Landscaping the condom market in Nigeria

Applying a TMA lens to identify programmatic gaps and sustainable solutions to support delivery & use of condoms

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Project aim: Document the landscape for male and female condoms, lubricants in Nigeria, through the lens of a total market approach

Landscaping of the condom market (public, commercial, and NGO/SM) will support the development of strategies supporting sustainable condom use.

Objectives:

1. Analyze existing condom/female condom/lubricant programming environment, capacity & resources in country. Map donor priorities, funding commitments, and partners’ reach in condom, FC, and lubricant procurement, distribution, & promotion.

2. Determine and assess support in Nigeria for a TMA to sustainable condom/FC/Lubricant delivery, exploring capacity to implement a TMA, and potential coordinating committee mechanisms to steward a TMA

3. Understand who the condom/FC/lubricant market is failing in Nigeria. Segmented by geography, gender, socio-economic status, risk profile (i.e., Key Population), quantification will identify total estimated NEED of condoms/FC/lubricants by KP, against existing use / coverage.

4. Understand how the market is failing vulnerable and key populations. Assess stage of market, analysis of actors on the core supply & demand function, and supportive market functions to dial in where and how the market is failing populations, and focus interventions of future
While market failure or weakness can often be explained by analyzing actors supporting the Supply & Demand function (from commercial, SM, NGO, & public sector actors), systemic market failure or weaknesses can be understood by analyzing supporting functions, rules, and financing functions.

Our Approach: A framework to analyze the ‘health’ of the Nigeria Condom market

The ‘Donut’ draws attention to the range of actors supporting market functions.

The framework distills the key factors influencing how a market operates into four categories:

1. Core supply & demand (the target of most interventions, such as procurement of subsidized commodities, or demand creation for consumers)
2. Supporting Functions such as government bodies assuring quality, access to market information, or coordinated efforts between the public and private sector;
3. Financing Functions in a market such as condoms generally boil down to how subsidy is delivered;
4. Rules environment include regulations and how products are licensed.

The Donut helps distinguish underlying root causes of a market’s – why it may not be serving those in need.

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1Ref Barbara O’Hanlon, Ohealth Consulting & Springfield Centre
The Donor Landscape Supporting Condom Interventions

<table>
<thead>
<tr>
<th>USAID/USG</th>
<th>DFID</th>
<th>UNFPA</th>
<th>Global Fund</th>
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<tr>
<td><strong>Key Objectives &amp; description</strong></td>
<td>Supporting Cascade of Prevention to Treatment. Primary prevention partners include Heartland Alliance and SFH, targeting KP.</td>
<td>Enhancing Nigeria’s Response to HIV and AIDS (ENR) was a six year Integrated HIV Prevention and Institutional Strengthening Program, funded by the DFID. SFH played a leading role on the project.</td>
<td>Technical Support and Provision of Key FP &amp; HIV prevention Commodities, distributed through Federal and State supply chain to public facilities.</td>
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<td><strong>Funding Timelines &amp; levels</strong></td>
<td>SFH: 5 year $45.6m award through May 2017, HA operating at similar levels.</td>
<td>While the project ended 2014, SFH received a 2 year, no cost extension through the end of 2016. Total investment in the project was 118m GBP, of which SFH (and support for condom social marketing) was 60% of that.</td>
<td>Awaiting data to determine funding support for 2017 and beyond.</td>
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<tr>
<td><strong>Commodity Commitments</strong></td>
<td>USG procured 90 m condoms targeting specific key populations, with aim to distribute through implementing partners.</td>
<td>An additional order of 200m condoms, paid from Program income, will continue to support sustainable SM efforts. Thereafter SFH is expected to transition to sustainable, cost recoverable condom by end of 2018. SFH currently SM ~140m condoms/year.</td>
<td>Imported 46.5 m condoms in 2013, 115.6 m in 2014; no procurement in 15/16. UNFPA procured 150m condoms made available through WB loan, distributed through NACA and SACA.</td>
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<td><strong>Priority Pops</strong></td>
<td>Key Pops – SW, MSM, PWID, some work w/male clients.</td>
<td>General Pop in underserved areas, rural focus, Key Pops.</td>
<td>WRA, General pop</td>
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The gap between current condom Use* and total Need to achieve full coverage (90% consistent use) is ~ 6-700 million condoms.

Additional commodity costs alone run $18 million/year + to support the use/need gap**

**Implications:** Bridging the annual 600 m condom gap will require leveraging the relative strengths of all sectors – public, social marketing, and commercial partners – to achieve 90% condom use with non-regular partners as outlined in 20 by 20 objectives.

- Use estimates based on existing market size of commercial (estimated), public, and social marketing sectors.
- **based on procurement estimate of $0.03 USD condom
High risk sex work and couples with multiple partners big driver of condom needs. While use with commercial partners high (and hence gap low), large #s condoms required to sustain use.

Estimated use is based on pop estimates, self-reported behavior and # high risk sex acts.

While gap between use & need for sero-discordant couples is high, need to acknowledge data gap surrounding use – we simply don’t have that data.

‘Demand’ driven estimates produces larger estimated use (586m) then supply driven estimates (375-400m). Discrepancy likely combination of 1) actual use lower than self-reported 2) lower number of sexual partners for populations then estimated and 3) potentially, larger commercial market then estimated.

Highlights constraints of data, and need to be mindful when identifying gaps.

Disaggregation by Populations at Risk illuminates existing condom gap between existing use and total need to support coverage targets for specific populations.
While Prevalence of BBFWSS (at 19.4% in ’14) and NBBFWSS (at 8.6% in ’14) declining, still high. Sex workers report high consistent condom use with clients

- At over 90%, both BBFSW and NBBFSW report high consistent condom use. (IBBSS 2014)
- Respondents from Kadaduna and Nasarana states trailing slightly, w/use below 90%
- The female condom is valued as an empowering ‘back up’ method when male clients decline condom use but plays modest role in protection.

Low to middling use persists amongst higher risk partnerships:

- Use drops off dramatically for FSW with non commercial partners, particularly boyfriends (partners ranging from regular clients to ‘protectors’ to long term relationships)

MSM use increasing but still below 60%, and highly variable by region. While condom use increasing, MSM prevalence is also increasing: from 13.5% in 2007 to 22.9% in 2014 per IBBSS 2014.

- MSM consistent condom use highly variable by state, with use particularly low in FCT, Kaduna, and Rivers.
- A relatively high 88.4% MSM report they have the ability to convince partner to use condom every time they had sex.
- Lubricant highly valued by MSM and SW, although access is intermittent.
Sexually Active Female Youth aged 15-24:
- Report low condom use (at 45%) compared to male youth (63%). At 41%, use is lower in rural areas, and in South South (39%), North East (41%) and North Central (41%). (NARHS)
- 1% of young women reported having sexual intercourse with more than one sexual partner in the 12 months preceding the survey, which increases with education and wealth. (DHS). **Just 41%** of those young women used a condom at last sex. (2013 DHS)
- **Age Mixing an Issue:** Among young women who had sexual intercourse in the 12 months preceding the survey, **39% had sexual intercourse with a man 10 or more years older than them.** (2013 DHS). While the absolute number of young women engaging in high risk sexual relationships is low, they are particularly vulnerable due to age mixing & lower condom use.

Young Men
- Just 56% of all respondents report using condom in last sexual act w/boy/girl friend, and 55% with non-marital partner. (NARHS)
- Young men are four times as likely as young women to report having two or more sexual partners in the 12 months preceding the survey (4%), and is higher among those age 23-24 (11%), those with more than a secondary education (10%), and those in the highest wealth quintile (6%). (NARHS) 51% of those men used condom at last sex.
- 13% of men report having two or more sexual partners – nearly 60% of those men were not married. (2013 DHS). At 20% overall, condom use for these men was far higher for the wealthiest quintile (44%) vs. poorest (just 1.2%) and urban (36%) vs. rural (11%)
# Condom Market Landscape - Nigeria

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Nigeria Male Condom Market Structure - 2016

**Who pays**
- Durex
- Rough Rider
- Lifestyles
- Jones, Impress, Tasara, etc
- Gold Circle, GS Flex
- Kiss, Fiesta
- Commercial Brands – Trojan, Contempo Brands, etc
- Donors (SFH)
- Donors (DKT)
- Generic Condoms
  - GF ~20m
  - UNFPA ~50m
  - WB 62 since late 2015
  - USAID: 90m
  - SACA budget, federal budget
- Global Fund
- USAID/USG
- UNFPA, DFID, CIDA
- WB

**Manufacturers/Marketers/brands**
- Pharmaceutical Importers / Distributors – 8 – 10 larger players, many fragmented smaller players
- DKT
- SFH
- Entrepreneurs / Briefcase Importers

**Importers**
- Pharma Dist.
- ‘Open Market’
- Free (public & other)

**Distributors/Wholesalers**
- Pharma Distributors (616 registered 2008)
- Pharma sub-distributors
- Mega & Wholesalers (Regional)
- Sub-wholesalers
- Sub – sub-wholesalers

** Providers**
- Registered Pharmacies (~5 - 6,000)
- PPMVs (~200,000)
- Private Hospital/Clinics
  - Bars/clubs/hotels
  - Street vendor
  - Brothels / Hotels

**Consumers**
- Consumers accessing condoms through markets (sub & non sub)
  ~75% mkt
- Consumers
  Gen Pop for FP and KP:
  - SW
  - MSM
  - Truckers
  - Military
  - Male clients
  - Free constitutes ~25% mkt.

**Consumers accessing condoms through markets (sub & non sub) ~75% mkt**
- Kiosks
- Super Markets / petrol stations
- Street vender
- Brothels / Hotels

**Registered Pharmacies (~5 - 6,000)**
- ~1.2 m relevant outlets

**USAID/PEPFAR**
- FHI/APIN, CHP, IHVN, ECEWS, CCRN, MSH, FGHN, PROHEALTH, DOD, HIFASS, NPC

**UNFPA**
- SACA
- SMOH

**Mobile units**
- CBOs
- KP DIC
- OWs

**Public Health Centers**
- Public Hospitals

**Consumers**
- Gen Pop for FP and KP:
  - SW
  - MSM
  - Truckers
  - Military
  - Male clients
  - Free constitutes ~25% mkt.
**Snapshot of Nigeria Condom Market**

Dynamic market supporting access to affordable, diverse condom brands. Condom market characterized as developing based on market performance indicators, existing use and acceptability of condoms indicators.

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<th>Public Sector – Free &amp; Near Free</th>
<th>Social Marketing Sector</th>
<th>Commercial Market</th>
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<td>~23% market</td>
<td>~58%+ of market</td>
<td>~19% plus of market</td>
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- **USG, GF, UNFPA (& DFID, CIDA)** most recently WB primary funders of free procurement. GoN provided limited budget support for condoms. UNFPA has long supported / coordinated condom procurement targeting FP needs.

- **Free distribution targeting HIV prevention efforts** fairly recent – surge in free driven by WB & USG procurements last 2 years.

- **USAID distribution totaled ~2.5 m in 2016**, projected 30-35 million 2017 & 18. Distribution limited to implementing partners.

- **HIV free targets KPs and included in MPPI. However, MPPI does not have defined # condoms/contact.**

- **UNFPA support to MoH & states target distribution through public sector clinics; last mile distribution reportedly improving.**

- **NACA distributed 62m WB funded, UNFPA procured condoms through 2016. Follow up required to determine status, stock in states.**

- **Free distribution widely appreciated by KPs**

- **SFH created widespread affordable access supporting use of condoms last 30+ years.** Well established distribution w/33 reps driving coverage. Supporting some communications. Moving ~140m condoms in 2016, off of 208 m in 2012. SFH has good coverage as measured by retail audit & studies.

- **Moving toward financial sustainability through portfolio of cross subsidized brands – target toward commodity sustainability is 2019. DFID funding for condom SM ended 2015, but no cost extension supported through Dec 16.**

- **Graduating Gold Circle includes recent & planned price increases, tightened trade margins, shift from 4 to 3 pack, intro of Gold Circle Flex @ 100-150+ as premium brand.**

- **SFH supporting targeted free distribution to KP through USAID and GF funding.**

- **DKT entered market 2 years ago with launch of Kiss, a youth focused, regional brand promising to shake the market up.** Priced just below Gold Circle, and fiesta, priced at N100 w / multiple variants. Together total distribution ~50m condoms/year.

- **DKT states portfolio through cross subsidization is commodity cost recoverable, although Kiss does not recover full COGS.**

- **DKT has broad distribution through 45 sales reps serving 45,000 direct customers. According to FP watch, brands don’t yet have coverage of GS but reported to be growing.**

- **Nearly 100 brands on market at any given time.**

- **Products range from high end Durex, with vested interest & sustained investment in market, to 8-10 importers committed to own brands or ‘franchises’, to brief, punctuated presence by suit-case importers. Many brands come and go.**

- **Given large number of unregistered condoms size of commercial sector still a estimated & WiP.**

- **Aside from Durex, commercial sector making little investment in promotion – efforts focus on distribution.**
Nigeria’s Commercial Market Distribution Structure

A fractured, largely inefficient market driven by more sophisticated pharmaceutical distribution sector surrounded by large number of smaller importers and distributors. Large informal ‘open markets’ thriving in urban areas that move pharmaceutical (many unregistered) and household products.

- Fragmented market driven by bigger players with great number of smaller actors: Some pharma importers/distributors actively managing delivery from national & regional warehousing to retail through fleet of trucks & sales reps.
- Products move through passive wholesaler system, with mega wholesalers playing a role through to sub, and sub-sub-wholesalers to retail. Sale and resale of products such as condoms, supported by thin margins, common.
- While NAFDAC registering and supporting market surveillance, number of unregistered brands indicate gaps in surveillance. Brand owners ‘keep an eye on the market’ to identify parallel importing or counterfeits. Durex cited counterfeiting as big problem in phase I of assessment.
- Margins. Some suggest margins set by Pharmaceutical Society of Nigeria, but other info contradicted that. Low margins by passive wholesalers can result in ‘horizontal’ – and lower value add - wholesaling, resulting in large number of players participating in distribution chain.
  - Import duties: 0% duty, but 5% sales tax (SM exempt)
  - Importer margin: ~15-35%
  - Distributer / wholesaler margin: 2-10% + (determinant on scarcity of product & delivery or not)
  - Pharmacy/PPMV margin – 30—50%
- Large and diverse number of outlets (~1.3 million potential condom outlets), served by large, fragmented distribution translates to inefficient and sometimes expensive private sector supply chains.
- Short term credit (ranging from 2 weeks) may be given to regular, reliable customers by larger distributors.

Distributor spotlight: Elbe Pharma

Self-reported top 10 pharmaceutical importer in Nigeria, supporting a portfolio of 40-50 products which they directly source through partnerships in Asia & Europe. Elbe has created brands for many of those products, including Jones Condom, a brand developed, marketed, and procured by Elbe. They currently sell slightly less than 3 million Jones condoms a year. Condoms are are a modest part of their business, but a packaging update indicates they’re making some investments in Jones condoms.

Elbe has a nationwide distribution network including 120 sales reps, and 20 managers. “3rd party distributors can’t do justice to your brand – it will get lost.’ Marketing efforts include brand management, TV, outdoor, radio. Increasingly leveraging on line purchase platform, which includes Konga and Jumia.

Registration is “part of the business” – taking 6 months and approximately $1,000 USD with NASCOP.
Recent surge in condom procurement targeting free distribution for HIV prevention requires careful coordination & planning to manage distribution.

- USG procurement of 90 million condoms comes on heals of large WB funded, UNFPA one-off procurement of 65 m condoms, distributed through NACA /SACAs in 2015/16. Little data available as to status of distribution & evaluation of distribution.
  - Slow initial distribution of USG condoms first 6 months– just ~2m distributed last half of ’16.
  - Heartland Alliance projects distribution of ~14m condoms in 2017.
  - Significant scale up & additional partners and/or channels required to distribute USG condoms prior to expiry.
- Some reports of WB funded condoms leaking to retail around hotspots, price of N500+/ box of 144, or ~N100/6.
  - FP Watch indicates free condoms in ~2% of commercial outlets.
- UNFPA continues to procure (on behalf of contributing donors (CIDA, DFID, UNFPA) ~40m/year for MoH and onward distribution through health facilities, primarily targeted FP.
- Important to manage free so that sustainable markets supported through SM & commercial efforts are not disrupted.
While dominated by Social Marketing, growth of condom market driven by increase in free distribution in recent years. SM sales have plateaued from peak in 2012. Commercial market data weak and requires further work to firm up estimates.

Depth of the Condom market—Total Size of the Nigerian Condom market

Breadth of Condom Market – Number of brands and price points on market

- **Considerable choice on market**: FP Watch found just under 100 brands on the market – most unregistered.
- **Supported by fairly large # players**: 32 importers have registered brands w/ NAFDAC. That number includes a) 2 social marketers; b) 1 larger commercial entity, the Reckitt Benckiser Group supporting the Durex brand; c) 3-4 other pharmaceutical importers that have ‘franchised’ a brand (such as Zubdy Max Ltd. Importing Karex condoms); d) and 8-12 importers that have created and invested in their own condom brand, such as Jones condom. Many more suitcase importers bring condoms in, often as one off to fill container space.
- **Social Marketers contributing to robust market**: competing SM entities introducing variants, premium brands aiming for cross subsidization
- **Market taking care of quality issues itself**: very low end, low quality condoms have yet to gain foothold in the market – with most commercial brands clustering tiers above SM pricing.
Condom outlet penetration quite high. Availability drops in public sector, likely related to challenges (hence addressed) of MoH policy to eliminate user fees that formally supported last mile distribution. Pockets of low availability persist, such as NW and SW public sector.

### SFH Condom Access Study**

Gold Circle Available at time of visit

<table>
<thead>
<tr>
<th>Outlet Type</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPMV</td>
<td>88.4%</td>
<td>88.6%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>91.8%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Government Hospital/Clinic</td>
<td>89.5%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Private hospital/clinic</td>
<td>86.4%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Kiosk</td>
<td>91.1%</td>
<td>80.3%</td>
</tr>
<tr>
<td>General store</td>
<td>89.4%</td>
<td>93.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89.0%</td>
<td>88.5%</td>
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**SFH Measuring Access & Performance Survey Report, 2015. Gold Circle condom was found in at least one outlet in 64% of urban and 73% of rural localities (enumeration areas) visited across the country.
Gold Circle driving access in urban and rural areas, with Kiss expanding reach after launch 2 years ago. *Surprisingly, some commercial brands have higher penetration in rural outlets vs. urban - possibly due to relative scarcity of # of outlets in rural areas.*

**Perceived Availability:**

76% of respondents who had heard of condoms, considered them accessible. (2012 NHARHS)

- 83% of Urban residents agree condoms are easy to obtain vs. 72% rural populations. Lower availability cited in the North West and South East.
- Perceived availability doesn’t cut across wealth quintiles: Just 57% of the poorest quintile felt condoms were accessible vs. 87% for wealthiest.
- The 2013 DHS cites less than half of young women and 68% of young men know where to obtain a condom.
  - Knowledge of a source for condoms is higher in urban areas than rural areas among young women (61 percent vs. 34 percent) and young men (77% and 60%, respectively – lower than NHARHS).
  - At the zonal level, 73% of young women in the South South are most likely while 40% of those in the North West are least likely to know a condom source. For men, knowledge of condom source is highest in the South South (88%) and lowest in the North West (47 percent).
Are Condoms Affordable?

2016 economic setbacks challenging graduating SM brands, commercial sector, and consumer ability to pay.

- A 2015 Abt Assoc. market evaluation indicated the relative price of Gold Circle had declined against growing incomes (chart). However, since that assessment:
  - Naira devaluation in mid 2016 has negatively impacted purchasing power of Nigerians;
  - Contracting economy coupled with high inflation approaching 20% has negatively impacted ability to pay;
  - Gold circle price increased to 50 Naira.
- Anecdotal reports of consumers ‘trading down’ (from commercial brands to SM brands, and SM to free) due to recession.
- An SFH brand study indicated that Gold Circle only condom sitting firmly in the ‘affordable’ quadrant (now including Kiss after introduction).
- Continued dominance of Gold Circle and recently Kiss indicate price driven purchase decisions.
- Anecdotal SW interviews describe condoms as “expensive but affordable.”
- Abt will release results from Willingness to Pay study mid 2017.

Have SM brands adjusted price accordingly?

2015 Abt Assoc. analysis exploring relative affordability of SM condoms.

- The lack of price increase has led to a relative reduction in the price of Gold Circle condoms.
The role of donor subsidy in the Nigeria condom market

Approximately 50% of the Nigerian condom market (commodity & packaging) was reliant on donor subsidy in 2016

<table>
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<tr>
<th><strong>2016 Condom Volume</strong></th>
<th><strong>% Subsidized</strong></th>
<th><strong>2016 Subsidy Required</strong></th>
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<tr>
<td>Free Distribution*</td>
<td>74,731,000</td>
<td>100%</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>159,580,960</td>
<td>~56%</td>
</tr>
<tr>
<td>Commercial + tier 2 SM brands (GC Flex &amp; Fiesta)</td>
<td>89,183,650</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Commodity Subsidy in Condom Market</strong></td>
<td><strong>323,495,610</strong></td>
<td><strong>51%</strong></td>
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• Donor support for free distribution in 2016 totaled $2.6 m for commodities, targeting KP interventions & family planning.
• Lower tier social marketed condoms (Gold Circle & Kiss), which recoup costs through revenues generated from condom sales, operated at an estimated 44% cost recovery, requiring ~ $3.6 m subsidy to support commodity/packaging costs.
• The commodity & packaging cost to support 90% use by SW & MSM condom would be ~$11.3 million annually, with an additional $72 m required to support programmatic costs (distribution, promotion & SBCC, mgt costs, etc).

SFH reported Gold Circle was previously on track to be 90% commodity cost recoverable - until devaluation of Naira. Further price adjustments planned in future.

* Data for Female Condom and male condom extracted from UNFPA RH interchange site, [https://www.unfaprocurement.org/rhi-home](https://www.unfaprocurement.org/rhi-home) and SM data from SFH and DKT interviews.
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## Identified Market Constraints

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<th>DISTRIBUTORS/ WHOLESALERS</th>
<th>Retailers</th>
<th>CONSUMERS</th>
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<tr>
<td><strong>PRODUCT</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>PRICE</strong></td>
<td>Recent devaluationpressuring price levels for importers. Unless currency stabilizes likely to see decline in number of condoms imported and / or price increases.</td>
<td>With existing social marketers, wide variety of price points and choice available. However, little presence of commercial brands in lower price tier (@100 Naira) reflect view of little opportunity at price points dominated by SM. Need to monitor affordability carefully as SM continue to graduate brands.</td>
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<td><strong>PLACE</strong></td>
<td></td>
<td>While coverage is lower in rural areas, still quite high and not distinct difference with urban. Brand choice does decline significantly.</td>
<td></td>
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<tr>
<td><strong>PROMOTION</strong></td>
<td>Little business to business product promotion by importers (distributors/wholesalers to retailers) – Little to no brand promotion / merchandising occurring (point of sale materials, etc)</td>
<td>Lack of harmonized national Social BCC / Category Promotion strategy to address persistent barriers to consistent condom use – which continues to lag in key populations with key behaviors.</td>
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<td><strong>INFORMATION / PROCUREMENT / COORDINATION</strong></td>
<td>Insufficient understanding, monitoring, and inter-sectoral coordination of the condom market– sectors are not working in coordinated approach to achieve sustainability goals, goals are not clear. Private sector not engaged; Little procurement coordination of free, SM, and commercial sector resulting in leakage of free into commercial markets, etc. No functioning Condom TWG to monitor market.</td>
<td>Fractured retail market, PPMVs, create challenges in both servicing market and understanding condoms moving.</td>
<td></td>
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<tr>
<td><strong>QUALITY ASSURANCE</strong></td>
<td>New NAFDAQ requirement of visit to place of manufacture for registered brands unlikely to encourage new entrants to register brands. Given the majority of small importers that choose not to register, indicates barrier. MoH currently has DFID funded testing equip located at SFH warehouse.</td>
<td>Lack of market surveillance not reported to be barrier by those that import legally.</td>
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<tr>
<td><strong>Financing Functions</strong></td>
<td>End of DFID funding, and pending ‘graduation’ of SFH brands presents the threat of disrupting market unless carefully managed &amp; coordinated by all in sector.</td>
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<tr>
<td><strong>CAPACITY</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>POLICY AND REGULATIONS</strong></td>
<td>Existing regulatory environment puts commercial sector at disadvantage (taxation, registration requirements, etc)</td>
<td>Conditional Condom use by male clients driven by pleasure, potentially low risk perception.</td>
<td></td>
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<tr>
<td><strong>Informal Rules and norms</strong></td>
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Identified Market Failures in the Nigerian Market

Areas highlighted in red indicate structural weaknesses in the condom market.

The market landscaping exercise identified the highlighted weaknesses, or inefficiencies, in the condom market.

By addressing the root cause of each of these weaknesses, it's possible to move beyond traditional procurement and delivery of condoms to systemic, sustainable improvements in the condom market.
<table>
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<th>Section</th>
<th>Page</th>
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<td>Scope of Work &amp; Purpose</td>
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<td>Donor Landscape</td>
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<td>Appendices</td>
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</tbody>
</table>
Recommendation 1: SBCC and category promotion supporting consistent condom use

Shift from awareness type activities leveraging IEC approaches to integrated, user driven communication design and delivery. Evidence driven SBCC can support demand leading to uptake of use, with condom category promotion benefiting brands across sectors

• Invest in integrated, evidence driven SBCC to address persistent barriers to condom use amongst KP, addressing not just the individual, but key influencers of that behavior (for example, with SW, design interventions addressing role of peers, brothel managers, clients, surrounding relevant community). Demand creation & linked generic category promotion of condoms could deploy a ‘Surround and engage’ approach - media channels reaching priority populations, integrated with targeted interventions currently reaching KP.

• The lead developer of SBCC component will have a clear SoW supporting a cross-cutting role enhancing existing USG work. A partner with SBCC expertise role would:
  o Oversee generation of evidence including condom user engagement and use of secondary data to inform design of communications addressing factors of condom use;
  o Lead on campaign strategic design, production, support implementation & roll out of campaigns;
  o Capacity building and training with implementing partners such as Heartland Alliance, SFH, and implementing partners to support implementation
  o Coordination role – to ensure ownership by the National Program, and ensure active partner input including private sector participants during design, development, and implementation.

• Target: Youth & Adolescents (focusing on those in multiple partnerships, higher risk sex) complimenting existing work reaching KPs

• Include advocacy component to address current restrictions of no condom advertisements on television prior to 10pm.
Recommendation 2: Optimize Free Distribution

Free distribution plays an important role in complimenting and reinforcing condom messaging during outreach sessions, in linking KP to SM and commercial brands available in retail outlets, and ensuring that the limited free condoms available are strategically leveraged to target the poorest and most vulnerable unable to pay. The challenge of condom forecasting and quantification is not to procure to total need of all KPs - excessive and poorly coordinated free distribution can negatively impact the commercial and SM sectors, leading to less sustainable markets over time.

- See appendix for further analysis & recommendations for Heartland Alliance.
- Engage GHSC/PSM team in country to transition elements of supply chain management from HA. PSM required to support warehousing, transport to state storage facilities, and integration/support to HA last mile distribution.
- **Support USG partners, and HA specifically, in developing strategies supporting public sector free condoms** currently in USG warehouses. Forecasting and quantification supporting free condom procurement and distribution should be factored into that strategy. Forecasting should build in TMA best practice, including factoring in existing condom pipelines, actual use based, the relative contribution of free from all donors, and the expected contribution from an evolving SM and commercial market required to sustainably meeting the needs of KP.
  - While HA currently has some systems in place, will require support to scale up last mile distribution & supply chain management. Would include assessment of storage requirements, and supporting systems (inventory management, ordering, reporting) AS HA scaled up free distribution.
- Identify additional partners with capacity to distribute 10-15 million free condoms/year to those in need —including DKT, who target distribution to poorest during FP outreach, and MoH, in consultation with UNFPA.
  - Develop & implement segmentation strategies that drive need (for free) based free distribution to KPs based on ability to pay, without disrupting SM markets. Consider segmentation based on geography (i.e., underserved areas where condoms are not as accessible & affordable), ability & willingness to pay, KP circumstances, and preferences. Segmentation strategies should be driven by evidence emerging from mkt intelligence activities. Consider:
    - **Revisit standard distribution package** (currently at 15 condoms/contact during MPPI) based on consumer segmentation strategies. For example, high need (low ability to pay) segment receive package of 15+; medium need 10 condoms, etc. Determine if PE and interventions reaching KP equipped to implement such a strategy.
    - Position free condom distribution as behavior change tool rather than source of ‘free supply.’ Actively link KP to commercial access points for SM condoms.
- **Female Condom:** Female condoms play an important empowering role for women, particularly those more vulnerable and at risk, such as SW. Serve as ‘back up’ for clients unwilling to use condom. Opps for USAID to support use through CF in future for targeted distribution to KP.
Recommendation 3: Improve Market Intelligence informing market actors

Improved market collection, analysis, management, quality assurance, dissemination & application of data and information in the development of TMA strategies and activities supporting sustainable condom use will benefit all sectors of the market. Understanding all components of the market (public, social marketing, and commercial) is a critical step in coordinating the market response to support sustainable, equitable use of condoms.

• Support formation of (sub) working group of NACA’s prevention TWG (or other feasible body) to coordinate market intelligence efforts, regularly updating the market landscape to identify market weaknesses and progress on priorities.
• **Collect data and monitor key market trends** including volume, sector share and trends, market entrants, brand share, pricing, use, availability and access. Create and update indicators to measure progress toward a TMA. Explore mechanisms to ensure market data available and driving decisions.
• Support critical studies required to understand market dynamics
  1. **Retail Panels** – aiming to better understand the breadth (across price points, brands, diversity) and depth (volume sales, by brand) of the condom market. Could support market size estimates, brand availability, sales volumes by outlet, variants available, and total value of market.
  2. **Segmentation studies**: To better understand needs and ability / willingness to pay by diverse populations, including general populations, KP disaggregated by SW, Clients, youth. Build on willingness to pay data that will become available from Abt, and existing information through secondary research sources (such as the DHS). Identify gaps in market, which could be exploited by various players (from social marketing agencies to commercial sector, free distribution)
  3. **Qualitative research** informing condom category promotion campaigns. Research needed to break down the determinants to use and non use amongst key and priority populations, including SW, clients of SW, youth and adolescents, MSM. Improve understanding of barriers to use and opportunities to address those barriers – including access, affordability, occasion, etc.
Summary Market interventions targeting each sector

- **Commercial Sector**
  - Create opportunities for commercial brands

- **Social Marketing Sector**
  - Support transition to graduation of SM brands off subsidy

- **Public Sector - Free**
  - Rationalization, Optimization, Integration to cascade of treatment & care work

- Investments to grow demand and use, generating market intelligence, coordination to address market failure.
Top line findings summary

• While condom use high for SW, middling for youth, pops engaging in higher risk activities, MSM. No harmonized demand creation campaign occurring.

• Supply side interventions are proportionate, modest part of solution, & should target support for free to those that need most.
  o Vibrant commercial market present with multiple brands across various price points
  o SM entities transitioning to social enterprise models aiding sustainability efforts, but vulnerable to economic headwinds
  o Recent availability of free condoms supporting needs of most vulnerable

• No line of site by actors in the condom market across sectors

• Opportunities to optimize free distribution as USG shifts to distribute condoms recently imported
Appendix – Considerations to Optimize Free Condom Distribution
Free Condom Distribution – Context

- USG imported 90 million condoms mid 2016. 30m are branded (Protector Plus); 20m of those are flavored. Condoms expire ~ Oct. 2019, requiring distribution by Q1 2019. (confirm all have this expiry date)
- USG IPs are off to slow start to distribute condoms. No repeat distribution was made to IP in Oct/Nov, indicating partners’ pipeline full. As of November, of the 6.558 m condoms transferred to Implementing partner’s storage, just 2.1 m condoms were estimated to be distributed on to beneficiaries.
- At existing rate of condom distribution by implementing partners, the USG has ~20 years of condoms in warehouse.
- World Bank condoms procured for NACA and onward distribution to SACAs, designated as free, are leaking into market, reinforcing need for targeted distribution to end users

Heartland Alliance Specific Context:
- Current total need for condoms of the 96,500 FSW the Heartland Alliance, USG’s primary partner distributing free (SFH leverages GF condoms), serves is ~ 100 m / year (assumes 3 commercial sex acts/day). SW report valuing free, but have purchased in past.
- Supply chain systems of HA need to be strengthened prior to scaling up free distribution. Cursory reviews reveal warehousing and storage capabilities minimal in Abuja and Lagos state office; inventory management systems are manual and not linked real time to HQ; re-supply triggers are falling short (Lagos had one carton left and was restricting onward supply to KP until restock); lack of clarity of end user distribution strategies in state offices (outreach workers indicated a supply driven distribution approach – when they have more condoms in storage, they distribute more
- HA packaging of condoms w/in ‘Sexy packs’, while attractive, is costly and unlikely to be supported during scale-up of distribution unless investments in facilities where packaging takes place, and HR to support packaging. HA should consider Sexy packs as behavioral support materials rather than supporting routine distribution.
SFH and Heartland Alliance Distribution Strategies

**SFH**
- plans to distribute ~ 20m condoms/year (although they are falling short of that) leveraging GF supplied condoms.
- Free distribution to KP supporting MPPI, as negotiated with GF, includes 37 condoms/contact, or 111 condoms per month (assumes 3 contacts/month).

**HA**
- Strategy supporting MPPI currently includes 15 condoms/contact for first 6 contacts (equivalent to 45 condoms per month, assuming MPPI occurs over 2 months), and then dropping off during Behavioral Maintenance Interventions (BMI), when KP are seen at least once every two months.
- Plans total 14.5 m condoms distributed a year, currently distributing a fraction of that (less than 2 m as of Dec)

**Objective of Free Distribution for USG condoms:** Support consistent condom use with KPs that require them most. Sustainable condom markets aim to maximize benefit of targeted distribution to those that require most, while minimizing harm to the market (through leakage) to commercial and social marketing sectors. Ensure 90 m USG condoms are maximizing health impact, minimize waste, and transitioning users to sustainable condom markets supported by SM entities.
Recommendations to Optimize Free

• HA scales up distribution of free condoms. To do so, they should align distribution strategy with SFH approach. Would entail increasing distribution/contact from 15 condoms/contact up to 30 condoms/contact. However, given short period, it is not recommended annual distribution of HA exceed 25m/year (and that is likely to stretch systems) unless significant supply chain support provided.

• Develop specific strategies for USG Implementing Partner distribution. Require IPs to develop specific approaches supporting distribution to KP. Running assumption in analysis is IP can distribute 2x's initial allocation, totaling ~4m/condoms/year. If need is greater factor into analysis.

• Support DKT free distribution: DKT currently distributes free condoms to those most in need (during outreach for FP/RH/HIV sessions). They have expressed need for condoms to support continued free – quantities and strategies to be determined.

• Support MoH condom needs: Currently explore need of distribution through FMoH and SMoH channels, already overseen by UNFPA. Last mile distribution has reportedly improved. Would require aligning UNFPA current supply to FMoH, and assessing MoH needs. But may be an effective outlet supporting use of 10-20m USG condoms.
  – NACA and onward distribution to SACAs not seen as a viable strategy for condom distribution given lack of visibility into recent WB procured 150 m condoms, insufficient systems in place
  – Explore interest and capabilities to SM the 30 branded condoms to targeted outlets by SFH, DKT.
Factors to Consider in support to Heartland Alliance

- Explore feasibility of PSM assuming significant piece of supply chain management for HA. The logistics, space, and systems required to manage this quantity of condoms should not be underestimated. It will require relatively sophisticated supply chain systems to responsibly manage. (for perspective, seventy 20’ containers are required to ship 90 m condoms.)
- Joint sessions with SFH to harmonize condom distribution strategies are required prior to any changes in strategy. Objectives would leverage SFH experience and lessons learned in free distribution, confirm uptake by KP, ‘last contact’ (peer educator to KP) controls in place to minimize leakage to private sector, and
- Explore potential of SFH providing supply chain logistic support to HA. That could include leveraging SFH’s mature and well developed supply chain system supporting social marketing interventions. Support likely to require cost reimbursement.
- Explore whether immediate support from PSM possible to support supply chain review and support system design, outlined below.
Support to Scaling up Free Distribution by HA

Comprehensive review of HA supply chain management processes, systems, & controls is required prior to scaling up condom distribution. A review and design process would include:

1. Forecasting and needs quantification through a comprehensive planning exercise.
2. Distribution strategies should aim to harmonize with SFH approaches, and leverage lessons learned with SFH and HA experience to date. Develop system to update distribution approaches based on actual distribution and needs, and absorptive capacity of HA nascent supply chain systems.
3. Cascade forecasting and needs through planning down to planning by State field offices, CBOs, outreach coordinators, peer educators, to KP and hot spot outlets.
4. Review supply chain systems and controls; design and build out pull driven systems to fill in gaps, leveraging PSM experience and expertise. System should provide timely data reflecting stock on hand, days remaining based on distribution plans, resupply quantities required, and specified re-order points for all HA supply chain points. Controls should include tracking of batch numbers and quantities of condoms distributed at every stage of supply chain, and link back to PSM logistics support.
5. Determine lead times for ordering and onward distribution to KP. Factor in delivery capabilities of PSM and distribution partners, timelines required for systems in place.
6. Determine warehousing and storage requirements and needs required to support distribution from HQ to State offices and CBOs, factoring in delivery capabilities of PSM and distribution of partners. Factors should include space requirements, security, location, access, product storage requirements.
Consider capabilities of HA to scale up distribution to 21 m/year so quickly.

### Projected Distribution (annual)

<p>| | |</p>
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<tbody>
<tr>
<td>Heartland Alliance</td>
<td>21,151,590</td>
</tr>
<tr>
<td>DKT</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Other IP Treatment partners</td>
<td>4,000,000</td>
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<tr>
<td>MoH or alt distribution system</td>
<td>5,000,000</td>
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<td><strong>Annual Distribution</strong></td>
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### Projected Distribution by Dec 2018

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<tr>
<td><strong>2018</strong></td>
<td><strong>70,303,180</strong></td>
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### 2019 Q 1 Distribution

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<tr>
<td><strong>2019 Q 1 Distribution</strong></td>
<td><strong>13,141,820</strong></td>
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Impact of recession on condom use

Importers to retailers and consumers under pressure

- Owners of brands (including SM) and distribution currently absorbing much of the impact of devaluated currency increasing the cost of condoms imported - but for how long? To date supply chain has absorbed much of the brunt of impact from devaluation of Naira (making imports more expensive). Elbe pharmacy states they should be selling their condom at twice the 60 Naira (to trade) price, but have been reluctant to increase prices, yet.

- Consumer Impact – shift to price and value:
  - Mid-income former users of premium & sub premium segment trading down to Gold Circle (impact – depressing commercial sales)
  - Anecdotal reports of more women entering into SW. New SW typically more vulnerable.

- Decline in all categories of retail goods (non condom specific).
Key Questions, Information and data gaps

- What will the impact of pricing adjustments, and rationalizing free distribution, have on use?
  - Willingness & Ability to pay studies, by population segment (such as SW, MSM, socio-economic segments of general population) are required to better understand implications for price adjustments of social marketing segment, adjustments of quantities of condoms allocated for free distribution.

- What are underlying factors of conditional condom use by male clients, and men & women in high risk relationships (multiple partners)
  - Qualitative research to improve understanding of risk perception and conditional condom use, particularly for male clients and men and women with multiple partners. Particularly important as SW anecdotally cite men as the factor of condom use.

- What is the true size and value of the commercial condom market?
  - Continue to understand market value (indicating potential for private sector actors – ACMS began estimating but data lacks non registered private sector). Market value can be determined by applying sales volume estimates with estimated sales price. E.g., the estimated value of the social marketing sector is $1.48m per annum.
  - Update number of condom imported from 2015 from customs.
  - Data gaps in total market size – particularly unregistered private sector. Find importer of Alex condoms to determine quantities imported, strategy and plan for the condom, encourage registration and testing.
  - Need to clarify purchase behaviors of larger fmcg wholesalers, and more fragmented FMCG importers- who do they purchase from, how decisions made, etc.

- Further analysis required to determine level of subsidy required to support distribution (including to KP), marketing/promotion efforts. While difficult to understand how subsidy is supporting every element of use (product, distribution/access, promotion/demand, overheads) it would be possible to make strategic investment decisions understanding.
<table>
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<tr>
<th>Product Name</th>
<th>Applicant Name</th>
<th>Manufacturer’s Name</th>
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<tr>
<td>Romantic Condom (Wild Cat Ribbed)</td>
<td>Vito Investment Ltd</td>
<td>Takaso Rubber Products Sdn Bhd</td>
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<td>Prinogold Condom</td>
<td>Prinogold Limited</td>
<td>Henan Xibei Latex Co Ltd</td>
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<td>Powdera Male Condom</td>
<td>Powdera Healthcare Products Ltd</td>
<td>Shandong Ming Yuan Latex Co Ltd</td>
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<tr>
<td>Lifeguard Mechest Dotted Condom (2 Flavours)</td>
<td>Mechest International Ltd</td>
<td>Fitone Latex Products Ltd</td>
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<tr>
<td>Liberty Dotted Condom (3 reg Flavours)</td>
<td>Mechest International Ltd</td>
<td>Fitone Latex Products Ltd</td>
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<tr>
<td>Safety Dotted Condom (3 registered Flavours)</td>
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<td>Fitone Latex Products Ltd</td>
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<tr>
<td>Lovemoment Condom (2 variants)</td>
<td>Kids Met Ltd</td>
<td>Dongyang Songpu Latex Jinzhou Co Ltd</td>
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<tr>
<td>Real Madrid Latex Condom (6 ‘team’ condoms registered)</td>
<td>Remarkable Sport Ventures</td>
<td>Ssn Medical Products Sdn Bhd</td>
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<td>Gold Circle Flex Condom</td>
<td>Society For Family Health</td>
<td>Thai Nippon Rubber Industry Co Ltd</td>
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<tr>
<td>Manforce Condom (2 registered Flavours)</td>
<td>Philips Pharm Nig Ltd</td>
<td>Panta Latex</td>
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<td>Justinex Dotted Condoms (3 variants registered)</td>
<td>Uth Wellness Products Ltd</td>
<td>Convex Latex Pvt Ltd</td>
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<td>Lee Dotted Condom</td>
<td>Nofom Pharmaceutical Nigeria Ltd</td>
<td>Suxhou Colour-way Enterprise Development Co</td>
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<td>M-Zone Plain Condom</td>
<td>Tickles Nig Ltd</td>
<td>Dongyang Songpu Latex Jinzhou Co Ltd</td>
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<tr>
<td>Powdera Female Condom</td>
<td>Powdera Healthcare Products Ltd</td>
<td>Shandong Ming Yuan Latex Co Ltd</td>
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<tr>
<td>Cubid’s Cobra Condom</td>
<td>Fatina Pharmacy Ltd</td>
<td>Cupid Limited</td>
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<td>Dkt Fiesta (7 variants registered)</td>
<td>Deep K.Tyagi Foundation Nig.</td>
<td>Innolatex Sdn Bhn.</td>
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<td>Tesara Condom (plain Vanilla)</td>
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<td>Mercator Healthcare Ltd</td>
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<td>Faarms And Co. Ltd</td>
<td>Tianjin Human Care Latex Corporation</td>
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<td>Moods Condoms (2 variants)</td>
<td>Jawa International Limited</td>
<td>Hill Lifecare Ltd</td>
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<td>Durex Condom (4 variants)</td>
<td>Reckitt Benckisermin Ltd</td>
<td>Qingdao London Durex Co Ltd</td>
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<tr>
<td>Fc2 Female Condom</td>
<td>Society For Family Health</td>
<td>The Female Health Co (UK) Plc.</td>
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<tr>
<td>Lifeguard Mechester Dotted Condom (Apple Flavour)</td>
<td>Mechest International Ltd</td>
<td>Fitone Latex Products Ltd</td>
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<tr>
<td>Love Mate Premium Condoms (dotted &amp; Strawberry flavour)</td>
<td>Faarms And Co. Ltd</td>
<td>Tianjin Human Care Latex Corporation</td>
</tr>
</tbody>
</table>
Stakeholders Met

Field visit occurred 1 – 16 Dec

List of key stakeholders Met

Government of Nigeria, donor agencies, bilateral/international organizations:

- USAID: Nancy Lowenthal, Director, Health, Population Nutrition nlowenthal@usaid.gov; Isa Iyortim (Nigeria/IIP/HIV-TB) iiyortim@usaid.gov; Abimbola Kola-Jebutu akola-jebutu@usaid.gov; Badiane, Kelly (Nigeria/IIP/HIV-TB) kbadiane@usaid.gov; Babatunji Odelola bodelola@usaid.gov
- DFID Ebere Anyachukwu, head of Health programs; <E-Anychukwu@dfid.gov.uk>
- UNFPA: Zubaida abubakar zabubakar@unfpa.org; amaka anene anene@unfpa.org; Olanike Adedeji oadedeji@unfpa.org
- NACA (Federal) Dr. Akudo Ikpeazu, Dir Program Coordinator, Prevention; Dr. Uduak Daniel; Mr. Bravo Otohbru; Mr. Emeka Nwafor; Mrs Idoteyin Ezirim
- NAFDAC Denis Ake, dyzwayz@yahoo.com, 080 6135 2933

Social Marketing and other relevant implementing partners:

- SFH Bright Ekweremadu Executive Director, BEkweremadu@sfhnigeria.org; Omokhudu Idogho, CoP – ENR projects, oidogho@sfhnigeria.org; Temitope Adetokunbo Onabanjo Regional Sales Mgr; TOnabanjo@sfhnigeria.org & sales team
- DKT – Dimos Sakellaridis, Country Director, dimos@dktinternational.org; Macaulay gory, Head of Sales gory@dktnigeria.org;
- Heartland Alliance – Paul Umoh, Dir Strategic KM pumoh@heartlandalliance.org; Adams Matthew (Logistics Officer); Ben (QA Manager)
- Shops Project; Ayodele Iroko CoP Ayodele_Iroko@shopsproject.com

Private sector:

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