

NATIONAL CONDOM STRATEGY SRI LANKA 2016 - 2020

**National STD / AIDS Control Programme
Ministry of Health, Nutrition & Indigenous Medicine
and The United Nations Population Fund**



National Condom Strategy Sri Lanka 2016- 2020

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Ministry of Health, Nutrition & Indigenous Medicine
and The United Nations Population Fund



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Message from the Director General of Health Services

Sri Lanka has a unique health care system and offers universal health free of charge to the public. Currently, Sri Lanka is identified as a low HIV prevalent country, where any defined key population had an HIV prevalence of less than 5%, and less than 1% prevalence in the general population. I take this opportunity to thank everyone who contributed to maintain this low HIV epidemic situation in Sri Lanka.

Condoms have been proven to provide protection against sexually transmitted infections. Correct and consistent condom use is one of the most effective means of preventing transmission of HIV. Not only that, it acts as a main family planning method that prevents unintended pregnancies. Condoms are widely available in the country, and are distributed through retail outlets, STD clinics and through Public Health Midwives.

The first ever situation assessment of condom programming in Sri Lanka, which was conducted recently, has clearly shown the current condom programming status in the country, and recommended to develop a “National Condom Strategy” for Sri Lanka. This will provide a comprehensive plan in line with the expectations of the other stakeholders, to achieve better health status for the Sri Lankan population, by reducing transmission of STIs including HIV infection and as a family planning method. We look forward to work with the other ministries and develop partnerships with all other stakeholders to implement the “National Condom Strategy” by strengthening the Public private partnership.

I take this opportunity to thank the National STD/ AIDS Control Programme & both local and international consultants, for their commendable guidance and support. The commitment of the relevant national stakeholders of both private and public sectors, and the support given by the United Nations Population Fund, is greatly appreciated. I look forward to work with all the stakeholders to support the implementation of this National Condom Strategy, to improve the quality of life of Sri Lankans and to end the HIV epidemic by 2030.

Dr. P.G. Mahipala

Director General of Health Services

Ministry of Health, Nutrition & Indigenous Medicine

Message from the Deputy Director General Public Health Services

Sri Lanka has made significant progress towards the goal of HIV prevention and universal access to HIV and AIDS services. In the early days, condoms were promoted primarily as a family planning method in Sri Lanka. Since the 1960s, the Family Health Bureau has been in the forefront in bringing modern methods of family planning including condoms to the grass-root level through the Public Health staff.

It is well accepted that condoms are effective in the prevention of transmission of STIs and HIV, in addition to its family planning usage. Therefore, condom promotion is an important strategy adopted by the National STD/AIDS control programme to promote sexual health and well-being of the people in Sri Lanka. This activity falls in the NSACP programme area of Information, Education & Communication, advocacy and condom promotion.

Initially, condoms were distributed to persons attending STD clinics, to needy persons, through outreach activities of the NSACP and through Non Governmental Organizations that work with high risk behaviour groups. Peer led targeted interventions for female sex workers, men who have sex with men, drug users and beach boys were commenced in year 2011. Around 3 million condoms were procured by the NSACP in 2012 through the GFATM round-9 HIV project for the use in years 2013 - 2014. These were distributed through STD clinics and through the Family Planning Association and its sub-recipient Non Governmental Organizations, to the high risk populations & to the other vulnerable population.

The Integrated Bio Behavioural Surveillance survey, which was conducted in 2014, has recommended to increase the condom usage among the public. Formulation and implementation of a comprehensive National Condom Strategy using expanded channels, public private sector collaboration and interventions with all relevant stakeholders to create an enabling environment, is a timely need. Special thanks go to the National STD/AIDS Control programme and to the United Nations Population Fund, and I wish them strength and success in their future endeavors, as well.

Dr. Sarath Amunugama

Deputy Director General – Public Health Services 1

Ministry of Health, Nutrition & Indigenous Medicine

Message from the UNFPA Representative, Mr. Alain Sibenaler

As the Representative of the United Nations Population fund in Sri Lanka, I am very happy to have supported the National STI/AIDS Control Programme of the Ministry of Health in developing this extremely important and timely National Condom Strategy of Sri Lanka.

The right to contraceptive information and services for women and adolescents is grounded in basic human rights. This was recognized at the 1994 International Conference on Population and Development (ICPD) to which Sri Lanka is a signatory that states “the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice.”

Family planning is central to gender equality and women’s empowerment, and it is a key factor in reducing poverty. Yet, globally some 225 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. Most of these women with an unmet need for contraceptives live in 69 of the poorest countries on earth.

More importantly, the male and female condoms, when used correctly and consistently, provide dual protection against both unintended pregnancy and sexually transmitted infections (STIs), including HIV.

If we look at the HIV epidemic, in most parts of the world, HIV is spread primarily through unprotected sexual intercourse. Changing behaviour to promote safer sexual practices, including condom use, is therefore fundamental to controlling the epidemic. For this, male and female condoms are key because they are currently the only barrier methods that protect against sexually transmitted infections, including HIV. Correct and consistent condom use is one of the most effective means of preventing sexual transmission of HIV, and it belongs at the heart of any HIV prevention strategy. Moreover, experience has shown that actions to increase uptake and use of effective barrier methods are more successful and sustainable when they are part of a strategic, coordinated and comprehensive condom programming effort.

We know that Sri Lanka is categorized as a low prevalence country when it comes to HIV/AIDS. However, presence of a large youth population, internal and external migration, clandestine but flourishing sex industry and low level of condom use may lead to the development of a concentrated HIV epidemic among female sex workers, men who have sex with men and their sex partners. In this context, UNFPA is extremely happy the development of a National Condom Strategy by adopting UNFPA 10 strategic approach for comprehensive condom programming. I am confident that the new strategy will provide clear direction to the country to make investments more effectively to ensure the quality, accountability and rights based equity at all levels.

UNFPA stands committed in supporting the Ministry of Health in implementing the National Condom Strategy which will enable Sri Lanka to ensure the reproductive rights of people in the country.

Mr. Alain Sibenaler

UNFPA Representative, Sri Lanka

Preface

National STD/AIDS Control Programme is the focal point for implementing the National HIV Strategic Plan and the AIDS Policy, together with all the stakeholders, to fulfill the objectives of preventing transmission of Sexually Transmitted Infections (STIs) including HIV. This includes care and support for those infected with STIs and HIV including various key affected categories, and sexual health promotion including condom promotion in Sri Lanka.

Usage of condoms improves sexual health and well-being of people in Sri Lanka, and it is identified as a cost effective strategy for prevention of STIs. Condom promotion comprised of an essential component of the peer led programme that has been designed for key population groups. Government sector provides condoms free of charge. These condoms were distributed through the network of STD clinics, family planning clinics under Medical Officers of Health and through the principal recipient two under the GFATM round nine for KPs in intervention districts. The network of STD clinics distributes condoms to their usual clients, as well as to the other vulnerable groups. The Family Health Bureau is the national focal point of the family health programme, and supplies free condoms to the community for family planning through 1800 island-wide family planning clinics and through grass root level Public Health Midwives, based on the cafeteria method. The two NGOs in Sri Lanka (Family Planning Association of Sri Lanka & Population Services Lanka) offer Sexual and Reproductive Health services, contraceptives and condoms free of charge through a limited number of centers. The commercial sector supplies condoms to the pharmacies, supermarkets, grocery shops, private hospitals and other retail places at a varying price range based on the quality of the condoms.

The Regional sex worker study and the IBBS survey conducted by the NSACP in 2014, recommended the development of a National Strategy for Condom Programming in Sri Lanka. The first ever “Situation Assessment of Condom Programming in Sri Lanka” conducted in early 2015 provided a good insight for decision makers, programme planners and implementers regarding the current condom programming situation in Sri Lanka. This survey comprised of necessary evidence and information to develop the National Condom Programming Strategy for Sri Lanka. The strengths, weaknesses and challenges identified during the Situation Assessment of Condom Programming were very much useful in developing the strategic direction for the National Condom Strategy. The main aim of the National Condom Strategy is to ensure the availability of quality condoms of choice, either free of charge or at an affordable price, through an effective and responsive service delivery system, in order to provide accessible and quality sexual health services to the entire country.

This reflected some key thematic areas such as leadership, coordination, demand, access, utilization, supply and support systems. Comprehensive Condom Programming principles introduced by the United Nations Population Fund were also included in the National Condom Strategy. I highly acknowledge the commitment given by all the stakeholders in reviewing this strategy, and special thanks should go to the local consultant Dr. Thalatha Liyanage of the Sri Jayewardenepura University, and the external consultant, for their commendable guidance and support. I take this opportunity to thank the United Nations Population Fund for the excellent partnership given by them in every aspect during this time.

Dr. Sisira Liyanage

Director

National STD/ AIDS Control Programme

Ministry of Health, Nutrition & Indigenous Medicine

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organizations
CMS	Central Medical Stores
FHB	Family Health Bureau
GFATM	Global fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IBBS	Integrated Bio Behavioural Survey
IEC	Information, Education & Communication
ILO	International Labour Organizations
KPs	Key populations
LMIS	Logistics Management Information System
MOH	Ministry of Health
NCS	National Condom Strategy
NDQCL	National Drug Quality Control Laboratory
NGO	Non Governmental Organizations
NSACP	National STD/AIDS Control Programme
PLHIV	People Living with HIV
PR2	Principal Recipient 2
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
WHO	World Health Organization

National Condom Strategy - Sri Lanka 2016- 2020

1. Background

Condoms are the only contraceptive method available at present, to be protected from sexually transmitted infections (STIs), as well as pregnancy. Condoms became more popular following the detection of Human Immunodeficiency Virus (HIV) infection globally. Condom use for unprotected sex has been recognized as one of the most successful prevention strategies for HIV infection worldwide, including in Sri Lanka.

Condoms assist in protecting fertility by preventing transmission of sexually transmitted infections, such as Chlamydia and Gonorrhoea, which cause pelvic inflammatory disease leading to infertility. Chlamydia and Gonorrhoea are common sexually transmitted diseases which cause pelvic inflammatory disease in the upper genital tract, leading to permanent damage to the fallopian tubes, uterus, and surrounding tissues, resulting in infertility. Women whose partners use condoms are at a much lower risk of hospitalization for pelvic inflammatory disease than those whose partners do not use condoms [1]. The women whose partners use condoms are at a 30 percent less risk of infertility due to sexually transmitted infections, compared to the others [2].

Further evidence has shown an association between condom use and reduced risk of Human Papilloma Virus (HPV)-related diseases, including cervical cancer. Condom use has been shown to reduce HPV infections and the abnormal cell growth on the cervix and on the penis [3,4]. Failure to use condoms has been identified as one of the most significant risk factors for precancerous conditions related to certain types of HPV [5,6].

Condoms are freely available in the government and private sector in Sri Lanka, and can be purchased over the counter without a prescription. It is categorized as a medical device, and there are no restrictions for access and use of condoms. However, various factors related to the accessibility, acceptability, attitudes, myths, social stigma, cultural beliefs and practices, and gender related issues, are identified as barriers for the condom programme.

The Ministry of Health, Sri Lanka provides condoms free of charge for both family planning and HIV prevention, through health care providers. The National STD & AIDS Control Programme (NSACP) is responsible for the distribution of condoms free of charge for STD (Sexually Transmitted Diseases) clinic clients through 30 full-time and 22 branch STD clinics. The main objectives of condom programming in the NSACP are prevention of transmission of STI/HIV, provision of family planning services for STD clinic attendees and prevention of exchanging of virus among people living with HIV (PLHIV) to avoid ART drug resistance among them. In addition, the NSACP provides free condoms for KPs in the intervention districts under the GFATM round nine, through the Principal Recipient 2. Further, the GFATM provides condoms to conduct NSACP planned activities.

The Family Health Bureau (FHB) is the national focal point of the Family Health programme, and provides modern methods of family planning. The main objectives of the condom programming of the Family Health Bureau are provision of condoms as a family planning method free of charge for eligible couples, and prevention of teenage pregnancies. These services are provided through 1800 island-wide family planning clinics and through grass root level Public Health Midwives, based on the cafeteria method. The Family Health Bureau has already identified teenage mothers, adolescents, working females and females in the advanced reproductive age group as risk groups for unmet need of family planning. Their active involvement for condom programming is focused on preventing maternal morbidities and mortalities due to unwanted pregnancies.

The two NGOs Family Planning Association of Sri Lanka and Population Services Lanka, offer Sexual and Reproductive Health services, and distribute condoms free of charge through a limited number of centers, while the FPASL is the Principal Recipient 2 (PR2) of the GFATM. The commercial sector supplies condoms to the pharmacies, supermarkets, grocery shops, private hospitals and other retail outlets at a varying price range based on the quality of the condoms. Condoms are not manufactured in Sri Lanka, and are imported to the country. Registration, sample licensing, manufacturing licensing and condom advertisement are prerequisite methodological steps for granting permission for the marketing of condoms in the country [7].

1.1 STI/HIV Situation in Sri Lanka

Sri Lanka is experiencing a low level of HIV epidemic, with a prevalence of less than 5% in any defined key population, and less than 1% prevalence in the general population. Since the detection of the first patient with HIV in Sri Lanka in 1987, the NSACP reports a cumulative number of 2241 HIV positives by the end of the third quarter of 2015, while the cumulative AIDS cases reported was 557 [8].

HIV prevalence rate in the 15-49 year age group was less than 0.1% at the end of 2014. A large proportion of seventy five percent (75%) of people with HIV was in the age category of 25 to 49 years. The age category of below 15 years, which is an equivalent to prenatally acquired HIV, has a cumulative figure of 3%.

The data over the years indicate a slowly rising trend of prevalence of HIV infection among individuals having male to male and bi-sexual relationships. The predominant mode of HIV transmission still continues to be heterosexual, while no HIV cases have been reported due to blood transfusions since the year 2000. There was a case detected as prenatally acquired in 2014. One percent (1%) of the reported cases had a history of injecting drugs. The data in 2014 indicates that the number of reported HIV positives to the NSACP showed doubling each quarter, compared to the situation 6 years ago [9].

1.2 Condom Use for STD/HIV Prevention and Family Planning

Integrated Bio Behavioural Survey (IBBS) which was carried out in 2014 showed that the percentage use of condoms among sex workers at last sex with a client was 93%, and an equally high percentage (90%) was observed with the non-paying partners. The percentage of Men sex with Men reporting the use of a condom at last anal sex encounter with a male partner was 58 %, and the percentage of injecting drug users reporting the use of a condom at last anal sex encounter with a male partner was 25 %. The same study revealed that the condom use at last sex among beach boys was 67%. Out of the eligible couples, 7.7% of family planning acceptors used condoms as a family planning method in the year 2013 [10].

Contraceptive prevalence among currently married women in the age group of 15-49 years in Sri Lanka was 68% in 2006/2007. Contraceptive prevalence for any method and modern methods has increased from 62 to 70 percent and 40.6 to 53.1 percent, respectively, during the 20-year period since 1987. During the same period, male condom usage has increased from 1.9 to 6 percent [11].

According to the Reproductive Health -Medical Information System in the Family Health Bureau, 64.6 percent of eligible families (15-49 years) were using some contraceptive method (current users) during the year 2012. The proportions of users of modern and traditional methods of contraceptives were 55.1% and 9.5%, respectively. Nearly 7% of acceptors used condoms as a family planning method [12].

Both the regional sex worker study and the IBBS survey which were completed by the NSACP in 2014, recommended to develop a National Condom Strategy in Sri Lanka following a Situation Assessment of Condom Programming.

1.3 Commercial Sector

Family Planning Association of Sri Lanka and Population Services Lanka in a large scale, together with five other companies in a small scale, provide more than 99% of the commercial sector condom supplies in the country. The commercial sector supplies condoms to the pharmacies, supermarkets, grocery shops, private hospitals and other retail outlets at a varying price range based on the quality of the condoms.

1.4 Evidence from the Situation Assessment of Condom Programming in Sri Lanka 2015

The Situation assessment of condom programming was started in March 2015, and was concluded in August 2015, with important recommendations. The main objective of the situation assessment was to assess the availability and use of condoms in the context of HIV/AIDS, STIs and family planning, and the factors affecting condom programming in Sri Lanka in terms of use, availability, distribution, promotional activities, challenges and most pressing needs for improving condom programming. The initiative was funded by the United Nations Population Fund [7].

The assessment discussed the direct and indirect support for condom programming given by the current policy environment, and revealed that there are a number of supportive policies, laws, plans, guidelines, strategies and several international conventions that uphold Sexual and Reproductive Health rights in the country.

The recent Situation Assessment of Condom Programming in Sri Lanka identified the following:

- Social stigma associated with condoms remains a major barrier for condom programming
- Respondents preferred the use of more user-friendly acceptable terms such as protection, safety, happiness and love, for condom promotion messages, rather than disease prevention jargon
- Limited knowledge and favourable attitudes on condoms to develop a positive perception in the community
- Perceived poor sexual satisfaction with condoms is a major hindrance for the condom promotion programme, and there is a need for further research to identify condoms and lubricants which feel more natural and acceptable to the local clients.
- The need for implementing social marketing campaigns and installing vending machines at selected places as cost effective strategies for condom promotion.

Based on the key outcomes of the assessment, the priority of the National Condom Strategy is to ensure the availability of quality condoms throughout the country at all times, coupled with advocacy, public education and targeted interventions to enhance the use of condoms among those key populations, vulnerable groups and PLHIV.

1.4.1 Strengths and Challenges Identified from the Situation Assessment

The Ministry of Health, Sri Lanka provides condoms free of charge for both family planning and HIV prevention through health care providers. The National STD & AIDS Control Programme (NSACP) is responsible for the distribution of condoms free of charge for STD clinic clients through 30 full-time and 22 branch STD clinics. In addition, the NSACP provides free condoms for KPs in the intervention districts under the Global fund to fight AIDS, Tuberculosis and Malaria (GFATM) round nine, through the Principal Recipient 2.

The two NGOs Family Planning Association of Sri Lanka and Population Services Lanka, offer Sexual and Reproductive Health services, and distribute condoms free of charge through a limited number of centers,

while the Family Planning Association of Sri Lanka is the Principal Recipient 2 (PR2) of GFATM. The commercial sector supplies condoms to retail outlets at a varying price range based on the quality of the condoms.

Key Strengths:

- Availability of supportive policies and government contribution for interventions for Key populations
- Condoms had been recognized as an essential medical device by the National Drug Authority of Sri Lanka
- High rates of consistent condom use among KPs
- Majority of condoms used by KPs are obtained free of charge
- Majority of KPs report high levels of satisfaction with the price of commercially obtained condoms
- Availability of condoms both in the public and commercial sectors
- Condoms could be purchased over the counter
- Availability of well established infrastructure up to the grass root level in the country, to reach family planning users to distribute condoms

Key Challenges:

- Negative community perceptions for condoms
- Myths on less sexual satisfaction with condoms
- Cultural and religious barriers for using condoms
- Reluctant to ask for condoms from the distributors
- Users complain about the rubber smell and low quality of condoms
- Long registration process for condom procurement
- Lack of skills among trainers of condom education and demonstration
- Lack of comprehensive sexual education in schools
- Punitive laws for key populations
- Insufficient knowledge on correct use of condoms among some users
- Lack of knowledge on necessity for water-based lubricant among KPs

1.5 Strategy Development Process

The development of a National condom strategy was initiated by the National STD/AIDS Control Programme, Ministry of Health (MOH), in partnership with the United Nations Population Fund (UNFPA) and other stakeholders. The leading role of the development process of the National Condom Strategy was engrossed by the National STD/AIDS Control Programme.

A National level advisory committee was established for the “Situation Assessment of Condom Programming in 2015”, and the same advisory committee contributed with guidance for the development process of the “National Strategy for condom programming”. In addition, several stakeholder meetings were conducted with the members of the advisory committee to obtain important ideas, suggestions and views from them for condom programming, which enabled the strategy development process. The advisory committee and the stakeholder meetings consisted of representatives from the government, developmental partners, non-governmental organizations and the community, including the members of focal points of different programme

areas of the NSACP and PLHIV. Further, stakeholders who were not able to attend the meetings enriched the strategy development process by sending related documents via email communications.

Comprehensive Condom Programming principles introduced by the UNFPA were included in the National condom strategy, reflecting the following thematic areas:

1. Leadership and coordination
2. Supply and commodity security
3. Support systems (programming)
4. Demand, access and utilization

1.6. Guiding Principles for the National Condom Strategy

Several guiding principles were identified for development of the National Condom Strategy. These guiding principles were reflected in each and every strategic area, and influenced national planning and service delivery equally, as cross-cutting issues.

1 .Respect for Human Rights

The National AIDS Policy and the National HIV Strategic Plan reflect the Sri Lankan constitution as guiding principles of universal human rights and dignity of all Sri Lankans, including their Sexual and Reproductive Health rights and access for healthcare. There should be no discrimination on the basis of gender, HIV status, sexual behaviour and/or sexual orientation.

2. Strategies Based on the Evidence of Situation Assessment of Condom Programming in Sri Lanka 2015, and Additional Up - to - date Documentations

These evidence, information and facts were used as the guiding direction for designing the strategic framework and prioritizing the strategies and approaches, while incorporating the monitoring system to the programme was based on global, regional and national evidence.

3.Attention to Issues of Gender

Gender equality is achieved when women and men enjoy the same rights and opportunities across all sectors of the society for decision-making about sexual behaviours. Cultural and gender norms often support men's power to control what happens in sex in relation to condom use. Transactional sex often also involves a power imbalance, making it more difficult for male, female and transgender sex workers to practice consistent condom use. Sexual and gender-based violence, usually perpetrated by men, also contributes to a power imbalance for women, some men and transgender people.

It has been shown in literature that a higher level of education correlates with more equitable gender norms among both women and men, and is associated with higher condom use. The National Condom Strategy (NCS) addresses the gender equality in this context, by incorporating gender equality in the training programmes targeted for different sectors identified in the strategic framework. In addition, gender-responsive approaches have been integrated into the activities that support the goals, objectives and strategic framework of condom programming.

4. Equity of Access to Condoms

All sexually active groups from all segments of the population including urban, rural and estate areas should have easy and timely access to condoms when they need them, without restriction or exclusion.

5. Active Involvement of Key Populations, People Living with HIV and Family Planning (Condoms) Users

The MOH recognizes the need of active involvement of key populations, people living with HIV and family planning (condom) users, for promotion for dual protection.

6. Integration of HIV/STI Prevention and Family Planning

Condom promotion and distribution for dual protection will be strengthened in an integrated manner in Sexual & Reproductive Health programmes, in collaboration with the NSACP and the Family Health Bureau, with the partnership of the public private collaboration.

7. Multi-Sectoral Approach

The individual, public and private sectors have a social responsibility to build up their own health and the health of the society. All the sectors will contribute to the implementation of the National Condom Strategy through the existing partnership, while including innovative mechanisms to achieve the expected goals.

2.0 Goal and Objectives of the National Strategy for Condom Programming in Sri Lanka

Goals and objectives of the National Condom Strategy were developed in par with the National AIDS policy (2011), Population and Reproductive Health Policy (1995), National Maternal and Child Health Policy (2009), National HIV strategic plan 2013-2017 & National Strategic Plan on Maternal and New-born Health (2012-2016).

2.1 Goal

Ensure safe, secure, contented and healthy sexual life of the community.

2.2 Objectives

1. To ensure the availability of a responsive service delivery system, and resources in adequate quantity and quality, for effective condom programming
2. To strengthen the national network of condom programming with the partnership of other stakeholders, to ensure the uninterrupted supply of condoms to meet the optimal demand
3. To empower relevant target groups for optimal demand and accessibility for services without stigma and discrimination, in order to prevent STI/HIV and unwanted pregnancies

3. Strategic Direction of the National Condom Strategy 2016 - 2020

Main Strategies of the National Condom Strategy 2016 - 2020

In keeping with the globally accepted comprehensive condom programming principles, the strategy was developed under the following strategic directions as indicated in the comprehensive condom programming (a guide for resource mobilization) of UNFPA guidelines:

1. Leadership and coordination
2. Supply and commodity security
3. Support systems (programming)
4. Demand, access and utilization

3.1. Strategic Direction 1: Leadership and Coordination

The Ministry of Health will take the responsibility of facilitating the process with the partnership of the other stakeholders.

3.1.1 Coordination of Partnerships

1. Strengthen the national capacity for implementation of the condom programme, and establish a National technical working group to function as a national monitoring mechanism for implementation of comprehensive condom programming. Officers of the MOH, Non Governmental Organizations, community based organizations, private sector, development partners, donors, PLHIV, officers of other government ministries and Policy level officers of selected organizations will constitute the committee.
2. The Working group ensures the availability of financial resources for implementation of the national condom programme, formulation of guidelines and circulars, advocacy to relevant authorities at different levels and monitoring and evaluation of the programme at the district and national level. Also, it will identify the challenges and barriers for the condom programme and take necessary steps to overcome them.
3. Establish a strong partnership between the Ministry of Health and the private sector to arrange vending machines to provide condoms at a subsidized cost in different places.
4. Establish a coordination mechanism with the donors for their consideration, joint initiatives and support in the implementation of the condom programming, through technical and financial assistance and through participation in the technical working groups.
5. Take necessary steps to allocate funds for condoms from their allocations in the relevant government ministries and work places, to supply condoms for needy people free of charge or at a subsidized rate.
6. Work with the condom suppliers (commercial sector) to prioritize female condoms and establish a minimum standard on retail pricing
7. Explore avenues for dialogue with the correction sector in promoting safe sex in the prison settings
8. Initiate dialogue with gatekeepers (hotels, brothels, supermarkets, etc) in the promotion and distribution of male and female condoms
9. Initiate discussion with the Ministry of Education in the development and implementation of a sexual health education targeting in-school youth

3.1.2 Advocacy

1. The Ministry of health will get a high level of political commitment to understand the key populations in the community and their needs, in order to work together effectively to deal complex issues of HIV prevention and unwanted pregnancies, for making important decisions on condom programming in the country.
2. Advocate political leadership, different policy level leaders, law enforcement officers and media personnel about dual protection of condom use, while addressing myths and misconceptions about male and female condoms.
3. The Ministry of health will take measures to avoid misinterpretation of the legal framework relevant to the condom programming, in order to withdraw barriers for development of a supportive environment for condom users.
4. Advocate authorities of relevant government ministries and work places to make budgetary allocations to provide condoms free of charge or at a subsidized rate for employees.

3.1.3 Policies and Regulations

1. Development of the National condom security guideline for the condom procurement cycle, from the stage of procurement through storage to the end user, for both public and private sectors
2. Formulation and implementation of policies and guidelines for condom programming to adopt an approach which shares the responsibility with other government institutions, NGOs, CBOs, private companies and positive networks, for the successful implementation of the condom programme. The policies and guidelines will be developed in the areas of overall co-ordination, demand creation, supply and distribution of condoms, as well as meeting the cost of condoms by users and financing them.

3.1.4 Resource Mobilization

The Ministry of Health will be responsible for resource mobilization through the government allocation and GFATM funds, in achieving its goal of making condoms available at all times throughout the country for key populations and other users, for dual protection.

1. Mobilize funds for capacity building of service providers
2. Mobilize funds for innovative communication strategies under the National Communication Strategy.

3.2. Strategic Direction 2: Supply and Commodity Security

3.2.1 Effective Quantification and Forecasting

Timely and consistent supply of condoms will be ensured through effective quantification and forecasting.

1. Conduct a baseline review of central and regional medical stores to assess distribution system capacity measures, service statistics, end user consumption data, guidelines on forecasting and stock management.
2. In consultation with the key stakeholders, develop a five-year condom forecast and procurement plan using the findings of the baseline review and situation analysis.
3. Ensure that the annual quantification and forecasting of condoms for national consumption is reflected in the MOH Annual Action Plan.

4. National surveillance study on government condoms will be undertaken in order to assist Central Medical Stores (CMS) processes and marketing plans. This will be followed by a national forecasting exercise to be undertaken twice-yearly first, then annually, with the involvement of key stakeholders and based on consumption data.
5. Ensure availability of socially marketed condoms at all times, and female condoms be given appropriate consideration in the supply chain and marketing
6. Develop a Logistics Management Information System(LMIS) to capture the consumption data from end users, and strengthen the inventory control system at all levels including CMS
7. Train staff at all levels (CMS and District level) on the use of LMIS tools, and forecasting and supply plan tools, in order to increase accuracy.

3.2.2 Procurement

1. Based on the forecast, ensure that there is sufficient budgetary allocation to supply condoms throughout the country as reflected in the MOH plan.
2. Review policies and guidelines on condom procurement to expedite the condom registration process.
3. Introduce greater efficiency into the procurement cycle by reducing lead time:
 - Maintain current suppliers as identified in the situation analysis, and investigate having back-up suppliers through the pre-qualification system.
 - Award contracts on an agreed standard checklist that include the following: supplier/product performance as well as price and quality, reliability of supply, and commitment to destroy or replace faulty condoms at no cost.
 - Enforce contract penalties for poor supplier performance

3.2.3 Quality Assurance

1. In line with the condom security guideline, develop and pilot test a stringent standard checklist in maintaining high quality male and female condoms
2. Support the NDQCL to start the ISO/WHO accreditation process for condoms, and ensure it has all the resources (staff, equipment, training, etc.) in place to carry out successful quality assurance testing.

3.2.4 Warehousing and Storage

In line with the condom security guideline, ensure that a minimum standard of warehousing and storage is maintained at the district and national level.

1. Conduct a countrywide survey to assess the availability of facilities and the quality of condom stores in the public ,private and commercial sectors, and give recommendations
2. Mobilize resources to improve warehousing and storage quality at the district level
3. Train storekeepers and those at service delivery points, on condom quality maintenance and storage requirements
4. Conduct regular 'spot checks' of storage and warehousing at national and district levels, based on WHO recommendations

5. Plan and implement regular supervisions of the stores

3.2.5 Distribution to Supply Chain

Condoms are supplied from the Central Medical Stores to the end users through a coordinated distribution network

1. Develop a distribution plan (from the supplier to the end-user) to ensure better coordination and to avoid duplication
2. Include issues of functional links and communications in the working group meeting agenda
3. Develop a training guide on ordering and distribution of condoms, including management of dispensers
4. Conduct regular 'on the spot' checks to reinforce accountability, customer focus and motivation.
5. Develop pathways for better condom accessibility in difficult to reach locations

3.2.6 Logistic Management Information System

Cost-efficient logistics management and use of modern practices such as "just-in-time" delivery.

1. Develop an information system to systematically collect and analyze information about the process of logistics management and inventory systems
2. Define and implement a clear communication mechanism within the supply chain
3. Conduct quarterly formative supervisions from the central level, and monthly supervisions from the district level, in order to implement proposed solutions for improvement
4. Increase budget allocations for storage, transportation, staff development, supervision and evaluation in the logistics system

3.3. Strategic Direction 3: Support systems (Programming)

3.3.1 Advocacy

1. Advocate institutional level policy makers of ministries, departments and other organisations, to incorporate work place HIV/AIDS prevention and condom use in workplace policies (in line with ILO commitments) for its benefit of dual protection
2. Develop culturally sensitive communication strategies and materials, which support effective condom promotion through appropriate media channels.
3. Advocate working authorities to provide condoms for the workforce by implementing ILO work place policy for HIV prevention.

3.3.2 Social, Behavioural and Operational Research

1. A Research Committee, which is a subcommittee of the National working committee, consisting of Ministry of Health officials, private stakeholders and donor agencies, will be established at the national level.

2. Develop networking of government agencies, NGOs and academic community to support research
3. Promoting and supporting analytical, operational and behavioural researches at different levels, and identify funding mechanisms for research activities
4. Translation of research findings to action, and promotion of evidence-based health interventions
5. Ensure partner research has appropriate forum for sharing and dissemination

3.3.3 Capacity and Institutional Strengthening

1. Strengthen the human resources and institutional capacity in public, private and commercial sectors, through relevant capacity building trainings
2. Support recruitment of relevant condom programming personnel
3. Develop relevant national and district level capacity building programmes and ensure that they are included in the national plan
4. Support NSACP and FHB district plans to procure and supply training support materials as needed
5. Establish a pool of master trainers from all key stakeholder sectors on condom promotion and cafeteria approach, and conduct cascade training to service providers from all the key stakeholder sectors at different levels
6. Conduct trainings for NGOs/CBOs, private health sector, media outlets, military and other stakeholder personnel, and conduct refresher training sessions on condom programming
7. Monitor and evaluate training programmes
8. Support the development of a comprehensive sexual education package into the school curriculum and youth education, through Education & Youth Ministries, respectively.

3.3.4 Monitoring and Evaluation

The monitoring system will allow national level policy makers at the NSACP and the FHB to make appropriate decisions for improvement of condom programming. Special emphasis and attention will be given for monitoring and evaluation of distribution and utilization of female condoms in the National condom strategy. Data from social marketing organizations, based on sales reports and distribution reports, should be submitted to the MOH on an annual basis. All collected data will be used for publishing an annual condom distribution report at the central level. Condom programming will be evaluated at MO/STD quarterly review meetings at the district level, and NSACP annual review meetings at the central level, to evaluate the progress of the programme.

1. Develop a monitoring system to facilitate the flow of information of condom programming, from the district level to the central level, at regular intervals, to enable programme managers of the NSACP and the Family Health programme to evaluate and improve the condom programme .
2. Train all relevant stakeholders on the monitoring system
3. Conduct regular 'spot checks' on the monitoring system to ensure quality data management

3.3.5 Documentation and Evaluation

1. Ensure that quarterly reports on condom programming are captured in the monitoring system
2. Develop and share with relevant stakeholders, key action areas to improve condom programming based on quarterly reports
3. Where necessary, present key data on condom programming to national policy and decision makers
4. Develop and distribute an annual report on condom programming

3.4. Strategic Direction 4: Demand, Access and Utilization

3.4.1 Targeted Distribution

1. Develop a distribution plan for condom accessibility, targeting various segments of the population, particularly KPs
2. Create an enabling environment that allows all sexually active people regardless of age, sex and geographical location among others, to access quality condoms
3. Intensify condom promotion, supply and distribution at all levels, while creating linkages with the other stakeholders to achieve the expected objective of accessibility of condoms to all in need.
4. Prioritize female condoms as a tool, to empower women and to contribute to dual protection.
5. Train and develop demonstration skills among health workers and People living with HIV (PLHIV), so that they can support and promote the use of female condoms.
6. Introduce Condom dispensers in strategic spots as recommended in the situation analysis, to ensure wider availability of condoms to the public
7. Make condoms available in all service delivery points (eg. Shops, supermarkets and entertainment joints), both in rural and urban areas, to make them accessible to key and vulnerable population.

3.4.2 IEC and Behaviour Change Communication Strategy - Social Mobilization

Strengthen the demand and utilization of condoms by executing an effective IEC campaign:

1. Develop condom promotion activities in line with the National communication Strategy
2. Develop, test, distribute and evaluate new targeted IEC/Behaviour Change Communication (BCC) materials on condoms that are culturally sensitive and KP appropriate
3. Design and implement campaigns addressing stigma around female condoms, generating demand and acceptance
4. Develop and reproduce targeted IEC + BCC messages on condom use, targeting different groups
5. Procure models for male and female condom demonstrations
6. Sensitize gatekeepers on condom promotion and demonstration
7. Increase coverage and reach of condom education, information and distribution to young people, teenage pregnant women, other pregnant women, ART clients and KPs, using the peer education model

8. Develop and implement targeted campaigns for hard to reach users, such as people in informal working setups, slum areas, risk groups for family planning and KPs
9. Advocate members of social, religious and youth groups on safer sex behaviours
10. Train condom distributors (both in the private and public sector) on condom education, including demonstration and basic reporting
11. Explore innovative mechanisms for condom promotion, such as:
 - Increase self-risk perception through folk media and discussions with communities
 - Share experiences on benefits of condom use by different user groups
12. Re-orient service providers to promote condoms for dual protection
13. Promote “one at a time “ with a special symbol, in both private and public sectors

3.4.3 Total Market Approach

Total market approach will embrace all sectors of the society, i.e. public, private, and commercial, to contribute to condom costs, promotion and distribution, according to their comparative advantages.

1. Establish/strengthen the partnership of public, private, and commercial sectors for improvement of condom programming in the country.
2. Promote participation of the sectors involved in the condom programming in the National working committee as members, and acknowledge their roles and responsibilities for different aspects of the condom programming
3. Establish a rational segmented market approach between free, subsidized and commercial condoms, enabling availability of condoms at all times
4. Conduct market research to identify the consumer needs and preferences for condoms
5. The Ministry of Health will organize and conduct consumer surveys on condom use at regular intervals with different target groups, in collaboration with the stakeholders from the private sector.

4 Implementation and responsibilities

4.1 The Implementation of the National Condom Strategy

The National Condom Strategy will be implemented with the partnership of several stakeholders ranging from the Government, Non-Governmental Organizations, Community based organizations, Private Sector, Development Partners and Donors, and PLHIV.

Public private partnership and the involvement of all the stakeholders for designing and execution of the strategy will facilitate the programme implementation effectively. The Government sector would play a key role as the facilitator for implementation, and will support in the integration of condom programming into different health service programmes, in order to widen the accessibility and to maximize the opportunities for HIV prevention within the health sector.

The community based condom distribution programmes available at present would be strengthened and scaled up throughout the country. The Ministry of Health will continue to provide condoms free of charge for the clients, while ensuring an uninterrupted supply of condoms. Collaboration between the Ministry of Health and the condom procurement private companies and distribution outlets will be streamlined to maximize the programme objectives .

The partnership and collaboration with the Family Health Bureau, the main contributor for family planning in Sri Lanka, will be strengthened and included throughout the process of the strategic framework as an important stakeholder for decision making.

Inter-ministerial collaboration would be strengthened to develop an ownership for condom education and information, together with condom distribution, in the different government ministries. The Ministry of Health shall ensure the constant supply of condoms as needed, and shall continuously carry out programme monitoring and evaluation to assess the effectiveness of the public private partnership.

4.2 The Role of the Stakeholders in the Implementation of the National Condom Strategy

1. A national level coordinating mechanism will be established, which coordinates the multi-sectoral response to condom programming , and this activity will be replicated at the district level.
2. Identify current and potential partners and organize a meeting, and agree on roles and responsibilities in order to mobilize them for technical, logistic and financial support for condom programming.
3. A Government health policy will be prepared in par with the long-tem goal of achieving sustainable, comprehensive Reproductive Health services, including availability of condom logistics.
4. The government will be taking the leading role in collaboration with private and public stakeholders, in order to ensure the equitable distribution of condoms for everybody in need .
5. Ensure the availability of condoms free of charge and at affordable prices, while making them accessible to each and every sexually active man and woman, for dual protection, and for PLHIV, in order to have them free from other STIs and drug resistance
6. Specific targeted interventions would be continued to reach KPs such as sex workers, Men who have sex with Men, people who use drugs and Beach boys

7. Pooling of resources and expertise at the national level by government family planning programme planners in collaboration with the NSACP, in order to ensure the availability and accessibility of services for key population groups identified, together with family planning seekers.
8. Condom programming in the Ministry of Health will be reorganized, giving priority to change the behaviours of people for identification of risks and avoidance from exposure, for sexually transmitted diseases and unwanted pregnancies.
9. Ensuring empowerment of target groups to demand condoms at an optimal level, and strengthening the accessibility of services without stigma and discrimination with the help of the public and private partnerships
10. Ensuring access to and promotion of affordable water-based lubricants for KPs to ensure maximum condom effectiveness
11. Increasing access to free or affordable female condoms for FSW who prefer them, and promoting their use for people with multiple partners

4.3 Role of the Private Sector

Social marketing programmes in the private and non-governmental organisations will continue to promote and create demand for the condoms. They will ensure the availability of private sector condoms, responding to the generated demand in sub-sectors of the population. The government will continue supporting their initiatives through the provision of technical support, sharing of best practices and including social marketing organisations in the National Technical Working Group for Condom Programming.

4.4 Role of the Commercial Sector

The commercial sector, especially retail shops, pharmacies, supermarkets, boutiques and other commercial outlets, will continue to be utilized for expanding the availability and distribution of condoms. Other non-government outlets would be encouraged to provide with information and condoms for sale/ social marketing. The commercial sector should develop appropriate interventions to accommodate people who need condoms but find them inaccessible from the government sector. Public and private sector partnership should be strengthened.

4.5 Role of the Industries, Government and Other Workplaces

Altogether around eight million people work in the public and private sector. The industries and work places are predominantly consisting of sexually active people who are highly vulnerable to HIV and AIDS. They have limited access to health care services, especially for Reproductive Health commodities including condoms. There is a high demand for healthcare services including resources for HIV prevention for this segment of the population.

Hence, it is expected that the condom promotion and distribution services shall be made available to reach all employees, while arranging condom vending machines in work places at a nominal fee through the private sector organizations.

The Ministry of Health will support the development of the condom programming operational plan in the work places, while ensuring that the workplace programmes include condoms promotion and distribution. Public and workplace partnerships should be strengthened.

4.6 Monitoring and Evaluation

The sources of information for monitoring and evaluation will be identified by the Ministry of Health in collaboration with the partners and stakeholders of the programme. The database will be developed based on the quantity, quality, distribution and use of condoms. The NSACP will consolidate all the data related to condoms received from the distributors, to develop quarterly and annual reports. Consolidated reports will be communicated to the Ministry of Health and to all relevant stakeholders. Further, the data from these different sources will be used for forecasting, planning and budgeting of condoms.

References

- 1 Kelaghan, J., Rubin, G.L., Ory, H.W. & Layde, P.M., 1982, Barrier-Method Contraceptives and Pelvic Inflammatory Disease, *Journal of American Medical Association*, 248(2), 184–187.
- 2 Cramer, D.W., Goldman, M.B., Schiff, I., et al., 1987, The Relationship of Tubal Infertility to Barrier Method and Oral Contraceptive Use, *Journal of American Medical Association*, 257(18), 2446 – 2450.
- 3 Bleeker, M.C.G., Hogawoning, C.J.A., Voorhorst, F.J., et al., 2003, Condom Use Promotes Regression of Human Papillomavirus-Associated Penile Lesions in Male Sexual Partners of Women with Cervical Intraepithelial Neoplasia, *International Journal of Cancer*, 107(5), 804–810.
- 4 Hogewoning, C.J.A., Bleeker, M.C., Vanden Brule, A.J., et al., 2003, Condom Use Promotes Regression of Cervical Intraepithelial Neoplasia and Clearance of Human Papillomavirus: A Randomized Clinical Trial, *International Journal of Cancer*, 107(5), 811–816.
- 5 Wang, P. D. & Ruey S. L., 1996, Risk Factors for Cervical Intraepithelial Neoplasia in Taiwan, *Gynecological Oncology*, 62(1), 10–18.
- 6 Warner, D. L. & Hatcher, R.A., 1998, Male Condoms. In Robert A. Hatcher et al., eds., *Contraceptive Technology*, 17th edition, New York: Ardent Media.
- 7 Vidanapathirana, J. & Liyanage, T., 2015, *Situation Assessment of Condom Programming in Sri Lanka -2015*, National STD/AIDS Control Programme, United Nations Population Fund, Colombo, Sri Lanka.
- 8 National STD/AIDS Control Programme, 2015, *HIV, AIDS Surveillance data in Sri Lanka - Update 3rd Quarter*, Ministry of Health, Colombo, Sri Lanka.
- 9 National STD/ AIDS Control Programme, 2015, *Annual Report 2014/15*, National STD/ AIDS Control Programme, Ministry of Health, Colombo, Sri Lanka.
- 10 National STD/ AIDS Control Programme, 2015, *Integrated Biological and Behavioural surveillance (IBBS) Survey Among Key Populations at Higher Risk of HIV in Sri Lanka 2014*, National STD/ AIDS Control Programme, Management Frontiers (pvt) Ltd and KIT, Colombo, Sri Lanka.
- 11 Department of Census and Statistics and Ministry of Healthcare and Nutrition, Sri Lanka, 2009, *Demographic and Health Survey 2006-07*, Department of Census and Statistics , Colombo, Sri Lanka.
- 12 Ministry of Healthcare and Nutrition, 2013, *Annual Report on Family Health*, Family Health Bureau, Colombo, Sri Lanka.

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