Assessment of Condom Programming in Lao PDR

Vientiane, Lao People's Democratic Republic
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FOREWORD

Condoms remain one of the cornerstones in HIV//STI and unwanted pregnancy prevention programs worldwide. However, despite the presence of this prevention technology in the country for years, condom use remains low even for HIV vulnerable groups (49% of sex workers and 39% for MSMs). Sex workers and MSMs don't use condoms with their regular partners too, putting these men on increased risk for HIV and STIs. To date, STI among sex workers remains high. Condom use for contraceptive purposes also remains unpopular (4.3% among currently married women) and largely unutilized for dual protection purposes among young people.

UNFPA, as the lead agency for Condom Programming in the UN system, supported the conduct of this Condom Assessment which aims to identify issues and needs related to condom programming and help support efforts to meet national targets on condom use and HIV/STI prevention in the country. As the first ever assessment of its kind conducted in the Lao PDR, the findings are not only interesting but will also provide decision makers, program planners and implementers a thorough understanding of the condom situation to guide the overall condom programming strengthening efforts in the country. Specifically, it will provide information on the demand (or low demand) for condoms, the logistics/supply situation, including the presence or absence of enabling environment to support condom programming/ promotion covering three specific groups: Family Planning users, HIV vulnerable groups and Young People.

This assessment is the first concrete step to move forward with increasing condom use among groups who needs them badly. As a follow-through, however, the country still needs to develop a National Condom Programming (including Promotion) Strategy, guided by the results and recommendations of the assessment. While this study answers the questions: Who? What? and Why?, the envisioned national Condom Programming Strategy will address the questions; How? When? and Where? among others. All stakeholders are therefore encouraged to critically examine the results and recommendations of the study and the corresponding implications to their work as individual agencies or organizations, and for the country's overall efforts.

Our sincere appreciation goes to the assessment team for assisting us in conducting the study, the Condom Assessment Advisory Committee for providing guidance and oversight, and to all stakeholders and partners who cooperated with the study team by sharing their researches and activities related to condoms, providing information during Key Informant Interviews, participating in Focused Group Discussions and allowing the team to visit them and observe their work.

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Dr. Isabel Melgar is a health and clinical psychologist by profession. Her experience in social science and clinical research spans over 16 years of scholarly work at the Research Institute for Tropical Diseases, AIDS Society of the Philippines and the Ateneo de Manila University. She has developed and conducted various surveys and qualitative research on sexual lifestyle, risk behaviors, condom use, beliefs, and attitudes towards AIDS among sex workers, overseas contract workers, MSM, medical doctors, paramedical staff, young students, and women in general. She authored and collaborated work with fellow medical and social scientists. Dr. Melgar was also actively involved in the development and implementation of advocacy programs of the AIDS Society of the Philippines. She assisted in the assessment of IDU situation in Tondo, Manila and developed an intervention program for and by the community in response to prevalent drug use among youth in the said area. She led the national and international skills building program organized and coordinated by the AIDS Society of the Philippines during and after the third ICAAP. She also provided technical inputs in many of the

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Ms. Cristy Fuentes has more than 18 years of extensive experience in general management, logistics and procurement, and reproductive health primarily focusing on family planning, sexually transmitted infection and HIV and AIDS in the Philippines. She leads major activities for the reproductive health activities and product programming for DKT Philippines, Inc. a social marketing organization in the country. She has extensive experience, know-how, and directly manages contraceptive procurement activities (from international sources), logistics, quality assurance procedures and requirements, sales and distribution, systems and improvement, management information services. She is familiar with various government and donor requirements for condom programming which includes DKT International, Inc., Department of Health – Government of the Philippines, Kreditanstalt fur Weideraufbau (KfW), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), and the Packard Foundation. Ms. Fuentes is an accounting graduate and a candidate for Masters in Business Administration at the University of Santo Tomas. She has trainings for Quality Assurance Management at the University of the Philippines, and Entrepreneurial Management in Health Sector Reform at the School of Public Health Harvard University, Massachusetts U.S.A.

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Dr. Loreto B. Roquero Jr. is a public health specialist with 20 years of experience in managing a range of public health programs. Currently, he serves as HIV and AIDS and RH Programme Specialist for UNFPA in Lao PDR. Previous to this post, he was Country Director for Family Health International (FHI) in the Philippines, Senior Officer for Health of the Association of Southeast Asian Nations (ASEAN) Secretariat in Jakarta, Indonesia and EngenderHealth's Country Director for the Philippines. During his 14-year tenure with the Philippine Department of Health, Dr. Roquero had a progressively responsible career as a manager and leader in the areas of infectious diseases, child health, and HIV and AIDS and STIs, family planning and reproductive health programs. He served in various capacities as medical officer, program planner and manager, project director, and technical adviser to the Philippines Department of Health and its foreign assisted projects. As Director of the Philippine National AIDS Council, he led an early

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EXECUTIVE SUMMARY

The Assessment of the Condom Programming in Lao PDR officially started on January 15, 2008 and ended on April 15, 2008. This assessment is the first ever comprehensive study on condoms in the country, which includes past and current condom situation. This initiative is supported by the United Nations Population Fund (UNFPA). Key stakeholders and various target groups participated in the study.

Lao PDR has an increasing vulnerability to the HIV and AIDS and STI epidemic. The growing young population has a large impact on the reproductive health status of the country. Key indicators of vulnerability in Lao PDR are the practice of unsafe sex, increased HIV prevalence, and low risk perception among vulnerable groups and young people, low level of knowledge on STI and HIV and AIDS, and poor access to sexual and reproductive health products and services. These are the challenges that this study confronts with and to which recommendations are drawn.

The assessment analyzed the condom situation in the country in terms of programme support, condom logistics, and condom demand. The current state of affairs offers a platform to analyze the gaps and develop recommendations on appropriate interventions to strengthen the national response to HIV and AIDS and family planning; forecast condom needs of various groups; and propose interventions to improve condom demand and use.

The research team identified five study areas for assessment. These are Vientianne Capital, Luang Prabang, Champasack, Savannakhet, and Sekong Provinces. These areas were selected based on parameters that relate to increased vulnerability to HIV and AIDS and unwanted pregnancies, high population growth, and regional representation, among others.

The study employed different research methodologies to assess the programme support and policies, condom supply, and condom needs and demand in the country. The team

analyzed secondary data and conducted key informant interviews (KII), outlet distribution survey, and focus group discussions with target groups.

The assessment discusses the current policy environment in Lao PDR. From the review of existing policies, plans, and programmes, it presents the government's commitment to improve the reproductive health status of its people. Policies and programmes emphasize the need to extend health services to the young people. These policies include the National Birth Spacing Policy (1995), National Health and Development Policy (1999), Safe Motherhood Policy (2002), and the National Reproductive Health Policy (2005). The policy framework on the Step-by-Step Strategic Approach to Comprehensive Condom Programming for UNFPA Country Offices has been used in the analysis of this study. Apart from national policies, there are plans and programmes that support condom programming in the country. These are: National Strategic and Action Plan (NSAP) on HIV and AIDS/STI (2006-2010), 100 % Condom Use Programme, National Reproductive Health Commodity Security Strategy (RHCSS), and Sixth National Socio-Economic Development Plan (NSEDP).

Result of the KII also presents the gaps in condom programming, which are the lack of clear implementing rules and regulations on condom promotion and distribution, both in the public and private sector.

In identifying the management and training capacity of various organizations contributing to the condom programming, KII were conducted among programme managers, policy makers, and field implementers from government health agencies, non-government organizations, and donor agencies. The interviews highlight the support of CHAS in promoting condoms use to the different target groups namely sex workers and men having sex with men (MSM). On the identified gaps in the implementation, some of these are the lack of a systematic mechanism on condom distribution and the mobility of sex workers which affects the delivery of programme interventions.

The condom supply component in the assessment evaluates the systems and mechanisms of distributing condoms from three core groups: public sector, commercial market, and social marketing organizations. An outlet distribution survey was also conducted among drop in centers, drinking shops, hotels/guest houses, pharmacies, and grocery/minimart where condoms are sold or distributed. The study presented a forecast of the country's condom requirements. Assumptions were identified based on past consumption data, population-based data, and program targets. Total forecasted condom requirement for 2008 among the four target groups is 13.23 million pieces. Detailed calculations of the forecast condom needs of the country were laid out. These calculations can be used as a tool in determining future condom needs. However, the forecast has to be regularly revisited and availability of accurate information is critical. The calculations in the report are presented in a manner that upon availability of accurate information, the numbers can be easily recalculated. The condom supply component also reviewed the existing Logistics Management Information System (LMIS) and its operations. The assessment team recommends that the existing LMIS can be utilized as the key system for the entire logistics cycle of condom distribution. The report recommends integration points from

all parties involved in distributing condoms mainly MCHC, CHAS, and PSI. The synergy that can be created in integrating condom logistics processes will result to bigger cost effectiveness and efficiency at all levels and ensure condoms will reach those who need them most.

To determine the condom demand and use, a comprehensive review of literature was undertaken to show the knowledge, attitude, and practices of the different target groups namely sex workers and men having sex with men (MSM). Reproductive health surveys among the young people, sex workers, MSM, and married women and men were analyzed. Observations on condom perceptions, demand, and practices were validated through the conduct of focus group discussions (FGD). Recent surveys showed that there are an increasing number of young people who are sexually active. Boys have sex earlier than girls. There are also more young women who are engaged in entertainment and sex work. Young men who have sex with men have multiple male partners. Low condom use and low access to STI treatment was also observed. Among sex workers and clients, behaviors like use of alcohol and drugs as well as inconsistent use of condoms aggravate their high risk situations. In so far as married men and women are concerned, the use of male condom as a contraceptive remains low. There were reports that married men only used condoms with people other than their wives.

FGD results highlighted the common perception among groups especially among young people, that carrying or buying condoms is morally bad. The stigma or shame associated with condoms was also affirmed by adult participants. Men, on the other hand, complained of discomforts of wearing condoms as it erode sexual pleasure. Among MSM, unpleasant experiences were reported with existing condoms when it was used for oral sex. Young people, in general, are looking for more exciting colors and scents.

Accessibility to condoms, according to findings of this study, is inadequate. Traditional outlets like pharmacies close at 10 p.m. and there are few alternative sources in the community. Condom awareness campaign and sex education provided by the AIDS Project Team as well as by PSI were found to be helpful. Free condoms distributed in festivals and elsewhere were appreciated eg., young people took advantage by hoarding free condoms.

Specific recommendations on programme support include scaling up of the 100% Condom Use Programme, implementing the condom revolving fund, integrating reproductive health skills in the curriculum. Supportive policies to be developed include regulating condom procurement and distribution, developing guidelines for funding allocation, and providing tax incentives for commercially marketed products. Capacity building efforts that need to be addressed for government officials include skills on policy formulation and condom forecasting. For NGO service providers, skills needed include developing effective behavior change communication, assessing condom needs, selling and marketing of condoms, promoting condoms to youth, and mapping of condom demands

Specific and detailed recommendations on how to improve the logistics systems is provided in the report and this includes developing products that appeal to the target clients, forecasting condom needs, ensuring high quality condoms, managing the pipeline and inventory, distributing condoms through multiple channels and outlets, and promoting condoms at distribution points.

Recommendations on how to increase condom demand and use of the different target groups were also identified. Some of these include identifying barriers to condom use, developing condom negotiation skills, highlighting the benefits of condoms, promoting condoms through friends and peers, and evaluating and continuously refining interventions and communication strategies.

In conclusion, the assessment identifies the challenges of condom programming in the country and the pressing issues that it confronts. Identification of recommendations was guided by the Step-by-Step Strategic Approach to Comprehensive Condom Programming espoused by the United Nations Population Fund (UNFPA). Key among these recommendations is the development of a National Condom Programming Strategy to lay out the infrastructures and address the gaps. This will be implemented by a National Condom Programming Committee. It is also recommended to come up with a National Condom Communication Campaign to emphasize the dual protection of condoms. It is also recommended to establish mechanisms for condom quality assurance to ensure adherence to standards for all condoms procured and distributed in the country. Lastly, it is also recommended to conduct operations research for the introduction of new condom brands for young people and female condoms for sex workers and family planning users.

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ACRONYMS

100% CUP	100% Condom Use Programme
ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent reproductive health
BCC	Behavior change communication
BCI	Behavior change intervention
BSS	Behavior surveillance survey
CDC	Center for Disease Control and Prevention
CHAS	Centre for HIV and AIDS/STI
CSW	Commercial sex workers
CUMEC	Condom Use Monitoring and Evaluation Committee
CUP	Condom Use Programme
CUWG	Condom Use Working Group
DCCA	District Committee for the Control of AIDS
E-LMIS	Electronic Logistics Management Information System
EU	European Union
FDD	Food and Drug Department
FGD	Focus group discussion
FHI	Family Health International
FSW	Freelance sex worker
GFATM	Global Fund to Fight AIDS, TB, Malaria
GTZ	Gesellschaft für Technische Zusammenarbeit
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
HSS	HIV Surveillance Survey
HSS-SPPS	HIV Surveillance Survey and Sexually Transmitted Infection Periodic Prevalence Survey
IEC	Information, education, and communication
IUD	Intrauterine device
KAP	Knowledge, attitudes, and practices
KAPHS-T	Knowledge, attitudes, and practices related to HIV/ AIDS and STIs among transgender and their partners
KAPS-CBS	Knowledge, attitudes, and behaviour survey on reproductive health among adolescents
KII	Key informant interview
LMIS	Logistics Management Information System
LRHS	Lao Reproductive Health Survey
MCH	Maternal and Child Health
MCHC	Maternal and Child Health Center
MOH	Ministry of Health
MSM	Men having sex with men
NCA	Norwegian Church Aid
NCCA	National Committee for the Control of AIDS

NCCAB	National Committee for the Control of AIDS Bureau
NGO	Non-governmental organization
NODP	Number One Deluxe Plus
NRHP	National Reproductive Health Policy
NSAP	National Strategic and Action Plan
NSEDP	National Socio-Economic Development Plan
PCCA	Provincial Committee for the Control of AIDS
PDR	People's Democratic Republic
PEDA	Association for the Promotion of Education and Development
PEPFAR	President's Emergency Plan for AIDS Relief
PHD	Provincial Health Department
PLWHA	People living with HIV and AIDS
PPT	Periodic presumptive treatment
PSI	Population Services International
RAPC	Rapid Assessment Protocol for Planning Condom
RARHS	Report of the Adolescent Reproductive Health Survey
RH	Reproductive health
RHCSS	National Reproductive Health Commodity Security Strategy
RHIYA	Reproductive Health Initiative for Youth in Asia
RHIYA-FR	Reproductive Health Initiative for Youth in Asia – Final Project Report
RNACP	Rapid Needs Assessment Tool for Condom Programming
SBH-T	Sexual behaviour and HIV and AIDS risk among transgender men and their partners
SGS	Second Generation Surveillance
SMS	Short message service
SPPS	STI Periodic Prevalence Survey
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TRaC	Tracking Results Continuously
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
VHV	Village health volunteers
WHO	World Health Organization

Lao Terminologies

fan	refers to a boyfriend or a girlfriend
kek	when used in commercial sex, it refers to clients or customers
ka pa cham	refers to regular/casual partner

INTRODUCTION

Background of the Study

The United Nations Population Fund (UNFPA) holds a key role in providing assistance to the Ministry of Health (MOH), Department of Hygiene and Prevention, and Maternal and Child Health Center (MCHC) to implement and sustain a national reproductive health programme. A significant component of this reproductive health programme is a commodity security support initiative in contraceptive forecasting, procurement, distribution, and logistic management. Provision of condoms has been an integral component of the family planning programme throughout the country and most part of the world.

UNFPA's role and response to the Human Immunodeficiency Virus (HIV) epidemic in Lao People's Democratic Republic (PDR) is centered on improving HIV prevention, policies and programmes for and with, young people. As part of the Joint United Nations Programme on HIV and AIDS (UNAIDS) division of labor, UNFPA is expected to take the lead in the "provision of information and education, comprehensive condom programming, prevention for young people outside schools, and prevention efforts targeting vulnerable groups".

Moreover, prevention is the key to combating the spread of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) and sexually transmitted infections (STI). To date, almost every country has developed public information campaigns, many of which encouraged young people to delay the start of sexual activity, partners to remain faithful to one other and all sexually active people to practice safer sex.

Sexual transmission accounts for more than 75% of cases of HIV infection worldwide. Key public health strategies against sexual transmission of HIV and STIs includes the promotion of and creating demand for condom use, the provision of high-quality, low cost condoms to sexually active people, and the building of supportive social environment to encourage their use through active promotion. Good-quality condoms if properly stored, handled and used will reduce the chance of HIV and STI transmission to almost zero.

Condom programming includes three components: demand, supply, and enabling environment. Demand promotion emphasizes dual protection for both HIV and STI prevention and unwanted pregnancy.

"Targeted" male condom promotion and distribution interventions increase condom use. Condom promotion, especially for young people, needs to be informed by comprehensive information on condom situation including condom need, acceptability, availability, accessibility and affordability; condom policy; condom standards and quality assurance;

condom logistics; awareness, knowledge and use of condoms; and existing condom promotion efforts.

During the past three years, public condom purchase and consumption reduced considerably, down by almost 50%. The condom brand made available through the social marketing program in the country may have been perceived by young people as something closely associated with prostitution and sex work. As the majority of sex partners for young males are not sex workers, the cultural meaning attributed to using the existing condom brand may not be acceptable from young people's perspectives. Similarly, married couples, protective of their respectable image would not want to be identified with people who use condoms.

The results of this assessment will find relevance in strengthening comprehensive condom programming efforts in the Lao PDR, specifically for family planning (FP) purposes, HIV/STI prevention among sex workers and their clients including 100% Condom Use Programme, and dual protection for the sexually active young people.

Situationer

Information about Lao People's Democratic Republic

Lao PDR, located in the heart of Indochinese peninsula has been considered a landlocked country for several years. Currently, the country has turned around to be called a land-linked country because it has opened its borders to Thailand, China, Vietnam, Cambodia and Myanmar. Lao PDR has a land area of 236,800 square kilometers, three quarters of which is covered by mountains and plateaus. It has a tropical climate with a monsoon season from May to October.

The population of Lao PDR reached 5,621,000 and has a natural growth rate of 2.5 percent according to the 2005 Population and Housing Census. It has 49 ethnic groups. The Census recorded a very young population structure with about half of the total population under the age of 20 years old. The average household size is 5.9 persons and about one in 10 households is headed by a woman. Three out of four people live in rural areas and engaged in subsistence farming. There had been a substantial migration from rural to urban areas in all provinces and the number of people employed in the government and the private sector increased slightly. Compared to the Census in 1995, the total fertility rate declined from 5.6 children per woman in 1995 to 4.5 children per woman in 2005 and in the same period, life expectancy increased from 52 years to 63 years for women and from 50 years to 59 years for men (National Statistics Centre/Committee for Planning and Investment, 2005).

HIV, AIDS, and STI

Lao PDR is classified as a low HIV-prevalence country with a rate of 0.1% (MDG Progress Report, Lao PDR 2008). However, there are rapid changes that are taking place namely upsurge of the development in areas like infrastructure, tourism, trade and industries. There has also been an increase in internal and cross-border migration since the country has opened its doors to outside such roads connecting to its neighbors namely Thailand, Vietnam, and China.

While the HIV prevalence rate remains low in the general population, the more serious epidemics in several neighboring countries and the increasing population mobility both within and across Lao borders make the country vulnerable. At the end of 2007, the official cumulative number of people living with HIV was 2,630, 57% of reported cases were male and 43% are female. The highest number individuals of those infected are between ages 20 and 39 years. The major mode of HIV transmission is from unprotected heterosexual intercourse, which accounted for 85% of reported cases (National AIDS Registry, CHAS, 2007)

HIV sero-prevalence among female sex workers has increased from less than 1% in 2001 during the first round second generation surveillance (SGS) to 2 percent nationwide in 2004 during the second round of SGS. There are unresolved challenges namely STI rate among sex workers and their clients remain high, number of sex workers and their clients is increasing, low levels of knowledge on HIV, AIDS, and STI among sex workers, high mobility and turnover of sex workers, low preference of condom use among sex workers and their clients even though the rate of consistent condom use has increased from 2001, alcohol and drugs play a significant role in interactions between sex workers and their clients increasing unsafe sexual practices, and low coverage of comprehensive response.

The estimated number of sex workers throughout the country is 6,681 (National HIV, AIDS and STI Strategic Plan of Action 2006- 2010). This number is establishment-based such as beer shops, karaoke, restaurants, nightclubs, and guesthouses. There is no available data such as the freelance sex workers, those in the street and from phone network.

Family Planning and Reproductive Health

The contraceptive prevalence rate for currently married is 35 percent for modern methods and 3.4 percent for traditional methods. The percentage of usage increases with the increasing age of women up to age group 40-44 years old. Pills and injections are the most popular methods, used by 15.9 percent and 10.6 percent of currently married women respectively. Other contraceptive methods had less than 5 percent prevalence, which could indicate that other methods are not readily available.

The age of women currently aged 40-44 years old reported much higher ages for first use of contraception compared to women aged 25-34 years old. The different patterns in using of contraception by current age groups suggest that older women used

contraception primarily to limit the number of their children and thus did not begin to use it until they were over age 30 years. The earlier use of contraception among younger women implies that many of them are using it to delay the first birth or to space subsequent births.

Despite significant progress, the reproductive health (RH) status of women and girls, particularly members of ethnic groups and those living in rural and remote areas remains poor. Lao PDR has among the highest maternal mortality ratios wherein 405 deaths were estimated per 100,000 births. This is however, a far better figure compared to the strikingly high estimate in 1995. In rural areas, women and adolescent girls have shorter intervals between births, marry younger, bear children younger and have a higher fertility rate compared to those living in urban areas. Over 18% of women start their childbearing before the age of 20 and around 12% of all births are to adolescents aged 15 – 19. First pregnancies tend to occur earlier in women in rural areas than women in urban areas, where access to reproductive health services is limited due to long distance to health centers, geographic remoteness, and poor infrastructure. In fact, being pregnant at a very early age of thirteen has been found to occur in remote areas. Many pregnancies are unplanned and anecdotal evidence shows that increasing number of unmarried women is having unsafe abortion, which can lead to fatal health complications (http://www.lao.unfpa.org/bckgrnd.htm).

Premarital sexual activity is increasing, but due to the very limited access to sexual and reproductive services, contraceptive use among unmarried young people is very low. About 4% of young people aged 15-24 has ever used condoms. In many parts of the country, access to condoms remains limited, especially for young people. For example, the Asia Development Bank (ADB) reports that after the completion of an HIV prevention program it supported in two of the country's poorest provinces, Louang Namtha and Bokeo, many villages and construction workers reported that they had not had access to commercially sold condoms since the program ended. Minority groups in the country just like most countries in the Greater Mekong Sub-region, have very poor access to sexual and reproductive health (SRH) services including HIV prevention and lack of access to culturally and linguistically appropriate information due to their remoteness. A number of structural issues add to their vulnerability. Ethnic minority women are even more vulnerable to exploitation and at high risk of acquiring HIV.

Challenges in Condom Programming

In general, one of the major challenges of condom programming is the actual usage of condoms in different settings. This is because of the stigma attached to condoms; and condoms are perceived to be associated with sexual promiscuity and sex work.

Family Planning

Condoms in the public sector facility are being promoted as a modern method for family planning. However, survey shows that the use of condom as family planning method is

low compared to other methods of contraception. Reasons for the low usage includes, stigma attached to it, perception of infidelity, and inconvenience in using as a method of contraception. Another factor is that family planning activities always rest on women and more often the husbands are not involved in accessing the condoms in the public sector facility.

The most cited reason of married women for not using contraception is that they wanted more children (13.7 percent). This is followed by health concerns cited by 11.8 percent and husband disapproval cited by 9.7 percent. Women with no or primary education were slightly more likely to report husband disapproval as a reason for not using contraception compared to women with upper secondary education.

Overall, the results show significant progress in modern contraceptive usage, which indicates a noteworthy change in childbearing behavior among Lao women. Family planning is becoming more popular and practiced by more women, which is consistent with the observed decline in fertility.

HIV Vulnerable Group

In the second round of SGS (2004), the majority of respondents had a degree of awareness of HIV and AIDS as over 90% knew a source of condoms and knew that condoms prevent both HIV and STI. Nevertheless, condom use was inconsistent with high levels of knowledge and only 57.2% of men reported always use condoms with at-risk partners. In the population of service women, condom use with all clients in the prior month was as low as 29% in Luang Namtha and only 41% in Vientiane Capital. The problem of not using condom among the service women roots from their poor condom negotiation skills, low literacy, education and health as well as financial part of it where they get paid higher by the clients without using the condoms. On the client side, condom is a barrier to satisfying or gratifying sexual intercourse.

Another vulnerable group for HIV and STI infections is men who have sex with men (MSM). A report cited by UNAIDS found increasing sexual activity among young men in Vientiane in 2004, nearly 60 percent of whom reported having multiple partners in the first six months of the year and more than one-third of whom reported paying for sex. Many of Lao PDR's MSM also report having sex with women. Studies in Thailand and other neighboring countries showed the increasing number of MSM getting HIV infections. Reported condom use among this population group is low. Some of the reasons for not using the condoms are lessening of pleasure during anal or oral sex, feeling of non-vulnerability, and inaccessibility of condoms.

The challenges in condom programming include the provision of condoms in all settings including targeted intervention among HIV vulnerable groups, the youth, and the family planning users; provision of condom IEC materials which includes dual protection of the

condoms using tri-media including the use of small media, inclusion of condoms in behavioral change communication (BCC) packages, and the introduction of new condoms in the market such as flavored condoms, ribbed, dotted, and other factors that will attract and increase trial usage of condoms by the population groups mentioned above including the general public. Researches on condom acceptability should be undertaken including those of the female condoms. On the logistics side, there is a need to do forecasting on the supply needs of the country both for family planning and HIV and STI prevention; the need for distribution outlets where condoms will be accessed easily by all groups especially the youth; and, the need to evaluate the manner of condom distribution through the public or commercial outlets and social marketing. On the program support side, there is a need to look at the availability of policies supporting condom promotion and use, e.g. promotion of 100% condom use programme (CUP) in all the provinces and provision of condom distribution among the youth in the public sector facilities, and training of staff and health care workers involved in condom programming.

Limitations of the Study

1. The aim of FGD as a research method is to discuss the complexities and subtleties of first-person experiences concerning some topic, in this case, about condom attitudes, knowledge and practices. The present study employed FGD in order to elucidate and describe the personal experiences of five target groups namely the youth, MSM, married women, sex workers and married couples. However, there are subgroups within each sector, which were not represented in the FGD groups organized by the team. Due to time constraints, not all subgroups could be accommodated in the present study. Young people from the factories were not represented in the FGDs, but one or two factory workers could have enhanced the qualitative data gathered from the youth group. Nevertheless, FGDs could be organized in the near future, to groups like factory workers, clients of sex workers, *kathoeys*, sales persons (outlets) or parents and develop FGD questions that will follow-up on some of the results generated by the current FGDs and consequently be much more focused.

2. The research instruments in this study were developed using the English language. The translation of the survey questionnaire, interview questions and FGD guide from English to Lao created some reliability concerns. The two languages did not meet the principle of equivalence in some items or questions as we have found during the forward and back translations. The back translation of Lao respondent data to English might have also threatened the contextual meanings of actual responses of FGD participants or interviewees. Every story that is related to us (in their language/dialect) requires an understanding of narrative grammar that is a part of a specific social, cultural and historical context. This language barrier has somehow eroded the richness of transcribed data reported herein. As a recommendation, in future studies, the thematic analysis of the Lao qualitative data could be done by the

moderator and written in Lao; which could be reported side by side with an English translation.

3. The quantitative aspect of the logistics study incorporated a purposive sampling technique, not a random selection process. The samples were skewed towards outlets in the main regions. The samples chosen during the outlet observation where mainly located on major thoroughfares and with high traffic consumers. Several considerations have to be identified in working on condom forecasts. The WHO guide on condom supply provides the following concern areas in working on condom forecasts:

    - Data on users' true demand for condoms are very difficult to obtain, and consumption forecasting is therefore inherently difficult. Use of several forecasting methods increases the likelihood of arriving at an accurate and valid estimate.
    - Using population based data may not automatically take into account capacity limitations of the service and distribution systems, and so risk vastly overestimating the number of condoms that can be distributed.
    - Furthermore, population based data may give an accurate estimate of need, but may not reflect the quantity of condoms clients will actually demand or consume. This will also require making a difficult assumption about the number of condoms required per current user.

    Based on these limitations, it is therefore critical that all forecasts be recalculated at the end of each future time period, as soon as the most recent periods' data are available.

Review of Literature

Young People

Young people under 20 years comprise approximately 54% of Lao population. Studies in the past five years have shown a rapid change of young people's lifestyle. In the 2003:07 RHIYA Report, the baseline 2004-survey results of Vientiane respondents showed an increasing number of young people engaging in premarital sex. Boys have sex at 11 years while girls have sex at 15 years (ADB, 2002). In a survey of 15-19 year old girls (LRHS, 2005), 16.8% had begun childbearing.

In a survey conducted by the National Statistics Center (UNFPA & NSC 2005), it found that some 8% of unmarried youth had engaged in premarital sex and that the use of contraceptives was very low and increased slowly with age (3% among 15-17 years old, 6% among 18-19 years old, and 12% among 18-20 years old).

RHIYA survey results in 2006 showed an increase in HIV/AIDS awareness among respondents to 93.3% from 86.5% in 2004 while STI awareness has reached almost 80%. In the same study, 31.4% of the adolescent participants used condoms at last sex. They found that more adolescents living in the capital (Vientiane: 44.8%) used condoms at last sex compared to their rural peers (9.6%). It was also more common among males (38.8%) than females (18.1%) to use condoms. As a whole, there was only an 11% increase in condom use in the four years that the program has been active.

Earlier studies such as the Report of the Adolescent Reproductive or RARHS (Sisouphanthong, et.al, 2000) have found that majority of the young people (62%) knew that using a condom when having sex lessens the risk of transmission of STDs. In this study, trends favored the older, urban, and educated youth. More specifically, majority of the oldest group of adolescents knew where to get condoms compared to younger adolescents. Urban dwellers also had more knowledge than their rural counterparts (78.7% vs. 45%). Meanwhile, people with some education also knew more where to get condoms compared to their uneducated peers (59.7% vs. 21.2%). Adolescents who worked in agricultural villages had the least knowledge of where to get condom. In 2000, a KAP survey conducted in Champasak, Bokeo, and Sekong (NCCA, 2000) found that condom use was very low or almost non-existent among adolescents (43.6%).

Knowledge of condoms appears to be influenced by age, education level, gender, and residence of young people. According to the ARH survey in 2000, knowledge of condoms was higher among the older (older adolescents: 56%, young adolescents: 35%), urban (urban: 66% vs. rural: 32%), educated (some: 46% vs. none: 12%), and male (male: 46% vs. female: 38%). In a survey among adolescents who visited the Vientiane Youth Center for Health and Development (NCCAB, 2001), majority of males (87.1%) and females (84.8%) knew that people can protect themselves from HIV by using a condom correctly every time they have sex. In fact, majority of males (57.6%) and females (66.5%) reported that they had known about condoms. More than half of the young people surveyed (55%) knew that using a condom every time they have sex helps in preventing transmission of STDs.

In terms of reproductive health data, The RHIYA 2003-07 reported that unintended pregnancies among last pregnancies have not significantly changed. The baseline figure in this study was 36.4% and this only came down to 35.6% (endline figure). Young people residing in rural areas were poorly informed about RH issues such as pregnancy and contraception.

While condom was popularly known as a protection against HIV/AIDS, it was also the most cited contraceptive method among respondents at the Vientiane Youth Center for Health and Development. Condoms were followed by female sterilization (males: 56.1%, females: 58.9%), male sterilization (males: 48.9%, females: 53.8%), intrauterine device or IUD (males: 43.0%, females: 52.0%), daily pills (males: 36.7%, females: 47.7%), and withdrawal (males: 46%, females: 20.8%). About half of males (47.5%) and females (49.8%) said that condoms were the most appropriate method of contraception. Other forms of contraception cited include periodic abstinence, injection, and emergency

pills. However, they were mentioned less than 30.0% of the time, with foam (males: 11.6%, females: 5.1%) as the least known method.

Data from RARHS survey (Sisouphanthong, et. al, 2000), aimed at understanding knowledge and behaviors of adolescent Laotians on reproductive health, supports these findings. In this study, adolescents were asked about the different methods of contraception they ever heard of. Majority (55.1%) knew of a certain method but individually, condoms were found to be the most heard method (50.4%). This was followed by pills (36.4%), IUD (29%), and injections (28.9%).

The role of demographic profile variables like gender and geographical residence and level of awareness about condom as a contraception was also studied by the RARHS. In terms of awareness, slightly more male (52.6%) than female adolescents (47.9%) knew that condom is a contraceptive method. However, females had more knowledge about other contraceptive methods. More adolescents from urban areas (74.3%) have heard of condom as a contraceptive method compared to adolescents from rural areas (40.2%). Similarly, high levels of condom awareness was associated with high levels of education (some education: 54.9% vs. none: 18%) and age in years (young people: 60.8%, older adolescents: 54%, young adolescents: 43.2%). In terms of knowledge, the study concluded that people belonging to the oldest age group (young adolescents: 35, %; 20-25 youth: 56%), being male (male: 46.2%, Female: 37.8%), living in urban areas (urban: 66.2% vs. rural: 31.9%), and having some education (some: 46.4% vs. none: 11.6%) possessed more knowledge about condoms.

Condom use

Condom use in different situations and settings may be gleaned from data from earlier studies. In the RARHS study (October 2000), condom use during the study period was almost non-existent among adolescent respondents in different parts of LAO PDR. It reported that of those who used contraceptives, only 3.1% were condom users and condom use increased with age. Men were also more likely to use than young women.

The RARHS study also examined the proportion of youth who used a condom the first time they had sex among those who ever had sex. Adolescents from the older age group were more likely to have used a condom the first time they had sex. In a study by NCCAB (2001), majority of males who had sex with girlfriends and commercial partners used condoms. In relation to girlfriends, 43.0% of males used condoms every time and 18.0% of males used condoms sometimes. With commercial sex partners, 71% of males used condoms every time and 14% of males used condoms sometimes. Meanwhile, among girls who ever had sex, 33.3% of them used condoms. Nobody reported using them every time and all of them reported using condoms sometimes.

Furthermore, this study found that among males who had sex with bar girls, 12.2% of young people used a condom whereas 2.1% of older adolescents and 1.3% of young adolescents used a condom. There were slightly more males from urban areas (8%) than rural areas (3.3%) who had sex with bar girls and used a condom. There was very little

difference when it came to education. In fact, people with no education (5%) fared better than those with some education (4.6%).

Source of Condoms

When asked where young people get condoms the RARHS respondents identified pharmacy (45%) and hospital (31%). This was followed by health centers (7%) and market (5%). Similar pattern was observed for the different adolescent age groups, gender, urban-rural residence and various educational groups.

Access to Information

The RARHS also surveyed sources of information among young people and revealed that the radio was a top choice (77%), followed by television (73%) and newspapers (37%). Male respondents reported slightly higher on media exposure than female respondents. More than half of urban respondents usually read newspapers and magazines while over 90% listen to radio and watch television.

The major sources of information on contraceptive methods were friends (33%), TV (23%) and radio (21%). Fewer respondents identified the health center (8%) or the pharmacy as their primary source.

According to the RHIYA (2003 – 2006) study, 72.5% of youth said that they had easy access to information on HIV/AIDS. More specifically, 80% of Vientiane and 23.5% of rural youth said that they had easy access to information. On the other hand, access to contraception is said to be difficult. That is, 49% of youth think that access to contraception was difficult. It was more difficult for people in the rural areas (53.5%) to get contraceptives than for people in Vientiane (30.5%). In the RHIYA-FR study (2003 – 2007), access to contraception information was relatively high (66%) but made no mention of figures on actual access.

In terms of contraceptive use, 63.5% of youth ever used modern contraception according to the RHIYA study (2003 – 2006). As usual, access is easier to youths living in the capital (Vientiane: 83.3% vs. Rural: 29.4%). At last sex, 39.9% of youth used contraception at last sex. More specifically, 55.2% among youth from Vientiane used modern methods of contraception whereas usage was limited to only 12.5% of among rural youth. Nevertheless, there was an increase from 40% (2004) to 60% (current) of contraception use (RHIYA-FR, 2003 – 2007). In the rural areas, there was a 25% increase for both sexes.

The RHIYA-FR (2003 – 2007) reported that the number of young women engaging in commercial sex was also found to be increasing in Vientiane. In terms of sexual discussion and education, it was found that regardless of characteristics, majority of respondents did not discuss sex at home. Of those who did, majority discussed it with friends followed by siblings and parents. Sex was discussed more among the older generation, among males, and among people living in the urban area.

Condom Promotion Efforts

The RHIYA: FR (2003 – 2007) identified problem areas or gaps in the condom promotion efforts at the program level. In general, there were low levels of ARH knowledge by counterparts (i.e., government personnel) and difficulties in using participatory approaches. Moreover, reassignment of trained personnel has required significant amounts of retraining, causing delays in implementation. They also identified region-specific issues. For example, there is a need for increased provision of RHS for youth in the capital (Vientiane). They believed that this has to be expanded to everyone.

In terms of knowledge, the RHIYA (2003 – 2007) study reported that 75% of the respondents expressed a clear need for more information on contraception related issues. The researchers were still faced with the same issues and challenges a year after. Even after the RHI period, there were still relatively few people with expertise in comprehensive RH and fewer still with knowledge and understanding of ARH concepts (RHIYA:FR, 2003 – 2007). They observed that youth work and participation were not yet well understood and fully embraced. They surmised that the social and economic context of a country in transition leads to huge differences between the experiences of rural and urban youth especially in the areas of sexual education and contraception.

Female Sex Workers

In the 2000-01 behavioral surveillance survey (FHI, 2003) for Lao PDR, researches emphasized that formal, brothel-based sex work was rare in Laos, and prostitution is illegal. Hence, defining and identifying women who sell sex for money can be difficult. For instance, women working in bars or nightclubs may engage in commercial sex transactions, but their employment in these venues does not necessarily identify them as sex workers. These women are therefore referred to as service women who may or may engage in commercial sex work. In this study, the mean age of first sex among service women who ever had sex was 17.4 years while service women who reported selling sex for money began commercial sex work at 20 years. The most frequent clients were reportedly businessmen and government workers. Eighteen percent had a regular partner in the past 12 months.

According to the HSS-SPPS (WHO, 2002), 92.4% of the sex workers reported that they ever had sex. Meanwhile, 65% of the sex workers reported selling sex in the past year. However, commercial sex appears not to be a main activity of sex workers (KAPS-CBS, January – March 2000). The HSS-SPPS (2001) reported that 19% of sex workers had a regular partner and almost half reported sex with a non-regular partner.

A survey conducted by the Ministry of Health Center for HIV and AIDS/STI (2005) found that in 2001, HIV prevalence was 0.9% among service women while STI infection rates were, 14% (Neisseria Gonorrhoea) and 32% (Chlamydia trachomatis). In the

second round of surveillance in 2004, this figure of HIV prevalence increased to 2% and this is distributed widely around the country. STIs increased to 18.3% (Neisseria Gonorrhoea) and 38% (Chlamydia trachomatis) respectively. Similar significant increases in STI were found among sampled men such as truck drivers. Ages of sex workers ranged from 15 to 49 years according to SGS-2nd Round (CHAS, 2005). Condom use ranged from 29% in Luang Namtha to 41% in Vientiane.

The lack of translation of knowledge to actual practice was evident in the findings reported by the Ministry of Health-CHAS (2005). Among male respondents, there were nearly 100% awareness of condoms but the percent use of condoms in commercial sex episodes was below 70%. Consistent condom use with non-regular partners was even lower.

According to the Tracking Results Continuously (TRaC) Survey: Female Sex Workers in the Lao PDR (PSI, 2005), majority of female sex workers (96.3%) surveyed knew that condom use was effective for preventing HIV/AIDS/STI transmission. However, only a few (23.8%) knew that oil-based lubricants could increase condom breakage. On the other hand, the earlier KAPS:CBS (NCCA, 2000) study reported that sex workers viewed condoms as an insufficient method of protection against AIDS, even if condoms are considered as good protection.

Later studies also examined knowledge within a relationship context. The TRaC survey (PSI, 2005) revealed several important insights. First, 63.6% of female sex workers believed that condoms should be used with a trusted partner. Second, 69.8% of FSWs believed that there is a need for condom use even with a trusted partner. Third, 24.1% of FSWs believed that using a condom would not introduce distrust in the relationship. Fourth, 55% of FSWs believed that condoms should not only be used with *kek* or their clients. Finally, 49.3% of FSWs believed that condom use is necessary with other partners.

Condom Use

In the 2000-01 BSS-LPDR study (WHO, 2002), 58.6% and 91.4% of sex workers used a condom the last time they had sex with a non-regular partner and with a client, respectively. These findings are consistent with concurrent and later studies. According to the HIV Surveillance Survey and Sexually Transmitted Infection Periodic Prevalence Survey (2000), 90.3% of sex workers reported using condom with a client at last sex. In the TRaC study conducted several years later, the lowest level of condom use the last time they had sex was with *fan* or their boyfriends or girlfriends (64.7%). On the other hand, the highest level of condom use the last time they had sex was with *ka pa cham* or their regular or casual partners (92.6%) and *kek* (96.7%).

In terms of consistent condom use, the BSS-LPDR (WHO, 2002) reported that 43.7% of sex workers consistently used a condom with a non-regular partner and 72.7% with a client. In the HSS-SPPS study, 60.1% of sex workers reported using condom consistently in the past month. These results remain stable even after several years. In the SGS-2nd R

study, consistent condom use decreased the closer the relationship between the sex worker and the partner. Although the figures were not elaborated, they reported more consistent use with one-time clients followed by regular clients, casual partners, and regular partners. The TRaCs study (PSI, 2005) also follow similar trends. On the one hand, the lowest level of condom use reported was with fan (46.5%). On the other hand, the highest level of condom use reported was with *ka pa cham* (77.7%) and *kek* (82.1%).

Consistent use of condoms is reportedly lower in rural areas. For example, Luang Prabang sex workers reported significantly lower rates of consistent condom use in the last month (49.3%) than sex workers in Vientiane (60.0%) and Savannakhet (71.4%) (HSS-SPPS, 2001).

The TRaC study also reported some factors that lead to inconsistent condom use among sex workers. With *fan*, it is not necessary because it is sex with a trusted partner. They thought that using condoms introduces feelings of distrust with fan and believed that they have no control over whether or not they get HIV. They also lacked the confidence in using a condom correctly. They seem to represent a minority as 64.7% of women who felt very confident that they could use a condom correctly.

Sex workers believed that condom use was only necessary with *kek*. They also thought they had no choice over using a condom. They did not feel confident about using a condom correctly and they held the false knowledge that HIV/AIDS can be prevented by avoiding ejaculation in their mouth. With *kek*, sex workers were more likely to report inability to insist on condom use. That is, they do not have a choice whether condoms are used. Men usually make decisions about condom use during sex and they are not confident about correct condom use. They also held incorrect knowledge that HIV/AIDS can be transmitted by sharing food. Nevertheless, 75.4% of sex workers reported always being able to insist on condom use with *kek*. However, this ability to insist seems to differ across situations. According to the KAPS-CBS (NCCA, 2000) study, 92% of service women in Champasak say that they would be able to ask their partner to use condoms. However, in Bokeo, there is a problem of negotiation between partners for condom use, even for sex workers. On the other hand, the TRaC (PSI, 2005) study revealed that 52.7% of sex workers reported that they had a choice whether condoms were used.

Earlier studies such as the BSS-LPDR (FHI, 2003) also reported that 31.7% of the sex workers surveyed were able to produce condoms at the time of questioning. They also reported that Number One condom is the most popular with 83.5% of sex workers using them. However, the TRaC (PSI, 2005) study reported that condom use increased except among young women in Vientiane. Another revealing piece of information yielded by the TRaC study was that according to 77.5% of sex workers, "men do not usually make decisions about condom use during sex."

In terms of health-seeking behaviors, most sex workers self-medicate, sought private services, and used traditional medicine (NCCA, 2000). In general, regardless of social grouping, partners were not informed and follow up was not advocated. This behavior seems stable based on SGS-2nd R (2004) findings that many sex workers go to

pharmacies or self-medicate. They also reported that about 1/3 of sex workers from Champasak, Savannaket, and Vientiane availed of either private clinic or public facility service. Drug use of both client and sex worker was also present in Luang Namtha.

Condom Accessibility

According to the KAPS-CBS (NCCA, 2000) study, majority of sex workers were able to buy condoms in pharmacies. They also found that all except one pharmacy in Pakse sell condoms. In fact, most condoms were visibly displayed in most pharmacies. However, they are the only place where condoms are visible. In the countryside, except for the district capital and some big villages, condoms were very scarce or nonexistent. And when available, they were hardly visible. It was also found that there was low availability of condoms in Sekong and Thateng towns. Free dissemination was rare and stocks were limited.

Majority of the respondents (78.9%) of the TRaC (PSI, 2005) perceived that Number One Deluxe Plus (NODP) was easily accessible at convenient times. That is, they had no difficulty purchasing one when the need arose. These findings are consistent with those reported in the Second Generation Surveillance 2nd Round on HIV, STI and Behavior, Lao People's Democratic Republic [2004] (SGS:2R, 2004). In their study, 80% of sex workers knew where to get and can get condoms

According to the KAPS-CBS (NCCA, 2000) study, price doesn't seem to play a big role in the choice to use condoms or not. On the other hand, 97.2% of respondents in the TRaC (PSI, 2005) study felt that Number One Deluxe Plus (NODP) was affordable

Condom Promotions

At the program level, the BSS-LPDR (2000 – 2001) surmised that sex workers need qualitative programmes for condom use and interpretation of the sex partner definitions. Behavior change interventions for increased condom use among truck drivers, sex workers, and police were deemed necessary. Later studies generally concur with this appraisal. The SGS-2R (2004) reported that no province has achieved a full package of HIV services for sex workers (condoms + STI screening and treatment + outreach education). They added that still to be validated data suggests that there is a significant causal relationship among frequency of outreach education, high condom use, and reduced STI. The TRaC (December, 2005) recommended building strong peer education and outreach program to deliver information, messages, and condom use demonstrations to improve condom use with all partners. They added the importance of building FSW confidence with condom use as well as negotiating skills for condom use. They also focused on the promotion of NOPD brand to female sex workers in hotspots along with education and outreach efforts.

In terms of advocacy, the BSS-LPDR (2000 – 2001) emphasized the need to maintain condom social marketing. The TRaC (December, 2005) also pointed to consistent condom use with all partners. That is, everyone presents equal risk of transmitting HIV/AIDS and that condom use presents love and trust. They also felt the need for a center that caters to the development of knowledge, skills, and so forth for the female sex worker.

In the domain of knowledge, the TRaC (December, 2005) study emphasized the importance of the improvement of knowledge and correction of misconceptions about HIV/AIDS/STI and condom use among female sex workers. For example, physical attributes are signs of infection (i.e., healthy looking person) or false knowledge on ejaculation and prevention of transmission. Education on the difference between oil- and water-based lubricants in relation to condom use was also deemed necessary. The KAPS-CBS (January – March 2000) study also underscored the high demand for information and effective and available products or methods for contraception for all provinces. For their part, the SGS-2R (2004) pointed to the fact that few sex workers knew their STI status.

MSM

The 2008 estimated proportion of MSM in the country is 4% (selected provinces in Lao PDR). This figure is being used in the Global Fund Round 8 proposal in coordination with organizations such as the LYAP, PSI, CHAS and LYU. As such, top geographical sites with high MSM populations were Vientiane Capital: 10,251; Vientiane Province: 4,863; Savannakhet: 10,006; Champasak: 5,771 and Luang Prabang: 4,776.

HIV prevalence among MSM is 5.6% in Vientiane Capital (CHAS/CDC/BI, 2007). While there is little data published on the MSM population in Lao PDR, a brief description of the MSM in a neighboring country like Thailand would help in appraising the trends in Lao PDR. In Bangkok, the overall HIV prevalence among MSM increased from 17.3% in 2003 to 28.3% in 2005 most of them were in the age range of 23-28 years (CDC, 2006). MSM in Thailand accounts for about one-fifth of all HIV infections (HIV & AIDS in Thailand, 2008). A recent study reported that Thai MSM have started to adopt homosexual identities and gay lifestyles. There are increasing venues for Thai MSM to socialize and seek sex partners. This group has also begun to organize themselves around issues such as equal rights, healthcare and education about same-sex relationships (Thanprasertsuk, Sirivongrangson, Ungchusak, Jommaroeng, Siriparapasiri, phanuphak, Tappero & van Griensven, 2005).

Condom Use

According to the KAPHS-T (PSI, 2004c) study, there are three main determinants of condom use at last anal sex with a casual partner. First is possessing self-efficacy for condom negotiation with casual partners. Second, there is the issue of availability of

condoms at any of the places where time is spent during the day. Finally, having used water-based lubricant for anal sex plays a role.

In terms of actual behavior, 58.7% of *kathoey* and 51.7% of partners reported that they used a condom the last time they had anal sex with a casual partner. The KAPHS-T study also reported figures on consistent use of condoms with partners. They found that 30.8% of partners reported that they usually use condoms with girlfriends. Aside from this, 70.5% of partners reported that they usually use condoms with female sex workers. Finally, 5.3% of *kathoey* and 3.7% of partners usually uses a condom with all sex partners.

According to the KAPHS-T (November 2004) study, 36.3% of *kathoey* and 52.1% of partners believed that a person cannot get HIV by having oral sex without a condom

The issue of inconsistent condom use was explored by the SBH-T (PSI, 2004b) study. The lack of water-based lubricants led MSM respondents not to use condoms because of pain. Aside from this, *kathoeys* were averse to using condoms and rarely used them during oral or anal sex for the following reasons:

> "…condoms smell like glue, they are not enjoyable for oral sex."
> "…sex without condom is beyond words, sex with condom is pain."
> "…not using condoms means less pain, and I guess men recognize that sex with a *kathoey* is more fun."

Kathoeys also played up the perception that excitement is enhanced through not using condoms:

> "I forget to think of condom use because to have sex with *kathoey* makes me think of total happiness and to think about the money, rather than STI or AIDS…"

Kathoeys compared themselves with women:

> "…men could use condoms with women but not with us because women do not have oral sex all the time like *kathoey*, thus, women do not need to smell the condom, and they experience no pain like us…"

Little thought was given to safe sex, sex is the end point:

> "I have slept with too many men, I cannot estimate right now how many. I begun my first sex with a man since I was 15 years old, and I am 22 this year. I never ever use a condom with anyone, I do not think about preparing myself in advance. So, having a condom never crosses my mind before having sex."

Finally, there was failure to consider the consequences of unprotected sex:

> "I know of STDs and HIV, but I never think of condom use when I have sex, never once, because I never get disease from my sexual activity. And I look at the man's appearance first, if he looks clean, I have sex with him. If he looks dirty I will not have sex with him."

With respect to condom negotiation, the KAPHS-T (PSI, 2004) study found that approximately 67% of *kathoey* and nearly 90% of partners stated that they cannot always insist on condoms with their casual and regular partners. On the other hand, the SBH-T (October 2004) study identified four factors that go into the decision of using a condom during sex. First, the economic power of *kathoeys* dictates whether condoms are used or not. It appears that students are unable to negotiate condom use with *kathoey* partners who are usually 10 – 15 years their senior:

> "I prefer not to use condom, I do not want to lose an opportunity to touch the virgin boy because I paid money for it."

Second, students were fearful of diseases but they cannot bargain for condom use:

> "I am scared of getting STI or AIDS without a condom whenever I have sex with any *kathoey* but they refuse to use them. So I have no choice, it's totally up to them…"
> "Every time I sleep with a *kathoey* I think of AIDS, I even have a condom in my pocket sometimes, but I have no choice to use it since *kathoeys* do not like it."
> "They say it is painful, and they complain about the smell, as they have to provide me oral sex. So, I always have sex with *kathoey* without a condom."

There was also the issue of trust:

> "I have a girlfriend who I have sex with sometimes, but she does not know that I sleep with *kathoeys.* I never use condom with my girlfriend because we love each other. And *kathoeys* never ask me to use a condom. In fact, *kathoeys* say they have more fun and less pain when not using a condom, I feel the same."
> "I sometimes wanted to use condom while sleeping with a *kathoey,* but she would not agree. *Kathoeys* like to have sex without a condom. With my girlfriend, I never use a condom because we trust each other. Without a condom, our love relationship seems more understandable. It means I am being honest with her, and at the same time she is being honest."

Finally, along with trust was the issue of appearances:

> "I never use a condom with my boyfriend or partners. I am not at risk of STI or AIDS because, first, I trust my boyfriend that he has only me, and secondly, I do not have sex with so many partners like the *kathoey* do. And, before I choose a partner, I look at his face, and his physical appearance, to make sure that he would not have sex with (female) sex workers."

The KAPH-S (PSI, 2004c) study concurs with the aforementioned findings. More specifically, 17.9% of *kathoey* and 12.5% of partners ever used condoms for oral sex with any partner. Also, 76% of *kathoey* and 64.7% of partners ever used condoms for anal sex

with males. Condoms are generally used more or insisted on by *kathoey* for casual partners over regular partners.

Other sexual behaviors were touched upon by the studies surveyed. Although indirect, they nevertheless gave an idea to the situation faced by MSM in Laos.

According to the PSI (2004c) study, 76.2% of *kathoey* and 43.4% of partners reported that they had anal sex with more than one male/*kathoey* in the preceding 6 months. Also, 55% of partners had one or more girlfriend partners. Finally, 1 in 12 *kathoey* respondents reported that they had had unprotected sex with a male partner abroad, mainly in Thailand, in the three months preceding the survey.

The studies also explored the behaviors related to lubrication-use. According to the PSI (2004c) study, the reported use of water-based lubricant for anal sex among the participants was low (ever used by *kathoey*: 48.8% and ever used by partners: 19.5%). In terms of ever had used water-based lubricant for anal sex, use was relatively modest (ever used by *kathoey:* 56.6% and ever used by partners: 32.8%). The same pattern emerged when asked about ever used oil-based lubricant for anal sex (ever used by *kathoey*: 57.8% and ever used by partners: 34.5%) and ever used saliva for lubrication for sex (ever used by *kathoey*: 60.5% and ever used by partners: 37.2%). Almost all of the partner respondents had never heard of lubricants.

The PSI (2004c) study provides more qualitative data to the aforementioned. In addition to saliva, other alternatives mentioned included shampoo, body lotion, and soap:

> "At home we sometimes use shampoo or skin lotion because they were available, but along the road most of the time we use saliva which was easier and no cost at all."

There is also a perception that the amount of lubrication found in pre-lubricated condoms is inadequate for anal sex:

> "Condoms covered in lubricant are not enough to reduce the pain during sexual activity, so we need to put cooking oil or body lotion over condoms to make them slide and reduce pain. Using condoms for oral sex, they smell like glue."

Condom Accessibility

A survey found (PSI, 2004) that 98.0% of *kathoey* and 94.1% of partners said that Number One Deluxe Plus was usually affordable. However, 84.6% of *kathoey* and 77.8% of partners said they usually feel uncomfortable buying condoms. Nevertheless, 97.1% of *kathoey* and 97.4% of partners reported that condoms are affordable. They were willing to pay more than the current retail price of 1500 kip.

The PSI (2004c) study reported that almost half of *kathoey* and approximately 1/3 of partners reported that condoms were unavailable in places where they meet their partners or spend time during the day. Interestingly, the same issues were reported in the study

Sexual Behavior and HIV/AIDS risk among transgender men and their partners in a qualitative study (PSI, 2004b). Specifically, participants complained that there was a dearth of condoms and water-based lubricants in the market. One study participant said, "I would like to use sex lubricant and condom for anal sex if it is available in the local market. I believe that my friends would like these to be available too."

Condom Promotion Efforts

At the program level, the PSI (2004c) sought to collaborate with policy makers to approach HIV prevention among *kathoey* and partners from a rights-based perspective. They believed it would enhance the effectiveness of strategies to empower *kathoey* and partners. They also aimed to see increased availability of condoms and water-based lubricants by increasing distribution in locations *kathoey* and partners frequent as well as the promotion of water-based lubricant (NOPD). They also opened the idea of designing a campaign to promote preparedness: encouraging *kathoey* and partners to purchase condoms in advance of possible sexual encounters.

In PSI (2004c) study, they emphasized that condom promotion should clearly focus on the *kathoeys*, while supporting greater awareness and negotiation skills for youth. They believed that such skills would support a change in attitudes leading to behavioral modification. This would include training teachers, teaching young women who are vulnerable, and encouraging consistent condom use. Entertainment venues should also be targeted as key areas for IEC and condom awareness and distribution. Finally, programmes should train outreach workers and/or peer educators to work with *kathoeys*.

In terms of advocacy, the PSI (2004c) study believed that messages should also be disseminated to general male audiences about the inappropriateness of sexual coercion with all partners. Models should be employed that demonstrate respect for partners and allow partners to negotiate the parameters of sexual activity. They also push for the dissemination of messages advocating and explaining the importance of consistent condom use within trusting, loving relationships especially among partners of *kathoey*. They also seek to correct misconceptions about transmission, ensure comprehension of campaign messages, and increase the appeal of condoms

For PSI (2004b) study, awareness-raising messages for youth should focus on explaining that each sexual link in a network can potentially act as a channel for HIV to spread and can reach through existing institutions like schools, army barracks, and employers. Also, water-based lubricant should be promoted as potentially increasing sexual pleasure, decreasing pain, and, when used with condoms, providing protection from STIs/HIV.

Efforts aimed at increasing knowledge were also touched upon by the two studies. For the PSI (2004c), they suggested education to increase self-efficacy to deal with situations of sexual coercion. This should be included in outreach efforts. They also believe in the de-stigmatization of MSM activity. They also believed that dissemination of messages targeting partners explaining that unprotected sex with sex workers can be especially

risky and that condoms must be used every time and with all sexual partners, male and female. These views were supported by the PSI (2004b) study.

Married Women and Men

Women with no education marry and start childbearing early. They also finish childbearing later (45-49 years) than women with some education. Among women with higher education, peak fertility is at the age of 30-34 years. Many couples in Vientiane do family planning (Burnet Institute, 2006).

LRHS survey of 2005 (NSC, 2007) revealed that roughly 33% of married women were using modern methods to control fertility. Percentage of use increases with age. Almost half were using contraception after peak ages of childbearing.

LRHS 2005 also reported the ff.:

> The pill and injections are the most popular contraceptives in Lao PR.
>
> The use of male condom is low. It ranked fifth among the modern methods of family planning. Percentage of currently married women who have ever used condom is 4.3 %.
>
> Many women wanted to have more than one child. Mean ideal children is at least 3.5.

Lao men have sex outside marriage. In a 2006 survey study of married men (Toole, Cghlan, Xeuatvongsa, Homes, Pheualavong & Chanlivong, 2006), extramarital sex was practiced when their partners were pregnant and during post partum. It was also reported in this study that most sex for money was negotiated outside of brothel settings. Sex with other partners is not usually seen as being unfaithful but a normal part of Lao male culture. Men often do not use condoms when they have sex outside marriage (Burnet Institute, 2006). Decisions in condom use is still subjective (Toole et al., 2006).

A Second Generation Surveillance (2004) conducted by the Lao Ministry of Health reported that Lao men were not just buying sex, they also had casual sex partners. High proportions of police, military, and truck drivers especially those in the Central and Northern provinces reported sex with someone who was not their spouse and whom they did not pay. According to study of the military and the police, married men only used condoms with people other than their wives. If they use it with wives, it is to prevent pregnancy (PSI, 2000).

In a qualitative study by PSI (2000), FGD businessmen participants estimated that men over 35 years do not use condoms and had less sex education in school unlike the younger generation. Younger men were more educated (in school) about HIV/AIDS.

Men often do not seek treatment when they have symptoms of STI and are unlikely to tell their wives (Burnet Institute, 2006).

Research Objectives and Study Framework

Research Objectives

This study seeks to gather information that will help create a better understanding of the condom programming in Lao PDR and develop recommendations to strengthen condom programming in the country.

Specifically, the study aims to:

1. Provide a comprehensive assessment of the condom programming in Lao PDR in relation to Family Planning users, HIV/STI vulnerable groups and young people and to look at the following details:
    a. Condom need/demand, acceptability and affordability
    b. Condom availability and accessibility
    c. Knowledge of condoms
    d. Condom use and practices
    e. Existing condom promotion and information, education, and communication (IEC) efforts

2. Provide a comprehensive description of the condom supply and logistics in Lao PDR in terms of the following:
    a. Condom forecasting
    b. Condom procurement mechanisms
    c. Condom distribution systems
    d. Quality management

3. Review condom programming support to include:
    a. Condom policies
    b. Management
    c. Training

4. Identify gaps and weaknesses in current condom promotion efforts in the country

5. Propose recommendations to strengthen and/or enhance condom programming for:
    a. Family planning programmes
    b. HIV/STI prevention among vulnerable groups, and

c. Adolescent sexual and reproductive health.

Framework of the Study

Logistics and Policies

The frameworks used in the analysis of condom logistics are the Rapid Needs Assessment Tool for Condom Programming (RNACP) of UNFPA, the policy framework on the Step-by-Step Strategic Approach to Comprehensive Condom Programming for UNFPA Country Offices and the Rapid Assessment Protocol for Planning Condom Component (RAPC) of AIDS/STD Prevention Programmes of the World Health Organization (WHO). The policy framework adopted in the analysis of programme support follows the 100% Condom Use Programme (CUP) as defined by the WHO.

The United Nations Development Assistance Framework Outcome Two consists of increased and more equitable access to, and utilization of, quality and prioritized social services by 2011, wherein both family planning and HIV and AIDS Prevention are focused priority activities (United Nations Development Assistance Framework for the Lao PDR (2007-2011, June 2006). Meeting the goals identified by the country requires focusing resources into prevention and curative measures for the conditions that feed poverty, which includes the key issues on service delivery and access including improving awareness through promotions. The other challenge the government of Lao PDR recognizes is keeping the HIV epidemic at its current low level. This requires a coordinated response, support to interventions to vulnerable groups, and strengthening of service delivery. It can be determined from this framework the need to ensure regular access of good quality condoms for the country. This assessment study aims to provide key information to leaders in ensuring that adequate supplies of good condoms are maintained in the country.

The RNACP served as the framework for the condom logistics and program support component of this study (Population Council & UNFPA, 2003). Ideally, the responsibility for ensuring adequate condom supplies to a population should rest with its government. There are certain actions essential to establishing supply security that only in-country stakeholders can take, including the coordination of sectors needed for an effective response. (PATH & UNFPA, 2003). In addition to the RNACP, two components of the RAPC Component of WHO were utilized (WHO, 1991).

The RNACP presents a generic tool developed to assess HIV and AIDS prevention and condom promotion programmes in Lao PDR. Objectives and activities in RNACP utilized for this study are as follows:

1. Identification and engagement of key program managers and storeowners engaged in supply and distribution of condoms.
2. Activities were guided by the condom programming checklist, data collection guideline, list of agencies and programmes involved in condom programming, and observation of condom procurement and distribution process.
3. The possible adjustments and modifications to the tool and process were taken into consideration in the entire study.

Condom programming is a complex task requiring a broad assessment of both the demand and supply situation in the country. Utilizing the RNACP is critical in obtaining information that will provide information to help improve the condom programming in the country

The RAPC consists of package of techniques to help develop, evaluate and improve interventions and contribute to the overall planning and implementation of an effective condom services programme. The method of informal survey and direct observation of condom distribution outlets was utilized.

Focus Group Discussion

The major theoretical model that has guided and framed the parameters of the behavioral aspects of this study is the Health Belief Model (HBM).

The proposed study shall be guided by the Health Belief Model (Rosenstock, Strecher & Becker, 1994) which was originally conceptualized to explain the widespread failure of people to participate in programmes to prevent or to detect disease. The HBM states that health behavior is a function of the subjective value of an outcome and the expectation that a particular action will achieve that outcome. The "value" component is defined by the desire of the individual to avoid a disease or to get well while the "expectation" component is defined by the belief that a specific health action available to a person would prevent illness.

METHODOLOGY

Research Design

Research methodologies undertaken were review of literature, FGDs, survey of distribution outlets, and key informant interviews (KII). These methodologies were chosen for their ability to provide reasonably accurate information and in-depth understanding of factor influencing condom behavior, logistics, and programme support.

Research Instrument

Key Informant Interviews

The Interview Schedule (English) was developed by the research team to assess the condom promotion efforts by the government, non-government organization (NGOs), United Nations agencies, and international donors. Questions that probed into condom logistics, demand analysis and support infrastructures and systems for distribution and consumption of condoms in Lao formed part of the schedule. The guide was translated to the local dialect. Responses were back translated and analyzed based on depth and frequency of responses. Please refer to Appendix C.

Outlet Distribution Survey

A checklist and guide questions was prepared for all information requirement where apparent deficiencies in condom availability and client service was identified. Approximately five outlets were observed and interviewed per territory.

The following are key issues in condom logistics, demand and supply (e.g. do we have enough supply of condoms; do we respond to the amount of condom needed for disease prevention or family planning; sources of condoms), forecasting (do we have a forecast for one year? 5 years?, both for disease prevention and family planning), procurement (government and non-government procurement?), and condom distribution system (adequate distribution channel for government and private) including quality assurance (are quality assurance measures in place such as condom testing and storage).

Focus Group Discussions

The development of FGD Guide passes through a rigorous process prior to finalization. A pre-FGD questionnaire was developed and finalized into FGD Guide Questions, which were translated from English to Lao and back translated and then face validated and pre-tested.

An extensive review of literature was conducted prior to the development of the FGD Guide. This review provided the information and findings from local and foreign empirical studies, which guided the formulation of key questions. The framework previously discussed in this report also helped identify the main themes of the questions in both methods.

The FGD questions highlight key issues such as attitudes and beliefs of Lao people toward the use of condoms, high-risk behaviors, and lifestyle of specific groups, and discussion of health problems such as STIs and AIDS. The FGD guide was pilot-tested with a group of young people mostly MSM.

The first draft of the FGD Guide Questions was presented to the Advisory Committee for review and feedback. The revised version of the first draft went through Lao translation by the team of Lao facilitators. This version went through pilot testing and facilitators took note of questions, which needed to be modified or changed to suit the level of understanding among participants. The questions generally revolved around five themes (See Appendix A). These are condom need/demand, acceptability, and affordability; condom availability and accessibility; knowledge of condoms; condom use and practices, and existing condom promotions and IEC efforts.

A Demographic Profile Sheet was also accomplished by each participant to provide information on the demographic profile and participants' own levels of condom usage (See Appendix B). The first version (English) was translated to Lao and went through pilot-testing and back translation. The final version is a bilingual questionnaire (English and Lao) composed of 23 questions.

Respondents of the Study

Sites covered in the study are Vientiane Capital, Luang Prabang, Champasack, Savannakhet, and Sekong Provinces. The rationale for the selection of these sites are regional representation (Central: Vientiane Capital and Savannakhet; Northern: Luang Prabang; and Southern: Champasack and Sekong), population size, HIV sero-prevalence among groups most at risk, provinces with main communication routes, provinces with planned big infrastructure projects, number of entertainment sites per location, and provinces and districts with high mobility.

Figure 1. Map of Lao PDR

Key Informant Interviews

Interviews were conducted with 22 programme managers, field implementers, and head of organizations from the government agencies, social marketing and non-government organizations, and donor agencies.

Interviewees covered in the study are officials and/or programme managers representing the MOH. These are CHAS and Maternal and Child Health or MCH. Other groups are the Provincial Committee for the Control of AIDS or PCCA in Vientiane Capital, Savannakhet, Luang Prabang, Champsack, and Sekong. NGOs are represented by PSI, Family Health International (FHI), Health Unlimited, Burnet Institute, Norwegian Church Aid (NCA) and Association for the Promotion of Education and Development (PEDA). UN Agencies representatives interviewed were UNAIDS and United Nations Children's

Fund (UNICEF). The KIIs also covered condom distribution centers, both traditional such as drug stores and non-traditional outlets such as clubs, beer houses, hotels, guest houses, and convenient stores. Interviews were also done with representatives from primary health centers, public and private hospitals, and managers of condom promotion programmes of various organizations.

Table 1. Key Informant Interviewees

Organization	Agencies	No.of Interviewees
Government	CHAS/IEC Provincial Health Offices: Luang Prabang, Vientiane Capital, Champasack, Savannakhet, and Sekong Hospitals: MCH, Savannakhet Provincial Hospital MCH, Luang Prabang Provincial Hospital STI Unit, Luang Prabang Provincial Hospital MCH, Champasack Provincial Hospital Sisattanak District Hospital, Vientiane Capital Drop in Center: Saythany and Chanthabury STI	14
NGOs/ SMO	PSI, FHI, Health Unlimited, Burnet Institute NCA, and PEDA	6
Donor Agencies	UNAIDS and UNICEF	2
Total		**22**

Outlet Distribution Survey

A total of 38 distribution outlets were interviewed and observed for this study. The five major provinces were the identified areas for observations, which are mainly the high traffic areas, major route regions. Majority (37%) of the outlets observed and interviewed were in Vientiane, which includes a commercial national distributor of pharmaceutical and fast moving consumer goods. Five outlet categories were observed: drop in centers, drinking shops, hotels/guest houses, pharmacies, and grocery/minimart. These were the major outlet categories found in the country were condoms are mostly distributed. Pharmacies are considered the traditional outlets were condoms are regularly traded and the other outlet categories comprise the non-traditional outlets were most clients can have immediate access to condoms. A checklist and guide questions was

prepared for all information requirement where apparent deficiencies in condom availability and client service was identified.

The condom distribution outlets were identified based on their activities and involvement in the process. The table below shows the breakdown of the samples per province and per outlet category.

Table 2. Outlets surveyed per province and outlet category

Areas	Drop in Centers	Drinking Shops	Hotels/ Guest Houses	Pharmacy	Grocery/ Minimart	Distributor	Total
Vientiane		2	4	4	3	1	14
Luang Prabang	1	1	4	2			8
Champasack	1		1	3			5
Savannakhet		2	3	2			7
Sekong		1	2	1			4
Total	**2**	**6**	**14**	**12**	**3**	**1**	**38**

Focus Group Discussions

Nine FGDs were conducted with five target sectoral groups in five geographical sites. These sectoral groups were young people, MSM, sex workers, couples, and married women.

Three FGDs were conducted with 25 young people as participants. Two of these were conducted in Vientiane Youth Center on February 2 (Saturday) and February 3 (Sunday), 2008, respectively. The first group served as a trial or pre-test group, which was composed of five straight males and gays while the second group was composed of four males and five females. The third group was composed of six male and five female young people residing in Champasack. The Champasack session was held in Pholtong District Hospital on February 10. They were screened to meet the inclusion criteria identified by the research team: falling within the age range of 15-24 years, single, male or female, and enrolled in any school.

The remaining six groups were the MSM, married women, married couples and the commercial sex workers. The MSM group had 10 participants who were residing in Vientiane. The FGD was conducted on February 3, 2008 at Burnet Institute in Vientiane. The sex workers groups were composed of 10 women in Savannakhet. Two groups of married women, one in Luang Prabang and the other in Sekong were convened following the criteria of being in the reproductive age. Likewise, two groups of married couples practicing family planning were also organized in Luang Prabang and in Sekong. The

forementioned FGDs were conducted from February 9-15. Please refer to the Detailed Findings section of each group for demographic information about the participants of each group.

Recruitment of participants from Sekong, Champasack, Savannaket, and Luang Prabang was facilitated through the assistance of the Global Fund Deputy Coordinator, PCCA coordinators and Heads of villages in the chosen sites. The Vientiane Youth Center and the Burnet Institute helped in the recruitment of youth and MSM participants in Vientiane. All participants were given transportation allowance and were served with snacks after the FGD session. Youth participants including the MSM group were gifted with tokens courtesy of UNFPA. All group discussions lasted approximately 90 -120 minutes. All sessions were recorded for reporting purposes.

Sources of Data

Primary and secondary research data were reviewed in this study. For the primary research data, findings from the KIIs, outlet distribution survey, and FGDs were used. For the secondary data analysis, a review of literature was conducted covering a total of 83 documents, academic literatures, and reports.

The review on existing information related to condom supply and logistics familiarized the team with existing data related to condom demand, condom procurement, condom quality, storage and handling, and distribution mechanisms. This helped identify ways on how to address the current specific requirement for Lao PDR.

The following were the information sources for the study:

1. Results of market research, product acceptability, and product use studies for condoms as a method of contraception and/or disease prevention. Such studies may have been conducted by government or non-government institutions and organizations involved in family planning and STI, HIV and AIDS prevention activities. Information on condoms use constitute the data for demand analysis, commodity sources, and appropriate distribution methods.
2. Results of the evaluations of previously implemented STI, or HIV and AIDS interventions (e.g. 100% CUP in Savannakhet). Research on the successful and unsuccessful aspects of previously implemented interventions and the reasons for their relative success or failure can be extremely useful in designing new interventions and programming approaches.
3. Inventories and databases. Information concerning STI, HIV and AIDS, family planning and related issues can be accessed through various agencies, government, and non-government organizations. These groups may have compiled information both unpublished and published data.
4. Internet. All published information related to studies concerning condoms as a contraceptive method and/or disease prevention can be immediately accessed and analyzed.
5. MOH studies and relevant information.

6. Representatives of development agencies and non-government organizations
7. Social marketing documents (i.e PSI).

A review of the information that has been collected was done along with comparisons with information needs/requirements. Secondary data was likewise analyzed, which informed the key informant interviews.

Data Gathering Procedure

Secondary Data Analysis

Analysis of the secondary data that corresponds to the condom need and demand both for disease prevention and family planning was led by the behavioral scientist consultant. Gaps about the information needed for the research study were identified. Such information gaps were used in the formulation of the questionnaires both for the FGDs among the vulnerable population and married couples and KIIs.

Key Informant Interviews

In the conduct of the informal interviews, meetings were set with the identified respondents. Some interviews were done together with an interpreter. The interviewer directly jots down all responses directly into the photocopied questionnaires for easier data processing and analysis. There are also some interviews done over the telephone and the rest of the interviews were through questionnaires sent by emails. Follow up interviews were done to verify responses that need explanation and thorough discussion.

A list of agencies who are major players in condom logistics were identified and interviewed.

Outlet Distribution Survey

Specific objectives were set in line with the survey for distribution outlets. The availability of condoms including the range of products available and quantities present are required to be observed. The accessibility of condoms including the catchment areas where these are located and the price points were examined along with the process of environment of obtaining condoms. These are all intended to propose recommendations to strengthen and/or enhance condom.

Vientiane Capital, Luang Prabang, Champasack, Savannakhet, and Sekong Provinces were the areas observed under this study. Sekong Province was added as observation site to look at how condom programming runs in rural areas particularly on the aspect of family planning. Majority (37%) of the outlets observed and interviewed were in Vientiane, which includes a commercial national distributor of pharmaceutical and fast

moving consumer goods. Five outlet categories were observed: drop in centers, drinking shops, hotels/guest houses, pharmacies, and grocery/minimart. These were the major outlet categories found in the country were condoms are mostly distributed. Pharmacies are considered the traditional outlets where condoms are regularly traded and the other outlet categories comprise the non-traditional outlets where most clients can have immediate access to condoms.

Focus Group Discussions

The preparations for the FGDs started with the coordination with the Lao Center for HIV and AIDS and STI, which identified provincial coordinators who could assist in the recruitment of FGD participants. These coordinators were provided with a terms of reference of the research study as well as the detailed administrative requirements for the FGDs and interviews of the key informants.

An orientation of bilingual facilitators and moderators was conducted immediately after the presentation of the study method to the Advisory Committee. These facilitators were experienced trainers, knowledgeable on HIV and AIDS and STIs, possessed extensive background in running FGDs and in implementing national health programmes. The role of the moderator was to briefly interview the participants and ask them to respond to a questionnaire. He or she was also responsible for doing the process observation of the sessions. The critical roles of facilitators and moderators were defined during the briefing of the research staff conducted by the behavioral science consultant. The meeting also reviewed the FGD guide questions.

Prior to this briefing, the provincial coordinators through CHAS were briefed on the FGD procedures as well as on the inclusion criteria for each FGD. They were instructed to invite FGD participants based on these criteria.

The nine FGDs in different sites were organized through the assistance of provincial and city coordinators. All participants who agreed to participate signed a letter of consent. Nine out of 10 group discussions were finally included in the discussion of results of this study. One group, although briefly run, was excluded from final analysis. This group should have been composed of married women of reproductive age group; 6 came but only 3 met the inclusion criteria.

A few minutes before the start of the group discussion, the moderator turned over the profile sheets of participants to the facilitator for the latter's review.

Each group discussion was facilitated by one Lao facilitator with a moderator who acted as a process observer. This moderator sat outside of the group circle. The moderator was in charge of keeping time and of ensuring that the discussion was on track by reminding the facilitator of items that might have been missed. The moderator also summarized the key points at the end of the FGD. Each FGD was concluded with a short talk to correct misconceptions or inadequate information about condom use and STI.

All sessions, which lasted no more than one and a half to two hours, were tape-recorded. However, one researcher was also present to take down notes and document the proceedings. Transcripts of all FGD sessions were translated to English by one of the facilitators.

Data Analysis

Analysis of the secondary data for condom support includes policies, management, and training. These were done by the lead consultant who also consolidated the analyzed data.

The logistics consultant analyzed all information and secondary data for the condom supply and logistics along with the direct observation of distribution outlets.

The main approach for analyzing the data was through content analysis where the open-ended discussion among participants where coded to establish reliability of data. This allows for the conversion of qualitative data into a quantitative form. The behavioral consultant in the team supervised the training of local encoders and the final analysis of encoded data.

RESEARCH FINDINGS

Policy Environment

Lao PDR has a number of policies and programmes that structure the reproductive health and condom programming in the country. The National Committee for the Control of AIDS (NCCA) developed the National Strategic and Action Plan (NSAP) on HIV and AIDS/STI 2006-2010. It aims to maintain the low level of HIV and AIDS in the general population. Some of the key elements of the strategy include behavior change intervention, condoms, STI services, counseling and testing, and awareness. The 100 % CUP is implemented to increase condom use among vulnerable groups. The National Birth Spacing Policy and National Health and Development Policy promote condoms for family planning and overall family planning options, respectively. The Safe Motherhood Policy facilitates access to health information and services. The National Reproductive Health Commodity Security Strategy (RHCSS) establishes the procurement and distribution system of a wide range of contraceptive method choices. The National Reproductive Health Policy involves ARH that aims to provide reproductive health services to everyone without discrimination. The National HIV and AIDS/STD Strategy identifies young people as a vulnerable group. It aims to educate them on ARH, sexuality, and STI/HIV and AIDS; provide youth-friendly services; and create a supportive environment for behavior change among young people. The Step-by-Step Strategic Approach to Comprehensive Condom Programming for UNFPA Country Offices provides the policy framework for comprehensive condom programming.

Supportive Policies

Policies

Lao PDR has a number of policies that relate to sexual and reproductive health. Different policies were made to address different needs. These policies are National Birth Spacing Policy (1995), National Health and Development Policy (1999), Safe Motherhood Policy (2002), and the National Reproductive Health Policy (2005).

National Birth Spacing Policy (1995)

The National Birth Spacing Policy provides for the promotion and distribution of condoms for family planning purposes. This also facilitates the distribution of condoms even to single men and women.

It was in 1995 when the National Birth Spacing Policy was approved. The policy focused on contraceptive methods and services to be provided free to everyone irrespective of marital status, social status, and residence. Condom may be one of

contraceptive methods but the policy stipulates that they should be given free as it prevents sexually transmitted diseases and HIV and AIDS.

One difficulty identified by the programme managers on the promotion of condoms is the stigma attached to condom use, which is disease prevention. Since most of the programmes are focused on disease prevention zeroing in to sex industry, condom has always been attached to promiscuity. Since this policy facilitates the giving of information to married men and couples about the use of condoms not only for HIV prevention but also more importantly for family planning, it helps promote condoms without the association on promiscuity.

National Health and Development Policy (1999)

In 1999, the National Health and Development Policy was developed in accordance with the goals of the International Conference on Population and Development. It aims to educate the community and society to improve their understanding of laws, basic rights of Lao citizen, and the reproductive rights of men and women.

The focus of the policy is to enable couples to decide the number and spacing of their children, taking into account their individual and economic conditions. The other provisions of the policy include: to provide adolescents with reproductive health and sex education; to take effective measures to reduce unwanted and early pregnancies for women under 18 years of age; and to promote education of adolescents and young adults about preventing the transmission of STDs and HIV and AIDS.

Key revisions to this policy were made in 2005. These focus on the promotion of reproductive rights for adolescents. Some provisions were made. The first provision provides information and services on RH and sexual reproductive health (SRH) to adolescents. The second increases opportunities of education, especially girls as to encourage delay in marriage and first pregnancy (before age of 18). The third one increases awareness among community, teachers, and parents of ARH and encourage change in attitude and behavior. The fourth provision abolishes obstacles to eradicate harmful practices such as forced marriage; and the last provision strengthens capacity of health care providers responsible for providing information and services to adolescents.

Safe Motherhood Policy (2002)

The Safe Motherhood Policy was revised in 2002. This policy acknowledges the rights of all Lao women to RH information and services. This underlines that during adolescence, all women are encouraged to have access to health information and services particularly for family planning and other areas of RH. This policy also underlines that women should have equal rights as men to sexual health education and counseling and that young women should be able to make their own personal decision without due influence from people that surrounds them.

National Reproductive Health Policy (2005)

The MOH released the National Reproductive Health Policy (NRHP). This policy involves ARH, which aims to provide reproductive health services that will cater to everyone regardless of age, sex, sexual orientation, race, social status, education and other individual backgrounds that may define one's personality. One of the objectives of this element of Lao RH is to educate people such as parents, teachers, mass organizations that are influential to young people to enable them to communicate effectively on related issues. Another objective is to make sure that young people are knowledgeable about sexual reproductive health for them to have more healthy lifestyles. In addition, it targets on reducing teenage pregnancies. Providing adolescent-friendly services and information both in and out of the schools is also one of the objectives. The last objective is to equip young people with essential life skills to act responsibly on matters about sex and reproduction.

The condom component that deals with the adolescent reproductive health is governed by the NRHP envisaged towards supporting and improving the reproductive health status of all the people of Lao PDR. This policy, a consolidation of various policy directives and instruments, provides health care providers the mandate and capacity to deliver RH care services.

Policy on ARH provides framework for decision makers on the special reproductive health needs of young people. This include having RH counseling and services to be linked with adolescent and youth life skills development programme by which the interventions specifically target young people in urban, rural, border areas, and ethnic groups; promoting informed constructive media coverage of youth related social problems; and, educating adolescents through school programmes and mass media on safe reproductive practices.

All programme implementers involved in condom programming believe that it is imperative to promote condoms among the young people. Reasons cited are:

"Young people are exposed to factors in increasing the risk."
"Young people are sexually active."
"Young people get pregnant without plan."
"Most concentrate on sex workers."
"Young people never think of their future life yet."
"Young people don't like to use condoms."
"Consistent condom use among young people will greatly contribute to reducing HIV transmission in the country."
"Yes, as part of the school curriculum."

Limitations in promoting condoms among young people involve the communities' social biases. An informant from Health Unlimited explained that in Laos, although it is the policy that everyone has equal access to this commodity but in practice, unmarried young people do not have access to this especially in the districts and villages.

The ways identified by organizations on how to influence the behavior of young people are as follows:

- Train volunteers/peer educators and friend-help-friend programme in schools and villages
- Provide health education/outreach in school/factories/small media
- Provide counseling
- Do condom demonstration
- Promote FP
- Conduct studies among youth

To improve the supply and distribution of condoms, they suggest making condom services available in health centers. In terms of programme support, they mentioned supporting the national AIDS programme and providing condom revolving fund in rural areas.

Policy framework on the Step-by-Step Strategic Approach to Comprehensive Condom Programming for UNFPA Country Offices

Condoms are universally recognized as one of the most effective ways of dual protection from unintended pregnancy and STIs including HIV. In order to achieve maximum results, condom programming must be comprehensive and strategic.

Comprehensive Condom Programming should include a wide range of interlinked activities aimed at making quality male and female condoms consistently available, affordable and accessible to the local population for the prevention of STIs/HIV and unintended pregnancy. To be strategic, condom programming must recognize complimentarity between male and female condoms, be integrated and optimize use of different entry points in RH and HIV prevention settings as well as segment population including young people. It must appropriately utilize public, social marketing and private sector mix. The goal of CCP should be to increase the number of protected sex acts which will reduce incidence of unwanted pregnancy and STIs including HIV.

Steps in Strategic CCP may vary from country to country, depending on many factors, from the local epidemiology of STIs, distribution infrastructure, cultural context to budgetary issues.

Step 1: Establish a National Condom Task Team (NCTT): The Team aims at providing guidance and support to government in developing and monitoring CCP strategy and implementation plan. The team should include MOH, FP institutions, National AIDS Council, local standards authority, donor community, NGOs, CBOs, Faith-based organizations, social marketing and private sector. The Team should have a clear terms of reference.

Step 2: Undertake a Situation Analysis. The Team should undertake a desk review of documents, reports and research on male and female sexual behaviour, level of policy support; condom utilization trends, adequacy and sustainability of male and female

condom supply and key stakeholders' comparative advantages as well as possible areas of cooperation. Where information from the desk review is inadequate, use or adapt the UNFPA **Needs Assessment** Tool to collect data from the field to complement it. Organize and hold a **stakeholders' meeting** to share findings of the situation analysis, build consensus and support and agree on a concrete roadmap in scaling up comprehensive condom programming efforts.

Step 3: Develop a Comprehensive and Integrated National Male/Female Condom Strategy and cost each component. Strategy components should include:

Supply

- Forecasting and procurement
- Receiving, warehousing and storage
- Distribution
- Quality assurance
- Management of information systems

Demand

- Generating and sustaining demand
- Targeted distribution
- Behaviour Change Communication
- Advocacy and social mobilization

Support

- Policy and regulations
- Coordination
- Integration
- Training

Monitoring and evaluation

Step 4: Develop a 5 year Strategic Plan. Outline expected outputs, strategies, activities, inputs and the role of each stakeholder in implementing of the five year plan.

Step 5: Develop a Commodity Security Plan. Link plan to the existing logistics system for Essential Drugs, Family Planning and HIV commodities, including systems for forecasting, procurement, distribution and warehousing

Step 6: Mobilize Resource: Identify available and committed resources and determine funding gaps; develop a **resource mobilization plan** to fill the gaps in financing a multi-year funding framework; host an annual CCP donor roundtable to secure funds for implementation of the comprehensive and integrated male and female condom strategy; and plan to routinely provide feedback to donors.

Step 7: Develop and implement a Human Resource capacity strengthening plan. Identify human resources capacity gaps and determine how these can be filled**;** develop/obtain training materials e.g. manuals, guidelines, demonstration models, etc;**;** train trainers from public, social marketing and private sector**;** and cascade training to service providers at different levels e.g. provincial, district, community etc.

Step 8: Develop a condom promotion plan to increase access and utilization. Plan must: address condom needs of identified segments of the population from the baseline study and programme gaps identified from the situation analysis; utilize appropriate multi-media methods and channels in stimulating and sustaining demand; and employ creative and non traditional outlets for promoting and distributing condoms e.g. condom dispensers, hair salons, soccer tournaments, youth friendly centers, etc.

Step 9: Implement the 5 year Strategic Plan (Walk the Talk. Coordinate and support programme implementation by the various implementing partners and **e**nsure all stakeholders including 'gate keepers' remain on board by including them in key programme decision making.

Step 10: Monitor programme implementation routinely and evaluate outcomes

Establish Baseline

- Undertake a baseline study or obtain baseline data on indicators (from existing recent sources) for evaluating programme outcomes

Monitor programme implementation

- Collect and analyze routine data on programme delivery and hold regular review and planning meetings with the NCTT. Utilize **feedback** from reviews in adapting and improving programme implementation.

Evaluation

- Conduct annual, midterm and end of term reviews and provide feedback to implementing partners.

Step 10 supports the development of **Monitoring and Evaluation** (M&E) mechanisms to assess the progress of condom programmes and evaluate their impact. Ultimately data on preventive behaviours will be linked with epidemiological statistics to determine the impact of the various strategies on HIV/STI rates. National condom Task Team will be involved and trained to field-test the tools.

Plans and Programmes

Apart from national policies, there are plans and programmes that support condom programming in the country. These are: National Strategic and Action Plan (NSAP) on HIV and AIDS/STI (2006-2010), 100 % Condom Use Programme (2003), National Reproductive Health Commodity Security Strategy (RHCSS), and Sixth National Socio-Economic Development Plan (NSEDP).

National Strategic and Action Plan on HIV and AIDS/STI (2006-2010)

The NCCA has developed the NSAP on HIV and AIDS/STI 2006-2010. The main goal of which is to maintain the present low level of HIV and AIDS in the general population. The action plan provides the overall framework for an expanded response to HIV and AIDS in the Lao PDR. The action plan includes demo-geographical coverage targets, essential elements of interventions, potential partners, resource requirements, and indicators for measuring progress and tracking the epidemic.

Below are some of the strategies related to condoms that were developed to target different groups including vulnerable group:

1. Increase awareness among decision-makers of the risks confronting sex workers and clients and the factors influencing the efforts to reduce these risks
2. Enhance collaborative relations with the police, local authorities, and communities to support prevention interventions among sex workers and their clients
3. Provide full coverage of sex workers with defined essential elements in the prioritized provinces, including free condom provision for sex workers
4. Involve the owners of entertainment venues and *mamasans* in the delivery of services aiming at a "No condom, No sex" policy
5. Promote "100% condom use," including social marketing programmes through non-traditional outlets
6. Conduct a qualitative research about sex workers and their clients' behavior determinants
7. Use mass and non-traditional media to promote safe sexual norms and healthy behavior among young people including the options of consistent condom use, abstinence, and delayed sexual activity
8. Promote condom social marketing among selected ethnic groups
9. Develop and disseminate IEC materials
10. Expand condom social marketing through more non-traditional outlets
11. Link condom promotion and demand creation with behavior change intervention (BCI) programmes
12. Establish 100% condom use programmes in selected provinces
13. Position condoms as dual protection
14. Provide free condoms for groups most in need
15. Link condom provision with BCI activities

The BCI focuses on promoting safe sex and occupational behavior among health care providers and reinforcing the message through peer education and IEC materials. The condom and STI services are envisioned to be more accessible and more affordable; also, STI services to be confidential and non-stigmatizing. On the side of counseling and testing, the national plan value confidentiality and sensitive to discrimination issues. The concept of correct and accurate knowledge is the target of awareness element of the strategy.

Some STD related policies were included in a paper by the MOH published in 1998. These related policies were:

1. Prevention must be integrated to HIV prevention activities
2. IEC campaigns must be conducted in collaboration with multi-sectors and mass organizations
3. Prevention of STD and HIV must be integrated in the school curriculum

4. Community strategies that will prevent STD and provide STD care and support infected clients must be developed in an effective, equitable and sustainable manner
5. Case finding and screening of symptomatic client with STD or increased risk of STD must be given special attention taking into consideration respectful of the individual, confidentiality and manner that is non-discriminatory and non-coercive
6. STD service delivery must deliver STD case management, which consists of effective treatment, education including avoidance of future risk. Partner notification and condom promotion and access and counseling where appropriate.
7. Condoms must be available and affordable and based on the needs of the population as a mean of preventing STD
8. The paper insisted that appropriate health seeking behavior must be promoted among STD clients or at increased risk of STD infection. Promotion must be done after improving the quality of STD services.

The National HIV and AIDS/STD Strategy identifies young people as a group vulnerable to dreaded sexually transmitted diseases. This strategy focuses on creating a supportive environment for behavior change among young people by increasing the understanding among decision makers at all levels and communities about young people needs and behavioral patterns; empowering young people with the knowledge and skills to avoid STI/HIV and AIDS and drug abuse; increasing the accessibility and availability of youth-friendly and gender-sensitive services with an emphasis on information about reproductive health and sexuality; and, enhancing young people's knowledge about HIV and AIDS and methods of prevention by adding curriculum in all levels of schools.

First step to deliver RH care and services is to strengthen the health system for RH**.** The present services for RH should be improved in order to respond to the reproductive health needs. These interventions need to be included: (a) improving coverage and access through outreach and building infrastructures; (b) integrating RH in the primary health care network and strengthening partnership with other sectors and organizations; (c) providing quality care; (d) educating health professionals on the concept of reproductive health and ensuring health resource and professional career development; and, (e) strengthening the health MIS and monitoring RH indicators to track progress.

There are two strategies found to achieve the ARH objectives: IEC/BCC and Advocacy and Health Service Delivery. The first details by having advocacy with policy and decision makers on the special reproductive health needs of young people; having reproductive health counseling and services to be linked with adolescent and youth life skills development program by which the interventions specifically target young people in urban, rural, border areas, and ethnic groups; promoting informed constructive media coverage of youth related social problems; and, educating adolescents through school programmes and mass media on safe reproductive practices. The Health Service Delivery is strategized by involving adolescents, parents and gatekeepers in planning, implementation, monitoring and evaluation of different services for the youth with linkage to reproductive health in collaboration with government and non-government

institutions. Also, by ensuring access to youth friendly information, counseling and reproductive health services with emphases on delaying age at marriage, postponing first birth, adequate spacing, improved access to sex education and ways to prevent STI/HIV and AIDS infection, and prevention of unwanted pregnancies. It also gauges on development, organization of trainings, and implementation of practice guidelines for health workers on clinical and counseling services for adolescents.

100 % Condom Use Programme

The 100 % CUP is implemented to address the HIV public health threat of STI/HIV at the local, regional, and national level. The strategy of the 100% CUP is to enlist the aid of provincial administrative and health authorities, governors, the police, sex workers, and the owners and managers of sex establishments to make it impossible for clients to purchase sexual services without using a condom (WHO, 2002).

The Lao behavioral surveillance in both 2000 and 2004 revealed that condom use in commercial sex contacts was inadequate, despite impressive levels of HIV awareness and knowledge of prevention. Even though the level of HIV in Lao PDR was still low at the time of SGS-Second Round, the relatively low condom-use rates reported ensured that STI prevalence would remain high, and this fact lowers the threshold for HIV to ignite an epidemic (FHI, 2007).

The main determinants of HIV transmission in Lao PDR are the increasing propensity to have multiple sexual partners, a high and increasing prevalence of STIs, and a greater incidence of behaviors likely to encourage HIV transmission such as population movement, use of unsafe injecting equipment, low rates of condom use, and poor healthcare-seeking behavior (Khamsibounheuang, 2006).

It is clearly observed that the principal mode of HIV transmission is sexual and more often than not, linked to sex work. It remains a great concern for countries in the Asian region that have widespread local concentrations of entertainment establishments and sex work.

In Lao PDR, the program was introduced in Savannakhet in 2003 and expanded to Khamuane and Oudomxay in 2004. The following year, a review on 100%CUP workshop was held in Khamuane and in 2006, the national program was established in Ventianne Province. In 2007, the national workshop on 100% CUP was held in Savannakhet and on the same year, the program was expanded to eight provinces, which is supported by ADB- Communicable Diseases Control, and to three provinces supported by WHO.

Under this program, activities were implemented such as advocacy with local authorities, health staff, owners, sex workers; establishment of Condom Use Monitoring And Evaluation Committee (CUMEC), training of the Condom Use Working Group (CUWG) on Management and BCC, mapping, training peer of sex workers, outreach activities,

condom distribution, STI check up and CUMEC monitoring.

The 100% Condom Use Program activities are linked with the on-going distribution of free condoms under the Global Fund Round 4 undertaken by CHAS, PCCA and PSI.

The condoms provided for free distribution is being implemented by CHAS, PCCA and PSI for the Round 4 activities of the Global Fund. The provinces request for the condoms they need for their HIV, AIDS, and STI activities including the distribution plan for the entertainment establishments The requested number of condoms is forwarded to CHAS and CHAS makes the national distribution plan according to the requests. Other matters taken into consideration of CHAS making the distribution plan are based on the past consumptions and the number of condoms available for distribution.

CHAS through PSI sends the condoms to the PCCA of each province. The PCCA is in-charge for the distribution to the various establishments that includes motels, hotels, guest houses, drink-shops (DS), drop-in centers (DIC), and to NGOs for its outreach programmes and various special events such as the World AIDS Day Celebration.

The revolving fund mechanism under the 100% CUP is being conducted by provinces that have initiated the program. The establishments are given 2 big boxes of condoms for them to sell or distribute to the clients. Then after distributing or selling the initial condoms provided, the establishments are required to purchase condoms for distribution condoms in their establishments either from PSI, PCCA, and drug stores.

At the DIC, condoms are distributed either through peer-outreach or SW come to the center to ask for condoms. In Savannakhet DIC which is run by FHI in collaboration with the PCCA around 70 SW visit the center per month. There are two ways in which SW access the condoms either by visiting the center or through outreach activities which is peer-led. Each SW is given 8 condoms and 3 female condoms 3 times a month. SW use condoms ranging from 3-15 pieces per week depending on their skill to persuade their clients. However, giving the same number of condoms is not fixed, depending on the availability of the condoms at the center. There is no forecasting done on the need of the center including computation of consumption. Supply is dependent on PCCA and PSI. Center managers and volunteers/peer educators are not aware of how condoms are computed for their needs.

In one DS in Sekong, there is a copy of the Memo from PCCA regarding the implementation of the 100% CUP which states that each establishment should have condoms available for the SW. This memo was posted at the wall inside the DS. The average number of SW of this DS was 7 with age range of 17-23 years old. The owners provide condoms to SW for free. When the owners were asked about how much they would charge their SW for the condoms just in case they sell the condoms, response was, the owners feel that it is their obligation to protect their women from disease and unwanted pregnancy.

According to the owners of the DS in Sekong, they gave away condoms even before the 100% CUP was introduced in the province. They said that the money they use to purchase condoms were coming from the bar fines of the clients of their women. The establishment has a verbal policy among their SW to use condoms consistently. When asked about the possibility of selling and distributing female condoms, they said that they are willing to distribute if not expensive and are willing to pay the price similar to the male condoms. According to the owner, some of their women complained that some of the condoms they are using have very small amount of lubricant and suggested to increase the lubricant.

The provinces that are conducting 100% CUP include Savannakhet (SVK, 2003); Oudomxay (ODX, 2004); Khammouane (KM, 2004); Vientiane Province (VTN, 2006); Sekong (SK, 2007); Houaphanh (HP, 2007); and Vientiane Capital (VTC).

The Savannakhet experience on 100% CUP is good model for other provinces initiating the program. According to Dr. Panom, Assistant Provincial Health Officer of Savannakhet, proper coordination with various stakeholder responsible for the program from the national down to provincial and district level is an important element for a successful program. He said that from the planning stage of the 100% CUP, Provincial Health Department through PCCA should be part of the national planning in terms allocation of condoms according their needs. At the provincial level, the following activities should be conducted such as advocacy with local authorities, health staff with the hospitals and drop-in centers, owners of establishments and sex workers including their commitment. Savannakhet also organized the Condom Use M&E Committee (CUMEC) which includes provincial officials, health staff, police, mass organization, and media practitioners. It has also established a Condom Use Working Group (CUWG) that includes PCCA and staffs, mass organization, police staff, tourist staff, radio staff, STI clinic staff. Other equally important activities of 100% CUP includes training of the CUWG on management and BCC, mapping and data base of sex workers ,number of condoms available with entertainment establishment worker , training of sex workers peer educators, outreach activities, condom distribution, STI check up (syndrome), meeting for CUMEC and CUWG, and CUMEC monitoring.

National Reproductive Health Commodity Security Strategy (RHCSS)

The National Reproductive Health Commodity Security Strategy (RHCSS) focuses on health delivery system. It offers a wide range of contraceptive method choice, modern temporary methods at all levels and permanent level at the central, provincial, and selected district health facilities, including accurate forecasting, effective procurement and distribution system so that supplies are available whenever and whenever they are

needed. Partnership and collaboration through social marketing are established with the business and private sector.

Included in the above strategy are capacity building activities such as training of health personnel assigned to existing and new health infrastructure providing client-friendly services in order to improve competencies on temporary and permanent methods of contraception; training village health volunteers (VHV) becoming primary contacts at the household level to distribute and re-supply contraceptives for continuing users, and assist in referral in collaboration with sub-district health personnel; and promote and ensure the inclusion and availability of oral contraceptives and condoms on drug revolving fund and medicine kits.

Sixth National Socio-Economic Development Plan (NSEDP)

While the economy has gradually improved, Lao PDR is still among the poorest countries in Southeast Asia. The Fifth NSEDP for the period of 2001-2005, was developed to accelerate economic growth and improve access to social services with a long-term objective to remove Lao PDR from the status of a least developed country. As a follow up to the Fifth Plan, the Government adopted the Sixth NSEDP (2006-2010) in 2006. The Sixth Plan assesses the progress made in the previous period and outlines clear targets and strategies to reach mid-term and long-term goals. The 2010 targets for education are to increase the enrolment rate to 90.6 percent in primary school, to increase the attendance rate to 68.4 percent in lower secondary school and to 40 percent in upper secondary school. In terms of health improvement, the NSEDP targets for 2010 are to increase life expectancy at birth to 63.5 years, reduce the maternal mortality ratio to 300 deaths per 100,000 live births and reduce the infant mortality and under-five mortality rates to below 55 deaths and 75 deaths per 1,000 live births respectively (Committee for Planning and Investment, October 2006).

Restrictive Environment

Lack of clear implementing rules and regulations

Several programme managers identify the existence of government policies that support condom promotion. These include the promotion of STI/HIV and AIDS prevention and treatment among sex workers. Apart from sex workers, regulations on the access to STI services of mobile population groups are also in place. However, programme managers assessed that these policies and regulations are insufficient in relation to the needs of the community and risk groups.

The current condom policies are very limited in terms of policy formulation and implementation. Some noted that though the 100% CUP is present, the corresponding regulations to enact such policy are absent. All programme managers agree that a national condom programming in the country is needed.

There was no consensus on the assessment on whether the national condom programming in the country is working or not. According to the interviews, it is working for the reason that the system is better than the past. The reasons given by those who claimed that it is not working are due to the gaps in procurement and distribution system, funding source, and condom availability.

One key aspect of condom programming is the distribution of condoms, which is not implemented systematically. The managers mentioned that absence of a written document hampers the operations of organizations, specifically those programmes that involve condom distribution.

Absence of quality assurance and condom procurement regulations

Procurement on condoms is governed by the regulations on the 100% CUP. There are no regulations existing on condom procurement. Programme managers claimed that there are no quality assurance laws on condoms. Taxes are not imposed for products brought in for humanitarian purpose. Available condoms in the market are only those offered by PSI.

Taxes are not imposed for products brought in for humanitarian purpose. Most of the informants agree that they do not pay for taxes on condoms they receive. One organization noted that when they receive free condom, they had to inform CHAS and request for their approval for tax exemptions and usage in their programme. Programme implementers support the non-taxation for condoms given that there is a very low usage of condoms, and that it is imperative that they keep the cost low.

Informants agree that the government is entirely reliant on donor funding for support on condom procurement. According to one NGO, they are faced by the prohibition of USAID to use their funds to procure condoms. They had to resort to get other donors to fund their condoms. Burnet Institute stated that they have difficulties getting condoms with limited funding available. They have to share across their programmes, as the USAID funding prohibits the purchase of condoms.

This issue on prohibition on condom purchase was clarified by Clifton J. Cortez, Jr., JD, Senior Advisor and Team Leader, HIV and AIDS, Office of Public Health, Regional Development Mission and Asia, USAID, Bangkok, Thailand. He said "USAID/Washington, through its Commodity Fund, currently provides free male and female condoms, as well as lubricants, to President's Emergency Plan for AIDS Relief (PEPFAR) non-focus countries worldwide for HIV prevention purposes. At present, PSI and FHI in Laos benefit from this programme for their most at risk population-targeted interventions, through our coordination with USAID/Washington." He further explained that "this support is not limited to USAID implementing partners, and there is the possibility of assistance from USAID in supplying free male and/or female condoms to

UNFPA and other stakeholders in Laos as long as these condoms will be used for HIV and AIDS prevention activities."

Prostitution is illegal

Identification and collaboration with sex entertainment establishments needs to be improved. The establishment owner plays an important role in encouraging sex workers and their clients to comply with "No Condom, No Sex" policy. Prostitution is illegal in the country such that sex is negotiated in places such as nightclubs, guesthouses, drink shops, and bars. Some are freelance and operate as street workers.

According to Dr. Khanthanouvieng, CHAS Global Fund Project Coordinator and Head of CHAS STI Unit, identification and collaboration with sex entertainment establishments start by mapping the establishments in each district of the province and inviting the owners, managers, "mamasans" to discuss the intervention that will be provided to them. These interventions are designed to benefit both the service women or sex workers and the establishment. The activities consist of outreach activities to provide package of services such as provision information about STI/HIV and AIDS, provide IEC materials including condoms, counseling, and referral for STI to clinics and drop-in centers. Identification and collaboration with sex entertainment establishments occur in various settings such as provision for periodic presumptive treatment, STI prevalence studies, surveillance studies, drug resistance studies and others.

Political sensitivity in recognizing the magnitude of vulnerable groups

Monitoring of condom use and evaluation of the outcomes and/or impact of condom programming is not fully implemented. One informant stated that increasing the number of condom distribution and selling do not reflect the real situation of consistent condom use among multiple sexual partners. Therefore, the magnitude of the problem among vulnerable groups is not quantified.

Management and Training Capacity

The management of condom programming in Lao PDR is done by two institutions at the national level namely, the CHAS and the MCHC, both of MOH units. CHAS is responsible for the National HIV, AIDS, and STI Prevention and Control Programme while MCHC is responsible for Family Planning and Reproductive Health Programme. CHAS and MCHC have its own condom distribution system. CHAS is using the distribution system provided for by PSI while MCHC is using the Logistics Management Information System developed and supported by UNFPA. At the provincial level, the Provincial Health Department (PHD) is responsible for the condom distribution through the PCCA for HIV, AIDS, and STI Programme while the MCHC Unit at the PHD is responsible for the distribution to the provincial and district hospitals, and health centers.

Other NGOs also distributes condoms based on their project activities such as peer-education, peer-led outreach, special events such as World AIDS Day, Thatluang Festival and others.

- Coordination on the programmes of different agencies occurs in various levels.
- Coordination is done with provinces, Provincial Committee for the Control of AIDS (PCCA), NGOs, mass organizations, MCHC, district hospitals, health centers, and drop-in centers. NGOs coordinate with PCCA and District Committee for the Control of AIDS (DCCA) when starting to implement project activities in areas.
- Introduce condoms at the village level for FP and HIV
- Plan for calculation of condoms for targeted distribution, bring together STI Unit, FP Unit, RH Unit and Dermatology Unit together with PCCA for condom need of the province

Questions were asked among married women regarding their health care providers attending their family planning needs, most of the respondents said they were provided information about family planning including the method mix. If they had questions about the choices of family planning they were responded to accordingly. According to the women their waiting time, to be seen by the health care provider during consultations were not too long because they were attended to as soon as possible. When asked about the attitudes of the health care provider giving information about the method choice, especially if women opt to use condom, the health care provider takes time in explaining and demonstrating on how to use condoms properly; However, according to some of the women, sometimes condoms were not available in the center and they have problem requesting their husbands to use it. They have requested if outreaching to their husband in using some of these contraceptives especially condoms would be possible.

At Champassack Provincial Hospital, the team had the chance to interview both the MCH unit at the out-patient department and the Obstetrics and Gynecology Department. According to Dr. Patthoumma Soningvongsa, they have a private room for counseling patients where they conduct pre-natal and family planning counseling. They also have room used for providing group education on family planning and the method mix, available. During the group education they provide condom demonstrations as one of their activities. However according to Dr. Soningvongsa, they don't have available standard manual for counseling, but only flip charts to guide them. She said that they talk a little about condom negotiation with their husbands because they lack the skills in providing it. She suggested that they should be provided with such training in order to provide better services to the women. In terms providing condoms to their clients, she said that they don't run out of stock because condoms are provided to them by MCHC, through Provincial Health Department by using the LMIS, which provides them the necessary supply in time. She even showed the forms that were used for requests.

The physician at the Obstetrics and Gynecology department informed the team that, there's is a big opportunity to promote the condoms post-natal when the woman leaves

the hospital for the village. According to her, condom promotion can be done at this time when the woman is about to leave for the village because more often they are accompanied by her husband, therefore an opportunity to involve husband in decision making and providing them both the skills in using the condom. In fact at this time, the couple can be provided already the number of pieces of condoms that they need, because more often than not, as per experience of the physician, their visit for the post-natal check is often forgotten or takes a longer time when they can come back again, in addition to the limited or lack o supply at the village level. The physician added that staff of the Obstetrics-Gynecologic Department should also be given training on skills in using condom as well as condom negotiation techniques and that there should be proper coordination with the MCH Out-patient Department.

Champassack District Hospital with Drop-in center for the youth: The drop-in center was located beside the District Hospital. The health care worker (HCW) informed the team that the youth especially students at the high school come to the center to get condoms. Most of the time male youth comes to the center and get condoms and at times together with their girlfriends. According to the HCW, the youth are more open in getting condoms from the center because of the non-judgmental attitude of the staff at the center and also because of the outreach activities of the center staff that provides information not only on HIV, AIDS, and STI but also on reproductive health especially unwanted pregnancy. The HCW suggested activities at the secondary schools which will be the venue in providing them the information and HIV, AIDS, and STI and reproductive health which will include condom information and its use.

Savannakhet Provincial Hospital STI Physician

The STI physician at the out-patient department of Savannakhet Provincial Hospital said that patients coming to the clinic are provided condoms if they are available or just prescribe them to buy at the drugstore. She said that some of the condoms are provided from FP unit of the hospital or provided by the PCCA. However, she said that she does not know how condoms are allocated from the PCCA to their unit and would like to know how the computation for allocation is done so as not to have a stock-out. When asked why a lot of patients are coming to the clinic especially women, she said that she treats them with dignity and not being judgmental. According to her there was one instance where a woman came for consultation presented to her as a housewife but saw her in the one entertainment place as a service woman. The physician said she never questioned her being a service women.

According to Ms. Susan Claro, Country Director of Health Unlimited, there are a lot of Health Centers and Village Health Kits (village level) without condoms in spite the drive that condoms should be included in the list of drugs and supplies that are managed by the Village Health Volunteers and Health Providers of the Health Centers. As such one can infer that there is a poor delivery of the commodity from the Province to the District and Villages. This is also due to the following reasons: low demand from the villages due to low educational drive on the dual role of condoms; people believe that these are for extra-marital sex only and for disease protection; There is a low (or none at all) budgetary

allotment of Provincial MCH for this purpose; Village Health Volunteers are not well motivated to promote condom use.

She further noted the condoms are difficult access due to: geographical barriers (remoteness and high transport cost, etc.); socio-cultural barriers (preference for many children, misconceptions of side effects, etc.); political barrier (no political will to really institutionalize among lower level health system, non-implementation of policies in the grassroots level, misinterpretation of village authorities that condoms promote promiscuity; and disease-centered condom promotion strategies. She said that condom promotion and distribution can be handled properly if they are well-motivated by giving them training and incentives for the promotional activities. They can be used as distribution points in the villages and be considered as community-based distributors.

High-level of commitment from CHAS to support condom promotion

The CHAS showed a high-level of political commitment. Almost all informants agree that the government fully support the need for condoms. The reasons cited were the government supports 100% CUP, provides facility to approve project implementation, develops tool for project assessment, sets up focal point for condom distribution, distributes free condoms, and prioritizes condom promotion under the National Strategic and Action Plan on HIV and AIDS/STI. This, however, is deemed not enough due to lack of support from other government agencies.

According to WHO, a high level of political commitment will ensure that the government can understand better the realities of sex work in the communities, the programme is implemented fairly and equitable over a large geographic area, the community and clients understand that the government are behind the programme, and sex entertainment establishment see that compliance to regulations are expected.

Almost all informants agree that the CHAS fully support the need for condoms. They concluded that overall, the government is supportive of the condom programming. The reasons cited were the government supports 100% CUP, provides facility to approve project implementation, develops tool for project assessment, sets up focal point for condom distribution, distributes free condoms, and prioritizes condom promotion under the National Strategic and Action Plan on HIV and AIDS/STI.

Expression of support for implementation of 100% CUP from government officials in Savannakhet, Luang Prabang, and Champasack

The 100% CUP was initiated in pilot project in Savannakhet province in 2003 and later was expanded to Khamuane and Oudomxay provinces. In 2007, the 100% CUP further expanded to eight provinces supported by ADB, Center for Disease Control and Prevention (CDC), and to three provinces supported by WHO.

Commitment in implementing the 100% CUP was given by the government officials of Savannakhet, Luang Prabang, and Champasack.

Presence of management structures in public distribution, social marketing, and commercial distribution sectors

Public Distribution

The Lao PDR National AIDS Programme has taken a multi-sectoral approach and works with an increasing number of partners, both national and international. At the central level, NCCA chaired by the MOH, has recently been reorganized and consists of 14 members/internal partners from 12 line ministries and mass organizations. On the other hand, the UN has committed to support a clear and integrated national HIV and AIDS response aimed at preventing the spread of HIV infection and minimizing its socio-economic impact. The internal partners are mostly the implementing agencies that have their roles to overcome the HIV and AIDS challenges to sustain political commitment and mobilize sufficient resources, internal and external. They strengthen coordination with donors, international NGOs and private sector to integrate HIV prevention into different development and health programmes; increase their capacity for effective management and implementation of programmes, strengthen the national monitoring and evaluation system; build community resilience through different mass organization; encourage open discussion on sensitive issues such as sexual behavior, and problems in marginalized groups, including homosexuals, sex workers, and drug users.

An extensive network of mass organizations participates in the planning and implementation of HIV and AIDS activities, reaching from the central to the village level. These include the Lao Youth Union, which focuses on out-of-school youth education; the Lao Women's Union, which addresses reproductive health among women with HIV and AIDS; the Lao Trade Union, which conducts IEC campaigns among factory workers; and the Lao Front for National Construction. Each mass organization at the central level has appointed an HIV and AIDS focal person.

Savannakhet Province involved a multi-sectoral strategy in piloting the 100% CUP. The organizations involved are PCCA Secretariat, Provincial Hospital, Information and Culture Department, Tourism Office, Police Department, private clinics and pharmacies, owners of night clubs and restaurant, and agencies such as ADB, PSI, WHO, and NGOs such as Medecins Sans Frontieres and NCA.

CHAS conducted advocacy meetings involving PCCA, NGOs, mass organizations, and line ministries at both provincial and district levels. Provincial health office of Savannakhet implements a participatory approach to planning where they engage the communities and organizations in addressing HIV and AIDS and poverty problems.

At this time, after five years on the inception of the pilot programme, different organizations are contributing to the condom programming requirements in the country. However, program managers noted that there is a lack in coordination among these organizations. It was mentioned that the civil society is not represented during meetings.

Social Marketing and Commercial Distribution

Social Marketing is an important complement to public sector efforts to assure low income people get the health products and services they need, and are motivated to use them. PSI social marketing projects distribute needed health products to lower income people and encourage healthy behavior through mass media and interpersonal behavior change communications campaigns. PSI procures products using donor funding or obtains products directly from donors; establishes an office in the developing country; and markets products primarily through the existing wholesale and retail network. In areas that are underserved by commercial networks, PSI works through public and NGO partners to establish community-based distribution schemes. PSI develops brand names and attractive packaging for products and sells the products at prices affordable to even the poorest consumers. Since this retail price is often lower than even the manufacturing cost, donor contributions are a vital element of the social marketing process (PSI, 2002).

Assessment on the Distribution System

The programme managers interviewed noted the different involvement of their organization in terms of condom availability. These include increasing access to condoms, procuring and distributing condoms, conducting studies with the target groups, mapping of entertainment sites, and initiating advocacy meetings with entertainment site owners on 100% condom use policy.

The programme managers where asked whether the national condom programming in the country is working. The responses were divided between those who commented that the programming is working with those who claimed otherwise.

For those who answered that the system is working is because it is good enough from the past. Though they are satisfied with the current system, they agree that the programmeme needs to be scaled up and expanded.

They stated that management of condom is still not working with the lack of follow up for distribution and assessment for utilization. This is also due to a number of reasons. These are:

- Still need to improve the procurement system to reach the target group
- The storage is not appropriate in some places
- Improve the system for management and transportation
- No condom revolving fund

- Still have many gaps
- Limited organizations supplying condoms

According to the programme managers, the governing regulations on distributing condoms are based on the 100% CUP and the policies imposed by PCCA and PSI. They support the distribution of condoms in all places such as stores, drink shops, guest houses, and hotels. They concluded from the interviews that the distribution of condoms is not implemented systematically. It was said, "Documentation or written policy are not being accessed by all organization working in the area of condom programming." The absence of a written document hampers the operations of organizations, specifically those programmes that involve condom distribution.

The government, through PCCA, distributes free condoms in some provinces. However this is not in the large quantity to reach all that are in needed. Burnet Institute, which implements a MSM project, noted that condoms are not always available when needed especially the ones with lubricants for MSM. To address this problem, they had to share the condom allocation with the other projects in their organization.

NGOs promoting and providing peer-led services to the HIV vulnerable groups

The programme implementers identified various activities in relation to condom programming. All of the informants interviewed are involved in the promotion of HIV and AIDS prevention, and sex and health education.

Different promotions and educational strategies are implemented by the organizations to address barriers to using condoms. Some of the approaches undertaken to address these issues are:

- Provide health education within and outside of clinics. Target groups still have low level of knowledge on the risks of HIV and AIDS. Further, the society does not support the discussion of sex. This aggravates the lack of knowledge among populations where they resort to getting information from unreliable sources.

  PSI Lao manages a limited peer-education programme, and conducts a range of sexual health and condom promotion work in Vientiane. Its MSM peer-education team members are primarily college students who are *kathoey* identified, who conduct outreach education at a range of venues known to them as places where *kathoeys* can meet other males for sex, primarily college campuses and entertainment and drinking establishments. However, it was observed that some members of the PSI team did show certain biases, against low-income populations and occupation groups. For example no work was going on with laborers, construction workers, or *tuk-tuk* drivers. Further PSI Lao, as a part of its social marketing of condoms and peer education, conducts a number of HIV and AIDS awareness and condom promotion workshops for *kathoeys* in Vientiane, which are facilitated by the PSI trainers and members of its *kathoey* peer-education team

(Khan & Boyce, 2005). Burnet Institute's work with men especially with construction workers, male workers at entertainment places, mine workers, young MSM from different backgrounds…

- Identify and train volunteers periodically. With the increasing support towards BCC in imparting effective adoption and practice of condom use, organizations mobilize sex workers to become peer educators. The main problem with training sex workers is their high mobility that makes it difficult to train volunteers among them. Continuous training of volunteers is necessary to address this issue. NCA, a NGO that utilizes sex workers as peer educators, keep on training new volunteers every six months. A district hospital in Vientiane Capital is also affected by the movement of target groups. To address this issue, they target drinking shops and restaurants and provide them with condoms under the revolving fund project.

- Train on condom negotiation. There is a lack of knowledge on how to do condom negotiation with sex workers' regular partners and between couples. Under the FHI programme, less than 50% of freelance sex workers are willing to use condom with their boyfriends. They trust that their boyfriends will not bring them STI/HIV. Saythany and Chanthabury Drop-in Centers train sex workers to do condom negotiation. At the two provincial hospitals namely Champasack and Savannakhet, health providers recommend that they need training on condom negotiation on husbands whose wife delivered in the hospital. They said that condoms can be given to couples before they leave the hospital for their villages.

- Distribute condoms in high-risk establishments. Under the FHI programme, each outreach volunteers have condoms so sex workers can purchase them if the quantity provided during the outreach sessions is not sufficient. This purchase is under a revolving condom fund, which means that sex workers pay less than a dollar for 36 pieces of condoms. The revolving funds are provided to establishments in order for them to stock on condoms.

Other activities identified by the organizations are:

- Recommendation of condoms for FP
- Care and support for people living with HIV and AIDS (PLWHA)
- Care and support for preventing mother to child transmission
- Provision for voluntary counseling and testing (VCT)
- Provision for reproductive health services and STI treatments
- Training of volunteers among sex workers and village staff
- Promotion of condom use in young people
- Promotion of condom use in the workplace
- Conduct of studies among sex workers
- Peer education among ethnic groups at village level
- Training of provincial and district staff on BCC, VCT, and HIV rapid test

- IEC outreach for special events

Personnel skills required in condom programming include:

- Knowledge in forecasting the quantity of condoms needed in the Family Planning Unit and STI Unit of the hospital
- Knowledge in condom needs assessment to determine the proper allocation of condoms for distribution to sex workers at drop-in center so that stock-outs are avoided
- Skills in training clients on how to do condom negotiation with their regular partners/husbands
- Skills in conducting condom demonstration, particularly the use of female condoms
- Knowledge on how to develop training manual for STI counseling and other IEC materials to support condom use
- Skills in training condom sellers in pharmacies and non-traditional outlets on addressing barriers to purchase among target groups

Lack of coordination in donor funds allocation

Many bilateral and multilateral development partners provide funding for the Government's response to HIV and AIDS/STI. Comments from the interviews noted that the donors' support is not properly coordinated.

Main donors include ADB and The Global Fund to Fight AIDS, TB, Malaria (GFATM). Furthermore, Governments of Japan, Australia, United States, Sweden, Norway, Germany, Finland, Britain, Netherlands and Canada, and the European Union (EU) have contributed through international NGOs or for specific needs. The United Nations Theme Group on HIV and AIDS has produced and implemented its Joint Plan of Action 2002-2005. The USAID funds the programmes of PSI and FHI. Since the government is entirely reliant on donor funds for its condom supply, it is imperative that donors' priorities complement with one another.

One good experience of a properly coordinated effort among the funding donors was during the implementation of the pilot project in Savannakhet Province. Funding of this project came from various sources. The ADB and the Japan Fund for Poverty Reduction assisted in the community action for preventing HIV and AIDS project. PSI funded the condom supply and conduct of BCC. WHO provided technical assistance and support on the conduct of trainings and workshops. Other NGOs who provided funding are MSF for the STI activities and NCA for the BCC activities.

In a paper of Khamsibounheuang (2006), other agencies and organizations that support condom programming and STI, HIV and AIDS in Lao PDR were highlighted.

World Health Organization—in an early response to the epidemic in Lao PDR, program

development and intervention were supported by the WHO under its Global Programme on AIDS. This focused on IEC, laboratory diagnosis, and basic training for healthcare workers. There has been continued support in recent years for further strengthening of the prevention program and establishment of treatment programmes (initially, at the central level), as well as promotion of 100% condom use among the populations at highest risk.

The WHO supported a pilot project on care and support of people living with HIV and AIDS that was initiated in early 1999 in two provinces, Vientiane Capital and Savannakhet. The project integrates treatment and care at the outpatient departments of the provincial hospitals and adopts the WHO curriculum on treatment and care for health workers. Four training workshops on care and support of PLWHA for nurses and medical doctors were conducted at the end of 1999. The WHO also provided technical assistance and medicine to treat opportunistic infections at provincial hospitals.

United Nations Agencies—UNAIDS and the United Nations Development Programme (UNDP) have complemented this support by strengthening the capacity of the National AIDS Center and PCCA staff to implement, to manage, and monitor the various programmes. They have also encouraged and promoted multi-sectoral involvement in the national response. It is clear that their focus is on strengthening program management at the central and provincial levels. The United UNICEF assisted the Ministry of Education in including HIV and AIDS in the school curriculum, while the United Nations Population Fund focuses its program on reproductive health, including the distribution of condoms.

The GFATM or the Global Fund has made three grants namely Rounds 1, 4, and 6 to Lao PDR specifically for HIV and AIDS-related work. In 2003, the Global Fund also provided a Round 1 grant for a project to improve STI prevention and care, reduce STI among commercial sex workers, and maintain reduced prevalence through comprehensive intervention, including the provision of sustainable STI curative services and behavior change interventions. This five-year project has two parts. The first part aims to improve the effectiveness of provincial STI program management systems and structures, enhance access to STI services at the provincial and district hospital levels of the healthcare system, improve the quality of services that aim to reduce STI in sex workers, and boost surveillance and research. By doing so, it will support the National Program for the Prevention and Care of STI. The second part aims to rapidly reduce the incidence of curable STI through periodic presumptive treatment (PPT), increase the proportion of sex workers who adopt primary prevention behavior and health-seeking behavior, and increase access to HIV prevention and STI services.

One of the objectives of this round was to increase condom sales through social marketing by 20% providing condom distribution. The total cumulative number of condoms sold, 11.06 million (GF CHAS Annual Report, 2007) since this round started. This was undertaken by PSI. Condoms were sold both at the traditional outlets (e.g. drugstores) and non-traditional outlets (e.g. convenience stores, guest houses).

The project was initially implemented in five locations—Vientiane Municipality, Vientiane Province, Champasack, Luang Namtha, and Salavan. From 2005, the activities were expanded to additional provinces, including Bokeo, Phongsaly, Xieng Khouang, Attapeu, and Sekong. These provinces are smaller, more remote, and harder to reach and have had little to no experience with STI intervention activities in the past. Subsequently, the project involved the remaining seven provinces and one district namely Xayabouly, Borikhamsay, Houphane, Saysomboun District, Savannakhet, Luang Prabang, Khammouane, and Oudomxay

Round 4 of the Global Fund's grant which was approved in 2005 began in May 2005. The goal of the project is to scale up existing efforts on voluntary counseling and testing, targeted BCC, blood safety programmes, and social marketing of condoms. It also aims to expand current monitoring and evaluation activities and enhance program management. The project will run until 2010. In this round there are one-million pieces of condoms allocated for free distribution to the provinces which is handled by CHAS and the provinces involved in collaboration with PSI. The distribution plan is based on the request of each province and its previous consumption. These condoms are distribution through the PCCA of each province and are provided to various groups such as the sex workers and their clients during outreach activities and to the general public during special events such as World AIDS Days Celebration, and Thatluang Festival to name a few.

Round 6 Global Fund grant started the implementation in the third quarter of 2007. The goals of this round include (1) scaling up HIV Counseling and testing in 11 priority provinces, (2) care, support and treatment for people with AIDS, (3) scaling up a comprehensive package of interventions for sex workers, (4) improving surveillance and management of HIV, and (5) expanding blood safety to 100% of the provinces. Two of the objectives of this round include increase safe sexual behaviour among female sex workers and among men who have sex with men respectively. Condom distribution is part of the package of services provided by the peer-led approach of behavior change communication intervention. These objectives are undertaken by NGOs namely, PSI, LYAP, PEDA and NCA. A total of 5,500 female sex workers and 2,300 MSM will be reached with a package including peer led behaviour change, condom use, access to VCT, and STI services by Year 5 primarily through NGOs.

The second round of HIV, STI, and behavioral surveillance was implemented with funding from the USAID and other partners, and FHI provided extensive technical assistance and management oversight. This round of second-generation surveillance, conducted in November 2004, was expanded to include more high-risk male populations and two border provinces in the Golden Triangle. As an integral part of the surveillance, FHI provided 4,751 high-risk male and female participants with condoms, HIV/STI prevention education, STI syndromic management and treatment, and HIV counseling and referrals. Preliminary results indicate continued low HIV prevalence nationally but the beginnings of an epidemic in selected provinces. There is still a heavy burden of bacterial STI throughout the country. With data collection complete, FHI continues to

provide technical assistance to the National AIDS Committee for data management, analysis, and interpretation of the surveillance findings.

The USAID does not provide direct assistance to Lao PDR for health activities, although the United States has worked with the Lao government since 1998 to monitor the HIV and AIDS epidemic through a regional project that encompasses the Mekong River delta area. Greater levels of funding in recent years have enabled USAID to expand activities that include improving market research and strategies for condom sales, prevention and treatment programmes for sexually transmitted infections, and surveillance and interventions for populations at risk for HIV infection. USAID's HIV and AIDS activities in Laos are managed primarily by PSI and FHI.

A primary objective of USAID assistance being managed by PSI is the distribution of affordable condoms with instructional inserts in the Lao language. A distribution survey in 2002 indicated that PSI had achieved a 98% coverage rate in pharmacies. The project also establishes non-traditional points of sale frequented by high-risk groups and links these with commercial distribution networks (USAID, 2005).

The Asian Development Bank is working to reduce poverty in Asia, and as part of its overall strategy it has been supporting health sector projects in Lao PDR. The ADB is present in three provinces. Strengthening infrastructure for primary healthcare and improving the quality of health services represent important contributions to poverty reduction. Reducing the spread of HIV and AIDS within the context of healthcare systems is particularly important. Ill health, whether caused by HIV and AIDS or not, is an important cause of poverty, and poverty is a major reason why health services, and particularly HIV-related prevention services, are underutilized. The ADB also supported a project on "Community Action for Preventing HIV and AIDS." This was a regional project for Lao PDR, Cambodia, and Vietnam. The Lao PDR project was implemented by the NCCA.B of the Ministry of Health as part of the ministry's Strategic Plan for HIV and AIDS. It was implemented in three provinces—Oudomxay, Khammouane, and Savannakhet—starting in mid-2001 and ending in 2004. The objectives of the project were to support a comprehensive set of HIV and AIDS prevention activities in particular hot spots and to strengthen the capacity of the national and local HIV authorities and selected NGOs to develop community-based prevention and care programmes.

CARE International supports PLWHA, and pilot work that was undertaken in Savannakhet is now being expanded to Vientiane Capital through Médecins Sans Frontières. CARE also supports the Vientiane Capital Municipal Hospital, and it is preparing to establish a team that will work with PLWHA association, which has 130 members.

Condom Supply

Public Sector Distribution

The government of Lao PDR has programmes for both family planning and HIV and AIDS prevention under the Ministry of Health. These two programmes provide the free condoms to the public.

The family planning program is spearheaded by the MCHC which is mainly funded by the UNFPA. The free condoms are distributed through the MCHC's Reproductive Health Commodity Management. Since 1994, MCHC has been providing free condoms through the government facilities. However, condoms were provided only for married couples. In 1997, the forecast was revised to incorporate the reproductive health component and distribution was expanded to include single women. From this point, free condoms were made available to both married and single women. MCHC observed that although condoms were made available to the government facilities, women comprised most of the clients.

The HIV and AIDS prevention program is under the CHAS whose activities are primarily funded by the GFTAM. The GTFAM granted Rounds 1 (2003-2008), 4 (2005-2010), and 6 (2007-2012) to the country. The free condoms are being distributed by CHAS through PSI, a social marketing organization operating since 1998. GFTAM's condom commodity support approximately amounts to US$40,000 per year. From 2005 to 2010, CHAS is allocating one million pieces of condoms available for free distribution nationwide. Product procurement, storage, and distribution are being managed by PSI using its condom brand *Number One*. Since 1999, a total of 3.98 million pieces of condoms were distributed for free.

Condoms for Family Planning

The current information system for the MCHC, under the MOH, is called "Reproductive Health Commodity Management." It is mainly used to keep track of the transactions and movement of family planning supplies including condoms. It is commonly known as the Electronic Logistics Management Information System (E-LMIS).

Prior to 2003, Lao PDR did not have a rigid logistic system to manage the condom supplies. The "Push" system was utilized characterized by a system in which the staff at the next higher level, decide how much stock to send to the next lower level. However, without proper information flowing backup the pipeline the country faced overstocking of the supplies at the central level and a stock out at many service delivery points. This resulted to expired supplies that worth more than US$20,000.00.

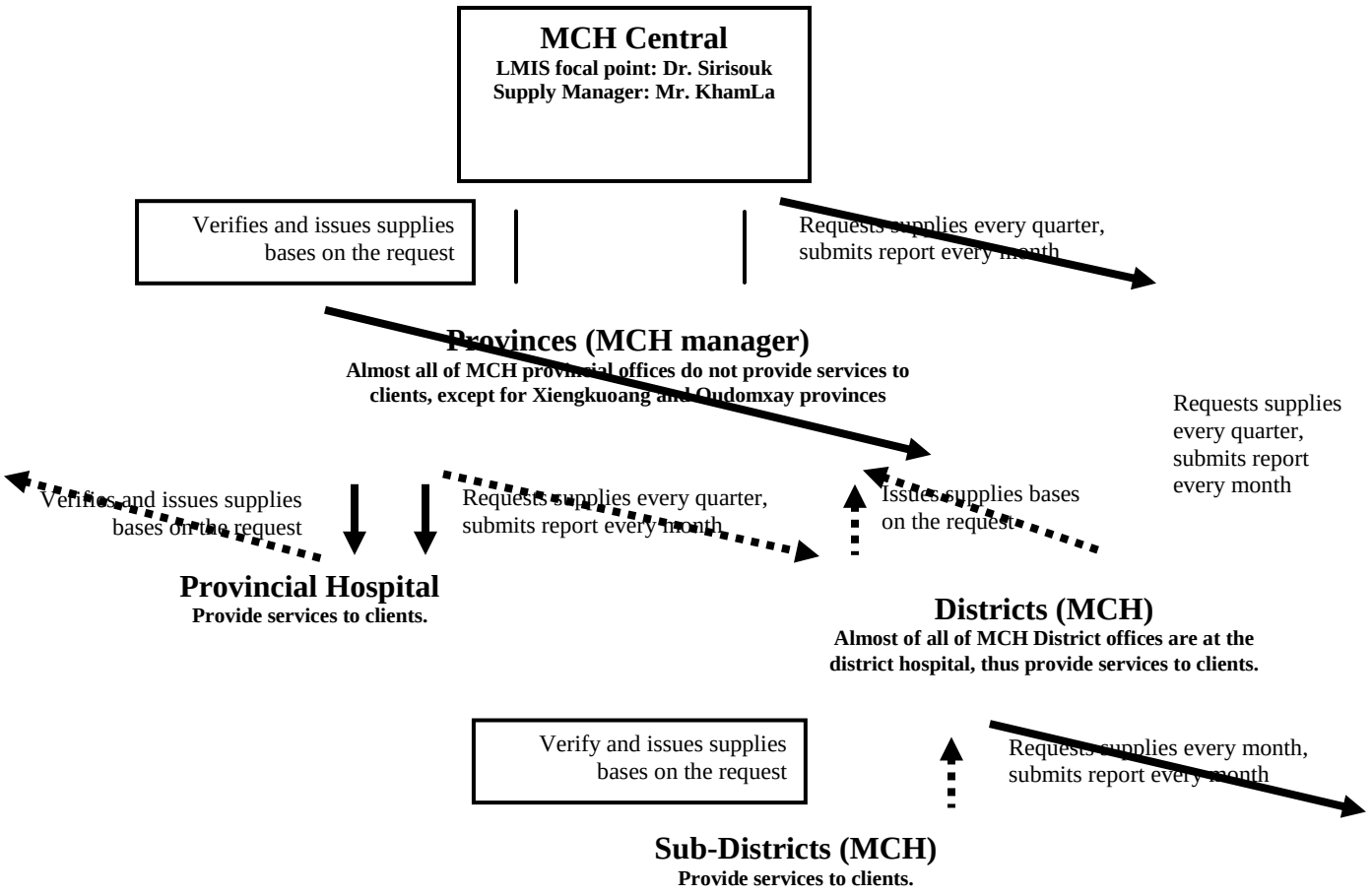
In 2003, UNFPA initiated the revision of the logistics system. The new Logistics Management Information System (LMIS) was developed and put into practice in December 2003. This new logistics system uses "Pull" system, a system where the staff at the lower level decides how much stock needs to be ordered. The new version of the LMIS forms and the LMIS software were introduced. All 18 MCH provincial staff and central staff were trained on the use of the new system. In addition, UNFPA provided

computers, printers, and copy machines to all MCH provinces and Central offices. It was a big change for the country because new technology is something not commonly used at the time, and not all provinces had stable electricity to operate electronic devices. Almost half of the country used generators to operate electronic devices. MCH had the opportunity to implement a new system to help collect information and produce reports for decision-making. However, the computer software training proceeded slowly owing to the limited computer operation capacity of the users. It took one year to complete the training on the use of the LMIS forms for all service delivery points in the country. It took more than one year and a half for the LMIS to start making progress. When the electricity at all provinces started getting more stable, staff computer skills started to improve. The software was expanded and had more features, based on the users' needs over the years. The decision makers at MCH Central and as well as at provincial level rely on the software to project the quantity needed for the specify periods. As of now, the LMIS in Lao PDR considers making good progress and is functional.

There are four levels in the condom pipeline: the MCH Central office → Provincial → District → sub-district. The submission of the summary monthly report from each service delivery point starting from sub-district level up the pipeline is on monthly basis. The ordering interval of the supply of Provincial and District level is quarterly basis. For instance, the district submits the requisition of the supplies to the province every quarter. The province also submits the requisition of the supplies to the central office every quarter. However, the sub-district submits the requisition to the district on monthly basis. The emergency ordering of the supplies can be initiated should the supply goes below the minimum level. The *maximum level* of the supplies, usually expressed in term of months, of each ordering period at provincial and district level is 3 months of consumption. In addition, the maximum level of the supplies of each ordering period at sub-district level is 1 month of consumption. The *minimum level* of the supplies, usually expressed in term of month, that each level should at least always maintain is 1 month of consumption.

Below is the LMIS pipeline flow chart:

Figure 2. LMIS pipeline flow chart



All of family planning service providers are MCH staffs.

Note: The solid arrow represents the flow supplies which includes condoms
The dash arrow ▪▪▪▪▪▪▪ represents the flow of information - reports and requisition (LMIS).

The district's summary monthly report includes all sub-districts' summary monthly reports that are in its coverage area. The province's summary monthly report includes all districts' summary monthly reports that are in its coverage area. The requisition is made based on the average monthly issued multiply by the maximum level of the supplies.

The LMIS forms includes requisition and issue voucher, stock card/registered book, daily recording, and summary monthly reports.

The forms have been used at all service delivery points in the country. However, the E-LMIS, the software that was developed to reflect the manual operation, has only been implemented at provincial and central levels. It keeps track of five types of family planning supplies such as mini pills, combined pills, injectable, IUDs and male condoms.

The software collects summary monthly reports of all service delivery points and records the movement of the supplies via stock card screen but only for the location where the software was installed. The stock card screen shows the users whether the available balance is going to be expired soon or already expired.

The table below identifies both the strength and improvement areas of the system

Table 3. Strength and improvement areas of the LMIS

Strength	Improvement Areas

• Forms are simple to follow and can be accomplished easily
• The software is:
  ○ able to track the movement of the supplies vertically
  ○ able to forecast the quantity needed for the specified period
  ○ able to project the needed quantity of next lower level
  ○ able to see the status of submitting monthly reports of the lower level
  ○ able to see the changes of the continuous users in either graphic mode or percentage mode.
  ○ able to calculate Crude Contraceptive Prevalence Rate
	• Limited human resource to run the system both at the central and provincial level
	• Some medical staff have incompatible professional background vs. subject matter thereby requiring additional skills training
	• Strengthen commitment of personnel
	• Poor coordination and collaboration between levels
	• Do not follow the procedure and guideline strictly enough when making requisition and issue of the supplies

The current E-LMIS can record the information and movement of the supply, should there need to include female condom as one of the commodities. However, the software needs to be modified to incorporate other reports.

The assessment team found similarities in the findings from the field with that of reported issues observed by the MCHC staff during field trips of why condom used was not so popular for public sector, at least for family planning. The spouse objection in condom use is a problem about unpleasant odor of condoms distributed during 2006 and the

previous years. It was likewise reported that UNFPA witnessed this during the forecasting of family planning supplies needed session at MCHC Central office on December 2006. Finally, it was observed that men are uncomfortable when disclosing personal information when requesting for condoms at public service delivery points and hospitals. This is one of the issues that men do not want to identify themselves at public hospital.

The cumulative quantity issued from the MCHC Central warehouse to all provinces in the past several years are provided in the table below.

Table 4. Quantity of condoms issued by the MCHC Central Warehouse From Year 2005 – 2007

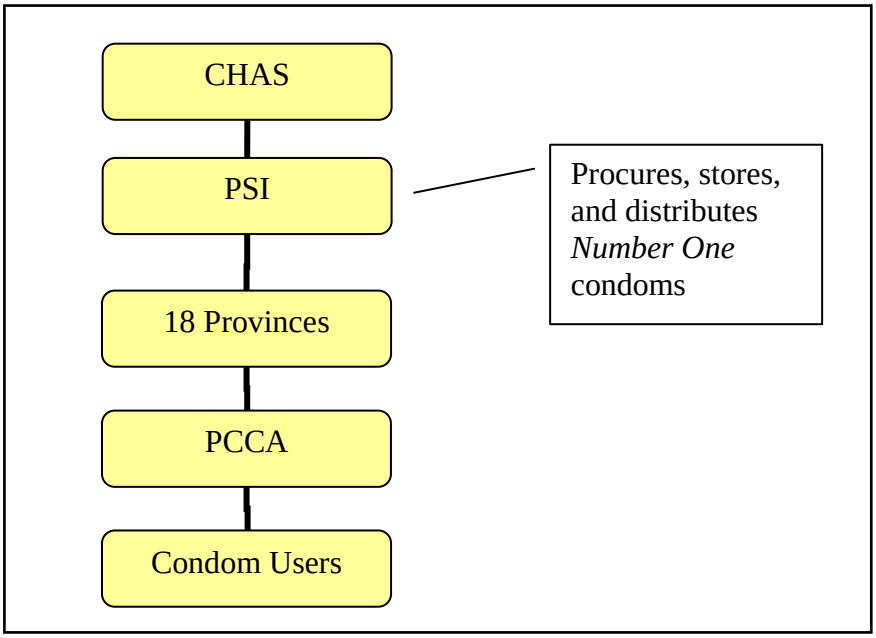
Item	Total condoms issued at MCH Central to all provinces		
	2005	2006	2007
Condoms	453,104 pieces	571,722 pieces	341,244 pieces

Source: LMIS data from the LMIS software.

Condoms for Disease Prevention

The GTAFM includes a component for Condom Social Marketing currently being implemented by PSI where distribution of free condoms is included in the program. Currently, PSI is distributing their *Number One* brand of condom for this program. Funding support for this activity was made available since 2003. The diagram below illustrates the distribution flow of the free condoms for HIV and AIDS.

Figure 3. Distribution flow of free condoms for HIV and AIDS



Available condoms for free distribution are at one million pieces a year until 2010. The funding also allowed increased promotions of condoms and as a result, condom distribution had shown growth over the years.

The assessment team found out several areas for improvement based on interviews and discussions with the government agencies. It was highlighted that regular reports both on distribution and revenues generated from sales of condoms through the social marketing program are not immediately available. These reports are important particularly to CHAS for planning and forecasting activities. Currently, free condoms distributed are separate from HIV and AIDS and family planning. Most condoms are perceived to be for HIV and AIDS and disease prevention only. This is also a function of the limited interventions focusing on family planning. This is similar to the study conducted by WHO in 2000 reported that ccondoms are not widely used partly because they have not been socially accepted. If they are used, it is primarily for the prevention of STDs and not for birth spacing. Health workers recommend condom use to contraceptive users for the "in between" period, which is after quitting use of one method and before starting use of another method. Men do not like to use condoms because they fear condoms will interfere with their sexual desire, and many people think they are unnatural barriers that may cause cervical ulcers. Additionally, there seems to be a strong belief that condoms are used by "bad" people who have multiple sex partners or are otherwise engaged in high-risk sexual activity. Even health staff appeared reluctant to use condoms and according to some staff, their use remains associated with having an STD. A health provider worried that proposing condom use to his wife would imply he had been unfaithful to her.

The study also shows that the government had successfully identified a good partner in the distribution of condoms through PSI. It was further suggested that PSI should be doing the distribution of the free condoms to the provinces because of their existing capacity, infrastructure, and costs considerations. However, the assessment team also found out the consistent requirement to put in place a mechanism to regulate the quality of condoms distributed in the country whether it is given away for free or commercially available. Several field reports showed a big difference in the quality of the condoms between the free goods from that being sold. The common complaints include condoms for free distribution has bad smell, thick, not enough lubrication. It was also reported that there is no distinction between the products available for free and the products being sold in the market.

Table 5. Quantity of condoms distributed by PSI to CHAS GFTAM From Year 2005 - 2007

Item	Total Condoms PSI Distributed for Free for CHAS GFTAM		
	2005	2006	2007
Condoms	412,566 pieces	1,170,000 pieces	1,000,800 pieces

Source: PSI data.

Female Condoms

The female condoms have been distributed to Drop-in Centers managed by FHI through funding from USAID. These were distributed in some areas of the country, namely Champasack, Savannakhet, Luang Prabang and Vientiane Capital. Centers from Champasack, Savannakhet and Luang Prabang indicated positive feedback about the use of female condoms. The sex workers visited in two drink shops seemed to like the female condoms and the owners are willing to provide it to their sex workers as long as the cost is comparable with the male condoms. The peer educators reported that the sex workers liked the female condom for some additional reasons. Their clients like using the female condoms because it appears "virginal" because the vaginal passage becomes narrower. In addition, it was reported that the sex workers use the female condom even if not for purposes of having sex because it gives them additional pleasure by merely walking around. However, negative feedback from the peer educators in Savannakhet includes difficulty of inserting the female condom and their clients do not want them to use it because it is too thick. Probing further, the peer educators stated that there remains a need for more training in the usage of the female condoms and the promotion of the product is not adequate among sex workers. One of the recommendations from various groups emphasizes the need for operations research for the acceptability of the female condom.

Public Sector Financing

The health sector is extremely project-oriented and donor-dependent, which has often led to competing and overlapping donor demands. The Minister of Health has called for more integrated approaches, particularly for MCH and immunization; decentralized service delivery methods; improved methods of health care financing; a unified and simplified health information system; and an emphasis on quality improvement in the next five years, rather than the quantity improvement that has been emphasized over the last five years. (Country Health Information Profile pp 160 – 175).

Condom supplies and promotions activities both for family planning and HIV and AIDS were provided support by several funding agencies. Both UNFPA and the Global Fund provided condoms to the government and USAID provided some female condoms.

The UNAIDS and the UNDP provided support by strengthening capacities, promoted multi-sectoral involvement in the national response, and strengthen program management at the central and provincial levels. The UNICEF assisted the Ministry of Education in including HIV and AIDS in the school curriculum. UNFPA has been providing support to the Lao family planning and disease prevention activities and focuses its program on reproductive health, including the distribution of condoms. UNFPA identified the need for more aggressive condom promotion in the country. Reports from the field likewise validated that the medical providers do not do extensive/informed counseling for condom use. Most of these providers are not actively providing the option of condom use to clients who are seeking alternative methods. It is observed that this can be a function that medical providers get more incentive from endorsing other methods where they can charge for service provided to the clients. In addition, it was also observed that medical providers are not comfortable with promoting condoms. There was even a report that using "penile samples" for promoting condom usage can be deemed offensive for the medical providers and clients. This cultural perception needs to be addressed and behavior change must be a focused activity.

The Global Fund has made two grants to Lao PDR specifically for HIV and AIDS-related work. Round 4 of the Global Fund's in May 2005 increased existing efforts on voluntary counselling and testing, targeted BCC, blood safety programmes, and social marketing of condoms. The project will run until 2009.

The WHO supported the early response to the AIDS epidemic in Lao PDR including program development and intervention under its Global Programme on AIDS. This focused on IEC and the promotion of 100% condom use among the populations at highest risk. The WHO supported a pilot project on care and support of PLWHA that was initiated in early 1999 in two provinces, Vientiane Capital and Savannakhet.

FHI with funding from the USAID and other partners provided extensive technical assistance and management oversight on the second round of HIV, STI, and behavioural surveillance in November 2004. This round was expanded to include more high-risk male populations and two border provinces in the Golden Triangle. As an integral part of the

surveillance, FHI provided 4,751 high-risk male and female participants with condoms, HIV/STI prevention education, STI syndromic management and treatment, and HIV counseling and referrals. FHI continues to provide technical assistance to the National AIDS Committee for data management, analysis, and interpretation of the surveillance findings.

A report on the spread of HIV and AIDS in Lao PDR indicated that there exist coordination and collaboration among international organizations such as UNAIDS, the WHO, UNICEF, the UNDP Thematic Trust Fund on HIV and AIDS, and the Canadian International Development Agency. The German quasi-governmental development enterprise, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), is present in three provinces. PSI is conducting social marketing nationwide in 18 provinces. The Australian agency AusAID supports the Lao Red Cross, while the Burnet Institute, also of Australia, has worked to develop the capacity of the Lao military and police in seven provinces to respond to the spread of HIV and AIDS. The Swedish International Development Cooperation Agency supported an HIV prevention program along the site of road rehabilitation projects in Borikhamxay province. NCA has supported PLWHA at the provincial level, while Médecins Sans Frontières has assisted in care and support to PLWHA in Savannakhet province.

Commercial Market Distribution

The assessment team found out that the increased promotions of condoms over the years opened the market for more commercial companies and brands. There are condoms from the informal market coming in through trading from border countries primarily Thailand. The *Durex* brand of condoms can be seen heavily on outlets/pharmacies in provinces near the Thailand border. The brand *Duo* is exclusively sold in the country by Diethlem – one of the largest distributors of pharmaceutical and fast moving consumer goods in the country. These brands including that of *Number One* are available with price points to consumers ranging from 1,000 kip to 40,000 kip per pack of 3 condoms. It was also noted that condoms are displayed openly in the trade including the convenience stores. The following table provides the list of condoms available in the market:

Table 6. Commercial condoms

Brand Name
Durex Sensation
Durex Kingtex
Durex Strawberry
One Touch Happy
One Touch Solution
One Touch Sweeteen
Durex Excita
Durex Kingtex
Durex Strawberry
Durex Chocolate
Durex Performa
Durex M-11
Durex Contura
One Touch Maxx Dot
One Touch Solution
Dumont Basic Condom
Number One.com
Durex Condura
One Touch (Dotted)
Duo Strawberry
Duo Natural
Duo Action

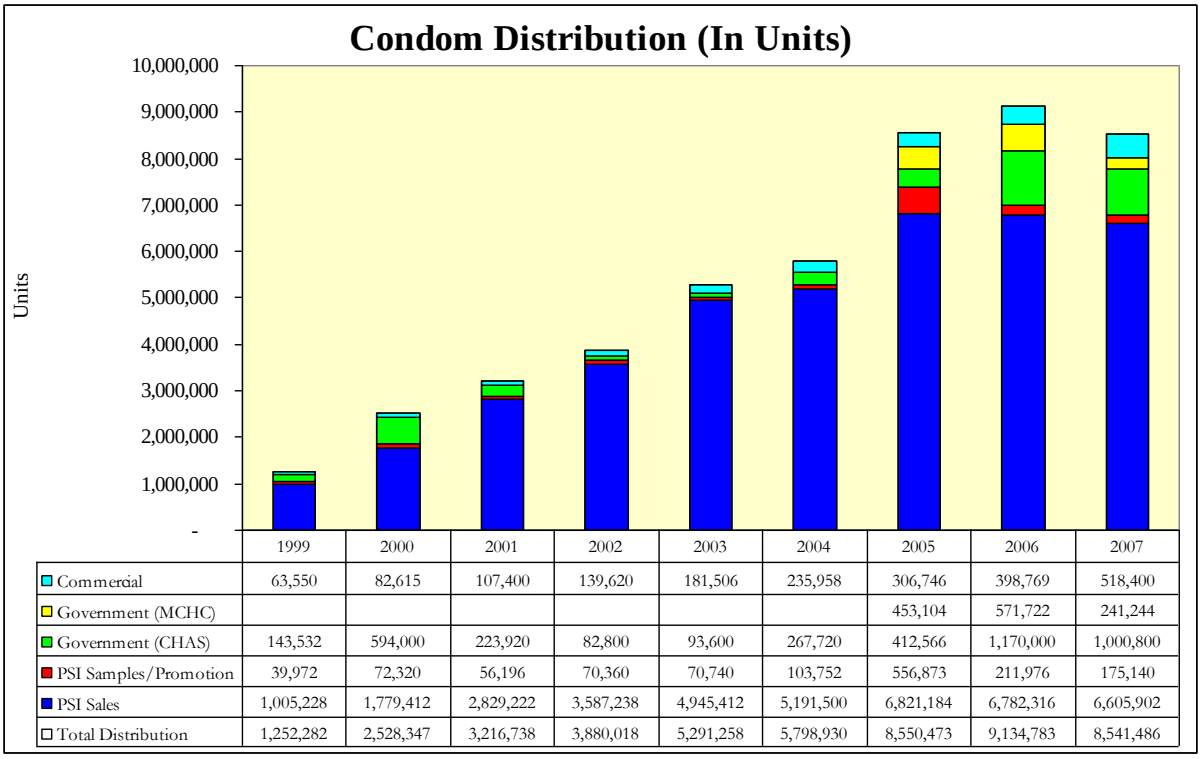
Figure 4. Photos of commercial condoms

Overall, the condom distribution in country is growing at an average of 30% per year. This growth is primarily driven by the 82% share of PSI distribution from 1999 to 2007. A total of 48.2 million condoms are distributed in the country both form public and private sectors. Under the current distribution, the country provides more than one condom per capita of the population.

The graph below shows the condom market from 1999 when PSI started its operations until 2007. The condom market has grown significantly over the years and increasingly, other commercial players begin to increase their distribution efforts. The public sector free condoms are 15% of the total from 2005 to 2007 (10% from HIV and AIDS through CHAS, and 5% for family planning through MCHC). It can be seen in the graph that the increase in promotions effort in 2005 resulted in a 47% increase in distribution. There is no complete available data for condom sales of the other brands available in the market except for *Duo* which is distributed by Diethlem.

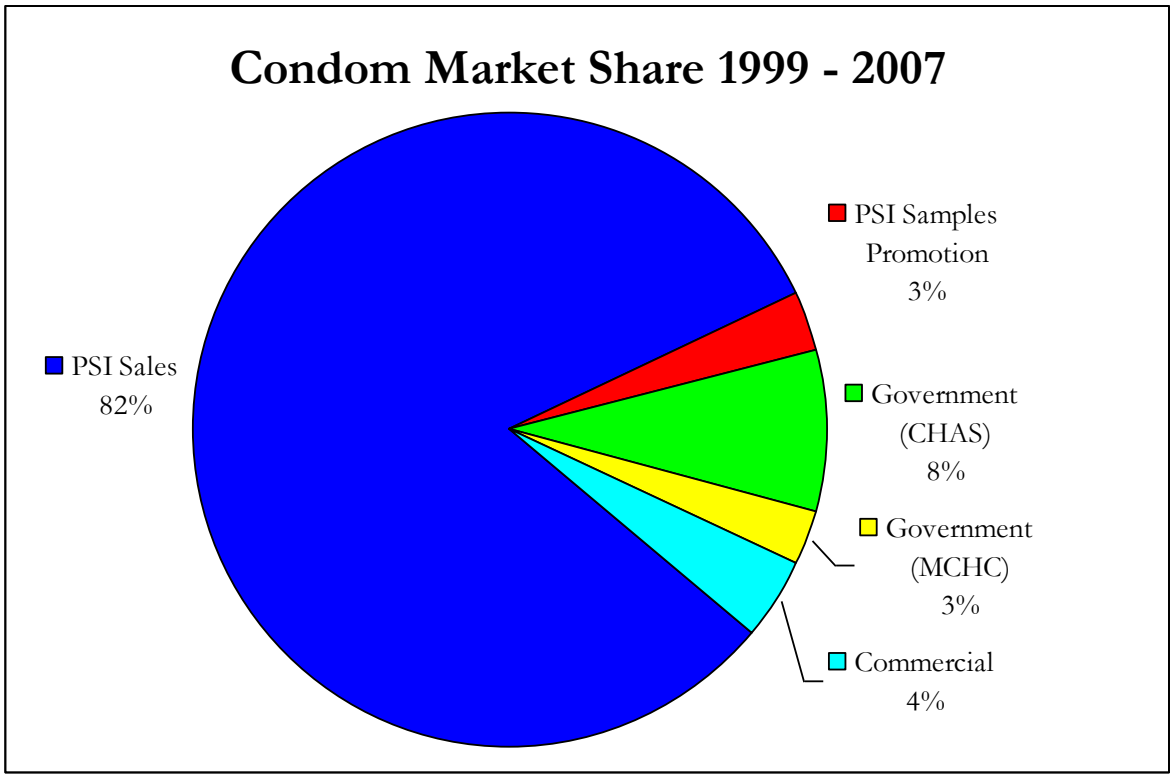
What is notable in the condom market is the consistent increase in the total commercial market distribution. It can be seen from the graphs that in 1999, the commercial market share is approximately 2% of the total. This has increased to 4% in 2007. This indicates a positive trend in the total condom market and the entry of more players giving more options and choices to the clients.

Figure 5. Condom distribution in units from year 1999 – 2007



	1999	2000	2001	2002	2003	2004	2005	2006	2007
Commercial	63,550	82,615	107,400	139,620	181,506	235,958	306,746	398,769	518,400
Government (MCHC)							453,104	571,722	241,244
Government (CHAS)	143,532	594,000	223,920	82,800	93,600	267,720	412,566	1,170,000	1,000,800
PSI Samples/Promotion	39,972	72,320	56,196	70,360	70,740	103,752	556,873	211,976	175,140
PSI Sales	1,005,228	1,779,412	2,829,222	3,587,238	4,945,412	5,191,500	6,821,184	6,782,316	6,605,902
Total Distribution	1,252,282	2,528,347	3,216,738	3,880,018	5,291,258	5,798,930	8,550,473	9,134,783	8,541,486

Figure 6. Cumulative condom market share from year 1999 – 2007



Condoms are heavily promoted in all types of media. Data from the World Association of Newspapers – World Press Trends 2004 shows that PSI *Number One* condom is ranked 4th in the top ten advertisers in the country and 3rd in the advertising sector. The biggest two advertising sector is Lao Beer and Lao Pepsi. Studies also reveal high awareness of condoms through mass media primarily television. The commercial brands are promoted in the trade through prominent displays, shelf spaces, and branded plastic condom dispensers.

Social Marketing

PSI started its operations in the country in 1998. Since then, PSI distributed a total of 40.9 million pieces of condoms. PSI was instrumental in changing behaviors and increasing condom use in the country. The reported average increase in sales was 30% per year. PSI sales to trade outlets contribute 79% of the total condom market.

However, field survey shows that there is a large misconception that PSI primarily works on HIV and AIDS prevention programmes only. When asked, PSI stated that their interventions are primarily donor driven and has been solely focused on HIV and AIDS prevention activities only. However, several changes had been started where condoms are mainly promoted as a dual protection. Most of the promotional materials do not specify that condoms are only for disease prevention.

PSI estimates that their products are available in approximately 80% of the total market. They believe that there is a large potential demand for condoms. PSI forecasts that the country has a total condom demand in between 10 million pieces a year to 240 million pieces a year. PSI has the complete infrastructure in place to ensure consistent supply of condoms in the pipeline. They have pharmacy distributors that sell their *Number One* brand in the market nationwide and they maintain a warehouse to proper store their products. However, PSI believes that more focus should be given on creating the demand for condoms, however creating demand requires funding support. Currently, PSI can only do as much as the available funding provides.

Based on the data provided by PSI, and projected procurement costs, PSI net revenue recovered from each condom sold is approximately US$0.01. Based on this calculation, 2007 projected total recovered cost of PSI from its sales is US$66,000. Social marketing programmes reinvest any amount recovered from its sales either through the following:

1. condom procurement
2. expanding program operations
3. investing in program growth
4. investing in demand creation by increasing advertising and promotions activities, IEC, and other innovative interventions

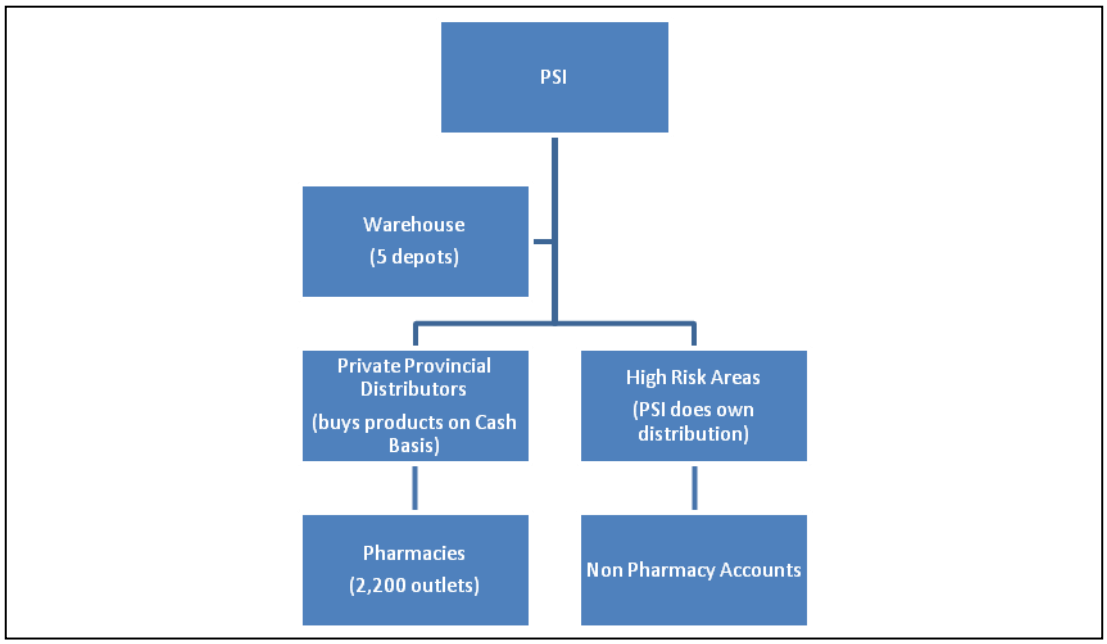
5. enhancing monitoring and evaluation activities to inform program growth

Social marketing programmes operate similar to pharmaceutical commercial marketing companies. All books undergo audit procedures both from an independent local auditor and an international audit professional. The local independent auditors are appointed through regular bidding procedures to ensure accuracy and correctness of financial information. Each donor agencies providing support to social marketing programmes likewise requires an independent audit of the financial accounts. Through these checks, all amounts recovered from sales are monitored properly including its efficient utilization.

Under USAID contracts, utilization of any program income requires approval of the contracting officer. This ensures that all program income flows back to expanding program operations and investing in program growth.

In the financial forecasts provided in this assessment report, the projected recovered income from the condom sales is deducted from the total financial requirement. This is based on the assumption given on how social marketing programmes operate and reinvests all funds generated from condom distribution/sales.

Figure 7. PSI outlet distribution



PSI sells four types of the *Number One* condoms with consumer retail price ranging from 1,000 kip to 2,500 kip per pack of 3's. The *Number One De Luxe* is the most affordable brand in the market selling and the retailers gets 63% margin from selling the products.

PSI also introduced variations of *Number One Strawberry*, *Number One De Luxe Plus Lubricant*, *Number One Dotted*, and the most recent *Number One Rose*. Almost 80% of product variant sold is the *Number One De Luxe* variation.

PSI regularly carries out research activities to inform them of the effectiveness of their interventions and help plan future strategies and activities. Their research includes KABP for target groups and measures condom availability at the retail level through mapping studies called Project Map. The research results inform PSI of the need to strengthen their distribution coverage and the quality of coverage and how much potential still exist. PSI products are currently available in 7,651 outlets with approximately 50% are comprised of pharmacies. The graph shows the breakdown of the outlets PSI serves.

Figure 8. Percent distribution of outlets served by PSI

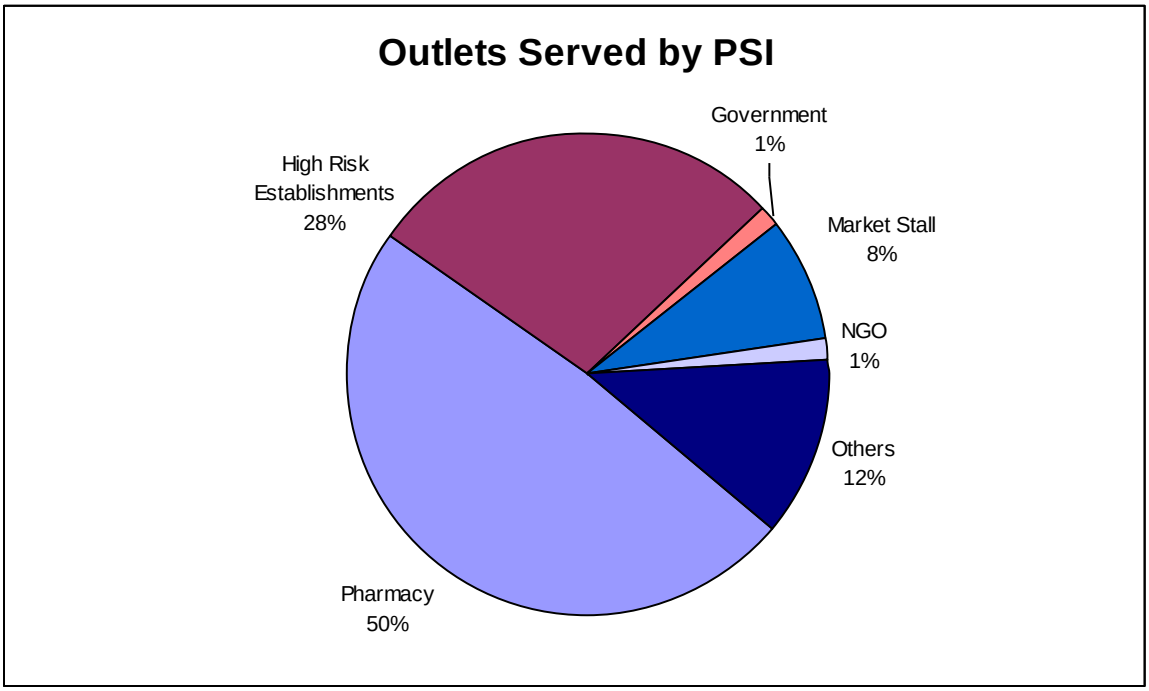
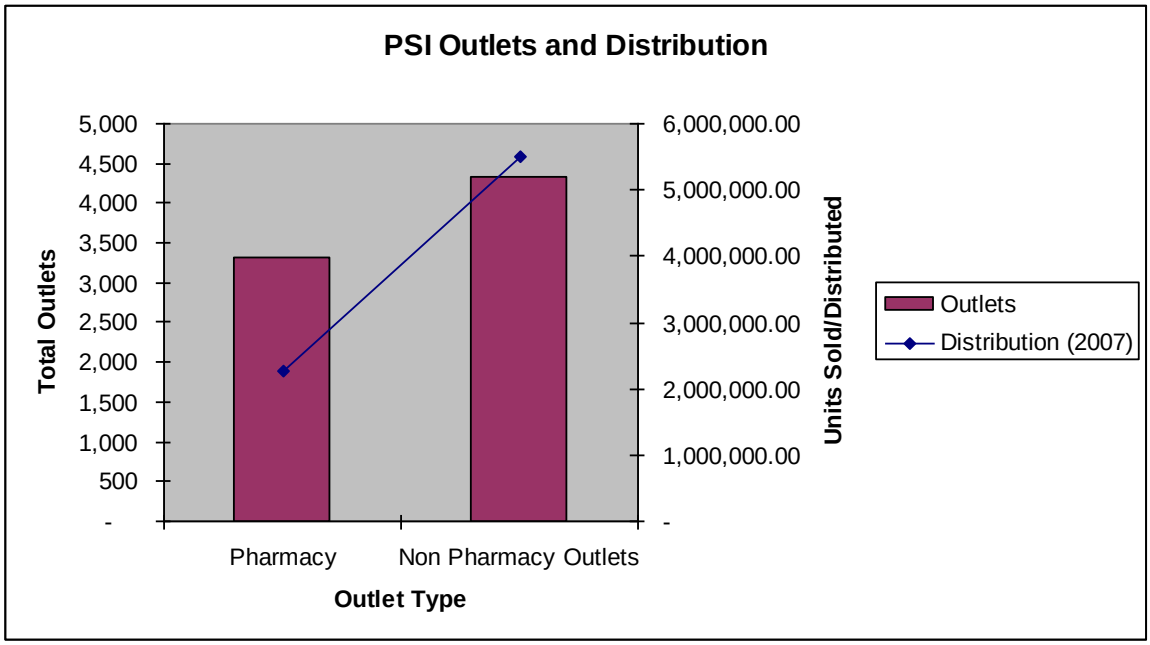


Figure 9. Percent distribution of pharmacy and non-pharmacy outlets served by PSI



One strategy carried out by PSI was to conduct advocacy workshops for the 100% Condom Use Policy. Through this effort, PSI was successful in ensuring that condoms are available as an over-the-counter product in most provinces. Local officials have indicated their support in the condom promotions by making the condoms available beyond pharmacies. The assessment team confirmed that it is critical that this effort must be sustained and that local officials should be constantly involved in ensuring condoms are widely available.

PSI procures condoms from various sources and mainly in Thai Nippon, Thailand. There are no specific quality assurance requirements imposed by PSI to their suppliers except for the regular quality assurance procedures done at the manufacturer level. There are no other existing quality assurance systems implemented by PSI. In an effort to improve the product and differentiate this from the products given away for free, PSI introduced the new packaging of *Number One* condoms that are for sale and introduced new variants. The *Number One* condoms with the old packaging will be the product to be given away for free through the CHAS and MCH programmes. Through this, clients will be able to differentiate the condoms for free distribution and those available in the stores. Several advantages where identified during the study that can be seen from this strategy:

1. The new packaging will allow clients aspire to buy *Number One* condoms in the pharmacies/stores because of the additional variant and better quality packaging.
2. The new packaging will make it easier for the clients to shift into buying condoms if there are no longer available products for free.
3. The difference in packaging will facilitate easier product movement monitoring.

4. Having the *Number One* brand given away for free allows little possibility for free products to be sold in the commercial channels. In addition, it will be easier for the medical providers to counsel clients that the product is available for sale
5. The new packaging shows a perception of improvement and better quality

Interviews made with PSI identified several issues needed to be addressed. MCHC buys from PSI condoms for free distribution to address the family planning requirements. However, the distribution is limited up to the provincial levels only. The products are not immediately accessible to the other districts in the provinces. PSI reported that there is need to monitor storage of the products in government facilities. Reports indicate that products get stocked in the provincial facilities and inventories are not managed properly. This results to wastage and expired products. Finally, PSI outlined its complete infrastructure to manage the distribution of condoms nationwide which the government can utilize.

Outlet Distribution Survey Findings

A total of 38 outlets were observed in Vientiane, Champasack, Savannakhet, Luang Prabang, and Sekong. Hotel/Guest Houses were 37% of the total outlets surveyed followed by pharmacies at 32%. Of the total outlets observed, only 76% were actively selling condoms, three outlets are giving condoms for free and 16% were not selling condoms at all. Some 37% of the outlets surveyed are located in Vientiane and 21% in Luang Prabang. Outlets have a complement of staff at an average of eight per outlet. One distributor (Diethlem) was interviewed and they are currently selling condoms.

Table 7. Distribution of condoms from various outlets

Outlet Type	No. of Outlets Interviewed	Average No. of Staff	No. of Outlets Selling Condoms	No. of Outlets with Free Condom Distribution	No. of Outlets Not Selling Condoms
Drop in Centers	2	5	1	1	---
Drinking Shops	6	10	2	2	2
Hotels/ Guest House	14	10	10	---	4
Pharmacies	12	3	12	---	---
Groceries/ Minimart	3	3	3	---	---
Distributors	1	16	1	---	---
Total Respondents	**38**	**8**	**29**	**3**	**6**
% Distribution			**76%**	**8%**	**16%**

Pharmacy outlets have been selling condoms for 12 years and non-pharmacy outlets have been selling condoms for three years. Condoms are sold from 1,000 kip to 40,000 kip per pack of 3's. Majority or 63% of the outlets visited sells *Number One*, 21% sells other brands of condoms and 16% are not selling any condoms at all. On pharmacies the *Number One* brand is the most dominant but on stores particularly in Vientiane, 3 out of 4 outlets sell other brands of condoms including *Durex*, *Duo*, *Buddy*, and *One Touch*.

Of the outlets not selling, reasons given were as follows:

> *"Hotel doesn't have sex workers, only couples come to stay"*
> *"We will put condoms in hotel bedrooms if there are condoms distributed to us by projects/programmes"*

There remains a large potential of distribution points that can be tapped to ensure condoms are accessible. Some outlets not currently selling condoms showed willingness to sell the products and/or be involved in projects and programmes related to condom use.

Purchase Patterns

The assessment study shows that outlets get their condoms from several sources. This includes pharmacies, pharmacy distributors, and PSI. Pattern of buying is dependent on

who regularly visits them. Survey results from both traditional and non traditional outlets shows almost 95% of the outlets are buying their condoms supplies on cash basis. This is good for the suppliers in managing their sales and distribution, the risk and exposure to uncollectible accounts is minimized. Furthermore, accounts receivable and proper forecast of distribution requirements can be set. The data shows that the outlets are not stocking up too many inventories primarily driven by cash flow resources. More than half of the outlets observed and interviewed mentioned of infrequent visits from any agent. This is primarily the reason why they buy from various sources. Stock outs were even reported by some pharmacies.

Products and Range of Prices

There are about six brands of condoms available in the market and approximately 30 variants. The *Durex* brand alone has seven variants in the market. The prices of these products vary from 3,000 kip to 16,500 kip per pack. The most affordable brand is the *Number One* condom marketed by PSI.

Table 8. Products and range of prices

Brand Name	Price	Manufacturer	Source
Durex Sensation	16,500 K	SSL Group	Vientiane
Durex Kingtex	10,000 K	SSL Group	Vientiane
Durex Strawberry	10,000 K	SSL Group	Vientiane
One Touch Happy	10,000 K	www.onetouchcondom.com	Vientiane
One Touch Solution	14,000 K	www.onetouchcondom.com	Vientiane
One Touch Sweeteen	12,000 K	www.onetouchcondom.com	Vientiane
Durex Excita	60 Bhat	SSL Group	Savannakhet
Durex Kingtex	10,000 K	SSL Group	Savannakhet
Durex Strawberry	12,000 K	SSL Group	Savannakhet
Durex Chocolate	13,500 K	SSL Group	Savannakhet
Durex Performa	16,500 K	SSL Group	Savannakhet
Durex M-11	15,000 K	SSL Group	Savannakhet
Durex Contura	11,000 K	SSL Group	Savannakhet
One Touch Maxx Dot	12,000 K	www.onetouchcondom.com	Savannakhet
One Touch Solution	11,500 K	www.onetouchcondom.com	Savannakhet
Dumont Basic Condom	3,000 K		Savannakhet
Number One.com	3,000 K	PSI	Savannakhet
Durex Condura	11,000 K	SSL Group	Luang Prabang
One Touch (Dotted)	15,000 K	www.onetouchcondom.com	Luang Prabang
Duo Strawberry	15,000 K	BDF	Luang Prabang
Duo Natural	12,000 K	BDF	Luang Prabang
Duo Action	15,000 K	BDF	Luang Prabang

Condoms Storage

Survey results showed that several outlets maintain good storage for their condom stocks. However, the assessment team's observation revealed that some outlets are not storing products properly. Cartons were placed on a room that is not well ventilated and is totally exposed to elements (e.g. insects). There was an outlet that said they display and stored condoms properly but the display glass is located where it is directly exposed to the sun. However, one pharmacy mentioned (unaided) that condoms must be stored away from sunlight. Upon probing, they were not given instructions on how to manage the stocks properly and how condoms should be stored.

Regulations and Client Complaints

All outlets reported that there are no strict regulations on condoms distribution. Several outlets in Vientiane reported that they can sell any condoms and a product registration is not a requirement. A representative from the Food and Drugs Office visits their outlet to ensure that they are not selling expired products. One outlet reported that condoms are not considered part of the drug list/category and that a training on HIV and STI is a requirement. Both hotels/guest houses and drinking shops said they need to adhere to the 100% CUP.

The Lao government has no rules on advertising condoms. Any activity to promote condom use does not require government approvals/regulations.

A total of 17% of the outlets visited and observed complained of quality issues (particularly on *Number One* condoms) about bad smell. One drop-in center mentioned that the condoms in white packaging were the better condoms. When asked if they seek help from any agent about how to respond to client complaints, majority said they do not ask the condom agents about client complaints. Common complaint includes:

> *"The blue color is thick with bad smell; the white color is thin with strawberry smell"*
> *"Bad smell. Lubricant changes mucus"*

Some outlets suggested for *Number One* condoms to offer more affordable variations similar to *Durex* and other commercial brands.

Condom Promotions

All outlets interviewed believe that condoms must be promoted comprehensively. Recommended activities are identified in the table below.

Table 9. Recommended condom promotion activities

Outlet Category	Consumer	Trade
Drop in Centers	• Posters that target women • Messages must mention that condoms prevent STI	
Drinking Shops	• Billboards • Increase word of mouth	
Hotels/Guest Houses	• Providing health education on condom use • Health education of STI and AIDS • Hotel staff must offer condoms to the guests	• Condom project for guest houses • Offer condoms at cheaper prices • Put condoms in the bedroom
Pharmacies	• Posters • Radio • Pictures • Billboard at community point • Organize concert • Brochures • Promote condoms to the youth	
Grocery/Minimart		• Put dispensers to counters

Major comments includes that customers remains embarrassed to buy condoms and stigma attached to buying must be addressed by promotions effort and the benefit of using condoms must be highlighted.

The assessment also dealt on the users and buyers of the commodity. Almost all outlets mentioned that their clients are mostly male. Thirty percent of the outlets visited reported of having young people as their regular clients. Half of the outlet respondents reported that both men and women buy condoms in their outlet. When buying condoms, majority of the outlets reported that there is no specific brand of condom the clients request. Almost all of the outlets believe that condoms should be made available everywhere for user to have an easy access especially the youth. The suggested interventions for the youth are as follows:

1. Some 43% of the guest houses recommended putting in the bedroom with one suggestion to place it at the top of the TV or in tray together with glasses,
2. Guest houses room boys offer condoms to clients
3. Always display condoms on the counter
4. Conduct school activities
5. Media, radio

6. Posters
7. Include in education
8. Have more centers for easy access

All outlets prominently display condoms and are not against increasing exposure when required and prompted. Some brands, particularly Durex, have plastic dispensers that are prominent at counters of minimarts and stores.

Quality Assurance

The Food and Drug Department (FDD), under the MOH, is the regulatory authority responsible for the registration of all pharmaceutical products. FDD is also responsible for providing the import authorization permits under the Customs Department of the Ministry of Finance for all imported condom products. Under the customs regulation, there are no special packing requirements for import shipments but as a precaution against smuggling, imported goods should bear the importers name on the label. Placing the manufacturer name is not part of the requirement.

Customs duties are imposed from 0 to 40% and the weighted average tariff of 14.7%. However, the regulations currently provide exemptions for products that are of humanitarian assistance. There are no taxes imposed on condom importations.

In other countries, marketing condoms is not allowed unless the product is registered with the government. Strict compliance to quality matters is being imposed including standard requirements for product packaging. Any company marketing products that are not registered in the government is violating the law and will be subject to disciplinary action. These include revocation of the license to sell health products.

Condom Demand and Use

Youth FGD Results

Profile of Youth Participants

The profiles of participants who joined the three FGDs are summarized in Table 10. Mean age of participants is 19 years with ages ranging from 15-23 years. There were more male participants than female participants. Majority were students who were either attending the secondary schools or the higher education schools.

There were 3 FGDs conducted: 2 FGDs in Vientiane Youth Center with 5 and 9 participants. The ages of participants in the 2 FGDs were from 15-23 years old. One FGD was held in Champasack, a rural with 11 participants and their ages ranged from 16 to 23 years.

Table 10. Demographic profile of youth participants to three (3) FGDs

Variables	Youth N=25
Mean Age	19.16 yrs
S.D	2.50
Age range	15 – 23 yrs.
Gender	N (%)
Male	15 (60%)
Female	10 (40%)
Ethnic Group	
Lao	2 (8%)
Lao Lum	22 (88%)
Other	0
Employment Status	
Student	8 (32%)
Unemployed	8 (32%)
Employed	6 (24%)
Education	
Primary	1 (4%)
Secondary	15 (60%)
Higher Education	9 (36%)

The rural participants like the Champasack group came from distant villages as may be gleaned from Table 11. Majority of Champasak participants, however, were full-time students while three were out-of-school and were not working (Table 12).

Table 11. Residences of Vientiane & Champasack participants

Participant (coded by numbers)	Residences of Vientiane Participants
R1	Sisavath, Chantabuly
R2	Nonghai Village
R3	Phakao Village
R4,7, 8	Sibomheavang
R5	Hongseng Village
R6	No Answer
R9	Hongkaiveo
Participant (coded by numbers)	Residences of Champasack
R1, 6	Ban Vathorpakeo
R2, 5	Nava
R3	Nolsang
R4	Nolsang
R7	Pholthong
R8,9,10,	Phosay
R11	Ban Vathon

Table 12. Profile of employed youth FGD participants (a: Vientiane; b: Champasak; c: Pre-test Vientiane)

Nature of Work	N=5
R4a: Librarian	1
R2b: Laborer, free lance	1
R2c:Manager, University Restaurant	1
R4c: Seller	1
R3c: Beautician	1

Table 13. Employment status of youth FGD participants

Participant	Employment Status
R5-11	Students
R1,3,4	Unemployed; not student
R2	Laborer (unspecified)

Out of the total of 25 young people who participated in the FGDs, five were working. Their work varied forms of skills-based employment to a managerial job. Some were employed at the school while others were working in shops or salons.

Table 14 presents the lifestyle profile of the young participants (3 FGDs). It provides information about how much foreign and local travel they have made and whether or not they are in a relationship with a special someone. Results reveal that there were more than 70% of the participants who traveled locally and 32% having traveled abroad. Majority (96%) live with their parents.

Table 14. Lifestyle profile of FGD participants

Variables	**Youth** (N=25)
Travel Abroad	
Yes	8 (32%)
No	14 (56%)
Frequency of Foreign Travel	
Only Once	0
2-5 times	3 (12%)
More than 5 times	5 (20%)
Local Travel	
Yes	19 (76%)
No	6 (24%)
Frequency of Local Travel	
Only Once	6 (24%)
2-5 times	4 (16%)
More than 5 times	9 (36%)
Living Arrangement	
Alone	0
With parents & siblings	24 (96%)
With other coworkers/students	0
With partner or spouse	0
Are you in a relationship with someone?	
Yes	16 (64%)
No	9 (36%)

Table 15. Condom use among youth participants

Variables	Youth			TOTAL
	(n=5)	(n=9)	(n=11)	(n=25)
Location	Vientiene Youth Center Vientiene	Vientiene Youth Center Vientiene	District Hospital Pholthong, Champasack	
Ever used condoms?				
Yes	4 (80%)	2 (22.2%)	4 (36.4%)	10 (40%)
No	1 (20%)	6 (66.7%)	7 (63.6%)	14 (56%)
Do you use it consistently?				
Yes	3 (60%)	2 (22.2%)		5 (20%)
No	1 (20%)	7 (77.8%)		8 (32%)
Ever used contraceptives?				
Yes	0	0	0	0
No	5 (100%)	9 (100%)	10 (90.90%)	24 (96%)

Condom use: Why and Why Not

Table 15 shows the use of condoms among the FGD youth participants. Ten out of 25 were condom users but only five were consistent users. At the time the FGDs were conducted, only one among the thirty participants carried a condom in his wallet; while a few others never used condoms. However, there is a general admission among the young men that they only carried condoms when they anticipated that they were off to some entertainment place like a party or a discotheque; or when going out with friends to have fun. A youth volunteer carried condoms because he felt he must set a good example. In response to the query, "when do they carry condoms?", the following are some of the responses.

> *"Because I came from work, I didn't carry. If someone asked me to go to Discotheque, I will carry."*

> *"In case we meet someone special, we use (carry) when we have sex."*

" I carry condom sometimes but I never used. I gave to friends in emergency cases."

"I am carrying condom when I go to discotheque or outside home to enjoy at least 1-2 times per week."

How do they decide when to use or not use condoms?

"If I have sex with only one, I will not use. If I have sex with many people, I will use."

"Using condom or not depends on the woman. I use it if the woman have sex with many men. I don't use it if the woman looks good and like to stay home."

"Sex is too fast sometimes I forget."

"Sometimes, I have to finish very fast because the woman might run out."

"Sometimes I want to use but no money to buy."

Many condom users who could not produce a condom during the FGD asserted it was not necessary to carry a condom because they did not expect to go out that day. If they did carry condoms, it would be kept discreetly in their schoolbags, beneath motorbike seats, in their wallets or stashed away in their closets. A female participant was emphatic about the fact that it is the man who should be responsible for these things.

"I keep at home. If I carry it, I am afraid that my girlfriend will see. I am shy to carry."

"(Condoms are) at home, now I am a student."

Among those who were bashful about carrying condoms, many concurred to the possible bad image it might project as exemplified by a remark from a young man from Vientiane.

"...they will think that we are playboy and we used to have sex before."

Historically, the first encounter with condoms was in school (e.g. Project AIDS, Biology class). Others first saw it on TV, posters and billboards. Others heard about it from a "team" of educators who came to their village to talk about AIDS. There was one who attended the PSI concert and got free condoms. The Vientiane_group shared that their parents were comfortable in discussing condoms at home. One participant from the Champasack group whose parents were doctors said she learned about female condoms from them. However, another participant from the same group disclosed that it will anger his parents once they found out he carried condoms.

Do Parents know?

"I tell them how I learned about condoms."

"My parents know very well. My Dad sent me to train."

"Yes, I gave (condom) to them; they asked if I am not shy to get condom."

There were a number of the young participants who admitted that they have not seen nor touched a condom. The reasons given were expectedly related to their young age who virtually had no experience in sexual relationships.

On the other hand, one or two individuals feared about the negative image it might create if other people discovered that they had condoms in their bags.

Nonetheless, there were other unique reasons offered for not carrying condoms.

"I am afraid what my friend would think. I am going to school, why do I have condom?"

"…it is dirty for my bag because it has oil."

"Not carrying is the best!"

"I don't feel like having sex."

"I never had sex with my 'fan'."

Probing deeper into their primary motive for using condoms, regular users have reasoned that their chief concerns were to prevent pregnancy and protect themselves from infections like genital warts, other STIs and AIDS. Quite a number were greatly affected by the death of someone they knew.

"I saw one lady died (of AIDS) at "Nongtha" village."

"One person died at my village. I know his 2 y.o. child has HIV."

"I saw one MSM at my village died of AIDS. I was afraid so I started using condom."

Some also had strong sweeping statements to share with their fellow peers and young people in general: that they too should use condoms.

"Students should have condom. If they get pregnant, they will be asked to leave the school and may hurt the family."

"Youth who like to go out at night as well as daytime. Women like to have sex on daytime and men like to go to have sex at night time."

"I think men have to use. No need for women."

"Everybody."

"All people have to use when they have sex."

Among non-users, they expressed the need to know more about condoms and how to use it. They were open to using it in the future when they get sexually involved. Some girls were curious about female condoms. Some said they have not seen nor touched one.

Who should Use Condoms

Some expressed strong biases against certain groups of people whom they think were likely to spread infections and therefore should be using condoms.

"Ugly persons."

(If Man is handsome, no need?) "Yes."

"Sex workers."

"Factory workers."

"For naughty men who like to go out at night. It is normal for men to have sex."

"All people who do sex and does not want to have babies, prevent STI, AIDS and gonorrhea."

There was general agreement among many participants that all people who have active sex life must use condoms.

What Others Think About Condoms

While the young adolescent boys and girls had their unique attitudes towards condoms, they were aware of other people's perceptions and attitudes about condoms. The discussions in the three groups generated diverse perceptions and mixed reactions. Note that the Champasack group expressed strong and conservative attitudes of significant others than the city group.

<u>Champasack Group</u>

"Most of my friends like to use condom, they have high confidence to be safe."

"If we carry condom friends will say we are students, we should not carry condoms. Start carrying when married."

"If my parents would know, they would get angry with me. It is not appropriate for me while studying."

Vientiane Group

"I hear some people said that it was not good to use condom because it was good erection".

"Some people said it was good, some people said using condom is old fashioned. It is not a necessity, too noisy; some people said good for you if you are not ready."

"Some men said no need to use condom, it is not good."

"...Lao people do not pay attention."

"My girlfriend said condom is dirty."

"Foreign partners use condom all the time. For Lao men, they don't like to use condom."

"Some people complained there is no difference when using condom or not because they used the wrong technique."

"I don't want to touch (condom) because it has oil."

"Difficult to use during sexual intercourse, woman has to hold condom."

The Condom as a Product

Physical features: Color, smell and other sensation

"Condom has a strange smell."

"I have a "kik". She like strawberry condoms. She doesn't like condom without flavor."

"When you use (No.1 condom) for a long time, it reduces sensitivity. Condom from other countries have good smell all throughout the sexual activity and have good sense until finished."

"Condom 1 already suitable but it should have many colors and smell that will lead to enjoyment while having sex."

"Do they have apple smell?"

"To avoid boredom." (agreeing to more variety)

"It is dirty for my bag because condom is oily."

"I wonder how they can produce condom in many smells like strawberry and others."

Actual Use

"It takes time to tear and look at the expiry date."

"It is difficult to select, sometimes too big."

"Difficult to use. The woman has to hold the condom." (Many agreed to this complain.)

"It was not good, like we have sex with plastic."

"If I'm drunk, the woman will use for me."

Lubricant

The benefits of using condoms were commonly known as a contraceptive and a preventive/protective barrier against infections. However young people have other thoughts about its creative uses especially for lubricants.

"We can use lubricant for skin break on face and feet."

"I bought for my friend for her skin and face."

There was one who offered a cheap alternative:

"I use saliva only."

Condom Accessibility

Source of Condoms

For those who used condoms, a variety of sources were identified. Note that participants were either high school or college students. Quite a majority obtained condoms for free

from a youth center or some other promotional events. Typically, they were also passed on by friends and peers. Parents and siblings were also cited as likely sources.

"Friend at office gave to me; they got from AIDS campaign."

"My parents have condoms at home."

"I preferred to get condoms at the Center because they put in the box and nobody knows I take some."

"In the past, I get from free distribution and now I buy from supermarket."

"Friends gave me, sometimes man (partner) get it."

"Sometimes it is difficult to get condom. Pharmacy closes at 10:00."

"The last time I went to attend AIDS Campaign at Anousavaly, they distributed condoms. My friend called to collect for them because when we bought at the guesthouse, it was expensive! 5000/bag."

"I am shy to buy."

"I am not shy. Think of safety first."

For those who bought condoms, they patronized the pharmacy or the supermarket for their purchase but they remained very conscious of how other people think when they see them buying.

"I bought from pharmacy but left the place very fast because I was embarrassed."

"I preferred to buy outside my village as far as possible because I don't want people who know me, see me buying condoms. They would think I am a bad person."

Among the rural participants of Champasack, many got their condoms for free. However, they would usually buy from the Pharmacy.

<u>Suggested Outlets</u>

"Guest house, hotel, beer shop, in front of school, discotheque and bars." (various participants.)

"Easy to get in this (Youth) center."

"Dormitory—nobody will buy. They are afraid that other people would know. Better to put in telephone shop."

"I want to buy in a shop near my house. I am shy to buy in other places."

"Service women."

"Gas station."

Female Condoms

***"**I don't know."*

"My parents showed me. They are doctors." (Paricipant from Champasack)

"Most women like to ask about female condom. So I would like to learn more on female condom."

Condom Promotion

The young participants in the urban areas like Vientiane had seen the advertisements on tv and posters. Moreover, some had been acquainted with condoms during the That Luang Festival or through free distribution of condoms at entertainment places like the discoteque. There is high awareness of visual advertisements posted in public centers and youth center. Verbal messages were vaguely remembered. An advocacy program by some organizations like the PSI and by the Project AIDS team was also mentioned frequently. Similarly, TV (Thai)was mentioned several times.

As mentioned, they first heard about condoms from various people they are constantly in touch with and from the media. In a social context, peers like friends and siblings were the primary source of information about condoms. However, media promotions like those shown on TV and posters were easily recalled.

<u>Where and how is condom promoted? How do you know about condoms?</u>

"Poster of PSI. *Clear eyes but inside get AIDS*."

"The Project AIDS came to explain in school and told us the benefit of condom"

"Team came to our school and showed pictures related to STI/AIDS."

"TV/Thai."

"At a PSI concert (That Luang)."

"In a big billboards at my house village."

"I got from "hide woman" Club Km2. It is a male bar but there a lot of women going. They gave condoms to everyone who enters the club.

"Project came to train our village."

Among the rural participants (Champasack), there is greater preference for personalized approach towards informing and promoting the use of condoms. There were participants who wanted a team of educators to come to their village and explain the benefits of condoms. TV(Lao) was also identified as a source of information tool.

"Team came to our school and showed pictures related to STI/AIDS."

"TV, I tried it after school."

"The Project AIDS came to explain in school and told us the benefit of condom."

How can we make people use condom?

" Friends training friends is the best way."

"Go to villages and schools."

"Group discussions so they will know the dangers of getting AIDS and how it can be prevented."

"I want a team to come to our village particularly to the head of the village. The he will share the message to the village."

"Advertisement in school."

"Use megaphone."

"Drama shows in garment factories. I prefer drama more than pamphlets"

"...Radio, Thai TV"

"After we read (pamphlets), we throw it away."

Condoms, AIDS and STIs

Knowledge of AIDS and STI is relatively good among the FGD participants specially those who have been previously trained and those who have learned this topic in school. Participants all knew the protective functions of condoms i.e., it prevents AIDS and other sexually transmitted infections. They also identified condoms as an option to prevent early pregnancy. However, many of them still want more detailed information about AIDS and STIs like its causes and symptoms; and how to use the condom among non-

users. A few were confused about transmission as well as difference or similarity between the two diseases. Quite a number were confident they will not get infected because "they knew how to prevent."

"There are two types of AIDS, dry and wet."

"I saw my friend has red spot on his skin."

"STI can be acquired from toilet. My brother had STI; when he goes to the toilet, I would use hot water to clean before using the toilet."

"Having one partner can't prevent AIDS because we don't know if our partners have other partners aside from us."

In conclusion, the participants were asked what do they need to know at this point?

"Everything."

"Where to buy condom. School should have program to provide information on HIV/AIDS."

"I just learned STI today."

MSM FGD Results

Profile of Men-Having-Sex-with-Men (MSM) Participants

The profiles of participants who joined the single FGD for MSM are summarized in Table 16. Mean age of participants was 22 years with ages ranging from 17-28 years. Majority were students at higher education schools. Only 2 were working. One worked as a server in a restaurant while the other is an art teacher. Table 17 shows the villages where the participants live.

As Table 19 shows, 9 out of 10 MSM participants in the FGD study used condoms.

Table 16. Demographic profile of MSM participants

Variables	MSM (N=10)
Mean Age	22.00 yrs.
S.D	3.09
Age range	17 – 28 yrs.
Gender	N (%)
Male	10 (100%)
Female	0
Ethnic Group	
Lao	1 (10%)
Lao Lum	9 (90%)
Employment Status	
Student	5 (50%)
Unemployed	1 (10%)
Employed	2 (20%)
Education	
Primary	0
Secondary	1 (10%)
Higher Education	9 (90%)
Nature of Work	
R1: Server, Restaurant	1
R2: Teacher, Art School	1

Table 17. Residences of Vientiane participants

Participant (coded by numbers)	Residences of Vientiane Participants
R1	Phonesavanh Village
R2	Viengchaleun Village
R3, 5, 7	Dongdou
R4	Thong KhanKhan
R6	Phonetan
R8	Nong Panae
R9	Phonepanao
R10	Saphantong Village

Table 18 presents the lifestyle profile of the young MSM participants. All participants have traveled locally but only 1 out of 10 have gone outside of the country. Seven out of 10 lived with their parents and the rest were living with others or alone.

Table 18. Lifestyle profile of MSM participants

Variables	MSM (N=10)
Travel Abroad	
Yes	3 (30%)
No	6 (60%)
Frequency of Foreign Travel	
Only Once	1 (10%)
2-5 times	0
More than 5 times	2 (20%)
Local Travel	
Yes	10 (100%)
No	0
Frequency of Local Travel	
Only Once	1 (10%)
2-5 times	5 (50%)
More than 5 times	4 (40%)
Living Arrangement	
Alone	1 (10%)
With parents & siblings	7 (70%)
With other coworkers/students	2 (20%)
With partner or spouse	0
Are you in a relationship with someone?	
Yes	10 (100%)
No	0

Table 19. Condom use among MSM participants

Variables	MSM (N=10)
Ever used condoms?	
Yes	9 (90%)
No	1 (10%)
Do you use it consistently?	
Yes	9 (90%)
No	1 (10%)

Condom Use: Why and Why Not

Table 19 shows that 9 out of 10 FGD MSM participants ever used condoms and used it consistently. None of the participants, however, carried condoms during the FGD. Similar to the youth group, the MSM participants only carried condoms when they anticipated that they were going out that day. When nothing is planned, they leave their condoms behind.

"Today I will not have sex, so I didn't carry."

"I carry when I go out."

"Every time we carry condom No.1, we never had sex partner, so when we want to have sex, we won't carry."

<u>When they decide to buy or get condoms, the motivation varied from one participant to another.</u>

"You don't know in advance whom I will have sex with."

"To protect ourselves from AIDS."

"For emergency cases."

Knowledge of condoms among MSM participants was high. They knew about the latex material it was made of. They knew about expiration standards ("*no more than 4 years*"). They were also aware of the range of sizes. The litany of benefits was also cited *("prevent STI and pregnancy*"). They were also knowledgeable about how to keep the quality of condoms *("do not keep in high temperature*") and maximize its comfort ("*use with lubricant*"). It was revealed that the participants learned about the information from

PSI, AIDS Project, school and friends. Asked who knows about their condom use, these participants eagerly volunteered an intimate information about their respective families:

"My parents have at home for all people in the family to use."

"My father has a condom. Sometimes I steal from him."

"Sometimes my mother borrowed from me."

What Others Think About Condoms

"Not good. I had sex with other people without condom."

"Men don't like to use."

"People in my village know condom well. Even a 15 year old child used it too."

"It was not fresh and good."

The Condom as a Product

The participants focused on the color and smell of the condom i.e., how it enhanced or spoiled the sexual act. They did not voice out any dissatisfaction in wearing the rubber.

"White color has a lubricant which MSM like to use."

"Men like strawberry smell. "

"I used condom without smell when we did oral sex. I felt like vomiting afterwards."

"Produce different types of condoms: smell and color."

Accessibility

MSM participants were complaining that there were not enough outlets that they are aware of that open beyond 10 pm. Pharmacies closed at 10. Although other places of entertainment would sell condoms, these were too expensive.

Participants admitted that sometimes it was difficult to get condoms.

"Pharmacy close at 10:00."

"When I had sex with a Dongdok student, he helped me get a condom."

Suggested Outlets

"Pharmacy is not appropriate because they close at 10 p.m. We suggest to have ATM and withdraw by card"

"Guest house sells expensive condoms at 5000 kips."

AIDS and STIs: Perceptions and Knowledge

Participants possessed relatively good basic knowledge about AIDS and STIs. However, they expressed the need to know more about these diseases. As to the question who were likely to get AIDS, these were some of the responses:

"Students at dormitory."

"Myself."

"People who will marry."

"We have no chance to get HIV/AIDS because we have only one partner."

The participants knew that they could prevent HIV/AIDS through self-control (*I try to stop myself from being too promiscuous*) and through consistent condom use.

Commercial Sex Workers FGD Results

Profile of Commercial Sex Workers

Sex workers who participated in the FGD were all females with ages ranging from 20-27 years or a mean age of 23.9 years. They represent different ethnic groups but majority were of Lao Lum origins. Five out of 10 were students. Most were living independently away from their parents. Majority have boyfriends. Tables 20 and 21 present the demographic and lifestyle profiles of participants. Some reported they came from Vientiane or Savannaket or Luang Prabang. All participants were condom users but only one used contraceptives (See Table 23).

Table 20. Demographic profile of CSW participants

Variables	Sex Worker (N=10)
Mean Age	23.90 yrs.
S.D	2.81
Age range	20 – 27 yrs.
Gender	N (%)
Male	0
Female	10 (100%)
Ethnic Group	
Lao	1 (10%)
Lao Lum	7 (70%)
Lao Kung	1 (10%)
Mong	1 (10%)
Employment Status	
Student	5 (50%)
Unemployed	4 (40%)
Employed	1 (10%)
Education	
Primary	5 (50%)
Secondary	4 (40%)
Higher Education	1 (10%)

Table 21 . Lifestyle profile of CSW participants

Variables	Sex Worker (N=10)
Travel Abroad	
Yes	2 (20%)
No	8 (80%)
Frequency of Travel	
Only Once	0
2-5 times	0
More than 5 times	2 (20%)
Travel Local	
Yes	8 (80%)
No	2 (20%)

Frequency of Travel	
Only Once	5 (50%)
2-5 times	2 (20%)
More than 5 times	1 (10%)
Living Arrangement	
Alone	1 (10%)
With parents & siblings	1 (10%)
With other coworkers/students	8 (80%)
With partner or spouse	0
Are you in a relationship with someone?	
Yes	9 (90%)
No	1 (10%)

Table 22. Place of residences of CSW participants

Place of Residence
R1: Savannakhet
R2: Vientiane Cap
R3: Borlikhamsay
R4: Vientiane Cap
R5: Bolikhamsay
R6: Borlikhamsay
R7: Vientiane Prov
R8: Oudomxay
R9: Pakse
R10: Luang Prabang
Total N= 10

Table 23. Condom use among CSW participants

Variables	Sex Worker (N=10)
Ever used condoms?	
Yes	10 (100%)
No	0
Do you use it consistently?	
Yes	10 (100%)
No	0
Ever used contraceptives?	
Yes	1 (10%)
No	9 (90%)

Condoms: Why and Why Not

All participants were condom users (including female condoms) but none of them were able to produce a condom when requested by the facilitator. Nevertheless, the participants said they used condom all the time because they were afraid to get AIDS, genital warts, gonorrhoea and other diseases. If the client refuse to use condom, 4 out of 10 said they will use female condom. Only one claimed that she used it as a contraceptive.

"No condom, no sex."

"Sometimes we have to use female condom."

They first saw condoms through various sources but mainly from people whom they have working relationship with or whom they are intimate with.

"With client."

"Mama Sang gave me."

"Festival in Pakse"

"First sex with my man."

The Female Condom as a Product

It is apparent that the participants were not too happy with the female condoms.

"It takes a long time to use."

"It is difficult to insert."
"Men have to wait."

"Sometimes the clients decide to use male condom because it is difficult to use female condom."

Lubricant

There is a strong preference among the participants to use a lubricant. They see it as very helpful in their business. However 3 out of 10 did not have to lubricate especially if they feel sexually aroused by the client.

"We can have longer sex. Without it, there is vaginal burn."

"Depends on our clients because we already have mucus in our vagina."

Sources of Condom

"Shop owner (Mama Sang)"

"Volunteers"

Condoms, AIDS and STIs

Knowing about condoms and knowing about AIDS do not originate from the same source. They have come to know about AIDS because of "*volunteers*" and "*tv and radio*" both of which were never mentioned when they talked about their first exposure to condoms. Only one mentioned about a "shop owner" as a source of AIDS information. All participants agreed that they were at risk and they seemed to practice the mantra of "*using condom all the time*."

Condom Promotion

On the question how we can encourage other people to use condom:

"Billboard for men. Reminding them not to transmit the disease to their wives and children."

"Continue telling everybody in meetings."

"Tell clients"

"If we meet someone who doesn't know how to use, we should teach them."

"Man will use condom if we convince them by saying positive things about using condoms."

Married Women FGD Results

There were a total of 20 married women who participated in the FGDs with 10 members participating in each group. Half of the participants were from Naxambang, Luang Prabang while the other half were from various villages in Sekong. The ages ranged from 21-35 years. Sixteen out of 20 were unemployed and 15 had at least some secondary education. All Sekong participants worked in the farm while Luang Prabang participants were involved in diverse occupations (Table 25). All except two lived with their spouses. Tables 24-27 present the demographic and lifestyle profile of participants in both FGDs.

Table 24. Demographic profile of married women participants

Variables	Married Women (N=20)
Mean Age	28.00 yrs.
S.D	3.83
Age range	21 – 35 yrs.
Gender	N (%)
Male	0
Female	20 (100%)
Ethnic Group	
Lao	0
Lao Lum	11 (55%)
Thathou	1 (5%)
Alack	3 (15%)
Thalien	4 (20%)
Ngair	1 (5%)
Employment Status	
Student	1 (5%)
Unemployed	16 (80%)
Employed	3 (15%)
Education	
Primary	5 (25%)
Secondary	12 (60%)
Higher Education	3 (15%)

Table 25 Employment profile of working married women

Nature of Work	N
Sekong	
Farmer	10
Luang Prabang	7
R1: Teacher	1
R3,6,10: Seller	3
R8: Beautician	1
R2, 4: Office Employee	2
Unspecified	1
Unemployed	2
Total	20

Table 26. Place of residences of Sekong married women

Participant	
R1, 2, : Phol	2
R3, 4: Tiew	2
R5, 6: Hong Lay	2
R7, 8: Nolnongva	2
R9, 10: Nongkaiew	2
Total	10

Table 27. Lifestyle profile of married women participants

Variables	Married Women (N=20)
Travel Abroad	
Yes	2 (10%)
No	18 (90%)
Frequency of Travel	
Only Once	0
2-5 times	0
More than 5 times	0
Travel Local	
Yes	8 (40%)
No	12 (60%)
Frequency of Travel	
Only Once	0
2-5 times	5 (25%)
More than 5 times	3 (15%)
Living Arrangement	
Alone	0
With parents & siblings	2 (10%)
With other coworkers/students	0
With partner or spouse	18 (90%)

As Table 28 shows, half of these women use condoms and two women consumed anywhere from 0-20 condoms. Sixteen out of 20 participants used many other methods as contraceptives. However, all were familiar with condoms.

Table 28. Condom use among married women participants

Variables	Married Women (n=20)
Ever used condoms?	
Yes	10 (50%)
No	10 (50%)
Do you use it consistently?	
Yes	No answer
No	
If yes, how frequently do you use condoms?	
Rarely	1 (5%)
Occasionally	6 (30%)
Frequently	2 (10%)
All the time	3 (15%)
If you use condoms, how many do you use per month?	
0 – 10	1 (5%)
11 – 20	1 (5%)
21 and above	0
Ever used contraceptives?	
Yes	16 (80%)
No	4 (20%)

All women practiced family planning employing methods such as condom, pills, IUD and injectible DMPA, natural method and abstinence. Some women said "enough" when asked about the possibility of bearing more children citing poverty as the primary reason.

There is likelihood to cease family planning among some women as they desired to have more children.

"I need 3 or 4 more. I only have boys. I need girls."

"I need 3. I want boys."

"I want 1 more child."

"Yes, 1 more so that my child will have a friend at home."

Husbands do favored more children according to some Sekong participants.

"Our husbands agreed to have more children."

"In my village, if a husband sees pills, they'll throw it away because they want their wives to have babies."

Contraceptives: The woman as the decision maker

Most participants decided for themselves when choosing a particular contraceptive. Only one out of 10 participants in one group consulted her husband. Initially, these women obtained information about family planning from the health centre and personal doctors. Others were educated by health volunteers.

Condom Use

In the Luang Prabang group, six used condom for family planning and three in the Sekong Group. Cognitively, they knew the value of condoms. Some felt it was something that their husbands should use both in and out of their marital relationship.

One woman used condom aside from IUD to protect herself since her husband is out of home for longer periods of time. None of the participants have ever heard of a female condom. Those who never had experience with condoms were open to using it in the future.

"Now I stopped to use with my husband but I told him to use condom every time he had sex with other women."

"It can do birth spacing."

"It prevents STI."

"I force my husband to use when he goes to work in other villages."

However, among some non-users, the decision not to use was borne out of mutual dislike for condoms rather than giving in to the desire of the spouse.

"No problem with my husband. I don't like to use it."

"I stopped using condom because I am shy to get from health centers. It is difficult to use and difficult to take or hide away from children."

"I take pills. No need for condom. I am shy to get one."

" I never thought of using."

Other people's perception according to these participants were equally negative.

"Some wives don't like, they felt pain when husband use condom."

"Most men don't like to use condoms."

"Some took the lubricant for their skin, faces and feet."

Condom Accessibility

Married participants in the Sekong and Luang Prabang FGDs reported that they get their condoms from health centers and they can get them anytime for free. Some were able to receive condoms from health volunteers. Although condoms were not difficult to get in their province, one Sekong participant felt embarrassed to get more from their health center.

"*Health center gives 32 pieces per month, but I am shy to take from them again."*

Sources of Condoms

"Health center (Sekong) gives 32 pieces per month."

"Health volunteers."

"Pharmacies. 5,000 kips per 3 pieces."

"MCH/FP section of Luang Prabang.They give 30 condoms per month. When consumed, we always ask."

Condom Promotion

When asked what things have they heard about condoms and from where they these from, participants from Luang Prabang had these to say:

"In hospital, the doctor said condom can prevent AIDS."

"Festival."

"From the radio: 'use condom all the time when having sex.'"

" *Posters from MCH/FP unit. But we don't read the message, we only looked at Pictures."*

Participants from Sekong however heard most information on condoms from No. 1 Project. And these were what they learned:

"Can do birth spacing."

"Can prevent STI."

Participants from both groups suggested ways of promoting condoms and many believed that condoms could be promoted by distributing them for free.

"Conduct FGD like this in the village and schools then provide free condoms."

"Pharmacies. Give free distribution."

"Put them in hospitals at MCH unit.

"Tell the AIDS program to the villages."

Condoms, AIDS and STIs

Most women were well informed about AIDS having heard it from TV/THAI, visiting health workers, posters and a festival at the village. STI, on the other hand, was less familiar to the participants. Recall is poor about the different sexually transmitted infections. One was able to identify the different symptoms but failed to associate them with STI. A few could not differentiate AIDS from STI. Overall, married women participants were aware that condoms prevented AIDS and pregnancy.

Married Couples FGD Results

Two FGD groups were conducted with 6 participants in Luang Prabang and 10 participants in Sekong. Husbands and wives were joined together in the group discussion. Their ages ranged from 20-56 years representing different ethnic groups. Only 10 reached the secondary level. Quite a number have traveled around and out of the country. However, this mobility is work-related as discovered during the group discussion. Only 3 of both groups were employed. See tables 29 and 33 for details.

The couples from Sekong reside in far villages and they have to travel for more than 1 hour to get to the FGD site in the Provincial Health Office in Sekong. See details in Tables 30-31.

Majority of the couples (80%) have used contraceptives while five couples expressed the need to have children and therefore did not feel the need to delay or prevent pregnancy.

Quite a few from both Luang Prabang and Sekong groups needed to practice family planning because of their poor economic situation.

Table 29 . Demographic profile of married couple participants

Variables	Married Couple (N=16)
Mean Age	34.56 yrs.
S.D	9.42
Age range	20 – 56 yrs.
Gender	N (%)
Male	8 (50%)
Female	8 (50%)
Ethnic Group	
Lao	0
Lao Lum	9 (56.25%)
Alack	1 (6.25%)
Thalien	3 (18.75%)
Ngair	1 (6.25%)
Yaii	1 (6.25%)
Kamouk	1 (6.25%)
Employment Status	
Student	4 (25.00%)
Unemployed	8 (50.00%)
Employed	3 (18.75%)
Education	
Primary	5 (31.25%)
Secondary	10 (62.50%)
Higher Education	0

Table 30. Place of residences of Sekong couples

Participant: Residence	Frequency (N=10)
R1, 2: Ban Parthol	1
R3: Sekong	1
R4: Bhonkhan	1
R5: Ban Bhanmai	1
R6: Ban Pholkham	1
R7: Ban Mo	1
R8: Ban No	1
R9: Ban Nolmysay	1
R10: Ban Nol	1

Table 31. Place of Residence of Luang Prabang Couples

Participant: Residence	Frequency (N=6)
R1, 2: Ban Pholsavang	2
R3, 4: Ban Thin Chaleam	2
R5, 6: Ban Siew	2
Total	6

Table 32. Employment Profile of Sekong Participants

Participant	Nature of Work (N=10)
R1,2,3,5,9,10	Unemployed
R4, 6	Seller
R8	Student
R7	Unspecified
Total: 10	

Table 33. Lifestyle profile of married couple participants

Variables	Married Couple (N=16)
Travel Abroad	
Yes	6 (37.50%)
No	10 (62.50%)
Frequency of Travel	
Only Once	2 (12.50%)
2-5 times	3 (18.75%)
More than 5 times	1 (6.25%)
Local Travel	
Yes	12 (75.00%)
No	3 (18.75%)
Frequency of Travel	
Only Once	1 (6.25%)
2-5 times	5 (31.25%)
More than 5 times	5 (31.25%)
Living Arrangement	
Alone	0
With parents & siblings	0
With other coworkers/students	0
With partner or spouse	16 (100%)
Are you in a relationship with someone?	
Yes	3 (18.75%)
No	7 (43.75%)

Table 34. Condom use among married couple participants

Variables	Married Couple (N=16)
Ever used condoms?	
Yes	6 (37.50%)
No	10 (62.50%)
If yes, how frequently do you use condoms?	
Rarely	2 (12.50%)
Occasionally	5 (31.25%)
Frequently	0
All the time	8 (12.50%)
Ever used contraceptives?	
Yes	5 (31.25%)
No	10 (62.50%)

Condoms: Why and Why Not

As may be gleaned from Table 34, 50% of the couples have used condoms. The common concept of condom as a protection against AIDS and STI was shared by most couples. They also knew that it could be used as a contraceptive but couples in both groups were not using it for family planning. A middle-aged husband was advised by his doctor to use condom as a contraceptive but he never complied. According to the participants, if couples trusted each other, condoms were never part of the equation. There should be little or no opportunity to have sex outside marriage since the village is far from the city and there were no drinking bars or other entertainment places nearby. Not all women, however, were 100% sure about their husband's fidelity.

"We go outside the village together. I never let my husband to go out alone."

However, some men were open enough to disclose where and when they have used condoms.

> *"Sometimes, I use 2 condoms at a time for security. I am afraid that the woman would tear the condom because the woman would like to have a baby with me."*

> "*When I had sex with other women, I used condom, but with my wife, never. I am afraid to get AIDS. I saw my friend died because of AIDS."*

> *"I use when I want to have sex with other ladies."*

"I feel I have contacted AIDS (if I don't use condoms)."

Non-condom users among couples believed that they were unlikely to use condoms in the future because of the method they have decided to use ("already had sterilization") and the trust they felt about their partners.

How would wives feel when they see their husbands with condom?

"I will feel sorry, that mean my husband has another woman."

"Happy. It means that my husband knows how to protect himself."

"I am confident that my husband has no other woman."

None of the wives were using female condoms although some have seen it. Couples in Luang Prabang favored using the withdrawal method, sterilization and "*no sex after menstruation*" as family planning methods. They believed that withdrawal method was safe. They learned this when they were in the secondary school.

Luang Prabang couples were first acquainted with condoms through the hospital, Care International Team and the MCH team. The Sekong group, on the other hand, learned it from tv advertisements, from volunteers, the No. 1 team, family planning staff and from the hospital.

What Other People Say About Condoms

Generally, the participants heard both sides of what condoms can do. It could prevent AIDS and other diseases and it could be used for birth spacing. However, the "no sensation" experience of people made it unpopular.

"Some people don't like it because it's like having sex with a plastic bag. Some people use when they go to drinking shops."

"Particularly when the men get drunk."

Views about Young People Using Condoms

Some members in the Sekong group were concerned about the negative impact of condoms on the young generation. They felt that condoms have encouraged Lao kids to be sexually active at younger ages.

"Sometimes 12 years old."

"Students and young people start to have sex because they don't worry that they might get pregnant."

"Now, young people like to use condom."

Condom Accessibility

Participating couples from Sekong obtained their condoms from traditional government venues like the family planning unit and through the health staff. The pharmacy was also mentioned as another source. Couples from Luang Prabang, on the other hand, obtained condoms from the village pharmacy, MCH team, family planning program and from volunteers.

Sources of Condoms and Suggested Outlets

Couples purchased their condoms from the pharmacy, hotel, guest houses. Most of the time couples got the condoms for free. Others paid 2000 kips per packs of three. In one FGD with couples in Luang Prabang, six out of 10 used condoms.

Luang Prabang participants suggested that condoms could be made accessible by supplying pharmacies and hospitals.

Condom Promotion

Messages that were best remembered about condoms among the Sekong couples were:

"Condom can prevent AIDS."

"Condom can be used for birth spacing."

Both groups recommended ways to encourage to use condoms.

"Provide information in communities and schools."

"Distribute to young people."

"Show during village festivals."

Condoms, AIDS and STIs

All couples have basic knowledge about AIDS. They learned this from health staff, TV, radio, newspaper, coffee corners, brochures, posters and friends. Many of them felt they were not likely to catch AIDS.

"No. I'm faithful to my husband."

"No sex outside our partners (husband)"

"No. I have no chance to go out."

Some couples were less familiar with STIs.

"Should have a book on condoms and show pictures to make them afraid and scared of diseases."

ANALYSIS OF RESEARCH FINDINGS AND DETAILED RECOMMENDATIONS

This paper presents the increasing challenges of promoting condom use to target groups due to various factors that can be institutional, health, social, or behavioral in nature. Institutional issues include the categorizing of prostitution as an illegal trade, absence or lack of reproductive health facilities, services, and products, and increasing number of individuals involved in sex industry. Health issues include increasing prevalence of STI and HIV and AIDS among vulnerable groups. Social issues include association of condoms to promiscuity and sex work. Behavioral issues include the growing mobility of vulnerable groups such as sex workers and men having sex with men, engaging of young people on premarital sexual practices, and low knowledge and risk perception on STI and HIV and AIDS.

Policies and Regulations

Policies and Programmes to Expand

100% Condom Use Program

The regulations on 100% CUP must be revisited. Mechanisms on how to access funds and services should be informed to the organizations and target groups. Support services for sex workers should be made accessible to them. The 100% CUP needs to be scaled up for nationwide implementation. The focus on HIV/STI should complement the implementation of the National Policy on Birth Spacing to promote condom use for family planning. Lao PDR can draw lessons from the experiences of other Asian countries that effectively implemented this programme.

Implementation of the condom revolving fund

The government should continue to support the availability of condoms for commercial and public distribution, especially in high-risk locales. The revolving fund programme can be a good promotional mechanism to increase the interest of entertainment establishments to stock on condoms.

HIV and AIDS and Reproductive Health (life skills) education in school curriculum.

Condom education should continue to be institutionalized and strengthened in the school curriculum. The Ministry of Education is needed to speed up the dissemination of information and knowledge to the young people.

Policies and Programmes to Develop

Quality assurance for condoms

The government should develop clear policies on quality assurance to improve the standards of the condoms imported.

Regulations on condom procurement and distribution

Regulations on condom procurement should be set in place. Other organizations should be encouraged to market commercially available condoms. By providing different variants of condoms, users will have more motivation to try to use the product.

Clear implementing guidelines for 100% CUP

With clear implementing guidelines, other provinces will be able to start adopting the program. Disseminating the lessons learned from the experiences of other provinces will improve programme implementation.

Guidelines for funding allocation for condom procurement

The government should provide its own budgetary allocation for condom procurement. To ease the unsystematic distribution of condoms in the country, the government should be able to provide funds during the period that condom supply becomes unstable.

Tax reduction policy for commercially marketed condoms

The government can also provide incentives, such as tax breaks, to companies that will bring in new condoms brands to grow the commercial condom market.

Condom Supply

UNFPA spearheaded a project to conduct an assessment of the condom programming in the country. This report provides the details of the condom situation in the country, the logistics cycles, key information from the consumers and distribution network, key players and stakeholders, decision makers perspective on the condom situation, existing policies and systems, and perceptions of various client categories on condoms and condom use in general.

Prior to the conduct of the study, and Advisory Group was formed comprised of major stakeholders from all sectors both public, NGOs, and social marketing organization. The study undertook a major review of documents, secondary data, and conducted field interviews to understand the condom situation in the country. The UNFPA Rapid Needs Assessment Tool was used as the framework in the conduct of collecting relevant information from the field.

A stakeholders' meeting was formalized where findings of the study was shared. This is envisioned to lead towards identifying a more concrete blueprint in the condom programming efforts.

Condom use in the country is relatively low as evidenced by several studies. The studies also indicated that condoms are generally perceived as a barrier for prevention of STIs rather than for birth spacing. The role of medical providers in providing information is also limited due to the lack of adequate information about condoms.

PSI conducts tracking surveys that helps inform the project about the impact of activities they have conducted and at the same time generate information that will assist in programming activities. One of the tracking surveys indicate that a sustained effort in providing information on condom use results to significant increases in the condom use among *kathoey*s. The consumer profile survey PSI carried out in 2003 showed high awareness of condoms and its purpose for both men and women. The studies also show that condom market is dominated by the *Number One* brand marketed by PSI. Despite the high awareness and knowledge on condoms amongst the surveys conducted by PSI, converting this knowledge to actual usage remains a challenge. PSI, in their annual report 2002-2003, has shown various interventions targeting all sectors on condom usage. Most of the interventions identified in the report are new and innovative ways of communicating condom usage.

Various documents on condom procurement guidelines indicate that the purchase of condoms without consideration to quality will adversely affect every aspect of condom promotion and programming. It has been recommended to all program implementers, government bodies, procurement personnel, regulatory bodies, to know how to apply the essential elements of condom quality assurance to guarantee that a quality product is manufactured, purchased, promoted and distributed to the consumer. The condom is an important medical device and needs to be regulated and controlled as such.

The drug registration requirement in the country ensures that all products subject to its control and being made available to the general public conforms to acceptable standards of quality, safety and efficacy. There exists a drug product registration process in the country that enables the regulatory authority to assess the benefits of a product and to control and regulate its distribution. It is required in the guideline that all products which fall under the definition of drug and are found or deemed acceptable are required to be registered before marketing and distribution. Condoms are not monitored under this guideline.

Projection of the condom need

The assumptions for the calculations in projecting condom needs on the following sections are based on population and KABP data. Two hypotheses were made:

1. Low hypothesis: No promotions activities, no IEC

2. High hypothesis: Various interventions are implemented to change behavior and increase condom use.

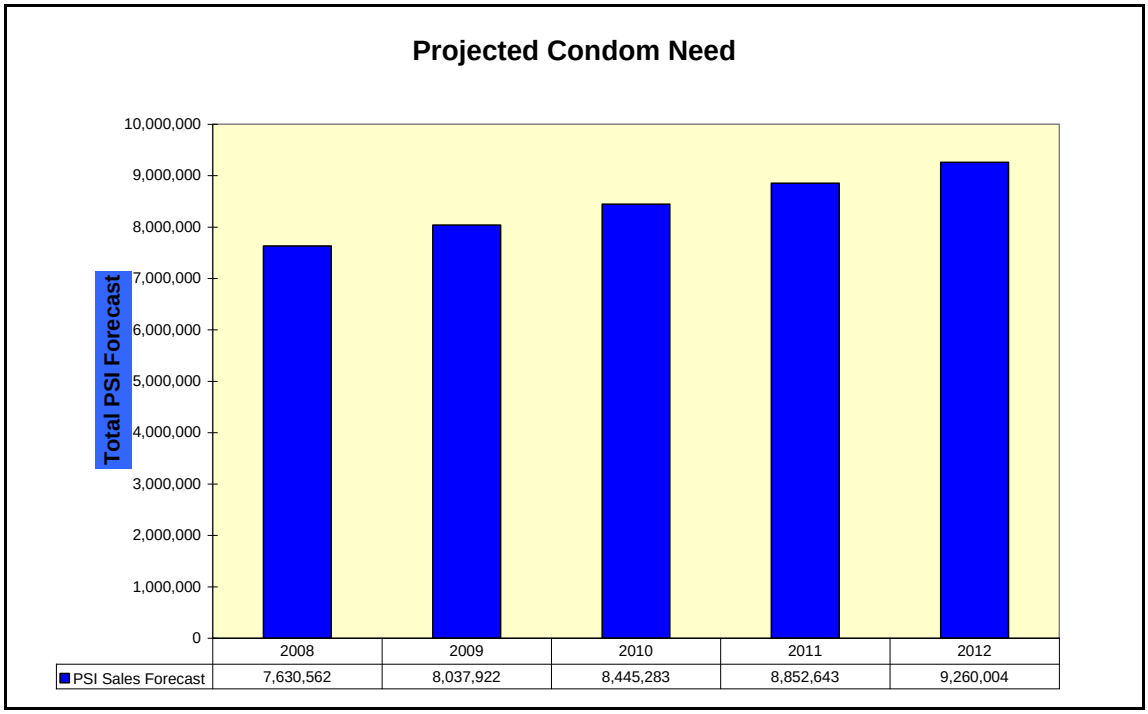
Four sets of data have been used to estimate needs for condoms – data on males of reproductive age (15-44), data on commercial sex workers, data on MSM, and data on youth. The following sections will provide a detailed analysis on the calculations of projecting the condoms needs in the country. Several international methodologies were utilized in projecting the condom requirement in the country and these were elaborated in the next sections.

Based on the analysis, projected total condom requirement for Lao PDR in 2008 is 13.23 million pieces. PSI will distribute approximately 7.6 million pieces and the remainder of 6.6 million pieces is the forecasted needs of the country. The discrepancy between the current number of condoms distributed in the country and the projected demand indicates the need for a stronger demand creation activities and health education policy.

The discrepancy between the current number of condoms distributed in the country and the projected demand indicates the need for a stronger demand creation activities and health education policy. The graph below shows the gap and the need for promotions activities.

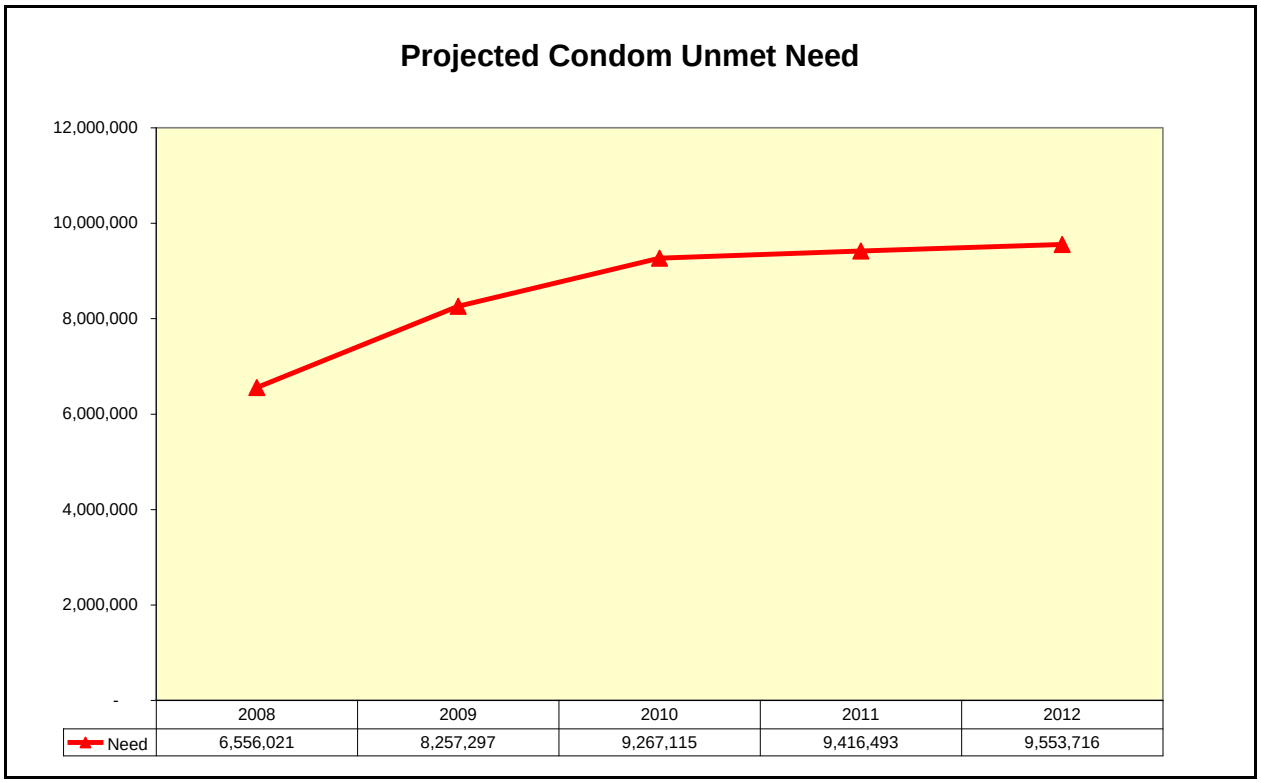
The following two graphs illustrate the total condom requirement in the country. The first graph indicates the approximate distribution of PSI through their social marketing effort. Despite the presence of PSI and all its activities, there remains a gap in the total condom requirement of the country. Of the total 13.23 million pieces of condoms, PSI is projected to distribute 7.6 million. The difference is illustrated in the next graph showing the difference or the unmet condom requirement that will need support from other players.

Figure 10. Projected condom need



The projected condom unmet need represents approximately 40% of the country requirement. This forecast is based on a conservative estimate and does not include any increase in levels of promotions or any intervention activities. This total condom unmet need requires the support from other players including that of the private sector. However, there is no presence of an active private sector participation except for small distributors who brings in other brands from the neighboring countries. In addition, this assessment report found out that there is no private sector interest in augmenting any condom promotions activities. The unmet need must be filled by other players primarily the government. However, there exist the opportunity to harness further the strength and infrastructure of PSI. If there can be made available more funds for condom efforts and promotions, PSI can confidently increase activities and interventions to increase demand and eventually leading to a strong supply of the additional condom requirement of the country.

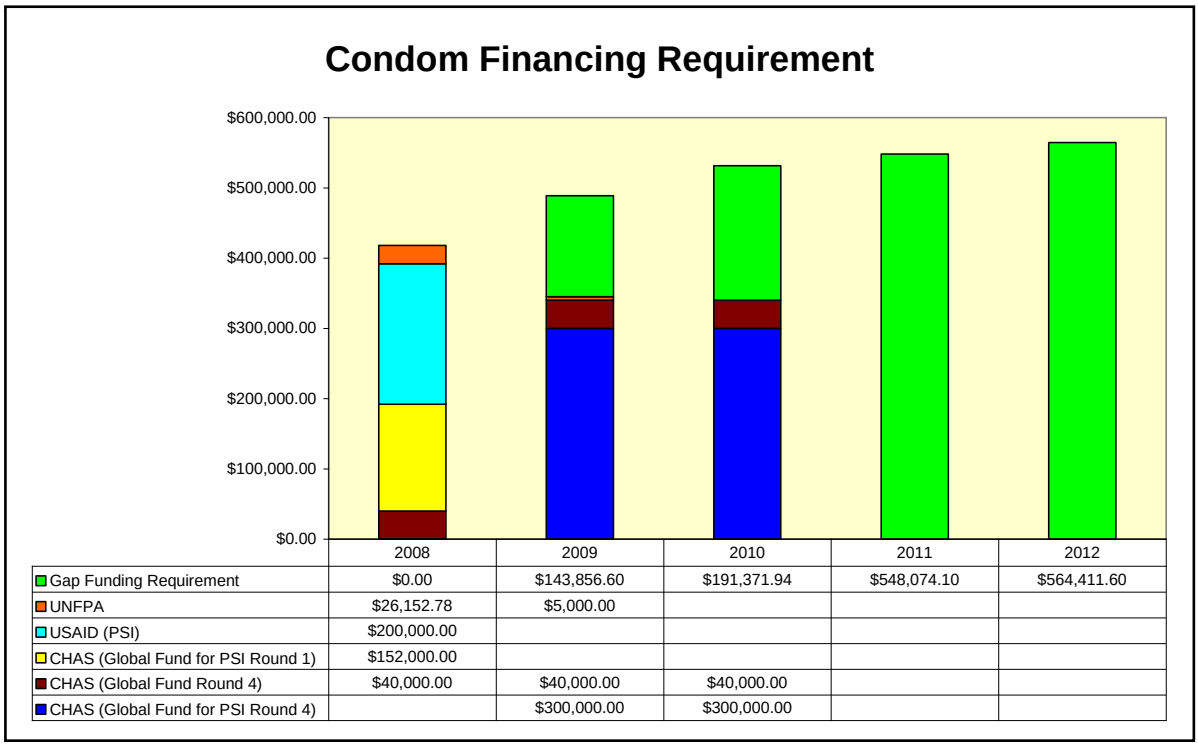
Figure 11. Projected condom unmet need



Financing Need

Translating the forecast need of the country into actual financing, the graph below illustrates the level of funding requirement available for condom financing. In 2008, it is clear that there is no additional funding required for the country given the availability of fund support from major donors including UNFPA, USAID and the Global Fund. The gap in funding requirement will start in 2009. The gap is calculated using the global UNFPA estimate of US$0.03 cost per condom multiplied by the forecast condom requirement in pieces.

Figure 12. Condom financing requirement



	2008	2009	2010	2011	2012
Gap Funding Requirement	$0.00	$143,856.60	$191,371.94	$548,074.10	$564,411.60
UNFPA	$26,152.78	$5,000.00			
USAID (PSI)	$200,000.00				
CHAS (Global Fund for PSI Round 1)	$152,000.00				
CHAS (Global Fund Round 4)	$40,000.00	$40,000.00	$40,000.00		
CHAS (Global Fund for PSI Round 4)		$300,000.00	$300,000.00		

The condom supply should deliver:

- the right quantities
- of the right condoms
- in the right condition
- to the right place
- at the right time
- for the right cost

Estimates and Assumptions Used

The basis of estimates in condom forecasting, according to WHO, includes: (1) past consumption data, (2) program targets, i.e. the estimated needs of those groups of people for whom condoms are to be provided, and (3) population-based data.

The typical logistics cycle includes product selection, procurement, inventory management, and distribution and use. Estimating the future demand for condoms is a critical process in the logistics cycle. These estimates must take into account all changes in the patterns from all parts of the distribution system. Therefore, key programme managers must be able to analyze distribution trends both from the public and private sector (including social marketing organizations) for the purpose of forecasting or calculation of future demand as a result of analyzing available pertinent data.

Several methodologies were reviewed and utilized for estimating the condom needs of the country. The condom forecast requirements in this document utilized the methodologies of both WHO and UNFPA. This includes using proxy indicators based on UNFPA studies on the number of condom usage per annum that is applicable to the country situation. As a basis for projecting future needs, the estimates used included looking and calculating:

- population base,
- frequency of condom use,
- percentage of high-risk groups, and
- estimates of condom use required to control the epidemic.

Both the WHO and UNFPA calculate estimates of condom use in a similar manner which was applied to this assessment study. However, it must be noted that there are numbers of data that are not immediately available and some proxy indicators may vary per country. In Lao PDR, the assessment team found that there is no available study related to the estimate of actual number of condom use, therefore, the global estimates are the only available data that can be used for this study.

The health sector is extremely project-oriented and donor-dependent, which has often led to competing and overlapping donor demands. The Minister of Health has called for more integrated approaches, particularly for MCH and immunization; decentralized service delivery methods; improved methods of health care financing; a unified and simplified health information system; and an emphasis on quality improvement in the next five years, rather than the quantity improvement that has been emphasized over the last five years. (Country Health Information Profile pp 160 – 175)

The Assumptions are based on the data on males of reproductive age (15-49), commercial sex workers, MSM and youth.

Information used in forecasting the condom needs of the country is provided below. Please note that these estimates were all based on the available data that was gathered during the secondary research. The calculations were provided in details suggesting that this calculation can be used as a tool in determining condom needs in the future. Should

there be more accurate information available other than what is provided in the tables, the numbers can be replaced with the agreed information.

Table 35. Assumptions for estimate based on male population data

A. ASSUMPTIONS FOR ESTIMATE BASED ON MALE POPULATION DATA		
Total Male Population	2,965,910	Census data - (GR8 Data from PSI)
Males of Reproductive age (25-49) (MRA)	1,106,284	Census data net of MSM and youth population
Annual Growth Rate	2.50%	Population and Housing Census 2005
Groups at high risk	20%	Report of the Commission of AIDS in Asia March 2008
Condoms used per annum	15	Global Estimates 2000 - 2015 projected per capita condom needs for each country with <1% HIV/AIDS prevalence
Condom use prevalence	57.17%	SGS Surveillance Results 2004

The total male population based on the latest population data is 2.96 million. This number is used as the base on how many of the male population will be the target group for the increased effort in condom programming. Of this total male population, 1.106 million is of the reproductive age (MRA). Using the total annual projected population growth rate of 2.50%, the increase in this population size is determined each year for the next 5 years by multiplying the projected growth rate from the MRA. Of the total MRA, the March 2008 Report of the Commission of AIDS in Asia determined that 20% is the group at high risk. Furthermore, this report also indicated that the percentage of men who visited a sex worker is 20%. Using the UNFPA global estimates of per capita condom need (15 pieces of condoms will be used per annum), the number of condoms needed for the year is derived by multiplying the MRA to the projected groups at risk then multiplied by the number of condoms needed for the year. The product is then multiplied to the estimated condom use prevalence in the country which is 57.17% based on the latest surveillance data. To illustrate this further, the total condoms required in 2008 is derived as follows:

Total MRA	1,106,284
x Annual Population Growth Rate (100% + 2.50%)	102.50%
x Groups at High Risk	20.00%
x Condom Use per Annum (in pieces)	15
x Condom Use Prevalence	57.17%
Total Condom Requirement (in pieces)	1,944,710

The table below shows the total condoms required per year for the MRA.

Table 36. Condom requirements among males of reproductive age

A. Males of Reproductive Age		
Year	MRA	Total Condoms Required
2008	1,133,942	1,944,710
2009	1,162,290	1,993,327
2010	1,191,347	2,043,161
2011	1,221,131	2,094,240
2012	1,251,659	2,146,596

Table 37. Assumptions for estimate based on commercial sex worker data

B.	ASSUMPTIONS FOR ESTIMATES BASED ON COMMERCIAL SEX WORKER POPULATION		
	Total Female Population	2,820,000	Census data
	Females of Reproductive age (15-44) (MWRA)	1,212,600	Census data
	Number of Commercial sex workers	13,000	Target (UNAIDS Mapping Data)
	Annual growth rate	2.50%	Population and Housing Census 2005
	Condom use prevalence 2008	70%	Target
	Condoms used per annum	150	Estimates used for multiple sex partners (Global Estimates 2000 - 2015 projected per capita condom needs for each country with <1% HIV/AIDS prevalence

In working on the assumptions for the total condom requirement of the commercial sex worker, various data were utilized. The base of 13,000 CSWs were the targets provided by the UNAIDS mapping data. Using the calculation methods of the UNFPA Technical Report in Contraceptive Requirements and Logistics Management Needs in the Philippines, the following total condoms needs for the 2008 were derived. The calculation method involves multiplying the number of projected CSW with the condom use per annum and the prevalence rate of condom use.

Total CSW	13,000
x Annual Population Growth Rate (100% + 2.50%)	102.50%
x Condom Use per Annum (in pieces)	150
x Condom Use Prevalence (2008 Target)	70.00%
Total Condom Requirement (in pieces)	1,399,125

The table below shows the total condoms required per year for the CSWs.

Table 38. Condom requirements among sex workers

B. Sex Workers			
Year	SW Population	Condom Use Rate Target	Total Condoms Required without Intervention
2008	13,325	70%	1,399,125
2009	13,658	75%	1,536,539
2010	14,000	80%	1,679,949
2011	14,350	80%	1,721,948
2012	14,708	80%	1,764,997

Table 39. Assumptions for estimate based on men who have sex with men data

ASSUMPTIONS FOR ESTIMATES BASED ON MEN WHO HAVE SEX WITH MEN		
C. POPULATION		
Number of MSM	88,977	GR8 Data - representing 3% of male population
Annual growth rate	2.50%	Population and Housing Census 2005
Condom use prevalence	60%	Target
Condoms used per annum	150	Estimates used for multiple sex partners (Global Estimates 2000 - 2015 projected per capita condom needs for each country with <1% HIV/AIDS prevalence

The Advisory Committee agreed that the proportion of men who have sex with other men (MSM) in the country is 3%. Of the total male population, estimates indicated that the MSM proportion is equivalent to 88,977 across the country. Using the population growth rate of 2.50%, the forecast condom requirement in country for the MSM population in 2008 is 5.5 million pieces. The calculation of the total condom requirement for the MSM population is illustrated below.

Total MSM	88,977
x Annual Population Growth Rate (100% + 2.50%)	102.50%
x Condom Use per Annum (in pieces)	150
x Condom Use Prevalence (2008 Target)	60.00%
Total Condom Requirement (in pieces)	8,208,156

The table below shows the total condoms required per year for the MSM.

Table 40. Condom requirements among men who have sex with men

C. Men Who Have Sex with Men			
Year	MSM	Condom Use Rate (Target)	Total Condoms Required without Intervention
2008	91,202	60%	8,208,156
2009	93,482	70%	9,815,586
2010	95,819	75%	10,779,617
2011	98,214	75%	11,049,108
2012	100,670	75%	11,325,335

Table 41. Assumptions for estimate based on youth population data

D. ASSUMPTIONS FOR ESTIMATE BASED ON YOUTH POPULATION DATA		
Total Male Population	2,965,910	Population and Housing Census 2005
Males of Reproductive age (15-25)	613,943	Population and Housing Census 2005
Annual Growth Rate	2.50%	Population and Housing Census 2005
Groups at high risk	41%	RHIYA 2006
Condoms used per annum	15	Global Estimates 2000 - 2015 projected per capita condom needs for each country with <1% HIV/AIDS prevalence
Condom use prevalence	44.8%	RHIYA 2006

Using the total male population data, MRAs with age 15 to 25 years representing the youth population data is 613,943. With an annual population growth rate of 2.50%, the total condom requirement for the youth population is determined by multiplying the groups at high risk with the prevalence rate and the estimated condom use per annum. Groups at high risk and the condom use prevalence rate were taken from the latest RHIYA 2006 report. The UNFPA Global Estimates on projected condom need per capita is again applied to this calculation in order to determine the condom needs of this population group. The 2008 requirement of this population group is presented below:

Total MRA ages 15 to 25 years	613,943
x Annual Population Growth Rate (100% + 2.50%)	102.50%
x Groups at High Risk	41.00%
x Condom Use per Annum (in pieces)	15
x Condom Use Prevalence	44.80%
Total Condom Requirement (in pieces)	1,733,825

The table below shows the total condoms required per year for the youth population group.

Table 42. Condom requirements among youth

D. Youth		
Year	Youth Population	Total Condoms Required
2008	629,292	1,733,825
2009	645,024	1,777,171
2010	661,150	1,821,600
2011	677,679	1,867,140
2012	694,621	1,913,819

In summary and to show the total, the forecasted condom requirement from 2008 to 2012 of all these population groups are as follows:

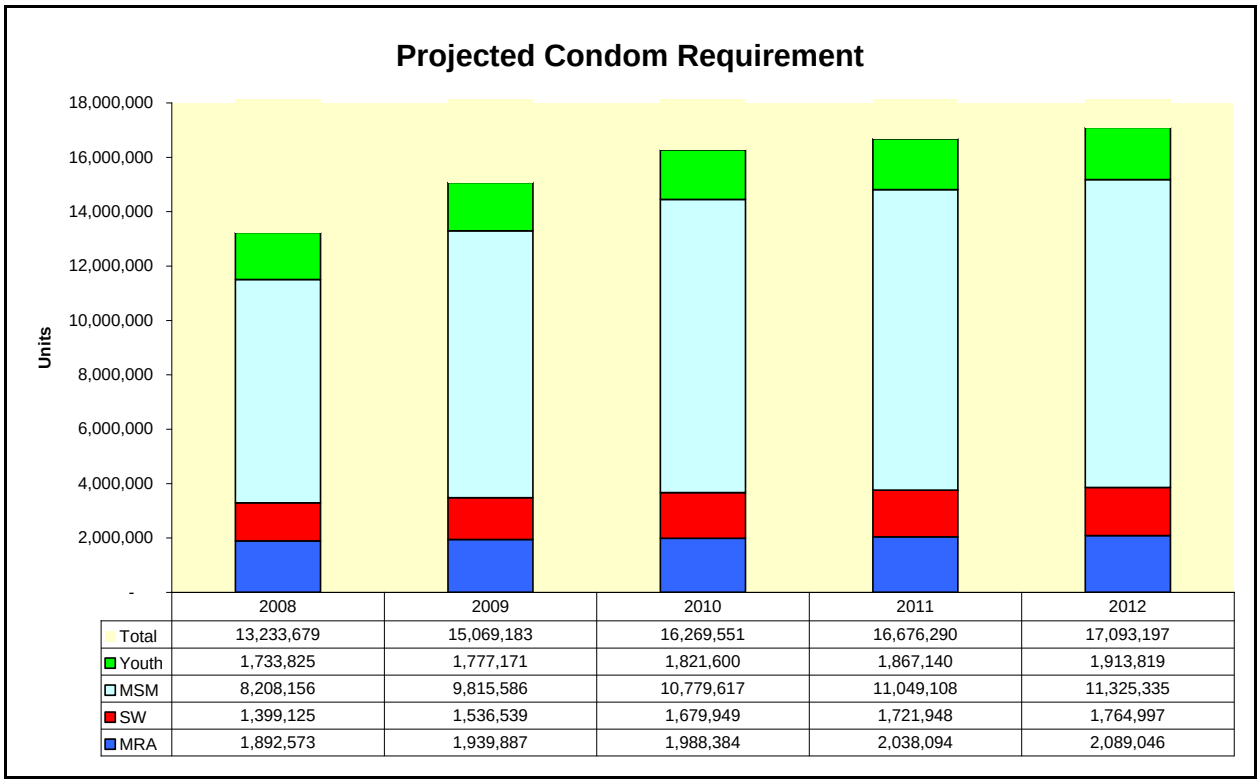
Table 43. Total projected condom requirement

Total Projected Condom Requirement					
Year	MRA	SW	MSM	Youth	Total
2008	1,892,573	1,399,125	8,208,156	1,733,825	13,233,679
2009	1,939,887	1,536,539	9,815,586	1,777,171	15,069,183
2010	1,988,384	1,679,949	10,779,617	1,821,600	16,269,551
2011	2,038,094	1,721,948	11,049,108	1,867,140	16,676,290
2012	2,089,046	1,764,997	11,325,335	1,913,819	17,093,197

Forecasted Country Requirement

Based on the analysis, projected total condom requirement for Lao PDR in 2008 is 13.23 million pieces. The graph below shows a projection of the condom requirement for the country.

Figure 13. Projected condom requirement



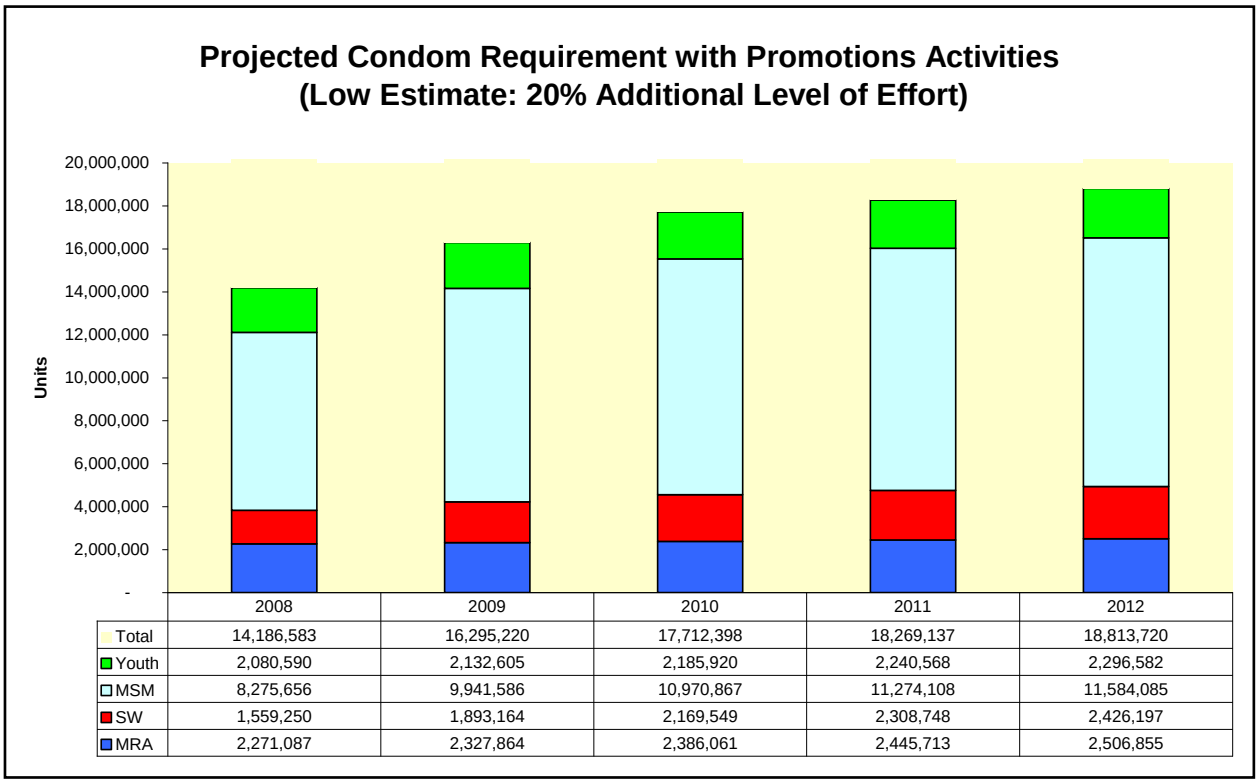
	2008	2009	2010	2011	2012
Total	13,233,679	15,069,183	16,269,551	16,676,290	17,093,197
Youth	1,733,825	1,777,171	1,821,600	1,867,140	1,913,819
MSM	8,208,156	9,815,586	10,779,617	11,049,108	11,325,335
SW	1,399,125	1,536,539	1,679,949	1,721,948	1,764,997
MRA	1,892,573	1,939,887	1,988,384	2,038,094	2,089,046

Increasing levels of promotions activities will result to increase in the demand for condoms. Adapting the UNFPA Technical Report in Contraceptive Requirements and Logistics Management Needs, a projected increased level of promotions activities can be incorporated in the forecast of condom needs in the country. Using two assumptions of increased level of promotions activities, the projected condom requirement in the country will also increase. The estimates used were:

1. Low Estimate – assuming a 20% additional effort in condom promotions
2. High Estimate – assuming a 30% additional effort in condom promotions

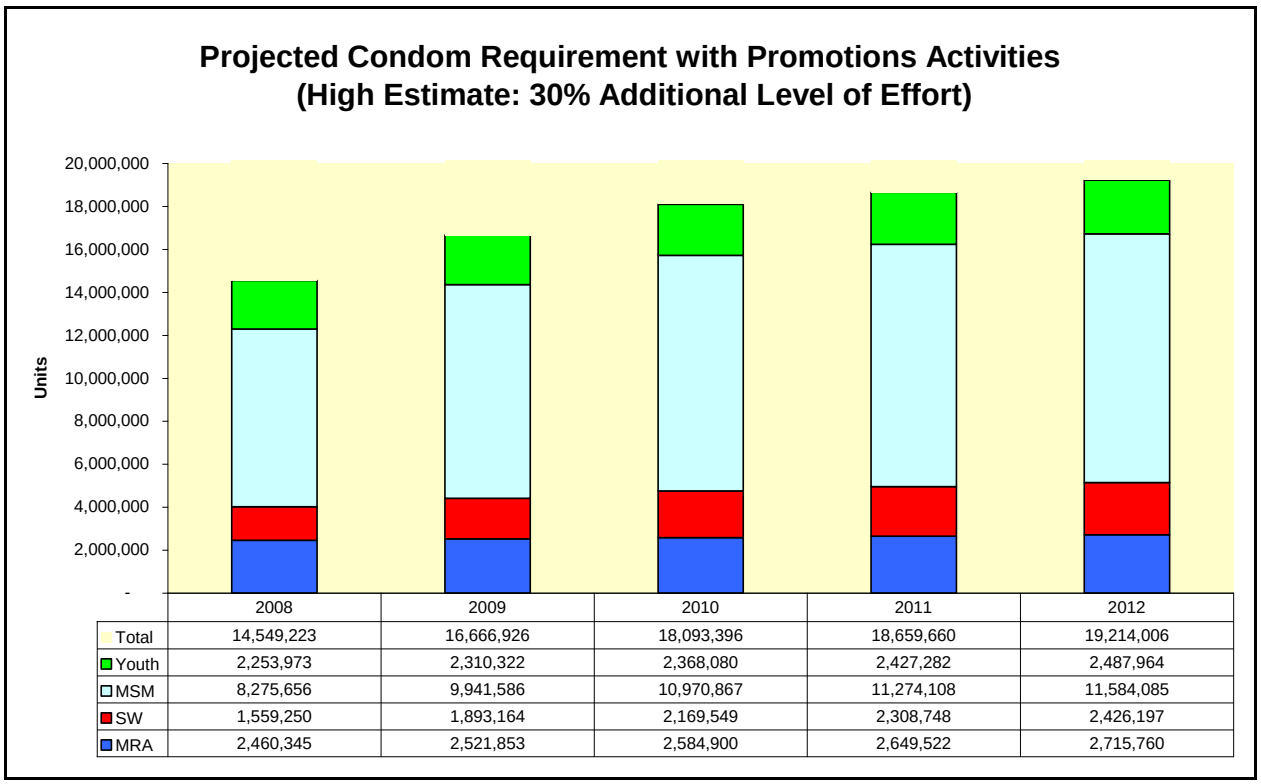
Please note that the percentages used are just assumptions. The number may vary depending on the agreed assumptions by stakeholders. Figures 14 and 15 illustrate the increase in the condom requirement provided there is an increase in the level of promotions effort.

Figure 14. Projected condom requirement with promotions activities (Low Estimate: 20% Additional Level of Effort)



	2008	2009	2010	2011	2012
Total	14,186,583	16,295,220	17,712,398	18,269,137	18,813,720
Youth	2,080,590	2,132,605	2,185,920	2,240,568	2,296,582
MSM	8,275,656	9,941,586	10,970,867	11,274,108	11,584,085
SW	1,559,250	1,893,164	2,169,549	2,308,748	2,426,197
MRA	2,271,087	2,327,864	2,386,061	2,445,713	2,506,855

Figure 15. Projected condom requirement with promotions activities (High Estimate: 30% Additional Level of Effort)



	2008	2009	2010	2011	2012
Total	14,549,223	16,666,926	18,093,396	18,659,660	19,214,006
Youth	2,253,973	2,310,322	2,368,080	2,427,282	2,487,964
MSM	8,275,656	9,941,586	10,970,867	11,274,108	11,584,085
SW	1,559,250	1,893,164	2,169,549	2,308,748	2,426,197
MRA	2,460,345	2,521,853	2,584,900	2,649,522	2,715,760

Managing the pipeline

The LMIS can be further expanded to include the HIV and AIDS component. This can be explored in the National Condom Programming Committee. Suggested integration are discussed in the next section.

The software should be enhanced as business required. It should be developed and implemented for another lower level such as district level, to help minimize the burden of producing accurate reports, and thus improving the work pace.

The concept of LMIS that is currently being practiced for family planning can be applied for HIV and AIDS. However, the data collection of the two might be different and therefore the forms and software need to be modified/adapted to meet the requirements of HIV/AIDS.

Distribution

Expand the outlet coverage to more non-pharmacy, non-traditional outlets to increase accessibility.

The LMIS can be further expanded to include the HIV and AIDS component. All physical and actual product distribution of free contraceptives can be maintained with PSI. All information systems can be processed by the LMIS that will inform all parties including MCHC, CHAS, PSI, and the donors. This will facilitate a centralized approach in monitoring, thereby resulting to a more coordinated approach to managing the activities. This approach will also be cost effective to all parties involved.

A loose regulation for condom registration and import regulation provides opportunities for the availability of more brands in the market. However, this will not ensure that product quality due for the users. The MOH can look at the regulations governing product registrations and put in place a stricter requirement specifically for foreign brands.

PSI has been aggressively promoting condom use and ensuring that the products are available where and when it is needed. PSI has the appropriate infrastructure that can further be expanded to take on increasing outlet coverage. Currently, PSI is managing the distribution of the public sector free products for HIV/AIDS prevention through CHAS. However, an LMIS system is not available.

The private sector goes through regular channels of distribution. The county's location provides opportunity for the other commercial products to enter into the market easily. The import requirements of the country are not too restrictive for the foreign brands. In addition, country product registrations are likewise not too restrictive will allow other brands from neighboring countries to be distributed easily.

Promotion of condoms at distribution points

Put in place strategies for trade promotions activities. Consumer promotions are necessary in changing behaviors but good trade promotions efforts must complement these efforts. All the outlets visited with their willingness to promote condoms must be tapped.

The results of the field work revealed the need and opportunity to promote condoms at distribution points With most of the distribution points signifying their intent to welcome opportunities to promote condom use to their clients is a good indication that extensive demand generation activities can motivate the distribution points to take part in the promotions effort.

PSI must review its efforts in outlet coverage. The reports showed that outlets were not regularly covered and resort to buying their condoms from other sources. This can also be a potential lost for the program if a client will not be able to buy condoms when it is needed.

PSI can expand its coverage by either adding staff to ensure regular interaction with the outlets. As this option may prove expensive, PSI can increase the capacities of their existing pharmacy wholesalers by providing training/product orientation to the pharmacy

salesmen. In this way, the pharmacy wholesaler salesmen will be aware of the program and will be able to respond to the needs of the distribution outlets for accurate information on HIV and AIDS and family planning. PSI can also require its own personnel and its partner pharmacy wholesalers to provide regular feedback for monitoring purposes.

Efforts must be sustained in promoting condoms and condom use at all level. Efforts to promote condoms use to specific client groups must be a priority. The youth and young adults survey results revealed a need to increase intervention activities to change their behaviors. Many of the outlets observed in this assessment indicated an increasing number of the youth and young adults segment of the population who are buying condoms. Women are also a target group that requires focused interventions. The outlets likewise mentioned that women buy condoms.

A sound logistics system for condoms must be regularly reviewed and monitored by all parties involved in the system. Changes and improvements must be made immediately to be able to avoid underutilization, forecast errors, negative progress, and not improvements made.

Quality Assurance: Ensure high-quality condoms

Efforts must be made to identify the quality requirements from the manufacture of the product up to storage and distribution

Common concerns from the trade and client include the bad smell of the *Number One* brand including those given away for free. There was a batch of *Number One* brand that the clients prefer and this was traced to products they sourced from Alatech in Alabama USA. The reports from the field indicate the need to reassess the procurement process of condoms and look at quality issues.

Efforts must be made to identify the quality requirements from the manufacture of the product up to storage and distribution. The following steps for improving quality can be undertaken:

- Incorporate in the supply contract the required quality standard for the condoms
- Identify suppliers that can be invited to supply the required quantities and quality
- The product packaging of condoms must indicate the manufacturer's name. This must be mandated by the government as well.
- Distributors of products must implement a quality assurance system for their products. This includes keeping samples of each batch of the products for retention, random sampling of batches, constant check of quality.
- Distributors of products can consider an independent testing laboratory to test the products they buy.

Condom quality can be measured at various points in the logistics cycle particularly in the distribution system. The critical point is to have quality checks at the start of the

process which is product registration. Following this are quality assurance measures down to the retail level. At present, no existing standard assuring quality of condoms in the market is implemented in the country. The government does not have regulations related to the marketing and distribution of condoms in the country. Condoms in the market are not even required to be registered with the FDD. This poses concern over quality issues. It is strongly recommended to intensify activities that will ensure quality of condoms distributed in the pipeline. This must start from the product procurement up to retail distribution. All condoms procured must adhere to standards, quality checks must be in place, random inspections must be conducted, and the retail outlets must be trained on how to ensure quality handling is assured. The government agencies can spearhead this initiative and increase capacities of those involved in the condom distribution.

Management of information systems

Adapting the Condom Programming for HIV Prevention, an Operations Manual for Programme Managers (UNFPA, WHO, PATH), a Logistics Management Information System is the engine that drives the entire logistics cycle. Collecting and reporting condom logistics data including monitoring stocks levels at all distribution points is critical for making informed choices. These choices involve product selection, forecasting, procurement, inventory, quality assurance, and distribution management. An LMIS can be developed for a wide variety of health commodities and in Lao, this includes condom distribution. The country currently has a working LMIS that can be utilized further in the ensuring condoms are available at all distribution points.

Any operating LMIS in any country needs continued monitoring, improvement and upgrading. From the last almost 4 years of the LMIS operations, there remain improvement areas that require attention.

- The limited human resource to run the system both at the central and provincial level is a key issue in sustaining the smooth operations of the LMIS. The role of sustaining the human resource falls within the responsibility of the government. The availability of the LMIS in the country is already a big part of the required infrastructure in the distribution of condoms nationwide.
- Although extensive training has been provided to all channels of the LMIS, some medical staff have incompatible professional background against the subject matter thereby requiring additional skills training. In acquiring additional manpower complement, administrative skills, computer literacy, basic inventory management, are amongst the key competency areas that must be present in the personnel who will help run the LMIS. Furthermore, skills training have to be continuous and refresher course must be made available periodically.
- Strengthening the commitment of personnel managing the LMIS will be a critical area for the sustainability of the system. Each personnel must embrace the importance of the system to the entire infrastructure of condom distribution for family planning and disease prevention. A direction can be provided by the government as well in order for the personnel to emulate the commitment from the higher level.

- Despite the structured flow of communication, there remains poor coordination and collaboration between levels resulting to slowing down of the LMIS implementation. Strengthening coordination must be the key role of lead agencies such as CHAS and MCHC.
- The monitoring reports about LMIS indicated that procedure and guideline is not being followed strictly enough when making requisition and issue of the supplies. Corresponding reprimand should be in place if the required requisition and issue of supplies will not be followed. Furthermore, the training modules should give emphasis on the importance of the information requirement since this is the source of supply requirement.

The LMIS report must be made available to all parties in a regular manner. The report format must also be reviewed regularly (i.e. once a year) to check if the information remains useful to all parties. Developing new reports will be dependent on the information requirement of all parties involved in the condom programming for the country.

Development of products that appeal to clients and meet their needs

Consider differentiating the brand and packaging for the condoms being given away for free and study introduction of new variants targeting the youth. New variants targeting the youth will address those who are currently not using condoms and it will create new users.

The public distribution network where condoms are given away for free mentioned the need for more supplies and sustained programmes that will support behavior change. The condoms being given away for free through PSI is a branded product similar to what is being sold in the commercial outlets (i.e. *Number One*). Although this has a number of advantages identified during the conduct of interviews, it may also post a significant problem with client perception. If the condom brand being given away is similar to that of the commercially available supplies, the likelihood that clients perceive the commercially available condoms are of low quality given that this is being given away for free. In addition, coming from a value of zero, shifting to buying habit may become difficult.

The government (CHAS and MCH) along with PSI can consider differentiating the brand and packaging for the condoms being given away for free. This may be a package that is of a lower quality compared to the commercially available packaging. A client should be able to recognize the added value of the product bought from an outlet. A slightly inferior packaging requirement can also cost less from the manufacturer therefore can buy more condoms. Although PSI has already shifted and improved its packaging, the old packaging with the brand name may post difficulties in the future.

Based on the results of the study, introducing a brand for the youth can excite the market and increase awareness to eventual trial and usage of the product. In the Philippines, the *FRENZY* brand of condoms was introduced in 2001 targeting the youth and young adult population. Various IE&C campaigns along with promotional activities are being carried

out to continue expanding and growing the condom market. DKT Philippines, Inc., the social marketing program in the country markets this product and uses the following platform:

The *FRENZY* condom is the brand of choice for the hip, fun and cool young adults. *FRENZY* is positioned on a promotional platform of music, fun, and an active lifestyle, and is intended for those that maintain a responsible attitude and decision to make the "intelligent" choice with regard to reproductive health behaviors. The brand is targeted to young adults in the 18-35 year age bracket, belonging to the B, C, and D socio-economic classifications, living in urban and semi-urban areas nationwide. Some activities other than the tri-media campaigns include:

1. Mobile Intervention Teams (MIT) were deployed as roving promotional agents and supply points for products. Each MIT comprise a group of trained educators, counselors and product promoters, and each MIT were equipped with the latest audio and video equipment to carry out a variety of communication interventions.
2. Rural media and networks were explored as a complementary medium to the A&P and IE&C efforts carried out
3. DKT undertook a wide variety of interventions targeting youth and young adults on matters related to ARH. The primary vehicle for ARH interventions was the *FRENZY* Circle. The *FRENZY* Circle (the Circle) is a loose collection of individuals who are recruited through the *FRENZY* website, short message service (SMS) technology and special events. The Circle is composed of interested individuals (youth and young adults, 18-35 years old, living in predominantly urban and semi-urban areas) wanting to participate in *FRENZY*-related activities. These individuals signify their intention of becoming a member by filling out application forms available in the *FRENZY* website and at *FRENZY*-sponsored events. The Circle served as a venue to promote ARH for the prevention of unwanted pregnancies and disease among youth and young adults. (Source: DKT Philippines, Inc.)

Condom Demand and Use

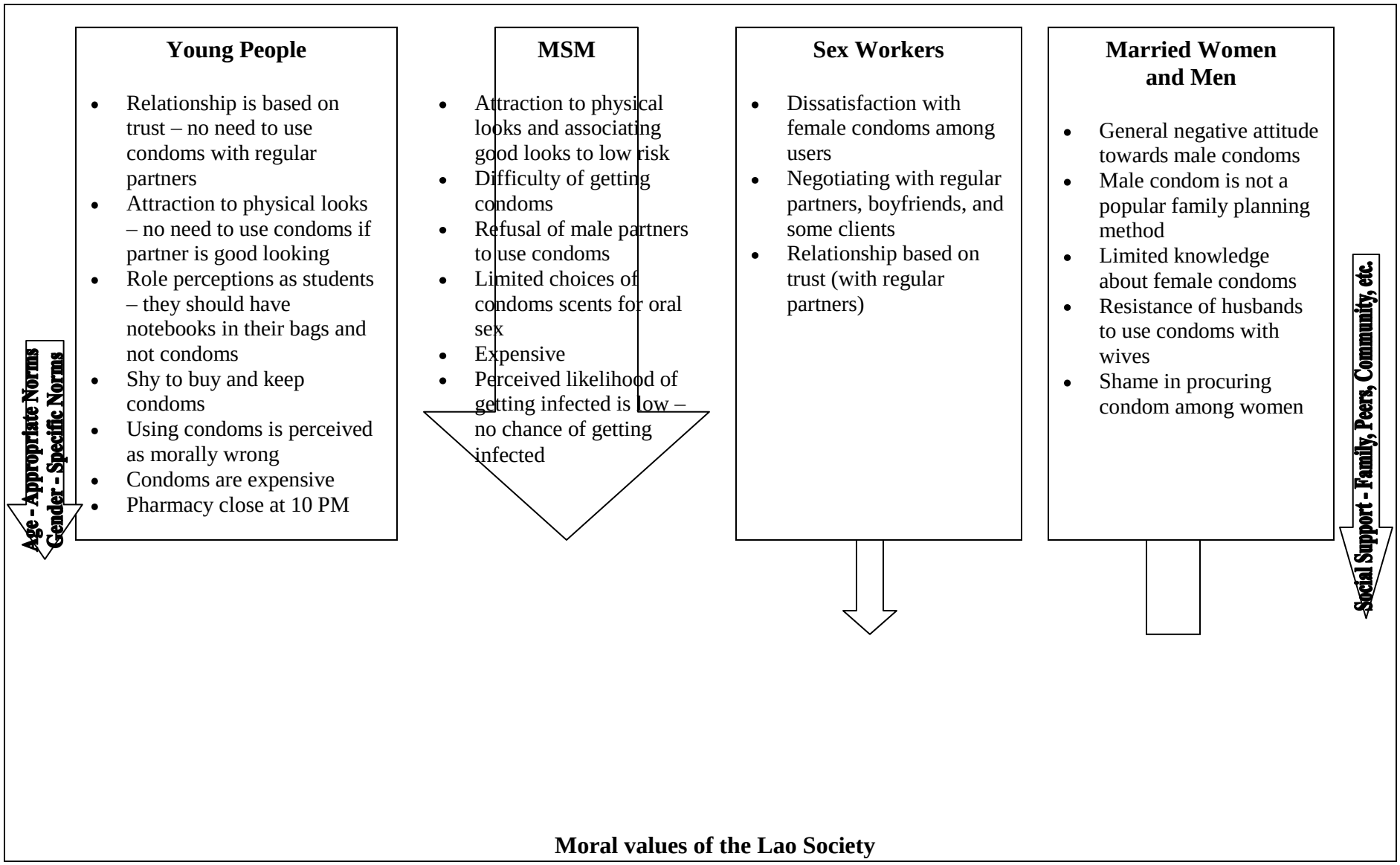
The review of literature and the results of the focus group discussion with 9 groups in this study provided significant data on how the demand for condoms as a self-protection against diseases and as a contraceptive could be influenced by several internal and external factors. These factors may be personal factors while others relate to the social environment like cultural values and social norms. The first factor that should be considered is the perception of individuals that they are vulnerable to HIV/AIDS, other sexually transmitted infections as well as to unplanned pregnancies if they do not protect themselves. The awareness of this fact is relatively high especially among sexually experienced Lao MSM, older couples and young people who went through formal education or short-term training. The use of condom among Lao sexually adolescent men and women both as an AIDS prevention and as a contraceptive is slowly gaining

popularity especially in urban areas like Vientiane Capital. Unfortunately, this knowledge is not translated to consistent protective behaviors.

The perception of one's risk is a subjective experience that could be increased or decreased depending on how much of this is affected by one's conscious beliefs and perceived external barriers. Some of these barriers emanate from one's upbringing and system of reinforcement provided by one's social environment such as the school or the community where one lives. These barriers if not overcome or deliberately dealt with are the very reasons why the demand for condoms may not be responsive to the interventions and messages communicated to target groups. For example, buying condoms among Lao young men and receiving free condoms from clinics among married women, is still regarded as a stigmatized behavior. For this purpose, we have identified the barriers that could affect the initiation and maintenance of desired behaviors such as the purchase of condoms in pharmacies; the interpersonal negotiation of the use of condoms and finally the actual use of condoms. Each barrier e.g. carries differential weights or values in affecting the aforementioned specific target behaviors. However, there were no previous studies to illustrate the actual weights of each barrier within the Lao context. Please refer to Figure 13 for a list of barriers identified by the different groups based on previous literature and this study.

This study has identified a confluence of barriers perceived by young people and young MSM affecting the demand for condoms. These barriers were both attributable to the attitudes of young people and partner influence as well as external factors like the product characteristics and the accessibility of condoms. An examination of their barriers should provide the direction of the type and quality of condom promotion program and communication strategy if we want to lower these barriers. While these barriers are being analyzed, government and NGO planners should also be aware of the role of psychological benefits derived from high-risk unprotected sexual behaviors. An example of this is the desire of the person to keep the love of his/her partners by agreeing with the partner not to use condom. The latter is an ultimate personal benefit but it is evidently a barrier from the public health perspective.

Figure 16. Perceived Barriers to Condom Use



Increasing the demand of condoms among young people and other target groups studied herein means changing their beliefs, cognitions and behavioral lifestyle. Change means giving up of old routines, beliefs and perception and acquiring new ones. Change does not happen overnight for most people. According to Bandura (Diclemente & Peterson, 1994), operating a widespread change when it comes to health practice involves four components: 1) informational e.g., education; 2) development of social and self-regulative skills; 3) enhancing skills and self-efficacy; and 4) creating social support for this change of behavior. This model of change can present challenges to implementors of interventions aiming to change attitudes and behaviors. The focus of this model is not exclusively on building the knowledge and motivation of the person/s alone but special attention is given to the social environment surrounding the person to create change.

Efforts towards increasing condom demand among youth including the gay population should highlight the importance of peers, friends and gang-mates in all phases of planned interventions and communication strategies related to condoms. There is also the need to show young people that their moral values are not violated if they use condom nor these values conflict with that of their peers or families. The health value and the importance of self protection and well being need to be emphasized in communicating messages regarding condoms. For other young people who are less troubled with this normative barrier, the messages may involve dealing with interpersonal barriers like how to negotiate with same age peers or how to appraise partners by probing into their sexual and drug activities (rather than judging them just by looks). The conversion of peer barriers such as disapproval of condom use among classmates to that of a strong benefit of condoms endorsed by classmates could in fact facilitate behavioral change if handled well by trainers and educators. The negative social consequences of early pregnancy (a barrier to peer support and enjoyment of teen life) could be highlighted in messages instead of vague health messages such as preventing "early pregnancy".

Married women and men hold slightly different sets of perceived barriers that should be studied carefully from the perspective of family planning. The ultimate barrier is that male condom is not liked as a contraceptive. There are preferences for other methods; and it appears that many women and men are comfortable with the contraceptive they are currently using. The prospect for the acceptance of female condom remains to be seen. As of this writing, there is low awareness for this condom and therefore personal and social attitudes have not been developed. This is particularly true for new couples or potential family planners. An emphasis of benefits of condoms over the other contraceptives (no side effects) as the focus of communications rather than trying to break down barriers, which are not there in the first place, helps to simplify the messages targeted towards this sector.

Sex workers, on the other hand, have extensive experiences with male condoms and with those who have been initiated to female condoms have a lot of things to say against (perceived barriers) in comparison to male condoms. Inadvertently, the introduction of female condoms raised the perceived acceptability of condoms among female sex workers because of this downward comparison tendency. If there is an open positive attitude towards male condoms but high perceived barriers to using it consistently with

sexual partners (regular or otherwise); then this should be dealt with by helping them realize the importance of consistency of condom use in lowering risk of diseases. It would be more helpful if we increase the perception of threat and at the same increase their negotiation skills in all types of situations.

The tasks ahead in terms of analyzing and intensifying condom demand will depend on the profile and developmental character and norms of the target groups. This means that strategies for each target group should be based on empirical data as well as on existing knowledge about the social and psychological factors that govern their sexual behavior and lifestyle.

Evaluation of programmes and interventions aimed at increasing condom demand require continued research and assessment so that we may learn from their experiences and develop effective programmes that do not create any more barriers. Finally, there is a need to look at other factors that affect condom demand such as the role of media, the bearers of messages, and the impact of specific messages in educational and promotional materials. These variables are salient components of any communication strategy that requires serious appraisal and development. Phase 2 of this project may look at these variables and see how it could appropriately fit the subcultures of each target group.

MAJOR RECOMMENDATIONS

This paper presents the increasing challenges of promoting condom use among pre-identified Lao target groups namely the young people, MSM, married women and couples who use family planning. A dynamic confluence of several factors such as the national and structural environment, health infrastructure, social and cultural barriers, as well as vulnerable behavioral patterns that elude rational control are among those that confront stakeholders. National and infrastructure issues include the growing sex industry and the categorization of prostitution as an illegal trade; the absence or inadequacy of reproductive health facilities/services or products; and emerging development infrastructures in the Lao PDR. Health issues include increasing prevalence of STI and HIV/AIDS among vulnerable groups. Social issues include association of condoms to promiscuity and sex work. Behavioral issues encompass the growing mobility of vulnerable groups such as sex workers and MSM, young people's premarital sexual practices, and low risk perception on STI and HIV/AIDS among the general population.

Managing the condom supply situation in the country requires full attention given these factors and challenges. This paper presented both the strengths and improvement segments in the current logistics infrastructure of the condom supply in the country. Responding to the range of preferences of the target client, maintaining consistent quality, and making these available at all times require coordinated efforts amongst all parties involved.

Considering these issues, the team recommends the following:

Creation of a National Committee on Condom Programming

In this study we observed young and adult people who reside in the city and in far flung provinces and obtained their personal experiences and thoughts about condoms. We gathered a variety of stories but we also heard common sexual attitudes and beliefs. We are beginning to see changes in behaviors and attitudes in certain groups that might not have been apparent several years ago as past literature would report. These include sexual relationship patterns, parenting style, leisure lifestyle among urban youth and employment patterns among adults. Demographic profiles are predicted to be changing as well. Migration and travel, mobility of young adult workers, adaptation of young urban dwellers to foreign language, culture and products are among the few variables that can have significant impact.

The creation of a **National Condom Programming Committee** hopes to nationally address these social changes and its reproductive health consequences by dealing with the issue of access to condoms by people who are affected by these changes. In so doing, this Committee will integrate the different functions related to condom programming and provide a comprehensive strategy that will assist the Lao government to reach its sexual

and reproductive health targets. The main output of this Committee will be under the umbrella of the National Reproductive Health Commodity Security Strategy.

The committee will provide oversight for condom promotion, forecasting, procurement, distribution, monitoring and evaluation, quality assurance, and financing. This Committee should include representatives from major stakeholders such MOH (MCHC, CHAS, Department of Budget, Food and Drug Department, Ministry of Education), UN agencies (UNFPA, UNAIDS, WHO), Social Marketing Organization (PSI), Private Sector (Deithelm), NGOs (FHI, BI, LYAP, PEDA, NCA), Mass Organizations (LWU, LYU, LTU).

A secondary role of this committee is to review the country situation of high risk and vulnerable target groups some of which have been identified by this study namely the youth, MSM, commercial sex workers, married men and women. It will analyze how the behavioral, attitudinal and cultural manifestations of each group could affect the parameters that guide the national condom programmes . Specifically, it should address the condom-related needs and issues that have been expressed from national and regional levels to communities down to the individual consumer.

Coordination can be done through the National Condom Programming Committee once the Committee is formed. The committee will provide oversight for condom promotion, forecasting, procurement, distribution, monitoring and evaluation, quality assurance, and financing. This Committee should include representatives from major stakeholders such MOH (MCHC, CHAS, Department of Budget, FDD), UN agencies (UNFPA, UNAIDS, WHO), Social Marketing Organization (PSI), Private Sector (Deithelm), NGOs (FHI, BI, LYAP, PEDA, NCA), Mass Organizations (LWU, LYU, LTU). The NCPC will provide the directional plan of condom programming of the country which includes coordination mechanism in the public and private sector, and social marketing condom distribution at all levels from the central down to the village level. An important element of this coordination mechanism is the involvement of the provincial health department through PCCA and MCH.

The inter-agency composition of the proposed committee will facilitate coordination with key institutions involved in health education at secondary and high education levels; knowledge and skills upgrading of health providers and school teachers; and development of curricula that integrates the educational and training needs of peer counselors and other people who could ably assist in the promotion of condoms. There are areas of responsibilities and accountabilities that must be initially defined and clarified to simplify monitoring and evaluation.

- Development of a National Condom Programming Strategy

  Condoms are universally recognized as one of the most effective ways of dual protection from unintended pregnancy and STIs including HIV. In order to achieve maximum results, condom programming must be comprehensive and strategic. Comprehensive Condom Programming (CCP) should include a wide range of

interlinked activities aimed at making quality male and female condoms consistently available, affordable and accessible to the local population for the prevention of STIs/HIV and unintended pregnancy. To be strategic, condom programming must recognize complimentarity between male and female condoms. It should be well integrated into the current government programmes to reduce costs of promotion and programming and at the same time engage the support of the private sector. It should aim to optimize the use of different entry points in RH and HIV prevention settings. It must recognize segments of population groups to effectively reach potential users. The ultimate goal of CCP is to increase the number of protected sex acts which will reduce incidence of unwanted pregnancy and STIs including HIV.

The National Condom Programming Strategy should be developed to design a comprehensive approach to condom programming to include programme support, condom logistics, and condom promotion. The strategy will unify the existing programmes implemented and develop solutions to the gaps identified in the various levels of condom programming. Specifically, the strategy will tie in all the interventions of the agencies and organizations involved in condom programming. Multi-sectoral consultations should be undertaken in designing the strategy to ensure their cooperation during the implementation stage.

- **Conduct of condom needs assessment.** Condom use among risk groups should be regularly monitored, especially among mobile freelance sex workers. Apart from condom use among risk groups, perceptions among the general population are also an important indicator to inform on the acceptability of condoms, particularly usage with non-regular partners.

- **Mapping of condom demands.** Government agencies should initiate the mapping of hot spots where condoms demand is high. A policy on accessing condoms for distribution to target communities should be circulated to assist organizations in planning and implementing condom programmes.

- **Sales and marketing of condoms.** Continue strong involvement of PSI and utilize their strength and existing infrastructure in condom sales and distribution including marketing of condoms. Some strategies that can be employed through PSI is providing different variants of condoms, users will have more motivation to try to use the product. Consideration must be given in differentiating the brand and packaging for the condoms being given away for free and study introduction of new variants targeting the youth. New variants targeting the youth will address those who are currently not using condoms and it will create new users. The study results showed that majority of the pharmacies have reported an increasing number of youth buying condoms.

  In brand and packaging differentiation, a client should be able to recognize the added value of the product bought from an outlet. A slightly inferior packaging

requirement can also cost less from the manufacturer therefore can buy more condoms.

Limiting the stigma attached to condoms and mainstreaming it as one of the effective and easily available contraceptive options will make it is easier to promote condom use. The government should strengthen the support of making condoms available in health clinics targeted to general populations.

In marketing condoms there is a need to put in place strategies for trade promotions activities. Consumer promotions are necessary in changing behaviors but good trade promotions efforts must complement these efforts. All the outlets visited with their willingness to promote condoms must be tapped.

The results of the field work revealed the need and opportunity to promote condoms at distribution points. With most of the distribution points signifying their intent to welcome opportunities to promote condom use to their clients is a good indication that extensive demand generation activities can motivate the distribution points to take part in the promotions effort. While increasing promotions at the trade level, it is also worthwhile to expand the outlet coverage of PSI to more non-pharmacy, non-traditional outlets to increase condom accessibility. Village Health Care workers can be tapped as Community-based distributor thus used as distribution points for condoms. However they should provided with training on HIV, AIDS, STI, FP and reproductive health as well as incentives to motivate them promote condoms.

- **Integration of Public Sector Condom Distribution (FP, HIV, STI).** The existing LMIS can be utilized as the key system for the entire logistics cycle of condom distribution. Although PSI has the infrastructure in ensuring stocks are transferred to all distribution channels, PSI can be incorporated in the strength of the LMIS thus making it a sustainable logistics system. Given that PSI will continue its social marketing activities, it will definitely be ensuring supply availability at all possible commercial channels. PSI can also track and monitor these activities. However, the free supplies going to the government facilities and other important service outlets have to be managed more critically. Here are the suggested integration points:

  1. CHAS and MCHC as the lead agents can form a core committee to manage the LMIS.
  2. CHAS and MCHC can appoint PSI as the lead partner in the product procurement, distribution arm, and some communication activities in the field.
  3. PSI can manage the warehouse, do the condom procurement, and assist in communication activities. PSI has the capacity with the international network to assist in ensuring condoms to be procured adhere to set quality standards. PSI likewise has the capacity to ensure quality service from warehousing up to the delivery of products and communications.

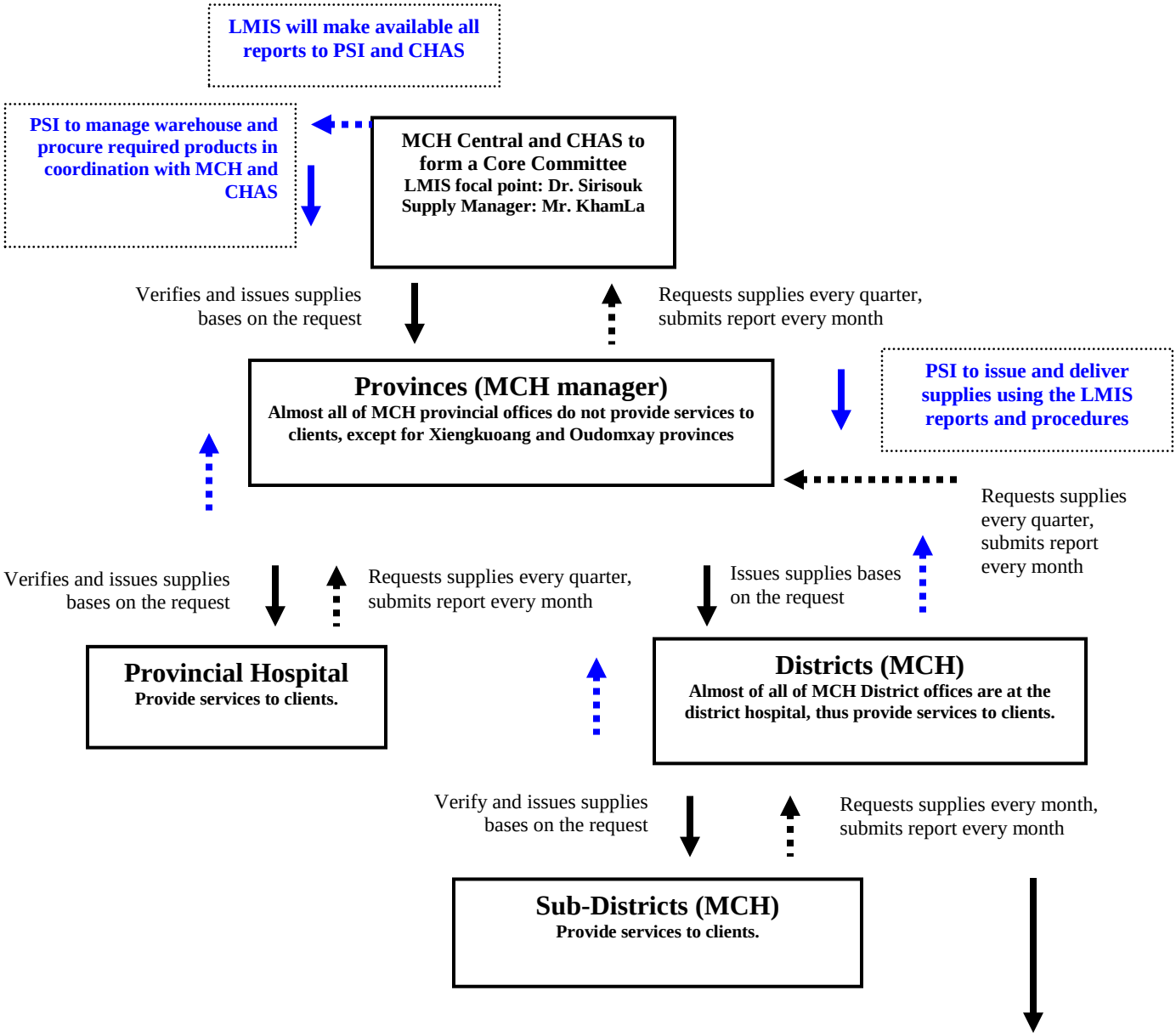
4. This means that PSI can serve as the additional manpower support for the LMIS in delivering products to the identified distribution channels. This serves four purpose:
    a. PSI has the delivery infrastructure in place and can reach the delivery centers in a more cost effective manner
    b. PSI can procure better quality products given the economies of scale along with the procurement of the socially marketed products
    c. The special outlets can eventually be redirected as a point of purchase outlet and PSI can already tap these facilities and help sustain their operations.
    d. Important technical information requirement about condoms, condom use and efficacy can be supplied by the PSI personnel immediately when required at the delivery point.
5. The LMIS will serve as the trigger point for the resupply in all facilities. The system will tell PSI on a quarterly basis how much products need to be resupplied at any given facility. PSI will be able to utilize the database in their forecast requirement.
6. LMIS will inform the proposed NCPC and eventually both CHAS and MCH of the condom distribution and other requirements.
7. LMIS will ensure quality of information and service at all levels.

In order to sustain the system, Lao PDR needs to strengthen and manage the pipeline through:

- Commitment and leadership, particularly from governments, program planners and key leaders are highly required.
- Coordination and collaboration in decentralize set-up are required.
- Beefing-up technical capacities of personnel who will make the supply chain work
- Improve quality of data collection
- Establish technical back-stopping system
- Continuous knowledge development: sharing and updating the system, and improving supervisory and monitoring skills

The synergy that can be created in integrating these processes will result to bigger cost effectiveness and efficiency at all levels. To illustrate the integration, the blue arrows represents where PSI can be utilized.

Figure 17. Integration in the LMIS pipeline flow chart



All of family planning service providers are MCH staffs.

Note: The solid arrow ⇢ represents the flow supplies which includes condoms
The dash arrow ⇢ represents the flow of information - reports and requisition (LMIS).

Any operating LMIS in any country needs continued monitoring, improvement and upgrading. From the last almost 4 years of the LMIS operations, there remain improvement areas that require attention.

- Human resource for the LMIS must be sustained.
- Incompatible professional background of some medical staff against the subject matter requires additional skills training. In acquiring additional manpower complement, administrative skills, computer literacy, basic inventory management, are amongst the key required competency areas. Skills training have to be continuous as well as refresher courses.
- Strengthening personnel commitment of managing LMIS is critical for the system sustainability. Each personnel must embrace the importance of the system to the entire infrastructure of condom distribution. A direction can be provided by the government in order for the personnel to emulate the commitment from the higher level.
- Strengthen coordination level between all parties concerned.
- The monitoring reports about LMIS indicated that procedure and guideline is not strictly followed when making requisition and issue of the supplies. Corresponding reprimand should be in place for compliance. Furthermore, the training modules should emphasize importance of information requirement.
- The LMIS report must be available to all parties regularly. The report format must be reviewed regularly (i.e. once a year) to check usefulness and developing new reports is dependent on the information requirement of all parties involved in the condom programming.

- **Intensify local government participation through the 100% CUP.** With clear implementing guidelines, other provinces will be able to start adopting the program. Disseminating the lessons learned from the experiences of other provinces will improve programme implementation. The regulations on 100% CUP must be revisited. Mechanisms on how to access funds and services should be informed to the organizations and target groups. Support services for sex workers should be made accessible to them. The 100% CUP needs to be scaled up for nationwide implementation. The focus on HIV/STI should complement the implementation of the National Policy on Birth Spacing to promote condom use for family planning. Lao PDR can draw lessons from the experiences of other Asian countries that effectively implemented this programme.

■ <u>Development and implementation of a National Condom Communication Campaign that will emphasize dual protection of condoms</u>

A National Condom Communication Campaign has the capacity to ensure a continuous and large-scale educational intervention to the public. The campaign will target young people and married men and women. The campaign will address the stigma of using condoms, which are perceived to be associated with promiscuity and sex work, and emphasize the use of condom not only for disease prevention but also for prevention of

pregnancy. Barriers to using related to purchase and handling of condoms will be addressed in the campaign.

Condom promotion and education in the country is not extensive despite the available services provided in different levels: advocacy, treatment, and prevention. What needs to be focused on is the intensity to which these programmes are delivered. Behavior modification will require continuous and regular interventions from service providers. As such, service providers should be able to provide varying levels of interventions, which include creating awareness, providing knowledge, and correcting practices in relation to condom use.

This study found that the initiatives made by both government and non-government institutions which sponsored festivities, concerts and sent project teams to villages appeared to have made an initial impact on potential and new condom users. FGD participants have emphasized a preference for a personal approach e.g. listening to project teams and they also like the idea of an interactive small group discussion among peers. Media messages on television or posters which were strong on visual rather than content messages were also remembered well. Young people and MSM were aware and were motivated by the fact that condoms do prevent STIs and AIDS as well as prevent early pregnancy. Media and promotional messages, however, generally emphasized condoms as a protection against AIDS and STIs.

It is against this national and cultural terrain that we recommend a behavioral communication campaign that will look into the target recipients of these messages and the preferred medium for messages by these target groups. Furthermore, the basic content of these messages should emphasize the dual protection of condoms which have been found to be missing in previous campaigns.

We saw the importance of some values upheld by many Lao like the virtues of love and virginity among the more conservative young adolescents. Behavioral messages should be sensitive to these values and should help the society see the virtues of condom usage i.e., that do not run counter to existing values. Among older couples, the advantages of male and female condoms as against other contraceptives should be highlighted to introduce new paradigms of looking at condoms by adopting the perspective of individual and public health.

Designers of this campaign should also consider the "significant other" of specific target audience and tap these "others" as possible counselors or trainers. The role of peers in influencing major decisions of young men and women illustrate how the latter could help educate and influence positive change in young people. Health providers like doctors and nurses are relied upon as sources of information among married women and men as well as by commercial sex workers. Highly trained messengers of condom information and health messages are therefore important variables to an effective national campaign.

The who, what and how of this national communication campaign should take cognizance of the different factors that can significantly create an impact in terms of

attitude and behavioral change among the sectors it were intended for. A systematic evaluation of any national campaign developed for this purpose should be integrated into the planning of this campaign.

Organizations should increase BCC interventions, training of volunteers, conduct of outreach activities among sex workers, and training of personnel in charge of distribution, procurement, and promotion of condoms. Training manuals and modules on effective condom management and BCC should be developed by the MOH and distributed to partner organizations.

■ Establishment of Condom Quality Assurance Mechanisms

A Condom Quality Assurance Mechanisms is recommended to ensure that all products brought into the country passed through quality standards. These standards should be adhered with from the start of the procurement process up to the distribution to retail outlets. Substandard quality of condoms affects the likelihood of repeat usage among consumers.

Condom quality can be measured at various points in the logistics cycle particularly in the distribution system. The critical point is to have quality checks at various points starting with product registration. Following this are quality assurance measures down to the retail level. At present, no existing standard assuring quality of condoms in the market is implemented in the country. The government does not have regulations related to the marketing and distribution of condoms in the country. Condoms in the market are not even required to be registered with the FDD. This poses concern over quality issues. It is strongly recommended to intensify activities that will ensure quality of condoms distributed in the pipeline. This must start from the product procurement up to retail distribution. All condoms procured must adhere to standards, quality checks must be in place, random inspections must be conducted, and the retail outlets must be trained on how to ensure quality handling is assured. This can be incorporated in the National Condom Programming Committee and appoint the relevant government agencies that can spearhead this initiative and increase capacities of those involved in the condom distribution.

For both the private sector and social marketing programmes, efforts must be made to identify the quality requirements from the manufacture of the product up until storage and distribution. The following steps for improving quality can be undertaken:

- Incorporate in the supply contract the required quality standard for the condoms
- Identify suppliers that can be invited to supply the required quantities and quality
- The product packaging of condoms must indicate the manufacturer's name. This must be mandated by the government as well.
- Distributors of products must implement a quality assurance system for their products. This includes keeping samples of each batch of the products for retention, random sampling of batches and constant check of quality.

- Distributors of products can consider an independent testing laboratory to test the products they buy.

■ Promotion of Adolescent Reproductive Health

The review of literature found that there were low levels of reproductive health knowledge among government personnel which included health providers. There was also an observed need to intensify training among health workers on adolescent reproductive health specially in urban centers.

ARH services should be included in all service delivery outlets such as hospitals, drop-in centers, and health centers. Condom education should continue to be institutionalized and strengthened in the school curriculum. The Ministry of Education is needed to speed up the dissemination of information and knowledge to the young people.

■ Operations research for introduction of new condom brands/packaging for Young People

This study found that young people and MSM desired more variety in colors, taste and scent of condoms. These groups are definitely seeking more excitement in the condoms since the latter were perceived to be providing sexual pleasure too. Among adult discussants, the sensual attributes were given importance but not in terms of color or aesthetics. They were more concerned about the pains and discomfort associated with its actual use.

These qualitative findings should help in thinking through an operations research that will explore the mix of elements that will make condoms sensually appealing and sexually satisfying.

A new condom brand or packaging specifically designed for young people will help increase the adoption of condoms. The brand should have a product image and a market positioning that the young people can identify with. Operations research on the acceptability of such product, brand name, key messages, and product attributes and design needs to be done. The research will engage the young people in designing and developing the product that is attractive, functional, accessible, and affordable to them.

■ Operations research for introduction of Female Condoms for use among Sex Workers, and FP users

Our study found limited knowledge and awareness of female condoms among married women and couples. Sex workers knew more about female condoms but they also expressed negative experiences with this condom. Some admitted lacking the skill to actually put it on.

Operations research to test the acceptability and marketability of female condoms among SW, and family planning users is recommended. The female condoms will provide an option for men who have problems wearing condoms. Consultations among the target users will be done to ensure the feasibility of distributing or marketing this type of product. Culturally appropriate communication messages to promote female condoms must be explored among the target groups.

- Building capacity in condom programming

The CHAS and MCHC should mobilize and train other government units to take initiative in addressing the condom programming needs of the country in relation to condom demand, condom logistics, and programme support. Skills training of health care personnel should include both government and private sector staff. NGOs involved in the promotion of condom programming activities both at the provincial and district levels should also be invited to participate. A physician was interviewed at the Obstetrics and Gynecology Department of the Champasack Provincial Hospital has informed the team that there's is a big opportunity to promote the condoms post-natal when the woman leaves the hospital for the village. Condom promotion can be done at check-out time when the husband is by her side, a perfect opportunity to involve the husband in decision making and providing them both the skills in using the condom. In fact at this time, the couple can be coached on the number of pieces of condoms that they can bring home should they decide to use. Supply at the village level is rather limited. The physician added that staff of the OB-Gynecologic Department should also be trained on skills in using condom as well as in condom negotiation techniques. There should be proper coordination with the MCH Out-patient Department regarding this concern.

The STI physician at the out-patient department of Savannakhet Provincial Hospital said that patients coming to the clinic are provided condoms if they are available or just prescribe them to buy at the drugstore. She said that some of the condoms are provided from FP unit of the hospital or provided by the PCCA. However, she said that she does not know how condoms are allocated from the PCCA to their unit and would like to know how the computation for allocation is done so as not to have a stock-out.

The government should evaluate the impact of the condom policies and regulations it has set in place to determine the effectiveness of these interventions as well as address issues on the effective implementation of the programme. Model programmes and benchmarks should be identified to replicate effective practices in the field.

Government agencies and relevant organizations should be trained on how to use data to determine condom use and on how to manage condom programming based on available resources and health structures.

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APPENDICES

A. Focus Group Discussion Guide (English version)

YOUTH, CSW AND MSM FGD GUIDE QUESTIONS

(This instrument serves as a guide to facilitators. The group leader may add, delete or modify the questions as he/she deemed appropriate.)

Content Guide	Youth	CSW	MSM	Comments
Purpose of the FGD	X	X	X	Emphasize the value of the FGD study. Mention confidentiality and get consent for documenting and taping.
Ground Rules	X	X	X	Stress how proceedings will be documented; ask permission to be taped; how report will look like and encourage active participation.
Brief Introduction of Participants	X	X	X	Name cards should be very readable from a distance
We said that we are here to talk about condoms and other matters related to it. How many of you are carrying condoms? Please do show us. Is it your habit to carry condoms? When did you buy this? Who else knows that you are carrying one now?	X	X	X	Notice where and how they keep it.
Why do you have this condom with you?	X	X	X	
How about those of you who do not have a condom now? Any reason why you are not carrying a condom with you? But did you ever carry one?	X	X	X	
What do you know about condoms? Can you describe what it is and what it is used for?	X	X	X	Probe the use of condom by their reference group like youth, csws and msm.

Content Guide	Youth	CSW	MSM	Comments
		X		
Who are the people do you think should be using condoms?	X	X	X	Probe the reason behind their answer. Then follow up with a question " Are there people who should be using condoms but aren't? What do you think keeps them from using condoms?" Probe cultural barriers.
What do your clients say about condoms? How do they feel about using it? How about your regular partner?		X	X	
What is the attitude of people you know about condoms? Do you support their views? Share us your opinion.	X	X	X	Probe cultural barriers Reference group like classmates for students
Q for users: How did you come to know about condoms? What made you start to use condoms? For what reasons? For HIV prevention, or STI or to prevent pregnancy? Where did you first get the condoms? How did it feel when you first bought the condoms? What made you continue to buy condoms? Do you know how to use the condom? (Ask how?) Did you ever use lubricants	X	X	X	First heard, First Learned How to Use Role of IEC, ad campaign, peers, institutions Bring out a manila paper and run a brief survey: Which of the following would be hard to do and why? Going to store Carrying a condom Telling my partner to use condom each time we have sex. Telling a sex worker to use

Content Guide	Youth	CSW	MSM	Comments
when using condoms? Did you ever hear about female condoms? What have you heard?				condom Using a condom for oral sex Using a condom for vaginal sex Putting a condom on my partner (Female Ss) Refusing to have sex if partner does not use condom
Q for users: Where else do you go to buy condoms? Is this convenient? Where do you wish you can get them?	X	X	X	
Was there a time you feel you should have used a condom but didn't? What prevented you?	X	X	X	
Q for non-users: Did you ever care to know where you can get or buy condoms? Did it ever cross your mind to use one?	X	X	X	
Have you ever suggested using condom with your partner? What made it difficult or easy to suggest?	X	X	X	This question depends on responses to previous questions.
What does it take for you to buy and use a condom? Please elaborate	X	X	X	What will really motivate them to buy and use condom
How do you think your family feels about condoms? How about peers or friends? What do you think is their attitude about condoms? Do you think they will approve if you use one?	X	X	X	Parents or siblings
If there is something that you don't like about condoms, what would this be?	X	X	X	
If there is something that you like about condoms, what would this be?	X	X	X	
Cite and quote a byline about an AD campaign on condom they have seen and heard. Get their	X	X	X	Get their opinion on whether it convinced them to use condoms

Content Guide	Youth	CSW	MSM	Comments
reaction.				
Have you heard about AIDS? What is it? How do you get infected? Where did you learn this from? Are you scared you will get it?	X	X	X	
What is the likelihood that you would catch AIDS? What are the ways you believe you can be protected from this disease? What are you doing to be safe? Where did you learn this from?	X	X	X	
What about STDs? Are you aware of some? What is the likelihood that you would catch it? Are you likely to get STI/AIDS if you don't use condoms? How else do you think can you be safe from these diseases? Are you doing this now? If no, Why not?	X	X	X	
How do you think should people be educated about condoms? What do you think should be the key message? How can it be linked to AIDS? STDs?	X	X	X	
This time I would like to hear your suggestions on some matters about how condoms should be made more accessible. Where else do you think should condoms be sold? How should it be sold? How do you find the price?	X	X	X	
What can be done so people will use more condoms?	X	X	X	Give time for some quiet thinking Encourage concrete suggestions
Let me summarize what we have heard from you so far. Do you				

Content Guide	Youth	CSW	MSM	Comments
have anything to add? Any further thoughts? Correct any misinformation if ever raised in the fgd. Show condom samples, distribute IEC on AIDS and STDs				
Thank you so much				

Married Women and Couples FGD Guide Questions

Content Guide	MW	COUPLE	Comments
Purpose of the FGD	X	X	Emphasize the value of the FGD study. Mention confidentiality and get consent for documenting and taping.
Ground Rules	X	X	Stress how proceedings will be documented; ask permission to be taped; how report will look like and encourage active participation.
Brief Introduction of Participants	X	X	Name cards should be very readable from a distance
We said that the focus of our discussion will be on condoms. Before we discuss condoms, I would like to ask a few questions	X	X	
How many of you would still want to have children? How many do you wish to have? Any particular reason for this number?	X	X	
Does your husband feel the same, or different? In what way?	X		
Do you practice family planning? Why do you use it (for spacing or for limiting reasons). Since when have you been practicing?	X		Alternative: Did you ever use contraceptives? Refer to no. of births before use of contraceptive

You all practice family planning. Since when?		X	
If you do not practice family planning, why not? Is this your wish, or is it your husband's? How do you feel about this?	X		Allow all to speak up
What is the attitude of people you know (like friends and parents) about family planning. Are you affected by their opinion?	X	X	
What contraceptive do you use? Is this your choice? Why do you prefer this over others? How did you decide what to use? What about your husband? What was his preference and why?	X	X	Did they get advice from clinic or centers? What did they say?
Have you heard of condoms? Can you describe it please?	X	X	
Who among you have used condom as a contraceptive? If yes, do you still use it? If not, what made you stop using condoms? What problems have you encountered with condoms?	X	X	
What is good about condoms?			
If these undesirable qualities were improved, would you shift to condoms? What does it take for you to start using condoms?	X	X	Repeat the negative qualities named by respondents
How about other women/couples you know? What do they say about condom as a contraceptive?	X	X	
Q for users: Who buys the condoms? Where do you/spouse go to buy condoms? Is this convenient? Where do you/spouse wish you can get them?	X	X	
Was there a time you feel you should have used a condom but didn't? What prevented you?			
Q for non-users: Did you ever	X	X	

care to know where you can get or buy condoms? Did it ever cross your mind to use one? What does it take for you to use one? Please elaborate			
Cite and quote a byline about an AD campaign on condom they have seen and heard. Get their reaction.	X	X	Get their opinion on whether it convinced them to use condoms
Have you heard about AIDS? What is it? How do you get infected? Where did you learn this from? Are you scared you will get it?	X	X	
What is the likelihood that you would catch AIDS? What are the ways you believe you can be protected from this disease? What are you doing to be safe? Where did you learn this from?	X	X	
What about STDs? Are you aware of some? What is the likelihood that you would catch it? Are you likely to get STI/AIDS if you don't use condoms? How else do you think can you be safe from these diseases? Are you doing this now? If no, Why not?	X	X	
This time I would like to hear your suggestions on some matters about how condoms should be made more accessible. Where else do you think should condoms be sold? How should it be sold? How do find the price?	X	X	
What can be done so people will use more condoms as a contraceptive?	X	X	Give time for some quiet thinking Encourage concrete suggestions
Let me summarize what we have heard from you so far. Do you have anything to add? Any further thoughts?			
Thank you so much			

Consultant's Notes:

The revisions on the Methodology of the FGD incorporated the comments and suggestions from the following meetings:

1. Advisory Meeting on February 1, 2008: Some additional questions were included on the Guide Questions.

2. Meeting with the Facilitators and Research Team: Roles of different people involved in the FGD such as the facilitator for particular groups, the moderator and the documenter of the proceedings were clarified.

3. Pre-testing of the FGD guide questions and Demographic Profile Questionnaire with gay and bi-sexual youth group.

4. Meeting with a resource person on the back-translation of the FGD guide questions.

5. Post-FGD (pre-test group) meetings with the research team including the facilitator.

B. Demographic Profile Sheet (English version)

FGD Demographic Variables

Name : _____

Age: _____

Gender:

- Male
- Female

Status:

- Single
- Married
- Living In

Religion:

- Buddhism
- Others

Ethnic group: _____

Address: _____
Length of stay: _____

What Province do you come from? _____

Level of school attended:

- Primary
- Secondary/High School
- College
- Post Graduate

Employment:

- Student
- Unemployed
- Employed
- Nature of work: _____
  Place of work : _____

Travel abroad

- Asia
- United States
- Europe
- Middle East
- Others

Frequency of travel:

- Only once
- 2-5 times
- More than 5 times

Travel within Laos

Provinces: _____
_____
_____
_____

Frequency of travel:

- Only once
- 2-5 times
- More than 5 times

Living Arrangement:

- Alone
- With parents and siblings:
- With other co-workers/students
- With partner or spouse

Are you in a relationship with someone?

- Yes
- No

Do you have sexual relationship with this special someone?

- Yes
- No

Are you currently married or living with a man/woman with whom you have a sexual relationship:

- Yes
- No

Ever used condoms?

- Yes
- No

If yes, how frequently do you use condoms?

- Rarely
- Occasionally
- Frequently
- All the time
- Not Applicable

Ever used non-medical drugs?

- Yes
- No

Ever used contraceptives?

- Yes
- No

If yes, what for?

- STI Protection
- To prevent pregnancy
- Birth Spacing

C. Key Informant Interview Schedules (English version)

INTERVIEW GUIDELINES FOR POLICY MAKERS AND PROGRAM MANAGERS

Dear Respondent, Please fill up the information sheet before the meeting with the interviewer. Thank you very much.

1. Respondent	
2. Organization	
3. Job Title	
4. Length of Service	
5. Major responsibilities	
6. How many years has your organization been involved in condom programming?	
7. What is your organization involvement in condom programming?	
8. What are your organization's key objectives in its involvement in condom programming? (HIV and STI Prevention, Family Planning, reproductive Health)	
9. What are your organization's condom programming main activities? (HIV and STI Prevention, Family Planning, Reproductive Health among young people)	
10. What have been your organization's main difficulties	

in achieving condom programming main activities? (HIV and STI Prevention, Family Planning, Reproductive Health among Young people)	
11. How did you manage to solve the main difficulties in achieving condom programming main activities of the above?	
12. Is the government supportive of the need for condom for the above?	
13. How do you improve condom program efforts for HIV prevention?	
14. How do you improve condom program efforts for family planning?	
15. Do you think there is a need to promote condom use among young people? If yes, Why? And if no, why not?	
16. What are the ways can your organization promote condom use among young people?	
17. What are the target population groups of your condom promotional efforts?	
18. What are the geographic areas of your target groups?	
19. What can be done at this time to increase condom supply and distribution to those who most need it to prevent HIV?	
20. What can be done at this time to effectively promote increased demand and use of condoms?	
21. What additional resources, trainings, technical assistance and funds are needed for condom supply, distribution and promotion?	
22. Are there any gaps in condom programming that you	

perceive? If yes, what are these gaps?	
23. What are your recommendations to resolve the gaps in condom programming?	
24. What are the current policies relevant to condom promotion and distribution?	
25. Is there any coordination of condom promotion/distribution activities? If so, where, how?	
26. Is the government giving away free condoms? Is this funded? Or directly donated?	
27. Is the government entirely reliant on donor support?	
28. Is there any existing regulations governing the procurement and distribution of condoms?	
29. Is the government playing an active role in promoting condoms? How?	
30. How are condoms classified in your government regulations? Can it be sold over the counter? Or does it require a medical provider prescription?	
31. Are there any other government restrictions in the distribution of the product? If yes, what are these restrictions?	
32. Do you think there government regulations that supports condom promotion? If yes, what are these regulations? If no, what are your recommendations?	
33. Do you think there government policies that supports condom promotion? If yes, what these policies? If	

no, what are your policy recommendations?	
34. Do you impose taxes on condoms? What kind/type? What is the process involved?	
35. What are your government regulatory requirements?	
36. Does your government require the products to be registered before it can be distributed?	
37. How long does it take to register a new product/brand?	
38. Do you have a separate regulatory requirement for the product packaging?	
39. Are you required to have a pharmacist to facilitate product registration requirements?	
40. What is the validity period of the product registration?	
41. Are there quality assurance laws on condoms in the country?	
42. Do you think that the country has enough supplies of condoms?	
43. Do you think that there is a need for a national condom programming in the country?	
44. Do you think your current condom programming system is working?	
45. Do you have any recommended improvements in the current condom programming system?	
46. Who do you think are the players of condom programming in the country?	
47. Do you have other thoughts before we conclude this interview?	

Additional Question for Health Care Providers

Guide Questions	Responses
What is usually the waiting time to be seen in the clinic?	
Do you have a private room for counseling?	
How do you conduct counseling?	
What are your sources for providing information on condoms as regards to HIV/AIDS and Family Planning/Reproductive Health	
Do you discuss sexual practices with the clients and assess personal client's risks as factor for HIV/STI and unwanted pregnancy?	
Do you provide counseling tailored to client's needs and circumstances?	
Are you sensitive to gender issues?	
Do you inform your client about the dual protection of condom	
Do you provide condoms demonstration?	
Do you provide your clients condom negotiation skills	

KEY INFORMANT INTERVIEWS

Supplies and Logistics

QUESTIONNAIRES

Dear Respondent, Please fill up the information sheet before the meeting with the interviewer Thank you very much.

General Information

1. Respondent	
2. Organization	
3. Job Title	
4. Length of Service	
5. Major responsibility	
6. Total number of personnel in condom programming	
7. What are the positions available for condom programming in your organization	
8. 7. Do you feel that this number of personnel meet your needs and target for condom programmings	Yes No
9. If no how many more personnel should be added (for what if more needed)	
10. How many number of years is your organization in operation for condom programming?	

11. What types of training do your personnel receive in the organization	
12. What are other trainings should your personnel receive, not currently provided by the organization	
13. Who is your target population for condoms	
14. How do your promote this condom to target groups identified above	
15. How do your organization's programs reach these target populations?	
16. What is your coverage area?	
17. What have been your organization's main condom/ achievements?	
18. You mentioned about your programs, are you meeting any difficulties in these programs. What are these?	
19. How do you forecast?	
20. What is the basis of your forecasts?	
21. Do you prepare a procurement schedule? How many do you procure a year? a quarter? a month?	
22. What procedures are followed in your procurement?	
23. Does stock out occur? And how do you manage it?	
24. Does overstocking occur? How do you manage it?	

25. Where do you procure the condoms?	
26. Do you buy in bulk? Or you require a special packaging?	
27. Do you buy your condoms just base on the lowest quoted price?	
28. What are your criteria in choosing your suppliers?	
29. Do you conduct a bidding exercise for suppliers? Is it a competitive bidding? Or a direct negotiation?	
30. Do you buy in cost insurance freight (CIF)? Or freight on board (FOB)? And what is your lead time requirement?	
31. How long does it take for your supplier to deliver your order from the time you issue a purchase order?	
32. How do you pay your suppliers?	
33. How do you clear the commodities from the port of Lao?	
34. Do you pay for customs duties? And taxes?	
35. What are your government regulatory requirements?	

36. Does your government require the products to be registered before it can be distributed?	
37. How long does it take to register a new product/brand?	
38. Do you have a separate regulatory requirement for the product packaging?	
39. Are you required to have a pharmacist to facilitate product registration requirements?	
40. What is the validity period of the product registration?	
41. Are there any other government restrictions in the distribution of the products	
42. Where do you take the commodities? Where is/are your warehouse/s?	
43. How do you store the condoms? Is it under a controlled temperature?	
44. How do you manage your warehouse?	
45. Do you require an independent test for the products you procure?	
46. Do you conduct quality assurance tests? What is your	

quality system?	
47. Do you undertake independent tests for the condoms?	
48. How do you distribute the condoms?	
49. Who distributes your condoms?	
50. Where do you distribute your condom	
51. What is the volume of condoms distributed yearly?	
52. What is the volume of condoms sold yearly?	
53. How do you monitor the distribution? Any reports/database you prepare and maintain?	
	Interview Proper
54. Do you think that the country has enough supplies of condoms?	
55. Do you think your current system is working?	
56. Do you have any recommended improvements in the current system?	
57. How are condoms classified in your government regulation? Can it be sold over	

the counter? Or does it require a medical provider prescription?	
58. Do you think your current government regulations on condom promotion are adequate?	
59. Do you have any policy change recommendation on condom procurement and distribution?	
60. What is the market size of the condoms?	
61. Who are the major players?	
62. What are the price ranges of the products being marketed?	
63. Do you think there is a room for growth commercial distribution of condoms?	
64. Do you think there is a need for new condom brands to be introduced to the market?	
65. Is your organization willing to distribute female condoms if introduced in the market?	
66. What are the likely barriers to female condom use if introduced?	
67. Do you think there is a demand for lubricant?	
68. Do you have other thoughts before we conclude this interview?	

D. Distribution Outlet Form

INTERVIEW GUIDELINES FOR DISTRIBUTION OUTLETS

Dear Respondent, Please fill up the information sheet before the meeting with the interviewer. Thank you very much.

Guide Questions		Responses	Check when applicable / Comments
1.	Outlet name		
2.	Address		
3.	Owner name		
4.	Number of staff		
5.	Type of outlet	Drugstore/Pharmacy	
		Supermarket/Grocery	
		Small shops	
		Drink shops	
		Others (please specify), e.g. hospital	
6.	Do you sell condoms? How long have you been selling condoms?		
7.	How many condoms are sold on an average day?		
8.	How many are sold in a typical week (specific currency)		

Guide Questions	Responses	Check when applicable / Comments
9. How much do they cost for the seller or agent (specific currency)?		
10. Do sellers or agents have any suggestion for better promoting condoms (What)?		
11. Describe any point-of-sale advertising or media.		
12. Do you ask the sales agent what he says to counter negative attitudes?		
13. Do the agents have any problems in always having adequate supply of condoms?		
14. How many condoms have been sold or distributed over the last three years?		
15. How do the clients buy their condoms?		
16. Who are the usual buyers of condoms?		
17. Are there young people buying condoms, males or females?		
18. What can be done to make your condoms accessible including young people?		
19. What brands are you selling and how much do you sell them? (please list down and get price points)		

Guide Questions	Responses	Check when applicable / Comments
20. Are you allowed to sell condoms without a prescription?		
21. What are the government regulations you need to adhere to?		
22. Where do you get your condom supplies?		
23. Do you buy them in cash? What are your credit terms?		
24. How many do you buy?		
25. Are you often visited by a representative?		
26. Where do you keep the condoms you buy? Do you have a warehouse?		
27. Are there customer complaints? If there are, how do you handle them?		

E. List of Agencies and Individuals Involved in the Study

Resource Persons

Dr. Khanthanouvieng Sayabounthavong
CHAS Global Fund Project Coordinator
Head STI Unit, CHAS

Mr. Alex Tran
MIS Specialist
Vientiane Capital

Ms. Elenor Susan Claro
Country Representative
Health Unlimited, Laos

Dr. Chanthone Khamsibounheuang
Deputy Director
Center for HIV/AIDS and STI
Ministry of Health

Dr. Phouthone Southalac
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Center of HIV/AIDS and STI
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Savannakhet Provincial Health Department
Savannakhet

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World Bank

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Burnet Institute

Mika Niskanen
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Sithonh Soundara
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Norwegian Church Aid

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Anan Bouapha
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Provincial Coordinator

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Dr. Latsamy Siphanh

PCCA, Champasack

Dr. Somphone Simmavong
PCCA, Sekong

Dr. Khetsaphone Yattivong
PCCA, Savannakhet
Dr. Lavanh
PCCA, Vientiane Capital

FGD Coordinators

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CHAS, Vientiane Capital

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Sekong

Ms. Ketkeo Phimmasane
Sekong

Ms. Namphet
Lamal Dist.,Sekong

Ms. Khammy
PCCA, Pholtong, Champasack

Dr. Souban
PCCA, Pholtong, Champasack

Mr. Vongphouthone
Pholthong, Champasack

Ms. Nang
Drop-in center, Savannakhet

Mr. Chan
Luang Prabang

Mr. Ban Pholsavang
Village Head, Luang Prabang

Ms. Khamphan
Luang Prabang

Ms. Dalayvanh Keonakhom

Provincial Health Office, Savannakhet

Ms. Buaphang (Savannakhet)
Manager, Drop-in center, Savannakhet

FGD Facilitators

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CHAS Global Fund Assistant Project Coordinator
CHAS

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Head, IEC Unit
CHAS

FGD Documentor

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CHAS

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CHAS

FGD English Editor/ Research Assistant

Arnel C. Cornelio

KII Research Assistant

Lady Kristine Sunega-Cruz

Key Informant Interviewees

Hospitals/clinics/drop-in centers/agencies

Ms. Phouangmalay
Medical Supply Center
MOH

Mr. Silisouk Souksavath
Maternal and Child Health Center
MOH

Dr. Amphone Sihakang
Food and Drug Department
MOH

Dr. Keo Sosouphanh
Champasack Provincial Hospital

Dr. Bouagneung
MCH-Savannakhet

Dr. Houmphanh
MCH-Luang Prabang

Dr. Pasit
MCH-Luang Prabang

Dr. Pouangmala
MCH-Champasack

Dr. Chanpheng
STI-Luang Prabang

Dr. Khonesavanh
STI-Savannakhet

Dr. Khonesavanh
Distict Hospital Sisattanak
Vientiane Capital

Ms. Manichanh
Drop-in Saythany
Vientiane Capital

Ms. Sivilay
Chantabury Drop-in center

Dr. Ratsamy Siphanh
PCCA- Champasack

Dr. Khetsaphone Yattibong
PCCA – Savannakhet

Dr. Somphone Simmavong
PCCA – Sekong

Dr. Thongsavath Sayasane
PCCA-Luang Prabang

Dr. Lavanh
PCCA-Vientiane Capital

Non Government Organizations

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Burnet Institute

Phayvieng Philakone
FHI

Sythong NOUANSENGSY
PSI

Mr. Santipraseuth
PEDA

Mr. Vieng Akhone
LYAP

UN Agencies

Dr. Khamlay Manivong
UNAIDS

Inpeng Rasprasith
UNICEF

Hotel/Guest House

Mr. Thongkhan
Vangxang Guest House

Mr. Sonthavong
Savanhbanhoua Guest House

Mr. Bounam
Douangsavanh Guest House

Mr. Sivone
Santisouk Guest House

Mr. Bounpheng
Luang Prabang

Mr. Thavisack
Moukdavanh Guest House

Mr. Bounthan
Oudalone Guest House

Mr. Khamhung
ManoluckHotel

Ms. Khampouk
Sekong Hotel

Ms. Somchai
Somchai Guest House

Ms. Phaivone
Champathip Guest House

Mr. Toui
Laong Dao Hotel

Mr. Khamchanh
Chaleunxay Hotel

Ms. Khampouk
Sekong Hotel

Boukham Sayavory
Bouakham Guest House

Drink Shop

Mr. Keo
Mitaphap

Ms. Joy
Restaurant KM 7

Ms. Phonethanith
Sangkhalok Market

Ms. Bounmy
Sibounheuang

Ms. Chantajone
Hatsady

Ms. Big
Ms. Big

Pharmacy

Mr. Sonsavath
Sengsavang Vetsamoon

Palamy – Palamy

Sengdao – Sengdao

Saly – Saly Pharmacy III

Mr. Bountham
Bountham Osot I

Mr. Khampiew
Khampiew Osot III

Mr. Mousavath
Nidda

Ms. Manilath
Bus Station North

Ms. Bouvanh
Phosy Market

Minimart

Jounoi

3J Minimart
Vientiane Capital

Thongsamout
Sangkalok Market
Luang Prabang

Bounthavy
Bounthavy Store
Vientiane Capital

Lina
Lina Store
Savannakhet

F. Fieldwork and Timetable

GANTT CHART

ACTIVITIES			Month 1 (Jan. 15 – Feb. 15)				Month 2 (Feb. 15 – Mar. 15)				Month 3 (Mar. 15 – Apr. 15)			
			1	2	3	4	5	6	7	8	9	10	11	12
Identification and Recruitment of Consultant/team														
Prep/submission of research design and instruments														
Coordination w/ stakeholders at nat'l and field level														
Gathering of archival data and existing literature														
Review of archival data and existing literature														
Recruitment of FGD Participants														
Conduct of FGDs in 8 sites														
Youth		Vientiane Capital												
		Champasack												
Service women		Savannakhet												
MSM		Vientiane Capital												
Maried women	rural	Sekong												
	urban	Luang Prabang												
Maried couple	rural	Sekong												
	urban	Luang Prabang												
Key Informant interview														
Condom Supply Logistics														
FP agencies		MCHC												
Provincial government		PHD, PCCA												
AIDS Prevention agencies		CHAS												
Social Marketing agencies		PSI												
Private Commercial dist.														
Food and Drug Dep't.														
Mass Organization		LYU												
		LWU												
NGOs	Local	LYAP,NCA,PEDA												
	Int'l.	FHI,Burnet,CARE												
Condom Program Support														
International Donor		UNFPA												
		UNAIDS												
		WHO												
		USAID												
		UNICEF												
		ADB												
		World Bank												
		Red Cross												
		GFATM												
FP agencies		MCHC												
AIDS Prevention agencies		CHAS												
Social Marketing agencies		PSI												
Private Commercial dist.														
Food and Drug Dep't.														
Direct observation of condom outlets														
Food and drug department														
Provincial hospital (FP,STI clinic)														
District Hospital (FP,STI clinic)														
Pharmacies/Drugstores														
Drop-in centers														
Transcription of Tapes														

Coding of transcription and thematic analysis												
Validation of themes												
Recasting of Archival data												
Report writing of qualitative data												
Submission to UNFPA of first draft of study report												
Circulation of draft to stakeholders												
Submission to UNFPA of second draft study report												
Submission of final draft of study report												
Conduct of dissemination forum												
Monitoring and supervision by UNFPA												

Legend: On-going done Forecast

DETAILED ACTIVITIES BASED ON THE GANTT CHART

Identification and Recruitment of Consultant/team	• Consultants were recruited prior to the approval of the proposal • Other team members were identified prior to the approval of the proposal
Preparation/submission of research design and instruments	• Proposed research tools/guidelines were presented to UNFPA representatives for comments on the second week • Comments due from advisory members Dr. Chansy (CHAS), Dr. Kaisone (MCHC), Dr. Hahn (UNAIDS) Dr. Dominique (WHO), Mr. Gray (PSI), and Dr. Roquero (UNFPA) • Advisory committee meeting is set on Feb 1, 2008 • Tools to be translated in Lao after the approval
Coordination with stakeholders at national and field level	• Talked individually to CHAS, MCHC, PSI, LYAP, UNFPA, UNAIDS, WHO, BI, PHD, PCCA (Vientiane Capital, Savannakhet, Luang Prabang, Champasack)
Gathering of archival data and existing literature	• Secondary data gathereing started on the second week of December • 80 -90% of existing literature were already gathered • Gathered documents were given to the consultants for necessary action • Remaining literature are scheduled

	for retrieval
Review of archival data and existing literature	• Consultants started reviewing submitted documents on the third week of December • Prepared summary of all the retrieved documents • Identified gaps and weaknesses
Recruitment of FGD Participants	• Coordinated with respective organizations with direct contact to target groups
Conduct of FGDs in 8 sites	• FGD consultant (Dr. Melgar) will conduct briefing to local FGD person together with other interested parties on Feb. 2, 2008 • Dr. Melgar will conduct actual FGDs to youth and MSMs in Vientiane Capital on Feb. 2 and 3 or 4, 2008. • Other actual FGDs for youth, service women, married women, and married couple are scheduled on the second and third week of February.
Key Informant interview	• Tools were developed (subject for comments/suggestions) • Actual interviews to be done on the 2nd month
Direct observation of condom outlets	• Actual visits to the outlets will be done on the second month
Transcription of Tapes	• To be done right after FGDs and interviews • To be translated from Lao to English
Coding of transcription and thematic analysis	• To be done during the second month
Validation of themes	• To be done during the second month
Recasting of Archival data	• To be done during the second month
Report writing of qualitative data	• To be done on the 3rd week of the 2nd month up to the 3rd month
Submission to UNFPA of first draft of study report	• Forecasted to be submitted on the 9th week
Circulation of draft to stakeholders (advisory committee members)	• Meeting with stakeholders in the 9th week

Submission to UNFPA of second draft study report	• Forecasted to be submitted on the 10th week • Forecasted to be submitted on the 11th week • Forecasted to be conducted on the last week of the project
Submission of final draft of study report	
Conduct of dissemination forum	
Monitoring and supervision by UNFPA	• The team coordinates with UNFPA representative/s regularly for updates

G. Pictures

Two KII at a time

Condom Demonstration

Condom Display

Condoms, Coffee, Candies, Etc.

Dissemination Forum

FGD Married Couples

FGD Married Women

FGD Pre-testing

FGD Savannakhet

FGD Vientiane

FGD Youth

KII Champasack

KII Luang Prabang

KII Savannakhet

More Condoms

Registration for the Dissemination Forum

The FGD Team

Powerpoint Presentation

Slide 1

Family Planning, HIV/AIDS Prevention and Adolescent Reproductive Health:
Tale of Condoms in Lao PDR

Assessment of Condom Programming in Lao PDR
Consensus Building Forum
9 April 2008
Lane Xang,Hotel
Vientiane, Lao PDR

Slide 2

he Team

- Carlos L. Calica, MD, MBA –,Team Leader
- Isabel Melgar, PHD
- Cristy Fuentes
- Loreto Roquero,Jr., MD, MPH

Slide 3

Objectives

The study seeks to gather information that will help create a better understanding of the condom programming in Lao PDR and develop recommendations to strengthen condom programming in the country.

1.To provide a comprehensive assessment of the condom programming in Lao PDR in relation to Family Planning users, HIV/STI vulnerable groups and,young people and to look at the following details:
- Condom need/demand, acceptability and affordability
- Condom availability and accessibility
- Knowledge of condoms
- Condom use and practice
- Existing condom promotion/IEC efforts

2. To provide a comprehensive description of the condom supply and logistics in Lao PDR in terms of the following:
- Condom forecasting
- Condom procurement mechanisms
- Condom distribution systems
- Quality management

Slide 4

Objectives

3.,To review the condom programming support that will include:
- Condom policies
- Management
- Training

4. Identify gaps and weaknesses in the current condom promotion efforts in the country

5. Propose recommendations to strengthen and/or enhance condom programming for:
- Family planning programs
- HIV/STI prevention among vulnerable groups, and
- Adolescent sexual and reproductive health.

Slide 5

Methodology

- Framework
  - Focus Group Discussion
    - Health Belief Model
  - Logistics and Policies
    - Rapid Needs Assessment Tool for Condom Programming (UNFPA)
    - Rapid Assessment Protocol for Planning Condom Component of AIDS/STD Prevention Programmes (WHO)
    - 100% CUP

Slide 6

Methodology

- Review of literature (83 documents, academic literatures, reports)
- Sites: Vientiane Capital , Luang,Prabang, Champasack, Savannakhet,and Sekong,Provinces
  - regional representation (Central, Vientiane Capital and Savannakhet; Northern, Luang,Prabang; and Southern, Champasack),
  - population size HIV seroprevalence,among groups most at risk
  - provinces with main communication routes,
  - provinces with planned big infrastructure projects,
  - number of entertainment sites per location,
  - and provinces and districts with high mobility.

Slide 7

Methodology

- Focus Group Discussion
  - 9 FGDs,with Lao facilitators
  - 5 geographical sites
  - 81 participants
  - Instruments:
    - Pre-FGD Questionnaires
    - FGD Guide Questions
    - Translated from English to Lao and back translated
    - Face validated and Pre-tested

Slide 8

Methodology

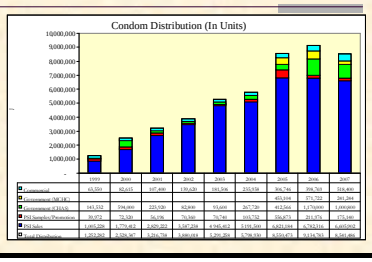
- Logistics and Policy Review
  - A survey of distribution outlets (38) were conducted along with observations and interviews. Specific objectives were set in line with this survey.,A description of the outlets logistics cycle were gathered through thorough review of literatures in relation to forecasting, procurement, distribution systems and quality management.
  - Key informant interviews (KII) were conducted involving 21 programme,managers and field implementers from government agencies, social marketing and non-government organizations, and donor agencies.

Slide 9

Condom Supply

Slide 10

Condom Supply



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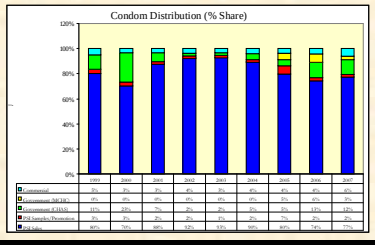
Condom Supply



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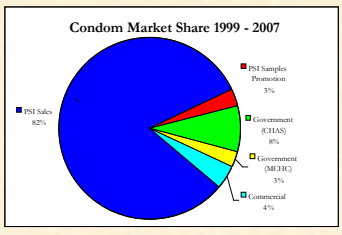
Condom Supply



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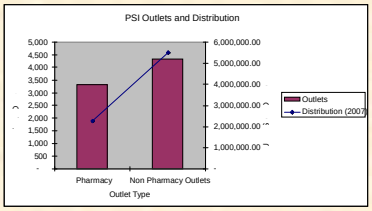
Condom Supply



Slide 14

Condom Demand and Use

Slide 15

Background

- Highlights of Literature Review
  - Young People
  - MSM
  - Sex Workers
  - Married Women
  - Married Couples

Slide 16

Young People

- Young People
  - Young people under 20 years comprise about 54% of Lao Population
  - Increasing number are engaged in pre-marital sex
  - Increasing number of contraception use
  - Boys (11 y.o.)*(ADB/Report for the Baseline Survey for "Community Action for Preventing HIV/AIDS"in Lao PDR, 2002)*have sex earlier than girls (15 y.o.)*(LR012005)*
  - Older adolescents who were males more likely to use condoms than females
  - Primary source of condoms is the pharmacy

Slide 17

MSM

- HIV prevalence is 5.6% in Vientiane Capital (unpublished MSM HIV Surveillance data, CHAS/CDC/BI, 2007)
- Condom use rate is 39%
- They would like to use condoms for anal sex
- Low lubricant use. Alternatives to lubricants were reportedly used
- Limited access to STI treatment/services
- Multiple male partners
- Lack of information about MSM lifestyle
- A number were engaged in sex work
- There are various subgroups i.e. katoeys, male sex workers, straight gays

Slide 18

Sex Workers

- HIV sero-prevalence increased from less than 1% in 2001 to 3-4% in some provinces *(2nd Generation HIV/AIDS Surveillance, CHAS 2004)*
- Age of sex workers ranged from 15 to 49 yrs *(SGS 2004)*
- STI rate remains high
- Tendency to self-medicate; some were using traditional medicine
- Number of sex workers and clients are increasing
- High mobility and turnover
- Condom use ranging from 29% in Luang,Namtha,to 41% in Vientiane *(SGS 2004)*
- Increasing use of alcohol and drugs

Slide 19

Married Women/Couples

- Women with no education marry and start childbearing early
- 35% of currently and ever married women were using modern methods of contraception *(LRHS, 2005)*
- Percentage of ever married women who have ever used condom is 4.3 *(LRHS, 2005)*
- The mean ideal number of children is 3.5 *(LRHS, 2005)*
- Lao men have sex outside marriage

Slide 20

Key Findings –Young People

- Public display of condom consumption among young people are still regarded with social disapproval
- Participants had to be discrete in how they buy and keep condoms
- Reactions of peers and other people carried a lot of weight in condom usage and consumption

Slide 21

Key Findings –Young People

- The role perceptions of young people as "students" are subjected to a social pressure to behave within the norms that regulate student or adolescent life. Thus condoms inside a school bag is negatively regarded even by classmates and peers.
- To be seen carrying or buying condom is associated with bad moral values.

Slide 22

Key Findings –Young People

- In contrast, there were a number of participants especially from Vientiane who reported some degree of openness and tolerance in their homes.
- Is this an emerging social norm in Lao urban homes? What would be the profile of these families? Background of parents?

Slide 23

Key Findings –Young People

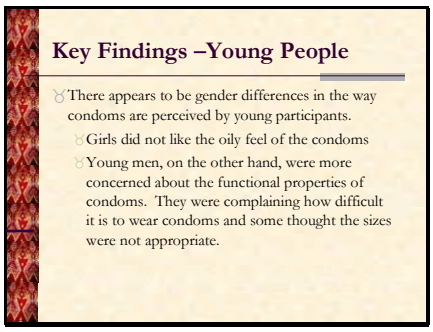
- In this experimental stage where expression of one's sexual identity is crucial, the influence and approval of peers is evidently important.
- As mentioned in the FGDs, peers are the best source of education and information, the most influential in their leisure activities, and the most convenient source for condoms.

Slide 24

Key Findings –Young People

- Young people are sexually active.
- Sexually active young participants use condoms.
- They favored condoms that are sensually appealing and satisfying.

Slide 25



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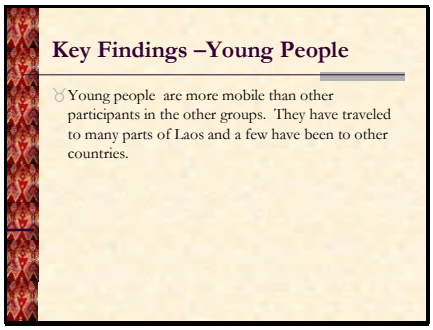

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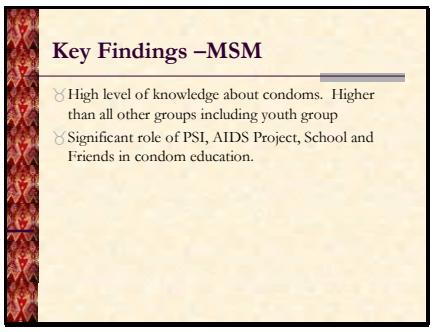

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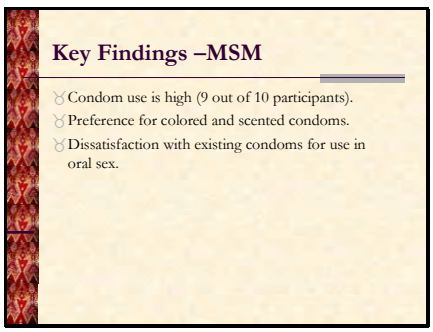

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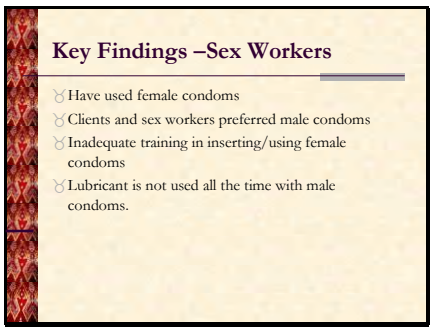

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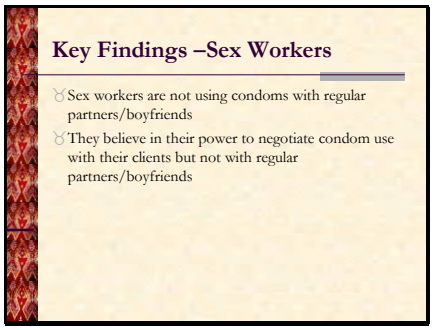

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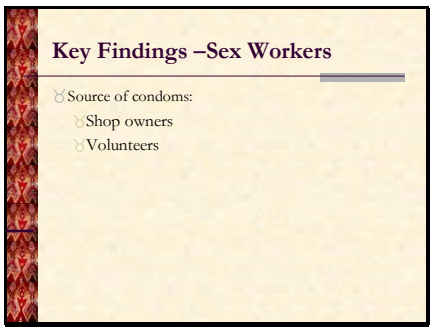

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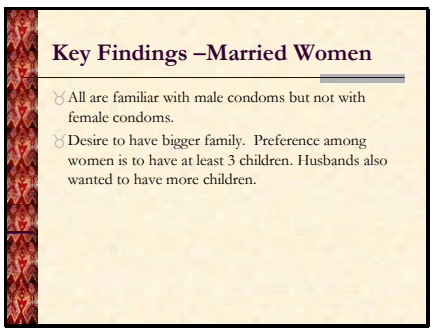


Slide 33

Key Findings –Married Women

- Non-users of condom said they were open to using it in the future.
- They knew that condoms prevent STI and can be used for birth spacing.
- There is a shared dislike for condoms among married women and their husbands.
- Some women were embarrassed to get condoms for themselves.
- Perception that other people held negative attitudes about condoms.

Slide 34

Key Findings –Married Women and Couples

- Couples preferred other family planning methods over condoms.
- Some men used condoms with women outside of marriage as AIDS protection and pregnancy prevention.
- Some women trusted their husbands and believed that condoms were not necessary.
- Some couples also expressed worry and disapproval about sexual behaviors of young people.

Slide 35

Policy Environment

Slide 36

Supportive Policies

- Policies
  - National Birth Spacing Policy (1995)
  - National Health and Development Policy (1999)
  - Safe Motherhood Policy (2002)
  - National Reproductive Health Policy (2005)
- Plans and Programmes
  - National Strategic and Action Plan on HIV/AIDS/STI (2006-2010)
  - 100 % Condom Use Programme,(2003)
  - National Reproductive Health Commodity Security Strategy (RHCSS)
  - Sixth National Socio-Economic Development Plan (NSEDP)

Slide 37

Restrictive Environment

- Lack of clear implementing rules and regulations
- Absence of quality assurance and condom procurement regulations
- Prostitution is illegal
- Political sensitivity in recognizing the magnitude of vulnerable groups

Slide 38

Management and raining Capacity

Slide 39

Management and Training Capacity

- High-level of commitment from CHAS to support condom promotion
- Expression of support for implementation of 100% CUP from government officials in Savanakhet, Luang,Prabang, Champasack
- Presence of management structures in public distribution, social marketing, and commercial distribution sector
- NGOs promoting and providing peer-led services to the HIV vulnerable groups
- Lack of coordination in donor funds allocation

Slide 40

Condom Needs

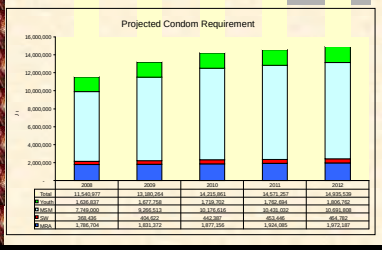
Slide 41

Condom Needs
Estimates and Assumptions Used

- Basis of Estimates
  - from past consumption data
  - from program targets, i.e. the estimated needs of those groups of people for whom condoms are to be provided
  - from population-based data
- Assumptions
  - data on males of reproductive age (15-49)
  - data on commercial sex workers
  - data on MSM
  - data on youth

Slide 42

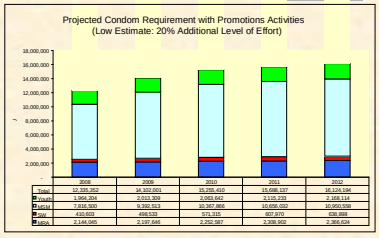
Condom Needs
Forecasted Country Requirement



	2008	2009	2010	2011	2012
Total	11,540,977	13,180,264	14,210,861	14,571,357	14,935,538
Youth	1,636,837	1,677,758	1,719,702	1,762,694	1,806,762
MSM	7,749,000	9,266,513	10,176,616	10,431,032	10,691,808
SW	368,446	404,629	440,387	453,486	464,782
MBA	1,786,704	1,831,372	1,877,156	1,924,085	1,972,187

Slide 43

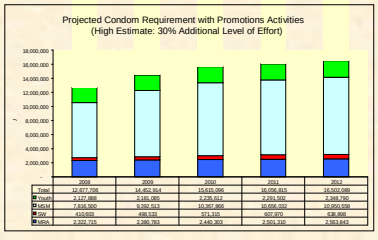
Condom Needs
Forecasted Country Requirement



	2008	2009	2010	2011	2012
Total	12,335,352	14,102,001	15,205,410	15,686,127	16,124,194
Youth	1,964,204	2,013,309	2,063,542	2,115,233	2,168,114
MSM	7,916,500	9,362,513	10,367,866	10,656,032	10,950,558
SW	410,603	498,539	571,315	607,970	638,888
MBA	2,144,045	2,197,646	2,252,587	2,308,902	2,366,624

Slide 44

Condom Needs
Forecasted Country Requirement



	2008	2009	2010	2011	2012
Total	12,677,706	14,492,914	15,615,996	16,096,815	16,502,989
Youth	2,127,888	2,181,085	2,235,612	2,291,502	2,348,790
MSM	7,916,500	9,362,513	10,367,866	10,656,032	10,950,558
SW	410,603	498,539	571,315	607,970	638,888
MBA	2,322,715	2,380,783	2,440,303	2,501,310	2,563,843

Slide 45

Increasing Condom Demand and Use

Slide 46

Increasing Condom Demand and Use
Youth

- Identify the barriers to condom use
  - Role perceptions as students –,they should have notebooks in their bags and not condoms
  - Shy to buy and keep condoms
  - Condoms are expensive
  - Pharmacy close at 10PM
  - Using condoms is perceived as morally wrong
  - Relationship is based on trust –,no need to use condoms with regular partners
  - Attraction to physical looks –,no need to use condoms if partner is good looking

Slide 47

Increasing Condom Demand and Use
Youth

- Develop a condom promotion program and communication strategy based on the assessment of the barriers in terms of their significance
  - Some young people were shy and embarrassed to buy and carry condoms
  - Need to explore reasons why they are shy and embarrassed to buy and carry condoms
  - Identify strategies on how to overcome shyness and shame

Slide 48

Increasing Condom Demand and Use
Youth

- Develop and implement appropriate interventions that respond to interpersonal (e.g. love and trust) and social barriers (peer disapproval)
- Evaluate which channels of messages can effectively reduce the specific barriers
  - Role of peers as bearers of messages
  - Role of media
  - Role of educational materials
  - Role of counseling and training
  - Role of authority figures (parents, teachers)

Slide 49

Increasing Condom Demand and Use
Youth

- Implement appropriate interventions for young men and women.
- Examine when barriers are dealt with, what are its consequences?
  - Is perception of risk enhanced?
  - Is there higher condom acceptance and use?

Slide 50

Increasing Condom Demand and Use
MSM

- Identify the barriers to condom use
  - Attraction to physical looks and associating good looks to low risk
  - Difficulty of getting condoms
  - Refusal of male partners to use condoms
  - Limited choices of condom scents for oral sex
  - Expensive
  - Perceived likelihood of getting infected is low –,no chance of getting infected

Slide 51

Increasing Condom Demand and Use
MSM

- Increasing demand for condom use entails addressing the barriers and increasing the perception of getting infected
- Role of MSM peers as bearer of messages
- Evaluate what messages can lower barriers and increase perceived risk

Slide 52

Increasing Condom Demand and Use
Sex Workers

- Identify the barriers to condom use
  - Dissatisfaction with female condoms among users
  - Negotiating with regular partners, boyfriends, and some clients
  - Relationship based on trust (with regular partners)
- Identify the benefits of female condoms
- Increase perception of the likelihood that they will get infected even with regular partners or boyfriend
- The condom promotion strategy can be designed to help increase negotiating skills with clients and regular partners, increase benefits, and address barriers to condom use

Slide 53

Increasing Condom Demand and Use
Married Women and Men

- Identify the barriers to condom use
  - General negative attitude towards male condoms
  - Male condom is not a popular family planning method
  - Limited knowledge about female condoms
  - Resistance of husbands to use condoms with wives
  - Reduced sexual pleasure with condom use
- Identify interventions that will address each barrier
  - Condom promotion among potential family planning users
  - Introduction of female condoms among potential users as an additional option
  - Promote the use of female condoms among women whose partners are resistant to using male condoms

Slide 54

Enabling Environment

Slide 55

Enabling Environment

- Supportive policies to expand:
  - 100% CUP
  - Implementation of the condom revolving fund
  - HIV/AIDS and Reproductive Health (life skills) education in school curriculum
- Supportive policies to be developed:
  - Quality assurance for condoms
  - Regulations on condom procurement and distribution
  - Clear implementing guidelines for 100% CUP
  - Guidelines for funding allocation for condom procurement
  - Tax reduction for commercially marketed condoms

Slide 56

Enabling Environment

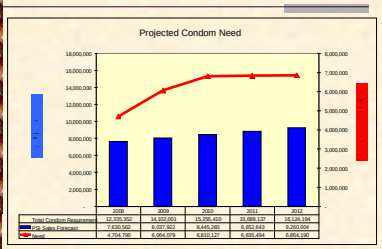
- Capacity building efforts for the following:
  - Government Agencies
    - Policy formulation and development of implementing guidelines
    - Condom forecasting
  - NGO Service Providers
    - BCC interventions
    - Condom needs assessment
    - Sales and marketing of condoms
    - Condom promotion among the youth
    - Mapping of condom demands

Slide 57

Gaps in the Condom Pipeline

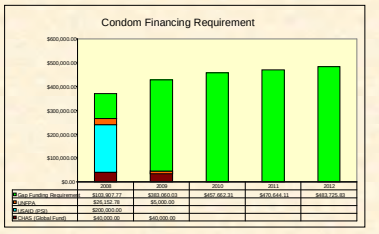
Slide 58

Gaps in Condom Pipeline



Slide 59

Gaps in Condom Pipeline Financing Need



Slide 60

Gaps in the Condom Pipeline

- The condom supply should deliver:
  1. The Right Quantities
  2. Of the Right Condoms
  3. In the Right Condition
  4. To the Right Place
  5. At the Right Time
  6. For the Right Cost

Slide 61

Recommendations

Slide 62

Summary of Recommendations

- *Develop products that appeal to clients and meet their needs*
  - Consider differentiating the brand and packaging for the condoms being given away for free and study introduction of new variants targeting the youth. New variants targeting the youth will address those who are currently not using condoms and it will create new users.
- *Forecast condom needs.*
  - Estimating the future demand for condoms is a critical process in the logistics cycle.,These estimates must take into account all changes in the patterns from all parts of the distribution system. Consider the following factors in forecasting condom needs:
    - from past consumption data
    - from program targets, i.e. the estimated needs of those groups of people for whom condoms are to be provided
    - from population-based data

Slide 63

Summary of Recommendations - Supply

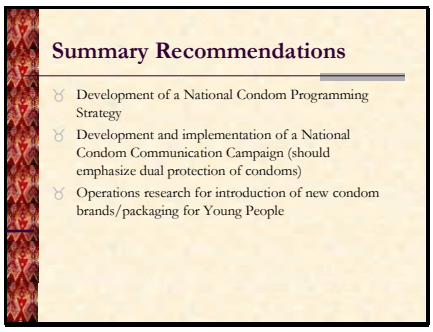
- *Ensure high-quality condoms.*
  - Efforts must be made to identify the quality requirements from the manufacture of the product up to storage and distribution
    - Incorporate in the supply contract the required quality standard,for the condoms
    - Identify suppliers that can be invited to supply the required quantities and quality
    - The product packaging of condoms must indicate the manufacturer's name. This must be mandated by the government as well.
    - Distributors of products must implement a quality assurance system for their products. This includes keeping samples of each batch,of the products for retention, random sampling of batches, constant check of quality.
    - Distributors of products can consider an independent testing laboratory to test the products they buy.
  - Manage the pipeline.

Slide 64

Summary of Recommendations - Supply

- *Manage inventory and use accepted standards to store and transport condoms.*
  - The LMIS can be further expanded to include the HIV and AIDS component. This can be explored in the National Condom Programming Committee.
- *Distribute condoms through multiple channels and outlets.*
  - Expand the outlet coverage to more non-pharmacy, non-traditional outlets to increase accessibility.

Slide 65



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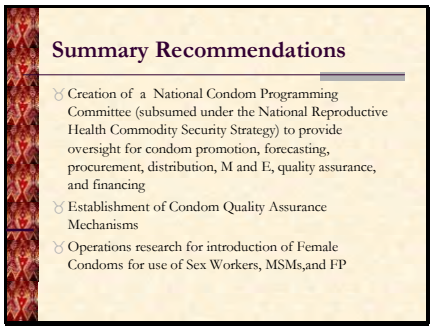

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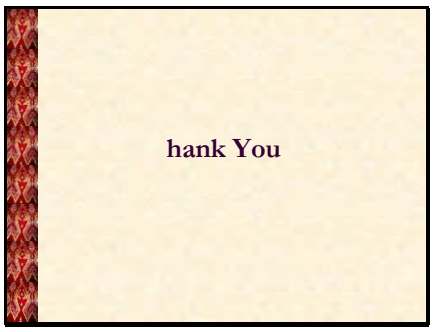

H. Dissemination Forum Results

Condom Assessment Study
Lao PDR
Consensus Building Forum
April 9, 2008
Reactions

Major Reactors

CHAS

1. Targeting young adults require further careful examination. The reactor is not convinced with the finding that there were condoms accessed from home particularly coming from parents. He further explained that the country in the modern era is already adapting to changes, however, it needs to be probed further that because of this changes the youth has the tendency to respond positively when ask about sex just to show being modern.
2. The reactor is concerned about the limited target population groups that the assessment covered. He elaborated that there needs to be studies about the mobile men with money, housewives, and the high ranking decision making group in the government.
3. Pertaining to condom use, there is a need to ask if there is enough condom use or not enough? There is a need to explore the barriers of promoting condoms in different political regions, taking into consideration culture and tradition, and the differences in the environment.
4. The report should include the attitude of the youth in the Philippines.
5. The condom distribution aspect should incorporate:
    a. PSI needs to look at utilization of condoms
    b. How clients use the condoms – either protection against AIDS, family planning, or for cosmetic purposes
    c. Investigate condom use of end clients
6. The report should include the formula in calculating the condom need of the country.
7. There is need to investigate how many people are actively engaged in sex, especially the youth as an emerging changing culture.
8. Concern was raised on the target sites which may not have sufficiently included the remote areas. This is deemed important in order to study the reproductive health aspects in these areas.

MCHC

1. The reactor clarified that the condom market charts failed to include the condoms distributed since 1994 through the government facilities. These

condoms were distributed to married couples only and not to single men and women.

2. Furthermore, in 1997, MCHC changed the forecast from family planning to reproductive health which suggested that distribution should not be limited to married couples only.
3. It was further elaborated that although condoms in 1997 were made available to facilities, it was observed that more women are getting condoms from these facilities than men.
4. At this time in 1997 when the social marketing project was introduces and the condom promotions were increased. The question was already raised that time on how to implement different condom packaging in the future.
5. The reactor agreed that new packaging will help increase diversities and expand options to clients.
6. There is need to have a close and regular coordination between major players to include, CHAS, MCHC and PSI.
7. The campaign on condom use must include the Ministry of Culture and Information similar to what has been done for the National Measles Campaign.

PSI

1. PSI believes that there exist a large condom need. As PSI is not intending to stay in Lao PDR forever, it aims to increase and ensure sustainability of the condom market through the commercial sector.
2. PSI does not want HIV/AIDS to increase in the country therefore, there is a need to promote condoms in the market place. With the increasing market, eventually donors will not have the burden to supply the condoms.
3. PSI believes that the increasing commercial market trend is a positive sign that more players are providing options to clients
4. Condom demand is not limited to high risk groups only but includes housewives and the young group. PSI is a professional in planning condom use and promotion and has the capacity to expand its promotions activities and ensure distribution of condoms nationwide.
5. The reactor agreed that there needs a study on the utilization condoms and not just the distribution.
6. A planning activity can be conducted and invite all partners to provide inputs.

Other comments

1. There is need to review and look at condom supplies and the estimated budget – question must be answered, is this really the need?
2. The government should be involved in reviewing regulations on condom distribution
3. Question on where did the condoms go? Where are condoms sold? Pharmacy or end users?
4. There is need to study the cost benefit of female condoms

5. More than the supply, promoting condoms is more important.
6. Reinforce the rural population in condom promotion activities
7. There is a need to look at health volunteers as respondents
8. Intensify the 100% CUP
9. Concerns about the disposal of condoms and how it will affect the environment.
10. There is a need to confirm if the parents really do give condoms to their children
11. Additional recommendation – parents should be part of the target groups.
12. Enhance skills in negotiating condom use
13. The national condom programming committee must be multisectoral
14. Discuss the high condom use and impact
15. It appears that the condom need of the MSMs is high

UNFPA

1. On the target clients, where are they getting condoms? i.e. youth
2. Diversification of distribution channels, pricing strategy
3. BCC and general information campaign
4. General need for more variation of condoms not just on young people
5. Female condom – if CSW is not negotiation with regular client, may not need to introduce female condom
6. Expand demand side recommendations

I. Curriculum Vitae

CARLOS L. CALICA, MD – Lead Consultant

EDUCATIONAL BACKGROUND

Doctor of Medicine	University of Santo Tomas (1973-1977) Faculty of Medicine and Surgery Manila, Philippines
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BS General Course	University of Santo Tomas, (1969-1973) College of Science Manila, Philippines
Master in Business Administration (Candidate)	De La Salle Araneta University (2007-2008) College of Business administration Metro Manila, Philippines

Related Continuing Education

Basic Course on Management Information Support to Health System for Middle Level Health Professionals, April 1992
University of the Philippines, College of Public Health, Manila

Course on Applied Epidemiology for Health Care Management, May 1992
University of the Philippines, College of Public Health, Manila

Regional Workshop for Programme Managers of the National AIDS Committee, Canberra Rex Hotel, Canberra, Australia, August 3-4, 1990
National AIDS Committee, Australia

Short Course on Public Health Management, June 1991
Department of Health, Manila

In-Country Course and Education Program for AIDS Research: A Multidisciplinary Approach, November 1990, University of the Philippines, Manila and Brown University, Rhode Island

Policy oriented Epidemiological Research Methods Using HIV/AIDS as a Disease Model, September 1990,University of the Philippines, College of Public Health, and University of California Los Angeles School of Public Health

Residency, Internal Medicine, 1984-1988
Jose R. Reyes medical Center, Manila

Residency, General Medicine, 1979-1984
Masbate Provincial Hospital, Masbate, Phil.

Rural Health Practice for Medical Graduates, 1978-1979
Mobo Rural Health Unit, Mobo, Masbate, Phil.

Post Graduate Internship, 1977-1978
Baguio General Hospital, Baguio City, Phil.

PROFESSIONAL EXPERIENCE

Dr. Calica, has over fifteen years of experience in STI, HIV and AIDS prevention, family planning and reproductive health in the Philippines. His specialties include condom and contraceptive social marketing, program management, policy development, monitoring and evaluation, networking with the government, non-government organizations, media, private sector, various medical societies and the donor community involved in STD, HIV and AIDS, Family Planning and Reproductive Health. He has been involved in the drafting in the implementing rules and regulation of the Philippines AIDS Law specifically in the promotion and use of condom. He serves as an international consultant on STI, HIV, and AIDS in Lao People's Democratic Republic supported by Global Fund for more than three years now. He has assisted in the development of work-plans and implementation of both Rounds 1 and 4 and the preparation of Round 6 proposal and its preparatory activities all of Global Fund. He has been involved in the design of qualitative and quantitative researches such "Audience Research Analysis" for IEC on HIV, AIDS, and STI, "Migrant Border Study", "STI Prevalence Study among Sex Workers" all in Lao PDR to name a few. He conducted the Condom Situation Assessment for the Philippines in 2001 for the Western Pacific Regional Office, WHO, Manila, Philippines. He has a Doctor of Medicine degree from the University of Santo Tomas, Faculty of Medicine and Surgery. He has attended various public health management courses and a candidate for Master's in Business Administration degree from De La Salle Araneta University.

June 2004 – July 2007 — Center for HIV, AIDS and STI
Ministry of Health, Lao PDR

Short Term Consultant
The Global Fund Against AIDS

He provides technical assistance on assessment, planning, design, implementation, monitoring and evaluation of the Round 1 Global Fund project on "Strengthening Provincial and District Sexually Transmitted Infections (STI) Prevention and Care" and

"Presumptive Treatment" and Round 4 on "Scaling up existing efforts on voluntary counseling and testing, targeted behavior change intervention communication, blood safety program, social marketing of condoms, expand current M&E activities and enhancing program management " for the CHAS, Ministry of Health Lao PDR

October 2007- present — International HIV/AIDS Alliance, Brighton, United Kingdom

Member, Accreditation Working Group

The Accreditation Working Group is responsible fro developing standards and criteria for new affiliate members and accrediting Linking Organizations and Country Offices of the "Alliance" worldwide.

February 1993-2003 — DKT Philippines, Inc., Manila, Philippines

Marketing Manager

His responsibilities include determining and development of strategies for oral contraceptive pills and condoms among the target population as part of the contraceptive social marketing and liaison with the private medical practitioners in the promotion of the contraceptive products. One of the most notable projects handled was the development of a "direct mailing" strategy for condoms promotion targeting the private sector medical practitioners such as the Philippine Academy of Family Physicians, Philippine Society of Venereologists, Philippine Obstetrics and Gynecology Society, and Philippine Society of Microbiology and Infectious Diseases.

Technical Director

He was responsible for the product development of the DKT's oral contraceptive pill, "TRUST PILL", for family planning, including the registration of the new variant of TRUST QUALITY CONDOMS. He provided technical support in appropriate areas of logistics management such as procurement planning and product selection through the evaluation of bids. He assisted in the development of the quality assurance system of the DKT's products.

NGO-GO Affairs Director

Responsible for developing, planning and implementing of DKT Programs on HIV/AIDS, Family Planning and Reproductive Health in collaboration with partner non-government organizations, government organizations, and local government units. He led

the development of Contraceptive Revolving Fund Program to assist the NGO's and the Local Government Units in their contraceptive supplies.

Medical Director

Coordinates with various medical societies in their annual and mid-year conventions for DKT products to be included in the both exhibits as well as launching of new products. The medical associations include the Philippine Medical Association, Philippine Academy of Family Physicians, Philippine Society of Venereologists, Philippine Obstetrics and Gynecology Society, and Philippine Society of Microbiology and Infectious Diseases

Assist the Department of Health Family Planning Service in planning and implementation in the celebration of the National Family Planning Day.

Liaise with the Bureau of Food and Drug regarding registration of products including development of product literature. Coordinates with the Department of Health regarding the implementation of Family Planning and HIV/AIDS Prevention and Control Program on Social Marketing with funding support from the Federal Republic of Germany through KfW, a German Development Bank

Assist in the development and implementation of the DKT's training program of the medical representatives and the development of the information, communication materials on DKT's products to be used in tri-media and small media.

As member of the Technical Working Group of the Contraceptive Interdependence Initiative (CII) led by the Population Commission, assist in the development of alternative mechanisms for the procurement and distribution scheme for the local government units in the light of dwindling supplies of the USAID donated contraceptive products at the same time involving private sector.

Assisted in the development of a National Policy that condoms be sold in all possible outlets and not just limited to drugstores. At present the condoms are sold and distributed in all possible outlets, such convenience stores, gasoline stations, hotel, motels and many more.

1989-1992 Resident Advisor
AIDSTECH/Family Health International
Manila, Philippines

Served as the Resident Advisor of the AIDSTECH/Family Health International's Program on HIV/AIDS in the Philippines, funded by USAID. He oversaw the technical management of the Program and coordinated the projects under this Program. He maintained communications with the headquarters in Research Triangle Park, North Carolina and the project sites in the Philippines. He coordinated the visits of the project

consultants, USAID personnel, and DOH officials. He collaborated major efforts to document and disseminate lessons learned through paper presentations to various AIDS meetings and scientific forum. He acted as the Program Support to the National AIDS Prevention and Control Program and assisted DOH on the International Conference on Resource Mobilization for the Philippine National AIDS prevention and Control Program.

Rapporteur for the Regional Workshop on Social and Behavioral Studies Related to AIDS, World Health Organization, Western Pacific Regional Office, Manila, Philippines, January 8-12, 1990.

Rapporteur for the Inter-Regional Workshop on Condom Services and Promotion, World Health Organization, Western Pacific Regional Office, Swiss Grand Hotel, Seoul, South Korea, December 7-12, 1989

Other projects coordinated with the Program were:

_ CondomMarketAnalysis(AsiaResearchOrganization)
_ HealthEducationInterventiononHIV/AIDSamongIndividualsat Risk in Manila (Research Institute for Tropical Medicine and Kabalikat ng Pamilyang Pilipino)
_ HealthEducationInterventiononHIV/AIDS amongIndividualsat Risk in the cities of Olongapo and Angeles (City Health Offices of Olongapo and Angeles)
_ Upgrading the Social Hygiene Clinics (Communicable Disease Control Service, Department of Health)
_ Upgrading Regional Blood Centers (Bureau of Research and Laboratories, DOH)
_ EvaluationofHIV ScreeningAmongBloodDonorswithAssessment of Current Resources of Blood Banking System, RITM
_ HIV Screening of Pooled Sera Using ELISA and Particle Agglutination Test Kits, RITM

1984-1988 Resident Physician
Internal Medicine
Jose R. Reyes Medical Center
Manila, Philippines

- Trained in Internal Medicine and provided medical services to indigent patients of the Jose R. Reyes Medical Center.
- Organized the first Resident Physician Organization at the Medical Center and was elected as its first President. Assisted in the development of training program of the Medical Clerks and Interns of the Department Medicine.
- Organized scientific meetings as part of the continuing medical education of other resident physicians and consultants on the recent trends of medical management

and paper research contests.

1979-1984 Resident Physician
General Medicine
Masbate Provincial Hospital
Integrated Provincial Health Office
Masbate, Masbate, Philippines

- Supported the indigency program of the hospital.
- Organized outreach medical mission to far-flung areas of the province.
- Initiated the campaign on the expanded program on immunization and the utilization of the "under-six" clinic through collaborative efforts with various non-government organizations.
- Supported the Family Planning Clinic of the hospital by creating a strategy to insure utilization of its services.

OTHER RELATED PROFESSIONAL EXPERIENCE

1994-2003 Chair, National STD Technical Committee, National AIDS/STD Prevention and Control Program
Department of Health, Manila

- Assisted in the directional plan of the STD Control Program, including policy formulation, treatment guidelines and collaboration with other existing related program funded by various donors

1997-2002 Chair, Philippine HIV/AIDS NGO Support Program (PHANSUP)
Manila, Philippines

- In 1993, assisted in the country needs assessment survey of HIV/AIDS program in the Philippines among various stakeholders both from the non-government organizations and the government organizations. Thus, PHANSUP was founded; also known as the Local Organization (LO).

- Presented the Philippine paper on the pilot projects of the LO, establishing a mechanism of providing financial and technical assistance in a more efficient way to NGOs. Presented a proposal for funding, during the First Supporters Meeting, held at the Institut des Cordeliers, Paris, France, on December 8-9, 1993. This was organized by the International Family Health (IFH) and the International HIV/AIDS Alliance, both headquartered in London, hosted by the French Government, Department of Cooperation with the support from the European Union (EU), Rockefeller Foundation, USAID and others. The Philippine proposal was outright funded by the EU for 5 years.

- In 1994, he became a founding board director of PHANSUP and Co-chair until 1997. He assisted in organizational development, formulation of sub-granting mechanisms including financial and administrative managements

- In 1999, PHANSUP expanded its Program to include Family Planning and Reproductive Health. He assisted in writing project proposals to the donors and got funding to do sub-granting from the Packard Foundation, the Alliance, and the European Union He assisted in the project development of sub-grantees, evaluation of their proposals, end project evaluation.

- In January 2004, he chaired the Organizing Committee of the First National Conference on Sexual and Reproductive Health, inviting health professionals involved in Family Planning and Reproductive Health. Packard Foundation supported the event.

1997-2000 Chair, Technical Advisory Group,
European Union-Department of Health,
STD/AIDS Action in the Philippines

- Assisted in the Project planning for the implementation of STD/AIDS Action in the Philippines, STD/AIDS Component. Assisted in the writing of the STD/AIDS Manual produced by the Department of Health, with funding support from EU.

- Assisted in the information dissemination of the Republic Act 8504, otherwise known as the AIDS Law as part of the Project activity in coordination with the Regional DOH Offices, Department of Interior and Local Government, National Economic Development Authority and the Philippine National AIDS Council. Organized a forum to disseminate the results of the Project.

- Co-author, "STI Case Management Guidelines", Department of Health, Philippines

2003-2006 President, AIDS Society of the Philippines
Manila, Philippines

- Organized the AIDS Society of the Philippines whose main objective is the prevention and control of HIV/AIDS in the country and serves as the venue for information exchange of HIV/AIDS. He is a founding Board of Director and Served as the Secretary General, of the Fourth International Conference on AIDS in Asia and the Pacific held in October 1997, Manila, Philippines.

- Leads the Society in Project planning and implementation as well as fund raising activities. Represents the Society in various local and international conferences on STD/AIDS. At present, he is a member of the Philippine National AIDS Council that serves as an advisory body on programs and policy formulation on

HIV/AIDS to the President of the Republic. He is likewise a member of the Executive Board of AIDS Society for Asia and the Pacific that organizes the International Conference for Asia and the Pacific.

1998-2000 President, Philippine Society of Venereologists, Inc.
Manila, Philippines

- Assisted in the reactivation of the Society in 1996, which remained dormant for several years. Organized the first training of trainers on Syndromic Approach on STD management among private and government medical practitioners, with funding support from WHO, Western Pacific Regional Office. Involved in various scientific meetings and conventions organized by the Society. At present he is the Adviser of the Society.

1998-2005 Board Director, Philippine NGO Council for
Population Health and Welfare (PNGOC)
Pasay City, Philippines

- Assists in strategic planning, program implementation, monitoring of projects including population management, family planning, sexual and reproductive health and rights, literacy education, and media mobilization on health related programs.

- Responsible for the conceptualization of the First Reproductive Health Conference in Asia and the Pacific, held at Philippine Trade Center, Manila, Philippines, on February 15-19, 2001.

- Delegate to the International Conference on Population and Development, ICPD + 5, The Hague, Netherlands, February 1999 an the Preparatory Committee Meeting, ICPD + 5, United Nations, New York, March 1999

1994-2000 Co-chair, Private/Public Sector Accreditation Board,
Community Health Services, Department of Health

- Assisted in the accreditation of the non-government organizations and private voluntary organizations to access for possible funding support and collaborative work with DOH.

LANGUAGE SKILLS

First Language: Pilipino

	Speaking	Reading
English	5/S	5/R

HONORS

Most Outstanding Participant
Short Course on Public Health Management, June 1991
Department of Health, Manila

Most Outstanding President of the Year, 1982 Southern Luzon Area Philippine Jaycees Conference, Calamba, Laguna

Most Outstanding Public Health Program, "Support the Under-Six Clinic of the Masbate Provincial Hospital", 1982 Southern Luzon Area Jaycees Conference

Awarded lifetime membership of Jaycees International as JCI Senator, Taipei, Republic of China, 1983

Best in Research Paper
Department of Medicine Research Contest
Jose R. Reyes Medical Center, 1986

SELECTED PUBLICATION (Papers presented in various conferences)

"Technical Study on Option for STI Control on HIV/AIDS Prevention", July 2003, World Bank Project on Women's Health Safe Motherhood 2 (Co-author)

"Condom Situation in the Philippines", World Health Organizations, Western Pacific Regional Office, 2001

"STI Case Management Guidelines", Department of Health, 1999 (Co-author)

10th International Conference on AIDS, Yokohama, Japan, August 7-12, 1994

1 First Experience of the Alliance, A new initiative to work with Filipino NGOs (the Philippines), pre-satellite meeting
2 Condom promotion through social marketing: Philippine Experience
3 International HIV/AIDS Alliance: linking organizations for technical assistance and funding to local NGOs (co-presenter)

1st Annual Supporters Meeting, Institut Des Cordeliers, Paris, France, December 8-9, 1993

1 The International HIV/AIDS Alliance, supporting community action on AIDS in developing country, Philippine HIV/AIDS NGO Support Program

International Conference on AIDS in Asia and the Pacific, New Delhi, India, November 8-12, 1992

2 The relation of AIDS prevention efforts to prevalence of HIV/STD among female entertainment workers in the Philippines

3 Manual of operating procedures of STD/AIDS in the Philippines (co-author)
4 Measuring the three year effect of a community development approach to AIDS prevention in Olongapo, Philippines (co-author)
5 The Philippines HIV Surveillance Strategy (co-author)

9th International Conference on AIDS, Amsterdam, Holland, July 18-24, 1992

1 Condom utilization among entertainment industry workers in the Philippines
2 Upgrading of Social Hygiene Clinics in the Philippines

REFERENCES

Dr. Maria Elena Borromeo, UNAIDS Country Coordinator, Philippines
31st Floor RCBC Plaza
Yuchengco Tower 1
6819 Ayala Avenue, Makati City
Tel No. 901-01-00

Dr. Eden Divinagracia, Executive Director
Phlippine NGO Council for Population Health and Welfare
Room 304, 3rd Floor Diplomat Condominium Bldg.
Russel Avenue cor Roxas Blvd. Pasay City
Tel No. 852-1898

Dr. Khanthanouvieng Sayabounthavong, Project Coordinator,
Global Fund to Fight AIDS/STD,
Center for HIV, AIDS and STI,
Ministry of Health, Lao PDR,
Thadeua Rd. Km 3,
Vientiane, Lao PDR

MARIA ISABEL ECHANIS-MELGAR, PhD – Behavioral Scientist

Email : imelgar@ateneo.edu
Tel no : (63-2) 932-2998

Education

Ph.D. Clinical Psychology (1998)
Ateneo de Manila University
Loyola Heights, Quezon City

M.A. Social Psychology (1984)
Ateneo de Manila University
Loyola Heights, Quezon City

Bachelor of Arts (1975)
Major in Psychology
University of the Philippines

Masteral Thesis : Disclosure Among Adolescents

Doctoral Thesis : Psychological Control of Chemotherapy Side Effects Among Cancer Patients

Current Positions

Assistant Professor
Department of Psychology
Ateneo de Manila University
Loyola Heights, Quezon City

Executive Director (2003-May 2007)
Ateneo Wellness Center
Ateneo de Manila University
Loyola Heights, Quezon City

Research Consultant
AIDS Society of the Philippines
Scout Reyes, Quezon City

Awards

Awardee, Alumnae Achievers (2003)
UP Sigma Delta Phi Alumnae Association

University of the Philippines

Bronze Award : HAMIS/Department of Health/GTZ Award for Outstanding (Sept. 1997)

Achievement in Health Car Management
Patient's Forum at St. Luke's Cancer Institute

Professional Experience

Faculty Member
Psychology Department, Ateneo de Manila University
2000-present

I am currently a faculty member of the Psychology Department of a premier private university in the Philippines. Our department has been awarded by the Department of Education as a Center of Excellence in the areas of teaching, research and community service. As a member of this department, I am the overall coordinator of the Ph.D. in Clinical Psychology Program and the acting coordinator for the current school year (07-08) of the Masters in Counseling Psychology Program. I also coordinated and supervised a university-wide research on the resiliency of young boys (from grade school to high school) and I will soon be collaborating with colleagues on developing a psychological scale for measuring stress among young people. I teach among others, Health Psychology and subjects in Clinical Psychology, both in the graduate and undergraduate levels. As such, I have been mentoring graduate and undergraduate students on their thesis and research papers e.g., promotion of health through psychological interventions or preventing illnesses using psychological frameworks. I also teach Research Methods in Psychology at the undergraduate level. Recently, a student thesis on the sexual practices of young college students in Metro Manila, which I supervised, was accepted at the 2007 Sri Lanka International Conference in Asia and the Pacific and the lead student author was granted scholarship. Last year, the thesis group which I mentored won First Prize in the National Competition for Best Thesis in Psychology. Currently, I am mentoring an undergraduate thesis, a qualitative study of girl sexual workers and sources of stress of these adolescents in an urban and provincial cities.

Research Consultant
AIDS Research Group, Research Institute for Tropical Medicine
1990-1999

Since 1989, I have been actively designing and conducting social science researches in the field of Health and Health Psychology. I was a member of the AIDS Research Group at the Research Institute for Tropical Medicine (RITM) for almost 10 years, a distinguished health research facility and a public hospital in infectious diseases. RITM conducts basic and clinical researches as well as community-based studies. The AIDS Research Group was the pioneering team in the Philippines which conducted

researches on HIV and AIDS focusing on both medical and behavioral aspects of this disease. While at RITM, I led and assisted major studies on the knowledge, practices, attitudes as well as high risk behaviors of various sectoral groups namely sex workers in Metro Manila, high school students, overseas contract workers, and health care workers. Condom use among these groups were already surveyed and access to reproductive health services were also observed.

My main tasks in these research studies were to design survey questionnaires, develop FGD questions, run FGDs, do the stastical analysis and write the research paper. Since many of these involve the participation of the community, I was heavily involved in talking to community leaders, family heads and informal leaders to implement the survey and develop programs based on the results of the study.

Majority of these studies have been presented in major international AIDS conferences in Asia or other parts of the world.

Clinical Psychologist and AIDS Counselor
1990-1997
Research Institute for Tropical Medicine

Annually, there are over 50-70 HIV/AIDS patients seen and medically cared for by the Clinical Department of the RITM. I am chiefly responsible for counseling families, patients and communities on all matters that pertain to the psychological and psycho-social health and status of individuals afflicted with HIV/AIDS. I hold regular intensive counseling sessions for out-patients and in-patients.

I am also part of the core faculty that train doctors, nurses, paramedical staff and hospital personnel all over the Philippines. I give basic skills training on AIDS counseling and preventive and palliative care to patients and families.

Program and Research Consultant
AIDS Society of the Philippines
1996- Present

My first major engagement with the AIDS Society of the Philippines was taking on the role of the Chairperson of the Skills Building Workshops during the 3rd International Conference in Asia and the Pacific held in 1997 in Manila. This was the first time the ICAAP hosted a Skills Building Program in the region. There were twelve skills workshops led by a team of experts from Asia and from other parts of the world. The topics ranged from Harm Reduction to Research Techniques to Gender Workshops and other relevant topics.

Following this event, is my appointment as the Director for Regional Workshops spearheaded by AIDS Society of the Philippines and supported by international agencies

such as Levi, CIDA and Ford Foundation. I put together a series of workshops roving around selected countries in Asia such as Malaysia, China, Nepal and Vietnam touching on such topics as evaluation of reproductive health programs, rapid assessment techniques in IDU sectors, gender sensitivity and reproductive health among young people.

In 2005, together with a team of a medical specialist and social scientists, I developed a training manual and educational kit on HIV counseling for the Association of Medical Clinics for Overseas Contract Workers. This is a project supported by the Global Fund to sustain the capability of community based clinics serving overseas workers and their spouses. Intensive training were also conducted to over 12 clinics regarding the proper conduct of pre-test and post-test counseling.

Also during the same year, the AIDS Society of the Philippines was contracted by the UNFPA to develop and implement an HIV/AIDS Prevention/Care by increasing the capability of selected provinces for HIV/AIDS and by supporting a policy advocacy at the Local Government Level. The key provinces that were involved were Davao, Olongapo, and Sultan Kudarat. I was the assistant coordinator for this project and I supervised/conducted the qualitative part of the research which included fgds of sex workers in Olongapo, fgd of wives of overseas contract workers in Davao and fgds of young people in Isulan. All fgds were centered on high risk behaviors and attitudes towards using condoms. I also developed the questions for the survey questionnaire to be administered to wives of overseas workers.

Lead Author and Researcher
Various research and development projects

I have made several significant contributions over my 15-year practice in the field of Health Psychology both in research and advocacy work. I assisted in the pretesting of a training manual and workshop modules on reproductive health education for young adolescents. This manual entitled, "Gender or Sex: Who Cares?", resource pack on gender and reproductive health for adolescents and youth workers has been used worldwide. I also authored the proceedings of two regional workshops namely the Workshop on Improving Skills in Assessing AIDS Intervention Program in Reproductive Health held in Shenzhen and the Workshop on Assessment of HIV/AIDS Interventions among Drug Users held in Kathmandu. These proceedings had to go through second printing because of high demand among Asian countries.

I pioneered a psycho-educational program in a hospital setting (the largest private hospital in the Philippines) for cancer patients and their families. I founded with colleagues the first cancer support group in the Philippines of which I was the president for three years. I helped 10 major hospitals to build and set up a support group for cancer patients. I am the first psychologist to have worked with acute and chronic pain patients being a consultant at the Pain Management Center of the St. Luke's Medical Center. I

am also the pioneering psychologist in the country to have seen and provided therapy to AIDs patients.

My dissertation was on the effect of psychological interventions in the control of nausea among chemotherapy patients. This study highlighted the importance of social and psychological factors in helping patients recover from their cancer treatment. My active work with HIV/AIDS as well as with cancer patients also intensified my advocacy on the role of psychology in prevention and treatment of this dreaded disease. I also researched on the unique psychological issues and struggles of HIV/AIDS patients and used this as my framework in training AIDS counselors and educating the public. Several other research interests were on pain assessment, geriatric depression, and psycho-oncology. Please refer to the list of engagements below.

Recent Researches: *Articles for submission to scientific journals

- Assessment of AIDS/STI knowledge, attitude and practices of wives of overseas contract workers and female sex workers in Olongapo City and Davao City (with Laufred Hernandez, MPM, MA & Reynaldo Imperial, Ph.D.)
- The Effectivity of various education tools in educating children about HIV/AIDS: Philippine Experience (with Roberto Javier, Ph.D. and Sandra Ebrada, MA) *
- Psychometric properties of Filipino version of the Geriatric Depression Scale*
- Resiliency of boys at the Ateneo Grade School and High School (with Emy Liwag, Liane Alampay, Kara Fernandez)
- Survey of knowledge, attitudes and practices of Philippine Physicians in Pain Management (with Lyde Magpantay)*
- Cancer support groups in the Philippines: A Descriptive profile*

Previous Researches and Publications

<u>Published Works</u>

- Editor, Proceedings of Skills Building Workshop on Assessment of HIV/AIDS Intervention Program in Reproductive Health, Bamboo Garden Hotel, Shenzhen, China, May 29-June 1, 2001

- Melgar, I.E. (2000), Talk about Talking in K, Magsanoc-Alikpala & C. Guballa, I Can Serve, Manila: I Can Serve Foundation

- Editor, Proceedings of Skills Building Workshop on Assessment of HIV Prevention Interventions Among Drug Users, Hotel Himalaya, Kathmandu, Nepal, March 18 – 21, 2000

- Editor (1994–1996), Coping Well Quarterly Newsletter, PSMO – Glaxo Phils.

- Contributor (2001), Palliative Care , Arcellana-Nuqui, The Philippine Handbook of Clinical Oncology (2nd Edition)

- Melgar I.E., Melgar, M. & Libatique, N. (1994), More than a Diary, Manila: Raintree Publications.

- Melgar, I.E. & Llanes, V.A. (1993), Antecedents of Export Channel Relationships Between Exporters From A Developing Country and Foreign Importers, Multinational Business Review, 27.

- Jacob, F.P. & Echanis, I. (1981), Issues in Applied Psychology, Proceedings of the 18th Annual Convention of the Psychological Association of the Philippines.

- Echanis, I. (1976), Ang Wika Sa Mga Anunsyo Sa Telebisyon, Radyo, At Magasin, In V. Enriquez (Ed.), Sikolinguistikang Pilipino, Diliman: UP Psychology Department.

Manuals Written

- Filipino Translation of "Living with Cancer" Modules (2002), St. Luke's Cancer institute.

- How to Counter Stress (1999), St. Luke's Cancer Institute.

- Smoking Cessation and Counseling Manual (1995), Department of Health.

- HIV VCT Training Module for Association on Medical Clinics for Overseas Workers (2006)

Commissioned Research/Studies

- Rapid Drug Situational Assessment in Tondo, Manila (October 2003), AIDS Society of the Philippines, Inc.

- Evaluation of the Junior Inquirer (Co-authorship (December 2002)), Wellness Center, Ateneo de Manila University.

- Compliance Patterns and Attitudes Among Hypertensive Patients (Co-Authorship (November 2000)), Glaxo SmithKline.

- Psychological Reactions of Cancer Patients to Chemotherapy (January – December 1994), Glaxo Philippines.

Papers Presented

When do you refer to a Psychologist?
Presented at the National Pain Society of the Philippines Convention , Bacolod Convention Plaza Hotel, Bacolod City (April 8-9, 2005)

Women and Health
Presented at the ASEAN Women's Conference, Beverly Hotel, Kota Kinabalu, Sabah, Malaysia (Aug. 8-11, 2004)

Counseling Patients with STI/HIV/AIDS
Presented at the 5 th Post Graduate Course, Philippine Society of Venereologists, Golden Bay Hotel (September 19, 2003)

Psychological Issues of an Ostomate:Understanding the Patient, Presented at the Asian Ostomy Association Conference (October 23-26, 2002)

Psychological Aspects of Patient Care
Presented at the Local Scientific Convention of the Philippine Nurses Association NCR Zone 4 & 5 (October 1, 2002)

Meeting the Challenge in Improving Patient Compliance Among Hypertensive Patients, Presented at Glaxo SmithKline Roving Anniversary Scientific For a in the Philippines (Dec. 2000 – January 2001, Various Cities)

Living with AIDS and Saving the Endangered
Paper delivered at the Experts' Meetings on Women and AIDS, Tokyo Japan (August 1999)

A Support Group Forum for Cancer Patients
Presented at the Second World Conference for Cancer Organization, Atlanta, USA (August 11, 1999)

Expressive Therapy Program for Breast Cancer Patients
Presented at the Second World Breast Conference, Ontario, Canada (October 4, 1999)

Development and Implementation of AIDS Peer Education, Presented at the 3rd International Congress on AIDS in Asia and the Pacific, Chiang Mai, Thailand (October 1994)

Psychological Profile of Cancer Patients and their Caregivers, Presented at the Philippine Society of Oncology Convention, Westin Philippine Plaza Hotel, Manila (December 4, 1993)

Shifting Patients' Outlook
Presented at the 2 nd International Congress on AIDS in Asia and the Pacific, New Delhi (November 10, 1992)

International Engagements

Participant
3rd Asia Pacific Convention on Reproductive and Sexual Health, Sunway Pyramid Convention Centre, Petaling Jaya, Selangor Darul Ehsan, Malaysia (Nov. 17-21, 2005)

Program Committee Member
13th International Conference on the Reduction of Drug-Related Harm, Chiang Mai, Thailand (April 10-14, 2002)

Program Director
International Workshop on Gender, Adolescence and Reproductive, Sofitel Hanoi, Hanoi, Vietnam (October 28 – November 1, 2002)

Program Director
International Workshop on Improving Skills in Assessing AIDS Intervention Programs in Reproductive Health, Bamboo Garden Hotel, Shenzhen, China (May 29 – June 1, 2001)

Program Director
International Workshop on Assessment of HIV/AIDS Interventions Among Drug Users, Hotel Himalaya, Kathmandu, Nepal (March 19-21, 2000)

Program Coordinator
AIDS Society of the Philippines, Inc. Computer Literacy Workshop Series for AIDS NGOs in collaboration with the Japan International Cooperating Agency (JICA) (1999 – 2000)

Chair - Committee on Skills Building Workshop in Asia and the Pacific (12 workshop on various regional issues on AIDS)
4th International Congress on AIDS in Asia and the Pacific, PICC, Manila, Philippines (October 15-19, 1997)

Member, Organizing Committee
4th International Congress on AIDS in Asia and the Pacific, PICC, Manila, Philippines (October 15-19, 1997)

Facilitator – Workshop on Counseling
4th International Congress on AIDS in Asia and the Pacific, PICC, Manila, Philippines (October 15-19, 1997)

Continuing Education:

Training Attended (Philippines)

Participant
Results-Based Management, Logical Framework Approach, Monitoring and Evaluation Workshop, Don Filemon Rodriguez Training Center, Tagaytay City (November 7-9, 2005)

Seminar Workshop, "How to Publish in Social Science Journal", Philippine Social Science Council (April 14-16, 2005)

First Philippine Multiple Intelligence Convention
"Changing Minds: Parenting and Teaching for the 21st Century", Manila Hotel (February 11-12, 2005)

Workshop on "Teaching with the Brain and Body in Mind", University of the Philippines (May 3-5, 2004)

Illness and Behavior, St. Luke's Institute for Neurosciences, St. Luke's Medical Center (March 3, 2004)

Data Analysis Using SPSS, University of the Philippines, Diliman, Quezon City (March 6-7, 1999)

International Scholarships

International Union Against Cancer Fellowship
13th Reach to Recovery International, Athens Imperial Hotel, Greece (June 1-4, 2005)

American Cancer Society University Regional Training
Oslo, Norway (June 25-29, 2002)

American Cancer Society University Regional Training
New York City, USA (November 30 – December 6, 2000)

Advanced Research and Training Seminar on Neuropsychology and Brain Imaging
Lund University, Sweden (July 18-21, 2000)

Gender Sensitivity Training for Adolescents
5th ICAAP, Kuala Lumpur, Malaysia (October 27, 1999)

Advance Research and Training on Developing Effective Health Behavior Intervention
Bellingham, Washington, USA (August 1-2, 1998)

Psychological Assessment of Pain
Vancouver, Canada (August 17, 1996)

University of Washington School of Medicine Multidisciplinary Pain Center
Seatle Washington, USA (October 4-15, 1993)

Cognitive Behavioral Treatment for Sexuality Abused Adolescents
American Psychological Association, San Francisco, California (August 17, 1998)

Consumer Psychology and International Marketing
Nissio Iwai, Tokyo, Japan (April 4 – June 28, 1988)

Foundation Program on Personnel Management
Slough College of Higher Education, London, UK (August 15 – December 22, 1979

Personal Information

Civil Status : Married
Spouse : Cirilo Melgar
Children : Two (2)

CRISTY BEBEDOR FUENTES

Ms. Fuentes has more than 18 years of extensive experience in general management, logistics and procurement, and reproductive health primarily focusing on family planning, sexually transmitted infection and HIV/AIDS in the Philippines. She leads major activities for the reproductive health activities and product programming for DKT Philippines, Inc. a social marketing organization in the country. She has extensive experience, know-how, and directly manages contraceptive procurement activities (from international sources), logistics, quality assurance procedures and requirements, sales and distribution, systems and improvement, management information services. She is familiar with various government and donor requirements for condom programming which includes DKT International, Inc., Department of Health – Government of the Philippines, Kreditanstalt fur Weideraufbau (KfW), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), and the Packard Foundation.

Professional Experience

DKT Philippines, Inc.
Pasig City, Philippines

May 2005 to present Headquarters Management Head

- General Responsibility – currently managing the headquarters operations primarily focusing on systems and operations, development/design of comprehensive systems approach to improve operations across and within units/departments, and put in place operation controls and mechanisms to increase efficiencies and improve company –wide productivity. Currently supervises the following units/departments: General Administration; Human Resource; Finance; Management Information Services and Systems; Logistics; Regulatory; Purchasing.

  Other areas of responsibilities include managing donor relationships, strategic management, project proposal development and implementation, finance management, and government liaison.

  Familiar with all condom related activities from procurement to distribution. This includes international procurement, warehousing and storage requirements, inventory management, local and international quality assurance procedures, product registration requirements, sales and distribution, monitoring and evaluation.

- Major related accomplishments includes:

- Put in place the condom logistics system nationwide including identification of appropriate third party logistics partner, proper warehousing and storage, inventory management, and quality assurance monitoring.
- Assisted and executed the condom procurement process from international sources. Drafted all related contracts and directed the registration process following the procedures from the Philippine Bureau of Food and Drugs.
- Identified the appropriate condom distribution systems and channels to ensure product accessibility to more than 12,000 outlets nationwide.
- Co-authored various donor proposals that ensured availability of grant funds for sustaining the promotions of condom use in the country.
- Put in place the condom clearance procedure system from the international sources through the various processes in government agencies.
- Put in place a database system that monitors condom sales and distribution.
- Put in place a finance system.

September 2004 to May 2005 Systems Administrator

Responsible for evaluating the effectiveness of systems and operation. Spearheaded the development of a comprehensive systems approach to improve operations across and within departments, and put in place operation controls and mechanisms to increase efficiencies and improve company –wide productivity.

August 1996 to August 2004 Manager, MIS and Logistics

Provided effective, efficient and accurate management information services to all aspects of DKT operations through handling of computerized databases. Directly responsible for monitoring of condom product movement, stock level, determination of re-order levels and preparation of product volume requirements to ensure availability of products and adequate supply at any given time which includes forecasting, commodity procurement and documentation requirements.

Designed and developed the company's sales monitoring program, finance system, logistics systems, and a new distribution structure. Handled product procurement (mainly condoms and other hormonal reproductive health products) activities involving international competitive bidding process.

Jan 1994 to Jul 1996 Management Information Services Manager

Main function is the development of marketing and sales reports useful for analysis. Work primarily cross organizational boundaries of Administration, Accounting and Marketing.

November 1993 to Jan 1994 Management Information Services Coordinator

October 1993 Professional Sales Representative

Promoted and sold condoms to regular channels including drugstores, medical clinics, and other non traditional high-risk channels such as bars and motels, including small shops.

Philippine Society of Venereologist Inc. (PSVI)
Manila,Philippines

Jul 1995 to 2001 Accounts Consultant
Provided technical and accounting assistance.

Systems Technology Institute (STI)
Makati, Philippines

Jun 1995 to Jun 1996 Instructor.

Teach Accounting and computer subjects. Subjects handled included Introductory Accounting, Introduction to Computers, Microsoft Office.

Remedios AIDS Information Center
1066 Remedios St. Malate Manila
AIDSCOM - Philippine Project
Academy for Educational Development
Washington D.C., U.S.A.

Aug 1991 to Sep 1993 Administrative and Public Information Assistant.

Assisted the Center Coordinator in planning and implementing public information programs in the center as well as staff the public information desk and the reading room areas during regular business hours. Assigned to provide accurate, up-to-date information on Center program activities to the drop-in public, collaborating private organizations and other groups and individuals on sexually transmitted infections and primarily HIV/AIDS. Maintain as well, accurate, up-to-date inventory, card file or other database on all information materials contained within the Center.

The Remedios AIDS Information Center is amongst the first information center established in the country to provide HIV/AIDS prevention information. It also houses the first HIV/AIDS Hotline service in the country.

Truth Magazine

Tru-Com Incorporated
Diliman, Quezon City

Jan 1990 to 1991 Research and Reportorial Staff
Did articles on various topics involving investigative journalism.

Educational Background

Master in Business Administration
University of Santo Tomas
Manila, Philippines
(Candidate)

Bachelor of Science in Business Administration - Major in Accounting
Philippine School of Business Administration
Quezon City, Philippines

Special Related Courses

- Entrepreneurial Management in Health Sector Reform: Business Planning for Governmental and Non-Governmental Organization
  Harvard School of Public Health
  Harvard University
  Boston Massachussets, USA
  2004

- Comprehensive Structured Systems Analysis and Design
- Computer Programming
  Institute of Advanced Computer Technology, Andersen Consulting
  Manila, Philippines

- Total Quality Management's Course
  University of the Philippines
  Quezon City, Philippines

Workshops / Trainings Attended

Department of Health, Bureau of International Health Cooperation

- 2nd Project Implementation Review
  Island Cove Resort Cavite City August 5-7, 2003

United States Agency for International Development

- Project and Financial Management Course
  New Delhi, India January 2003

Rotary International

- Group Study Exchange Program Delegate

Fukushima Japan, October –November 2002

Power of Teambuilding

- John Clements Consultants, Cebu December 13, 2002

Microsoft Access (2002) – EduPro, Makati Manila
Advance Microsoft Excel Course (2002) – EduPro, Makati Manila
Seminar on Latest Tax Rulings and Development (2002)

- Philippines Chamber of Commerce and Industry

4th International Congress on AIDS in Asia and the Pacific - Manila
Essential of Planning and Teambuilding Workshop -Coverdale Organization
Develop and Implement Effective Communication Programs for Environmental, Health

Safety Mgt.

"The Filipino, Meeting Global Challenges"

- Corporate Planning Society of the Philippines PICPA

AIDS/STDs Revisited

- DKT International - UNFPA Project

Effective POPLINE Implementation Workshop

- Johns Hopkins University

Upward Bound Life Skills Training Program - Bob Garon Consultancy
Essentials in the Conduct of Training of Trainors HIV/AIDS - UNFPA
Training on HIV/AIDS Prevention and Family Planning - DKT
Cash Flow Management and Reporting -Asian Institute of Management
Effective Sales Training - DKT International
HIV/AIDS NGO Network Strategic Planning Workshop
NGO HIV AIDS Counselling Training Program - Department Of Health
AIDS Hotline Workshop - Remedios AIDS Information Center
Delegate-National Federation of Junior Philippine Institute Of Accountants
Delegate - Children's Museum and Library Inc.4th Annual Conference

Honors/Awards

Cultural and Study Exchange Scholarship in Fukushima Japan – Rotary International

Letter of Commendation (Certificate of Excellence) – DKT International, Inc. Washington D.C. USA – Assistance in Project Implementation (Finance and Administration)

Certificate of Recognition (Letter of Commendation) – Academy for Educational Development – AIDSCOM, Washington D.C. USA – Assist ance in Project Implementation

Best in Class – University of the Philippines

Diploma of Proficiency (Computer Programming)-Institute of Advanced Computer Technology, Andersen Consulting – Manila

Certificate of Recognition – KVBHA, Pasig City – as sistance in community programs

Consistent honor student

Affiliations

Corporate Secretary – DKT Philippines, Inc.
Board Member – DKT Philippines, Inc.
Treasurer (2007-2008) – Rotary Club of Mandaluyong-Pasig-San Juan, District 3800, Philippines

Secretary (2005-2006) – Rotary Club of Mandaluyong-Pasig-San Juan, District 3800, Philippines

Member – Rotary Club of Mandaluyong-Pasig-San Juan, District 3800, Philippines

Member – Rotary International

Board of Director – Thomasian Business Society – Gr aduate School, University of Santo Tomas, Manila

1996 Temporary Accreditation- Kapisanan ng mga Brodkaster sa Pilipinas - Announcer's Accreditation

Member - College Editor Guild of the Philippines
Corporate Secretary – Karangalan Duckpin Bowlers Club, Inc.
Member – Philippine Duckpin Bowling Club, Inc.

Personal Information

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Email: tinafuentes@frenzy.com.ph, cristybfuentes@yahoo.com
April 30, 1971