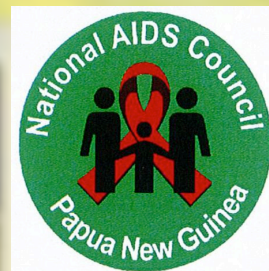


**Social Science
Dimensions**



**Papua New Guinea
Companion Product
Condom Distribution
Project**

**Report on Pre-Trial
Pilot Study**

September 2013

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Report on Pre-Trial Pilot Study

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Acronyms and Abbreviations

CCP	Comprehensive Condom Program/Programming
CPCD	Companion Product Condom Distribution
LLG	Local Level Government
NACS	National AIDS Council Secretariat
NSCCP	National Strategy on Comprehensive Condom Programming
PACS	Provincial AIDS Council
SSD	Social Science Dimensions
STI	Sexually Transmitted Infection

1. Introduction and Key Findings and Policy Considerations

The Papua New Guinea (PNG) Companion Product Condom Distribution (CPCD) project seeks to trial the distribution of condoms included in the packaging of companion products. The objective of the project is to overcome logistical challenges associated with the distribution of condoms in rural PNG, such as the stock-out of male condoms found to have occurred in Kiriwina in Milne Bay Province during the first half of 2013 for a period in excess of two months.¹ Specifically, the project partners intend to trial the distribution of condoms by including them in cartons of popular laundry soap that are drawn through existing supply chains to the village-store level. Educational materials included in the packaging will emphasise the important role that storeowners can then play by disbursing the condoms to their customers and community members either through sale or free distribution. The project is being undertaken by Social Science Dimensions with funding support from the PNG National Aids Council Secretariat (NACS) and in collaboration with a private sector partner active in the PNG market place, Colgate-Palmolive PNG Ltd.

This report outlines the findings of a pre-trial pilot study undertaken between March and February 2013 to inform the development of a live companion product condom distribution trial planned for the PNG provinces of Milne Bay and Simbu during the second half of 2013. The study is a preliminary analysis based on a small data set of 100 storeowners, consisting of 25 storeowners randomly selected from within each of four LLGs from the two selected provinces. The survey methodology involved a two-stage interview process. During the initial interviews, storeowners agreeing to participate in the study were each given 200 condoms to either sell or give away in accordance with their own preference. A second interview, undertaken on average 15 days after the first, sought information from storeowners on how many of the condoms had been distributed, and whether these had been sold or given away.

As discussed in Section 2 of this report, the time-span of only 15 days (average) between the first and second interviews is a limitation of the study, as a longer time-span could present greater opportunity for the emergence of opposition to the CPCD approach. Whereas it is intended that a larger data set be generated in the course of the live trial currently being organized, and that this live trial span a greater period of time, the preliminary data outlined in this report offers some encouraging insights into the potential of the CPCD approach in the PNG context. These findings are summarized under 1.1 below, with full details outlined in Section 3 of the report.

The compatibility of the CPCD approach with the existing draft of Papua New Guinea's 1st National Strategy on Comprehensive Condom Programming (NSCCP) for 2013-2017 is considered in Section 4 of this report. The conclusions of this analysis are summarized under 1.2 below.

1.1 Key Findings

1.1.1 Accessibility of Village Stores

Village stores are accessible to community members, with the vast majority open at least six days per week and almost half open seven days per week. Also, village stores

¹ For further information see Section 2.2.

don't close at 4.06pm like many public health facilities, with almost half open more than 13 hours per day. Furthermore, village stores throughout PNG almost certainly number in the many tens of thousands compared with only several thousand health facilities. These various features mean that village stores have the potential to play a key role in the distribution of condoms if only they can be supplied with stock. For further information see 3.1.1.

1.1.2 Suitable Companion Products for Trialling the CPCD

The data indicates that the intended CPCD companion product, laundry soap, is one of the strongest selling products in village stores (along with noodles, rice and cooking oil). The data also indicates that most storeowners purchase soap in cartons. For further information, see 3.1.1 and 3.12

1.1.3 Past Stocking of Condoms

Of 100 storeowners, only 2 storeowners indicated that condoms are 'usually' available at their stores. The remaining 98 storeowners indicated that condoms are 'never or rarely available', although three of these indicated they had occasionally been given condoms to distribute in the past. Of the two stores that indicated condoms were 'usually' available, only one store had condoms in stock at the time of the visit. These condoms were reported to be beyond their use-by date. Both the stores reporting to 'usually stock' condoms were located on highways. For further information see 3.2.

1.1.4 Reasons for Not Stocking Condoms in the Past

The most frequently cited reason for not stocking condoms was 'never thought about it'. Other common reasons include 'nobody has ever asked/no demand', and 'don't know where to order condoms'. For further information see 3.3.

1.1.5 Interest in Distributing Free Condoms

Of the 100 storeowners approached, 95 agreed to accept the 200 free condoms (5 declining for religious/moral reasons). Due to the closure of four stores during the interval between first and second interviews, follow-up interviews were only possible with 91 storeowners. Of these, 89 indicated interest in receiving further consignments of free condoms included in soap packaging. Qualitative information received from these storeowners indicated broad appreciation of the public health merits of distributing condoms using the CPCD approach. For further information see 3.4 and 3.11.

1.1.6 Distribution Preferences of Storeowners: Give Condoms Away, or Sell Them?

There appears a preference among storeowners to give condoms away free rather than sell them. This raises the possibility that storeowners and community members alike may see the free distribution of condoms as a kind of public service. For further information, see 3.5 and 3.8.

1.1.7 Compliance of Storeowners to Condom Stocking Instructions

Storeowners complied in most cases with instructions (delivered by enumerators verbally and in writing) to display HIV/AIDS educational materials, store condoms out of direct sunlight, and store condoms in a visible place. This outcome offers promise that a similar level of compliance may be achieved during the live trial, when

storeowners receive both condoms and instructions included in soap cartons. For further information, see 3.7.

1.1.8 Perceptions of a Company Engaging in CPCD

The great majority of storeowners agreed with the statement that ‘Distributing free condoms in soap packaging would indicate a caring company that is trying to help members of the community protect themselves against HIV/AIDS’. For further information, see 3.13.

1.2 Summary of Policy Recommendations

Section 4 of this report considers the compatibility of the CPCD approach with the existing draft of Papua New Guinea’s 1st National Strategy on Comprehensive Condom Programming (NSCCP) for 2013-2017. The analysis concludes that the CPCD approach is compatible with key elements of the NSCCP but that the following changes to the NSCCP should be considered:

- References to ‘avoiding duplication’ should be changed to ‘minimising duplication’.
- It is recommended that the wording of the Comprehensive Condom Policy be revised to explicitly approve the distribution of free condoms with companion products to ensure the latitude for experimentation with the approach is clearly defined.

2. Methodology

2.1 Summary

The pre-trial pilot study was designed to evaluate the receptiveness of storeowners to the companion product condom distribution approach and their perceptions of the relevance of the approach within their respective communities. With this aim in mind a two-stage interview process was devised and implemented. In the course of an initial interview, 100 storeowners from four Local Level Government (LLGs) areas (selected as outlined below) were questioned on matters including whether they had ever stocked condoms before, and if they were interested in accepting a free pack of 200 condoms that they could either sell or give away in accordance with their own preference. Enumerators were instructed to explain the importance of encouraging safe sex in the community, in the event that any storeowners were initially reluctant to participate.

In the course of this first visit, those storeowners who agreed to accept the condoms (95 of the 100 storeowners) were also provided with safe-sex educational posters and condom-use instructions and presented with written and verbal instructions advising them to place this information where customers could see it. They were also asked to store the condoms in a place where they were both out of direct sunlight and visible to customers. Before concluding the first interview, enumerators collected data on whether the storeowners intended to sell the free condoms they had received, or give them away.

Following an interval originally intended to be of 10 days duration (but on average 15), the enumerators returned to collect information from the storeowners on how many free condoms had been distributed, and whether these had been sold or given

away. Storeowners were also asked if they were interested in receiving further supplies of free condoms in the future included in soap packaging, and why/why not. The full two-stage questionnaire used for the survey is included as Appendix A.

Figure 1: Participating storeowner on Kiriwina with free condoms



2.2 Sampling Frame

With the aim of including a level of regional diversity within the parameters of available resources, it was decided to select four clusters within two provinces. LLGs were used as the basis of these clusters, with five wards randomly selected from each of the four identified LLGs. Once on-site, field teams visited Ward Councilors, Ward Recorders (where appointed) and other informants and identified all businesses in each selected ward. Five of these businesses were then selected for interview based on a system involving numbered marbles. In cases where there were less than five stores in any selected ward, additional stores were randomly selected from the next nearest ward.

Two provinces, Milne Bay and Simbu, were included in the study, the former enabling the inclusion of coastal and island areas, and the latter the inclusion of highland areas. In each of the provinces, two rural LLGs areas were chosen in consultation with health representatives. These were Hu Hu Rural and Kiriwina Rural in Milne Bay Province, and Kerowagi Rural and Gumine Rural in Simbu Province. The reason for the selection of rural LLGs was to bias the sample towards rural areas where the distribution of condoms faces greater logistical challenges than in urban areas. Notwithstanding the rural bias, limitations on resources meant eliminating several

wards that would have involved excessive travel by foot (on the two required occasions required to complete the two-part survey). In the event, the most remote ward included in the sample turned out to be the ward of Nondri in Gumine Rural LLG in Simbu, accessed via a 25km walk from the local administrative centre/station.

Although the local topography presented fewer challenges once on the island, the geographic isolation of Kiriwina Rural LLG was also reported to present logistical challenges to the supply of condoms and other health supplies, with a two-month stock-out of male condoms reported to have occurred in the first half of 2013. Details of this stock-out and further notes on the four LLGs included in the study are outlined in Table 2.1 below:

Table 2.1: Selected LLGs

LLG/Province and Projected Population 2013 ²	Randomly Selected Wards	Notes
Hu Hu Rural LLG/Milne Bay Province (32,578)	Rabe, Laviam, Gamadoudou, Wagawaga, and Ipouli (of total of 29 wards) ³	<p>Hu Hu Rural LLG is situated in the area surrounding (but excluding) Alotau, the capital of Milne Bay Province. The LLG covers both inland and coastal areas including areas wards commonly accessed by boat. A diverse LLG, Hu Hu Rural includes peri-urban areas with good road access to Alotau, significantly less accessible areas characterized by smallholder agriculture, coastal villages, and large-scale industrial agribusiness (representing an attraction to workers) in the form of oil palm plantations.</p> <p>Local administration and health sources referred to concerns about the inadequacies of condom distribution practices in the past,⁴ and concern about the possible future spread of HIV/AIDS among the rural population.⁵</p> <p>Hu Hu Rural LLG was used to refine the field approach.</p>
Kiriwina Rural/Milne Bay Province (39,256)	Kaibola, Kwebwaga, Okaiboma, Kabwaku, and Wabutuma (of total of 33 wards)	<p>Kiriwina Rural LLG in the Trobriand Islands is the more populated of the two LLGs comprising Kiriwina-Goodenough District. As an island atoll, the rate of demographic growth is of concern to district administration officials⁶ and locals alike. Although local road conditions are good, health sources indicated that health supplies commonly failed to arrive on time, resulting in stock-outs of items and cases where some destinations would receive too many supplies and others too few.⁷ A stock out of male condoms reportedly occurring for a</p>

² Population projections based on 2011 census data provided by AusAID sources.

³ This selection finalized after several wards were eliminated for reasons of excessive remoteness and inaccessibility due to weather conditions.

⁴ Richard Dawani, Hu Hu LLG Area Manager, interviewed 5 March 2013

⁵ Verna Guise, PNG Tingim Laip Project, Hagita Estates, interviewed 4 March 2013.

⁶ According to Kiriwina-Goodenough District Administrator Labui Bua (interviewed 10 March 2013), growing demographic pressure is resulting in increasing incidences of land dispute and of theft (such that fewer people keep pigs out of concern they will be stolen). Growing land pressure is reportedly a factor in high levels of outward migration to Alotau and Port Moresby. A voluntary birth control program (utilizing fertility control capsules) that is presently being implemented may mitigate this over time.

⁷ Interview with Joshua William Kiriwina-Goodenough District Health Officer, and Dr G. Tosiyeu, Kiriwina, Medical Officer, 11 March 2013, and with Clement Mosturi, Kiriwina Infectious Disease

		<p>period of two months during the first half of 2013.⁸</p> <p>PNG health officials at both national, provincial and district level were keen for Kiriwina to be included in the study, their concerns based on sexual practices of the local population, including in relation to the annual yam harvest.</p>
Kerowagi Rural/Simbu Province (33,225)	Siure, Gagugl, Ganigle, Nombuna, and Bunamugl (of total of 24 wards) ⁹	Kerowagi Rural LLG is located in the north west of Simbu province in a district known for its coffee productivity. As well as access to income from cash cropping activities, locals also have good access to the Highlands Highway from the district capital, Kerowagi. Both access to cash and mobility aspects were factors in Provincial AIDS Council staff recommending that Kerowagi Rural be included in the study.
Gumine Rural/Simbu Province (27,539)	Tagala, Warma/Kukuna, Kuleka/Urumul, Nondri, and Kamtai/Ormilko an (of total of 21 wards) ¹⁰	<p>The administrative centre of Gumine Rural LLG is located several hours to the south east of the provincial capital Kundiawa. Although road access to the government station is good (although vulnerable to landslides), the surrounding terrain is rugged making access to some wards difficult. The most remote ward included in the study was Nondri ward in Gumine Rural LLG, located about 25km walk from the station.</p> <p>In contrast to Kerowagi Rural LLG (see above), Gumine Rural LLG and its district (Gumine District) has been characterised¹¹ as an area of '[l]ow and moderate incomes' where land potential is 'moderate'.</p>

2.3 Respondent Selection, Participation, and Age and Gender Data

Data on age and gender was collected to enable possible analysis of the extent to which the views of respondents differed by age (which ranged from 17 – 79) and gender. In cases where multiple business owners (for example both partners in the case of joint husband/wife owned businesses) agreed to participate in the interview, enumerators were instructed to identify 'main respondents' where possible and encourage women to take this role in cases of male/female business partnership (where both co-owners were present) to counter an expected dominance of men among the business owners surveyed. To maximise consistency, enumerators were instructed to interview the same respondents on both the first and second visits, if possible.

In the event, of the 100 initial interviews carried out initially, 91 second interviews were conducted. Of the remaining nine, five storeowners, all located in the Kerowagi Rural LLG, indicated during the first interview that they did not wish to participate in the condom distribution trial, reportedly all for religious/moral reasons. A further four second-stage interviews (all in Hu Hu Rural LLG) were not possible due to the

Control Officer, 13 March 2013. The latter indicated that had been great awareness concerning the need for people to protect themselves against HIV/AIDS, but the problem is that condoms are not available on a needs basis.

⁸ Information received by text message on 4 June 2013 from Clement Mosturi, Kiriwina Infectious Disease Control Officer, indicated that male condoms supplies had run out over two months previously, although 'about 200 single packets' of female condoms remained in stock.

⁹ Final selection after Dawagle eliminated from the sample due to being in too close proximity to another selected ward (Bunamugl), and replaced by Gagugl.

¹⁰ Final selection after one ward (Mukune) eliminated from sample after flood washed away a bridge making this ward inaccessible.

¹¹ 'Simbu Province'. National Research Institute brief (no date) downloaded from http://www.nri.org.pg/research_divisions/cross_divisional_projects/8%20Simbu%20Province.pdf

permanent or temporary closure of the stores for reasons including a land dispute and the relocation of the proprietors to pursue alternative income generating opportunities. Of the 91 cases in which both pre, and post interviews were conducted, the same respondents participated in 81 cases.¹²

The overall breakdown of respondents by age and gender (for first and second interviews) is as indicated in Table 2.2 below:

Table 2.2: Profile of respondents (no breakdown by LLG)

Age	First Interview			Second Interview		
	Male	Female	Male and Female	Male	Female	Male and Female
19<	1	0	0	1	1 ¹³	
20 - 29	13	6	0	11	6	
30-39	22	13	0	20	12	1 (both)
40 - 49	25	7	0	24	4	
50 - 59	6	1	0	7	0	
60>	3	1	0	4	0	
No age info	1	0	1	0	0	
Total	71	28	1	67	23	1
Total Valid Data for this Question	100			91 ¹⁴		

2.4 Training of Survey Teams and Survey Organisation

The survey approach was refined in Hu Hu Rural LLG, in consultation with the Milne Bay Provincial AIDS Council (PACS), by SSD teams members and a locally recruited enumerator. A total of eight local field staff were trained to conduct the study on a progressive basis beginning with Hu Hu Rural then progressing to Kiriwina Rural, Kerowagi Rural and Gumine Rural. In both Milne Bay Province and Simbu, Provincial AIDS Council staff assisted with field support and communications, and several individuals linked to PACS as volunteers were recruited to fill the roles of field staff. Administration and health staff, at provincial and district level, also assisted with information to enable implementation of the survey design (including clarification of wards and ward officials) and with transport arrangements.

2.5 Limitations of the Study

In addition to the small data set of 100 storeowners (consisting of 25 storeowners randomly selected from within each of four LLGs from the two selected provinces) the study is limited by a time-span of only 15 days (average) between first and second interviews. A longer time-frame could provide opportunity for community members opposed to the distribution of condoms through village stores on religious or moral grounds to pressure storeowners not to participate. There is also the possibility that storeowners may grow tired of displaying and restocking something that may not

¹² In several cases also accompanied by a business co-owner.

¹³ This individual known to be standing in for the 49 year-old female owner (a relative).

¹⁴ In five cases (all in Kerowagi Rural LLG), storeowners did not agree to participate in the distribution of condoms and were therefore not included in the second interview. In four further cases (all in Hu Hu LLG), stores was found to be permanently or temporarily closed upon the return of the enumerators for reasons including a land dispute and the relocation of the proprietors to pursue alternative income generating activities.

bring profit or that potentially exposes them to criticism from some community members.¹⁵ It is intended that the live trial will take place over a longer period to enable the collection of data on such aspects.

3. Field Results and Analysis

3.1 Profile of Surveyed Stores¹⁶ (Q.11 – Q.18)

3.1.1 Accessibility of Stores and Customer Numbers (Q.14 – Q.16)

Valid data was collected from 97 businesses on the number of days the store was open per week. As outlined in Table 3.1 below, this data indicated that one store opened five days per week, 49 stores opened six days per week and 47 stores opened seven days per week, indicating that the great majority of stores are accessible to customers requiring supplies (potentially including condoms) six or seven days per week.

Table 3.1: Average days open per week

Days Open	Five	Six	Seven
Number of Stores	1	49	47
Total Valid Data	97		

As outlined in Table 3.2 below, the average number of hours for which stores opened per day ranged from 5.5 hours to 24 hours, with an average of 13.45 hours. Eleven of the stores reported they were potentially open 24 hours, presumably subject to attendants being woken at times.

Table 3.2: Average hours open per day

Average Hours	<6	7 - 12	13 - 18	19>
Number of Stores	5	45	35	12
Total Valid Data	97			

As outlined in Table 3.2 above, only 5 of the 97 stores reported to be open for six hours per day or less. The remaining 92 stores reported to open for 7 hours per day or more with 47 reporting to be open for over 13 hours per day and 12 reporting to be open for over 12 hours per day. This data confirms the importance of village stores as accessible points for assessing potential condom supplies, including at times when health facilities might be closed (i.e. after 4.06pm) or out of stock.

Furthermore, village stores are *prolific* throughout PNG. As a rough estimate based on several accounts of the number of stores in villages, if there is one store for every 100 people in PNG, then there would be 70,000 stores nationally compared to 2,672 Aid Posts and 719 other health facilities (total 3,391 facilities) open nationally.¹⁷

3.1.2 Business Registration (Q.12)

Of the 93 stores that provided valid data on this matter, 35 indicated they were registered and 58 indicated they were unregistered (with three of these indicating they

¹⁵ The author is grateful to Prue Borthwick for drawing attention to these potential risk factors.

¹⁶ For further information about the *types* of stores included in the study, see Appendix C.

¹⁷ *National Health Plan 2011-2020: Volume 2 (Part A) Reference Data and National Health Profile*, Government of PNG, June 2010, p.19.

had previously been registered). The fact that around one third of businesses in the sample reported to be registered suggests that the business registration process could be considered as a possible additional means of distributing public health information for posting outside trade-stores and canteens.

3.1.3 Products Sold and Rate of Sale (Q.18)

The survey collected information on the throughput of a range of key items sold at the village store level, asking storeowners to indicate whether particular items sold at a 'fast', 'medium', or 'slow' rate. The resulting data is outlined Table 3.3 below which provides sales details of some of the main items included.

Table 3.3: Sales rank of selected key items

Food			Non-Food		
Item	Number of storeowners indicating that item is a 'fast' seller	Number of storeowners who both stocked item and provided data ¹⁸	Item	Number of storeowners indicating that item is a 'fast' seller	Number of storeowners who stocked item and provided data
Noodles	96	97	Laundry Soap	87	93
Rice	87	98	Matches	55	76
Cooking Oil	83	96	Batteries	53	88
Tinned Fish	77	98	Laundry Detergent	29	64
Flour	49	64	Toilet Soap	22	36
Soft Drink	28	65	Dish Paste	6	19
Milk	28	53	Toothpaste	4	15
Tinned Meat	24	57	Shampoo	3	4
Sauce	2	17	Toothbrush	1	6

The data outlined in Table 3.3 above indicates that laundry soap is a strong seller (along with rice, second only to noodles) and confirms its status as a prospective product for companion product condom distribution.

3.2 Past Stocking of Condoms (Q.21 – Q.26)

Of the 100 stores for which valid data was collected for this question, only 2 storeowners indicated that condoms are 'usually' available at their stores. The remaining 98 storeowners indicated that condoms are 'never or rarely available', although three of these indicated they had occasionally been given condoms to distribute in the past.¹⁹

Of the two stores that indicated condoms were 'usually' available, only one store had condoms in stock at the time of the visit. These condoms were reported to be beyond their use-by date. On the positive side, both of these stores were found to have safe sex promotion information visible to customers.²⁰

¹⁸ For example, 97 storeowners *both* stocked noodles and responded to this question.

¹⁹ For example, one store reported once being given two packets of condoms by the TST wholesaler in Alotau (not longer in business).

²⁰ In one case, this information comprised a Seif Raider advertisement, in the other case the source of the information is unclear.

Of the two stores reporting to ‘usually’ stock condoms, one identified as a canteen with daily turnover of K300, and the other as a trade-store with daily turnover of K20,000. What both stores have in common is highway-side location on main roads where it is presumed that organisations distributing condoms can visit them relatively easily (compared, at least with stores off the highway). Specifically, the former store is located on the outskirts of Alotau town in Milne Bay Province; the latter on the Highlands Highway near Ganigle Bridge in Simbu Province. Of the two, it was the larger store on the Highlands Highway that had condoms in stock on the occasion of the first interview.

3.3 Reasons for Not Stocking Condoms in the Past (Q.27)

Storeowners who had never ‘usually’ stocked condoms in the past were asked to indicate the reason why, with enumerators instructed to give storeowners an opportunity to suggest their own reasons before suggesting any options. Responses were received from 96 of the 98 storeowners who had never ‘usually’ stocked condoms in the past. In a number of cases, storeowners indicated multiple reasons, hence the total number of indicated responses, outlined in Table 3.4 below, exceeds the number of storeowners who responded to the question.

Table 3.4: Reasons for not stocking condoms in the past

Reason	Responses
Never thought about it.	49
Nobody has ever asked / No demand. Clarified in one instance with reference to the perception that the ‘only place to obtain [condom] supplies is the health centre’.	27
Don’t know where to order supplies. ²¹ Supplemented by clarification in several cases by statements such as: ‘Do not know where to get condoms from although the demand is high’.	20
Religious / Moral reason. Supplemented by clarification statements including the following: ‘Danger of promiscuity’, and ‘Discouraging prostitution if not distributing condoms’, and reference to the aspiration of being a ‘role model in this community’ (by not distributing condoms).	11
Other people (for example health authorities) were already distributing free of charge. Example statements: ‘Thought supplies only distributed [by] health centres’; ‘The health officer does not give out supplies to them to supply in their canteen’.	4
Concern about possible misuse, including condoms as fishing lures, as playthings for children, as leather conditioner (ie. the lubricant), and as treatment for Grill.	2
Understand that young people obtain their own supply	1
‘...willing to try’.	1
‘Health centre located opposite to place of operation, where people have access to condoms’.	1
‘I will totally agree to distribute to all sexually active group without cost’.	1
‘Because they did not sell it at the wholesale’.	1
‘The co-owner is a health worker and she does not want customers and the public to gain the impression she is selling health supplies’.	1
‘Interested in supplying but no-one was interested in initiating the supply’.	1
‘Concern about gossip’.	1

²¹ One respondent from Kiriwina Rural LLG responded ‘Do not know where to get condoms from although the demand is high’.

As discussed below, despite 11 storeowners indicating that they had previously not distributed condoms because of religious/moral reasons, six of these storeowners agreed to accept the 200 free condoms and participate in the study anyway. Of these, one distributed all 200 condoms by the time of the second interview, although another had not yet distributed any by the time of the second interview.

Figure 2: Interview process underway in Kerowagi Rural LLG



3.4 Interest in Distributing the Free Condoms (Q.28)

Of the 100 storeowners approached, 95 agreed to accept the 200 free condoms for onward distribution in the community. The five who elected not to participate were all located in Kerowagi Rural LLG in Simbu and declined for religious/moral reasons.²² While the level of participation in the study is encouraging, the results also highlight the need to address the possibility that a minority of storeowners may be disinclined to distribute condoms they receive at their stores by means of a live companion product condom distribution exercise that piggybacks on an existing soap distribution supply chain. To address this possibility it is firstly intended that information materials be included that explain the risks of HIV/AIDS, other STIs and unwanted pregnancies and emphasise the contribution that storeowners can make to their respective communities by selling or giving away condoms at their stores. This information will also encourage any storeowners who remain reluctant to distribute the condoms themselves to transfer them either to local health facilities or other stores that are willing to participate.

²² Reportedly, two of the storeowners who chose not to cooperate were Pastors and a particular Protestant group influences this area, highlighting the importance (as noted in the PNG 1st National Strategy on Comprehensive Condom Programming 2013-2017, p.15) of continuing to work with PNG's 'religious leaders/pastors to engage them & encourage acceptance of condoms in society'.

3.5 Initial Intention of Storeowners – Sell the Condoms or Give them Away (Q.29)

Of the 95 storeowners who were provided with 200 free condoms distribution, valid data concerning their initial intentions with regard to onward distribution were obtained from 92. This data is outlined in Table 3.5 below.

Table 3.5: Initial intentions concerning onward distribution of condoms (92 valid responses from 95 condom pack participants)

Initial Distribution Intentions		Number of Storeowners
Give Away (free)		59 (64%)
Sell	Sell for 20t/item	5
	Sell for 20t-30t/item	1
	Sell for 30t/item	1
	Sell for 50t/item	5
	Sell for K1.00/item	5
	Total intending to sell	17 (18.5%)
Not Sure	Not sure yet (no further information)	10
	Not sure yet (either sell for 20t/item or give away)	1
	Not sure yet (either sell for 30t/item or give away)	1
	Not sure yet (either sell for 50t/item or give away)	4
	Total unsure	16 (17.5%)
Total Responses		92

As outlined in Table 3.5 above, 59 storeowners (representing 64% of valid responses for this question) indicated they intended to give the condoms away free. The intention to sell the condoms for prices ranging from 20t/item to K1.00/item was indicated by 17 storeowners, while a further 16 storeowners were unsure how they would distribute the condoms. As discussed in later sections of this report, this data may indicate a perception in the rural PNG context that the free distribution of condoms is a kind of public service.

3.6 Second Interviews

The original intention was for second interviews to be undertaken with cooperating businesses (numbering 95) ten days after the first interviews, but in the event this ranged from 6 days to 45 days with the average appearing to be around 15 days.²³ In some cases delays were encountered contacting the respondent interviewed in the first instance a second time, and in a few cases the second interview was eventually finalized by telephone. In four cases, all in Hu Hu Rural LLG, the second interviews were never conducted because the businesses were reported to have closed on either a permanent or temporary basis. Reportedly, closure was caused in one instance by a land dispute and in several other cases by the relocation of the proprietor to pursue other economic opportunities. In several further cases, stores were reported to have become virtually inactive due to 'cash flow' and 'family' problems but second

²³ Several field teams failed to keep accurate data on the dates the second interviews were conducted, although report that they diligently endeavored to observe the ten-day interval goal. Accurate data on the interval between first and second interviews (from which the 15 day average is calculated) was based on accurate records kept in 67 cases.

interviews were still conducted. Adding the number of store closures (four) to the number of storeowners who decided not to participate in the condom distribution exercise (five), means the number of stores from which data was obtained concerning the fate of the condoms numbers 91.

3.7 Compliance with Condom Stocking Instructions (Q. 35 – Q.36)

Returning to the stores for the second interview, enumerators reported that in 74 of the 91 cases in which second interviews occurred, the educational materials and condoms instructions left with storeowners during the previous visit was on display. In several further cases, storeowners indicated they still intended to hang up the posters, and in other cases the posters were reported to have been displayed, but somewhere else. In one case, health staff were reported to have taken the poster and displayed it outside their clinic and in another cases the poster was reported to have been displayed ‘in the living room’ of the storeowner’s house.

Valid data on appropriate storage procedures of the condoms was obtained in 86 of the 91 cases. In 85 cases the condoms supplies were found to have been displayed out of direct sunlight in accordance with the instructions provided. In the one remaining case for which valid data was obtained the condoms were found to have been stored in sunlight. On the question of whether the condoms had been stored in a place visible to customers, valid was obtained in 83 of the 91 cases. In 70 of these cases the condoms were reported to have been stored in a place visible to customer. The data on all the areas outlined above, which is summarized in Table 3.6 below, indicates a sound level of responsiveness to the instructions on condom stocking practices.

Table 3.6: Compliance with condom stocking instructions

Instruction	Educational Materials Displayed	Condoms Stored out of Direct Sunlight	Condoms Stored Visible Place
Compliance	74	85	70
Non-Compliance	17	1	13
No Valid Data	0	5	8
Total	91	91	91

3.8 Condom Distribution - Given Away or Sold (Q. 37)

In the course of the first interview, 200 condoms were distributed to all but the five storeowners who declined participation on religious/moral grounds. After the interval between interviews, therefore, follow-up interviews were attempted with 95 storeowners. Of these attempts, only 91 were successful due to the permanent or temporary closure of four of the stores. Valid data on the fate of the condoms left with storeowners was obtained in 88 cases. In a further three cases it was reported that some of the condoms had been given away and/or sold and that some still remained in stock, but the figures did not add up to 200 and so these cases are not included in the analysis. The data outlined in Table 3.7 below, however, provides information on the 17,600 condoms given to the 88 storeowners from whom valid data was obtained in the course of the second interview.

Table 3.7: Condom distribution results (88 cases totaling 17,600 condoms)

Sold for 10t/item	Sold for 20t/item	Sold for 30t/item	Sold for 50t/item	Sold for K.00/item	Sold for Unknown Price	Given Away (Free)	Remaining in Stock
100	37	3	60	11	5		
Total Sold = 216						6,915	10,469
Total Distributed = 7,131							
Total = 17,600							

The data outlined in Table 3.7 above suggests that storeowners had less success selling condoms than they did giving them away. Further analysis of the data indicates of the 88 storeowners from whom valid onward distribution information was obtained, 58 gave condoms away *only* (without selling any at all). It is not known how many of these particular storeowners also attempted to sell any condoms, possibly before resorting to giving them away. However, many of the storeowners may *not* have attempted to sell the condoms in the first instance, as data from the initial interviews indicates that in 43 cases, representatives of the stores in question had indicated during the initial interviews that their original intention was to give the condoms away rather than sell them.²⁴

In several cases it appears storeowners did experience some challenges selling. One storeowner who failed to distribute any condoms by the time of the second interview reported that despite awareness that condoms were in stock, there ‘were no moves to purchase... [at]...the set price of 50t’. Another, who in the first interview had indicated uncertainty on the matter of selling or giving away, also failed to distribute by the time of the second interview, in this case reportedly due to a localized condom glut caused by the distribution efforts by other programs. A third storeowner, clearly inspired by an entrepreneurial ethic, indicated he was waiting for other stores in the area to exhaust their supplies before putting his condoms on sale.²⁵ The total number of storeowners (in this case of the 91 storeowners from whom data on this area was obtained) who distributed *no* condoms in the period between the first and second interviews numbered 12, although in several further cases it was reported that these stores had been largely inactive between the first and second interviews.

The large number of condoms given away compared to the number sold may not support the hypothesis that as entrepreneurs, storeowners would be naturally inclined to try to sell the condoms for a profit. Instead, the outcome raises the question of the extent to which the free distribution of condoms is perceived as a kind of public service by storeowners and members of the community alike. Certainly, the responses from storeowners to Question 43a (see below), in which they were asked to indicate reasons why they would be interested in receiving further supplies of condoms included in soap packaging, suggest public conscience to be a main factor in their interest in the approach. This possibility is of interest in that it may indicate that market-based approaches aimed at increasing the distribution of condoms throughout PNG could face substantial challenges.

²⁴ Note that in all but one instance in relation to these 43 cases, the respondents interviewed during the second visit were the same individuals interviewed during the first visit.

²⁵ The three specific examples referred to in this paragraph were provided in response to Question 38 (addressed in further detail below).

3.9 Factors Alerting Customers to Condoms (Q.38)

Of those storeowners who distributed some or all of the condoms they had been provided, valid responses were received from 77 concerning how customers were perceived to have found out about the availability of condoms at their stores. Of these storeowners, 45 provided multiple answers hence the total number of responses to this question, presented in Table 3.8 below, exceeds 77.

Table 3.8: Factors alerting customers to availability of condoms

Factor	Number of Responses
Customers informed by trade store staff	55
Posters	50
Customers spotted the condoms	28
Customers heard from others	22
Total Responses	155 responses received from 77 storeowners (all of whom distributed condoms)

The number of storeowners (55) who indicated that they had played a role in alerting customers/community members to the availability of condoms at their stores is encouraging, and supports the conclusion that many storeowners are aware of the importance of encouraging safe sex in their communities and motivated by public conscience. A number of storeowners appear to have gone to some effort alerting community members to the availability of condoms, according to additional information provided by nine respondents. A number referred to having made ‘awareness’ on the importance of safe sex and condom availability at their store, with one reporting to have ‘told every single customer that [the store owner] came across’.

As the second most mentioned means by which people were perceived to have learned about condom availability, the data confirms the importance of including posters in a future companion product condom distribution program for storeowners to display. Whereas the spotting by customers of condoms was perceived by fewer storeowners as one of the major two factors in customers learning about the availability of condoms at stores, it was the only factor identified by eight storeowners. As in the course of the present study, future distribution activities will also advise storeowners to stock the condoms they receive in visible place to help alert customers to their presence.

3.10 Who Received the Condoms, and Stigma and Shame Issues (Q.39 – Q.42)

Of the 77 valid responses²⁶ to Question 40 concerning whether or not stigma/shame was an issue for those purchasing or receiving condoms at stores, the largest single response (of four offered, including ‘no answer’) was that ‘Mostly, people are able to purchase/take condoms without stigma or shame (see Table 3.9 below).

²⁶ Only the responses of those storeowners who had successfully distributed condoms were considered ‘valid’ for this question.

Table 3.9: Perceptions of Stigma/Shame issues associated with purchasing/receiving condoms (77 valid responses)

Mostly people can purchase/take condoms without stigma or shame	Sometimes people purchase/take condoms without stigma or shame, but sometimes it is a problem	There is a lot of stigma/shame associated with purchasing/taking condoms in the community	No answer
44	24	9	14
Total = 77			

However, the data is less positive if storeowner perceptions of the ease with which women can access condoms at stores is also considered. For example, of 76 valid responses²⁷ to the question of whether or not purchasing/taking condoms is harder for women than for men (Question 41), 53 answered ‘yes’ and only seven ‘no’ (with 16 ‘unsure’). Similarly, of valid responses²⁸ received from 72 storeowners concerning the respective proportions of males and females who had received condoms, either free or through sale (Question 39), only two respondents indicated that the receipt of condoms was shared equally between females and males. By contrast, 70 of the 72 storeowners indicated they believed that 60% or more of the condoms had been taken/received by males.²⁹

Responses to a later question (Question 42) on how issues of stigma and shame could best be addressed overwhelmingly referred to the need for increased and/or ongoing³⁰ educational activities, including the distribution and display of relevant materials promoting awareness about the risks of unsafe sex and the importance of using condoms. As intended for trialing during Stage 2 of the present project (accompanied by supplies of condoms), one way of complementing existing educational efforts is by including educational materials in the packaging of products distributed to the trade-store level of the economy and requesting storeowners to display this information in suitable locations (including outside their stores). As discussed above in the section on Responsiveness to Condom Stocking Instructions, the compliance of storeowners to requests to display HIV/AIDS awareness information suggest that this strategy has potential.

On a further related matter, several enumerators reported feedback from women recommending that attention also be given to the distribution of female condoms using the companion product method. Although it is not clear how this strategy would directly address stigma/shame issues the possibility that the appeal of female condoms could add incentive for women to access them is noted, and it is possible there could be potential for the inclusion of female condoms in future stages of the project.

²⁷ Only the responses of those storeowners who had successfully distributed condoms were considered ‘valid’ for this question.

²⁸ Only the responses of those storeowners who had successfully distributed condoms were considered ‘valid’ for this question.

²⁹ Of these, 51 of the storeowners indicated they believed 85% or more of the condoms had been taken/received by males.

³⁰ It was clear in some instances (notably one area in Kiriwina), that NACS and/or PACS had undertaken substantial educational activities locally, possibly in response to HIV/AIDS cases having been identified nearby.

3.11 Interest in Receiving Further Consignments of Free Condoms in Soap Packaging (Q.43)

Of 91 storeowners with whom the second interviews were conducted, 89 indicated (Question 43a) they were 'interested in receiving further consignments of free condoms included in soap packaging'. When asked to explain why they supported the concept, 74 storeowners responded, with most (71) of their answers able to be grouped into the following five themes (note that the full range of responses is included in Table B1 in Appendix B).³¹

Theme 1: Good way of promoting condom access/availability (33 responses)

Example: 'To make condom supply available in the community for the people to access'. (Gumine)

Theme 2: Reference to 'free' and/or public health aspects (18 responses)

Example: 'The condom will come free to us, [hence] a chance to make it available to those who need it'. (Hu Hu)

Theme 3: Reference to soap as an appropriate companion product (11 responses)

Example: 'Always sold soap and this could increase distribution of condoms in my community'. (Kiriwina)

Theme 4: Will help both business and community (five responses)

Example: 'Because it helps my business and my people to prevent HIV-AIDS, STI, unwanted pregnancy'. (Kiriwina)

Theme 5: Possible role in reducing stigma and discrimination (four responses)

Example: 'Everybody will have condom - normal without stigma & discrimination'. (Kerowagi)

As clear from the themes outlined above, the access theme received frequent reference in the responses received from storeowners explaining why they supported the companion packaging concept. The access theme was also referred to in qualitative responses to other questions, including a comment from Kiriwina stating that 'Young people...are so happy to access condom to the nearest area and feel it is [easier] for them than walking to health facilities'. Additionally, the access theme featured in feedback from enumerators who worked on the project in their respective LLGs, with the following statement provided by Gena Aruai, who is linked with Simbu PACS and conducted interviews for the project in Gumine Rural LLG:

The people...[live in remote] valleys and [scattered villages] at the hills and small mountains, and for ages we live and...avoid disasters, that is thunder, lighting, landslide, heavy rain and wind and disease, etc. [With the]...geographical conditions we have difficult time to do the gardening, walk by foot to far places and also [suffer infrastructural and government service challenges].

The people in the community were real appreciate[ive] for the condoms that were made available in their community. They also provide[d] positive

³¹ Of the two remaining responses, one referred to religious/moral reasons. The second was unclear.

response of receiving supplies and doing distribution at their business area. The condom demand in the rural communities in PNG is very high but the product was not made available in all rural and urban communities, its only suppl[ied] at Health Centre and people often had difficult time to collect it for use. They begun to use condom when we made condoms available at their door step and its more appreciated.’

The appreciation among such a high proportion of randomly selected storeowners of the accessibility, public health and business advantages of distributing free condoms to the village-store level with companion products highlights the potential of the approach and supports the case for live trialing in the provinces of Milne Bay and Simbu during the second half of 2013, using soap packaged into cartons as the companion product. Specifically supporting this case and almost entirely consistent with responses to the question canvassing storeowners on their interest in receiving further consignments of free condoms included in soap packaging, 88 of the 91 storeowners with whom second interviews were conducted indicated interest in ‘buying laundry soap with free condoms in the carton for...[them]...to sell/give away’

3.12 Form in Which Soap is Purchased (Q.44)

Question 44 sought information from storeowners concerning the form in which they normally purchased soap. As outlined in Table 3.10 below, responses to this question were received from 89 storeowners, a number of whom indicated that they purchased soap in more than one form.

Table 3.10: Forms in which storeowners normally purchase soap (from 89 responses)

Form in which Soap Normally Purchased	Carton only	6-pack only	6-pack or carton	6-pack, 12-pack or carton	6-pack or 12-pack	12-pack only	Loose only
Number of Storeowners	53	20	10	2	2	2	0
Total Potential Recipients	65 (73%)						

As outlined in Table 3.10 above, 53 of the 89 storeowners from whom responses were obtained indicated that they normally purchased soap in carton form, with a further 12 respondents indicating that they sometimes purchased soap in carton form. This data suggests that condoms included in soap cartons could potentially end up in almost three quarters of village stores. It is conceivable that more remote stores would be more likely to purchase soap in 6-packs than in cartons, although in the case of the most remote stores included in this study (Nondri Ward in Gumine Rural LLG which is 25km by foot from the local administrative centre) three of the stores indicated they normally purchased in carton form and the remaining two either 6-packs or cartons. Furthermore, it is also possible that the inclusion of condoms in cartons of laundry soap could add an incentive to storeowners to purchase in carton form.

Figure 3: The interview process underway in Gumine Rural LLG



3.13 Perceptions of a Company Engaging in Companion Packaging (Q.45)

At the conclusion of the final interview, the 91 storeowners were asked whether they thought that ‘Distributing free condoms in soap packaging would indicate a caring company that is trying to help members of the community protect themselves against HIV/AIDS’. In response to this question, 85 storeowners ‘Agreed’, two ‘Disagreed’, and four indicated they were ‘Undecided’. This level of approval was encouraging as was the interest in the study demonstrated by the health and administration officials we consulted in the two provinces, including at the district and LLG levels, and several regional wholesalers briefed on the project.

4. Policy Considerations: Companion Product Condom Distribution and the Comprehensive Condom Programming Strategic Plan

As outlined in the Summary of Papua New Guinea's 1st National Strategy on Comprehensive Condom Programming (NSCCP) for 2013-2017 (p.6) the goal of Comprehensive Condom Programming (CCP) is 'to make condoms universally available across Papua New Guinea, in order to increase the number of protected (safe) sex acts, and thereby reduce the incidence of unplanned pregnancies, and HIV and STIs, especially in young people'. Referring to condoms as 'life-saving, yet underutilized, public health interventions', PNG National Secretary of Health Pasco Kase notes in the forward of the NSCCP (p.2) that 'Despite the benefits of both the male and female condoms, their consistent and correct use is very limited here in PNG due to inadequate and inconsistent supply, lack of awareness and negative perceptions'.

Given the indications of the potential of the of the Companion Product Condom Distribution (CPCD) approach to contribute to the advancement of the objectives of the CCP mission (as discussed in Section 1), the objective of this section is to consider the compatibility of the CPCD approach with the existing draft of the NSCCP. Accordingly, Table 4.1 below comments upon this area in relation to the text of the existing CCP, and other relevant elements of the policy discussion included in the broader NCSSP document. The various comments are summarised in the paragraphs that follow the table.

Table 4.1: Companion packaging and the NSCCP (by Key CCP Themes)

No.	Component		Comments
Framework for Comprehensive Condom Programming (CCP) (NSCCP:8)			
1	1. Provide Leadership and Coordination	(a) <i>Coordination of CCP partners to:</i> i. Ensure a comprehensive, collaborative and integrated approach that avoids duplication ii. Leverage comparative advantages of different partners.	(a)i. Preliminary indications suggest that the companion product could play an important role in a comprehensive, collaborative and integrated condom distribution approach. Furthermore, it is probable, pending trialing and further analysis, that the costs of distributing condoms via the companion product method are lower per unit than for other means of distribution (other than active market mechanisms where they function). The companion product condom distribution approach can also be used to inform storeowners on where they can order additional supplies of condoms and/or supplies of alternative types of condoms to promote the development of market-based distribution in the medium-to-long term. Over time all forms of condom distribution that complement one-another can be monitored and refined to minimise or eliminate duplication. In this respect, <i>it is recommended that the CCP is reworded (see also NSCCP:15) to emphasise that duplication be ‘minimized’ rather than ‘avoided’ as there may be risks of duplication in a system designed to be comprehensive, particularly during the development phase.</i> (a)ii. The companion product approach is a means by which the distribution footprint of a cooperating private sector partner with an existing supply chain can be utilized to facilitate the advancement of public health outcomes. (b) The companion product approach can be used to distribute safe-sex educational materials and condom supplies to the village store level, thereby reducing barriers to condom promotion and use and addressing issues of ignorance and stigma. Preliminary indications from the Pre-Trial Pilot Survey suggest that most storeowners will support this means of distribution, which will increase the awareness levels of these village-level entrepreneurs and enable them to play a role in promoting safe-sex in their respective communities.
		(b) <i>Advocacy to:</i> i. Increase awareness, ownership and commitment from leaders at all levels in all sectors; ii. Enable supportive policy changes and social mobilization; iii. Reduce barriers to condom promotion and use, and to tackle ignorance and stigma.	
		(c) <i>Development and revision of policies and regulations in support of CCP.</i>	
		(d) <i>Mobilisation of resources for CCP – human financial and technical.</i>	
2	2. Ensure Supply and Commodity (Condom) Security	(a) <i>Forecasting to ensure adequate and reliable supply.</i>	(b) As per other stocks of condoms for free condoms for general distribution.
		(b) <i>Ordering and procurement for male and female condoms and lubricant that meet quality standards and user preferences.</i>	(d) As per other stocks of condoms for general distribution.
		(c) <i>Stock management, warehousing and storage to maintain supplies of condoms and support</i>	(e) The potential to distribute to retail outlets in all communities using existing and sustainable supply chains is the strongpoint of the companion product approach. A preliminary calculation based on the Pre-Trial Pilot Study data concerning the island of

		<p>national supply chains.</p> <p>(d) <i>Quality assurance</i> to protect clients.</p> <p>(e) <i>Distribution to supply chains</i> to ensure to ensure national coverage and reach to all communities – to clinics, public and private sectors, retail outlets and community distributors and dispensers.</p> <p>(f) <i>Logistics management information system</i> to collect RHCS data for planning/decision-making.</p>	<p>Kiriwina, reported to have experienced a stock-out of male condoms for a period in excess of two months during the first half of 2013 (see Table 2.1), is of interest. According to the Pre-Trial Pilot Study data on Kiriwina based on interviews with 25 randomly selected storeowners, it appears that 22 of these 25 stores stock the brand of soap produced by the projects' private sector partner, suggesting that companion packaging of condoms with this soap would result in distribution to most or all villages. How effective the method is in practice will only be known following the monitoring and evaluation of a live trial.</p>
3	3. Increase Access, Demand and Utilization	<p>(a) <i>Strategic health communication – Develop, market test and deliver condom promoting messages using a Total marketing Approach ie:</i></p> <ul style="list-style-type: none"> i. <i>Market research</i> to understand consumer wants, needs, likes & dislikes about condoms; ii. <i>Branding and messaging</i> via multiple outlets and approaches eg mass media, advertising, IEC, one-to-one approaches, champions and community events; iii. <i>Total market approach</i> to cover all sectors – public, private and community <p>(b) <i>Focused and tailored distribution</i> to provide condoms to at-risk and vulnerable populations.</p> <p>(c) <i>Social mobilization</i> to increase community awareness, acceptance and demand for condoms.</p>	<p>(a) Potentially the companion product approach can be used to expose storeowners and consumers to a range of types/brands of condoms. Preliminary indications are that the companion product method has particular advantages as a <i>total market approach</i>.</p> <p>(b) There is potential for the companion product approach to be focused and tailored towards particular destinations (ie targeting selected provinces/regions more than others), but its strength is as a general distribution approach that <i>includes</i> at-risk and vulnerable populations, (although these populations may also merit supplementary attention using alternative methods).</p> <p>(c) Preliminary indications are that the distribution of safe-sex educational materials and condom supplies to the village store level via the companion product approach will contribute to increased awareness, acceptance and demand for condoms. More detailed information on this area will be sought in the course of the proposed Stage 2 live companion product distribution exercise in the two provinces of Milne Bay and Simbu. Optimally, the approach will result in safe-sex information being displayed, and condoms being available, at most stores in the provinces included in the program.</p>
4	4. Provide Support Services	<p>(a) <i>Social, behavioural, and operations research</i> to provide evidence and guide development of effective and supportive CCP policies, strategies and interventions.</p> <p>(b) Capacity building and institutional strengthening for service providers, institutions and national regulatory authorities.</p> <p>(c) <i>Integration</i> with other health programs eg VCT, PMTCT, HIV/STIs, SRH (FP, ANC, MCH, ASRH), TB and Primary Health Care to increase coverage and sustainability.</p>	<p>(d) Subject to the two-province companion product condom distribution trial going smoothly, it is expected to lead to a national level distribution program. Both stages will require monitoring and evaluation.</p>

		(d) Monitoring and Evaluation to ensure targets are achieved and CCP is effective.	
		(e) Recording and reporting of CCP progress for feedback and awareness raising.	
Selected Other NSCCP Elements			
5	CCP Development Phase – Steps 1 to 5 Steps 4 & 5: Develop a costed 5 year CCP Operational Plan and link it to the RHCS and STI/HIV Plan ...Ensure linkages between the CCP Operational Plan and PNG's RHCS and STI/HIV Plan including: <ul style="list-style-type: none"> Using the existing logistics system for RH/HIV/STI essential medicines/commodities – ie use this for forecasting, procurement, warehousing & distribution of condoms... (NSCCP:9). 		<i>In view of ongoing logistics challenges (as demonstrated by the example of the stock-out in Kiriwina) and the difficulty of delivering condoms to the village-store level on an uninterrupted basis, it is recommended that the CCP is revised to ensure the policy latitude for companion product condom distribution, at least on a trial basis.</i>
6	CCP Implementation Phase – Steps 6 to 10 Step 8: Create and Sustain Demand for Condom use: <ul style="list-style-type: none"> Employ creative and non-traditional outlets for promoting and distributing condoms (eg condom dispensers, hair salons, sports tournaments, youth friendly services etc); Mobilise communities to ensure supportive environments for male and female condoms (NSCCP:10). 		The preliminary findings of the Pre-Trial Pilot Study suggest that village stores may fall into the category of 'non-traditional outlets' given that only two of the 100 visited indicated they 'usually' stocked condoms. Given the ubiquity of village-stores throughout PNG, getting condoms and safe-sex materials to this level has the potential to make a substantial contribution to the process of creating a supportive environment for male and female condoms and promoting/creating and sustaining condom use.
7	CCP Coordination in Papua New Guinea 4. Liaison with Provincial Implementing Teams: 'The NCC provides guidance and support to...provincial partners to facilitate further [condom] distribution and extending the reach of CCP into local communities...' (NSCCP:14).		Realistically, 'extending the reach of CCP into local communities' is likely to take time and be challenged by significant logistical and public administration hurdles. Conceivably these may not be overcome within the term of the present CCP work plan. In the course of the companion product research, for example, a stock-out of male condoms was reported to have prevailed in Kiriwina for over two months, and the PACS Simbu logistics capacity was found to be compromised by the apparent appropriation of the PACS vehicle by Provincial administration officials (spotted by field team on Saturday 16 March 2013 being used as venue for mobile beer party). Companion product condom distribution can play a role filling gaps while the public administration processes and logistics capacities that will eventually take CCP to local communities continue to develop.
8	CCP Coordination (2): national Working Groups – Guidelines for WG Activities CCP Working group 1: Leadership and Coordination: ii) Advocacy – Promoting CCP in Papua New Guinea at all levels: <ul style="list-style-type: none"> Engage leaders from all sectors [community, business, etc.]... (NSCCP:15). 		The companion product approach is a means of both harnessing the support of national level business leaders (and using their supply chains), and engaging with entrepreneurs ('community gatekeepers'?) at the village level.

	<p>iii) Policies and regulations: Review and identify any national legislation, policies or regulations that may act as barriers to condom promotion, distribution or use (NSCCP:15)</p>	<p><i>As recommended above, suggest creating explicit policy ‘space’ in the CCP for trialing new ways of distributing condoms (for example the companion product approach) as such approaches may be key to overcoming the particular challenges prevalent in the PNG context.</i></p>
9	<p>CCP Working Group 1: Leadership and Coordination – (Continued): ...[notes that ‘procuring condoms is not a problem at this time’ but that ‘Currently there is a lack of funds for other crucial aspects of CCP such as distribution’. Also refers to the need for ‘accurate projections and forecasting of budget needs to meet anticipated increase in demand for condoms, and extension and reach across the country’] (NSCCP:16)</p>	<p>Preliminary indications suggest that the companion product approach has the potential to contribute to realising the anticipated ‘extension and reach [of condom distribution activities] across the country’. Subject to trialing, it is probable the companion product approach can do this on a cost effective basis compared to other methods, which is important given the current ‘lack of funds for...crucial aspects of CCP such as distribution’.</p>
10	<p>CCP Working group 2: Supply and Commodity Security: v) Supply chains to outlets – national distribution systems:</p> <ul style="list-style-type: none"> Assess and monitor relative merits of “Push” versus “Pull” versus “Mixed” supply chain system – Implement, monitor and adjust the system as necessary; Identify further condom outlets and piggyback on the existing supply chains (NSCCP:17) 	<p>Companion product condom distribution clearly piggybacks on existing supply chains that distribute to the village-store level. Given that the numbers of stores throughout PNG almost certainly number in the tens of thousands, the approach has considerable potential. Although a ‘push’ method, the companion product approach can be used to educate storeowners and consumers about where they may order additional supplies of condoms and/or alternative types/brands of condoms, thereby contributing to the creation of a ‘pull’ supply chain. Depending on how quickly a ‘pull’ system develops and how substantive it is,³² companion product condom distribution could potentially have a mid-to-long term role in the national distribution system.</p>
11	<p>CCP Working Group 3: Access, Demand, and Utilization (for example...):</p> <ul style="list-style-type: none"> Conduct market research on product preferences, pricing policy – free or maximum acceptable pricing, placing of product – preferred outlets and modes of distribution... Identify methods, outlets and events for broadcasting messages eg: champions, advertising – mass media, signage – posters/billboards, leaflets/brochures, product labeling, one-to-one approaches – peer/community educators, presence at events, festivals and gatherings... Identify non-health sectors where condoms can be promoted and marketed...(NSCCP:19). 	<p>Monitoring of how storeowners distribute condoms received via companion product distribution (give away of sell, and at what price) could help inform market research on this and related areas. The preliminary results of the Pre-Trial Pilot Study suggest that the village-store level is a clear ‘non-health’ sector where there is potential for ‘condoms to be promoted and marketed’.</p> <p>As already mentioned, the companion product method has clear potential for distributing safe-sex information to the village-store level where it can potentially be viewed by an extensive audience.</p>

³² As suggested in the analysis of the Pre-Trial Pilot Study, the preference expressed by storeowners in giving condoms away versus the interest expressed in selling them, together with the far greater number given away in the course of the study, suggest a possible perception among storeowners and community members alike that the free distribution of condoms is a kind of public service.

The analysis presented in Table 4.1 above describes how the Companion Product Condom Distribution approach is compatible with a number of key CCP elements and has potential to contribute to the realization of CCP objectives. Examples of these include the following (note that the references refer both to the *rows* in Table 4.1 above, as well as to the pages of the NSCCP document itself):

- Contributing to the realization of a comprehensive distribution process enabling (constant/uninterrupted) distribution of condoms to the village-store/community level [CCP 1(a)i; CCP 2(e)].
- Supporting national supply chains through capitalising on the extensive distribution footprint of a private sector partner [CCP 1(a)ii; CCP 2(c)].
- Distributing condoms to non-traditional venues (village-stores), exposing village-level entrepreneurs and consumers to messages promoting safe-sex/condom use, and consequently increasing ‘community awareness, acceptance and demand for condoms’ and ‘Mobilising communities to ensure supportive environments for male and female condoms’ [CCP 3(c); Row 6].
- Enabling a potentially low cost means of distributing condoms throughout PNG, therefore alleviating the problem posed by the prevailing ‘lack of funds for... crucial aspects of CCP such as distribution’ [Row 9].
- Providing a direct means of ‘piggybacking on the existing supply chains’ via a ‘push’ system that can also be used to inform storeowners and consumers about options for ‘pulling’ condoms towards the marketplace (ie ordering them) [Row 10].

Notwithstanding the broad compatibility of the companion product condom distribution approach with the CCP, there are several areas where possible inconsistencies between the companion product approach and the CCP (and other experimental condom distribution approaches) can be identified. These include the emphasis (NSCCP:9/Row 5) on using the existing logistics system for RH/HIV/STI essential medicines/commodities...for... warehousing & distribution of condoms’, and the emphasis on (NSCCP:8/Row 1) on avoiding ‘duplication’ in a condom delivery system that is also intended to be ‘comprehensive’. These two positions could potentially be inconsistent with the companion product condom distribution approach and possibly other ‘creative and non-traditional’ (NSCCP:10) condom distribution approaches. Whereas there is general reference in the CCP (NSCCP:17) to condom distribution methods that ‘piggyback on the existing supply chains’ it is recommended that the wording of the CCP be revised to explicitly approve the distribution of free condoms with companion products to ensure the latitude for experimentation with the approach is clearly defined.

Concerning the CCP reference (NSCCP:8) to ‘avoiding duplication’, it is recommended that consideration be given to defining this term in greater detail. For example, does duplication involve distributing both commercial condoms and free condoms to the same venue, possibly via different mechanisms and potentially for different markets? Does it involve installing a free condom dispenser near a store that already sells condoms? Would it involve supplying condoms to a store located near a Department of Health facility, potentially via a companion product approach that would simultaneously distribute condoms to other locations remote from clinics? While much may depend on the definition of ‘duplication’, it is thought that reference to ‘*minimising* duplication’ might be more useful during the development of the envisaged comprehensive distribution system. As also referred to in the CCP (NSCCP:17) all delivery systems can be monitored

and adjusted over time to deliver optimal performance.

5. Conclusions

Although preliminary and based on a study of limited duration (on average 15 days between first and second interviews), the findings of the pre-trial pilot study suggest that the Companion Product Condom Distribution (CPCD) approach has the potential to contribute to improved condom distribution outcomes in the PNG context, which continues to experience bottlenecks that prevent the distribution of condoms to rural areas on a sustained and uninterrupted basis. As discussed in Section 2.2, this reality is highlighted by the findings of the field team that the LLG of Kiriwina in Milne Bay Province experienced a stock-out of male condoms during the first half of 2013 for a period in excess of two months.

As outlined in Section 3 of the report, the particular evidence supporting the relevance of the CPCD approach in the PNG context includes the following:

- The ability of the CPCD approach to potentially deliver condoms to tens of thousands of village-store outlets, most of which appear likely to have never or rarely stocked condoms previously, and most of which offer a high level of accessibility to community members (long opening hours).
- The high level of interest of storeowners, who appear to have a robust appreciation of the public health advantages of the CPCD approach.

The results of the study confirm the importance of proceeding with the Stage 2 ‘live’ trial in the provinces of Milne Bay and Simbu, to test if the CPCD approach works as well in practice as in theory. To ensure that scope for the CPCD trial is provided for in the PNG Comprehensive Condom Policy, it is recommended in Section 4 that the planned revisions of the CCP include explicit approval of the distribution of free condoms with companion products, and that references to ‘avoiding duplication’ be changed to ‘minimising duplication’.

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Appendices

Appendix A - Questionnaire

UNIQUE I.D.:	
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COMPANION PRODUCT CONDOM DISTRIBUTION QUESTIONNAIRE FOR RANDOMLY SELECTED TRADE- STORE PROPRIETORS

Section 1 – First Interview

A. INTRODUCTION

This study is being conducted to inform the development of a health product distribution trial being planned by the PNG National AIDS Council Secretariat (NACS) in collaboration with the Colgate Palmolive company and Social Science Dimensions (SSD) consultants. The purpose of the trial, which is planned for mid-2013, will be to test the effectiveness of a new way of distributing condoms to rural areas so they are more easily available to community members to protect themselves against infection from HIV and other sexually transmitted diseases, as well as from unwanted pregnancies. **The purpose of this survey is to obtain information from the owners of businesses that sell household supplies.** The study consists of two series of questions, the first now and the second in about 10 days time. Each series of questions will take about 15 minutes, and we hope you can spare some time to answer our questions.

Please note that any personal information you provide will be kept confidential by the project partners.

B. BUSINESS DETAILS

1. Province

☐ Simbu ☐ Milne Bay

2. LLG: 3. Ward and Cluster:.....

4. Other relevant name of location:.....

5. Business name:

6. Name of Business Owner(s):

7. Name of Business Owner surveyed (main respondent in case of partnership):

8. Gender of Business Owner surveyed (main respondent in case of partnership): ☐ Male ☐ Female

9. Age of Business Owner surveyed (main respondent in case of partnership):

10. Mobile No:

11. Type of Business (tick more than one if appropriate):

☐ Trade-store ☐ Canteen ☐ Supermarket/General store ☐ Bar/restaurant/hospitality

☐ Other (please indicate):

12. Business Registration: ☐ The Business is registered ☐ The Business is unregistered

13. In what year was this business registered (for regd. businesses):

14. How many days are you open per week on average?

15. How many hours are you open per day on average?

16. Estimated number of customers (who make a purchase) per day?

17. Estimated average spending per customer?

18. What are the most commonly sold items at this store? (Mark 'F', 'M' and 'S' for Fast, Medium, Slow)

Food	Main brand	Sales rank	Non-food	Main brand	Sales rank
Rice			Matches		
Flour			Batteries		
Cooking oil			Laundry soap		
Tin fish			Toilet soap		
Tin meat			Dish paste		
Sauce			Laundry detergent		
Noodles			Toothpaste		
Soft drink			Toothbrush		
Milk			Shampoo		

19. What is the most common means by which your stock is delivered?

☐ By vehicle ☐ By air ☐ By foot ☐ By boat

☐ Other (please indicate):

20. Can you please list your Supplier / Wholesaler and their locations?

Supplier 1: Location:

Supplier 2: Location:

Supplier 3: Location:

Supplier 4: Location:

A. CONDOM AVAILABILITY

21. Please indicate which of the following situations apply regarding the stocking of condoms for sale or free distribution at your trade-store.

(a) ☐ Condoms are never or rarely available (**please go to Question 27.**)

(b) ☐ The following condoms are usually available at the prices indicated (please list in order of popularity, include female condoms as well as male condoms, and include condoms that are given away free as well as condoms that are sold):

Type 1: Price/condom:.....(Kina) Supplier:

Type 2: Price/condom:.....(Kina) Supplier:

Type 3: Price/condom:.....(Kina) Supplier:

Type 4: Price/condom:.....(Kina) Supplier:

Type 5: Price/condom:.....(Kina) Supplier:

Type 6: Price/condom:.....(Kina) Supplier:

Type 7: Price:.....(Kina) Supplier:

22. Are any condoms available today?

☐ Yes ☐ No

23. Are condoms stored in a place that is easily visible to customers? (field staff to make visual check and also ask location of normal storage place in case of stock-out)

☐ Yes ☐ No (if 'No', please indicate Why?)

24. Are condoms stored out of direct sunlight? (field staff to make visual check, taking into account proximity to windows and movement of sun throughout the day. Field staff should ask location of normal storage place in case of stock-out):

☐ Yes (out of direct sunlight) ☐ No (they are, or would be, exposed to direct sunlight)

25. Are any condoms in stock within their use-by dates?

☐ Yes ☐ No ☐ N/A – No condoms currently in stock

26. Is there any easily visible (ie. poster-size) educational material on display promoting condom use and safe-sex? (field staff to make visual check)

☐ Yes, the following information: (please describe).....

☐ No

If information was provided in relation to Questions 21.(b) to Question 26 above, please go now to Question 28 over the page.

THIS QUESTION ONLY FOR THOSE WHO TICKED 'a' IN QUESTION 21.

27. If you indicated that 'condoms are never or rarely available' at your trade store in Question 21 above [21.(a)], please indicate the main reason for this: (Note to field staff: Please give respondents an opportunity to identify reasons *before* suggesting them)

☐ Nobody has ever asked for a condom/No demand

☐ Have never thought about it

☐ Do not know where to order supplies of condoms

☐ Religious and/or moral reasons

☐ Other, (please state):

Please continue to Question 28 below

28. Are you interested in distributing, through sale or giving away, a batch of free condoms that we supply you with today, to help members of your community protect themselves against HIV/AIDS, other STI's, and from unwanted pregnancy?

☐ Yes (if 'Yes', field staff to present trade-store proprietor with a package of condoms, posters indicating that condoms are available at this trade-store, and other specially prepared educational materials including information for the store-holder on how to correctly store/stock condoms. **Then go to Question 29. below**)

☐ No, not interested in selling or giving away condoms (**if 'No', please thank trade-store proprietor and terminate interview**)

29. At this stage, do you think you will give these condoms away or offer them for sale?

☐ Sell for 50t/condom ☐ Sell for K1.00/condom ☐ Sell for K2.00/condom

☐ Sell for other amount (please indicate):

☐ Give away ☐ Not sure yet

Trade-store proprietors willing to distribute condoms to customers/community members are to be asked if it is ok for field teams to return in approximately 10 days to ask several further questions about how the distribution process went, and thanked for their time on this occasion.

UNIQUE I.D.:

COMPANION PRODUCT CONDOM DISTRIBUTION QUESTIONNAIRE FOR RANDOMLY SELECTED TRADE- STORE/CANTEEN PROPRIETORS

Section 2 – Second / Follow-up Interview

A. INTRODUCTION

Field staff to explain that the purpose of the follow-up interview is to collect data on what happened to the condoms that were left with trade-store proprietors during the first visit. **Field staff should preferably interview the same business owner (in case of partnership) they interviewed on the first occasion. If this is not possible, and they have to interview a different business partner, then this must be noted.**

B. BUSINESS & RESPONDENT DETAILS

30. Business name: **(Must be the same as Question 5.)**

31. Name of Business Owner(s):
..... **(Must be the same as Question 6.)**

32. Name of Business Owner surveyed on this occasion **(preferably the same as on first visit)**:
.....

33. Gender of Business Owner interviewed on this occasion: ☐ Male ☐ Female

34. Age of Business Owner interviewed on this occasion:

C. FOLLOW-UP QUESTIONS

35. Field staff to make a visual check of whether the educational materials left with the trade-store proprietor during the last visit have been put on display:

☐ Yes (the information is on display) ☐ No (the information is not on display)

36 (a). Have the free condoms provided as part of this study been stored out of direct sunlight? (field staff to make visual check and, if they are all gone, ask where they were stored)

☐ Yes (stored out of direct sunlight) ☐ No (they are/were exposed to direct sunlight)

36 (b). Have the free condoms provided been stored in a visible place? (check as above)

☐ Yes (condoms visible to customers) ☐ No (condoms not visible to customers)

37. Could you please indicate what happened to the **200** condoms left with you last visit?

Sold: (No.) at the price of Kina per condom.

Given away: (No.)

Remaining: (No.)

Total: (No.) **(should add up to 200)**

38. What was the main factor in customers finding out that the condoms we left with you recently were in stock?

☐ The posters ☐ Customers spotted condoms ☐ Informed by trade-store/canteen staff

☐ Heard from other people ☐ Other (please indicate):.....

39. Who actually bought/took the condoms, and in what percentages (% men / % percentage women)?

☐ In the following proportions:

Proportion Men		%
Proportion Women		%
Total (must add up to 100)	100	%

☐ No idea, because the condoms were left in an out-of sight location for people to access privately.

40. How do you think people feel about purchasing/taking condoms from your trade store?

☐ Mostly, people are able to purchase/take condoms without stigma or shame.

☐ Sometimes people purchase/take condoms without stigma or shame, but sometimes it is a problem.

☐ There is a lot of stigma/shame associated with purchasing/taking condoms in this community.

☐ No answer

41. Do you think that purchasing / taking condoms is harder for women than for men?

☐ Yes ☐ No ☐ Unsure

42. How do you think any issues of stigma/shame associated with the purchase/distribution of condoms in your community can best be overcome or minimised? (please outline):

☐

.....

.....

☐ No idea

43. Would you be interested in receiving further consignments of free condoms included in soap packaging (6-packs and/or cartons) which you could then sell/distribute?

(a). ☐ Yes ☐ No

Please indicate why Yes/No?:

(b). If 'Yes', would you be interested in buying laundry soap with free condoms in the carton for you to sell / give away?

☐ Yes ☐ No

44. In what form do you normally purchase soap from your supplier?

☐ Loose ☐ 6-pack ☐ Carton ☐ Other (please indicate).....

45. – 46. Please indicate whether you agree or disagree (or neither) with the following statement:

Statement	Agree	Disagree	Undecided
(45) Distributing free condoms in soap packaging would indicate a caring company that is trying to help members of the community protect themselves against HIV/AIDS.			

Appendix B – Reasons Why Storeowners Are/Are Not Interested in Receiving Condoms in Soap packaging

The following tables outline the reasons provided in response to Question 43a, which asked storeowners to provide reasons for why they were/were not interested in 'receiving further consignments of free condoms included in soap packaging'.

Table B1: Reasons why storeowners *are* interested in receiving condoms in soap packaging (reasons provided by 74 of 89 storeowners who answered 'yes' to Question 43a)

No.	Reasons why storeowners are interested in receiving free condoms in soap packaging
Theme 1: Good way of promoting condom availability/access	
1	'Good way of distributing condoms'. (Kiriwina)
2	'Excellent way to distribute condoms'. (Kiriwina)
3	'A good method of distributing free condoms'. (Kiriwina)
4	'Good way of distributing condoms'. (Kiriwina)
5	'Excellent method of condom distribution'. (Kiriwina)
6	'Excellent way to distribute condoms'. (Kiriwina)
7	'To ensure availability of condom supply'. (Kiriwina)
8	'Every person can easily afford a soap and access condoms'. (Kerowagi)
9	'Affordable to anybody'. (Kerowagi)
10	'Remote population will access condom'. (Kerowagi)
11	'Easy and cheap'. (Kerowagi)
12	'Affordable without fear'. (Kerowagi)
13	'Easy and affordable'. (Kerowagi)
14	'Everybody will have condom in all communities everywhere'. (Kerowagi)
15	'Easy to take condoms'. (Kerowagi)
16	'To make condoms available in their trade stores'. (Gumine)
17	'To make condoms available in their community'.
18	'To make condom supply available in the community for the people to access'. (Gumine)
19	'To make condoms accessible in the community'. (Gumine)
20	'To make condoms available in the trade stores for community'. (Gumine)
21	'Accessible to remote areas'. (Gumine)
22	'Easy way of distribution'. (Gumine)
23	'Make it [condoms] available to everyone'. (Gumine)
24	'To make condoms available in my community'. (Gumine)
25	'Easy access for us to store and distribute'. (Gumine)
26	'Easy access for people'. (Gumine)
27	'To make supply available for he community to use it for safety purpose'. (Gumine)
28	'Condom can be made available in our community'. (Gumine)
29	'Best way of distribution'. (Gumine)
30	'Every family will have access'. (Gumine)
31	'Access to everyone'. (Gumine)
32	'It's a good idea, it (condom) availability gives people a choice'. (Hu Hu)
33	'More accessible for village people if condoms are able to get to the trade-store level'. (Hu Hu)
Theme 2: Reference to 'free' and/or public health aspects	
1	'It comes free with soap'. (Hu Hu)
2	'As a companion product the condoms will be free, for people's benefit ultimately'.
3	'Because it is going to come free as a companion product'. (Hu Hu)

4	'It comes free as a free companion product, and for safety of clients'. (Hu Hu)
5	'It is a good way of getting free condoms'. (Hu Hu)
6	'The condom will come free to us, [hence] a chance to make it available to those who need it'. (Hu Hu)
7	'It is coming free in soap package, it will be readily available'. (Hu Hu)
8	'Condoms will be coming free and direct to store owners through soap packages'. This is 'a new initiative and good one, to help fight HIV/AIDS spread and other STI diseases'. (Hu Hu)
9	'We receive it free so our clients do not have to look for condoms'. (Hu Hu)
10	'Comes free with soap'. (Hu Hu)
11	'It is supplied free as a companion product to <i>Klina</i> laundry soap...A very good and positive initiative by Colgate company'. (Hu Hu)
12	'It comes free with soap package 'so what more can I ask for'. (Hu Hu)
13	'Condoms come free on another product [soap]. It's a fantastic idea'. (Hu Hu)
14	'Condoms are coming free and readily available for those who need it'. (Hu Hu)
15	'Because we interact with young people freely they feel free towards us, we want to help protect them from HIV/AIDS & STI diseases'. (Hu Hu)
16	'We do not want to allow HIV/AIDS to spread into the rural community'. (Hu Hu)
17	'Help minimise HIV/AIDS or STI'. (Gumine)
18	'For sale and [free] supply to the customers'. (Gumine)
Theme 3: Reference to soap as an appropriate companion product	
1	'People have need for soap like condom'. (Kiriwina)
2	'Both items [soap and condoms] are needed in my community'. (Kiriwina)
3	'Both products are needful in my community'. (Kiriwina)
4	'Always sell soap to people'. (Kiriwina)
5	'Community needs both soap and condoms to help them live better lives'. (Kiriwina)
6	'People always bought soap from the canteen'. (Kiriwina)
7	'Always bought and sold soap'. (Kiriwina)
8	'Great need for both products [condoms and soap] in my community'. (Kiriwina)
9	'Always sold soap and this could increase distribution of condoms in my community'. (Kiriwina)
10	'People always bought soap and they could increase/encourage use of condom'. (Kiriwina)
11	'People always bought soap'. (Kiriwina)
Theme 4: Will help both business and community	
1	'It may [help] my business to grow and also help my community to be safe from HIV...'. (Kiriwina)
2	'It helps both customer for the condom and store-owners...'. (Kiriwina)
3	'It will help my business and my people'. (Kiriwina)
4	'Because it helps my business and my people to prevent HIV-AIDS, STI, unwanted pregnancy'. (Kiriwina)
5	'Condom demand is high in the community'. [and this proprietor is interested in trying to sell them]. (Gumine)
Theme 5: Possible role in reducing stigma and discrimination	
1	'Avoid stigma and discrimination'. (Kerowagi)
2	'Everybody will have condom - normal without stigma & discrimination'. (Kerowagi)
3	'Avoid stigma & discrimination and easy to afford access'. (Kerowagi)
4	'Avoid stigma & discrimination'. (Kerowagi)
Ungrouped	
1	'The use of condom and its justification is for rural people/illiterate who are not aware of such social illnesses as HIV/AIDS, STI and family control concerns. Consistent with my personal belief and principles I would only encourage it for these illiterate

	underprivileged people'. (Hu Hu)
2	'I would support and access condom usage to the community'. (Kiriwina)
3	'Happy to [be] a condom agent'. (Kerowagi)

Table B2: Reasons why storeowners are *not* interested in receiving condoms in soap packaging (reasons provided by the two storeowners who answered 'no' to Question 43a)

No.	Reason why storeowners are <i>not</i> interested in receiving free condoms in soap packaging
1	Religious/moral reasons
2	'Might not want to ...[unclear]...product that is sold'.

Appendix C – *Types of Stores Included in the Study*

Daily Turnover

The daily turnover of the stores included in the sample was calculated based on average numbers of customers (Question 16) multiplied by average spending per customer (Question 17), with calculations possible for 91 of the 100 stores for which valid data was provided on these areas. This data indicates that the daily turnover ranged from a low of K28/day to a high of K30,000/day, with an average of K1177. However, one of the stores was a regional wholesaler in Kiriwina (identifying as a trade-store) with an indicative daily turnover of K30,000 and another store, which shared similar characteristics, had an indicative daily turnover of K20,000. When these two stores are eliminated from the calculation, the average daily turnover of the remaining 89 stores included in the study drops to K641.³³

Trade Stores or canteens (Q.11)

Of the 100 stores, 27 identified as trade-stores and 73 identified as canteens, with stores identifying as trade-stores generally having higher daily turnovers than canteens.³⁴ However, in a number of individual cases the difference between trade-stores and canteens is unclear. For example, the store with the lowest indicative daily turnover of all stores included in the study (K28) identified as a trade store.

³³ Excluding the two stores with the indicative daily turnovers, respectively, of K30,000 and K20,000, the next highest indicative daily turnover (two instances) was K5000.

³⁴ For example, of the 89 stores for which daily turnover can be calculated and which have a daily turnover of K5,000 or less, 23 identified as trade stores and 66 as canteens. Of the 23 that identified as trade-store, 12 have a daily turnover greater than the average of K641, whereas only 11 of the 66 stores identifying as canteens had a daily turnover in excess of K641.