

Towards a Unified Approach

Inter-Agency Task Team
(IATT) on Comprehensive
Condom Programming



The Inter-Agency Task Team

In 2002, UNFPA, the United Nations Population Fund, was endorsed as lead agency for the Inter-Agency Task Team on Comprehensive Condom Programming (IATT/CCP). The team's purpose: to enhance condom programming on behalf of the United Nations system and other partners. The endorsement was made by the Committee of Co-sponsoring Organizations of the Joint UN Programme on HIV/AIDS (UNAIDS), comprising representatives of the International Labour Organization, the United Nations Office on Drugs and Crime, the UN Educational, Scientific and Cultural Organization, the UN Children's Fund, the World Health Organization and the World Bank.

According to a 2005 report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, there should be a clear division of labour among organizations providing technical support in response to AIDS. The role of the lead agency in the IATT/CCP, it says, should be to play a "proactive leadership role by taking a lead in global policy discussions regarding the technical support area, establishing global and regional support mechanisms for the delivery of country-level support, identifying gaps in the provision of support at country level, advising country-level stakeholders, stimulating demand and fundraising."

The team's mission

The IATT was created to:

- Mobilize the members of the development community to support the goal of comprehensive condom programming in a coordinated and strategic manner
- Assure that adequate levels of human, financial and technical resources are available on a sustainable basis to global and country stakeholders.

Membership

Membership in the IATT is open to governments, agencies and organizations that are playing, or could potentially play, a significant role in CCP leadership, programming, procurement, research and/or financing of the international response to HIV/AIDS and reproductive health.

Membership is for two years. Renewal of membership depends on active participation in the work of the IATT, including its various working groups. Proposed membership includes representatives of civil society, development partners, foundations, governments, multilateral organizations and the private sector.

Working groups

Time-bound working groups have been set up to implement the action plan of the IATT in the following areas: monitoring and evaluation, condom quality continuum, civil society advocacy, technical support to countries, and global advocacy/resource mobilization.

Each working group is intended to have at least three members, formulate a terms of reference and identify the roles of its supporting partners. Each group is also asked to develop and cost a roadmap of activities, delegate responsibility and monitor progress with brief semi-annual reports.

Each working group is led by one or two partners. Other members of the IATT are welcome to join the working group for technical support. Group members work closely together to lead advocacy, research and partnership-building in their thematic area of responsibility.

Coordination

The IATT is convened and coordinated by UNFPA, which participates in and contributes to each working group, ensuring timely outcomes. UNFPA also monitors the progress and outcomes of each group, ensuring cohesion among their activities, and convenes the wider IATT partnership group.

In its role as coordinator, UNFPA also helps plan the activities of the IATT to advance the working groups from undertaking specific, time-bound activities into leading and coordinating networks associated with the specific thematic areas that will move the CCP agenda forward.

UNFPA will create a web page to communicate information about each working group's plans, activities and achievements as well as the work of the IATT as a whole. It is expected that every member of the IATT will also publicize the team's work through his or her own organization.

The following is the conceptual framework under which the IATT operates. It concludes with a 10-step approach to scale up comprehensive condom programming in individual countries.

A Conceptual Framework for Comprehensive Condom Programming

Condom programming for dual protection is a means to ensure that persons at risk of sexually transmitted infections, including HIV, and/or unintended pregnancy are motivated to use male and female condoms, have access to quality condoms, and can use them consistently and correctly.

Comprehensive condom programming addresses the various components that go into such an effort, including leadership, coordination, demand, supply and support. All of these components, described in more detail below, must be considered if a programme to promote male and female condoms is to achieve maximum effectiveness.

LEADERSHIP AND COORDINATION

Coordination of partnerships to address gaps, leverage comparative advantages and ensure that CCP is integrated into other relevant programmes and interventions

Advocacy to increase awareness, ownership and commitment among government and local communities in order to reduce barriers to people's access and use of male and female condoms

Policies and regulations to make CCP part of an integrated strategy on sexual and reproductive health, including HIV prevention

Resource mobilization to ensure adequate human, financial and technical resources.

DEMAND, ACCESS AND UTILIZATION

Market research to understand consumer needs and preferences

Total market approach to maximize access through the public and private sectors, civil society, and social marketing channels

Targeted distribution that includes all potential condom users, including populations most at risk

Information, education and communication (IEC) & behaviour change communication campaigns to raise awareness of HIV and sexual and reproductive health, generate demand, and increase and sustain condom use by couples at risk

Social mobilization to create an enabling environment for behaviour change, including condom use.

SUPPLY AND COMMODITY SECURITY

Forecasting to ensure a reliable supply of commodities

Procurement of high-quality male and female condoms consistent with clients' needs and wants

Quality assurance at all levels

Warehousing and storage of condoms in a way that maintains the integrity of the commodities and their supply-chain

Distribution to providers and other outlets to serve clients' needs

Logistics management information system to support informed decision-making and **planning**.

SUPPORT

Advocacy to build momentum surrounding policy and regulatory change and to strengthen supportive environments

Social, behavioural and operations research to provide evidence that can inform and guide programme development and implementation

Capacity and institutional strengthening, including training for service providers, civil society organizations, and national regulatory authorities

Monitoring and evaluation to improve delivery and to measure the effectiveness and impact of condom use as well as the integration of condoms into the sexual and reproductive health/HIV prevention strategy and other sectors to maximize entry points for CCP

Documentation of programmes, processes, progress and results, along with dissemination of this information, to ensure transparency, accountability and the sharing of lessons.

The 10-Step Strategic Approach

DEVELOPMENT PHASE

STEP 1

Establish a national condom support team

Assemble a team from an existing reproductive health commodity security working group and/or HIV prevention committee. The team should include representatives from:

- Line ministries (such as health, finance, gender, education and tourism)
- Institutions working in family planning and sexual and reproductive health
- National AIDS council
- Local condom 'champions'
- Regulatory authorities responsible for local standards and quality assurance
- Donor community
- Civil society (including people living with HIV, young people, faith-based and non-governmental organizations)
- Social marketing organizations
- Private sector and business coalitions.

The purpose of the team is to provide guidance and support to government in developing and monitoring the national CCP strategy and operational plan. The team should have clearly designated roles and responsibilities.

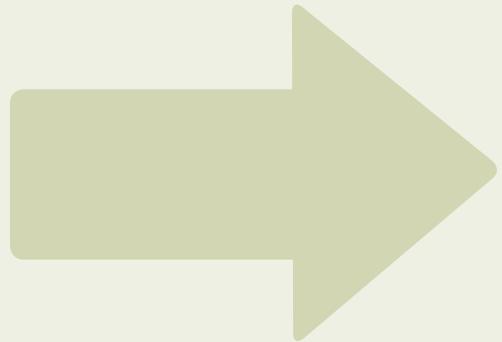
STEP 2

Undertake a situation analysis

Undertake a desk review of documents, reports and research pertaining to HIV and sexual and reproductive health to gain background information on the various components of the CCP framework (leadership and coordination; demand, access and utilization; supply and commodity security; and support).

Where information from the desk review is insufficient, collect data from the field (see the **CCP Rapid Needs Assessment and Strategic Planning Tool**).

Convene a stakeholders meeting to share findings from the situation analysis, build consensus and support, and agree on a concrete roadmap for scaling up condom programming efforts.



STEP 3

Develop a comprehensive and integrated national strategy for male and female condoms

Identify responsible agencies and/or stakeholders to implement and oversee coordinated activities in each of the following areas and, if possible, link them programmatically. The national strategy should reflect the components of the CCP framework:

Leadership and coordination

- Coordination of partnerships
- Advocacy
- Policies and regulations
- Resource mobilization

Demand, access and utilization

- Market research
- Total market approach
- Targeted distribution
- IEC and behaviour change communication materials
- Social mobilization

Supply and commodity security

- Forecasting
- Procurement
- Quality assurance
- Warehousing and storage
- Distribution to supply chains
- Logistics management information system

Support

- Advocacy
- Social, behavioural and operations research
- Capacity and institutional strengthening
- Monitoring and evaluation
- Documentation and dissemination.

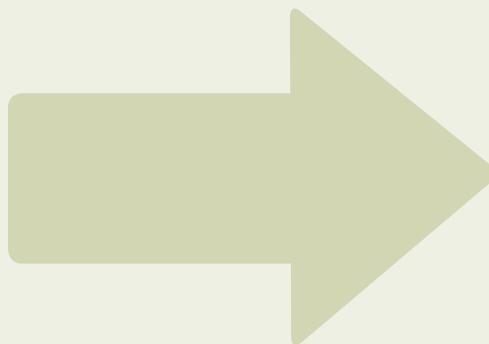
STEP 4

Develop a multi-year operational plan and budget

For each component of the national condom strategy, including integration with other programmes and the steps outlined below, ensure that the operational plan specifies:

- Activities
- Division of labour for each partner
- Time frame
- Cost
- Process indicators.

Most importantly, ensure the buy-in of key stakeholders, including 'gate-keepers', by including them in key programme decisions.



IMPLEMENTATION PHASE

STEP 5

Link the multi-year operational plan with the national commodity security plan

Link the operational plan, where possible, to the existing logistics system for essential drugs and reproductive health and HIV-related commodities, including systems for forecasting, procurement, distribution and warehousing.

If there is no reproductive health commodity security committee, the national condom support team should advocate for the establishment of one.

STEP 6

Mobilize financial resources

Based on the operational plan:

Identify available, committed and potential resources at the local, national, regional and global levels in the areas of HIV prevention; treatment, care and support; and sexual and reproductive health to scale up CCP.

Determine funding gaps in the operational plan.

Advocate and secure funds for implementation of the operational plan.

Develop a reporting system to provide routine feedback about programme implementation to donors.

STEP 7

Strengthen human resources and institutional capacity

Identify human resource capacity strengths and gaps and determine how these can be utilized or filled.

Identify institutional capacity strengths and gaps and determine how these can be utilized or filled.

Develop, obtain or adapt existing training materials (such as manuals, guidelines and demonstration models).

Train trainers, drawing from the public and private sectors, civil society and social marketers. Ensure standards are met and support is maintained.

Cascade training to service providers at different levels (for example, at the provincial, district and community level) and ensure quality of training.

STEP 8

Create and sustain demand for condoms

Conduct formative research, including market research, on preferences, target audience segmentation and values and perceptions that influence the use of male and female condoms.

Develop a communication strategy that includes key messages, target audiences, and channels for stimulating and sustaining demand.

Employ creative and nontraditional outlets for promoting and distributing condoms (such as condom dispensers, hair salons and youth centres).

Stimulate social mobilization of communities to ensure a supportive environment for male and female condoms.

STEP 9

Strengthen advocacy and engage the media

Initiate policy and regulatory analysis and dialogue.

- From the situation analysis, identify policy issues that require advocacy for change.
- Hold a stakeholders meeting to review policy issues and start the dialogue process.

Identify and strengthen condom 'champions'.

- Champions may be found in government, civil society, and among those providing reproductive health/family planning or HIV services or implementing related programmes.
- Strengthen technical and advocacy skills of condom champions through training.

Build coalitions and partnerships (through networking and engagement with civil society and other segments of society).

- Identify a wide range of stakeholders interested in working to improve the policy environment.
- Establish a common goal, mission statement, roles and responsibilities, and communication process.
- Develop and implement the advocacy plan.

Coordinate media outreach and capacity-building.

Develop a communication strategy to engage the media.

Provide sensitization and skills-building for journalists and members of the mass media.

STEP 10

Monitor programme implementation routinely, conduct research and evaluate outcomes

Incorporate the CCP monitoring & evaluation framework into the national M & E framework.

Review and update operational plan indicators.

Identify research areas and conduct research to support programme implementation.

Establish baselines.

- Identify milestones and intended targets.
- Update baseline data indicators and undertake a baseline study, as necessary.

Monitor programme implementation.

- Collect and analyse routine data on programme delivery among target populations (risk groups) and the various public-health interventions in which condom programming has been integrated.
- Hold regular review and planning meetings with the national condom support team.
- Share feedback from the review with implementing partners.
- Ensure that feedback is used by implementing partners to adapt, readjust and improve programme implementation.

Evaluation

- Conduct annual, mid-term and end-of-term evaluations.
- Provide feedback from evaluations to implementing partners.
- Evaluate overall impact of the national strategy.

Notes

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