

Good Practice Documentation APAC-VHS-USAID

Condom Programming



APAC-VHS



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Conducted by
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APAC – VHS – USAID CONDOM PROGRAMMING

Condom programming is one of the HIV prevention strategies of APAC to curtail STIs and HIV infection among core populations (FSWs, MSM, IDUs) with the aim of:

- Increasing availability of condoms among its target populations,
- Enhancing accessibility to quality condoms, and
- Improving their ability to use condoms correctly and consistently.

Good Practices

APAC, a project of VHS supported by USAID, is considered as a pioneer in condom programming in India. APAC initiated its condom programming in the year 1995, at a time when guidelines barely existed^{1, 2}. The condom programming strategy of APAC was evolved in consultation with condom manufacturers, social marketing organizations, marketing experts, AIDSCAP project officials, NGOs, target community members and government representatives.

Condom Programming Strategies of APAC

Free condom distribution is aimed at those who cannot afford to pay for condoms. The SACS procures condoms from MOHFW and distributes them to NGOs.

Social marketing is the adaptation of commercial marketing, sales concepts and techniques to the attainment of social goals. It intends to make health-related information, products and services easily available and affordable to low-income populations and those at risk, besides promoting the adoption of healthy behavior³.



Figure1: Elements of Condom programming, UNFPA/PATH, 2003⁴.

Rationale for condom programming

In early 1995, with HIV prevalence in Tamil Nadu at 1.65%⁵ condom programming was a critical strategy in HIV prevention programs⁶⁻⁸. At that time, a baseline study in Tamil Nadu⁹ informed APAC program designers the challenges at two levels that reflected the elements of condom programming as acknowledged by international experts (Figure 1).

Challenges with supply

- Condom market was practically stagnant due to limited efforts from manufacturers to expand distribution and increase demand
- Major supply issues existed with free, social and commercially marketed condoms
- Limited interest among manufacturers to serve NGO intervention sites

Challenges with demand

- NGOs did not understand condom promotion or social marketing, nor did they have the capacity to implement these programs
- Consumers held negative attitudes towards free condom, besides the general myths about condoms

Free condom distribution: Free condom distribution to target groups has been implemented through APAC supported NGOs. APAC's primary condom promotion strategy is targeted distribution among HRGs such as FSWs, MSM and IDUs. This strategy is suited to the concentrated epidemic that prevailed in Tamil Nadu in mid-nineties¹⁰.

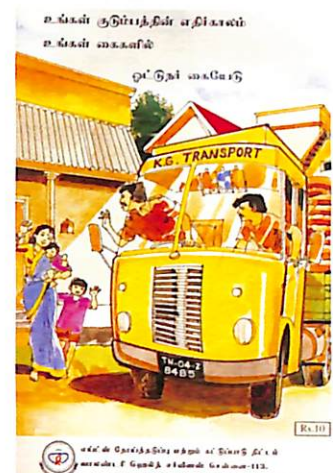
Condoms are procured from SACS based on estimates provided by NGOs. APAC - trained NGOs established manned outlets (public toilets, petty shops) and unmanned condom outlets (beneath bushes, tree tops), to improve accessibility to HRGs. The locations of these outlets were familiar to HRGs, which were predominantly located in addition free condoms at hot spots for sex work. were distributed to HRGs by ORWs and PEs.

Social marketing: Considering the program sustainability and the potential users for paid condoms APAC initiated social marketing of condoms in the year 1996 at their intervention sites⁹. As part of strengthening this strategy APAC used a three-pronged approach

- *Capacity building on Social Marketing:* Concepts; addressing negative attitude towards social marketing; improving negotiation skills on condom marketing with target groups and retail outlets.

USP of APAC condom programming:

- Early implementation
 - Flexible strategies
 - Target population centred
-



Truckers' Handbook

During the first phase, NGOs were trained on the concept of social marketing of condoms and to bring about an attitudinal change towards condom social marketing. They were trained on distribution, skills on condom negotiation to approach NTOs and target groups. As part of social marketing activities, APAC developed a trucker handbook containing a small pouch that could hold a pack of three condoms, calendar and instructions on how to use condoms, including information on HIV/AIDS/STI, besides doubling as a personal diary. These handbooks were printed and sold by the NGOs to truckers for Rs. 10, at a margin of Rs.3 to themselves.



Condom demo by a PE during a meeting

In addition, peer educators chosen from the target population were trained and used for condom demonstration, negotiation and distribution in addition to other services¹¹.

Innovative strategies addressed embarrassment towards condoms among general population:

- 'Condom Savaal' was a play-way method which used games with condom as the central theme. 'Condom Savaal' trucks, with games on board visited several localities in Chennai, Chengalpattu and Kancheepuram. The games on the trucks included: 'spin & win', a wheel of fortune with condom messages which the participants were supposed to bet on; 'Hoopla Hoo' was a game of skill; 'Dart' involved throwing darts on to a moving board carrying messages on condoms; the popular 'Tin Din', which involved toppling a set of tins with a ball. The trucks were well received by the public and there was good participation⁹.
- Condom jokes contest also aimed at reducing inhibitions towards condoms. NGOs placed joke collection boxes along with prominent posters. Response to this contest was good. APAC screened and selected 103 jokes which were printed and circulated widely by APAC⁹.



Condom joke pamphlets

- *Advocacy with private condom manufacturers:* Subsidizing cost for condoms; encouraging supply to intervention sites; wide-range of condoms; encouraging new marketing concepts.

In the mid 1990s, private condom manufacturers were reluctant to invest resources and take risks. They did not want to reposition their brands and promoted condoms primarily as a family planning device. APAC advocated and supported private condom manufacturers for a short time to stimulate competition. With this support, they could increase



Condom retailers & manufacturers at a meeting

the size of their sales team. Sales teams serviced interior markets using vans and auto rickshaws providing promotion materials along with condoms to retailers. APAC also helped design, test and implement trade schemes which aimed to motivate retailers to procure large volumes of condoms from manufacturers and, display condoms and promotional material prominently in their outlets⁹.

- *Training of retailers:* HIV/AIDS; knowledge of condoms; identifying barriers and strategies to sell condoms; addressing negative attitudes and misconception towards condom



Retailers' handbook

When non-traditional outlets were introduced as potential vendors for condoms, it was found that retailers possessed a negative attitude towards condoms and its users. Besides attitudinal issues, retailers were worried about customer loyalty, stocking and profits from sales⁴. Thus, a retailers training program was developed. It emphasized on the social responsibility aspect of selling condoms at their outlets. That is, retailers, by stocking and promoting condoms were helping prevent the spread of HIV and thus saving many lives. The training manual also emphasized on the economics of selling condoms which are small, fast moving products with high profit margins¹². Subsequent to this training, 45% of those who were trained started stocking and selling condoms⁹.

Both the strategies for increasing the accessibility of condoms have been operated through NTOs and TOs:

NTOs are non-chemist outlets such as petty shops, grocery stores and highway eating joints, which do not traditionally stock condoms, while TOs are socially accepted outlets in Tamil Nadu that are known to stock and sell condoms. Condoms were made available at NTOs since they were considered as an essential mechanism to reach low income people¹³. During the initial phase of the project (1995), condoms were sold only by chemists and were viewed as a pharmaceutical product. Non-chemist outlets were reluctant to sell condoms because of the stigma and embarrassment associated with the product. They were also concerned about profits as they believed customers were not loyal to a particular retailer for such products⁹. However, APAC viewed NTOs, as an opportunity to increase the access to condoms. No stock-out of condoms at TOs and NTOs were ensured by APAC supported NGOs.

Quality of condoms

APAC periodically tested condom stocks in retail outlets and Government hospitals to ensure only good quality condoms reached the end-user. Condom should conform to the requirements of Schedule R of the Indian Drugs and Cosmetics Act. Since damage to condoms is possible while in transit and storage, ensuring quality of condoms at delivery is important. A condom quality study done by APAC found that quality of free, socially marketed and commercial condoms in Tamil Nadu, matched WHO and local specifications. Lubrication and packing were some of the areas of improvement. The findings from these studies were disseminated to the Drug Controllers Office and to condom manufacturers⁹.

Evidences Supporting Program Strategies

NACP-III guidelines suggest that condom programs should promote correct and consistent use of condoms; build better linkages with social marketing organizations, NTOs and TOs; take efforts to make condoms accessible and available¹.

The graphs (Figure 2) present time-series data on free condom distribution, social marketing of condoms and target population reached through condom program in seven IIDs of APAC (Kanyakumari, Kanchipuram, Pondicherry, Tiruchirapalli, Tirunelveli, Tuticorin and Villupuram).

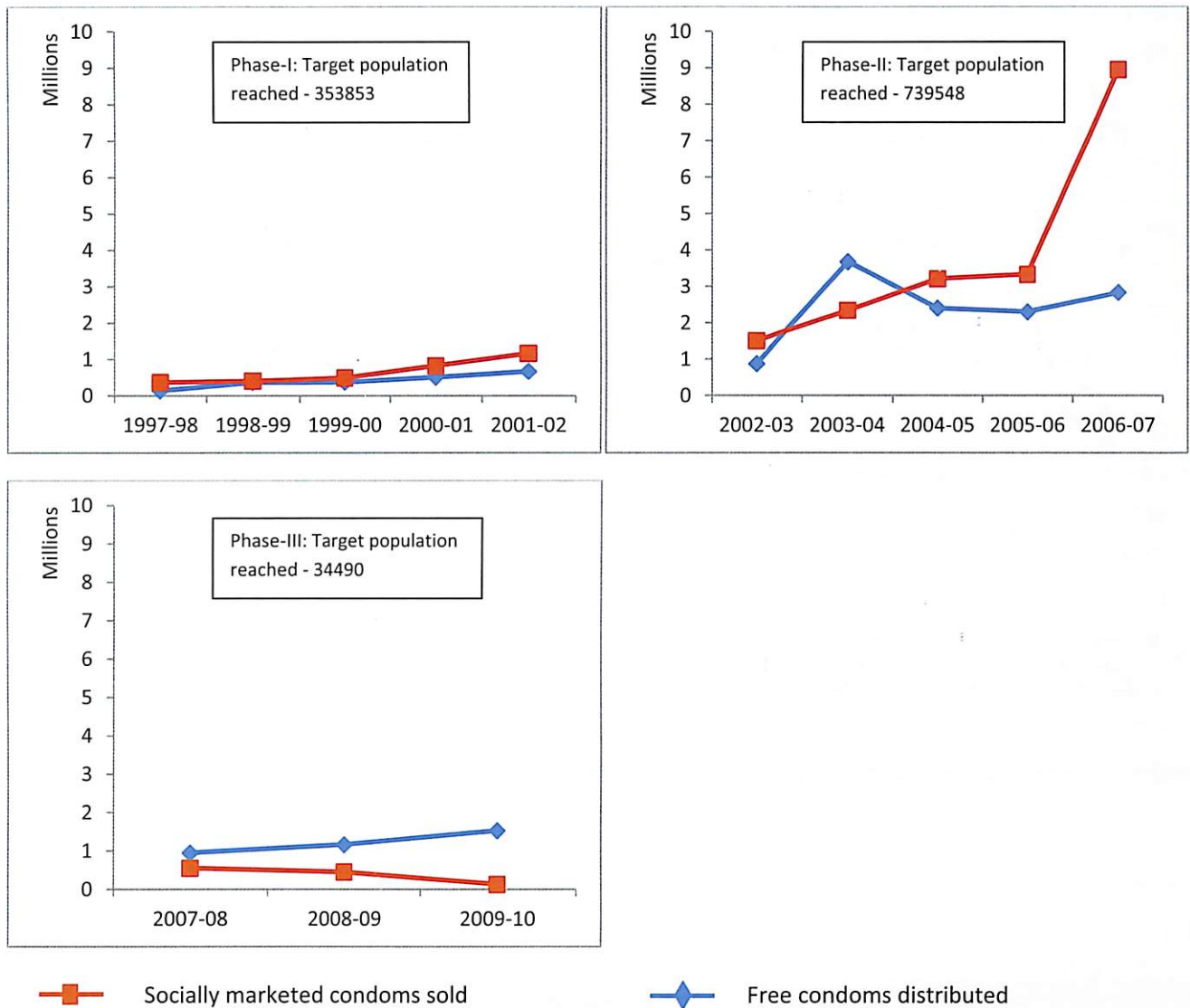
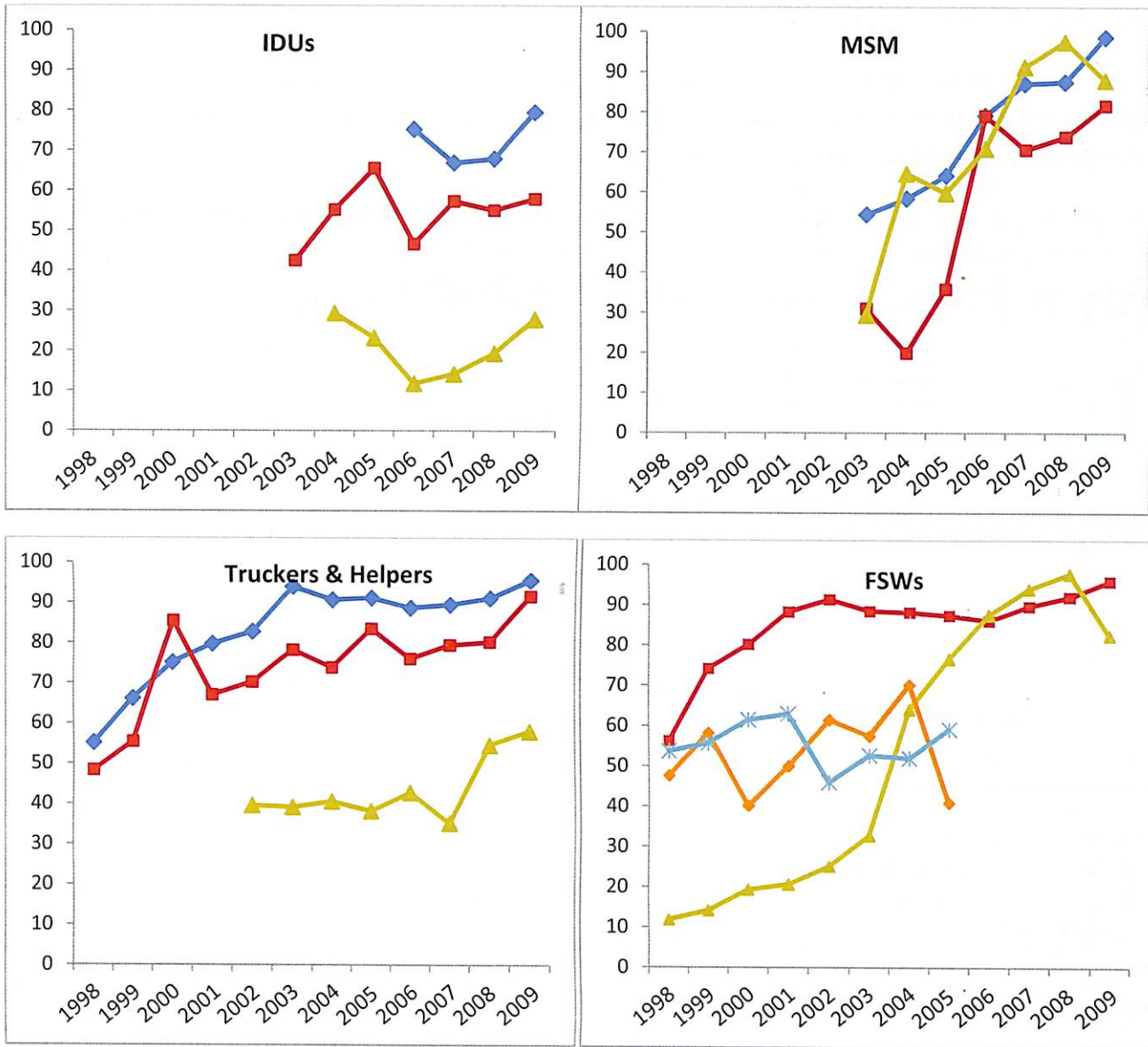


Figure 2: Number of free condoms distributed, socially marketed condoms sold and target population reached, in seven IIDs in the three phases respectively, APAC TI program data, 1998-2010.

The graphs (Figure 2) indicate a gradual increase in condom supply in all the three phases. Distribution of both free condom and commercial condoms rose more than 3-5 times, in phase-I (1997-2002), 3-6 times in phase-II (2003 – 2007), -0.25-1.6 times in phase III (2007 – 2010). There was an exponential increase in the number of NTOs from 97 outlets in 1997-98 to 4560 in 2005-6. From the year 2007, APAC implemented programs have been gradually integrated with TANSACS¹⁴.



■ Condom use with last non-regular partner ◆ Condom use with last paid partner
▲ Voluntary condom procurement ◆ Condom negotiation - Re-negotiated with client
✱ Condom negotiation - Refused sex with client

Figure 3: Condom use with last paid partner, condom use with last non-regular partner, voluntary condom procurement, condom negotiation – renegotiated with client/refused sex with client among IDUs, MSM, Truckers & Helpers and FSWs respectively, reported in the APAC-BSS, wave I-XII.

The condom use behavior is captured by APAC-BSS in a systematic way, by using the “condom use at last sex” as the proxy indicator. The graphs (Figure 3) depict condom use at last sex with non-regular partner (IDUs, MSM, TH & FSWs) and paid partner (IDUs, MSM & TH). The figures illustrate that sustained increase in the use of condoms over 13 years of interventions. This increase is dramatically higher among MSM for both types of partners. Voluntary procurement of condoms has steadily improved among all groups, with MSM and FSWs showing higher increases in procurement than the other two groups. Among FSWs, condom negotiation skills is at 50%, that is about 50% of FSWs were able to renegotiate the use of condoms or refuse sex, every time a client refuses to use condoms.

Good Practice Standards met by APAC Condom programming

Evidence-based: Condom promotion activities of APAC were not only innovative, they were also evidence based. Condom programming was initiated with a base line study and the progress was monitored through program data and BSS. IEC materials were always pre-tested and piloted before implementation. Campaigns promoting condoms were designed from baseline studies, APAC-BSS and BCC committee that included external and internal communication specialist, project director of APAC and technical officer from USAID.

BEST PRACTICE - WHO

“Knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results, and which can be used to develop and implement solutions adapted to similar health problems in other situations and contexts”

Partnership: APAC supported HLL to establish a linkage in 1996 with HIV/AIDS program implementing NGOs in Tamil Nadu to ensure servicing of outlets located at NGO intervention sites¹⁵. HLL offered condoms in different price ranges and features, with some brands starting at 50 paise for a condom. To enhance servicing of outlets, NGO field staff accompanied HLL representatives, who would submit claims along with a progress report that was acknowledged by the NGO. Besides increasing market share for priced condoms, this mutually beneficial collaboration increased availability of condoms, visibility of stocks and for HLL, increase in sales and an understanding of the market potency of NGO sites.

Relevance: APAC programs primary goal is to increase the condom supply, which was challenged by issues including hesitancy among condom manufacturers in selling condoms as a tool beyond family planning, resistance from NTOs due to social stigma and lack of condom marketing capacity among NTOs. These were addressed by APAC training and advocacy programs.

Sustainability: APAC condom programming aimed to improve sustainability of the program and provide more product choices for consumers. To achieve this, APAC established linkages between private condom manufacturers and involved NGOs to expand the servicing of non-traditional outlets in hot spots. Similarly, APAC trained peer educators aimed as a long-term intervention as peers can increase the possibility of sustained behavior change, at a relatively lower cost.

Challenges of APAC Condom Programming

- Monitoring of access to NTOs for socially marketed condoms

KEY LESSONS

- Systematic process of program development should be ensured for effective outcomes.
- Community involvement should be ensured for contextualizing program planning and implementation.
- Implementing partners should be capacitated appropriately.
- Periodic monitoring through standardized indicators should be encouraged for capturing changing needs, if any.

Standards and definitions of good/best practices

- UNAIDS defines best practices as accumulating and applying knowledge about what is working and not working in different situations and contexts. It is both the lessons learned and the continuing process of learning, feedback, reflection and analysis (what works, how and why, and so forth) ¹⁶.
- WHO uses the following set of criteria to analyze and judge whether the given practice is optimal or not. At least the first three criteria should be met by the practice in addition to one or more of the other criteria¹⁷.
 - Effectiveness
 - Efficiency
 - Relevance
 - Ethical soundness
 - Sustainability
 - Possibility of duplication
 - Partnership
 - Community involvement
 - Political commitment

Abbreviations

AIDSCAP	-	AIDS Control and Prevention project	NGO	-	Non-Governmental Organizations
APAC	-	AIDS Prevention and Control project	NTOs	-	Non-traditional Outlets
AIDS	-	Acquired Immunodeficiency syndrome	ORWs	-	Outreach Workers
BCC	-	Behavior Change Communication	PEs	-	Peer Educators
BSS	-	Behavior Surveillance Survey	SACS	-	State AIDS Control Society
FSWs	-	Female Sex Workers	STI	-	Sexually Transmitted Infection
HIV	-	Human Immunodeficiency Virus	TANSACS	-	Tamil Nadu State AIDS Control Society
HLL	-	Hindustan Lever Limited	TH	-	Truckers & Helpers
HRG	-	High Risk Groups	TOs	-	Traditional Outlets
IDUs	-	Injection Drug Users	VHS	-	Voluntary Health Services
IEC	-	Information, Education and Communication	USAID	-	United States Agency for International Development
IIDs	-	Intensive Intervention Districts	UNAIDS	-	Joint United Nations Program on HIV/AIDS
MOHFW	-	Ministry of Health and Family Welfare	USP	-	Unique Selling Point
MSM	-	Men who have Sex with Men	WHO	-	World Health Organization
NACP-III	-	National AIDS Control Program Phase-III			

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Notes

Notes

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