



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Training Course for the 100% Condom Use Programme

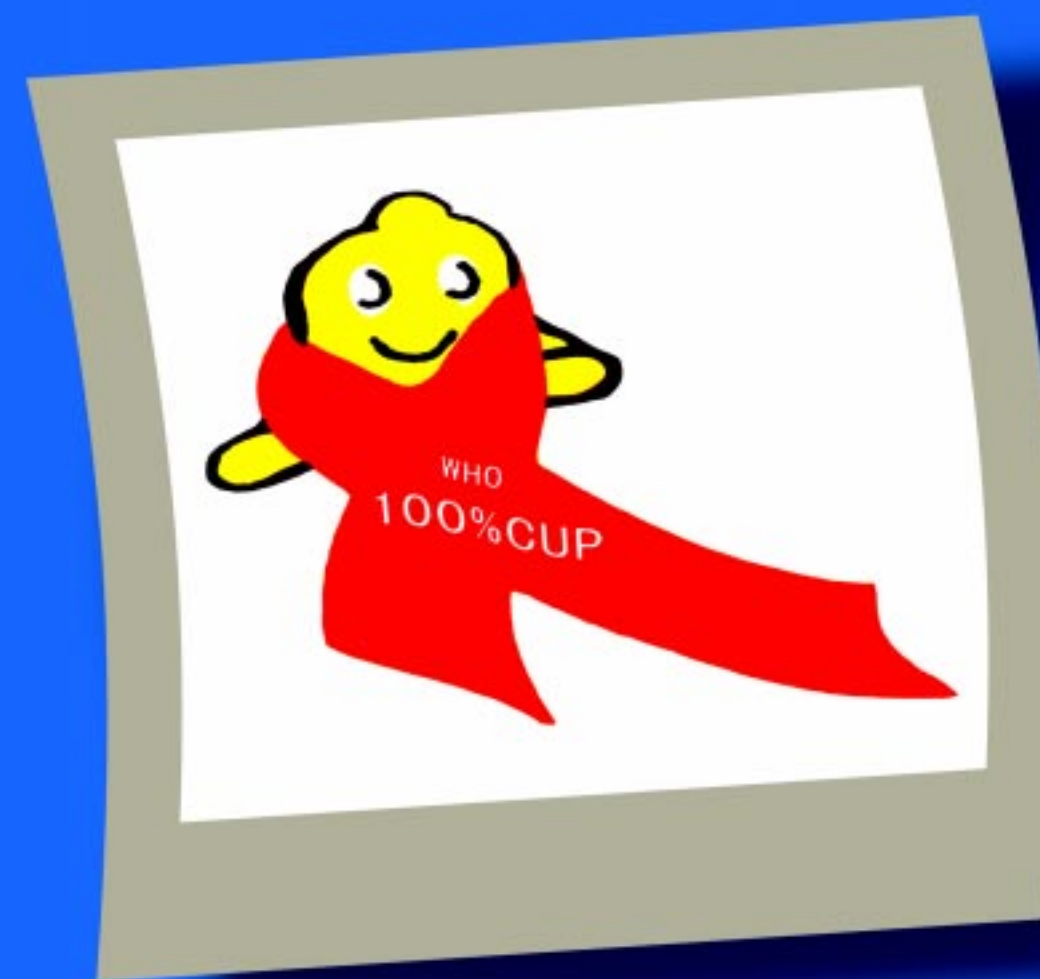


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Glossary

| | |
|-----------------|--|
| 100% CUP | 100% condom use programme |
| CUMEC | condom use monitoring and evaluation committee |
| CUWG | condom use working group |
| EE | entertainment establishment |
| EEW | entertainment establishment worker |
| FSW | female sex worker |
| HIV | human immunodeficiency virus |
| IEC | information, education and communication |
| NGO | nongovernmental organization |
| STI | sexually transmitted infection |

Introduction

Training modules for a 100% condom use programme

Welcome to this package of training materials, designed to help programme managers and technical staff to implement a 100% condom use programme (100% CUP) in entertainment establishments. The strategy advocated by this training package is based on sound public health thinking, and experience to date with this programme has demonstrated its ability to contribute to a remarkable decline in STI/HIV rates among female sex workers (FSWs). The potential contribution of this approach to public health is now challenging policy-makers and programme managers at all levels to explore the feasibility and methods by which the 100% CUP may be implemented in their jurisdiction.

At the heart of this movement has been recognition that:

- STI/HIV transmission is a public health concern for the whole community;
- HIV and STI rates are disturbingly high and are clearly linked with commercial sex;
- large scale experience thus far with the 100% CUP has demonstrated its efficacy in addressing the public health threat of STI/HIV at the local, regional and national level;
- the robust commercial sex industry in many areas of Asia, linked to the patterns of migration of entertainment workers and individuals, calls for a regional approach to the problem; and
- in concert with other countries in the Region, a coordinated 100% CUP can help establish behavioural norms in commercial sex that protect individual and public health.

The structure of the training modules

At the beginning of each module is a section listing its learning objectives. In order for training participants to become proficient in implementing the 100% CUP, they need to understand the concept and the essential components necessary for the success of the programme. To build their skills, participants must practise the “group exercise” aspects of the training. In

The strategy advocated by this training package is based on sound public health thinking, and experience to date with this programme has demonstrated its ability to contribute to a remarkable decline in STI/HIV rates among female sex workers (FSWs)

this package, this need is addressed primarily through open discussion and role-playing.

The first section of each module also includes a suggested time-frame for completing the training session, a supplies and equipment list, and, in some cases, suggested ice-breaking activities to choose from.

Exercises and questions are included at the end of each module. A CD-ROM with suggested Power Point presentations for advocacy of the 100% CUP is included as part of this training package.

Who is this training designed for?

This training manual is designed to help health programme managers and technical staff to develop and implement a 100% CUP in their area. It assumes that at some level of appropriate political authority, a decision has been made that health officials should launch such a programme, perhaps initially as a pilot project in one or several communities.

It is always a good idea to tailor the training to the needs of the participants attending the sessions. Although it is not suggested that any module should be eliminated, it may be possible to emphasize some modules and de-emphasize others.

To emphasize a module, you should plan to exceed the recommended time indicated so that there is more time for participation. This could be in the form of more or longer open discussions, or conducting several rounds of role-plays. This will reinforce the skill-building aspects of the module.

To de-emphasize a module, it is suggested that the recommended time indicated at the beginning of the module should be cut by at least one quarter, and you should be selective about using the group exercises, role plays and activities at the end of the module.

The schedule of training activities

On the next page is an example of a suggested schedule for training sessions. The sample course schedule is for a five-day course designed for health programme managers. It uses full-day sessions and could be completed intensively in one week.

SCHEDULE AND SESSION DESCRIPTIONS

(No. of classroom hours = 6)

Morning

Afternoon

Day 1

Opening

- (i) Speeches
- (ii) Introduction of participants
- (iii) Overview and objectives of the workshop

Introduction

- (i) Expectations of participants
- (ii) Why 100% CUP?

Module 1: Programme Policy, Goals and Objectives

- (i) Rules of participation

Module 1 (continued)

- (ii) What do you understand by the 100% CUP?
- (iii) Why focus on entertainment establishments?
- (iv) What are the necessary policies?

Day 2

Summary of Day 1**Module 2: Elements of Programme****Organization**

- (i) Challenges for the 100% CUP — dealing with criticisms
- (ii) Situation analysis
- (iii) Site selection

Module 2 (continued)

- (iv) Social network related to sex industry
- (v) Mapping of entertainment establishments
- (vi) Formation of special committees

Day 3

Summary of Day 2**Module 3: Advocacy and IEC**

- (i) Importance of advocacy
- (ii) Strategies and steps for advocacy

Module 3 (continued)

- (iii) Importance of IEC for behavioural change
- (iv) Negotiation skills

Day 4

Summary of Day 3**Module 4: Condom Logistics**

- (i) Importance of condoms in the 100% CUP
- (ii) Condom supply, quality and distribution
- (iii) Strategies to ensure availability of quality condoms at entertainment establishment
- (vi) Calculation of condom supply

Afternoon:**Module 5: Coordinated STI Services**

- (i) Where do people go for STI services?
- (ii) Areas of collaboration with the 100% CUP
- (iii) Policy issues in STI clinical services related to the 100% CUP

Day 5

Summary of Day 4**Module 6: Monitoring and Evaluation**

- (i) Importance of monitoring and evaluation
- (ii) Process, outcome and impact indicators
- (iii) Overview of essential indicators
- (iv) Interpretation of results

Module 6 (continued)**Feed-back session****Closing**

Preparing for the training

The first thing you need to do to is to read through the training package carefully to familiarize yourself with the module contents and the suggested instructional methods, group exercises, role-plays and activities. You may also want to gather some additional materials, such as the national HIV/STI policy and any available data on HIV/STI rates. If you are the lead facilitator for the course and must familiarize yourself with Modules 1 through 6, please plan ample preparation time.

When preparing to conduct training sessions, it is a good idea to investigate what other training your participants may have had prior to attending your sessions. This can also be a good opportunity to explore possibilities for collaborating with other health programmes or community-based activities that may have similar interests.

Ideally, the work of the training facilitator is based on an existing training plan. Such a plan will clarify several issues that may fall under the facilitator's responsibility. Some of the topics that may be addressed in such a plan include:

- Which group of health programme managers are the priority for training and what are their particular training needs?
- What human and financial resources exist for training and how can they be used?
- What type of activities can serve as follow-up to the training, including supervision or intermittent refresher training?
- How will the training programme be monitored or evaluated?

This training package is designed to be used with groups of up to 30 participants. The quality of the training will suffer if the group is larger.

When planning the administrative aspects and logistics for the training session, there are several key issues you can expect to encounter, including:

BUDGET

Is it adequate? Will the funds be available ahead of time?

PARTICIPANTS

Have the desired qualifications and position or role of the participants been determined? Are they being invited or identified according to

these qualifications? Are participants being invited with sufficient lead-time for them to arrange their schedules to attend?

VENUE

Is the venue adequate in terms of size, ventilation and temperature, lighting, noise level, seating, etc.?

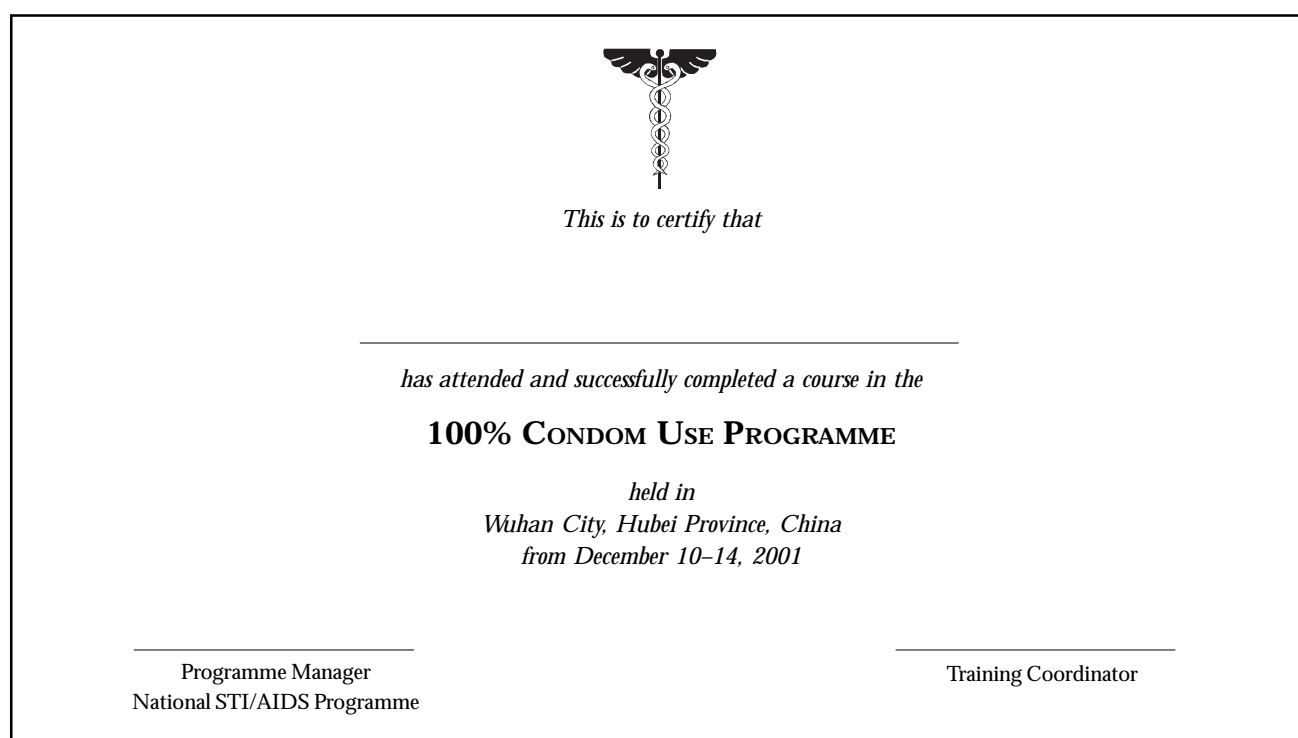
MATERIALS

Are there sufficient materials for the number of participants expected?

FACILITATOR(S)

Have the desired qualifications and role of the facilitator(s) been determined?

Finally, it is frequently appropriate to give out certificates of participation in this training course. A sample certificate is shown below.



Training methods

Several different training methods are used in this training package. Experience with these methods suggests that there are some key points that are useful to improve their effectiveness, and these are summarized below.

Key points in making effective presentations

- Before starting, **announce the schedule for the session** so participants know how long it will last.
- **Speak loudly or use a microphone system** so that all participants can hear the presentation easily.
- **Lower the lighting** in the room while using an overhead projector or doing power-point presentations, but leave enough light so that participants can read their own documents and write notes. Moderate lighting also helps prevent participants from becoming sleepy.
- **Avoid moving around or making many gestures** while you are presenting as this can distract participants.
- **Speak more slowly** than normal conversation speed.
- **Offer frequent opportunities for participants to ask questions** or request clarification.
- **Look at participants' faces and posture** to detect problems such as lack of understanding or boredom.
- **Use ice-breaking activities** to refocus participants' attention during the session if necessary.
- While using the "facilitating questions" or "group exercise" techniques, **encourage participants to openly share their opinions** and their understanding of the material they are learning.
- **Avoid interrupting or criticising participants** who respond to a facilitating question or who are participating in a group exercise.
- **Allow a short silent pause after presenting** a new idea or after completing an exercise to help participants to think about the information they have just learned.

Key points in facilitating group discussions

- **Establish your role** as the facilitator or discussion leader at the beginning of the training, but avoid being seen as an inaccessible "expert" as this can suppress group discussion.
- **Remain free of personal or emotional involvement** in the discussion and maintain your neutrality throughout the session.

- **Create an environment where people can express their views** without fear of a negative response from others.
- Be ready to **listen** to participants without interrupting.
- Be prepared to **wait** for participants to start expressing their ideas.
- **Encourage** participants to express different points of view.
- **If participation is sluggish**, particularly at the beginning when participants do not know each other, it can be helpful to ask a question and give participants two to three minutes to prepare individual written responses, then ask each participant in turn to share their views with the group.

Key points in running a role-play exercise

- Briefly **outline the purpose** of the role-play exercise, emphasizing its importance in skill building.
- **Quickly identify role-play teams** for example composed of an entertainment owner, sex worker and an observer.
- Ask participants to **read the descriptions** for all three roles.
- **Briefly outline the steps and timing** of the role-play exercise.
- Discuss the type of feedback that will be given after the role-play and confirm that participants **agree in advance** to this type of feedback. Feedback that is asked for, rather than imposed, is more productive.
- If you have any, **give your feedback after the participants** have finished giving their feedback to the person acting in the provider role.

Key points in giving feedback

- **Make the feedback specific.** “I liked it” is not as helpful as “I liked the way you helped the entertainment owner start thinking about the importance of condom use.”
- **Make positive statements** before you provide suggestions for improvement. Encouragement is a powerful force for change.
- **Be descriptive and give clear suggestions** rather than being judgemental. “It made me feel confused when you....”

and “I think it would be easier to understand if you...” are better than “your presentation was disorganized.”

- **Focus on behaviour** that can be changed. “You interrupted the customer frequently” rather than “you were rude to the customer.”
- **Be tentative** rather than absolute. “You seem unconcerned about this problem” rather than “you don’t care what happens.”
- **Inform or suggest** rather than command. “He was waiting for you to make a decision” and “you might want to think about” are better than “you should have given him a decision.”
- **Verify feedback.** In a group, you can check with the others for the accuracy of comments and whether an impression is shared.

Evaluating the training

Usually the first step in evaluating a training course is to summarize the numbers of individuals who complete the training and describe some of their characteristics. It is also useful to assess how effective the training was. It is best not to base any assessment on what participants have written in their personal copy of the modules. Their copy is a personal learning aid and reference set. Indeed, it is suggested that you only look through a participant’s copy if he or she has asked you to do so.

A written pre-test/post-test is one option for assessing the knowledge gained by the end of the course. However, this evaluation tool does not reveal the progress participants have made in building the skills they must use to implement the 100% CUP effectively.

Below is a suggestion for further evaluating the effectiveness of the training in terms of both knowledge and skills. You might find this a useful basis to design your own evaluation.

A review meeting

This is a useful short-term assessment tool. You can use it both to assess trainee skills and competencies for the job and to review the training programme.

The basis of your assessment could be a series of role-play case studies in which trainees take turns to observe and take part. You could provide observation checklists or ask them to create their own, which gives them a sense of 'ownership' of the skills. For example:

- ask the trainee to list his or her main responsibilities in the 100% CUP;
- ask groups of trainees to discuss and agree on the essential components of a 100% CUP;
- ask trainees to rank their own performance on a scale of one to five, with one as excellent and five as poor for each standard.

Having done this, trainees can practise role-playing a case study you give them. In giving your feedback on the role-plays, you could compare your assessment with the trainee's own assessment. Trainees could then each devise a personal development plan, listing their strengths (things to continue doing) and weaknesses (things they still want to improve).

Emphasize that learning never stops just because a course finishes, and that you hope each person will continue both to improve their own skills and also their work as part of a team.

You could also use the meeting to:

- ask trainees to report any experience with working with entertainment owners, police and sex workers;
- clarify any questions that remain;
- explore how the training has reassured people about the effectiveness of the 100% CUP;
- help to resolve any continuing problems; or
- ask the trainees for feedback on the training programme so that you can improve it in the future.

Finally, keep a record of everything that you have to resolve as the training progresses so that, each time the training programme is offered, you can ensure the most effective learning experience possible.

MODULE

1

Programme policy, goals and objectives

TIME-FRAME

3 hours

SUPPLIES AND EQUIPMENT

- Flipchart and flipchart paper
- Markers (ideally in two or three colours)
- Tape (for posting pieces of flipchart paper on wall)
- Overhead projector and overhead set, or flipchart version of overheads
- Extra pens or pencils and paper for participants

LEARNING OBJECTIVE OF MODULE 1

By the end of this module, participants should understand clearly the goals and objectives of the 100% CUP

Tips

- It is suggested that you quickly set the tone to ensure a high level of participation by participants later on. A good way is to start by introducing yourself and asking each participant to introduce him or herself.
- After this, together with the group of participants, you could develop some “Rules of Participation”, as described below.
- You are also encouraged to do an icebreaker activity. Two different icebreakers are included on the next page, or perhaps there are other icebreaker activities you already know.

Rules of Participation activity

On a piece of flipchart paper, write “Rules of Participation” at the top. Ask participants to mention some rules of participation they would like to have for themselves while they are in the training room. You can either ask participants to vote on items or only list those which are agreed to by all. Some rules that apply to the facilitators may also be listed.

SAMPLE RULES OF PARTICIPATION

- No smoking.
- Participants may ask questions freely at any time.
- Each participant should try to include his or her views or experience during each open discussion opportunity.
- 100% participation in all group exercises.
- 100% participation in all individual written exercises.
- Facilitators to keep to allotted time schedule.
- Participants and corresponding facilitators to arrive on time for the beginning of each session.
- Facilitators to speak clearly so everyone can hear.
- Feedback to be given in a constructive fashion.

Icebreaking activities

Before beginning the training session, it is suggested that you conduct an icebreaking exercise to encourage participants to become comfortable

with each other and with the facilitator. Some simple activities are described below.

ICEBREAKER # 1 — INTRODUCTIONS

Time allocation: approximately 20 minutes

1. Ask all participants to select a partner for this icebreaker, ideally someone they have never met before. Give the participants 10 minutes to interview each other so that they can introduce their partner to the rest of the group. Give each participant about one minute to introduce his or her partner.

ICEBREAKER # 2 — THE NAME GAME

Time allocation: approximately 15 minutes

1. Ask all players to form a large circle (if the group is too large, form two or more circles with at least 10 people in each).
2. Identify a volunteer to start the game and ask this first volunteer to say his or her name.
3. Proceeding in a clockwise direction, each participant should repeat the previous names that have been given and add his/her own to the end of the list.
4. By the end of the circle, the last person has to try to remember the names of all others in the circle.

ICEBREAKER # 3 — THE 100% CUP GAME

Time allocation: approximately 30 minutes

Objective: To begin to desensitize participants concerning the subject and language that will be used in the training course.

Activity:

1. There should be a general discussion about the language that will be used during the training course and in the 100% CUP generally. While there are very polite and even "ambiguous" terms that might be used in some instances, in other instances it may be desirable to use more common street terms.
2. A list should be made on a whiteboard of the alternative terms that might be used for such terms as:

- sex workers;
 - establishment based sex workers; and
 - freelance sex workers;
 - pimps;
 - condoms;
 - putting on a condom;
 - sexual intercourse;
 - entertainment worker; and
 - different STIs.
3. The circumstances under which these alternative terms might be used (or strictly avoided) might also be discussed by the group.



EVERYONE ON THE SAME PAGE

Hey You . . . on the left, get with the music will you!

For a successful 100% CUP it is necessary to make sure that everyone in the organization understands exactly:

1. what it is that the programme is trying to achieve;
2. what its principle strategies are; and,
3. why the programme is important?

What is "100% condom use" about?

100% condom use refers either to *policies* and/or *programmes* that promote the use of condoms **100%** of the time, in **100%** of sexual relations associated with **100%** of entertainment establishments in a community.

Policy: The principle defining characteristics of a 100% condom use policy is that, as a matter of some government mandate (such as a law, regulation or decree), it is required that entertainment establishment workers (EEWs) and their clients use condoms if they have a sexual relationship.

Programme: A 100% CUP refers to activities that support the policy.

Why is a 100% CUP concerned with sexual relations associated with entertainment establishments?

A 100% CUP focuses on condom use in sexual relations between EEWs and their clients.

An entertainment establishment (EE) can be a brothel or a “direct” establishment, where the primary business is of a sexual nature. An EE might also include such “indirect” establishments as massage parlours, karaoke lounges, hairdressing salons, bars, beer companies, hotels, dance halls, discotheques or snooker halls *if these places:*

- are also used to arrange sexual relations between female workers and clients; and
- establishment operators have some business relationship with or influence on their female workers (such as permitting some but not others to work in the establishment, receiving a fee or percentage of what clients pay the woman for sexual relations, paying female workers a percentage of the money if they convince clients to order high-priced drinks or food).

ENTERTAINMENT ESTABLISHMENTS MAY BE OF TWO GENERALLY RECOGNIZED TYPES

- 1. Direct establishments:** where sex is the primary service for sale and often takes place on site.
- 2. Indirect establishments:** where sexual services are offered in the context of other services (e.g. food, drink, entertainment, massage) and where sex usually, but not always, takes place at some other site.

Entertainment establishments are the target of a 100% CUP for two principle reasons:

1. These places are associated with very high-risk, multipartner sexual activity which is important in the spread of the STI/HIV epidemic in many communities.
2. They are places where female workers are already congregated and even “organized” or “managed” to some degree. EEWs are thus:
 - (a) more accessible to public health authorities (in comparison, for example, with freelance street walkers); and,



GOAL OF 100% CUP

The idea of the 100% Condom Programme 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.

- (b) entertainment establishment owners can be recruited to assist in the promotion of condom use among the female workers associated with their establishments.

The 100% CUP is a public health strategy that provides a unique solution to a problem that EEWs are known to confront. Basically, it is well known that many men do not want to use a condom in sexual relations. EEWs who insist on a customer using a condom will likely encounter pressure to have sex without a condom. Such pressure may be an offer of more money to have sex without a condom or the threat that they will go elsewhere. A 100% CUP:

1. assures that “all EEWs in an area (a town, district, province or country) are working under the same rules: “No Condom ...No Sex!” (There will be no alternative to using a condom for an uncooperative client.); and
2. gives support to the EEW in her negotiation with clients over condom use by involving a government policy and an establishment policy, both of which are backed up by onsite operators of the establishment.

Why are 100% CUPs important?

100% condom use policies and programmes are one component of efforts to reduce the transmission of STI/HIV, through the promotion of condom use in high-risk sexual relations. EEWs have a very high risk of both acquiring and spreading STI, including HIV, because they frequently have sexual relations with multiple partners. The use of condoms during these relations is the single most effective method of preventing disease transmission, nearly 100% effective when used properly 100% of the time.

The effect of a 100% CUP on HIV in a community can be illustrated by a hypothetical example (see Table 1). In this example, during a 10-year period between 1989 and 1998, HIV prevalence among 1000 EEWs increased from 2% to 25% and the number of clients exposed to HIV per night increased from 19 to 125, in spite of the fact that condom use among EEWs increased from 5% to 50%. Although the clients' exposure to HIV would have been much higher without an increase in condom use, even 50% use of condoms in high-risk situations was insufficient to control the epidemic. However, when a 100% CUP is initiated, with condom usage reaching 90%, the reduction in the number of clients exposed to HIV is immediate and dramatic.

Table 1: Hypothetical impact of a 100% condom programme in a city*

| | 1989 | 1993 | 1998 | With 100% CUP 2001 |
|--|------|------|------|-----------------------|
| Number of clients | 1000 | 1000 | 1000 | 1000 |
| Prevalence of HIV among EEWs | 2% | 5% | 25% | 25% |
| Number of infected EEWs | 20 | 50 | 250 | 250 |
| % of condom use | 5% | 10% | 50% | 90% |
| Number of clients exposed to HIV per night | 19 | 45 | 125 | 25 |

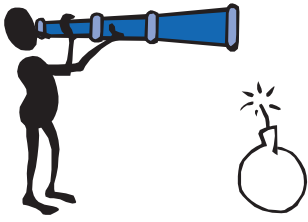
*In a city with 1000 EEWs, suppose that each one has sex with one client per night

What are the policies necessary for a 100% CUP?

A 100% condom use *policy* often refers to a generally worded commitment of the government to establish a 100% CUP. However, to implement such a programme at the local level, a number of other instruments of policy (like ordinances, laws, regulations, administrative orders, etc) have to be developed to deal with the details of the programme.

A list of these additional needs include policies and instruments of policy that:

- define what is an “entertainment establishment” subject to the 100% CUP or what types of “direct or indirect” establishments will be included. This can be done by either:
 - identifying “objective” characteristics (e.g., establishments where sexual relations take place onsite or where EEWs are assembled to make contact with clients) and/or
 - identifying the government offices/agencies that will be responsible for making the determination of what an entertainment establishment is;
- define procedures by which an EEWs may be “licensed” or given health certificates by the government and the responsibilities of different persons in maintaining the validity of those “licenses”/health certificates (such as requiring EEWs to be screened periodically for STIs);
- make it a responsibility of all persons — (1) entertainment establishment workers, (2) entertainment establishment operators and (3) clients - to use condoms in ALL commercial sexual relations;



The problem is closer than some people think

- explain the responsibilities of entertainment establishment operators to support a 100% CUP. These responsibilities could include provisions that they must:

POLICIES NEEDS TO DEFINE

- Entertainment establishments
- Responsibilities of EEWs and clients
- Role of EE owners
- Penalties
- Government coordination

- formally agree to support 100% CUP policies (e.g., by signing an agreement form);
 - participate in 100% CUP training programmes organized for EEWs and management staff of the entertainment establishment;
 - post and/or make available promotional materials for the 100% CUP in appropriate public areas of the entertainment establishment;
 - ensure that high quality condoms (including water-based lubricants) are available and accessible within the entertainment establishment and that their availability is made known to potential clients (e.g. on the nightstand next to the bed; in the personal possession of all FSWs; condom vending machines or notice in the restrooms explaining that condoms can be purchased from the bartender);
 - maintain records on condom purchases, distribution and/or use within the establishment.
- define the sanctions that will be levied against clients and owner/managers of entertainment establishments (e.g. an “enforcement” or “closure” policy) for non-compliance with the 100% CUP;
 - identify the responsibilities of different government agencies for planning and implementing the 100% CUP, including:
 - specific responsibilities of the Department of Health, Police Department, Condom Social Marketing Programme, NGOs, STI clinics or health care providers; and/or
 - the establishment and composition of a 100% CUP “Monitoring and Evaluation Committee” and “Working Group”

Local 100% CUP policy statement, enforcement policy

An important and sensitive part of local policy development will be the drafting of a detailed policy covering penalties - often a required closure for a predetermined period - for entertainment establishments

ENFORCEMENT POLICY

1. Written
2. Signed by owners
3. Warning notice
4. Monitoring Committee decision
5. Period of closures
6. Public notice

that do not comply with the 100% CUP. In reality, the experience with most 100% CUPs to date has revealed that very few punitive closures of entertainment establishments have been necessary. This has happened where an IEC and outreach strategies have been successful in communicating well with EEWS and entertainment es-

tablishments. In general, the operators of such establishments try to maintain good relations with police authorities and, in any event, are not financially penalized by compliance if the programme is applied to all similar or competitor establishments. At the same time, the threat of such closures for non-compliant institutions will be a useful tool.

The details of the “enforcement policy” will need to be developed by competent authorities in accordance with local administrative and legal norms as well as other programmatic decisions about the kinds of indicators that will be used to monitor the 100% CUP. There are, however, a number of strategies that should be considered for inclusion.

1. The policy should be written.
2. There could be formal written document signed by entertainment establishment owners that they have been informed of — “have read and understood” — the policy and agree with its provisions.
3. Provisions could be made for a preliminary “warning notice” to be sent to any entertainment establishment in jeopardy of penalty or closure. Such a notice would contain a description of specific violations and also describe what must be done to avoid closure.
4. CUMEC could make decisions on closure.
5. There could be different periods of closure (e.g. three days, one week, one month, permanent) based on first or repeated violations of policy.

The enforcement policy may have to make different provisions for “direct entertainment establishments

6. A system of “public notice” might be used that would inform the public and/or other entertainment establishments of the enforcement action.

It must also be recognized that the enforcement policy may have to make different provisions for “direct entertainment establishments” (predominately where sex takes place in the establishment, like brothels, massages or saunas) and “indirect entertainment establishments” (such as bars and karaoke establishments). In indirect entertainment establishments, the operators have more limited ability to exert influence on sex workers’ use of condoms. Unless such indirect establishments are clearly not trying to comply with the 100% CUP policy, some less severe penalties might be used under certain circumstances.

Finally, and most importantly, the policy will have to outline the kinds of factors or indicators that will be used in weighing the compliance of the establishment with the 100% CUP. Module 6, Monitoring and Evaluation Indicators, discusses in detail the range of indicators that can be used in a 100% CUP. Many of these indicators can be used as part of the evaluation for different establishments related to the closure policy. However, one objective criterion will probably be most critical:

evidence that STI have been found among EEWs or their clients associated with a specific entertainment establishment.

Programme managers will have good reason to suspect the compliance of entertainment establishment with the 100% CUP where information that is obtained through STI clinics indicates either that:

1. female workers from a particular entertainment establishment have experienced a significant incidence of STIs; or
2. significant numbers of STI-infected male clients indicate that they have had recent sexual relations at a particular entertainment establishment.

Confidentiality related to health care of individual sex workers and/or clients of sex workers will have to be judiciously guarded. Clearly, it will be difficult or even counterproductive to take severe actions against an establishment on the basis of one or two occasional cases of associated STIs. If numbers grow and a pattern establishes itself, programme authorities, with oversight from the CUWG, will have reason to approach the establishment operators and sex workers to determine where improvement or reinforcement is needed or where punitive actions should be considered.

How each of these 100% CUP policies is decided in detail will depend upon the nature of the programme and the social environment of each local 100% CUP. Instruments to express these decisions will have to be tailored for consistency with the legal and administrative systems in the jurisdiction. Programme managers need to recognize, however, that it is likely that such policies will use ambiguous, “indirect” or very polite language in some parts of their implementing rules so as not to offend local sensitivities regarding sex, commercial sexual relations, sexually transmitted diseases and HIV.

100% CUP: Summary

Problems — solutions — direct effects — indirect effects

The **problems** the 100% CUP confronts are:

1. EEWs are known to have sexual relations with many clients, placing them and their clients at high risk of acquiring or transmitting STI/HIV.
2. Men will not easily cooperate with an EEW who requests condom use. Men will threaten to go elsewhere or try to bribe her with more money or gifts.

The **solutions** the 100% CUP provides are:

1. With a 100% CUP in place, men have no choice but to use a condom in high-risk sex associated with the entertainment industry. All entertainment establishments will have the same policy: “No Condoms No Sex.”.
2. A 100% CUP supports an EEW in her negotiation with clients about using a condom; it is supported directly by government policy and, indirectly, by the operators of the entertainment establishment.

The **direct effects** of a 100% CUP are:

1. An *increase* in condom use in entertainment establishment related sex; and,
2. A *decrease* in rates of STI and HIV among entertainment workers and their clients.

The **indirect effects** of a 100% CUP are:

1. It raises public awareness about the dangers of high-risk sexual relationships and the utility of condoms.
2. It helps protect the regular sex partners of both EEWs and their clients from exposure to STI/HIV.
3. It helps to make condom use in commercial sex the norm and reinforces new community, national and regional behavioural norms about the need to use condoms in ALL high-risk sexual relationships.

Group exercises

Definition of a 100% CUP

OBJECTIVE

To ensure that participants understand and can explain the essential elements of a 100% CUP to someone else.

General instructions:

1. Enact a pretend situation where participants have been asked by a newspaper reporter to explain what a 100% CUP is.
2. Take a few minutes and have everyone write down on a piece of paper a few sentences (limited to maybe 4–5 sentences) in response to the question, succinctly describing their understanding of the principle elements of a 100% CUP.
3. Ask 3–5 people to volunteer to read their definitions out loud. **DO NOT DISCUSS THEM. JUST HAVE THEM READ.**
4. Ask participants to suggest what principle points should be addressed in any definition of a 100% CUP. Such as:
 - it is to be in 100% of entertainment establishments;
 - it is to assure condoms are used in 100% of commercial sexual relations;
 - it is to “empower” sex workers to force customers to use a condom;
 - it is to protect the health of (a) sex workers, (b) customers or (c) the public;
 - etc.

5. Write down each suggestion on a chalkboard, whiteboard or flipchart.
6. After the long list is made (having maybe 10–12 items), go down it item by item and, by a show of hands, ask participants to indicate if they covered that item in the definition they wrote. Put a “hash mark” on the board for each show of hands.
7. Now have a general discussion of the elements of the definition. Were there clear “winner” ideas that must be in the definition and that everyone mentioned? Were there some ideas that were suggested that were perhaps very important but were overlooked in many of the written definitions? Were some suggestions probably not very important?

Case studies

The following is a brief synopsis of the experiences of both Thailand and Cambodia with a 100% CUP. Participants could read this summary and discuss the basic issue of whether the experience of one country in a programme like this can really be replicated in another country.

Issues that could be discussed include:

1. Are there likely to be such differences in patterns of entertainment industry between countries (or areas) that a 100% CUP will not work in some places?
2. Are there such similarities between the work of entertainment establishments in different countries (or areas) that the experience of one country (or area) will have relevance in another? What are they?
3. Will differences in Government Structure and or Health Care Systems sometimes require changes in how a programme is designed and implemented? What might these be?

The Thai and Cambodian experience

Thailand was the first country to try an entirely new approach to controlling STI/HIV transmission through a strategy for promoting 100% CUP in commercial sex.

Throughout the mid 1980s, the public health community in Thailand witnessed a dramatic and alarming increase in HIV infections in their country. There was recognition that their widespread sex industry was a dominant feature in this epidemic and that ongoing activities to promote condom use in commercial sex were, however, confronting a problem.

“[it was recognized that] ...sex work establishments requiring condom use or sex workers insisting on condom use would often lose clients and money to those who did not. Because many clients did not want to use condoms, there were economic disincentives for establishment owners who promoted safer behaviour at their establishments: men could simply go to another establishment or to a sex worker who did not require condoms.¹”

CASE STUDIES

In 1989, health officials in Ratchaburi province realized that one solution to this fundamentally economic problem would be to require *all* establishments and sex workers in the province to use condoms. Such an approach would deny non-compliant clients the opportunity to go elsewhere in the province to obtain unprotected sex. Initiating this first 100% CUP required unprecedented collaboration between public health officials, the police, sex establishment owners and sex workers. However, the results were immediately obvious. Soon after it was initiated, health officials realized that STI rates were dropping quickly and significantly. News of the results of the Ratchaburi project spread quickly and, very soon afterwards, other neighbouring provinces initiated similar pilot projects in their areas. By 1991, the National AIDS Committee, chaired by the Prime Minister of Thailand, issued a resolution calling on all provincial officials (including the governor, chief of police and health officer) to work together to implement a 100% condom policy. A year later, such condom programmes were in place nationwide.

Evaluating the experience of this programme in Thailand in 2000, the Joint United Nations Programme on AIDS (UNAIDS) recognized that “the 100% CUP has been an important contributor to large-scale reduction of HIV transmission throughout the country².”

The encouraging news from Thailand did not go unnoticed in neighbouring Cambodia, also a country with a robust commercial sex industry and experiencing a rapidly growing HIV epidemic. Cambodia also began to explore the potential for initiating a 100% Condom Use Policy in their country. Working with WHO and other partners, it was decided, in October 1998, to initiate a pilot project in the southwestern port town of Sihanoukville. The success of this programme too was rapidly apparent and, in September 2000, a national policy on 100% CUP in Cambodia was promulgated.

¹ Evaluation of the 100% Condom Programme in Thailand. UNAIDS Case Study, July 2000: 2

² *Ibid*: 4

MODULE

2

Elements of programme organization

TIME-FRAME

6 hours

SUPPLIES AND EQUIPMENT

- Flipchart and flipchart paper
- Markers (ideally in two or three colours)
- Tape (for posting pieces of flipchart paper on wall)
- Overhead projector and overhead set, or flipchart version of overheads
- Extra pens or pencils and paper for participants

LEARNING OBJECTIVE OF MODULE 2

By the end of this module, participants will have become acquainted with the organizational and functional elements of a 100% CUP

The planning and implementation of a 100% CUP will ultimately be the responsibility of government structures at the central, provincial and/or local level

100% CUP organizational elements

The planning and implementation of a 100% CUP will ultimately be the responsibility of government structures at the central, provincial and/or local level.

As in any programmatic initiative, establishing a 100% CUP requires the application of well-established general principles of public health management.

PRINCIPLE ELEMENTS OF PUBLIC HEALTH PROGRAMME DEVELOPMENT

- Leadership for the programme must be established in a "focal agency".
- The authorities, responsibilities and management structure of this unit must be clearly identified.
- Adequate staff, facilities and budget for activities must be secured and assigned.
- Programme plans, including an evaluation plan, must be developed and executed.

This training programme assumes that participants are already fairly acquainted with these general principles of programme development. This module focuses on the special challenges and needs that will be confronted in planning and implementing a 100% CUP.

Special challenges of a 100% CUP

Programme planners must recognize that there are a number of special challenges to the development and execution of a 100% CUP.

1. The programme must work directly with a type of health problem (STI) and segments of society (entertainment establishment workers, their employers and places of work) that have been ignored, "hidden" and even "rejected" by many communities; special political and cultural sensitivities are required to execute this kind of programme.
2. It requires an unusual level of coordination both within the health sector and between the health sector and other levels of government (e.g. with the police and/or forces of internal security);

critically important components of the programme depend upon “cooperation” among traditionally separate units of government.

3. Completely new technical units and functions must be developed and integrated into existing organizations.

SPECIAL CHALLENGES

1. A difficult problem
2. Coordination
3. New activities
4. “Carrot and stick”

4. It must balance the use of “carrot and stick” strategies. On the one hand it will use IEC and outreach tactics

designed to encourage cooperation of EEWs and establishment operators. On the other hand there will be police involvement and the threat of legal sanctions (e.g. closure of establishments) for those that do not comply with the policies.

To address these challenges, there are seven general programme activities that need to be developed specifically for the 100% CUP in both the planning and implementation phases:

1. Situation analysis
2. Site selection: pilot site(s)
3. Special committees
4. Advocacy and IEC
5. Condom logistics
6. Integrated STI services
7. Monitoring and evaluation

Situation analysis

One of the first tasks of 100% CUP managers will be to oversee a careful situational assessment. Helpful baseline information will include:

1. Willingness and expected commitment from local authority;
2. STI, HIV/AIDS situation (data from current surveillance systems and studies);
3. Behavioural studies of EEWs and clients;
4. Condom supply and use;
5. Existing applicable laws, regulations and policies on condom promotion and sex services.

An important element in this situation assessment will be careful identification of all entertainment establishments in the jurisdiction. A set of programme-relevant information on each site should be catalogued. Such information may include:

- Type of site (Bar, hotel, brothel, etc.);
- Site location/address/telephone number;
- Owner or manager (name or names);
- Type of sexual relations (direct and indirect) taking place there;
- Number of EEWs working in or out of the establishment.

Some of these entertainment establishments will be well known in the community. Others may be “underground” and known only to a small number of persons. Other places may have a mixed clientele and may not want to be identified as “entertainment establishments” even though the designation may be merited. Making up such a list of sites and mapping their locations will be an important long-term, multi-purpose management tool for the programme.

Although this information should be gathered as part of an initial situation assessment, decisions should also be made on how often it should be updated. In some areas there can be fairly rapid turnover among EEWs and the popularity of entertainment establishments.

Provided in Figures 1, 2 and 3 are reproductions of the forms used in one programme to document the types of entertainment establishments in a community and map their locations.

One of the first tasks of 100% CUP managers will be to oversee a careful situational assessment

Figure 1: Situational analysis — collecting good data

| Type of data | Where to get good data? | How to get good data | Data available in your location |
|---|-------------------------|----------------------|---------------------------------|
| 1. HIV/AIDS status | | | |
| 2. STI status | | | |
| 3. Supply of STI drugs | | | |
| 4. Condom supply | | | |
| 5. No. of sex workers | | | |
| 6. HIV prevalence among SWs | | | |
| 7. STI rates among SWs | | | |
| 8. Condom use rate among SWs | | | |
| 9. No. of clients per SW per day | | | |
| 10. Policy related to condom use/prostitution | | | |
| 11. Categories of EEs | | | |

Figure 2: Monitoring sheet — monthly report form for entertainment establishments

MONITORING SHEET: MONTHLY REPORT FORM FOR ENTERTAINMENT ESTABLISHMENTS

REPORT ABOUT 100% CONDOM USE PROGRAMME

| | | | |
|--|--|------------------------------|---|
| Province | | Type of establishment | Classification based on STD rate of former SWs |
| District | | B: Bar | Category I : 0% to 10% |
| Commune | | Bc: Beer Company | Category II : 10% to 20% |
| Village | | Bs: Brothel | Category III: More than 20% |
| Establishments (B, Bc, Bs, K, D, M, S, Other) | | K: Karaoke | |
| | | D: Discotheque | |
| | | M: Massage | |
| | | S: Sexshop | |

Name of the establishment: _____

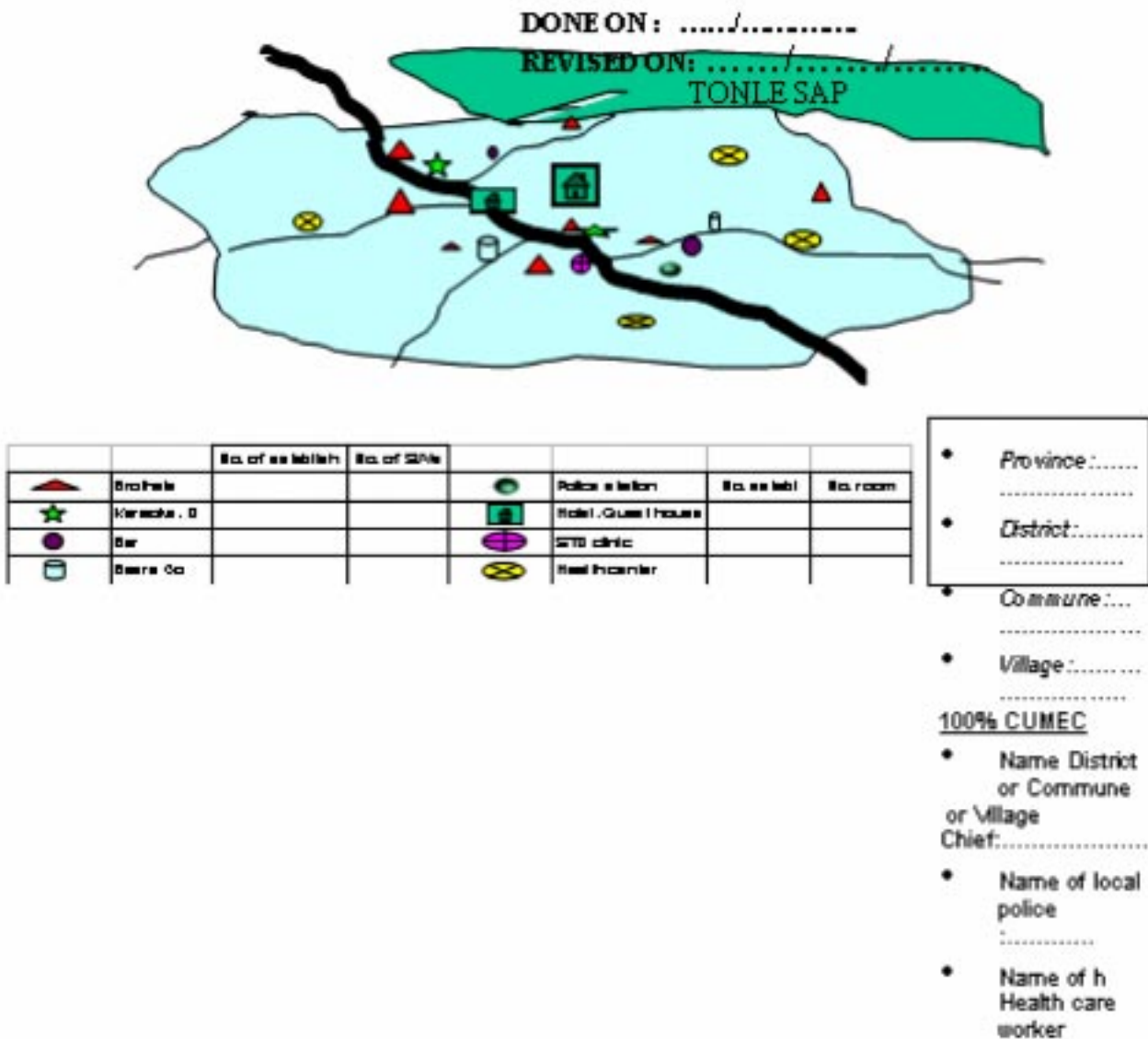
COMPILED INFORMATION IN THE SEX ESTABLISHMENT

| | | | |
|--------------------------|--|--|--|
| Name of owners: _____ | | | |
| Contact: _____ | | | |
| Name of assistant: _____ | | | |
| Contact: _____ | | | |
| Name of tal-pas * _____ | | | |
| Contact: _____ | | | |

| | ROUND | |
|--|-------|----|
| | From | To |
| Number of sex workers | | |
| Number of sex workers attending STD clinic | | |
| % of sex workers attending STD clinic | | |
| Number of former sex workers with STD | | |
| % of former sex workers with STD | | |
| Number of condoms used | | |
| Classification | | |

* asks after the brothel when owner is not around

Figure 3: Geosocial mapping of the network related to HIV/AIDS and STI

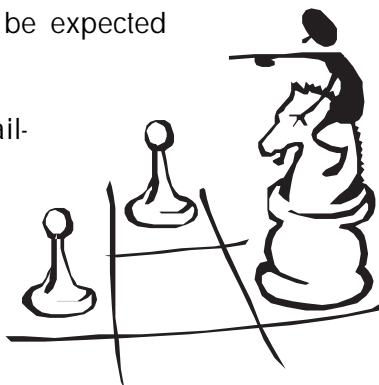


Site selection: pilot site(s)

Once a situation assessment is complete, it will be necessary to develop a plan on how to phase in the implementation of the 100% CUP: which type of establishments will receive priority in the first rounds, and which type might be tackled after more experience has been gained. Programme experience in other countries has pointed to the great advantage of first selecting one or two pilot sites as a method of initiating the programme. A pilot site or sites should be selected where:

- there is strong political commitment for the programme at all levels;
- good cooperation can be expected from other local officials, especially law enforcement;

- there is a large number of direct/indirect entertainment establishments;
- entertainment owners can also be expected to be most compliant;
- STI services for EEWs are available;
- it is in an “isolated” area or a place where non-compliant customers would not have easy access to entertainment establishments in a neighbouring jurisdiction; and
- there is small or medium-sized population.



SITE SELECTION CRITERIA

- Strong political commitment
- Cooperation secure with law enforcement
- Owners committed

In summary, the pilot site(s) should be picked so as to gain positive experience with programme implementation and build community advocacy for a larger programme in the future.

Special committees

At the national level, the National Centre for AIDS plays an important role as technical adviser and for financial support.

At the provincial level, two bodies can be established:

- Condom Use Monitoring and Evaluation Committee (CUMEC); and
- Condom Use Working Group (CUWG).

CUMEC: Because of political sensitivity to the programme (especially in the initial stages), a CUMEC has been found to be an important element in other successful 100% CUPs.

A CUMEC should have relatively high-level membership, its members being the decision-makers of the project. Its members could include:

- Local political leaders (e.g. key person on Mayor's staff);
- Public health officials (e.g. Principal Medical Officer);

The three or five members in each CUWG are really the working members of the local authority and have the ongoing responsibility of regularly visiting EEs to evaluate compliance

- Representatives from Law Enforcement or Public Security;
- Important community leaders (e.g. important local leaders);
- Nongovernmental organizations;
- Professional leaders (e.g. academics, medical associations); and
- Key staff from selected technical units involved in the Programme (e.g., STI Clinic Director, IEC Director).

CUWG: The three or five members in each CUWG are really the working members of the local authority and have the ongoing responsibility of regularly visiting EEs to evaluate compliance. Their composition will vary depending upon the local red light area situation and the scope and number of entertainment establishments and sex workers.

CUWG members could include predominately staff from:

- the local Public Health Office;
- community representatives (e.g. important local/community leaders); and
- representative from Law Enforcement.

Role and responsibilities of National centre/committee/programme for AIDS:

- to ensure technical and financial coordination with CUMEC;
- to ensure monthly monitoring and supervision of the STI clinic;
- to provide assistance on programme monitoring and evaluation (both internal and external evaluation).

Role and responsibilities of CUMEC:

- to ensure the implementation of the 100% CUP guidelines;
- to hold monthly coordination meetings;
- to solve problems that occur, including concerning technical and financial issues;
- to monitor and evaluate the programme;
- to ensure condom availability at an affordable cost;
- to advise on needed local policies and issue the necessary administrative orders.

Role and responsibilities of CUWG:

- to register all entertainment establishments and sex workers;
- to hold weekly meetings among group members and monthly meetings with CUMEC;
- to regularly report to CUMEC;
- to support EEs or sex workers when faced with harmful clients;
- to ensure regular attendance of EEWSs for STI check-up;
- to coordinate with the STI clinic in case of missed STI check-ups;
- to ensure the implementation of administrative orders;
- to monitor condom use in each EE;
- to ensure all administrative papers and IEC are placed in the EEs.

Because of the importance and complexity of the remaining special issues in organizing a condom programme,

- Advocacy and IEC
- Condom logistics
- Specific or integrated STI services
- Monitoring and evaluation

These issues are taken up in separate modules.

Group exercises

Dealing with Criticism

OBJECTIVE

To acquaint participants with the kinds of criticism they may confront about a 100% CUP and to exercise their ability to respond to criticism appropriately.

GENERAL INSTRUCTIONS

1. On a chalk board, whiteboard or flipchart, or on a piece of paper which has been prepared for each participant, present a list of the following criticisms:
 - (a) Commercial sex is illegal. That is what these so-called “entertainment workers” do. How can the police and health workers go into these places where illegal activities are taking place? They are criminals! They should be closed down.
 - (b) This is not realistic. Men do not like to use condoms. They will just offer the sex worker more money? How can a woman force a man to wear a condom?
 - (c) The 100% CUP ignores freelance sex workers or streetwalkers. These people are where the real STI/HIV problems are.
 - (d) With a 100% CUP, you say that men will have no alternative but to wear a condom if they want sex. But they will have an alternative. They can go out and pick up a freelance sex worker.
 - (e) A 100% CUP blames and penalizes women. This is a human rights abuse. It is irresponsible men who should be targeted in condom promotion programmes.
 - (f) If STI clinics give reports to 100% CUP authorities on which EEWs have had an STI and then a closure penalizes their entertainment establishment, the EEWs will not cooperate. They will not go to get their examinations.
2. Have the participants write down on a piece of paper their response to each of these criticisms.
3. Do not have the participants’ read their responses, but have a general discussion on the kinds of things that might be said in response to the criticisms. Write these down on the chalkboard, whiteboard or flipchart.

If possible, have the observations of participants transcribed, typed, edited, duplicated and presented to them again the following day for a record of their discussions.

Answers to the questions above might include the following points:

QUESTION

- (a) Commercial sex is illegal. That is what these so-called “entertainment establishment workers” or EEWs do. How can the police and health workers go into these places where illegal activities are taking place. They are criminals! They should be closed down.

RESPONSES

- No society has yet been successful at simply eliminating commercial sex. A 100% CUP is not encouraging or legalizing prostitution. It is trying to work realistically and rationally with an existing problem.
- A 100% CUP assumes that all communities have an overriding interest in at least curbing the threat of infectious disease transmission that, in this era of HIV, can potentially have disastrous consequences in the community.
- In reality, most “entertainment establishments” are completely legal businesses in the community (like bars, hotels, massage parlours etc). Not all of their activities are illegal. Trying to just close them down will penalize many businesses and probably drive dangerous commercial sex more underground.
- The police and local authorities are already involved with these establishments and have been ignoring some of what is happening in them. A 100% CUP tries to bring more, not less, control over these institutions.

No society has yet been successful at simply eliminating commercial sex

QUESTION

- (b) This is not realistic. Men do not like to use condoms. They will just offer the sex worker more money? How can a woman force a man to wear a condom?

RESPONSES

- In a 100% CUP, a woman does not force a man to use a condom. The programme gives her more power to decline to have sexual relations with a man if he refuses to use a condom.
- Through a 100% CUP, EEWs will learn methods to help overcome men’s reluctance to wear a condom. New types of condoms also have overcome some complaints. Women will also learn methods of sensualizing condom use, making it an integral, and even fun part of sexual foreplay.

- It is understood that some men will try to bribe or pay EEWs more money to have sex without a condom. The programme will try to motivate EEWs to overcome such economic pressures out of concern for their health and they will be sensitized that such types of clients are especially likely to present them with a disease risk. In this day and age of HIV, there simply is no good reason why a man should not use a condom when having such sexual relations. It is crazy not to wear a condom in these circumstances and persons seeking condomless sex should be handled with much caution.

QUESTION

- (c) The 100% CUP ignores “freelance sex workers” or “streetwalkers”. These people are where the real STI/HIV problems are?

RESPONSES

- The 100% CUP is not designed to be a 100% solution to all aspects of preventing STI/HIV in the community. There are a number of aspects of the STI/HIV problem that it does not address. But it does present a realistic and proven method of reducing STI/HIV among entertainment establishment workers and their clients. And these persons are a very significant part of the STI/HIV problem in most communities.
- It is rarely clear how much of the community’s STI/HIV problem comes from entertainment establishments and how much comes from freelance workers. It is clear, however, that working with entertainment establishments is easier than working with freelance sex workers. And the 100% CUP is a proven strategy that is effective. There is no widely recognized way of reaching out effectively to freelance sex workers.
- In areas where freelance sex workers are known to be a significant part of the problem, it is recommended that authorities first implement a 100% CUP and then reach out to freelancers later. The accomplishments of the 100% CUP will be helpful in working with freelance sex workers.

QUESTION

- (d) With a 100% CUP, you say that men will have no alternative but to wear a condom if they want sex. But they will have an alternative. They can go out and pick up a freelance sex worker.

RESPONSE

That is theoretically true. However, in reality, men who go to entertainment establishments are generally not the type of people who seek sexual relations on the street. It is unlikely that many men will opt for this alternative.

QUESTION

- (e) A 100% CUP blames and penalizes women. It is the irresponsible men who should be targeted in condom promotion programmes.

RESPONSES

- A 100% CUP does not blame and penalize women. It tries to help them protect their health, their clients' health and the community's health. It is designed to prevent clients from penalizing them.
- A 100% CUP does target men. It gives women the means to make them behave responsibly.

QUESTION

- (f) If STI clinics give reports to 100% CUP authorities on which EEWs have had an STI and then a closure penalizes their entertainment establishment, the EEWs will not cooperate. They will not go to get their examinations.

RESPONSES

- The STI clinic will not identify which particular entertainment establishment worker(s) or clients have been diagnosed with an STI. Control cards for each EEW can be introduced – with a reference number or an assumed name. The workers' real names should NEVER be used. There should be no diagnosis on the card and NO sex worker should be stopped working if she has an STI. 100% CUP authorities will only be given statistical information, not names.
- EEWs will have no choice. They must have periodic STI examinations in order to remain qualified to work in an entertainment establishment.

Form a CUMEC and/or a CUWG

OBJECTIVE

To make participants exercise their understanding of the structure and function of a CUMEC/CUWG.

EXERCISE

1. The participants should decide on the composition of the kind of multisectoral CUMEC/CUWG that would oversee the 100% CUP in their jurisdiction. Be as specific as possible. Where names are obvious, list them.

Issues to be considered in the exercise:

- Is this membership representative of relevant community groups with an interest in the 100% CUP?
 - Will each of the members be a good advocate for the programme and be able to influence their organizations or community opinion?
 - Are the members of roughly of the same social or organizational rank?
2. After the membership has been decided upon, make a list of the responsibilities, duties or “terms of reference” for the CUMEC/CUWG. Be very specific on what they will do and how often they will meet.
 3. Participants should then take on the role of each member of the CUMEC/CUWG. Decide on an issue that they might debate and role-play what positions different members might take.

Issues that might be debated include:

- What kind of actions should authorities take or what kind of “warning” should be given when STIs keep turning up in workers from a particular entertainment establishment?
- What kind of debate might take place if it was determined that the 100% CUP was driving clients to travel outside the jurisdiction to seek sex at entertainment establishments in a neighbouring province. Is this “OK” because it increases the risk of STI somewhere else?
- What might people say if it is supposed that the police department is insisting that health authorities do something about freelance sex workers.

Start a draft situation assessment

OBJECTIVE

To allow participants to demonstrate how much they already know about the extent of the entertainment industry in their area of jurisdiction and encourage them to explore methods for uncovering “hidden” establishments.

EXERCISE

1. Participants should identify entertainment establishments that would likely be subject to a 100% CUP. Sketch out an area map and location of these establishments.

It will probably be surprising how much some of the participants already know and how widespread entertainment establishments are in the area.

2. Upon completion of this review of current knowledge, participants should have a general discussion and explore different techniques that might be used to uncover the identity and locality of other lesser known and even “hidden” entertainment establishments in the area. The pros and cons of such techniques might include:
 - recruiting EEWs in one establishment to identify others;
 - working with local police forces;
 - interviewing taxi drivers or hotel owners.

In evaluating the 100% CUP in Thailand, UNAIDS found that, in order to be most effective, the Programme had to adapt to the specific needs of different types of entertainment establishment

Tailoring the programme to the specific needs of different types of establishment

OBJECTIVE

To sensitize participants to the different needs and alternative intervention strategies for different types of entertainment establishment.

THE PROBLEM

In evaluating the 100% CUP in Thailand, UNAIDS found that, in order to be most effective, the Programme had to adapt to the specific needs of different types of entertainment establishment. For example, accessibility

and availability of condoms was more important in brothels than in massage parlours and hotels. IEC materials also had to be tailored to the type of institution.

EXERCISE

1. As a group process, participants should first make up a table matrix: "Types of EE's" on the vertical axis and "Programme component" on the horizontal axis.

| | Condom distribution | IEC | Closure policy | ... | Etc. |
|-----------------|---------------------|-----|----------------|-----|------|
| Brothel | | | | | |
| Bar | | | | | |
| Hotel | | | | | |
| Massage parlour | | | | | |
| ... | | | | | |
| Etc. | | | | | |

2. When the table is finished, go through the matrix and discuss different adaptations that may be necessary to make the component most effective in the different types of entertainment establishment.

MODULE

3

Advocacy and IEC

TIME-FRAME

6 hours

SUPPLIES AND EQUIPMENT

- Flipchart and flipchart paper
- Markers (ideally in two or three colours)
- Tape (for posting pieces of flipchart paper on wall)
- Overhead projector and overhead set, or flipchart version of overheads
- Extra pens or pencils and paper for participants
- Examples of advocacy and IEC materials

LEARNING OBJECTIVES OF MODULE 3

By the end of this module, participants will be able to:

1. develop and exercise advocacy skills required to gain the support and cooperation of other community officials and partners; and
2. understand the IEC approaches which can be used to encourage the cooperation of sex establishment owners, sex workers and their clients.

Introduction

This module focuses on two related and important educational components of a successful 100% CUP: (1) advocacy; and (2) IEC or information, education and communication. The distinction between these two types of activity relates primarily to the goal and audience that is being targeted.

Advocacy has been described as “the act or process of supporting a cause.” It is a set of educational activities and communications strategies aimed at:

ADVOCACY: SUPPORTING A CAUSE

- placing an issue high on the public agenda;
- gaining the help of people who are in influential positions;
- building alliances with like-minded persons or organizations.

- placing an issue high in the public agenda;
- gaining the help of people who are in influential positions; and
- building alliances with like-minded persons or organizations.

Advocacy is targeted at such people as local government officials, political leaders, public security, staff in health services, owners of entertainment establishment, sex workers, clients and community interest groups.

IEC is an educational effort involved in changing the knowledge base, attitudes, beliefs, values and ultimately the health related *behaviour* of individuals or groups of individuals.

The style and content of any advocacy or IEC campaign will be highly dependent upon the sociocultural environment and political circumstances of a particular 100% CUP. This makes it impossible to be very specific about recommended *content* of such campaigns beyond generalities. There are, however, some important lessons to be mastered in the *process* by which an advocacy or IEC campaign is organized.

IEC: change in . . .

- knowledge
- attitudes
- beliefs
- values

BEHAVIOUR

Advocacy

Advocacy is very important for programmes, like a 100% CUP, where a high level of political commitment is necessary at the local level. Generating and assuring continued political commitment is a major challenge for programme managers.

As discussed in Module 1, national or regional policy needs to be translated into local policy through such devices as ordinances, regulations and/or administrative orders issued by the appropriate community, district or province levels. Health sector input into the technical components of these policies is imperative.

To gain support and understanding, one of the first concerns for planners of a 100% CUP will be the implementation of an advocacy campaign.

Steps in implementing an advocacy campaign

Specialists in the communication area have identified five basic elements in developing and implementing a successful advocacy campaign:

1. Define your goals and objectives.
2. Identify your target audience(s).
3. Decide on your advocacy strategies and tactics.
4. Design and implement core messages for the specific audience.
5. Monitor your advocacy activities.
6. Evaluate (and probably revise).

ADVOCACY CAMPAIGN STEPS

1. Define goals
2. Identify audience(s)
3. Decide strategies
4. Design and implement
5. Monitor
6. Evaluate/revise

Define goals and objectives

As with any programme element, it is imperative that managers have a good idea of what they are trying to achieve with any advocacy strategy.

- What are the general and long-term aims you are trying to achieve?
- What are the short-term objectives that will lead to achievement of these goals?
- Who are the target audiences for the particular advocacy campaign?
- Are there different objectives one might have for different target audiences?
- What is a realistic timetable for accomplishing the short-term objectives?

Again, goals and objectives will be specific to each particular 100% CUP. Some examples of possible goals and objectives might include:

GOAL #1

High-level political commitment and support for the programme is assured

Objectives:

- (a) Leader's chief of staff has confidence in technical competence of 100% CUP staff and has called on their assistance in drafting regulations.
- (b) Local ordinance is passed regarding 100% CUP which empowers health and police authorities to enforce policy at entertainment establishments.
- (c) Leader's office has spoken out publicly in support of the 100% CUP and has encouraged other government agencies to be cooperative.

GOAL #2

The public are well informed and support the 100% CUP

Objectives:

- (a) Networking meetings with chief editor at Newspaper X, Television channel Y and Radio Station Z talk-show host were successful.
- (b) Accurate and supportive articles appear periodically in Newspaper X.
- (c) Talk show host at Radio Station Z is knowledgeable about the 100% CUP and is able to respond to questions raised by listeners.
- (d) Information obtained from group discussion with entertainment owners.

Identify your target audience(s)

In the initial stages of an advocacy programme, it is imperative to target carefully the intended audience.

- Which groups should receive priority attention?
- What strategies, messages, or information are likely to address their concerns?

Target audiences for advocacy of a 100% CUP might include:

- policy makers from different ministries (executive/legislative);
- provincial officials (Governor or Vice-Governor);
- local officials (Mayor);
- police and public security officials;
- health staff in STI clinics;
- owners of EE;
- sex workers;
- the military;
- clients of sex workers;
- news media (editors, journalists, broadcasters);
- NGOs (local, provincial, national, international);
- professional associations (medical, public health, social work);
- educational institutions;
- bilateral/multilateral/international organizations;
- donor community/agencies;
- condom manufacturers, social marketing organizations; and
- religious leaders.



TARGET THE AUDIENCE

Decide on your advocacy strategies and tactics

Once one has identified goals, objectives and target audiences for an advocacy campaign, it is necessary to decide on the strategies and tactics to be employed. Potential strategies and tactics include:

Let us look more closely at the principle strategies one might use in an advocacy campaign.

Strategies

- Engaging local government
- Networking
- Alliance building
- Working with the media
- Identifying key advocates and appropriate channels

Tactics

- One-on-one meetings
- Conferences/seminars
- Press conferences
- Brochures/posters
- Newsletter/bulletin
- Email
- Website

ENGAGING LOCAL GOVERNMENT

When advocacy is concerned with seeking political, policy and/or legislative change, contact may be needed with local government policy-makers to inform them about needs and to facilitate their work.

Before approaching local policy-makers, one must be completely familiar with:

- the legislative or policy-making process involved;
- the priorities and interests of the particular policy-makers you will be contacting;
- the key staff members of the policy-makers (These human relationships are important.); and
- the subject matter (Make sure YOU understand well what you want to accomplish and how to answer the policy-maker's questions and concerns honestly and forthrightly.).

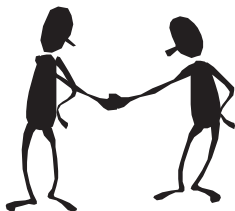


In meeting with local government officials, there are a number of "tips" worth reviewing and following:

TIPS FOR ENGAGING LOCAL GOVERNMENT

You can best facilitate the development of technically sound policies in support of a 100% CUP if policy-makers view you as credible, dependable and knowledgeable.

- Establish yourself as a resource person for policy-makers working on this issue by providing them with position papers and publications.
- Make clear that you are ready to help them by providing additional data or other materials PROMPTLY on request.
- Keep your issues in front of the policy-makers as much as possible.
- Take your time and develop personal relationships with them.
- Put them on your mailing list and invite them to special events.
- Network with policy-makers and their staff whenever possible.
- Outline the benefits of the 100% CUP for public health, sex workers and establishment owners.
- Encourage a forum to influence public opinion.



TIPS FOR MEETING WITH GOVERNMENT OFFICIALS

- | | |
|------------------------------|------------------------------------|
| 1. Set an appointment | 8. Identify friends |
| 2. Prepare your presentation | 9. Share only accurate information |
| 3. Arrive on time | 10. Offer assistance |
| 4. Establish common ground | 11. Leave notes with main points |
| 5. State your case clearly | 12. Thank them |
| 6. Listen actively | 13. Send a post-meeting note |
| 7. Deal with criticisms | 14. Follow through on promises |

NETWORKING

Networking is another strategy for advocating a 100% CUP. Networking involves making and maintaining contacts with individuals who share or support your goals and objectives. Managers of a 100% CUP may, for example, want to establish close communications with such groups as:

- NGOs, including community-based organizations who are working with EEWs;
- professionals in urban development who are working in areas where entertainment establishments are located;
- health care organizations concerned with STIs;
- organizations concerned with condom promotion generally.

Here too there are many “tips” one can use in developing a network for a 100% CUP.

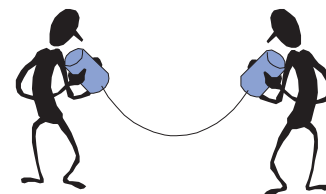
TIPS FOR DEVELOPING A NETWORK

Identify a core group

- Make a list of local groups and persons who are working on similar issues.
- Make a list of organizations working on different issues but who have a commitment in healthy communities.
- Make a list of others who might support you: key health professionals, HIV/AIDS counsellors, social workers, celebrities, artists, journalists and broadcasters.

Develop networks

- Invite representatives from the groups to speak at your events.
- Ask to put their names on mailing lists so you can send them information: send them information.
- Attend the meetings of these other groups and share information.
- Develop websites and email as much as possible.



Keeping in contact

ALLIANCE BUILDING

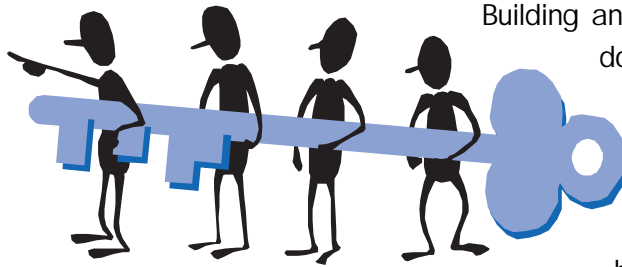
One of the most effective ways you can network is by participating in an alliance. An alliance is a group of several like-minded organizations that work together to achieve common goals. An alliance may be permanent or temporary, formal or informal.

Working together in an alliance can help a 100% CUP to:

- build a support base;
- increase the influence of its advocacy campaign;
- develop new leaders in the advocacy campaign; and
- increase financial resources.



Alliance = working together on solutions



Building an alliance is something that is usually done at a later stage of a 100% CUP, after activities have begun and the programme is well established. However, it is never too early to begin thinking about it and to begin looking at the kinds of organizations with whom you could join forces. Depending upon local circumstances, a 100% CUP ally might include:

- (a) an NGO working with female entertainers or FSWs;
- (b) an association of entertainment establishments;
- (c) a local business club like Rotary;
- (d) a condom manufacturer or condom social marketing project;
- (e) the opposition, including political and religious leaders.

You must remember that, when two groups come together, they will have differences of opinions. A 100% CUP manager must think in advance about how conflicts among members can be resolved and how much he or she is willing to give up to accomplish a “common goal”.

WORKING WITH THE MEDIA

One of the most important elements of an advocacy campaign is working with the media. “Media” is the word used to refer to channels of public or mass communication, whether printed or broadcast, such as newspapers, journals, magazines, radio and television. There is a need to comprehensively educate the media on basic HIV/STI issues and the 100% CUP. All of these are useful in conveying your message to the public as well as local government officials and authorities. Evidence has also shown that communications through the media can be associated with improved knowledge and attitudes that increase safer sex practices among the public.

TIPS FOR ENSURING POSITIVE MEDIA RELATIONS

- Make contacts. If you want to gain media exposure, you must build relationships with individuals in the press.
- Put these contacts on your mailing list: treat them with respect; take time with them, return their calls, compliment them on work well done, and constructively correct errors rather than criticize.
- Don't waste their time. Do not bother them unless you have something interesting to report that is newsworthy.
- Monitor the media. Keep clippings of press coverage. Make contact with reporters who write articles related to a 100% CUP.
- Provide ideas for news coverage like interviews with EEWSs or operators of entertainment establishments.
- Make the media professional's job easier. Provide them with press releases, photos, letters to the editor and editorials. Organize news conferences and photo opportunities. Share copies of scientific articles. Be available.
- Involve celebrities. Sports figures, musicians, actors and local celebrities can make for immediate media attention.
- Distribute press kits to prevent news sensationalization and provide factual information.

IDENTIFYING KEY ADVOCATES AND APPROPRIATE CHANNELS

There is a need to take the following into consideration:

- appeal to reason/logic;
- appeal to emotion/psycho social;
- appeal to economics.

Famous singers, movie actors and people living with AIDS can be asked to advocate for the programme.

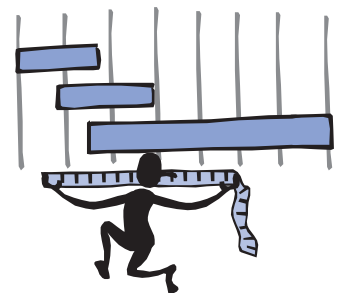
Monitor activities; evaluate and revise

Monitoring involves keeping track of your advocacy activities in relation to overall progress on the 100% CUP. Monitoring is essential to ensure that actions are taking place as scheduled.

When the programme has been operating for a few months, take time for an evaluation. An advocacy campaign is very much a practical matter. Keep what is working and discard what isn't. At the same time, remember that advocacy NEEDS TIME. If an anticipated result is not happening as soon as you would like, it may require a little more time.

ATTACHED

Provided with this module is a CD Rom of Power Point slides that can be used as part of an advocacy presentation by local 100% CUP managers. This CD Rom will also be used in Group Exercise #1 at the end of this Module.



IEC (Information, Education, Communication)



An IEC campaign is organized much like an advocacy strategy. It must be planned with great attention to goals and objectives as well as who the target audiences are and how best to approach each one.

The goal of an IEC strategy is (or should be) a change in BEHAVIOUR(s), with a positive health outcome. The intermediate objectives involve a change in knowledge, attitudes, beliefs and values in the target audience. The strategy includes planned activities involving information, education and communication (IEC).

IEC: change in . . .

- knowledge
- attitudes
- beliefs
- values

BEHAVIOUR

As with an advocacy strategy, IEC also involves a careful identification of the target audience. For a 100% CUP, the principle target audiences are:

- entertainment establishment workers;
- operators of entertainment establishments;
- clients of entertainment establishments; and
- 100% CUP staff.

An IEC strategy might, for example, have the following target audiences, and desired outcomes and impacts.

| IEC CAMPAIGN | | | |
|------------------|--|---|---|
| Target Group | Goal or “Outcome” | Objectives or “Processes” | Impact |
| EEWs | Customers use condoms consistently | <ol style="list-style-type: none"> 1. Understand and value importance of condom use 2. Mastered skills of negotiating condom use with clients | <ol style="list-style-type: none"> 1. Reduced STI rates among EEWs 2. mystery clients unable to purchase sex without condoms |
| Operators of EEs | Successful in supporting EEWs enforce 100% CUP Policy | Understand and value importance of condom use policy | <ol style="list-style-type: none"> 1. Reduced STI rates among EEWs 2. Signs and promotional materials posted |
| Clients | Clients use condoms 100% of time in establishment-based commercial sex | <ol style="list-style-type: none"> 1. Understand presence of a 100% CUP and its implications 2. Understand and value importance of 100% condom use in commercial sex | <ol style="list-style-type: none"> 1. 100% consistent condom use reported 2. No STIs reported from among clients of the establishment |
| Police | Supporting 100% CUP | <ol style="list-style-type: none"> 1. Understand presence of a 100% CUP and its implications 2. Understand and value importance of condom use and enforcement policy. | <ol style="list-style-type: none"> 1. No sex workers arrested for carrying condoms 2. All EEs abide by the 100% CUP |

Designing the specific IEC activities to reach these goals and objectives is where the real work begins.

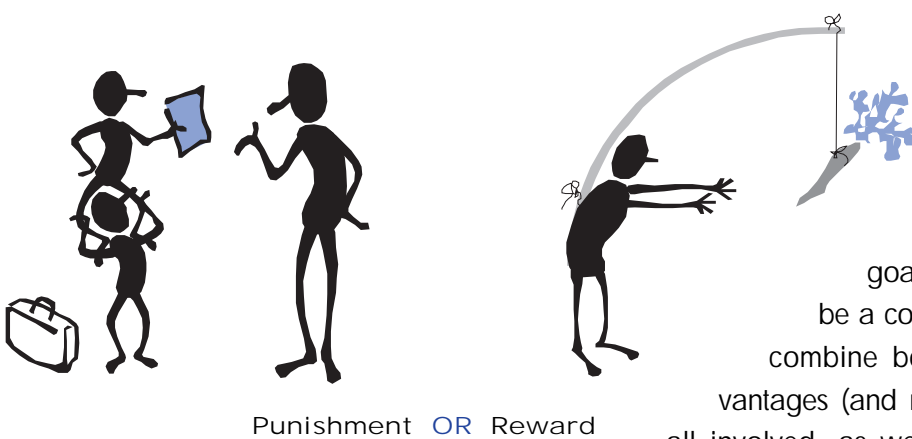
According to experts in the area, there are 10 steps in developing effective IEC materials, and it is important to carry out all the steps in order:

1. Plan and conduct qualitative research for needs assessment, such as a focus group discussion for each target audience.
2. Analyse needs for IEC.
3. Decide the most appropriate IEC materials for each target audience.

4. Design prototype IEC materials with the help of graphic artists.
5. Pre-test the materials with target audience.
6. Revise the materials.
7. Pre-test the materials again.
8. Print.
9. Distribute.
10. Monitor and evaluate.

Designing IEC materials, through such techniques as focus groups and pre-testing clearly requires the engagement of specialists in the communications field. There are special communication challenges that the 100% CUP must use with its target audiences.

Special IEC challenges with entertainment establishments



IEC materials necessary for entertainment establishment operators include pamphlets and educational materials designed to encourage staff compliance with the goals of the 100% CUP. This can be a complicated message since it must combine both an explanation of the advantages (and rewards) of the 100% CUP for all involved, as well as some highly undesirable consequences (like fines or closure) if the policy is not followed. The “voluntary” cooperation of entertainment establishments with a 100% CUP depends enormously on the success of the IEC campaign in handling this dual message: “Rewards” or “Punishment.”

Special IEC challenges with clients

There are two types of IEC materials necessary for clients. First, posters promoting the safety and efficacy of condom use by clients are useful for posting within entertainment establishments. Second, it is important to target some materials (like posters and pamphlets) towards particular

groups of clients. Where entertainment establishments cater to special client groups, like personnel from a nearby military base, a police barracks or truckers, special condom promotional materials (eroticizing condoms and making condom use sexy) should be developed which address the needs and perspectives of these clients. It is also important to identify those localities (e.g. bars, truck stop restaurants, taxis stands, bus stops, etc.) where materials may be posted or distributed to the targeted clients. All the materials should explain the 100% CUP Policy and be supportive of entertainment establishments that are participating in the programme.

Special IEC challenges with staff of the 100% CUP

It must be expected that staff working with the 100% CUP will require basic orientation and sensitivity training in working with the entertainment establishment industry. Ensuring that health, administrative and other professional staff (e.g. law enforcement, business, political) are capable of friendly and non-judgmental relations with entertainment workers may take the assistance of professional trainers or psychologists. All staff should also be thoroughly acquainted with the goals and strategies of the 100% CUP and be capable of being good advocates for the programme among the general public as well as entertainment establishment operators and workers. Where staff may be assigned to such special tasks as monitoring compliance or assisting in the training of EEWs in condom promotion or overcoming client resistance, they will need special training in these skills.

Outreach

Outreach can also be used with owners and operators of EEs and EEWs on the value and importance of the 100% CUP. In addition to visual materials promoting condom use in the entertainment establishment, training programmes to assist EEWs in negotiating condom use with clients will be important. This training could include techniques to make condom use a pleasurable process of lovemaking instead of a simple disease-protecting device or an interruption into the normal course of events. Training programmes of this nature may benefit greatly from the use of experienced “peer” FSWs as trainers where that experience has been gained in pilot projects in the country.

Group exercises

Make an advocacy presentation

OBJECTIVE

To give participants experience in preparing and delivering a Power Point presentation on 100% CUP.

ACTIVITY

1. Using the attached CD Rom with a model Power Point presentation on the 100% CUP, demonstrate how the slides are organized and may be reorganized in a new presentation.
2. Divide the participants into two groups. Each group should have access to a PC or laptop computer with Power Point software.
3. Working together in their groups, participants should spend about two hours preparing a "new" Power Point presentation on the 100% CUP (by selecting from, and possibly reordering, the CD Rom version). It can be assumed that the group is a 100% CUP implementation team and they are making a presentation to staff of the Mayor's office to acquaint them with essential aspects of the new programme. The group must choose the slides and draft some remarks to be made in the context of each of the slides selected.
4. Groups should make a presentation to each other.
5. General discussion and critique should follow.

Participation of entertainment establishment workers and personnel

Under ideal circumstances, selected staff and workers from an entertainment establishment in the locality should participate in the presentation and discussion of this module.

After the module has been presented, they may be invited to make any general observations. They should certainly be invited to participate in all group discussions.

Role playing

OBJECTIVE

To permit participants to exercise their skills in explaining the benefits of a 100% CUP to both owners/managers of entertainment establishments and sex workers.

There can be a number of fun, instructive and interesting combinations if EEWs and entertainment establishment operators are also participants.

ACTIVITY

1. Have two participants volunteer to role-play. In the first round, have them decide who will play the role of a “health educator” and who will be the “sex worker”.
2. The “health educator” will then attempt to convince a sceptical “sex worker” how a 100% CUP works and why it will be of advantage to her.
3. After they are finished, have a general discussion among all participants on the issues presented and responses provided. Are there other issues that could have been raised by a reluctant FSW? Are there alternative responses that might be convincing?
4. Repeat the exercise above with new volunteers to role-play, this time with one volunteer playing the role of a “health educator” and the other being an “owner/manager” of an entertainment establishment.
5. For a little hypothetical fun, the exercise might be repeated a third time with one volunteer playing the role of the “sex worker” and the other playing the role of the “owner/manager” of an entertainment establishment. Decide who is trying to convince whom before beginning (or which one it is that might be most reluctant.)

The operators of some types of entertainment establishments will be very reluctant to have their establishments identified as one that should be subject to rules of the 100% CUP

Role play: Convincing a reluctant entertainment establishment owner

OBJECTIVE

To exercise techniques for negotiating with operators of entertainment establishments

THE PROBLEM

The operators of some types of entertainment establishments will be very reluctant to have their establishments identified as one that should be subject to rules of the 100% CUP.

ACTIVITY

1. As a group, make a list of the kind of concerns and arguments an owner/manager might make about why his establishment should not be considered an “entertainment establishment.”

Examples of such arguments might be:

- "Very few of my clients ever have sex with the women workers here. Most of my workers and clients are not here for anything to do with sex. I do not want this place labelled as a sex establishment."
- "I really have no control over the women coming in here. How can I be held responsible for what they do?"
- "This is a massage parlour. I do not want to put up condom signs all over here. It will give my customers the wrong impression."
- "No sex is taking place in this establishment. It is not a brothel."

2. After a list has been made, as a group, go through the concerns/arguments and determine what might be the best responses. Make notes on these responses.

Examples might be:

- "We know that all your customers are not here only to make contacts for sex. But many of them are and our records show that some of these women have STIs."
- "These women in here may not exactly be your 'employees' but you really do control who among them can come in here."
- "We are not here to play 'pretend games' any longer. You know that women in this establishment are having sex with many customers. And we know that too. In this day of HIV/AIDS it is a risk to the whole community to allow these kinds of sexual relations to take place without the use of a condom. We are asking for your cooperation in this programme to protect the health of the women working here, the clients and the community health. If you do not cooperate, we will accumulate hard evidence that you are permitting sexual contacts to be made here and take you to court to force your closure permanently."

3. Finally, do some role-playing. One person is the public health official and the other is the operator of an entertainment establishment. The public health official should try to convince a reluctant owner/manager to be cooperative with the programme.

Role play: Discussion with a sex worker on condom use

OBJECTIVE

To provide participants with firsthand experience with a woman (or women) experienced in negotiating condom use.

ACTIVITY

1. Arrange for one or several EEWs, and possibly also an operator of an entertainment establishment, to come to the management workshop to discuss their experience with condom promotion. The EEWs for this participation can probably be arranged in cooperation with either (a) the Condom Social Marketing Programme (b) local academic staff or NGOs working with EEWs (c) the STI Clinic or (d) an entertainment establishment owner/operator.
2. This segment of the programme can be used to discuss a breadth of issues related to a 100% CUP in the area.
3. One thing that should be especially discussed with the EEWs is the techniques that they use for negotiating condom use. Selected participants might engage in role-playing with an EEW to learn how they might respond to a client who refuses to use a condom (before they are properly oriented and trained by the 100% CUP).

MODULE

4

Condom logistics

TIME-FRAME

3 hours

SUPPLIES AND EQUIPMENT

- Flipchart and flipchart paper
- Markers (ideally in two or three colours)
- Tape (for posting pieces of flipchart paper on wall)
- Overhead projector and overhead set, or flipchart version of overheads
- Extra pens or pencils and paper for participants
- Different types of condoms

LEARNING OBJECTIVE OF MODULE 4

By the end of this module, participants will have learned the fundamental issues concerning condom logistics as they relate to the needs of a 100% CUP

Introduction

The 100% CUP is based on the compelling evidence that condoms, when used consistently and correctly, will protect against unwanted pregnancy and the transmission of HIV and other STIs borne by genital secretions.

Condom logistics means ensuring that consumers have adequate supplies of high quality products, when and where they need them, and that programmes use resources effectively to achieve that goal. Condom logistics, therefore, involves a number of interrelated tasks that must be implemented to make sure that high quality condoms are available when and where they are needed.

For logistics to be successful it is important that:

- the policy environment is supportive and appropriate;
- quality assurance systems to ensure high quality condoms are manufactured and procured are in place;
- all persons involved in supplying condoms understand the quality assurance measures that must be applied in order to ensure that a good quality product is manufactured, procured and distributed;
- sources of supply are known;
- systems to forecast the supply of the right number of condoms are in place;
- the time interval for supplying the product once it is ordered is known;
- orders for the re-supply of condoms are submitted in a timely fashion;
- storage and distribution systems are established, and function effectively;
- condoms are accessible when and where they are needed;
- consumers know how to obtain condoms and how to use them properly; and
- appropriate systems are in place for the safe disposal of used condoms.

Within a 100% CUP there are three essential elements: demand, supply and technical support. Previous modules discuss creating a demand for

condom use and the design of appropriate implementation strategies. This module focuses on ensuring that consumers have access to the right type of condom when and where they need them. It can be summarized as covering the **Six Rights of Condom Logistics**:

The **right** quantities
 Of the **right** condom
 In the **right** condition
 To the **right** place
 At the **right** time
 For the **right** cost

This module is intended only to summarize important issues that 100% CUP managers need to know to support their programmes. An additional resource list with contact addresses has been provided at the end of this module for those requiring further information on different aspects of condom logistics.

The role of the 100% CUP manager

The role of the 100% CUP manager is to assist EE and sex workers to access adequate supplies of condoms. It is important, therefore, that:

- policies are established requiring that, at all EE, condoms are either available for sale or are distributed without charge;
- individuals owning or working in EE understand the importance of maintaining a constant supply of condoms;
- condom use is promoted in all EE, including the public display of information informing clients where condoms can be obtained (e.g. condom vending machines, or from the bartender);
- programme managers know the sources of supply of good quality condoms and can teach EE managers how to forecast condom usage, procure condoms and maintain a simple stock control system;
- adequate systems are in place to store condoms.

Sources of supply

It is the responsibility of the EE owners to decide where they will obtain their supply of condoms. However, the 100% CUP manager can provide

It is the responsibility of the EE owners to decide where they will obtain their supply of condoms. However, the 100% CUP manager can provide information and assist in establishing a source of supply and a stock control system

information and assist in establishing a source of supply and a stock control system. This will, not only encourage the EE managers, but also ensure that systems are established that reduce the possibility of running out of condoms.

There are a variety of outlets from which condoms are available:

The commercial sector sells a wide variety of products through commercial outlets. The commercial sector may be willing to supply condoms directly to the larger EE, or at least service strategically placed vending machines. It may even be possible to negotiate with firms in the commercial sector for a lower price for large quantities of condoms, supplies of educational materials and support for advertising campaigns.

Condom social marketing programmes, which are generally an integral part of condom promotion programmes in most countries in the Asian region, are another source of condoms. Social marketing is a research-driven and consumer-centred system that uses private sector marketing techniques to sell essential social and health products and services at prices affordable to people on low incomes. It uses innovative communication to promote the use of products and services and encourage health-related behaviours. Social marketing, therefore, generates supply and stimulates demand.

Condom social marketing programmes are a source of high quality low-cost condoms. Such programmes can relieve the 100% CUP manager of the primary responsibility for major aspects of condom logistics, such as forecasting, procurement, quality management and distribution. However, condom social marketing programmes may not resolve all logistical issues and programme managers must be aware of how to manage different aspects of logistics if the need arises.

Government sponsored free distribution programmes may be willing to supply EE or establish accessible distribution points in areas commercial sex workers are known to frequent.

Nongovernmental agencies may also be willing to support the supply of condoms for specific programmes, areas or establishments.

Whatever the source, it is important that it offers a constant supply of a good quality product.

Social marketing is a research-driven and consumer-centred system that uses private sector marketing techniques to sell essential social and health products and services at prices affordable to people on low incomes

Quality is an important issue

To ensure that condoms are fit for use when they reach the consumer, quality considerations must influence and direct virtually every activity in a condom programme.

A poor quality product may leak or break during use. A poor quality product can put consumers at risk and damage the credibility of a condom promotion programme. People will not want to use a product that they feel is useless and in which they have no faith.

The 100% CUP manager must check that condoms are procured according to the condom specification and quality assurance measures defined by WHO and adhered to by all major procurement agencies and condom manufacturers.¹

The condom specification must detail the quality assurance testing procedures required to ensure that a quality product is manufactured and packaged properly. This includes:

- tests to ensure the safety and efficacy of the constituent materials;
- tests to assure performance requirements which encompass the essential attributes of the condom: strength, elasticity, freedom from holes and breakage;
- design requirements, which may vary according to the needs of the consumers; and
- strict packaging requirements.

It is then important to know that good storage facilities are in place at every step of the distribution chain and that storage systems work on the principle of 'first in, first out'.

Condoms that are packaged according to the specification do not require special storage facilities. They should be kept in their boxes for as long as possible, stored away from direct sunlight and in a dry place. The 100% CUP manager can undertake regular random visual inspection of samples taken from any level of the supply system. If any of the samples appear damaged or in any way different from the norm, the manager should make a note of the information on the box, lot number, date of manufacture and expiry, and send a sample for testing.

¹ *The male latex condom: specifications and guidelines for condom procurement.* Geneva, World Health Organization/UNAIDS, 1998 (WHO/RHT/FPP/98.15).

Managing complaints

It is important to have a system for managing complaints, swiftly and decisively. When complaints are made about a product, it is the manager's responsibility to verify if there is any evidence of real departure from quality requirements. The following procedure should effectively limit any damage to the programme when complaints arise.

1. Identify the lot (batch) of condoms that have given rise to the complaint.
2. Obtain the views of the managers from the EE, service providers or consumers.
3. Try to find out if the condoms have been transported or stored under adverse conditions.
4. If the problem appears serious, quarantine the condoms and send random samples for testing to an independent laboratory.
5. If the condoms are proven to be of poor quality, refer back to the source of supply.

Please remember that condoms manufactured to a high standard do not break very easily. Always check complaints, but also find out how they have been used and if the same consumer keeps experiencing problems. Sometimes people need advice on how to use condoms correctly to prevent them from breaking. For example, they sometimes use oil-based household lubricants, which can degrade and destroy a condom in minutes.

Forecasting condom requirements

Forecasting is a combination of science, art, common sense and experience. A number of references providing detailed information on forecasting are provided at the end of this module. However, unless the 100% CUP manager is involved in forecasting large quantities of supplies, the principle should be to keep it simple. For an initial supply of condoms:

- assess current condom usage;
- assess the number of persons having sex with non-regular and regular partners;

- estimate the average number of sexual acts;
- estimate increased demand as an outcome of specific promotional activities or increase in distribution points.

This provides the initial supply of condoms. Now it is important to monitor usage. A simple minimum/maximum system, whereby a three-month supply is the minimum and six-month supply is the maximum, will help ensure that EE do not run out of condoms. If stock levels are between minimum/maximum boundaries and the manager knows how long it will take to get a delivery after they order then they can calculate how many months of supply they have on hand.

EXAMPLE OF A MINIMUM/MAXIMUM SYSTEM

Condoms distributed

| | |
|--------------------------------------|------|
| January | 2000 |
| February | 2400 |
| March | 2300 |
| Stock in hand at end March | 3200 |

What is the average monthly consumption?

| | |
|--|------|
| Total consumption (3 months) | 6700 |
| Average monthly consumption | 2233 |

How many months supply is on hand?

$$\frac{\text{Stock in hand (3200)}}{\text{Average consumption (2233)}} = 1.4 \text{ months of supply}$$

Formula

$$\text{Months of supply} = \frac{\text{Stock in hand}}{\text{Average monthly consumption}}$$

Storage

Conditions of warehousing and storage play a major role in ensuring that good quality products reach the consumer.

Condoms made from latex rubber are perishable if exposed to excessive heat, humidity, sunshine or air pollution. However, research has demonstrated that silicone lubrication provides some protection against oxidation. Moreover, if condoms are manufactured according to the WHO specification, packaged in opaque aluminium foil packages that have

If condoms are manufactured according to the WHO specification . . . they do not deteriorate in average temperatures found in tropical climates

been hermetically sealed and stored in cartons, they do not deteriorate in average temperatures found in tropical climates.

Storage is important, and all 100% CUP managers should check the storage facilities for condoms. It is surprising where people will keep condoms and advice should be offered according to the premises and facilities available. Look for an easily accessible, clean dry place, away from direct sunlight.

EE managers should also be taught how to:

- maintain the **minimum/maximum** system of storage;
- supply condoms to consumers on a **first in, first out** basis;
- check lot number, date of manufacture and date of expiry. This information should be printed on all condoms packages and boxes;
- periodically check packaging and products for deterioration;
- manage complaints; and
- establish systems for the safe disposal of used condoms.

Size and design of condoms

relate to the
consumer's
preference and this
must always be
taken into
consideration when
condoms are
purchased

Different types of condoms

EE might require a range of different types of 'novelty condoms' (glow-in-the-dark, scented, flavoured or specially lubricated). Most can be manufactured according to WHO specification quality assurance measures. However, some of the more sensational condoms that have been completely re-shaped, such as death head, the mouse, may not necessarily conform to the specification.

In the majority of countries only two sizes of condoms are available and these are procured according to size and labelled as 'narrow or wider, comfortable fit' condoms. Some new designs, such as the spiral condom are reported to provide less constriction. Size and design of condoms relate to the consumer's preference and this must always be taken into consideration when condoms are purchased. The design component of the WHO specification can be altered according to consumer preference.

Figure 2: Quality Condoms Expand



Condoms are generally very elastic and have the capacity to be blown up to many times the original size. It should be understood that a **thicker condom** is less elastic than a standard condom. Sometimes thicker condoms are sold as '**extra strong**' which is not necessarily very factual. They are in fact extra thick. It is important when using thicker condoms (extra strong) to use additional lubricant, especially for anal sex.

Lubrication

The lubrication applied to lubricated latex condoms during manufacture is sufficient for most users. If the user applies a lubricant to the condom, **the choice of lubricant is critical** to the performance of the condom.

There are cases of ordinary household products being used as lubricants and the majority of these will degrade and destroy a condom in minutes. Even products marked for use in the vagina and some medications will rapidly degrade condoms.

Only use water-based products to lubricate latex condoms, such as silicone or KY Jelly. These are available in most markets

Only use water-based products to lubricate latex condoms, such as silicone or KY Jelly. These are available in most markets

DO NOT USE AS LUBRICANTS

| | | |
|----------------|----------------------|-----------------|
| Baby oil | Edible cooking oil | Mineral oils |
| Burn ointments | Fish oil | Palm oil |
| Butter | Haemorrhoid ointment | Petroleum jelly |
| Coconut butter | Insect repellent | Rubbing alcohol |
| Coconut oil | Margarine | Suntan oil |

Wherever
condoms

are distributed there
should be
information available
promoting condom
use and informing
consumers where
supplies can be
obtained and how to
use condoms
correctly

Disposal

It is important to discuss with EE how they intend to safely dispose of used condoms. They should not be flushed down the toilet. A safe system to dispose of used condoms must be established by each EE.

Information and educational materials

Wherever condoms are distributed there should be information available promoting condom use and informing consumers where supplies can be obtained and how to use condoms correctly.

Record keeping

It is important that all 100% CUP managers' work with EE to establish simple record systems to monitor how many condoms are purchased, stored and used.

Group exercises

Presentation by Condom Social Marketing Project

OBJECTIVE

To thoroughly acquaint participants with staff and activities of the Condom Social Marketing Project(s) in the area.

ACTIVITY

Workshop organizers must make plans for a presentation to be made by the relevant local Condom Social Marketing Project(s). The presentation should include a brief history of the project(s), product line, distribution strategies and future plans. A general discussion should follow in which participants and Project staff discuss ideas for coordination.

Survey of condom outlets

OBJECTIVE

To identify traditional and non-traditional condom outlets in a location.

ACTIVITY

Participants are given the opportunity to survey existing condom outlets in the vicinity.

MODULE

5

Coordination with STI services

TIME-FRAME

3 hours

SUPPLIES AND EQUIPMENT

- Flipchart and flipchart paper
- Markers (ideally in two or three colours)
- Tape (for posting pieces of flipchart paper on wall)
- Overhead projector and overhead set, or flipchart version of overheads
- Extra pens or pencils and paper for participants

LEARNING OBJECTIVE OF MODULE 5

By the end of this module, participants will have learned about the areas of cooperation and coordination between the 100% CUP and community STI clinical services

Introduction

Clinical care services are an integral part of the effort to control STIs. Early and effective diagnosis and treatment of STIs are necessary for health care of infected individuals. However, these services are also part of STI prevention. By reducing the duration of disease infectiousness (infectivity) through early treatment, the infection is less likely to be spread. Increasingly, clinics that offer STI services are also taking on an important role in counselling safer sexual behaviour and promoting condoms among their clientele.

By reducing the duration of disease infectiousness (infectivity) through early treatment, the infection is less likely to be spread

STI clinical services are generally available through a variety of both public and private health care institutions and services, such as:

- STI clinics;
- health centres;
- outpatient clinics;
- pharmacies;
- primary health care services; and
- maternal and child health and family planning services.

(Note: Specific or integrated STI services will depend on existing country situations.)

Although these facilities provide health services to the general public, there has been widespread recognition that special STI prevention and care services are needed for some populations at high risk. Such populations might include:

- sex workers;
- entertainment establishment workers;
- injecting drug users;
- military personnel under certain circumstances;
- migrants and labour camps; and
- youth in and out of schools, adolescents.

This module identifies those areas and activities where a 100% CUP and community STI clinical services share interests and how they should be coordinated in selected programme areas.

100% CUP coordination with STI clinical care services

A 100% CUP should plan on collaborating with institutions providing STI clinical care in four areas where they may be mutually supportive:

1. promoting safe sex practices and condom use;
2. advocating for STI prevention and the 100% CUP;
3. supporting needs in staff training and IEC for clients;
4. routine STI screening for entertainment establishment workers; and
5. the possibility of outreach services.

1. Promoting safe sex and condom use

All community clinical services that treat STIs must play a role in counselling and educating their clients in safe sex practices and condom use. This is especially so since persons seeking care for STIs are very likely to engage in behaviours that place them at high risk of exposure.

For persons seeking care for STIs, health care providers should be providing a comprehensive case management package of services:

- making a diagnosis;
- getting information from male clients on sources of infection;
- providing appropriate treatment;
- educating the patient on treatment compliance and risk reduction;
- encouraging the proper use of condoms
- conducting a personal risk assessment and individual counselling;
- obtaining partner referral and treatment; and
- arranging for a follow-up examination.

The work of STI clinics and service providers in promoting condom use among patients who are entertainment establishment workers will give important support to a 100% CUP. More information may be obtained from the publication *Promoting condoms in clinics for STI – a practical guide for programme planners and managers* (refer to additional resource materials).

2. Advocating for STI prevention and the 100% CUP

Because of their shared professional interests in controlling STIs, community health care institutions, especially STI clinics, should be “natural allies” and strong advocates for the 100% CUP. Such alliances include:

Leadership: professional or management staff of a key STI clinic should be invited to play a leadership role on the 100% CUP monitoring and evaluation committee.

Advocacy: a formal or informal alliance between STI clinical service units and the 100% CUP can be a strong advocate for the development of appropriate STI policies and regulations and in mobilizing financial resources.

3. Staff training and IEC for clients

In both staff training needs and IEC outreach for clients, a 100% CUP and institutions providing clinical STI services will find it advantageous to collaborate.

Training: staff from both the 100% CUP and STI clinics may participate in jointly organized training programmes (for example, on condom promotion or non-judgmental cultural sensitivity) or assist one another in training designed for staff of one or the other programme.

IEC: commonly developed posters and pamphlets, and jointly organized activities promoting condom use, should be done by both programmes working together.

4. Routine STI screening for female entertainment establishment workers.

Managers of a 100% CUP will need to collaborate closely with community STI clinics and STI clinical care facilities to support and strengthen their screening programmes.

A critical component of 100% CUPs has been the establishment of local policies and procedures for the periodic routine screening of EEWs for STIs. This screening is important for:

- (a) **reducing STI infections** among EEWS to protect their health and to reduce the risk of transmission to others;
- (b) **monitoring compliance** of entertainment establishments and EEWs with the 100% CUP; and
- (c) **evaluating the impact** of a 100% CUP on STI and HIV among EEWs.

A 100% CUP will, under ideal circumstances, be supported by government policies and procedures that will:

- (a) require EEWs to undergo regular screening for STI at specified health care institutions as a condition of employment; and
- (b) provide for arrangements for selected parts of the results of this screening to be made available to managers of the 100% CUP including:
 - general data on EEW compliance with scheduled screening; and
 - where there has been a positive diagnosis of an STI/HIV, the name of the entertainment establishment where the EEW has been employed (note: the name of the EEW herself will remain confidential).

An important issue is the need to ensure confidentiality and proper counselling

Institutions providing STI care in a community, especially STI clinics, will likely have established diagnostic screening procedures for high-risk individuals, such as EEWs. These procedures will include use of interview protocols to identify persons who may be at high risk for infection. Persons judged to be at high risk for infection (e.g. persons reporting unprotected sexual relations with a new partner or multiple partners) will be screened for STIs. Depending upon the resources available to the facility, screening and diagnosis and management may be based on laboratory tests, clinical examination/syndromic diagnosis and an assessment of the epidemiologic situation of the client. An important issue is the need to ensure confidentiality and proper counselling.

5. Possibility of outreach services

In areas where STI clinics are not accessible to EEWs, outreach services may be considered, provided either by the public sector or by nongovernmental organizations.

In summary, the roles and responsibilities of STI clinics include:

- providing quality STI care to all EEWs;
- ensuring there are sufficient drugs and equipment for the services;
- reporting on time to the CUMEC/National AIDS Centre; and
- following up with the CUWG on regular STI check-ups for EEWs.

Further information may be obtained from the publication *STI services for sex workers* (refer to additional resource materials).

Group exercises

1. Presentation by STI clinic staff

OBJECTIVE

To ensure that participants are well acquainted with the staff and the perspective of the STI clinical service units in their jurisdiction.

ACTIVITY

1. Staff and management of key STI clinical service units in the jurisdiction should be invited to make a presentation to course participants and also to participate in group exercise #2 below.
2. In their presentation, clinical staff should be asked especially to show slides of the various common STIs in the community and to discuss the methods they use for diagnosis (including the syndromic approach).
3. Leave time for questions and informal conversation over coffee.

2. Critical policy issues in STI clinical services related to 100% CUP

OBJECTIVE

To explore the feasibility of different policy options within the participants' jurisdiction

ACTIVITY

1. As a group activity, participants should discuss the ways in which different policy needs of a 100% CUP can be achieved in their jurisdiction. Begin drafting the wording. The policies to be considered should include:
 - (a) Can screening of EEWs for STI be a mandatory requirement for employment? Should it be voluntary?
 - (b) Will tests for STI and HIV require the consent of the EEWs?
 - (c) How often is it feasible for EEWs to be screened in planned or existing facilities? Are capacity and resources sufficient for anticipated numbers?
 - (d) Is it feasible to institute a “service charge” or licensing fee to EEWs in order to be screened and obtain work permits? Are these fees necessary and sufficient to support increased diagnostic and treatment needs at STI clinics?
 - (e) What kinds of “ID cards” or “patient records” might be necessary to ensure compliance of EEWs with the policies?

MODULE

6

Monitoring and evaluation indicators

TIME-FRAME

5 hours

SUPPLIES AND EQUIPMENT

- Flipchart and flipchart paper
- Markers (ideally in two or three colours)
- Tape (for posting pieces of flipchart paper on wall)
- Overhead projector and overhead set, or flipchart version of overheads
- Extra pens or pencils and paper for participants

LEARNING OBJECTIVE OF MODULE 6

By the end of this module, participants will understand the essential indicators that are necessary for monitoring and evaluating a 100% CUP

Monitoring and evaluation focuses on both measuring whether a programme is being implemented as planned, and whether the planned outcomes and impacts are being successfully achieved

Introduction

Designing and implementing a monitoring process and evaluation strategy for a 100% CUP will be an essential task for programme managers.

Monitoring and evaluation can be defined as the systematic collection and use of data about a programme to:

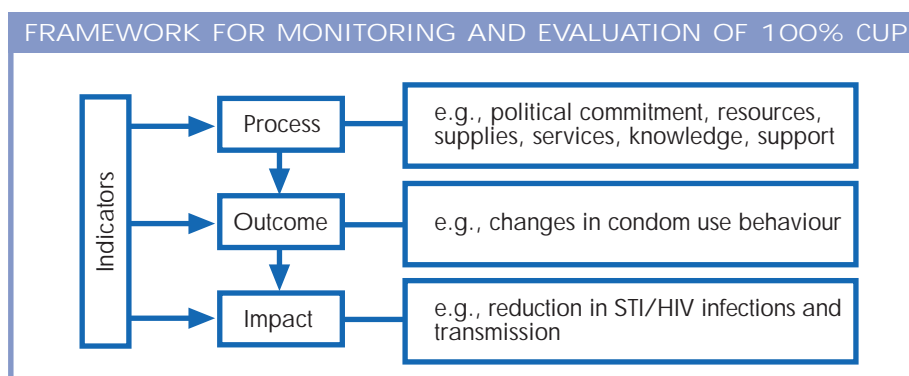
- (a) assess progress towards defined objectives;
- (b) assist with the formulation of more effective strategies;
- (c) advocate with decision-makers;
- (d) provide motivation to staff; and
- (e) provide accountability to donors.

An evaluation strategy is established around a clear identification of the kinds of things that one is trying to achieve:

- (a) activities or processes that will take place in the programme;
- (b) the goals and objectives of the programme; and,
- (c) the kind of outcomes or impact you anticipate it will have.

Monitoring and evaluation focuses on both measuring whether a programme is being implemented as planned, and whether the planned outcomes and impacts are being successfully achieved.

The precise terminology used in setting up a monitoring and evaluation strategy for a 100% CUP may vary from place to place. However, whatever terms are chosen in a particular locality, the strategy will invariably focus on three general types of programme achievement or accomplishment — process, outcome and impact — and on identifying the kind of measurable indicators with which to assess progress towards them.



As shown in the figure, a health programme will have as its ultimate goal some kind of positive health impact. For a 100% CUP, this **impact** will invariably be a reduction in the prevalence of STI/HIV among entertainment establishment workers, their clients and, ultimately, the general population. The **process** of the 100% CUP will include such things as the number of condoms distributed, number of meetings/training sessions organized and number of posters at EEs. The **outcome** of a programme will include such things as the proportion of sex workers who used a condom with their last client.

Indicators

An **indicator** is a way in which to quantify or measure the magnitude of progress toward the kind of things one is trying to achieve in a 100% CUP, whether they are processes, outcomes or impacts. Indicators are just that - they simply give an indication of magnitude or direction of changes over time. They cannot tell managers much about why the changes have or have not taken place.

INDICATOR

Indicators are just that — they simply give an indication of magnitude or direction of changes over time. They cannot tell managers much about why the changes have or have not taken place.

While a single indicator cannot do everything, knowing the magnitude and direction of change in achieving a programme objective is critical information for a manager. A good indicator for monitoring and evaluation needs to be:

- relevant to the programme;
- feasible to collect and analyse;
- easy to interpret; and
- able to measure change over time.

GOOD INDICATOR

... a good indicator for monitoring and evaluation needs to be relevant to the programme, feasible to collect and analyze, easy to interpret and able to measure changes over time.

Identifying an indicator to be followed in a 100% CUP also demands attention to how that indicator will be defined, the source of the information needed for it, and the time-frame for its collection and analysis.

Table 1 is an overview of the essential indicators that should be used in monitoring and evaluating a 100% CUP. The chart also characterizes the indicator by type (process, outcome or impact), method of measurement and frequency of measurement. It is strongly encouraged that the definitions presented here should be used to ensure standardization of information across countries and over time. However, if there is a compelling reason to change any indicator — its definition or methodology, these changes should be fully described, so that the indicator can be measured in the same way in future.

In addition to the essential indicators, countries could select some other indicators from a list of optional indicators (Table 2) or design their own indicators for their 100% CUP in the light of their specific conditions and programme needs.

Table 1: Overview of essential indicators for monitoring and evaluating a 100% CUP

| Indicator | Measurement Methods | | | Data Collection |
|--|---------------------|----|----|-----------------|
| | QI | RC | LS | Frequency |
| Process indicators | | | | |
| 1 Number of condoms distributed to outlets | | X | | Annually |
| Outcome indicators | | | | |
| 2 Proportion of sex workers reporting condom use at last sex with client | X | | | Annually |
| Impact indicators | | | | |
| 3 Proportion of young female sex workers with HIV infection | | | X | Annually |
| 4 Proportion of young female sex workers with chlamydial infection | | | X | Annually |

QI: Questionnaire interview; **RC:** Records check; **LS:** Laboratory-based survey.

Table 2: Optional indicators for monitoring and evaluating a 100% CUP

Indicator**Process indicators**

- 1 Proportion of 100% CUP districts with documentation
- 2 Proportion of districts holding regular advocacy meeting for 100% CUP
- 3 Proportion of monthly site visits by working groups to sex establishments
- 4 Number of condoms to sex workers through sex establishments
- 5 Proportion of sex entertainments with enough condoms in stock
- 6 Proportion of sex workers with correct perception of condom promotion
- 7 Proportion of sex workers who have been informed of 100% CUP by owners
- 8 Proportion of establishments with accessible promotion materials for 100% CUP
- 9 Proportion of sex workers attending monthly routine screening
- 10 Proportion of sex workers correctly treated for STI

Outcome indicators

- 11 Proportion of sex workers reporting consistent condom use at sex with clients
- 12 Proportion of clients reporting condom use at last sex with female sex worker
- 13 Proportion of clients reporting consistent condom use at sex with sex workers
- 14 Proportion of sex workers whose clients refused condom use in the last sex
- 15 Proportion of sex workers who accept a sex relation without condom use

Impact indicators

- 16 Number of reported STIs among sex workers from establishments
- 17 Number of reported STIs among clients from establishments

1. Number of condoms distributed by distributors to outlets

Definition: Absolute number of condoms distributed (free of charge or paid for) by public and commercial distributors to traditional and non-traditional outlets in the last 12 months.

Methodology: To assess this process indicator, 100% CUP staff will first have to carry out a thorough review of the literature and background documentation on condom distribution in their jurisdiction. A thorough list of condom distributors will have to be compiled along with “key informants” or individuals from whom information regarding the amount of condom distribution from different distributors may be obtained. Such a list of distributors might include:

- national STI/HIV/AIDS Programme;
- family planning association/committee;
- government and NGO agencies involved in the purchase and distribution of condoms;

- social marketing groups;
- condom associations;
- condom storage facilities:
 - national;
 - regional;
 - provincial;
 - community;
- pharmaceutical and medical supply importers;
- donors;
- medical associations;
- condom manufacturers, etc.

Recognizing that some condom distributors will also be supplying condoms for family planning use, in addition to STI/HIV prevention, programme staff should annually (preferably semi-annually) interview key informants in the relevant agencies involved in condom distribution. Changes in total distribution of condoms by these agencies can, in significant measure, be the result of the 100% CUP.

2. Proportion of sex workers reporting condom use at last sex with client

Definition:

$$\frac{\text{Number of sex workers from entertainment establishments using a condom with their last client}}{\text{Total number of sex worker interviewed in entertainment establishments and who had sex with their clients in the last 12 months}}$$

Methodology: Measuring this outcome indicator will involve “sampling” a manageable number of sex workers with a questionnaire about their behaviour. The sex workers involved in the sampling will need to be selected in such a fashion that 100% CUP managers can be sure that the information they give reflects results representative of the whole programme.

Decisions concerning the number of sex workers to be interviewed (the sample size) and the types or location of sex workers (the sample frame) will need to be determined with assistance from experienced epidemiologists and statisticians.

After the sample size and frame has been selected, specially trained interviewers will contact sex workers at the level of the entertainment establishment to ask about their condom use in the last month. Results of the survey will then be subjected to statistical analysis.

3. Proportion of young female sex workers with HIV infection

Definition:

$$\frac{\text{Number of young female sex workers with laboratory-confirmed HIV infection}}{\text{Total number of young female sex workers surveyed}}$$

Methodology: As with indicator #2 above, epidemiologists and statisticians will have to be engaged to make the calculations necessary to select a sample size and frame that can give statistically significant information about the programme.

Once the population sample is selected, biological samples will have to be obtained from female sex workers, after voluntary consent. This will be a blood sample for unlinked anonymous HIV testing. The results from laboratory testing will then be used to generate the numerical value of this indicator.

4. Proportion of young female sex workers with chlamydial infection

Definition:

$$\frac{\text{Number of female sex workers (<21) with laboratory-confirmed chlamydial infection}}{\text{Total number of female sex workers (<21) surveyed}}$$

Methodology: As with indicator #2 above, epidemiologists and statisticians will have to be engaged to make the calculations necessary to select a sample size and frame that can give statistically significant information about the programme.

Once the population sample is selected, biological samples will have to be obtained from female sex workers, after voluntary consent. This will be a vaginal swab for chlamydiosis testing. The results from laboratory testing will then be used to generate the numerical value of this indicator.

All data for indicators should be well documented, and the monitoring and evaluation results should be efficiently and properly analyzed and reported.

Once the population

sample is selected, biological samples will have to be obtained from female sex workers, after voluntary consent

Further information can be obtained from the publication *Monitoring and evaluation of 100% CUP in entertainment establishments* (refer to additional resource materials).

Group exercises

Evaluation of the feasibility of the recommended indicators

OBJECTIVE

To build consensus among participants regarding the methods by which a 100% CUP can be evaluated.

ACTIVITY

For each indicator, have the participants discuss in detail the feasibility and practicality of determining this indicator in their jurisdiction.

For each indicator, the questions that could be explored are:

1. Does this make sense? Is this going to give us needed information?
2. Is the indicator sensitive enough?
3. Is it objective?
4. Can it show trends?
5. Is it feasible? Can we really get this kind of information for FSWs, EEWs and entertainment establishments in this jurisdiction?
6. What is the risk in successful monitoring and evaluation of a 100% CUP?

What's Wrong?

OBJECTIVE

To assist participants to explore the principles of programme monitoring by presenting a problem that might be encountered.

ACTIVITY

Suppose, for the sake of discussion, that the indicators are being used for monitoring a 100% CUP.

Suppose further that after the first year, it has been determined that:

1. condom distribution has risen remarkably, BUT the proportion of FSWs reporting condom use with last client has not increased;
2. condom distribution has risen remarkably, the vast majority of FSWs report condom use with their last customers, and prevalence of chlamydial infection has decreased, BUT HIV infection remains too high;
3. condom distribution has risen remarkably and the vast majority of FSWs report condom use with their last customers, BUT both prevalence rates of chlamydial and HIV infections have not decreased, or even appear to be increasing.

Discuss what might be wrong here, how these situations could be explained and what kind of additional studies might be needed to uncover the underlying problem.

Consideration should be given to such issues as:

1. Is anything wrong? Were perhaps the original estimates on STI and HIV incorrect, or has there been a slight change in methodology between baseline and annual studies? Perhaps the data is not really comparable.
2. Is someone not telling the truth in interviews? How might the truthfulness of FSWs be evaluated?
3. Are there other external reasons that might cause STI or HIV to elevate in this population? Has there been, for example, an increase in intravenous drug use among sex workers?
4. What might a 100% CUP manager do if confronted with this kind of ambiguous evaluation?

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3. *Guidelines for the management of STIs in female sex workers*. Manila, World Health Organization Regional Office for the Western Pacific.
4. *Monitoring and evaluation of a 100% condom use programme in entertainment establishments*. Manila, World Health Organization Regional Office for the Western Pacific.
5. *Promoting condoms in clinics for sexually transmitted infections: a practical guide for programme planners and managers*. Manila, World Health Organization Regional Office for the Western Pacific, 2001.
6. *The role of public policy in prevention and control of sexually transmitted infections: a guide to laws, regulations and technical guidelines*. Manila, World Health Organization Regional Office for the Western Pacific, 1999.
7. *100% Condom Use Programme in entertainment establishments, 2000*. Manila, World Health Organization Regional Office for the Western Pacific, 2000.

Additional resource materials

The male latex condom. Geneva, WHO/UNAIDS, 1998. (WHO/RHT/FPP98.15, UNAIDS/98.12.)

Package including:

- Specification and guidelines for condom procurement;
- 10 fact sheets on topics including facts about latex condom, condom programming, quality assurance, promotion, logistics management, research, social marketing, synthetic condoms.
- Bibliography, and lists of organizations working in manufacturing, logistics and social marketing of condoms.
- Contains a copy of *The latex condom: recent advances, future directions*. Family Health International, 1998.

<http://www.unaids.org/publications/documents/care/mcondoms/JC003-MaleCondom-FactSheets.pdf>

<http://www.unaids.org/publications/documents/care/mcondoms/JC003-MaleCondom-Guidelines.pdf>

<http://www.fhi.org/en/fp/fpothor/conom/index.html>

Global initiative on reproductive health commodity management (and related publications). Geneva, United Nations Population Fund (UNFPA), 2001. <http://www.unfpa.org/tpd/globalinitiative/oldindex.htm>

The male condom technical update. Geneva, UNAIDS, 2000 (Best practice collection).

A technical summary of the issues, challenges and solutions regarding male condoms and HIV/AIDS, in English, French, Spanish, Russian.
<http://www.unaids.org/publications/documents/care/mcondoms/JC302-TU18-MaleCondom-E.pdf>

Evaluation of the 100% Condom Programme in Thailand. Geneva, Ministry of Public Health in Thailand and UNAIDS, 2000 (UNAIDS 00.18E).

Report of evaluation research that examined history, rationale, implementation of the Thai 100 per cent condom policy, and measured its success and limitations.
<http://www.unaids.org/publications/documents/care/general/JC-Condom-E.htm> *and pdf*

On the effectiveness of male latex condoms in preventing HIV and sexually transmitted infections (STIs). <http://www.who.int/inf-fs/en/fact243.html>

Family planning logistics guidelines: Guidelines for logistic managers. Centers for Disease Control and Prevention (CDC), 1993. Programme Services and Evaluation Section, 4770 Buford Highway, NE MSK-22 Atlanta GA 30341, USA, 1993.

Forecasting cookbook. John Snow Inc, 1995. John Snow Inc., Family Planning Logistics Management Project, 1616 North Fort Myer Drive, Arlington, VA 22209, USA. <http://www.johnsnow.org>

Instructions on the correct use of condoms: www.unaids.org/hivaidsinfo/faq/condom.html

Guide to adapting instructions on condom use. Geneva, World Health Organization, 1992 (WHO/GPA/CNP/92.1). Sw.fr. 9.-/US\$ 8.10 (In developing countries: Sw.fr.6.30) Order No. 1930038(Available in French)

A step-by-step didactic guide to the preparation of instructions for the correct use of condoms, whether for family planning purposes or for the prevention of AIDS and other sexually transmitted diseases. Addressed to staff in national AIDS programmes, the book aims to guide the writing and illustration of instructions that are both easily understood and appropriate to local attitudes and behaviours.

Social marketing: an effective tool in the global response to HIV/AIDS. Geneva, UNAIDS, 1998 (UNAIDS/98.26).

Explanation of the social marketing approach and how it has been applied to condoms. It justifies the use of social marketing, provides extensive data on sales of condoms and outlines some challenges. In French, Spanish and English versions.

http://www.unaids.org/publications/documents/supporting/communications/una98e26.txt_and_pdf.

Social marketing: expanding access to essential products and services to prevent HIV/AIDS and to limit the impact of the epidemic. Geneva, UNAIDS /PSI, 1999. Three case studies on condom social marketing in different developing countries, briefly described, includes female condoms, highlighting lessons learned. In French, Spanish and English versions.

http://www.unaids.org/publications/documents/supporting/communications/Social_Marketing_E.pdf

Global directory of condom social marketing projects and organizations. Geneva, UNAIDS, 2001.

A comprehensive catalogue of over 70 condom social marketing projects and programmes in more than 50 countries, with a summary description of each. Hardcopy only.

Condom social marketing: selected case studies. Geneva, UNAIDS, 2000. (UNAIDS/00.37E).

A collection of six case studies drawn from programmes around the world illustrating different ways to distribute condoms through social marketing.

http://www.unaids.org/publications/documents/supporting/communications/JC-CondSocMark-E.pdf_and_hm.

Female condoms: UNFPA Global Commodity Security Strategy

The female condom: a guide for planning and programming. Geneva, WHO/UNAIDS, 2000 (WHO/RHR/00.8, UNAIDS/00.12).

Developed to help design, implement and monitor the introduction of female condoms in a range of settings, based on real-life experiences from projects around the world.

<http://www.unaids.org/publications/documents/care/fcondoms/JC301-FemCondGuide-E.pdf>

Consultation on re-use of the female condom. Geneva, WHO/UNAIDS, 2000. Information update on the results of the international consultation on the safety and feasibility of re-use of the female condom convened by WHO and UNAIDS and which was held in Geneva on 5-7 June 2000.

http://www.who.int/reproductive-health/family_planning/female_condom/consultation_on_re-use_of%20female_condom_Durban.en.html

Launching and promoting the female condom in Eastern and Southern Africa. Geneva, UNAIDS, 1999 (UNAIDS/99.23).

A summary of the issues, challenges and lessons learned from countries regarding introduction of the female condom to their programmes.

<http://www.unaids.org/publications/documents/care/fcondoms/JC442-LaunFemCond-E.pdf>

The female condom and AIDS, UNAIDS point of view. Geneva, UNAIDS, 1998. A summary of the issues, designed for journalists and community leaders. English and French versions.
<http://www.unaids.org/publications/documents/care/fcondoms/fcondompve.pdf>

The female condom: an information pack. Geneva, WHO/UNAIDS, April 1997. Pack contains documents on female condom, providing information and educational materials, including questions and answers. Deals with programmatic and several technical issues. Studies are also listed.
NB: Currently out of print but to be updated and reissued in early 2001.

Sex and youth: contextual factors affecting risk for HIV/AIDS. Geneva, UNAIDS, 1999. (UNAIDS/99.26).
Contains a section on use of the female condom, gender relations and sexual negotiation.
<http://www.unaids.org/publications/documents/children/children/sexandyouth99.html>

WHO has a specific web page on female condoms: www.who.int/reproductive-health/family_planning/female_condom/female_condom_page.en.html