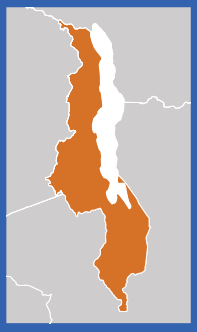
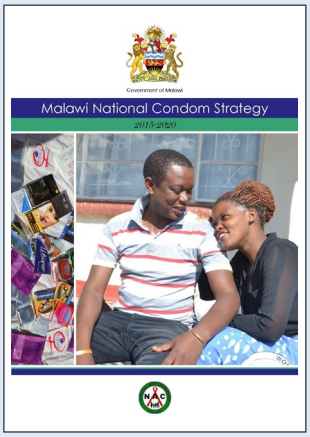


May 2019

Setting Up District-Focused Comprehensive Condom Programming: Experiences and Lessons Learned

HP+ POLICY *Brief*



In 2017, *Malawi's National Condom Strategy* for 2015–2020 was officially launched by the Ministry of Health and Population's Department of HIV/AIDS. The strategy aims to improve the availability of and access to condoms for the purpose of preventing unintended pregnancies and preventing HIV and other sexually transmitted infections. This will be done through the delivery of an efficient, functional, and inclusive comprehensive condom program, which will also help Malawi to achieve its Family Planning 2020 commitments to increase the use of modern contraceptives and UNAIDS commitments to reduce the burden of HIV.

However, a strategy on its own is just a piece of paper. To be effective, it must be rolled out to ensure clear roles, responsibilities, and accountability. This is particularly important in a country with a high fertility rate and unmet need for contraception, high HIV incidence, and regular stock-outs of condoms. For this reason, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR), helped to set-up district condom coordination committees in five districts to support local implementation and oversight of the National Condom Strategy. This brief details the process and lessons learned from those efforts to inform replication in additional districts.

National Condom Strategy Oversight and Coordinating Bodies

Condom programming largely falls within the domain of the National AIDS Commission with overarching oversight from the HIV Prevention Technical Working Group, but is rooted within the Ministry of Health and Population's Department of HIV/AIDS. The National Condom Coordinating Committee (NCCC) is the governance body for comprehensive condom programming with the goal of ensuring implementation of the National Condom Strategy. The NCCC's role is to coordinate, advise, monitor, and oversee commodity security while employing principles that reflect a total market approach. Such an approach strives to establish an environment in which various sectors—public, private, non-profit, civil society, social marketing, and commercial—collaborate to expand demand for, access to, and supply of high-quality condoms using their respective strengths.

The NCCC, which meets quarterly, is made up of representatives from various departments in the Ministry of Health and Population, including the Reproductive Health Unit, other government ministries, regulatory bodies, development partners, implementing partners, and networks and associations. The National Condom

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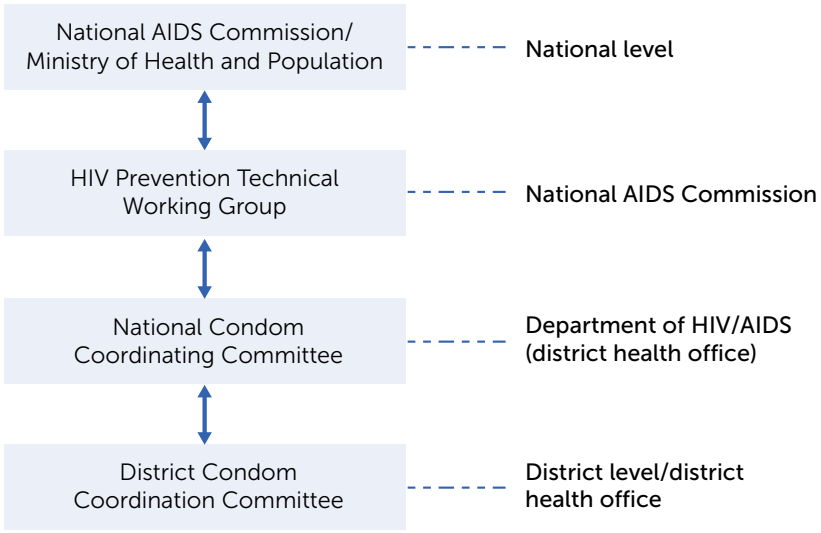
Strategy proposes that this structure be replicated at the district level through the creation of district condom coordination committees (DCCCs) to operationalize the strategy and report quarterly to the NCCC.

Figure 1. Relationship of National Condom Strategy Oversight and Coordinating Bodies



Establishing Governance Structures for Condom Programming at the District Level

To set up the DCCCs, HP+ worked closely with the Department of HIV/AIDS and NCCC. They selected five PEPFAR-priority districts to start with—Blantyre, Lilongwe Urban, Machinga, Mangochi, and Zomba—offering an opportunity to learn from the experience before scaling up. For the districts to effectively roll out the strategy, the first step was to develop guidance on how to govern standard comprehensive condom programming (CCP) at the district level. The guidance, referred to as a minimum CCP package, consists of the following primary elements:

1. **Appoint a condom focal person at the district level to chair the DCCC**. The condom focal person is in charge of coordinating the CCP agenda at the district and community level and maintaining communication with zonal and national condom stakeholders. The focal person should be a health worker in the district who is appointed by the district health officer. Similar to other appointed roles, the district health office should advertise for the position and conduct interviews to select the most suitable person for the role. The focal person should receive a full orientation upon starting in their new role. Some districts may already have condom focal persons from an earlier initiative by the Department of HIV/AIDS.

2. **Set up a DCCC comprised of a diverse group of sectors and stakeholders.** An initial CCP stakeholder meeting is suggested to kick-start engagement within the districts. At this meeting, the recommended coordination structures to drive implementation of the National Condom Strategy should be presented and discussed with all condom programming stakeholders. The National Condom Strategy provides

guidance on setting up DCCCs that mirror the NCCC. The national strategy includes terms of reference for the DCCCs (Annex F), which clearly stipulate its objective, key roles and responsibilities, membership, leadership, secretariat and operational modalities, and reporting. District CCP stakeholders should review and modify these terms to set-up and endorse the DCCC structure during the initial stakeholder meeting.

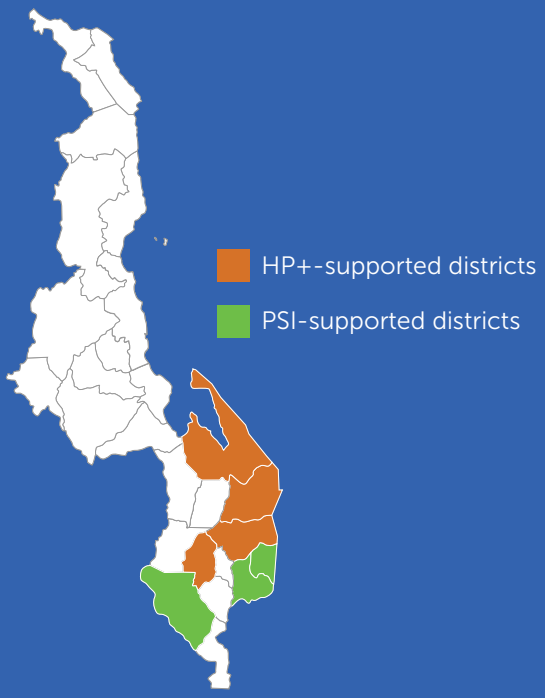
When considering who to include in the DCCCs, representation from public and private sectors and a diverse set of stakeholders will help to encourage a total market approach and ensure that condom programming reaches all members of the community. The full range of stakeholders to include could be revealed through a mapping exercise, coordinated by the condom focal person.

3. **Conduct quarterly DCCC meetings**. DCCCs are expected to meet quarterly according to the terms of reference outlined in the national strategy. As the chair of the DCCC, the condom focal person sends out the invitations for the quarterly meetings, and in liaison with the secretariat, sets the agenda and produces and circulates meeting minutes. A functional DCCC will need both technical and financial support to ensure that the committee meets quarterly and circulates relevant communication to all partners. If the district health office is unable to fund the meetings, partners/stakeholders may rotate funding for meeting logistics, such as for refreshments, lunch, and transportation reimbursement. Identification of lead partners in the district to support the functioning of the DCCC may be needed.

4. **Develop, implement, and monitor district CCP action plans.** Once the coordination mechanism is in place, the DCCCs are required to develop district-specific action plans, drawing from the Malawi Condom Strategy Action Plan (Annex D in the National Condom Strategy). The action plan should be customized to suit the district context and be actionable at the district level. This plan is then shared with the respective zonal office, Department of HIV/AIDS, and NCCC.

After the minimum package was endorsed by the NCCC, the Department of HIV/AIDS, PSI Malawi (the district-level implementing partner), and HP+ collaborated to support implementation. Each group played a unique role:

- The **Department of HIV/AIDS** provided oversight of the set-up of the DCCCs and provided policy and technical guidance to support implementation of district CCP action plans.
- **HP+** worked at the national level with the Department of HIV/AIDS to: (1) meet with and orient district-level zonal officers on their roles within the DCCC structure, (2) provide financial support to cover attendance costs related to the participation of zonal officers at NCCC quarterly meetings, (3) support the development of the DCCC agenda (in collaboration with PSI), and (4) facilitate the initial stakeholder and DCCC meetings. In addition, HP+ facilitated the process of developing district CCP action plans during stakeholder meetings.
- **PSI Malawi** was responsible for the roll-out of the package at the district level. They provided technical support to the condom focal person to shape meeting agendas, collect necessary condom data and other information, and support monitoring and evaluation. The Department of HIV/AIDS and PSI led the process of initial engagement



Achievements to Date

- Fully functioning DCCCs were established in four initial districts where HP+ provided technical assistance
- PSI replicated DCCC set-up in an additional three districts
- Condom focal persons mapped and identified district partners to better enable a total market approach
- Condom targets were submitted by all seven districts to the national level for annual commodity procurement quantification

with the districts via the respective district health offices. HP+ assisted with planning and facilitation of the initial meetings.

- **Zonal officers** were responsible for ensuring that the DCCCs were meeting regularly, documenting challenges, successes, and any support needed, and providing feedback to the NCCC for further discussion and action. However, it has been a challenge to fully engage zonal officers to attend these meetings due to competing priorities.

From November 2017 to March 2018, initial CCP stakeholder meetings were conducted in four of the five priority districts (Blantyre, Machinga, Mangochi, and Zomba) as well as in three PSI-supported districts (Chikwawa, Mulanje, and Phalombe).[1] HP+ and PSI often worked with the district-level family planning coordinator (or condom coordinator in cases where one was already in place) to help prepare and facilitate the stakeholder meetings. The selection of participants invited to the meeting was guided by the membership proposed in the DCCC terms of reference included in the National Condom Strategy.

With the CCP stakeholders gathered at the initial stakeholder meeting, the Department of HIV/AIDS or national-level team shared the rationale for creating the DCCCs. The meetings then focused on the critical areas of: DCCC membership selection (to be inclusive of a total market approach); ratifying the DCCC terms of reference; and appointment of the condom focal person. The stakeholders discussed the different key responsibilities of the DCCCs, agreed upon the membership for their districts, and set a date for their first DCCC meeting.

[1] Set-up in the fifth priority district—Lilongwe Urban—was delayed because it required the identification of a district-level partner to support the meeting (PSI does not cover the district) and because of the different administrative set-up, with both the city council and the district health office being in charge of HIV programing. In consequence, reaching out to set up the coordination mechanism required a customized approach.

Districts also used the initial stakeholder meeting as an opportunity to begin developing their district action plans, using the National Condom Strategy as a guiding template. Some districts made considerable progress, and others assigned activity leads and set timelines to continue the process during their next meeting. Most of the actions included in the plans were related to increasing demand for condoms.

Lessons Learned

Within a year of launching the national strategy, seven districts had a fully functioning DCCC. In the initial districts, HP+ supported the DCCCs to familiarize stakeholders with the tasks needed to run the committee, review materials, build consensus, and support networking. With the DCCCs in place, PSI is providing logistical support to conduct quarterly meetings, which has resulted in improved coordination among CCP stakeholders. Several lessons can be gleaned from the experience of setting up the DCCCs and advancing comprehensive condom programming in the districts. The following lessons should be considered when scaling up improved CCP governance structures to other districts.

Districts progress at different paces—stakeholders should identify and build upon the systems and resources already in place. Appointment of the condom focal person is an example of a process that varied across the districts. Some districts (Mangochi and Zomba) already had a condom focal person in place at the time of the initial stakeholder meeting, while others (Machinga and Blantyre) began the selection process at the stakeholders meeting. In Machinga, the district health office appointed the voluntary medical male circumcision coordinator to be responsible for condom programming, while in Blantyre the appointment was advertised. Other districts selected the family planning coordinator to run the CCP until a dedicated condom focal person was appointed. District health officers should work to appoint a condom focal person by the first DCCC meeting, if one hasn't already been appointed, and ensure that the person receives sufficient orientation.

Significant district health office involvement is critical, as is the availability of strong partners on the ground. Districts with these two elements were able to set up their CCP within a month or two, while districts without such an enabling environment, on average, took longer to hold the initial stakeholder meeting, required more time to complete the different components of the minimum CCP package, and needed extra support from HP+ and PSI. Reaching out to the district health office early in the process helps to orient and engage them on the National Condom Strategy. One reason a DCCC was not set up in Lilongwe was lack of a local partner.

The initial stakeholder meeting provides an opportunity to further disseminate the national condom strategy and kick-start district-level condom programming. In the various districts, the meetings brought together stakeholders working in condom programming to begin implementing the National Condom Strategy at the district level. The meetings were useful for discussion around appointment of a condom focal person, if there wasn't one already, and setting up the DCCCs and district action plans.

Securing support from nongovernmental organizations/implementing partners is critical for the start-up and ongoing functionality of the DCCCs. Because the DCCCs are a new mechanism, districts did not have the funding to support the initial stakeholder meeting because it was not in their district implementation plans.

Partners are needed to support the initial process until the DCCC becomes institutionalized in the district governance system. In addition, sustaining regular (quarterly) meetings for each DCCC will require funding and logistical support. To date, the DCCCs have been able to meet regularly due to readily available logistical support from PSI. Ideally, responsibility for these costs should be shared among other partner agencies on a rotating basis. In addition, the zonal officers have limited resources to carry out some of the assigned duties unless supported by partners. Where resources are constrained and there's engagement by the Department of HIV/AIDS and partners, zonal-level engagement has been limited.

Stakeholder mapping can help ensure that the right entities are represented in the DCCCs. While full inclusion of all condom programming stakeholders at the time of the stakeholder meeting is desired, it is not always possible, as some stakeholders might be lesser-known to the organizers of the meeting. A full stakeholder mapping exercise is needed. If there is no time or resources for stakeholder mapping before the initial stakeholder meeting, mapping should be undertaken at the initial DCCC meeting and conducted by the condom focal person. Partner mapping should not be limited to nongovernmental organizations and ministries—it should extend to independent business owners (i.e., the private sector) with an interest in condom programming. After mapping is conducted, the identified stakeholders should be invited to join the DCCC.

Partner mapping should not be limited to nongovernmental organizations and ministries—it should extend to private sector businesses (such as private clinics, pharmacies, and bars) with an interest in condom programming."

Having DCCCs in place helps raise the visibility of condoms within the broader HIV platform. DCCCs offer a mechanism for greater accountability and transparency from both the government and non-state stakeholders (specifically around condom supply chain issues). The DCCCs serve as a forum through which partners can discuss availability or shortages of condoms and come up with concrete actions to resolve these issues and monitor progress.

Challenges and Recommendations

The following challenges and recommendations should be considered when further scaling-up comprehensive condom programming at the district level.

- Inconsistency of stakeholder participation and representation can derail progress as it takes time to update and orient different stakeholders from the same organization who irregularly attend DCCC meetings. Condom focal persons are encouraged to draft minutes and circulate them so that all members are informed about discussion items and follow-up actions.
- Participation of the commercial sector in the DCCCs remains a challenge. Ideally large employers such as tobacco and tea estates would have a voice in district condom planning. Special efforts need to be made to promote their participation.

- Focal persons at the district level are often challenged to implement/operationalize comprehensive condom programming, especially in the absence of a thorough orientation and clear terms of reference. They also often lack a budget to support their participation in overseeing CCP activities. At the national level, the Department of HIV/AIDS should plan to orient district-level condom focal persons, with an emphasis on the terms of reference. Support for CCP activities should be included in district implementation plan budgets.
- Full inclusion of all key condom programming stakeholders is not possible during the initial stakeholders meeting in the absence of comprehensive mapping of condom programming actors in the district. In cases where a condom focal person has not yet been assigned, the district health office should take responsibility for initiating this process. It is also recommended that the NCCC support initial mapping of key partners in the districts.
- While zonal officers are expected to provide oversight, technical support, and monitor DCCCs, their involvement has been limited. They have a host of other responsibilities and it has proven challenging to get them to participate in the process. The Department of HIV/AIDS should engage the Ministry of Health and Population's Quality Improvement Department, which directly oversees zonal officers, to emphasize their role in CCP activities. Further, the Department of HIV/AIDS should look into effective ways of linking district CCP efforts to national-level efforts to ensure progress is being made and work to bridge any gaps that may arise.
- While the districts have developed CCP action plans, it is unclear how and to what extent the DCCCs are implementing them. The DCCCs and zonal officers should use the quarterly DCCC meetings to follow up on progress being made to implement district action plan activities. Ideally, the CCP action plans should be integrated into the district's annual work plan.

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