



THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN**

NATIONAL AIDS CONTROL PROGRAMME



**THE NATIONAL
CONDOM DISTRIBUTION GUIDE**

January 2019.

Foreword

The threat posed by HIV and AIDS in the country is well felt at all levels. The country has made significant response in combating HIV and AIDS epidemic, hence resulted into a decline of HIV incidence and prevalence in the general population. The downward trend in HIV prevalence can be attributed to a combination of factors to include changes in sexual behavior especially in young people, provision of Antiretroviral Treatment (ART) and other HIV preventive efforts such as condom use. Condom is among the most promising strategies in reducing the risk of HIV transmission when used correctly and consistently.

Currently, condom accessibility at the grassroots remains a challenge. Thus, necessitate the development of a national condom distribution guide. The purpose is to strengthen the distribution component of the supply chain of condoms to meet the increasing demand by reaching those who are in need. Furthermore, to guide the distribution of condoms in a well-coordinated manner and shared responsibility among different players as described in the National Multi-sectoral Condom Strategy 2016-2018.

It expected that, key stakeholders (both national and international) will continue to play a key role in providing technical and financial support and take part in the implementation of this Guide.



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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
AMREF	African Medical Research Foundation
CBD	Community Based Distributors
CBO	Community Based Organization
CHAC	Council HIV/AIDS Coordinator
CHW	Community Health Workers
CMAC	Council Multi-sectoral AIDS Committee
CSO	Civil Society Organization
CTC	Care and Treatment Center
DACC	District AIDS Control Coordinator
DHIS	District Health Information System
DMO	District Medical Officer
DRCHco	District Reproductive and Child Health Coordinator
EHS	Environmental Health Section
FSW	Female Sex Workers
FP	Family Planning
HIV	Human Immunodeficiency Virus
ILS	Integrated Logistics System
M&E	Monitoring and Evaluation
MSD	Medical Stores Department
NACOPHA	National Council of People living with HIV and AIDS

NACP	National AIDS Control Programme
NGO	Non - Governmental Organization
OPD	Outpatient Department
PORALG	President's Office Regional Administration and Local Government
RCHS	Reproductive and Child Health Section
R/CHMT	Regional/Council Health Management Teams
SBCC	Social Behavior Change Communication
SHOPS	Sustaining Health Outcomes through the Private Sector
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TAYOA	Tanzania Youth Alliance
THIS	Tanzania HIV Impact Survey
TMA	Total Market Approach
TMARC	Tanzania Marketing and Communications
TOMSHA	Tanzania Output Monitoring System for HIV and AIDS
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WEO	Ward Executive Officer
WHO	World Health Organization
VEO	Village Executive Officer

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CHAPTER 1

Introduction

1.1 Background

The HIV prevalence has steadily decreased over the past decade from 7% in 2003 to 4.7% in 2016 (THIS, 2016). It is well documented that, consistent use of condoms significantly reduce the risk of HIV transmission (Holmes, K. et al., 2004; Weller, S. et al., 2002; Smith, D. K. et al., 2015). According to a position statement on condoms by UNFPA, WHO & UNAIDS in 2015, male and female condoms are the only device that both reduce the transmission of HIV, other STI's and unintended pregnancies. Condoms have played a big role in HIV, STI and pregnancy prevention efforts in many countries (Boily, M.C. et al., 2013; Johnson, L. F. et al., 2012; Haperin, D. T. et al., 2011; Rachakulla, H. K. et al., 2011).

Increasing the availability and accessibility of condoms through targeted distribution programmes is an essential component of HIV response. In Tanzania, condom distribution through health facilities and social marketing sector have increased condom accessibility among different groups in the general population. Male condoms are readily available in health facilities, traditional commercial outlets and some hotspots. However there are still disparities among population subgroups and deficits in condom use during high risk sexual encounters in general. It is reported that, among sexually active population (15+ years) , only 35.0% of men and 27.4% of women reported to have used a condom with a non-marital, non-cohabiting partner the last time they had sex (THIS, 2016).

More efforts are still needed to promote and distribute condoms throughout the country so that people engaged in risky sexual behavior in hotspots and other areas can obtain condoms from various outlets and sources as long as they are easily accessible.

1.2 Rationale for the National Condom Distribution Guide

The need to have the National Condom Distribution Guide is identified by the National Multi - Sectoral Condom Strategy 2016 -2018 which provides directives on the development of condom distribution guide. It requires that, there should be in place a multi-sectoral approach for condom distribution with clear developed guidelines stipulating the modalities of ordering, delivery, storage and reporting from health facilities to CSO's, community based groups, other government sectors and departments.

The Health Sector HIV and AIDS Strategic Plan 2017-2022 also identifies the need to expand the distribution of public sector condoms beyond public health facilities by establishing strategic community distribution points alongside establishing the M & E system for condom programming. These strategies among other things aims at increasing the percentage of women and men engaged in risky sexual behaviors who reports the use of condoms at last sexual encounter.

1.3 Purpose of the Guide

This guide aims at strengthening the distribution component of the supply chain of condoms to reduce unmet needs through increasing demand and utilization of condoms. Furthermore, to guide the distribution of condoms in a well-coordinated manner and advocate for shared responsibility among different players.

1.4 Guiding Principles

Successful implementation of this guide shall base on the following guiding principles:

- i. **Forecasting and quantification:** Estimating the quantities and needs of the products required and determining when the products should be delivered to ensure an uninterrupted supply.
- ii. **Availability:** Ensure the availability of condoms to target populations based on established demand through timely ordering and distribution.

- iii. **Quality:** Ensure and maintain the quality of condoms through appropriate quality assurance measures
- iv. **Targeting:** Positioning resources towards underserved segments with the highest need (age, sex, high risk groups e.t.c)
- v. **Accessibility:** Identify appropriate areas for condom placement by considering privacy and confidentiality. Advocate for condom dispensers and refill.
- vi. **Acceptability:** Consider social-cultural values, knowledge and preferences
- vii. **Involvement:** Consider Public - Private - Partnership in condom distribution
- viii. **Documentation:** Ensure proper recording and reporting

CHAPTER 2

Condom Distribution Structure

Preamble

The country embraced a total market approach (TMA) to expand the accessibility of condoms through public, private and social marketing sectors. The use of a TMA can help improve the extent to which all people in need of condoms are able to access them, regardless of their income or social status. The private and social marketing sectors have a strong logistics system for warehousing and distribution. The number of condoms distributed through social marketing have continued to increase. The National Multi-sectoral Condom Strategy 2016-2018 identified the need for public sector to distribute condoms beyond health facilities to make them available in diverse settings.

2.1 The condom distribution structure: Flow of commodities

The designed structure below (Figure 1) highlights the condom distribution flow from source to end users. The MOHCDGEC shall maintain its responsibility to procure condoms through MSD who shall distribute condoms to regions through MSD Zonal Distribution Centers.

The MSD Zonal Distribution Centers shall issue/ deliver condoms to health facilities with codes at MSD. These facilities shall be the central distribution points for condoms to other outlets within their catchment areas. Therefore, these facilities shall issue condoms to identified primary outlets within their respective catchment areas. At this point, CHAC, DACC, DRCH-co and the District Pharmacist in collaboration, shall play a coordination role to facilitate the availability of condoms to primary outlets.

Subsequently, the primary outlets shall distribute/ issue condoms to secondary outlets. A clear line of communication and feedback shall be maintained among the MOHCDGEC, MSD and health facilities with codes at MSD.

Social marketing organizations/enterprises and other implementing partners who support the government with procurement and distribution/sale of subsidized condoms shall maintain their normal procurement and distribution system, however they shall adhere to national standards and report periodically to districts (DHIS-2) and the MOHCDGEC to enable the establishment of the country's condom needs.

The recording and reporting mechanism are detailed under monitoring and evaluation in chapter three.

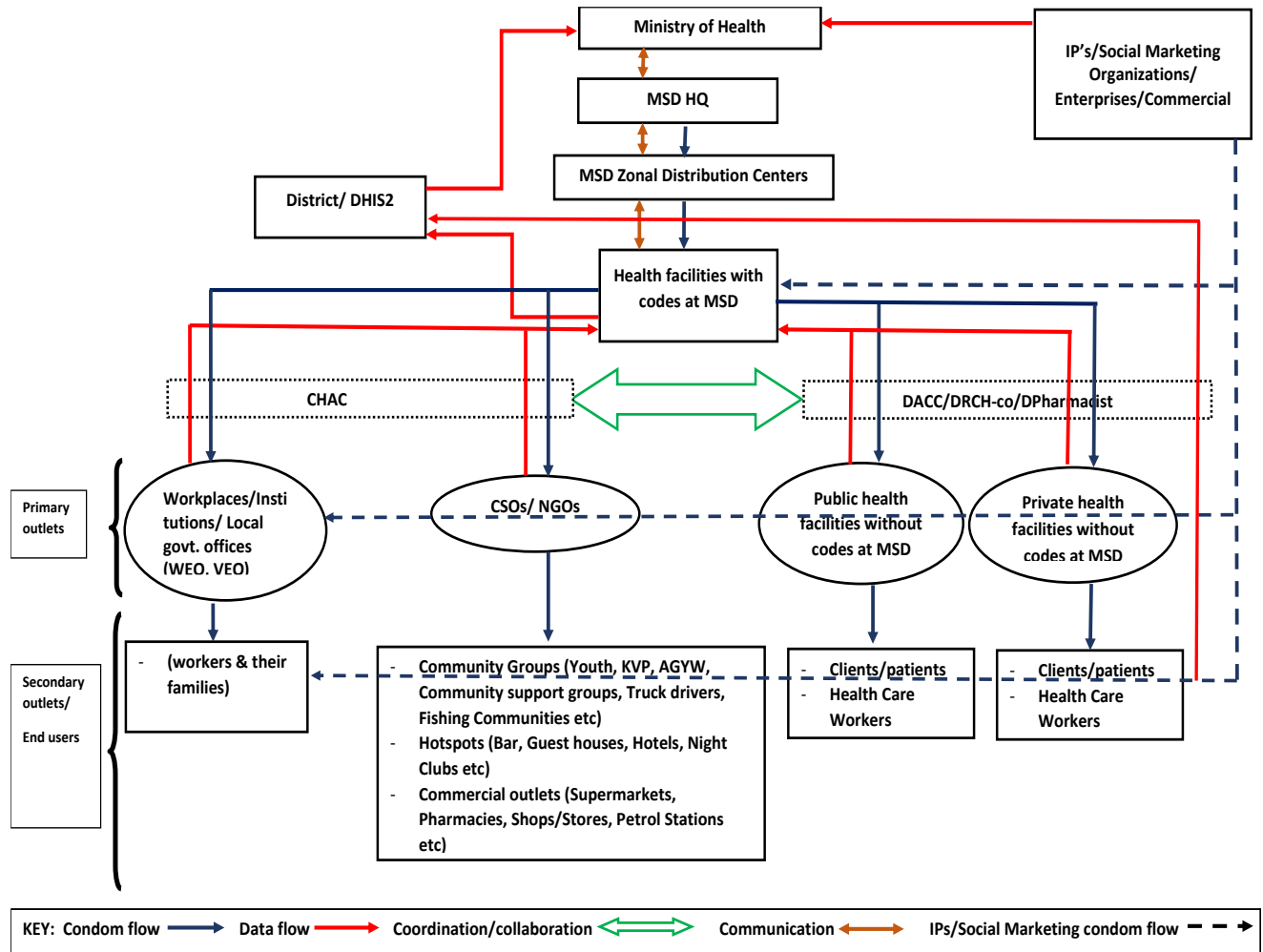


Figure 1: The structure for condom distribution

2.2 Specific guidelines for each player involved in condom distribution

2.2.1 The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)

The MoHCDGEC being a central organ responsible for policy formulation and overseeing its implementation, through the National AIDS Control Programme (NACP), Reproductive and Child Health Section (RCHS) and cross sector collaboration, shall do the following to ensure the availability of condoms and an optimum distribution system in the country:-

- Develop and update guidelines on condom programming in collaboration with TACAIDS and other stakeholders

- Provide technical oversight, training, supportive supervision on condom programming to sub-national levels and other stakeholders
- Mobilize resources for condom procurement and distribution
- Coordinate national forecasting and quantification for condoms
- Build capacity to sub-national levels on condom forecasting and reporting
- Host and maintain a refined, complete, accurate and secure condom database
- Perform comprehensive data analyses, interpretation, sharing and dissemination to sub-national levels and other stakeholders
- Provide guidance and tracking mechanisms on de-duplication of condom supply report at sub-national levels
- Conduct quality assurance of condoms throughout procurement and distribution chain
- Conduct evaluation and market research on condoms and ensure utilization of findings
- Spearhead targeted SBCC campaigns and generic condom promotion
- Operationalize the national condom sub-committee
- Provide overall stewardship of the condom market by supporting and monitoring all sectors (public, commercial and social marketing) involved in the procurement, financing and distribution of condoms in Tanzania.
- Coordinate the implementation of the National Condom Distribution Guide

2.2.2 The Regional and Council Health Management Teams (R/CHMT)

The R/CHMT being a subnational organ responsible for policy translation, overseeing (Region) and implementation (Council), shall ensure the availability of condoms and an optimum distribution system in the region as follows:-

- Coordinate regional and council forecasting and quantification for condoms.
- Build capacity to council, health facilities and other stakeholders on condom quantification, forecasting and reporting.
- Maintain a complete, accurate condom quantification, forecasting and distribution reports.
- Perform data analyses, interpretation, sharing and dissemination to H/F's and other stakeholders.

- Conduct quality assurance and supportive supervision on condoms distribution in their jurisdiction.

2.2.3 Social Marketing Organizations supported by development partners

These stakeholders shall contribute the following in support of condom availability and distribution efforts in the country:

- Mobilize resources to support condom procurement and distribution
- Report on condom procurement, distribution and their coverage to the MoHCDGEC
- Supervise the distribution and monitor the quality of condoms at the distributor/sales points and hotspots
- Support on public sector condom distribution and re-distribution
- Support improvement of condom supply chain infrastructures
- Brand and promote high quality condoms

2.2.4 Other Implementing partners - NGO's, CSO's e.t.c

The administrations of relevant Implementing partners, NGO's, CSO's shall ensure that condoms are available for their relevant interventions and target groups. They shall also be responsible for conducting condom needs assessment, ordering through the CHAC, dispensing and documenting (reporting) condom interventions and participating in national quantification exercises. These Organizations are also expected to collaborate with the CHAC in their respective councils in condom forecasting, quantification, ordering, distribution and programming.

2.2.5 Commercial distributors and other private condom suppliers

Commercial condom suppliers shall be involved in planning activities relating to the quantification and programming of the national condom supply to the extent possible. The presence of commercial condom brands distributed and promoted with private sector is essential to ensuring the long-term sustainability of the national condom supply. Commercial distributors and other private condom suppliers shall participate during national condom quantification and planning in order to address identified supply gaps. These shall contribute the following in support of condom availability and distribution efforts in the country:

- For the purposes of national condom planning and programming, periodically provide information on condom volumes and distribution coverage to the MoHCDGEC.
- Supervise the distribution and monitor the quality of their condom brands at the distributor and sales points.
- Support improvement of commercial condom supply chain infrastructures.
- Brand and promote high quality condoms.

2.2.6 Medical Stores Department Headquarters (MSD HQ)

MSD as one of the organs within the MoHCDGEC which develop, maintain and manage an efficient and cost-effective logistics system of procurement, storage and distribution of approved essential medical supplies including condoms, for public health facilities, shall maintain the following responsibilities to ensure an uninterrupted supply of condoms :-

- Procure condoms timely based on established national condom needs
- Receive condoms from suppliers/manufacturers as per established receiving procedures
- Provide storage and management of condoms as per required standards
- Distribute condoms to zonal stores/ distribution centres
- Keep records and reports on condom request and distribution status
- Conduct monitoring, evaluation and internal audit on condom request and distribution at zonal stores
- Ensure quality and clearance of condom commodities
- Account for quantity of stock-on hand and those at risk of expiring or damage or no longer in use
- Report routinely to the MOHCDGEC's Permanent Secretary for Health the Key Performance Indicators

2.2.7 Medical Stores Department Zonal Distribution Centres shall:

- Provide storage and management of condoms as per required standards
- Receive orders/requests from health facilities with code, consolidate and submit to MSD headquarters for replenishment

- Distribute condoms to health facilities with code at MSD
- Keep records and reporting on condom request and distribution status
- Facilitate timely and accurate replenishment of stock-outs and emergency orders
- Distribute logistics tools to health facilities during routine deliveries

2.2.8 Health facilities with code at MSD

These facilities, in addition to serving as central distribution points for condoms to other outlets within their catchment areas, they shall also ensure the following are implemented:-

- Conduct mapping to identify existing primary outlets within their catchment areas. This must involve DACC, CHAC and DRCHco and the following shall be executed:
 - The facilities shall engage the Health Facility Governance Committees in identifying outlets in the community. The secretary for these committees are in charge of facilities and the chairperson and other members comes from the community.
 - A focal person, from the community, who is a member of the Health Facility Governance Committee shall be appointed.
 - A focal person shall be trained on condom needs identification and filling of M&E tools.
 - A focal person shall work in collaboration with CHAC to collect summary forms from community outlets.
- Establish condom needs by taking into consideration the needs of all available outlets within their catchment areas.
- Place order/request to MSD zonal office through the DMO's office during each ordering cycle.
 - At the DMO's office, the contact person shall be the District Pharmacist who is in charge of all health commodities in the district. He/she shall be responsible to ensure that orders are placed and consignments are received accordingly.
- Receive and verify condom consignment according to orders placed
- Ensure safety, proper storage of condoms and daily back up of information

- Issue condoms at each service delivery point within the health facility.
- Issue condoms to identified primary outlets within their catchment areas. The distribution of condoms to these primary outlets must be facilitated by DACC, CHAC and DRCHco collaboratively
- Perform physical counting of condoms at specified time to ensure proper inventory management
- Monitor and supervise primary outlets on condom promotion and distribution. This must involve DACC, CHAC and DRCHco

2.2.9 DACC, CHAC, DRCHCo and District/Council Pharmacist

In collaboration DACC, CHAC, DRCHCo and District/Council Pharmacist shall play a coordination role in creating an enabling environment for condom accessibility at primary outlets. They shall:-

- Conduct and supervise quantification and forecasting of condom requirement in their jurisdiction
- Conduct mapping to identify existing primary and secondary outlets within their respective councils
- Coordinate forecasting, quantification requests and reporting of condoms within their respective councils
- Facilitate the availability and distribution of condoms to health facilities and other outlets in the community
- Conduct orientation on demonstration of condom use to health care providers and other players involved in condom distribution
- Conduct supportive supervision on condom distribution at all outlets
- Report implementation on condom distribution at Council Multi-sectoral AIDS Committee (CMAC) – (CHAC shall carry out this responsibility)
- Facilitate timely re-distribution of condoms to health facilities and community outlets with condom stock-outs
- Ensure availability of condoms during various community services and outreach activities

- Receive training on condom data collection tools and DHIS-2 and facilitate entry of condom data into DHIS - 2.
- Capacity building on standardized condom data collection tools to health care providers and other players involved in condom distribution
- Monitor condom distribution at the primary outlets.

2.2.10 Primary outlets

The overall function of these outlets is to distribute condoms to secondary outlets. Specifically, primary outlets shall carry out the following functions:-

- Identify /map areas with unmet need for condoms in their vicinity.
- Establish condom needs and deliver their request to the respective health facilities (the supplying facility with MSD code)
- Create awareness on correct and consistent use of condoms to end users
- Distribute condoms to secondary outlets (end users)
- For those which are health facilities (public and private health facilities with no code at MSD) shall issue condoms at each service delivery point
- Keep records on the number of condoms received and distributed and submit reports to a respective health facility
- Consolidate views on condom accessibility from secondary outlets (end users)

Note: Health facilities without code at MSD (public and private) are categorized as primary outlets, these too shall issue condoms at each service delivery point as way of maximizing condom distribution points.

2.2.11 Secondary outlets (end users)

These are the end users of condoms, they are either individuals or groups within the community. Below are their responsibilities in support of condom availability and distribution efforts:-

- Create user-friendly environment for accessibility of condoms through supporting the distribution of condoms to other individuals or groups
- Verify condom expire date and intactness
- Use condoms correctly and consistently
- Echo-out views on condom accessibility, acceptability and use

CHAPTER 3

Monitoring and evaluation

Preamble

The Monitoring and Evaluation system (M&E) system for condom programming is critical to inform on availability, coverage as well as performance against set targets on condom distribution. The system also responds to the national and International reported condom indicators. The portrayed M & E system describe the recording and reporting system for the condom programming intervention in the country which shall capture all information from national down to the community level through appropriate recording and reporting tools.

3.1 Recording system for condoms

Data shall be recorded in the respective recording or reporting tools as follows:-

3.1.1 Number of condoms imported in the country

The Medical Stores Department (MSD), Social Marketing Organizations, Commercial and other private condom distributors shall record the total number of male and female condoms imported annually in the *reporting tool for male and female condoms imported annually* (Annex 1). Each organization shall record a total number of pieces imported for both male and female condoms.

3.1.2 Condoms received in health facilities

(Both health facilities with codes at MSD and public & private health facilities without codes at MSD)

Health facilities shall record a number of condoms (male and female condoms) received in the *Daily register for condoms received at the health facility* (Annex 2). These include public sector condoms as well as those donated by implementing partners/Social marketing organizations. Information on the number of male and female condoms pieces, name of the organization issuing the condoms to the health facility as well as

the name and contact details of the person issuing the condoms and that of the receiving officer at the health facility shall be recorded. Data from daily register shall then be summarized quarterly using the *Quarterly report for male and female condoms received at the health facility (Annex 3)*.

3.1.3 Condoms issued or distributed at health facilities

(Both health facilities with codes at MSD and public & private health facilities without codes at MSD)

This guide requires all health facilities to issue condoms at each service delivery point within the facility e.g. FP clinics, CTC, OPD e.t.c. Therefore, data on condom issued via various service delivery points within the facility and those issued to community outlets (issuing to community outlets applies to health facilities with codes at MSD) shall be recorded daily in the *Daily register for condoms issued from the Health facility (Annex 4)*. These also include condoms placed in dispensers/condom pick points within the health facility. Service provider from respective departments/service delivery points where condoms are issued shall be responsible for filling out the recording tools. For example, condoms issued at OPD/refilled in OPD dispensers are recorded by a provider from the OPD on the same day. Information to be recorded in the daily register shall include the number of male or female condom pieces, the condom brand as well as the name and contact details of the person refilling the dispenser. The custodian of condoms at the health facility pharmacy who issues condoms to different departments shall record his/her name, phone number and sign the register. Data from Annex 4 shall be summarized quarterly using the *Quarterly report for male and female condom issued from the health facility (Annex 5)*.

3.1.4 Condoms distributed to community outlets

The condoms distributed to community outlets (workplaces/institutions, local government offices, CSO's, NGO's e.t.c) shall be recorded in the *Daily register for condoms issued in the community by CHACs tool (Annex 6)*. CHAC in collaboration with administrations of relevant community outlet shall record the number of male and female condoms issued daily to a respective outlet whereas the recipient of these

condoms shall record their names, contacts and sign to confirm receipt. Data from Annex 6 shall be summarized using the *Quarterly report for condom issued to the community* (Annex 7

3.2 Condom program data flow

The National condom sub-committee shall receive the report on number of condoms imported in the country (From Annex 1 tool). The National condom sub-committee shall also receive the number of public sector and social marketing condoms distributed through three channels (i) DHIS-2 (ii) CMAC report via PORALG and (iii) TOMSHA report via TACAIDS as described below:

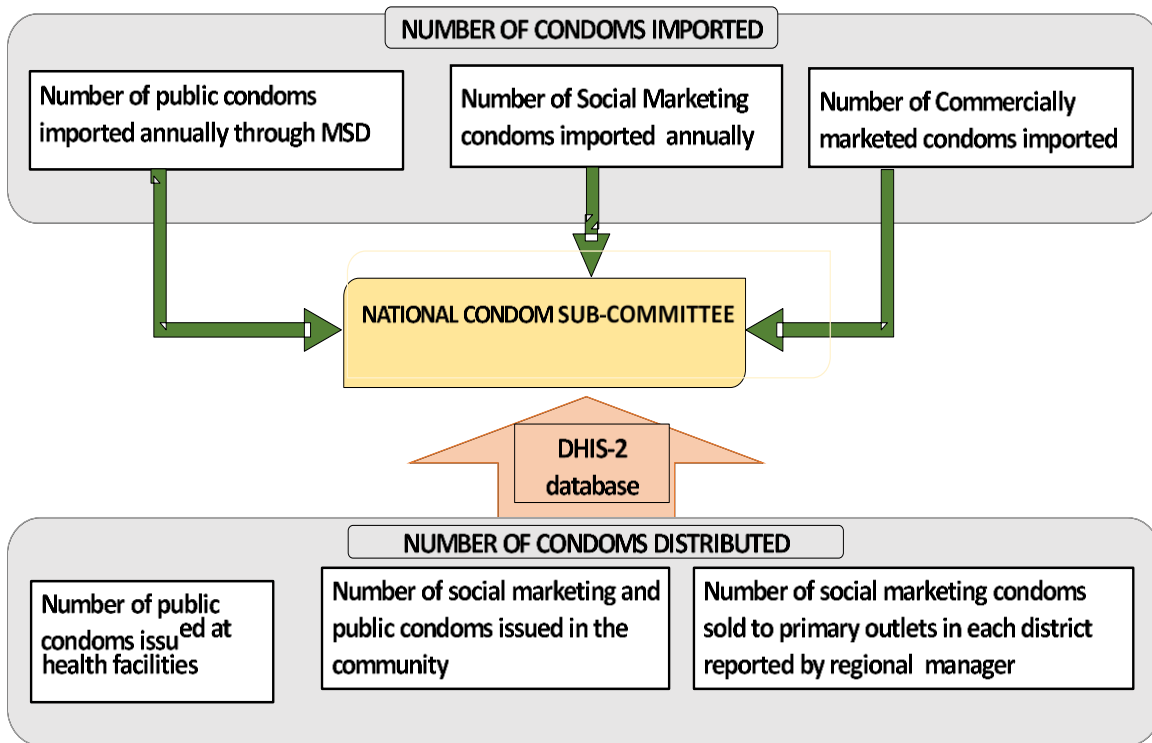


Figure 2: Illustration showing reporting channels for the condom M&E system

3.3 Condom reports through DHIS-2

The DHIS-2 is the main source of information for monitoring and evaluation of the condom program. Monthly reports for condoms distributed via different channels, by different actors shall be reported. The DHIS-2 condom data allows easy and timely access of information for monitoring condom flow to end users.

3.3.1 Report of condom issued or distributed at health facilities

- Condom issued or distributed at health facilities shall be reported by DACC.
- DACC shall summarize quarterly information from the *Daily register for condoms issued from the health facility* (Annex 4) using the *Quarterly report for male and female condom issued from the health facility* tool (Annex 5) and enter the information into DHIS-2.

3.3.2 Report of condoms distributed to community outlets

- Condoms distributed to community outlets (workplaces/institutions, local government offices, CSO's, NGO's e.t.c) shall be reported by DACC in collaboration with CHAC.
- In charges of administration of identified outlets shall be responsible to fill out the *Daily register for condoms issued to the community* (Annex 6) tool handled to them by CHAC.
- CHAC shall summarize quarterly information from the *Daily register for condoms issued to the community* (Annex 6) using the *Quarterly report for condom issued to the community* (Annex 7) and deliver the summary report to DACC who will enter the information into DHIS-2.

3.3.3 Report of condoms distributed by social marketing organizations/sold by commercial outlets

- Condoms distributed by social marketing organizations/sold by commercial outlets shall be reported by DACC.
- Representative of social marketing organizations and Districts commercial retailers shall fill out the *Quarterly report for social marketing condoms sold in the district*

(Annex 8) and deliver the summary report to DACC who will enter the information into DHIS-2.

3.4 TOMSHA and CMAC Reports

Monthly report on condoms distributed by CHAC's to the community shall be reported through TOMSHA report to TACAIDS and through the CMAC report to PORALG as usual. Both CMAC and TOMSHA reports on condoms distributed in the community shall be reported to the National Condom Sub-committee through representatives from PORALG and TACAIDS in the committee. With this, the data from DHIS2, TOMSHA and CMAC are harmonized. (Figure 3).

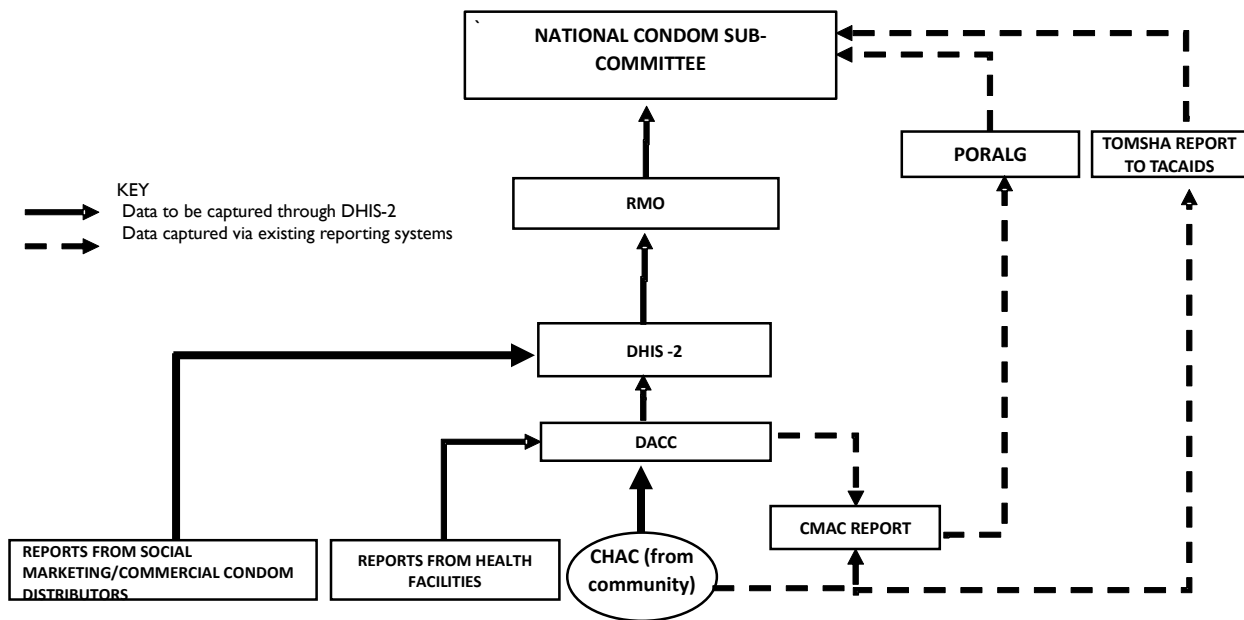


Figure 3: Harmonization of data from DHIS2, TOMSHA and CMAC

Annex 1: Reporting tool for main condom importers

REPORTING TOOL FOR MALE AND FEMALE CONDOMS IMPORTED ANNUALLY			
Name of organization		Reporting year	
Type of organization <i>(Put a tick ✓ where appropriate)</i>	Public		
	Social marketers		
	Commercial distributors		
Name of reporting personnel:	Designation:	Mobile #:	Email:
Total number of condoms imported during the reporting year			
Male condoms			
Female condoms			
Date of reporting (dd/mm/yyyy)	_____		
Signature	_____		

Annex 2: Recording tool for condoms received at the health facility

DAILY REGISTER FOR CONDOMS RECEIVED AT THE HEALTH FACILITY									
REGISTERED NAME OF HEALTH FACILITY.....									
DISTRICT.....			COUNCIL.....			REGION.....			
DATE CONDOM RECEIVED	TYPE OF CONDOM	CONDOM BRAND[2]	NUMBER OF CONDOM PIECES [3]	NAME OF ISSUING ORGANIZATION[4]	NAME OF PERSON ISSUING CONDOMS	PHONE NUMBER OF PERSON ISSUING CONDOMS	SIGNATURE OF PERSON ISSUING CONDOMS	NAME OF H/F OFFICER RECEIVING CONDOMS	SIGNATURE OF THE H/F OFFICER RECEIVING CONDOMS
dd/mm/yyyy	1. MALE 2. FEMALE								
TOTAL CONDOM PIECES RECEIVED									
Date of report closure (dd/mm/yyyy) _____ Name of the officer reporting _____ Signature of the reporting officer _____							[1] Fill in 1 for Male condom and 2 for female condoms [2] Fill in condom brand name e.g Salama,Dume,Famillia [3] Fill in number of single condom pieces <i>not</i> packs [4] Fill in name of organization delivering condoms eg PSI		

Annex 3: Quarterly reporting tool for condoms received at the health facility

QUARTERLY REPORT FOR MALE AND FEMALE CONDOMS RECEIVED AT THE HEALTH FACILITY			
REPORTING DATE (dd/mm/yyyy).....		REPORTING PERIOD.....(e.g Jan-March)	
NAME OF HEALTH FACILITY.....		REPORTING YEAR.....	
DISTRICT.....		COUNCIL.....REGION.....	
SOURCE[1]	CONDOM BRAND	NUMBER OF MALE CONDOM PIECES[2,3]	NUMBER OF FEMALE CONDOM PIECES[2,3]
MSD			
PSI			
T-MARC			
Other.....(specify)			
Other.....(specify)			
Other.....(specify)			
TOTAL MALE AND FEMALE CONDOMS RECEIVED			
Date of report closure (dd/mm/yyyy)		[1] Fill in name of organization delivering condoms eg PSI [2] Fill in condom brand name e.g Salama,Dume,Famillia [3] Fill in number of single condom pieces <i>not</i> packs	
Name of the officer reporting			
Signature of the reporting officer			

Annex 4: Daily register for condoms issued at the health facility

DAILY REGISTER FOR CONDOMS ISSUED FROM THE HEALTH FACILITY								
NAME OF HEALTH FACILITY								
DISTRICT COUNCIL REGION								
DATE OF ISSUING	TYPE OF CONDOM	CONDOM BRAND[2]	NUMBER OF CONDOM PIECES[3]	NAME OF RECEIVING PERSON/ORGANIZATION/OUTLET[4]	PHONE NUMBER OF THE RECIPIENT	SIGNATURE OF THE RECIPIENT	NAME OF THE PERSON ISSUING	SIGNATURE OF THE PERSON ISSUING
dd/mm/yyyy	1. MALE 2. FEMALE							
TOTAL CONDOM PIECES ISSUED								
Date of report closure (dd/mm/yyyy)							[1] Fill in 1 for Male condom and 2 for female condoms	
Name of the officer reporting							[2] Fill in condom brand name e.g Salama,Dume,Famillia	
Signature of the reporting officer							[3] Fill in number of single condom pieces not packs	

Annex 5: Quarterly report for condoms issued at the health facility

QUARTERLY REPORT FOR MALE AND FEMALE CONDOMS ISSUED AT THE HEALTH FACILITY REPORTING DATE (dd/mm/yyyy).....REPORTING PERIOD.....(e.g Jan-March) NAME OF HEALTH FACILITY.....REPORTING YEAR..... DISTRICT..... COUNCIL.....REGION.....		
	NUMBER OF CONDOMS DISPENSED	
	MALE CONDOMS	FEMALE CONDOMS
CTC		
FP CLINIC		
OPD		
CHAC		
COMMUNITY OUTREACH		
COMMUNITY GROUPS		
.....(Specify)		
.....(Specify)		
.....(Specify)		
TOTAL NUMBER OF CONDOMS RECEIVED		
Date of report closure (dd/mm/yyyy)		
Name of the officer reporting		
Signature of the reporting officer		

Annex 6: Daily register for condoms issued to the community

DAILY REGISTER FOR CONDOMS ISSUED IN THE COMMUNITY BY CHACs						
NAME OF CHAC.....						
DISTRICT.....		COUNCIL.....			REGION.....	
DATE OF ISSUING dd/mm/yyyy	TYPE OF CONDOM[1] 1. MALE 2. FEMALE	CONDOM BRAND[2]	NUMBER OF CONDOM PIECES[3]	NAME OF RECEIVING OUTLET[4]	PHONE NUMBER OF THE RECIPIENT	SIGNATURE
TOTAL CONDOM PIECES ISSUED						
Date of report closure (dd/mm/yyyy)					[1] Fill in 1 for Male condom and 2 for female condoms	
Name of the officer reporting					[2] Fill in condom brand name e.g Salama,Dume,Famillia	
Signature of the reporting officer					[3] Fill in number of single condom pieces <i>not</i> packs	
					[4] Fill in name of outlet/CSO receiving condoms	

Annex 7: Quarterly report for condoms issued to the community

QUARTERLY REPORT FOR MALE AND FEMALE CONDOMS ISSUED IN THE COMMUNITY BY CHACCs REPORTING DATE (dd/mm/yyyy).....REPORTING PERIOD.....(e.g Jan-March) NAME OF CHACC.....REPORTING YEAR..... DISTRICT..... COUNCIL.....REGION.....		
NAME OF RECEIVING OUTLET(Specify)	NUMBER OF CONDOMS DISPENSED	
	MALE CONDOMS	FEMALE CONDOMS
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
TOTAL NUMBER OF CONDOMS ISSUED		
Date of report closure (dd/mm/yyyy)	_____	
Name of the CHACC reporting	_____	
Signature of the reporting CHACC	_____	

Annex 8: Quarterly report for social marketing condoms issued in the community

QUARTERLY REPORT FOR MALE AND FEMALE SOCIAL MARKETTING CONDOMS SOLD IN THE DISTRICT REPORTING DATE (dd/mm/yyyy).....REPORTING PERIOD.....(e.g Jan-March) NAME OF SOCIAL MARKETING ORGANIZATION.....REPORTING YEAR..... DISTRICT.....REGION.....		
NAME OF OUTLET(Specify)	NUMBER OF CONDOMS SOLD	
	MALE CONDOMS	FEMALE CONDOMS
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
.....(Specify)		
TOTAL NUMBER OF CONDOMS SOLD		
Date of report closure (dd/mm/yyyy)	_____	
Name of the sales agent reporting	_____	
Signature of the reporting sales agent	_____	

Annex 9: Proposed indicators and their reporting and recording tools

PROPOSED INDICATORS	INDICATOR DEFINITION	VARIABLE	INDICATOR DISAGGREGATES	REPORTING PERIOD	PROPOSED RECORDING TOOL	PROPOSED REPORTING TOOL
Number of condoms imported into the country (through MOHCDGEC/MSD, donors, Commercial and social marketing)	Absolute number of condoms imported by public, social marketers and commercial distributors in the last 12 months	Number of condoms Number of condom importers	1. Males and female condoms 2. Type of condom importer; Public/Social market/Commercial sector	Annually	Organization register/database	Annex 1; Reporting tool for main condom importers
Number of condoms received at the health facility during the reporting period	Absolute number of condoms received at the health facility from public, social marketing organization, commercial distributors or any other condom donor	Number of condoms Number of condom sources	1. Number of Male and Female condoms 2. Types of condoms-public, social marketing, commercial	Quarterly	Annex 2; Recording tool for condom received at the health facility	Annex 3; quarterly reporting tool for condoms received at the health facility
Number of condoms distributed at service delivery points in the health facilities during the reporting period	Absolute number of male and condoms issued in the health facility through service delivery points e.g. CTC, OPD, FP	Number of condoms Number of service delivery points	1. Number of Male and Female condoms 2. Number of service delivery points issued with condoms 3. Type of condoms; public/Social marketing	Quarterly	Annex 4; Daily register for condoms issued at the health facility	Annex 5; Quarterly report for male and female condoms issued at the health facility
Number of condoms distributed in the community by CHACCs during the reporting period	Absolute number of condoms received at the health facility from public, social marketers or commercial distributors at the reporting quarter	Number of condoms Number of outlets	1. Number of Male and Female condoms distributed in each district 2. Name of outlet issued with condoms	Quarterly	Annex 6 Daily register for condoms issued to community by CHACCs	Annex 7: Quarterly report for male and female condoms issued in the community by CHACCs
Number of socially marketed condoms sold to retailers in each district	Absolute number of social market condoms issued to retailers in each district in the reporting quarter	Number of outlets Number of condoms	1. Number of outlets issued with condoms in each district 2. Number of males and female condoms issued in each district	Quarterly	Organization sales register/database	Annex 8: Quarterly report for male and female condoms sold in the district

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