media to propagate the benefits of FP and with emphasis on female condoms.

Health care providers

- xx. Deliberate efforts should be made to build the capacity of frontline health workers to counsel and educate target users of FC without bias. There should be innovative methods to create more awareness about FC and make the commodity available even in public places such as toilets.
- xxi. Support and sustain effort that promotes increasing awareness of female condoms, patient education/counselling and utilization.

Annexes

Annex 1: Interview guides

ANALYSIS OF REPRODUCTIVE HEALTH/FAMILY PLANNING POLICIES IN NIGERIA: REVIEW OF INCLUSION OF FEMALE CONDOM

GOVERNMENT - FEDERAL AND STATE MDAs

Consent Note

Introduction: My name is _____ and I am here on behalf of the **ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH, ABUJA, NIGERIA**. We are collaborating with the Federal Ministry of Health with funding support from Rutgers, Netherlands to embark on a research survey focusing on the analysis of Reproductive Health/Family planning (RH/FP) policy - review of inclusion Female condom (FC) in Nigeria. This is intended to uncover opportunities and gaps in current (new) government RH/FP policies, strategies, plans and budgets including Nigeria Country Plan on UNCoLSC (United Nations Commission on Lifesaving commodities) with a view to determining focus of future FC advocacy activities and strategies towards enhancing FC programming in Nigeria.

I am here to conduct an in-depth interview for your organization. The purpose of this discussion is to collect relevant information that will help in achieving the set objectives of this study. There are no right or wrong answers but we will appreciate your honest response to our questions.

Confidentiality and consent: We think that you will be able to provide the information we need and we value your participation in the study. For the purpose of quality assurance and report writing, the key in-depth interview will be recorded, however be assured that anything said during the discussion will be held in strict confidentiality and used only for the purpose of research, planning and implementing the project.

Name & Signature: **Time start:**

KEY INFORMANT INTERVIEW FOR GOVERNMENT AT FEDERAL AND STATE LEVELS – MDAs WHO ARE INVOLVED IN FEMALE CONDOM PROGRAMMING IN NIGERIA

Date of interview (dd/mm/yyyy)	
State:	
LGA:	
Name of Government MDA	
Address of Government MDA including web address:	
Name of Government MDA's Contact person	
Designation of contact person	
Telephone number of contact person	
E-mail address of contact person	

A. Profile of Organization in respect to FP/FC policy:

1. Scope of work of MDA:

2. Role of MDA in implementation of FC policy?

3. What are your target groups or beneficiaries for FC?

B. Awareness of FP/FC policy environment?

1. Are you aware of any government policy(ies) on Family planning?
2. Are you aware of any government policy on Female condom?
3. If Yes, mention them. (Probe)

S/N	Name of Policy document	Response on awareness (Yes/No)	Indicate which document you have in your organization	Indicate if response is aligned with policy document	Indicate if additional response provided after probing
1	Nigeria Country Implementation Plan for UNCOLSC (Aug 2013)				
2	National Reproductive Health policy (2010)				
3	National Family Planning Blueprint (Scale up Plan): Oct 2014				
4	National Family Planning/Reproductive Health Service Protocol (2010)				
5	National Guidelines for the Integration of Reproductive Health and HIV Programs in Nigeria (Jan, 2008)				
6	National Condom Strategy				
7	LARC Scale up strategy				
8	Tasking Shifting policy				
9	CLMS policy				
10	National HIV prevention plan (2014-2015)				

4. Have you or your organization participated in the development of any RH/FP/FC Policy documents in Nigeria? If yes, what role did you play?

5. What key strategies are addressing FC specifically in this policy?
6. Are there specific targets and timelines for achieving set targets for FP including FC?
7. What key performance indicators to measure the attainment of set objectives?
8. How adequate are the performance indicators in measuring the prevention intervention for women?
9. In your opinion, how realistic are these performance targets?
10. Are there other guidelines and manuals/SOPs on FC you are familiar with? If Yes, probe to know the specific details.
11. How involved are you or your organization in the dissemination and use of these policies, guidelines and manuals/SOPs?
12. Are there other MDAs involved in the mainstreaming of FC policy in Nigeria? If Yes, who are they and what their roles?
13. Probe their knowledge of the relevant government primary ministry or MDA responsible for implementing the policy?
14. Are these policy documents easily accessible to you? If yes, probe for source of the documents/whether the individual/organization has hard or soft copies of the documents

C. Implementation and use

1. What aspect of the policy are you familiar with?
2. What aspect of the policy are you currently implementing? Share experiences or examples of programs/projects/tasks you are/were involved in that has made use of the policy (ies)?
3. What is/are your specific achievement in implementing the FC policy?

S/N	Indicator/Program area	Year	Target	Achieved	Remark

4. What is the level of success in implementing the FC policy?

D. Policy environment and budgetary provision:

1. Are there budgetary provisions and commitment by government at all levels for the implementation of FC policy in Nigeria?
2. Probe for the level of adequacy of the available resource allocated to FC. (this refers to fairness, need and equity in allocation).

S/N	Indicator/Program area	Year	Budget amount	Budget allocation/Expenditure	Remark

3. What are the mechanism for ensuring regular availability of FC in Nigeria?
4. Are there specific roles for the media and CSOs in the policy implementation?
5. If yes, please state the roles of the media and CSOs in the policy implementation

6. How many states have domesticated the National FP/FC policy? Mention the names of the states and state level of acceptance.
7. If there are states without FC policy, probe to know why this has not happened?

E. Service provision and Implementation:

1. What is the level of awareness of FC in the general public?
2. What is the perceived benefit of FC by women and men – users and non-users?
3. How frequently is FC utilized/demanded for by users?
4. Are there potential barriers to widespread uptake of this service?
5. How may these barriers be mitigated?
6. Are you aware of any national or state policy document, guideline or manual on FP/FC?

Examples are:

- a. National FP/RH Service Protocols
- b. Family planning: A Global Handbook for Providers
- c. Family planning/Childbirth Spacing Counseling Flipchart for Providers
7. If Yes, which of the policy/guideline/manual do you have at your disposal?

F. Barriers and constraints?

1. Are there areas or components of the policy that are difficult to understand or implement?
2. If Yes, please list those areas or cite examples
3. How serious are these constraints? And what impact has this caused you in implementing this policy in your organization?

G. Recommendation for policy review

1. Which of these existing RH/FP/FC policies need revision?
2. Are there aspects of the policy that should be revised? If Yes, mention them.
3. In your opinion, how will these changes affect the target beneficiaries and the country at large?

Thank you for your attention.

Time end:

ANALYSIS OF REPRODUCTIVE HEALTH/FAMILY PLANNING POLICIES IN NIGERIA: REVIEW OF INCLUSION OF FEMALE CONDOM

POLICY MAKERS – NON-GOVERNMENTAL ORGANIZATIONS AND NATIONAL STAKEHOLDERS

Consent Note

Introduction: My name is _____ and I am here on behalf of the **ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH, ABUJA, NIGERIA**. We are collaborating with the Federal Ministry of Health with funding support from Rutgers, Netherlands to embark on a research survey focusing on the analysis of Reproductive Health/Family planning (RH/FP) policy - review of inclusion Female condom (FC) in Nigeria. This is intended to uncover opportunities and gaps in current (new) government RH/FP policies, strategies, plans and budgets including Nigeria Country Plan on UNCoLSC (United Nations Commission on Lifesaving commodities) with a view to determining focus of future FC advocacy activities and strategies towards enhancing FC programming in Nigeria.

I am here to conduct an in-depth interview for your organization. The purpose of this discussion is to collect relevant information that will help in achieving the set objectives of this study. There are no right or wrong answers but we will appreciate your honest response to our questions.

Confidentiality and consent: We think that you will be able to provide the information we need and we value your participation in the study. For the purpose of quality assurance and report writing, the key in-depth interview will be recorded, however be assured that anything said during the discussion will be held in strict confidentiality and used only for the purpose of research, planning and implementing the project.

Name & Signature: **Time start:**

KEY INFORMANT INTERVIEW FOR NON-GOVERNMENT AND NATIONAL STAKEHOLDERS WHO ARE INVOLVED IN FEMALE CONDOM PROGRAMMING IN NIGERIA

Date of interview (dd/mm/yyyy)	
State:	
LGA:	
Name of Organization	
Address of Organization including web address:	
Name of Organization's Contact person	
Designation of contact person	
Telephone number of contact person	
E-mail address of contact person	

H. Profile of Organization in respect to FP/FC policy:

4. Legal status/Registration: (CAC; State Government; LGA etc):
5. Area(s) of Organization's focus:
6. Scope of work of organization:
7. Role of organization in implementation of FC policy?

S/N	Focus area in FP/FC	State/Community	Target beneficiaries

8. What are your target groups or beneficiaries for FC?

I. Awareness of FP/FC policy environment?

15. Are you aware of any government policy(ies) on Family planning?

16. Are you aware of any government policy on Female condom?

17. If Yes, mention them. (Probe)

S/N	Name of Policy document	Response on awareness (Yes/No)	Indicate which document you have in your organization	Indicate if response is aligned with policy document	Indicate if additional response provided after probing
1	Nigeria Country Implementation Plan for UNCOLSC (Aug 2013)				
2	National Reproductive Health policy (2010)				
3	National Family Planning Blueprint (Scale up Plan): Oct 2014				
4	National Family Planning/Reproductive Health Service Protocol (2010)				
5	National Guidelines for the Integration of Reproductive Health and HIV Programs in Nigeria (Jan, 2008)				
6	National Condom Strategy				
7	LARC Scale up strategy				
8	Tasking Shifting policy				
9	CLMS policy				
10	National HIV prevention plan (2014-2015)				
11					

18. Have you or your organization participated in the development of any RH/FP/FC Policy documents in Nigeria? If Yes, what role did you play?
19. What key strategies are addressing FC specifically in this policy?
20. Are there specific targets and timelines for achieving set targets for FC?
21. What key performance indicators to measure the attainment of set objectives?
22. How adequate are the performance indicators in measuring the prevention intervention for women?
23. In your opinion, how realistic are these performance targets?
24. Are there other guidelines and manuals/SOPs on FC you are familiar with? If Yes, probe to know the specific details.
25. How involved are you or your organization in the dissemination and use of these policies, guidelines and manuals/SOPs?
26. Are these policy documents easily accessible to you? If yes, probe for source of the documents/whether the individual/organization has hard or soft copies of the documents

J. Implementation and use

5. What aspect of the policy are you familiar with?
6. What aspect of the policy are you currently implementing? Share experiences or examples of programs/projects/tasks you are/were involved in that has made use of the policy (ies)?
7. What is/are your specific achievement in implementing the FC policy?

S/N	Indicator/Program area	Year	Target	Achieved	Remark

8. What is the level of success in implementing the FC policy?

K. Policy environment and budgetary provision:

- 8. Are there budgetary provisions and commitment by government at all levels for the implementation of FC policy in Nigeria?
- 9. Probe for the level of adequacy of the available resource allocated to FC. (this refers to fairness, need and equity in allocation).

S/N	Indicator/Program area	Year	Budget amount	Budget allocation/Expenditure	Remark

- 10. What are the mechanism for ensuring regular availability of FC in Nigeria?
- 11. Are there specific roles for the media and CSOs in the policy implementation?
- 12. If yes, please state the roles of the media and CSOs in the policy implementation

- 13. How many states have domesticated the National FP/FC policy? Mention the names of the states and state level of acceptance.
- 14. If there are states without FC policy, probe to know why this has not happened?

L. Service provision and Implementation:

- 8. What is the level of awareness of FC in the general public?
- 9. What is the perceived benefit of FC by women and men – users and non-users?
- 10. How frequently is FC utilized/demanded for by users?
- 11. Are there potential barriers to widespread uptake of this service?
- 12. How may these barriers be mitigated?
- 13. Are you aware of any national or state policy document, guideline or manual on FP/FC?

Examples are:

- a. National FP/RH Service Protocols
 - b. Family planning: A Global Handbook for Providers
 - c. Family planning/Childbirth Spacing Counseling Flipchart for Providers
14. If Yes, which of the policy/guideline/manual do you have at your disposal?

M. Barriers and constraints?

- 4. Are there areas or components of the policy that are difficult to understand or implement?
- 5. If Yes, please list those areas or cite examples
- 6. How serious are these constraints? And what impact has this caused you in implementing this policy in your organization?

N. Recommendation for policy review

- 4. Which of these existing RH/FP/FC policies need revision?
- 5. Are there aspects of the policy that should be revised? If Yes, mention them.
- 6. In your opinion, how will these changes affect the target beneficiaries and the country at large?

Thank you for your attention.

Time end:



**ANALYSIS OF REPRODUCTIVE HEALTH/FAMILY PLANNING POLICIES IN NIGERIA:
REVIEW OF INCLUSION OF FEMALE CONDOM**

SERVICE PROVIDER/IMPLEMENTERS

Consent Note

Introduction: My name is _____ and I am here on behalf of the **ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH, ABUJA, NIGERIA**. We are collaborating with the Federal Ministry of Health with funding support from Rutgers, Netherlands to embark on a research survey focusing on the analysis of Reproductive Health/Family planning (RH/FP) policy - review of inclusion Female condom (FC) in Nigeria. This is intended to uncover opportunities and gaps in current (new) government RH/FP policies, strategies, plans and budgets including Nigeria Country Plan on UNCoLSC (United Nations Commission on Lifesaving commodities) with a view to determining focus of future FC advocacy activities and strategies towards enhancing FC programming in Nigeria.

I am here to conduct an in-depth interview for your organization. The purpose of this discussion is to collect relevant information that will help in achieving the set objectives of this study. There are no right or wrong answers but we will appreciate your honest response to our questions.

Confidentiality and consent: We think that you will be able to provide the information we need and we value your participation in the study. For the purpose of quality assurance and report writing, the key in-depth interview will be recorded, however be assured that anything said during the discussion will be held in strict confidentiality and used only for the purpose of research, planning and implementing the project.

Name & Signature: **Time start:**

KEY INFORMANT INTERVIEW FOR SERVICE PROVIDERS WHO ARE INVOLVED IN FEMALE CONDOM PROGRAMMING IN NIGERIA

Date of interview (dd/mm/yyyy)	
State:	
LGA:	
Name of Health Facility	
Type of Health facility (Public, Private)	
Category of Health facility (Pry, Sec, Tertiary)	
Address of Health Facility including web address:	
Name of Health Facility's Contact person	
Designation of contact person	
Telephone number of contact person	
E-mail address of contact person	

A. Awareness of FP/FC policy environment?

27. Are you aware of any government policy(ies) on Family planning?

28. Are you aware of any government policy on Female condom?

29. If Yes, mention them. (Probe)

S/N	Name of Policy document	Response on awareness (Yes/No)	Indicate which document you have in your organization	Indicate if response is aligned with policy document	Indicate if additional response provided after probing
1	Nigeria Country Implementation Plan for UNCOLSC (Aug 2013)				
2	National Reproductive Health policy (2010)				
3	National Family Planning Blueprint (Scale up Plan): Oct 2014				
4	National Family Planning/Reproductive Health Service Protocol (2010)				
5	National Guidelines for the Integration of Reproductive Health and HIV Programs in Nigeria (Jan, 2008)				
6	National Condom Strategy				
7	LARC Scale up strategy				
8	Tasking Shifting policy				
9	CLMS policy				
10	National HIV prevention plan (2014-2015)				
11					

30. Have you or your organization participated in the development of any RH/FP/FC Policy documents in Nigeria? If Yes, what role did you play?

31. Are there other guidelines and manuals/SOPs on FC you are familiar with? If Yes, probe to know the specific details.
32. How involved are you or your organization in the dissemination and use of these policies, guidelines and manuals/SOPs?
33. Are these policy documents easily accessible to you? If yes, probe for source of the documents/whether the individual/organization has hard or soft copies of the documents

B. Implementation and use

9. What aspect of the policy are you familiar with?
10. What aspect of the policy are you currently implementing? Share experiences or examples of programs/projects/tasks you are/were involved in that has made use of the policy (ies)?
11. What is/are your specific achievement in implementing the FC services/guidelines?

S/N	Indicator/Program area	Year	Target	Achieved	Remark

12. What is the level of success in implementing the FC as per UNCoLSC?

C. Service providers and Implementers:

15. Are you aware of Female condom?
16. Are they available in your facility?
17. How frequently do you prescribe them?
18. Have you had any difficulty or complaint with the usage of FC?
19. Have you ever experienced stock out of FC?
20. When was the last time you were supplied FC?
21. How much do clients pay to get a FC?
22. What is the level of awareness of FC in the general public?
23. What is the perceived benefit of FC by women and men – users and non-users?
24. How frequently is FC utilized/demanded for by users?
25. What are the common complaints of users of female condoms?
26. Are you aware of any national or state policy document, guideline or manual on FP/FC?

Examples are:

- a. National FP/RH Service Protocols
 - b. Family planning: A Global Handbook for Providers
 - c. Family planning/Childbirth Spacing Counseling Flipchart for Providers
27. If Yes, which of the policy/guideline/manual do you have at your disposal?
28. Are there potential barriers to widespread uptake of this service?
29. How may these barriers be mitigated?

D. Barriers and constraints?

- 7. Are there areas or components of the policy/guidelines that are difficult to understand or implement?
- 8. If Yes, please list those areas or cite examples
- 9. How serious are these constraints? And what impact has this caused you in implementing this policy in your organization?

E. Recommendation for policy review

- 7. Which of these existing RH/FP/FC policies/guideline/SOP need revision?
- 8. Are there aspects of the policy that should be revised? If Yes, mention them.
- 9. In your opinion, how will these changes affect the target beneficiaries and the country at large?

Thank you for your attention.

Time end:

Annex 2: Glossary of literature consulted and reviewed

1. Country Implementation Plan for United Nations Commission on Life-Saving Commodities for Women and Children
2. National HIV/AIDS Policy Review Report. NACA. 2009
3. Barriers to Repeated Use of Female Condom Among Women of Reproductive Age in Nigeria. SFH. UAFC. FMoH. June, 2012.
4. Nigeria Family Planning Blue Print (Scale Up Plan) October, 2014.
5. National HIV Strategy for Adolescents and Young People 2016-2020, NACA.
6. National HIV Prevention Plan 2014-2015
7. National FP/RH Service Protocols: 2010
8. National reproductive health Policy and strategy: Sept 2004
9. National Condom Strategy (2016 – 2020)
10. Briefing on Global Financing Facility (GFF): Aug 2015
11. Increasing Access to Long-Acting Reversible Contraceptives in Nigeria: Oct 2013
12. National Guideline on Contraceptive Logistics Management System (CLMS): Dec 2003
13. National Guidelines on Integration of Reproductive Health and HIV programs: Jan 2008
14. Approved Task-shifting and Task-sharing policy for essential health care services in Nigeria: Oct, 2014

Annex 3: List of key stakeholders included in the study

Stakeholders included in the study

S/N	Stakeholder	Role in RH/FP
1.	FMoH, LSMoH & Departments, NACA, NASCP, NPHCDA	Government/Policy Maker
2.	WHO, USAID	Development Partners
3.	CISFP, DKT, FOMWAN, IPAS, JPHIEGO, NURHI, PPFN, POPULATION Council, SOGON, Wellbeing Foundation, KATSAKA, PATHS2, Marie Stopes, SFH, WOWICAN, NEPWHAN,	CSO/NGO Partners
4.	DAFE Clinic, Deji Clinic, Delta Crown Hospital, General Hospital Gbagada, Ikosi PHC, Orile General Hospital, Sango PHC, Jorabo Hospital, Barau Diko Teaching Hospital, PHC Zakari	Implementers (Service Providers)

Annex 4: Profile of Organizations participating in the RH/FP policy analysis for female condom inclusion in Nigeria

S/N	Name of Organization	Name of Contact	Designation of Contact	Legal/Reg status	Area of focus	Scope of work	Current project states	Role in FP/FC policy
1	Pathfinder International	Dr. Habeeb Salami	RH/FP Programme Manager	NPC, CAC	SRH including HIV	MNCH, FP, PMTCT, Comprehensive HIV services	8 states: Lagos, CRS, Akwa Ibom, Sokoto, Kebbi, Zamfara, Rivers, Kaduna	National: support FMOH in developing policies and in implementation States: Support adaptation/domestication of policies, support implementation of policies
2	Society of Obstetricians and Gynaecologists of Nigeria (SOGON)	Dr. Adeoye	Programme Manager	CAC	RH, Maternal and Newborn Health	1. Association-Social component for members 2. Programmatic-MNCH, high level advocacy, development of policies and guidelines	FIGO Logic project, MCSP, McArthur's Maternal death review	Technical inputs, endorsement
3	Network of people living With HIV/AIDS in Nigeria (NEPWHAN)	Victor Omoseh in	National Coordinator	CAC	Advocacy, care and support, capacity building, skill empowerment, TB/HIV, Stigma reduction, HIV prevention	SRH, Gender mainstreaming, research	Entire country	Technical inputs, resources, analysis, pilot testing

4	IPAS	Dr. S. Kailani	Clinical Advisor	Bi-lateral agreement, registered with NPC	Maternal mortality reduction specifically reducing maternal mortality and morbidity from unsafe abortion	Reducing unintended pregnancy through Family Planning, building capacity of healthcare providers in comprehensive abortion care through ministries, development of policies, work with agencies with national outlook (pre-service training of health service providers)	State private providers in 11 states	Training, facility upgrade supervision, sensitization of providers in communities on policies, capacity building, training CHEWS on identification, stabilization and referral of women who need PAC, Comprehensive abortion care (within the law provision)
5	World Health Organization (WHO)	Dr. Oyelade	National Program Officer for Reproductive Health	Cooperate agreement	Leading agency for health that carries out interventions based on evidence from research, arm of UN that coordinates all health programs, supports the country to domesticate all global resolutions for health, reviews	Routine immunization, disease prevention and control, capacity building to monitor trends, medicines and supplies	UNH4 project in MNCH in 15 states plus the FCT	Reviews global medical eligibility criteria every 5 years, Supports country to look at latest criteria & revise SOPs to incorporate new methods, demonstration projects(PMTCT, maternal health)

					policies & guidelines			
6	Civil Society for Family Planning (CIS-FP)	Wale Adeleye		CAC registration	FP advocacy for increased resources and demand	organisation & individual membership	Entire country	Partnership ,result oriented advocacy, capacity building, evidence generation
	Wellbeing Foundation	Dr Luther-king Fasehun	Country Director	CAC registration	RMNCH continuum of care, Gender equality	Advocacy, RH, Education	Advocacy(global) RH(Kwara) Education(Abuja)	Tasking shifting policy, Advocacy, emergency obstetric care
	USAID	Dr Moriam Olaide Jagun	Senior FP/RH program Manager	Bilateral agreement	Family planning, RH advocacy, PMTCT, HIV services	Implements through various Implementing partners	Nationwide	Technical assistance for policy development, reviews and formulation, procurement & supply of commodities, Capacity building, dissemination of policies
7	Federation of Muslim Women Association of Nigeria (FOMWAN)	Rashidat Ibrahim	Program Officer	CAC registration	Women and children and sometimes men education, research, health-RH, malaria, HIV/AIDS, OVC, PMTCT, Diarrhoea, Pneumonia		Health focal persons in all states	HIV/AIDS, OVC,PMTCT,MNCH, Nutrition (in northern states mainly)

8	Planned Parenthood Federation of Nigeria (PPFN)	Dr Ibrahim Mohammed Ibrahim	Director General	CAC registration	SRH & R 5 theme areas- Advocacy, Adolescents, HIV, Abortion (PAC), Access to services		Volunteers in all states Operational officers in 32 states	Community system strengthening, service provision, training of health workers on FP/RH services
9	Nigeria Urban Reproductive Health Initiative (NURHI)	Mrs Charity Ibeawuchi	Advocacy advisor	CAC	Service delivery, demand creation, advocacy, monitoring, evaluation and research	LARC-implants, injectables, IUDs & permanent methods	Phase 1- 6 Nigerian urban cities Phase 2- 3 states	Advocacy-building CSO efforts and engaging policy makers for policy action
10	John Hopkins International Education Programme for Gynaecologists and Obstetricians (Jhpiego)	Bright Orji	Director of operations	Corporate agreement with NPC, NMDC	MCH, RH, maternal, adolescents, gender and pre-service education		6 states	Train health workers on FP, support service delivery with essential commodities, policy development
11	Population Council	Jean Nyap Salisu Mohammed	RH and HIV focal persons	NPC, CAC	HIV/AIDS, RH, poverty and gender, biomedical lab in NY to develop technologies for preventing and treating HIV/AIDS	RH and HIV/AIDS	National and subnational levels	MMR reduction, generate evidence to improve FP uptake, introduce other FP methods- progesterone

12	National Agency for HIV/AIDS Control (NACA)	Chinedu Daniel Ndukwe	Asst. Director Prevention & social behaviour	GOVT MDA		Mandate for National response on HIV, development of policies, interacts with donors, work with SACA	Treatment and prevention (General population & MARPs)	National HIV/STI control, PMTCT
13	PATHS 2	Dr Amina Aminu Dorayi	Association Deputy National Program Manager/D irector Service delivery		Improving MCH and new born health systems strengthening	Improving service planning and financing	Improving MCH and new born health systems strengthening	Training of health staff at PHCs Supply chain strengthening, BCC
14	National Primary Health Care Development Agency (NPHCDA)	Dr. Abubakar, Dr. Sam Obasi	HIV Desk Officer, RH Desk Officer	GOVT MDA	N/A	Development of PHC system in Nigeria	National	Takes health care to the community
15	Marie Stopes	Mr. Onoriod e	Director of Programs	CAC	Family Planning, health systems strengthening, maternal and child health, reproductive health		35 states + FCT	Service provision, advocacy, strengthen government systems
16	WOWICAN	Mrs Victoria Onu	President, Abuja wing	CAC	Improving the life of women both Spiritually and physically, advocacy, financial empowerment e.t.c.		Nationwide	Educating women, Advocacy

17	National HIV/AIDS and STI Control Programme (NASCP)	Dr. Ijaduola	Snr Medical Officer 1	GOVT MDA		Management of HIV/AIDS, STIs and related condition, development of policies, MNCH-PMTCT	Nationwide	Development of guidelines and policies, training of Health workers, liaise with other government MDAs, coordination of various committees to advise government
18	UNFPA	Amaka Anene	National Program Analyst (RHSC)	UN agency	Maternal health, FP, Adolescent RH, EMOC, Gender, Population and data, Humanitarian		15states with comprehensive activities	Provision of technical assistance and funding to government

Annex 5: Analysis of policy documents on RH/FP/FC in Nigeria

S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
1.	Country Implementation Plan for United Nations Commission on Life-Saving Commodities for Women and Children	<p>The overall objective of this implementation plan is to provide a roadmap for activities and targets that will ensure the availability and use of prioritized life-saving commodities for women and children (page 33, 34).</p> <ul style="list-style-type: none"> Identify and direct implementing partners around a common information system (LMIS) that will increase data visibility on 	Submitted to the RMNCH Technical Forum in August 2013, and “launched” in October 2013. Implementation of the project started in February 2014.	<p>Mentioned eight modern family planning methods to be procured for prevention of unintended pregnancy, namely: Female condoms Contraceptive implants – Implanon, Jadelle Intra Uterine Contraceptive Device (IUCD) Emergency Contraceptive Pills (Progestin) - pg 28.</p> <p>National Logistic Management System design Parameters: Contraceptive implants and Female condoms:</p>		<p>Indicator 5.2: Prioritized commodities and targets/ Target: Awareness of the female condom as a contraceptive method is increased from 15% to 58% by 2015 (page 42)</p>	<p>Eight (8) implementing partners (IPs), 3 government bodies [FMOH, NPHCDA (National Primary Health Care Development Agency) and NAFDAC (National Agency for Food and Drug Administration and Control)] 5 NGOs/CSOs [BBCMA (BBC Media Action), CHAI (Clinton Health Access Initiatives), JSI/TSHIP (John Snow</p>	Female Condom required quantity of 1,237,039 at a total cost of \$2,164,818.00 (pg 30)

		<p>stock movements</p> <ul style="list-style-type: none"> • Build on PSM TWG to increase transparency and collaboration across SCM Partners to identify opportunities for an appropriate supply chain logistics platform for these commodities • Identify opportunities through current LMIS efforts to improve data visibility and stock availability • Evaluate outcomes in improved systems at national and state level to identify gaps and shortfalls (e.g., processes, LMIS systems, etc) 		<p>Maximum – 18 months Minimum - 9 months stocks (pg 31).</p>			<p>Incorporated, Targeted States High Impact Project), JSI/DELIVER, and USP (US Pharmacopeial)], are government implementing partners, WHO is responsible to channel and oversight the country RMNCH grant to the neonatal and child health components of the plan.</p>	
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		<ul style="list-style-type: none"> • Accelerate unification of relevant partner implemented supply chains • Identify how coordination and management of government-run supply chains can be sustained through government ownership 						
S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
2.	National reproductive health Policy and strategy	<ul style="list-style-type: none"> • To reduce maternal morbidity and mortality due to pregnancy, childbirth by 50%; • To reduce perinatal and neonatal morbidity and mortality by 30%; • To reduce the level of unwanted; pregnancies in all women of 	September 2004	No specific mention of FC	Promoting the implementation of a sustainable mechanism for drug availability and affordability; iii) Facilitate the procurement and supply of equipment and materials for smooth running of activities relevant to reproductive health programmes in identified health facilities/institutions.	<p>Indicator: 4.2.1.4 Drugs, Commodities and Equipment</p> <p>Strategies: 1. Advocacy and Social Mobilization to establish the support of policy and decision makers, community members and organizers of Reproductive Health issues. 2. Promotion of Healthy</p>		

		<p>reproductive age by 50%;</p> <ul style="list-style-type: none"> • To reduce the incidence and prevalence of sexually transmitted infection including the transmission of HIV infection; • Limit all forms of gender-based violence and other practices that are harmful to the health of women and children. • To reduce gender imbalance In availability of reproductive health services. • To reduce the Incidence and prevalence of reproductive cancers and ether non-communicable diseases. • To increase knowledge of reproductive 				<p>Reproductive Health lifestyle by process of appropriate knowledge to bring about appropriate behavioural change and improve participation in the use of RH services.</p> <p>3. Equitable Access to Quality RH Services to assure availability of RH issues in the community.</p> <p>4. Capacity Building by updating knowledge and skills of healthcare providers and ensuring availability of appropriate materials for effective RH services.</p> <p>5. Research promotion to be undertaken to provide information for employing new methods of addressing emerging issues in RH</p>	
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		<p>biology and promote responsible behaviours of adolescents regarding prevention of unwanted pregnancy and sexually transmitted infections;</p> <ul style="list-style-type: none"> • To reduce gender imbalance In all sexual and reproductive health matters • To reduce the prevalence of infertility and provide adoption services for infertile couples • To reduce the incidence and prevalence of infertility and sexual dysfunction In men and women • To increase the involvement of men in reproductive health issues 				<p>Activities:</p> <ul style="list-style-type: none"> i) Set guidelines and provide an enabling environment for the procurement of drugs by States, Local Government Areas, NGOs and CBOs. ii) Promote the implementation of a sustainable mechanism for drug availability and affordability; iii) Facilitate the procurement and supply of equipment and materials for smooth running of activities relevant to reproductive health programmes in identified health facilities/institutions. iv) Provide an enabling environment for quality assurance on drugs at all levels. 		
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S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
		<ul style="list-style-type: none"> To promote research on reproductive health issues 						
3.	Nigeria Family Planning Blueprint (Scale-Up Plan) - October 2014	<ul style="list-style-type: none"> Provide accurate and comprehensive knowledge of FP methods to every segment of the population through easily accessible channels to generate demand and change behaviour. Ensure that every State in Nigeria contributes at least 50 percent of the funds it requires for adequate FP service delivery every year. Ensure that every health facility (including PHCs and private and 	October 2014	Pg 8 refers to knowledge about female condom remaining at less than 30% compared to close to 70% for male condom	Female condom was NOT mentioned among the current and projected method mix in the blueprint.	No specific strategy, activity or indicator in the blueprint on FC.	Governments at the Federal, State, and Local Government Area (LGA) levels, communities, civil society organizations, and the organised private sector.	The total cost of the Blueprint from 2013–2018 is US\$603 million, with 30.3% to be dedicated to commodities and consumables

		<p>faith-based clinics) has an adequate number and category of trained staff—according to national guidelines—to provide LARC services throughout the country.</p> <ul style="list-style-type: none">• Strengthen contraceptive logistics management systems to ensure continuous contraceptive availability at all health facilities.• Improve routine data management (including collection, collation, reporting, and use) at all levels of the healthcare delivery system in the country to allow for smooth tracking of FP progress.						
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S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
4.	National Condom Strategy (2016 – 2020)	<p>1. To assess the progress made over the last five years in the implementation of the national strategy for condom programming</p> <p>2. To identify the issues, challenges, constraints, opportunities, and other factors that affected the implementation of the National Condom Strategy(2007-2012)</p> <p>3. To identify any gaps or omissions in the National Condom Strategy and highlight key areas that need to be updated,</p>	Work-in-progress	<ul style="list-style-type: none"> • Pg 18 - Challenge [National SRH and HIV prevention policies and plan use lumped approach/strategies for male and female condoms (Strategies are not specific to each commodity)] • Pg 19 - refers to Female condom inclusion as one of the 13 overlooked life-saving commodities by the UN Commission on Life-Saving Commodities for Women and Children. • Pg 19 - states that a major challenge is that "most players in the private sector unwilling to 		<ul style="list-style-type: none"> • Objective 2.4.1.2 (pg 19): To encourage the public / private partnership in condom Programming - <i>Activity:</i> universal access to female condoms project (PPP) improved female condom programming. • Objective 2.4.2.1 (pg 20): To identify and strengthen existing channels, and provide alternative channels, for promoting Female Condoms (FC) and Male Condoms (MC). <i>Activity:</i> Improvement in the awareness and availability of female condoms, mainly in the public sector. 		Nil Budget highlighted in document

		<p>modified or removed in view of current knowledge or advances in condom programming in particular HIV prevention and SRH in general</p> <p>4. To conduct an analysis of the total condom market in terms of the brands, pricing and promotion of the free, socially marketed and commercial sector of the market</p> <p>5. To document lessons learnt as well as best practices</p> <p>6. To produce a Condom Strategy that will be operational from 2016-2020</p>		<p>invest in condom marketing due to low demands, especially for female condoms and minimal returns"</p> <ul style="list-style-type: none"> • Pg 20 - refers to the following challenges with FC: 1) Inadequate capacity of health care providers to educate and promote female condoms; 2) Inadequate knowledge of how to use female condoms; 3) Only one brand of female condom available in public sector outlets (FC2); 4) Inadequate inclusion of female condoms in IEC and other demand generation 		<ul style="list-style-type: none"> • Objective 2.4.2.2 (pg 21): To improve awareness and ability to properly use FC/MC in Nigeria. • Objective 2.4.4.1 (pg 23): To forecast adequately and procure needed quantities of quality male and female condoms for the public and private sectors that will meet the needs of the clients. <p><i>Activity:</i> Inclusion of condoms into the national essential medicines list; existence of logistics management system for health commodities including male and female condoms; regular quantification and procurement of</p>		
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				<p>communication materials.</p> <ul style="list-style-type: none"> • Pg 22 refers to inadequate data to influence female condom programming • Pg 26 - mentions that indicator of male condom programming has been included into NHMIS, NDHS, DHIS, GARPR& NARHS, but is silent on inclusion of FC. 		<p>male and female condoms</p> <ul style="list-style-type: none"> • Objective 2.4.4.2 (pg 24): To improve the timely supply of male and female condoms to clients in an efficient manner through the public, private and social marketing sectors in Nigeria <i>Activity:</i> Implementation of different models of last mile distribution such as review and re-supply and Direct Delivery and Information Capture (DDIC) • Objective 2.4.4.3 (pg 24): To provide coordinated monitoring and supervision that ensures regular and spontaneous data retrieval for the effective implementation of 	
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						<p>the national logistics system, as is related to male and female condoms</p> <p><i>Activity:</i> The review and resupply meeting/GPRHCS survey provides opportunity for supervision; training of health workers on data management; use of mobile SMS as a simplified way of transmitting data to state level</p> <ul style="list-style-type: none"> • Objective 2.4.4.4 (pg 25): To provide adequate storage facilities for male and female condom at all levels <p><i>Activity:</i> Renovation and upgrading of the Central Contraceptive Warehouse; integration of RH/FP commodities with</p>		
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S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
5.	National HIV/AIDs Prevention Plan	<ol style="list-style-type: none"> Promote and scale up HIV counselling and testing, including both client-initiated and provider-initiated HIV counselling and testing; Promote and scale up interventions for the prevention of mother-to-child transmission of HIV including Early Infant Diagnosis; Promote appropriate HIV/AIDS-related behaviour change among the general population and subgroups 	2013	Refers to the NARHS (2013) which reported that awareness of male condoms was considerably higher (73%) than that of female condoms (4%) (pg 21).	Pg 53 - Mentions the need to embrace new Prevention technologies like the FC, PrEP, diaphragm, foams, gels, etc in HIV AIDS prevention in Nigeria following the issues on efficacy and effectiveness of existing prevention tools such as the male condom.	<p>Objective 10: At least 80.0% of sexually active adults use condom consistently and correctly with non-marital partners by 2015.</p> <p>Indicators (disaggregated into male and female):</p> <ol style="list-style-type: none"> Percentage of adults 25 and above who reported the use of a condom during their last intercourse with non-marital sex partner Percentage of adults 25 and above who reported the use of a condom during their last intercourse with girl/boyfriend 	NACA, SACA LACA, line ministries, donors and international partners, Prevention TWG, Organized Private Sector, CSOs, Community leaders, HIV prevention service recipient, PLHIV.	other medical commodities in the state medical stores

		<p>considered at high risk for HIV infection in Nigeria (Key Populations);</p> <p>4. Increase knowledge about dual protection benefits and promote appropriate use of male and female condoms as well as lubricants among the general population and Key Populations;</p> <p>5. Prevent biomedical transmission of HIV through blood safety, injection safety, safe healthcare waste management, adherence to universal precautions and post-exposure prophylaxis interventions;</p>				(pg 65).		
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		<p>6. Promote early treatment and the control of sexually transmitted infections to reduce the risk of HIV transmission;</p> <p>7. Promote linkages to Positive Health, Dignity and Prevention Interventions for PLHIV;</p> <p>8. Recommend robust prevention strategies that capture current global thinking on combination prevention and ensure that all segments of the population are reached and that all the prevention thematic areas are addressed through the application of effective</p>						
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		technologies and thinking; 9. Promote integration of HIV prevention programming with other health services.						
S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
6.	Briefing on Global Financing Facility (GFF)	Key focus is to inform conversations on financing for sexual and reproductive health and rights (SRHR), within the Global Financing Facility (GFF) and Financing for Development agendas. The GFF ensures family planning, and populations, such as adolescents, that have historically seen underinvestment are included in investment cases.	August 2015	No specific mention of FC in the document	The IPPF recommends that mechanisms within the GFF should make available sufficient grant assistance to ensure that access to essential reproductive health information, services and supplies is ensured without loan/debt financing of annually recurring operating costs. (pg 3)			Donor commitments for the GFF include grants of US\$600 million from Norway and US\$200 million from Canada and commitments from the Bill & Melinda Gates Foundation, Canada, Japan, and the United States which total \$214 million.

		The GFF aims to mobilize domestic funding (private and public), funding from the GFF Trust Fund (which includes grants and loans) and donor resources (such as bilateral support).						
S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
7.	Increasing Access to Long-Acting Reversible Contraceptives in Nigeria	None of the objectives focus on FC	October 2013	No specific mention of FC in the document, except on pg 24 where it demonstrate FGoN commitment to FP access evidenced by the development of Nigeria's Reproductive Health Commodity Security (RHCS) Strategic Plan 2011-2015 - the goal of the plan is to: "ensure that every person in Nigeria is able to choose, obtain, and use quality contraceptives, including condoms,	Nil	No strategy specifically targeting FC except on pg 25 where the policy refers to increasing FP advocacy through in-country and global mechanisms to secure additional funding for FP in 2015. Pg 26 refers to making FP programming a stand-alone component of operational plan, as an improvement of the existing practice		Including FP programming as part of annual operational plans in 50% of states by 2015 was to cost \$1,207,829

S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
				whenever he or she needs it"		of embedding such programming as a component of RH/MNCH activities.		
8.	National Guideline on Contraceptive Logistics Management System (CLMS)	<p>1.Enhance distribution of complete range of FP products through the different levels of supply system (Central Contraceptive Warehouse, State stores, LGA stores and SDPs.</p> <p>2.Sustain availability of contraceptives with adequate stock levels to meet demand at all times.</p> <p>3.Expand access to a complete range of contraceptive methods with greater choice for clients</p>	December 2003	No specific mention of FC	No area of focus on FC.	Not applicable	LGAs, SDPs, SMOH, NPHCDA, Community-Based Distributors, NASCP, Department of Hospital Services (DHS), Department of Food and Drug Services, NAFDAC, development partners.	Nil budgetary allocation

		<p>4.Improve ordering and stock management, ensuring that requests corresponds to actual need.</p> <p>5.Increase capacity at all levels of the system to manage contraceptives supply</p> <p>6.Ensure flow of essential information on the movement of contraceptives and funds collected throughout the system</p> <p>7.Improve contraceptive quality throughout the supply chain through procurement standards, and proper storage</p>						
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S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
		8.Reduce waste and increased efficiency throughout the supply chain.						
9.	National Guidelines on Integration of Reproductive Health and HIV programmes	<ul style="list-style-type: none"> To provide expanded HIV and RH program for comprehensive care To provide dual protection against HIV and unintended pregnancy To provide unique opportunities (information and services) for each individual at risk or otherwise vulnerable to HIV infection To provide opportunities fro RH clients to know their 	January 2008	Nil specific mention of FC	Pg 23 refers to models of integration of FP into HIV/AIDs Programming , mentioning four level at which this will occur: Level 1- offer condoms and pills Level 2 - offer condoms, pills, and injectables Level 3 - offer condoms, pills, IUCD, injectables, implants, and sterilization (a full range of contraceptive methods).	The PHCs and Private Health Care are to promote use of condoms for dual protection and refer clients who tests positive (pg 23, 24).	FMOH, SMOH, LGAs, Programme Managers in HIV, RH, and related programs in the public and private sectors Health care delivery institutions at the primary, secondary, and tertiary health care levels Service providers, CSOs, FBOs, Policy makers at all levels, other persons who might the guideline useful	Nil budgetary allocation in policy document

		<p>HIV status and access related services</p> <ul style="list-style-type: none"> • To improve RH/CT uptake and reduce HIV infection • To foster strengthened links HIV/AIDS and RH (programs, care and services). • To provide guidance on addressing the RH needs of PLHIV through a rights-based approach 						
S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
10.	National FP/RH Service Protocols	<ul style="list-style-type: none"> • To provide the client with information on available barrier methods • To assist client in choosing an appropriate barrier method 	2010	Pg 84 -87 - describes the effectiveness, advantages, disadvantages, indication and contraindications, and insertion techniques.	Nil aspect of FC programming in protocol	Not applicable	FP Service providers	Not available

S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
		<ul style="list-style-type: none"> To assist client in effectively using the chosen method 						
11.	Task-Shifting and Task-Sharing Policy for Essential Health Care Services in Nigeria	<ul style="list-style-type: none"> Actualize HRH workforce needs of the country in the delivery of essential health care services Outline the essential health care service-related tasks that can be performed by different cadres of frontline HCWs attending to needs of the Nigerian population Provide a framework for empowering a wider range of health care workers to rapidly expand access to essential health care services to meet the set MDG targets 	August 2014	No Specific mention of FC in the document	Promotion of dual protection for HIV positive women is to be done by all cadre of health staff from community owned resource people, CHEWs, Nurses, Midwives to Medical officers.	Not applicable	FMOH, SMOH, Nursing and Midwifery Council of Nigeria (NMCN) as well as the Community Health Practitioners Registration Board of Nigeria (CHPRBN), other professional regulatory bodies, All Government bodies, both national and subnational, Health care workers, Partners.	Nil budget

		<ul style="list-style-type: none"> • Promote the best use of competency and expertise of well-trained mid-level cadres to meet the Nigerian population health needs • To promote efficiency and effectiveness in the utilization of financial and non-financial resources in scaling-up access to essential health care services delivery in Nigeria 						
S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
12.	Integrated National Guidelines For HIV Prevention, Treatment And Care	<ul style="list-style-type: none"> • To provide updated and evidence-based clinical recommendations based on a public health approach to provision of HIV prevention, treatment, care and support services. 	2014		<p>Pg 32</p> <ul style="list-style-type: none"> • Mentions consistent and correct use of condom as a part of the primary prevention of HIV infection in women of reproductive age and their partners as a combination approach which includes 		<ul style="list-style-type: none"> • National HIV Programme Managers • Health facility level service providers • National HIV treatment and prevention technical working groups; 	

		<ul style="list-style-type: none"> • To provide programmatic guidance for decision-makers at all levels of government on clinical and operational recommendations as well on monitoring implementation and impact. • To provide guidance on key operational and service delivery issues that need to be addressed to increase access to HIV services, strengthen the continuum of HIV care and integrate the different components HIV/AIDS services. 			<p>abstinence and being faithful</p> <ul style="list-style-type: none"> • Also refers to promoting condom (male/female) use combined with a more effective method of contraception (dual method) for dual protection from HIV and other STIs and from unplanned pregnancies as an effective strategy to prevent HIV transmission <p>Page 77 - Women should be encouraged to use condoms, even with their spouse or trusted partner, to protect against HIV and other STIs.</p> <p>Page 81 - Positive Health Dignity and Prevention (PHDP) activities include short term and ongoing behavioural counselling to reduce high-risk</p>		<ul style="list-style-type: none"> • National TB programme managers • Managers of maternal, new born and child health and reproductive health programmes; • Clinicians and other health service providers; • Managers of national laboratory services; • Community-based organizations including People living with HIV • International and bilateral agencies and organizations that provide financial and technical support to HIV programmes in Nigeria 	
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S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
13.	National policy on HIV/AIDs	The overall goal of the National Policy on HIV/AIDS is to provide a framework for advancing the national multi-sectoral response to the HIV/AIDS epidemic in Nigeria so as to achieve effective control by reducing the rate of new infections, providing equitable care and support for those infected and affected, and mitigating the impact of the infection, thereby enabling all people in Nigeria to be able	October 2009	Promotion of appropriate use of male and female condoms and lubricants - Pg 15	Pg 15 - Correct and consistent use of both male and female condoms as methods of preventing HIV, STIs and unwanted pregnancy shall be promoted through multi-media communication approaches.	Nil Particular strategy targeting FC.	FMOH, SMOH NACA, SACA, LACA, NASCP, Multi-sectoral approach including the community, Partners, PLHIV.	Nil Budgetary allocations mentioned.

		to achieve socially and economically productive lives free of the disease and its effects.						
S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/Indicator/target	Target beneficiaries	Budget provision for implementation
14.	HIV/AIDs National strategic framework For action (2005- 2009)		September, 2005		<p>Pg 9 Recommendation on FC:</p> <ul style="list-style-type: none"> • Promote and expand access and usage of male and female condom. • Develop a condom policy and support local manufacture of prevention kits. <p>Recommendations for Uniformed Services, Regional Programmes and New Technologies:</p> <ul style="list-style-type: none"> • Peculiar need of female inmates should be planned for, such as access to male and female condoms to reduce risk of HIV infection. 	<p>Pg 23 - Strategy to increase access to comprehensive gender-sensitive prevention, care, treatment and support services for the general population, PLWAs and PABAs, including OVC by 50% in 2009, and mitigate HIV/AIDS impact on the health sector: Develop a condom policy and strategy to improve access and utilization of condoms.</p>	<p>NACA and SACA to coordinate the following key stakeholders: Civil Society Organizations (CSOs) grouped as Civil Society Organisations on HIV/AIDS in Nigeria (CiSHAN), Faith-Based Organizations (FBOs), Women Organizations, Youth Organizations and Network of People Living with HIV and AIDS in Nigeria (NEPWHAN). Stakeholder groups include</p>	

					<p>Pg 19 - Identified priority interventions recommended for funding and focusing in the NSF: Condom social marketing.</p> <p>Pg 23 - Develop a condom policy and strategy to improve access and utilization of condoms.</p>		<p>the following: Federal/State Government Parastatals and Ministries (uniformed personnel are under the Federal Ministries of Defence, Internal Affairs and Finance), Development Partners (consisting of UN, bilateral development agencies and International Non-Governmental Organizations (INGOs). Others are Nigeria AIDS Research Network (NARN), Private Sector, Media/Arts and Entertainment Industry.</p>	
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S/N	Name of policy document	Key objectives/Focus	Year of publication	Specific mention of Female Condom	Area of focus on Female condom programming	Strategy/Activity/ Indicator/target	Target beneficiaries	Budget provision for implementation
15.	The National HIV/AIDS Behaviour Change Communication Strategy 2009-2014	<p>Reduce the rate of spread of HIV infection in Nigeria by 25% by Year 2014".</p> <p>The key behavioural objectives across priority audiences will be to:</p> <ul style="list-style-type: none"> • Delay first sex among young women and men until the age of 18. • Reduce reported multiple concurrent partners among all groups. • Increase consistent and correct condom use among all men and women who are sexually active, particularly among paid and casual partners. • Increase early STI detection, 	2008	<p>Pg 68 - Increase CSW access to male and female condoms: ensure that new methods, like female condoms, have educational component to strengthen correct use:</p> <p>brainstorm on how to deal with possible reuse of female condoms in safe manner.</p> <p>Key areas identified to reduce risks of sexual transmission of HIV through, appropriate behavior changes and increase uptake of quality comprehensive prevention services including access to male and female condoms, among others - pg 13.</p>	<p>Pg 10 - Increase consistent and correct condom use among all men and women who are sexually active, particularly among paid and casual partners.</p> <p>Pg 21 - This suggests that without partner reduction and increase condom use, HIV will continue to spread rapidly from bridge populations to the general population.</p>	<p>The Minimum Package of Behavior change strategies include:</p> <p>Pg 66 - Provide male and female condoms and water-based lubricants at brothels.</p> <p>Pg 68 - Increase access to male and female condoms and water based lubricant in brothels and hot spots through peer to peer support.</p> <p>Pg 68 - Expand access to male and female condoms where people meet - Promote male and female condoms in the workplace, pharmacies, through peer education, SDP, and</p>		

		<p>treatment and partner notification.</p> <ul style="list-style-type: none"> • Increase uptake of HIV testing. • Increase uptake and adherence to HIV related services including PMTCT services. • Reduce reported stigma and discrimination among PLWH. • Increase number of community support services. • Increase support and encouragement of community normative changes that support behavior change and behavior maintenance • Reduce reported high risk cultural practices. • Improve provider-client interaction 				<p>all places where people meet.</p> <p>Promote the male and female condom by focusing on dual protection for couples, spacing of children, safety, and acceptance (highlight couples who use it) Could also address issues of Discordance.</p> <p>Faith-based sensitisation workshops and forums to give religious leaders the opportunity to learn about male/female condoms and ways to promote them within their religious rules.</p> <p>Strengthen access to male and female condoms through Service Delivery</p>	
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		within health facilities (by all groups).				<p>Points - Strengthen education and promotion of male and female condoms through SDPs.</p> <p>Address misconceptions, key counselling point's particularly for first time.</p> <p>Advocacy among policy makers to increase access of male and female condoms through public and private sector channels - Pg 196</p>		
16	National HIV strategy for adolescents for young people	Reduce new HIV infections among adolescents and young people in Nigeria	2016-2020	As a component of the MMPI: recommended interventions for identified AYP sub-populations include Behavioural interventions incorporate provision of Condom and lubricant programming. Pp 29, 30, 48,49	none	Percentage of young people aged 15-24 who have had more than one sexual partner in the last 12 months and report the use of a condom during their last sexual intercourse. Pp36	In-school youths, Out-of-school youths, and key populations at higher risk of HIV	none

