THE NATIONAL CONDOM STRATEGY

2010 - 2015

“A CALL FOR SAFER SEX”

DECEMBER 2010
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### ACRONYMS AND ABBREVIATIONS

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>AHCF</td>
<td>AIDS Health Care Foundation</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ART</td>
<td>Anti Retroviral Therapy</td>
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<td>ASRH</td>
<td>Adolescent Sexual Reproductive Health</td>
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<td>BC</td>
<td>Behavioral Change</td>
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<td>CBDs</td>
<td>Community Based Distributors</td>
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<td>CBO</td>
<td>Community Based Organizations</td>
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<td>CCP</td>
<td>Comprehensive Condom Programming</td>
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<tr>
<td>CEDAW</td>
<td>Convention on Elimination of all forms of Discrimination Against Women</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>EGPAF</td>
<td>Elizabeth Glaser Pediatric AIDS Foundation</td>
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<td>FLAS</td>
<td>Family Life Association of Swaziland</td>
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<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight Against AIDS, Tuberculosis and Malaria</td>
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<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<tr>
<td>LMIS</td>
<td>Logistic Management Information System</td>
</tr>
<tr>
<td>MC</td>
<td>Male Circumcision</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<tr>
<td>MOET</td>
<td>Ministry of Education and Training</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MoT</td>
<td>Modes of Transmission of HIV</td>
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<tr>
<td>MSM</td>
<td>Men Having Sex with Men</td>
</tr>
<tr>
<td>MTCT</td>
<td>Mother to Child Transmission of HIV</td>
</tr>
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<td>NERCHA</td>
<td>National Emergency Response Council on HIV and AIDS</td>
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<td>NGOs</td>
<td>Non Governmental Organizations</td>
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<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>RH</td>
<td>Reproductive Health</td>
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<tr>
<td>RHCS</td>
<td>Reproductive Health Commodity Security</td>
</tr>
<tr>
<td>RHM</td>
<td>Rural Health Motivators</td>
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<tr>
<td>RHMT</td>
<td>Regional Health Management Team</td>
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<tr>
<td>RNA</td>
<td>Rapid Needs Assessment</td>
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<tr>
<td>SASO</td>
<td>Swaziland AIDS Support Organization</td>
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<td>SDHS</td>
<td>Swaziland Demographic Health Survey</td>
</tr>
<tr>
<td>SHAPE</td>
<td>School Health and Population Education</td>
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<td>SHAPMoS</td>
<td>Swaziland HIV&amp;AIDS Monitoring System</td>
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<td>SNYC</td>
<td>Swaziland National Youth Council</td>
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<tr>
<td>SWAPOL</td>
<td>Swaziland Positive Living</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<tr>
<td>SRHU</td>
<td>Sexual Reproductive Health Unit</td>
</tr>
</tbody>
</table>
STIs | Sexually Transmitted Infections
---|---
SWOT | Strength Weaknesses Opportunities Threats
TASC | The AIDS Support and Information Centre
TB | Tuberculosis
TBAs | Traditional Birth Attendants
TFR | Total Fertility Rate
TORs | Terms of Reference
UN | United Nations
UNCT | United Nations Country Team
UNAIDS | United Nations Programme on HIV and AIDS
UNFPA | United Nations Population Fund
UNICEF | United Nations Children Fund
UNISWA | University of Swaziland
VAC | Vulnerability Assessment Committee
VCT | Voluntary Counseling and Testing
WFP | World Food Programme
WHO | World Health Organization
YFCs | Youth Friendly Corners
HIV and AIDS continues to be an overwhelming crisis in Swaziland, rapidly spreading and impacting deeply on the social, cultural and economic spheres of life. The rising HIV prevalence and its consequences are putting enormous pressure on an already stretched health care system in the country. The main drivers of the epidemic in Swaziland are multiple concurrent sexual partnerships, early sexual debut, low levels of condom use, inter-generational sex, mobility and migration, low levels of male circumcision, and alcohol and drug abuse (NSF, 2009 - 2014). All these factors link to behavior change.

Therefore a wide realization on the extent to which change in sexual behavior reduces the spread of HIV transmission is crucial. The Government has prioritized HIV transmission and identified key health sector based interventions reduction of new infections and this calls for, among others scaling-up, promotion and proper management of condoms. It is the plea of government that sexually active populace reduce the number of sexual partners and avoid social and sexual behaviors that expose them to the risk of Sexually Transmitted Infections (STIs) and unintended pregnancies.

In addition, people are encouraged to use condoms as protection against HIV and other STIs. In recognition of the high HIV incidence the country will scale up its efforts for slowing and reversing HIV infection transmission. The Condom Strategy is thus designed with the goal of enhancing access by all sexually active people to high quality condoms at affordable prices through effective and responsive service delivery systems. The Strategy also endeavors to heighten risk perception through public education and advocacy with the view of translating the current knowledge and awareness of HIV&AIDS, into avoidance of risky behaviors.

The Condom Strategy enjoins many stakeholders in its implementation and success, including the Government and its Departments, the private sector, non-governmental organizations, Development Partners, communities and individuals. Under the co-ordination of the Sexual Reproductive Health Unit in whose docket falls the Reproductive Health Strategy, the Swaziland National AIDS Programme in the Ministry of Health and National Emergency Response Council on HIV/AIDS will provide key inputs in operationalising the Strategy.

Finally, our development partners are expected to continue playing the vital roles of providing funding and technical support where necessary. I hope and trust that this Strategy will, along with the efforts spelled out in the National HIV/AIDS Strategic Framework, among others, arrest the spread of the pandemic.

Dr Steven V. Shongwe
Principal Secretary
ACKNOWLEDGMENTS

The Ministry of Health would like to express appreciation to the valuable support and commitment demonstrated by everyone who participated in the development of the National Condom Strategy 2010-2015.

A special gratitude is extended to the UNFPA Zimbabwe Country Office in Harare and Family Health International, PSI Swaziland, FUTURES Group, NERCHA and UNFPA Country Office for providing technical and financial support for this exercise.

The document would have not been completed without the dedication of the following Task Force Members.

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SNAP
SRHU
SRHU
SRHU
UNFPA
AHCF
NERCHA
PSI
NERCHA
WHO
PSI
FLAS

HIV Prevention Coordinator
National FP Coordinator
National SRH Logistics Officer
National Family Planning Officer
Programme Specialist SRH
Director
Head of Division/Programmes
Deputy Country Director
National HIV Prevention Coordinator
Health Information and Promotion Officer
Sales and Distribution Manager
Youth Officer

The Ministry takes this opportunity to acknowledge all SRH Stakeholders for their support and commitment in the development of this document.
1. BACKGROUND

1.1 The Problem
Swaziland has one of the highest HIV prevalence rates in the world with 26.1 percent of adults aged 15-49 years old estimated to be living with HIV (SDHS, 2007). Significant variations exist in the population by age and sex. In the 15-49 year old age group, female HIV prevalence is 31 percent compared to male prevalence of 20 percent. The highest prevalence rate among women is in the 25-29 year old age group and among men in the 35-39 year old age group with rates of 49 percent and 45 percent respectively (SDHS, 2007). The 12th Biennial ANC Sentinel Surveillance HIV prevalence for women attending ANC is 41.1%. The number of people estimated to be living with HIV is expected to increase from approximately 190,000 to over 216,000 by 2015. Heterosexual sex accounts for 94 percent of HIV transmissions and it is projected that the majority of new HIV infections will occur in adults aged 25 years and above, many of whom are married or cohabitating with a steady partner.

The main drivers of the HIV epidemic in Swaziland are: multiple concurrent partners (MCP), early sexual debut, low and inconsistent levels of condom use, inter-generational sex, income inequality (poverty), mobility and migration, sex work, gender inequalities and sexual violence, low levels of male circumcision, and alcohol and drug abuse (NSF, 2009 - 2015).

1.2 The Need
Condom use is low and is estimated at 56% for females and 48% for males with every high risk sex. High rates of HIV-related illness and death are draining the national economy and straining all sectors.

Knowledge of the female condom is low with only 46% of women and 28% of men knowing where to source it (SDHS 2007). The majority of women are not able to negotiate successfully for condom use. Condom logistics are inadequate due to insufficient human resource for condom logistics and management. As such the 2010 UNGASS report indicate poor condom coverage in rural areas. Critical gaps in the condom management programme are mainly the condom distribution system, measuring of condom usage as well as condom education, which is often sporadic, ad hoc and fragmented, rather than sustained and consistent (NSF, 2009). Disposal of used condoms is also a challenge.

The priority of the National Condom Strategy is to ensure adequate national supply and access to male and female condoms, coupled with public education and advocacy to increase use among those who need to use condoms and improved monitoring and evaluation.

1.3 Overview of Sexual Reproductive Health and HIV and AIDS
National HIV prevalence among pregnant women who attend ANC has been on an upward trend, from 3.9% in 1992 and has stabilised at 42%. HIV prevalence increased at a fast pace during the 1990s to a peak of 42.6% in 2004. Thereafter it has stabilised, albeit at a high rate, see figure 1.
The SDHS 2007 shows HIV prevalence is at 26% within the Reproductive age across the country. Women, the 25-29 years age group, urban residents, low levels of education, patients with STIs, and TB patients tend to be the more affected than their comparable counterparts. Among adolescents, females are worse affected than males.

The information on other STIs confirms the well documented link between these other STIs with HIV. The burden of STIs remains a significant public health concern and continues to fuel the HIV epidemic. Nationally representative data on cancers of the reproductive tract, particularly cervical cancer is scant but given the large burden of HIV/STIs it is to be expected that the prevalence of cervical cancers should be significantly high.

HIV&AIDS awareness level is about 90% (Males 87.2%, females 90.6%). Generally adoption of positive behavioural practices remains low for both men and women. Progress has been made in improving geographical coverage of PMTCT of HIV from 3 sites in 2003, 16 in 2004, 54 in 2005, 88 in 2006 to 110 out of 162 health facilities in 2009.

The government of the Kingdom of Swaziland established various interventions in response to the HIV&AIDS and SRH needs e.g. a policy environment supportive of integration of HIV and SRH as well as coverage of SRH and HIV issues in national documents and strategies such as the National Health Policy and National Strategic Framework in HIV. There are also national guidelines e.g. PMTCT and FP guidelines which integrate HIV.

Inadequate human and health facility resources compromise the Government’s ability to provide high quality integrated SRH and HIV services. Health services (including SRH services) remain largely inaccessible particularly in rural areas. There is limited family planning method mix and lack of capacity of health facility to provide all available methods (SDHS, 2006/7). This translates itself to low condom use and unmet needs for family planning leading to disproportionate teenage, unplanned pregnancies and high prevalence of HIV.
1.4 Current Condom Programming Status / Situation Analysis
The situation analysis summarizes issues around the four programmatic areas identified through the Rapid Needs Assessment (RNA) namely:

a) Leadership, Coordination and Partnerships.
b) Supply and Commodity Security.
c) Access, Demand and Utilization.
d) Condom Programming and Support Systems.

As articulated in the 2008 RNA report, the current Condom Programming is summarized in the following paragraphs. The Ministry of Health is the lead sector on condoms and has designated a technical team termed the National Condom Task Force that advises the ministry on condom issues from time to time.

Due to the delay in designating the coordinating responsibility for condom programming the condom programming activities have been on ad hoc basis. Swaziland has a weak supply chain management system and quality assurance is a challenge for both male and female condoms. The country is heavily dependent on donor support for the commodity supply and this poses serious challenges for sustainability. Condoms are distributed by the health sector or public facilities and socially marketed condoms are management by Population Services International (PSI). Condom management by the health sector including distribution still needs strengthening. Efforts regarding demand creation have been minimal hence this needs scaling up. There is also need for increasing human resource capacity and the structure for systematic condom programming as is currently weak.

1.5 The Response
In 1999, His Majesty King Mswati III declared the HIV epidemic a disaster and called for concerted emergency action that has resulted in a multi sectoral response, coordinated by The National Emergency Response Council on HIV/AIDS (NERCHA). The Government of the Kingdom of Swaziland has developed policies and strategies to serve as a framework for an effective response to the HIV epidemic. Included in the National Multi-Sectoral Strategic Framework For HIV and AIDS 2009 – 2014 is a focus on increasing and expanding the availability and distribution of condoms, promoting responsible sexual behaviour as well as increased, consistent and correct use of male and female condoms. Further the National Health Sector Strategic Plan supports repositioning of family planning and management of sexually transmitted infections (STI) within the context of HIV and AIDS.

1.6 Condom Strategy alignment
The National condom strategy is in line with the MOH policies, National HIV and AIDS policy, National HIV prevention policy and the National decentralization policy. It is a product of a review of National reports, key policy and strategy documents, interviews and a wide consultation with stakeholders at national, regional and Tinkhundla levels. In addition, strategy recognizes the universal human rights pertaining to access to SRH services and other broader rights. Also observes human rights.

In the response to the above, the Ministry of Health aim at scaling up universal access to HIV prevention services. Further, the National Strategic Framework on HIV&AIDS NSF (2009 - 2014) also prioritizes condoms as one of the strategies for HIV Prevention.
1.7 Condom interventions
In an effort to create demand for condoms in the country, a number of interventions have been implemented, even though they have not been consistent and lacked national coverage. To increase condom distribution, the government has put in place national and regional warehouses. Other partners and stakeholders have distributed condom in the retail outlets and some strategic points. However, this has not been enough for every Swazi to access condoms. Furthermore there are vulnerable groups that have been denied access to condoms. To respond to the challenges above the following strategies will be put in place. The country has also established a budget line that incorporates procurement of condoms.

2.0 GOAL, PURPOSE, OBJECTIVES AND OUTCOMES

2.1 Goal
The goal of the National Condom Strategy is to improve access to quality condoms at affordable prices through an effective and responsive service delivery system.

2.2 Purpose
Its purpose is to provide a clearly defined, well coordinated framework in which Government, Development Partners, the private sector, communities and users participate in financing at all levels, for programming and uninterrupted provision of affordable quality assured condoms that are accessible to all men and women in the country.

2.3 Objectives

2.3.1 The objectives of the NCS are to;
• Ensure timely availability of all necessary structures and resources in support of condom programming for a sound programme including logistics and equipment in their adequate quantity and quality
• Ensure increase of access to male and female condoms.
• Establish and strengthen strategic partnerships of networks on the condom programming
• Ensure uninterrupted supply of male and female condoms in order to meet the demand and use of the commodities.

2.4 Outcomes of the Strategy

The Outcomes of the condom strategy are:
• Effective leadership, resource availability and coordinated partnerships between public, social marketing, private sector and traditional structures.
• Uninterrupted availability and accessibility of quality assured male and female condoms at all levels.
• Sustained demand, increased access and constant and correct use of male and female condoms.
• Strengthened institutional, human resources support systems for ensuring demand and access to male and female condoms.
• Improved M & E system to collate and analyze all information needs generated through the National Condom Strategy.
The above mentioned outcomes of the NCS are in line with the National Multisectoral HIV/AIDS Framework 2009-2014. Specifically the outcomes it links to are:

- % of young people aged 15-24 reporting the use of condoms at last high risk sexual intercourse has increased from 62% in 2007 to 72% in 2011 and 75% in 2014
- % of young people aged 15-24 who report using a condom during first sex has increased from 43.2% for women and 49.3% for men in 2007 and to 50% for women and 60% for men in 2011 and 70% for women and men by 2014
- % of female sex workers reporting the use of a condom with their most recent client is maintained at 98% in 2014

### 3.0 THE IMPLEMENTATION OF THE NATIONAL CONDOM STRATEGY

The implementation of the condom strategy will involve a number of partners ranging from Government, Non-Governmental Organizations, Private Sector, Development Partners and Donors. It will address activities and strategies around the four thematic areas of the condom programme. To facilitate implementation, strategic public private partnerships and social marketing sectors will be forged for successful design and execution of the strategy. People living with HIV (PLHIV) will also play a key role in condom programming and efforts will be made to ensure availability, accessibility and utilization of both male and female condoms at all levels. Furthermore, condoms shall be integrated into other programmes in order to widen access. Implementation plan has also been developed to facilitate implementation of the strategies.

### 4.0 ROLE OF STAKEHOLDERS IN THE IMPLEMENTATION OF THE CONDOM STRATEGY

Condom distribution is measured on a quarterly basis. The average monthly consumption is over 700,000 for male condoms and 18,000 for female condoms (2010).

**4.1 Ministry of Health**

The public sector particularly the Ministry of Health is the main source of condoms for most of the users. The free issue condoms will continue to be provided. Aggressive efforts for condom promotion will also be applied because condom use is still low yet the country has a high HIV prevalence. The main outlets of the free condoms will be health facilities and other public places. The ministry will also ensure integration of condom services in all health services to maximize opportunities for HIV prevention within the health sector. The MOH in collaboration with SWASA shall monitor the pricing, storage and quality including LMIS of condoms sold by the commercial sector.

Furthermore, the Ministry of Health is responsible for community based distribution of condoms as provided by the SRH strategy. However, there is still need for an increased capacity of CBDs in condom promotion and information. The CBD programme should be strengthened on condom distribution and scale up. A budget line for reproductive health commodity security including condoms has also been set aside. The budget should be increased on an annual basis to accommodate inflation rate and increased country demands. The government should also develop condom programme. AWP inclusive of a procurement plan on an annual basis and this be submitted to Development Partners for support.
4.2 Other Government Ministries and Departments
There are Inter-ministerial committees for HIV prevention in the different government ministries who will be responsible for condom education and distribution. The ministry of health shall ensure a constant supply as needed.

4.3 Role of Non Governmental Organizations
All civil society organizations are important partners in the fight against HIV and AIDS. These together with the social marketing organizations will continue to promote and create demand for the condoms. They will ensure availability of condoms to meet the demand created during condom promotion activities. These organizations will access their supplies at the National or Regional warehouses.

The Government will continue to provide free issue condoms to ensure that there are no costs to users. Within the profit making health services/facilities free issue condoms should be accessed through the facility dispensers and other access points. Only socially marketed condoms including commercial condoms shall be provided at a cost.

PSI as the only NGO responsible for condom social marketing in the country will continue distributing branded condoms and implementation of several condom marketing activities.

4.4 Role of Private Sector

4.4.1 Commercial Sector
The commercial sector networks especially retail shops, kiosks and other commercial outlets will continue to be utilized for expanding the availability and distribution of condoms. Regional and local-level outlets and other non government outlets will be provided with information and condoms for sale/ social marketing.

4.4.2 Industry and Workplace
The industries are heavily populated by sexually active people who most often than not have limited access to health care services including condoms yet are vulnerable to HIV and AIDS. There is need for health care services at this level including services for HIV prevention like condoms. Through the Business Coalition on HIV and AIDS, it is expected that the condom promotion and distribution services shall be made available to all employees.

5.0 MONITORING AND EVALUATION
The main source of information for monitoring and evaluation shall be from the Logistics Management Information System (LMIS) on condom management established by the Ministry of Health. This will address the major concerns of quantity, quality, distribution and use of condoms. SRHU shall consolidate all data on condoms received from distributors to develop quarterly and annual reports on national condom status and communicate reports to HMIE unit and HMIS and all relevant stakeholders. This data from these different sources will be used for forecasting, planning and budgeting.

The M and E Unit of the Ministry of Health in collaboration with the SRHU and SNAP are responsible for organizing and carrying out regular household and consumer surveys on condom use. The SDHS data will also be used as baseline information to assess the impact of the Condom Policy and Strategy.
6.0 STRATEGIC AND BROAD ACTIVITIES

In response to the strategy gaps identified in the areas of leadership and coordination, supply and distribution of condoms, demand creation and utilization, and support systems the following strategies and activities were designed.

6.1 Strategic Area 1: Leadership, Coordination and Partnerships

Strategies:
• Strengthen the National capacity for implementation of the condom programme
• Reduce barriers to condoms access
• Harmonize condom programming and management within MoH
• Strengthen the National Condom Task Force to coordinate the implementation of the national condom strategy
• Harmonize and coordinate partners implementing condom programme activities

Broad Activities:
1. Institutionalize a multi – sectoral and functional Condom Task Team and establish linkages with other committees within the Ministry of Health and other national entities
2. Facilitate the popularization and implementation of the National Condom Strategy
3. Map and create a database for implementing partners involved in condom programming
4. Strengthen human resource capacity by recruiting and deploying relevant condom programming personnel
5. Lobby strategic legislators to facilitate ownership and buy in for the national condom programme.

6.2 Strategic Area 2: Supply and Commodity Security

Strategies
• Strengthen condom supply chain management at all levels
Harmonize condom procurement system

Broad Activities:
• Timely procurement for sustained availability
• Strengthening LMIS at all levels
• Monitor stock outs of public sector
• Ensure availability of socially marketed condoms at all times
• Ensure Quality Warehousing and storage

6.3 Strategic Area 3: Access, Demand and Utilization

Strategies:
• Create an enabling environment that allows all sexually active people regardless of age, sex, geographical location among others to access quality condoms
• Strengthen condom education and information and distribution to young people, pregnant women, ART clients, sex workers and other high risk groups
• Intensify condom promotion at all levels
• Intensify condom distribution at all levels
Broad Activities:
- Conduct market research
- Develop IEC + BCC and messaging on condom use
- Social Mobilization for condom use
- Re-orientation of services provides on condom use as a dual protector method
- Procurement of models for condom training
- National condom communication plan development

6.4 Strategic Area 4 – Condom Programming and Support Systems

Strategies
- Strengthen condom monitoring and evaluation at all levels
- Conduct an annual joint review of the condom programme activities with the support of the National HIV Prevention Technical Working Group

Broad Activities:
- Recruitment and deployment of relevant condom programming focal point
- Operation Research
- Capacity development on LMIS
- M & E and research Documentation
REFERENCES


2. Swaziland: HIV Prevention Responses and Modes of Transmission Analysis Global HIV / AIDS Program (GHAP) / World Bank, NERCHA, UNAIDS, March 2009

3. HIV Prevention and Behaviour Change Communication Strategy for Young People (10 – 24 Years), December 2005

4. Swaziland: Demographic and Health Survey, 2007


6. Swaziland: Demographic and Health Survey, 2007


## Condom Strategic Plan Implementation Matrix 2010 – 2015

### Area 1: Leadership, coordination and Partnerships

**Objective:** To enhance leadership, coordination and harmonization of nation condom programming

<table>
<thead>
<tr>
<th>Strategic area</th>
<th>Outputs and Output Indicators</th>
<th>Key Activities</th>
<th>Indicators</th>
<th>Responsible Party/Parties</th>
<th>Partners</th>
<th>Period</th>
<th>Budget USD ($)</th>
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<td>领导与协调</td>
<td>1. Leadership and coordination of nation condom programme enhanced</td>
<td>Institutionalize a multi – sectoral Condom Task Team and establish linkages with other committees within the Ministry of Health and other national entities</td>
<td>A functional multi – sectoral Condom Task Team in place</td>
<td>MOH SRHU SNAP</td>
<td>FLAS, NERCHA, EGPAF, WHO, UNFPA UNAIDS</td>
<td>2010-2011</td>
<td>10,000</td>
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<tr>
<td></td>
<td></td>
<td>Strengthen condom programming through its integration into national and regional plans</td>
<td>A statement of condom issues in the national plans</td>
<td>MOH SRHU SNAP</td>
<td>FLAS, NERCHA, EGPAF, WHO, UNFPA UNAIDS</td>
<td>2010-2015</td>
<td>20,000</td>
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<td></td>
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<td>Facilitate the popularization and implementation of the National Condom Strategy</td>
<td>Condom strategy known and implemented</td>
<td>MOH SRHU &amp; SNAP UNFPA</td>
<td>FLAS, NERCHA, EGPAF, WHO, UNFPA UNAIDS</td>
<td>2010-2012</td>
<td>20,000</td>
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<tr>
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<td>Map and create a database for implementing partners involved in condom programming</td>
<td>Availability of Condom programme partners database</td>
<td>MOHSW SRHU</td>
<td>FLAS, NERCHA, EGPAF, WHO, UNFPA UNAIDS</td>
<td>2011</td>
<td>20,000</td>
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<td></td>
<td></td>
<td>Lobby strategic legislators to support the review of policies that prevent access to condoms in certain groups</td>
<td>Policy statements that promote access to condoms by special groups</td>
<td>MOHSW SRHU</td>
<td>FLAS, NERCHA, EGPAF, WHO, UNFPA MSI</td>
<td>2011</td>
<td>5000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Set up and monitor condom logistics systems at all levels</td>
<td>Condom LMIS in place and in use</td>
<td>SRHU</td>
<td>EGPAF, WHO, UNFPA MSI, NERCHA</td>
<td>2010-2012</td>
<td>150,000</td>
</tr>
<tr>
<td>Strategic area</td>
<td>Outputs and Output Indicators</td>
<td>Key Activities</td>
<td>Indicators</td>
<td>Responsible Party/Parties</td>
<td>Partners</td>
<td>Period</td>
<td>Budget USD ($)</td>
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<tr>
<td>2. High level advocacy for condom programming established</td>
<td>Advocate for the allocation of a budget for the national condom programme within the Ministry of Health</td>
<td>Availability of condom programme budget line and resources</td>
<td>MoH</td>
<td>EGPAF, WHO, UNFPA, NERCHA</td>
<td>2011-2012</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lobby strategic legislators, development partners, donors for coordination and buy in to facilitate ownership in for the national condom programme</td>
<td></td>
<td>MoH, SRHU, SNAP</td>
<td>EGPAF, WHO, UNFPA, NERCHA</td>
<td>2011-2012</td>
<td>15,000</td>
<td></td>
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<tr>
<td></td>
<td>Lobby all partners (public &amp; private sector) for resources for the implementation of the National Condom Strategy</td>
<td></td>
<td>MoH</td>
<td>EGPAF, WHO, UNFPA, NERCHA</td>
<td>2100-2015</td>
<td>5,000</td>
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</tr>
<tr>
<td>3. In-country Quality Assurance mechanisms for condoms including other RH commodities established</td>
<td>Facilitate the drafting and enactment of a legal instrument to guide condom and other reproductive health commodities quality assurance</td>
<td>Availability of Condom quality assurance mechanism</td>
<td>MoH, SRHU, SNAP Planning Unit, SWASA</td>
<td>2011-2013</td>
<td>8,000</td>
<td></td>
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<tr>
<td></td>
<td>Monitor adherence to standards that ensures that all condoms imported to the Swaziland are of quality</td>
<td></td>
<td>MoH, SRHU, SNAP, NERCHA, SWASA</td>
<td>2011-2015</td>
<td>100,000</td>
<td></td>
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<tr>
<td></td>
<td>Enhance condoms’ quality through proper storage of condom by all distributors (shops, health institutions, workplace, vendors and other informal sector distributors)</td>
<td>Number of qualifying storage facilities</td>
<td>MOH, SRHU, SNAP, NERCHA</td>
<td>2011-2015</td>
<td>100,000</td>
<td></td>
<td></td>
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<tr>
<td><strong>Area 2:</strong> Supply and Commodity Security</td>
<td>Condom logistics information management system established and functional</td>
<td>Identify and train focal persons on LMIS at all levels improve logistics management in regards condom forecasting and distribution</td>
<td>Number of LMIS focal persons</td>
<td>MoH SRHU</td>
<td>All SRH Stake holders</td>
<td>2011-2015</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>Objective:</strong> To improve condom logistics management at national, regional and facility levels</td>
<td>Timely and continuous sustainable supply condoms enhanced</td>
<td>Monitor stock outs of public sector condoms in all distribution points</td>
<td>Number of facilities and distribution points reporting no stock out</td>
<td>MoH SRHU SNAP</td>
<td></td>
<td>2011-2015</td>
<td>100,000</td>
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<tr>
<td></td>
<td></td>
<td>Ensure availability of socially marketed condoms at all times</td>
<td></td>
<td>MoH PSI</td>
<td></td>
<td>2011-2015</td>
<td>50,000</td>
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<tr>
<td></td>
<td></td>
<td>Coordinate Timely procurement and distribution of condoms</td>
<td></td>
<td>MoH SRHU PSI</td>
<td></td>
<td>2011-2015</td>
<td>800,000</td>
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<tr>
<td><strong>Strategic area 3:</strong> Access, Demand and Utilization</td>
<td>Conduct periodic market research to determine the different sectors condom needs and usage</td>
<td>Conduct operational research in utilization of female condoms to identify social groups for targeted female condom promotion</td>
<td>Research reports</td>
<td>MOH SRHU SNAP PSI NERCHA</td>
<td>All SRH Stake holders</td>
<td>2011-2015</td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td>Expand distribution points of both public and socially marketed condoms in line with the market research findings</td>
<td></td>
<td>Number of new distribution points</td>
<td>MoH SRHU SNAP NERCHA</td>
<td>All SRH Stake holders</td>
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<td></td>
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<td>Distribution reports from the new points</td>
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<tr>
<td>Scale up community based distribution of condoms</td>
<td>Report on community based distribution</td>
<td>MoH SRHU SNAP</td>
<td>2011-2015</td>
<td>35,000</td>
<td></td>
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<tr>
<td>Scale up condom dispensers of public sector male and female condoms in a phased manners and train and monitor persons responsible</td>
<td>Number of condom dispensers procured and distributed</td>
<td>MoH SRH SNAP</td>
<td>2011-2015</td>
<td>10,000</td>
<td></td>
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<tr>
<td>Reorient service providers on condom use as a family planning and a dual protector method</td>
<td>Training reports Number of service providers oriented on condom use</td>
<td>MoH SRHU SNAP PSI</td>
<td>2011-2015</td>
<td>100,000</td>
<td></td>
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<tr>
<td>Develop and revise national condom messages with key partners guided by the national HIV prevention tool kit</td>
<td>Number and types of condom messages developed</td>
<td>MoH SRHU HEU</td>
<td>2011-2015</td>
<td>70,000</td>
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<tr>
<td>Develop a national condom communication plan for all intended audiences</td>
<td>Communication plan developed</td>
<td>MoH SRHU HEU</td>
<td>2011-2013</td>
<td>10,000</td>
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<tr>
<td>Conduct regular promotion activities for the public sector condoms for dual protection</td>
<td>Number and reports of promotion activities</td>
<td>MoH SRHU HEU All stakeholders</td>
<td>2011-2015</td>
<td>25,000</td>
<td></td>
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<tr>
<td>Advocate for repackaging of public sector condoms to promote uptake and demystify the misconceptions</td>
<td>Quantity of repackaged condoms</td>
<td>MOH SRHU All stakeholders</td>
<td>2011-2015</td>
<td>75,000</td>
<td></td>
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<tr>
<td>Procure and distribute demo pens and female models where appropriate</td>
<td>Demo pens and female models</td>
<td>MOH SNAP and SRHU</td>
<td>2011-2015</td>
<td>25,000</td>
<td></td>
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<td></td>
<td></td>
<td>Ensure condom demonstration by service providers and distributors in service delivery points</td>
<td>Condom demonstration reports</td>
<td>SNAP</td>
<td>2011-2015</td>
<td>No Charge</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop IEC materials targeting young people and adults and distribute to all sites as required</td>
<td>Types and number of IEC materials</td>
<td>MoH SNAP and SRHU Health Education Unit</td>
<td>2011-2015</td>
<td>70,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Collaborate with ILO in the promoting workplace condom demonstrations as part of HIV/AIDS and SRH services programmes and condom distribution</td>
<td>Number of Industrial workers reached</td>
<td>MoH SRHU</td>
<td>All stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Area 4: Condom Programming and Support System</td>
<td>NGOs reporting to Government/ MOHSW</td>
<td>Conduct condom demonstrations and provide condoms to young people through peer educators and outreach mobile clinics</td>
<td>MoH FLAS PSI</td>
<td>2011-2015</td>
<td>No Charge</td>
<td></td>
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</tr>
</tbody>
</table>

| NGOs reporting to Government/ MOHSW | Facilitate development and implementation of reporting mechanisms by NGOs to Government | Number of NGOs reporting regularly | MoH SRHU | All stakeholders | 2011-2015 | No Charge |
### Condom Strategy Implementation Matrix

<table>
<thead>
<tr>
<th>Strategic area</th>
<th>Outputs and Output Indicators</th>
<th>Key Activities</th>
<th>Indicators</th>
<th>Responsible Party/Parties</th>
<th>Partners</th>
<th>Period</th>
<th>Budget USD ($)</th>
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</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
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<tr>
<td>Strengthen capacity for programming, M &amp; E and reporting on the National Condom Strategy</td>
<td>Human resource capacity for condom programming enhanced</td>
<td>Recruit and deploy relevant condom programming personnel including designation of a national coordinator/ focal point</td>
<td>Availability of condom programme personnel</td>
<td>MoH SRHU</td>
<td>All stakeholders</td>
<td>2011-2015</td>
<td>240,000</td>
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<td></td>
<td>Ensure all distributors of public sector condoms adhere to LMIS</td>
<td>LMIS reports quarterly reports</td>
<td>MoH SRHU HMIS</td>
<td>2011-2015</td>
<td>No Charge</td>
<td></td>
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<tr>
<td></td>
<td>Ensure all implementing partners are submitting quarterly reports to MoH and NERCHA</td>
<td>Conduct annual consultative and review meeting of condom programme stakeholders</td>
<td>Stakeholders consultative meeting report</td>
<td>MoH SRHU</td>
<td>All stakeholders</td>
<td>2011-2015</td>
<td></td>
</tr>
<tr>
<td>Partners commit-</td>
<td>Media sensitized on SRH issues</td>
<td>Engage the media on condom promotion activities</td>
<td>Operational research report</td>
<td>MoH SRHU</td>
<td>All stakeholders</td>
<td>2011-2015</td>
<td>20,000</td>
</tr>
<tr>
<td>ment to condom activities improved</td>
<td>Coordinate operational research to evaluate effectiveness of innovative activities such as expansion of distribution points, community based distribution, etc.</td>
<td></td>
<td></td>
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<td></td>
<td>2011-2015</td>
<td>200,000</td>
</tr>
</tbody>
</table>

**TOTAL BUDGET:** US $ 2,453,000.00