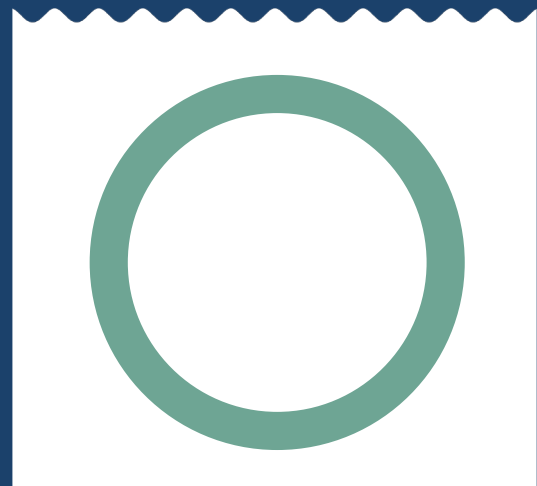


A GUIDE FOR DEVELOPING STRATEGIC OPERATIONAL PLANS

to Achieve Sustainable Increases in Condom Use



Mann Global Health
HEALTHIER PEOPLE. STRONGER GLOBAL HEALTH ORGANIZATIONS.

June 2020

This is a prototype version. Please contact the authors for questions and to provide feedback to improve the guidance.

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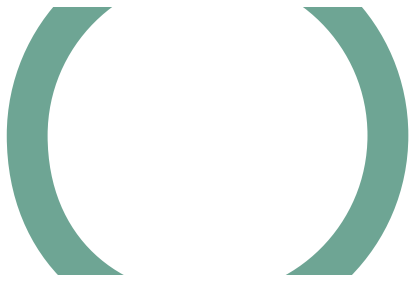
This guidance was produced by Brian Smith, Chris Jones, Nora Miller, and Reid Moorsmith at Mann Global Health under the auspices of the Global HIV Prevention Coalition and funded by the Bill & Melinda Gates Foundation. Many members of the Global Condom Technical Working Group contributed to the development of this guidance. In particular, we'd like to thank Clemens Benedikt, Gina Dallabetta, Bidia Deperthes and Henk Van Renterghem for their valuable input. Several elements of this work draw on the Keystone Design Process developed by Population Services International.

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ABBREVIATIONS

CCP	Comprehensive Condom Programming
ME&PI	Monitoring, Evaluation and Performance Improvement
MOH	Ministry of Health
NAC	National AIDS Council
NGO	Non-Governmental Organization
PrEP	Pre-Exposure Prophylaxis
STI	Sexually Transmitted Infection
TMA	Total Market Approach



INTRODUCTION



Rationale

Condoms save lives and improve well-being. They reduce HIV and STI incidence, morbidity, mortality and unintended pregnancies, and result in cost savings for the healthcare and social sectors. Condoms are inexpensive and cost-effective.

UNFPA, WHO, and UNAIDS have identified condoms as a critical component of a comprehensive approach to HIV prevention. Condom programming is one of five core UNAIDS Prevention Pillars, and should be an integral component of all HIV prevention and care packages, offering at-risk individuals an important and effective choice to prevent HIV. Condoms are also an essential tool in STI prevention and an important family planning option – particularly for youth.

The consistent and correct use of male condoms significantly reduces HIV transmission during vaginal sex (80%) and anal sex (70-90%). Female condoms can provide similar levels of protection for vaginal sex and anal sex making them among the most effective prevention technologies available today. Models estimate that condom use averted 45 million new HIV infections between 1990 and 2015.

Condoms are also familiar and convenient to most people, and for many are the only viable option to prevent HIV, other STIs, and unintended pregnancies. Condoms are user-controlled, are easy to use and store, and do not require medical prescriptions or direct provision by healthcare personnel or in facilities. They can be used by anyone who is sexually active – including youth.

Condoms must remain a high priority even as new HIV prevention options are scaled. While testing and treatment, pre-exposure prophylaxis (PrEP), and voluntary medical male circumcision have expanded prevention options, coverage levels are still low in many countries. There is a continuing need for condoms.



Purpose of This Guide

While condom use has increased substantially over the last two decades, use has not yet achieved national and global targets. Condom use rates are stagnating or decreasing in at-risk partnerships in some populations and countries. Condom programs intended to achieve ambitious targets face a challenging funding environment. These programs must also adapt to a more complex prevention ecosystem where potential condom users may be on treatment, circumcised, taking PrEP, or on a long-term family planning method. While these options do not eliminate the need for condoms, they do affect how users perceive their risks and need for condoms, and how condoms are positioned to manage those risks. Significant weaknesses in program stewardship, demand, and supply also contribute to lower than desired levels of condom use in many countries.

In this context, strong, well-designed, comprehensive condom programs are essential to national HIV prevention efforts as well as for prevention of other STIs and unintended pregnancies.

This guide aims to help countries navigate these challenges and strengthen the design and execution of comprehensive condom programs. The guide is intended to support country stewards/planners (individuals and groups who are responsible for developing and stewarding programs) as they develop and implement evidence-based strategic operational plans. This guide complements UNFPA's Comprehensive Condom Programming (CCP) guidance.

The process described below produces a prioritized set of objectives and activities that also positions programs to receive necessary financial support from international and domestic sources. Application of this guide will lead to stronger programs that achieve measurable increases in condom use while improving the sustainability of efforts to maintain high levels of use.

This manual, referred to as The Guide, is part of a package of support that includes: Introduction to the Condom Planning Package; Situation Analysis Guidance; Design: a manual for identifying strategic priorities for condom programs; and, Guidance for Developing a Monitoring, Evaluation & Program Improvement plan.



Guiding Principles for Condom Programs

Current best practice suggests that condom plans should incorporate the following principles (which are described in more detail in the Condom Technical Brief available on the Prevention Coalition website). <https://hivpreventioncoalition.unaids.org/resources/>

Ensure national ownership. All condom programming efforts should be nationally owned. Governments should lead the effort to steward effective condom programming drawing on the expertise and comparative advantages of partners.

Adopt a Total Market Approach (TMA). TMA is a framework for considering how to maximize the contributions of the public, commercial, and NGO sectors in addressing the challenges of increasing and sustaining condom use. TMAs are being increasingly adopted across many health areas – particularly in family planning – because they increase efficiency and sustainability in meeting user needs.

Use data and evidence about the total market and condom users to design interventions. It is critical to understand patterns of condom use in different groups as well as the dynamics of supply and demand in the public, commercial, and NGO sectors before designing interventions. Plans should also include regular collection and use of data to continuously improve interventions.

Put the user at the center of all interventions. Interventions should seek to understand and then focus on the specific needs of priority populations. Interventions should be designed with the understanding that the user’s perspective, motivations, aspirations, and choices are central to all programming.

Align within the context of broader HIV prevention and treatment strategies. It is critical that condoms fit within the broader treatment and prevention landscape. Individuals have more prevention options than ever before – and condom plans need to reflect that. The challenge is to develop interventions that account for the growth in treatment and other prevention programs without losing the focus on condoms required to increase use among populations who still need them. Integration with treatment and other prevention programs is a recommended approach, but condom programming must not be limited to those programs.

Meet human rights standards. Human rights norms and principles must be integrated into condom programs, and interventions must address human rights-related barriers. Human rights standards are particularly important considerations in countries where condoms are used as evidence of sex between men, or of sex work. Similarly, many rights-related barriers to condoms hamper access for adolescents, many of whom in sub-Saharan Africa are highly vulnerable to HIV acquisition.

Address gender-related barriers to condom use. Gender is a critical factor in risk for disease and how people are able to access and receive products and services. Programs must be designed, implemented, and monitored with the greatest possible understanding of gender-related disparities and why these disparities exist.



Approach to the Planning Process

This guide presents an approach to developing a Strategic Operational Plan, which is defined as a set of prioritized, evidence-based actions intended to increase condom use and sustain high levels of condom use for HIV and other STI prevention and family planning.

There are many approaches to strategic planning. This guide places an emphasis on the operational aspects of planning, with processes and tools for country stewards/planners. While the process described here will enable countries to define high-level goals and strategic priorities to increase condom use and strengthen the total market, a key output of the process is a workplan that defines who will do what and when. It is intended to be a practical, action-oriented approach.

The process follows a strategic planning formula that seeks to answer three questions:

1. **Where are we now?** The situation analysis tools and templates will help planners describe current condom programming efforts with insights that inform strategy development.
2. **Where do we want to go?** The goal and priority setting tips and sample workshop agendas will help programs define a path toward sustained high condom use. A model Results Framework is also provided to summarize goals and priorities in the form of a theory of change.
3. **How do we get there?** The guidance supports programs to move from insights developed in the situation analysis to identification of interventions to address barriers to condom use and opportunities to address barriers, which are then summarized in the workplan.

The best plans start by gathering a wide range of information, engaging stakeholders in reviewing data to identify key insights into the most important challenges and opportunities, and then working collaboratively to define objectives and activities to achieve success. The process starts broad but narrows as it advances to ensure a focus on a few key priorities. The resulting Strategic Operational Plan will necessarily make difficult choices about what to work on to have the most impact given the resources that are likely to be available. As is typical in strong strategic planning processes, this requires balancing competing demands on resources from various stakeholders; not all possible activities will be included in the resulting Strategic Operational Plan.

A strong Strategic Operational Plan will help you:

- Understand the Why • • • • • Ensure your program is focused on growing sustainable, equitable condom use
- Understand the How • • • • • Provide a clear road map to achieve goals and objectives.
- Prioritize • • • • • Focus efforts and resources on populations, geographies, interventions that will have the most impact
- Provide direction and purpose • • • • • Align the community supporting condoms around clear goals and clarify roles and responsibilities
- Mobilize resources • • • • • Support fundraising efforts by informing the development of investment cases and proposals

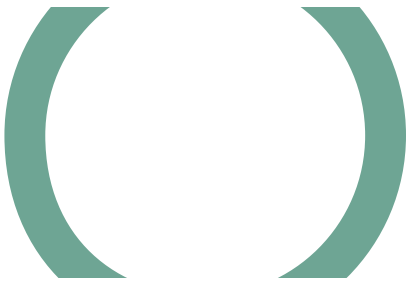
Structure of This Guide

The guide divides the process of developing a Strategic Operational Plan into four phases:



Tools, guides, tips, and templates have been developed for each of the steps in each phase and are identified in the relevant sections below.

While the four phases have been designed to support a country through a robust planning process, the guide has been structured to allow a modular approach in which countries may focus on particular elements of the guidance. For example, some programs may draw on existing analysis rather than develop a new situation analysis, which would enable more rapid identification of activities for a specific funding request.



THE PROCESS



Phase 1 - Prepare

Map out the strategic planning process

In the Prepare Phase, condom stewards and planners develop a clear time-bound planning process and communicate it to stakeholders, ensuring that resources (time, funding, people) are available to support the process. It is critical in this phase to identify the points at which stakeholders will be involved. Involving stakeholders from the start will result in stronger contributions and commitment. In selecting stakeholders for different levels of participation, strive for a balance between inclusion and efficiency.

STEPS

Put together a core working group. This is the group that will define the timeline for the process and keep the process moving forward to completion. Led by the National AIDS Council (NAC) or Ministry of Health (MOH), the Core Group is usually small (3-4 people) in order to be efficient and to make decisions quickly. Ideally the group will be drawn from key actors in condom programming in the government, civil society, and the commercial sector. Find a sample Terms of Reference for the Core Group in Annex A.

Establish a timeline. The Core Group's first task is to establish a timeline for completing the Strategic Operational Plan. The timeline includes adequate time for the steps outlined in the Design phase below, including necessary reviews along the way to completion. The length of time required for planning will vary by country, but it is important that the process move quickly enough to sustain the engagement of stakeholders.

Identify the Key Stakeholder Group. This is the group that will be engaged throughout the process – from providing information for the situation analysis to participating in priority setting workshops to developing the workplan. A typical Key Stakeholders Group should include people with a wide range of experience representing all sectors but should not be so large that it becomes unmanageable (15 to 20 people is ideal). Ideally, individuals within ministries, agencies and organizations – rather than the organization itself – commit to the group for the full timeline. These individuals are strategic thinkers from within key organizations and have a solid understanding of the condom and prevention ecosystem. Participants are expected to remain active in execution of the Strategic Operational Plan as well. Under a TMA, it is critical to include the commercial sector in this Key Stakeholders Group so that their perspective is included from the start. Find a sample Terms of Reference for the stakeholder group in Annex B.

The Key Stakeholders Group typically includes:

- Ministries (such as health, finance, gender, education)
- National AIDS Council
- Institutions working in family planning and sexual and reproductive health
- Regulatory authorities responsible for standards and quality assurance for condoms and other medical devices
- Civil society (including people living with HIV, young people, key populations, faith-based, and NGOs)
- Social marketing organizations and other NGOs involved in behavior change communications
- Implementers supporting prevention and/or treatment
- Government supply chain, and implementers supporting supply chain
- Commercial sector and business coalitions
- Donor community

Launch the process. In most cases, the Core Group formally launches the process with a communication to all stakeholders (whether they are included in working groups or not) to let them know that the process has started, what its objectives are, and the timeline for completion. This will signal to everyone that there is an opportunity to provide input to the Strategic Operational Plan as it is being developed.



Phase 2 – Assess

Understand the situation

The Assess Phase is where you will gather the information necessary to develop an evidence-based plan. Collaborative approaches should be used to support the process, drawing on resources outside the Core Group to help with gathering data and generating insights.

In this phase, you will conduct a situation analysis (Where are we now?). The situation analysis provides the data that form the foundation of the Strategic Operational Plan. Data collection is organized to reflect the Results Framework template.

STEPS

Define the process. Establish an efficient timeline for production, vetting, and dissemination of the analysis. Set check-in points w/key partners for consensus-building.

Organize the team. Identify a person or team to conduct the analysis and a core group to guide. Look for experience in marketing, behavior change, and supply chain.

Gather Information. Where is the health need the greatest? Where is condom use lagging? What are the major barriers of condom use and a healthy market?

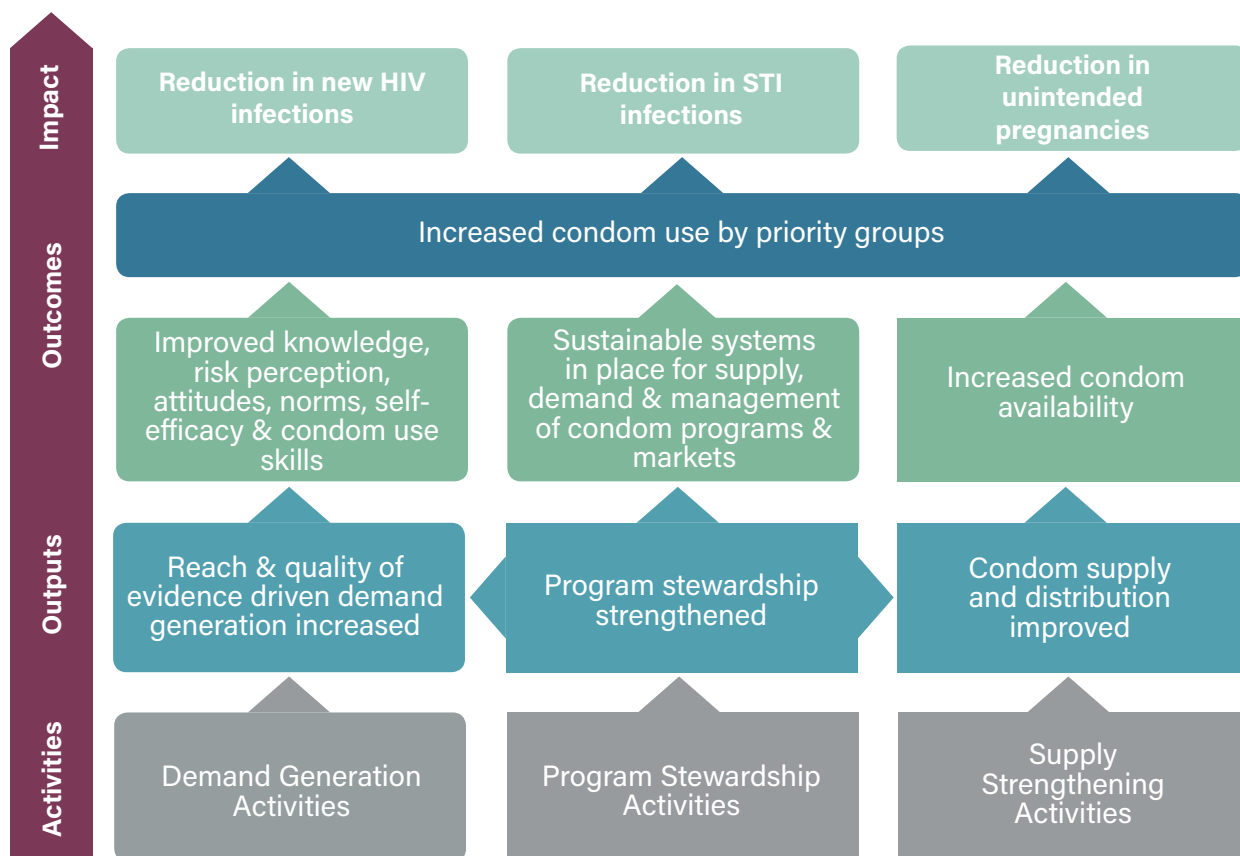
Analyze, synthesize, draft. Highlight data and add insights that relate to key constraints. Prepare a draft of the analysis. Organize the data according the different levels in the Results Framework using the categories of Program Stewardship, Demand, and Supply.

Share & Validate. Circulate draft to core group & key informants for comments and corrections. Organize a dissemination workshop with stakeholders.

Finalize & Disseminate. Incorporate comments into final report. Package materials for use in strategic planning workshop and as a reference for stakeholders.

Find a detailed process for developing the situation analysis, including suggested data sources, tips for presenting data, and sample data slides in the separate Situation Analysis Guidance document. Interview guides for key informants are also available.

NATIONAL CONDOM STRATEGY: MODEL RESULTS FRAMEWORK





Phase 3 – Design

Put together your strategy

The Design Phase is where most of the work of strategic planning takes place, including priority setting, goal setting, intervention selection, and work planning. Progress is made through workshops and other collaborative exercises. Country stewards/planners should decide whether multiple workshops are required for each step or whether one longer workshop would be most appropriate, depending on the availability of stakeholders whose participation is required. Workshop session designs for each step are available.

In this phase you will:

1. Develop a shared understanding among key stakeholders of the major constraints confronting your condom program
2. Prioritize the constraints that have the most impact on condom use within priority populations
3. Understand the factors that underlie the prioritized constraints
4. Develop strategic objectives to focus the efforts of the national program where they are most needed
5. Identify, at a high level, the activities to enable you to achieve those objectives
6. Develop indicators of success to include in your Results Framework as well as develop a supporting Monitoring, Evaluation, and Program Improvement (ME&PI) plan

STEPS

Prioritize target populations. Deciding which populations the program should focus on is one of the most important steps of Design. Identifying priority populations early in the process can help to ensure users' perspectives, motivations, aspirations and choices are central to the choice of strategic priorities and interventions. It will also ensure that your program focuses on populations that will have the most impact on incidence.

Identify and Prioritize Constraints. The second step in Design is to identify 4-5 programmatic weaknesses or constraints inhibiting use among your priority populations. This step informs strategic objectives, and ultimately, the budgeted activities that form the core of the Strategic Operational Plan..

Develop a Vision for a Healthier Market. A healthy condom market:

1. Increases condom use among target populations, and
2. Decreases reliance on external subsidy

The vision for a healthier market is important as it defines how your program will grow condom use even if funding for prevention and condom programs declines. The vision will guide development of strategic priorities, and is an important element of your Total Market Approach. In the Design workshop you will describe what that healthier state looks like in three to five years for the three pillars of Program Stewardship, Demand, and Supply. The vision for a healthier market will define what steps can be taken over the next year of the Strategic Operational Plan to put the program on the pathway to greater sustainability.

Set Strategic Priorities, Outputs, & Activities. Strategic priorities provide the focus for your program in the three to five year period of your plan. You should develop at least one strategic priority for every prioritized constraint. Outputs break strategic priorities into components that describe how your program proposes to improve market performance and positively influence behaviors to address stated health needs. Activities directly support outputs and should be described at a high level in the plan. In line with the Results Framework, organize the activities to align with the three pillars of Program Stewardship, Demand, and Supply.

Find example presentations of prioritized constraints, outputs, and activities in **Annex C**.

Develop a workplan. The work planning step will identify who is responsible for doing what and when, and will also drive budget development. While the national condom focal point may oversee the entire Strategic Operational Plan, it is important that responsibilities are distributed to organizations with the resources to effectively lead and manage the interventions for which they are accountable.

- Sequence the activities in line with priorities, and assign focal points to lead each major activity
- Include program stewardship activities, such as progress check-in points and implementation of the Monitoring, Evaluation, and Program Improvement (ME&PI) plan in the workplan
- Develop a high-level budget supporting each priority. The budget should include scenarios that anticipate high, medium, and low levels of funding – including a scenario that meets the full expression of need for the program
- Include necessary resource mobilization activities in the workplan

The menu of potential intervention options developed for the Condom Technical Brief has been included in **Annex D**.

Formulate a Monitoring, Evaluation & Program Improvement Plan. The Monitoring, Evaluation & Performance Improvement (ME&PI) plan will enable continuous improvement throughout the execution

of the Strategic Operational Plan. Investing in understanding the condom market and the needs of priority audiences will add value not only in plan execution but also in the next planning cycle.

Approach the ME&PI plan by asking the following questions:

- What are the changes you are looking to achieve in the total market at different levels of the Results Framework?
- How will you know if these changes are happening?
- How will this knowledge be used to continuously adapt and improve program implementation?

In a traditional M&E plan, reporting and dissemination are the endpoints. In a ME&PI plan, there is an additional requirement to show how the data has been used to adapt the ongoing program and to document these adaptive changes over time.

The advantage behind this added step is that Program Stewardship requires actively responding to changing conditions. Documenting and sharing adaptive measures with stakeholders enable learning to be incorporated by a range of stakeholders. In the context of the Strategic Operational Plan, this means using the Results Framework to structure monitoring and evaluation activities, and setting up systems to measure progress and make course corrections wherever needed.

The ME&PI plan should include:

- SMART indicators tied to targets in the Results Framework
- Systems to routinely collect, analyze, and to report data clearly
- Regular stakeholder meetings where progress is reported and program improvement decisions are made
- Formal review of the overall success and impact of the Strategic Operational Plan using the same process of applying data collected to the targets and benchmarks in the plan

Further guidance on developing ME&PI plans is also available in a separate document.

Write down the Strategic Operational Plan. In addition to developing a narrative for the Plan, it is critical to present the Strategic Operational Plan in different formats that meet the different needs of stakeholders, partners, and government representatives who will be essential to the successful implementation of the Strategic Operational Plan. A template for presenting the plan can be found in **Annex E**.



Phase 4 - Execute

Launch the plan, begin implementation, continuously monitor

In the Execute Phase, the Strategic Operational Plan will be launched and implementation will begin. Implementation will be monitored throughout the Execute Phase, following the ME&PI plan. Data collected during the Execute Phase will be used to improve execution and provide an evidence base for plan revisions and future plans.

The focus of the Core Group during execution is to support quality implementation.

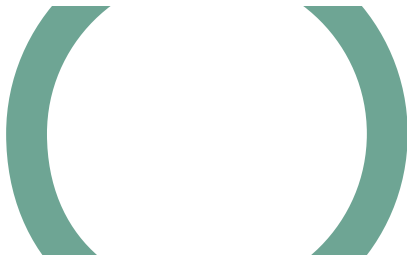
STEPS

Launch the plan. Communicating the plan to stakeholders is a critical part of the process as it will increase buy-in to the plan and accountability in its execution.

- Consider a formal launch event attended by government representatives and stakeholders and also other venues and communication challenges to engage key audiences
- Adapt communications to the various audiences. Communication is an opportunity to influence the behaviors of stakeholders and the actors in the market. What do you want them to do to support successful implementation of the plan?

Perform program stewardship functions. Program stewardship is the government-led effort to provide coordination, oversight, and, ultimately, accountability for achieving the goals and objectives of the Strategic Operational Plan. This includes providing leadership for and coordination of the diverse actors involved in the execution of the plan; ensuring there is a supportive policy and regulatory environment; coordinating fundraising efforts; and monitoring execution. Program Stewardship activities that should be included in the workplan:

- Supporting accountable agencies and organizations to achieve objectives, removing obstacles, and learning from successes and failures
- Ongoing dialogue within government and with the NGO and commercial sectors to ensure coverage of priority populations with demand creation activities and to eliminate stock-outs
- Updating condom needs estimates and procurement forecasts at least every six months in collaboration with partners
- Convening partners to ensure implementation of the ME&PI plan
- Developing and executing a resource mobilization plan
- Connecting with other parts of the HIV response as well as with broader reproductive health programs



ANNEXES

Annex A: Terms of Reference for Core Group

Annex B: Terms of Reference for Key Stakeholders Group

Annex C: Summary outputs

Annex D: Menu of potential interventions

Annex E: Comprehensive Condom Programs Strategic Operational Plan Template



ANNEX A

Strategic Operational Plan Guide **Core Group Terms of Reference**

Purpose

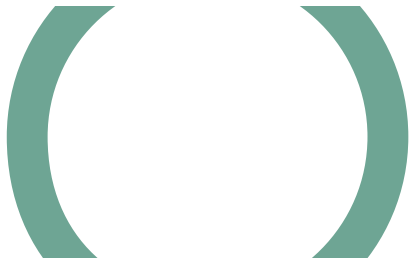
The Core Group's job is to lead the process of developing the Strategic Operational Plan. This includes creating a sense of urgency about the development of the Strategic Operational Plan, defining the timeline for the process, and keeping the process moving forward to completion. Led by the NAC or MOH, the Core Group is usually small (3-4 people) in order to be efficient and to make decisions quickly. Ideally, the group will be drawn from key actors in condom programming in the government, civil society, and the commercial sector.

Composition

- NAC or MoH person who is responsible for the national condom program
- Civil society person who is actively and enthusiastically engaged in improving performance of condom programming
- A person knowledgeable about the current state of the market across multiple modes of distribution: free, socially marketed, commercial. This could be the UNFPA or UNAIDS representative responsible for condom programming

Functions

- Take a leading, coordinating role and oversee overall development of the Strategic Operational Plan
- Communicating with Ministries, other government agencies, and donors to increase understanding of the need for a new or updated condom strategy
- Share the Prevention Coalition's Condom Technical Brief with stakeholders to increase understanding of the principles and global best practices in condom programming
- Recruit and oversee a consultant to support the process, if needed
- Identify a stakeholder group of 15-20 people who will be active participants in the strategy development process
- Oversee compilation, dissemination and transition to management (execution) of the Strategic Operational Plan
- For countries with potential for receiving support from the Global Fund: understand the requirements of the funding process; ensure that strategic needs for condom funding are communicated consistently during the proposal development process



ANNEX B



Strategic Operational Plan Guide Key Stakeholders Group Terms of Reference

Purpose

The Key Stakeholder Group's job is to work with and support the Core Group throughout the steps—Plan, Design, Execute—in the development and implementation of the Strategic Operational Plan. The Key Stakeholders Group will assist in gathering the information needed for the situation analysis and participate in meetings and the workshop that will result in a prioritized set of interventions. They will assist the Core Group with access to key people for interviews and information/data. The Key Stakeholders Group will also play an important role in validating the Strategic Operational Plan.

Composition

Members of the Key Stakeholders Group are strategic thinkers from within key organizations and have a solid understanding of the condom landscape and the HIV-prevention ecosystem. Participants are expected to remain active in execution of the Strategic Operational Plan as well. Under a TMA, it is critical to include the commercial sector in this group so that their perspective is included from the start. The target number of participants is 15-20. Members of the Key Stakeholders Group are drawn from among:

- Ministries (such as health, finance, gender, education)
- National AIDS Council
- Institutions working in family planning and sexual and reproductive health
- Regulatory authorities responsible for standards and quality assurance for condoms and other medical devices
- Civil society (including people living with HIV, young people, key populations, faith-based and NGOs)
- Social marketing organizations and other NGOs involved in behavior change communications
- Implementers supporting prevention and /or treatment
- Government Supply chain, and implementers supporting supply chain
- Commercial sector and business coalitions
- Donor community

Functions

- Support the Core Group in the development of the Strategic Operational Plan
- Assist with data collection for situation analysis
- Participated in workshop(s) to analyze the situation analysis and prioritize interventions
- Assist in validating the Strategic Operational Plan

ANNEX C

Strategic Priority #1

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Insufficient planning, coordination, integration and targeting of public sector condom distribution</p> <ul style="list-style-type: none"> ▪ Oversupply and untargeted distribution is leading to wastage ▪ Lack of targeting of free – including distribution beyond health facilities (“post-facility”) ▪ Insufficient planning and oversight of post-facility distribution ▪ Insufficient integration into SRH, other prevention, treatment 	<p>I. Improve targeting of public sector condom distribution within context of TMA</p>	<p>1</p> <p>Free distribution beyond health facilities carried out according to TMA plan that targets specific populations mapped in their communities</p> <p>2</p> <p>Monitoring system that includes post-facility distribution in place and used to make program-improvement decisions</p> <p>3</p> <p>Health workers and community service providers confidently and correctly use the ordering system to reduce stock-outs</p>	<ul style="list-style-type: none"> ▪ Develop guidance / SoPs on targeting of public sector condoms by post-facility outlet type, cadre, population (within context of TMA & CSM, commercial) ▪ Mapping in communities to identify targeted distribution in each community, segmentation, priority outlets and plan and ▪ Review existing data collection systems that monitor distribution beyond facility; ensure they meet programmatic needs, standardize across facilities and cadres ▪ Pilot adjusted reporting system ▪ Analyze & disseminate data, adjust programs as appropriate ▪ quantify use based on populations in context of TMA ▪ Develop data collection tool for target populations ▪ Training on supply chain & provider role in ZAPS, address provider incentives to perform desired role ▪ Conduct Training for Community health provider cadres on the post-facility tracking system

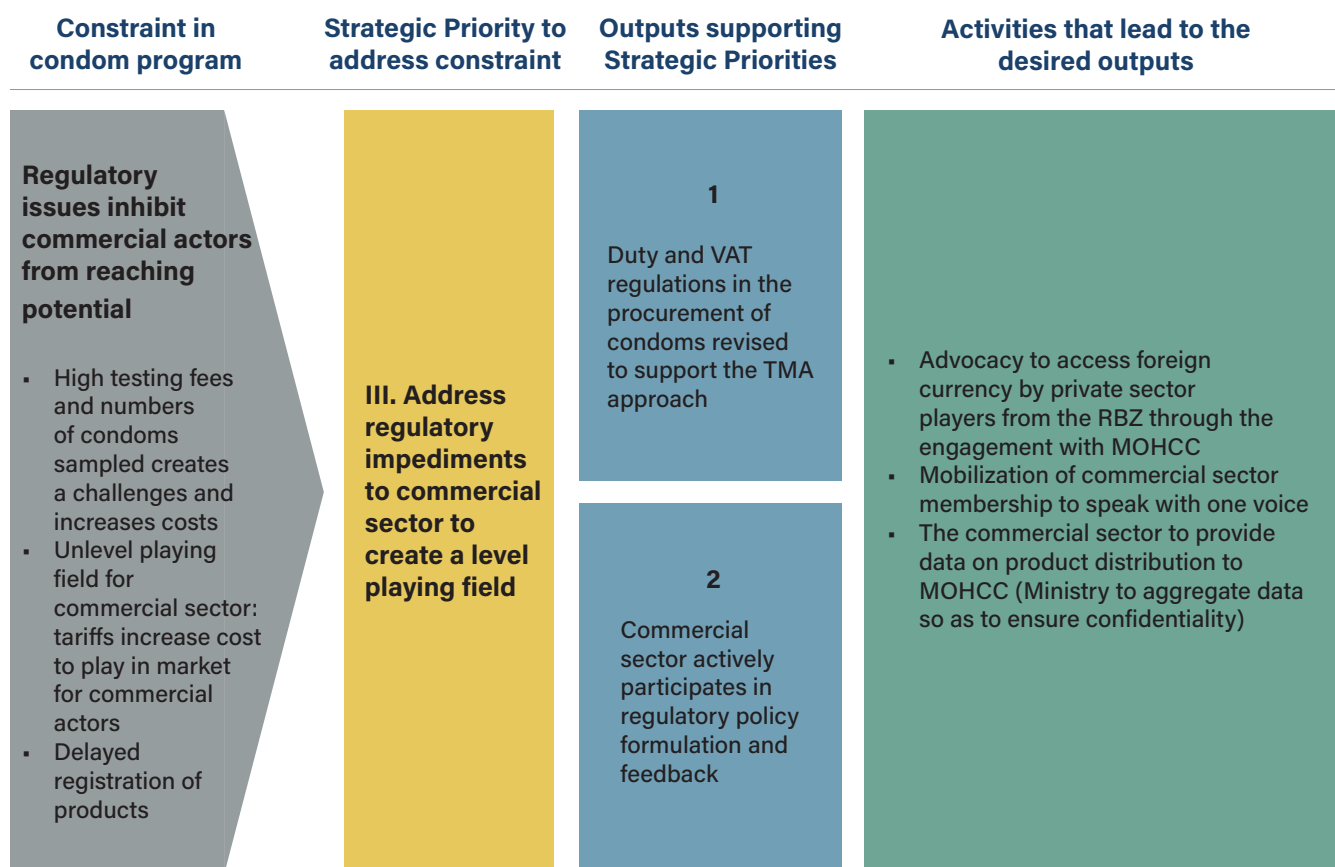
Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe

Strategic Priority #2

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Inadequate demand creation, and insufficient segmentation of programs targeting prioritized populations</p> <ul style="list-style-type: none"> Youth, AGYW & young men, and KP (not adequately supported by peer education and other media) Rural (poor coverage & reach) Lack of standardized messaging & approach for each population (i.e., standard operating procedures) 	<p>II. Increase demand creation interventions with sufficient audience segmentation for AGYW, young men and KPs</p>	<p>1</p> <p>Population-specific, evidence-based demand creation strategies in place and used to increase reach and coverage of AGYW, young men, and KP</p>	<ul style="list-style-type: none"> Create audience profiles for each of the priority populations Develop target audience specific messages for the priority populations Develop interventions to deliver the messages for both urban and rural populations Implement demand creation initiatives Monitor demand creation initiatives
		<p>2</p> <p>Community service providers' (all cadres) follow standard operating procedures and tool kits for targeted demand creation for priority pops and targeted distribution</p>	<ul style="list-style-type: none"> Develop SOPs & supporting integrated training curriculum for community demand creation cadres for each priority population Develop toolkit to standardize the community demand creation efforts specific to target groups Create database of the community demand creation workers, identify ToTs for each district Training of ToTs on condoms SOP including targeted condom distribution Local trainings of community demand creation cadres in all districts Monitoring of quality of message delivery by the community demand creation cadres

Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe

Strategic Priority #3



Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe

Strategic Priority #4

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Limited data and market analytics evidence for program design and monitoring: A lack of...</p> <ul style="list-style-type: none"> Data that speaks to the market – distribution, sector contribution, access, etc. Usage data Access data – particularly public sector Market segmentation – consumer preferences Lack of M&E to show impact of interventions Insufficient indicators / evaluation framework (including TMA indicators) 	<p>IV. Strengthen market analytics and evidence to inform program design and improve monitoring for course corrections</p>	<p>1</p> <p>Integrated M&E framework completed, disseminated, and followed</p>	<ul style="list-style-type: none"> Review the current existing M&E systems Draft a comprehensive M&E framework addressing existing gaps and incorporate TMA Convene a stakeholders meeting for input on the draft M&E framework Finalize the M&E framework
		<p>2</p> <p>Learning agenda that defines key questions and is used for adaptive management of TMA programming is completed, disseminated, and followed</p>	<ul style="list-style-type: none"> Convene evidence / M&E working group to confirm specific research priorities for TMA agenda, studies to move forward, and funding to support Develop final learning agenda schedule/document
		<p>3</p> <p>Operations Research on user preferences, consumer profiling, and condom access completed, disseminated, and used to make programme-improvement decisions</p>	<ul style="list-style-type: none"> Conduct a user preference and consumer profiling study amongst prioritized populations Conduct a Measuring Access and Performance (MAP) study (private & public sector)

Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe

Strategic Priority #5

Constraint in condom program	Strategic Priority to address constraint	Outputs supporting Strategic Priorities	Activities that lead to the desired outputs
<p>Stewardship challenges are hindering the response and limiting alignment of stakeholders</p> <ul style="list-style-type: none"> ▪ Insufficient Level of Effort & resources at government level ▪ Lack of appreciation, understanding & planning for TMA by key stakeholders ▪ Insufficient coordination – at provincial, district levels ▪ Need to put in place the Condom ▪ Strategic Operational Plan – identify milestones, clarify roles and responsibilities, ID funding gaps, synch with TMA 	<p>V. Increased ownership & stewardship of government for national condom programme, addressing funding, coordination, implementation and M&E in the context of TMA</p>	<p>1</p> <p>Domestic supports procurement of condoms & other programming thru NAC, AIDS Levy, NATF, Health Levy and the fiscus</p>	<ul style="list-style-type: none"> ▪ Engage the Permanent Secretary to approach relevant funding sources (NAC, MOHCC, MOF) ▪ Prepare concept note on the changing condom landscape, funding gaps and TMA ▪ Follow up meetings with PS on progress regarding funding
		<p>2</p> <p>Coordination mechanisms active and valued by stakeholders</p>	<ul style="list-style-type: none"> ▪ Clarify organogram, TOR, and identify members to constitute the team at provincial and district level ▪ Support meetings for the team ▪ Allocate budget to support coordination activities at provincial and district levels
		<p>3</p> <p>Level financial playing field for commercial sector</p>	<ul style="list-style-type: none"> ▪ Advocate for consistent application of essential medicines/commodities list to ensure commercial sector does not pay duty/VAT for condoms
		<p>4</p> <p>Policies that create more favorable environment for condoms in place</p>	<ul style="list-style-type: none"> ▪ Identify policies that require changing (ie School Health Policy & school-based condom interventions & policies impacting KP) & align TMA strategy ▪ Compile data to inform the need for policy realignment ▪ Identify relevant stakeholders and platforms for engagement ▪ Review school health policy and identify opportunities for collaboration/leverage ▪ Advocate for removal Duty & VAT– ensure condoms as Essential Medicines/ commodities for commercial sector

Adapted from Population Service International's Keystone Design Framework as applied in Zimbabwe



ANNEX D

MENU OF POTENTIAL INTERVENTIONS

Program stewardship

Intervention area	Main activities
Leadership and coordination	<p>Condom strategy development, coordination and planning</p> <ul style="list-style-type: none"> Building capacity for government stewardship and coordination and support for market facilitation and helping to foster an enabling environment for the total condom market across all market actors Catalysing and coordinating partnerships across public, NGO and commercial actors in accordance with a total market approach Catalysing partnerships to pursue the integration of condom programming within the broader HIV prevention and treatment response and with other reproductive health initiatives Developing condom and resource needs estimates and setting national and subnational targets Necessary technical support <p>National planning for demand creation</p> <ul style="list-style-type: none"> Developing evidence-informed and segmented condom demand generation strategies based on programme analytics (see below) and responding to users' needs and preferences <p>Forecasting the procurement and supply of commodities, including condom-compatible lubricants</p>

Program stewardship

Program analytics

Condom total market analysis to understand where and how the market is failing to support access, demand and use

- Measuring the volumes distributed by the public, NGO and commercial sectors – including data use at the local level and upward reporting
- Retail audits to assess the physical availability of condoms in commercial outlets (including non-traditional sites such as bars and guesthouses)
- Coverage surveys and government logistics management information system data analysis to understand public clinic availability and user perceptions of availability
- Measuring (monetary) value in the market (as a proxy for financial sustainability)
- Support for disseminating market data and necessary capacity-building to enable data use to inform decisions
- Analysis of enabling functions such as regulations, taxation and coordination that impact condom programmes

Coordination of community and nationwide surveys to measure changes in condom use and examine barriers to condom use and condom preferences in priority populations

Monitoring systems to measure performance across the range of indicators in the results framework

- Monitoring free condom distribution through health facilities, community distribution and other distribution points to track the effectiveness of targeting
- Surveys to identify specific gaps in condom programming

Funding

Coordination across public sector and implementing organizations to ensure that funding requests reflect national priorities and known gaps in condom programming

Advocacy with donors to ensure that funding reflects national priorities, including support for a total market approach and use of domestic resources to fund programmes

Technical support for developing funding proposals

Program stewardship

Policies and regulation

Advocacy to ensure a level and transparent regulatory playing field; reduce the friction of registering, importing and marketing quality condoms; reduce the cost of importing and marketing condoms, including exploring exemption from value-added tax and reducing registration costs and excise duties on condoms

Advocacy for systems to cost-effectively and efficiently assure the quality of condoms available in all sectors, which could include developing policies for pre-shipment testing through qualified manufacturers

Advocacy to ensure a rights-based approach to condom programming, especially with key and priority populations

Support for behaviour change messaging in mass media and in areas accessible to populations at higher risk, including bars, transport hubs and schools

Investments to address known policy or regulatory barriers to importing, distributing or promoting condoms to priority populations across sectors

Demand generation	
Intervention area	Main activities
Behaviour change interventions targeting priority populations	<p>Promotion of condoms and condom-compatible lubricants</p> <ul style="list-style-type: none"> Information and communication on safer sex and condom use, community-level and social media condom promotion Behaviour change communication and training on condom use and negotiation skills Demand generation through peer outreach and other peer-based strategies focused on identified barriers to condom use Television, radio, billboard, print and social media campaigns (may include promoting socially marketed condoms but emphasizing growing the condom category: all brands, including the public and commercial sectors) Condom promotion within settings promoting and offering voluntary medical male circumcision, PrEP and HIV testing and treatment
Communication strategy development and programme design	<p>Developing overarching population-specific communication strategies for condoms integrated with HIV prevention and treatment strategies</p> <p>Formative and quantitative research with priority populations to identify barriers to use, support segmentation strategies, profile users, etc.</p>
Tools and skills development	<p>Developing standardized and evidence-informed toolkits for condom promotion and their use to make it easier for community-based organizations and civil society organizations to sustain high-quality interventions with priority populations; this could be a module integrated with prevention and treatment programmes.</p>

Supply	
Sector	Main activities
Public	<p>Procurement and supply of commodities, including condom-compatible lubricants and condom variants to meet user preferences, based on realistic forecasts and quantification of current use, demand and incremental use</p> <p>Distribution of condoms and lubricants through the health system, including post-facility last-mile distribution through targeted outlets such as bars, transport hubs, select workplaces and guesthouses and through peer and community-led distribution</p> <p>System strengthening within the health system, including support for storage and transport and logistics management information systems to manage and track distribution at all service delivery levels</p>
NGO or community-based organization	<p>Targeted distribution of condoms and lubricants to non-traditional outlets and directly to users through community-based agents (where appropriate)</p> <p>Sales of branded, subsidized condoms in traditional and non-traditional outlets within the context of a total market approach (social marketing) within justified contexts (where it will not crowd out commercial sector options). Using subsidies to support commodities and packaging should be justified based on market analysis.</p> <p>Support for storage and distribution of condoms and lubricants in underserved, priority areas</p>
Commercial	<p>Performance-based incentives, if needed, to initiate expanded condom availability in underserved areas and outlets</p>
Cross-sectoral	<p>Support for partnerships with commercial rapidly moving consumer goods distributors to address public and NGO sector distribution challenges</p> <p>Support for partnerships between the public and the NGO sector for distribution beyond health facilities in underserved geographical areas, including developing standard operating procedures (encompassing monitoring) for post-facility distribution</p>



ANNEX E

COMPREHENSIVE CONDOM PROGRAMS STRATEGIC OPERATIONAL PLAN TEMPLATE