NATIONAL CONDOM Communication Plan 2020-25

A Guide for District-level Managers, Health Care Practitioners and Implementers

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and Healthy Life for All South Africans

2030 NDP

FOREWORD

The National Condom Communication Plan, 2020-25 is a product of a review of national and international documents and is based on discussions with stakeholders involved in condom procurement, distribution, and promotion. The plan identifies the goals, the objectives and the targets for all communication activities promoting consistent condom use. It sets out the mechanisms for financing condom promotion; strengthening collaboration and coordination and participation of the private, non-governmental and civil society sectors in promoting the correct and consistent use of condoms to reduce new HIV and STI infections, and unintended pregnancies.

The National Department of Health encourages the involvement of political, religious, traditional, local and key opinion leaders. Acknowledging that the distribution of free condoms is not enough to get people to use condoms consistently; the plan addresses the barriers and negative perceptions that hamper condom use. It aligns with South Africa's National Strategic Plan for HIV, TB and STIs, 2017-22 and other local and international guidelines in promoting the use of male and female condoms as a triple protection method that offers individuals choices when deciding on fertility and sexuality in a safe and responsible manner.

The National Department of Health urges all sectors of our society to discuss, to debate and to encourage all sexually active people to practice safer sex towards the national goal of reducing new HIV infections to below 88 000 by 2020. To make this a reality, I call upon all professionals and officers to work with and through the National Condom Promotion Steering Committee to ensure that condoms are available all the times at health facilities, offices of all spheres of government, workplaces, places of entertainment, hostels, hotels, motels, factories, high schools, institutions of higher learning, and shops. Additionally, condom communication and promoting materials such as factsheets, pamphlets and posters should be available and displayed as a reminder in all these places.

ACKNOWLEDGEMENTS

This plan has been collectively developed by several stakeholders and expert knowledge holders. The Department of Health acknowledges and congratulates all girls and women, boys and men who contributed to this process through attending meetings and focus groups or drafting and commenting on the different versions. To all the organisations and individuals who contributed to the development of this plan, we extend our utmost appreciation.

In particular, the Department of Health would like to thank the United Nations Population Fund (UNFPA) for funding the development and design process.

We sincerely believe that the successful implementation of this plan to prevent new HIV and other STI infections and unintended pregnancy will impact positively on the lives of all South Africans.

ACRONYMS

CSO	Civil society organisation
DHIS	District health information system
DBE	Department of Basic Education
DOH	Department of Health
ECP	Emergency contraception pill
IEC	Information, education and communication
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP 2017-2022	South Africa's National Strategic Plan for HIV, TB and STIs
PSD	Public sector distribution
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PDS	Primary distribution site (for condoms)
PrEP	Pre-exposure prophylaxis
SAPS	South African Police Services
SDS	Secondary distribution site (for condoms)
SRH	Sexual and reproductive health

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EXECUTIVE SUMMARY

The National Condom Communication Plan uses a policy-driven and evidence-informed approach to change behaviour in target audiences through communicating important information, knowledge and skills. Consistent and correct condom use is a critical component in a comprehensive and sustainable approach to the prevention of HIV and other STIs, as well as unintended pregnancies. Male and female condoms are the only methods that provide this triple protection and are the simplest and cheapest yet most effective prevention method one can use (Mann Global Health, 2019).

The National Condom Communication Plan is aligned with South Africa's National Strategic Plan for HIV, TB and STIs 2017–2022 (NSP 2017-2022) and other relevant policy documents. It aims to promote consistent condom use to protect all individuals who practice condomless sex acts that can put them at the risk of HIV, other STIs and unintended pregnancy. It further provides policy certainty on how and what to communicate to targeted population groups when promoting consistent condom use. While recognising the immense progress made regarding the supply chain management of condoms, the lack of a clear campaign to increase demand for consistent condom use has been a major shortcoming. The plan contributes to Goal 1 of the NSP 2017-2022: Accelerate prevention to reduce new HIV and TB infections and STIs.

BACKGROUND

1.1 HIV, STIs and unintended pregnancy

South Africa has a generalised and mature HIV epidemic that varies widely by geography, age and gender, and for key and vulnerable populations (HSRC, 2019; SANAC, 2017; UNAIDS, 2018). It was estimated that about 7.9 million South Africans were living with HIV in 2017. Despite a 44% decline in HIV incidence since 2012, the country reported around 231 100 new HIV infections in 2017. The number of new HIV infections was generally higher among females. Of the new HIV infections, almost half (41%) were in the 15-24-year age group, where the number of new infections in females (66 200) was three-times that of their male counterparts (22 000) (HSRC, 2019).

Figure 1: HIV prevalence in South Africa by sex and age, 2017 (HSRC, 2019)

It is evident that STIs is a serious public health problem, particularly as a risk factor for HIV infection (Kularatne et al., 2018; SANAC, 2017) and poor reproductive health outcomes (SANAC, 2017; Starrs et al., 2018; World Health Organization, 2016)"title":"Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations","type":"report"},"uris":["http://www.mendeley.com/documents/?uuid=99d7b08c-0cb2-4097-a391-7e688a3ae6d5"]},{"id":"ITEM-2","itemData":{"author":[{"dropping-particle":"","family":"SANAC","given":"","non-dropping-particle":"","parse-names":-false,"suffix":""}],"id":"ITEM-2","issued":{"date-parts":[["2017"]]},"publisher-place":"Pretoria","title":"South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022","type":"report"},"uris":["http://www.mendeley.com/documents/?uuid=987817ec-50bd-4d02-9122-d94ef94aad50"]},{"id":"ITEM-3","itemData":{"DOI":"10.1016/S0140-6736(18. More than 1.4 million STIs were treated in South Africa in 2016 (Department of Health, 2018; SANAC, 2017). South Africa's 2017 adult prevalence estimates of 6.6% and 3.4% for gonorrhoea and 14.7% and 6.0% for chlamydia in women and men respectively, are among the highest in the world (Newman et al., 2015). Although prevalence of syphilis declined steadily between 1990 and 2017, prevalence for gonorrhoea and chlamydia remained unchanged (Kularatne et al., 2018).

In 2017, children born to mothers in age groups 20 to 34 made up 73% of all births and adolescent births of mothers aged 10-19 years contributed 11%. The proportion of women aged 15–19 who have begun childbearing rises rapidly with age, from 4% among women at age 15 to 28% among women at age 19. Despite the mandate for availability of modern contraception and safe abortion services, which gives young women the right to safe choices such as access to safe legal abortion in South Africa, these services remain unequally available and accessible, especially in the rural areas. Preventing teen pregnancies is a complex issue requiring information, education and access to comprehensive sexual and reproductive services, including condoms (Statistics SA, 2017).

South Africa must intensify efforts to reduce new HIV and other STI infections and unintended pregnancy through more effective prevention and education efforts (HSRC, 2019). As part of a combination prevention package, correct and consistent condom use is a critical component in the HIV, STI and contraception response (SANAC, 2017).

1.2 Condom promotion

Rationale for promoting consistent use of condoms

Male and female condoms are the only methods that provide triple protection against HIV, other STIs and pregnancy and are the simplest and cheapest yet most effective prevention method one can use (Mann Global Health, 2019).

Communicating (and practising) consistent condom use is more difficult than promoting other health behaviours as it requires the agreement between two people (Widman, Noar, Choukas-bradley, & Francis, 2014). While male condoms are well known, lesser known female condoms are key to increasing HIV protection and contraception options initiated by women and as an additional prevention option for men who have sex with men (MSM).

Figure 2: Rationale for condom promotion

BARRIERS, ENABLERS, AND FACILITATORS OF CONDOMS USE

3.1. Several issues can act as barriers and facilitators of consistent condom use as summarised below.

Table 1: Barriers and facilitators of consistent condom use

Barriers	Enablers	Facilitators
Embarrassment and low perception of one's own risk particularly among people aged 50+	Initiation of discussion about family planning and condom use at the outset of relationship	Sexuality education including risk reduction techniques regarding HIV, STIs and unintended pregnancies
Misconceptions among 15-35 year olds that condom breakage and slippage during sexual acts means they are of poor quality rather than incorrect use	Having access to water-based lubricant and good skills in correct condom use	Training on correct use of male and female condoms. District condom implementation and demand creation plans Condom distribution by NGOs
Perceptions that if one carries or suggests condom use it means s/he is "loose" among youths	Being mindful of the threats of HIV and STIs; media portrayal of condoms and role models	Having friends and relatives who support condom use responsible and caring health behaviour
Regarding teenagers 13-19 years old, difficult access to condoms due to their unavailability near or on schools' premises	Condom dispensers within walking distance	Condoms available at points of use such as motels, hostels, taverns, hair salons. District mapping of hot spots and key population sites
Having sex under the influence of alcohol, drugs or any mind-altering substance among youths	Acting against underage drinking; limiting access to drugs and alcohol among youths	Educating youths on dangers of drugs and alcohol Condom messages developed
Perceived difficulty in inserting a female condom due to lack of training in 15-35 year old women	Training users in correct female condom use	Counselling and training on correct condom use Condom participant manual Training female condom use
Low agency, not being assertive about condoms use among women 15-25 years old	Having a safe and enabling environment for key populations	Feeling 'in charge' of one's health when using male and female condoms Life recording video available
Anti-contraception religious beliefs and dislike of condoms	Churches supporting and preaching prevention of HIV and STIs	Education to address misconceptions, myths and impart correct information
Lack of sustained marketing campaigns to promote consistent condom use	Mass-media marketing of female and male condoms	Implement a vigorous, credible campaign
Perception of partner: men use condoms with women they consider high risk (frequent taverns), not with women they see as low risk (respects parents, study)	IEC materials on consistent condom use	Condom messages conveying "Peace of mind and No regrets"

Condoms have been at the centre of the global response to HIV and by 2016 have averted an estimated 45 million HIV infections since the onset of the epidemic in 1990 (UNAIDS, 2017). Despite evidence that condoms are critical to combination prevention, South Africa continues to report low and inconsistent condom use, despite repeated exposure to messages aimed at promoting consistent condom use (Chandran et al., 2012; Eggers, Aarø, Bos, Mathews, & De Vries, 2014; Fladseth, Gafos, Newell, & McGrath, 2015; HSRC, 2019; Mabaso et al., 2018; Protogerou, Johnson, & Hagger, 2018; SANAC, 2017)namely the information-motivation-behavioral skills model (IMB.

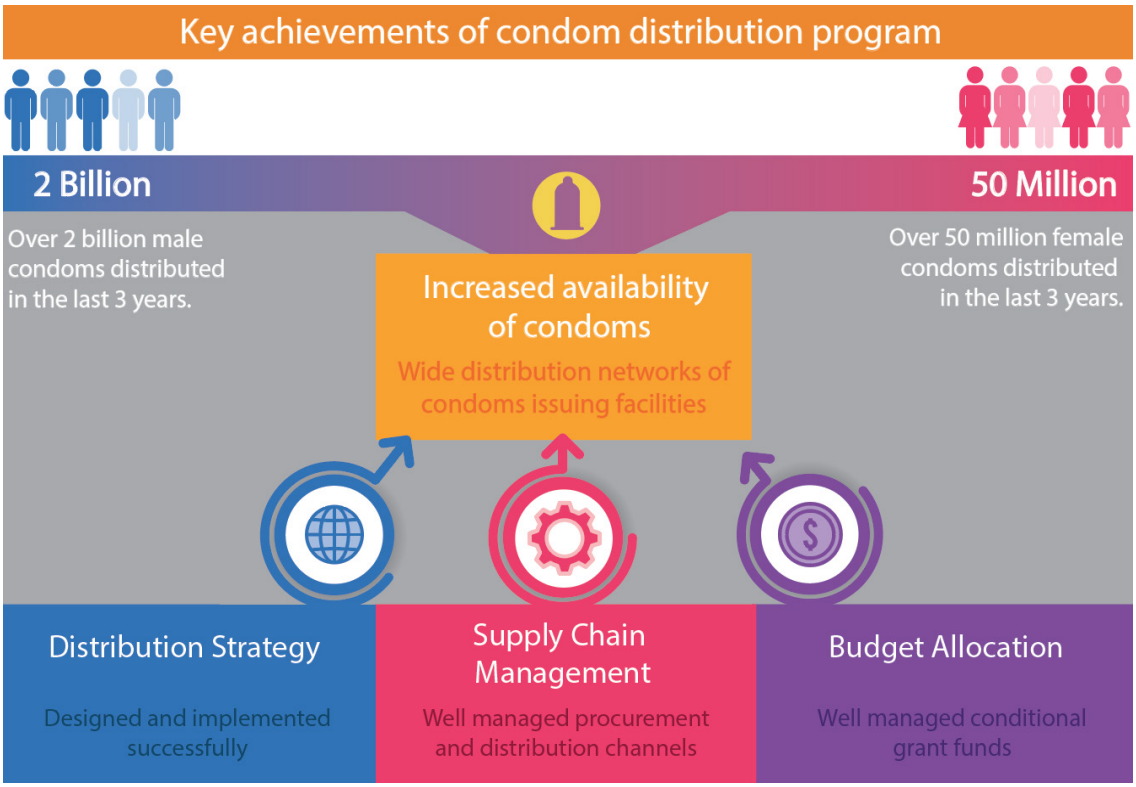

Figure 3: Condom distribution achievements

In 2017, an estimated 5.7 million (16.8%) people indicated that they had heard, seen, watched, or participated in 16 or more of 43 communication programmes assessed in South Africa (HSRC, 2019). Approximately 15.7 million people or almost half (46.6%) of the population were exposed to between 5 and 15 social and behaviour change communication (SBCC) messages. The level of exposure was similar for both males and females. In males, 18.5 % of participants, and 23.5 % of females had participated in face-to-face SBCC programmes, such as community meetings, community dialogues or any other meetings related to HIV in the last year. Of concern is that little behaviour change seemed to have occurred since 2012, despite this repeated exposure (HSRC, 2019).

3.2. Condom use in South Africa

For condoms to work, they have to be used correctly every single time one has vaginal, oral, and anal sex. In 2017, less than half of the population reported using a condom at last sex, while early sexual debut (sex before the age of 15 years) increased and more than a third of young women were involved in sexual relationships with older men. Low knowledge and understanding about HIV transmission dynamics, low self-efficacy and a lack of skills in negotiating the use of a condom or using condoms correctly and consistently were also reported. Misconceptions remained rife such as associating condom use with promiscuity, which limited access to and acceptance of condoms in certain groups (HSRC, 2019).

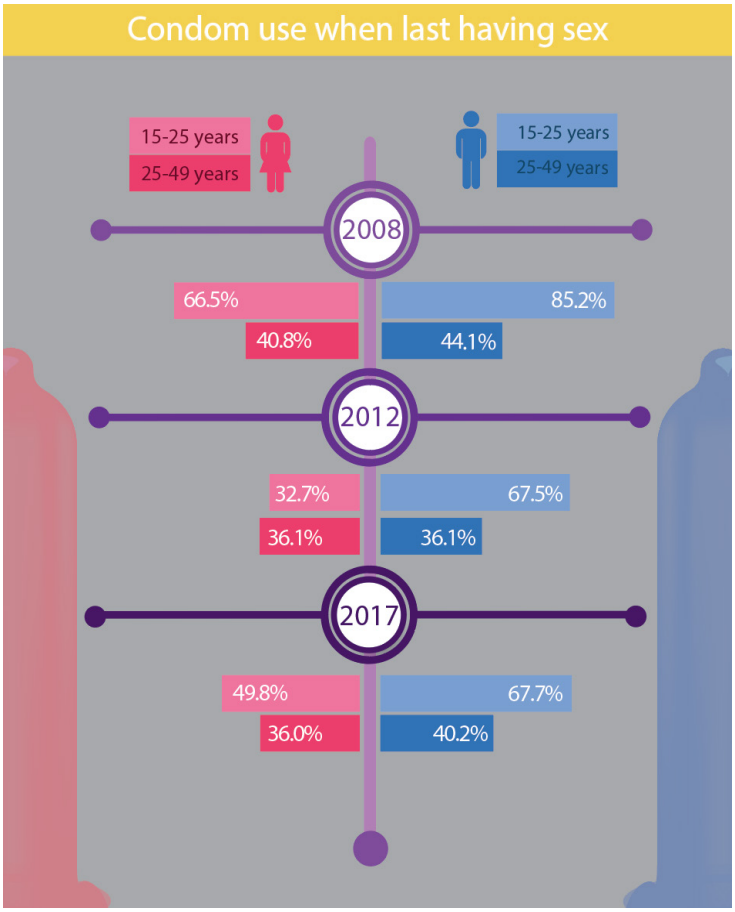

Figure 4: Condom use in South Africa

Overall, two out of five people (38.9%) reported that they had used a condom when last having sex with their most recent sexual partner. A higher proportion of males (41.3%) reported condom use at the last sex than women (36.2%). Black Africans (44.1%) reported higher condom use at the last sex than the other three race groups. Self-reported condom use at last sex was lower than 50% in all provinces, ranging from 28.6% in the Western Cape to 46.3% in Mpumalanga (HSRC, 2019).

Figure 4: Condom use in South Africa shows the trends in condom use at the last sex for gender and age groups 15-24 years, 25-49 years and over 50 years, respectively, from 2008 to 2017. The graphs show that reported condom use was higher in young males 15-24 years than in young females of the same age and higher in the youth aged 15–24 years (58.8%) than in older age groups. The rate of condom use at the last sexual intercourse in all groups peaked in 2008 followed by a marked drop-off since then (HSRC, 2019).

3.3. Condom distribution programme

South Africa has the world's largest condom distribution network (UNAIDS, 2015). In South Africa condoms are distributed through a three-tiered structure made up of 13 national suppliers, about 260 primary distribution sites (PDS) and over four thousand secondary distribution sites (SDS). Strong partnerships between the private and non-governmental sector agencies distribute condoms to the hotel industry, universities and other non-traditional outlets such as taverns and places of entertainment. In addition, commercially and socially marketed condoms are available from different retail outlets.

The NSP 2017-2022 promotes condoms as central to prevention against HIV and STIs[1]. The National Contraception Policy[2] emphasises the importance of the male condom as a contraceptive method that should always be available in public sector facilities.

In 2018, there was a sharp decline in condom distribution; female condoms distributed dropped from 26 to 21 million and male condom distribution decreased with 220 million [22]

1 Department of Health. South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022. Pretoria: NDoH; 2017.
2 Department of Health. National Contraception and Fertility Planning Policy and Service Delivery Guidelines. Pretoria: NDoH; 2012.

Figure 5. In 2019, the number of male condoms distributed increased to 726 million, while female condom distribution declined to 18 million.

Figure 5: Number of condoms distributed 2014-2019

3.4. Brand improvement

Based on a 2014 study, the free public health sector condoms, 'Choice', was perceived as inferior, ineffective, and smelly compared to commercial brands (Shisana et al., 2014), 'Max' (male) condoms and 'Maxima' (female) condoms were introduced in 2015 and 2020, respectively. These condoms are available in four scented and coloured condoms, namely strawberry, grape, banana and vanilla. The launch of the rebranded condoms was accompanied by water-based lubricants.

BRAND REFRESHING & IMPROVEMENTS

Figure 6: Branding of male condoms from Choice® to "Max"

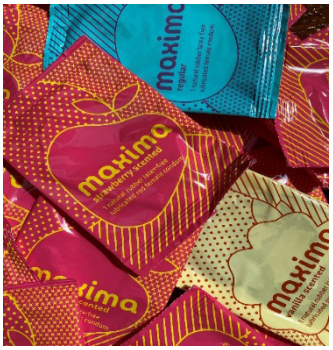

Figure 7: Branding of female condoms from FCS / Cupid to "Maxima"

3.5. Goal and alignment to national priorities

The goal of this plan is to promote consistent condom use to protect all sex acts that can put someone at the risk of HIV and other STIs as well as unintended pregnancies. To achieve its goal, the condom communication messages aim to move current inconsistent users of condoms to becoming consistent users and to motivate current non-users to use condoms in all instances where the STIs and HIV status of partners are unknown, uncertain or unfavourable.

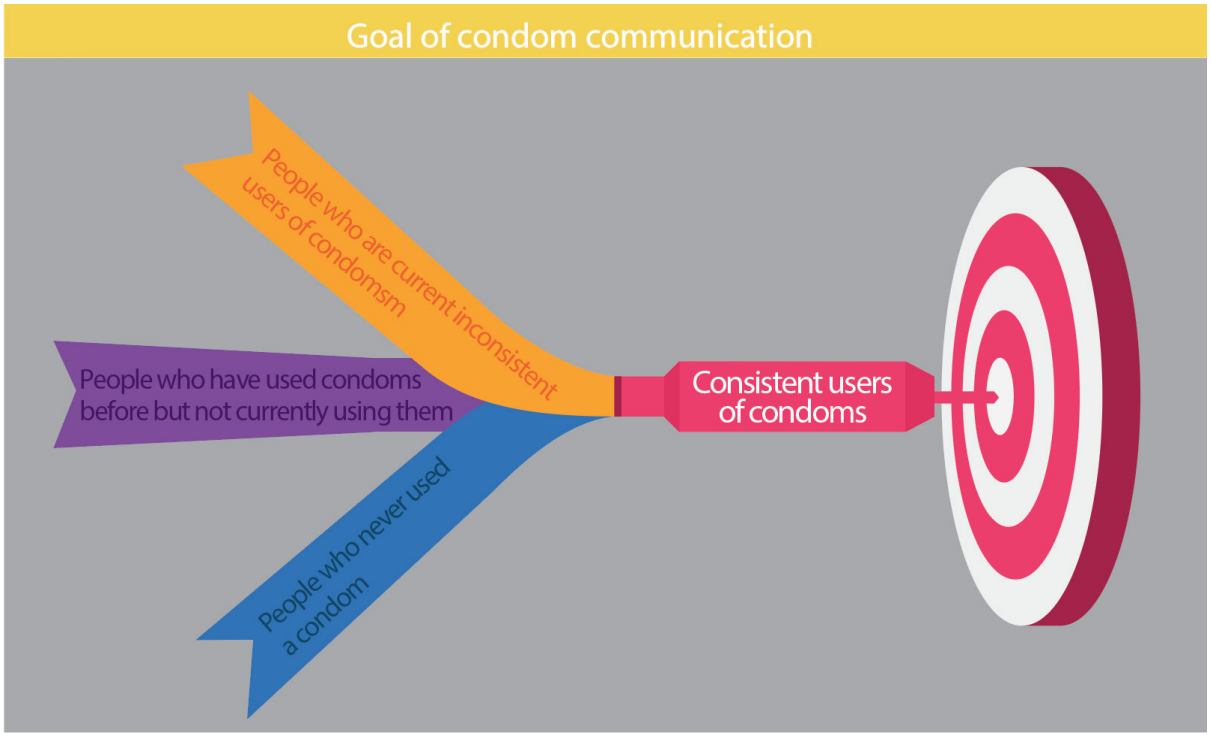

Figure 8: Aiming for consistent users of condoms

This plan aims to contribute to the achievement of one of the national priorities defined in the NSP 2017-2022 to decrease new HIV infections to less than 100 000 by 2022.

NATIONAL PRIORITIES AND STRATEGIC ALIGNMENT

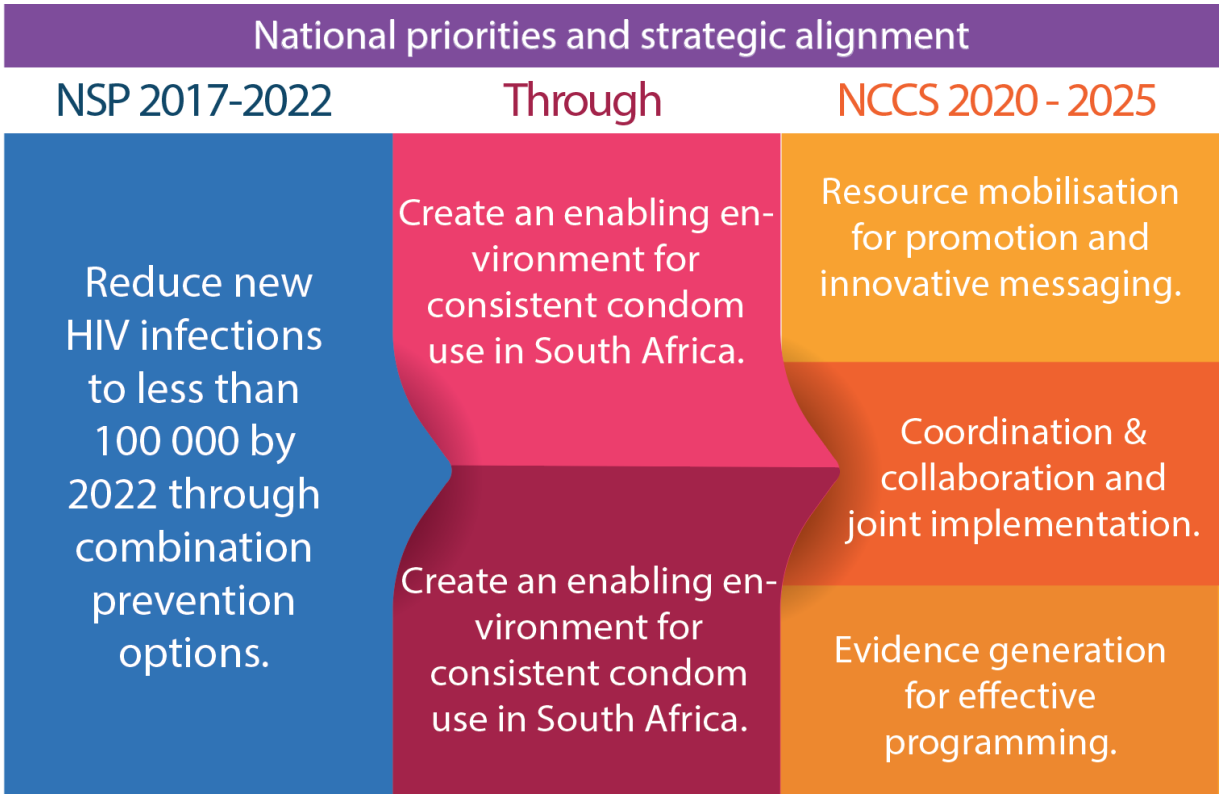

Figure 9: National priorities and strategic alignment

4.1. Guiding Principles

- Use of multimedia: mass media-, interpersonal-, and community-based communication channels
- Tailored communication for the targeted groups
- Standardised multi-sectoral response
- Evidence-based communication messages

4.2. Development of the plan

The National Condom Communication Plan was developed through a participatory process that focused on engaging and involving young and other sexually active people and communities to define who they are, what they want, and how to achieve the desired change.

Key to achieving the targets of the plan was getting the cooperation and involvement of all stakeholders from non-governmental-, civil society-, and faith-based organisations, advocacy groups, state-owned enterprises and the private sector companies as well as relevant government departments to make integration and coordination of efforts more efficient.

4.3. Theoretical framework

Considering the social ecological model several structural, social, interpersonal and individual factors could influence consistent condom use and safer sexual practices. Some factors are opening hours at health care facilities, absence of a tested communication campaign, disruption in the supply chain as well as attitudes of service providers or staff members. In addition, imbalanced power dynamics in sexual relationships, personal preferences, misconceptions about condoms and lack of self-efficacy contribute to inconsistent use of condoms. The social ecological model of health behaviour provides a theoretical framework to understand environmental influences affecting an individual's health behaviours. Through the social ecological model, it is possible to encourage people to take greater responsibility for their own health and requires that individuals, their communities and policy makers understand their own behaviours and are empowered through relationships to change their behaviours. Recognising how these systems interact with each other offers opportunities to address the factors leading to the desired behaviour change (Lindridge, MacGaskill, Ginch, Eadie, & Holme, 2013). For example, the importance of positive opinion leaders, such as peers, in promoting consistent condom use among key populations.

The health belief model was originally developed to explain preventive health behaviour and is an individual theory focusing on risk perception and motivation. A preventive health behaviour is defined as any activity undertaken by a person who believes himself to be healthy for the purpose of preventing disease or detecting disease when there are no symptoms yet (Quah, 1985; Ronis, 1992; Rosenstock IM, Strecher VJ, 1988)social learning theory (recently relabelled social cognitive theory.

By addressing consistent condom use at both group and individual behaviour, the National Condom Communication Plan attempts to maximise opportunities to convince people to adopt safer health behaviours.

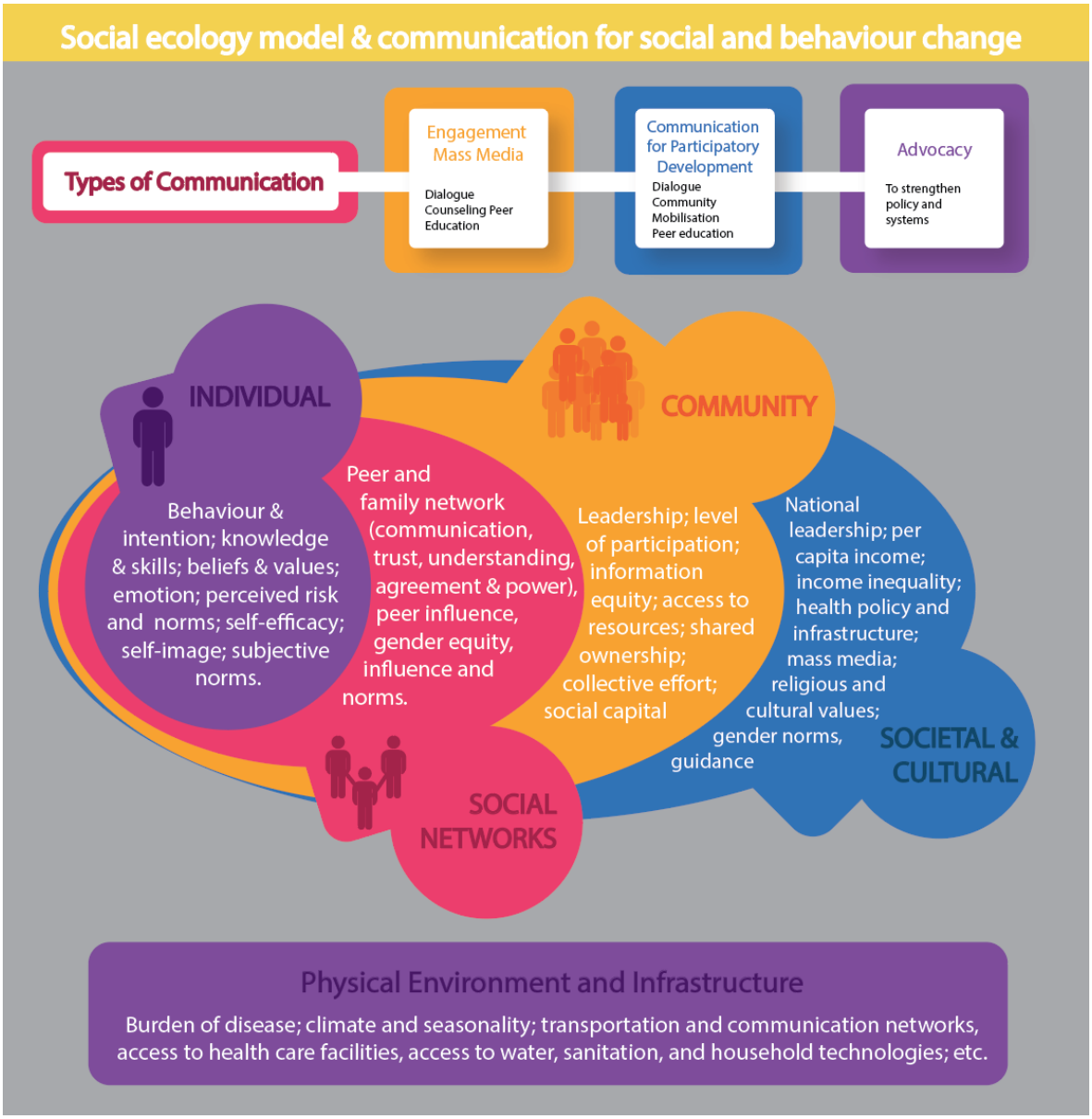

Figure 10: Theoretical framework: Social ecology model

Research has shown that for any communication to be effective, it has to attract attention (visually pleasing communication materials, attractive packaging and a strong message), create interest (by communicating the benefits and creating a need for condoms), build desire for the product (convince the target group that they want and need condoms and that consistent condom use will solve their problem) and finally, end in action (make it easy to use condoms through easy access and availability) (Lewis, 2013) – See Figure 11: AIDA communication model adapted for consistent condom use (Lewis, 2013).

Figure 11: AIDA communication model adapted for consistent condom use (Lewis, 2013)

Tailoring messages to target groups according to the AIDA model allows the targeting of different individuals and groups with a single communication campaign. The AIDA model helps to simplify targeting specific groups by tailoring communication messages to their actions based on their position in the AIDA steps. Different communication objectives are therefore needed for different target groups based on their needs and the local context (Lewis, 2013).

The National Condom Communication Plan formally defines who (which targeted groups or segments) should be given specific information on consistent condom use, what information should be delivered and what communication channels to use to deliver the information. The plan also assigns responsibilities to communicate the information to target audiences for a coordinated communication effort that makes condoms available to any person who might need them, where they need them. Finally, the plan defines what steps will be taken to track the success of implementing the plan.

TARGETS AND EXPECTATIONS

For the National Condom Communication Plan to achieve its goals, there is a need to ensure that there is a regular supply of condoms – supplied through an effective supply chain – distributed through a variety of traditional and non-traditional outlets such as hair salons and tuck shops; and a sustained communication campaign that focuses on addressing people's attitudes and perceptions towards the risks associated with unprotected sex and address negative attitude towards free condoms supplied by the public sector.

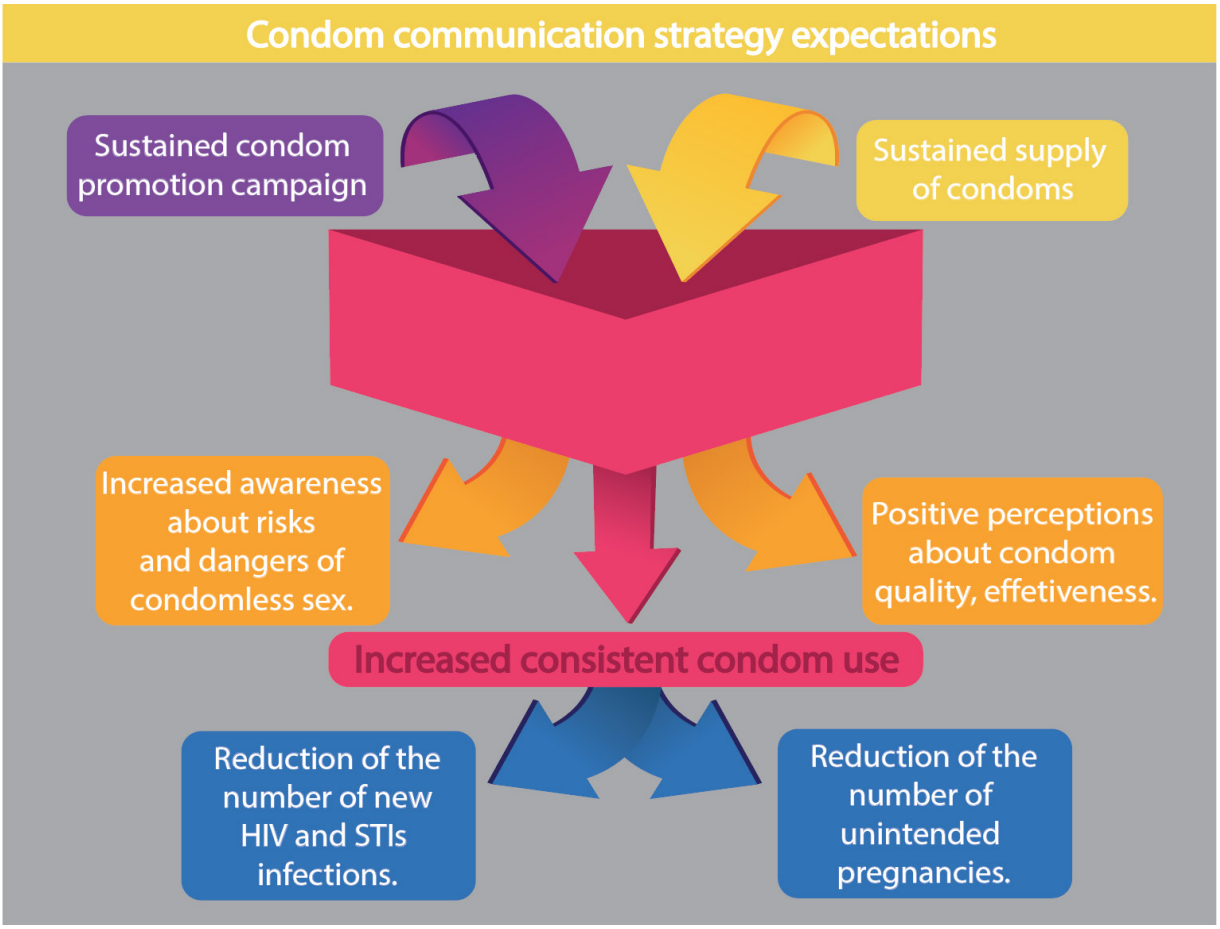

Figure 12: Condom communication plan expectations

5.1. Targets

- Reach 90% of the general population and 90% of members of key populations with four or more consistent condom use promotion messages through appropriate communication channels – See Action plan.
- Get at least 95% of the general population and 90% of key populations to report favourable perceptions about condom use in general and about Max and Maxima specifically.
- Increase self-reported condom use at last sex to 80% among the general public (15-45 years) and 90% among key populations
- Increase consistent condom use to 80% by 2022 in all target groups

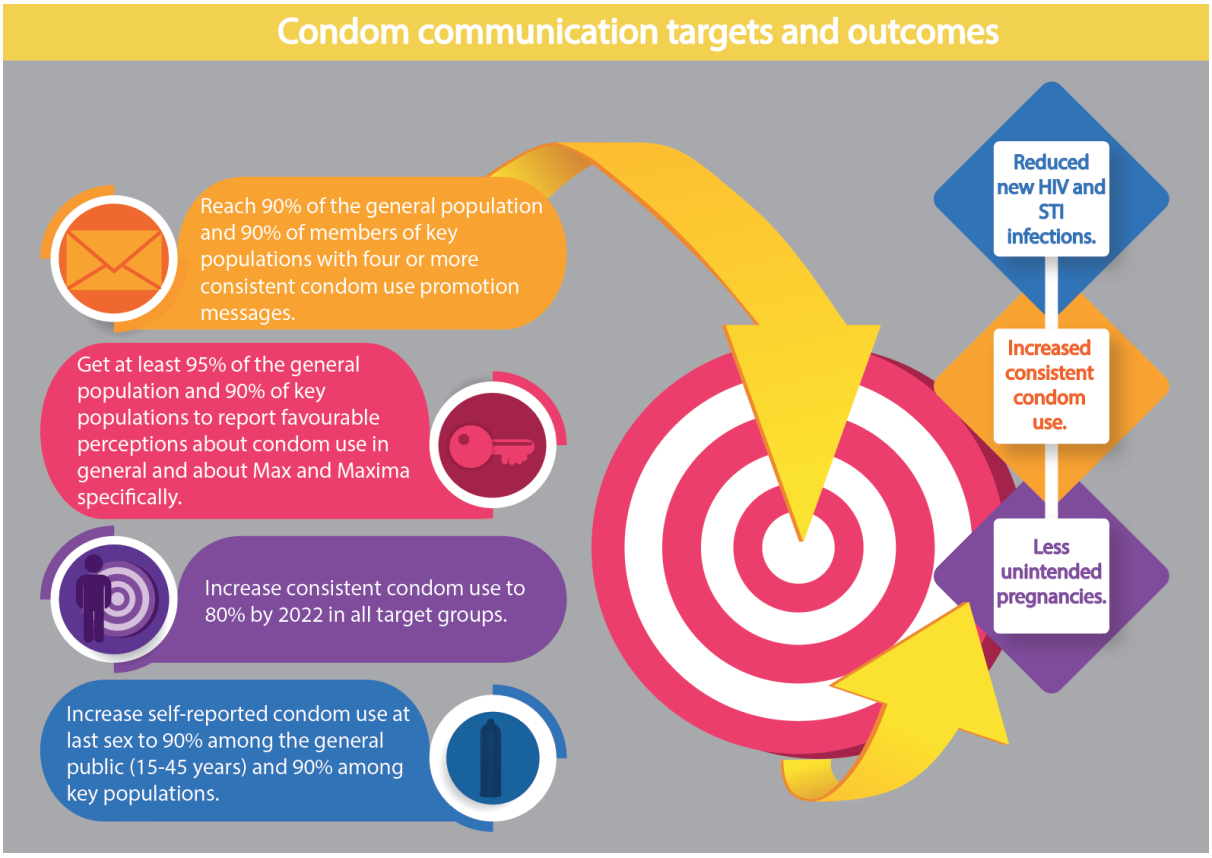

Figure 13: Targets and outcomes

5.2. Communication channels

The choice of media channels is guided by several factors including the targeted groups, the format of the message, the level of reach required, and cost effectiveness of the specific channel.

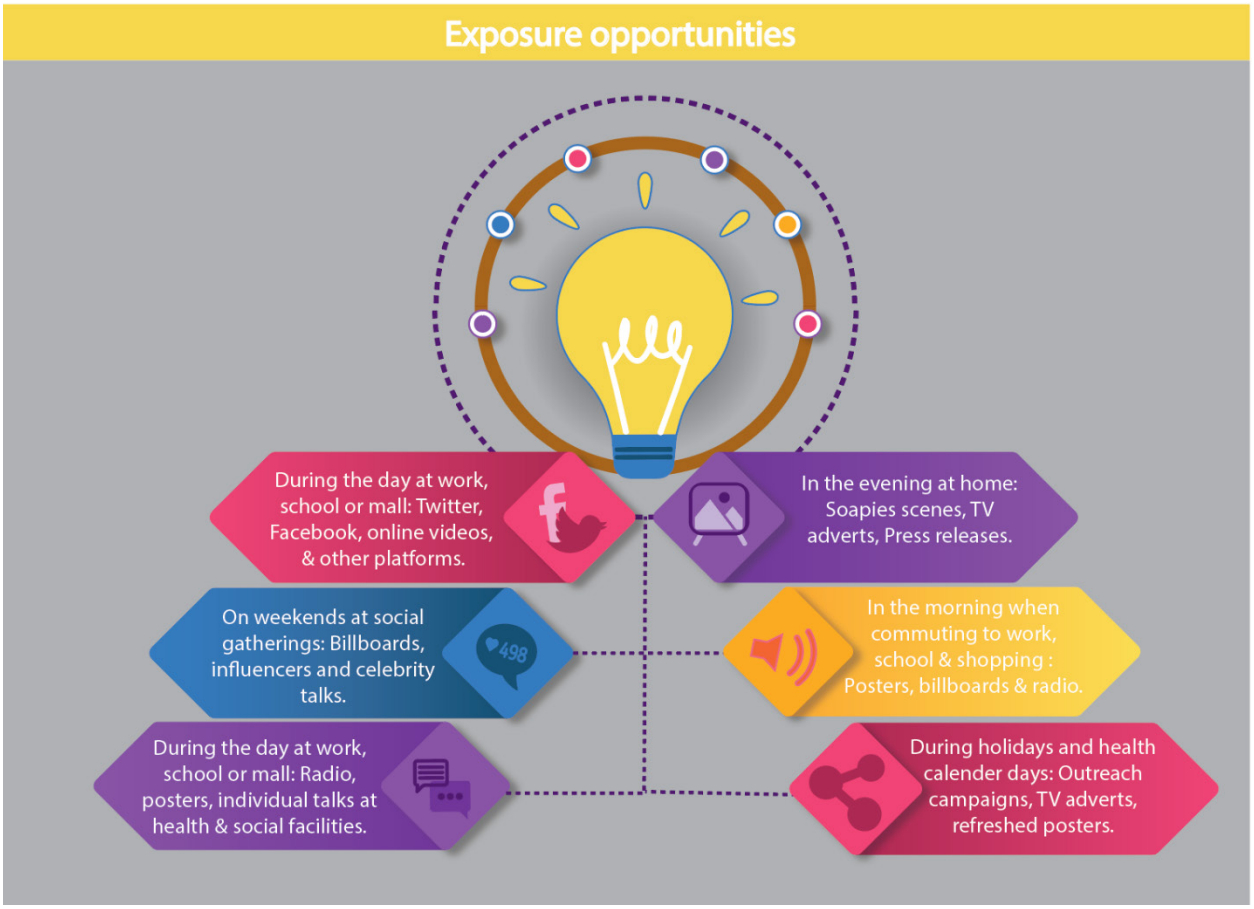

Figure 14: Exposure opportunities

5.3. Cross-promotion and branding of the campaigns and materials

The Steering Committee should ensure the promotion of activities, events, materials across platforms such as B-wise website, newsletters, national health days and press releases, as well as on social media through Facebook and Twitter (example: She Conquers). Because of the value attached to brands, it is important to be consistent with logos, icons, typefaces, slogan, colours, and being 'on-brand' with key messages and the way words are used and images are printed on all materials and contents.

STRATEGIC RESPONSE

6.1. Key messages and slogans

Messages centre around personal responsibility, self-efficacy, preparing for one's future, caring for others, motivation to adopt safer behaviours, and achieving peace of mind. To increase impact, messages are simple, clear and consistent.

Table 2: Illustrative messages and slogans for different age groups

Target group	Key messages	Slogans	Main media channel
Broad Messages: Condom is a tool to STOP the spread of HIV, STIs and unintended pregnancies. Use a condom correctly every time you have vaginal or anal, or oral sex. Together we defeat HIV. With correct use of Max /Maxima, No HIV, STIs, or unintended pregnancy		Peace of mind No regrets	All
Youth 10-14 years	**Key messages**	**Slogans**	**Main media channel**
All (Themes: Informed choice	Know your body, your reproductive system. Focus on your studies, prepare your future. Know your rights. Report improper sexual behaviour. Know how to use a condom correctly and how to dispose of the condom safely.	My future is my life; getting educated ensures a bright future for me My body my choice	Comprehensive sexuality education through the school curriculum Cartoons, posters
Youth 15-19 years	**Key messages**	**Slogans**	**Main media channel**
All	Think about your future. Focus on completing school. Protect yourself against HIV, STIs, unintended pregnancy. Carrying condoms is cool. One round of condomless sex can change your HIV, STI or pregnancy status. One shot may make you become a father/mother and bring you responsibilities you are not ready for. How to use correctly a male/female condom and how to dispose of it correctly. Know your sexual and reproductive health rights. Report sex against your will. Talk about condom use.	Together safe not sorry No condom, no sex No mess after sex Safe sex is better sex, no worries!	School curriculum She Conquers campaign Digital media, billboards, national TV Social media Peers
Females (Themes: My future first)		My future is covered Proven protection Love means protection The best gifts are wrapped Proudly safe Keep yourself safe Don't guess my yes STIs are never in fashion	
Males (Themes: Responsible sexual behaviour)		1 condom 1 round Let's talk defence Be cool not a fool Heroes wear capes Don't dare to go bare Don't get caught offside. Wear a condom every time Keep yourself safe	
20-24 years	Key messages	Slogans	Main media channel
All	Self-efficacy: S/he makes you feel as s/he knows well, but s/he maybe HIV-positive and not knowing it. When you say okay, you are saying okay to safe sex with a condom. Wearing a condom is as simple as rolling socks. With an inner condom in place, there is no interruption Focus on planning your future and career. Know your sexual and reproductive health rights. Protect yourself against HIV, STIs, unintended pregnancy. Talk about condom use.	Are you HIV sure? If not use a condom every time No more excuses, use a condom Peace of mind, no regrets	
Females (Themes: My future first)		Dual protection… beat that I have the right to choose No means no No Saturday night surprises No condom, no sex	Digital media, billboards, National TV Community dialogues CBOs and FBOs Workplaces Counselling Peers Youth magazines
Males (Themes Responsible sexual behaviour)		Babies deserve fathers Come prepared, carry condoms In love? Wear a glove 1 condom 1 round Be in fashion, protect your passion Don't score STIs	

20-49 years	Key messages	Slogans	Main media channel
Females (Themes: Informed choice)	I enjoy sex, but I am not willing to live with regrets. A must accessory in my bag is a packet of condoms. Female condom is power. Yes to sex means yes to safe sex with a condom. Everybody has the right to enjoy sex, without coercion or regret. Sex is an agreement between two people. Always carry condoms. Sex is never violent. Talk about condom use. Children are the responsibility of both parents.	No regrets, I want peace of mind My kids need me, I use condoms every time The best gifts are wrapped Cool customers carry condoms Seal the deal Dual protection… beat that Safe sex saves lives	National TV Billboards, Community dialogues CBOs and FBOs Workplaces Counselling Peers
Males (Themes: Informed choice)		Come prepared, carry condoms Wear it before you share it You can't "pull out" of child support Respect! Real men wear condoms Man up! Cover up! Skin on skin can be a sin Condom first No hoody no booty Go under cover Because I care, I wear Touch, pause, condomise Condoms: your ticket to score Don't get caught offsides	
25 yrs and above	Key messages	Slogans	Main media channel
	Be responsible, show that you care, protect yourself and others. Real men enjoy everything responsibly. Real ladies insist on condom use. Sex when drunk means no protection. With all the risks, it makes sense to use a condom every time.	I am responsible/I care, do you? I have plans for my life, I use condoms every time. I carry condoms wherever I go.	TV and radio adverts, adult magazines.
Over 50 years	Key messages	Slogans	Main media channel
	HIV and other STIs have no age limit. Set a good example, carry and use a condom consistently, regularly, every time. Your kids do what you do, not what you say, act as you want them to act.	I care about my family, I use condoms. My kids need me, I use condoms every time. No regrets, I want peace of mind. Because I care, I wear Sex without a condom is to die for Don't compromise, condomise	National TV Community dialogues Billboards Posters Male and female magazines
Positioning Max and Maxima condoms as a popular and superior brand			
	Key messages	**Slogans**	**Main media channel**
	I prefer Max to other condom brands	Wear this season's colour Max up! Pick your colour Let's Max. Max fun, max protection	All

1.2 Goals

	Activities	Expected results	Responsible	Baseline	2022	2025
Goal 1: To foster coordination, collaboration and joint implementation among stakeholders involved in condom promotion activities						
1.1	Establish a framework for collaboration and coordination in the form of a National Condom Promotion Steering Committee	Terms of reference	Condom Program			
1.2	Stimulate political will by making relevant government departments responsible and accountable for consistent condom use and condom distribution.	Coordinated response through popular opinion leaders	Government departments			
1.3	Engage and get the buy-in of high-level business leaders and managers in the private, non-governmental and state-owned enterprises for condom promotion and distribution at workplaces	List of stakeholders. Eight workshops held, minuted and responsibilities assigned	Steering Committee Private hospitals, retail pharmacies and all employers			
1.4	Incorporate into the NSP the activities and initiatives from the private, non-governmental, academic, voluntary and civil society sectors	Alignment and progress revisited quarterly and action plan updated	Steering Committee SANAC			
1.5	Get the involvement of local, community, traditional, religious and government leaders as well as celebrities and popular opinion leaders to advocate and promote consistent condom use	IEC pack developed and shared	Steering Committee			
1.6	Align all national campaigns to support consistent condom use, e.g. Cheka iMpilo National Wellness Campaign, DBE Integrated Strategy on HIV, STIs and TB, She Conquers	Consistent single condom promotion and distribution	DOH DBE DOHET International Development Partners Private sector			
1.7	Make condoms available in all government and private sector workplaces	Increased condom availability	All employers			
1.8	Make condoms discreetly available in all schools	Increased condom availability	DBE DOHET			
1.9	Strengthen the condom supply chain	Uninterrupted supply of condoms in all schools and public and private sector workplaces	DOH			
1.10	Expand the condom distribution network to include more distribution points where target groups congregate	Increased availability in appropriate places	DOH			
1.11	Train community health workers to promote consistent condom use and condom negotiation skills in communities	Trained human resources in communities	DOH			
1.12	Train counsellors in all health facilities to promote consistent condom use condom negotiation skills	Trained human resources in all health facilities	DOH Implementing partners Private sector			
1.13	Train peer educators to promote consistent condom use condom negotiation skills to key populations	Trained human resources n key population programmes	DOH HTA programme Implementing partners			

Goal 2: To mobilise and secure funds for condom promotion activities and innovative messaging						
2.1	Cost the National Condom Communication Campaign	Targeted budget known	Condom Program, Steering committee			
2.2	Advocate to the National Treasury and Provincial Finance departments to allocate funds for condom promotion as a defined percentage of the budgets allocated for condoms' procurement	Budget allocated in national and provincial budgets – equitable share and conditional grant	Condom Program, Steering committee			
2.3	Engage and collaborate with high level private companies, SOEs, NGOs and international development partners to contribute to the implementation of the condom promotion activities and research	Private sector strategy developed	Condom Program, Steering committee			
2.4	Establish an institutional mechanism for the management of funds sourced	Financial board established	Condom Program, Steering committee			
2.5	Raise additional funding from international development partners to support the campaign objectives	Funded communication campaign	Steering committee			
2.6	Engage with a social marketing company to ensure that appropriate messages and graphics are developed for each target group	Convincing messages that lead to increased consistent condom use	Steering committee			
Goal 3: To establish a mechanism for generating data and evidence to inform policy, programming and promotion activities						
3.1	Engage and collaborate with academic and research institutions to set an agenda for relevant research to address gaps in key data and evidence with regard to actual condom use, supply challenges, perceptions and inappropriate behaviours in need for change, etc.	Research agenda developed	Condom Program, Steering committee			
3.2	Engage service providers for monitoring and evaluation of the implementation of the plan	M&E framework implemented	Condom Program, Steering committee			
3.3	Source and allocate funds for M&E as well as for research projects and activities	Adequate resources mobilised	Condom Program, Steering committee			
Goal 4: To monitor and evaluate the implementation of the condom communication plan: its key outputs, milestones and outcomes						
4.1	Monitor progress against targets	Progress tracked	All implementers			
4.2	Disaggregate data to track condom distribution to HTA facilities	Data available for decision making	DOH DHIS			
4.3	Include national condom plan indicators in national surveillance activities	Data available to improve messaging	DOH HSRC MRC			
4.4	Conduct the mid-term evaluation and assess the achievements of the campaigns of 2020-2022	Mid-term evaluation report	DOH			
4.5	Conduct the end-of-term evaluation and assess the achievements of the campaigns 2020-2025	End-of-term evaluation report	DOH			
4.6	Continuously update campaigns in line with new research evidence	Evidence informed condom communication campaign	DOH			
4.7	Monitor the supply chain to prevent stock-outs of male and female condoms	Uninterrupted supply	DOH			

Goal 5: Increase consistent condom use by promoting consistent condom use at societal; community; social networks; and individual levels using the social ecology model.						
Objective: 5.1 Increase consistent condom use in the general population (societal level)						
Activity 5.1.1 Create favourable public opinion on consistent condom use						
1.	Promote combination prevention to reduce HIV, STIs and prevent pregnancy on national TV and radio stations	Mass media campaign on national TV, radio stations, billboards, posters and social media	DOH DSD			
2.	Explain the benefits of consistent condom use through a mass media campaign	National TV, radio stations	DOH DSD			
3.	Distribute IEC materials on consistent condom use at all public and private facilities, workplaces, retail pharmacies, taxis and other public transport, hotels, taverns, hair salons etc	IEC materials available	All health facilities, retail pharmacies, public transports, malls			
4.	Offer all clients coming to health facilities information on the benefits of consistent condom use	Counselling on consistent condom use	All health facilities, retail pharmacies			
5.	Position condom use as a prevention method that assists one to have fun with peace of mind	Consistent condom use established as a norm	DOH			
6.	Portray being seen carrying condoms as an aspirational behaviour and appealing statement among youth 15-35 years old	More condom carriers				
Activity 5.1.2: Promote habits that support consistent condom use						
1.	Encourage the carrying of condoms	Mass media campaign on national TV, radio stations, billboards, posters and social media	DOH			
2.	Encourage discussions about condom use between parents and children		DOH			
3.	Promote discussions about condom use between sexual partners		DOH			
4.	Promote gender equality and informed choice		DOH			
5.	Communicate sexual and reproductive health rights		DOH			
6.	Promote self-efficacy to negotiate condom use and self-care through peer-led health promotion	Empowerment	All implementers			
7.	Provide information about the multiple primary, secondary and non-traditional outlets in the communities where condoms can be freely obtained	Increased awareness	All implementers			
8.	Share information about initiatives that address the high rates of alcohol and drug misuse and negative peer pressures					
Activity 5.1.3 Create interest in the benefits of consistent condom use through a communication campaign						

1.	Promote the enjoyment of sex between consenting adults	Mass media campaign on national TV, radio stations, billboards, posters and social media	DOH DBE			
2.	Promote child spacing and family planning		DOH			
3.	Promote female condoms as a female initiated option		All implementers			
4.	Educate people on how to use condoms correctly and how to dispose of used condoms safely	Improved knowledge on correct condom use	All implementers			
Activity 5.1.4 Engage public figures and political opinion leaders to repeat calls to action for consistent condom use						
1.	Identify and use public figures to reinforce tv and radio messages	Billboards and posters	DOH			
2.	Call on politicians and role models to repeat consistent condom use slogans	Billboards and posters	DOH			
Activity 5.1.5 Position Max and Maxima as quality brands in the minds of the general population						
1.	Disseminate quality reports on Max and Maxima condoms to the public	Conference presentations	DOH All implementers			
2.	Engage and work with journalists to improve the reporting about the perceptions of Max and Maxima within broadcast (TV, Radio), print, digital and online media	Positive perceptions about Max and Maxima	DOH			
3.	Develop specific messages to promote the Max and Maxima brands	All distribution channels	DOH			
4.	Advertise the quality features of Max and Maxima as manufactured to highest standards and quality-assured	High regard for Max and Maxima	DOH			
5.	Address and dismiss any negative perceptions about Max and Maxima and publicise their reliability and efficacy as scented, unbreakable, best-fitting and well-lubricated condoms	Public informed of Max and Maxima attributes	All implementers			
6.	Increase their visibility through branding items and their availability at all workplaces, health facilities, places of entertainment, hotels, motels, brothels, taverns, hair salons, bars and ablution facilities	Higher visibility created for Max and Maxima	DOH			
7.	Promote positive perceptions about Max and Maxima as providing peace of mind, being cool, responsible and patriotic		All implementers			
Objective 5.2 Increase consistent condom use in communities (community level)						
Activity 5.2.1 Promote gender equality and debunk myths through community engagement						

1.	Involve parents / caregivers / guardians in the design of School Policies on HIV, STIs and TB	Comprehensive sexuality education	Schools in DBE			
2.	Engage churches and faith-based organisations in community dialogues on consistent condom use	Community dialogues	DOH Community leaders			
Activity 5.2.2 Promote the benefits of consistent condom use in communities						
1.	Communicate the availability and accessibility of free condoms in the community	Community dialogues Community radio stations	DOH Community leaders			
2.	Explain 'triple protection' for prevention of HIV, other STIs and pregnancy		DOH Community leaders			
Objective 5.3: Increase consistent condom use in specific target groups (social networks)						
Activity 5.3.1: Create awareness for consistent condom use in young people						
1.	Offer comprehensive sexuality education (CSE) in all schools	Face-to-face in classrooms	DBE			
2.	Use existing social media platforms to promote consistent condom use, e.g. She Conquers, B-Wise	Face-to-face in schools, TVET colleges Facebook Twitter Instagram	DOH DSD DBE DOHET			
3.	Encourage discussion between parents and youth		DBE			
4.	Encourage the youth to carry condoms		DBE DOHET			
5.	Inform the youth in one-on-one and group communication on sexual behaviours that increase personal risk for HIV and STI infection and pregnancy: concurrency age-disparate relationships condomless vaginal, oral and anal sex alcohol and drug use		DOH DSD DBE DOHET			
6.	Create awareness of responsibility of planned parenthood to boys and young men at school and TVET colleges	Face-to-face in classrooms	DBE DOHET			
7.	Promote gender equality and rights of both sexes to insist on use of a condom at every sex act	Face-to-face Community dialogues	DOH DSD DBE DOHET			
8.	Increase the popularity of consistent condom use through role models endorsement	Billboards Posters	DOH			
Activity 5.3.2 Create awareness for consistent condom use in sex workers						
1.	Use peer educators to inform sex workers on: combination prevention consistent and correct condom use condom negotiation skills with clients and intimate partners risk reduction	IEC materials Face-to-face communication Small groups	Development partners DOH			
2.	Distribute condoms and lubricant to all hotspots through the High Transmission Area programme and NGO providers	Outreach	Development partners DOH			

Activity 5.3.3 Create awareness for consistent condom use in high risk males						
1.	Clients of sex workers	Mass media	Development partners DOH			
2.	Truckers, miners and other migrant workers	Workplace programmes				
3.	Workplaces	Workplace programmes	Private sector Public sector			
4.	Places where men congregate, e.g. shebeens, sports events	Posters	DOH			

Objective 5.4 Improve consistent condom use through applying the health belief model (Individual level)						
Activity 5.4.1 Design and test key messages for each target group						
1.	Male and female 10-14 year olds	Behaviour change towards safer sex behaviours including consistent condom use				
2.	Male and female 15-19 year olds					
3.	Male and female 20-29 year olds					
4.	Males and females older than 50 years					
5.	Male, female and transgender sex workers					
6.	MSM					
7.	Transgender persons					
8.	People who use drugs					
9.	Inmates					
Objective 5.5 to increase consistent condom use						
1.	Commuters					
2.	During the day					
3.	Week evenings					
4.	Weekends					
5.	Holidays and health calendar days					

6.1. Implementation plan

The integrated implementation will be phased with details to be fine-tuned by the Steering Committee.

	20-Jul	21-Jan	21-Jul	21-Dec	22-Jul	22-Dec	23-Jul	23-Dec	24-Jul	24-Dec	25-Jul	25-Dec
PRELIM PHASE: JULY 2020 - JANUARY 2021												
Continue existing activities:												
National condom programme												
Communication campaign												
Establish Steering Committee												
Test campaign messages												
Adapt existing IEC materials												
Plan M&E and research												
Distribute campaign materials												

PHASE 1: JANUARY 2021 - JULY 2023												
Launch communication campaign												
Ongoing mapping of secondary distribution sites												
Ongoing monitoring to track progress												
Mid-term evaluation and lessons learnt												
PHASE 2: JULY 2023 - DECEMBER 2025												
Adapt campaign based on mid-term evaluation												
Ongoing adaptation to latest evidence												
End-of-term evaluation												

6.1. M&E Framework

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Number of new HIV infections	Impact	Numerator: Number of new HIV infections Denominator: N/A	Age, Sex Geographic area	DHIS		100 000	Annual	DOH districts, provincial and national levels
Number of new STI infections treated	Impact	Numerator: Number of new STI infections Denominator: N/A	Age, Sex Geographic area	DHIS			Annual	DOH districts, provincial and national levels
Number of STIs treated in young people	Impact	Numerator: Number of STIs treated in young people. Denominator: N/A	Age, Sex	DHIS			Annual	DOH districts, provincial and national levels

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Number of deliveries in 10 to 19 years facilities (Adolescent birth rate)	Outcome	Numerator: Deliveries where the mother is 10 –19 years in a health facility. Denominator: Total deliveries in public health facilities	10-14 years 15-19 years	DHIS	12.7%		Annual	DOH districts, provincial and national levels
Number of male condoms distributed	Output	Numerator: Number male condoms distributed Denominator: NA	Geographic area	DHIS	693 498 769		Annual	DOH districts, provincial and national levels
Number of female condoms distributed	Output	Numerator: Number female condoms distributed Denominator: Number of females >15 years	Geographic area	DHIS	21 308 215		Annual	DOH districts, provincial and national levels
Conduct community dialogues on health calendar days and World AIDS day	Output	Numerator: Number of community dialogues Denominator: N/A	Geographic area	Provinces			Annual	DOH district level
Number of peer educators appointed by HTA programme	Output	Numerator: Number peer educators Denominator: N/A	Key population	HTA data: DHIS	1 542		Annual	Key population programme
Percentage of hotspots with access to adequate condoms	Output	Numerator: Number hotspots with condoms available Denominator: Total number hotspots	Geographic area Key population	HTA data: DHIS		100%	Annual	DOH district level
Percentage workplaces with access to condoms	Output	Numerator: Number of workplaces with condoms available Denominator: Total number workplaces	Public sector Private sector	Private sector Government departments			Annual	SABCOHA DOH

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Total expenditure on condoms and condom distribution	Outcome	Numerator: Total expenditure on condom promotion and distribution (HTA conditional grant + IDP spent) Denominator: Total expenditure on HIV, TB and STIs (national)	Funding source: Disease Programmatic area	Expenditure Review			Annual	DOH SANAC IDPs
Percentage of budget from sources other than government spent on condom use and distribution	Outcome	Numerator: Total budget from all sources other than government Denominator: Total budget on HIV, TB and STIs	Funding/ Budget Sources	DOH International Development Partners			Annual	DOH SANAC IDPs
Number of provinces with condom communication plan in Provincial Implementation Plans	Output	Numerator: Number of provinces Denominator: N/A	Province				Annual	Provinces
Number of mid-term and end-term evaluations conducted	Output	Numerator: Number of mid- or end-term reviews Denominator: N/A	National Province	Reports			Mid and End Term	DOH NGOs
Number of CHW trained on consistent condom use and condom negotiation skills	Output	Numerator: Number CHW trained Denominator: N/A	Geographic area				Annual	DOH

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Number of key population-specific peer educators trained on consistent condom use and condom negotiation skills	Output	Numerator: Number peer educators trained Denominator: N/A	Geographic area	HTA programme: DHIS			Annual	
Number of counsellors trained on consistent condom use and condom negotiation skills	Output	Numerator: Number counsellors trained Denominator: N/A	Geographic area	Regional training centres			Annual	DOH NGOs
Percentage of PDS and SDS trained in stock management	Output	Numerator: Number PDS / SDS trained Denominator: Total number	Geographic area				Annual	

ANNEX – PRACTICAL TIPS TO PROMOTE CONSISTENT CONDOM USE

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Number of new HIV infections	Impact	Numerator: Number of new HIV infections Denominator: N/A	Age, Sex Geographic area	DHIS		100 000	Annual	DOH districts, provincial and national levels
Number of new STI infections treated	Impact	Numerator: Number of new STI infections Denominator: N/A	Age, Sex Geographic area	DHIS			Annual	DOH districts, provincial and national levels
Number of STIs treated in young people	Impact	Numerator: Number of STIs treated in young people. Denominator: N/A	Age, Sex	DHIS			Annual	DOH districts, provincial and national levels
Number of deliveries in 10 to 19 years facilities (Adolescent birth rate)	Outcome	Numerator: Deliveries where the mother is 10 –19 years in a health facility. Denominator: Total deliveries in public health facilities	10-14 years 15-19 years	DHIS	12.7%		Annual	DOH districts, provincial and national levels
Number of male condoms distributed	Output	Numerator: Number male condoms distributed Denominator: NA	Geographic area	DHIS	693 498 769		Annual	DOH districts, provincial and national levels
Number of female condoms distributed	Output	Numerator: Number female condoms distributed Denominator: Number of females >15 years	Geographic area	DHIS	21 308 215		Annual	DOH districts, provincial and national levels
Conduct community dialogues on health calendar days and World AIDS day	Output	Numerator: Number of community dialogues Denominator: N/A	Geographic area	Provinces			Annual	DOH district level
Number of peer educators appointed by HTA programme	Output	Numerator: Number peer educators Denominator: N/A	Key population	HTA data: DHIS	1 542		Annual	Key population programme
Percentage of hotspots with access to adequate condoms	Output	Numerator: Number hotspots with condoms available Denominator: Total number hotspots	Geographic area Key population	HTA data: DHIS		100%	Annual	DOH district level

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Percentage workplaces with access to condoms	Output	Numerator: Number of workplaces with condoms available Denominator: Total number workplaces	Public sector Private sector	Private sector Government departments			Annual	SABCOHA DOH
Total expenditure on condoms and condom distribution	Outcome	Numerator: Total expenditure on condom promotion and distribution (HTA conditional grant + IDP spent) Denominator: Total expenditure on HIV, TB and STIs (national)	Funding source: Disease Programmatic area	Expenditure Review			Annual	DOH SANAC IDPs
Percentage of budget from sources other than government spent on condom use and distribution	Outcome	Numerator: Total budget from all sources other than government Denominator: Total budget on HIV, TB and STIs	Funding/ Budget Sources	DOH International Development Partners			Annual	DOH SANAC IDPs
Number of provinces with condom communication plan in Provincial Implementation Plans	Output	Numerator: Number of provinces Denominator: N/A	Province				Annual	Provinces
Number of mid-term and end-term evaluations conducted	Output	Numerator: Number of mid- or end-term reviews Denominator: N/A	National Province	Reports			Mid and End Term	DOH NGOs
Number of CHW trained on consistent condom use and condom negotiation skills	Output	Numerator: Number CHW trained Denominator: N/A	Geographic area				Annual	DOH

Suggested Indicator	Type	Calculation	Disaggregation	Data source	Baseline value	Target 2022	Reporting frequency	Responsibility
Number of key population-specific peer educators trained on consistent condom use and condom negotiation skills	Output	Numerator: Number peer educators trained Denominator: N/A	Geographic area	HTA programme: DHIS			Annual	
Number of counsellors trained on consistent condom use and condom negotiation skills	Output	Numerator: Number counsellors trained Denominator: N/A	Geographic area	Regional training centres			Annual	DOH NGOs
Percentage of PDS and SDS trained in stock management	Output	Numerator: Number PDS / SDS trained Denominator: Total number	Geographic area				Annual	

TIPS TO PROMOTE CONSISTENT CONDOM USE

7.1. Common myths about condoms use.

Condoms DO NOT:

- make men sterile, impotent, or weak.
- decrease a man's sex drive.
- get lost in the woman's body.
- have holes that HIV can pass through.
- cause illness in a woman. Exposure to semen or sperm is not needed for a woman's good health.
- cause cancer or contain cancer-causing chemicals.
- cause illness in men by making sperm 'back up'.
- And also, condoms:
    - Are not laced with HIV.
    - Are not only for use outside marriage.
- Carrying condoms signals a promiscuous lifestyle
- Insisting on using a condom means you are unfaithful

7.2. What condom users should NOT DO (World Health Organization, 2018).

Some practices can increase the risk that the condom will break and should be avoided.

- Do not unroll the condom first and then try to put it on the penis.
- Do not use lubricants with an oil base. These lubricants can damage latex.
- Do not use a condom if the colour is uneven or changed.
- Do not use a condom that feels brittle, dried out, or very sticky.
- Do not reuse condoms.
- Do not have dry sex.
- Do not use more than one condom at the same time.
- Do not use a male and female condom at the same time.
- Also, do not use the same condom when switching between different penetrative sex acts, such as from anal to vaginal sex. This can transfer bacteria that can cause infection.

7.3. Lubricants for latex condoms (World Health Organization, 2018)

Lubrication helps encourage condom use and avoid condom breakage. There are 3 ways to provide lubrication—natural vaginal secretions, adding a lubricant safe for use with condoms, or using condoms packaged with lubricant on them. Clean water and saliva can be used for lubrication. The lubricants packaged with condoms are usually made of silicone. Silicone lubricants are also packaged separately. Lubricants made with water or glycol also are available and may be less expensive. They, too, are safe to use with condoms. Lubricants should be applied on the outside of the condom, in the vagina, or in the anus.

Lubricants should not be put on the penis, as this can make the condom slip off. A drop or two of lubricant on the inside of the tip of the condom before it is unrolled can help increase the sensation of sex for some men. Too much lubricant inside, however, can make the condom slip off.

Do not use products made with oil as lubricants for latex condoms. They can damage latex.

Materials that should not be used with latex condoms include:

- any oils (cooking, baby, coconut, mineral) or products made with oil
- petroleum jelly
- lotions
- cold creams
- butter
- cocoa butter
- margarine

Advice to clients who report condom breakages, slips, or inconsistent use (World Health Organization, 2018)

Emergency contraception pills (ECPs) can help prevent pregnancy in such cases. If a client notices a break or slip, they should tell their partner so that they can use ECPs or start PrEP if they want.

- If a client reports that a condom broke, slipped off, or was not used, refer for possible post-exposure prophylaxis (PEP) against HIV and possible treatment against other STIs. If the client has signs or symptoms of STIs after having unprotected sex, assess or refer.
- If a client reports breaks or slips:
    - Ask clients to show how they are opening the condom package and putting the condom on, using a model or other item. Correct any errors.
    - Ask if any lubricants are being used. The wrong lubricant or too little lubricant can increase breakage. Too much lubricant can cause the condom to slip off.
    - Ask when the client withdraws the penis. Waiting too long to withdraw, when the erection begins to subside, can increase the chance of slips.
- Inform clients, on average, about 2% of condoms break, tear, or slip off completely during sex, primarily because they are used incorrectly. It is important to teach people the right way to open, put on, and take off condoms and also to avoid
- practices that increase the risk of breakage (see What condom users should not do).

1.1

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