

2013

# Condom Fate Study

## CONDOM FATE STUDY 2013

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### Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
AP	Andhra Pradesh
CFS	Condom Fate Study
FSW	Female Sex Worker
HIV	Human Immuno-deficiency Virus
HRG	High Risk Group
IDI	In-Depth Interview
IDU	Injecting Drug User
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
ORW	Outreach Worker
PE	Peer Educator
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
TI	Targeted Intervention
TSG	Technical Support Group

## Executive Summary

The Condom Fate Study was conducted to assess the fate of free condoms and determine gaps in supply and distribution of free condoms from SACS downwards i.e. to the TI, and from TI to PE and finally from PE to HRGs.

A mixed method approach was adopted to complete the study. The quantitative component had two sub-components – one, tracking of a sample of HRGs on a 30 day cycle wherein interviewers met respondents and obtained information on condom use on the previous day – the category of condom used – free, social marketing condoms or commercial condoms, number of free condoms procured from PE during the tracking period, details on free condoms used, shared with a friend/peer/ others, damaged, returned to source and thrown/ dumped to determine wastage. The other sub-component comprised conducting a quantitative survey among HRG on knowledge, behaviour and practices in the context of HIV/AIDS. Quantitative interviews were also conducted with MIS Officer, Procurement and Store In-charge, and sample of ORWs and PEs. Observation of storage facilities was also done as part of this component. The qualitative phase involved conducting face-to-face in-depth interviews with officials at the SACS and TI level to get their opinions on the supply and distribution and logistics issues related to free condom distribution and utilisation.

The key findings revealed that there were no issues with respect to supply and distribution of free condoms from SACS to TIs across all the study states as expressed by the qualitative interviews. It was observed that demand estimation exercises for free condom supply were being done in consonance with the guidelines prescribed, involving the HRG in the process and based on the population covered, number of sexual encounters, factoring in use of social marketing and commercial condoms and condoms brought by clients.

The findings revealed that in total 96,210 free condoms have been distributed among HRGs during the one month tracking period. At end of the tracking 13,871 condoms were available unutilised among HRGs. Hence, during the entire tracking period 82,339 condoms were tracked. Based on the sexual encounters the HRGs had during the tracking period, it was observed that more than 93 percent of the total free condoms received through PE network have been utilised. The utilisation is highest in Goa (100%) and lowest in Uttar Pradesh & Maharashtra (89%).

Further, it was observed that across all states, less than 5 percent of the free condoms returned to the source during the tracking period. The highest return to source reported from Maharashtra (11%) and no return to source in Goa. Less than 1 percent of free condoms were reported to be damaged. Percent free condoms reported to be damaged is 3 percent in Uttar Pradesh & West Bengal and 2 percent in Assam.

## INTRODUCTION

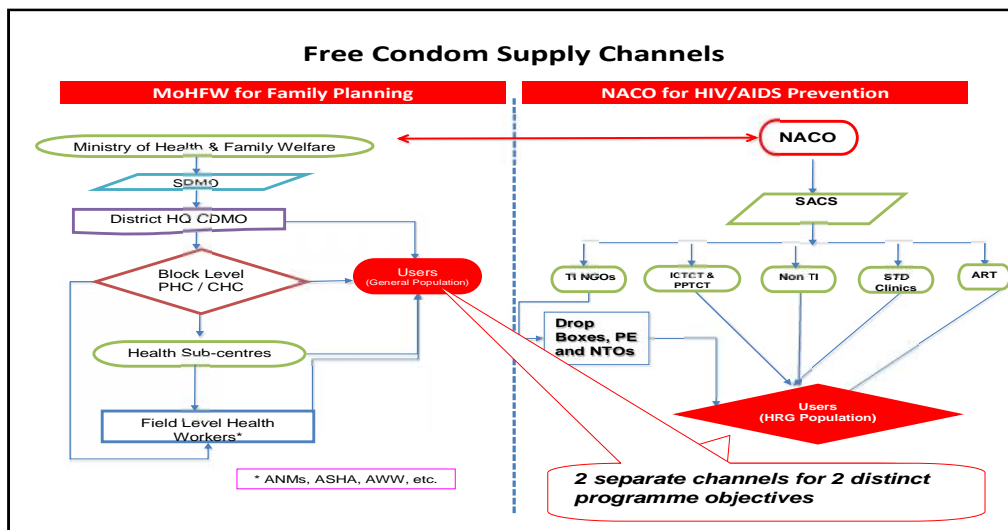
### 1.1. Overview of Free Condom programme

With sexual mode being the major cause of transmission of HIV/AIDS, the National AIDS Control Organization (NACO) has intensified their efforts towards promoting condom use.

The programme aims to provide up thrust to the growth in condom use by strengthening the supply side through social marketing of condoms and generating demand among target population through generic communications campaign for condom promotion. It also works towards reducing the wastage of ‘free supply’ condoms, by technically supporting states in implementing supply chain management and to have an effective free condom supply tracking mechanism to track the regular flow of condoms from the supply received by SACS to distribution among end users.

#### Free Condom Supply Channel

Condoms have been supplied for the Family Planning and HIV / AIDS control programme through two schemes of Ministry of Health and Family Welfare- Free Supply Scheme and Social Marketing Scheme. The free supply scheme provides condoms free of cost to the end users and is implemented through the Family Welfare Department and State AIDS Control Societies.



Nirodh, the Government Brand of free condom, is distributed as free supply of condoms through SACS to High risk group (HRG) which consist of FSWs, MSMs & IDUs through TI NGOs and through STI clinics/ ICTC, ART centers, DIC, CCC etc. There are total of 1,600 TI NGOs (Targeted Interventions) of NACO implementing free supply distribution in various states of the country.

In view of this, NACO TSG felt the need to carry out a study to assess the critical points of supply-distribution chain in State AIDS Control Societies (SACS), starting from supply received to distribution among consumers/ high risk group population.

## 1.2. Objectives of the Study

The broad objective of the study is to assess the gaps in free condom distribution and to assess the fate of free condom. The specific objectives are,

1. To assess gaps in free condom distribution
  - To assess the supply and distribution chain of free condom, SACS onwards
  - To assess the usage of free condoms at Targeted Intervention (TI) NGO level
  - To assess the usage of free condom at target population (HRG) level
2. To find out ways to optimise the usage of free condom

## 1.3. Study Design

This was a formative research and though no rigorous sampling methodology was followed for selection of samples, certain systematic steps were followed to carry out the study. Considering the objectives of the study, both quantitative and qualitative research techniques for data collection were adopted to gather data and information in order to understand the fate of the free condom and related issues. Semi-structured questionnaires were used as quantitative data collection tools whereas qualitative tools included in-depth interview (IDIs), and observation check lists.

### 1.3.1. Sample size and study areas

Considering the nature of the study and based on the recommendations of the TSG the following sample sizes were covered for each respondent category.

*Table-1: Sample size distribution across target groups by methods*

Target Group	Data Collection Method	No. of states covered	No. of TIs selected in each state	Sample size per SACS/ TI	Total Sample Size (Target)	Total Sample Size (Achieved)	Response Rate
<b>SACS</b>							
Joint Director-TI	Qualitative	8	NA	1	8	7	
Team Leader/ PO-TSU	Qualitative	6	NA	1	6	6	
Procurement & Store In-Charge	Quantitative			1	8	7	87.5
<b>TI (NGO) Free Condom</b>							
Programme Officer	Qualitative	8	6	1	48	46	
MIS Officer	Quantitative			1	48	45	93.8
ORWs	Quantitative			2	96	89	92.7
PEs	Quantitative			4	192	176	91.7
HRG	Quantitative			20	960	<b>1073</b>	>100.0

In total 1556 semi-structured interviews, 53 IDIs and 68 observations were made.

### 1.3.2. Sampling

The selection of sample followed the following three stages. In the first stage states were selected. In 2nd stage the TIs and in 3rd respondents (HRGs) were selected in the following manner:

#### **Stage 1: Selection of states**

All states were considered under sampling frame, as NACO prioritized districts (i.e. high prevalence or high fertility) are present in all states. The states were categorized into different groups based on per cent share of free condom in a given state to the total free condom distributed across country during 2012-13. Within categories the specified numbers of states were selected purposively in consultation with the TI division of NACO. Eight states were selected ensuring proper geographical representation of the country. The following grid presents detailed process of state selection.

*Table-2: State selection process*

No.	States	Categories	Number of states	Number of states selected	Selected states
1.	All states (excluding NE states)	<1.0%	8	1	Goa
		1.0%- 1.9%	7	1	West Bengal
		1.0%- 1.9%	8	2	Uttar Pradesh; Delhi
		1.0%- 1.9%	4	2	Maharashtra; Karnataka
		>9.9%	1	1	Andhra Pradesh
2.	NE states	>1.0%	1	1	Assam

#### **Stage 2: Selection of TI NGOs**

Within each selected state the TI NGOs were categorized on the basis of their distance from SACS headquarters– equal number of TIs were selected based on number who are near the SACS headquarters (state capitals) and those that were distant from the headquarters (including remote districts) and type of TI. The selection was done purposively in consultation with respective SACS. This study covered following type of TIs:

1. Female Sex Worker (FSW) TI
2. Men who have Sex with Men (MSM) TI

Thus, a total of 6 TIs were selected in each state for the free condom component including four to five FSW TIs and one or two MSM TIs depending on the state distribution of TIs.

#### **Stage 3: Selection of Peer Educators (PEs) & High Risk Group (HRG) Population**

From each selected TI 4 PEs were selected randomly. The total number of HRGs serviced by the PEs was also one of the factors for selection of PEs. From each PE the list of HRGs who were regularly serviced was categorized into three groups by the average number of sexual encounters in a month (High, Medium and Low). Around 20 (5 from each PE) HRGs from each TI were selected for the study. In order to control dropouts 20% extra HRGs in each state were selected. The required number of HRGs from each category was selected using systematic random sampling. In the case of FSWs the list was further split by typology of FSWs – brothel based and home based. The list of HRGs who were currently being serviced by the TI was used as the sampling frame.

The selected respondents were tracked for 4 weeks continuously to record the use of free condoms supplied to them. Each free condom was marked (*by putting a small dot on the reverse of the pack of each individual Nirodh (free condom) without tearing the condom and without hiding important information as expiry date, etc,* before handing over to the HRG. On a daily basis the condom utilisation status was updated using a pre-designed format.

Each HRG selected was assigned with a Unique ID and 1073 HRG were tracked on a daily basis to track the free condom supplied. On a daily basis, the numbers of free were tracked based on those distributed to arrive at condom utilization status.

#### **1.4. Field protocols**

##### **1.4.1. Orientation Meeting of Professionals & Field Executives**

A one-day training of trainers (TOT) workshop was organised in Delhi for all the core study team members. All the core research team members and respective state field coordinators involved in the study, participated in it. Representatives from NACO TSG were also present to observe the proceedings and guide the teams. The aim of the training workshop was to:

- Develop participants' understanding of the objectives of the CFS 2013 and areas of enquiry covered by the study;
- Explain the participants the correct method of sampling the respondents, approaching the respondents and rapport building, the process of seeking consent and the method of asking questions/interviewing techniques;
- Develop the participants' understanding of issues related to sexuality, STIs and HIV/AIDS;
- Process of tracking free condom use on daily basis continuously for 4 weeks;
- Sensitise participants about importance of informed consent, empathy and confidentiality; and
- Plan field logistics and brainstorm on possible problems and subsequent efforts to be made to solve these problems.

##### **1.4.2. Recruitment of Field Staff**

While selecting the field staff, it was ensured that skilled candidates with prior experience of social research were recruited. Further, efforts were also made to recruit fieldworkers having prior experience in conducting HIV/ AIDS related studies. Keeping in mind the dropout rate, 20 percent extra candidates were recruited and trained. In addition to the field teams recruited for the CFS study, additional personnel were recruited for carrying out the qualitative component. Thus, the field teams recruited for the CFS study in each state had one state field coordinator had two supervisors, and at least eight interviewers.

##### **1.4.3. Training of Field Staff**

The training programme for the field staff recruited for the CFS study was organised in all the four regions in six centres – New Delhi (Delhi and UP), Mumbai (Maharashtra & Goa), Kolkata (West Bengal), Bengaluru (Karnataka), Hyderabad (AP) and Guwahati (Assam). Two days intensive training workshop for the field staff was organised to train them thoroughly on the interview techniques and appropriate recording of responses. Training included interactive sessions at the classroom and field exposure visit. Training was provided in regional languages. Guest speakers/resource persons from



SACS, SMOs and NGOs were invited to discuss issues on HIV/AIDS, STIs and on-going prevention activities. The cooperation and active participation of the experts created the desired interactive ambiance in the training programme and it helped the participants to delve into the information areas and skills required to work in CFS study.

A detailed training agenda was prepared and shared with all the field executives. The main issues addressed in the training were:

- Understanding the concepts of Sex & Sexuality, HIV/AIDS, Sexually Transmitted Diseases
- Understanding and familiarising with the lifestyles of the target population groups including HRGs – FSW and MSM
- Self-Introspection of one's own ability and attitude to work with the 'hard to reach populations'
- Inquiry areas of the questionnaires, questionnaire administration techniques
- Approach and probing techniques: How to approach, language, non-verbal expressions, documentation techniques, skills to handle agitated situation/respondents
- Sampling techniques and procedure for selection of respondents
- Other fieldwork protocols.

#### ***1.4.4. Fieldwork and field monitoring***

The fieldwork for the CFS study was carried out simultaneously all over India. It was initiated in mid-July 2013 and completed in September 2013. The core research team members made a number of field visits across different states/state groups for ensuring quality of survey data. Field supervisors made spot checks to ensure completeness and accuracy of the filled up questionnaires. Detailed manual scrutiny of the filled in questionnaires as well as the coding exercise was initiated by field supervisors during the fieldwork itself. NACO TSG representatives and RMs and SMMs from different states attended the TOT, regional trainings and also visited the field to observe the field work.

#### ***1.4.5. Quality Control Mechanisms***

The quality control measures undertaken during the course of the CFS 2013 study included the following:

- Recruitment of professionals with prior experience of working in similar projects
- National level training programme for all the key research professionals and field staff
- State level training workshops for field interviewers and supervisors in all states
- Pre-testing of tools and back translation of questionnaires from regional languages to English
- Regular field visits by senior professionals, NACO TSG members and representatives from SMOs
- 20 percent spot checks for ensuring accuracy of the collected information during field visits
- Double data entry of 10 percent questionnaires
- Data analysis in consultation with TSG.

#### ***1.4.6. Process of Informed Consent***

In order to protect the right of the respondents, prior to approaching them for the detailed interview, their oral consent to participate in the interviews was obtained after providing them full

and correct information regarding the purpose of the study, nature of information required, benefits of the study, confidentiality to be maintained and freedom to be exercised by the respondents during the interviews. A consent form (which was a part of the questionnaire) covering the following aspects was used as an instrument to communicate necessary information to the respondents and obtain their consent that contained the following:

- Aims and objectives of the CFS 2013 and purpose of the study
- Type and nature of information required
- Benefits of the study (the study may not directly benefit the individual respondents but it will benefit the community as a whole)
- Freedom to participate in the interview (participation is voluntary and the respondent may cancel the interview at any time or refuse to answer any specific question)
- Confidentiality of the information provided.

## **1.5. Data Management and analyses**

### **1.5.1. Data Scrutiny**

Before data entry each and every questionnaire was scrutinised first in the respective state field offices and then in the data entry location. Overall 10 coders and 2 coding supervisors were recruited and given training for carrying out the scrutiny and coding exercise. Research professionals also supervised the entire scrutiny operation for monitoring the quality output.

### **1.5.2. Data Management**

In view of the diverse data, the entire data entry was handled at Delhi where facilities to handle large volumes of data are available. Data was entered in FoxPro with in-built consistency checks made therein and cleaned data outputs were generated in SPSS. A senior system analyst with the support of a programmer monitored the data entry. About 10 percent of the questionnaires were double entered to ensure that error levels are below 0.5 percent.

### **1.5.3. Data Analysis**

The core research team members and the system analyst prepared the analysis/tabulation plan. One day meeting was organised at TSG-Condom Promotion to finalise the analysis and tabulation plan for the CFS 2013.

## FATE OF FREE CONDOMS

### 2.1. Supply and distribution chain of free condoms

The free condom supply chain management under the scope of this study was to determine the supply and distribution chain SACS onwards, determine issues pertaining to ground implementation of the condom distribution programme targeted at the high risk groups that it serves. Thus, at the SACS level the focus is on supply of free condoms stock to various TIs obtained based on the requirements submitted from each TI as the coverage levels differ from one TI to another based on size of HRG covered, whether the TI is handling only one target group (either FSW or MSM or IDU – as the case may be) or if it is a composite TI handling other groups such as truckers and migrants (which are bridge populations) or are composite TIs covering multiple HRGs – FSW and MSM, etc. From the study, it has been broadly observed across all the 8 states covered that there are no issues pertaining to supply at the SACS level. Further, the distribution from SACS to various TI implementers is also smooth. There are no problems with regard to transportation of the condoms, storage of the same in warehouses meant for the same that follow specific guidelines on storage, quality issues and maintaining in and outflows of free condoms to be distributed to various TIs based on the demand and inventory status.

At the TI level, the NGOs managing the TI programmes play a key role in free condom promotion. This was reportedly followed in a systematic manner in all TIs covered under the study, as revealed from the qualitative interviews conducted with Project Officers of TIs handling free condom programmes, quantitative interviews with MIS officers, Procurement and Store In-charge personnel, Outreach workers (ORW) and Peer Educators (PE) at the TI level.

Thus, it is evident that all TIs are following the Condom needs assessment and forecasting condom requirements. They also engaged in 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 was observed. All TIs were engaged in managing the procurement, logistics and storage of condoms and ensuring that wastage of condoms is minimized. Besides, all TIs are reported to have followed the guidelines in relation to reporting and monitoring of free condom supply, distribution and 'last-mile delivery' to the HRGs.

#### 2.1.1. Storage

With regard to the storage facilities and maintenance of the same at the TI level, it is observed that the storage facilities at the state and district levels are well maintained, taking into consideration the shelf life of different types of condoms. [It has been reported that the free condom supply is monitored closely, ensuring 'first in, first out' process thereby stock piling of condoms is prevented, reducing loss/ wastage. Proper controls such as monitoring of expiry dates, registers and formats for incoming and outgoing stock have ensured proper shelf life of condoms.

### 2.2. Gaps in free Condom Distribution and usage

#### 2.2.1. At SACS Level

From the discussions with Joint Directors at the TI level and Project Officers of Technical Support Unit in states where TSU is present, there are no gaps in free condom distribution at the SACS level.

Further, it is observed that storage and transportation issues are not evident as it is done through careful planning and by following established guidelines for the same.

### **2.2.2. At TI Level**

From the face-to-face interviews done with MIS officers at the TI level in all the 8 study states, all states reported that the condom demand and supply analysis was done in the last one year. The free condom supply forecasting was done based on the requirement of TI NGOs ensuring availability of free condoms to HRGs being reached through ORWs and Peer Educators. Though the overall demand estimation was done to include requirement at TI level for pick-up boxes and condom demonstrations and placement in service delivery outlets such as ICTC, PPTCT, ART centres, STI clinics, Drop-in centres, etc., the scope of this study covered only those pertaining to demand and distribution through PEs. The demand forecasting of condoms for free distribution was based on population-based techniques where accurate forecasts were made based on size of HRG population covered and matched with demographic and condom consumption data, secondary sources such as BSS and site validation and outreach planning tools done at the TI level.

No gaps have been indicated in all states at this level, revealed by interviews with ORWs and PEs as part of the quantitative component. The ORWs have reportedly undertaken several activities under the free condom supply and distribution programme including 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 condoms and report to the PM on a regular basis, had interactions with the target groups, etc. as grounding activities. Besides, ORWs reported M&E activities under their purview including monitoring stocking pattern, supplying IEC material to peer educators and service delivery outlets, manage distribution of free supply condoms to hard-to-reach HRGs, and ensured adequate stock of free condoms at all times to HRG.

Interviews with MIS officers at TI level indicated that in all the states, records of free condom programme were maintained properly while more than half maintained manual records. Around one-fourth were following the CMIS or maintained computerised recording systems at TI level. All TIs had data on date of expiry of condoms, with current stock of free and social marketing condoms. Very few TIs reported out-of-stock status during the study period and all TIs maintained good storage facilities along the pipeline ensuring that good quality condoms reach the end user. All TIs have followed procedures related to storage - protection from water, sunlight, fluorescent light, heat and humidity, inventory control and safety, periodic checks for quality, quantity and expiry of free condoms and documentation and stock-keeping records.

### **2.2.3. At target population - HRG level**

At the HRG level, the Peer Educators (PEs) are the pivot of the free condom programme and from the interviews with PEs, it is clear that they educated and motivated sex workers and other high risk groups to consistently use condoms with paying clients and non-paying partners, conducted group discussions and one-to-one IPC with members of high risk groups, distributed IEC materials to the members of the target group, distributed condoms among the high risk groups and brothels, imparted condom negotiation skills to sex workers, counselled peers on condom use, reported on

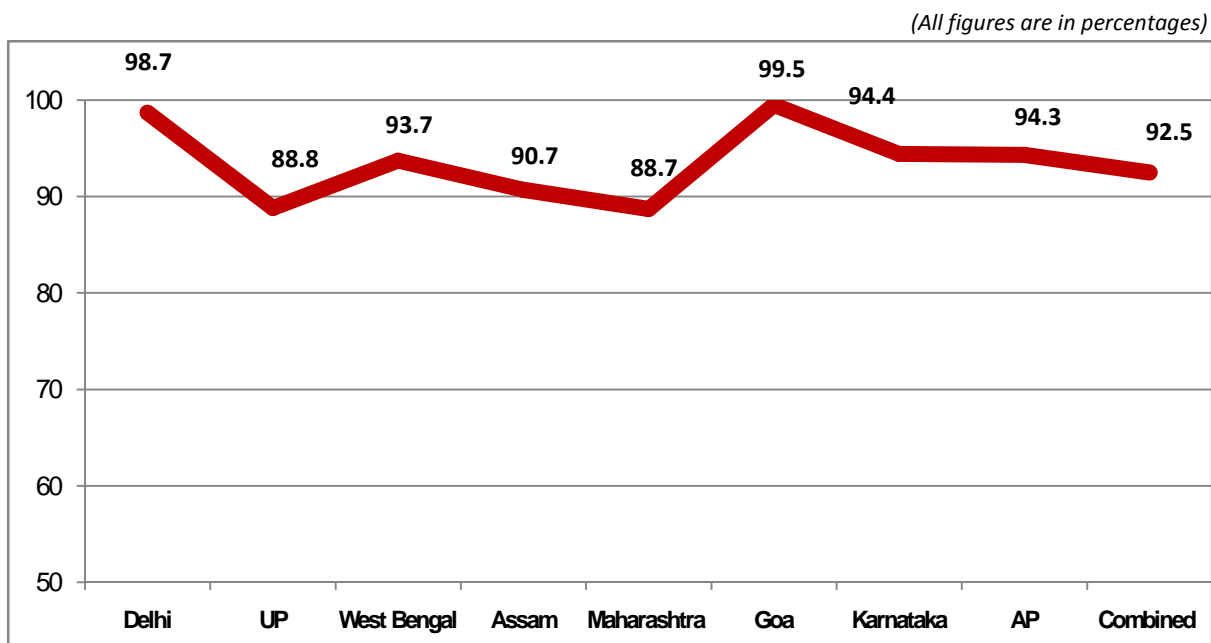
use of condoms and barriers to the ORW who in turn ensured feedback to programme managers and lead by example, provided advise through personal examples as most PEs also belonged to HRG.

From the study, it is evident that the coverage of PEs was between 20 and 100 HRGs and varied from state to state depending on the state being a high-prevalence, medium prevalence or low prevalence based on NACO’s classification with more than two-third (65%) stating the monitoring was done on a weekly basis while the remaining one-third stated that they followed daily reporting and monitoring systems. Around half of all grassroots level workers expressed satisfaction working with the TI and satisfied with the work they were doing for the benefit of their peers.

Indicators	DL	UP	WB	AS	MH	GOA	KA	AP	Combined
No. of Free condoms distributed among HRGs during the tracking period	10,537	18,737	2,415	6,210	26,819	8,950	13,094	9,448	96,210
Free condoms available with HRGs on the last day of tracking	1,088	5,203	506	382	3,353	2,124	611	604	13,871
<b>Actual No. of free condoms tracked</b>	<b>9,449</b>	<b>13,534</b>	<b>1,909</b>	<b>5,828</b>	<b>23,466</b>	<b>6,826</b>	<b>12,483</b>	<b>8,844</b>	<b>82,339</b>

As discussed in Chapter 1 the selected HRGs were tracked on daily basis to monitor the free condom utilisation pattern. In total 96,210 free condoms have been distributed among HRGs during the one month tracking period. At end of the tracking 13,871 condoms were available unutilised among HRGs. Hence during the entire tracking period 82,339 condoms were tracked.

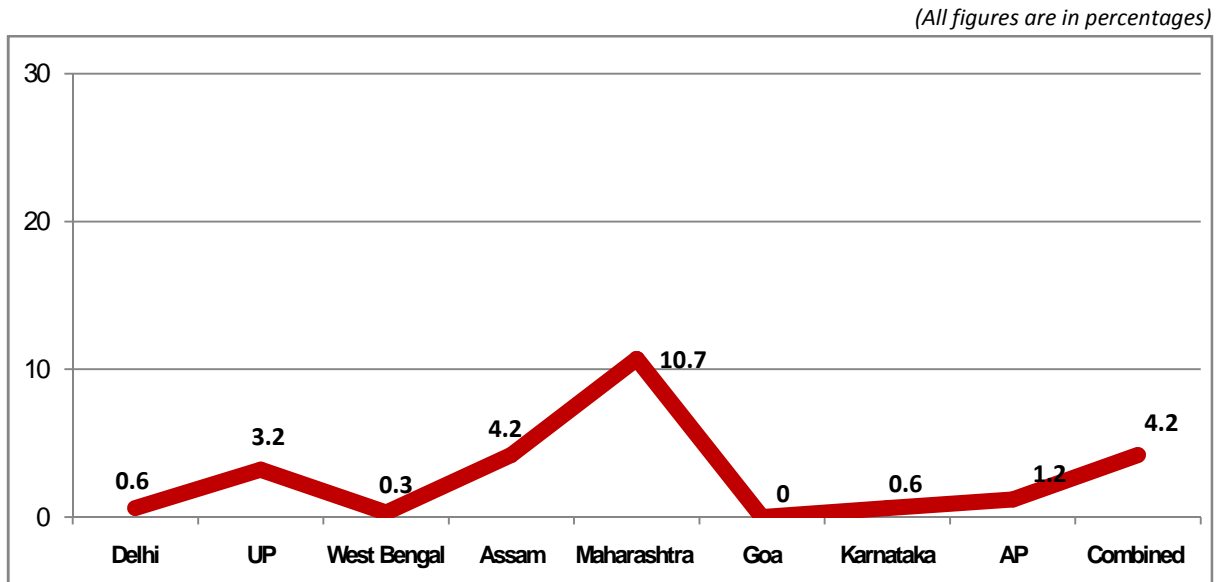
Figure-1: Percentage of free condoms used vs. received from PE by state



(Base: 1073 HRGs)

According to the data in the above figure, the free condom used versus that received from PE was reported to be the highest in Goa at 99.5 percent followed by Delhi (99%), AP, Karnataka and West Bengal (94%). The corresponding data reported for the other states was 89 percent in Maharashtra, 91 percent in Assam and 89 percent in UP. Overall, the free condom used versus that received from PE was found to be 93 percent.

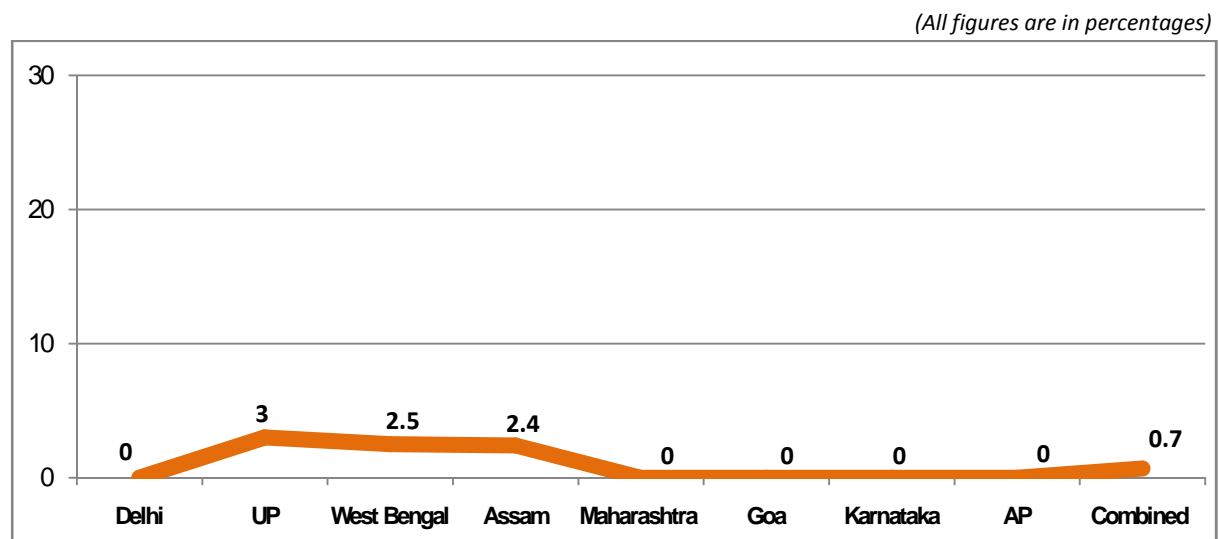
*Figure-2: Free condoms received from PE returned to source by HRG by state*



*(Base: 1073 HRGs)*

According to the data presented in the figure above, more than one-tenth (11%) free condoms in Maharashtra were reported to have been returned to its source by the HRG. On the other hand, negligible number of the free condoms in West Bengal and Goa were returned to its source. With all the states combined, the free condoms returned to source by HRG accounted for 4 percent.

*Figure-3: Free condoms received from PE damaged by state*



*(Base: 1073 HRGs)*

As observed from the figure above, the percent free condoms reported to be damage is 3 percent in Uttar Pradesh & West Bengal and 2 percent in Assam. Overall, the same is less than one percent.

**Summary-Free Condom Tracking**

Indicators	DL	UP	WB	AS	MH	GOA	KA	AP	Combined
Actual No. of free condoms tracked	9,449	13,534	1,909	5,828	23,466	6,826	12,483	8,844	82,339
% of free condom used by HRG during the tracking period*	98.7	88.8	93.7	90.7	88.7	99.5	94.4	94.3	92.5
Dumped (%)	0.6	1.0	1.3	2.4	0.6	0.5	1.4	2.1	1.1
Returned to source (%)	0.6	3.2	0.3	4.2	10.7	0.0	0.6	1.2	4.2
Damaged (%)	0.0	3.0	2.5	2.4	0.0	0.0	0.0	0.0	0.7
Can't say (%)	0.1	4.0	2.2	0.3	0.0	0.0	3.5	2.4	1.5
Total (%)	100	100	100	100	100	100	100	100	100

**2.2.4. Condom use pattern**

*Figure-4: Percentage of FSWs who reported condom usage during last sex with paying clients and non-paying partners by states*



(Base: Those who reported having sex with paying client and non-paying partner in last 1 month)

The figure above presents data on the last time condom use by FSWs by type of partners across the different states. As observed, 95 percent respondents stated that they had used a condom the last time they had sexual intercourse with their paying client while 85 percent agreed to last time condom usage with their non-paying partners.

All respondents (100%) in Delhi, UP, Maharashtra and Goa reported that they did use condom the last time they had sexual intercourse with their paying client. This is followed by 98 percent respondents in Karnataka and 93 percent in West Bengal who agreed to last time condom use. About 90 percent respondents in AP and Assam, respectively, stated that they used a condom during their last sexual intercourse with a paying client.

Similarly, with regard to last time condom usage with non-paying partners, nine-tenth and more respondents in Goa (98%), Delhi (94%) and Assam (87%) agreed to it. Another 87 percent in UP, 86 percent in Maharashtra and 82 percent in AP used a condom the last time they had sexual intercourse with their non-paying partner. Among all states, the lowest proportion of respondents using condom during their last sexual intercourse with a non-paying partner were reported in Karnataka (77%) and West Bengal (64%).



## CONCLUSION & RECOMMENDATIONS

### 3.1. Strengths and Constraints

#### 3.1.1. Strengths in supply and distribution

Based on the key findings of the Condom Fate Study and through adoption of a mixed-method study evaluation, the following strengths emerge clearly:

- Demand for free condoms among HRGs (FSWs and MSM) very strong across all study states
- Demand estimation process followed in all SACS by most TIs as per the guidelines
- Demand generation activities in place through community interaction / SMO / SACS & TIs
- End-user of free condoms – the HRGs (FSW & MSM) are well reached and serviced exhaustively
- Relatively high usage of free condoms among HRGs reported across all study states except West Bengal

#### 3.1.2. Constraints

The key constraints highlighted through the study included the following:

- Condom usage with partners (regular and other non-paying) is relatively low
- Consistent condom usage among HRGs requires special attention
- Free condom supply to TI is reportedly inconsistent in West Bengal

### 3.2. Opportunities

- Enhance communication and counselling services to ensure condom usage with non-paying partners & consistent condom usage among HRGs

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