



Ministry of Health

THE NATIONAL CONDOM STRATEGY 2018- 2022

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FOREWORD

Swaziland has made great strides in the fight against HIV and AIDS since it realized that it was amongst the countries with high HIV prevalence as defined by World Health Organization (WHO). The threats and challenges posed by HIV and AIDS compelled the country to realize that the impacts are deeply affecting the social, health and economic spheres of life of the Swazi nation and exerting enormous pressure on an already stretched health care system.

Though the challenges, major progress has been to reduce its effects on the Swazi population. The progress made by the country include various interventions related to prevention, treatment, care and support. These include the roll-out of the Antiretroviral Treatment (ART) and most importantly the promotion of condom uses amongst people of sexually reproductive age. Though the incidence of HIV has dropped, the use of condoms and coordinated comprehensive condom programming cannot be overemphasized. There is still need for intense condom programming in policy, coordination, supply, demand, access and availability to ensure impact at all levels. Thus, the need for a National Condom Strategy. The Strategy will guide the country to achieve a sustainable, equitable and effective condom availability which is likely to increase condom use as triple protection against HIV, sexually transmitted infections and unwanted pregnancy. In promoting condom usage, unmet need for family planning will be achieved with reduced chances for maternal morbidity and mortality.

The strategy is developed to give guidance for comprehensive condom programming preventing new HIV infections. This strategy will also assist the country to ensure that the country's overall HIV preventions targets are met through various strategies and interventions amongst males and females of sexually reproductive age including key population.

The Ministry remains committed to support condom programming in the country to ensure that all populations are able to access condoms (male and female) uninterrupted.

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EXECUTIVE SUMMARY

Swaziland has made significant progress over the last decade in battling the HIV epidemic. With the scale-up of antiretroviral therapy (ART) and prevention programmes, such as those to prevent mother-to-child transmission of HIV. The country's HIV prevalence has also remained relatively high, with 19% among population 2 years and older and 26% among 15-49 years' age group, (SDHS, 2006/07) though a decline has been noted in the incidence. According to the 2016 Swaziland HIV Incidence Measurement Survey (SHIMS), HIV incidence has reduced by 50% from as high as 2.48% to 1.39% among adults 18-49 years. Unmet need for family planning including the condom is still high especially among women living with HIV which increases chances of maternal mortality and morbidity that can be avoided. Thus awareness and use of primary preventative methods is critical for the country to reduce the incidence of new HIV infections by 2022.

Through various health policies and strategies, including the Sexual and Reproductive Health Policy, condom use is an important biomedical intervention for HIV, Family Planning (FP) and Sexually Transmitted Infections (STIs) prevention. Though comprehensive knowledge of HIV infection is high, there are still many myths, misconceptions, and cultural barriers to condom use. Gender dynamics influence the ability for partners to negotiate condom use. Accessibility and availability of condoms is still an issues which then reduce the chances of it being used across all targeted populations. Female condoms could have great impact should they become available, well-known, and accepted by users. Key populations such as men who have sex with men, sex workers, their clients, and their partners have the highest incidence of HIV. Thus, a successful prevention programme for the country is crucial and must account for this unique HIV infection context.

The goal of the National Condom Strategy, 2018–2022 is to improve access to quality and affordable male and female condoms for all sexually active individuals to contribute to the prevention of HIV, other Sexually Transmitted Infections (STIs), and unintended pregnancies in Swaziland. The strategy provides a multisectoral framework for sustainable, coordinated, comprehensive condom programming (CCP) and outlines the roles and responsibilities of all stakeholders within the given five-year timeframe.

To achieve this goal, six strategic objectives have been developed through consultation with government, key stakeholders, and experts in condom programming aligned to the four CCP thematic areas namely, "Leadership and Coordination," "Supply and Commodity Security", "Demand, Access, and Utilization," and "Programme Support". A set of strategic priorities, outputs and activities has been developed in each of

these thematic areas. This addresses the gaps and challenges faced in each thematic area. These activities reflect on the guiding principles: Equity of access of male and female condoms, sustainable financing for male and female condoms, Total market approach, multi-sectoral partnerships, engagement and involvement, and integration of HIV/STI prevention, SRH and family planning. Having a special focus on mobile populations, sex workers, men who have sex with men and gender sensitivity.

Key roles for implementation of the strategy is highlighted with the Ministry of Health providing the key role including all partners especially commercial players. Monitoring of the strategy is a key element that has been included in collaborative quarterly meetings to address bottlenecks, annual strategy review meetings to share best practices, highlight progress made, and pinpoint areas in which strategy priorities need to be modified based on the continuously changing environment.

LIST OF ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BSS	Behavior Surveillance Survey
CMS	Central Medical Stores
CPR	Contraceptive Prevalence Rate
FLAS	Family Life Association of Swaziland
FP	Family Planning
HIV	Human Immuno-Deficiency Virus
MICS	Multiple Indicator Cluster Survey
MSM	Men having Sex with Men
MCSP	Multiple Concurrent Sexual Partners
NERCHA	National Emergency Response Council on HIV/AIDS
SDHS	Swaziland Demographic and Health Survey
SHIMS	Swaziland HIV Incidence Measurement Survey
SRH	Sexual and Reproductive Health
SRHP	Sexual and Reproductive Health Programme
SWs	Sex Workers
SNAP	Swaziland National AIDS Programme
STIs	Sexually Transmitted Infections
SWABCHA	Swaziland Business Coalition on HIV and AIDS
SWANNEPHA	Swaziland National Network of People Living with HIV and AIDS
UN	United Nations
UNFPA	United Nations Population Fund
UNAIDS	The Joint United Nations Programme on HIV and AIDS

Section 1: Introduction

Background

HIV transmission in Swaziland remains high at 27% among 15 years and above ages. HIV incidence has reduced by nearly 50% from 2.38% in 2012 to 1.39% (SHIMS, 2016/17). The mode of HIV transmission in Swaziland remains predominantly heterosexual intercourse between infected and non-infected persons. Condom use in this regard, plays an essential role in preventing HIV transmission including unintended pregnancies (16.7% among currently married women and 8.6% among all women – SDHS 2006/7) and other sexually transmitted infections (STIs). Given the high HIV prevalence in the country, correct and consistent condom use becomes critical as a major part of the HIV prevention strategy for Swaziland.

The country's knowledge that condoms protect against HIV is high amongst the population (94% amongst women and 92% amongst men) yet low and inconsistent of condom use remains a challenge (SDHS 2006/7). The Multiple Indicator Cluster Survey (MICS 2014), indicates that 70.9% of females and 93.4% of males aged 15-24 reported condom use at their last sexual encounter with a non-regular partner. Condom use at last sex amongst people with concurrent sexual partners are estimated at 80.8%. This further emphasizes the need for stronger comprehensive condom programming interventions for the country as there are still risky behaviors among individuals.

Condoms are also recognized as a Family Planning (FP) commodity and more investment is required towards reducing the unmet need of FP at 15.2% and increasing the Contraceptive Prevalence Rate (CPR) currently at 66.1% (MICS, 2014). Evidence has also shown that availability of FP commodities and services can lead to the reduction of maternal morbidity and mortality which is currently very high at 593/1 00 000.

Process for Developing the National Condom Strategy (2018-2022)

The National Condom Strategy (2018-2022) development was a consultative process led by the Government through the Ministry of Health, Sexual and Reproductive Health Programme (SRHP) supported by United Nations Population Fund (UNFPA). The development process used a comprehensive multi-sectorial approach. The involvement of key stakeholders from both public and private sectors was key in the development of this strategy to ensure buy in and support of condom programming in the country.

As part of the process, the 2010-2015 National Condom Strategy was evaluated and findings of which together with recommendations from the Joint TB/HIV Mid-term Review, extended National HIV and AIDS framework evaluation, Population Services International (PSI) Mapping and Total Market Approach (TMA) informed the development of this strategy. The Strength Weaknesses Opportunities Threats (SWOT) analysis of the four pillars of the Comprehensive Condom Programming (CCP) was undertaken as a basis of this document in which a draft was developed. The draft strategy was validated at a national multi-sectoral workshop.

Section 2: Situational Analysis

Given the country context, the need for a condom strategy remains to ensure customized strategies and interventions that are well informed and structured to yield the necessary results. The Ministry of Health (MoH), through SRHP, is responsible for leading Condom Programming in the country. It works with other key MoH programmes and units which include Swaziland National AIDS Programme (SNAP), Central Medical Stores (CMS) and Health Promotion Unit (HPU). It also works with other Ministries, NERCHA, Non-Governmental Organizations, Private Sector, Development Partners and Donors to ensure integration of condom services in all health services and community interventions to maximize opportunities for prevention of HIV, other STIs and unwanted pregnancies.

National instruments that facilitates condom programming include; the National HIV Prevention Policy – 2012, National Policy on Sexual Reproductive Health – 2013, the National Strategic Framework (NSF) on HIV/AIDS, National Sexual Reproductive Health and Rights Strategic Plan- 2014 -2018 and Swaziland National Family Planning Services Guidelines -2015.

There is also the FP/Condom Technical Working Group (TWG), chaired by the SRHP, a structure tasked with the responsibility to guide FP including condom programming in the country mainly supported by development partners. The country has seen an increase in the distribution of condoms from 18 million distributed in 2015 to 19.5 million male condoms distributed in 2016 and an estimated need of 20 million moving forward as informed by yearly Quantification Reports. Female condom distribution has remained low with 172,613 pieces distributed in 2016. Whilst distribution for male condoms has improved especially, there is still a gap on information on distribution versus use. Also whilst the procurement process is structured, more sustainable efforts are still needed to ensure that condoms are available and accessible

in the country. In addition to the support of Government, the procurement of condoms is mainly supported by PEPFAR and AIDS Healthcare Foundation (AHF).

Despite the increase in condom distribution, utilization remains a challenge as shown by high rates of STIs and teenage pregnancy (87/100 among adolescents). This calls for innovative strategies to improve condom programming to ensure correct and consistent use of condoms by all sexually active people. In addition, findings from the 2010-2015 National Condom Strategy Evaluation indicates that there is strong and clear leadership and coordination; condom demand have significantly increased from 8 million in 2008 to 19.5 million in 2016 and supply chain management has improved over the years as condoms are now integrated in the national supply chain management systems at the Central Medical Stores.

However, there is still a gap in operational research related to condom programming and use, condom accessibility has not reached optimal levels and on the majority condom procurement is dependent on donors.

Section 3: Goal, Purpose, Outcome and Guiding Principles

3.1 Goal

The goal of the National Condom Strategy is to improve access to quality and affordable male and female condoms for all sexually active individuals to contribute to the prevention of HIV, other Sexually Transmitted Infections (STIs), and unintended pregnancies in Swaziland.

3.2 Purpose

The purpose of this Condom Strategy is to provide a framework for national condom programming to enable resource mobilization for equitable, and sustainable condom provision countrywide. This strategy also strengthens the mechanisms and clarifies the roles that support condom programming.

3.3 Objectives

- To ensure efficient and effective coordination of condom programming in Swaziland
- To strengthen condom programmatic advocacy to facilitate policy, financing, procurement, distribution, access and utilization of condoms
- To strengthen integration of condom information into the national health knowledge management systems to provide historic and current information needs for effective programming
- To raise demand and improve access to increase use of male and female condoms
- To establish and strengthen strategic partnerships of networks on the condom programming
- Ensure uninterrupted supply of male and female condoms to meet the demand and use of the commodities both the prevention of HIV and unwanted pregnancies.

3.4 Strategy Thematic Areas

In keeping with the globally accepted Comprehensive Condom Programming (CCP) framework, the strategy points are grouped into four thematic areas:

3.3.1 Leadership, Coordination and Partnership

This thematic area aims at maintaining a supporting environment for the implementation of policies and programs for effective and sustainable comprehensive condom programming. It recognizes the value of leadership and partnerships in the coordination and efficient implementation of the condom program.

According to the Condom Strategy 2010-2015 Evaluation Report (2017), leadership, coordination and partnership is effective and efficient. There is still need to strengthen strategies for commitment among

partners, integration, private sector involvement, monitoring and evaluation, administrative bottle-necks and human resource challenges. Given this backdrop, the following strategies were prioritized.

Strategic Priorities

1. Efficient and effective coordination of condom programming to be responsive at all the levels of the intervention
2. Strengthen advocacy to facilitate policy, financing, procurement, distribution, access and utilization of condoms
3. Strengthen internal/domestic resourcing of the condom program to facilitate procurement, access, utilization and sustainability

Strategic Output

1. Improved coordination of condom programming at all levels (institutional capacity, procurement, distribution, IPs, coverage, communication, monitoring, evaluation, reporting etc.)
2. Regulated effective condom programming and utilization
3. Enhanced advocacy for CCP
4. A proportion of the condom program domestically financed

Strategic Activities

- a) Capacitate the national condom TWG to effectively coordinate the condom program
- b) Align the condom program to the national, regional and global instruments for improved synergies and facilitate effective reporting
- c) Facilitate joint planning and systematic reporting to coordination structures and national M&E mechanisms
- d) Disseminate and popularize donation guidelines to be utilized by the condom program stakeholders
- e) Provide coordination oversight of all elements of the condom program from supply chain to coverage and consumption
- f) Advocate for alignment and implementation of the condom program with all other health and community programs by all stakeholders and key sectors
- g) Develop and disseminate condom programming guidelines and regulations

- h) Develop an advocacy agenda for national condom programming
- i) Initiate policy and regulatory analysis and dialogue on condom programming
- j) Build a coalition and partnerships with civil society and other segments of the society including private sector
- k) Conduct a legal frameworks review providing for tax relief when supporting social and health initiatives
- l) Develop a tax relief model for companies that support social health programs
- m) Develop and implement a resources mobilization and sustainability model for the national condom program
- n) Conduct feasibility assessment to inform the production of condoms in Swaziland or within the region to enhance internal or regional economic stimulation and resourcing

3.3.2 Supply and Commodity Security

This thematic area aims at strengthening the supply chain management system to ensure continuous and sustainable availability of quality condoms to meet the needs of condoms users. It makes a provision for all sexually active people in Swaziland to have continuous access to quality condoms irrespective of where they live.

Swaziland has strong support from donors to ensure that adequate numbers of male and female condoms are procured centrally. Incremental efforts have been made to improve the public-sector distribution system that is responsible for ensuring that health facilities, local NGOs, and community-based organizations (CBOs) have condoms to distribute to their respective constituencies. Swaziland 's public sector distribution system "pulls" condoms down to the facility and community, yet limited capacity at various points of the distribution system causes risks for stock outs. To prevent ad hoc stock outs by local NGOs, implementing partners have developed distribution measures to respond to need which still needs to be strengthened.

Other than the public and donor-supported private distribution system, the commercial sector also distributes condoms. Annual public-sector quantification and reviews conducted by all partners has resulted in reduced condom stock outs for the country hence to continually strengthen procurement and distribution of condoms.

Strategic Priorities

1. Increased Supply & commodity security

Strategic Output

1. Improved forecasting and supply planning
2. Adequate national condom supply based on country requirement
3. Improved standardized condoms national quality assurance system
4. Improved national coordination of quality condom supply

Strategic Activities

- a) Conduct an annual forecast for all condoms
- b) Conduct quarterly supply planning for all condoms
- c) Compile periodic condom supply and demand reports to inform forecasting and supply planning
- d) Strengthen reporting systems for all condoms distributed
- e) Develop guidelines to govern condom importation, storage and distribution
- f) Develop an advocacy plan for the allocation of a proportion of the FP resources to condom procurement (Advocate for 5% annual accrual of government funding)
- g) Procure condoms timely to meet the supply and demand of the country needs
- h) Develop strategic relations with Medicines Regulatory Authority (# of Memorandum of Understanding (MOUs) developed with the Medicine Regulatory Authority
- i) Conduct routine stock monitoring activities and implement response plans
- j) Advocate for quality systems for in country Quality Control (QZ)/Quality Assurance (QA)
- k) Develop and implement a national condoms supply coordination framework

3.3.3 Demand, Access and Utilization

Effective condom comprehensive programming (CCP) will increase demand for condom use, ensure that condoms are available and accessible at locations where users need them and foster an enabling environment that enhances condom use. High-impact demand creation programs have not been extensively shared and scaled up across the country and various barriers continue to act as an inhibitor to translation of individuals' knowledge into action. Condom-compatible commodities such as lubricants should be made available and used more frequently, especially among key populations. Women face

gender barriers to negotiating condom use with their partners. Thus, promoting the acceptability of and demand for female condoms is another key opportunity for HIV prevention, prevention of other STIs and contraception. The need to intensify condom use negotiation skills by women still remains, as such more strategies to address this need to be developed to enhance utilization.

Furthermore, there is a secondary barrier to use, as condoms are not available in locations where users typically demand access. Condoms are currently primarily accessed through the public sector (90% of market share, Swaziland TMA for FP, 2017), which provides condoms for free. That said, people rarely go into a facility specifically for condoms. There is evidence that access throughout the community and in locations where people might use condoms (such as bars and hotels) would increase uptake. Community-based distribution agents (CBDAs) are a unique channel capable of reaching rural communities.

This, and several other alternative distribution points, such as peer educators and outreach workers, that are more accessible to those who need condoms, will be explored and expanded. Further, explore interest of established private sector, for example, Swaziland Beverages Company to entice them with tax relief incentives if they can distribute condoms country wide to end users—approach is likely to expand condom outlets.

Despite the country having invested in demand creation activities through stakeholders, the need to continuously create awareness and promote the use of condoms cannot be surpassed especially in the implementation of the total market approach (TMA). The overall purpose of this thematic area therefore is to improve informed and sustainable demand, equitable access and correct and consistent condom use for dual prevention in Swaziland.

Strategic Priorities

1. Intensification of tailor made demand creation and enhance use of condoms among priority population groups
2. Intensify targeted tailor-made distribution points for all key and priority population to make condoms available at convenience

Strategic Outputs

1. Increased reported condom use among key and priority populations inclusive of SWs, MSM and adolescent girls and young women (AGYW)
2. Improved positioning of condoms among key and priority populations

3. Increased convenient and targeted (friendly) key and priority populations community condom outlets (Increased convenient and targeted (friendly) community condom outlets for key and priority populations).
4. Increased private and commercial sector contribution in condom distribution.
5. Re-established socially marketed condoms. E.g. Trust studied

Strategic Activities

- a) Develop and implement a national condom communication strategy
- b) Develop and implement innovative and targeted condom use promotions
- c) Review and update the condom program information/promotions in different sector programs (health, education, communities, tertiary institutions, business, private sector, church, traditional) to improve condom information provision
- d) Develop customized marketing techniques to improve condom utilization among all key and priority populations
- e) Develop and implement innovative promotions targeted at repositioning the female condom among potential targeted users.
- f) Develop customized community level condom distribution for key and priority populations
- g) Develop a **functional system** to monitor stock levels at customized community distribution
- h) Conduct re-fresher trainings for condoms community agents to ensure a functional and efficient system
- i) Develop a community condoms availability requirements SOPs/protocols to guide distribution within a radius of a target population
- j) Conduct stock outs assessments (spot checks), develop and implement response plans
- k) Develop and implement a commercial sector condoms expansion model and plan
- l) Develop and implement a plan for condoms social marketing

3.3.4 Programming and Support Systems

A successful CCP will continuously learn and improve upon successful program interventions. This includes periodic implementation of social, behavioural and operational research to generate evidence for high-impact programs to be shared with all stakeholders in informing programming.

An effective CCP establishes a policy environment that supports unlimited access to condoms for all. Currently, certain policies and regulations that are in place inhibit condom use due to the condom's

negative association with sex. Some population subgroups are often restricted or not able to access condoms in the environment they frequent. There is inadequate evidence-based advocacy and policy dialogue for political awareness, government ownership, and commitment to reduce such policy barriers to access and use.

Thus challenges still remain in as far as monitoring, research and support systems are concerned in the country. Some of these challenges include monitoring of condom delivery in the community, lack of operational research to inform programming, monitoring and evaluation and documentation. Furthermore, other condoms in the country – the commercial sector – do not input data into the CMS database; hence, information on the total volume and level of condom demand in the country is skewed. This called for the strategies to be put in place that will enhance the condom programme systems.

The purpose of this thematic area is to ensure the sustainability of the comprehensive condom program implementation by building supportive policies, programmatic, institutional and economic environments. It will see the increase in the number of service providers across all sectors who have received training on condom promotion and use. It further ensures the collection and analysis of data on consumer needs and preference to produce evidence based plan for managing demand, access and use of condoms with specific programs.

Strategic Priorities

1. Strengthen integration of condom information into the national health knowledge management systems to provide historic and current information needs for effective programming

Strategic Output

1. Revised comprehensive national M&E systems capturing national to granular condom real time data
2. Condom information Integrated into the national knowledge management systems
3. Established national condom research agenda

Strategic Activities

- a) Review and integrate condom indicators into national M&E systems (HMIS & SHAPMOS) to improve targets, coverage and other national and granular data needs
- b) Review the LMIS system to integrate logistics management for community condom distribution
- c) Develop reporting and data base tools to facilitate reporting at coordination levels (TWG)

- d) Generate timely strategic information to inform effective condom programming
- e) Review condom information integration into the knowledge management system
- f) Develop the national condom research agenda
- g) Strengthen the documentation of promising, good, best practices and lessons learnt for knowledge management to inform condom programming
- h) Capacitate condoms programmers to document promising, good, best practices and lessons learnt to inform programming

3.5 Outcomes of the Strategy

The expected outcomes of the strategy by 2022 are:

- Uninterrupted availability and accessibility of quality male and female condoms across all communities in Swaziland regardless of their location
- Effective leadership, resource availability and coordinated partnerships between public, commercial, private sector and traditional structures.
- Evidence based approaches to condom support and supply
- Increase in informed demand for condoms resulting to correct and consistent use
- Positive impact made on the drivers of the HIV pandemic, resulting from increased condom education at all levels, especially amongst the most-at-risk populations
- Positive impact made on the reduction of STIs and Unplanned pregnancies.
- Strengthened institutional, human resources support systems for ensuring continuous and informed demand and sustainable access to quality male and female condoms
- Improved M & E system to collate and analyze all information needs generated through the implementation of the National Condom Strategy

3.6 Guiding Principles

Equity of access of male and female condoms in Swaziland: Activities to be undertaken will ensure that all targeted populations have access to condoms at all times regardless of who and where they are.

Sustainable financing for male and female condoms: The strategy includes activities that seek to improve sustainability of condom program by government at an incremental basis. It also seeks to ensure that the commercial sector is involved in the implementation of a sustainable condoms for the country.

Total market approach: the strategy will embrace all sectors of the society to contribute to condom costs, promotions and distribution according to their corporate advantages. It will also enhance the emphasis on the total market for greater equity and sustainability.

Multi-sectoral partnerships, engagement and involvement: all sectors will contribute to implementation of the national condom strategy. These include government and stakeholders from civil society, community-based organizations, development partners and commercial entities.

Integration of HIV/STI prevention, SRH and family planning: Condom promotion and distribution will be integrated into all other health initiatives such as STIs, HIV, FP related programs.

Human rights based approach: the strategy will also be guided by human rights approach in its implementation.

3.7 Condom strategy targeting approach

The condom strategy adopts condoms as one of the HIV STIs and family planning methods in Swaziland. The strategy stipulates priority target populations that needs to be targeted by these interventions. This section of the strategy outlines how the strategy is going to comprehensively program for all target population informed by other strategies and the documented country needs.

As an HIV prevention intervention, the strategy operationalizes the National Multi-Sectoral Strategy on HIV and AIDS and the Health Sector Response to HIV/AIDS. Also as a family planning method, it operationalizes the National Policy on SRH and National Sexual Reproductive Health and Rights Strategic Plan.

The strategy identifies the targeted population and integrates activities. It proposes customization of all condom systems and reporting to enable effective coverage. The target populations need to be further identified and reached according to geographic areas and sectors among others. Implementers and sector leads have the responsibility to plan, implement, monitor, evaluate and report on the condom program at national to granular levels according to the target populations segments.

Table 1: Strategy Special Targets Groups

Target population	Rationale for targeting the groups
AGYW	Young women and girls: The SHIMS 2011 shows that a high number of new infections occur among young women aged 18-19 and 20-24, whose HIV incidence rates are 3.8% and 4.2%, respectively. This implies that a woman's early sexual experiences are vulnerable to HIV acquisition, STIs and unwanted pregnancies.
Boys and young men	Youth and adolescents 12-24 years: Young people comprise most of the HIV negative population in Swaziland and are therefore a critical target audience for HIV prevention. Changes in family structure have diminished traditional socialization of children leaving adolescents insufficiently prepared for sexual relationships and making them vulnerable to early and/or unprotected sex.
Women	Women have the highest average incidence rate of 3.1%, than men's incidence of 1.7%. Throughout their lives women are at particularly higher risk of HIV infection due to social, cultural, biological, and economic factors that make them more vulnerable
Men	It is estimated that men can significantly contribute to the reduction of new infections by participating in key programmes including voluntary medical male circumcision (VMMC), condom use, and reduction of multiple and concurrent partnerships. Men also have the lowest rates of HIV voluntary testing and counselling. 31% of men aged 15-49 know their HIV status, only 19% of men are circumcised and men access ART very late at an estimated average CD4 count of 199). Male PLHIV have very high viral loads than female PLHIV, heightening potential for their spread of HIV (SHIMS).

<p>People living with HIV (PLHIV):</p>	<p>Condom promotion is an essential part of HIV prevention. The use of condoms by those living with HIV enables them to continue having a healthy and safer sex life. Empowerment of people living with HIV to be the drivers of change (individually and as an organized community) need to be strengthened, to enable for healthy and informed decisions about their health; support the health of their loved ones and to be active and constructive contributors to national HIV responses.</p> <p>PLHIV play a significant role in HIV prevention treatment as prevention, stigma and discrimination reduction by mobilizing the general population to continuously, consistently and correctly use condoms as a measure to prevent STIs, unplanned pregnancies, Hepatitis-B and HIV. By improving and maintaining the dignity of the individual living with HIV it helps to create an enabling environment that will reduce the likelihood of new HIV infections.</p> <p>Linking together the social, health, economic and prevention needs of the individual living with HIV within a human-right framework results in a more efficient use of resources, generating outcomes that are more responsive to the needs of people living with HIV and more beneficial for their partners, families, and communities. Positive Health, Dignity and Prevention espouses the fundamental principles that responsibility for HIV prevention should be shared, and that policies and programmes for people living with HIV should be designed and implemented with the meaningful involvement of people living with HIV.</p>
<p>Truck drivers, Public transport operators and Seasonal workers</p>	<p>Key strategies for these populations will be developed to enhance and strengthen the country's initiative to condom use.</p>
<p>Key populations</p>	<p>Key populations include; (FSWs, MSM, IDUs) and vulnerable groups (prison inmates, factory workers, cane cutters, unformed forces, it is estimated HIV prevalence amongst FSWs is 70-.3% FSWs and 17.5% MSM in the Country. These are populations at particularly higher risk of HIV acquisition due to behaviors and practices that put them at risk. Key populations are also most likely to be stigmatized, marginalized and more than often have no access to correct and comprehensive HIV and AIDS related information.</p>
<p>Orphaned and Vulnerable Children (OVC)</p>	<p>OVC account for almost 20% of the total Swaziland population and 45% of children under 18 years. The socio-economical vulnerabilities of OVC put them at particularly higher risk of HIV acquisition than non-OVC. OVC debut faster than non-OVC.</p>

People living with disabilities (PWD)	PWD are more vulnerable to HIV infection and some forms of disabilities make it difficult for them to access success equally. Some PWD are also more vulnerable to HIV through physical and sexual abuse.
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3.8 Total Market Approach for Condoms

TMA is an "approach," or a way of developing and implementing programs in which all market players—including but not limited to public, private, non-profit, civil society, and commercial sectors—work together to deliver health choices for all population segments. The strategy acknowledges the contribution of all players within the condom market, and highlights the importance of leveraging the market players' respective strengths to grow the market sustainably while also improving equity. ++



TMA is not an activity; but a process that unifies the activities so that they are implemented in an inclusive manner, taking in account implications for all players. An activity can apply TMA through the following six-step (Palladium, 2016).

1. Analyze the market. The market may vary depending on the type of activity to be implemented.
2. Engage relevant stakeholders. Bring all stakeholders together to establish a common goal that grows the market, which reaps benefits for all.
3. Understand comparative strengths among stakeholders. Link the target audience and interventions to those best positioned to serve.
4. Strengthen capacity of local stakeholders. Address internal barriers that are preventing players to achieve their set goals.
5. Support market interventions that address barriers within the market.
6. Re-assess, re-engage, and repeat. Evaluation is necessary to Validate whether the interventions have made a difference.

As outlined above the strategy through the thematic areas will ensure that activities for specific products and initiatives increase access to condoms in a more sustainable **approach**. It will consider cost effective delivery methods.

Section 4: Strategies for Implementation

Thematic area 1: Leadership, coordination and partnerships

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
Efficient and effective coordination of condom programming to be responsive at all the levels of the intervention	Improved coordination of condom programming at all levels (institutional capacity, procurement, distribution, IPs, coverage, communication, monitoring, evaluation, reporting etc.)	Proportion of condom programmers capacitated	Capacitate the national condom TWG to effectively coordinate the condom program	2018 - 2022	MOH	NERCHA, UNFPA, UNAIDS, MSH	US\$30, 000
		# of condom program systems, fully functional	Align the condom program to the national, regional and global instruments for improved synergies and facilitate effective reporting	2018 - 2022	MOH	NERCHA, UNFPA and UNAIDS, PSI, AHF, FLAS, SNYC, EGPAF, FHI 360, PLM, sectors lead	US\$20, 000
		Proportion of stakeholders adhering to the condom program systems	Develop capacity of the condom program within SRHU to enable effective coordination and implementation	2018 - 2020	MOH	NERCHA, UNFPA, UNAIDS, MSH	US\$20, 000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
			Facilitate joint planning and systematic reporting to coordination structures and national M&E mechanism	2018 - 2022	MOH	NERCHA, UNFPA, UNAIDS, MSH	US\$50, 000
			Disseminate and popularize donation guidelines to be utilized by the condom program stakeholders	2018	MOH – Health Promotion	NERCHA, UNFPA, UNAIDS	US\$8, 000
			Provide coordination oversight of all elements of the condom program from supply chain to coverage	2018 – 2022	MOH – SRHU	NERCHA, UNFPA, UNAIDS	US\$20, 000
	Regulated effective condom programing and utilization	Regulation tools and structures	Develop and disseminate condom programming guidelines and regulations	2018 – 2022	MOH – SRHU	NERCHA, UNFPA, UNICEF,UNAIDS, MOJ, MOF	US\$20, 000
		Adherence to regulation	Develop, implement and incorporate the system to monitor adherence to condoms regulations and guidelines into regular monitoring and evaluations frameworks	2018- 2020	MOH – SRHU	Health Promotion, NERCHA, UNFPA, UNAIDS, MOJ, MOF	US\$10, 000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
Strengthen advocacy to facilitate policy, financing, procurement, distribution, access and utilization of condoms	Enhanced advocacy for CCP	# of advocacy plans developed	Advocate for alignment and implementation of the condom program with all other health programs by all stakeholders and key sectors	2018 – 2022	MOH – SRHU	NERCHA, UNFPA, UNICEF, UNAIDS, MOF, MSH	US\$20, 000
		Proportion of the RH budget line allocated to condoms	Develop an advocacy agenda for national condom programming	2018	MOH – SRHU	NERCHA, UNFPA, UNAIDS, MSH, IPs, Sector leads, Research unit & Health promotion	US\$10, 000
			Initiate policy and regulatory analysis and dialogue on condom programming	2018	MOH – SRHU/CMS	NERCHA, UNFPA, UNAIDS	US\$5, 000
			Build a coalition and partnerships with civil society and other segments of the society	2018 – 2020	MOH – SRHU	NERCHA, UNFPA, UNAIDS,	US\$10, 000
			Conduct a legal frameworks review providing for tax relief when supporting social and health initiatives	2019 – 2022	MOH – SRHU	NERCHA, UNFPA, UNAIDS, MOJ, MOF	US\$10, 000
			Develop a tax relief model for companies that support social health program	2019 – 2019	MOH – SRHU	NERCHA, UNFPA, UNAIDS, MOJ, MOF, SWABCHA	US\$10, 000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
Strengthen internal/domestic resourcing of the condom program to facilitate procurement, access, utilization and sustainability	A proportion of the condom program domestically financed	Proportion of condom finance domestically supported	Develop and implement a resources mobilization and sustainability model for the national condom program	2018 – 2022	MOH – SRHU	NERCHA, UNFPA, UNAIDS, MOF, MSH	US\$5, 000
			Conduct feasibility assessment to inform the production of condoms in Swaziland or partnerships within the region to enhance internal or regional economic stimulation and resourcing	2019	MOH – SRHU	NERCHA, UNFPA, UNAIDS, MOC	US\$20, 000
						Sub-total	US\$268, 000

Thematic area 2: Supply & commodity security

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
Increased Supply & commodity security	Improved forecasting and supply planning	# of annual quantification reports developed	Conduct an annual forecast for all condoms	2018-2022	MOH-CMS	PSI, NERCHA, UNFPA, MSH, AHF	US\$10, 000
			Conduct quarterly supply and demand planning and reporting for all condoms and lubricants	2018-2022	MOH-CMS	PSI, NERCHA, UNFPA, MSH, AHF	US\$3, 000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Time line	Responsible Partner	Partners	Estimated Costs
			Compile periodic condom supply and demand reports to inform forecasting and supply planning	2018-2022	MOH-CMS	PSI, AMICAALL, MSH, AHF	US\$10,000
		Standard operating procedures (SOPs) for reporting developed	Strengthen reporting systems for all condoms distributed	2018-2019	MOH-SRHU	CONDOM TWG MEMBERS	US\$3,000
		Condom import and distribution policy in place	Develop a policy to govern condom importation and distribution	2018-2019	MOH-SRHU/CMS	NERCHA, UNFPA, MSH, UNAIDS, MOF	US\$8,000
	Adequate national condom supply based on country requirement	A proportion of financial resources in the FP budget line allocated to national condom procurement	Develop an advocacy plan for the allocation of a proportion of the FP resources to condom procurement (Advocate for 5% annual accrual of GVT funding)	2018-2019	MOH-SRHU/CMS	NERCHA, UNFPA, MSH, UNAIDS, MOF	US\$8,000
	Scheduled national procurements implemented timely		Procure condoms timely to meet the supply and demand country needs	2018-2022	MOH-SRHU/CMS	USAID, MSH, AHF	US\$8,000
			Develop strategic relations with Medicines Regulatory Authority (# of MOUs developed with the Medicine Regulatory Authority)	2019	MOH-CMS	PSI, UNFPA, MSH, AHF, NERCHA	US\$1,000
		# of national condom stock outs	Conduct routine stock monitoring activities and implement response plans	2018-2022	MOH-SRHU/CMS	UNFPA, MSH, NERCHA	US\$10,000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Time line	Responsible Partner	Partners	Estimated Costs
		experience d					
	Improved standardized condoms national quality assurance system	Country condoms QC/QA standardized system implemented	Advocate for quality systems for in country QC/QA	2019	MOH-CMS	PSI, UNFPA, MSH, AHF, NERCHA	US\$5, 000
		Defined condom storage capacity at all levels	Develop SOPs that will govern condom distribution and storage	2018-2019	MOH-SRHU	CONDOM TWG MEMBERS	US\$5, 000
			Develop and implement a condom storage capacity plan for all levels	2018	MSH	AIDSFREE, ICAP, URC, MSH, AHF, HEALTH FACILITIES	US\$5, 000
	Improved national coordination of quality condom supply	Status reports on information on quality of national condom supplies	Develop and implement a national condoms supply coordination framework	2018-2018	MOH-SRHU	CONDOM TWG MEMBERS	US\$5, 000
						Sub-total	US\$81, 000

Thematic area 3: Demand, access and utilization

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
Intensification of tailor made demand creation and use of condoms among priority populations groups	Increased reported correct and consistent condom use among key and priority populations inclusive of SWs, MSM and AGYW	Proportion of people reporting condom use	Develop and implement a national condom communication strategy	2018-2019	MOH - SRHU	PSI, MSH , UNFPA, UNICEF,AHF, FLAS, SNYC, NERCHA, AIDSFREE, URC, ICAP, FHI 360, SWABCHA, AMICAAL, Last Mile, Health Promotion, FHI360, CANGO, PSHACC	US\$30, 000
			Develop and implement innovative and targeted condom (male and female) use promotions targeting key, priority and all populations	2018-2022	MOH- SRHU	PSI, MSH , UNFPA, UNICEF,AHF, FLAS, SNYC, NERCHA, AIDSFREE, URC, ICAP, FHI 360, SWABCHA, AMICAAL, Last Mile, Health Promotion, CANGO, KP-led CBOs, PSHACC	US\$100, 000
			Review and update the condom program information/promotions in different sector programs (health, education, communities, tertiary institutions, business, private sector, church, traditional) to improve condom information provision	2018-2022	MOH - SRHU	PSI, MSH , UNFPA, UNICEF,AHF, FLAS, SNYC, NERCHA, AIDSFREE, URC, ICAP, SWABCHA, AMICAAL, PSHACC	US\$30, 000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
		Proportion of people reporting correct and consistent condom use	Develop customized marketing techniques to improve condom marketing among all key and priority populations	2018-2022	MOH - SRHU	PSI, MSH , UNFPA, UNICEF, AHF, FLAS, SNYC, NERCHA, AIDSFREE, URC, ICAP, FHI 360, AMICAALL, SWABCHA, Last Mile, CANGO, KP-led CBOs, PSHACC	US\$30, 000
	Improved positive positioning of condoms among key and priority populations	Proportion of people with positive perceptions on available condoms (female)	Develop and implement innovative promotions targeted at repositioning the female condom among potential targeted users	2018-2022	MOH - SRHU	PSI, MSH , UNFPA, UNICEF, AHF, FLAS, SNYC, NERCHA, AIDSFREE, URC, ICAP, FHI 360, SWABCHA, AMICAAL, Last Mile	US\$100, 000
	For TMA and Market Research	Proportion of market research studies conducted	Mobilize resources for research and develop protocol	2018-2022	MOH - SRHU	PSI, MSH , UNFPA, AHF, FLAS, SNYC, NERCHA, AIDSFREE, URC, ICAP, SWABCHA, AMICAAL	US\$30, 000
Intensify targeted tailor-made distribution points for all key and priority population to make condoms	Increased convenient and targeted (friendly) key and priority populations	Proportion of community distribution points market share	Develop customized community level condom distribution for key and priority populations including training on tools	2018-2020	FHI 360	PSI, FLAS, HP4M , HOOP, ROH, DPM, Health Promotion, Last Mile, Voice of our Voices, TranSwati	US\$60, 000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
available at convenience	community condom outlets	expanded to avail condoms at the convenience of the key and priority populations Proportion of distribution outlets accessible at the convenience of target populations	Develop a functional system to monitor stock levels at customized community distribution	2018-2022	MOH - SRHU	PSI, UNFPA, MSH, AHF, NERCHA	US\$30,000
			Re-train condoms community agents to ensure a functional and efficient system	2018-2022	MOH - SRHU	PSI, UNFPA, AHF, FLAS, SNYC, NERCHA, PACT, SWABCHA, AMICAAL, Health Promotion, Last Mile, FHI360,	US\$30,000
			Develop a community condoms availability requirements SOPs/protocol to guide distribution within a radius of a target population	2018	MOH – SRHU	NERCHA, UNFPA, UNAIDS, MSH, IPs, Sector leads, Health Promotion, Last Mile	US\$10,000
		Proportion of community condom outlets stock outs	Conduct stock outs assessments (spot checks), develop and implement response plans	2018-2022	MOH-SRHU/CM S	UNFPA, MSH, NERCHA	US\$10,000
	Increased/expanded segmented private/co	Proportion of commercial sector	Develop and implement a commercial sector condoms expansion model and plan	2018-2022	MOH-SRHU/CM S	UNFPA, MSH, NERCHA	US\$10,000

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
	Commercial sector contribution in condoms distribution	Condom distribution market share					
	Reestablished target population specific socially marketed condoms	Proportion of socially marketed condoms	Develop and implement a plan for condoms social marketing	2018-2022	MOH-SRHU/CMS	PSI, UNFPA, MSH, NERCHA, Last Mile, Health Promotion	US\$10,000
						Sub-total	US\$561,000

Thematic area 4: Programme Support

Coordinated programming and support functions (Systemic tracking of condom distribution from warehouse to end-user. (this might include M&E, research which includes map sampling))

Strategic Priorities	Strategic Outputs	Indicators	Strategic activities	Timeline	Responsible Partner	Partners	Estimated Costs
Strengthen integration of condom information into the national health knowledge management systems to provide historic and current information needs for effective programming	Revised comprehensive national M&E systems capturing national to granular condom real time data	# knowledge management systems integrating condoms information	Review and integrate condom indicators into national M&E systems (HMIS & SHAPMOS) to improve targets, coverage and other national and granular data needs	2018 – 2020	MOH – HMIS	NERCHA, UNFPA, UNAIDS, SRHU, SNAP, HMIS	US\$10,000
			Review the LMIS system to integrate logistics management for community	2018 – 2019	MOH – CMS	NERCHA, UNFPA, UNAIDS, SRHU, SNAP	US\$10,000

		condom distribution					
		Develop reporting and data base tools to facilitate reporting at coordination levels (TWG)	2018	MOH – SRHU	NERCHA, UNFPA, UNAIDS, SNAP, HMIS	US\$5, 000	
		Generate timely strategic information to inform effective condom programming	2018 - 2022	MOH – HMIS	NERCHA, UNFPA, UNAIDS, SRHU, SNAP	US\$3, 000	
	Condom information Integrated into the national knowledge management centre	Review condom information integration into the knowledge management centre/system	2018 – 2020	MOH – HPU	AIDSFREE, NERCHA, UNFPA, UNAIDS, SRHU, SNAP, HPU	US\$5, 000	
	Established national condom research agenda	Condom research agenda developed	2018	MOH – SRHU	NERCHA, UNFPA, UNICEF,UNAIDS, SNAP, HMIS	US\$5, 000	
		Conduct an assessment of other uses for condoms other than prevention of new infections and family planning	2018- 2020	MOH - SRHU	PSI, UNFPA, AHF, FLAS, SNYC, NERCHA, PACT, SWABCHA, AMICAAL, Health Promotion, Last Mile	US\$30, 000	
		Conduct a research on demand for the female condom	2018- 2022	MOH - SRHU	PSI, UNFPA, AHF, FLAS, SNYC, NERCHA, PACT, SWABCHA, AMICAAL, Health Promotion, Last Mile	US\$20, 000	
		Conduct research on the	2018- 2018	MOH - SRHU	PSI, UNFPA, UNICEF, AHF,	US\$30, 000	

			feasibility and model for the provision of a variety of condoms (unscented and scented).			FLAS, SNYC, NERCHA, PACT, SWABCHA, AMICAAL, Health Promotion, Last Mile	
		Proportion of the health research agenda on condoms	Document promising, good, best practices and lessons learnt for knowledge management to inform condom programming	2018-2022	MOH - SRHU	PSI, UNFPA, AHF, FLAS, SNYC, NERCHA, PACT, SWABCHA, AMICAAL, Health Promotion, Last Mile, PSHACC	US\$10,000
			Capacitate condoms programmers to document promising, good, best practices and lessons learnt to inform programming	2018	MOH – SRHU	NERCHA, UNFPA, UNAIDS, SNAP, M & E	US\$5,000
						Sub-activity	US\$133,000
						Grand Total	US\$1,043,000

Section 5: Monitoring and Evaluation (M & E)

This section addresses M & E of the National Condom Strategy at a strategic level. M & E indicators that relate specifically to the thematic areas are highlighted in the implementation framework according to the respective target populations. The National Condom TWG is pivotal for the implementation and monitoring of the strategy. An M&E task team will be established to develop an M&E log frame for the strategy indicators in the first year of implementation for monitoring progress towards achieving the strategy's goals and objectives, and the targets to which the priority objectives should contribute.

Each implementing partner involved in condom programming will receive guidance on the indicators to be used for the strategy and incorporate them in their own monitoring tools and report on progress as per guided for the strategy. The MOH through the Monitoring and Evaluation Unit as the lead for the TWG will be responsible for the collection and collation of the data received from partners and will also coordinate monitoring and evaluation of health facilities in all sectors. These institutions are expected to collect data in line with recommended monitoring and evaluation tools and submit reports to the MOH. NERCHA will coordinate reporting of non-health facility-based institutions, and will be responsible for consolidation, analysis, and dissemination of information and findings. The SRH annual report should incorporate data from SHAPMoS. Data will be collated and analyzed on a quarterly basis by the ministry of health for use in condom programming. Organizations or companies importing condoms for the commercial sector and as a donation will also submit reports to MOH in order for the ministry to, on annual basis assembly all relevant data, review and disseminate.

The strategy will be monitored and evaluated through the following periodic reviews to share successes and challenges for Country Condom Programming;

Quarterly Review: The TWG in conjunction with the M&E task team will review the annual condom programming plan quarterly to discuss progress on objectives and activities. Solutions for bottlenecks will be provided by the stakeholders such as other government entities, development and implementing partners.

Annual Reviews: The annual reviews will focus on assessing whether strategic objectives and indicators are still relevant to the country context and the changing condom environment. The implementing Partners will be invited to participate in these annual review meetings to share best practices, challenges, and progress within their focus areas.

Midterm review and Final Strategy Evaluation: These reviews will be conducted in the fiscal years 2019-2020 and 2021–2022, respectively. The evaluations will assess whether this strategy execution approach adequately drives progress in Condom Programming in Swaziland. Areas of evaluation will include, but are not limited to, the ability of the MOH to steward Condom Programming across sectors and market players; the level of committee functionality to inform and implement programmes in a coordinated fashion; and, ultimately, the extent to which strategy objectives and activities were achieved. The midterm review results will be disseminated within 6 months of completion to the condom TWG for review and action on the results developed. The outputs of the evaluation will inform the development of the next Country National Condom Strategy.

Research: Research questions will be answered through standing national surveys i.e. MICS, SHIMS etc., other research questions that may arise during the implementation of the strategy will be addressed through relevant adhoc researches.

Section 6: Roles and Responsibilities of Key Stakeholders in the Implementation of the Condom Strategy

On average, monthly consumption remains at approximately 1.6 million for male condoms and 20, 000 for female condoms as at the year March 2017. Condom distribution continues to be monitored and measured on a monthly, quarterly and annual basis. Thus the need for strengthened partnerships and collaboration to effectively and efficiently coordinate condom programming.

Key stakeholders including Ministry of Health, other government Ministries and Departments, development partners, NGOs, SWABCHA, commercial sector, and NERCHA.

The roles of the various stakeholders are highlighted as below.

6. 1 Ministry of Health

The Ministry of Health through SRHU, CMS, SNAP and Health Promotion will continue to be the custodian of condom planning and programming in the Kingdom. They will jointly ensure equitable education, access, and distribution strategies to reach all population groups. They will provide technical direction and play the following key roles in the implementation of the strategy:

- Oversee a coordinated implementation and accountability
- Coordination of condom planning and programming for public, private and commercial sectors
- Resource mobilization
- Advocacy and demand creation
- Condom procurement, supply chain and management (including tax exemption)
- Ensure integration of condoms in strategic information documents for analysis, reporting and research.
- Ensure the availability of condoms as per consumer's preference

6.2 Other Government Ministries and Departments

There is an existing coordinating committee that has a representation of all Government departments (PSHACC) that is responsible for HIV prevention interventions in the different government ministries. This coordinating body will be responsible for sharing knowledge and skills on condoms as well as education and distribution. This include the uniformed forces who are part of PSHACC. They will also be responsible

for advocacy and resource mobilization. The Ministry of Finance will ensure that condoms are budgeted for through MoH for supporting procurement of condoms in the country.

The Ministry of Sports, Culture and Youth Affairs (MoSCYA) through Swaziland National Youth Council (SNYC) will support education as well as demand creation activities amongst the youth in communities.

6.3 Developmental partners

The developmental partners will continue to provide technical, financial and strategic advice for the implementation of the strategy and the program in the country. Key roles will also include:

- Resource mobilization
- Advocacy and policy engagements
- Technical Assistance
- Financial assistance

6.4 Non-Governmental Organizations

It is worth mentioning that all Non-Governmental organizations and implementing partners hold an important role in the fight against HIV and AIDS, STIs and unintended pregnancies. These organizations will continue to promote and create demand for condoms in the country. They will ensure availability of condoms to the end user to meet the demand created during condom promotion activities regionally and nationally. They will further play a major role in assisting the Ministry of Health in condom forecasting and procurement.

Guided by Government, NGOs and partners will continue to provide free issue condoms to ensure that there are no costs attached to users. Within the profit-making health services/facilities free issue condoms will be accessed through the facility dispensers and other access points. Only socially marketed condoms including commercial condoms as per the Total Marketing Approach (TMA) shall be provided at a cost.

NGOs and other partners responsible for condom social marketing in the country will continue distributing branded condoms and implementation of several condom marketing activities.

6.5 Private Sector

The role of private sector is also key in the implementation of a TMA to ensure that the non-public sector is also provided space to provide condom marketing activities and reaching out to the population. This includes private health service facilities.

6.5.1 SWABCHA

The Business Coalition on Health and AIDS (SWABCHA) is an existing coordinating coalition that is responsible for HIV prevention interventions in the business sector. SWABCHA is expected to provide condom promotion, education and distribution services to all employees to compliment health services in the sector.

6.6 Commercial Sector

The commercial sector networks especially retail shops, pharmacies, wholesalers, kiosks and other commercial outlets will continue to be utilized for expanding the availability and distribution of condoms. Retailers will also be participant in the sale and social marketing of condoms to increase access.

6.8 NERCHA

NERCHA currently coordinates multi-sector HIV response in Swaziland. NERCHA will convene all sectors (private, public and commercial) and promote high level advocacy for the distribution and accessibility of condoms in the country. NERCHA will provide feedback from other sectors on the use and accessibility of condoms to the Ministry of Health.

Section 7: Summary of the Four Component of Comprehensive Condom Programming

Component 1: Leadership and Coordination

- Improved coordination of condom programming at all levels (institutional capacity, procurement, distribution, IPs, coverage, communication, monitoring, evaluation, reporting etc.)
- Regulated effective condom programming and utilization
- Enhanced advocacy for CCP
- A proportion of the condom program domestically financed

Component 2: Supply and Commodity Security

- Improved forecasting and supply planning
- Adequate national condom supply based on country requirement
- Improved standardized condoms national quality assurance system
- Improved national coordination of quality condom supply

Component 3: Demand, Access and Utilisation

- Increased reported condom use among key and priority populations inclusive of SWs, MSM and adolescent girls and young women (AGYW)
- Improved positioning of condoms among key and priority populations
- Increased convenient and targeted (friendly) key and priority populations community condom outlets (Increased convenient and targeted (friendly) community condom outlets for key and priority populations).
- Increased private and commercial sector contribution in condom distribution.
- Re-established socially marketed condoms. E.g. Trust studied

Component 4: Support

- Revised comprehensive national M&E systems capturing national to granular condom real time data
- Condom information Integrated into the national knowledge management systems
- Established national condom research agenda

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10. Swaziland Demographic and Health Survey, 2007
11. Survey on Availability of Contraceptives and Life Saving Maternal Health Drug in Service Delivery Points, 2013
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ANNEX 1 – INDICATOR TEMPLATE EXAMPLE

STRATEGIC GOAL

INDICATOR	BASELINE DISSAGRIGATED ACCORDING TO GENDER	TARGET					FREQUENCY	SOURCE	NOTE
		2018/9	2019/20	2020/21	2021/22	2022			
		M/F							
%	PREVIOUS STRATEGY						Mid term	SURVEYS	Informed by national plan
NUMBERS (specific according to categories of condom distribution i.e. male, female, KPs, lubricants, scented, not scented)							Annually	PROGRAMME RECORDS	

STRATEGIC OBJECTIVE (PILLARS-each pillar will have its own indicator table)

INDICATOR	BASELINE DISSAGRIGATED ACCORDING TO GENDER	TARGET					FREQUENCY	SOURCE	NOTE
		2018/9	2019/20	2020/21	2021/22	2022			
%	PREVIOUS STRATEGY						Mid term	MINUTES	
NUMBERS (specific according to categories of condom distribution i.e. male, female, KPs, lubricants)							Quarterly	MINUTES	

ANNEX 2: Condom Strategy Development Team

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