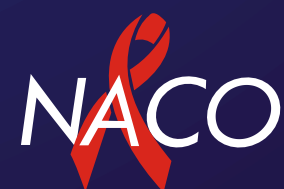
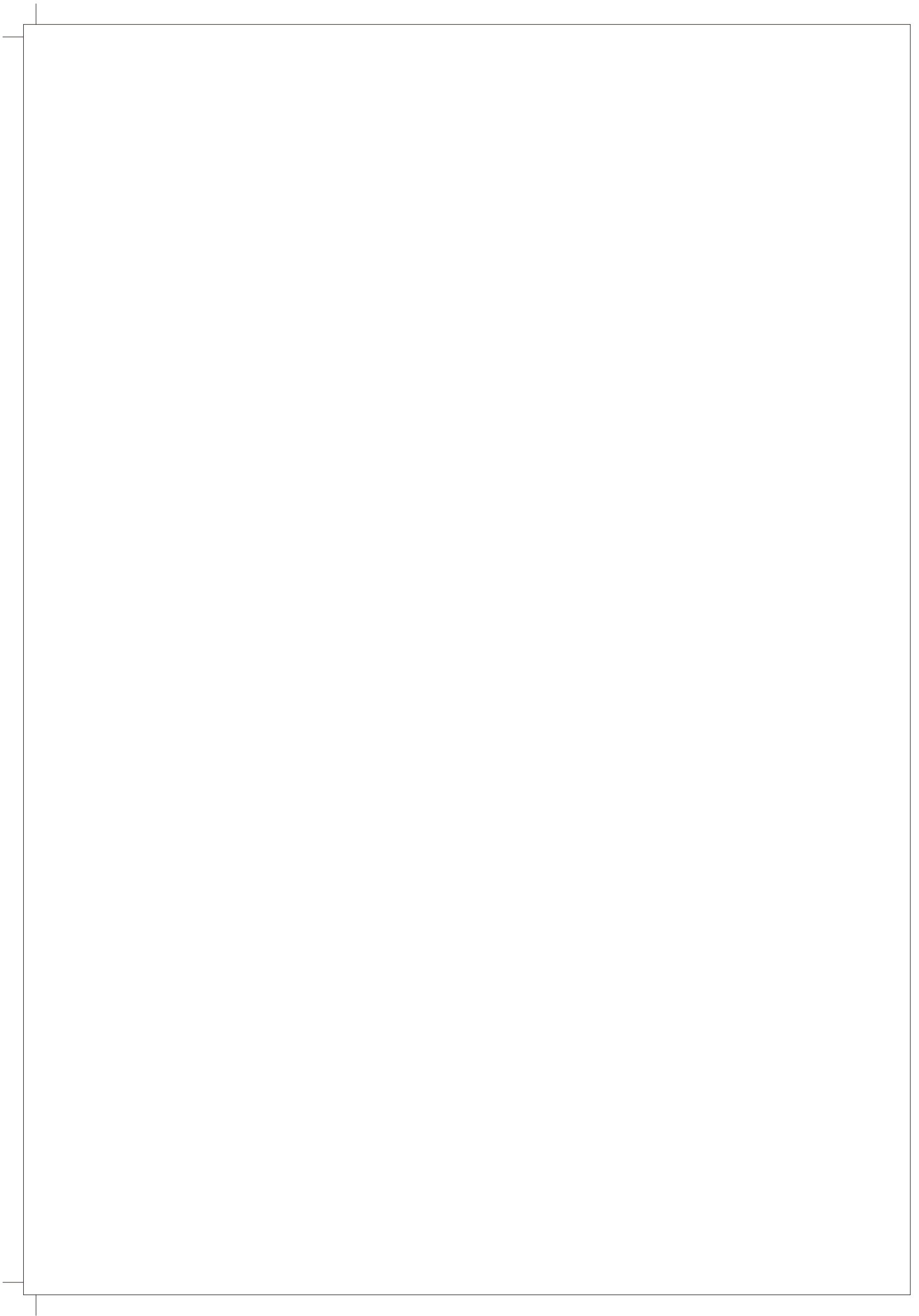




OPERATIONAL GUIDELINES FOR CONDOM PROMOTION BY STATE AIDS CONTROL SOCIETIES

Issued By
National AIDS Control Organisation
Ministry of Health & Family Welfare
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OPERATIONAL GUIDELINES **for** CONDOM PROMOTION **by** STATE AIDS CONTROL SOCIETIES

FOREWORD



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India has been one of the frontrunners in pioneering social marketing approaches for promoting condoms. The multisectoral condom promotion programme has been working for the family planning since 1960s. During the National AIDS Control Programme (NACP) II, social marketing organisations like PSI, DKT and HLFPT have tried innovative social marketing approaches for increasing condom use especially among men who have multiple sex partners. With the focus of NACP III, on prevention, condom promotion occupies an important place in the prevention strategy as it is the only prophylaxis against STIs & HIV.

National AIDS Control Organisation (NACO) has constituted a national level Steering Committee for developing the operational guidelines and providing strategic guidance in formulating the condom promotion programme. The condom promotion programme under NACP III aims to promote the use of condoms for HIV & STI prevention and unwanted pregnancy. This will be done through focused interventions in social marketing. The total condom marketed through social marketing programmes is expected to increase from 640 million to 2 billion condoms over the next three years. A national level Technical Support Group for implementing the condom programme is being constituted by HLFPT with support from Bill and Melinda Gates Foundation for leading the implementation of the condom programme.

The condom programme has been fairly complex in execution due to the involvement of various governmental, non-governmental and bilateral agencies. The need for a comprehensive guideline for condom promotion was widely echoed in NACP III consultative meetings.

NACO has constituted a national level technical committee with participation from Social Marketing Organisations (SMOs), bilateral agencies, Ministry of Health & Family Welfare (MoHFW) etc for developing the guidelines for condom promotion. After extensive consultations and discussions the guidelines have been developed. I thank all the technical committee members for spending their valuable time for developing this guideline.

This guideline is meant for use by SMOs, Programme Managers of State AIDS Control Society/National Rural Health Mission (SACS / NRHM), State level Condom Promotion Officers, Technical Support Units of various SACS, NGOs (Non-Government Organization) running targeted interventions, District Level Health Authorities, etc.

I am sure these guidelines will enable all programme managers in effectively implementing the condom promotion programme in NACP III.

(K. Sujatha Rao)



ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome	MSM	Men having sex with Men
ANM	Auxiliary Nurse Midwife	NACO	National AIDS Control Organisation
ART	Anti - Retroviral Treatment	NACP	National AIDS Control Programme
ASHA	Accredited Social Health Activist	NFHS	National Family Health Survey
BCC	Behavior Change Communication	NGO	Non- Government Organisation
BSS	Behavioral Surveillance Survey	NRHM	National Rural Health Mission
CMIS	Central Management Information System	ORW	Out Reach Worker
CPO	Condom Promotion Officer	PDS	Public Distribution System
CVM	Condom Vending Machine	PE	Peer Educator
FC	Female Condom	PLHA	People living with HIV/AIDS
FMCG	Fast moving Consumer Goods	PM	Project Manager
FSW	Female Sex Worker	PPTCT	Prevention of Parent to Child Transmission
GOI	Government of India	RCH	Reproductive and Child Health
HIV	Human Immunodeficiency Virus	SACS	State AIDS Control Society
HLFPPT	Hindustan Latex Family Planning Promotion Trust	SHG	Self Help Group
HRG	High Risk Group	SMO	Social Marketing Organization
ICDS	Integrated Children Development Services	STI	Sexual Transmitted Infection
ICTC	Integrated Counselling and Testing Centre	TI	Targeted Intervention
IEC	Information Education Communication	TSG	Technical Support Group
IPC	Inter Personal Communication	TSU	Technical Support Unit
MCH	Mother and Child Health	VAT	Value Added Tax
MOHFW	Ministry of Health & Family Welfare		

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1. BACKGROUND

India has been one of the countries which pioneered social marketing for increasing condom use. Over the last four decades condoms have been used as a spacing method. From the 1990s, condom promotion as a prophylactic has gained significant momentum and the condom use in high risk populations have shown growing trends. NACP III, with its focus on halting and reversing the HIV epidemic, has identified condom programme as an important strategy. The condom programme is a multisectoral initiative involving MoHFW, Development Partners, State Family Welfare Departments, NGOs, Social Marketing Organisations, Condom Manufacturers and Private Marketing Companies.

NACP III envisages social marketing to be the key driver in increasing the condom use in the country. NACO will be leveraging private sector marketing expertise, through its Technical Support Group, for strengthening the condom programme in the country. The programme aims at promoting condoms for ensuring that all sex acts, with risk of HIV transmission and unwanted pregnancies, is protected.

The Operational Guidelines outlines the process to be followed by SACS, Social Marketing Organisations and NGOs implementing Targeted Interventions for effective implementation of the condom programme in the country.

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2. CONDOM PROMOTION BY SACS

The SACS in states and union territories have a key role in providing the stewardship of condom promotion, much similar to the stewardship provided by NACO at the national level. The responsibilities of SACS are broadly the following:

- Coordination of all condom promotion and distribution activities in their territory, including stakeholders such as the state level NRHM (RCH Dept.), social marketing organisations (SMO) working in the state, condom marketing companies, etc.
- Direct Implementation of (a) free supply of condom distribution in the targeted intervention sites and service delivery outlets (e.g. ICTC, ART centres, STI clinics, etc.) and (b) state-level communications and advocacy for condom promotion.
- Monitoring of (a) NACO-supported social marketing interventions by contracted SMOs in the state, (b) state-components of national programmes implemented by NACO and partners such as CVMs, Female condoms, MSM condoms, etc. (c) implementing condom tracking mechanisms as recommended by NACO / TSG to minimize wastage and ensure optimal distribution of free condoms.

The personnel responsible for condom promotion in the SACS are the Assistant Director (Condom Promotion) in the SACS and the NACO TSG representative for the state. The Technical Support Group is being set up by Hindustan Latex Family Planning Promotion Trust (HLFPPT) with funding support from the Bill and Melinda Gates Foundation.

2.1 Coordination Role

SACS should coordinate all the condom promotion activities in the state or union territory. It is responsible for the achievement of all the condom promotion indicators under NACP III in the state/UT.

2.1.1 Coordination with state-level NRHM

- Monthly meetings between SACS and state NRHM/SACS representatives to discuss the issues in condom promotion, monitoring off-take trends and chalking out collective action plans
- To evolve a state-level 'condom plan' with clear demarcation of responsibilities, roles, deliverables, targets and territories to prevent duplication of efforts and improving synergies. The monitoring of this plan will be done internally once a month and quarterly with all the stakeholders. The minutes of these meetings will be made available to NACO.
- To ensure the promotion of condom as a triple-protection device for prevention of STI, HIV and unwanted pregnancy in every intervention.
- Regular interaction to monitor progress and review achievements.
- Sharing of data/ information to analyse condom distribution, storage, logistics, inventory, outlets, coverage, etc. and evolve action plans and provide support to overcome gaps.
- Coordinate state-specific communication activities to ensure optimal messaging, reach and frequency.
- To implement social marketing through the NRHMs network of hospitals, clinics, health centres, pharmacies and rural healthcare network through SMOs.
- To ensure training of field level health department personnel and resources such as ANMs and ASHA in condom promotion, social marketing, condom counselling, etc.

2.1.2 Coordination with other state departments

- Mainstreaming of condom promotion should be ensured with other departments, especially Women & Child Welfare, Tourism, Home, Transport, Rural Development, Information, Public Distribution, Panchayati Raj, etc.
- Personnel of other departments such as anganwadi workers, tourism guides, police, panchayat secretaries, etc. should be trained on the importance of condom promotion.

2.1.3 Coordination with Social Marketing Organisations (SMO)

- Monthly meetings should be conducted with SMOs working in the state to coordinate their activities.
- SMOs should send a monthly report on the social marketing implemented by them in the state as per prescribed indicators.



This includes but is not limited to :

- Number of condoms social marketed in the state with break-ups in terms of districts, urban/rural, brands, chemist/non traditional outlets, etc.
- Quarterly off-take figures
- No. of outlets (traditional/non-traditional) opened during the month by town/village/TI site
- No. of outlets serviced during the month
- No. of total active outlets existing
- Details of communication activities being implemented
- No. of contacts through mid-media activities
- Training details.
- SMOs should share the findings of any research work, funded by government or development partners, undertaken by them in the state. This includes tracking studies on ongoing programmes, baseline studies, evaluation reports, etc.
- SACS should map the SMO presence and work to ensure coordination and steps should be taken to avoid duplication of efforts. Donors supporting the SMO programmes may be called for such meetings in case major decisions or changes in programme design are required.

2.1.4 Condom Promotion Coordination Panel (CPCP)

Condom Promotion has a cross-cutting function across various programmes within the SACS and also has linkages to the state NRHM/RCH departments, Social Marketing Organisations, and others. This necessitates close coordination in order to have an effective condom promotion programme without overlapping and duplication of efforts. Hence, a state-level condom promotion coordination panel that meets regularly under the chairmanship of the Project Director, SACS is very important.

Panel members: The CPCP should be chaired by the Project Director, with the Condom Promotion Officer (Asst. Director - Condom Promotion) as the member-secretary.

The other members shall include:

- IEC officer of SACS
- NGO Advisor of SACS
- Representative of the state - level NRHM / RCH Dept.
- SACSTSU Head
- State representatives of SMOs who have marketing rights to Deluxe Nirodh
- State representatives of other SMOs
- Representative of the SMO who has been given the social marketing contract by NACO in the state
- Representative of NACO's TSG at the state level
- Representatives of organisations carrying out condom promotion in the state
- Project Directors of at least two NGOs implementing condom promotion in the TI areas
- An ORW representative
- APE representative
- PLHA representative
- State representative of the organisation implementing the CVM programme
- State representative of the organisation implementing the FC programme
- Any other person nominated by the Project Director, SACS.

Periodicity of meetings: The CPCP should meet at least once in a quarter, to assess the ongoing condom promotion programmes / activities in the state.

Responsibilities of the CPCP: The panel should meet on a quarterly basis to discuss and review the following:

- (1) The overall condom distribution / sales status in the state
 - a. Analyse data pertaining to free supply of condoms of both RCH as well as SACS
 - b. Analyse the social marketing sales of TINGOs
 - c. Analyse the quarterly sales data provided by the SMOs in the state

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- d. Analyse the AC Nielsen ORG MARG Retail Audit Data for the quarter, provided by the NACO/TSG representative
 - e. Analyse the growth in the number of non-traditional outlets for both SACS as well as SMOs
 - f. Make recommendations for priorities/activities during the next quarter, within all possible parameters, based on the above analyses.
- (2) Condom communications during the quarter
 - a. Review the condom promotion communications undertaken by NACO/TSG in the state through the contracted SMO
 - b. Review the condom promotion activities undertaken by the other SMOs
 - c. Review the condom communication activities implemented by the State SACS
 - d. Review the on-ground communication activities implemented by the SMO/ NGO working in the TI areas. E.g. No. of condom demonstrations, VAT activities, IEC material distributed, POP material put up, etc.
 - e. Identify gaps and areas that need improvement ; Make plan of action for the next quarter.
 - (3) Special Programmes Review
 - a. Review the FC programme in the state
 - b. Review the CVM programme (if existing) in the state
 - c. Review the MSM condom programme in the state.
 - (4) Experience sharing
 - a. SMOs implementing social marketing programmes in the state may give a presentation of their activities and update on the quarter's progress
 - b. NRHM representative may update the committee on the status of the condom promotion initiatives by them
 - c. Other members may share their experiences, opinions and concerns.
 - (5) Any other matter deemed important by the committee.

Responsibilities of the Member-Secretary of the CPCP

- The member-secretary who is the Deputy Director or Asst. Director - Condom Promotion in the state shall plan and call the meeting of the CPCP upon the direction of the Project Director, SACS
- All the data pertaining to sales, outlets, etc. of the TI NGOs shall be collected in advance for review by the Panel
- Shall coordinate with the other departments within the SACS to get information / data pertaining to condom promotion. E.g. Communications, IEC material, etc.
- Record the Minutes of the Meeting of the CPCP and send a copy to the Programme Officer (Condom Promotion) of NACO
- Follow up on recommendations made by the panel
- Update the list of members and share with NACO.

Responsibility of state level officer of NACO / TSG for condom promotion

- To provide updates on the social marketing contracts entered with funding from NRHM / NACO
- To provide an update on the progress in implementation of the contracts
- To share research reports developed nationally which could have an impact on the state's programmes
- To brief members on the ORG MARG data findings
- To coordinate and follow up on recommendations made by the panel w.r.t. SMOs and NRHM.

Sub-Panel of the CPCP

A sub-panel of the CPCP may be formed to meet on a monthly basis to review the progress and follow - up on the recommendations. This panel may comprise the Dy. Director / Asst. Director - Condom Promotion of the SACS, the state representative of the NACO / TSG for condom promotion, SACS official in charge of IEC, the NGO advisor, the Project Director of the SMO contracted by NACO / TSG and the Head of the TSU.

The Project Director, SACS should be briefed by this sub-panel on the status of condom promotion in the state on a monthly basis.



Joint Field Visits

The SACS Condom Promotion Officer and the TSG state representative should undertake at least one joint field visit every quarter to a district for first-hand assessment of the on-ground condom promotion situation. They should visit a TI site, a social marketing programme reaching the general population and a service delivery outlet, e.g., ICTC or hospital to study the status of free supply condoms. A copy of the tour report may be sent to the Programme Officer (Condom Promotion) at NACO.

2.2 Direct implementation role

While coordinating the overall condom promotion programme in the state/UT, the SACS has direct implementation role in the following areas:

- Free supply condom distribution in TI sites, along with condom communications (including condom counselling) and demonstrations
- Free supply condom distribution through service delivery outlets, e.g. ICTC, ART centres, STI clinics, Drop-in centres, etc. along with condom communications (including condom counselling) and demonstrations
- State level condom communications activities
- State level condom advocacy activities
- Demand estimation for condoms for the state for the AIDS control, NRHM and RCH programmes
- Procurement, storage and logistics (including quality control)
- Reduce wastage in free supply.

The Asst Director (Condom Promotion) in the SACS shall be responsible for the direct implementation activities.

2.2.1 Free supply condom distribution in TI sites

The NGOs managing the targeted interventions should be given responsibility for ensuring adequate availability of free supply condoms "Nirodh" to the high risk groups they reach. They are also responsible for the procurement, logistics, storage, distribution, monitoring and reporting of the free supply condom programme in their territories.

Procurement

The NGO managing the TI intervention should forecast the free supply condom needs in the territory serviced by them. This should be sufficient to meet the needs of :

- HRG (i.e. female sex workers and men who have sex with men) being reached through ORW and PE
- Free distribution outlets, Nirodh Pick-up Boxes (dispensers), brothels, lodges, toilets, etc.
- Service Delivery outlets such as Drop-in Centres, STI clinics, etc. managed by the NGO
- Condoms for demonstrations and promotional activities.

[See "Condom Forecasting" in Section 6.1]

The AD (CP) should examine and collate the requirements of the NGOs and add to the procurement request placed with NACO every year. SACS should take care of all the logistics, to ensure timely receipt of condoms by the NGOs.

Storage

Every TI site should have storage/warehousing facility under the management of the NGO managing the TI. A minimum stock of 2 months and a maximum stock of 3 months should be maintained in the warehouse with appropriate documentation.

[See "Storage and Inventory" in Section 7.2.1]

Distribution

Free supply condom distribution should be undertaken by the NGO to ensure maximize availability and accessibility, while minimizing wastage. Free distribution is meant exclusively for high risk groups (i.e. female sex workers and men who have sex with men). Therefore free distribution must be focused in and around hotspots, i.e., points of sex solicitation (public parks, bus stands, toilets) and / or point of sex act (lodges, hotels, dhabas, etc.). The recommended distribution points in the TI site are :

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- Public and private STI clinics
- Drop-in centres
- NGO offices
- Outreach workers
- Peer Educators
- Brothels
- Rest houses of sex workers
- Lodges and other places of sex.

The list above is not comprehensive, and NGOs should take the initiative to motivate outlet owners to stock the free supply condoms.

In addition, SACS should provide "free condom pick-up boxes" which should be installed and serviced by the NGOs. These pick up boxes can be put up at strategic locations in and around the TI sites, which include bus shelters, known cruising points, trucker halt points, health centres, dhabas and eateries, toilets, etc.

The condoms thus distributed should be documented and sent to SACS regularly.

Person responsible at SACS: Asst. Director (Condom Promotion)

Person responsible at NGO: Programme Officer

Box : 01. Quality Perceptions regarding Free Supply Condoms:

More often than not, free supply condoms are perceived to be of inferior quality by users. Service providers and peer educators should be educated that the Free Supply Condoms are of the same quality as the social marketed condoms, and that the Government pays for the condom.

Since free supply condoms do not entail a cost to the receiver, its value is perceived to be low. This may lead to wastage in the hands of the target audience. Counselling should include information on the value of the condoms that are being given to the end users.

2.2.2 Free supply condom distribution in Service Delivery Outlets

SACS should ensure uninterrupted availability of condoms in all the service delivery outlets managed by them. This should include :

- ICTC
- ART centres
- Drop-in centres
- Care and Support Units
- STI clinics
- Other service delivery outlets including outreach camps / vehicles

Facilities for storage (with inventory of minimum two months and maximum three months) and logistics should be put in place. The condom forecasting by the SACS should include the condoms distributed at the service delivery outlet and those used for demonstrations in condom counselling. Stock documentation should be ensured.

Person responsible at SACS: Asst. Director (Condom Promotion)

Person responsible at NGO: Programme Officer

Box : 02. Avoiding Wastage

Free supply condom wastage is estimated to be very high due to improper procurement, storage and carelessness of personnel involved in the programme. This leads to immense financial losses to the Government and also threatens the continuation of the programme. To avoid wastage, the following steps should be taken:

- Proper forecasting of free condoms required. This can be based on the BSS and other data available, as detailed in the section on Condom Forecasting
- Proper storage and inventory control will help reduce wastage through damage
- Periodic condom fate studies should be conducted. While NACO would periodically conduct detailed condom fate studies, the CPO at the state should study the patterns of condom requirements at the NGO level and below, depending on the estimated use. If the quantities demanded by the NGOs or service delivery outlets are unrealistically high, the CPO should investigate further into such demand
- NGOs should not be pressured into stocking more number of condoms than they require. Treating each condom as a product of financial value will ensure that adequate care is taken by all during the distribution pipeline.



Checklist for condom promotion in service delivery outlets

- Clients do not have to fill out forms or register in order to receive condoms
- Condoms are available in restrooms or other private, but readily accessible, locations
- Print materials and other IEC material offering information on HIV prevention and instructions for condom use are readily available
- Condoms are accessible at times that are convenient for clients, for example, after work or on weekends
- Service delivery outlet location is easily accessible and convenient for clients
- Waiting times are brief
- Adequate quantity of condoms are available at all times
- All clients are offered condoms, irrespective of age, gender, and marital status
- Employees / volunteers treat all clients with respect and do not judge or lecture people who request condoms
- Clients are offered enough condoms to meet their needs
- Employees/volunteers feel comfortable handling condoms and discussing their use.

2.2.3 Condom social marketing in TI areas

Social marketing of condoms will be implemented by the SMO contracted by NACO for the state. The NGO managing the TI site will be responsible for monitoring the availability of and access to social marketed condoms in the TI. The NGO should inform the SMO about gaps in distribution and facilitate the stocking of condoms at non-traditional outlets. Reporting shall be by the SMO and will provide the SM details in their normal monthly reports on the TIs.

The brands to be included in the social marketing should be the ones which are approved by GOI for social marketing. In any direct social marketing interventions implemented by SACS, the focus should be on GOI owned brand (Deluxe Nirodh). The brands chosen should be based on the preference of the target groups.

Mapping of TI site

The NGO should map the TI site, pointing to the existing outlets and the potential outlets for stocking social marketing condoms. These mapping details should be shared with the SMO. A criterion for doing this mapping may be evolved in consultation with SMOs. This is to ensure that the outlets identified are the ones which will be feasible for the SMOs to place stocks.

The potential outlets for placement of social marketed condoms in the TI site are :

- Chemists
- Paan shops
- Grocery stores
- Milk booths
- Telephone booths
- Cycle repair shops
- Ladies' stores
- Hotels / lodges
- Tea shops
- Dhabas
- Petrol pumps
- PDS outlets
- Autorickshaw / rickshaw drivers
- Travel agencies
- Toilet attendants
- Brothels
- Pimps
- Massage parlours
- Wine shops

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- Liquor bars
- Dance parlours
- Night clubs
- Transport association offices
- Barbers
- Private clinics / quacks / dispensing doctors
- Newspaper / magazine vendors' outlets
- Cinema theatres
- Video rental outlets.

The above list is not comprehensive, and only serves as an indicator to the unlimited opportunities available for setting up outlets stocking social marketed condoms. Again, there needs to be a special focus on availability of socially marketed condoms in and around known hotspots. Preference should be given to outlets that are open late into the night and high male footfall.

Facilitation for setting up new outlets

The SMO is responsible for setting up new outlets. The TI NGO should provide assistance to the SMO to reduce the stigma and possible reluctance of outlet owners to stock social marketed condoms.

Monitoring the availability of social marketed condoms

The SMO shall place social marketed condoms regularly in all the outlets opened by them in the TI area. The NGO shall monitor the availability and visibility of the various brands of social marketed condoms and report in their monthly report.

Training

The SMO shall have the responsibility for training of ORW, PE and outlet owners in the techniques of social marketing.

The social marketing activities through the ORW and PE should be documented and reported to the SACS along with the data shared by the SMO on a monthly basis.

SACS shall not procure Deluxe Nirodh from NACO. Instead, the SMO contracted by NACO should be directed to enter into tie-ups with the NGOs implementing the TI programmes and introduce Deluxe Nirodh along with other Social Marketing brands. Considering that Deluxe Nirodh has high brand equity and low price all the SMOs should mandatorily supply Deluxe Nirodh along with other SM brands. The role of SACS will be limited to facilitation and monitoring of the social marketing activities.

Person responsible at SACS: NACO TSG Representative at the SACS

Person responsible at NGO: Programme Officer

2.2.4 Condom Promotion communications at TI sites

All the promotional activities targeting condom promotion in TI sites shall be the responsibility of the SACS. These activities shall be implemented through the TI NGO and the SMO contracted by NACO. SACS shall directly implement certain interventions such as wall-writing, hoardings, boards, etc. to derive economies of scale.

The SACS IEC budget should factor in the communication needs for condom promotion in the TI sites. The AD (CP) should interact with the IEC officers in the SACS to ensure quality IEC interventions are planned and implemented.

NGO driven communications

The condom promotion communications conducted by the NGO are :

- Condom counselling by outreach workers, peer educators and counsellors
- Condom demonstrations by outreach workers, peer educators and counsellors
- Incorporation of condom related messaging in the IEC activities implemented by the NGO.
- Activities targeting perceived availability of condoms in the TI.



- Placement of IEC material such as posters on condoms in strategic locations, including brothels, lodges, STI and other clinics, Drop-in centres, etc.
- Distribution of IEC material such as pamphlets, handouts, etc. on condom promotion.

SACS should arrange for necessary IEC material and tools including suitable penis models for condom demonstrations.

SMO driven communications

The SMO contracted by NACO will be responsible for the following :

- Evidence-based communication interventions at the TI sites which address common barriers to condom usage and promote consistent condom use
- Communication activities will include ground-level activities such as mid-media e.g. nukkad-natak, local street theatre and drama, magic shows, etc.
- On ground activation to increase self-efficacy in using condoms
- Group discussions with communication tools to ensure consistent condom use with non-regular partners
- Activities focusing on perceived availability - such as shop signages, POP material at outlets, condom displays, branding activities using wall art, shop painting, etc.
- Training of outlet owners in social marketing.

SMOs shall also partner with the NGOs to deliver effective communications reaching the targeted high risk groups in the TI.

2.2.5 Condom Promotion Communications at Service Delivery Outlets

This includes all the communication activities on condoms at ICTC, STI clinics, ART centres, outreach camps/vehicles, Care and Support Centres, Health care centres, etc.

- Every service delivery outlet should have IEC material on condom promotion that is strategically located on the walls and the premises. This can be in the form of wall art, signages and posters
- Counselling should be done on condom use
- Takeaway IEC material should be available at easily accessible locations
- Condom demonstrations should be done for the benefit of clients.

The tools and material required for condom communications including flip books, penis models, etc. should be provided by SACS.

These activities should be planned, implemented and monitored by the AD (CP) in consultation with the IEC officers at the SACS.

Action checklist for IEC material at Service Delivery Outlets

- Posters are displayed in public areas such as clinic waiting rooms, hallways, store walls and windows, counselling rooms, toilets, etc.
- Posters are designed and placed so that clients can easily read them
- Leaflets and handouts are available for clients to take home, and they are regularly supplied
- Print materials are appropriate for the audience: the messages and illustrations are clear and easily understood, the wording is appropriate for the literacy level of the audience, and the contents fit the local circumstances
- All materials deliver the same message, and that message is consistent with what providers, counsellors, outreach workers and peer educators are telling clients.

2.2.6 State-level communications on condoms

The SACS should implement state-wide campaigns for condom promotion, highlighting the triple benefit of condoms to prevent STI, HIV and unwanted pregnancy.

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State-level communications shall be through a variety of channels including mass media, mid-media, moving media and static media, and shall focus on:

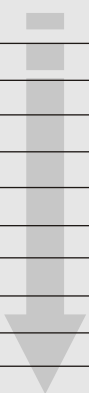
- Condoms are effective to prevent STIs, HIV and unwanted pregnancies.
- Condoms are available at a distance less than 15 minutes from where you want them.
- Condom normalization (removal of stigma associated with condom)
- Condom should be used at every sexual encounter for effective protection.

This should be planned and implemented by the IEC division of SACS in consultation with the AD (CP).

Behaviour change communications (BCC), if successful, can accomplish the above objectives. A BCC strategy should be developed that matches messages and communication channels with programme goals, desired actions and the target audience.

Table 1.

Steps to develop a BCC strategy



Identify the problem based on the overall programme goals.
Segment target populations.
Conduct formative research to understand the needs of the target population and their barriers to behaviour change.
Identify behaviour change goals.
Seek consensus from stakeholders.
Design a communication plan, including objectives, overall theme, specific messages, and outlets for dissemination.
Pretest and revise messages.
Target communications to specific groups.
Implement the plan.
Monitor and evaluate it.
Seek feedback and make appropriate revisions.

Source: Adapted from Family Health International. • Focus on BCC for HIV/AIDS. Fact Sheet 2001.



Tailoring Condom Promotion to specific target groups

Condom programming, including behaviour change communications, is more effective when it is tailored to the needs and circumstances of a specific audience. The communication channels that are suitable to specific audiences are:

Table : 2

TARGET AUDIENCE	COMMUNICATION CHANNELS	MESSAGE TOPICS
Women	<ul style="list-style-type: none"> • Family Planning & MCH programmes • TV and radio (serials, radio drama, etc.) • Outdoor theatre, songs • Posters • Outdoor advertising • Places where women gather for work or social occasions • Materials in clinic waiting rooms 	<ul style="list-style-type: none"> • Gender issues awareness • Promotion of dual protection • Safer sex behaviours • AIDS awareness • Countering local myths, perceptions, dislikes and fears
Men	<ul style="list-style-type: none"> • Workplace-based • Male educators / role models • STI programmes • Sports events • TV and radio • Posters • Packaging, Point of Purchase material • Music • Bars • Outdoor advertising • Newspaper, magazines 	<ul style="list-style-type: none"> • Condoms for dual protection • Gender awareness issues • AIDS awareness • Safer sex behaviours • Positive images of men as responsible, caring partners
Youth	<ul style="list-style-type: none"> • Peer educators at youth organisations and universities • TV and radio • Sports events • Outdoor advertising • Packaging, Point of Purchase material • Comic books • Games • Popular music • Public events, carnivals 	<ul style="list-style-type: none"> • Physical abuse, coercion • AIDS awareness • Abstinence • Safer sex • Condoms for dual protection • Awareness of health issues such as STIs • Condom negotiation skills
Sex Workers	<ul style="list-style-type: none"> • Peer Educators • Places where men and women gather to work • Drop-in centres 	<ul style="list-style-type: none"> • Condom negotiation skills • Gender-based violence • Empowerment • Basic health & reproductive health issues
Migrants	<ul style="list-style-type: none"> • Health programmes • Communications targeting slums 	<ul style="list-style-type: none"> • Condoms for dual protection

[For communication in TI sites, please see Section 2.2.1]

* Also refer to IEC guidelines issued separately to the SACS.

OPERATIONAL GUIDELINES **for** CONDOM PROMOTION **by** STATE AIDS CONTROL SOCIETIES

2.2.7 State-level advocacy on condoms

Leaders and organisations can have a tremendous impact on the awareness of STI / HIV risks, community attitudes towards condom use and whether public discussion of condoms is socially acceptable.

Persuade these leaders for their help in fighting STI / HIV by publicly acknowledging the threat posed by unsafe sex and endorse condom use. Identify the following influential people and groups in the state for advocacy:

- Political leaders
- Popular musicians, dancers and actors
- Cricketers
- Government officials
- Community heads
- Police officials
- Religious leaders
- Businessmen and business organisations
- Newspaper editors and journalists
- Radio and television personalities
- Non-government organisations
- Women's organisations
- Youth groups
- Sports organisations and stars
- Informal opinion leaders.

SACS can provide media support for celebrity endorsements by calling press conferences, meetings and buying media space / time for public acknowledgments.

2.3 Monitoring Role of SACS

The monitoring functions of SACS include the following:

2.3.1 NACO-supported Social Marketing by contracted SMO

NACO will contract one or more SMOs for each state to implement social marketing targeting the high risk groups, bridge population and the general population. The funds, sourced from NRHM, will be managed by NACO through its TSG to ensure the achievement of the indicators under NACP III.

- The SMO shall implement evidence-based culturally appropriate behaviour change communication interventions for the high risk groups, bridge populations and the general population. These communications shall be through mass media, mid-media and IPC/group discussions
- The SMO shall open and service outlets stocking condoms, especially in non-traditional outlets
- The SMO shall reach the TG in the under-served urban and rural areas
- The SMO shall offer a basket of condom brands to provide choice to the users.

The NACO TSG representative at the SACS will be responsible for monitoring the implementation of the social marketing activities.

2.3.2 Monitoring state components of national programmes

SACS, through the NACO TSG representative, shall monitor and support the national programmes in the area of condom promotion. They are:

GOICVM Project (various phases)

Condom Vending Machines (CVM) are being placed as a nation-wide initiative in phases by MOHFW and NACO to ensure anytime access and avoid embarrassment in buying condoms over the counter. Three types of machines are being installed by contracted partners:

- Low Traffic Dispensing Outlet (LTDO) which is mechanically operated, and dispensing one low-cost brand of quality condoms
- Medium Traffic Dispensing Outlet (MTDO) which needs an electricity/ battery source, dispensing 3 brands in varying price bands
- High Traffic Dispensing Outlets (HTDO) which is a sophisticated multi-brand vending machine which is used in highly potential areas.



The role of the SACS in states where the CVM projects are being implemented is identification of sites and monitoring of the servicing / refilling of machines through its NGO partners.

- Identification of locations for placement of CVM. The assistance of NGOs shall be sought for identifying the most appropriate sites
- The servicing and refilling of outlets shall be done by the contracted partner
- NGOs will monitor and report on the functioning of the CVMs within their assigned territories
- NGOs may also enter into an agreement with the contracted partner to service/refill the machines on mutually agreed terms and conditions
- The contracted partner shall report to the SACS on a monthly basis - on the status of the CVMs, data on off-take and various issues
- In case the site is not appropriate, SACS may direct the contracted partner to change the location, under intimation to NACO
- SACS shall monitor the overall project within the state.

Female Condom Programme

The female condom (FC) programme is being upscaled to reach all the TI sites which have significant FSW population. FC is the only prophylactic against the prevention of STI, HIV and unwanted pregnancy which empowers women. This product, which is heavily subsidized, is sold through social marketing by a contracted agency which works with the TI NGOs.

FC is positioned as a product to be used in case of refusal by client to use male condoms and is an aid to condom negotiation by FSW.

[SACS will monitor and report on the FC programme, based on separate guidelines that are being framed.]

MSM Condom Programme

Thicker, more lubricated condoms are required for special situations such as anal sex by MSM or the other high risk groups. The condoms are socially marketed by a contracted agency which works with the TI NGOs.

[SACS will monitor and report on the MSM condom programme, based on separate guidelines that are being framed]

2.3.3 Monitoring Free Supply condom distribution by SACS / NRHM / RCH Dept.

SACS should coordinate with the state-level NRHM officials to ensure adequate distribution of condoms for prevention of unwanted pregnancies. While the condoms will be procured directly by the RCH departments of the state, SACS should monitor the availability of condoms through regular interaction with the former.

Free condoms can be placed by RCH and other departments in outlets such as :

1. Government hospitals and health centres: Every state government hospital and health centre in both urban and rural areas should have adequate free supply condoms. With the risk of HIV spreading to the general population, the triple use of condoms should be stressed
2. ANMs: The on-ground arm of the state health ministry is the ANM who has access to the remotest of villages and interacts with the general population. She should be equipped with condom promotional tools and free supply condoms
3. ICDS workers: Anganwadi workers have a reach unmatched by most others to reach the marginalized and unprivileged sections of the society. She should also be equipped with condom promotion tools and free supply condoms
4. ASHA: The ASHA under NRHM is a member of the community who can play a vital role in promoting condom use
5. SHG: The various self-help groups should be motivated to stock condoms. The peer support from the SHG members can encourage condom use.

The state-level officer appointed by NACO's TSG will interact with the NRHM and other departments at the state - level to assist them in condom promotion activities.

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3. SACS-LEVEL PERSONNEL FOR CONDOM PROMOTION

3.1 Assistant Director – Condom Promotion: AD (CP)

Every SACS shall have a designated Condom Promotion Officer at the level of Assistant Director. He/she should solely be looking after condom promotion, except in the case of Union Territories where he/she may hold additional responsibilities.

3.1.1 Recommended Qualifications

The AD (CP) should have the following qualifications:

- Graduate from any recognised university, preferably with additional marketing management diploma or degree
- Experience in communications or marketing/sales, preferably in rural areas
- Preference shall be given to candidates from the marketing sector, having worked for any FMCG company or lead NGOs with wide community initiatives involving marketing products at subsidised prices
- Basic knowledge of computers and the Internet.

3.1.2 Attributes

The following attributes are essential :

- Should have a marketing mind, with strong selling skills
- Should have knowledge of Behaviour Change Communications
- Should be willing to travel extensively and provide on-ground support to NGO partners implementing the programme
- An analytic mind, capable of reviewing data to make meaningful strategies
- Should be capable of creating / managing computerized databases on spreadsheets
- Should be able to interact with state-level representatives of NRHM, SMOs and other organisations.

3.1.3 Duties & Responsibilities

The AD (CP) shall be responsible for all the condom promotion activities pertaining to the direct implementation, monitoring and coordination functions of the SACS, as described in the section on the condom promotion functions of the SACS.

In addition to the above, the AD (CP) shall -

- Maintain a database of condom outlets managed by the TI NGOs, with regular updation. He/she should also have updated data on all the condom promotion activities within the state
- Track social marketing sales in TIs and report thereon
- Regularly visit the TI NGOs to provide support for free distribution and social marketing. The AD (CP) should visit at least one district per week, to facilitate this responsibility and oversee the other activities pertaining to condom promotion in the district
- Function as the Member-Secretary of the Condom Promotion Coordination Panel (CPCP) and as a member of the Sub-Panel
- Coordinate with the IEC division at the SACS and ensure quality communications for condom promotion
- Coordinate with the NACO/TSG state-level officer who is monitoring the work of SMOs contracted by NACO in the state and other functions of the TSG at the state level
- Coordinate with the Programme Officer (Condom Promotion) and the TSG at NACO
- Identify the condom procurement needs in the TI and service delivery outlets managed by SACS through appropriate forecasting techniques, and indent for the same from NACO
- Manage storage, inventory and logistics of condoms at the state level, and ensure proper storage at every stage of distribution
- Monitor the financial transactions pertaining to social marketing of condoms by the TI NGOs, in concert with the Finance Controller at SACS



- Ensure adequate availability of condoms at the TIs and service delivery outlets through periodic monitoring of supply levels
- Ensure appropriate and timely reporting of CMIS data and other information as required by NACO
- Work on any other responsibility pertaining to condom promotion required by NACO or SACS.

3.1.4 SACS-level representative of NACO TSG

The Technical Support Group (TSG) for condom promotion at NACO will place a person either solely for the state or for a cluster of states, to ensure the following:

- Provide strategic support to Project Director in designing and implementing the state condom programme
- Provide support to the SACS in implementation of condom promotion, through coordination with the Asst. Director (CP)
- Monitor and manage the social marketing programmes implemented by SMOs contracted by NACO for the state
- Manage the IT-enabled condom tracking system, if being implemented in the state
- Interact with all the stakeholders implementing condom promotion in the state, to achieve the TSG deliverables in the state
- Manage the social marketing communications programmes being implemented by NACO and its TSG
- Any other task as required by NACO and its TSG.

[The responsibilities of the NACO/TSG representative will primarily be towards achievement of the 3-year social marketing plan of the NACO/MOHFW as appended with this document in Annexure - 00]

OPERATIONAL GUIDELINES **for** CONDOM PROMOTION **by** STATE AIDS CONTROL SOCIETIES

4. ROLE OF TI NGO IN CONDOM PROMOTION

The NGO managing the TI programme has a key role in condom promotion. It is responsible for the on-ground implementation of all the programmes that are targeted at the high risk groups that it serves. Among the responsibilities are:

- Condom needs assessment and forecasting condom requirements. Mapping of potential outlets
- Free supply condom distribution and communications (including counselling and condom demonstrations) among the high risk groups and in service delivery outlets managed by the NGO
- Monitoring of Social marketing of condoms by NACO contracted SMO
- Direct social marketing through ORW and PE
- Implementation/monitoring of national programmes, e.g. CVM, FC and MSM in the targeted intervention site
- Managing the procurement, logistics and storage of condoms
- Ensuring that wastage of condoms is minimized.

4.1 Role of Programme Manager of NGO

The programme manager (PM) of the NGO managing the TI should:

- Manage indenting and stocking of condoms
- Monitor appropriate use without wastage
- Plan and assist in special condom promotions
- Network with representatives of SMOs working in the TI area for social marketing and training
- Network and work with contracted agencies implementing national programmes such as CVM, FC and MSM condoms
- Report to the SACS on a monthly basis with feedback for managerial decision making
- Ensure sufficient condom stocks at service delivery outlets of the NGO
- Manage condom distribution by the ORW
- Arrange for adequate supplies of IEC material, condom pick-up boxes, penis models, etc.

4.2 Role of Outreach Worker of NGO

The Outreach Worker (ORW) is responsible for :

- Training Peer Educators (PE) on condom use, counselling and promotion
- Supplying free supply and social marketed condoms to PE for onward distribution/sale
- Monitoring the distribution and sale of free supply and social marketed condoms and report to the PM on a regular basis
- Identification of potential outlets for the SMO to stock condoms within the hotspots
- Conducting Group Discussions (along with condom demonstrations) with the target groups
- Monitoring stocking pattern, i.e. availability and visibility in trained condom social marketing outlets
- Supplying IEC material to peer educators and service delivery outlets
- Manage distribution of free supply condoms and social marketing in the brothels and through channels such as pimps, rickshaw pullers, etc., who are difficult to reach by the SMOs
- Ensure adequate stock of condoms in the free pick-up boxes placed in the TI area
- Implement the various national programmes such as CVM, FC and MSM condoms that are taken up by the NGO.

4.3 Role of Peer Educator

- Educate and motivate sex workers and other high risk groups to consistently use condoms with paying clients and non-paying partners
- Conduct group discussions and one-to-one IPC with members of high risk groups reached by the PE
- Distribution of IEC material to the members of the target group
- Distribute condoms among the high risk groups and brothels



- Social market male condoms, female condoms, MSM condoms, etc. among the target groups
- Impart condom negotiation skills to sex workers
- Counsel peers on condom use
- Conduct condom demonstration activities for peers and clients
- Report on use of condoms and barriers to the ORW who will ensure feedback to programme managers
- Lead by example and provide advise through personal examples.

Table : 3

Reporting Form for ORW, PE and Counsellors

Name:

Month:

Year:

Name of NGO:

Sl.No.	Date	Sex		Contact		Counselling Provided		Condom Demonstration		No. of condoms supplied		
		M	F	New	Repeat	Yes	No	Yes	No	Free	SM	Other
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
Total												

No. of free supply condoms distributed at other locations:
(E.g. brothels, pick-up boxes, service delivery outlets)

This form should be completed one row at a time when the ORW or PE sees a client. At the end of the month, total the numbers. The NGO should collate the total numbers and send the consolidated list to the SACS on a monthly basis.

OPERATIONAL GUIDELINES **for** CONDOM PROMOTION by STATE AIDS CONTROL SOCIETIES

5. COUNSELLING AND IPC FOR CONDOM USE

The outreach workers, peer educators and counsellors at service delivery outlets should counsel the members of the high risk groups to use condoms consistently. They should be able to break barriers to condom use through these one-to-one communication activities.

5.1 Addressing myths, perceptions, dislikes and fears

Condom non-users have various barriers that prevent them from using condoms consistently. The counselling and IPC sessions by ORW, PE and Counsellors should address them openly and honestly. Some of the common concerns and appropriate responses are :

Table : 4

Client's concern	What to say
Using a condom means I don't love or trust my partner	If you are truly concerned about your partner, you will help protect his or her health by using condoms.
I know my partner doesn't have HIV or other disease	Most people do not show any signs when they have HIV. They may not know it themselves. Anyone can have it and pass it on to others.
If I use condoms, people will think that I have HIV/AIDS or some STI	Most people who use condoms don't have STI, HIV or AIDS. They use condoms to protect themselves.
I can't afford condoms	Condoms are available free. Social marketing condoms are also priced low.
I feel too embarrassed to buy condoms	Shop owners and salesmen are used to handling condoms regularly. Go with a friend the first time if it makes you feel more comfortable. You can also get free condoms from various locations. You may also access condoms from Condom Vending Machines.
Condoms make sex less enjoyable	Both partners can still have an orgasm when using a condom. In fact, condoms increase sexual pleasure for some couples by delaying ejaculation. To increase your sexual pleasure, try putting on the condom as part of foreplay. You can also use more lubrication to increase sensation or try different varieties of condoms that are designed to enhance pleasure, for example, ribbed, dotted, flavoured or coloured condoms. Remember, it gives you freedom from worry about contracting STI or HIV/AIDS and also from unwanted pregnancy.
Condoms cause loss of erection and premature ejaculation.	Condoms tend to delay ejaculation and can help men who have a problem with premature ejaculation. However, condoms do make it difficult for some men to maintain a full erection. Often the problem is an embarrassment, which goes away with experience. Make condom use more enjoyable, by integrating it into foreplay, or using more lubrication, also helps.
Condoms make it impossible to have a baby	Condoms actually protect men's and women's fertility by preventing sexually transmitted infections, until they are ready to conceive. When you are ready to have a child, stop using condoms and consider undergoing a HIV test.
Condoms have holes that let HIV through	According to laboratory studies, HIV and other viruses do not pass through intact latex condoms. As long as condoms are not past expiry or damaged, they can reduce your risk of HIV by 80 per cent, which is much safer than not using condoms at all.
Condoms often break, burst, or slip off during sex	Condoms rarely break or slip if you use them properly and they are not past expiry or damaged. If they do break or slip, you can use emergency contraception to prevent pregnancy.
Condoms have a bad odour	Some latex condoms do have an unpleasant odour because of chemical residues in the rubber. If you open the pack a few minutes before you need the condom, the smell will disappear. You can also try flavoured condoms.
Lubricants spoil condoms	Oil based lubricants can weaken the latex in the condom. Water based lubricants, such as silicone and glycerine, are fine. All kinds of lubricants can be used with female condoms made of polyurethane.
Condoms cause serious health problems, like cancer and infertility	On the contrary, condoms protect people from serious health problems associated with STIs, which include cervical cancer, pelvic inflammatory disease, and infertility. Condoms can cause irritation or itching in some people; only a few people are allergic to latex.
Condoms make the vagina dry	Condoms can feel dry, but vaginal dryness is a problem for some women whether or not they use condoms. You can use extra lubricants if dryness is a problem.
Condoms can get lost inside a woman's body	The condom cannot get out of the vagina (use a picture or chart to explain).



Two condoms can give more protection than one	Using two condoms at once reduces sensitivity and feeling and does not increase protection. If you use a male and female condom at the same time, the friction may cause either or both condoms to slip or tear.
Condoms can be used more than once	You risk infection if you use male or female condoms more than once.
Condoms feel tight and don't fit	Male condoms are big: they can be stretched over a fist when they are unrolled. If a man has a large penis, however, they may feel tight. These men may use a larger size condom, or a female condom because they are looser than male condoms.

5.2 Condom use and Negotiation Skills

Explain the correct way of opening a packet, how to put it on, how to remove it and how to dispose of the condom. Demonstrate how to put on and take off condoms, using a penis model. Hands-on demonstrations and practice will make clients feel more confident about using condoms and help prevent problems with breakage and slippage.

Imparting condom negotiation skills to sex workers and sexual partners of those indulging in high risk behaviour is very important.

5.2.1 Suggestions for negotiating condom use

- Try talking to a friend or someone you trust before talking to your partner. Sex workers can practise with the Peer Educator
- Prepare in advance what you will say and anticipate your partner's objections
- Practice different scenarios and responses so that you will feel comfortable. Role-playing with a friend or PE can help you develop new ways to deal with your partner
- Say clearly and calmly what you know, feel, and would like to do
- Talk to your partner in a loving way, but be assertive. Do not plead, and do not attack, threaten, or blame your partner
- Give your partner time to think and speak. Listen to him with an open mind
- Try to have a positive attitude and reach an agreement on each point as you go along
- If your partner refuses to use a condom, offer other options such as female condoms or special condoms such as ribbed, dotted, etc.
- Offer to put a condom on him
- Refuse to have sex without a condom, even if the client offers more money, since it is your life at risk.

5.3 Helping clients deal with problems using condoms

Here are the appropriate responses when condom users have problems.

Table : 5

Client's complaint	What to say or do
Itching or rash on genitals	Refer to doctor for examination for infection. If there is no infection and allergy to latex is likely, suggest using a female condom.
Difficult to maintain erection while putting on or using condoms	If shyness or embarrassment is a problem, explain that most couples feel less embarrassed with experience. Discuss how to make condom use more enjoyable, for example, by having the woman put the condom on for the man. Suggest using a small amount of water or water-based lubricant on the penis and extra amount on the outside of the condom to increase sensation and help maintain an erection.
Male condom doesn't fit comfortably	Suggest using a different kind or brand of condom. Or suggest switching to the female condom.
Difficulty to use condoms consistently	Discuss ways to make condoms part of each sex act, for example, by keeping a supply by the bed or in a purse. Remind the client that condoms are the only method that offers protection against STI, HIV and unwanted pregnancy. Give the client plenty of condoms so that supply is not a concern. Tell the client that condoms are available within 15 minutes walking distance from any place of sex.
Pain during sexual intercourse	Dryness can cause pain during intercourse. Suggest using more (water-based) lubrication. If this does not help, refer the client or couple for a check-up in case they have an infection or are allergic to latex.
Condoms break during sexual intercourse	Make sure that the condoms are not damaged or expired, and check that the client is storing them properly. Recommend using more (water-based) lubrication. Tell the client to use emergency contraceptive when a condom breaks. HIV testing should be recommended.

As much as possible, counselling and IPC alongwith condom demonstrations should be done in privacy with the client.

OPERATIONAL GUIDELINES **for** CONDOM PROMOTION **by** STATE AIDS CONTROL SOCIETIES

6. CONDOM REQUIREMENTS FORECASTING

The requirement of condoms for the SACS should be planned carefully to ensure sufficient stocks of free supply and social marketed condoms throughout the year. Since the procurement of condoms is done by the SSM Division, MOHFW at the beginning of every financial year, the SACS requirements should be sent to NACO by March for the requirements of the next financial year. Delay in submission of requirements (with clear rationale) will lead to delays in procurement and therefore, shortages may occur in the states.

While planning procurement of condoms from NACO / MOHFW, the requirements for an additional quarter (12 months + 3 months) may also be made since the procurement process and first delivery of condoms can get delayed (lead time).

6.1 Forecasting Free Supply Condoms

- Requirement of TINGOs for ensuring condom availability to High Risk Groups being reached
 - Through ORWs and Peer Educators
 - Through placement in Pick-up boxes in TI areas
- Requirement of TINGOs for condom demonstrations
- Requirement of condoms for outreach and communication activities of SACS
- Requirement of condoms for placement in service delivery outlets such as ICTC, PPTCT, ART centres, STI clinics, Drop-in centres, etc. reached directly by the SACS.

Forecasting condoms for distribution among HRG

Forecasting for HRG, especially for new programmes should be based on population-based techniques where accurate forecasts can be made on the size of the core group population the condom distribution programme is serving. This should be matched with demographic and condom consumption data such as BSS, NFHS, etc. or through site validation and outreach planning tools if they are available, and the final numbers arrived at.

The total condom requirements of the SACS shall be computed in the following manner, adding all the components:

The formula for calculating condom requirement is

$$D = (S \times I \times N) - C$$

Where D is the condom requirement, S is the no. of sex workers operating in the area, I is the no of sexual acts per day, N is the number of days that a sex worker is 'active' in a given month and C is the no. of condoms brought by clients from other sources

The sources for these data are:

- a) S, I, N are available through the site validation and the outreach planning tools (as described in the TI guidelines)
- b) BSS captures the consumption data for free supply condoms in the state.

C should be collected from local Social Marketing Organizations, through special surveys of sex workers or if that is not feasible, should be based on the BSS.

Forecasting condoms for mature programmes, demonstrations, outreach, etc.

Logistics data can be used for highly accurate condom forecasts, if consumption patterns remain relatively stable and programme changes are taken into account by the forecasters. This is appropriate for programmes that are mature (long existing TIs) and demonstrations, outreach activities, communication interventions which are fairly standard through the years.



Data on condom consumption should be sourced from the lowest level in the distribution system, i.e. the PE, ORW, etc. and collated at the state level to arrive at the total number of free supply condoms required by the HRG in mature programmes and/or demonstrations, outreach, communications, etc.

Forecasting condoms for service delivery outlets

Service statistics data can be used for this forecasting. Reports at service delivery outlets include data on new clients, revisits, and current users. This data can be used to forecast condom requirements for a particular period of time. The advantage of using service data is that it takes into account both system capacity and planned programme growth or other changes programme managers may implement.

It should be ensured that the programme growth targets which have been set are not unrealistic.

Data can be sourced from all the service delivery outlets such as ICTC, STI clinics, ART centres, Drop - in centres, etc. and collated at the state level. The expected growth in the programme can be factored in, and forecasting made.

Steps for procurement

1. Forecast the number of condoms for use by HRG
2. Forecast the number of condoms for use in demonstration, outreach, communications, etc.
3. Forecast the number of condoms for distribution to service delivery outlets
4. Add the above three numbers, and deduct the number of condoms in the pipeline to arrive at the total
5. Send request to NACO with the detailed forecasting calculation, to enable procurement from MOHFW.

Important documentation

Every SACS should send the names of the authorized persons for receiving the free condom consignments, along with sample signatures to NACO. Authentication of signatures is required because MOHFW makes payment to the condom manufacturers based on the delivery records submitted by the latter.

It is recommended that the authorised signatories be the Project Director and the Finance Controller. The AD (CP) shall ensure that the information is sent to NACO as and when the signatories change.

Table : 6

Proforma for authorized personnel receiving condom stocks at SACS:

Name of SACS (with address for delivery of free supply condoms):			
Name of person	Designation	Proforma signature	Proforma signature

6.2 Forecasting social marketed condoms

Social marketing of condoms will be implemented in the T1 sites directly by the NACO contracted Social Marketing Organization (SMO) which will open and service traditional and non-traditional outlets, with support from the NGO.

The quantities of social marketed condoms required by the NGO for distribution through the ORW and outreach workers will be supplied on regular basis directly to the NGO by the NACO contracted SMO. A basket of social marketed condom brands will be made available to the NGO based on the preferences of the target group.

The forecasting techniques used for calculating the number of free supply condoms can be used for social marketed condoms too. However, limited stocks for maximum of two months may be procured since the SMO will be in position to re-supply at relatively short notice. This will save on storage space and reduces efforts for extensive inventory management.

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7. CONDOM STORAGE AND INVENTORY MANAGEMENT

Good warehousing and storage practises are essential to maintain high quality of the condoms. The AD (CP) must ensure maintenance of environmental requirements for condom storage, employing routine inspection, and following other standard procedures.

In SACS where there is a store-keeper, some of the storage responsibilities may be delegated to him/her.

7.1 Inspections prior to / during storage

- Always check new supplies of condoms at the time of arrival. Accept only if a careful visual examination does not detect defects and deterioration.
- Check for date of expiry. Condoms should have a minimum of 2 years remaining life for acceptance.
- Condoms that are stored for more than 6 months should be reinspected periodically.
- Examine the outside of the carton and few randomly chosen packets pulled from different parts of the carton. Look for the following problems :

Torn or damaged packaging

Leaking lubricant

Brittle or damaged packets

Yellowed or discoloured packets

Broken seals or open packets

Broken strips

Foreign matter in package

If any of the problems exist, check the rest of the lot if the problem is widespread, in which case do not accept the consignment. For products in storage, the condoms may be sent for testing (minimum 150 pieces of condoms) and if damaged, put aside for destruction under intimation to NACO.

7.2 State-level Storage

Condoms are perishable items. The shelf life of a male latex condom varies considerably depending on storage conditions, temperature, humidity, moisture, and even ultraviolet light. Each of these factors can considerably reduce condoms' typical shelf life of three to five years.

Female condoms have a life of five years and are easier to store. Female condoms are made out of polyurethane, which is unaffected by humidity and ozone levels. Safety is of prime importance for Female condoms, since they are very expensive products.

The godown should fulfil the following conditions:

- **Easy Access:** The godown should be located on a wide road that is accessible to trucks and large vehicles to ensure easy loading/unloading
- **Floor Level:** The godown should be on the ground level of the building, preferably a few feet above the street-level to avoid water-logging. Under no circumstances shall the godown be located in the basement or lower-than-street-level structure
- **Protection from water:** The godown should be equipped with proper shutters/doors. Inspection should be carried out to ensure rainwater does not enter the storage facility. All windows, ventilation shafts, water drainage outlets, etc. should be blocked. A raised wooden or plywood platform should ideally be laid on the floor to protect from water seepage. Alternatively, a polythene sheet should be laid on the floor before storing the condom boxes. It is recommended that condom cartons are stacked at least 10 cm off the floor
- **Protection from light:** Condoms should be kept away from strong light which can affect their shelf life. Skylights and glass windows should be blocked to keep sunlight out of the storage facility. Even ozone, emitted from fluorescent (ultraviolet) lighting can destroy condoms within just a few hours. *Hence, tubelights should not be used in the godown.*



- Protection from high temperature/humidity: Condoms are vulnerable to extreme temperatures (above 40 degrees C) and high humidity, and the life span would decrease below its expiry date. Care should be taken that the godowns do not face the sun directly, and that humidity levels do not build up inside due to water seepage or leaks
- Environment: Condom storage should not be in the vicinity of markets where food products are stored. This is to ensure that the godowns are not infested with rats, which can chew into the condom boxes. Protection should also be taken against termites and other pests
- Others: Condoms should be kept away from electric motors and chemicals.

7.2.1 Storage Layout

- Separate points: There should, preferably, be separate points for outgoing and incoming products
- Space between condom boxes and walls: There should be adequate space between product boxes and walls. A minimum space of 30 cm between the boxes and the walls is recommended. This is to ensure ventilation and periodic cleaning
- Space between boxes on the floor: There should be adequate space between the stacks of boxes. A minimum space of 30 cm between the boxes on the floor is recommended to allow for "first-expiry, first-out (FEFO)" stock management. This will also provide access for cleaning and inspection
- Adequate space: The godown facility should have adequate space for unpacking the received materials, inspection and packing outgoing shipments
- Separate, secure area: Expensive products such as Female Condoms should be stored separately in a more secure area within the godown
- Stacking: It is recommended that a maximum number of five boxes may be stacked on top of each other. Higher number of boxes may lead to the lower boxes being crushed and the condoms inside being damaged.

7.2.2 Physical Inventory

- Stock Registers: The store in-charge should maintain stock registers which shows the inventory levels, and should be matched with incoming and outgoing stock documentation. Separate registers should be maintained for free supply condoms, social marketing condoms and Female Condoms. In case of smaller establishments, the Condom Promotion Officer should maintain the stock registers. Computerization of stock records is recommended
- Physical Verification: Monthly verification of inventory records should be conducted by the Condom Promotion Officer through a systematic count of physical inventory. The boxes should be checked for damage. Random sampling of condoms should be done to visually check for quality. The verification reports should be filed and a copy of the report should be sent to the Project Director before the 7th of every month
- Visual Inspections: The store in-charge should conduct visual inspections of all incoming and outgoing products to look for physical damage, spills, leakage, and tearing. The incoming condoms should be checked for expiry dates and a visual inspection should be done to ensure that the condoms are lubricated. Defective or near-expiry stock should not be accepted.

7.2.3 Personnel Responsible

- The Assistant Director (Condom Promotion) is responsible for the proper storage and upkeep of the condoms in his custody
- The Store In-charge may be delegated some of the responsibilities, if such a position is available. However, the overall responsibility for inventory and quality rests with the AD (CP).

7.3 Condom Storage at other levels / locations

Good storage facilities must be ensured all along the pipeline, ensuring that good quality condoms reach the end user. This includes the premises of the NGOs who stock condoms and Service Delivery Points such as STI clinics, Drop-in centres, ICTC / PPTCT centres, ART centres, etc. Store-rooms or even shelves used for storing condoms at such locations should broadly follow these guidelines:

- Protection from water, sunlight, fluorescent light, heat and humidity
- Inventory control and safety
- Periodic checks for quality, quantity and expiry
- Documentation and stock-keeping records.

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Important: At every NGO or Service Delivery Point, a person should be identified for responsibility of condom storage. Contact details of the person should be in the custody of the Assistant Director (Condom Promotion) at the SACS.

7.4 Recommended space for storage

Table : 7

Storage (in million pcs. of condoms)	Space of warehouse in sq. ft.

7.5 Inventory Management

With appropriate information about inventory levels, condom managers can determine how long current supplies will last, when to order for more condoms, and how many to order.

7.5.1 Tracking Supply Levels

The inventory system should track three essential pieces of information

- Stock in hand – the number of usable condoms in hand
- Rate of consumption – the number of condoms dispensed to users
- Losses and adjustments – the number of condoms lost to damage, expiry or theft.

All condoms received by and dispensed from the warehouse / storage should be entered in a stock card. This includes shipments received from suppliers, condoms dispensed to clients or other locations, condoms destroyed, etc. should be entered. Each type of condom should have its own stock card.

Table : 8

Stock card

Date	Requisition / Issue		Quantity				Balance in hand	Remarks
	Batch No.	From / To	Requested	Received	Issued	Loss/ Adjust.		



Every facility in the condom-supply programme – including state-level warehouses, NGOs and service delivery outlets must maintain a safety or buffer stock, so that shortages, which could result in forced rationing and stock-outs, do not occur between the time an order is placed and the time the products arrive (known as “lead time”).

However, excessive inventory should also be avoided, since it increases storage costs and losses due to product expiry. Maximum-minimum (or “max-min”) inventory control procedures should be designed to avoid both shortages and excessive inventory while ensuring quality and availability.

Max-min levels are set in terms of months of stock in hand. E.g. If there are 2,500 condoms in stock, and the average monthly consumption for the past six months has been 1,000, then the stock-in-hand is 2.5 months.

The following table is illustrative max-min levels. The SACS should determine what the max and min levels should be in the state, depending on local conditions.

Table : 9

Level	Max	Min	Review Period
SACS-level	6 months	3 months	Quarterly
NGO-level	3 months	2 months	Monthly
Service Delivery Outlets	3 months	2 months	Monthly

The minimum stock level is the point at which the supplies should be re-ordered. To avoid excessive holdings, orders should not be placed unless condom stock levels fall at or below this point. It also includes a safety stock, kept to anticipate delays in delivery or other unexpected events.

The inventory levels should never rise above the maximum stock level. This maximum must be set high enough above the minimum stock level to cover expected consumption until the next review period, when stock levels are reassessed. At the same time, the maximum should be kept low enough to avoid excessive stock levels or long storage periods.

The person in-charge of condom promotion at each facility should periodically review max-min levels to ensure that condom stock balances are neither too high nor too low.

Box : 03. Instructions for FEFO System

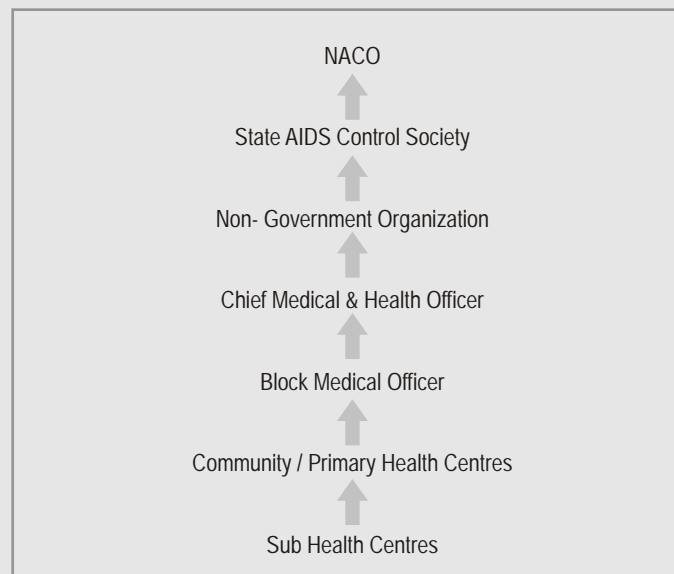
- Clearly mark all cartons of condoms with the expiry date when they arrive. If the box carries only the manufacturing date, calculate the expiry date by adding the shelf life to the date of manufacture
- Stack the cartons so that the older condoms are in front of, or on top of, the newer cartons and can be reached most easily
- Dispense the oldest condoms first, making sure they are not at or past their expiry date.

The First-to Expire, First-Out (FEFO) system ensures that the oldest condoms in storage are dispensed first, before they expire.

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8. REPORTING

Good reporting practices help to monitor the services and permit meaningful evaluation of the programme. The format for the free distribution of the condoms is as follows:



The format for the social marketing distribution of the condoms is as follows





Annexure- 1

NACP III

The National AIDS Control Programme (NACP) III will scale up India's current efforts in condom social marketing, allocating substantial resources to increase demand for condoms. Condom promotion will be strategically done emphasizing on triple protection benefits that are, protection from unwanted pregnancy, protection from HIV infection, and protection from transmission of other sexually-transmitted infections (STI's) such as gonorrhoea and syphilis. The programme will leverage both public and private resources for expanding the Social Marketing Programme under the Department of Health and Family Welfare. Under this programme, the Government of India procures and makes condoms available at subsidised prices to private social marketing organisations (SMOs) which undertake distribution and brand promotion of the condoms, using the promotion subsidy and donor support.

With the progression of the HIV epidemic and continuing inequity between urban and rural use of condoms and other products supportive of family health, a national level social marketing initiative for promoting condom use is being planned under NACP III. The initiative will comprise of both demand and supply side interventions. With the objective of ensuring that every sex act with risk of HIV and STI transmission is protected, the GoI plans to expand the overall condom market in the country to 3.5 billion from the current 2.1 billion pieces. Condom marketing programmes will aim at increasing the number of outlets selling condoms to 3 million from the existing one million at the end of NACP III in 2012. This will ensure easy access to condoms and it will become as widely retailed product as toilet soaps. The condom programme is intended to become more targeted, with greater use by groups at highest risk of contracting and transmitting HIV and other STIs and broader access and use by men and women in rural areas of the country for the family planning programme.

Under NACP III, the government will make the promotion and distribution of condoms a key component of its fight against HIV/AIDS and will also support the increased uptake of condoms for the purposes of birth spacing. Under NACP III, a national level Technical Support Group (TSG) is being formed by Hindustan Latex Family Planning Promotion Trust with assistance from Bill and Melinda Gates Foundation. This Technical Support Group will be supporting NACO to steer the condom programme. TSG will provide technical support to NACO to support the design, implementation and evaluation of state-level condom programme that are segmented for specific target groups and overall risk and prevalence situation in each state. Using enhanced prevalence data soon to be available and mapping of high risk groups at district level, the TSG will lead the analysis and will design and support social marketing programmes with intensity commensurate with risk behavior mapped by the State AIDS Control Societies and others. The family planning environment in the state, the relevance of condoms for family planning and priorities for condom programme in family planning will also be identified by the TSG for various states. Based on these formative assessments over the first year of NACP III, twenty five social marketing programmes of scale and scope will be launched. The current base of Social Marketing Organisations will also be increased and efforts are being taken for engaging private sector marketing companies.

The TSG will comprise an eight member team at Delhi and will have twenty social marketing managers based in various State AIDS Control Societies.

OPERATIONAL GUIDELINES **for** CONDOM PROMOTION **by** STATE AIDS CONTROL SOCIETIES

Annexure 2

REPORTING STRUCTURE

(i) Free Distribution

	No. of Cases	Ageing			
		6 months	12 months	18 months	24 months
Opening Stock					
Quantity distributed to NGOs during the month					
New Stock received during the month					
Closing Stock as on					
Pending Orders for MoHFW					

(ii) Social Marketing for State _____ for the period _____

SMO	A	B	C	Total
Retail Offtake for the period				
Stockist Offtake for the period				
Procurement from MoHFW for the period				
Additional requirement from MoHFW				



(iii) Condom Stock available at SACS

Particulars	Free Supply	Social Marketing	Total
Opening Stocks as on a			
Supply to NGOs during the month b			
Additional Stock c			
Closing Stock d=(a+c-b)			

(iv) Condom Promotion

Activity	Target Group/ Description	Amount Spent	Metric Number of Contacts
Total			

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Annexure 3

Box : 01. Quality Perceptions regarding Free Supply Condoms

Box : 02. Avoiding Wastage

Box : 03. Instructions for FEFO System

Table 1. Steps to develop a BCC strategy

Table 2. Tailoring Condom Promotion to specific target groups

Table 3. Reporting Form for ORW, PE and Counsellors

Table 4. Addressing myths, perceptions, dislikes and fears

Table 5. Helping clients deal with problems using condoms

Table 6. Proforma for authorized personnel receiving condom stocks at SACS:

Table 7. Recommended space for storage

Table 8. Stock card

Table 9. Max-min Supply Levels



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