



Government of Malawi

Malawi National Condom Strategy

2015-2020



© 2017 Ministry of Health
P.O. Box 30377
Lilongwe 3
Malawi

Telephone: 265 1 711 999
Fax: 265 1 711 277
Email: management@hiv.health.gov.mw
Website: <http://www.hiv.health.gov.mw/>

All rights reserved

The material in this publication is copyrighted. Copying and/or transmitting portions or all of this work without permission may be a violation of applicable law. The Ministry of Health encourages dissemination of its work and will normally grant permission to reproduce portions of the work promptly.

For permission to photocopy or reprint any part of this work, please send a request to the Director of HIV and AIDS, Ministry of Health.

Cover photo courtesy of Dingaan Chirwa, MD Communications.

TABLE OF CONTENTS

Acknowledgements.....	ii
Foreword	iv
Abbreviations	v
Executive Summary.....	vii
Malawi National Condom Strategy Map	ix
Section 1: Introduction	1
Background	1
Context of Condom Programming in Malawi	2
Methods for Developing the National Condom Strategy (2015–2020).....	5
Guiding Principles.....	6
Section 2: Strategic Objectives.....	7
Goal of the National Strategy for Condom Programming	7
Strategic Objectives of Comprehensive Condom Programming.....	7
Strategic Objective 1: Strengthen CCP leadership and coordination structures at all levels.....	7
Strategic Objective 2: Raise demand and improve access to increase use of male and female condoms and condom-compatible commodities	8
Strategic Objective 3: Strengthen the supply chain management system of CCP	8
Strategic Objective 4: Create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP	9
Strategic Objective 5: Secure funding for effective and efficient implementation of CCP	9
Section 3: Institutional Arrangements for Strategy Implementation and Monitoring.....	11
Roles and Responsibilities	11
Monitoring and Evaluation	12
Annex A: Detailed Condom Programmatic Context	14
Leadership and Coordination	14
Demand and Access	15
Supply and Commodity Security.....	17
Support.....	19
Annex B: Key and Priority Populations for the HIV Programme in Malawi	20
Annex C: Total Market Approach (TMA) Framework	21
Annex D: Malawi National Condom Strategy Action Plan	22
Annex E: Malawi National Condom Strategy Balanced Scorecard	30
Annex F: Condom Coordination Committee Terms of Reference	39
National Condom Coordination Committee	39
District Condom Coordination Committee.....	42
References.....	44

LIST OF TABLES

Table 1: Institutional Arrangements for Strategy Implementation.....	12
--	----

ACKNOWLEDGEMENTS

The Ministry of Health would like to express its sincere thanks to the individuals and organisations that contributed to the development of the Malawi National Condom Strategy, 2015–2020. This strategy is in place due to immense time and effort dedicated by the National Condom Coordination Committee, led by Stanley Ngoma of the Department of HIV and AIDS and Dominic Likongwe of the National AIDS Commission as Secretariat.

This process was made possible with financial support provided by UNFPA and USAID, through the Health Policy Plus project; Ms. Flora Khomani provided invaluable technical support working with the Ministry of Health to compile this strategy based on the detailed inputs of the Condom Coordination Committee.

We express our gratitude to the following members of the review team for their technical input and guidance:

- Department of HIV and AIDS: Rose Nyirenda, Dr. Frank Chimbwandira, Caroline Ntale, and Dorica Chirwa
- National AIDS Commission: Christopher Teleka, James Njobvuyalema, and Lonjezo Sithole
- Reproductive Health Unit: Laston Kayuni
- Health Technical Support Services: Austine Omiunu
- Office of the President and Cabinet, Department of Nutrition, HIV and AIDS: Sibia Mjumila
- The Hunger Project Malawi: Rowlands Kaotcha and Grace Chikowi
- National Youth Council of Malawi: Asharn Kassam
- Youth Net and Counselling: Mphatso Mwamvani
- Center for the Development of People: Maria Ngulube and Harold Fote
- Christina Health Association of Malawi: Daisoni Telela
- USAID: Lumbani Makwakwa, Martin Mtika, and Beth Deutsch
- United Nations Population Fund: Milika Mdala, Humphreys Shumba, and Thandiwe Mijoya
- Banja La Mtsogolo: Winston Saguga and Michael Kwenda
- Health Policy Plus project, Palladium: Sandra Mapemba and Sayaka Koseki
- Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project, FHI 360: David Chilongozi and Gift Kamanga
- Population Services International: Chiwawa Nkhoma, Brenda Kamanga, Phillip Mkandawire, and Beth Brogaard
- Malawi Business Coalition Against AIDS: Stuart Chuka

The Ministry of Health would also like to acknowledge the contribution provided by key informants in the following institutions, which allowed this strategy document to be grounded in tried and tested approaches to addressing critical issues in condom programming; representatives from the District Condom Coordination Committees; Malawi Pharmacy and Medicines Board; and commercial suppliers and distributors of condoms.

Without support from these individuals and organisations, the development of the strategy would not have been possible.

FOREWORD

Malawi has made significant progress over the last decade in fighting the HIV epidemic. With the scale-up of antiretroviral therapy (ART) and prevention programmes such as prevention of mother-to-child transmission of HIV, over 275,000 deaths have been averted and 1.4 million life-years have been gained since the early 2000s.

The Government of Malawi is committed to the UNAIDS global goal of ending AIDS by 2030, as well as its Fast Track “90-90-90” strategy, wherein 90 percent of all people living with HIV are to be diagnosed, 90 percent of those diagnosed are initiated and retained on ART, and 90 percent of patients on ART are to achieve viral suppression by 2020. While scale-up of treatment as prevention is critical to achieve this goal, a balanced combination of treatment and prevention strategies is of utmost importance if we are to realise an AIDS-free Malawi.

Malawi has developed a comprehensive 2015–2020 National Strategic Plan for HIV, which acknowledges the importance of prevention. The National HIV Prevention Strategy (2015–2020) further details that condoms are the cornerstone to preventing the spread of HIV and sexually transmitted infections, as well as preventing unintended pregnancies. Of special concern are adolescents, young women, men and key populations who should have equal and improved access to both male and female condoms.

The latter strategy provides a guide to the various roles that key stakeholders should play in the implementation of comprehensive condom programming, within the context of continuous and sustainable growth of the condom market. All stakeholders must go above and beyond “business as usual” to effectively promote, procure, distribute, dispense, and monitor the use of condoms among those who need them.

The Ministry of Health is committed to collaborating with all stakeholders to increase the availability and accessibility of male and female condoms. It is through our strategic, collaborative, and sustained efforts that we will be able to achieve our goal to eliminate the spread of HIV infection and sexually transmitted infections, and prevent unintended pregnancies in Malawi.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Hon. Dr. Peter Kumpalume (MP)

Minister of Health

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
BLM	Banja La Mtsogolo
CBDA	community-based distribution agent
CBO	community-based organisation
CCC	Condom Coordination Committee
CCP	comprehensive condom programming
CEDEP	Center for the Development of People
DHA	Department of HIV and AIDS
DNHA	Department of Nutrition and HIV and AIDS
FPAM	Family Planning Association of Malawi
FSW	female sex worker
HEU	Health Education Unit
HIV	human immunodeficiency virus
HP+	Health Policy Plus project
HTSS	Health Technical Services and Support
LMIS	Logistics Management Information System
MDHS	Malawi Demographic and Health Survey
MOH	Ministry of Health
MSM	men who have sex with men
MWRA	married women of reproductive age
NAC	National AIDS Commission
NGO	nongovernmental organisation
NSP	2015–2020 National Strategic Plan for HIV
PMB	Pharmacy and Medicines Board
PSI	Population Services International
QA	quality assurance
SDP	service delivery point

STI	sexually transmitted infections
TMA	total market approach
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV and AIDs
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

Malawi 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, over 275,000 deaths have been averted and 1.4 million life-years have been gained since the early 2000s. However, there is still much work to be done. In 2016, Malawi's HIV prevalence remained high, with the 2015–2016 Malawi Population-Based HIV Impact Assessment estimating it at 10 percent among men and women of reproductive age, 15–49 years. While the number of new infections has declined from 55,000 in 2011 to 33,000 in 2015 for all ages (Joint United Nations Programme on HIV and AIDs [UNAIDS] HIV Estimates, 2015), high awareness and use of primary preventative methods will be critical for the country to reduce the incidence of new HIV infections in adults ages 15–49 to 0.2 per 100 person-years by 2020.

The Government of Malawi recognises through the 2015–2020 National Strategic Plan for HIV and the National HIV Prevention Strategy (2015–2020) that condom use is an important biomedical intervention for HIV/sexually transmitted infection (STI) prevention and family planning. Still, Malawians only used 55.9 million condoms in 2014, while the universe of need was 363 million. Comprehensive knowledge of HIV infection is still low, and there are many myths, misconceptions, and cultural barriers to condom use. Gender dynamics influence the ability for partners to negotiate condom use. 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, female sex workers, their clients, and their partners have the highest incidence of HIV. Thus, a successful prevention programme in Malawi must account for this unique HIV infection context.

The goal of the Malawi National Condom Strategy, 2015–2020 is **to improve the availability of and access to quality male and female condoms by all sexually active persons, thereby contributing to prevention of HIV infection, STIs, and unintended pregnancies in Malawi.** The Malawi National Condom Strategy is a guiding tool for planning, implementation, monitoring, and resource mobilisation for condom programming in Malawi. 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, five strategic objectives have been developed through in-depth consultation with government, key stakeholders, and experts in condom programming. Strategic Objective 1, in the area of “Leadership and Coordination,” is to strengthen CCP leadership and coordination structures at all levels to sustain political will and ensure successful implementation of the strategy. Strategic Objective 2, as part of “Demand, Access, and Utilisation,” is to raise demand and improve access to increase use of male and female condoms and condom-compatible commodities. In the “Supply and Commodity Security” category, Strategic Objective 3 is to strengthen the condom supply chain management system so that there are ample condoms available whenever and wherever users seek them. Strategic Objective 4, which falls under “Support,” is to create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP. Strategic Objective 5, in the area of “Resource Mobilisation,” is to secure funding for effective and efficient implementation of CCP.

A set of priority activities has been developed from each of these strategic objectives, focusing attention on challenging and/or new activities that go beyond “business as usual.” These activities reflect the seven cross-cutting key principles: condom access as a human right; a special focus on mobile populations, sex workers, men who have sex with men, and prisoners; gender sensitivity and empowerment through the programme; inclusion of religious

institutions; condom promotion as dual-protection; integration with other health and social programmes; and taking a total market approach to condom programming.

The Ministry of Health (MOH) leads CCP and stewards the implementation of the strategy. The National AIDS Commission acts as the secretariat to coordinate and manage the national effort. The Condom Coordination Committee—comprised of stakeholders across the government, nongovernmental organisations, commercial players, donors, and implementing partners—supports the MOH in the development and implementation of CCP. All members participate in collaborative quarterly meetings to address bottlenecks and convene 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.

MALAWI NATIONAL CONDOM STRATEGY MAP

Leadership and Coordination

Strategic Objective 1: Strengthen the CCP leadership and coordination structures at all levels

Integrate CCP across relevant sectors

Demand and Access

Strategic Objective 2: Raise demand and improve access to increase use of male and female condoms and condom-compatible commodities

Mobilise society to create enabling environment for behaviour change related to the male and female condom, and condom-compatible commodity use

Strategically expand male and female condom distribution to the public and private sectors

Supply and Commodity Security

Strategic Objective 3: Strengthen the supply chain management system of the CCP

Strengthen distribution and monitoring systems for condoms through public and private sectors

Strengthen quality assurance capacity for male and female condoms, and condom-compatible commodities

Support

Strategic Objective 4: Create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP

Conduct research to generate evidence for programme development and implementation

Advocate for policy and regulatory change that strengthens supportive environment

Resource Mobilisation

Strategic Objective 5: Secure funding for effective and efficient implementation of CCP

Develop and execute a resource mobilisation plan to advocate for resources

SECTION 1: INTRODUCTION

The Malawi National Condom Strategy, 2015–2020 is a tool for planning, implementing, monitoring, and mobilising resources for condom programming in Malawi. 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.

This 2015–2020 strategy builds on the 2009–2013 strategy and has been updated based on other national and international documents, reflecting both advances and continuing and new challenges. The document provides an opportunity for Malawi to embark on a new path in addressing key challenges in condom programming, building on the lessons learned and aiming to sustain the gains made during implementation of the previous strategy.

Background

Global Context for Condom Programming as HIV Prevention

Condoms are a critical component of a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections (STIs), and are effective for preventing unintended pregnancies. An analysis by UNAIDS in 2014 showed that condoms have averted around 50 million new HIV infections globally since the onset of the HIV epidemic (UNAIDS, 2015). For 2015, 27 billion condoms were expected to be available around the globe, providing an estimated 225 million couple-years of protection from unintended pregnancies (UNAIDS, 2015).

Although condoms are part of most national HIV, STI, and reproductive health programmes, condoms have not been consistently distributed or proactively promoted to a sufficient extent (Sandoy et al., 2012). Alongside having condoms available, users should also have access to water-based lubricants to minimise condom usage failure, especially for anal sex, vaginal dryness, and in the context of sex work. HIV prevention programmes must ensure that a sufficient number and variety of quality-assured condoms are accessible to people who need them, when they need them.

HIV in Malawi

Malawi has made significant progress over the last decade in battling the HIV epidemic. With the scale-up of antiretroviral therapy (ART) and prevention programs such as those to prevent mother-to-child transmission of HIV, over 275,000 deaths have been averted and 1.4 million life-years have been gained since the early 2000s. However, there is still much work to be done. Malawi's HIV prevalence is still high at 9.1 percent in 2015 among those ages 15–49, with geographic- and population- specific variations (UNAIDS, n.d.).

As referenced in the National Strategic Plan for HIV, about 980,000 people are living with HIV in Malawi, of which 84,000 are children ages 0–14. There are more adult women (15 years and older) living with HIV compared to men (540,000 and 356,000, respectively), and a similar trend is observed among youth ages 15–24 (56,000 and 32,000, respectively). New infections have been on the decline, from 55,000 in 2011 to 34,000 in 2015 for all ages (National AIDS Commission [NAC], 2014). Consistent with global trends, men who have sex with men (MSM), female sex workers (FSWs), clients of FSWS, and partners of FSWS exhibit the highest incidence rate, estimated at 10.4 percent, 2.0 percent, 1.3 percent, and 1.2 percent, respectively (NAC, 2014). This is compared to the average of 0.65 percent for the entire population ages 15–49. At the same time, more than 90 percent of new infections are among those who were previously considered to be at low risk, such as couples and partners in stable sexual relationships according to the recent study by the Ministry of Health (MOH), in collaboration with NAC and the World Bank (MOH, 2017). Thus, a successful and

comprehensive condom programme must account for this unique HIV infection context in Malawi.

Sexually Transmitted Infections in Malawi

STIs have an amplifying effect on HIV transmission, as they increase physical vulnerability to HIV infection. Therefore, addressing STIs is a critical component of HIV prevention. Since the primary method of infection is the same for HIV and STIs, populations at high risk for HIV infection are also at high risk for STIs, compounding their risk profile. The rate of infection seems to be on the rise—the 2013 Behavioural and Biological Surveillance Survey found that 17 percent of women and 14 percent of men ages 15–24 reported having symptoms of an STI, including genital discharge, sores, and ulcers (NSO, 2014). This is a rise from the 2010 picture, when 12 percent of women and 7 percent of men ages 15–49 reported having had an STI in the past 12 months (NSO and ICF Macro, 2011). Because a proportion of those infected remain asymptomatic, the true rate of STIs is likely higher.

Family Planning in Malawi

Currently, 29 percent of pregnancies in Malawi are unintended (NSO and ICF International, 2016). While modern contraceptive use has increased over the years to 59 percent in 2015 (married women of reproductive age [MWRA]), 18.7 percent of married women and 39.8 percent of sexually active unmarried women still have unmet need (NSO and ICF International, 2016). Injectables are the most popular method among all women, but while condoms are a distant fourth in popularity among MWRA (1.9%), 13.9 percent of sexually active unmarried women prefer to use them. Female condoms have not gained much traction, declining in use from 0.1 percent among MWRA and 0.2 percent among sexually active unmarried women in 2010 to 0 percent and 0.1 percent, respectively, in 2015.

Condom Use for Prevention of HIV/STIs and Unintended Pregnancies

Male and female condoms are the only methods that provide dual protection against unintended pregnancy and STIs, including HIV; however, condom use remains low. Malawi's condom distribution per capita is about four condoms per person per year (NAC, 2014). While the universe of need for condoms in 2014 was 363 million, only 55.9 million were used (Population Services International [PSI], 2015). Less than one-third of both men (23.5%) and women (27.5%) reported using condoms with non-spousal, non-regular partners (NSO and ICF Macro, 2011). Most importantly, condom use in high-risk sexual encounters among key populations is still inconsistent (NSO, 2014).

Against this backdrop of inconsistent condom use, multiple concurrent partnerships further amplify the risk of HIV transmission. In 2014, 46 percent of women and 80 percent of men ages 15–49 with multiple partners in the previous 12 months had partners concurrently. This group also rarely reported use of a condom during their last sexual encounter (27.3% and 24.6%, respectively) (NAC, 2015).

Condom programming must ensure that the population is aware of the benefits and importance of consistent condom use, set up an enabling environment that reduces barriers to access and use, and ensure that condoms (and lubricants) are available when and where the population needs them. To make this happen, the condom programme must engage all key stakeholders in decision making and programme implementation, track progress to verify that activities are yielding the intended results, and modify the programme as necessary to respond to the needs of the population.

Context of Condom Programming in Malawi

Several plans and strategies detailed below have been developed and are being implemented in conjunction with the National Condom Strategy.

Strategic Context

2015–2020 National Strategic Plan for HIV (NSP): In the NSP, condom use is presented as an important biomedical intervention for HIV/STI prevention and family planning. The plan aims to reduce the incidence of new HIV infections in adults ages 15–49 to 0.2 per 100 person-years by 2020. One of the key interventions for reaching this goal is to increase demand for condom use, raise awareness about HIV transmission, **and make condoms easily available and accessible (NAC, 2014).**

The HIV Prevention Strategy (2015–2020): The HIV Prevention Strategy applies a combination prevention framework that combines biomedical, behavioural, and structural interventions. **It promotes the correct and consistent use of good-quality condoms and supports women to fully participate in the decision to use a condom. Additionally, the strategy emphasises making condom use a norm among community leaders and males. It also** proposes CCP that targets both the demand and supply side using a total market approach (TMA).

The Sexual and Reproductive Health and Rights Policy (2015–2020): As detailed in the **Sexual and Reproductive Health and Rights Policy**, HIV figures as a critical issue in these overarching rights of Malawian citizens. The policy highlights the strategic importance of programme and service integration for encouraging uptake of condom use. The present Condom Strategy operationalises these policy statements into prioritised, actionable steps to change behaviours and increase access to condoms.

Youth Friendly Health Services Strategy (2015–2020): The Youth Friendly Health Services Strategy emphasises that coverage and use of HIV prevention, care, and treatment services should be strengthened through programmes that increase holistic awareness and knowledge among youth on sexual and reproductive health, abstinence, safe sex, sexuality, and HIV/STIs. Furthermore, partnerships with key youth coalitions and organisations can champion the cause and advocate for a health system that is responsive to youth needs. These opportunities and programmatic activities are linked to and reflected in this Condom Strategy.

Gender and HIV and AIDS Implementation Plan (2015): The Gender Implementation Plan recognises condom programming as a key strategy in the HIV prevention agenda, especially as a means to addressing the gender inequalities and harmful gender norms that underscore risk and act as barriers to condom use. It articulates key actions for reducing HIV infections and prevalence from a gender perspective, which informed the strategic objectives and the priority activities of this condom strategy.

Programmatic Context: Key Challenges around CCP

Several iterations of national condom strategies have been developed in the past and implemented with various degrees of success. Key contextual factors and major challenges of CCP are summarised below as they relate to the current strategy's objectives and priority activities. They are grouped by the five components of the current strategy. (For further details of the condom programme context, refer to Annex A.)

Leadership and Coordination

An effective CCP requires strong leadership and involvement from many players at all levels of the health system. It also integrates with other sectors to improve access and maximise efficiency. There is some level of coordination now through the National Condom Coordination Committee—a group of key stakeholders engaged in the condom programme and market, and comprised of representatives from the government, development partners, implementing partners, local nongovernmental organisations (NGOs), and the private sector. However, only eight of 28 districts have condom programme focal persons, and these districts' functionality is limited by human capacity or financial resources.

The condom programme integrates with several strategies (i.e., HIV testing and counselling, prevention of mother-to-child transmission, STI management, ART, maternal and child health, and family planning); however, it remains inadequate to enhance the breadth and depth of reach while improving sustainability. Furthermore, there is room for improvements in collaboration and integration across different line ministries.

The private sector plays an important role across CCP, not only as healthcare providers and sellers of social marketing and commercial condoms, but also as supporters of condom programmes in the workplace and as distributors and marketers. Yet private sector actors' perspectives, scope, and scale are unclear, as there is limited enforcement of policies and regulations around reporting. To fully grow the market through a TMA, the private sector must be engaged first and foremost.

Demand and Access

Effective CCP will increase demand for condom use, ensure that condoms are available and accessible at locations where users demand them, and foster an enabling environment that lowers barriers to use of condoms. High-impact demand creation programmes have not been extensively shared and scaled across the country, and cultural barriers continue to inhibit translation of individuals' knowledge into action. Dry sex is often still practiced, and condom-compatible commodities such as lubricants should be made available and used more frequently, especially among key populations. Women face cultural and gender barriers to negotiating condom use with their partners. Thus, promoting the acceptability of and demand for female condoms is a key opportunity for HIV prevention and family planning.

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 (71% of market share), which provides them 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—including peer educators and outreach workers who are more accessible to those who want condoms—should be explored and expanded.

Supply and Commodity Security

Malawi has strong support from its government and 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 responsible for ensuring that health facilities, local NGOs, and community-based organisations (CBOs) have condoms to distribute to their respective constituencies. Malawi's public sector distribution system "pulls" condoms down to facilities, but limited capacity at various points of the distribution system causes risks for stock-outs. To prevent ad hoc stock-outs by local NGOs, donors and implementing partners have developed temporary parallel distribution measures to respond to need. This unplanned distribution makes planning for future distribution difficult and hinders access, as those who manage distribution points may limit the number of condoms they provide to each individual because they are concerned about stock-outs.

The commercial sector also distributes condoms, external to the public and donor-supported private distribution systems. The sector has less than one percent of market share, making it difficult to take a TMA to better target free or subsidised condoms (PSI, 2015). At the same time, the supply chain must consider the flow of condom-compatible commodities such as lubricants so that these are also available whenever condoms are used, especially for key populations.

Even when condoms are distributed from national warehouses to health facilities, poor storage conditions may compromise their efficacy. Although condoms pass quality assurance tests consistently when imported into the country, condom quality may be low when users acquire and use them as a result of being kept in a sub-standard storage environment for a long time. Quality assurance assessments conducted by the Malawi Pharmacy and Medicines Board (PMB) often note that both public and private facilities lack adequate and/or appropriate storage conditions to ensure condom quality.

Support

A successful CCP will continuously learn from and improve upon successful programme interventions. Social, behavioural, and operational research should be conducted periodically to generate evidence for high-impact programs and be shared with all stakeholders to inform their programming. CCP has been conducting research at district and community levels, but it has been inadequate and limited by institutional capacity. Where research has been done, dissemination has been limited.

An effective CCP establishes a policy environment that supports unlimited access to condoms for all. Currently, policies and regulations in place inhibit condom use due to condoms' negative association with sex. Some population subgroups are often restricted from access to condoms; for example, youth and prisoners are not able to access condoms in the environment they frequent (i.e., schools and prisons). There is inadequate advocacy and policy dialogue for political awareness, government ownership, and commitment to reduce such policy barriers to access and use.

Resource Mobilisation

Leadership and coordination of CCP includes ensuring that adequate levels of funding are available for all key activities. However, inadequate resource mobilisation and allocation continues to affect the implementation of other areas of condom programming, such as district-level coordination, research, and sharing of best practices. Support is required for the national- and district-level Condom Coordination Committees (CCCs) to mobilise and proactively allocate resources for implementation of key activities.

Methods for Developing the National Condom Strategy (2015–2020)

Desk review

The team tasked with compiling the strategy first conducted a desk review to identify key gaps, barriers, experiences, lessons, and recommendations from previous condom programming. Documents and data reviewed include the NSP, HIV Prevention Strategy (2015–2020), National Condom Strategy (2009–2013), and research reports that discuss issues related to condom programming in Malawi. The findings were shared with stakeholders to inform development of interventions for CCP in the current strategy.

Stakeholder consultation

In addition, the Department of HIV and AIDS (DHA) of the MOH coordinated a highly participatory consultative process facilitated by the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID). The National AIDS Commission (NAC) provided technical expertise and a platform for experts to thoroughly discuss and provide input through the HIV Prevention Technical Working Group (TWG) meetings. The CCC members at national and select district levels were consulted in developing the strategy and the terms of reference for CCCs. In addition to numerous consultative workshops and one-on-one meetings, members enriched the strategy development process by sharing related documents, data, and analyses.

Validation of the condom strategy

The HIV Prevention TWG validated the strategy for submission to MOH senior leadership. The strategy was submitted by the Director of HIV and AIDS, and reviewed and approved by MOH senior leadership.

Guiding Principles

The MOH and the National CCC ensured that the following seven cross-cutting key principles were actively reflected in the activities implemented under CCP to achieve the goals set by the strategy.

- **Condom access as a human right:** Condoms should be accessible to all without distinction of ethnicity, gender, disability, religion, political belief, economic status, social condition, or geographic location. Condom programming should protect and respect the rights of clients and their families, providers, and support staff.
- **Inclusion of key populations (sex workers, MSM, and prisoners):** Special focus should be placed on facilitating access to condoms and other barrier methods for high-risk groups like key populations, including sex workers, MSM, and prisoners (see Annex B).
- **Gender-responsive:** Condom programming should mainstream gender issues in both planning and implementation. Special emphasis should be placed on helping women participate fully in the decision to use a condom.
- **Values of religious institutions:** Condom programmes should consider the values of religious institutions.
- **Promotion as dual protection:** Condoms should be promoted for their dual protection function, and condom programme activities should be integrated with those led by the Sexual Reproductive Health unit and its key stakeholders.
- **Multisectoral/integration:** Condom programming will encourage and strengthen multisectoral collaboration to cover health sector programmes and other (non-health) sectors (such as education and agriculture) to gain efficiency.
- **Total market approach:** Condom programming should adopt a TMA, where public, private, nonprofit, civil society, social marketing, and commercial sectors are all engaged and collaboratively strive to expand demand for, access to, and supply of high-quality condoms using their respective strengths (see Annex C).

SECTION 2: STRATEGIC OBJECTIVES

Goal of the National Strategy for Condom Programming

The goal of the National Strategy for Condom Programming in Malawi is to improve the availability of and access to high-quality male and female condoms by all sexually active persons, thereby contributing to the prevention of both HIV infections and unintended pregnancies in the country.

Strategic Objectives of Comprehensive Condom Programming

To meet this goal, the Government of Malawi has prioritised the following five strategic objectives.

- **Strategic Objective 1:** Strengthen CCP leadership and coordination structures at all levels (relates to “Leadership and Coordination” in the section Programmatic Context)
- **Strategic Objective 2:** Raise demand and improve access to increase use of male and female condoms and condom-compatible commodities (relates to "Demand and Access " in the section Programmatic Context)
- **Strategic Objective 3:** Strengthen the supply chain management system of CCP (relates to "Supply and Commodity Security" in the section Programmatic Context)
- **Strategic Objective 4:** Create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP (relates to “Support” in the section Programmatic Context)
- **Strategic Objective 5:** Secure funding for effective and efficient implementation of CCP (relates to “Resource Mobilisation” in the section Programmatic Context)

Each strategic objective has priority activities for CCP. In addition, many other foundational activities being implemented under CCP are already being done successfully on a routine basis. The priority activities for each objective build on these foundational activities to achieve the goal of the National Condom Strategy. The strategy map on page ix summarises these eight priority activities by the five objectives of CCP.

Strategic Objective 1: Strengthen CCP leadership and coordination structures at all levels

An effective CCP requires strong leadership to effectively coordinate all stakeholders at national and district levels, and integrate with other sectors.

Priority Activity 1.1: Integrate CCP across relevant sectors

To meet this strategic objective, the MOH will establish and operate leadership and coordination structures with clear roles and responsibilities at the national and district levels. It will put in place clear terms of reference, appoint focal persons (i.e., a designated coordinator for condom programming), strive for inclusive membership, and build institutional capacities. The operation of these coordination mechanisms will be tracked, and the national and zonal focal points will support district-level staff to ensure that CCP is effectively rolled out within the district and in communities. These entities will ensure that CCP is mainstreamed in policies, plans, and budgets in relevant sectors and health areas, including agriculture, education, prisons, police, sexual and reproductive health, and HIV. Policies and plans will be reviewed and the CCC will build relationships and work with relevant

government institutions to write/revise policies and plans to highlight the CCP activities that mutually contribute to condom-related and other social goals.

Strategic Objective 2: Raise demand and improve access to increase use of male and female condoms and condom-compatible commodities

Strongly held cultural and social beliefs and institutionalised behaviours exist that stigmatise condom use. To increase demand for and use of condoms, community beliefs and perceptions must change to foster an enabling environment for condom use. Uptake of condoms strongly relies upon the availability of condoms at the optimal location for a given target population. To ensure that condom demand is satisfied, high-potential distribution points that lie outside of the public health sector—within the community, in retail shops, and in commercial locations such as bars and hotels—must be expanded.

Priority Activity 2.1: Mobilise society to create an enabling environment for behaviour change related to male and female condom use, and condom-compatible commodities

The Government of Malawi—in partnership with local organisations, implementing partners, and donors—will change societal norms around condom use by developing and executing multifaceted demand-generation activities using both the mass media and interpersonal communication. The capacity of community-based institutions to create demand for condoms will be built, readily available platforms and programmes will be leveraged to engage communities in social dialogue, and local champions will be identified and trained to have the capacity to raise awareness of male and female condoms.

Priority Activity 2.2: Strategically expand condom distribution through the public, social marketing organisation/NGO, and commercial sectors

The Government of Malawi will work with all market players to strategically expand high-impact condom distribution points and models. First, the current status of the market will be assessed, including who is accessing which type of distribution points; special emphasis will be placed on CBDAs to assess their reach and any challenges that stalled the programme in the past. Based on the market analysis, the CCC will segment the market and take a TMA to allow the player best-positioned to serve the target population to scale up its services.

Strategic Objective 3: Strengthen the supply chain management system of CCP

Realistic and comprehensive data for procurement and distribution allows a better understanding of needs and emerging trends. Furthermore, the distribution system must work seamlessly to prevent stock-outs. The Government of Malawi will strengthen distribution and monitoring systems for male and female condoms and condom-compatible commodities, and strengthen capacity for quality assurance.

Priority Activity 3.1: Strengthen distribution and monitoring systems for male and female condoms and condom-compatible commodities through the public and private sectors

The Government of Malawi will improve the monitoring system to gain a better understanding of critical bottlenecks in the distribution system. It will also address these challenges to ensure an adequate supply of condoms and associated supplies at the subnational level. Lower-level

facilities will have reporting tools that capture condom distribution at all points, and the MOH will engage all stakeholders (including key private sector players) to share distribution data.

To ensure immediate condom availability, an alternative “push” system that utilises PSI’s distribution system will be articulated and agreed upon by all key stakeholders. Concurrently, a public sector supply chain assessment will be conducted, and the MOH and its partners will build subnational-level capacity and strengthen the system.

Priority Activity 3.2: Strengthen quality assurance capacity for male and female condoms

To ensure that condoms remain of high quality throughout the distribution system, the Government of Malawi/PMB will increase the frequency and coverage of post-market surveillance conducted across the public and private sectors to identify and address processes and environments that degrade condom quality, including expanding/improving storage facilities.

Strategic Objective 4: Create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP

A successful CCP will continuously learn and improve from proven, successful programme interventions. Social, behavioural, and operational research should be conducted periodically to generate evidence for high-impact programs and shared with all key stakeholders to inform their programming.

Priority Activity 4.1: Conduct research to generate evidence for programme development and implementation

The Government of Malawi will generate, document, and share evidence on knowledge, attitudes, use, access, and availability of condoms. Evidence generation around successful female condom programming should be prioritised given the current dearth of documented best practices. Periodic social, behavioural, and operational research will continuously document promising interventions, which would be actively shared through national, subnational, and global forums.

Priority Activity 4.2: Advocate for policy and regulatory change that strengthens a supportive environment

The CCC will advocate for policy and regulatory change/review that allows condom markets to grow and condoms to be accessible wherever the population seeks them. An advocacy plan will be put in place and key stakeholders will be actively engaged to raise awareness of high-impact practices around condoms to incite change. To ensure universal access to condoms, high priority should be placed on eliminating policy barriers for youth and prisoners. Stakeholders engaged in HIV prevention should leverage ongoing policy discussions and implementation of supportive policies, such as the Youth Friendly Health Strategy, to raise awareness and improve the enabling environment for condom access and use; they should also join advocacy efforts.

Strategic Objective 5: Secure funding for effective and efficient implementation of CCP

Effective and efficient implementation of CCP requires a resource mobilisation plan that clearly articulates the cost of a prioritised list of activities to use in advocacy efforts.

Priority Activity 5.1: Develop and execute a resource mobilisation plan to advocate for resources

The national- and district-level CCCs will mobilise resources and allocate them to implement the most urgent and vital programmes. CCCs will prioritise resources for mobilisation, develop and execute a resource mobilisation plan, and track the use of resources to ensure that available funds are used in the areas of greatest need.

SECTION 3: INSTITUTIONAL ARRANGEMENTS FOR STRATEGY IMPLEMENTATION AND MONITORING

Roles and Responsibilities

Successful implementation of CCP requires an organised governance, coordination, and management set-up that embraces multisectoral and inclusive approaches. This section clarifies the roles and responsibilities of the various institutions involved in CCP to facilitate smooth implementation and progress tracking, while eliminating duplication of efforts among implementing partners.

- The MOH, especially the DHA, is responsible for leading CCP by overseeing implementation and making key strategic decisions. In its leadership role, it provides policy and technical guidance towards implementation of CCP. The Ministry also includes the Reproductive Health Department, which will be part of the CCC membership, to ensure harmonisation of activities and expand integration of family planning/reproductive health and condom services.
- The NAC acts as the secretariat in coordination and management of the national effort. It coordinates implementation, capacity building, and monitoring of CCP. The NAC ensures that partner activities are in line with CCP approaches and organises quarterly CCC meeting to address key bottlenecks, as well as annual review meetings to review and refine the CCP strategic objectives. The NAC also organises the HIV Prevention TWGs and the National Response Review Meetings for experts to provide technical guidance and recommendations for successful HIV prevention programming, including CCP.

As described in the Leadership and Coordination Component of this strategy, coordination of CCP occurs through the CCC, which is responsible for supporting the MOH in the development and implementation of CCP. The national CCC reports to and is overseen by the Prevention TWG. Key member organisations of the CCC are listed in Annex F, which provides the terms of reference of both national and district CCCs.

- Other government ministries (e.g., the Ministry of Education and Ministry of Labour, Youth, Sports, and Manpower Development) set policy direction and oversee activities for social programmes that intersect with CCP, as they focus on the same priority populations.
- Local authorities coordinate implementation of CCP at district, city, and community levels. Traditional and community leaders will be responsible for mobilising communities to actively participate in CCP. They will also be responsible for mobilising resources for community programmes, CBOs, support groups, community groups, and area development committees to support CCP.
- Networks and associations (e.g., Malawi Network of AIDS Service Organisations and Malawi Business Coalition against AIDS) coordinate the HIV response of their member organisations by ensuring that members are aware of government priorities as set forth in this strategy, that they adhere to adequate information and reporting, and that the voices of members around condom programming are heard by the MOH and the CCCs.
- Development partners provide technical and financial assistance for successful CCP through bilateral and multilateral arrangements. They also assist in the mobilisation and capacity building of private and civil society organisations to enhance CCP.
- Academia and research institutions will generate evidence to inform condom programming and justify policy and regulatory change in support of effective CCP.

The MOH focal point that lead the CCCs (and potentially several other CCC representatives) is a member of other TWGs, such as the Prevention TWG, the Sexual and Reproductive Health TWG, and the Gender and HIV TWG. This focal point is tasked with promoting, tracking, and coordinating activities that contribute to both the Malawi National Condom Strategy and the given TWG’s goals and objectives (see Annex D Action Plan).

Table 1 below summarises the institutional arrangements to be to ensure implementation of the strategy.

Table 1: Institutional Arrangements for Strategy Implementation

Institutional Arrangement	Objective	Frequency	Stakeholders
Dashboard update	The MOH gathers indicator performance data from activity managers within the CCC and identifies bottlenecks for implementing the strategy	Quarterly	MOH and CCC
CCC review meeting	MOH facilitates discussions with CCC on addressing key bottlenecks in strategy implementation	Quarterly	MOH and CCC
Prevention TWG meeting	MOH reports key progress and contribution to HIV prevention through CCP	Quarterly	MOH and Prevention TWG
Condom strategy review meeting	MOH convenes a two-day conference with all national- and district-level stakeholders across sectors to review strategy progress, share lessons learned and best practices, and identify areas of modification for strategy objectives and activities	Annually	MOH and all CCP key stakeholders
Condom strategy evaluation	MOH commissions evaluation of the condom strategy, including effectiveness of strategy execution, areas of programmatic success, and ongoing challenges	Once (2019–2020)	MOH and evaluator, with CCCs

Monitoring and Evaluation

The *Balanced Scorecard* (see Annex E) specifies the indicators for monitoring progress towards achieving the strategy’s goals and objectives, and the targets to which the priority objectives should contribute. A *dashboard*—to be developed to accompany this strategy—will act as a database to aggregate the reported indicator performance by subnational entities and implementing partners. It will show the progress of the strategy through dynamic graphs and a color-coded strategy map.

Activity progress and indicators should be updated quarterly with inputs from CCC members. The MOH will 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. The NAC will coordinate reporting of non-health facility-

based institutions, and will be responsible for consolidation, analysis, and dissemination of information and findings.

Quarterly Reviews: The Committee will review the dashboard quarterly to discuss bottlenecks that are preventing progress in reference to certain activities or objectives. Solutions to bottlenecks may include advocacy for prioritisation of an activity by relevant stakeholders such as other government entities or donors, policy change, or resource mobilisation. District CCCs will also hold similar quarterly meetings at the district level, coordinated by the District Condom Coordinator. Periodic reviews for the national response to HIV and TWG meetings will also be platforms for sharing successes and challenges for CCP.

Annual Reviews: Compared to quarterly reviews focusing on implementation challenges, annual reviews will focus on assessing whether strategic objectives and indicators are still relevant to the country context and the changing condom environment. Focal points for districts and zones will be invited to participate in these annual review meetings to share best practices, challenges, and progress in their districts. Whenever available, population-level studies like the Malawi Demographic and Health Survey (MDHS) will provide rich supplemental data on progress towards strategic goals, which can inform programmatic decision making.

Final Strategy Evaluation: Conducted during fiscal year 2019–2020, the final evaluation will assess whether this strategy execution approach has adequately led to progress in CCP in Malawi. Areas of evaluation will include, but are not limited to, the ability of the MOH to steward CCP 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 outputs of the evaluation will inform the development of the next Malawi National Condom Strategy.

ANNEX A: DETAILED CONDOM PROGRAMMATIC CONTEXT

Leadership and Coordination

Several iterations of national condom strategies have been developed in the past and implemented with various degrees of success. Successful strategy execution requires the following:

- Coordination (understanding who is doing what in which location)
- Tracking and accountability (whether institutions are implementing the activity as planned)
- Performance monitoring (assessing whether activities are yielding intended results)
- Active knowledge sharing to inform strategy update (scaling best practices and reassessing priorities)

Challenges around coordination are addressed in this section; the latter three are addressed in the *Support* and the *Institutional Arrangements for Strategy Implementation and Monitoring* sections below.

Condom programming can benefit from improved coordination and integration. There is some level of coordination through the National Condom Coordination Committee (CCC), a group of key stakeholders engaged in the condom programme and market comprised of representation from the government, development partners, implementing partners, local NGOs, and the private sector. The CCC is mandated and committed to provide technical expertise to advise the MOH on CCP development and execution, and to collaboratively work to expand the condom programme and market. The group is functional and meets at least quarterly.

However, not all districts have a CCC or a condom focal point; only 8 of 28 districts had focal persons. Where structures exist to support district and city coordination, their functionality is often limited. Coordination meetings are not held as frequently, and there is limited knowledge about who is doing what and where. The result is uncoordinated programming and reduced impact.

Some level of integration exists with other health programmes (for example, HIV testing and counselling), but it remains inadequate to enhance the breadth and depth of reach while improving sustainability. The lack of coordination evident within the health sector also manifests across the line ministries (for example, the sectoral policies between the Ministry of Education and the MOH). There is inadequate multisectoral coordination to effectively integrate condom programming. Other line ministries—such as the Ministry of Youth, Ministry of Gender, and Ministry of Education—often have various touchpoints to the priority populations, yet condom promotion and access through their programmes have been limited. Ministry of Education policies currently in place are based on assumptions that in-school youth will have access to such information and resources close by at youth centres and health facilities. As noted in the *Demand and Access* section, knowledge and awareness-raising is critical to address myths and misconceptions and change social and cultural norms, so that more people will access and use condoms. All touchpoints should be maximally utilised to increase the demand for condoms by ensuring that conflicting policies and regulations are amended and an enabling environment is put in place.

Similarly, public and private sector resources should be effectively used so that condoms are accessible to all, at a price point people can afford. The private sector plays an important role across CCP, not only as healthcare providers and sellers of social marketing and commercial

condoms, but also as supporters of condom programs in the workplace, and as distributors and marketers. While there are several major private sector players well-known and familiar to the public sector (for example, Christian Health Association of Malawi, PSI, and Banja la Mtsogolo [BLM]), most of the private sector goes unmonitored. There are still gaps in understanding the scope and scale of private sector activities. There is also limited enforcement by the public sector of policies and regulations around reporting, and simultaneously a lack of compliance by the private sector. To be able to fully grow the market through TMA, the private sector must be engaged first and foremost.

Leadership and coordination of CCP includes ensuring that an adequate level of funding is available for all key activities. Historically, there has been sufficient funding for the procurement of condoms (see *Supply and Commodity Security* section below). However, inadequate resource mobilisation and allocation continue to affect the implementation of other areas of condom programming such as district-level coordination. Support is required for the national and district-level CCCs to mobilise and rationally allocate resources for implementation of urgent and vital programs.

Demand and Access

Almost all Malawians (99%) know of HIV and AIDS (NAC, 2014), yet only 41 percent have comprehensive knowledge.¹ Among the 15–49 age group, approximately 75 percent know that consistent condom use prevents the spread of HIV; over 85 percent know that limiting sexual intercourse to one, HIV-negative partner reduces the chance of contracting HIV; and over 77 percent know that abstinence reduces the risk of HIV infection. Yet there remains a lack of behavioural interventions that effectively shift knowledge to action, including by addressing structural barriers to behaviour change.

Condom use in Malawi has been highly stigmatised by many segments of the population and has generally been associated with promiscuity, making it difficult for Malawians of all ages to feel comfortable with either obtaining a condom or using condoms in their sexual relationships. Traditional leaders, religious leaders, and parents are reluctant to discuss or support condom use because of religious doctrines and the general association with promiscuity. Many Malawians believe that condoms are not used by people within marriage or stable relationships, or where there is trust. Generally unfriendly disposition of service providers to potential condom users—especially youth, MSM, and FSWs—prevents potential users from gaining access.

Malawi also has unique cultural beliefs, values, and norms that could affect people's decision to use condoms in their relationships. For example, initiation is believed to be the passage from childhood to adulthood, and sexual intercourse without condoms is encouraged. People believe that sex is natural and should not be interfered with by using condoms. Myths and misconceptions also exist around condoms, which ultimately affect condom use. For example, condoms are perceived to reduce sexual pleasure. Some misconceptions around condom quality remain common, including characteristics of condoms such as size, smell, shape, colour, and brand, as well as social and moral issues. These myths and misconceptions are especially strong for female condoms.

Gender norms, such as the belief that women and girls should not make decisions about sex, disempower women in negotiating safer sex, including condom use. Women and girls are also victims of gender-based violence, including rape. Sociocultural expectations for men and boys

¹ “Comprehensive knowledge” is defined as knowing that consistent condom use and having one uninfected, faithful sex partner reduces the chance of contracting HIV; knowing that a healthy-looking person can have HIV; and rejecting the two most common misconceptions about HIV transmission (that HIV can be transmitted by mosquito bites or supernatural powers).

also influence condom use; there is a belief that multiple sexual relationships are a sign that they are real men, and condoms are rarely used.

Female Condom Programme and Use

Given the epidemic's increasing impact on women, their access to a full range of approved prevention methods—especially those that women can initiate—is critical. However, measures to control the spread of HIV among the sexually active population, and even high-risk groups in Malawi, have historically focused on the distribution and promotion of male condoms. As Malawi moves with the global community in instituting combination prevention strategies, female condoms represent the only effective dual protection technology designed to be initiated by women and available *today*.

Female condoms are a particularly critical component of a comprehensive, rights-based prevention package. Female condoms were introduced in Malawi in 2000 and place the power of choice with women. They were originally available primarily through private pharmacies, the Family Planning Association of Malawi (FPAM), and pilot projects. With support from United Nations Population Fund (UNFPA), FPAM was the one NGO involved in free distribution from 2002; the MOH, through the Reproductive Health Unit (RHU), initiated promotion and provision of free female condoms in 2004. By 2010, 86 percent of women of reproductive age knew of the method (NSO and ICF Macro, 2011). An acceptability study conducted in 2013 noted that almost all survey respondents thought it was highly likely that they would use a female condom in the future (Mandere et al., 2014). Still, this awareness and intention has not translated to high usage. In 2000, 250,000 female condoms were distributed. Annual uptake has steadily increased to around 1 million female condoms by 2011, but has now stagnated—recent data indicate an average monthly consumption of 82,000 (Health Technical Service and Support Unit, unpublished). Socially marketed female condoms are also available, selling 71,000 pieces in 2013 and 69,000 in 2015 (PSI, n.d.a; PSI, n.d.b). This plateauing of female condom sales points to the need for increased efforts to empower women and young girls to initiate sexual intercourse using protection. Focused, small-scale interventions in various districts have shown that female condom distribution and use can increase when used with targeted, intensive, and comprehensive demand creation strategies to address myths and misconceptions, and to increase knowledge among potential users on how to use female condoms (Limbani, 2011; Ngwira, 2013).

According to the 2013 acceptability study, use of female condoms varies significantly among sub-populations; most notably, younger women (ages 20–24) were more likely to be using female condoms than any other age group. Consistent with global literature, FSWs and their clients were much more likely to be using female condoms. While this study sample included 18.6 percent of current users, this is not reflective of the general population (potentially due to purposive sampling of key populations, including FSWs). The most recent MDHS data shows that female condom use has declined from 1 percent to 0 percent (i.e., a negligible sample of users) from 2010–2016 (NSO and ICF International, 2016).

Several barriers exist to female condom use, in addition to the stigma attributed to condoms in general. There are misconceptions and a negative image around its characteristics (e.g., noise, discomfort). Additionally, women often lack knowledge of how to use female condoms, likely due to limited availability of information, education, and communication materials and communication efforts. Surveys indicated that women were attracted to the idea that female condoms could increase their ability to choose how to protect themselves from HIV/STI infection and unintended pregnancies. However, the availability of female condoms did not fully address the gender imbalance inherent in male condom use, such as the cultural values that promote unprotected sex and power dynamics between men and women; women still had to negotiate use with their partners and did not often feel comfortable doing so. Research suggests that women who had access to female condoms and had the desire to use them, still

were either unable to use it openly in agreement with their partners, or resorted to using it in secret (Mandere et al., 2014).

Access to female condoms is further challenged by inconsistent supply and long distances to outlets. One-on-one interpersonal communication between health workers and potential female condom clients, using pelvic models to demonstrate how to use the product, is critical to ensure that women feel comfortable using female condoms. However, such human resource-intensive promotion efforts are challenging in the face of a shortage of health providers. More research must be done to understand the highest-impact and/or most cost-effective ways to increase the use of female condoms.

Supply and Commodity Security

Quantification and Procurement Planning

Donors remain the key funders for condoms in Malawi. In 2014, 55 million male condoms (including 16 million for social marketing) were procured through support from USAID, UNFPA, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as through the commercial sector (PSI, 2015). Funding agencies have continued to commit resources towards prevention in line with the 2015–2020 National Strategic Plan for HIV. The quantified need for 2015–2020 is expected to increase with the multiple condom programming interventions targeting general populations, adolescent girls and young women, and key populations.

Quantification is coordinated by Ministry of Health, Health Technical Support Services (HTSS), with technical support from the Reproductive Health Division and DHA. All key stakeholders are consulted during Commodity Security discussions.

Procurement

Procurement is managed by the respective procurement agencies for UNFPA, USAID, and the Global Fund. All condoms undergo pre-shipment quality control testing prior to shipment to Malawi. Condoms are shipped through ocean freight, so long-term planning is necessary. A marked improvement in implementation of country supply plans has led to improved availability of condoms at the central level.

While condom availability seems to not be a critical issue at the national level, periodic stock-outs continue to occur at the facility level, particularly in rural areas, entertainment places, and commercial accommodation facilities. This issue is primarily observed in the public sector, which is a significant concern as this sector is the most popular source of condoms—including for local NGOs and community-based organisations. There is a need to support districts in communicating planned activities to enable them to access adequate supplies in a timely manner.

Distribution

As with many other developing countries, there are three distinct distribution systems in Malawi: public, social marketing/NGO, and commercial sector systems. The population relies heavily on the public sector system (71% of market share), which operates a “push” and “pull” system to distribute condoms.

As a “push” system, HTSS develops a distribution list based on health facility and district requirements for planned activities. All condoms are distributed directly to health facilities from the national medical store, or from warehouses managed by the Global Fund or USAID/Global Health Supply Chain project. All condoms procured through the Global Fund are stored and distributed by a third party distribution agent (Bolloré Transport & Logistics Malawi Ltd), and are then distributed directly to all health facilities.

On the “pull” side, institutions can get condoms from the bottom-up when they need to replenish their supply. The government also partners with local NGOs and CBOs to distribute free condoms to rural communities through different channels such as CBDAs. NGOs and CBOs will go to community-level public sector health facilities to replenish their supply of condoms.

Condom programming is high on the prevention agenda, although there are still bottlenecks to address in the system. A thorough supply chain analysis should be conducted, but known challenges include condoms being bulky. As a result, facilities have difficulty acquiring an adequate number from the central warehouse in one trip and storing them in appropriate spaces. The government and development partners have put in place initiatives that support the public sector supply chain. For example, the DHA has developed a dedicated supply chain for all NGOs supporting key population activities, with support from HP+ and PSI to enable them to provide adequate condoms in all districts.

Stakeholders must make a coordinated effort to grow the market by applying a TMA to allow social marketing and the commercial sector to grow, thus serving the appropriate target market with different levels of ability to pay. This will allow the increasingly self-sufficient public sector system to target its efforts to serve those who cannot pay and are the hardest to reach.

The social marketing/NGO system—primarily operated by PSI and BLM and supported through donor funding—successfully reaches many outposts (in urban and semi-urban areas, and in shops, pharmacies, and hotels) to provide access to low-cost condoms. One area of concern is the cluster of distribution points in urban centres known to sell socially marketed products at almost 10 times their recommended retail price (PSI, 2015). While this price modification is worrying from a consumer protection perspective, it does indicate the existence of a segment of the population with higher willingness to pay, and highlights the potential of the urban market. Local NGOs also started distributing single-use lubricants packaged with male condoms to key populations in 2016. Supported by USAID, PSI warehouses these lubricants. Local NGOs associated with the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project take the lubricants as necessary to distribute to their target groups through their programmes; the HP+ project coordinates and manages the forecasting and quantification process.

The commercial sector—with a market share of less than 1 percent—is limited to urban centres (in pharmacies and chain stores). The commercial sector is dominated by a small number of large biomedical/pharmaceutical importers who see little market opportunity in condoms. Condoms are a low-margin product compared to other specialised pharmaceutical products, and private sector actors see investments in marketing and sales as unprofitable while low-cost socially marketed products are available in the same urban market. They also find it too costly to distribute more widely when products are unaffordable for many in peri-urban and rural areas.

Storage, Stock Management, and Quality Assurance

While condoms meet quality standards at the time of importation, as assessed by the PMB, post-market surveillance assessments at facilities and retail locations have found that a considerable number of facilities do not have adequate storage space and that condoms were placed in hallways or in the open. Even if placed in a storage facility, condoms may not have adequate ventilation and climate control to ensure maintenance of quality. To address this issue, USAID is currently working with the Government of Malawi to set up pre-fabricated pharmacy storage units in over 100 public sector health facilities across the country. The Global Fund has also committed to support installation of an additional 95 pre-fabricated pharmacy storage units. With these additional investments, it is expected that storage will improve at health facilities in the public sector. However, there is need for continued

mentorship and supervision to ensure that World Health Organization storage guidelines are adhered to in all health facilities.

Support

Data Generation, Analysis, and Use

Research and analysis initiatives are taking place at district and community levels to document best practices and measure the impact of promising interventions. However, the scope, frequency, diversity, and rigor of these initiatives have been limited due to capacity and resource restrictions. Efforts to capture evidence for CCP are fragmented, with partners concentrating on supply data and less on programming data. Various research and analysis efforts by partners have not necessarily been coordinated or shared, limiting the utility of evidence generated. The NAC has taken the role of keeping track of data generation activities, although the master list of research activities is not yet comprehensive, and no clear systems are in place to ensure that all research and analysis initiatives are recorded, reported, and shared. Areas for further research are numerous, but highlighted topics include the desired properties and perceived negative aspects of female condoms; barriers to use for specific segments of the population (including MSM); and knowledge, attitudes, and practices of ex-prisoners.

There is also concern that routine reporting does not fully collect the type of practical information that could be used for programme decision making. For example, current condom distribution reporting only includes the public sector; while the private sector is required to report sales and distribution of condoms to the relevant local health office, reporting has been sporadic and even non-existent in the commercial private sector.

Enabling Environment

Support to CCP also includes ensuring the presence of enabling policy and regulatory environments. Currently, several restrictive policies and regulations are in place, potentially due to the negative association between condoms and sex. MOH and line ministries often have conflicting policies and regulations, most notably the restriction of condom access by the Ministry of Education policy. Conversely, fostering an enabling environment can include the introduction of new policies and regulations that make it easier for players in the condom market to function better in alignment with Malawi's overarching policy goal. Advocacy and policy dialogue should be intensified by all players—across ministries and among the public and private sectors—to raise political awareness, increase government ownership and accountability, and increase commitment to improve condom access and use.

While there are many challenges to CCP, the programme has made incremental progress over the last two decades. Increasing consistent condom use remains the central intervention strategy for HIV prevention programmes. To catapult CCP towards its goal, this condom strategy focuses on critical and/or promising initiatives to ensure that high-quality condoms become easily accessible wherever and whenever the user needs them.

ANNEX B: KEY AND PRIORITY POPULATIONS FOR THE HIV PROGRAMME IN MALAWI

The NSP has defined two target groups (FSWs and MSM) as key populations. Furthermore, prisoners, youth, estate workers, and other highly mobile groups (e.g., truckers, fish buyers and sellers) have been identified as vulnerable populations. While data are not available at the national level, it is known that these populations have unique circumstances and environments in which access to information or condoms may be restricted. For example, condom distribution is not allowed in prisons, and the most effective intervention is awareness raising about high-risk behaviours. The 2015–2020 National Prevention Strategy outlines comprehensive packages of combination prevention activities that must be in place for each key and vulnerable population to ensure that prevention responses are targeted based on drivers of the epidemic and prioritised geographic locations.

This new broadened set of populations to be prioritised in CCP was reflected in the following ways:

- **Leadership and Coordination:** Engage civil society organisations and CBOs working with vulnerable populations in CCP.
- **Demand and Access:** Expand access through nontraditional outlets; scale high-impact behaviour change interventions in prisons.
- **Supply and Commodity Security:** Systematise supplies for lubricants.
- **Support:** Understand the behaviour of vulnerable population within and out of their environments.

ANNEX C: TOTAL MARKET APPROACH (TMA) FRAMEWORK

TMA is an approach, or a way of developing and implementing programmes, in which all market players—including but not limited to public, private, nonprofit, civil society, social marketing, and commercial private sectors—work together to deliver health choices for all population segments (NAC, 2014). The NSP acknowledges the contribution of all players within the condom market, and newly highlights the importance of leveraging market players' respective strengths to grow market sustainably while also improving equity.

TMA is not an activity unto itself; it is a process that is embedded within activities so that they are implemented in an inclusive manner, accounting for implications for all players. An activity can apply TMA through the following six-step process (Palladium, 2016).

- **Analyse the market.** The market may vary depending on the type of activity to be implemented. Understand who is working on what in a certain district or with a specific target population.
- **Engage relevant stakeholders.** Bring all stakeholders together to establish a common goal that grows the market, which reaps benefits for all.
- **Understand comparative strengths among market players.** Link the target market and interventions to those that the player is best positioned to serve.
- **Strengthen the capacity of local stakeholders.** Address internal barriers that are preventing players from achieving their fullest potential.
- **Support market interventions.** Address external barriers that are preventing the market from achieving its fullest scale.
- **Re-assess and re-engage, and repeat.** Validate whether the interventions have made a difference and alter the course as necessary.

The Government of Malawi stewards the process through the CCCs. To make meaningful change, all sector players should be engaged to contribute to each step of the process.

To reflect the TMA in CCP, the strategy was strengthened in the following way:

- **Leadership and Coordination:** Some stakeholders are not engaged in the coordinating platform. (Identify and engage the private sector, especially commercial and faith-based organisations [FBOs], as well as other ministries in the CCC.)
- **Demand and Access:** The private sector (including FBOs) is comprised of significant service delivery points, yet these are not fully leveraged. (Analyse the needs and the potential of various target markets [segment of the population or geography], and support expansion of service delivery points by players best positioned to serve that market. Improve provider knowledge and skill in promoting condoms, including in the private sector.)
- **Supply and Commodity Security:** Comprehensive market data is currently not available, as only public sector data is captured. (Include the private sector, especially the commercial sector, in commodity reporting and forecasting.)
- **Support:** Private sector markets are yet to be fully explored. (Understand the strengths and weaknesses of private sector service delivery, including commercial and FBO partners.)

ANNEX D: MALAWI NATIONAL CONDOM STRATEGY ACTION PLAN

Strategic Objective 1: Strengthen CCP leadership and coordination structures at all levels

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
1.1. Integrate CCP across relevant sectors	1.1.1 National and district structure building	Review and update terms of reference for national and district levels	Jun 2016	Jul 2016	MOH/CCC
		Map leadership and coordination gaps at national and district levels	Aug 2016	May 2017	MOH/NAC/DAC
		Identify and engage players to be a member of the national-level coordination structure	Sept 2016	May 2017	MOH/NAC
		Identify and appoint focal persons at the district level	Apr 2017	May 2017	DAC
		Support district-level focal person to establish a district-level CCC	May 2017	June 2017	MOH/DAC
		Build capacity of national and district-level institutions to operate CCCs	July 2017	Jun 2020	MOH/NAC
	1.1.2 CCP integration	Identify gaps or complementary policies/strategies regarding CCP	Apr 2017	Jun 2017	DNHA/DHA/NAC
		Hold small consultative meetings at least twice a year with key departments and ministries to raise awareness and coordinate on CCP	Apr 2017	Jun 2020	DHA/DNHA/NAC
		Build sectoral capacity in condom mainstreaming, such as the ability to plan, budget, and monitor condom programmes within their plans and policies by holding annual CCP alignment workshop	Jul 2017	Jun 2020	DHA/DNHA/NAC

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
		Collaboratively work with other departments and ministries to develop or revise/harmonise plans and policies	July 2017	Jun 2020	DHA/DNHA/NAC
		Attend the Sexual and Reproductive Health TWG to ensure alignment of CCC activities with TWG activities	Sept 2016	Jun 2020	DHA/HP+
		Hold small group meetings with a subset of representatives from the Sexual and Reproductive Health TWG on a quarterly basis to support the Youth Friendly Health Services Strategy as it relates to condom use and access	Sept 2016	Jun 2017	DHA/NAC/HP+

Strategic Objective 2: Raise demand and improve access to increase use of male and female condoms and condom-compatible commodities

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
2.1 Mobilise society to create an enabling environment for behaviour change on male and female condoms, and condom-compatible commodity use	2.1.1 Community engagement through social dialogue	Develop a social dialogue plan that identifies key platforms for engagement such as men and women's groups, community chief groups, and radio	Jan 2017	Dec 2017	MOH/LINKAGES/ NGOs/CBOs
		Engage these platforms and solicit support for condom programming	Oct 2017	Jun 2018	MOH/LINKAGES/NGOs/CBOs
		Conduct social dialogue through these platforms	Jan 2018	Jun 2020	MOH/LINKAGES/ NGOs/CBOs
	2.1.2 Condom champions establishment	Identify potential champions and celebrities across various industries (musicians, sportsmen, religious leaders, etc.)	Jan 2017	Dec 2017	MOH/PSI
		Engage and train male and female condom champions on key messages of condom programming	Oct 2017	Jun 2018	MOH/PSI
		Raise male and female condom awareness and acceptability through attendance of champions at events and radio	Jan 2018	Jun 2020	MOH/PSI
	2.1.3 Demand creation capacity building	Map out local NGOs and CBOs by district (linked to 2.2.4)	Mar 2017	Apr 2017	MOH/DAC
		Develop a standardised demand generation package among partners (training package, tools, duration, participants)	Apr 2017	Oct 2017	MOH/partners
		Conduct trainings to build capacity of local NGOs and CBOs on demand creation/generation of male and female condoms	Nov 2017	Jun 2018	MOH/HEU/LINKAGES/partners

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
		Provide support to train NGOs and CBOs on demand generation capacity	Jan 2018	Jun 2018	Partners
	2.1.4 Mass media campaign	Develop and test high-impact marketing messages for male and female condoms	Jul 2017	Sept 2017	MOH/HEU
		Develop targeted marketing message for generic and branded male and female condoms	Aug 2018	Oct 2017	MOH/PSI
		Execute demand creation campaign through multiple avenues, including female condom social marketing, mass media, and interpersonal communication	Nov 2017	Jun 2020	MOH/HEU/LINKAGES/PSI
2.2 Strategically expand condom distribution through the public and private sectors	2.2.1 Alternative distribution points development	Review private sector distribution system to identify distribution points most accessible to key target populations, such as FSWs, MSM, and youth, with a special focus on the potential of CBDA	Mar 2017	May 2017	MOH
		Conduct market segmentation analysis to better understand consumer perception, behaviours, ability to pay, and preference	Jul 2017	Oct 2017	NGOs/private sector
		Take a TMA to strategically strengthen and expand high-impact condom distribution points and models, including building knowledge about female and male condoms among providers and sellers	Nov 2017	Jun 2020	NGOs/private sector
	2.2.2 Commercial sector engagement	Map and identify relevant commercial sector players in condom programming by district	Mar 2017	Jun 2017	MOH/DAC
		Conduct meetings and workshops to understand motivations and needs of commercial sector players	May 2017	Aug 2017	MOH/private sector/HP+
		Conduct private sector policy analysis and develop a total market distribution point expansion plan	Aug 2017	Dec 2017	MOH/private sector/HP+

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
		Advocate to put in place market-shaping policies (e.g., tax waivers) that incentivise commercial sector growth in condom distribution	Jan 2018	Jun 2020	MOH/private sector

Strategic Objective 3: Strengthen the supply chain management system of CCP

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
3.1 Strengthen distribution and monitoring systems for condoms through public and private sectors	3.1.1 Subnational reporting initiative	Assess current status of reporting requirements	Mar 2017	May 2017	DHA/supply chain project
		Formulate standardised condom reporting forms	May 2017	Jun 2017	Supply chain project
		Train on logistics management information system	Jul 2017	Oct 2017	District CCC
		Analyse reporting trends and challenges	Aug 2017	Dec 2017	National CCC
		Conduct supportive supervision to ensure appropriate reporting	Nov 2017	Mar 2018	District CCC
	3.1.2 Private sector reporting initiative	Engage private sector, especially commercial sector, on data sharing and use	Jul 2017	Oct 2017	DHA/HP+
		Consensus on data management system vision, requirements, and functionality	Oct 2017	Oct 2017	DHA/HP+/supply chain project
		Upgrade current public sector data management system to include socially marketed and commercial condom data	Nov 2017	Jun 2018	MOH/supply chain project

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
	3.1.3 Distribution system analysis	Assess bottlenecks throughout the public sector supply chain	Mar 2017	Jun 2017	MOH/DCC
		Analyse current public, social marketing/NGO, and commercial sector distribution systems in place at various levels, including to the community level	Mar 2017	Jun 2017	MOH/DCC/HP+
		Conduct interim public sector supportive distribution model workshop to agree on temporary mechanism to ensure adequate supply of public sector condoms	Jul 2017	Jul 2017	MOH/Partners
		Establish the interim public sector supportive distribution system and monitor effectiveness	Jul 2017	Aug 2017	MOH/Partners
		Address challenges identified in the supply chain assessment	Sept 2017	Jun 2020	MOH/DCC
3.2 Strengthen quality assurance capacity for male and female condoms, and condom-compatible commodity	3.2.1 Quality assurance	Orient relevant government regulatory authorities (e.g., PMB, NRA, police) on quality assurance of condom products	Oct 2017	Nov 2017	MOH
		Conduct quarterly condom post-market surveillance	Jan 2018	Jun 2020	PMB/Partners
		Share key findings on condom quality issues and develop quality improvement strategies	Jul 2018	Oct 2018	PMB/MOH

Strategic Objective 4: Create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
4.1 Conduct research to generate evidence for program development and implementation	4.1.1 Research initiative	Develop research plan based on prioritised research objectives that will feed into the National Health Research Agenda	Jun 2017	Jul 2017	NAC/DHA
		Conduct operations research on CCP	Jul 2017	Jun 2020	NAC
		Build institutional capacity to conduct operational research	Jan 2018	Jun 2020	DHA/DNHA/NAC
		Establish a forum for dissemination of research findings	Jun 2017	Jun 2020	NAC/DHA
4.2. Advocate for policy and regulatory change that strengthens supportive environment	4.2.1 Policy advocacy initiative	Identify advocacy aim (e.g., youth and prisoner access to condoms) through workshop with key stakeholders	Jul 2017	Nov 2017	DHA
		Develop and implement an advocacy plan, leveraging current policy and advocacy movements as much as possible	Nov 2017	Feb 2018	DHA
		Conduct advocacy sessions with key decision makers and influencers	Feb 2018	Jun 2020	DHA
		Monitor changes in policy and regulation	Jul 2018	Jun 2020	NAC

Strategic Objective 5: Secure funding for effective and efficient implementation of CCP

Priority Activity	Sub-activity	Tasks	Start Date	End Date	Lead
5.1 Develop and execute a resource mobilisation plan to advocate for resources	5.1.1 CCP funding advocacy sub-activity	Prioritise activities for resource mobilisation	July 2017	Aug 2017	NAC/DNHA
		Learn resource gaps by conducting a detailed costing and funding gap analysis of prioritised activities	Aug 2017	Oct 2017	NAC/DNHA
		Develop a resource mobilisation plan	Aug 2017	Nov 2017	DNHA/NAC
		Execute plan by identifying and advocating for resources	Oct 2017	Dec 2020	DNHA/NAC
		Monitor fund utilisation through various mechanisms like resource tracking study	July 2017	Dec 2020	DNHA/NAC

ANNEX E: MALAWI NATIONAL CONDOM STRATEGY BALANCED SCORECARD

Strategic Goal: Contribute towards the reduction of STI and HIV transmission, and unwanted pregnancies in Malawi.

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
% of women and men ages 15–49 who reported using a condom at last sexual intercourse	M – 29.7% F – 27.2% (2015)	M – 30% F – 30%	M – 40% F – 40%	M – 50% F – 60%	M – 60% F – 60%	M – 70% F – 70%	Every 4 years	MDHS/population-based surveys	Indicator from Malawi National HIV and AIDS Monitoring and Evaluation Plan
Number of male condoms distributed	55,921,698 (2014)	60 million	65 million	70 million	75 million	80 million	Quarterly	Sales and programme records	Disaggregated by public, socially marketed, and commercial indicator from Malawi National HIV and AIDS Monitoring and Evaluation Plan
Number of female condoms distributed	1 million	1 million	1.1 million	1.2 million	1.3 million	1.4 million	Quarterly	Sales and programme records	Disaggregated by public and socially marketed indicator from Malawi National HIV and AIDS Monitoring and Evaluation Plan
Number of lubricants distributed to key populations	0	500,000	1.0 million	1.5 million			Quarterly	IP programme records	
% of men and women ages 15–49 who say HIV can be prevented by using condoms	M – 75.4% F – 75.2% (2015)	M – 70% F – 65%	M – 75% F – 70%	M – 75% F – 70%	M – 75% F – 70%	M – 75% F – 70%	Biannual	MDHS/population-based survey targeting most-at-risk populations	Disaggregated by gender indicator from Malawi National HIV and AIDS Monitoring and Evaluation Plan

Strategic Objective 1: Strengthen CCP leadership and coordination structures at all levels.

Priority Activity 1.1. Integrate CCP across relevant sectors

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
% of districts with CCCs established	1	15	28	28	28	28	Biannual	Zonal reporting/ meeting minutes	There are 28 districts, each district to have a CCC
% of districts with functional CCCs that meet regularly as defined by the terms of reference	0	6	15	24	28	28	Biannual	Zonal reporting/ meeting minutes	There are 28 district CCCs
Number of policies and plans on condoms developed or revised with CCP incorporated	0	0	1	2	2	2	Annual	Policy documents	

Strategic Objective 2: Raise demand and improves access to increase use of male and female condoms and condom-compatible commodities.

Priority Activity 2.1 Mobilise society to create enabling environment for behaviour change on male and female condoms, and condom-compatible commodity use

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
Number of local NGOs and CBOs trained on demand generation	0						Quarterly	IP programme data	Target will be set once the mapping exercise is conducted
Number of demand generation activities implemented by trained NGOs and CBOs	0						Quarterly	IP programme data	Target will be set once the mapping exercise is conducted
Number of social dialogues conducted	0						Quarterly	IP programme reporting	
Number of promotions by champions conducted	0						Quarterly	IP programme reporting	Promotions defined as discrete planned events in which a champion shares key messages around condom use

Priority Activity 2.2 Strategically expand condom distribution through the public and private sectors

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
Number of new service delivery points (SDPs)	0						Quarterly	IP programme data	Disaggregate by distribution type (retailer, commercial location, clinic, other)

Strategic Objective 3: Strengthen the supply chain management system of CCP.

Priority Activity 3.1 Strengthen distribution and monitoring systems for condom through public and private sectors

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
% of health facilities that receive condoms that submit their consumption report (Logistics Management Information System) on time	86%	86%	90%	95%	100%	100%	Quarterly	Programme reporting	Disaggregated by zone
% of SDPs (health facilities, private organisations) that submit their consumption report on time	0	0	50%	75%	90%	90%	Quarterly	Programme reporting	Disaggregated by zone Baseline determined through mapping exercise
% of health facilities with condom stock-outs for the last 3 months	5%						Quarterly	Programme reporting	Disaggregated by zone

Priority Activity 3.2: Strengthen quality assurance capacity for male and female condoms and condom-compatible commodities

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
% of SDPs that meet quality assurance standards of male and female condom storage	TBD						Quarterly		Meet quality assurance standards as set by the PMB

Strategic Objective 4: Create an enabling environment for evidence generation to inform programming, policy, and regulation around CCP.

Priority Activity 4.1. Conduct research to generate evidence for programme development and implementation

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
Research plan in place	0		1		1		Every 2 years	Research plan	Developed in alignment with the national HIV and AIDS research and evaluation agenda
Number of research studies conducted and disseminated	TBD								

Priority Activity 4.2. Advocate for policy and regulatory change that strengthens supportive environment

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
Advocacy plan in place	0	0	1	1	1	1	Every year	Advocacy plan	
Number of regulatory institutions functional in CCP	0	0	4	10	14	20	Annually	CCC annual report	Each meeting with advocacy targets, such as policymakers and influencers, will be counted as one discrete session
Number of policy changes effected	0	0	0	1	1	1	Annually	CCC annual report	

Strategic Objective 5: Mobilise resources for effective and efficient implementation of CCP.

Priority Activity 5.1: Mobilise resources for effective CCP

Indicator	Baseline	Target					Frequency	Source	Note
		2015/16	2016/17	2017/18	2018/19	2019/20			
Number of sectors with a mobilisation plan in place	0	0	1	2	2	2	Annual	Resource mobilisation plan	Target sectors are public sector, donors
% of activities funded after resource mobilisation activity	0	0	20%	30%	50%	75%	Annual	Annual work plan	Unfunded activity may be funded through donor support, or by the Government of Malawi funding activities it had not funded in the past

ANNEX F: CONDOM COORDINATION COMMITTEE TERMS OF REFERENCE

National Condom Coordination Committee

1.0 Introduction

The National Condom Coordination Committee originates as a subcommittee to the HIV Prevention Technical Working Group. It was established to provide technical guidance in Comprehensive Condom Programming in the country. The National Condom Coordination Committee will be the platform to coordinate all condom programming at the national level for strategy implementation and thereby also provide a networking and partnership forum for its members. This terms of reference outlines the main objective, roles and responsibilities, membership, leadership, and operational modality of the Committee.

2.0 Objective

The objective of the National Condom Coordination Committee is to provide technical guidance and support in planning, implementation, scale-up, and monitoring and evaluating Comprehensive Condom Programming in Malawi.

3.0 Key roles and responsibilities of the Condom Coordination Committee

- 3.1. Support the development of strategic documents for condom programming, such as policy strategy, operations plan, communication guide, and strategy for male and female condoms
- 3.2. Monitor and evaluate implementation of the national condom strategy and implementation plan, including coordination of all relevant stakeholders' condom programming activities
- 3.3. Facilitate the adoption and integration of evidence-based approaches and interventions for comprehensive condom programming.
- 3.4. Organize and provide forums for disseminating, networking, and sharing best practices on condom programming among implementers at national level
- 3.5. Support leadership through coordination of relevant stakeholders to mobilize resources for effective comprehensive condom programming
- 3.6. Advocate for policy and regulatory change that strengthens supportive environment for condom programming

4.0 Membership

The condom committee will comprise the following institutions:

- 4.1. Ministry of Health
 - HIV and AIDS Department
 - Reproductive Health Department
 - Health Education Department
 - HTSS-Pharmaceuticals
 - Central Medical Stores Trust

4.2. Other government ministries

- National AIDS Commission
- Ministry of Education
- Ministry of Labour, Youth, Sports and Manpower Development
- Ministry of Gender, Children, Disability and Social Welfare

4.3. Regulatory Bodies

- Pharmacy and Medicines Board

4.4. Development partners

- World Health Organization
- UNAIDS
- USAID
- UNFPA
- Southern Africa AIDS Trust (SAT)
- FHI 360, LINKAGES Project

4.5. Implementing Partners/NGOs

- Banja La Mtsogolo (BLM)
- Center for the Development of People (CEDEP)
- Health Policy Plus (HP+) project/Palladium
- Hunger Project
- FHI360, LINKAGES Project
- Pakachere Institute for Health and Development Communication (IHDC)
- PSI
- Theatre for Change
- Youth Net and Counselling (YONECO)

4.6. Networks and Associations

- Christian Health Association of Malawi (CHAM)
- Family Planning Association of Malawi (FPAM)
- Malawi Business Coalition Against AIDS (MBCAA)
- Malawi Network of People Living with HIV/AIDS (MANET+)
- Malawi Network of Religious Leaders Living with HIV/AIDS (MANERELA)
- Malawi Interfaith AIDS Association (MIAA)
- Malawi Network of AIDS Service Organisations (MANASO)
- National Association of People Living with HIV and AIDS in Malawi (NAPHAM)

- National Youth Council of Malawi
- CEDEP, Theatre for Change, YONECO, FPAM, Pakachere, Hunger Project
- National Youth Council Population

5.0 Leadership

The Directorate of HIV and AIDS in the Ministry of Health shall chair the committee. The duties of the chair shall include chairing all the scheduled meetings, liaising with the secretariat on the timely production and circulation of minutes, follow-up of action points, and acting as a representative to the HIV Prevention Technical Working Group, as well as any other technical platform requiring representation of the condom programme.

6.0 Secretariat

The National AIDS Commission shall be the secretariat to this committee. The Secretariat shall call the meeting, compile and share all meeting minutes, and follow up to update all action points.

7.0 Operational Modalities and Reporting

The committee meetings shall be held quarterly or any other time depending on need as identified by the leadership in consultation with the secretariat. The meeting invitations, agenda, minutes from previous meeting (including updated action points), and supporting documents will be circulated to all members at least seven days before the scheduled meeting date. Minutes will be circulated within two weeks of the meeting. The committee may invite individual or representatives of organizations to respond to specific agenda items.

The committee shall report to the HIV Prevention Technical Working Group on a quarterly basis and as needed to provide updates on developments in condom programming. The Chair of the committee shall automatically become a member of the HIV Prevention TWG.

The committee shall also hold one annual meeting where zonal and district focal points will be invited to attend to share experiences and lessons learned, and to collaboratively develop the upcoming year's action plan.

District Condom Coordination Committee

1.0 Introduction

The District Condom Coordination Committees have been established following an assessment of condom programming activities at district and community levels, through which a need for a coordination mechanism was identified.

The District Condom Coordination Committee shall be the platform to coordinate all condom programming at district and community levels. All districts shall have a District Condom Coordination Committee. The following terms of reference outlines the main objective, roles and responsibilities, membership, leadership, and the operational modality of the committee.

2.0 Objective

The objective of the District Condom Coordination Committee is to provide technical guidance and support in planning, implementation, scale-up, and monitoring and evaluating comprehensive condom programming activities at district and community levels.

3.0 Key roles and responsibilities of the condom subcommittee

- 3.1. Support the development of district implementation plans for condom programming in alignment with the national strategy
- 3.2. Facilitate capacity building of stakeholders engaged in comprehensive condom programming
- 3.3. Provide a representative forum for consensus building and support for decisions relating to comprehensive condom programming at the district level
- 3.4. Monitor and evaluate implementation of the national condom strategy at district and community levels
- 3.5. Ensure forums for disseminating, networking, and sharing best practices on condom programming among implementers at district and community levels

4.0 Membership

The district condom coordinating committee will comprise of a maximum of 20 members, with representation drawn from condom programming stakeholders as follows:

- 4.1. District Health Office
 - Family Planning Coordinator
 - Youth Friendly Health Services coordinator
 - HIV coordinator
 - Pharmacy assistant/Technician
 - Information, Education, and Communication (IEC) officer
- 4.2. Chair of the District Assembly, or representation
- 4.3. District level government representatives for all ministries in the district
 - Ministry of Education
 - Ministry of Agriculture

- Ministry of Gender

4.4. Police, immigration, Malawi Revenue Authority (MRA)

4.5. District implementing partners – NGOs working in CCP, CBOs, networks

4.6. Key population representatives including youth

5.0 Leadership

The district condom coordinating committee will be chaired by the appointed/elected condom focal person. This district focal person will be from the District Health Office (either the District Family Planning coordinator, the Youth Friendly coordinator, or the pharmacist assistant).

The duties of the chairperson shall include chairing all committee meetings as scheduled, ensuring active participation of all members in the session, and liaising with the secretariat on the timely production and circulation of minutes. Furthermore, the chairperson is responsible for cascading district-level implementation plans and guidance down to the community level.

The chairperson shall represent the committee in the regular HIV Prevention TWG meetings.

6.0 Secretariat

The district AIDS coordinator shall be the secretariat for the district condom coordinating committee. The duties of the secretariat shall include (but not be limited to) calling the meeting, developing the agenda, compiling and sharing all meeting minutes, following up on action points, and developing and updating a database of players implementing condom activities at district and community levels.

7.0 Operational Modalities and Reporting

The committee meetings shall be held quarterly, and the venue shall be the district assembly. The agenda and supporting documents will be circulated to all members at least one month before the meeting. Minutes will be circulated within two weeks of the meeting. The committee may invite individuals or representatives of organizations to respond to specific agenda items.

The committee shall report to the District HIV Prevention TWG on a quarterly basis and as needed to provide updates on developments in condom programming. The chair of the condom committee shall automatically become a member of the District HIV Prevention TWG.

REFERENCES

- Health Technical Service and Support Unit. Unpublished. "Consumption Data, April 2015." Unpublished data gathered by strategy development team. Malawi.
- Limbani, F. 2011. *Acceptability of Female Condoms in HIV and STI Prevention in Malawi*. Blantyre, Malawi: University of Malawi, College of Medicine.
- Mandere, G., S. Mupemba, and J. Chingwalu. 2014. *Acceptability of Female Condoms in Malawi*. Lilongwe, Malawi: National AIDS Commission.
- Ministry of Health (MOH). Preliminary data on MOH, NAC, and World Bank study on HIV infection in 2016 using Optima model. Personal communication on July 7, 2017.
- National AIDS Commission (NAC). 2014. *2015–2020 National Strategic Plan for HIV*. Lilongwe, Malawi: National AIDS Commission.
- National AIDS Commission (NAC). 2015. *Malawi National HIV and AIDS Monitoring and Evaluation Framework 2015–2020*. Lilongwe, Malawi: NAC.
- National AIDS Commission (NAC) and Joint United Nations Program on HIV/AIDS (UNAIDS) Malawi. 2014. *Modes of Transmission Analysis and HIV Prevention Response*. Lilongwe, Malawi: NAC and UNAIDS Malawi.
- National Statistics Office (NSO). 2014. *Malawi Biological and Behavioural Surveillance Survey Report, 2013–2014*. Zomba, Malawi: NSO.
- National Statistics Office (NSO) and ICF International. 2016. *Malawi Demographic and Health Survey 2015–16: Key Indicator Report*. Zomba, Malawi and Rockville, MD: NSO and ICF International.
- National Statistics Office (NSO) and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi and Calverton, MD: NSO and ICF Macro.
- Ngwira, B. 2013. *Documentation of Best Practices on Female Condom Programming in the Impact Areas for The Hunger Project Malawi, Youth Net and Counselling and Population Services International in Malawi*. Blantyre, Malawi: The Hunger Project Malawi.
- National Statistics Office (NSO) and ICF International. 2016. *Malawi Demographic and Health Survey 2015–16: Key Indicator Report*. Zomba, Malawi and Rockville, MD: NSO and ICF International.
- National Statistics Office (NSO) and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi and Calverton, MD: NSO and ICF Macro.
- Palladium. 2016. *Palladium's Total Market Approach: A Pathway for Delivery Health Impact*. Washington, DC: Palladium.
- Population Services International (PSI). 2015. *Malawi Total Market Approach for Male Condoms*. Lilongwe, Malawi: PSI.

Population Services International (PSI). n.d.a. "Sales Data, 2013." Unpublished data gathered by strategy development team.

Population Services International (PSI). n.d.b. "Sales Data, 2015." Unpublished data gathered by strategy development team.

Sandoy, I., A. Blystad, E. Shayo, E. Makundi, C. Michelo, et al. 2012. "Condom Availability in High Risk Places and Condom Use: A Study at District Level in Kenya, Tanzania and Zambia." *BMC Public Health* 12: 1030.

UNFPA. 2010. *Comprehensive Condom Programming: A Guide for Resource Mobilization and Country Programming*. New York: UNFPA.

UNAIDS. n.d. "HIV and AIDS Estimates." Available at <http://www.unaids.org/en/regionscountries/countries/malawi>.

UNAIDS. 2015. "UNFPA, WHO and UNAIDS: Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy." Available at http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention.