



THE REPUBLIC OF UGANDA

Ministry of Health

National Condom Programming Strategy

2013 – 2015

**Ministry of Health
P.O. Box 7272 Kampala**

**National Condom
Programming
Strategy**

Table of Contents

Preface	vi
1.0 Background	1
1.1 Introduction.....	1
1.2 Condoms for Contraception.....	2
1.3 Condoms in Disease Prevention	4
1.4 The Male Condom Programme	5
1.5 The Female Condom Programme.....	8
2.0 Rationale, Goal and Objectives	10
2.1 Justification	10
2.2 Guiding Principles.....	11
2.3 Comprehensive Condom Programming (CCP)	11
2.4 Vision for implementation of CCP	12
2.5 Goal	12
2.6 Target Groups	12
3.0 The Strategic Interventions	14
3.1 Increasing Demand for Male and Female Condoms	14
3.1.1 Strengthening Advocacy.....	14
3.1.2 Improving Condom Education.....	14
3.1.3 Strengthening Social Marketing of Condoms	15
3.2 Improving Access to and Utilisation of Condoms	16
3.2.1 Increasing Access to Male and Female Condoms	16
3.2.2 Improving utilisation of male and female condoms	17
3.3 Strengthening the Supply Chain Management	17
3.3.1 Improving Forecasting.....	17
3.3.2 Strengthening Procurement	18
3.3.3 Improving Condom Distribution.....	19
3.4 Improving Management, Monitoring and Evaluation.....	20
3.4.1 Ensuring the Quality of Condoms.....	20
3.4.2 Strengthening Condom Coordination	21
3.4.3 Operationalizing the National Distribution Strategy.....	22
3.4.4 Improving Condom Monitoring and Evaluation.....	23

3.4.5	Core Indicators.....	24
3.4.6	Strengthening Operational Research.....	24
4	.0 Organization and Management.....	26
4.1	Ministry of Health	26
4.1.1	Management and Co-ordination of Strategic Condom Activities.....	26
4.1.2	Medicines Procurement & Management Technical Working Group.....	27
4.1.3	Maternal and Child Health Technical Working Group	27
4.1.4	Reproductive Health Commodity Security Committee	27
4.1.4	Condom Coordination Committee	27
4.2	District Condom Focal Persons.....	27
4.3	Social Marketing Organizations	28
4.4	National Level Institutions	28
4.4.1	Uganda AIDS Commission.....	28
4.4.2	National Drug Authority (NDA).....	29
4.4.3	National Medical Stores (NMS)	29
4.5	Alternate Storage and distribution Mechanism.....	29
4.6	Non-Governmental Organizations / Implementing Partners (NGO/ IPs)	29
4.7	Development Partners.....	30
5.0	References.....	31
6.0	Annexes.....	33
	Annex 1: National Condom Distribution Plan	33
	Annex 2: NATIONAL DRUG AUTHORITY GUIDELINES	34
	Annex 3: NATIONAL CONDOM QUANTIFICATION	35
	Annex 4: Comprehensive Condom Programming Components.....	36
	Annex 5: PARTICIPANTS IN THE STRATEGY DEVELOPMENT PROCESS	1

Acronyms

ACP	AIDS Control Programme
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CDC	Centres for Disease Control and Prevention
CBD	Community-Based Distributor
CCC	Condom Coordination Committee
CCP	Comprehensive Condom Programming
CoCU	Condom Coordination Unit (MoH)
DCFP	District Condom Focal Person
DHO	District Health Officer
eMTCT	Elimination of Mother-to-Child Transmission of HIV
FBO	Faith-Based Organization
GTZ	German Technical Cooperation
GPA	Global Programme on AIDS
GMP	Good Manufacturing Practice
HCT	HIV Counselling and Testing
IDA	International Development Agency
IEC	Information, Education, and Communication
ISO	International Organisation for Standardization
KABP	Knowledge, Attitudes, Behaviours, and Practices (also KAP)
KfW	Kreditanstalt für Wiederaufbau (German Financial Cooperation)
MSI U	Marie Stopes International – Uganda
NDA	National Drug Authority
NGEN+	National Guidance and Empowerment Network
NMS	National Medical Stores
NEMA	National Environment Management Authority
PACE	Programme for Accessible Health, Communication and Education

PMTCT	Prevention of Mother to Child Transmission of HIV
PSI	Population Services International
RHD	Reproductive Health Division (MoH)
RHU	Reproductive Health Uganda
SMC	Safe Male Circumcision
SMO	Social Marketing Organization
STD	Sexually Transmitted Disease
TMA	Total Market Approach
TSG	Technical Service Group
UAC	Uganda AIDS Commission
UAIS	Uganda HIV/AIDS Indicator Survey
UDHS	Uganda Demographic and Health Survey
UHMG	Uganda Health Marketing Group
UNAIDS	Joint United Nations Programme on AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VHT	Village Health Team

Preface

Condoms in Uganda are promoted for prevention of sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV); and as a family planning method for prevention of unintended pregnancies. Within the context of STI/HIV prevention, the condom forms an important integral component of the **ABC+** approach, where **A= Abstinence**; **B= Be faithful**; **C= Condom use**; and the Plus (+) refers to other proven interventions for reducing HIV transmission such as elimination of mother to child transmission of HIV and Safe Male Circumcision.

The National Condom programming Strategy is aligned to the National HIV Prevention Strategy 2011/2015, the Health Sector Strategic and Investment Plan (2010/11 – 2014/15) and the National Overarching AIDS Policy, which states that *“Open promotion, efficient distribution and responsible use of male and female condoms, with appropriate education, shall be adopted”*. The overall goal is to contribute to the reduction of STI/HIV transmission and unintended pregnancies by increasing correct and consistent use among sexually active individuals.

This Strategy has been developed to guide implementation of a National Comprehensive condom program, which will in turn guide all stakeholders and implementing partners in increasing demand, access and utilisation of both male and female condoms. The strategy aims to strengthen the three arms of Condom programming i.e. **supply, demand and support**, through providing relevant resources, coordination of all implementing partners under a vibrant logistics management system. This Strategy will significantly contribute to the national response in the fight against sexually transmitted infections and reduction of unintended pregnancies.

I am confident that this document will provide guidance to stakeholders and individuals to make informed decisions on condom promotion and use, for dual protection. The Ministry of Health is committed to making good quality condoms more available and accessible for all people who are sexually active and need protection. I appeal to all Reproductive Health and HIV/AIDS prevention stakeholders, to make use of this important strategy.

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Acknowledgements

The development, review and production of the National Condom Programming Strategy has been achieved through wide consultations with various stakeholders at National, District and Community levels. This activity was directed through the AIDS Control Programme (STD/ACP), in close collaboration with the Reproductive Health Division of the Ministry of Health.

I therefore, take this opportunity to extend sincere gratitude to all those individuals, Implementing partners, District teams and other stakeholders including the beneficiaries, for their input in the development and production of this programming strategy. Special thanks go to the following working team members: Dr. Peter Kyambadde, Dr. Alex Ario, Mr. Michael Muyonga, Mr. Sam Enginyu, Dr. Shaban Mugerwa, Ms. Lilliane Luwaga, Ms. Rose Tiridri, Ms. Sharon Acen and Ms. Harriet Kiwuwa who were ably led by Dr. Saul Onyango.

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1.0 Background

1.1 Introduction

Since the reporting of the first AIDS cases in Uganda in 1982, HIV has spread throughout the country resulting into a severe, mature, and generalized epidemic. This has evolved into a heterogeneous epidemic that affects different population sub-groups, with different transmission dynamics. The results of the 2011 Uganda AIDS Indicator Survey (UAIS) indicated that 7.3 percent of adults aged 15 to 49 years in the country were infected with HIV. The prevalence was higher among females (8.3 percent) than males (6.1 percent). The prevalence also increased with age until it peaked at age 35-39 years for females (12 percent), and at age 40-44 years for males (11 percent). Furthermore, urban residents were more affected (8.7 percent) when compared to the rural ones (7.0 percent). More specifically, the females in urban areas had a higher prevalence (10.7 percent) than those in rural areas (7.7 percent), but there was no urban-rural difference in HIV prevalence among males (6.1 percent, each). The prevalence among young adults aged 15 to 24 years was 3.7 percent, but twice to three times higher among females aged 18-24 years when compared to the males of same age. HIV prevalence among the children under five years of age was reported to be 0.6 percent.

There was regional variation in HIV prevalence, the lowest being Mid-Eastern region (4.1percent) and highest central region (10.6percent). The HIV prevalence was highest among the widowed women (32.4 percent) and widowed men (31.4 percent), but lowest among women and men who had never been married (3.9 percent and 2.0 percent, respectively). The HIV prevalence among married couples or those living together was 7.2 percent for females and 7.6 percent for the males. As illustrated in the adjacent figure, among all couples where both partners got tested for HIV, 6 percent were discordant: half of these had a positive male but negative female, and the other half had positive male with a negative female.

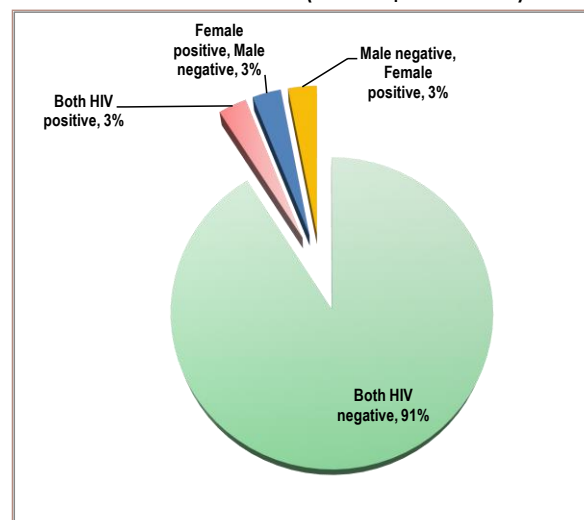


Figure 1: HIV Sero-status among Couples. (Source: UAIS)

Multiple concurrent sexual partnerships, extra marital relationships, discordance and non-disclosure are among the key factors driving the

spread of HIV in the country (UNAIDS 2008). These risk factors coupled with structural drivers of the epidemic including gender based violence, vulnerability due to poverty, displacement and low status of girls and women continue to jeopardise national efforts to prevent new HIV infections. The correct and consistent use of condoms during risky sexual acts could make a significant difference in prevention of transmission of HIV in these situations.

The male and female condoms, when used correctly and consistently, provide highly effective protection against unintended pregnancies as well as sexually transmitted infections, which includes the Human Immunodeficiency virus (HIV). The effectiveness of condoms as a barrier against HIV transmission has been proven both through laboratory testing and in numerous cohort studies involving couples with discordant HIV sero-status.

Research studies have repeatedly shown that what is commonly called 'condom failure' is usually the failure to use condoms correctly and more often turns out to have been failure to use condoms at all. The use of both female and male condoms has been stigmatized, with condoms often seen as appropriate only for use with "high-risk" groups such as sex workers or occasional partners rather than in marriage or long-term relationships, despite the evidence of high risk for HIV transmission, even in such relationships. Additionally, sex with a condom is generally perceived as less enjoyable and associated with the fear of something negative such as disease or unintended pregnancy. Significant psychosocial barriers to consistent condom use exist, including lack of perception of risk, fatalism, fear of alienating or angering sexual partners, and ideation about relationship issues such as trust and fidelity. Effective education requires that prospective condom users get equipped not only with information about correct use, but also with the skills needed to use condoms properly, including negotiating and sustaining their consistent use within relationships.

1.2 Condoms for Contraception

Until the advent of HIV, condom provision in Uganda, within the context of reproductive health, was largely limited to pregnancy prevention, with disease prevention having only secondary or incidental importance. Distribution was on small-scale and concentrated on family planning clients, among whom condom use was most often promoted as a short-term or interim method of contraception. Condoms have been a very minor method of contraception in the recent past, but there is clear evidence that the number of people using condoms for family planning purposes is growing.

The Uganda Demographic and Health Surveys (UDHS) conducted between 1995 and 2011 revealed that in general, there was no change in the proportion of women and men who had heard of at least one modern

method of contraception. More specifically, data from the UDHS for 2006 reported that 92% of all women and 98% of all men interviewed knew of male condoms as a contraceptive method. However, while the level of knowledge of several methods slightly increased between 2000/01 and 2006, knowledge of the female condom declined. On the other hand as illustrated

in Figure 2, the proportion of currently married women aged 15-49 years who reported use of condoms for contraception increased from 0.8% in 1995 to 1.9% in 2000/01, but this was followed by a slight decline to 1.7% in 2006. The preliminary UDHS 2011 report

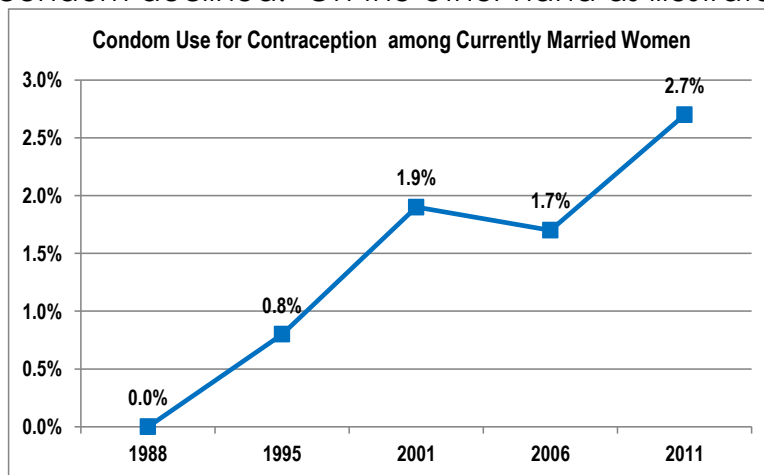


Figure 2: Trends in Condom Use for Contraception 1988 – 2011 (Source: UDHS)

revealed that 2.7 percent of currently married women had used male condoms as the contraceptive method (4.7 percent in the urban areas and 2.3 percent from the rural areas). However, UDHS 2006 had reported that the proportion of sexually active, unmarried women who ever used male condoms was much higher at 55%. The reported current use of male condoms for contraception was significantly lower, at only 3% of all women aged 15-49 years.

Nevertheless, the UDHS 2006 also revealed that 27% of the sexually active, unmarried women reported use of male condoms. In addition, about 39 percent of all men aged 15-49 years had ever used male condoms for contraception. The proportion was much higher among the sexually active, unmarried men (70%) but dropped to 45% among the married men.

Knowledge of the female condom as a contraceptive method was quite good, reported by just over half of all women (54%) and 60% of all men. Almost all the women (96%) who said they were currently using condoms as a method of contraception relied on the branded condoms (*Protector, LifeGuard or Engabu*). Twelve percent (12%) of the women reported public sector (government hospital; health centre; FP clinic; outreach and CBDs) as the most recent source of condoms for contraception; 32% reported private medical sector (private hospitals and clinics; pharmacies and drug shops; private doctor, nurse, midwife; outreach and NGO CBD); 56% reported other sources that included shops, friends and relatives. The preferred method of contraception for future use by the currently married women aged 15-49 years of age was male condoms for 2.3% and female condoms for 3.5%.

1.3 Condoms in Disease Prevention

Uganda's early response to the challenge of HIV and AIDS that has been widely cited, remains a subject of considerable interest to the global community. The National AIDS Control Programme (NACP), established in the Ministry of Health in 1986, formulated a national plan for HIV/AIDS control that emphasized individual behaviour change as a central strategy for preventing HIV transmission. Early and aggressive behaviour change campaigns that included condom provision but more actively promoted abstinence from sex and mutual faithfulness have been credited with significant success in reducing HIV prevalence rates among key population groups.

The important role that increased condom use could play in slowing and reversing the course of an AIDS epidemic began to receive more recognition as understanding of HIV transmission and the dynamics of the epidemic in Uganda grew. In 1991 the national Policy Guidelines was adopted to support "quiet promotion and responsible use of condoms with appropriate education" as one of the three pillars of individual behaviour change on which the national strategy for the prevention of sexually transmitted infections including HIV, was based. Nevertheless, condom supply has been mainly dependent upon donor funding with consequent vulnerability to shifts in funding levels as well as to the changes in donor commitments.

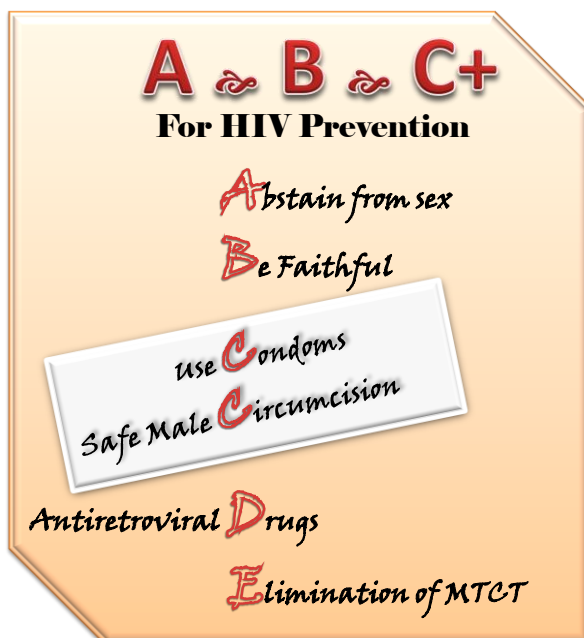


Figure 3: The ABC+ Approach to HIV Prevention

The comprehensive A-B-C (**A**bstain, **B**e faithful, or use **C**ondoms) approach was introduced out of recognition that all three prevention options had specific contributions to make towards the achievement of further significant reductions in new HIV infections (incidence of HIV). The approach has of recent been modified to **ABC+** (Figure 3), which includes other known and proven interventions that contribute significantly to reduction in the risk of HIV transmission i.e. safe male circumcision, antiretroviral drugs for treatment of eligible clients and elimination of mother-to-child

transmission of HIV (eMTCT) as well as knowledge of personal sero-status through HIV counselling and testing (HCT).

The 2011 UAIS report revealed that 84 percent of the males aged 15-49 years and 79 percent of females aged 15-49 years knew that HIV transmission could be prevented by using condoms. However, among the males and females

aged 15-49 years who had two or more sexual partners in previous 12 months, only 13.9 percent and 15.6 percent respectively, reported using a condom at the last sexual intercourse. Even more important was the fact that there had been a decline from what was reported in the 2006 UAIS, which was 20.4 percent for the males, and 23.9 percent for the females. Correct and consistent condom use particularly in high risk sexual relationships is critical in prevention of HIV transmission.

In advocating for alternative behaviour change strategies at the individual level, the ABC+ approach recognizes that circumstances differ from one individual to another and that a particular person's circumstances may change over time: e.g. a young person adopting primary abstinence as his or her personal strategy for avoiding HIV infection may delay the onset of sexual activity years beyond the norm but might not embrace lifelong celibacy. Both mutual faithfulness between individuals of known HIV negative sero-status and condom use are promoted as alternatives that if practised correctly and consistently, can offer high levels of protection throughout an individual's sexually active years. The overall strategic goal at the national level is to maximize the contribution each type of protective / preventive behaviour makes toward lowering new HIV infections in the country.

1.4 The Male Condom Programme

Acceptance and use of condoms has greatly increased at the level of the individual as well as among the religious, political, and cultural leaders. Many faith-based organizations, including some who were vocally opposed to the promotion of condom use, now accept and support some role for condom



use among the communities. Such support has ranged from conditional endorsement of condom use in strictly specified circumstances¹ to inclusion of condom education in faith-based health education programmes.

A district-level condom mapping exercise that was carried out in June 2010 revealed that quality related concerns had significantly affected the uptake and utilisation of condoms. In addition, the condom supply chain management and distribution systems were weak and in dire need of strengthening.² The

report also stated that condoms were predominantly distributed through two

¹ For example, following recommendations made during the second annual Muslim leader's consultative conference in Malaysia (2003), the Mufti of Uganda specified circumstances in which Muslims may acceptably use condoms.

² District condom mapping report, MoH/UNFPA 2010

channels. The National Medical Stores (NMS) was the major condoms supplier in the country and distributed to all government-supported health facilities. These condoms were available for access at no cost to the consumers. The other modality was via the social marketing channel that provided condoms to the public at a subsidized cost through private providers. Social marketing of condoms was noted to have been very successful with high public demand for the socially marketed brands.

As illustrated in Figure 4, the total quantity of male condoms imported into the country by development partners (KfW, IPPF, USAID and UNFPA), remained almost constant between 2006 and 2007. Thereafter, the quantity started to significantly increase every year till it peaked in 2010 at about 143 million condoms. During that period, the new partners included CDC (in 2008) and DfID (in 2010).

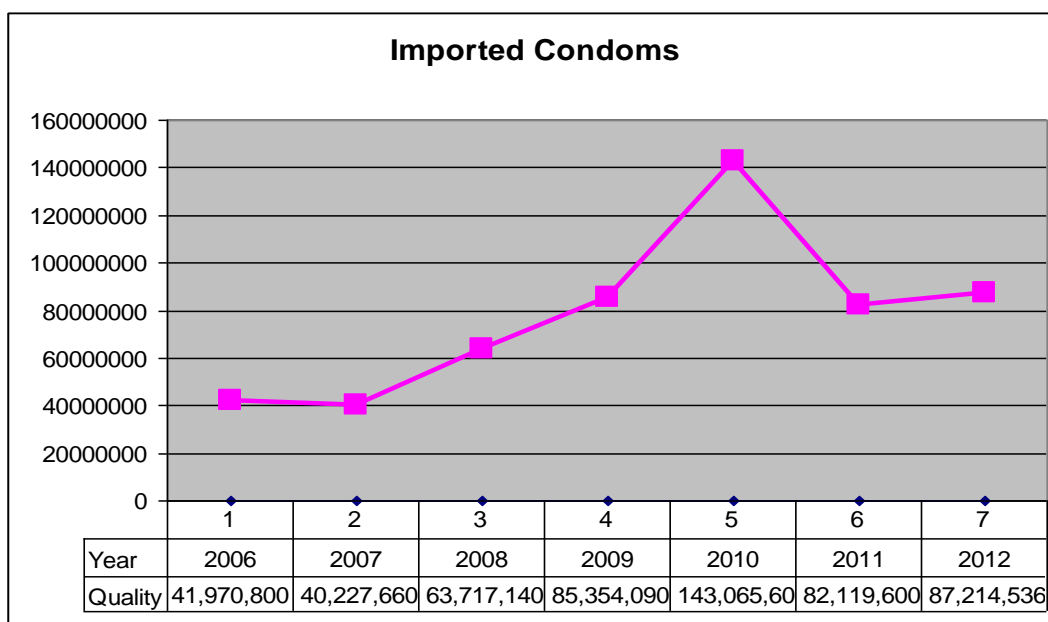


Figure 4: Imported male condoms 2006 - 2012

This was however, followed by a sharp decline in the quantity of condoms procured to about 82.1 million in 2011 and 87.2 pieces in 2012

with contributions mainly coming in from USAID, UNFPA and PSI. Whereas positive development, such as relaxation by religious institution towards condom use was noted, the following challenges were highlighted in the report:

- Condom stock outs had been significant at the national and district levels;
- Myths and misconceptions related to condoms were still rife at the community level;

- Gender-related factors whereby males preferred to get condoms from fellow males and women preferred to get condoms from women in the distribution chain;
- Age barrier whereby youth did not seek condoms from the older community based condom distributors;
- Insufficient capacity for accurate forecasting of needs and lengthy national procurement processes affected ability to maintain consistent supply of condoms;
- The absence of a well-defined and adequately supported distribution system limited the reach and overall effectiveness of the national condom supply;
- Other barriers to condom distribution cited included negative attitudes of service providers, religious and other influential leaders; and inadequate resources to undertake distribution e.g. transport.

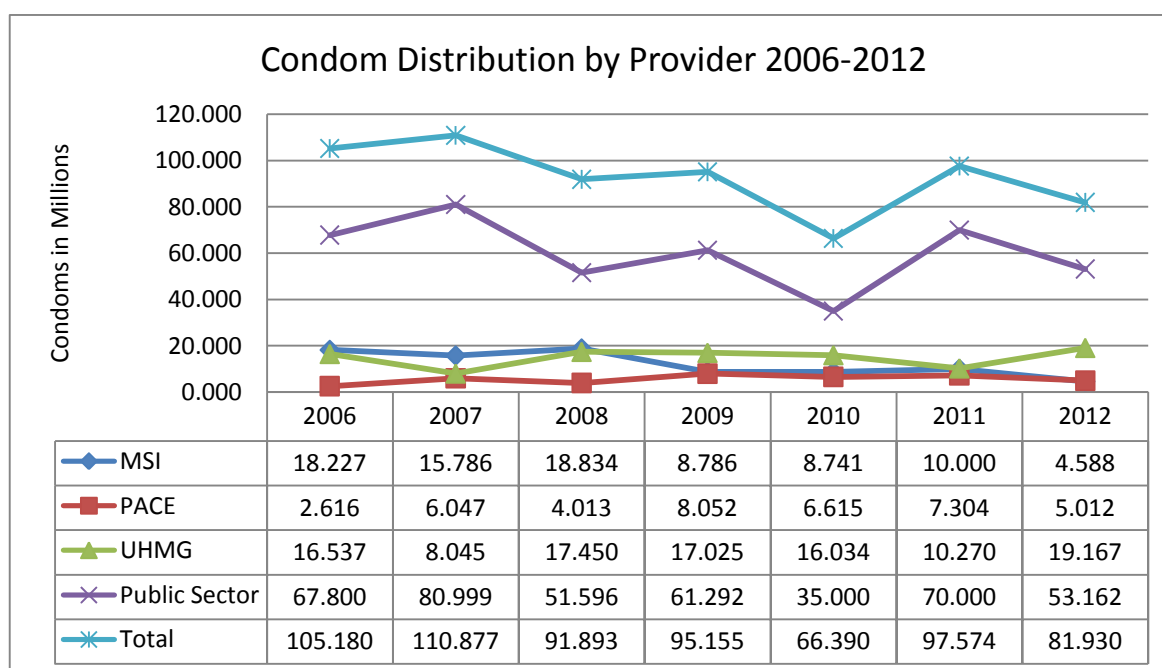


Figure 5: Trend in Distribution of Male Condoms (Source: National Programme Report)

- The trend in distribution of condoms in the country is illustrated in Figure 5 above, which shows that total quantity distributed peaked in 2007 at about 110 million condoms and declined to about 66 million by 2010. This was followed by an increase to about 97.6 million condoms in 2011.
- The decline in trend of total condoms distributed in the country among others, underscored the need for a National Condom Strategy to guide comprehensive programming. Condom supplies were expected to increase significantly within a framework where Government worked towards fully meeting the national needs.

1.5 The Female Condom Programme

The female condom is the only female-initiated and effective method to prevent HIV/STIs whose efficacy and acceptability with specific groups has been well documented. In addition to preventing transmission of HIV and other STIs, it can also be used to prevent unintended pregnancy when used correctly. Several different female condom products are available for consumer use and others are in development. The Female Health Company (FHC) manufactures the FC1 and FC2. The FC1 is a polyurethane sheath with flexible rings located at either end to aid insertion and hold the condom in place (see Figure 6). The FC2 is a second generation product that retains the design of FC1 but is made of nitrile, which decreased the manufacturing costs. Medtech Products Ltd. manufactures the VA-Feminine Condom, also called the Reddy Female Condom. This product is made of latex and uses a sponge to secure the condom in a woman's vagina. The PATH Woman's Condom is still in development and is a polyurethane sheath that relies on foam pads on the sides of the condom to hold the product in place.



Figure 4: The Female Condom

FC1 was first marketed in Uganda by Marie Stopes International and some of the documented challenges based on the Situation Analysis of 2009 included the following:

- Lack of policy and clear implementation strategy
- Inadequate promotion and IEC
- Poor identification of target groups and limited capacity to deliver female condoms to the target groups
- Cost of the female condom
- Inadequate monitoring and evaluation (M&E) system to inform continuous improvements in the programming.

The Ministry of Health with support from development partners, re-introduced the improved version of the female condom (FC2) in October 2009 through a pilot initiative. The initiative that targeted four districts of Kampala, Gulu, Kitgum and Pader, was based on lessons learnt from, and experience with the initial female condom program. Experience from the previous female condom programme led the Ministry of Health to adopt an operational research approach to evaluate and document the acceptability of FC2 by the different categories of users, the community perspectives as well as the

systems for delivery of FC2 to the users. The intervention also covered the key areas that were highlighted as having gaps in the situational analysis report that was conducted prior to the introduction of FC2, including:

- Planning, guidelines and procedures for delivery of female condoms;
- Targeting of female condoms to most at risk and vulnerable populations;
- Processes for delivery of female condoms to the most at risk and vulnerable populations;
- Uptake and utilization patterns of female condoms;
- The supply chain system for female condoms; and
- Adequacy of training for the providers of female condoms.

The findings from evaluation were utilised to inform improvement of the FC2 project as well as the planned national roll out of the condom programme.

2.0 Rationale, Goal and Objectives

2.1 Justification

Increased condom use is one of the key strategies for reducing HIV transmission in Uganda; yet current condom use rates are still much lower than what is required to significantly reduce new HIV infections. The *National HIV Prevention Strategy* has among the priority biomedical interventions for reduction of new HIV infections, included: “promoting correct/consistent condom use in the general population and high risk groups”. Whereas the knowledge about condoms as a family planning and STI prevention method is now nearly universal in the country, this has not been translated into a corresponding level of correct and consistent use. The sub-optimal use of male and female condoms is of concern in view of the following context:

- HIV prevalence is three times higher among females aged 18-24 years when compared to males of the same age;
- HIV prevalence among married couples or those living together was 7.2 percent for females and 7.6 percent for the males;
- Six percent of all couples where both partners got tested for HIV were sero-discordant;
- Only 13.9 percent of the males and 15.6 percent the females aged 15-49 years who had two or more sexual partners in previous 12 months, reported using a condom at the last sexual intercourse;
- The preferred method of contraception for future use by the currently married women aged 15-49 years was male condoms for 2.3 percent and female condoms for 3.5 percent;
- The use of family planning is inadequate, partly evidenced by the Total Fertility Rate (TFR) women aged 15-49 years of 6.2 (UDHS 2011), which is among the highest in the world.

Whereas the policies on HIV prevention as well as family planning are clear and supportive, this has not been complimented by commensurate level of support from the civic and political leadership for comprehensive condom programming. There has been among others, inadequate commitment and resource allocation towards comprehensive condom programming. The situation has been exacerbated by inconsistent and unaffordable supply of male and female condoms, partly due to an in-efficient logistics system at the national and district levels. Furthermore, inadequate coordination of the communication interventions as well as ineffective monitoring of the programme failed to bridge the gap between almost universal knowledge

about condoms and the very low level of correct, consistent use for family planning and HIV prevention.

It is within the above context that Government has put in place this Condom Strategy to provide the framework for improved comprehensive condom programming: addressing both the male and female condoms, for family planning purposes as well as for the prevention of sexually transmitted infections including HIV.

2.2 Guiding Principles

The planning, implementation, monitoring and evaluation of the comprehensive condom programme shall be underpinned by the following principles.

1. **Commitment:** Government shall take the central role to provide leadership and accountability towards a sustainable comprehensive condom programme.
2. **Integration:** Full integration of condom interventions in all the health related programmes, including but not limited to HIV prevention, care and treatment, eMTCT, HCT and Family Planning.
3. **Decentralisation:** The delivery of condom related services will be fully decentralised to the district level, in line with the national policy.
4. **Equity:** Distribution and increased access to free and/or subsidised high quality female and male condoms taken as a human-right for all the sexually active population, with specific interventions designed to reach the key populations and vulnerable groups.
5. **Gender Sensitivity:** The condom interventions designed to reach the most vulnerable groups on basis of gender-related disparities.
6. **Collaboration:** Strengthening partnerships at all levels, including involvement of development partners, the civil society organisations, public - private partnerships and the beneficiaries at all levels, in planning, implementation and monitoring of the programme.

2.3 Comprehensive Condom Programming (CCP)

Condom Programming for HIV prevention is a means of ensuring that sexually active persons at risk of HIV and unintended pregnancy are motivated to use condoms, have access to quality condoms, and can use them consistently and correctly.

A comprehensive condom program therefore, addresses **demand, supply and support** for male and female condoms utilization as a means of protection from STIs/HIV and unintended pregnancy.

2.4 Vision for implementation of CCP

A Uganda, where all risky sexual acts, are protected by a male or female condom.

2.5 Goal

The overall goal of the National condom programming strategy is to make a contribution to the reduction of unintended pregnancies and sexually transmitted infections including HIV, through making good quality condoms more available and accessible to well informed users.

Strategic Objectives

- Increase the demand for both male and female condoms for disease prevention and family planning;
- Improve access and utilisation of both male and female condoms for disease prevention and family planning;
- Strengthen the supply chain management for national comprehensive condom programming;
- Improve management, monitoring and evaluation of the condom programme.

2.6 Target Groups

Target groups for increased condom use shall be clearly identified using evidence-based approaches and their specific characteristics understood in order to ensure effective and appropriate communication. Targeting specific population groups increases the impact and effectiveness of interventions. This is because prioritising interventions to the population groups in which increased condom use will have the greatest preventive and protective value, results in the greatest number of infections being averted and unintended pregnancies prevented. In addition, the targeting of specific population groups allows government to plan adequate supplies and implementers to design interventions using the most appropriate methods and materials for each group, thereby increasing effectiveness of the interventions.

In general, the focus will be on all sexually active males and females. The following have been identified as target populations and include the populations at high risk of HIV transmission or acquisition highlighted within the National HIV Prevention Strategy for Uganda: 2011 – 2015:

- Adults and youth engaged in multiple sexual partnerships;
- Sexually active youth engaged in cross-generational and transactional sex;

- Men and women who engage in transactional sex and their clients;
- Adults working away from home such as transport and migrant workers, uniformed service personnel,
- Residents of high prevalence areas and epidemic hotspots such as urban slums, transportation corridors, border crossing points, and fishing communities;
- HIV infected individuals and HIV sero-discordant couples; and
- Adults and youth who access family planning clinics and service delivery points.

3 .0 The Strategic Interventions

3.1 Increasing Demand for Male and Female Condoms

Creation of demand will be through increased advocacy and support for comprehensive condom programming; improved condom-related education to the communities; and increased social marketing of the male as well as female condoms.

3.1.1 Strengthening Advocacy

This refers to the set of targeted actions that will be directed at the decision makers to solicit their support for comprehensive condom programming. It will involve gathering and organising the relevant information and using appropriate channels to target the political and social leaders. The expected output is strong political and social leadership for the condom programme, strong commitment towards its success, as well as mobilization and allocation of resources from local and external sources. Interventions will include:

- Utilising the disease prevention framework to engage political, social, cultural and religious leaders as part of advocacy for condom programming at the national, district and sub-district levels; and
- Engaging the civic, community and opinion leaders as part of advocacy for condom programming, targeting positive social change at community level.

3.1.2 Improving Condom Education

Open promotion of condoms is in line with the Government of Uganda's general principle of openness on HIV and AIDS issues and will help increase the acceptability of condom use among those at risk of STI/HIV infection and unintended pregnancies. The principle of targeting condom use in behaviour change communications to well-defined population groups will increase the use of protective tools, including both male and female condoms. Consequently, correct and consistent condom use shall be widely and openly promoted to all the sexually active individuals as an effective means of preventing transmission of STI including HIV, and as a family planning method, with special emphasis on the population groups where increased use will have the greatest preventive and protective value. Among others, the following strategic principles shall be employed:

- Implementation of information, education and communication activities shall be guided by the Ministry of Health's HIV and AIDS Communication Strategy; and the Family Planning Advocacy Strategy.

- Out of recognition that multimedia and interpersonal methods of health communication have different strengths and weaknesses, the communication interventions shall employ a mix of methods to maximize effectiveness;
- Behaviour change communication interventions shall be developed with due awareness of, and attention to the broad social forces that influence the use of condoms (e.g. gender, age, religion, culture, myths and misconceptions) that influence the sexual behaviour of individuals.
- Condom communication interventions shall go beyond information dissemination to identify and address other determinants of behaviour change. It will include information and advice on appropriate storage and disposal of condoms at the personal level;
- Condom promotion activities shall emphasize skills-building interventions that support and sustain individual behaviour change (e.g. personal risk assessment, correct condom use skills, partner negotiating skills). Appropriate equipment and materials shall be obtained and availed for the skills-building interventions (e.g. teaching models for demonstrating correct application of male and female condoms);
- Interventions based on interpersonal communication (IPC) shall be increased and strengthened. Implementing partners shall integrate condom-related communications into existing counselling-based protocols and interventions (e.g. HCT, STI prevention, PMTCT, SMC, Family Planning);
- Stakeholders shall apply target-specific approaches to the development of messages and materials, particularly with respect to language(s) of communication, literacy levels, cultural considerations and gender relations; and
- The needs of groups with special circumstances (e.g. visually impaired; deaf; older persons etc.) shall be considered in the development process for educational materials.

3.1.3 Strengthening Social Marketing of Condoms

Condom brand names are an important feature of condom communication in Uganda, both for the products promoted by Social Marketing Organizations and for Ministry of Health condoms distributed through the public health system. Brand promotion creates positive product associations and, in a multi-brand market like Uganda's, provides consumers with valued choice.

There is a risk, however, that brand promotion may also lead to duplication of efforts and promote competition for a share of the established condom

market at the expense of reaching potential new users. To mitigate this risk and strengthen efforts to increase the number of people who use condoms correctly and consistently, the following strategic principles shall apply:

- The social marketing related activities shall be increased among others, through encouraging a larger proportion of socially marketed brands;
- Implementing partners engaged in own-brand promotion (i.e., SMOs) shall dedicate at least thirty percent (30%) of their annual condom promotion budgets to generic (non-branded) behaviour change communication for correct and consistent male/female condom use. The percentage of such budgets shall be regularly reviewed by the Ministry's Health Education and Promotion Division and revised as required; and
- Promotion of Condoms shall be based on a total market approach whereby free and subsidised condoms are targeted to those in need and with inability to pay.
- Condoms shall be promoted as a product with dual purpose and capable of providing protection against STIs and unintended pregnancies.

3.2 Improving Access to and Utilisation of Condoms

3.2.1 Increasing Access to Male and Female Condoms

The Ministry of Health with support from stakeholders shall increase access to public sector condoms through expansion of distribution points and establishment of new partnerships with other public sector institutions, private-not-for profit organisations, civil society organisations as well as the private sector. The following strategic principles shall apply:

- Male and female condoms shall be made regularly available in all service delivery points (e.g. hotels, work places, markets, beer houses, bars, entertainment joints) both in rural and urban areas for the general population;
- Regular supply of male and female condoms as well as condom IEC materials shall be made to targeted key population outlets where long distance truckers, sex workers, mobile populations and men/ women in uniform congregate;
- There shall be wider introduction of non-human condom dispensers appropriately positioned to ensure increased availability and accessibility of public sector condoms;
- There shall be continued use of community based distributors and the Village Health Teams (VHTs) in distribution of condoms as well as promotion of a youth-friendly condom distribution system;

- The implementing partners such as NGOs, CBOs and Civil society Organizations shall have access to public sector condoms at no cost, through the NMS or an alternate distributor, for distribution to clients;
- Condoms shall be made available to all self-identified sex workers through their residential, potential meeting places, as well as high risk settings; and to the vulnerable groups such as uniformed personnel.

3.2.2 Improving utilisation of male and female condoms

Condoms may be available and accessible but this may not necessarily translate into increased utilisation. This will be addressed through the following strategic principles:

- Implementing partners shall publicize the fact that the public sector brand condoms have been paid for by government and are intended for distribution at no additional cost to the end user;
- Correct and consistent use of the female and male condoms shall be fostered by providing a regular, continuous supply of condoms and related commodities, such as lubricants;
- Demonstrations on the correct use of male and female condoms shall be performed during service delivery in STI clinics, High Risk 'Hot Spots', Antenatal Care clinics, HCT and ART clinics, eMTCT, SMC programmes, Family Planning clinics and designated Condom distribution points;
- The packaging of the public sector condoms shall be improved (including acceptable branding) so as to be more appealing to the users.

3.3 Strengthening the Supply Chain Management

This strategic intervention will involve making significant improvements in the forecasting of male and female condoms; strengthening of the procurement system; and improving the distribution system for both male and female condoms.

3.3.1 Improving Forecasting

Adequate procurement relies on accurate forecasting and quantification of condom requirements for both prevention of disease and unintended pregnancies. Projection models will be used to quantify the Condom needs for key target groups using evidence based and agreed upon assumptions.

In addition, recorded past use figures shall be appropriately adjusted upwards on basis of the estimated target population, to meet projected new demand. Such adjustments shall also take into consideration the programme data on actual condoms distributed and distribution-related challenges faced during the previous period, including impact of frequent or lengthy stock-outs on the records of past consumption. The following strategic principles shall apply:

- The national level targets for both public sector and SMO condom supply shall be consolidated and calculated on a five-year basis, which shall thereafter be reviewed on an annual basis;
- The Reproductive Health Commodity Security working group in collaboration with stakeholders and implementing partners will define national level reproductive health commodity projections (including condoms) and targets for commodity supplies, on an annual basis and integrated into relevant tools such as the contraceptives procurement table;
- Forecasting and quantification of condom requirements shall be done by the Condom Coordination Committee (CCC) in collaboration with Reproductive Health Commodity Security (RHCS) working group, Medicines Procurement and Management TWG and the Communicable Disease Control TWG;
- Capacity shall be built at national, district and lower levels generation of reliable programme data to quantify condom needs for all types of distribution outlets, including the commercial sector, in the interest of a total market approach (TMA); and
- Logistics management training shall be conducted at all levels, with a national level team of trainers supporting the district and lower level teams with training in quantification for key sites, including for distribution to non-traditional outlets.
- Training for quantification at district and lower levels will be institutionalized by integration and use of regional-level trainers, in order to ensure continued capacity for training of new personnel and for upgrading the staff skills on an on-going basis.

3.3.2 Strengthening Procurement

The effectiveness of condoms in preventing pregnancy and the transmission of STI/HIV is dependent on correct and consistent use, which in turn requires regular availability of condoms to the user. Insufficient co-ordination of procurement efforts contributes to “stock-outs” which undermines or negates individuals’ efforts to sustain behaviour change.

- All condom procurement shall be coordinated at national level by the Ministry of health through the Medicines Technical Working Group (MTWG) and the Reproductive Health Commodities Security working group, in order to ensure a timely and consistent supply of high quality condoms, adequate to meet demand within the country;
- Condom procurement shall be based on correct forecasting, with the process planned and effected on a timely basis to ensure consistent supply as and when needed;

- Ministry of Health Medicines Procurement and Management TWG and RHCS Working group, shall monitor procurement processes in order to identify problems and disruptions to the supply system as they occur and to take necessary corrective steps, in collaboration with stakeholders and condom providers, to ensure that there are no stock-outs at national level;
- All condom procurements made through SMO's and other sources shall be communicated to the Condom Coordination Unit (CoCU) of STD/AIDS Control Program of the Ministry of Health. This information shall then be shared amongst all implementing partners and stakeholders through the condom coordination meetings; and
- The Procurement Agent shall define specifications with reference to current NDA/WHO/UNAIDS or ISO standards and ensure that the condoms to be procured are produced from an industry with good manufacturing practice, and internal quality control measures. Pre-shipment test reports should be in line with the specifications as defined before procurement.

3.3.3 Improving Condom Distribution

The condom market in Uganda has grown in size and complexity without concurrent development of a co-ordinated system to ensure strategic and efficient distribution. Over- and under supply as well as failure to distribute to population groups beyond the reach of traditional public health or commercial retail outlets, is a challenge.

Therefore, the national distribution system shall be strengthened to ensure well planned, strategic and cost-effective distribution of both free and affordable condoms. The following strategic principles shall apply:

- The national condom distribution system shall provide condoms to the end user at no cost through the public sector supply chain and at a minimum cost through the social marketing sector;
- In order to safeguard free provision of public sector condoms, the Ministry of Health and partners shall prioritise allocation of resources to ensure that distribution of condoms is adequately supported down to community level;
- Social Marketing Organizations shall provide information to the districts on a quarterly basis, regarding distribution of condoms through district-level retail outlets;
- Distribution of condoms through non-traditional outlets, such as public offices, places of entertainment and social gatherings, shall be expanded in order to improve access, especially to the populations at high risk of unintended pregnancies and HIV transmission.

- Throughout the distribution process condoms shall be stored in conditions that conform to current WHO recommended standards; The storage facilities at district and health facility and community levels, shall be monitored and be supported by implementing partners, for standardization.
- Distribution of condoms shall be demand-driven, with supply systems moving from “push” to “pull” as markets become established and as such all implementing partners shall be required to collect standard data on condom distribution and submit to the district condom focal person.
- The Ministry of Health through RHCS working group, the Condom Coordination committee and district Condom Focal Persons shall monitor condom stock availability at the National, District, and Community levels using existing structures as identified in the national condom distribution plan.
- The commercial sector shall however, not be divorced from the National distribution network and will be brought on board as part of the total market approach stakeholder, in order to serve individuals who have the means to pay for condoms at a relatively higher cost.

3.4 Improving Management, Monitoring and Evaluation

3.4.1 Ensuring the Quality of Condoms

Quality assurance of condoms is vital to protecting the health of users and to instil confidence in this method of preventing STI/HIV infections and unintended pregnancy among the potential users. Problems with quality at any stage of the distribution chain, can lead to method failure and exposure to STI/HIV or unintended pregnancy. Perceptions of poor condom quality, even when unfounded or resulting from experiences of incorrect use rather than sub-standard quality, can severely affect public opinion on this important method of protection. The following strategic principles shall apply:

- All condoms imported into or manufactured in the country shall conform to National Drug Authority (NDA) and current International Organisation for Standardization (ISO) manufacturing and testing standards, in accordance with current WHO/UNAIDS/FHI/UNFPA Guidelines;
- Pre-importation documentation, samples of condoms, GMP inspection status and pre shipment test results shall be submitted to NDA for quality evaluation and control in accordance with ISO standards, WHO /UNAIDS/ FHI/UNFPA specifications and guidelines;
- All consignments of condoms shall be tested for quality assurance before shipment and again after arrival into the country;

- Condoms imported into the country shall have a shelf life of not more than five years (as per current WHO Guidelines for tropical conditions);
- Throughout the distribution process, condoms shall be stored in conditions that conform to current WHO recommended standards (in a cool & dry place), with due attention being paid to expiry dates;
- Prompt investigation shall be instituted in any event where the quality of male or female condoms has come under suspicion; and
- Condoms that have expired or otherwise deemed unsuitable for use shall be recalled from circulation and destroyed by incineration under the supervision and guidance of National Drug Authority and National Environment Management Authority (NEMA).
- The Ministry of Health shall define the logistics management system for condoms as part of the broader reproductive health commodity security system.

3.4.2 Strengthening Condom Coordination

A large number of stakeholders and implementing partners are involved in promotion and distribution of female and male condoms. Effective coordination can result in the best use of limited resources, avoid duplication of efforts and facilitate the exchange of information as well as sharing of experiences and lessons learnt. Coordination will be based on the functional governance and partnership structure of the Ministry of Health.

The Uganda AIDS Commission, in collaboration with the Ministry of Health, will coordinate the multi - sectoral partnership to ensure resource mobilization for more availability and accessibility to good quality condoms in the country.

i. The Family Planning/ Reproductive Health Commodities Security working Group

The Family Planning/ Reproductive Health Commodity Security Working group of the Ministry of Health is under the Maternal and Child Health Technical Working Group. The FP/RHCS working group shall work in close collaboration with the Communicable Disease Control Committee to provide oversight for all the condom-related activities at the National level.

ii. The Condom Coordination Committee

The Condom Coordination Committee shall be a sub-Committee of the FP/RHCS working group, with a responsibility of supporting the Condom Unit and the Reproductive Health Commodity Security team, to coordinate National level activities related to both male and female condoms in the country. In collaboration with the Uganda AIDS Commission, the Ministry of Health will through the Condom unit, organize a bi-annual review, planning,

and strategy dialogue for all condom stakeholders and implementing partners, as part of the SRH and HIV reviews and planning processes

iii. Support and Direction for the Social Marketing Organizations

The Ministry of Health shall convene bi-annual meetings of stakeholders and implementing partners involved in social marketing of condoms for the purposes of reviewing and developing their roles to best support and contribute towards the goals of the national Condom programming strategy.

iv. District Level Co-ordination

District Condom Focal Persons, under the supervision of District Health Officers, shall co-ordinate condom-related activities at district level. Each district shall submit a quarterly report on condom distribution and promotion activities through the DHO to the Ministry of Health as per the Information Management System. In addition to routine support supervision, the District Condom Focal Person shall be supported to organize an annual general meeting of all district implementing partners, condom distributors and other stakeholders in the district.

3.4.3 Operationalizing the National Distribution Strategy

Ministry of Health and partners shall be responsible for ensuring that effective distribution and storage systems are in place and functional. Towards this end, efforts shall be made to ensure that:

- The condoms designated for free distribution reach the end-user without cost while wastage is minimized within the system;
- Equity in access, with particular respect to under-served groups, be constantly addressed and solutions sought for the access-related barriers;
- Systems should be put in place for the correct disposal of expired or damaged condom stocks; and
- The distribution plans developed for socially marketed condoms will be based on the principle of complementary contributions to a total market approach(TMA), to meet the country's family planning and STI/HIV prevention goals rather than mere commercial competition.
- Efforts will be made to bring the purely commercial brands suppliers on board as supply chain stakeholders, in the interest of getting to know the total number of condoms received in the country and working as a team to expand the service points for all available condoms, to reach key population groups and individuals at all levels.

3.4.4 Improving Condom Monitoring and Evaluation

Monitoring of interventions under this Strategy shall be included in the Health monitoring and information system (HMIS), for preparation of appropriate performance reports.

In addition, data will be collected on the longer-term outcome and impact indicators, as part of evaluation of condom-related activities, to establish the effectiveness of interventions in achieving set goals of the Strategy.

The periodic surveys such as the Uganda Demographic and Health Survey (UDHS) and the Uganda AIDS Indicator Survey (UAIS) shall provide the relevant data for longer term outcomes.

The condom related activities shall be implemented within a clear monitoring and evaluation framework that utilises standardised core indicators.

The Reproductive Health Division and STD/ACP are responsible for setting and reviewing standardized core indicators for monitoring and evaluating each area of operation covered by the national Condom Strategy.

The Condom Coordination Unit in close collaboration with stakeholders shall systematically collect and disseminate findings of relevant studies, in order to inform the development of effective condom promotion interventions.

There will be documentation of "best practice" models for sharing among the stakeholders and replication as appropriate. Sources of data shall include the following:

- **Periodic studies:** Includes the existing and on-going research reports from regular surveys such as the Uganda Demographic and Health Survey; the HIV/AIDS Sero-Behavioural Survey; the HIV/AIDS Surveillance reports, key population studies and related sources. Wherever feasible, implementing partners shall use these existing resources to establish benchmarks (starting points) as well as for measuring the impact and outcomes of their activities.
- **KABP surveys** produce data relevant to the goal of increasing condom use and can provide broad indicators for measuring the impact of condom promotion activities.
- **Special Studies:** The Reproductive Health Division and STD/ACP shall in collaboration with key stakeholders, carry out special studies to determine the success and gaps in implementation of this Strategy. The findings shall among others, form the basis for review of the Strategy and lead to improvements. These studies will also help to validate routine utilization and programme performance reports.

3.4.5 Core Indicators

The following shall constitute the process indicators for monitoring programme performance:

- Number of male and female Condoms procured visa vis the number of condoms in the quantification and procurement plan for 12 months.
- Number of male and female condoms distributed to end users in the last 12 months(National and District records);
- Number of condoms in stock at National and District levels (National / District records);
- Proportion of condoms delivered on time (condom delivery date from national to district as compared to the scheduled delivery date);
- Proportion of Districts and Health facilities reporting stock outs of Condoms.
- Percentage of randomly selected health facilities and retail outlets and service delivery points that have condoms in stock (public sector,SMO and commercial brands) – [Condom availability surveys];
- Percentage of annual condom promotion budgets dedicated to generic condom behaviour change communications (SMO / MoH annual reports);
- Funding levels for condom programming at district and national levels;
- Meetings of condom stakeholders and implementing partners held/ attended at national and district levels;
- Quarterly reports submitted by implementing partners and districts;
- Number of special studies carried out and reports disseminated.

The data for outcome indicators, such as percentage of people using condoms as a family planning method and percentage of people who used condoms in their last sex with a non regular partner, shall be obtained from the UDHS, UAIS and special surveys.

3.4.6 Strengthening Operational Research

Implementing partners need to have access to the facts about who is most at risk, what is working and what is not working, with relevance to the goal of increasing correct and consistent condom use.

Disseminating the findings of existing research and advocating for the development of new research studies will increase the base of evidence on which implementing partners can design and carry out activities in support of the objectives of this condom Strategy.

Research on issues relevant to the Condom Strategy shall be conducted at the national and district levels, with findings disseminated to stakeholders to guide the design and implementation of strategic interventions.

- Research in support of the Strategy's goal shall be promoted and advocated for across all areas of implementation, with particular emphasis on studies to further the development of effective social mobilization and behaviour change communications;
- MoH (RHD and STD/ACP) shall develop a data bank on research done on condom use, distribution and procurement from organizations such as social marketing organizations, NGOs and other researchers. This shall feed into the national HIV/AIDS database on research at UAC and serve as a guide for identification of areas that have not been researched on to avoid duplication;
- Implementing partners shall set aside a proportion of their budgets to support research on priority topics identified as gaps in condom programming;
- FP/RHCS working group in collaboration with RHD and STD/ACP shall systematically collect and disseminate findings of research studies relevant to the Strategy goal.
- RHD and STD/ACP shall draw on relevant research studies from within and outside the country to document “best practise” models for circulation through relevant structures and for replication where appropriate.

4.0 Organization and Management

4.1 Ministry of Health

4.1.1 Management and Co-ordination of Strategic Condom Activities

The Ministry of Health has overall responsibility for the management and co-ordination of strategic condom activities across all areas of implementation from procurement to monitoring and evaluation. The specific structures for the health sector governance and coordination under the Long Term Institutional Arrangements include: Senior Top Management Committee (STMC), Top Management Committee (TMC), the Health Policy Advisory Committee (HPAC), the Senior Management Committee (SMC) and Technical Working Groups (TWGs)

The key TWGs that have central roles towards achievement of this responsibility include the Medicines Procurement and Management Technical Working Group, the Communicable Disease and Maternal and Child Health Technical Working Groups. The policy and programme related decisions from the Technical Working Groups feed into the Senior

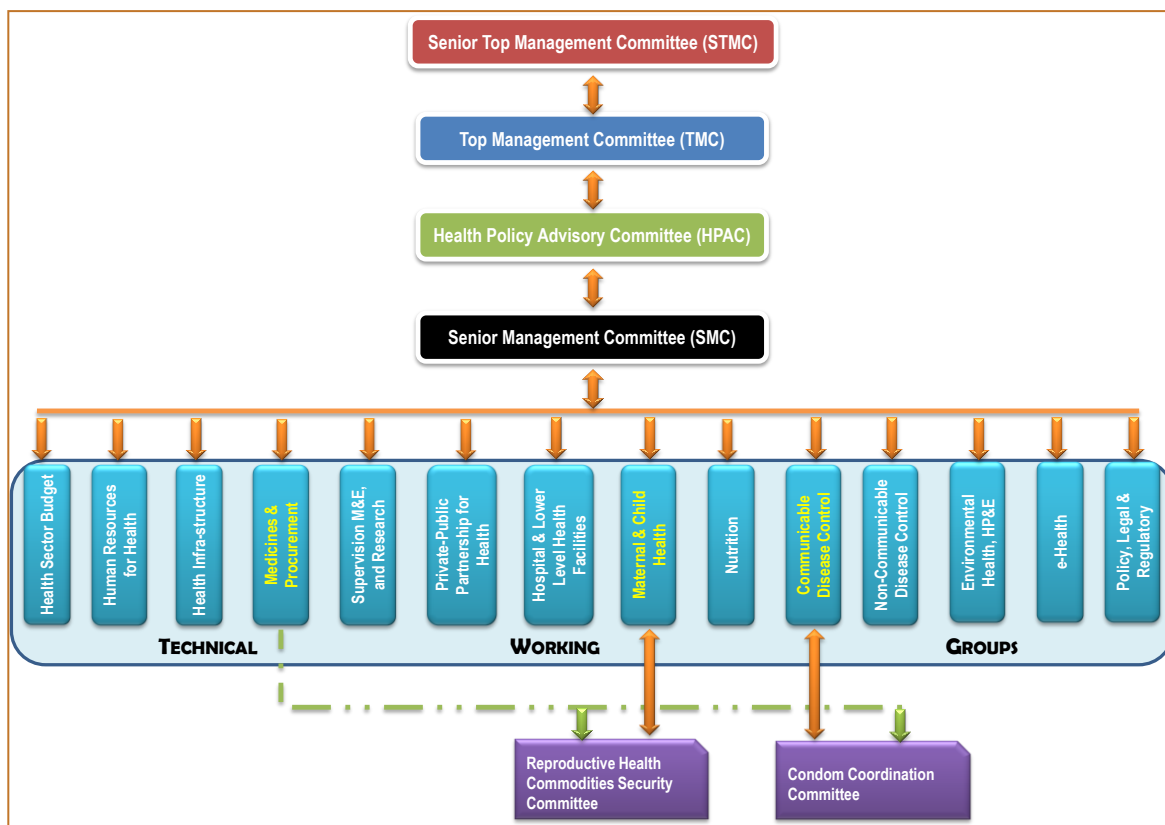


Figure 5: The Ministry of Health Governance Structure (Source: Guidelines for Governance and Partnership Structures)

Management Committee (SMC), whose decisions in turn feed into the Health

Policy Advisory Committee (HPAC) of the Ministry of Health. Within other government ministries and departments, condom coordination shall be the responsibility of appointed HIV/AIDS Focal Persons.

4.1.2 Medicines Procurement & Management Technical Working Group

The Medicines Procurement and Management Technical Working Group (MPMTWG) has the primary responsibility of handling all policy and programme issues that relate to medical and pharmaceutical products in the country, including the male and female condoms.

4.1.3 Maternal and Child Health Technical Working Group

The Maternal and Child Health Technical Working group is responsible for matters related to the Health of mothers and children, including family planning. Male and Female Condoms are the only Family planning choices which can be used for dual protection from disease and unintended pregnancy.

4.1.4 Reproductive Health Commodity Security Committee

- The Family Planning/Reproductive Health Commodity Security working group of the Ministry of Health is responsible for achieving RHCS in Uganda including the provision of male and female condoms.
- The FP/RHCS working group reports to the MPM TWG on matters related to logistics and supply chain management and it reports to the MCH TWG on matters related to Maternal and Child Health. The FP/RHCS working group shall work in close collaboration with the Communicable Disease Control Sub-Committee that deal with all policy and programme issues related to control of communicable diseases, including STIs/HIV and AIDS.

4.1.4 Condom Coordination Committee

- A Condom Coordination sub-Committee of the FP/RHCS working group shall be constituted and assigned the responsibility of supporting the Condom unit and the Reproductive Health Commodity Security team, to coordinate all national level activities related to both the male and female condoms in the country.
- This team shall be strengthened and constituted into a technical service group (TSG) to provide support to leadership for comprehensive condom programming (CCP) **see annex 4.**

4.2 District Condom Focal Persons

- District Condom Focal Persons (CFPs) shall be charged with the responsibility of ensuring co-ordination of condom promotion and distribution within the district. Condom Focal Persons will report to the District Health Officers.

4.3 Social Marketing Organizations

The Social Marketing Organizations (SMOs) were constituted as donor-funded projects operating outside of public sector condom distribution system, but in full support of government's aims and goals. SMOs shall participate in the relevant activities of the FP/RHCS working group and submit regular reports to the Ministry of Health. The overall role of the social marketing organizations shall be to assist the government to achieve its STI/HIV prevention goals as well as prevention of unintended pregnancies through a more effective condom promotion and distribution program. Specific roles shall include:

- Creating new demand through effective health communication interventions; increasing access, availability and acceptability of condoms through procurement, brand development, packaging, distribution, advertising and promotion;
- Maintaining high levels of social marketing condom stocks, at various types of retail outlets, through consistent distribution at affordable consumer prices;
- Motivating the private sector's involvement in condom distribution and promotion by providing adequate profits for wholesalers and retailers and establishing partnership for procurement, distribution, sales and advertising;
- Assisting the government by leveraging access to donor resources and minimizing government cost burdens for condom provision;
- Assisting government in marketing, distribution, and promotion of public sector free condoms, particularly in rural areas as well as building local capacity for social marketing in Uganda.
- Quality assurance of products to the users and reporting through the designated system.

4.4 National Level Institutions

4.4.1 Uganda AIDS Commission

- Uganda AIDS Commission maintains oversight on activities of implementers, such as line ministries and civil society organizations, to ensure achievement of set targets in the National Strategic Plan. Condom programme management issues will be presented and discussed at the National HIV Prevention Committee. Achievements and challenges in condom programming for HIV prevention will be communicated to stakeholders during the Joint AIDS review (JAR) meeting, which is held annually.

- UAC also has a role in mobilizing resources including funds for procurement and distribution of needed Condoms to facilitate implementation of combination prevention interventions.

4.4.2 National Drug Authority (NDA)

- The National Drug Authority (NDA) sets and enforces manufacturing and testing standards in line with WHO/UNAIDS/ISO requirements for all condoms imported into the country. It is the responsibility of the NDA to ensure the quality of all imported public and private sector condoms, before they are distributed or sold to users.

4.4.3 National Medical Stores (NMS)

- National Medical Stores (NMS) is charged with providing appropriate storage and warehousing for condom stocks, and fulfilling procurement, clearing and distribution of condoms as per National Guidelines. NMS shall keep the records and provide periodic reports to the Ministry of Health of condom stock status and quantities distributed through the Health Facilities.

4.5 Alternate Storage and distribution Mechanism

- In view of the fact that Condom distribution goes beyond health facilities, there is need for an alternative warehousing facility and distributor to handle storage and distribution through implementing partners and community based organisations.
- Ministry of Health will, through appropriate mechanisms, identify and designate a facility that will effectively handle the storage and distribution to private not for profit health and other facilities served by partners, such as work places , hotels, lodges, guest houses and hot spots
- A buffer stock of not less than three months shall be maintained at the district stores to minimise stock outs at the various health and other facilities where users access their supplies.

4.6 Non-Governmental Organizations / Implementing Partners (NGO/ IPs)

- The NGO/ IPs sector (including CBOs and FBOs) has an important role in condom education, promotion and distribution. Through their community-level contacts and activities NGOs shall develop behaviour change interventions based on the kinds of interpersonal methods of communication emphasized by the National Communication Strategy.
- IPs that provide counselling-related services such as ,ART, HCT; Family Planning; eMTCT and Safe Male Circumcision (SMC) have a special

role to play in condom promotion, education and distribution as an integral part of the combination prevention strategy.

4.7 Development Partners

- These will be guided by the Condom Programming Strategy and National procurement and supply Plan to inform their contribution towards procurement and supply of both male and female condoms and provision of support for implementation of the condom programming actions generally.
- Development partners will also be engaged in actions for promoting the condom for dual protection in accordance with global evidence and international standards
- Implementing Partners supported by development partners, operating at regional and district levels will provide support and carry out activities for Condom promotion, education and distribution at the district and community levels, in close collaboration with the district Health office.

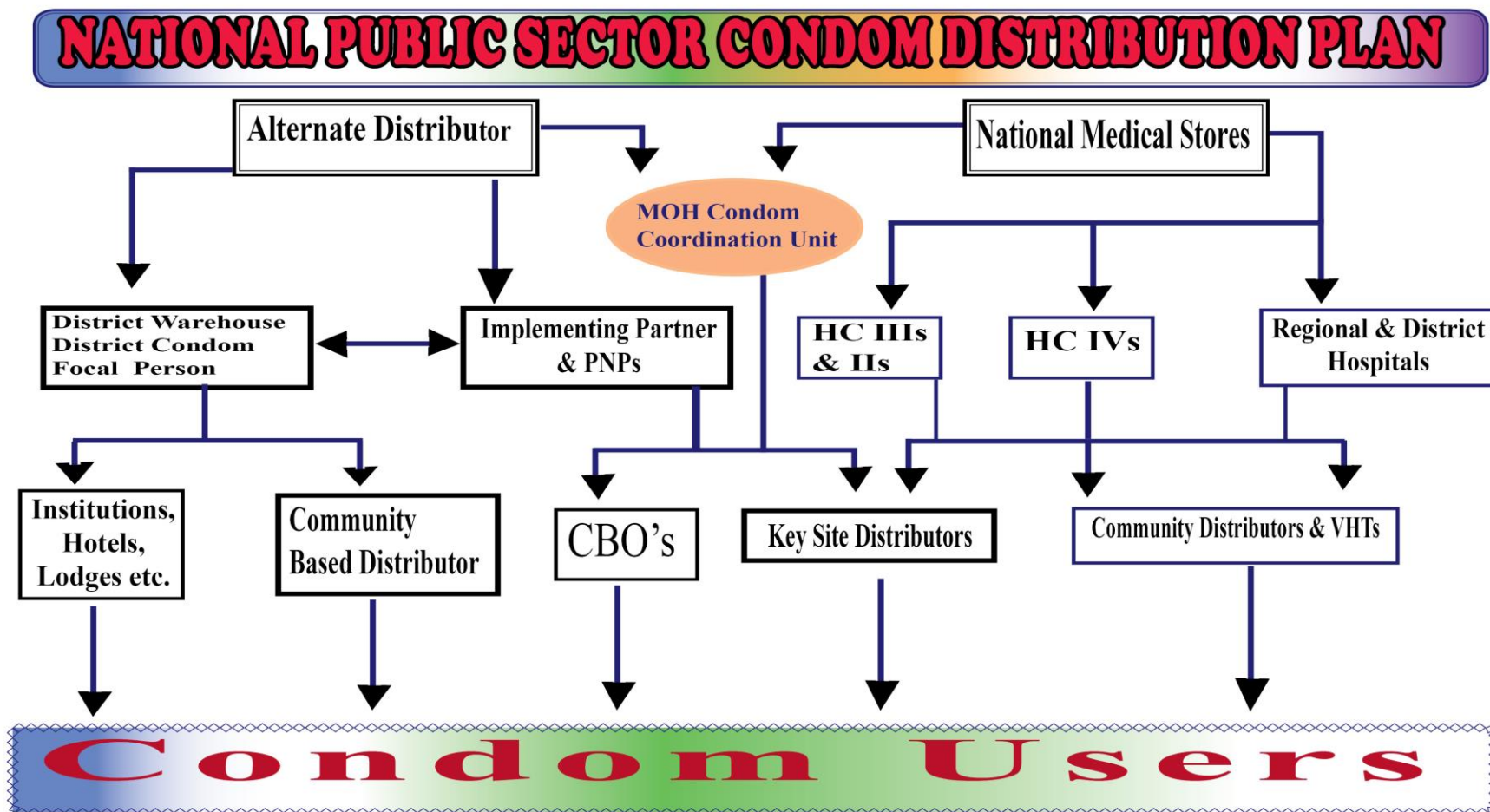
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6.0 Annexes

Annex 1: National Condom Distribution Plan



Annex 2: National Drug Authority Guidelines

NATIONAL DRUG AUTHORITY (NDA) GUIDELINES TO BE FULFILLED FOR GENERAL REGULATION OF MALE LATEX CONDOMS BEFORE THEY CAN BE IMPORTED IN UGANDA

- The importer must be a registered company and authorized by NDA
- Each lot of the male Condoms imported into Uganda is sampled (1440 condoms per lot) for post-shipment laboratory testing at the NDA Laboratory

Minimum documentation required to be submitted by the importer or manufacturer of the Condoms before importation into Uganda

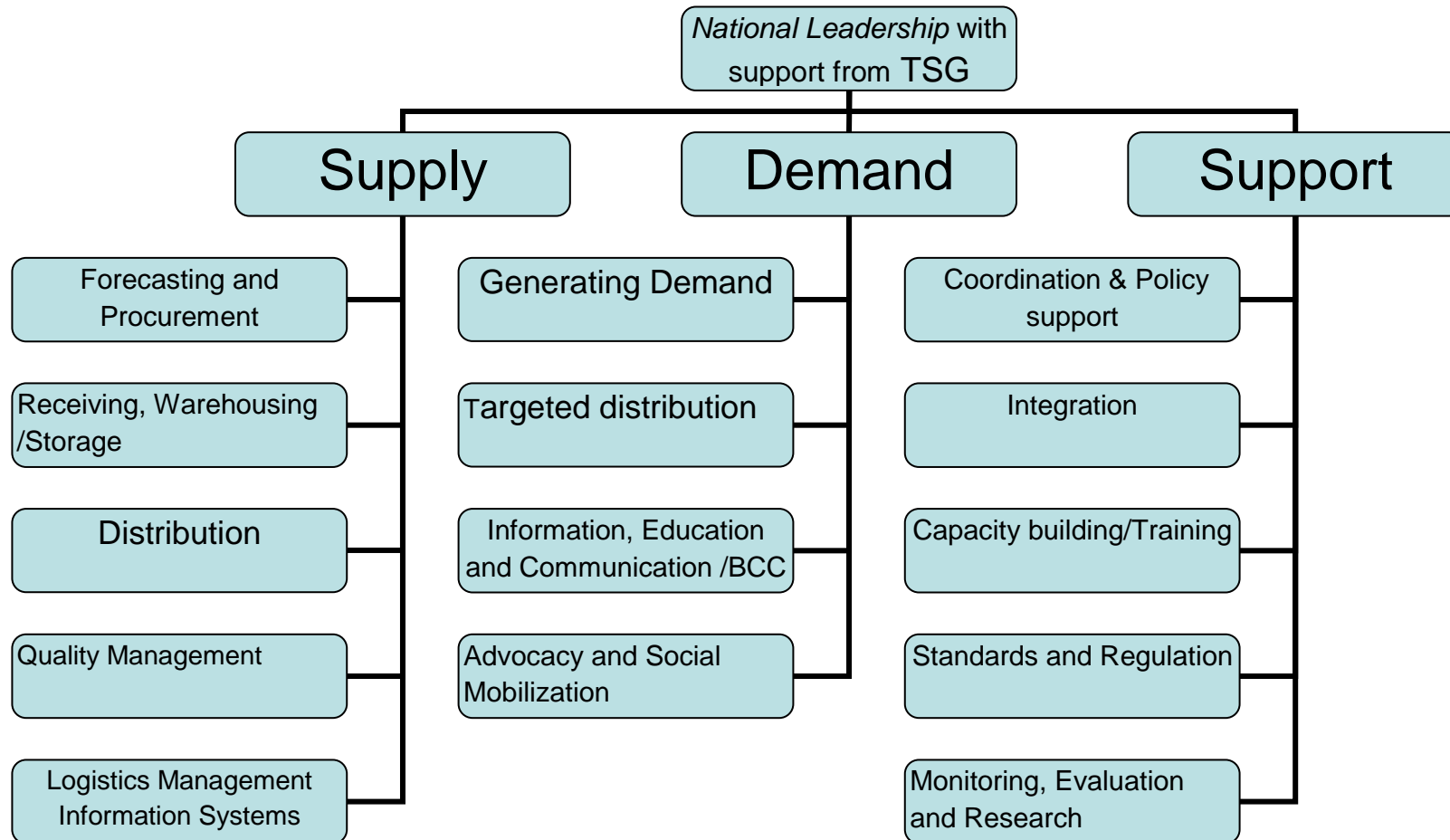
1. Samples of the Condoms labelled in English with the following:
 - Name and physical address of the manufacturer
 - Manufacturing and expiry dates
 - Lot /Batch number
 - Storage conditions
2. Copy of the manufacturing license.
3. Specification for the primary and secondary packaging materials.
4. Technical product specifications.
5. Chemical composition of the condoms.
6. Description of the manufacturing process.
7. In - process quality control of the product.
8. Records for real time stability studies for a minimum of 3 lots.
9. Certificates of analysis test report of a typical batch of the male latex condoms from the manufacturer or an independent pre- shipment testing laboratory.

Annex 3: National Condom Quantification table.

SUMMARY OF CONDOM REQUIREMENTS

	2012	2013	2014	2015
MARPS	29,644,694	50,337,748	48,705,860	110,244,653
Prevention	34,155,890	85,096,005	161,537,644	265,773,586
Contraception	84,000,292	89,730,312	95,758,536	102,098,808
total condom need	147,800,877	225,164,064	306,002,040	478,117,046
Total condom need with Buffer (3 months)	184,751,096	281,455,080	382,502,550	597,646,308
Total Cost (unit cost = 0.025USD)	\$ 4,618,777.40	\$ 7,036,377.00	\$ 9,562,563.75	\$ 14,941,157.69
Total Cost USD including PSM= 29.7%	\$ 5,990,554.29	\$ 9,126,180.98	\$ 12,402,645.19	\$ 19,378,681.53

Annex 4: Comprehensive Condom Programming Components



Adopted from the UNFPA Conceptual Framework for CCP – (A Presentation by Bidia Deperthes)

Annex 5: PARTICIPANTS IN THE STRATEGY DEVELOPMENT PROCESS

The following individuals are recognised for their inputs and active participation in the various review meetings and consultations for the development and production of this National Condom Programming Strategy.

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