4
Condom and Lubricant Programming
Condom and Lubricant Programming

Starting, managing, monitoring and scaling up a programme—from both a centralized and community perspective

Programme Management and Organizational Capacity-building

Addressing Violence against Sex Workers

Community mobilization and structural interventions

Community-led Services

Fundamental prevention, care and treatment interventions

Clinical and Support Services

Community Empowerment
What’s in this chapter?

This chapter explains:

• **why condom and lubricant programming is essential** to HIV prevention interventions (Section 4.1)

• **three steps in effective condom and lubricant programming** (Section 4.2):
  › establishing accessible supplies
  › multi-level promotion
  › creating an enabling environment

• **other considerations** for programming (Section 4.2.2):
  › programming with male and transgender sex workers
  › condom negotiation strategies
  › programming with clients of sex workers
  › condom social marketing programmes

• **programme management** (Section 4.3).

The chapter also provides a list of **resources and further reading** (Section 4.4).
4 Condom and Lubricant Programming

4.1 Introduction

2012 Recommendations:1 Evidence-based Recommendation 2
Promote correct and consistent condom use among sex workers and their clients.

The effective supply, distribution and promotion of male and female condoms and lubricants are essential to successful HIV prevention interventions with sex workers. Condoms have been recommended as an HIV prevention method since the mid-1980s and remain the most effective tool for sex workers in preventing HIV transmission. Condom programming therefore occupies a central place in any package of HIV and sexually transmitted infection (STI) prevention, care and treatment services for sex workers. Condom programmes2 have been successful in increasing condom use in a variety of sex work settings.

Condom programming involves:
- establishing accessible male and female condom and lubricant supplies for sex workers by:
  - forecasting and procurement planning
  - procurement and stock management
  - distribution
- multi-level promotion of male and female condoms and lubricants
- creating an enabling environment for condom programming.

Condom programming for sex workers is a complex task with multiple steps. It requires a partnership of national government, local governments, local nongovernmental organizations (NGOs) and sex worker-led organizations, among others. The meaningful involvement and leadership of the sex worker community3 are also essential. Respondents to the values and preferences survey4 unanimously supported condom promotion and distribution to sex workers, stressing the need to make condoms and lubricants more available (particularly in sex work settings), more affordable and of higher quality.

When condom programming is successful, sex workers are provided with stable, ongoing and adequate supplies of condom and lubricant products that are acceptable to them in material, design and pricing. Sex workers are also provided with information and communication messages to reduce barriers to condom use, as well as the skills to correctly and consistently use condoms. Programmes should also create an enabling environment for condom programming that addresses social and legal barriers to expanded condom and lubricant access and use, such as laws and practices that cause sex workers to fear carrying condoms, poor living and working conditions for some sex workers, and lack of support for condom use in the general population and among male clients of sex workers.

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2 Wherever “condom programmes” or “condom programming” is discussed, this refers to programming for male and female condoms and lubricants. Although this tool uses the generic term “condom” for simplicity, high-quality programmes should include all three of these commodities, as each is important to the prevention of HIV and other STIs. Similarly, when “condoms and lubricants” are referred to, the term “condoms” includes both male and female condoms.
3 In most contexts in this tool, “community” refers to populations of sex workers rather than the broader geographic, social or cultural groupings of which they may be a part. Thus, “outreach to the community” means outreach to sex workers, “community-led interventions” are interventions led by sex workers, and “community members” are sex workers.
4 A global consultation conducted with sex workers by NSWP as part of the process of developing the 2012 Recommendations.
4.2 Steps in effective condom programming

Strategic partnerships among all main partners are essential to improve access to, and use of, condoms to prevent or reduce the incidence of unintended pregnancies, STIs and HIV. Partners include sex worker-led organizations, NGOs, the ministry of health or national AIDS programme, department of reproductive health, United Nations agencies, the private sector, social marketing organizations, donor agencies and law enforcement ministries.

At the central management level, the national HIV and AIDS programme, national governments, and national-level civil society organizations have important roles to play in condom and lubricant procurement and supply, national-level condom and lubricant promotion, and creating an enabling environment for condom programming. Local implementing organizations\(^5\) (including social marketing organizations) and health clinics play essential roles in commodity forecasting, distribution, community-led promotional strategies and advocating for an enabling environment for condom programming at the local level. These roles are outlined in Table 4.1 as well as in Section 4.3, Figure 4.1, where additional information on the various levels of planning and execution of strong partnerships for condom programming is provided.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Role of national HIV and AIDS programme and national implementing organizations</th>
<th>Role of local implementing organizations, local government and health clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing accessible male and female condom and lubricant supplies for sex workers</td>
<td>• Carry out accurate forecasting of condom and lubricant supply needs.</td>
<td>• Conduct forecasting of condom and lubricant needs to inform national forecasts, led by NGOs/community-based organizations (CBOs)/community-led organizations.</td>
</tr>
<tr>
<td></td>
<td>• Conduct market research to understand sex workers’ condom preferences including sizes, colours, flavours, etc.</td>
<td>• Provide input into market research and procurement planning processes at the national/central level.</td>
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<tr>
<td></td>
<td>• Define the procurement plan and funding source; ensure sufficient funding is available for needed orders.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Place condom and lubricant orders on a timely basis, securing an uninterrupted supply of products that:</td>
<td>• Map the potential distribution outlets in the community for condom and lubricant distribution.(^6)</td>
</tr>
<tr>
<td></td>
<td>1. Meet World Health Organization (WHO) recommendations</td>
<td>• Assess the size and quality of the distribution outlets (existing and new) to ensure that condoms and lubricants are stored in optimum conditions to avoid deterioration over time.</td>
</tr>
<tr>
<td></td>
<td>2. Respond to community needs for variety and comfort.</td>
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</tbody>
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\(^5\) An implementing organization is an organization delivering a prevention intervention to sex workers. It may be a governmental, nongovernmental, community-based or community-led organization, and may work at a state, district or local level. Sometimes an NGO provides services through sub-units at multiple locations within an urban area, and in this case, each of those sub-units may also be considered an implementing organization.

\(^6\) See Chapter 3, Section 3.2.2, part A for an example of how to carry out mapping of condom distribution outlets and other outreach services.
### Condom and Lubricant Programming

<table>
<thead>
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<tr>
<td></td>
<td>• Consult with sex workers to plan condom distribution points that meet their needs.</td>
<td>• Implement distribution of condoms and lubricants to sex workers and clients, including proper product storage and a complete management information system on condom and lubricant distribution patterns.</td>
</tr>
<tr>
<td></td>
<td>• Implement distribution of condoms and lubricants to sex workers and clients, including proper product storage and a complete management information system on condom and lubricant distribution patterns.</td>
<td>• Provide free condoms and lubricants through targeted distribution points including clinics, drop-in centres, sex work venues, work places, drinking establishments, transport hubs and rest stops, etc. as well as through community outreach workers.</td>
</tr>
<tr>
<td></td>
<td>• Provide free condoms and lubricants through targeted distribution points including clinics, drop-in centres, sex work venues, work places, drinking establishments, transport hubs and rest stops, etc. as well as through community outreach workers.</td>
<td>Sensitize outlet owners and depot holders.</td>
</tr>
<tr>
<td></td>
<td>• Where partnerships exist, work with the government and health system to distribute condoms and lubricants in high-quality health clinics accessed by sex workers.</td>
<td>• Where partnerships exist, work with the government and health system to distribute condoms and lubricants in high-quality health clinics accessed by sex workers.</td>
</tr>
<tr>
<td></td>
<td>• Distribute branded social marketing condoms and lubricants through traditional and nontraditional social marketing outlets.</td>
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</tr>
<tr>
<td></td>
<td>• Carry out regular monitoring of central condom and lubricant stocks to ensure timely ordering and avoid stock-outs.</td>
<td>• Carry out regular monitoring of local condom and lubricant stocks to ensure timely ordering and avoid stock-outs.</td>
</tr>
<tr>
<td></td>
<td>• Request feedback on condom product needs and distribution system and make changes accordingly.</td>
<td>• Provide regular feedback to national programme on condom and lubricant product needs (i.e. size/scent/colour) and distribution system.</td>
</tr>
<tr>
<td>Multi-level promotion of male and female condoms and lubricants</td>
<td>• Build the capacity of NGOs and community-led networks and organizations of sex workers in community-driven promotional strategies (if needed).</td>
<td>• Implement community-driven promotional strategies for condoms and lubricants, such as promotion of condoms through community outreach workers.</td>
</tr>
<tr>
<td></td>
<td>• Destigmatize condoms through promotional efforts in the general population, including talk shows and radio programmes, or condom cartoons in popular newspapers.</td>
<td>• Integrate community-driven promotional strategies for condoms and lubricants with other community outreach activities.</td>
</tr>
</tbody>
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7 In this tool, “community outreach worker” is used to mean a sex worker who conducts outreach to other sex workers, and who is not generally full-time staff of an HIV prevention intervention (full-time staff might be called “staff outreach workers” or also simply “outreach workers”). Community outreach workers may also be known by other terms, including “peer educators”, “peer outreach workers” or simply “outreach workers”. The terms “community” or “peer” should not, however, be understood or used to imply that they are less qualified or less capable than staff outreach workers.
<table>
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<tbody>
<tr>
<td>• Working with the community, develop tailored behaviour change interventions for correct and consistent condom and lubricant use.</td>
<td>• Provide male condom demonstrations and skills-building for correct condom use for anal sex between males, vaginal and anal sex between females and males, and anal sex between transgender persons and males.</td>
<td>• Provide education on which available lubricants are condom-compatible and safe.</td>
</tr>
<tr>
<td>• Provide additional commodities and training supplies to local organizations, as needed, including dental dams, gloves, penis models, pelvic models, etc.</td>
<td>• Provide demonstrations of the female condom using pelvic models.</td>
<td>• Provide demonstrations of the female condom using pelvic models.</td>
</tr>
<tr>
<td>• Train health-care workers and counsellors to provide condom demonstrations and skills-building information.</td>
<td>• Build capacity of sex workers to negotiate condom use and sexual risk reduction.</td>
<td>• Build capacity of sex workers to negotiate condom use and sexual risk reduction.</td>
</tr>
<tr>
<td>• Destigmatize condoms through high-level, well-publicized political support for condom use.</td>
<td>• Provide routine reinforcement of condom and lubricant use and negotiation skills, if needed.</td>
<td>• Provide routine reinforcement of condom and lubricant use and negotiation skills, if needed.</td>
</tr>
<tr>
<td>Creating an enabling environment for condom programming</td>
<td>• Create a universal condom access policy; reject punitive 100% condom use policies.</td>
<td>• Advocate to ensure that condom programming is free of coercion.</td>
</tr>
<tr>
<td>• Revise laws and regulations that penalize possession of condoms.</td>
<td>• Carry out condom and lubricant promotional activities with “gatekeepers”, such as owners of brothels and entertainment establishments.</td>
<td>• Carry out condom and lubricant promotional activities with “gatekeepers”, such as owners of brothels and entertainment establishments.</td>
</tr>
<tr>
<td>• Stop law enforcement practices of confiscating condoms and using condoms as evidence of sex work.</td>
<td>• Collect data on any violence to sex workers and clients related to carrying condoms, and share with policy-makers.</td>
<td>• Collect data on any violence to sex workers and clients related to carrying condoms, and share with policy-makers.</td>
</tr>
<tr>
<td></td>
<td>• Implement condom promotion and distribution as part of a broader package of health services and activities.</td>
<td>• Implement condom promotion and distribution as part of a broader package of health services and activities.</td>
</tr>
</tbody>
</table>
4.2.1 Establishing accessible male and female condom and lubricant supplies for sex workers

An effective supply chain ensures that the right quality product, in the right quantity and in the right condition, is delivered to the right place at the right time, for a reasonable cost. A supply chain typically has the following major components:

- **forecasting** to ensure a reliable supply of condoms and lubricants
- **procurement** of high-quality male and female condoms and lubricants consistent with sex workers’ needs and wants
- **quality assurance** at all levels
- **warehousing and storage** of condoms in a way that maintains the integrity of the commodities and their supply chain
- **distribution** to providers and other outlets to serve sex workers’ needs
- **logistics management** information system (LMIS) to support informed decision-making and planning

Effective, comprehensive condom programming can only be achieved under the following conditions:

- The process is ideally led and owned by the government in partnership with implementing partners and sex worker organizations, and efforts are coordinated through sound leadership at the national level.
- Government-led efforts are informed by collaboration with condom and lubricant users, including sex workers.
- Demand for condoms and lubricants is created and sustained.
- Adequate supplies of high-quality condoms and lubricants are available and distributed widely.
- Advocacy and capacity-building are carried out to ensure the sustainability of the programme over the long term.

Accurate condom and lubricant supply planning requires forecasting exercises that are based primarily on regular consumption data supplemented with data on service provision, demographic and morbidity data, estimates of population mobility and programme plans. (See Section 4.4 for guidance on contraceptive forecasting, including condoms). National condom programmes should work closely with organizations that serve sex workers to request regular (monthly, bimonthly or quarterly) reports of condom consumption data, defined as the actual quantities of condoms that have been distributed to sex workers within a specified period. Where a functioning LMIS exists, organizations working with sex workers should be incorporated into the LMIS to report condom and lubricant consumption data and changing needs.

Government-led “comprehensive condom programmes” should actively involve sex worker-led organizations and civil-society organizations in condom and lubricant supply forecasting, market segmentation, condom and lubricant distribution and product promotion. In addition, empowering sex worker-led organizations to play an active role in the distribution of condoms and lubricants in sex worker communities is essential to enabling community members to access and use condoms. With direct access to the population being served, sex worker organizations are key distribution points for

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8 For more information on quality assurance testing as well as proper storage of condoms in warehouses, see the WHO/UNFPA/FHI publication Male Latex Condom: Specification, Prequalification and Guidelines for Procurement, 2010 listed in Section 4.4.
Condom and lubricant programming involves providing condoms and lubricants in “safe spaces” (drop-in centres), through community outreach workers and as part of health services. Sex worker organizations may also want to work with managers and owners of sex work venues to involve them in condom distribution.

Sex workers should be engaged from start to finish in planning, mapping and implementing condom and lubricant distribution points. Table 4.2 provides key questions that implementing organizations should ask in planning for adequate supplies of condoms for sex workers.

**Table 4.2 Condom supply planning questions**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Potential answers</th>
</tr>
</thead>
</table>
| From what types of outlets do community members prefer to obtain condoms? (Place strategy) | • Sex worker “safe spaces” (drop-in centres)  
• Community outreach workers  
• Shops, pharmacies  
• Medical clinics, doctors, hospitals  
• Bars, guest houses, hotels, brothels  
• Workplaces  
• Truck stops, bus stops |
| What types of condoms do sex workers prefer? (Price strategy)             | • Free public-sector condoms  
• Social marketing condoms  
• Commercial condoms  
• Others? |
| How close are condom outlets to the community? (Accessibility)            | • Very close (1-5 minute [min.] walk)  
• Close (10-20 min. walk)  
• Far (30-45 min. walk)  
• Very far (1 hour or more) |
| Do these outlets always have condoms to provide? (Availability)           | Male condoms: Yes/No  
Female condoms: Yes/No  
Water- or silicone-based lubricants: Yes/No |
| How many condoms do sex workers and clients have access to weekly? (Current level) | Number of condoms per sex worker:  
Male condoms:  
Female condoms:  
Lubricants: |
| How many do they need to access? Unmet need (right quantity?)             | Number of condoms required per sex worker monthly: |
| What are the most common problems sex workers report with male condoms (Right quality?) | • Breakage  
• Slippage  
• Condom has bad smell  
• Condom is expired  
• Condom package is damaged  
• Other |
| What are the most common problems sex workers experience with female condoms (Right quality?) | • Condom has bad smell  
• Condom is expired  
• Condom package is damaged  
• Other |
| Are condom-compatible lubricants always available at condom distribution points? | Yes/No |

9 A safe space (drop-in centre) is a place where sex workers may gather to relax, meet other community members and hold social events, meetings or training. See Chapter 3, Section 3.3 for details.
Condom distribution programmes should work with sex workers and clients to understand their preferences for condom products, including condom size, colour, scent and branding preferences. Distributing low-priced social marketing condoms in outlets close to sex work venues, in combination with free distribution of generic condoms through community outreach workers, is often the most effective way to ensure broad-based accessibility of condoms for sex workers and clients.

Wherever condoms are distributed, water- and silicone-based lubricants should also be made available according to the preferences of sex workers. All condom and lubricant products should meet WHO recommendations (see Section 4.4 for information on WHO recommendations for procurement of condom and lubricants). Lubricant distribution should accompany condom distribution, with lubricants made available in tubes, sachets or other packages according to sex workers’ preference. Social marketing organizations often package lubricants together with condoms, which can be an effective approach to lubricant distribution.

**Box 4.1**

**Case example: Co-packaging of condoms and lubricant in Laos**

In Laos, Population Services International distributed co-packaged condom and lubricant, branded as *Number One Deluxe Plus*. The co-packaged condom and lubricant was distributed by community outreach workers to sex workers, men who have sex with men and transgender individuals in conjunction with an informational brochure that emphasized that condoms and lubricants should be used together to prevent disease transmission and minimize condom breakage.

While lubricant distribution should accompany condom distribution, the primary focus should be on increasing condom use, and therefore product communications should focus on lubricant use in the presence of a condom. There is limited and inconclusive evidence that lubricant use in the absence of a condom may contribute to STI transmission; therefore, programmes should promote lubricants with condoms.

Beyond condoms and lubricants, sex workers often need access to additional protective products. Depending upon the local context and needs, sex workers may need access to dental dams and gloves for specific sexual services, soap and water and/or recommended cleaning products for cleaning sex toys, and other products, as identified by sex workers. Programmes working with sex workers require penis models for condom demonstrations and vaginal models for female condom demonstrations, and should incorporate these and other commodity needs identified above into their procurement planning and product distribution efforts.

**4.2.2 Multi-level promotion of male and female condoms and lubricants**

A condom promotion strategy for sex workers must be evidence-based. Prior to the development of the strategy, a situation analysis should be carried out, including descriptive data about sex workers, such as where they work and other factors that may help or hinder their ability to use condoms consistently and correctly with all sexual partners. The condom promotion strategy should also be informed by relevant behaviour-change theories and the experiences of behavioural interventions that have increased condom use between sex workers and their clients.
Community-led condom promotion

The condom promotion strategy may be developed in a workshop setting that should be led by, or at the very least include, sex workers who represent relevant sub-groups, including urban and rural, “new entrants” and “experienced”, “indoor”\(^{10}\) and street-based, and female, male and transgender sex workers. Providing sex workers with a space to engage and lead this process ensures a realistic understanding of their barriers to condom access, preferences for condom acquisition and current condom use with their clients.

The resulting community promotion strategies should apply a holistic approach similar to the approaches to community-led services outlined in Chapter 3. Led by (or in consultation with) sex workers, multiple behaviour change intervention activities and materials (e.g. one-on-one counselling, role plays, flip charts, posters, video testimonies, etc.) may be developed in order to build needed skills and reinforce condom promotion messages. High-quality, community-led activities accompanied by high-quality tools and materials have proven effective in ensuring targeted promotion messaging and building condom-related skills. Behaviour change strategies should be designed to address a variety of personal barriers to condom use, including:

- Knowledge of the health benefits of condoms and where they are available
- Safer sex negotiation abilities\(^{11}\)
- Condom skills-building (for both male and female condoms)
- Appropriate use of safe lubricants

Demonstrations of correct male and female condom use by community outreach workers may increase sex workers’ condom use skills and self-efficacy in condom use (i.e. the belief in their ability to use a condom even under challenging circumstances). Approaches should also facilitate sex workers’ ability to build support systems in their community in order to collectively identify ways to encourage consistent condom and lubricant use. Box 4.2 lists strategies for community-led condom promotion; the following page identifies some specific approaches that may be considered.

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\(^{10}\) “Indoor” sex workers work in a variety of locations including their homes, brothels, guesthouses, bars, clubs and other sex work venues.


\(^{12}\) Fetish sex is when heightened erotic pleasure is gained from an activity, sensation or item that may differ from what society considers “normal” or traditional in relation to sexual activity.
Condom use with intimate partners
While most condom promotion messages with sex workers focus on condom use with clients and casual partners, in some cases condom promotion programmes identify a need to increase condom use between sex workers and their regular clients and/or their intimate partners. Experienced community outreach workers have developed communication methods to effectively discuss use of condoms with regular partners without intruding on a sex worker’s private life. For example, community outreach workers from the Targeted Outreach Program (TOP) in Myanmar use examples from their own regular partnerships to engage in targeted counselling with sex workers around the need to protect oneself in longer-term relationships. In general, discussion of condom use with regular partners needs to be handled discreetly by community outreach workers in order to respect the private lives of sex workers.

Female condoms
The female condom is an important preventive commodity for female sex workers that is frequently neglected in overall condom programming. Promoting the female condom requires the skills to demonstrate its correct use as well as an understanding of its advantages for sex workers:

- It is stronger than the male condom and may be used for anal sex.
- It is useful for female sex workers during menstruation.
- Sex workers can use it when clients cannot maintain an erection.
- It requires less cooperation from the client.

Community outreach workers should be trained to demonstrate correct use of the female condom and should be given female pelvic models to facilitate these demonstrations.

Note: Female condoms should not be re-used; in fact, clients of sex workers often need to be reassured that the female condom is not being re-used in order to feel comfortable using it.

Reducing risk through alternative sexual services
To maintain good health, sex workers need to know not just about condoms and lubricants, but also about the variety of sexual services that can be provided in lieu of penetrative sex. In many cases, sexual services other than penetrative sex may increase the client’s satisfaction while reducing the health risks and physical impact for the sex worker. Community outreach workers can help sex workers share their experience and knowledge of sexual services that minimize health risks to the sex worker. Some sex workers provide the low-risk alternative services shown in Box 4.3. Education on risk reduction beyond condom use should be incorporated into all programmes reaching sex workers, including information about the risks associated with non-penetrative sexual services, which can help sex workers decide which services they wish to provide.

<table>
<thead>
<tr>
<th>Alternative sexual services to reduce HIV/STI-related risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbation</td>
</tr>
<tr>
<td>Breast sex</td>
</tr>
<tr>
<td>Fantasy sex</td>
</tr>
<tr>
<td>Thigh sex</td>
</tr>
<tr>
<td>Use of sex toys</td>
</tr>
<tr>
<td>Voyeurism</td>
</tr>
<tr>
<td>Non-penetrative fetish sex</td>
</tr>
<tr>
<td>Phone and cybersex</td>
</tr>
</tbody>
</table>
Case example: Community-led condom promotion in Myanmar

The Targeted Outreach Program (TOP), a programme of Population Services International (PSI) which began in 2003, provides sexual health services for female sex workers and men who have sex with men in Myanmar. TOP’s community-based approach engages community members as community outreach workers, field staff and eventually as management.

Sex workers are involved in all aspects of planning, distributing, and promoting condoms. They identify hotspots for condom distribution as well as specific outlets and venues. Community outreach workers provide condoms to sex workers during outreach to complement PSI’s social marketing efforts. In addition, TOP builds social support for condom use among sex workers through programming at its 18 safe spaces (drop-in centres).

TOP has been particularly successful in promoting the female condom. Community outreach workers provide one-on-one counselling on female condom use, including demonstrations using a female pelvic model. While TOP has found that proper use of the female condom requires several demonstrations, these skills-building sessions have successfully increased female condom use among female sex workers, and further demand generation activities are planned.

In 2012 TOP distributed more than 1.2 million male condoms and over 110,000 female condoms to sex workers through community-led outreach. PSI also sells socially marketed condoms and lubricants in outlets close to sex work venues. Through a combination of free distribution and socially marketed condoms and lubricants, TOP ensures that sex workers and clients have access to high-quality, affordable, and accessible condoms and lubricants when and where they need them.

Positive indicators of behaviour change and HIV prevalence among sex workers in Myanmar cannot be directly attributed to TOP but are highly correlated with its efforts. Surveys by the government, WHO and PSI estimate that HIV prevalence among female sex workers was 7.1% in 2012, a sharp decrease from 27.5% in 2004 and 18.4% in 2008.

Destigmatizing condoms in the broader social environment

Broad social support for condom use is needed in order for condoms to be used consistently in most commercial sex encounters. Condoms cannot be stigmatized or viewed as only for “risky sex”—it is essential that social values encourage the acceptance of condom use as a “sexual health” tool in both short-term and long-term sexual partnerships. As a result, in addition to working directly with sex workers and their clients, condom promotion programmes should also carry out activities for the general population in order to destigmatize condom use and create overall social support for condom use in all sexual partnerships.

Media campaigns may be used to effectively promote condom use, decrease demand for unprotected sex and change social norms. Campaigns should provide consistent and complementary messaging across mass media, workplaces, health-service providers, and entertainment and sex work venues. Effective condom promotion to clients of sex workers relies on mass media promotion as clients are a highly dispersed group and very much part of the “general population”. As a result, they cannot be easily identified for intensive community-based interventions, such as those carried out for sex workers, men who have sex with men, people who use drugs and transgender people.

Ideally, media promotional efforts are delivered through a partnership of organizations, including the national government, relevant NGOs, and private-sector condom companies. Countries such as Cambodia and Thailand, which have achieved significant reductions in heterosexual HIV transmission
in casual and commercial sex, have demonstrated strong leadership from high-level government and social figures acknowledging the existence of risk behaviours and the necessity of condoms. In addition, in Thailand the government supported large-scale marketing campaigns to destigmatize condoms and increase their uptake among both the general population and at-risk populations.

With the ever-increasing reach of the Internet, individuals interested in casual and commercial sex are now often meeting online. The Internet provides a useful venue not only for meeting people, but also for promoting condoms. Condom promotion programmes should expand to online venues, particularly those where commercial and casual sex contacts are made. Online messaging should reinforce and complement condom promotion messages in other mass media and inform individuals about condom outlets. For more information on reaching key populations through electronic media, see WHO’s *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach*.

### 4.2.3 Creating an enabling environment for condom programming

An enabling environment for strong condom programming ensures that:

- policy, legal and regulatory frameworks are supportive of condom programming
- these frameworks are properly enforced
- key organizations and individuals support condom programming and access for sex workers

Universal condom access should be the focus of condom programming and policies. Sex workers need to have access to condoms and lubricants at all times. The universal condom access promotion and distribution approach rests on governments encouraging the availability of condoms to sex workers, irrespective of national laws pertaining to sex work. Condom promotion and distribution programmes should always be free of coercion. Punitive 100% condom use policies should be avoided as they often require specific actions by sex workers, such as visiting STI clinics, which are then enforced by brothel owners and state agencies, leading to human-rights violations and the restriction of individual freedoms. Instead, governments should encourage establishment owners to operate “safe workplaces” that stock condoms regularly and support sex workers to use condoms with clients. Where condoms are readily available under a universal condom access policy, more coercive regulatory methods—such as requiring condoms during commercial sex or forcing sex workers to undergo testing or to prove condom use—are not necessary.

National governments should ensure that relevant national laws and statutes provide for freedom of condom distribution and personal freedom for individuals to carry condoms. The laws and regulations of some countries still penalize possession of condoms. To enable effective condom distribution programmes and to ensure individual freedoms, these laws should be revised to clearly allow for personal possession of condoms by all individuals. In addition, in countries where law-enforcement officials use condoms as evidence of sex work, governments should take actions to end this practice. Condoms should never be considered to be evidence of sex work, either in official laws or through unofficial law-enforcement practices, and condoms should never be confiscated from sex workers.
**National policies to promote condom use**

- Encourage “safe workplaces” and availability of condoms in all sex work venues.
- Revise/remove laws that penalize possession of condoms.
- End the practice of law enforcement officials using condoms as evidence of sex work.
- End practices of law enforcement officials confiscating condoms from sex workers.
- Ensure that current laws/policies incentivize owners of sex work venues to stock condoms.
- Decriminalize or de-penalize sex work in order to reduce fear among sex workers and increase condom use.

Condom distribution programmes should work in partnership with key institutions and individuals to ensure support for condom distribution and promotional activities. Key institutions include national ministries of health, local health departments, local clinic personnel and other relevant members of the health system. Key individuals (“gatekeepers”) include managers of entertainment establishments, nightclubs, brothels, guesthouses and hotels, and others involved in the commercial sex industry. Implementing organizations should work with these individuals to ensure they understand the importance of condom programming and are supportive of it.

Condom programming should never be an isolated activity. In order to be successful, condom promotion and distribution should always be conducted as part of a broader package of health services and activities should be implemented with sex worker leadership and involvement. At the local level, condom programmes should work with sex workers to consider situations where condom use tends to be compromised (e.g. group sex, alcohol and drug use, violence) and to devise solutions that reduce the frequency of those situations or increase condom use in them. Depending upon the local context, either advocacy or programmatic solutions, or both, could address these situations.

**Local strategies for creating an enabling environment for condom programming**

- Ensure that condoms are widely available through condom outlets or machines in locations where sex is sold, such as brothels, bars, guesthouses and hotel rooms, and in transport hubs such as train and bus stations, petrol stations, and rest stops on highways.
- Place condoms directly in hotel or guesthouse rooms rather than at lobby desks. This ensures that they are readily available when and where sex occurs and prevents their confiscation by law-enforcement officials.
- Provide proper disposal locations (i.e. garbage cans) in places where sex is sold so that condoms may be disposed of properly and not create visible trash.
- Train local police to promote and protect the human rights of sex workers and HIV/STI prevention knowledge, including the need for condom promotion and distribution.
- Provide community outreach workers with identification cards signed by local police authorities to prevent them from being harassed while they are conducting outreach work.
- Implement workplace-based programmes with clients of sex workers focused on sexual health, including the reduction of demand for unprotected paid sex.
4.2.4 Specific considerations in condom programming

A. Condom programming with male and transgender sex workers

The types of sexual services provided by female, male and transgender sex workers vary, and condom distribution and promotion programmes should take these differences into account and ensure distribution of all commodities relevant to the types of sex provided by male and transgender sex workers. For example, lubricants are particularly important for people practising anal sex, while flavoured condoms may be important for oral sex.

- Promotional/educational programmes working with male sex workers should discuss topics such as condom use when maintaining an erection is difficult, the side-effects of drugs used to treat erectile dysfunction, risk reduction for fetish sex and use of female condoms for anal sex.
- Promotional/educational programmes working with transgender sex workers should provide information on use of female condoms and safer sex after surgery, among other topics.

In all cases, programmes serving male and transgender sex workers should work with these communities to understand their information and commodity needs, and tailor promotion and information accordingly. Both male and transgender sex workers may be highly stigmatized and programmes should provide psychosocial support, as needed. Male and transgender sex workers should be served by community outreach workers of the same gender in order to maximize understanding and the sharing of ideas between the sex workers and the community outreach workers.

B. Condom negotiation strategies

The decision about whether or not to wear a condom—as well as the type of sex to have—usually comes down to a specific negotiation between an individual sex worker and an individual client. In order for condom promotion programmes to be successful, community outreach workers should discuss condom and safer sex negotiation strategies during their meetings with sex workers to enhance their negotiation “toolkits” and skills.

Negotiation tactics that have been identified by sex workers include:
- taking the client’s money prior to the sexual encounter so that clients cannot refuse to pay if a condom is used
- taking the client to a known sex work venue where the rules of the venue require use of a condom
- negotiating with the client to engage in non-penetrative sex
- empowerment of the community; creating a community norm to refuse unprotected sex
- if all else fails, and if it is reasonably safe and feasible to do so, refusing the client if he will not wear a condom.

C. Condom programming with clients of sex workers

Clients of sex workers often make the final decision as to whether or not condoms are used, but they are frequently neglected in HIV prevention programmes. Countries that have successfully reduced new infections among sex workers and their clients often took steps to change the attitudes and behaviours of clients rather than focusing solely on the behaviour of sex workers.

As noted earlier, mass media campaigns are an important component of condom programming for clients of sex workers, who are not easily reached by outreach alone. There should also be more
Condom and Lubricant Programming

intensive workplace condom promotion programmes to promote condom use in employment sectors with increased mobility and demonstrated higher prevalence of HIV and STIs (i.e. mining, transport, etc.).

Programmes should address normative values and behaviours of men and boys to incorporate respect for the health and human rights of all of their sexual partners, including female, male and transgender sex workers. This includes always using a condom for penetrative sex with a sex worker and never demanding unprotected sex. In addition to promoting condoms to clients of sex workers, programmes should also address common misconceptions around HIV prevention, including the idea that male circumcision or antiretroviral therapy eliminates all risk of transmitting HIV or other STIs.

Effective condom distribution to clients of sex workers relies on a harmonized approach to HIV programming among the health, commercial and judicial sectors. Condoms should be widely promoted and available in the commercial sector, particularly in convenience stores and small-scale vendors near entertainment areas. However, the most important thing is that condoms be available in the locations where commercial sex takes place. When condoms are more or less within arm’s reach during a commercial sex act, it is significantly more likely that they will be used. It is therefore absolutely necessary that venues that facilitate sex services, and sex workers themselves, should not be hampered, punished or detained by police or others for possessing condoms.

Strategies for reducing demand for unprotected sex and increasing condom use with clients of sex workers

- High-level government leadership supporting condom use in all penetrative sex acts.
- Media campaigns to change social norms and destigmatize condom use.
- Workplace programmes for potential clients of sex workers, to change community norms and reduce demand for unprotected paid sex.
- Distribution of condoms and lubricants in locations convenient to clients of sex workers, including convenience stores, workplaces and sex work venues.
- Incorporation of messages regarding the health of sexual partners into health and non-health programmes for men and boys.

D. Condom social marketing programmes with sex workers

Condom social marketing programmes sell lower-priced, subsidized condoms and lubricants to individuals who can afford to pay only some of the total commodity and programme cost of a condom. These programmes seek to increase condom and lubricant affordability, accessibility and availability in the general population while improving the sustainability of condom programming over time. In addition, condom social marketing programmes carry out a variety of branded and generic marketing campaigns that destigmatize condom use overall.

For sex workers and clients, condom social marketing programmes make available a variety of condom and lubricant choices, including condoms of different brands, scents, colours and sizes. Clients of sex workers may prefer certain types of condoms and may purchase socially marketed condoms to fulfil these preferences. Sex workers may also sell socially marketed condoms and lubricants to create an additional income stream.
Despite the many advantages of condom social marketing programmes, they should not be a substitute for the distribution of free condoms and lubricants to sex workers. Condoms and lubricants are essential protective tools for sex workers and should be widely distributed to sex workers as a matter of policy. Condom social marketing programmes should complement and supplement free distribution, improving the choice and desirability of condoms and lubricants and making them more widely available. To coordinate these efforts, programmes can work together at the national level to adopt a total market approach to condom programming, emphasizing segmentation of the marketplace, coordination with the private sector and development of targeted branding strategies for the various marketplace segments.

For more information on a total market approach to condom social marketing, see Abt Associates’ Total Market Initiatives for Reproductive Health (Section 4.4).

4.3 Condom programme management

4.3.1 Roles and responsibilities in condom programming

Figure 4.1 shows how condom programming is managed through partnerships and coordination among organizations at multiple levels of government and NGOs.

4.3.2 Programme monitoring

Table 4.3 provides monitoring indicators and their data sources that may be used to manage a condom promotion programme.

4.3.3 Evaluation

Evaluating the effectiveness of condom promotion and distribution with sex workers supplements regular programme monitoring and provides key data on whether programmes have effectively changed condom use behaviours of sex workers and clients. While a variety of evaluation methodologies and tools may be used, the most common include routine collection of condom distribution and sales data, behavioural surveillance surveys, condom coverage surveys, and process evaluations using routine monitoring data.

**Behavioural surveillance surveys** are conducted at regular intervals (every 2–4 years) with both sex workers and clients to determine the effect of interventions on health outcomes. These surveys measure changes in self-reported condom use as well as changes in identified motivations and barriers to condom use. Some behavioural surveillance surveys may also incorporate biomarkers that measure HIV and/or STI prevalence.

**Condom coverage surveys** are generally employed by social marketing programmes. These surveys use lot quality assurance sampling to measure levels of condom coverage and quality of coverage in mapped enumeration areas.

A **process evaluation** using routine monitoring data may be an instructive way to measure progress on condom programme outputs. In particular, condom supply indicators may be measured through routine programme reporting and use of an LMIS. Review of these data at regular intervals helps understand whether condoms are sufficiently available to sex workers.
Figure 4.1 Roles and responsibilities in condom programming

Programme level

Central
- Leadership of national Comprehensive Condom Programme
- Political leadership to destigmatize and normalize condom use
- Regular monitoring and evaluation of condom programming and communication of results
- Advocacy for removal of laws and regulations that hinder condom programming
- Management of national supply chain system and logistics management system (LMIS) for condoms and other commodities

State/Province
- Management of condom and lubricant supply chains at the state/provincial level
- Capacity-building of organizations to implement LMIS
- Communication with state/provincial stakeholders to disseminate condom programming results
- Police education on HIV prevention and advocacy for supportive laws regarding carrying condoms
- Implementation of media programmes to destigmatize condom use

District/County
- Management of condom and lubricant supply chains at the district/county level
- Staffing and support for commodities distribution to lower levels
- Communication with district stakeholders to disseminate condom programming results
- Police education on HIV prevention, and advocacy at district/county level for supportive laws regarding carrying condoms
- Implementation of media programmes to destigmatize condom use

Municipality/Sub-municipality
- Training of frontline workers in condom promotion and education
- Condom and lubricant distribution
- Collection of LMIS data to report to national Comprehensive Condom Programme
- Advocacy and education on policy for HIV prevention services and condom promotion, to allow sex workers to carry condoms and outreach workers to carry and distribute condoms

Frontline worker/Community
- Condom promotion and education
- Condom and lubricant distribution
- Report condom distribution to LMIS systems on reporting forms
### Table 4.3 Condom programming monitoring indicators

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Indicator</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing accessible male and female condom and lubricant supplies for sex workers</td>
<td>1</td>
<td>Ratio of condoms distributed/estimated condoms required per month</td>
<td>Micro-planning tools, Condom stock registers, Enrolment questions on type of sex work and average number of partners, Other condom gap assessments</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Number of NGOs/service delivery points reporting any condom stock-outs for free distribution in the last month</td>
<td>NGO/service delivery point condom stock registers</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Number of NGOs/service delivery points reporting any lubricant stock-outs for free distribution in the last month</td>
<td>NGO/service delivery point lubricant stock registers</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>% of enumeration areas where condoms are available for sale within a 10- or 20-minute walk</td>
<td>Social marketing condom coverage survey</td>
</tr>
<tr>
<td></td>
<td>95%</td>
<td>% of sex workers and clients who agree with the statement: “condoms are available when I need them”</td>
<td>Behavioural surveillance surveys</td>
</tr>
<tr>
<td>Multi-level promotion of male and female condoms and lubricants</td>
<td>90%</td>
<td>% of sex workers reporting condom use during last penetrative commercial sex</td>
<td>Enrolment questions (quasi-baseline), Routine questions in clinic encounter</td>
</tr>
<tr>
<td></td>
<td>85%</td>
<td>% of sex workers reporting consistent condom use in commercial sex encounters</td>
<td>Behavioural surveillance surveys</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>% of clients of sex workers reporting condom use during last commercial sex</td>
<td>Enrolment questions (quasi-baseline), Routine questions in clinic encounter</td>
</tr>
<tr>
<td></td>
<td>Increase</td>
<td>% of sex workers reporting identified motivational factors for condom use</td>
<td>Behavioural surveillance surveys</td>
</tr>
<tr>
<td></td>
<td>Decrease</td>
<td>% of sex workers reporting identified barriers to condom use</td>
<td>Behavioural surveillance surveys</td>
</tr>
<tr>
<td>Creating an enabling environment for condom programming</td>
<td>0</td>
<td>Number of reported incidents of confiscation of condoms</td>
<td>Programme reports</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>% of NGOs serving sex workers reporting condom needs into the national condom programme</td>
<td>LMIS records</td>
</tr>
</tbody>
</table>
4.4 Resources and further reading


   http://www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=INTL&id=10340&thisSection=Resources


6. **Female, Male and Transgender Sex workers’ Perspective on HIV and STI Prevention and Treatment Services: A Global Sex Worker Consultation.** Edinburgh, United Kingdom: Global Network of Sex Work Projects, 2011.  


   http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf


    http://www.iapsmgc.org/userfiles/3TARGETED_INTERVENTION_FOR_HIGH_RISK_GROUP.pdf


14. **WHO Pre-Qualified Male and Female Condom Suppliers.** World Health Organization and United Nations Population Control Fund.  
    http://www.who.int/hiv/amds/UNFPACondomSuppliers.pdf