National Dissemination Report

(three condom studies)

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Family Health International

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Appendix I

Appendix II

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CBD	Community Based Distributors
CPIs	Client Provider Interactions
CYP	Couple Years of Protection
DASCO	District AIDS and STD Coordinator
DHMTs	District Health Management Teams
DMOH	District Medical Officer of Health
DRH	Division of Reproductive Health
FC	Female Condom
FCCIT	Female Condom Community Intervention Trial
FGD	Focus Group Discussion
FHI	Family Health International
FP	Family Planning
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
MC	Male Condom
MOH	Ministry of Health
NASCOP	National AIDS and STD Control Programme
NGOs	Non-Governmental Organizations
PHEO	Provincial Health Education Officer
PHTs	Public Health Technicians
PIA	Performance Improvement Approach
PMO	Provincial Medical Officer
PSI	Population Services International
PSRI	Population Studies and Research Institute
SDPs	Service Delivery Points
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections

Welcoming Remarks
Maureen Kuyoh, Family Health International (FHI)

The meeting started at 8.30 am. Maureen Kuyoh, Deputy Director, Family Health International (FHI) introduced the guests and welcomed all the participants to the symposium. She gave apologies on behalf of Dr. Ndugga Maggwa, FHI Regional Director, who was unable to attend the meeting due to other commitments.

Kuyoh mentioned that findings of three condom studies would be disseminated at this meeting. She talked about the dangers of HIV/AIDS and emphasized that condoms are part of preventive measures that can be taken to curb the epidemic. The other important measures include abstinence, being faithful to one partner and behavior change.

She said some sexually active people find it difficult to abstain or stay faithful to one partner, and therefore need to use condoms. The use of condoms though, is low as confirmed in the 1998 Kenya Demographic and Health Survey (KDHS) where 21% of men reported to have used condoms with their last sexual partner against 5% of women who reported the same. She wondered whether the problem was related to condom promotion and availability of counseling services, or whether condoms were promoted to the wrong groups. The studies whose findings would be presented today addressed a number of factors related to these issues.

She noted that Population Services International (PSI) reports high condom sales while the Ministry of Health (MOH) reports condom stock outs and yet the prevalence of HIV/AIDS is high and prompts this question: where are the condoms going?

To answer this question, qualitative studies were undertaken to document factors that affect condom promotion and use. The main targets were service providers and the communities they serve. Since these studies were qualitative, the results presented are not representative of the Kenyan society.

With these remarks, Kuyoh called upon Dr. Marsden Solomon who was representing Dr. Josephine Kibaru, the Head of the Division of Reproductive Health (DRH) in the Ministry of Health to give the opening remarks.

Opening Remarks
Dr. Marsden Solomon, MOH/DRH

Dr. Solomon said that this meeting was timely. The twin subjects of condom use for prevention of STI/HIV and Family Planning (FP) were critical. He said that many condoms are being distributed but wondered whether: (1) they are actually used, (2) they are being used properly and (3) the target group is right. It has been noted that condom distribution is well conducted up to the district level but getting them to the community seems to be a problem. The Ministry of Health (MOH) has tried to enhance the distribution of condoms down to the community level by using the District Health Management Teams (DHMTs) to allocate additional personnel (especially the public

health technicians) and employing other modes of transportation for the commodity such as motor bikes to enhance condom distribution. It is still not clear whether the expected impact is being made - though the community may be reached, the condoms may not be used at all and if they are, they may not be properly used.

Dr. Solomon said that the findings of these studies would help the MOH to understand some of the dynamics of condom use, particularly why they are used or not used. He added that there are approximately 66 million male condoms (MC) and 321,000 female condoms (FC) at the Kenya Medical Supplies Agency (KEMSA) stores. The MOH is expecting 50 million male condoms in October, an indication that condoms are available. The FC though, should be promoted to empower the woman and expand her choices in reproductive health especially protection against STIs and HIV/AIDS. Though the female condom has programmatic implications related to cost, the MOH is trying to gather information from the field on its usage, acceptance and any problems the clients associate with its use. The lessons learnt will be applied appropriately. He then invited the research team to present the findings from the three studies.

Results of the follow up study of the Female Condom Community Intervention Trial (FCCIT)

Dr. Cathy Toroitich-Ruto, FHI/Kenya and Lorie Broomhall, FHI/North Carolina

Toroitich-Ruto gave an overview of the Female Condom Community Intervention Trial (FCCIT), which took place between 1998 and 1999. Its objective was to measure and compare STI prevalence in cohorts of Kenyan women with and without access to female condoms. The study sites were in four areas in the Rift Valley (Naivasha, Kericho, and Nandi) and Central Province (Thika/Ruiru). The key findings from this study showed that male and female condom distribution and uptake increased substantially during the intervention. It was also found that although there was modest reduction in STI prevalence in both control and intervention sites, there was no significant difference in the reduction of STI levels between the intervention and control sites.

An operation research was conducted between 1999-2000 to document the variation in condom promotion and distribution, assess clinician knowledge, practice, and identify factors that affected outreach workers' (depot holders') performance in conducting condom promotion activities and determine why some sites were successful in the promoting male and female condoms while others were not. Findings showed that a wide gap existed between provider knowledge and practice, intensity of condom promotion varied greatly in the study sites, and there were substantial social and cultural barriers that inhibited both condom promotion and use.

The findings from the operations research raised more questions than answers to the findings of the FCCIT. Some of the questions are:

1. Why did STI levels remain relatively stable despite reported increases in male condom and female condom use? (Where did all the condoms go?)
2. What organizational factors influenced condom promotion?
3. What social/cultural, individual and organizational factors affected providers' condom promotion activities?

A behavioral study was therefore conducted between 2001 and 2002 in Kericho and Nandi Hills to try to answer these questions. The methods used were: 27 timed clinic observations, participant observations, record collection of condom distribution and STI clients and 8 frame elicitation exercises. In addition, 98 in-depth interviews and 17 FGDs were conducted with providers, depot holders, FCCIT participants, key informants, plantation workers and certified and uncertified health practitioners. Participants of the workshop were told to be cautious when interpreting the data because the results represent perceptions by clients and providers. They were reminded that the interpretation of these perceptions was done by the study team and may not reflect the reality of what had happened in the community.

Broomhall gave a summary of why STI levels remained relatively stable despite reported increase in male and female condom use. This is summarized below:

- Failure to follow instructions
- Poor compliance of medication
- Over-reporting of condom use by clients
- Providers felt that they needed to show high performance
- Depot holders also misreported condom distribution so that they can be seen to be working hard.
- Clients self medicated themselves and sometimes used inappropriate drugs. They often under-dozed themselves with over the counter drugs.
- Some clients also used inappropriate sources of health care from unqualified health practitioners (quacks), traditional healers and herbalists.
- Estate workers continued to engage in unsafe and risky sexual behaviour.

Broomhall demonstrated that several factors influenced condom promotion and use. These are: lack of adequate privacy and confidentiality in the health facilities, the condoms dispensers were often empty, some did not function at all, and others were inaccessible. Clients complained of long bureaucracy in seeking health services. They experienced staff shortage to diagnose, treat and prescribe medication. It was also established that some of the staff were unqualified. There was no system of contact tracing leading to poor STI management.

Social, cultural and interpersonal factors affected condom use and distribution. These factors included: substance use (alcohol), lack of negotiating power, religion and traditional beliefs. Interviews showed that participants trusted their partners after a short

period and stopped using condoms. They also mentioned that condoms reduced sexual pleasure and were noisy during sex.

Female condom uptake was not high in some estates because men felt that they were not involved in the process of female condom introduction, so they felt left out. This resulted in negotiation for female condom use being more difficult. Some men also feared being bewitched through semen captured in the female condom. In some cultures in the estates, women cannot touch their private parts. This further influenced female condom use. Some providers and depot holders were biased and only gave female condoms to single women because they were thought to be promiscuous.

To conclude the presentations on this particular study, Toroitich-Ruto presented the programme implications. She explained that socio-cultural factors continue to play a key role at individual level (cultural, religious, myths and rumors) in influencing condom use. Therefore, Behavior Change Communication (BCC) messages need to be developed to address cultural and religious issues that emerged from the study. For this to be successful, there is need to involve religious and community leaders to ensure buy-in at all levels. In addition, BCC programs need to be reviewed regularly to make sure that they address the issues identified. Regular surveys need to be conducted to identify other emerging myths, rumours and misconceptions given the rapid turn over and variations in ethnic communities of estate workers. BCC messages need to include information on appropriate health-seeking behaviour for STIs.

Toroitich-Ruto demonstrated that gender and power relations play a key role in influencing condom use decision-making. Women need to be empowered to discuss the risks of STIs and condom use in their relations. In addition, there is need for interventions that increase women's skills and abilities to negotiate safe sex and for condom use.

To address issues at the service delivery level, Toroitich-Ruto told participants of the need for management of the tea estates to invest more to create additional space required for counseling and provision of STI services for more privacy. Policies at the organization and service provision level should be developed and implemented to ensure client confidentiality. The organizations at the Tea Estates need to hire and re-orient staff to ensure that services are provided adequately to clients. One of the issues that came out from this study was the location and functioning of the condom dispensers. There is need to review the locations of the condom dispensers in consultation with clients and village elders. The depot holder program proved to be successful in improving condom accessibility to clients. It was concluded that the organizations at the tea estates should consider institutionalizing this program to ensure adequate recognition and remuneration of the depot holders.

At the end of the presentation, five main issues were pointed out which need follow-up for implementation. These are:

- The depot holder program is very instrumental in condom promotion and distribution
- More involvement of the estate management is crucial in providing support for condom promotion among clinic staff and depot holders
- Contact tracing is instrumental in management of STIs
- It is important for MOH to ensure continuous provision of STI drugs to estate staff as well as those members who do not qualify because they are not immediate family members of staff or partners who are not legally married to staff
- Management need to address issues of confidentiality of health records and privacy in clinics

Discussion

Chair: Maureen Kuyoh, Deputy Director, FHI

Kuyoh facilitated a discussion session to give participants of the workshop the opportunity to discuss what emanated from the presentations.

Female condoms

One of the participants asked whether the study focused on the issue of demonstrating female condom use to the users because there is concern that service providers do not talk to their clients about the female condom unless the clients specifically ask for it. Professor Muganzi, the Director of Population Studies and Research Institute (PSRI) at the University of Nairobi responded by saying that the female condom is new and not well known in Kenya. There is still need for education and training on female condom use. He explained that many condoms were being distributed but few people were using them. Broomhall agreed that training on female condom use is necessary.

Contact tracing

Professor Sinei, a leading obstetrician and gynaecologist asked how STIs were diagnosed and what therapeutic measures were in place for clients. He also wanted to know if drugs were prescribed and whether patients used them. Kuyoh explained that STIs were diagnosed asymptomatically. She explained that although patients were treated once diagnosed, it was difficult to trace and treat all the partners. She also emphasized that once STI clients were treated, he or she was given a card to give to the partner who was supposed to come with it for treatment as well. Further, she stated that it was difficult to do contact tracing because one would not know whether the partner to the client is a primary or a secondary partner.

Depot holders

Another participant wanted to know how the depot holders were selected. Kuyoh explained that the community and estate managers selected the depot holders. They were trained on diagnosis of STIs, condom use, promotion and distribution.

Condom promotion
The Nyanza Provincial Health Education Officer (PHEO) asked whether people had the good will to change their behaviour. One participant explained that service providers do not tell their clients about STI prevention through condom use. Infact, the condoms are mostly promoted only when the client has reported to a provider that he or she has an STI.

Another participant pointed out that condom promotion will work effectively if the condoms were sold. This is because one is more likely to use what he has bought than what he was given freely. Another observation was that people get the free condoms from the depot holders and thereafter sell them. There are those clients who are discouraged buying condoms; so it may seem that there is high distribution but low incidence of use.

Traditional health providers
The PHEO also wanted to know why the number of traditional health providers in Nyanza province was increasing.

The representative from the Division of Reproductive Health (DRH) contributed at length to what the MOH was doing. He explained that a communication strategy was initiated in 1999, which had a RH component. This strategy has the best approaches to enhance health-seeking behaviour. He also explained that there is already an IEC task force, which is trying to develop better IEC materials. He also mentioned that the DRH is looking at all health services. However, the reproductive health teams under the PMO's office should guide the DRH in regulating heath facilities.

Way forward

For the way forward, the following issues were raised for participants to think about:

1. Many resources have been put on service delivery issues instead of identifying strategies to change behaviour and answer some of the questions that are still unanswered. For example, why don't people believe that they are at risk? Secondly, why do people perceive themselves to be at low risk? Solutions to such questions would help to identify ways of promoting condoms and changing the community's sexual behaviour.

2. The majority of service providers working in FP clinics are women, and yet men are the ones who use condoms. Men should therefore be encouraged to be involved in discussing sexual issues in their relationships.

Barriers to condom promotion among family planning service providers

Jennifer Liku (FHI/Kenya), Isaac Nyamongo (University of Nairobi), Lorie Broomhall (FHI/North Carolina), Rose Wahome (INTRAH)

Background

This study, conducted in Bungoma District in Western Kenya, was a collaborative effort between the Ministry of Health, INTRAH, AMKENI and FHI. It is a three-phase activity as shown below:

- Phase one: an ethnographic study conducted in 2002 in Kimilili sub-district hospital and Lugulu mission hospital (whose results we are discussing today)
- Phase two: an intervention to be developed by INTRAH using these results to improve condom promotion and increase condom uptake
- Phase three: an evaluation of the intervention

The overall objective of phase one is to provide specific in-depth information about condom promotion in family planning settings for the development and implementation of an intervention to improve the quality of family planning services. Specifically, the study sought to:

- Document the level, quality and type of condom promotion and distribution among FP service providers
- Ascertain community beliefs about condoms and how they influence provider condom messages
- Examine provider perceptions about their condom and dual protection counseling
- Examine the factors affecting condom and DP promotion in a family planning setting

Data collection techniques used included structured observations (146), in-depth interviews with staff and key informants (25), exit interviews with clients (25), exit interviews with providers (25), directed observations (122), focus group discussions (13), and clinic inventories.

Summary of Findings

Of the 146 observations made, 30% were with first visit clients and 70% with revisit clients. Over 50% were aged 20-29 years. Half (50%) had acquired secondary education. In-depth information from providers revealed that service providers did not assess clients' STI risk. The average duration of counseling sessions with new clients was 17 minutes (with a range of 5 – 58 minutes). Revisit clients were counseled for 8 minutes on average (with a range of 1-52 minutes). During counseling, providers mentioned injectables, pills, IUCDs, Norplant, condoms, and female sterilization but discussed them only to a lesser extent. Clients often asked for the injectable while providers mostly recommended the pill. No client asked for the condom, but providers made an effort to recommend condoms to them.

Condom counseling
Providers informed clients about:

- use of condoms and another method to prevent pregnancy and STIs (double method use)
- use of condoms for dual protection – against pregnancy and STI (dual protection)

Condom promotion
All seven providers who participated in the in-depth interviews reported that they promoted condoms to their clients but four of them expressed discomfort about dealing with condoms. The providers reported that they promoted condoms to all sexually active people, encouraged their clients to use condoms and educated them on condoms.

Reasons for condom non-use
Respondents said condoms were not 100% effective, they are neither for the married nor for the unmarried, and they promote immorality and/or encourage promiscuity. [Of the seven providers interviewed, four had never used condoms.]

Condom distribution
Sources of condoms include FP clinics (though in 146 observations in the two FP clinics service providers did not offer any condoms except in one instance), CBD agents, public health technicians, and dispensers.

Barriers to condom promotion
Service providers reported that they did not promote condoms to FP clients visiting their facilities due to time constraints, heavy client load, age differences between clients and providers; and embarrassment experienced when discussing sexual issues and using the penile model for condom demonstration.

Using the findings from this study, INTRAH will apply an evidence-based approach - the Performance Improvement Approach (PIA) to select practical and cost-effective interventions to address the priority performance problems reflected in the results.

Recommendations
Prior to the dissemination meeting, the research team presented the results at the study site. Participants included service providers and MOH personnel from the provincial and district medical offices. They came up with recommendations focusing on condom promotion interventions, training of service providers and formation of committees at community level to discuss health issues. A summary of these recommendations is attached (Appendix I).

Discussion

Chair: Dr. Marsden Solomon, DRH

Men and condoms

Prof. Sinei observed that the study focused on male condoms yet women were the study participants. He added that men should be involved in condom promotion. The study should bring out their views as well. He noted that though condoms can be used to avert pregnancies, they could also preserve fertility by preventing STIs. This is the more reason why men should be involved and more studies conducted on them. The impact of condom use will not be felt if we address the wrong target group(s).

Study findings indicated that service providers are not comfortable talking about sexuality and hence cannot promote condoms adequately. Thus, education on sexuality is necessary to inform people about the effectiveness of condoms in preventing unwanted pregnancies and STIs. There is also need to re-orient service providers and particularly the older one on the advantages of condoms and their role in promoting them to their clients and patients. Service providers have a negative attitude towards sexually active youth thus frustrating condom promotion efforts and uptake. This is a serious issue because condoms are effective in STI prevention among both young and old people.

Condom promotion and distribution

A participant noted that in the past, promotion of the condom as a primary family planning method was discouraged. He said that asking FP providers to promote and distribute the condom as a primary FP method is a matter that should be handled cautiously programs should not seek a "quick fix for a complex problem". He recalled that in the past, the condom was not promoted as a primary method but a temporary one that FP clients used while waiting to start on another long-term method. There was emphasis on methods that provided higher Couple Years of Protection (CYPs). The same providers are being asked to promote and distribute the condom as a primary method yet they have not been re-trained to promote the condom differently. It was suggested that these particular service providers be re-trained in order to get them off the previous policy and help them to adopt new condom promotion practices.

Condom dispensers

A participant observed that the condom dispenser concept is not an effective distribution method. It failed because it was project-driven (rather than program-driven) and once project funding ended, the project was not sustainable. Most of the dispensers are either neglected or not refilled regularly. Another participant pointed out that people who do not visit clinics find it easier to obtain condoms from these dispensers should be encouraged to continue doing so. Noting that there is need for a long-term condom distribution plan, he suggested that condoms be socially marketed.

A participant from NASCOP observed that though the condom dispenser project does not seem to work well, we should note that not everyone would go to the clinic to obtain a supply of condoms. Though some people prefer to buy them instead of getting them

from a public place, others choose to get them from the dispensers. He suggested that condom dispensers be located where clients could access them easily and in relative privacy. He added that condom distribution levels have gone up and not down as some reports show. This year (2003), for instance, up to 44 million condoms have been distributed.

Funds
There was also a general concern that most campaigns and funds are channeled to HIV/AIDS activities, sidelining FP programs. However, Dr. Solomon assured the participants that FP and HIV/AIDS are given equal attention. The misunderstanding came about because there has been a lot of publicity about funding of programs/projects aimed at curbing the HIV/AIDS epidemic.

IEC materials
The study findings indicated that IEC materials were not available in the clinics. A participant noted that though the materials were not available in the facilities, they could be available in provincial, district or facility stores. Further, the research team noted that some of the condom messages are conflicting and confusing. Ms. Wahome of INTRAH reported that a component of the intervention phase would focus on "root-cause analysis" to identify factors associated with lack of IEC materials.

STI risk assessment
Low STI risk assessment by FP service providers and low risk perception by FP clients were noted from the study results. Providers' assessment of clients' risk and promotion of condoms for STI prevention are important because many clients may not be aware that they are at risk and need to be sensitized.

Referring to the informal service providers (including chemists) as the "more efficient sector/entrepreneurs", a participant suggested that these providers be assisted through training so that they can offer good services as well as give cheaper medication.

Factors hindering condom promotion among STI service providers

Jennifer Liku (FHI/Kenya), Lorie Broomhall (FHI/North Carolina)

Background
This study was conducted in Nyanza province (Kisumu and Siaya districts) for 10 months in public and private STI service delivery facilities. Study participants included STI patients, STI service providers (traditional, facility and community-based) and other community members. The results presented focused on the following objectives:

- To document how and to what extent STI service providers promote condoms
- To investigate the interpersonal barriers to condom promotion by providers
- To ascertain the technical and organizational factors that may inhibit condom promotion and provision at STI service delivery points

To collect data, the study used participant observations, site mapping, review of facility records, in-depth interviews, focus group discussions and structured observations.

Summary of findings
The results presented focused on service provision, technical and organizational barriers to condom promotion, barriers to condom use, structural barriers to STI treatment, and condom promotion.

Two types of STI service delivery systems emerged: the formal (public and private hospitals, health centers/clinics and dispensaries) and the informal (unlicensed health providers commonly referred to as quacks, herbalists/traditional or faith healers, and shops/kiosks) sectors. Chemists/pharmacies and community based distributors could be classified in any of the two sectors.

Differences were noted in service provision in public and private facilities. While public facilities offered STI services in designated areas, private facilities did not. STI patients in public clinics had a specific register, which was not the case in the private ones. STI patients visiting public facilities reported that they were not informed of their diagnosis. This has implications for contact tracing, safe sex practices and compliance and as a result, patients unknowingly spread STIs.

Key issues
Timing of STI treatment: Most people delay seeking STI treatment from health facilities until their condition is critical

Condom promotion: CBD agents actively promote condoms while government and municipal facilities provide little or no condom promotion. Pharmacies/chemists do not provide information on condoms

Reasons for choosing specific sources of STI treatment
- Formal facilities: proximity to residences, referral by friends or other facilities
- Informal facilities: confidentiality, affordability, availability of drugs

Note: Patients complained of lack of privacy and confidentiality and frequent drug stock outs in public facilities

Barriers to condom promotion
- Workload/time
- Lack of skills
- Unfavorable structural set up
- Drug stock outs in public facilities that push clients to the informal sector (where condoms are either not available or service providers don't promote them)

Conclusion
There is need to:
- Train/update service providers

- Promote condoms aggressively
- Improve visual and audio privacy to enhance confidentiality

These results were discussed at a seminar conducted at the study site. Participants included service providers (formal and informal sectors), program managers and MOH staff from the provincial and district health offices. They came up with recommendations on service provision, drug stock outs, community awareness strategies, privacy and confidentiality, and staff deployment. A summary of the recommendations is attached (Appendix II).

Discussion

Chair: Dr. Marsden Solomon, DRH

Syndromic Management and STI Diagnosis

There was a general concern on reports that service providers do not give information to their clients about their diagnosis. A participant asked whether clients were not informed of their illness or they were reluctant to reveal their diagnosis to the researchers. Another one wondered whether this could have resulted from use of the syndromic management of STIs that does not provide as accurate a diagnosis as laboratory testing. The providers, therefore, might not have a concrete idea about what the client is suffering from and choose not to give the diagnosis. Observations of client provider interactions (CPIs) confirmed that clients did not get information on their diagnosis.

A District AIDS and STD Coordinator (DASCO) said that it might be more practical to use clinical diagnosis particularly at the district level because it is difficult for doctors to use the syndromic approach. It is difficult, for instance, to tell if a patient is suffering from chlamydia or gonorrhea using the syndromic approach. This method should only be used at the dispensary level. An assessment could assist to establish the effectiveness of the syndromic approach.

A participant from GTZ suggested that service providers should be motivated by involving them in social marketing of branded condoms as is the case with Community Based Distributors (CBDs) who have continued to promote condoms and provide other services. [CBD agents were trained to provide FP services including condom distribution before the advent of HIV and are continuing to do so.] Social marketing activities however, could divert the energies of MOH service providers.

According to the findings, informal sector providers are now more efficient in providing STI services. Since they have many clients, they need training to encourage them to offer good quality services and complement the efforts of the formal sector.

STI register/record book

Participants agreed with findings indicating that using a separate register for STI patients in public STI clinics is a deterrent to treatment seeking efforts by STI patients. The

relevant authorities should devise alternative methods of keeping records of STI drugs to avoid stigmatizing the patients.

Drug delivery
During the data interpretation meeting held in Kisumu participants reported that STI drug stock outs were as a result of poor drug distribution mechanisms. Some busy Service Delivery Points (SDPs) run out of drugs while other drugs expire in the stores of SDPs with fewer clients. A participant from the DRH reported that there was a drug stock out between 2001 and 2002. The 6,000 STI kits received during this period were not adequate and the MOH had the responsibility of distributing the available stocks. They came up with indicators of distribution from the health center level upwards. The drugs would be delivered to the district headquarters from where they would be distributed (according to requirements) to the health facilities within the district. In particular, District AIDS and STD Coordinators (DASCOs) have the role and responsibility of monitoring and evaluating STI drugs requirements in their respective districts. They are supposed to monitor disease patterns and drug consumption in order to withdraw and redistribute drugs from facilities that are not busy to the busy ones and compile reports.

All districts are supposed to have a 10% buffer stock in the office of the District Medical Officer of Health (DMOH). The participants in the meeting were informed that currently there are enough STI drugs in the facilities and the MOH is carrying out a pilot exercise on STI drug kits in 10 districts that are using the syndromic approach of STI diagnosis.

A participant pointed out that the MOH needs to look into the issue of adherence to service provision guidelines. Existing policies, procedures, standards and protocols clearly state the guidelines that service providers are supposed to follow but this study and others have shown that service providers do not comply with them.

MOH research agenda
A representative of the Nyanza Provincial Medical Officer said that the MOH should have a research agenda in their development programs instead of waiting to be told what is happening by other groups. In response, Dr. Solomon said that the DRH had just established a research unit and a data bank that will process all RH data for utilization by those who need the information. He reported that a meeting would take place in mid-July to discuss RH research priorities.

The DMOH representative from Kisumu wanted to know whether young people were involved in the study. He was informed that the study respondents included young people from “boda boda” (bicycle transporters) and car wash groups and others from the beach community. He went on to say that youth groups should be involved in condom promotion (social marketing) and awareness creation.

Summary of key findings

Finally, Kuyoh presented a summary of key findings from the three studies:

- Myths, rumors, stigma and misconceptions on condoms still abound

- Condom promotion for STI and pregnancy prevention at the health facilities and community level is low
- Condom use is still low in the study communities
- Service providers' attitudes are a barrier to condom promotion and provision
- Risk assessment by service providers is lacking especially in FP service delivery points
- Self perception of risk among clients/patients is low
- The infrastructure within the health facilities should be improved to foster privacy and confidentiality
- Compliance to service provision standards and guidelines is still low/inadequate
- Contact tracing, a major component of STI management, is lacking
- There is need to involve all cadres (lowest to highest) of MOH staff in the management of STIs and pregnancy prevention
- Male involvement in condom promotion is crucial

Way forward

In view of the presentations and the discussions that followed, Kuyoh asked participants to give their suggestions/comments on the way forward and they came up with the following:

a) Service Provision

- ✓ There is need to deploy more service providers to ease the burden of STI management and condom promotion
- ✓ Providers should change their attitude towards STIs and STI patients
- ✓ Service providers should be motivated to promote family planning commodities to their clients by:
  (a) Involving them in social marketing of public sector branded condoms
  (b) Providing continuous training on family planning issues
- ✓ Promote and advocate couple counseling for FP
- ✓ Clients have a right to know their diagnosis at all points

b) Training

- ✓ The Ministry of Health was urged to build the capacity of service providers to disseminate information on condom use and offer them basic training on counseling skills
- ✓ Service providers should be trained and /or taken for update courses in order to:
  - equip them with condom promotion, risk assessment and counseling skills
  - motivate them to change their attitudes
  - become client-friendly
  - manage STIs effectively and

- ultimately offer better services

- ✓ Service providers should be aware of government policy on condoms as stipulated in the "National Condom Policy and Strategy" document. This document should be made available in all health facilities
- ✓ Only trained counselors should be deployed in the STI clinics
- ✓ There should be desensitization of health workers on sex issues
- ✓ The pre-service and in-service training curricula should be reviewed
- ✓ Trained peer educators should conduct condom promotion up to village level (grass root level)
- ✓ Public health personnel need to train and supervise Community Based Distributors (CBDs), community health workers and youth groups involved in condom promotion activities to dispel the myths/rumors that hinder use of condoms in the community
- ✓ Health workers should be trained on evidence-based medicine

c) Condoms and condom promotion

- ✓ To de-stigmatize condoms and promote them for pregnancy prevention (FP)
- ✓ The highest level of government officials should promote condom use in public meetings
- ✓ Give condoms its rightful place in the society
- ✓ Service providers require clear guidelines on the integration of FP, STI and HIV messages in condom promotion
- ✓ Socially-marketed condoms are preferred hence social marketing of condoms should be encouraged
- ✓ Importation of condoms should be based on demand so that large numbers do not expire before they are used
- ✓ Recognize the efforts of private practitioners and encourage them to promote condoms
- ✓ More stakeholders should be brought on board as condom promoters
- ✓ Female condoms to be put at the forefront of promotion activities
- ✓ Strengthen condom distribution mechanisms
- ✓ The role of DASCOs and PHTs should be defined in STI management and condom promotion
- ✓ Condom promotion should target men and women

d) On male involvement

- ✓ Men should be involved in condom promotion for family planning and STI prevention and encouraged to visit FP clinics
- ✓ Identify male service providers in health facilities to give information and promote condom use
- ✓ Investigate ways of improving male involvement in condom promotion

e) Government involvement

- ✓ MOH should promote condoms as a dual method
- ✓ MOH should have country-wide training for all service providers on condom use and promotion
- ✓ MOH to ensure that service providers comply with the set standards and regulations and conduct strict supervision
- ✓ MOH should ensure that they have a Reproductive Health agenda including STI/HIV issues (the MOH is already working on it)
- ✓ The MOH should work closely with NGOs and donor communities to address issues on training, counseling on condom promotion for service providers and re-structure clinics to provide more privacy and confidentiality. The concerned arms of the MOH should streamline the distribution of STI kits/drugs and address the issue of interference
- ✓ MOH should consider social marketing of condoms to improve uptake and use
- ✓ Drugs should be distributed directly to the health units rather than using the KEMSA stores/MOH should review distribution outlets
- ✓ Make use of local leaders, church elders and other stakeholders in HIV/AIDS and condom use sensitization
- ✓ Find a permanent and adequate funding source for STI drug kits and improve distribution of these kits to avoid stock outs

f) Research

- ✓ There is need for follow-up of recommendations given to make research meaningful and useful
- ✓ There is need for more research in reproductive health areas
- ✓ Start a pilot project to involve the informal sector service providers in the treatment of STIs. This should involve training, provision of drugs and IEC to the informal sector.

g) Other

- ✓ Examine why, after decades we are still discovering that the same barriers exist and need to be overcome
- ✓ Need to streamline monitoring and evaluation
- ✓ Use performance improvement approach to find root causes of poor performance
- ✓ Avoid donor-dependency in reproductive health issues
- ✓ The Ministry of Education should allow condom education in schools

Closing Remarks

Mrs. Nancy Waweru, Assistant Chief Nursing Officer, DRH, MOH

"Good afternoon. I want to take this opportunity to thank FHI and our partners for all the work they have put into the three studies. The issues raised in this study will be closely scrutinized and particularly issues that are within our mandate to implement in order to improve our services. I assure you that the current leadership is committed to improving our services, and especially matters that are within their mandate. Research is among the issues that are being considered seriously as outlined by Dr. Solomon.

I would also like to thank our staff from the provinces for their dedication and commitment to duty. We have no doubt that they will rededicate themselves particularly in matters of provision of condoms. I would like to inform you that as a Ministry, we have been promoting dual methods for several years but of course appreciate that we still have a lot to do. The Division of Reproductive Health is open to new innovative ways of providing and promoting quality services particularly in the areas of training. Dr. Solomon has rightly stated that we have changed the way we are conducting training and that the provinces have become our entry point. Provinces set their priorities and conduct training according to these priorities. However, as the Division of Reproductive Health, we have a clear mandate to incorporate support supervision in all areas of service provision bearing in mind the integrated roles we are mandated to look into.

As we look at these results in details, we will be calling upon you for assistance, dialogue and input into the way to move forward in the promotion of condom use as a way of preventing both HIV/AIDS and pregnancy."

With that, I declare this meeting closed.

Appendix I

NATIONAL DISSEMINATION OF FINDINGS FOR THREE CONDOM STUDIES

Panafric Hotel on June 26, 2003

A G E N D A

8.00 – 8.30 am	***Arrival, registration and coffee/tea***
8.30 – 9.00 am	***Welcoming remarks*** **Regional Director, FHI**
9.00 – 9.30 am	***Opening remarks:*** ***Head, NASCOP*** ***Head, DRH*** ***OPH, USAID***
9.30 – 10.00 am	***Results of the Female Condom Community Intervention Trial Study*** ***Cathy Toroitich-Ruto, Lorie Broomhall***
10.00 – 10.20 am	***Discussion***
10.20 – 10.40 am	***Tea/Coffee Break***
10.40 – 11.10 am	***Results of the Barriers to Condom Promotion Among Family Planning Service Providers Study*** **Jennifer Liku, Isaac Nyamongo, Lorie Broomhall**
11.10 – 11.30 am	***Discussion***
11.30 – 12.00 pm	***Results of the Factors Hindering the Promotion of Condoms among STI Service Providers Study*** **Jennifer Liku, Lorie Broomhall**
12.00 – 12.20 pm	***Discussion & Way Forward***
12.50 – 1.00 pm	***Closing Remarks***
1.00 pm	***Lunch***

Appendix III

Study: Barriers to Condom Promotion among FP Service Providers

Study Site Results Discussion Workshop Summary

Study partners: Ministry of Health (Division of Reproductive Health), Family Health International, Institute of African Studies (University of Nairobi), AMKENI, INTRAH

Purpose of the meeting: To share with and receive feedback from the Ministry of Health and other stakeholders on the preliminary findings of the study

Goal: Increased condom uptake and use to reduce the incidence of unwanted pregnancy and sexually transmitted infections including HIV

Objectives of the study

- Document the level, quality and type of condom promotion and distribution among FP providers at intervention and control sites.
- Determine the formal (pre-service and in-service training) and informal (family, religious, personal) sources of provider knowledge and skills relevant to condom promotion.
- Ascertain the salient community beliefs about condoms and explore how they influence provider messages about condoms and DP.
- Assess how organizational factors affect condom and DP promotion and distribution at FP facilities and programs.
- Investigate personal experiences with condoms that may affect providers' attitudes about condom promotion

Study sites: Kimilili Sub district Hospital and Lugulu Mission Hospital in Bungoma district, Western Province

Study participants: Family Planning service providers and clients, other hospital personnel, Community Based Distributors and community members

Key Findings

- Condom uptake in both FP service sites is low (including uptake by service providers)
- Counseling on dual protection is low (22%)
- Peer influence noted in method selection - clients request for specific methods (recommended by peers)
- Reported barriers to condom promotion:
    - Time constraints due to client load
    - Age/gender differences between clients and providers
    - Personal inhibitions among providers (- embarrassed to discuss sexual matters or use the penis model for condom demonstration)
- Not all providers have received FP/STI training and counseling
- Sharing of information and skills among staff is weak
- Providers are not familiar with the National Condom Policy

Recommendations from participants

- Focus condom promotion interventions on the men: (most clients visiting the FP clinics are women who are unable to suggest/negotiate condom use with their spouses)
  - Providers to utilize "personal experience" on condom use to increase acceptability
  - Conduct training to enable service providers to deal with the issue of demonstrating condom use with the penis model
  - Target service providers and community members with information and messages that could change their attitude on condoms and condom use
  - Participants of the workshop to be change agents – to change the community's attitudes and perceptions on sexuality issues
  - Continue to educate the community on the importance of the condom as a family planning method
  - Form committees at community level to discuss health issues and target men specifically with reproductive health information

Way Forward

- ✓ Request District Health Management Team (DHMT) to support training of service providers using cost sharing funds

- ✓ Encourage FP providers to promote condoms for pregnancy prevention

Study: Factors Hindering the Promotion of Condoms by STI Service Providers

Study Site Results Discussions Workshop Summary

Purpose of the meeting: To share with the Ministry of Health and other stakeholders the preliminary findings of the study

Goal: Increased condom use among STI clients at high risk of re-infection with STIs and contracting HIV

Objectives of the study

- To document how and to what extent STI service providers promote condoms
- To identify socio-cultural beliefs and attitudes on STIs and condom use among study participants
- To determine how community attitudes on condoms affect the level and content of STI prevention messages and condom promotion
- To investigate the interpersonal barriers to condom promotion by providers
- To ascertain the technical and organizational factors that may inhibit condom promotion and provision at STI delivery points

Study sites: Kisumu and Siaya districts in Nyanza Province

Study participants: Formal and informal STI service providers and clients, local opinion leaders, community based distributors, sex workers, and community members (beach and bicycle transporters)

Key Findings

- Drug stock outs reported/effect on STI management
- Preference of informal (herbalists and unqualified staff) STI service providers over the formal (professional health care givers) ones
- STI treatment sought at critical stage
- STI patients not informed of their diagnosis, complicating issues of compliance and safe sex practices
- STI messages given and basic condom promotion conducted by some service providers
- STI management and condom promotion skills lacking
- Audio and visual privacy lacking in most public facilities

Recommendations from participants of site dissemination workshop

Drug stock outs

- Review the Ministry of Health's policy on drug delivery to empower the District Medical Officer of Health (DMOH) to distribute STI drugs according to demand and not to pre-determined destinations as advised from the ministry headquarters.
- Decentralize distribution of STI drugs to the office of the District Medical Officer of Health

Service provision

- *Information to clients on diagnosis*: Service providers to inform patients visiting health facilities about: a) their diagnosis b) condoms and condom use and c) expected behavior change
- *Condom promotion*: Condom dispensers to be conveniently located to complement other condom distribution efforts
- *Client provider interactions*: Service providers to change their attitude towards their clients and build rapport to facilitate STI management and promote condoms aggressively

Community awareness

- Educate the community further on the importance of the condom in STI prevention
- Dispel myths and negative beliefs about condoms and condom use.
- Providers to demystify sex and overcome their personal inhibitions and embarrassment about sexuality issues

Privacy and confidentiality

- DMOHs to utilize Facility Improvement Funds (FIF) to create adequate space for counseling in order to facilitate privacy and confidentiality within the facility.
- Partition available room to ensure privacy and confidentiality.
- STI clinics not to be isolated in order to curb stigma

Training/updates/refresher courses

- MOH to conduct on-the-job training, refresher and update courses in condom counseling/promotion
- Develop training module for condom promotion, distribution, use and disposal
- Incorporate condom promotion strategies in pre-service training

Deployment

- Facility in-charges to identify "positive hard workers" (service providers who have positive attitudes towards condoms and condom promotion) and deploy them in STI/FP service sites

Way Forward

- ✓ Ministry of Health, through the Provincial/District Health Management Teams (P/DHMTs) to plan for interventions to ensure adequate supply, use and disposal of condoms

- ✓ Plan with the District Health Management Teams (DHMTs) to make condoms available to all providers

- ✓ Share the results of this study with others in the PMO's office

Appendix IV

	Name	Organisation	Contact
1.	Abner Manyoni Abaga	Systems Analyst – Health Management Information systems - MOH	2717077 Ext 45152
2.	Anthony Ophwete	Assistant Program manager – DRH, MOH	2716812
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11.	Dr. Gideon Toromo	DMOH, Nandi Hills - MOH	053-643151
12.	Dr. Josiah Onyango Akoth	Senior Programme Officer, Family Planning Association Of Kenya	603923/7
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27.	John McWilliam	Country Director, Family Health International	2713913-9
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33.	Maureen Kuyoh	Deputy Director, Family Health International	2713913/4/5/6
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