

Scaling-up Male Condom Distribution in Cape Town Metro Region

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Background

Despite a large and well-established supply of male condoms for distribution free of charge, condom distribution remained relatively low and sexually transmitted infections (STIs), including HIV/AIDS, continue to be a big problem in Cape Town. A case-in-point is the township of Khayelitsha, with approximately 11% of the total population in the City, but 34% of the total STI case burden registered for treatment in 2004. Male condom distribution was in everybody's agenda (health providers both at municipal and provincial levels, as well as many NGOs). The overall number of male condoms distributed in Cape Town during 2004 sounded rather impressive at 21,9 million, with 2,7 million (12%) in Khayelitsha alone. Targets were set based on baseline condom distribution figures with modest increases proposed from year to year.

Objectives

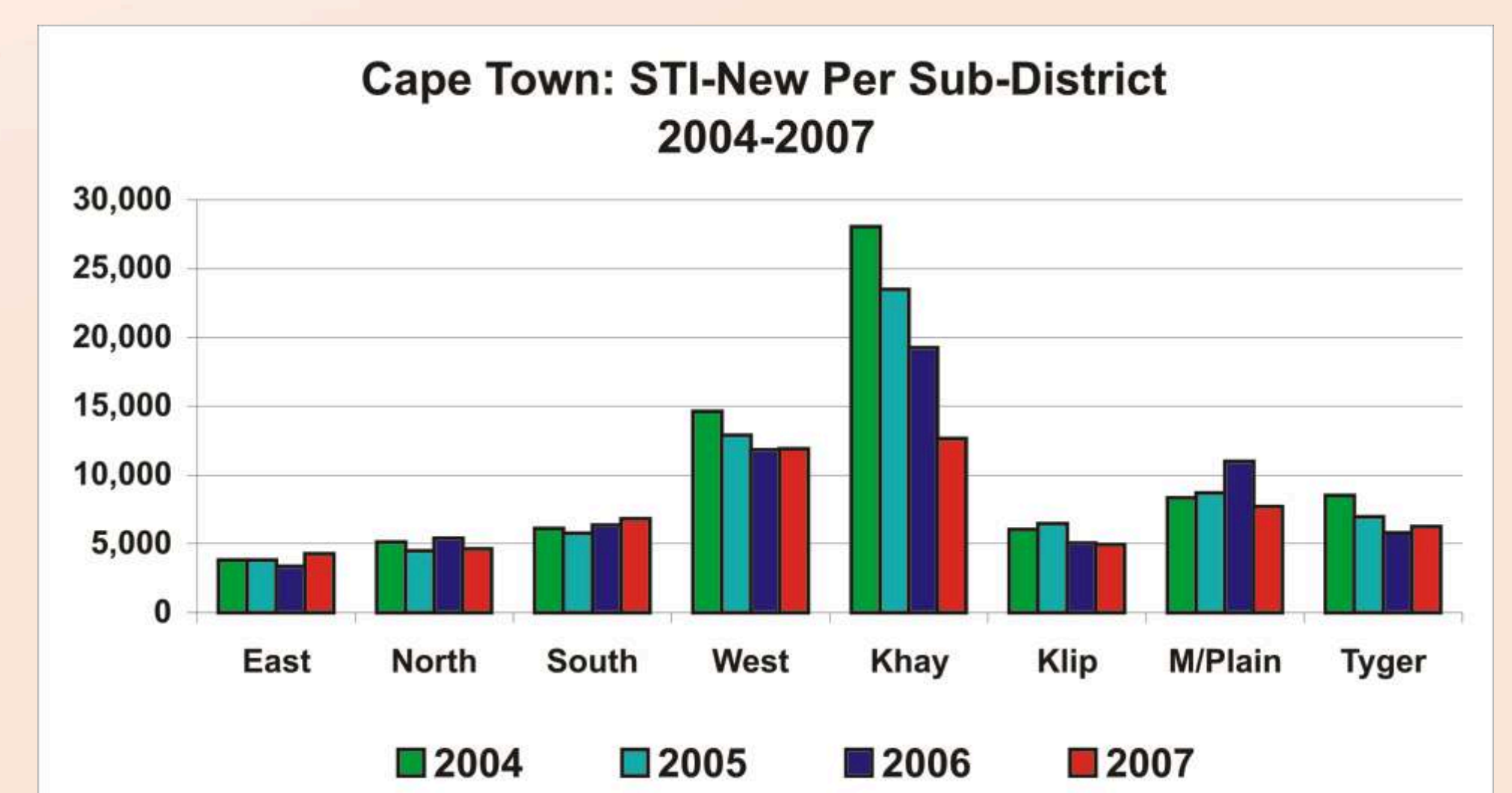
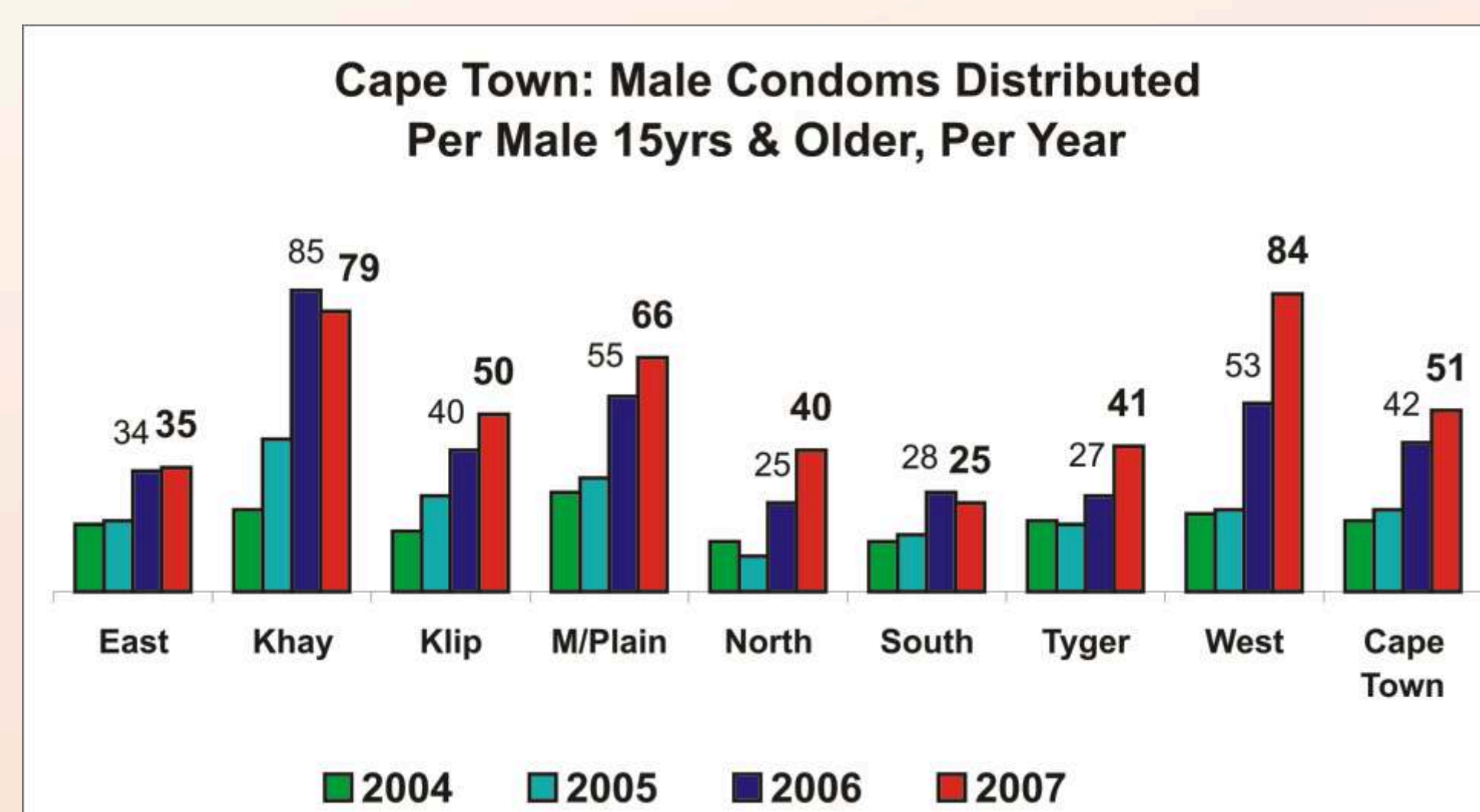
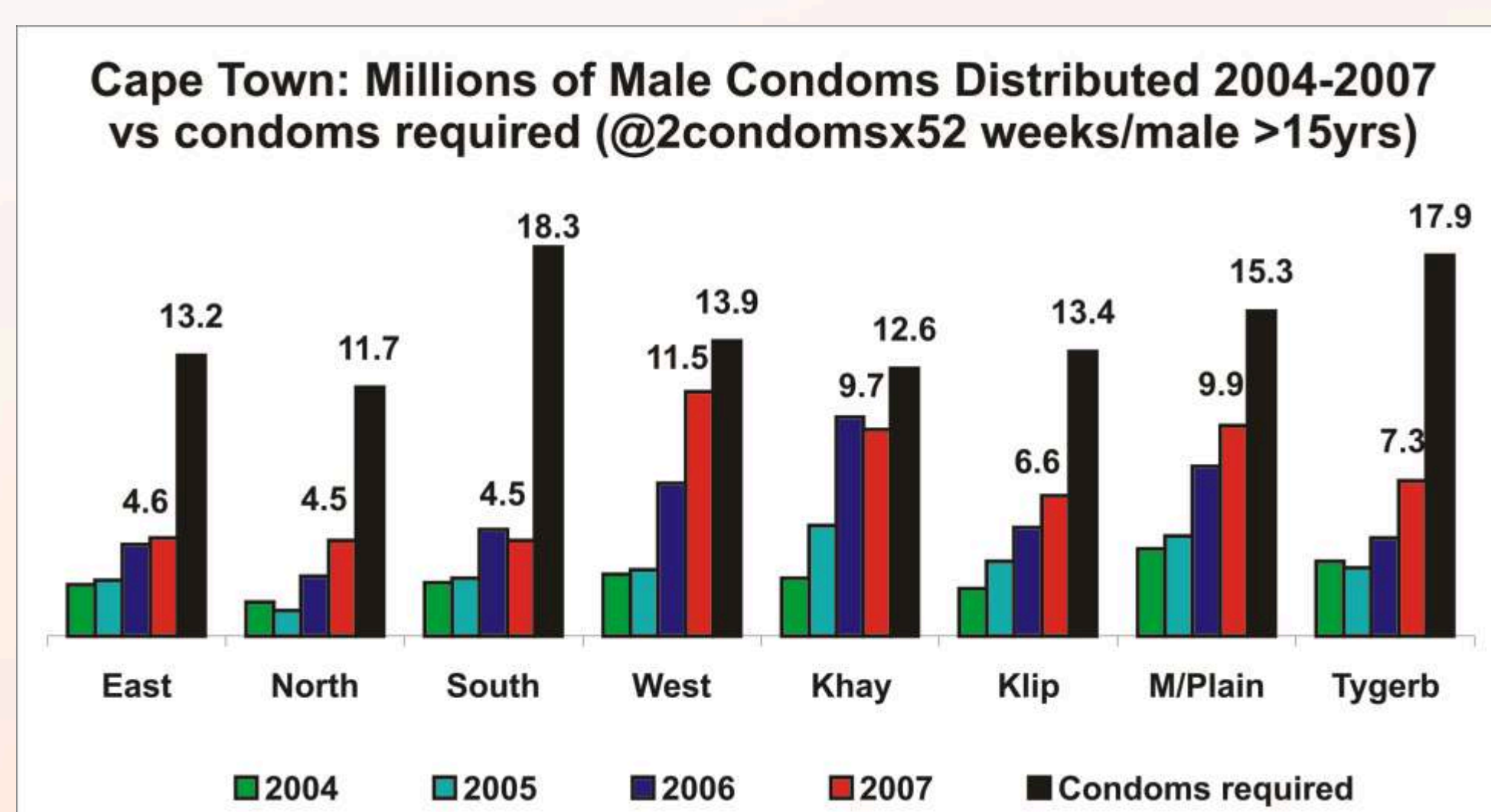
The main objective was to attempt to dramatically increase the male condom distribution in Khayelitsha, having in mind this seemingly "impossible" target of 1 million a month. Other objectives were: a) to identify and involve partners that could help us achieving that; b) to identify sites other than health facilities where male condoms could be successfully placed; c) to identify barriers to the scale-up of condom distribution and; d) to identify the saturation point at which sites would no longer accept/need stock replenishment.

Intervention and rationale

A wide consultation process was run to estimate the number of condoms to be distributed in order to impact on STI incidence. A figure of twice a week "protected" intercourse was proposed as a good starting point, possibly underestimating the need for male condoms. This translated to a total of 104 condoms per male over 15 years per year a far cry from the 20 condoms per male per year being distributed at the time (23 in Khayelitsha). Using population figures, the estimated need for male condoms in Khayelitsha was calculated at almost 1 million a month.

Method

Staff was tasked to offer condoms to all clients attending the facility, as well as identify areas of responsibility in their immediate surroundings for further distribution. Links to NGOs already involved in male condom distribution were much improved and Environment Health Practitioners (EHPs) roped-in. This included monthly performance feedback to all partners and incentives given. Khayelitsha's experiences were shared at quarterly City Health and Provincial Government of the Western Cape meetings. Lessons learned were strongly supported by senior management who incorporated condom distribution targets in Sub-district Managers' performance evaluation.



Successes

Although the target of 104 condoms per male per year was elusive, condom distribution was scaled-up to record levels across Cape Town, not only in Khayelitsha. The mainstay of male condom distribution shifted from facility based to non-traditional distribution sites (public toilets, libraries, taxi ranks and "shabeens"). A "saturation" point was never found. Male condom distribution depended rather on clinic staff, EHPs and NGO commitment, as well as persistence in Regular frequent supply.

Challenges

It was difficult to maintain focus and commitment, especially during the condom recall saga. A frequent challenge is the tendency to cut down on supply visits by leaving large boxes at each visit (promptly forgotten and left unopened by the people in charge of These distribution sites).

Conclusion/ Lesson learnt

Dramatic scale-up of male condom distribution is possible. The initiative was sustained over a period of 3 years. Coincidentally a large decrease in STI burden of disease was reported in Cape Town. Khayelitsha experienced a drop of 50% in STI incidence over the last 3 years.