

## Condom Promotion Programme under NACP -IV

S.No	Activity/ Programme	Way Forward/ Recommendations
1.	Procurement & Supply Chain Management	<p>1. <b>Procurement</b>- Since the beginning of condom promotion program, procurement of condoms has been done by the Department of Health &amp; Family Welfare. The Department has handled the task quite effectively and, over the years, has gathered institutional expertise. It would, therefore, be appropriate that the procurement and supply of condoms is retained with the Department of Health &amp; Family Welfare. Also their systems for undertaking the task are in place.</p> <p>2. <b>Godown Management needs to be properly implemented and improved upon.</b></p> <p>3. <b>Supply Chain</b>- The existing system may continue. SACS may consider supply the free condoms through postal services, wherever appropriate.</p> <p>4. <b>Tracking Mechanism</b>- A provision for online tracking system as utilized by Cargo companies or Courier companies may be developed for tracking the free supplies and socially marketed condoms.</p> <p>a) Free Supply of Condoms-</p> <ul style="list-style-type: none"> <li>i. TI NGO will maintain the register and record the supplies of free condoms given to HRG population (FSW, MSM &amp; IDUs) through PEs and ORWs.</li> <li>ii. Further, PEs and ORWs will also maintain the register and record the supplies made to them.</li> <li>iii. PEs will track the free condoms till the end user (FSWs/MSMs/IDUs) and record the usage and wastage.</li> <li>iv. Service Delivery outlets such as ICTC/STI Clinics etc. will maintain the register and would report to SACS on the distribution of free condoms on weekly/monthly basis.</li> <li>v. SMOs would lift the free condoms from SACS, as per their demand (for demonstration, promotional activities), and would report to SACS on weekly/monthly basis.</li> <li>vi. Periodical (say weekly) tracking by JD, TI, TSG SMM and State TSU PO.</li> </ul> <p>b) Social Marketing of Condoms-</p> <ul style="list-style-type: none"> <li>i. SMOs through their hub centre/godown sent the consignment to Super- Stockist/Stockist/Distributors. SMO generate the bills in their names. Through the bills, quantity could be tracked.</li> <li>ii. Further, they supply the consignment to Retail Outlets, through field staff, and generate the bills in their names. Through the bills, quantity could be tracked.</li> </ul>

iii. SMOs will submit the Audited report on the sale of socially marketed condoms to SACS and NACO on monthly basis.

**5. Field Monitoring**– Field Monitoring is one of the tools that will get the on–ground facts about the distribution of condoms.

- a) Free Supply of Condoms– The following officers may do the field monitoring and would submit the report to SACS and NACO on monthly basis.
  - i. State Marketing Managers, TSG
  - ii. Programme Officers, DAPCU
  - iii. TI Team of SACS and NACO
  - iv. TSU
  
- b) Social Marketing of Condoms– The following officers may do the field monitoring and would submit the report to SACS and NACO on monthly basis.
  - i. State Marketing Managers, TSG
  - ii. Programme Officers, DAPCU
  - iii. TI Team of SACS and NACO
  - iv. TSU

**6. Convergence with NRHM**–

- a) Services of ASHAs may be utilized for socially marketing of condoms, with appropriate incentive for selling the condoms.
- b) A common message on the triple protection may be used in all the ICTC/ STI Clinics/ CHC/PHC etc.
- c) All ICTC/STI Clinics/PHCs /CHCs may have hoardings highlighting triple protection.

**7. Ownership**– JD, TI of respective SACS, in close coordination with TSG SMM and TSU PO, may be made responsible for the demand and supply of the condoms. His major responsibilities would be:

- a) To ensure the supply to TI NGOs, ICTC, STI Clinics etc as per their demand.
- b) To ensure coordination between NACO and NRHM.
- c) To organize monthly review meeting with SMOs, under the Chairpersonship of Project Director.
- d) To manage storage, inventory and logistics of condoms at the state level, and ensure proper storage at every distribution point.

		<p>e) To monitor and ensure growth of the condom market in their state.</p> <p>f) To coordinate with DAPCUs, TSG etc.</p> <p>g) To ensure effective condom social marketing programme in their state.</p>
2.	Institutional Strengthening & Organization set up	<p><b>Strengthen the TSG for Condoms and Truckers</b></p> <p>TSGs (for condoms and truckers) serve to fill capacity gaps within the current health systems established. This gap is because the nature of the work that needs to be undertaken by these programs is significantly different from most other programs within NACP III. (For instance, condoms require an effective sales and distribution system that reaches 500,000 retail outlets every month.) TSGs serve to source this capacity, build systems and processes to run these programmes and to transition this capacity, systems and processes back to NACO. There has been substantial progress made in terms of increasing the understanding of the dynamics of a large-scale condom distribution system within NACO. Anecdotally, TSG reviews conducted jointly with NACO now witness NACO personnel enquiring about distribution infrastructure (e.g. distributor numbers and quality) and rural reach (e.g., rural van-days.) Similarly on truckers, there is a need for a customised intervention for long-distance truckers, given their unique lifestyle circumstances (e.g., low health awareness, inconsistent self esteem, etc.)</p> <p><b>Condom Programming</b></p> <ul style="list-style-type: none"> <li>• Review performance of SMOs at periodic intervals</li> <li>• Document the systems adopted for forecasting demand and monitoring off take through the different channels</li> <li>• Undertake all activities in a highly collaborative manner with SACS and NTSU/TSUs to ensure that knowledge transfer and capacity building is an ongoing, institutionalised process</li> <li>• Feasibility and utility of merging TSG with the NTSU at the national level and TSUs at SACS level over a period may be explored.</li> </ul> <p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• These institutions have been able to deliver quality and results in condom programming/truckers intervention. But it needs more time to ensure the sustainability of various programmes handled by these institutions therefore the TSGs</li> </ul>

		<p>(condom &amp; trucklers) should continue in NACP-IV also.</p> <ul style="list-style-type: none"> <li>• The role of TSG-Condom promotion should be enhanced to cover the overall condom programming including family planning to have synergy and convergence with NRHM</li> <li>• TSG at state level should administratively report to PD, SACSs but functionally, should report to TSG core to ensure that the TSG state resources are used effectively.</li> </ul>
3.	IEC & Capacity Building	<ul style="list-style-type: none"> <li>• A dedicated communication agency should be brought on board to prepare strategic framework for communication and develop campaigns for condom promotion. This needs to be the long term arrangement to enable the agency to implement the strategy formulated for such period. Conducting communication need assessment research will be responsibility of this agency.</li> <li>• Media planning for condom promotion campaigns on mass media should be done by professional media planners to garner better reach and visibility within the same budget. Under present arrangement this is not possible as the campaigns financed by NRHM fund have to be routed only through DAVP – a government agency.</li> <li>• Mass media campaigns needs to be aired on regular frequency, ideally one every quarter, to make desired impact on positive behaviour change process of the target audience. Such systematic campaign schedule also help retailers motivated in stocking and selling condom.</li> <li>• Print media needs to be used for condom promotion campaigns as this will ensure sustained message deliveries through multiple media vehicles and help utilize media dark period between consecutive mass media campaign on electronic media.</li> <li>• Unified campaign on condom promotion should be developed to maintain consistency in the communication message as against various regional campaigns developed by SACS or SMOs dispersing different messages. This national campaign to be translated/ dubbed in local languages for all regions to facilitate proper reception and understanding by rural audience.</li> <li>• Based on specific indicators, communication impact assessment studies are to be undertaken on regular time periods to assess and evaluate the communication progress. An evidence gathering system needs to be built in to the programme itself to help strategize the future course of action at each step. Similarly media reach study should also be conducted to gauge the effectiveness of media used for condom promotion campaigns.</li> <li>• Female condom and MSM condom are to be promoted among the target groups only and direct contact programme through TI NGOs is the most suitable option to reach out to these niche audiences. Meanwhile the system needs to be made robust by active participation of NGO and SACS in their respective capacities. Integration of Female Condom related IEC in the NACO IEC campaign should be helpful in actualizing FC potential better.</li> </ul>

- Communication objective of CVM promotion is only to spread awareness about the availability of the facility for 24x7 access of condom and this needs to be done among limited population of small geographic area catered by these machines.

### **Convergence**

- An attractive proposition can be made by joint media buying for mass media campaigns of NACO and NRHM to fetch more value for advertising budget.
- *ASHA* and *Janmangal* network can be used to promote condom use benefits and normalize condom use. They should be very effective in bringing in positive behaviour change among general population. While ASHA's can use their women contacts, Janmangal may counsel married couple to encourage condom use.
- These networks can also mobilise audience for mid media activities organized by SMOs and SACS in their areas.
- They can be provided with IEC material to be distributed among their contact base or condom promotion messages can be interspersed with their current IEC material.
- They can also be helpful in making visibility drives more productive e.g. facilitating putting up wall writings at important congregation points in the villages.

### **Innovations**

- New media should be planned to use effectively to keep pace with the changing times. Expanding user base of modern technologies should be used to cater to ever evolving consumer. Internet should be used to reach out to the educated class and mobile telephony for the general population.
- NACO website to host archives of condom promotion campaigns and pictures of mid media activities. There might be micro site on condom promotion having interactive sections aimed at different target groups – condom demo, MSM condom user or CVM location finder etc.
- 'In-content promotion' in popular television soaps and films has become a common trend and can be experimented for condom promotion also.
- Public Private Partnership (PPP):
  - Association with Indian Medical Association to be explored to promote consistent condom use through the fraternity of medical practitioners all over the country
  - Liquor manufacturers can be asked to promote safe sex practices by condom use among their customer base
  - State transport authorities can be requested to contribute by providing display space for condom promotion messages

		<ul style="list-style-type: none"> <li>- Work place interventions among big industrial units can be approached to organize group meetings promoting condom among their workforce</li> <li>• Multimedia campaign on the lines of North Eastern states (viz. Choir competition, Singing competition on the lines of Indian Idol &amp; Soccer Tournament) should be adopted for other regions as well to garner support of local populations.</li> </ul>															
4.	Convergence with NRHM & Mainstreaming	<table border="1" data-bbox="382 438 1444 1416"> <thead> <tr> <th data-bbox="382 438 621 521">Level of Convergence</th> <th data-bbox="621 438 779 521">NRHM Modality</th> <th data-bbox="779 438 1444 521">Inputs for NACP-IV</th> </tr> </thead> <tbody> <tr> <td data-bbox="382 521 621 1416"> <b>1. Service Delivery</b>            a. Village Level         </td> <td data-bbox="621 521 779 1416">ASHA</td> <td data-bbox="779 521 1444 1416">ASHAs may be made depot holders for condoms. Condoms should be made available with ASHAs. These condoms (male and female) should be on the social marketing norms so that she gets incentive from the sale of condoms. Product booklet can be expanded to make it more viable</td> </tr> <tr> <td data-bbox="382 938 621 1057">b. Sub Centre Level</td> <td data-bbox="621 938 779 1089">ANMs &amp; Male Health Workers</td> <td data-bbox="779 938 1444 1057">Health workers should be having condoms with them during VHNDs and also in the Sub centers. These condoms can be from the free supply lot.</td> </tr> <tr> <td data-bbox="382 1143 621 1219">c. PHC Level</td> <td data-bbox="621 1143 779 1219">Medical Officer</td> <td data-bbox="779 1143 1444 1300">All PHCs should have Condoms dispensers in OPDs especially in the counseling room for family planning as well as in the treatment and dispensing areas</td> </tr> <tr> <td data-bbox="382 1344 621 1416">d. CHC Level</td> <td data-bbox="621 1344 779 1416">M.O. I/C</td> <td data-bbox="779 1344 1444 1416">All CHCs should ensure condoms availability in the ICTCs, ART centres, CCCs.</td> </tr> </tbody> </table>	Level of Convergence	NRHM Modality	Inputs for NACP-IV	<b>1. Service Delivery</b> a. Village Level	ASHA	ASHAs may be made depot holders for condoms. Condoms should be made available with ASHAs. These condoms (male and female) should be on the social marketing norms so that she gets incentive from the sale of condoms. Product booklet can be expanded to make it more viable	b. Sub Centre Level	ANMs & Male Health Workers	Health workers should be having condoms with them during VHNDs and also in the Sub centers. These condoms can be from the free supply lot.	c. PHC Level	Medical Officer	All PHCs should have Condoms dispensers in OPDs especially in the counseling room for family planning as well as in the treatment and dispensing areas	d. CHC Level	M.O. I/C	All CHCs should ensure condoms availability in the ICTCs, ART centres, CCCs.
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			<p>Medical officials should have formal interface with SMO assigned for the district/state.</p> <p>Free Condoms should be made available at the TI sites through system in addition to SMOs brands</p> <p>All preferred providers for STI services should also have access to free condoms from CHCs. Also the SMO for that region should place socially marketed condoms with the providers or close to the provider's clinic at NTOs and TOs</p>	
		<p><b>2. Communication – BCC</b></p>	<p>ASHA A flip chart should be made available to ASHAs so that they can counsel women about condoms during one to one and group meetings</p> <p>SCs Besides flip chart a poster highlighting triple protection from male and female Condoms should be displayed at all service sites</p> <p>PHCs and CHCs All PHCs /CHCs should have hoarding highlighting triple protection from Condoms</p> <p>SMOs should also coordinate with Public sector institutions especially at CHCs level to promote condom through mid media ie van operations</p>	
		<p><b>3. Capacity Building</b></p>	<p>ASHAs In existing training programmes for ASHAs add half day for condoms (male and female) NGOS</p>	

			<p>engaged in the training of ASHAs will also need capacity building which can come from NACP modalities. Focus will be on highlighting triple benefits of condoms, its use, storage and also ECPs in the event of burst or slippages. This knowledge should be reinforced in the monthly meetings</p>	
		SCs	<p>Same as Above : Focus on storage, replenishments of supplies to ASHAs and monitoring condom distribution</p> <p>NHRM is supporting states for having Male health workers in 265 high priority districts. NACP should engage with NIHFWS entrusted to develop training programme to incorporate component on Condom promotion</p>	
		PHCs/CHCs	<p>Same as above , this can be organized in the monthly meeting by the SMOs assigned for the district</p>	
		<b>4. Monitoring</b>	<p>Present NRHM MIS captures condom distribution (Male). Female condoms should be added.</p> <p>Free condoms distributed through TIs should be captured in the NRHM-MIS, so that there is unified MIS</p> <p>In all monthly review meetings of SACS, condom promotion activities should be discussed.</p>	



		<b>5. Institutional level</b>	Dy CMO RCH	There needs to be one procurement request for condoms from district level to State that should include demands from NRHM and SACS related sites	
5.	Cost Effectiveness of the Condom Promotion Programmes	<p><b>SWOT Analysis of System On SM Condoms</b></p> <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Affordable to people</li> <li>• Strong brand equity of SMOs brand and Dx Nirodh</li> <li>• Rural reach</li> </ul> <p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Duplication of efforts – as multiple SMOs operate in the same area using Gol subsidies.</li> <li>• Since the level of disposable income available with people has gone up considerably, consumers are willing to pay more for products and there is a perception that low price means low quality. This is evidenced by the growth rate of commercial brands which are growing faster than SM brands –despite being priced at double or even more than SM brands.</li> </ul> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Establish and leverage the established distribution infrastructure of SMOs and other marketing agencies</li> <li>• To make the programme cost effective</li> <li>• Ensure that the Gol’s condom programme is need driven</li> </ul> <p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• As SMOs have easy access to subsidized condoms, there is a lack of willingness to explore new avenues to make the programme sustainable by having more efficient and impactful operations.</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• The issue price of condoms being provided to SMOs may be reviewed.</li> <li>• SMOs may be reimbursed only the targeted Condom Social Marketing Programme implementation cost</li> <li>• Condom promotion programme convergence between NACO and the Department of Health and Family Welfare.</li> <li>• The MRPs of condoms sold by SMOs may be reviewed.</li> </ul>			

- The contracting with SMOs for Social Marketing of condoms be for a longer period.

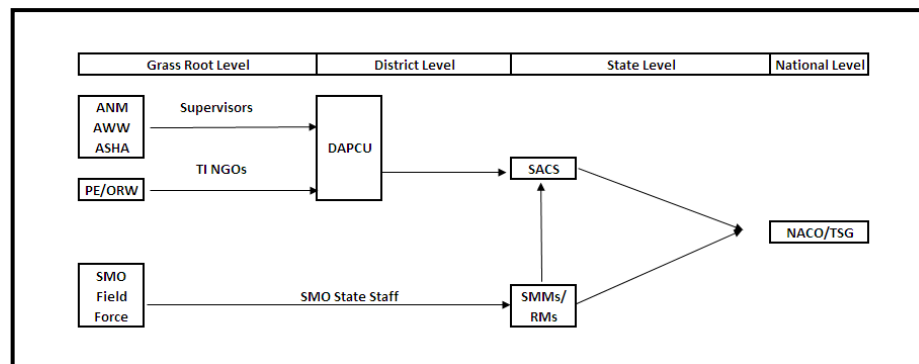
### Condom Vending Machines

#### Recommendations

- CVMs be relocated to safe and visible locations. Mainstreaming with oil companies, mother dairy under process to get approval to install CVMs at petrol pumps
- Relocation of CVMs to potential locations will result in high offtake. ALL CVMs < 1 wallet may be relocated.
- The distribution cost of CVM programme may be offset by integrating it with CSM programme without any additional cost. SMOs may be allowed to treat CVMs at non traditional outlets
- Specific servicing standards/plans needs to be set by the implementing agency.
- Implementing agency needs to ensure adequate visibility aids e.g. stickers, tin plates, etc. & also needs to ensure that the CVMs should be placed at visible locations. Implementing agency might needs to relocate those CVM's which are not visible
- Success of sustaining of CVM program largely depends on the caretakers of the CVM. Hence, caretaker of these CVMs needs to be acknowledged & special incentives will be designed to keep them motivated.

6. Monitoring & Evaluation

For the overall monitoring of the free distribution of condoms by NACO for HIV prevention and Targeted Condom Social Marketing Programme, the proposed reporting mechanism is as below:



- Continuation of robust demand estimation for free condom to minimize wastage

- Periodic monitoring visits by TSG team at the SACS and TI NGOs.
- Inventory management – details of number of condoms procured, number of condoms discarded, number of condoms distributed to STI clinic, ICTC, outreach worker, peer educator and other distributor on monthly basis
- Rigorous monitoring the condom register on monthly basis at TI NGO level.
- Triangulation of information from PE calendar, condom register and CMIS report on quarterly basis.
- Periodic review of TI NGOs by SACS to explore the gaps in free condom distribution from TI NGO to targeted population
- Develop and maintain a register at TI NGO level on monthly basis to track the number of condoms (free, socially marketed and commercial/branded condoms) procured/received by end users; number of condoms (free, socially marketed and commercial/branded condoms) used by the end users and number of free condoms used for purposes other than during sex.

**EVALUATION OF FREE CONDOM SUPPLY FROM NACO**

- Evaluation studies need to be conducted on periodic basis to identify the gaps and leakage in the distribution channel to further reduce wastage.
- Condom Fate Study would help us understand scenario.

***MONITORING MECHANISM FOR TARGETED CONDOM SOCIAL MARKETING PROGRAMME***

- Bridge between SIMS and TSG online MIS software.
- Give access of the TSG–online software to PD SACS so that they can check the data on random basis.
- Continuation of ongoing mechanism of monitoring the performance of SMOs by SMM–TSG and representatives from SACS on monthly basis.
- Continuation of ongoing mechanism of periodic review of SMOs by SACS.
- Continuation of ongoing mechanism of frequent field visits by Regional Managers and State Marketing Managers’ to monitor the performance of SMOs and TI-NGOs
- Continuation of ongoing mechanism of the validation audits to verify the claims of SMOs’ about condoms sales and outlet coverage data submitted to TSG on a monthly basis.
- Continuation of ongoing mechanism of triangulation of Condom Social Marketing Programme sales data with AC–Nielsen retail data to validate the ANM/ASHA/AWW/SMO sales data on periodic intervals.
- Continuation of ongoing mechanism of Central Web Based Online Condom Social Programme Monitoring System

***EVALUATION OF TARGETED CONDOM SOCIAL MARKETING PROGRAMME***

- External programme evaluations at national, state and district levels would be undertaken at periodic basis to understand the progress.

**BASELINE INDICATORS FOR NACP-IV**

- Percentage of male/female respondents aware of condom
- Percentage of male respondents aware of any source of condom procurement
- Percentage of male/female respondents with perception of consistent condom use to prevent the risk of getting HIV/AIDS
- Percentage of male/female respondents agreed that they were at risk of getting HIV/AIDS
- Percentage of male respondents discussed about condoms with any one
- Percentage of male respondents reported use of condom during sex with non-regular sex partner in past 12 months & consistent condom usage.
- Percentage of male respondents reported use of condom during sex with commercial sex worker in past 12 months & consistent condom usage.
- Percentage of male respondents reported availability of condom when in need
- Percentage of male respondents reported easy accessibility of condom
- Mean time reported by the male respondents (15 to 49 years) for procurement of condom from a nearest source
- Percentage of female sex workers saying that their clients use condoms.