



Papua New Guinea Companion Product Condom Distribution Project

Final Evaluation Report

April 2018

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Final Evaluation Report

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Cover: Free condoms on display at store in Losuia, July 2016

Foreword

In September 2012 the Papua New Guinea National AIDS Council Secretariat (PNG-NACS) signed a grant agreement with Social Science Dimensions (SSD) for the coordination, monitoring and evaluation of an innovative condom distribution trial. The experiment was motivated by the quest for a solution to the bottlenecks afflicting the distribution of condoms throughout rural PNG.

The design of the ‘Companion Product Condom Distribution’ (CPCD) approach was the result of discussions over many months between NACS, the PNG National Department of Health (NDOH), the SSD team, and private sector partner Colgate Palmolive PNG Ltd. The support for the trial by NACS underscores the commitment of PNG health authorities to find solutions to the logistical challenges presented by geographical, infrastructural and resource realities faced in rural areas.

This evaluation was prepared in 2016 by Dr Rod Nixon from SSD with Moses Kiagu, former Manager of the NACS Policy Planning Branch (National Prevention Division). The evaluation has demonstrated proof of concept, and also identified ways in which the CPCD approach can be improved. Importantly, the trial has highlighted practical ways in which members of the business community, at national, provincial and local levels, can help ensure access to condoms by the population. The evaluation is being publicly released now to coincide with the decision of the NDOH to expand the CPCD program to a greater number of provinces.

I want to repeat the words of some of those interviewed for this evaluation, and thank Colgate for participating in the trial. I also extend my thanks to the United Nations Population Fund for supporting a media component, and all those store proprietors in Milne Bay, Simbu and Jiwaka provinces who distributed condoms to members of their communities as part of the trial.

The future expansion of the CPCD project will depend on new partnerships both at national and regional levels. I want to take this opportunity to encourage businesses at all levels to work with us to help make universal access to means of protection against HIV, other STIs and unwanted pregnancies a reality in PNG.



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Director, Papua New Guinea National AIDS Council Secretariat (NACS)

3 April 2018

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Acronyms and Abbreviations

| | |
|-------|---------------------------------------|
| BAHA | Business coalition Against HIV/AIDS |
| BCE | Behavioural Change and Education |
| CPCD | Companion Product Condom Distribution |
| KHP | <i>Klina</i> Health Pack |
| LLG | Local Level Government |
| NACS | National AIDS Council Secretariat |
| PACS | Provincial AIDS Council Secretariat |
| PHA | Provincial Health Authority |
| PPP | Public Private Partnership |
| SSD | Social Science Dimensions |
| STI | Sexually Transmitted Infection |
| UNFPA | United Nations Population Fund |

1. Introduction and Summary of Key Findings, Conclusions and Recommendations

1.1 Project Overview

The Papua New Guinea (PNG) Companion Product Condom Distribution (CPCD) project involves trialing the distribution of condoms included in the packaging of companion products (soap) as a strategy for overcoming logistical challenges associated with the distribution of condoms in rural PNG. Specifically, the project has involving trialing, throughout the two trial provinces of Simbu and Milne Bay, the inclusion of condoms in the packaging of a particular line of the popular and utilitarian *Klina* brand of soap produced by Colgate Palmolive in PNG, thereby piggybacking on an existing supply chain in order to efficiently transfer condoms to the village-store level of the PNG economy. The particular line of *Klina* soap is the popular *Renbo* (Rainbow) carton, which includes bagged 6-packs of the range of flavors in which *Klina* is produced (Lemon, Orange, Herbal, Lavender, Strawberry and Frangipani). Whereas cartons containing each of these flavours *only* are also available, the *Renbo* carton was identified as the ‘*Klina* Health Pack’ (KHP) by Colgate Palmolive for the purposes of the CPCD trial in the two provinces of Simbu and Milne Bay. The health pack differs to any of the other (flavor specific) cartons in that it contains condoms, awareness materials aimed respectively at store staff and the public, and toothpaste sachets included by Colgate Palmolive to give the initiative a family health character.

The origins of the CPCD project lie in a series of discussions that developed in the 2010-2012 period involving PNG National AIDS Council Secretariat (NACS) staff, the Social Science Dimensions (SSD) team, and Colgate Palmolive. These exchanges resulted in a collaboration involving use of the Colgate Palmolive PNG Ltd soap supply chain for a trial distribution of condoms included in soap packaging, and provision by NACS of a funding grant to enable SSD to conduct coordination, monitoring and evaluation activities. The United Nations Population Fund (UNFPA) also contributed a grant to support the preparation and dissemination of Behavioural Change and Education (BCE) materials

As an initial step aimed at gauging the receptiveness of store operators to the CPCD approach within their respective communities, a Pre-Trial Pilot Study was undertaken in 2013. This study was a two-stage process in which 100 randomly selected store operators from four Local Level Government (LLG) areas (Hu Hu Rural and Kiriwina in Milne Bay province, and Kerowagi Rural and Gumine Rural in Simbu province) were questioned on whether they had ever stocked condoms before and whether they were interested in accepting a free pack of 200 condoms that they could either sell or give away to customers/community members. Of the 100 store operators approached, 95 agreed to participate in the study, which included a follow-up visit by enumerators several weeks later to evaluate the effectiveness of this store-based condom distribution experiment. Data from the Pre-Trial Pilot Study included the finding that of the 100 randomly selected store operators, only two indicated that condoms are ‘usually’ available at their store, with the remaining 98 store operators indicating that condoms are ‘never or rarely available’ (thereby highlight the relevance of the CPCD concept). Amongst those who participated in the pilot distribution, the study found a high level of interest in receiving further supplies of condoms included in soap packaging for distribution to customers/community

members, and – importantly from the perspective of any private sector partner participating in the venture – support amongst store operators for the view 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.’¹

Following the encouraging results of the Pre-Trial Pilot Study, the live trial in the provinces and Milne Bay and Simbu commenced in April 2015, after the preparation of a range of BCE materials (comprising notes to store operators in English and Pidgin, and awareness posters, television and radio segments featuring kickboxing identity Stanley Nandex).² The CPCD trial is expected to continue to operate in Milne Bay and Simbu provinces at least until around the end of 2016. Continuation through and beyond 2017, and expansion into additional provinces, will be dependent on several factors, the most critical of which is the ongoing collaboration of the private sector partner. The next most critical factors include the ongoing availability of funds to support the printing of awareness materials, and potentially the periodic ‘refreshment’ (see Section 3.4.2) of these materials, as well as confirmation of condoms supply under conditions of a revised PNG condom procurement regime (see Section 3.1.2). Other aspects include support for ongoing coordination, monitoring and evaluation activities, if considered necessary. As discussed in Section 4.2.1, these matters, based on the outcome of the two-province trial, are likely to require a discussion involving all relevant parties, including NACS, Colgate Palmolive, and the PNG National Department of Health (NDOH). The evaluation team understands (see Section 3.3.5 [c]) that the latter agency is likely to draw on the experience of the CPCD, as a Public Private Partnership (PPP) supporting family health outcomes, in relationship to the development of the HIV/AIDS Strategy 2018 – 2022.

1.2 The 2016 Evaluation

The evaluation outlined in this document was designed to inform the following areas:

1. The effectiveness of the approach in distributing condoms to stores (especially rural stores in the target provinces).
2. The acceptability of the approach to store operators.
3. The acceptability of the approach with the public/end users.
4. The effectiveness of the BCE materials (television and radio advertisements, and posters and educational materials).

A component intended to assess the effectiveness of the CPCD approach in reducing rates of Sexually Transmitted Infections (STIs) has been postponed pending access to more detailed datasets than have been available to date.

The evaluation took place between 19 July 2016 and 5 August 2016 and employed a qualitative methodology that involved interviews and meetings with individuals from three different groups, specifically (1) Private sector informants ranging from Colgate Palmolive staff (including provincial sales staff) to managers and staff of provincial and sub-provincial wholesalers, to small store-operators at the end of the supply chain in rural areas (51 interviews with 63 informants), (2) Members of the public/end-users (four focus groups conducted), and (3) Key persons from the health (government, non-government

¹ For full details of the study see Nixon (2013).

² The BCE materials distributed in the soap packaging are included in Appendix C. The television segment can be viewed at: <https://www.youtube.com/watch?v=x5i3xQbW19Q>

and international agency), public administration and community sectors (totaling 18 interviews with 22 informants).

In Milne Bay, interviews were conducted in the Alotau - Hu Hu area and on the islands of Kiriwina and Vakuta in the Trobriands (Kiriwina Goodenough district). In Simbu province, interviews were conducted in the localities of Kundiawa, Kerowagi, Gumine and the Mnt Wilhelm. Minz in nearby Jiwaka Province was also visited after the team learnt that some of the KHP supplies delivered to Kundiawa wholesalers were being bought by traders for distribution in nearby Jiwaka province. Other interviews (with key informants) were conducted in Port Moresby.

Further details on the approach taken in the field are presented in Section 2 on Methodology. General descriptions of the stores visited are included in Section 3 on Findings and Analysis and details of key persons interviewed are provided in Appendix A. Interview guides are included in Appendix B.

1.3 Key Findings

Key findings identified in the course of the evaluation are summarised below, with references to relevant sections of the main report included in brackets.

1.3.1 Stock-outs Continue

Public health system condom supply stock-outs continue to be an issue, with public health system condoms found to have been unavailable for months on Kiriwina and for weeks in Simbu (Section 3.1.4; Section 3.3.5 [a]). Accordingly, there is strong interest among health and public administration officials in the benefits of making condoms available at the village store level using the CPCD approach (Section 3.3.5 [a]).

1.3.2 Risky Sex Reportedly Remains Common

Casual/opportunistic sex reported to be common with or without condoms, but condoms are reportedly used by preference if available (Sections 3.1.3; Section 3.3.4 [c]).

1.3.3 Strong Support for CPCD Initiative Throughout Supply Chain

Based on interviews (Section 3.2) with operators and staff at five provincial wholesalers, five sub-provincial wholesalers, 29 local stores and canteens, support for the initiative throughout the supply chain appears strong. All wholesalers (Section 3.2; Section 3.3.1 [a]) and most local store and canteen operators (Section 3.3.2[a]) receiving KHPs have been cooperating with the CPCD initiative, and there was also a high level of support for the approach among store operators who had not yet received the KHP (Section 3.3.3 [a]). Both at the wholesaler (Section 3.3.1 [a]) and local store/canteen (Section 3.3.2 [b]) levels, store operators and staff have demonstrated enterprise and creativity in how they distribute condoms to customers/members of the community. As per 1.3.8 below, in the great majority of cases the condoms are being distributed free of charge.

1.3.4 Non-Participating and the Question of Improved Awareness and Marketing

Three cases in which local store/canteen operators were disposing of KHP condoms instead of distributing them to customers were identified. However, all three operators agreed to cooperate with the program in the future once the importance and NACS-approved status of initiative was explained (Section 3.2.3 [a]). This suggests that participation in the initiative could potentially be improved further through a revised awareness component (Section 3.3.2 [e]). A related finding was that most store operators

interviewed who had *not* received the KLPs were highly enthusiastic about the initiative, but had simply never heard of it. Again, this suggests that participation could be increased further through improved attention to awareness and marketing aspects, possibly including the inclusion of information about the availability of the KHP in all *Klina* cartons (Section 3.3.3 [b]). Future marketing/awareness could stress that the CPCD initiative is a public health program as opposed to a promotion (Section 3.3.1 [f]).

1.3.5 CPCD Initiative Highly Popular with End-Users/Members of the Public

The results of four focus group discussion indicate that the CPCD initiative is highly popular among end-users (Section 3.3.4). This is especially the case among male end-users, with feedback from a female focus group supportive but more nuanced. In all of the groups, participants stated that a main advantage of the CPCD initiative was that it made sourcing condoms much easier, and saved individuals the embarrassment or shame associated with sourcing condoms at health facilities. Male participants specifically referred to the embarrassment associated with sourcing condoms from female health staff (Section 3.3.4 [a]). Other issues to emerge included the advantages of the approach in making condoms available to young women (Section 3.3.4 [b]).

1.3.6 Popular Suggestions: More Condoms and Female Condoms

It was reported that in most cases, supplies of condoms expired before supplies of *Klina* soap, and respondents in all informant categories (store operators and staff, end-users/members of the public and public health and administration workers), suggested that the number of condoms per KHP be increased. Similarly, respondents from each of the informant groups requested that female condoms be included in KHPs as well (Section 3.3.1 [e]; Section 3.3.2 [g]; Section 3.3.4 [d]; Section 3.3.5 [a]). Section 3.3.2 (g) includes consideration of possible scenarios for increasing the number of condoms per KHP, and also for including female condoms (see in particular Table 3.4).

1.3.7 CPCD Initiative Not Appearing to be Impacting Negatively on Demand for *Klina*

The inclusion of condoms with soap products does not appear to be impacting negatively on demand for *Klina* soap, and may be contributing to increased demand. Company data could throw more light on this area in due course, but the view that the inclusion of condoms added value to the *Renbo* carton/KHP (like any other free content) and therefore made the KHP a preferred option was widely expressed by store operators (Section 3.3.1 [d]; Section 3.3.2 [f]; Section 3.3.2 [g]). In particular, feedback from store operators included reference to how purchasing the KHP enabled them to promote public health outcomes at the same time as they conducted business, and reference to the role of free condoms in increasing traffic to the store (Section 3.3.1 [d]; Section 3.3.2 [f]).

1.3.8 Condoms Distributed Free in Almost All Cases

Stores were distributing KHP condoms to customers/members of the public free of charge in almost all cases (mostly, but not always, separately from the *Klina* soap), with the staff of only one store (for whom condom profits represented lunch-money) insisting on a charge. Store operators commonly reported that commercial condoms were slow-moving, but that the free KHP condoms were popular (Section 3.3.1 [c]; Section 3.3.2 [c]).

Partly due to the limited popularity of commercial condoms, only a minority of store operators report interest in ordering commercial condoms separately, and among this minority there is the question of motivation to actually order. One store operator

explained how she preferred to receive the free condoms in the KHP, because it enabled her to receive and distribute an important public health item, without having to exercise individual agency (i.e. specifically order condoms) that would conflict with her religious principles (Section 3.3.1 [c]; Section 3.3.2 [d]).

1.3.9 Distribution Gender Aspects

Reportedly most of the condoms are being distributed to males, but quite a number are also being distributed to females. In some cases, store operators reported that they are only giving the CPCD condoms to males ‘because they are male condoms...’ (Section 3.3.1 [b]; Section 3.3.2 [g]), again highlighting the merit of including female condoms in KHPs.

1.3.10 Effectiveness of Behavioural Change and Education (BCE) Materials

Although it was apparent that in some cases store operators had neglected to read the *Note to Storeowners*, in other cases this *Note* had played a role in alerting store operators to the fact that the KHPs were part of a NACS-approved public health initiative. Reportedly there has been a particular interest among the youth cohort in the condom-use instruction printed on the reverse side of the *Note* (Section 3.4.1). Meanwhile, the awareness poster featuring Stanly Nandex has proved popular, and reportedly been displayed variously on store, classroom-wall, notice-board and house. One store operator reported that the poster plays a role in alerting people to the availability of condoms in the store. A couple of informants suggested the addition of an emerging State of Origin rugby star as a second promotional identity in relation to any second generation BCE component (Section 3.4.2). Feedback on the television and radio segments was also positive, and the suggestion emerged that the radio segment could also be included in the recorded ‘Boombbox’ selections popular at evening – late night entertainment venues (Section 3.4.3).

1.3.11 Use of Condoms

Notwithstanding the many alternative uses for condoms, the impression of the evaluation team based on discussions with store operators and focus group participants is that the CPCD condoms have been overwhelmingly used for protected sex (Section 3.3.2 [h]).

1.3.12 Data Collection Proposal

The idea of collecting demographic data, at the store-level, on recipients of CPCD condoms was suggested by health sector informants at both national and provincial level. Important considerations relevant to the development of this proposal include the need for a system that is sustainable from a resource perspective, and one which respects the evident preferences of individuals to source condoms in a non-intrusive environment (Section 3.3.5 [b]).

1.3.13 Public Private Partnership (PPP) Potential

Reference to the plans of the Simbu Provincial Health Authority (PHA) to feature the CPCD initiative in forthcoming awareness activities in the province (Section 3.3.5 [c]) highlight the potential synergies that can arise from such a Public Private Partnership (PPP).

1.4 Summary of Conclusions and Recommendations

Section 4 of this report concludes that the support for the CPCD initiative among store operators, end-users and health and public administration workers provides grounds for continuing and expanding the initiative. Based on the information reviewed in the course

of the evaluation and other considerations, a number of aspects are identified for attention in relation to the implementation of a continued/expanded CPCD initiative and the maximisation of its beneficial impacts. These include the following:

- Respond to the demand for a significant increase in the number of condoms included in each KHP, and for the inclusion of female condoms.
- Consider including condoms at the half-carton or 6-pack level.
- Improve awareness aspects to increase understanding of the initiative and participation in it by store operators (who demonstrate an encouraging level of enthusiasm – once they know about the initiative).

Section 4 notes that arrangements for a continued/expanded CPCD initiative should involve Colgate Palmolive, NACS, the NDOH, and relevant donor partners and address areas including geographic scope, possible future sources of funding for the preparation of the various awareness materials, the role to be played by government agencies in promoting the KHP to store operators, the source of future condom supplies and source of funding for any future coordination, monitoring and evaluation activities.

2. Methodology

2.1 Description of the CPCD Trial

The Companion Product Condom Distribution (CPCD) trial which is the subject of this evaluation is summarised in Box 2.1 below.

Box 2.1: Summary of the Companion Product Condom Distribution (CPCD) Trial

The CPCD project has involving trialing, throughout the two trial provinces of Simbu and Milne Bay, the inclusion of condoms in the packaging of a particular line of the popular and utilitarian *Klina* brand of soap produced by Colgate Palmolive in PNG, thereby piggybacking on an existing supply chain in order to efficiently transfer condoms to the village-store level of the PNG economy. The particular line of *Klina* soap is the popular *Renbo* (Rainbow) carton, which includes bagged 6-packs of the range of flavors (Lemon, Orange, Herbal, Lavender, Strawberry and Frangipani) in which *Klina* is produced. Whereas cartons containing each of these flavours *only* are also available, the *Renbo* carton was identified as the '*Klina* Health Pack' (KHP) by Colgate Palmolive for the purposes of the CPCD trial in the two provinces of Simbu and Milne Bay. The KHP differs to any of the other (flavor specific) cartons in that it contains condoms, awareness materials for the information of store staff and the public, and toothpaste sachets included by Colgate Palmolive to give the initiative a family health character.

Note that the awareness materials included in the KHP comprise a *Note to Store Operators* intended to educate the store operator about the purpose of the initiative and requesting their participation, condom-use instructions (included on the reverse side of the *Note to Store Operators*), and an awareness poster promoting safe sex which features kickboxing identity Stanley Nandex. The awareness materials are included in Appendix C.

2.2 Objectives of the Evaluation

The evaluation was designed to inform the key themes outlined in Table 2.1 below (which also includes notes on baseline data, intended approaches and identified challenges). Note, however, that the Findings and Analysis section (Section 3) has been structured to more logically order information on the various themes.

Table 2.1: Key Themes

| Theme | Baseline Data / Notes on Intended Approach |
|---|--|
| 1. Effectiveness of the approach at distributing condoms to trade-stores (especially rural trade-stores) in the target provinces. | The 2013 Pre-Trial Pilot Study had indicated, as baseline data, that the vast majority (around 98%) of trade-stores did not normally stock condoms |
| 2. Acceptability of the approach to store operators. | The 2013 Pre-Trial Pilot Study had identified strong support for the project amongst a randomly selected sample of store operators. |
| 3. The acceptability of the approach with the public/end-users. | No major issues had been identified in the course of the 2013 Pre-Trial Pilot Study. To be investigated in more detail through (1) Interviews with store operators, (2) Review of sales information, and (3) Discussions with focus groups comprising members of the public (ideally end-users). |
| 4. Effectiveness of the BCE materials (television and radio advertisements, and posters and educational materials). | To be investigated via (1) Interviews with store operators, and (2) focus groups comprising members of the public (ideally end-users). |

| | |
|---|---|
| 5. Effectiveness of the approach in reducing rates of Sexually Transmitted Infections (STIs). | An assessment of this area has been postponed pending access to more detailed datasets. |
|---|---|

2.3 Field Approach

The evaluation was conducted between 19 July 2016 and 5 August 2016. In Milne Bay, interviews were conducted in the Alotau - Hu Hu area and on the islands of Kiriwina and Vakuta in the Trobriands (Kiriwina Goodenough district). In Simbu province, interviews were conducted in the localities of Kundiawa, Kerowagi, Gumine and the Mnt Wilhelm area. Minz in nearby Jiwaka Province was also visited after the team learnt that some of the KHP supplies delivered to Kundiawa wholesalers were being bought by traders for distribution in nearby Jiwaka province. Further interviews (with key informants) were conducted in Port Moresby. The evaluation was based on interviews with the following categories of informants:

- Private sector informants ranging from Colgate Palmolive staff (including provincial sales staff) to managers and staff from regional wholesalers, to local store and canteen operators at the end of the supply chain in rural areas (51 interviews with 63 informants).
- Members of the public/end-users (four focus groups conducted).
- Key informants from the health (government, non-government and international agency), public administration, and community sectors (18 interviews with 22 informants).

Further details concerning the interviews with members of the different categories of informant are provided below.

2.3.1 Private Sector Component

Unlike the 2013 Pre-Trial Pilot Study, which was based on a two-stage interview process with 100 randomly selected store operators from four LLGs (Hu Hu Rural and Kiriwina Rural in Milne Bay province, and Kerowagi Rural and Gumine Rural in Simbu province), the 2016 evaluation employed a qualitative methodology for the identification and interview of store operators. The reason for this, as implied in Box 2.1 above, is that the distribution of condoms over the course of the trial has not been uniform across all stores, but rather dependent on whether particular stores received shipments of the particular soap carton (the *Klina* Health Pack or KHP) containing the condoms.³ Accordingly, the methodology employed involved visiting the key wholesalers at each provincial centre,⁴ and then (1) Interviewing staff concerning the effectiveness of the approach at the level of the wholesaler (including any feedback received from direct customers or businesses further down the supply chain), and (2) Requesting information on how to identify stores further down the supply chain that had purchased KHPs so that these stores could also be targeted for interview.

Sometimes information on KHP orders by smaller stores was available from the key provincial wholesalers, but in cases where purchases were based on 'walk-in' customers (i.e. small customers without accounts) then it wasn't. Accordingly the final methodology included a mixture of visits to stores known to have ordered (or to probably have ordered)

³ This matter, and what might be done to promote awareness of the initiative amongst store operators, is discussed under Section 3.3.3 (b).

⁴ Based upon information received from Colgate Palmolive, three key wholesalers were identified in Alotau, and two in Kundiawa.

the KHP, and visits to other stores to ask if they had received the KHP. As discovered during the evaluation, store operators had no prior knowledge that particular *Klina* cartons (i.e. the *Renbo* cartons or KHP) would contain condoms (due to the initiative not having been specifically advertised), added to which some store operators reported that even when they ordered one flavor, they would sometimes receive a different flavor. For these reasons the receipt of KHP by stores was – especially in the initial instance – somewhat random. Even so, the 2013 Pre-Trial Pilot Survey had identified *Klina* as a soap brand stocked by vast majority of stores, so (as turned out to be the case) there was a reasonable chance that any store would have received the KHP.

For the private sector component, 51 interviews were conducted with 63 informants (including several Colgate Palmolive team members). In most cases,⁵ interviews with private sector informants were based around the questions outlined in Appendix B (B1). Further information on private sector informants is included in Appendix A.

2.3.2 Members of the Public/End Users

To complement the information generated in the course of interviews with store operators, four focus group discussions with members of the public/end-users were conducted. These sessions were organised with the assistance of store operators and, in the case of the Simbu focus groups, former Provincial AIDS Council Secretariat (PACS) staff. In Milne Bay province, one male focus group discussion was conducted on Kiriwina. In Simbu province, male focus group discussions were conducted in Kerowagi Lower Upper and in Nigemarme in Gumine district. A female focus group was conducted in Kerowagi Lower Upper. The intention was for these focus groups to include as many individuals as possible with personal experience of sourcing condoms from stores participating in the trial. While the male focus groups predominantly consisted of individuals in this category, it was less the case for the female focus group, which nevertheless rendered some interesting findings.

The focus group discussions were guided by the questions outlined in Appendix B (B2) and notes on key findings for each of the focus group discussions are included in Table 3.5 in Section 3 on Findings and Analysis.

2.3.3 Key Informants (Health Sector, and Public Administration and Community)

The final category of informants consulted in the course of the consultation was key persons from the health (government, non-government and international agency), public administration, and community sectors (totaling 18 interviews with 22 informants). Interviews with these informants were less structured than the interviews with other categories of informants and were oriented around the particular expertise of respective respondents. In a few cases the interviews mainly served to inform provincial officials regarding the CPCD project and the evaluation. The details of health, public administration and community sector informants are included in Appendix A.

⁵ The interviews with Colgate Palmolive staff were an exception.

3. Findings and Analysis

This section begins with a discussion of contextual aspects relevant to the CPCD project identified in the course of the evaluation, including the demise and legacy of the Provincial AIDS Council Secretariats (PACS), perceptions on HIV prevalence and vulnerability, ongoing challenges impacting on mainstream condom distribution logistics, and demographic concerns. This is followed by an overview of the stores visited during the evaluation (provincial wholesalers, sub-provincial wholesalers and local stores and canteens). The main findings and analysis is presented in Section 3.3 which includes subsections on the effectiveness of the CPCD and its acceptability to stakeholders (including wholesalers, local stores and canteens which *did* receive the KHP, local stores and canteens which did *not* receive the KHP, end-user/community members, and health and public administration officials), and the effectiveness of the BCE component.

3.1 Contextual Aspects

3.1.1 The Demise and Legacy of Provincial AIDS Council Secretariats (PACS)

The biggest change in the context surrounding condom distribution in PNG since the 2013 Pre-Trial Pilot Study is the termination, in late 2015, of national funding for PACS activities. In the course of SSD's field visits both in 2013 (to conduct the Pre-Trial Pilot Study) and 2016 (to conduct the present evaluation) substantial evidence came to light concerning the role played by PACS throughout its life in enabling frank discussions concerning sexual behavior and the need for individuals and communities to take action to tackle the risk of HIV, other STIs and unwanted pregnancies head on. This evidence was manifested in the frankness with which informants across a range of backgrounds would discuss issues related to HIV and condom use, the high level of awareness amongst store operators concerning the need to improve condom distribution at the village level, and the support for the CPCD project amongst public administration officials, many of whom reported playing a formal role, often as a PACS Council member, in the work of PACS throughout its life. At the grass roots level, PACS succeeded in attracting an eclectic mix of influential individuals to its fold. For example, the enumerators who worked with SSD on the Pre-Trial Pilot Study in 2013 (most of whom were recruited via PACS networks), included community activists, an individual with status in the local inherited power structure, and lay preachers from several Protestant denominations. Another would-be enumerator (who decided not to participate in the end for reasons of physical endurance) was a Catholic Catechist.

Of the many achievements of PACS over the course of its life, one thing stands out. This is the success of the network in galvanising the support of key individuals active in religious organisations, who became part of the backbone of PACS by accepting that moral campaigning in promotion of ideal modes of human behavior was insufficient, and that frank discussions and mitigative strategies that recognised human and social realities were vital.⁶ Discussions with informants in the course of the evaluation indicate that the demise of PACS has left a gap at the grass roots level, with nothing in sight to fill that gap. Even when officially funded, and notwithstanding the major inroads made into the

⁶ From a religious angle, this might be interpreted as recognition that humans are imperfect, and that if sinning is inevitable, then 'safer sinning' is important in order to safeguard individuals and communities.

aspects discussed above, PACS activities are reported by one informant to have been ‘unstable all the time’,⁷ but in the view of the former HIV Response Coordinator in Kundiawa, the HIV response following the demise of PACS ‘is in disarray’ and without PACS it will be difficult to respond to HIV.⁸ Although NACS itself continues to exist and retains custodianship of the National HIV Strategy, the organisation experienced a dramatic downsize in the late 2015 - early 2016 period. It is understood that although NACS retains responsibility for distribution, social marketing and uptake of condoms and the generation of data relating to these areas, the organization currently does not have the resources to do this work, and that at the time of writing, the lead is being taken by the Ministry of Health.⁹

3.1.2 Business coalition Against HIV/AIDS (BAHA)

A further key contextual development concerns changes to the PNG condom supply regime, with the Business coalition Against HIV/AIDS (BAHA) understood to have lost funding support.¹⁰ This development is of direct significance to the CPCD project because BAHA has previously supplied the CPCD project with condoms.

3.1.3 Perceptions on HIV Prevalence and Risk

NACS estimates national HIV prevalence at around 0.8% with 1.0% prevalence in the highlands.¹¹ However, warnings that definitive ‘data on the number of people diagnosed’ with HIV is ‘either unavailable or unreliable’ in PNG¹² should also be recognised. Notwithstanding a 2013 ‘good news story’ reporting HIV in PNG to be ‘a concentrated epidemic, not a generalised epidemic’,¹³ concerns remain that the pattern of distribution may conform more to the latter (generalised epidemic) model.¹⁴ Vulnerability remains an issue, and in Simbu it was reported that testing of a class of 30-40 students would typically result in 5-10 being diagnosed with (and subsequently treated for) STIs, with risky behavior reported.¹⁵ As discussed in Section 3.3.4 (c), casual and opportunistic sexual behavior was reported by focus group members to be common, with or without condoms, alongside a preference for using condoms if available.

3.1.4 Ongoing Condom Distribution Challenges

In common with the situation described in the 2013 Pre-Trial Pilot Study,¹⁶ condom distribution bottlenecks were reported to remain common in both Milne Bay and Simbu. In the former province, visited prior to the Minimala festival in July 2016, a prolonged stock-out was reported by public health personnel on the island,¹⁷ meaning that the only

⁷ Sister Margater Ghunn, Catholic Health Services STI-HIV Coordinator, Mingende Mission, Simbu. Interviewed 2 August 2016.

⁸ Mr Nick Api, interviewed 28 July 2016.

⁹ Dr Nick Dala, interviewed 19 July 2016.

¹⁰ Interview with Mr Stuart Yareki, NDOH Condom Officer, Port Moresby, 4 August 2016.

¹¹ Interview with Mr Peter Bire, Director of the NACS, 19 July 2016.

¹² See Ishikawa (2016:5), who suggests that in the PNG context this data is either ‘unavailable or unreliable.’

¹³ Dr Geoff Clark, cited in Baker (2013).

¹⁴ Interview with Mr Peter Bire, NACS Director, 19 July 2016.

¹⁵ Interview with Sister Margater Ghunn, STI-HIV Program Coordinator, Catholic Health Services, Mingende, 2 August 2016. Concerning risky sexual behavior, Sister Ghunns reported that infected schoolboys frequently reported sexual contact with multiple girlfriends.

¹⁶ See Nixon (2013:5-6).

¹⁷ Mr Ridley Mwaisiga, interviewed 22 July 2016 and Dr G. Tosieru, Medical Officer, interviewed 23 July 2016. According to the former source, who produced records, the stock-out may have commenced in early 2015, around 18 months prior to the interview.

condoms being supplied were those in the KHPs. In Simbu, it was reported that demand for condoms was high, and that the last condoms in stock had been distributed several weeks previously¹⁸. Reference was also made in Simbu to the historical challenge of having to find funds for distribution of condoms to the district and LLG level after condoms were distributed to Kundiawa by BAHA. According to the Deputy Provincial Administrator, thousands of condoms had been discarded in the past due to being beyond their use-by date.¹⁹

3.1.5 Demographic Concerns

Key informants in Kiriwina indicated concerns about the related area of unsustainable demographic expansion on islands in the Kiriwina Goodenough District, with land tensions becoming increasingly serious and the District Medical Officer reporting an increase in tribal fights and related head injuries as a result of a rising number of land disputes (as available land per capita diminished).²⁰ A Councillor from the island ward of Simsimla highlighted the importance of improved family planning in order to contain population growth, as well as the importance of condoms to prevent teenage pregnancies and the transmission of STIs amongst the youth.²¹

Figure 3.1: Conducting Interview at Losuia, Kiriwina



3.2 Overview of Stores Visited

As outlined in Table 3.1 below, the evaluation team interviewed representatives (in a number of cases, multiple representatives) of 39 stores in accordance with the approach outlined in Section 2.2 above.

¹⁸ Ms Guim Kagl, Chimbu Provincial Coordinator for HIV, interviewed 29 July 2016.

¹⁹ Mr Otto Sine, Simbu Deputy Provincial Administrator, interviewed 28 July 2016.

²⁰ (1) Mr Gansen Kadi, Kiriwina Goodenough District Administrator, interviewed 22 July 2016; (2) Dr G. Tosieru, Kiriwina Goodenough Medcial District Medical Officer, interviewed 23 July 2016.

²¹ Mr Persian Gilbert, Councillor of Simsimla Ward, Trobriands. Interviewed in Losuia 23 July 2016.

Table 3.1: Overview of Stores Visited

| Overview of Stores Visited by Type and Receipt of <i>Klina</i> Health Pack (KHP) | | | | Notes |
|--|---------------------|---------------------|---------------------|--|
| Provincial Wholesalers (Total = 5) | | | | The wholesaler which originally reported <i>not</i> receiving the KHP, has since advised that they are now receiving and distributing the KHP. ²² All wholesalers which have received the KHP have supplied to their customers and small stores further down the supply chain. |
| MILNE BAY (3) | | SIMBU (2) | | |
| Received KPH | Did Not Receive KPH | Received KPH | Did Not Receive KPH | |
| 2 | 1 | 2 | 0 | |
| Sub-provincial Wholesalers (Total = 5) | | | | All the sub-provincial wholesalers that had received the KHPs were cooperating with the CPCD by distributing the KPHs to direct customers and smaller businesses further down the supply chain. |
| MILNE BAY (2) | | SIMBU & JIWAKA (3) | | |
| Received KPH | Did Not Receive KPH | Received KPH | Did Not Receive KPH | |
| 2 | 0 | 3 | 0 | |
| Local Stores and Canteens (Total = 29) | | | | The total no. of Local Stores/Canteens that received the KHP was 21. Of these 21 stores, 3 operators indicated that they had been disposing of the condoms rather than distributing them. (However, once briefed on the objective of the CPCD initiative, all 3 agreed to distribute the condoms to customers in future). One further (small) store operator was saving the condoms for personal use and in one other case the situation was indeterminate. The remaining 16 local stores and canteens indicated they had been distributing the condoms to customers/members of the community. |
| MILNE BAY (12) | | SIMBU & JIWAKA (17) | | |
| Received KPH | Did Not Receive KPH | Received KPH | Did Not Receive KPH | |
| 6 | 6 | 15 | 2 | |

As indicated in Table 3.1 above, the stores visited included five provincial wholesalers, five sub-provincial wholesalers, and 29 local stores or canteens. Overall, 30 of these stores reported receipt of the KHP. Discussion concerning each of the store-type categories is provided below.²³

3.2.1 Provincial Wholesalers

All five of the provincial wholesalers are key stores identified by Colgate Palmolive as the firm's provincial customers. In four of the five cases, the firms were found to have received the KHPs and to be distributing condoms directly to their own retail customers as well as distributing KHPs to smaller stores further down the supply chain. In the fifth case (a large wholesaler in Milne Bay province), the Branch Manager and staff indicated that they knew nothing about the KHPs and had never received any. Based on information received from the Colgate Palmolive team, it appears that the reason for this is that KHPs destined for this wholesaler in Alotau were delivered to the wholesaler's warehouse in Lae, where they entered the general supply chain for the multiple stores which the firm operates throughout PNG (meaning that KHPs presumably ended up in various

²² It is understood that the reason for the delay is that KHPs ordered for Milne Bay province were delivered to Papindo's general warehouse in Lae where they entered the general supply chain. It seems likely therefore that other provinces may have inadvertently received KHPs were originally intended for Milne Bay province (no negative feedback reported).

²³ Note that a general overview of all stores visited is provided in Appendix A, with more detailed information outlined in Tables 3.2, 3.3 and 3.5 in this section.

destinations). This issue appears to have been rectified, as the firm's Alotau Branch Manager has advised that KHPs are now being received and distributed to customers,²⁴ however the issue does highlight supply-chain complexities worth bearing in mind in the future.

In several cases provincial wholesalers were able to pass on the names of sub-provincial wholesalers who purchased from them, in order to assist the process of tracking the KHPs further down the supply chain. In other cases, sales were based on 'walk-in' customers or sales information on the KHP was too difficult to access. Accordingly, visits to sub-provincial wholesalers (see below) were in some cases based on information received from provincial wholesalers and in other cases ad hoc.

3.2.2 Sub-provincial Wholesalers

Detailed interviews were conducted by the evaluation team with five sub-provincial wholesalers. Specifically, this included two traders in Milne Bay province and three traders in the Simbu/Jawaka area. Each of these businesses was receiving KHPs, and distributing condoms directly to local customers/members of the community as well as supplying KHPs further down the supply chain to other businesses. Several of the traders were able to provide useful information concerning local stores and canteens to whom they provided supplies, however identifying local stores and canteens that had received condoms with their soap orders was still something of a matter of chance for the reasons outlined in Section 3.2.3 below.

3.2.3 Local Stores and Canteens

The evaluation team conducted interviews with 29 local stores and canteens. Of these 29 stores and canteens, 12 were in Milne Bay province and 17 were in Simbu and Jiwaka. The most remote site visited was a store located on the southern tip of Vakuta Island in the Trobriands, which was accessed by dinghy. Where possible, the objective of this exercise was to establish whether the KHPs were being received at the level of the village stores and how the initiative was working and being received at this level. There was, however, a certain level of chance associated with identifying local stores and canteens receiving condoms with their soap orders for the following reasons:

- The store would firstly have to stock *Klina* soap in order to have received the KHP. However, some (a minority) stock only a competing brand.
- The store would have to stock *Klina Renbo* rather than any of the other flavours in which *Klina* is produced. Whereas *Renbo Klina* is widely reported as very popular, other flavours are also reported as popular (in Milne Bay province, for example, Lemon flavour was reported as popular).
- Normally, the store would have to purchase full cartons as opposed to half-cartons or 6-packs of *Klina Renbo*. However, whereas receipt of an intact carton was the most reliable way for a small store operators to receive the condoms and information materials, several of the regional wholesalers were diligently dividing the condoms, awareness products and toothpaste sachets into half-KHP-cartons for small operators who purchased *Klina Renbo* in this form.

3.2.3 (a) Distribution of Condoms by Most Stores Visited

Of the 29 local stores and canteens visited, 21 reported receipt of the KHPs. Of these 21 stores, 16 reported distributing condoms to customers/members of the public, in most

²⁴ Personal communication received from the firm's Milne Bay Branch Manager, 10 September 2016.

cases free of charge, with the condoms being kept for personal use in the case of one further small and recently established store (total number of local stores and canteens making use of condoms therefore 17 of the 21 which had received them). Of the remaining four cases, three store operators reported that they had been disposing of the condoms (i.e. throwing them out), although in each of these cases these store operators confirmed that they would support the initiative in the future now that they understood the importance of it and the fact it was backed by NACS (see Section 3.3.2 [e] on the question of improved/simplified awareness for further discussion of this matter). The final case, involving a remote location on Kiriwina, was indeterminate; it was evident that KHPs had been received but no knowledge of any condoms was reported by the store informant (one of several individuals who operated the store).²⁵ Again, however, the store representative indicated support for the CPCD concept.

3.2.3 (b) No Knowledge of KHPs at Some Stores

Of the 29 local stores and canteens visited, eight reported never having received nor heard of the KHP. In the case of the first two visits to local stores/canteens reporting no knowledge of the KHPs (which transpired on Kiriwina), no further questions were asked of these store operators.²⁶ However, it was then decided to use the opportunity to ascertain the receptiveness of these store operators to the *concept* of the CPCD. Accordingly, more detailed interviews were conducted with the remaining six store operators who reported no knowledge of the KHPs and the results of these discussions are reported in a separate sub-section (Section 3.3.3).

Figure 3.2: Unpacking *Klina* Health Pack (Kiriwina)



²⁵ The conclusion that the KHPs had been received was based on the presence of the Colgate toothpaste sachets.

²⁶ The possibility that the evaluation team would interview local stores and canteens that had *not* received the KHP had not previously been considered, as it was expected that regional wholesalers would be able to identify their customers.

3.3 The CPCD Approach: Effectiveness and Acceptability to Stakeholders

3.3.1 Effectiveness and Acceptability at the Provincial and Sub-provincial Wholesaler Level

Excluding the Alotau wholesaler (*n.3* in Table 3.2 below) which at the time of interview had not yet received the KHPs,²⁷ visits were made to nine businesses in the category of ‘provincial and sub-provincial wholesalers’ (four provincial wholesalers and five sub-provincial wholesalers) that were receiving the KHP. In all cases store management and staff appreciated the importance of the initiative and were actively distributing the condoms to customers/members of the community directly, as well as transferring complete KHP cartons (still containing condoms, awareness materials, and toothpaste sachets) to stores further down the supply chain. Summaries of the discussions with each provincial and sub-provincial source (including Colgate Palmolive sales staff) are outlined in Table 3.2 below, followed by discussion of the main issues identified.

Table 3.2: Response to CPCD Initiative – Summaries of Discussions with Provincial and Sub-provincial Wholesalers Receiving KHPs, and Colgate Palmolive Provincial Sales Staff

| Store, Location & Type ²⁸ | Notes (not exhaustive) |
|---|---|
| Milne Bay Province | |
| 1. (<i>n.2</i>) Provincial Wholesaler, Alotau, Milne Bay. | Store manager knew very little about CPCD. Necessary to discuss with multiple levels of floor staff to find out what was happening. Manager highly supportive regardless of not knowing much about CPCD. Staff report condoms are taped onto 6-packs. Some customers take the 6-packs with condoms attached, other customers (older) remove the condoms, which are then given free to individuals who come to ask for condoms. Floor staff enthusiastic about project and creative with distribution approaches. Report condom availability popular with customers (whereas commercial condoms have sold slowly). Report view that condoms overwhelmingly used for protected sex, with exception of several customers who use them for either fishing or treatment of <i>grille</i> . ²⁹ The Stanley Nandex awareness posters and instructions were placed in conspicuous places and taken by customers/community members. |
| 2. (<i>n.3</i>) Provincial Wholesaler, Alotau, Milne Bay. | Store Manager aware of CPCD and supportive of it. Company happy to support CPCD because it is a significant issue. Condoms are either attached to 6-packs or given away free. The initiative has been popular, largely because customers want free condoms and some are unhappy paying (for this reason the store would probably not consider ordering commercial condoms, which are considered expensive). When condoms are free, however, people will use them. Considers the fact that the condoms are free a key reason why the initiative is popular. |
| 3. (<i>n.4</i>) Regional Wholesaler, Losuia, Kiriwina, Milne Bay province | Assistant Manager familiar with the CPCD initiative and supportive of it as a community initiative, because sometimes there are no condoms in the health centres. Gives the condoms out personally and so do other members of staff. The girls who work at the store also take some and ‘give them away in the village’. After cartons are opened the condoms are placed in a special carton and distributed when people come in and ask for them. (Following the visit of the evaluation team, store staff also prepared an integrated sign/box arrangement advertising free condoms and toothpaste sachets.) No negative reaction. The |

²⁷ As discussed under 3.2.1 above, this wholesaler has since confirmed that the store is now receiving the KHPs and distributing them to customers.

²⁸ Note: Numbers in brackets (*n.x*) are unique identifiers that correlate to the store information profiled in Appendix 2.

²⁹ *Grille* is a skin condition, reportedly alleviated by the lubricant contained in condom packaging.

| | |
|--|---|
| | condoms are generally distributed to males and the reaction has been positive. In the beginning the staff thought it was funny but 'now its just normal'. No feedback from smaller stalls further down the supply chain but sometimes they order the Lemon because they say it cleans the clothes better. |
| 4. (n.5) Regional Wholesaler, Losuia, Kiriwina, Milne Bay province | Management supportive of CPCD. Does not consider it offensive. 'Sex happens anywhere, anytime here. The supply [of condoms] needs to be continuous' (so that people get used to being able to come to the store to get condoms). The initiative also 'draws people to [the store] which is good for business'. Management is happy to specifically order the KHP so that 'at the same time as selling soap [they] can help [public health objectives]'. Staff give away the condoms, mainly to young men. However, many young women have also approached the (female) staff asking for condoms and they have been given them too. The female shop staff have also read the instructions and explained condom use to the 'boys', who now come up and ask when the next shipment is coming. The posters have been given away, to the clinic and to 'boys' to hang in their homes. Recommend that the KHP should be marked more clearly as a public health initiative. |
| Simbu and Jiwaka Provinces | |
| 5. (n.18) Provincial Wholesaler, Kundiawa, Simbu province | Management is aware of the project and supportive of it (referring to a high number of teenage pregnancies in town, as well as HIV), although they discontinued shop-floor promotions out of concern it created shame. The system is therefore to keep the condoms on hand to distribute to customers who ask. Some of the female shop staff also ask if they want condoms and if they do they go out the back and get them from the 'boys'. Initially the condoms were distributed only to men, but female staff and customers complained 'what about us'. So now both genders receive condoms (about 30% women, 70% men). Initially they sold the toothpaste sachets for K1 each but now they have so much they give it away free. Staff ask 'Why 12 condoms but 24 toothpaste sachets? Management also would be happy with more condoms and less toothpaste. |
| 6. (n.19) Provincial Wholesaler, Kundiawa, Simbu province | Management supportive of initiative. Mainly sell cartons and half-cartons (with condoms and toothpaste included, and sometimes awareness materials) to businesses further down the supply chain. As reported by checkout staff, 'originally we sold as a carton then they cut it open to expose what is inside and sales increased'. Other than this no feedback reported (including no negative feedback 'at all'). Sales staff appreciate the objective of helping people in the village, and encourage small store operators purchasing from them to distribute the condoms in the village. Quote from sales team member: 'Some people don't like going to the health centre or the store and talking about it [i.e. condoms] but it's easier for them when they get it with the soap'. Quote from management team member: 'Its an honour for [the firm] to distribute the KHPs with the condom inside'. |
| 7. (n.21) Regional Wholesaler, Kerowagi Urban, Simbu province | Owner supportive of initiative: 'Its very helpful. Now...people come and ask...for protection. Everybody come and ask'. 'I think it's the best way we can distribute the condoms to the village level, because when the <i>Klina</i> cut comes it goes through to the village'. Distributes condoms directly to males aged 20 – 50 and also passes on condoms, toothpaste sachets and awareness materials to customers purchasing half-cartons. Considers it appropriate that condoms are included in the <i>Renbo</i> pack, which moves fast. He also normally orders the KHP because the condoms are an extra selling point. Thinks the customers appreciate the condoms but they don't really talk about it. They refer to the condoms as 'promotional materials'. |
| 8. (n.23) Regional Wholesaler (also retail and <i>kai-bar</i>), Minz Urban LLG, Jiwaka province | Supports the initiative because of the social and sexual behaviour in the (Jiwaka) province. Distributes condoms both to customers and others seeking condoms, and there is steady demand now that 'everybody knows'. Some customers are not ashamed and ask for condoms directly. Others are ashamed and have difficulty talking about condoms but the owner knows what they want and gives them condoms. In other cases she distributes the condoms by attaching them to soap or other products. Individual condoms go mainly to young men, but the condoms attached to products go to all demographics. The owner sees the extra value in ordering the KHP because of the condoms, and she is willing to continue with the initiative. It is difficult to discuss the matter with the small trade store operators |

| | |
|---|---|
| | (who purchase in bulk from her) but they accept the KHPs so she thinks the demand is there. Prefers current arrangement where the condoms come automatically, because this negates the need for her to order them specifically, which she wouldn't do because it would conflict with her religious principles ('promote young men having sex'). But the current arrangement is apparently an acceptable compromise between her religious views and her desire to help the community. |
| 9. (n.35) Regional Wholesaler, Niglkande, Simbu province | Management support the initiative, which is popular with customers. As well as a wholesale and retail outlet, the store (located in a rural location) also provides entertainment. Condoms are given to males (of all ages) only. No thoughts about ordering separately but they are happy to distribute free. They prefer the KHP because the condoms add extra value. No (verbal) feedback on the KHPs from smaller store operators who purchase cartons from this business (and in many cases transfer them onward by foot), but the operators keep buying the KHPs. |
| 10. Colgate Palmolive Sales Representative in Milne Bay Province | No sales issues or risks identified to date. Reports that the KHP is very fast selling. 'It does not stay on the shelf'. Approach has been to tape condoms and toothpaste directly onto <i>klina</i> 6-packs, that get placed in the shelves of the supermarkets, 'as with any other promotion'. Reports that the condoms are popular with customers, with some initially laughing about it, and others observing that 'its really true' (that condoms are important). Impression is that soap parcels with condoms attached sell quicker than those without. Suggests that the matter of whether or not the condoms need to be attached to Colgate Palmolive products should be clarified to guide floor staff. At the moment they use their own initiative to distribute the condoms. |
| 11. Colgate Palmolive Sales Representative in Simbu | Reports that the KHP has been selling well, with sales possibly on the increase. Tape-ons (condoms and toothpaste sachets taped on to 6-packs) also sold 'very well'. Reports no negative aspects to date, noting that 'he would be the first one to be informed [by the store managers]'. Attributes receptiveness to the initiative to the high level of awareness of sexual health aspects amongst store managers. Indicates potential for firm to intensify role alerting stores concerning ordering options (i.e. KHP). |

3.3.1 (a) Condom Distribution Approaches and the Important Role of Shop Floor Staff

The Colgate Palmolive sales representative for Simbu observed that a high level of awareness about sexual health issues prevails amongst store managers, and that this is a reason why the CPCD initiative has been received so positively amongst wholesalers. Consistent with this observation, the evaluation also identified a high level of safe sex awareness and a commitment to distributing the KHP condoms amongst the wholesaler floor and counter staff. Floor and counter teams had in all cases adopted strategies for facilitating and/or promoting the distribution of the condoms, including the following:

- Wholesaler (n.2, Alotau) staff reported taping condoms (and toothpaste sachets) onto *Klina* 6-packs (in collaboration with Colgate Palmolive sale representative), which were then placed on the store shelf. Some customers would take the 6-packs with condoms attached while others would remove the condoms (which would then be given to individuals specifically asking for condoms).
- Regional wholesaler (n.23, Minz) reported steady demand now that 'everybody knows'. Owner reported that some customers are not ashamed and ask for condoms directly. Others are ashamed and have difficulty asking, but she knows what they want and offers them condoms. In other cases she distributes the condoms by attaching them to soap or other products.
- Wholesaler (n.5, Kundiawa) staff described a system whereby condoms are kept on hand for those who request them (see Figure 3.2 below). Some of the female staff ask if people in the store want condoms and if they do, they go out the back and get them from the 'boys'.

- Wholesaler (n.19, Kundiawa) staff report encouraging small business buyers to distribute the condoms in their villages, noting that ‘Some people don’t like going to the health centre or the store and talking about it but it’s easier for them when they get it with the soap’.
- Regional wholesaler (n.4, Losuia) staff member reports that after the KHPs are opened, the condoms are placed in a special carton for those who request them, and that she also takes some to ‘give away in the village’.

In some cases staff reported making efforts to explain proper condom use to condom recipients based on the instructions provided. An example of this concerns a female shop assistant at a wholesaler (n.5) in Losuia who reported interpreting the use instructions to ‘boys’ unfamiliar with condom use.

Figure 3.3: Keeping Condoms On-hand at Kundiawa Wholesaler (see bottom right)



A question that arose in discussions with the Colgate Palmolive sales representative for Milne Bay is whether it would be a good idea for future instructions to clarify that there is no special need for the condoms to be disposed of attached to Colgate Palmolive products, in order to formally validate the range of distribution strategies being employed by floor staff

3.3.1 (b) Gender Aspects

Although it appears that the majority of CPCD condoms distributed directly to individuals by wholesaler staff were distributed to males, it is clear that CPCD condoms were being made available to women as well. This is indicated by the following reports from wholesalers.

- Regional wholesaler (n.5, Losuia) staff reports that although they mainly give condoms to young men, many young women have also approached the (female) staff asking for condoms, and they have been given them too.
- Regional wholesaler (n.23, Minz) reported that although she hands out individual condoms only to males, the condoms which she attaches to other products go to women as well.

- Wholesaler (*n.5*, Kundiawa) indicating that the condoms were initially distributed only to men, but then female customers and staff complained ‘what about us’. Now both genders receive condoms (reportedly 70% to males and 30% to females).

3.3.1 (c) Preference for Free Condoms Delivered Automatically (Commercial and Religious Aspects)

Commercial/social marketing condoms were reported by two of the largest wholesalers (*n.2* and *n.3*) to be slow-selling products, however there is generally reported to be high demand for free condoms. This supports the possibility identified during in the course of the 2013 Pre-trial Pilot Study that both store operators and community members perceive the free distribution of condoms as ‘a kind of public service’.³⁰

One of the wholesalers indicated an unexpected reason why she preferred the CPCD arrangement whereby condoms are delivered automatically in KHPs, as opposed to being delivered in response to an order placed with her supplier. Specifically, this wholesaler indicated that she was happy to receive and distribute condoms received automatically as part of a public health initiative, because she appreciated that the supply of condoms to the public is important. Critically, receiving the condoms automatically negated the need for her to order them through her own individual agency, which she wouldn’t do because it would conflict with her religious principles (i.e. ‘promote young men having sex’). The current (CPCD) arrangement, however, was evidently an acceptable compromise between this wholesaler’s desire to help the community, and her religious views. This theme (how individuals negotiate their way between moral perspectives and human behavioural realities and social needs) receives further attention later under Section 3.3.2 (d).

3.3.1 (d) Condoms an Extra Selling Point

Although some customers might remove condoms from 6-packs and leave them on the shelf (see *n.2*), it appears based on information received from wholesalers and the two Colgate Palmolive sales representatives, that more often than not, the inclusion of condoms in soap packaging introduces an *extra* selling point, as per any other promotional item. Quantitative data from Colgate Palmolive could throw further light on this matter, but based on the information available it seems safe to say that the inclusion of condoms in the *Renbo* cartons does not appear to present an impediment to *Klina* sales, and that it may be an incentive leading to greater sales. While all the wholesalers are happy to distribute condoms and KHPs as a commitment to public health, some of the wholesalers also indicated, as outlined below, that the KHP adds value to the carton and/or helps with business through attracting customers.

- Regional wholesaler (*n.21*, Kerowagi Urban) reports normally ordering the KHPs because the condoms are an extra selling point. Thinks customers appreciate the condoms but they don’t really talk about it (referring to the condoms as ‘promotional materials’).

³⁰ See Nixon (2013:14). Notwithstanding the reported popularity of the free KHP condoms over commercial condoms, one of the wholesalers indicated that the exposure to condoms via the CPCD initiative had introduced the possibility that the firm might stock commercial condoms in future. Specifically, the owner of the business (*n.5*) indicated that they had never previously ordered condoms and with the current (CPCD) supply of free condoms they don’t need to. But if the free supply were to stop and people were to keep asking, then they might order commercial supplies.

- Regional wholesaler (n.5, Losuia) reports that free condoms also ‘draw people to the store’. Management is happy to specifically order the KHP so that ‘at the same time as selling [soap] they can help [public health objectives].
- Regional wholesaler (n.35, Niglkande) reports that they prefer the KHP because the condoms add extra value. Although no verbal feedback has been received from smaller store operators buying in bulk (who in many cases transfer the KHPs onward on foot), these smaller operators keep buying the KHPs.
- Regional wholesaler (n.23, Minz) reported that she sees the extra value in ordering the KHPs. It is difficult to discuss the matter with the small trade store operators (who buy from her) but they accept the KHPs so she thinks the demand is there.

3.3.1 (e) Number of Condoms and Type of Condoms in the KHP

Staff at one of the major wholesalers in Simbu (n.18) asked for female condoms to be included and also asked ‘why 12 condoms but 24 toothpaste sachets?’ A management representative present at the discussion also indicated that management would be happy with more condoms and less toothpaste, which would also improve the impact of the initiative. The matter of female condoms and the question of the ideal number of condoms per KHP also feature as a discussion points in the analysis of interviews with operators of local stores and canteens (see Section 3.3.2 [g]), and in the analysis of focus group discussions with end-users (3.3.4 [b] and 3.3.4 [d]).

3.3.1 (f) Promotional Strategy or Health Initiative

Notwithstanding the *Note to Store Operators* included in the KHPs (included in Appendix C), which clarifies that the CPCD project is a public health initiative, some wholesalers reported responding to the CPCD in the same way they would respond to any other promotion.³¹ This is not seen as negative in itself, but if the CPCD is going to be extended into the future, there could be merit (as suggested by one of the Kiriwina wholesalers) in marking the KHP carton more clearly to indicate it is part of a public health initiative, and/or greater information dissemination by Colgate Palmolive, so that operators can develop longer-term strategies for responding to it. The same wholesaler suggested that once people get used to being able to source condoms at stores, ‘the supply of condoms needs to be continuous’ highlighting the possible benefits of a long-term arrangement between the private sector project partner Colgate Palmolive, NACS and NDOH, which could also address the question of ongoing funding for such aspects as printing costs (posters and *Notes to Store Operators*) and any further monitoring and evaluation costs. Note that the question of providing awareness to store operators concerning the CPCD initiative is discussed again, in relation to local stores and canteens, under Section 3.3.2 (e) below.

3.3.2 Effectiveness and Acceptability to Local Stores and Canteens in Receipt of KHPs

As discussed earlier in Section 3.2.3, 21 of the 29 local stores and canteens visited reported receipt of the KHPs. Of these, 16 store operators reported that they were distributing the condoms to customers/members of the public, with the operator of a further small and newly established store reporting that the limited supply of condoms received were kept for personal use. Meanwhile, three store operators reported that they had been disposing of the condoms and one case was indeterminate. Key information

³¹ This theme receives further attention under Section 3.3.2 (e) below.

related to the response of local store and canteen operators to the CPCD initiative is summarised in Table 3.3 below, followed by discussion about some of the main points.

Table 3.3: Response to CPCD Initiative – Summaries of Discussions with Local Store and Canteen Operators in Receipt of KHPs

| Store ³² | Notes (not exhaustive) |
|--|---|
| Milne Bay Province | |
| 1. (n.10) Losuia, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> • Thinks CPCD is a ‘good thing’ and is distributing condoms free to males. • Toothpaste either sent to hospital (for distribution to patients) or given (free) to school kids. • Would be ‘no problem’ if the condoms and the toothpaste were included at the 6-pack level. • The condoms are a factor in ordering KHPs. • No negative aspects reported. • Has not considered ordering condoms separately because his speciality is ‘basic needs’. Also believes no one will buy commercial condoms, but they like free condoms. |
| 2. (n.12) Oyuweyova ward, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> • Distributing both condoms and toothpaste (free). Says CPCD is important because youth do not like going to health facilities for condoms. • (Male) store operator gives to young males & females, and also to married couples (for birth control). • Requests more condoms. • No negative aspects. Customers and community members are ‘very happy’ to receive free condoms. • ‘Its very good, very good. Excellent work. If everybody did it, it would minimize the spread of HIV. Even married couples come and ask for the condoms for birth-rate sake’ • ‘I don’t think they would buy them [the condoms] but they like them free and [we would appreciate] more’. |
| 3. (n.13) Tukwaukwa Ward, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> • Distributing (free). Says CPCD is a good idea. Gives to males only, ‘because shy’. • Reports that initiative is popular and that there has been no negative feedback. • The instructions helped store operator understand that the CPCD is a public health initiative. • The condoms are given free for health reasons. “They need it so I give them free”. • ‘They know this type of sickness [HIV] that’s why...’ • “Yes I support this... Thank you very much for this”. • Happy to provide the service. Thinks that the fact that the condoms are available in the soap is a reason to buy the <i>Klina</i> soap. |
| 4. (n.14) Oyuvyova Ward, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> • Distributing (free). ‘Boys’ working in store use some of the condoms themselves and give them away to others. They request more condoms. • (Female) store operator thinks the CPCD initiative is a good community service and she would like to receive more KHPs in future. However, <u>she ordered Renbo last time but received lemon.</u> • Her husband is very supportive of receiving and distributing the condoms. • In future may give the condoms to the Village Health Committee (comprising village and volunteers) to distribute. |
| 5. (n.16) Sinaketa Ward, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> • Situation indeterminate. KHPs apparently arriving (toothpaste sachets evident) but the operator has no knowledge of condoms. This informant’s wife also operates the store at times, but she is unavailable. • If KHPs are received (with condoms), the operator would be happy to distribute them, and also raise awareness. • Believes that the condoms and the tooth-paste gives an extra reason to purchase the KHP, ‘because no-body is doing it. Nobody is bringing condoms into the |

³² Note: Numbers in brackets (n.x) are unique identifiers that correlate to the store information profiled in Appendix 2 – Table A2.

| | |
|---|---|
| | community'. |
| 6. (n.17) Hu Hu LNG, Alotau, Milne Bay province | <ul style="list-style-type: none"> • Store at the larger end of the local store spectrum close to Alotau town. • Condoms are sold by sales staff for K1/unit to pay for lunch (after staff told by employer to 'take it [the condoms] for your people'. • Condoms sold to males only (total of between 40-50 individuals have requested condoms), aged from 18 to men with 'no teeth' • Previously, commercial condoms (priced at K1.50) sold only slowly. • No negative feedback and the boss (reportedly on leave) reportedly supports the initiative and considers it a reason to buy the KHP. • Report that the initiative is popular and that they would like to see it continue. |
| Simbu and Jiwaka | |
| 7. (n.20) Kundiawa Urban LLG, Simbu province | <ul style="list-style-type: none"> • Distributing (free). CPCD very popular with customers and condoms distributed to both males and females of all ages. Condoms always depleted before the <i>Klina</i> is. • (Female) store operator provides education and places condoms in visible place. • Store operator provides condoms both to customers and non-customers. Makes an assessment about whether they may need condoms and if so, asks. • Store is a popular coffee-drinking location, especially with teenagers and especially at night. • Now that 'everyone knows' they ask for condoms more, and the condoms are always finished before the <i>Klina</i>. • Interested in giving the condoms away only (not selling) because not a pharmacy. • Will keep buying <i>Klina Renbo</i> because there are condoms and toothpaste inside. Would prefer to buy cartons with condoms than without because she is part of the community and wants to help it. |
| 8. (n.22) Ward 22, Kerowagi Lower Upper, Simbu province | <ul style="list-style-type: none"> • Distributing (free) to <i>Klina</i> customers. Reports that initiative is popular and that only a few (adult) customers do not accept condoms. • Condoms given with the <i>Klina</i>. 'It comes with the <i>Klina</i> so it must go with the <i>Klina</i>...its your Safety so take it away.' • Uses humour to distribute condoms: 'Go and wash it and then use the condom'. • Steady demand now that everybody knows (hence no condoms presently in stock). Store operator thinks some customers buy a cake of <i>Klina</i> in order to receive a condom. • Would not consider ordering separately, but 'its good they [the condoms] come in <i>Renbo</i>'. • Prefers to buy the KHP because at the same time as selling soap he can help his community. • Reports that the customers come quickly after the condoms arrive, but that 24 condoms per carton would be an appropriate number. |
| 9. (n.25) Gumine, Simbu province | <ul style="list-style-type: none"> • Distributing (free) condoms. Store operator supports CPCD initiative and says it has been received well. • Store operator says the initiative saves people having to go to the hospital for condoms and that it increases the number of people who come to the store. • Demand for condoms has increased and is still increasing. Would consider ordering condoms separately. • Has plenty of condoms in stock, because they buy 7 cartons/week but sell loose soap. • 'I would select the ones that have condoms inside. There is extra value in the condoms to give to the community and the Colgate [toothpaste] to sell.' |
| 10. (n.26) Kumaibomai LLG, Simbu province | <ul style="list-style-type: none"> • Small store only opened several months prior to visit. Operator supports CPCD initiative but so far keeps the limited supply of condoms for personal use. • Store operator's preference is to purchase the KHP (with condoms) rather than a carton without condoms. • He would not consider ordering condoms separately. |
| 11. (n.27) Gumine LLG, Simbu | <ul style="list-style-type: none"> • Distributing (free) condoms. Store operator supports CPCD initiative, which he reports to be popular, especially among young people. |

| | |
|--|--|
| province | <ul style="list-style-type: none"> • Gives to males (generally aged 20-40). Many come asking for condoms. • Had never previously considered ordering separately, but would consider this 'now we have come to talk about condoms in trade-stores'. • Expressed preference to purchase the KHPs with the condoms inside because "it is saving the community too". |
| 12. (n.29) Kumaibomai LLG, Simbu province | <ul style="list-style-type: none"> • Distributing (free) condoms and supports this CPCD initiative ('Gutpela idea'). Have only just recently received the KHP, so only a few people know. • Points out that the customers worked out that she had condoms in stock after seeing the Nandex (awareness) poster. • (Female) store operator is keen to continue ordering the KHP. • She is distributing only to males, because they are male condoms. If they were female condoms she would give them to females. |
| 13. (n.30) Mitnade (Mt Wilhelm area), Simbu province | <ul style="list-style-type: none"> • To date have destroyed condoms, because they are Christians. • However, following discussion, the store operators now understands that the project is an official/NACS-supported activity, and they will distribute condoms to customers and deliver any surpluses to the hospital. • They now (following the interview/discussion) appreciate the added value that the condoms add to the <i>Renbo</i> carton/KHP. |
| 14. (n.31) Mitnade (Mt Wilhelm area), Simbu province | <ul style="list-style-type: none"> • Distributing (free). Support the CPCD initiative and 'give condoms freely all the time' to both customers and non-customers (generally aged 18 – 40). • Report that the demand for condoms is high and that the availability of condoms has increased the number of customers coming to the store. • The store operators would consider ordering condoms separately, as the availability of condoms benefits the community and has increased customer numbers. • Prefer the KHP (with condoms included) over a carton not containing condoms (because it attracts customers). |
| 15. (n.32) Mitnade (Mt Wilhelm area), Simbu province | <ul style="list-style-type: none"> • To date has not distributed condoms because the store operator did not appreciate the importance of the initiative (Has 12+ in stock and disposed of others). • The (male) operator now understands the importance of looking after his customers and will continue to order KHPs and distribute condoms to customers from now on. • Appears to have had difficulty discussing matter with customers, because he operator reports that customers are ashamed to ask for condoms (but this issue not reported elsewhere). • If he finds there is demand for condoms, he will consider ordering separately. |
| 16. (n.33) Mitnade (Mt Wilhelm area), Simbu province | <ul style="list-style-type: none"> • Distributing (free). Support CPCD initiative, which is popular, and give condoms away to males aged 20-40. • Do not distribute to females because they are male condoms... If they were female condoms they would give them to women. • Will continue to buy KHP and requests less toothpaste and more condoms, including female condoms ('now, if you have some in your bags'), because it is a good idea: 'Less tooth-paste and more condoms please, for male and female. And what about the toothbrush. Some have it but some don't'. • Would not consider ordering condoms separately. |
| 17. (n.34) Mitnade (Mt Wilhelm area), Simbu province | <ul style="list-style-type: none"> • (Female) store operator thinks the CPCD initiative is a good idea and is both selling the condoms and giving and giving them away free. Reports strong demand, including in the night. • Distributes to males and females both married and unmarried. Gives condoms free to those without money and charges those with money T50 to K1. • Reports that demand is high and stock currently finished. • Has not considered ordering condoms in separately. • Appreciates the extra value for the community of the KHP containing the condoms. Notes that all day everyday people buy <i>Klina</i> soap. • Thinks that more condoms should be included in the soap carton. |
| 18. (n.36) Niglkande (Mt | <ul style="list-style-type: none"> • Distributing (free) to males aged 20 - 50 (since 2015). Would distribute to females too, if asked. Customers reportedly happy with distribution. |

| | |
|--|--|
| Wlhelm area), Simbu province | <ul style="list-style-type: none"> • Supports this 'gutpela' idea to help <i>man na meri</i>, which the (male) store operator refers to as a 'promotion'. • Report steady demand now that customers know of initiative. • Not interested in ordering separately. The current (CPCD/KHP) arrangement is sufficient. • Confident that the condoms are used for sex, not other purposes. • Will continue to buy KHPs (in preference to other <i>Klina</i> cartons), and report that the condoms are an added attraction that helps bring customers to the store. |
| 19. (n.37) Niglkande (Mt Wlhelm area), Simbu province | <ul style="list-style-type: none"> • To date has thrown out condoms because the (male) store operator did not appreciate importance of the CPCD initiative (although strangely displayed Nandex poster). • Now understands the importance of the CPCD initiative and will order KHPs and distribute condoms to customers from now on. • Several (young male) customers in vicinity who overhear conversation are astonished to hear that the operator had previously thrown out condoms, and plead with operator to distribute them in future. (Operator agrees.) |
| 20. (n.38) Kundiawa Urban, Simbu province | <ul style="list-style-type: none"> • Distributing (free) to customers/community members, both male and female, by a staff member, who has also displayed the poster. • Owners knew very little about distribution but (after finding out during interview) said they would also support it in future (including by continuing to order KHPs). (Note: Staff member responsible for distributing condoms also works at Store n. 39 below.) • Customer/others reportedly 'very happy' with free condom distribution service (according to staff member). • Store owners indicate that they would 'probably not' consider ordering condoms separately. |
| 21. (n.39) Kundiawa Urban, Simbu province | <ul style="list-style-type: none"> • Business is a small but busy retail store in the middle of Kundiawa, employing a number of staff. (Note: one team member also works at Store n. 38 above.) • Distributing (free) to males and females across a range of ages (from teenage to middle age) by enthusiastic team. Males wanting condoms approach males. Females wanting condoms approach females. • 'Is very good. We need it most. All people say this is very good because this [condoms] is hard to find. Its helpful'. • Demand has increased since people learned about the condoms coming in the <i>Klina</i>. • Management has tried ordering condoms before but they didn't sell. But giving them away is fine. • Team determined to continue ordering the KHP so they continue to give away condoms. • Request more condoms included: 'We need to have more'. |

3.3.2 (a) Strong Support for Initiative

The 16 local stores and canteens distributing the condoms they had received in KHPs (this excludes the case of the small recently opened store where the limited number of condoms were being kept for personal use) were found to be doing so with a strong level of commitment and enthusiasm, although in one case (n. 38 above) it was a staff member who was demonstrating the commitment and enthusiasm rather than the owners. Interestingly, the operators of the three stores that had chosen *not* to distribute condoms they had received in KHPs to date (n.30, n.32, and n.37), as well as the operator of the 'indeterminate' store (n.16) confirmed that they would support the initiative in the future, after the objective of the initiative was explained to them (this matter receives further attention under Section 3.3.2 (e) below).

Examples of positive statements made by store operators in relation to the CPCD project include the following:

- ‘Its very good, very good, excellent work. If everybody did it, it would minimize the spread of HIV. Even married couples come and ask for the condoms for birth-rate sake’ (n.12, Kiriwina).
- [The KHP is an extra reason to buy *Renbo/KHP*] ‘...because no-body is doing it. No-body is bringing condoms into the community’ (n.16, Kiriwina).
- ‘They need it so I give them free....They know this type of sickness [HIV] that’s why...Yes, I support this...’ (n.13, Kiriwina).
- ‘Less tooth-paste and more condoms please, for male and female. And what about the toothbrush. Some have it but some don’t’ (n.33, Mitnade).
- ‘Is very good. We need it most. All people say this is very good because this [condoms] is hard to find. Its helpful....We need to have more condoms’ (n. 39, Kundiawa urban).

In common with feedback from end-users (see Section 3.3.4 below), several store owners suggested in response to open-ended interview questions that a strength of the CPCD initiative was that it enabled people to source condoms from individuals (store operators) who were either geographically close by, were familiar and trusted persons, or were distinguished by *not* being staff of a health facility (a particular issue concerned males approaching female staff members for condoms). Specifically, one operator (n.12) stated that he thought the CPCD is important because youths do not like going to health facilities for condoms. Another stated that the initiative saves people from needing to go to the hospital for condoms [should they be in stock], also mentioning that it increases the volume of traffic to the store (discussed further below).

3.3.2 (b) *The Importance of Staff and Use of Different and Creative Approaches*

Notwithstanding those stores that had not participated, the overall level of enthusiasm of store operators is encouraging and highlights the community-mindedness and awareness of store operators, who generally demonstrated a sound understanding of the need to promote safe sex in their communities. In some cases, store staff indicated that they were comfortable distributing condoms to people of either gender (i.e. n.12 and n.20), while in other cases it was reported that the distribution of condoms worked best between people of the same gender (see for example n.13 and n.39). Store operators referred to different strategies they employed to distribute condoms effectively, either in general terms, such as using approaches intended not to cause shame or stigma (i.e. n.12), or specific reference to the use of humour (n.22).

Local store operator’s social proximity to local institutions and organisations was highlighted by the range of strategies they reported employing or considering for the distribution of the KHP condoms and toothpaste sachets, with several store operators indicating that in future they may give any surplus condoms to the local Village Health Committee or the nearest health facility (n.14, n.30). One (n.10) explained that whereas the condoms that arrived in the KHPs were distributed directly to would-be users, the toothpaste sachets were given to a friend who distributed them to patients at the local hospital. Highlighting the advantage of social proximity between condom distributor and recipient, a staff member of a local store (n.39) reported that ‘[w]e have told people that condoms come in the *Klina Cut*. Most of them they know me so those that need condoms, they come and ask.’ Another (female) store operator (n.20) referred to the ongoing efforts she made to promote awareness about safe sex to her customers, many of whom were teenagers who came to drink coffee at her store at night. (This operator noting that her supply of condoms was always finished before her supply of soap.)

Whereas increased profit might be inferred as a key incentive motivating businesses to participate in the CPCD trial, and notwithstanding some operators reporting that they valued the role of the free condoms in increasing traffic to their stores, it is very much the view of the evaluators that the support offered the project by store operators is an authentic demonstration of store operator's commitment to their respective communities. Even were profit the main motivating factor for support and participation, this would not be considered a negative, so long as it advanced the goal of improving access to condoms, especially in rural areas. However, the motivation that local-level entrepreneurs and their staff have to assist their communities is an interesting finding,³³ as it highlights the local store or canteen as an under-utilised resource that can clearly be harnessed as part of the response to HIV/AIDS in PNG, and potentially as part of a response to a range of other developmental and public administration challenges.

Figure 3.4: Participating Store in Gumine area, Complete with Awareness Poster



3.3.2 (c) Condom Distribution by Sale or Giveaway

With only two exceptions, store operators reported distributing the KHP condoms free of charge to customers or members of the community, reflecting both a pattern identified in the 2013 Pre-Trial Pilot Study³⁴ and the practice of wholesalers in relation to the current

³³ This finding is not unexpected, and reflects the support for the CPCD initiative identified in the 2013 Pre-Trial Pilot Study (Nixon 2013:14).

³⁴ *Op. cite.*

CPCD trial, as discussed under Section 3.3.1 (c) above,. Interestingly, a firm pricing policy was reported to prevail at only one of the two stores which sold the KHP condoms (*n.17*), with the condoms sold for K1/unit and the proceeds being used to buy lunch for the staff. The operator of the other store which (sometimes) sold the KHP condoms (*n.34*) reported a flexible approach, with pricing per unit varying from free for those with no money, to T50 up to K1 for those with the ability to pay. As discussed immediately below and under Section 3.3.1 (c) earlier, and notwithstanding the ability of stores *n.17* and *n.34* to sell condoms at a profit, store operators report that people are mainly interested in receiving free condoms. Most of the store operators distributed the condoms separately to the *Klina* soap, but this did not happen in all cases, with one store operator (*n.22*, Kerowagi) stating: ‘It comes with the *Klina* so it must go with the *Klina*...its your *safety* so take it away’.

3.3.2 (d) Interest in Ordering Condoms Separately

Store operators receiving condoms were asked whether they had considered or would consider the separate ordering of condoms from their supplier (should they stock condoms) for sale to their customers. The reason why this question was raised with store operators was to inform the question of whether the distribution of condoms using the CPCD approach may in time ‘kick start’ the autochthonous or independent ordering of condoms by store operators, thereby reducing the importance of distributing free condoms in various ways. Noting again that the present 2016 evaluation did not employ random sampling and therefore cannot be interpreted in quantitative terms, the data nevertheless indicates different views among store operators on the matter of the separate ordering of condoms, with many store operators *not* interested in the idea (even though they are happy to continue distributing free condoms), but some interested in it.

Reasons given *for* interest in the possible separate ordering of condoms in the future include the following:

- Store operator (*n.25*, Gumine) reporting strong demand for condoms indicated that he would consider ordering condoms separately, now [following the CPCD trial] that there is more demand in the community.
- Store operator (*n.27*, Gumine) reporting strong demand for condoms indicated that he had never previously consider ordering separately, but would consider this ‘now we have come to talk about condoms in trade-stores’.
- Store operators (*n.31*, Mitnade) reporting strong demand for condoms indicated that they would consider ordering condoms separately, as the availability of condoms benefits the community and has increased customer numbers [combined social good/business win-win outcome].
- Store operator (*n.32*, Mitnade) who had not yet begun distributing condoms stated that if there was demand, he would consider ordering condoms separately.

The fact that a number of store operators, following exposure to the CPCD trial, are interested in the possibility of specifically ordering condoms some time in the future is positive, and suggests that should it continue for a sufficient period, the CPCD initiative might promote receptivity among some store operators to the possibility of ordering condoms separately. On the other hand, it should be noted that none of these store operators appear to have thought of the idea of ordering condoms independently, on top of which there is the issue of store operators needing to actually lodge orders with their suppliers, who would then need to organise the necessary contacts further up the supply chain. Also, the views of the store operators profiled above are offset by the views of

other store operators (seemingly greater in number), who indicated in common with the case discussed earlier under Section 3.3.1 (c), that while they are enthusiastic about distributing free condoms received in the KHPs, they are not interested in ordering them separately as a commercial endeavor.

Specific responses provided by store operators not interested in ordering condoms separately include the following:

- Store operator (n.10, Kiriwina) stated that no one will buy commercial condoms but they like free condoms.
- Store operator (n.20, Kundiawa) stated that she was interested in giving the condoms away only, but in not selling them because she operators a local store/canteen, not a pharmacy.
- Store operator (n.33, Mitnade) very keen on CPCD but would not consider ordering separately. No reason given.
- Store operator currently both selling the KHP condoms and giving them away free (n.34, Mitnade) indicated she has not thought about ordering condoms separately: 'Have not thought of this. But the ones that come in the [KHP] carton I give them freely [and also sell them] but I have not thought about ordering them.'
- Store operator (n.36, Niglkande) not interested in ordering separately, indicating the current (CPCD/KHP) arrangement is enough.
- Store operator (n.38, Kundiawa) indicates that they would 'probably not' consider ordering condoms separately.
- Store management (n.39, Kundiawa) reports that they have tried ordering condoms before but they didn't sell. But giving them away is fine: 'We ordered in the past but they don't buy because they want to have free issue. So we can give away free the ones in the *Klina Cut*. We don't sell it'.

As outlined above, in common with the experience of wholesalers discussed under Section 3.3.1 (c), the one local store (n.39, in central Kundiawa) that had stocked condoms in the past reported little success from past efforts to sell commercial/social marketing condoms, and would not do so again, notwithstanding the fact that the *free* KHP condoms were in high demand. A second store operator (n.10) has arrived at the conclusion that selling commercial condoms would not be viable, without ever having tried. Another store operator (n.20), meanwhile, indicated a reluctance to order condoms separately due to running a local store and not a pharmacy. In other cases, no specific reason was given for not wanting to order commercial condoms, but it is possible that the motive discerned in the wholesaler discussed under Section 3.3.1 (c) applied – specifically a reluctance to transgress religious principles through individual agency, even as the receipt and distribution of *free* condoms received in KHPs is deemed an acceptable moral compromise. In summary, for a range of reasons, it appears that probably a minority of store operators are interested in ordering commercial/social marketing condoms separately, and amongst this minority there is the question of motivation to actually order.

3.3.2 (e) Need for Improved Awareness?

As discussed under 3.3.2 (a) above, the operators of the three stores (n.30, n.32, and n.37) that had chosen *not* to distribute condoms they had received in KHPs (again excluding the case of the small recently opened store where the limited number of condoms were being kept for personal use) each confirmed that they would support the CPCD initiative in future, now that the objective and NACS-supported status had been explained to them.

These three cases suggest that a minority of store operators are failing to respond to the message that the CPCD trial is a NACS-supported public health initiative, notwithstanding the fact that this information is clearly included in the *Note to Store Operators*. Discussions with these store operators suggest that the individuals concerned may not have paid much attention to this *Note*, with religious beliefs appearing to have also played a role in one case and shyness in another.

In the absence of a substantially expanded broadcasting budget, which may or may not be part of any future CPCD phase in PNG, a possible means of reducing non-participation could be to embolden the information included on the KHP carton itself, as suggested by one of the wholesalers (n.5), to reduce the chance that any store operator will miss the message that the KHP is part of a NACS-supported public health initiative, and that all will appreciate that it is different to other promotions.³⁵ Another possible alternative could be for Colgate Palmolive to intensify its supply chain awareness programming. This matter is discussed further in Section 3.3.3 (b) below, in response to the finding that a number of store operators knew nothing about the KHP, but indicated that *they would have been ordering the KHP had they known about it*.

3.3.2 (f) Preference for KHPs with condoms over cartons without Condoms

Store operators indicated broad recognition of the added value associated with buying the *Renbo* carton (KHP) as opposed to other *Klina* (single flavour) cartons, with the CPCD initiative often perceived by store operators as a combined social good/business win-win opportunity (as discussed briefly under Section 3.3.2 [d] above). Examples of feedback from store operators recognising the added value of the KHPs include the following:

- Store operator (n.16, Kiriwina) believes that the condoms and the tooth-paste gives an extra reason to purchase the KHP, ‘...because no-body is doing it. Nobody is bringing condoms into the community’.
- ‘I would select the ones that have condoms inside. There is extra value in the condoms to give to the community and the Colgate [toothpaste] to sell’. Notes also that the availability of condoms increases the number of people who come to the store (n.25, Gumine).
- Store operator (n.20, Mitnade) states that she will keep buying *Klina Renbo* because there are condoms and toothpaste inside. Would prefer to buy cartons with condoms than without because she is part of the community and wants to help it.
- Store operator (n.27, Gumine) expressed preference to purchase the KHPs with the condoms inside because ‘it is saving the community too’.
- Store operator (n.31, Gumine) indicates a preference for the KHP over a carton not including condoms because the condoms attract customers.
- Store operator (n.34, Mitnade) recognises the added value for the community of the KHP containing the condoms (which she also sells) and thinks that more condoms should be included in the KHP.
- Store operator (n.36 Niglkande) indicates intention to continue to order KHPs (in preference to other *Klina* cartons), and reports that the condoms are an added attraction that helps bring customers to the store.
- Store operator (n.22, Kerowagi) indicates he prefers to receive the soap pack with the condoms in it firstly because it enables him to help his community through

³⁵ Noting that store operator n.36 (from Niglkande) referred to the CPCD initiative as a ‘promotion’, as did several wholesalers, as discussed under Section 3.3.1 (f).

providing *safety*, and secondly because the customers come quickly after the condoms arrive. (As noted earlier, this store operator distributes KHP condoms with *Klina* soap *only*.)

Feedback such as that profiled above support the conclusion that despite the sensitive nature of the sexual health topic, the CPCD initiative is a low risk activity from the point of view of Colgate Palmolive, and that if anything it may serve to increase demand for *Klina* soap. For example, store operator *n.22* (from Kerowagi), who as noted above reported that he distributes the KHP condoms only with *Klina* soap, was of the view that some customers specifically come to buy soap so that they will receive a condom with it (as a direct companion product in this case). It might be observed that the nature of such a transaction also has the advantage of masking the receipt of the condom in the purchase of the soap.

3.3.2 (g) Strong Demand, Number of Condoms and the Question of Female Condoms

It was reported that demand for the KHP condoms was strong and in some cases still increasing, as customers and community members learnt about and became accustomed to the availability of condoms at local stores and canteens. Information received from store operators in response to inquiries into demand for the KHP condoms include the following:

- Store operator (*n.12*, Kiriwina) reports that sometimes youths ask for all the stock, but he rations it out.
- Store operator (*n.20*, Kundiawa) reports that the condoms are always depleted before the *Klina* is.
- Store operator (*n.22*, Kerowagi), who distributes condoms only with *Klina* soap, reports happy recipients (of condoms) and steady demand, and states that 24 condoms per half-carton (48 per carton) would be a more appropriate number.
- Store operator (*n.26*, Gumine) is not in a position to distribute condoms to customers/members of the community because there is no surplus after those he uses himself (suggesting that the numbers of condoms per KHP could be increased).
- Store operator (*n.34*, Mitnade) reported high demand for condoms at all hours, was out of stock at time of interview, and was of the opinion that more condoms should be included in KHPs.
- Staff working at a store (*n.39*, Kundiawa) which had previously tried to sell condoms without success, but which experienced strong demand for free KHP condoms, reported that no condoms were left in stock and that ‘...we need to have more’.
- Store operator (*n.29*, Kumaibomai) reported that she is distributing condoms only to males, because the KHP condoms are male condoms... (If there were female condoms she would give them to females.)
- Store operator (*n.33*, Mitnade) does not distribute to females because the KHP condoms are male condoms... If they were female condoms they would give them to women. She will continue to buy KHP and requests less tooth-paste and more condoms (including female condoms).

Apart from the verification of strong support for the CPCD initiative itself, adding further support to the conclusions stated under 3.3.2 (f) above, two issues arise from consideration of the information profiled immediately above, specifically strong interest among store operators in a greater number of condoms being included in the KHP (see for

example *n.33* above), and interest by several store operators in the inclusion of female condoms. On a related matter, whereas store operators appreciated the tooth-paste sachets included in the KHPs, which was either given away or sold, the stores visited generally had ample supplies of the KHP tooth-paste sachets displayed (see Figure 3.5 below), yet the KHP condoms were often out of stock.

Figure 3.5: Tooth-paste Sachets on Sale at a Milne Bay Store



Given that the *universal access* (to means of prevention against HIV, other STIs and unwanted pregnancy) benefits of the CPCD initiative could be substantially improved by increasing the number of condoms (potentially including some female condoms) in the KHPs, and taking into account the relative weight of all relevant companion articles (male condoms @ 2 grams/unit, tooth-paste sachets @ 26 grams/unit, and female condoms @ 11 grams/unit), there would appear latitude to significantly increase the number of condoms per KHP without reducing the soap volume, and while retaining the tooth-paste sachets both to promote tooth-paste use and retain the family health character of the CPCD exercise. Based on the various weights noted above for the three relevant companion (or promotional) articles, Table 3.4 below presents both the existing scenario and three alternative scenarios presenting options for how the condom content of the KHPs could be increased without exceeding the total current mass per KHP for companion articles of 336 grams.

Table 3.4: Increased Condom per KHP Scenarios

| Current Scenario | No. Units | Weight/Unit (grams) | Total Weight |
|---|-----------|---------------------|--------------|
| Male Condoms | 12 | 2 | 24 |
| Tooth-Paste (twin-packs) | 12 | 26 | 312 |
| Female Condoms | 0 | 11 | 0 |
| Total Weight per Carton of Listed Items – Current Scenario | | | 336 |
| Alternative Scenario 1 | No. Units | Weight/Unit (grams) | Total Weight |
| Male Condoms | 50 | 2 | 100 |
| Tooth-Paste (twin-packs) | 9 | 26 | 234 |
| Female Condoms | 0 | 11 | 0 |
| Total Weight per Carton of Listed Items – Alternative Scenario 1 | | | 334 |
| Alternative Scenario 2 | No. Units | Weight/Unit (grams) | Total Weight |
| Male Condoms | 36 | 2 | 72 |
| Tooth-Paste (twin-packs) | 8 | 26 | 208 |
| Female Condoms | 5 | 11 | 55 |
| Total Weight per Carton of Listed Items – Alternative Scenario 2 | | | 335 |
| Alternative Scenario 3 | No. Units | Weight/Unit (grams) | Total Weight |
| Male Condoms | 50 | 2 | 100 |
| Tooth-Paste (twin-packs) | 6 | 26 | 156 |
| Female Condoms | 7 | 11 | 77 |
| Total Weight per Carton of Listed Items – Alternative Scenario 3 | | | 333 |

The three options outlined above are intended to give an idea of the types of scenarios that could be considered, with the first alternative scenario including an increased number of male condoms (from 12 to 50), although no female condoms, achieved with only a 25% reduction in tooth-paste sachets. The second alternative scenario includes a smaller increase in the number of male condoms (from 12 to 36) plus five female condoms, with the added number of condoms (male and female) achieved by reducing the number of tooth-paste sachets by one third. The final alternative scenario (Alternative Scenario 3), which could provide optimal balance between the distribution of male condoms, female condoms and tooth-paste sachets from a condom distribution perspective, includes the Scenario 1 increase in the number of male condoms (from 12 to 50) plus seven female condoms, achieved for a 50% reduction in tooth-paste sachets.

3.3.2 (h) Condoms Predominantly Used for Sex

The list of potential uses for condoms is long, with references having been made to the following:

- Use of condoms as fishing lures: Involves placing two or three condoms over each other and covering a sizeable hook for ocean trawling. Reported to be highly effective, according to a Kiriwina source: ‘When you use this method, your friends will be waiting for you [on the beach]’.³⁶
- Use of the condom to cover flashlights to enable underwater fishing.
- Use of the lubricant for the treatment of the skin condition known as *Grille*.
- Use of the lubricant for hair oil.
- Use of the lubricant for treatment of leather boots.
- Children using condoms as balloons.
- Use of the condom rubber for slingshots.
- Use of the lubricant to polish wood carvings.

³⁶ Mr Lawrence Benny, interviewed in Kiriwina, 24 July 2016.

Notwithstanding the various reports about the *potential* uses of condoms, it was the view of the store operators interviewed during the evaluation that the KHP condoms were being overwhelmingly used for sex, and only on very rare occasions for other purposes. Of all those interviewed, there was only one report, from Alotau, of an individual known to have used condoms for a non-sex related purpose (fishing). Most commonly they were spoken about as a scarce commodity in high demand for their intended purpose, one store operator in Kiriwina (*n.12*) asserting ‘People have a lot of sex here’.

3.3.3 Effectiveness and Acceptability to Local Stores and Canteens with *No Prior Knowledge of the KHPs*

As summarised under Section 3.2.3 above, the operators of eight of the local stores and canteens visited (of a total of 29) reported never having received nor heard of the KHP. Summaries of the outcomes of the visits to these stores are outlined in Table 3.5 below, followed by discussion of the main points which emerged.

Table 3.5: Response to CPCD Initiative – Summaries of Discussions with Local Store and Canteen Operators with *No Knowledge of KHPs*

| Store ³⁷ | Notes |
|---|---|
| Milne Bay Province | |
| 1. (<i>n.6</i>). Nubika, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> Only <i>Was Was</i> and <i>Klina</i> Yellow. No <i>Renbo</i> (CPCD project not discussed) |
| 2. (<i>n.7</i>). North Kiriwina, Milne Bay province | <ul style="list-style-type: none"> Only <i>Was Was</i> in stock. <i>Klina</i> sometimes but no <i>Renbo</i> (CPCD project not discussed) |
| 3. (<i>n.8</i>). North Kiriwina, Milne Bay province | <ul style="list-style-type: none"> To date the store operator has purchased single-colour <i>Klina</i> only (and in 6-pack form). But supports the CPCD idea and will buy KHP cartons in future. (‘Why not? - as it is helpful for the community’.) Operator had never heard of the CPCD initiative and therefore had no previous knowledge that the KHPs were available. Operator is a medical student taking a break, and thinks that young people would prefer to come to him for condoms than go to either village birth attendants or health centres. |
| 4. (<i>n.9</i>). Kaibola Ward, North Kiriwina, Milne Bay province | <ul style="list-style-type: none"> Buys only 6-packs (prefers <i>Renbo</i> but last time had to buy Lavender). Initially not keen on distributing condoms, as his store not a health facility. Would cooperate with distribution but says there should be awareness. |
| 5. (<i>n.11</i>). Gumilababa Ward, Kiriwina, Milne Bay province | <ul style="list-style-type: none"> (Female) store operator stocks only Strawberry. Did not know that <i>Renbo</i> cartons/KHPs contained condoms but this would be a reason to buy them and she is keen to do so. Reports that her customers like Lemon, but her supplier only has Strawberry. Indicates that she would have no problem asking customers if they wanted condoms. She would give the condoms away free, and for the toothpaste charge a low price. |
| 6. (<i>n.15</i>). Vakuta Ward (Trobriands), Milne Bay province | <ul style="list-style-type: none"> (Male) store operator in remote location accessible only by boat has never heard of CPCD but keen and hopes to receive KHP in the future (‘That would be alright...its very important’.) To date has ordered <i>Klina</i> and received whatever is sent (usually Lemon or Frangipani). He orders 15 cartons per month. Indicates he would order by preference the free condom and toothpaste <i>Renbo</i> carton (KHP). |

³⁷ Note: Numbers in brackets (*n.x*) are unique identifiers that correlate to the store information profiled in Appendix 2 – Table A2.

| | |
|--|---|
| | <ul style="list-style-type: none"> • He would give the condoms away free but would sell the toothpaste. • Would be happy ‘for the sake of the community’ to display both the HIV educational material and the toothpaste information. • ‘The interest is bringing the safe things to the community, especially the condoms and things like this...’. |
| Simbu and Jiwaka | |
| 7. (n.24). Korko, Banz town, Jiwaka province | <ul style="list-style-type: none"> • Had never previously heard of CPCD but supports idea. Indicates she will check availability of KHPs with her supplier in Minz, Jiwaka (after talking to husband). |
| 8. (n.28). Canteen in Kumaibomai LLG, Simbu province | <ul style="list-style-type: none"> • Had never previously heard of CPCD (and previously only a 6-pack purchaser), but this (male) store operator expressed support for the idea, and said he would buy his first KHP ‘tomorrow’. |

3.3.3 (a) Strong Support for Initiative

One of the six KHP *non-receiving* store operators (n.9, Kiriwina) briefed on the CPCD initiative and interviewed in detail initially indicated that he was not keen on distributing condoms since he ‘is not a health centre’. This individual, who ran a small store that purchased soap in six-packs, did however indicate that he would cooperate with distribution if supplied with condoms, but that there should be some form of awareness (this operator had, of course, not seen the *Note to Store Operators*).

Of the remaining five *non-receiving* store operators briefed on the CPCD initiative and interviewed in detail, all were supportive of the venture and indicated interest in participating. Specifically, one (n.28, Kumaibomai) stated he would endeavor to procure a KHP the following day while another (n.24, Banz) stated that she would check with her supplier (and her husband). Feedback from the remainder included the following:

- Store operator on remote island location (n.15, Vakuta) indicating he would order by preference the KHP containing condoms and toothpaste sachets: ‘That would be alright...its very important...The interest is in bringing the safe things to the community, especially the condoms and things like this...’.
- Store operator (n.8, Kiriwina) indicated support for the idea and the intention to order KHPs in the future: ‘Why not? – as it is helpful for the community’.
- (Female) store operator (n.11, Kiriwina) indicating that she is keen to source the KHPs (except that her supplier has only Strawberry flavor) and that she would have no problem asking customers if they wanted condoms.

The interest in the CPCD initiative demonstrated by the store operators whose feedback is profiled above, is encouraging. As discussed below, however, the fact that these store operators had never heard of the CPCD initiative prior to the visit of the evaluators raises the issue of the need for improved marketing/awareness.

3.3.3 (b) Awareness and Marketing

As highlighted by the responses of the non-receiving store operators including in Table 3.4 above, participation in the CPCD initiative has been something of a matter of randomness for store operators, and unless they happened to receive the KHPs by chance (see next section immediately below), they may have had no way of knowing (except perhaps word-of-mouth from other store operators) about the CPCD initiative and the need for them to order (and receive) KHPs in order to participate.

This issue raises the question of whether additional information should be included inside *all Klina cartons* informing store operators about the CPCD initiative and what they need to do in order to participate (i.e. order KHPs from their supplier). Colgate Palmolive

might be able to identify additional options for promoting education/awareness about the KHP throughout the supply chain, based upon existing systems.

Additional to the matter of knowledge about the CPCD initiative, a few store operators (including a store operator who had already been introduced to the KHP) reported limited scope in what they could order. Specifically, store operator *n.11* (Kiriwina), reported that her supplier only stocked Strawberry, and store operator *n.14* (Kiriwina) reported that she ordered the *Renbo*/KHP last time, but received Lemon.

3.3.4 Acceptability of the Approach to the Public/End-Users

As discussed in Section 2.2.2 above, four focus groups were conducted with members of the public/(condom) end users, specifically three male focus groups and one female focus group. As noted in the methodology section, it is believed that the male focus groups were more representative of CPCD condom end users than the female focus group, however the female focus group nevertheless rendered some interesting results.

In summary, the discussions revealed a high level of enthusiasm for the CPCD initiative by participants in all male focus groups, and a more nuanced or grudging acknowledgment of the benefits of the CPCD project, given social and behavioural realities, by participants in the female focus group (of whom one was a dominant moralist). The details and highlights associated with the four focus groups are profiled in Table 3.6 below, followed by a discussion of the key points.

Table 3.6: Focus Groups (numbers approximate due to fluctuations)

| Description & Date | Notes |
|--|---|
| 1. Focus Group of four young men (aged 20 – 25) in Oyuweyova ward, Kiriwina, Milne Bay province (organised by local store operator), 24 July 2016. | <ul style="list-style-type: none"> • Scared/shamed/embarrassed to source condoms at hospital, particularly from female staff • Preference to source condoms from local store operators. • Those interviewed reported a high level of HIV awareness and indicated that they only have sex when condoms are available. However, they reported that some ‘just go ahead having sex’. • Congratulated Colgate Palmolive on the initiative. • Requested increased supply of condoms. • Quote 1 (summary by translator): ‘They are more than happy to receive them [the condoms] close to their community...at the doorstep instead of the distance and the embarrassment of [confronting] nurses [esp. female ones]’. • Quote 2 (summary by translator): ‘The importance is their life. They are thinking they are too young [to catch a deadly disease]. When the condoms came they were really happy because they could have [safe sex].. They need more supplies and they don’t need [want] to go to the hospital every time. They are shy and they are scared to go to the hospital’. |
| 2. Focus Group of around 20 men (aged approx. 20 – 60) in Kerowagi Lower Upper, Simbu province (organised by local store operator), 29 July 2016. | <ul style="list-style-type: none"> • Reported that it was previously ‘very hard to access condoms’ but that ‘what Colgate Palmolive and NACS are doing is ...making condom[s] available...to the houseline/village level’. • Reported that previously the only supply was at the hospital (the community has no Aid Post). The significant female staffing component meant that it was embarrassing for men to ask for condoms. • It is much easier to access condoms through their local and familiar store operator than to purchase them at a bigger store (where ‘they will look at you from your head to your foot’). • The initiative is important because the youth have (opportunistic) sex even if they don’t have condoms (but will use them if available). • Quote 1: [Previously the only supply was at the hospital] ‘but a lot of the staff are |

| | |
|---|--|
| | <p>women so its difficult to get it there...It's a very good initiative. Its getting to the village level. That's why everybody's buying <i>Klina Cut</i>...They used to do it [have sex] "flesh to flesh" but now they use condom'.</p> <ul style="list-style-type: none"> • Quote 2: 'If you buy condom people assume you already have HIV and spread rumours but if it comes with <i>Klina</i> it is easy'. • Quote 3: 'They're happy it is coming in the <i>Klina</i> because if they go to Kerowagi everybody knows that they are getting condoms and they call them names like prostitutes, etc'. |
| 3. Focus Group of around 20 women (aged approx. 18-45) in Kerowagi Lower Upper, Simbu province (organised by local store operator), 30 July 2016. | <ul style="list-style-type: none"> • One dominant woman was concerned that the availability of condoms promotes promiscuity (other participants did not appear so concerned about this point). This individual initially argued that if you supply condoms then people will be promiscuous, and if they are going to be promiscuous that they should go to the hospital to source condoms But then she stated herself that some community members find it difficult to go to the hospital to ask for a condom, but making condoms available through the Colgate Palmolive cartons solves this problem. • One (different) participant stated that it is important to receive the condoms at the store-level to protect girls/young women against unwanted pregnancies and STIs, and also for the protection of older people without partners. And also because even married men wander away from the house and drink <i>stim</i> (locally distilled liquor) and want to have sex and if they have condoms they can protect themselves. • A further participant stated that condoms should be included in any kind of soap products (broad agreement from other ladies). • Quote 1: 'Sometimes [when] men want to sleep with their wives they say they "come with <i>safety</i>" - its a good idea. <i>Gutpela</i>.' • Quote 2: 'If condoms are put in soap the young girls will have access and will therefore be able to practice safe sex. They [parents] invest a lot in girls and they do not want them to have sex [and get pregnant or risk catching STIs]'. • Quote 3: 'Young people in our culture shouldn't be practicing safe sex [i.e. out of wedlock - <i>presumed</i>] but they do'. |
| 4. Focus Group of around 20 men (aged approx. 20-50+) in Wigo Village, Nigemarme Commuinity, Gumine District, Simbu province (organised by local store operator), 30 July 2016. | <ul style="list-style-type: none"> • Preference expressed for sourcing condoms at the store-level level as opposed to hospitals. Unanimous agreement that participants feel ashamed asking for condoms at the hospital, but they are all regular customers at the stores and feel confident approaching store operators (whether male or female) for condoms. • Confirmation that people have (opportunistic) sex whether or not they have condoms, but they understand the risk of STIs and prefer to use condoms if available. • Request for increased supply of condoms. • Quote 1: 'Parents are more concerned about the young girls at school. Today, girls can do anything and when they need money or anything then can sell sex. If condoms are available [at stores] it will be easy for them to get'. • Quote 2: (In reference to female condoms) 'Important to have condoms in the community. Especially young girls. Because parents invest a lot of money in their daughters but when they get pregnant it becomes a problem so its good to have [female] condoms in the community'. • Quote 3: 'Those who are close to the hospital can get condoms readily, but those who are away from the hospital can [now] get condoms at the trade store'. |

3.3.4 (a) Reference to Ease of Sourcing Condoms (with CPCD) from Local Stores (Inc. Less Shame)

In the course of all four focus groups, participants stated that a main advantage of the CPCD initiative was that the availability of condoms at local stores and canteens made sourcing condoms much easier, and saved individuals the embarrassment or shame associated with asking for condoms at a health facility or bigger store in town where (Group 2 comment) 'they will look at you from your head to your foot'. Particular reference was made to the embarrassment experienced by males when asking female health staff for condoms. Specific feedback from focus group respondents included the following:

- Participant (Group 1) stated (as interpreted by translator) ‘They are more than happy to receive them [condoms] close to their community...at the doorstep instead of the distance and embarrassment of [confronting] nurses [esp. males confronting female nurses]...They don’t need [want] to go to the hospital every time. They are shy and...scared to go to the hospital’.
- Dominant female participant (Group 2) concerned about the role of condoms in promoting promiscuity, but still notes that some people find it difficult to go to the hospital to ask for condoms, and the CPCD initiative overcomes this.
- Unanimous agreement (Group 4) that participants feel ashamed asking for condoms at the hospital, but they are regular customers at the stores and feel confident approaching store operators (whether male or female) for condoms’.
- Participant (Group 2) commented that it was previously ‘very hard to access condoms’ but that what Colgate Palmolive and NACS are doing is ‘...making condom[s] available...to the houseline/village level’.
- Participant (Group 2) commented that ‘If you buy condom [in town] people assume you already have HIV and spread rumours but if it comes with *Klina* it is easy’.

Figure 3.6 Participating Store-owner with Posters (Kiriwina)



3.3.4 (b) Particular Reference to the Need for Condoms for Young Women

In two of the sessions (Group 3 and Group 4), one of which was the women’s group, participants commented that the availability of condoms at stores was important to enable young females to protect themselves against pregnancy/STIs. Comments included the following:

- Participant (Group 3) commented: ‘If condoms are put in soap the young girls will have and will therefore be able to practice safe sex. They [parents] invest a lot in girls and they do not want them to have sex [and get pregnant and risk catching STIs].’

- Participant (Group 4) commented: ‘Parents are more concerned about the young girls at school. Today, girls can do anything and when they need money or anything then can sell sex. If condoms are available [at stores] it will be easy for them to get’.

3.3.4 (c) *Opportunistic Sex a Reality With/Without Condoms, But Condoms Used by Preference*

The relationship between the ready availability of condoms (at stores) and the incidence of sex was discussed with the participants of Groups 1, 2 and 4 (the three male groups), partly to explore whether the CPCD initiative was promoting levels of sexual activity that would not have occurred in the absence of the CPCD initiative. The participants of the first male focus group (Group 1, Kiriwina) reported a high level of HIV awareness, and indicated that they only have sex themselves when condoms are available. However, they reported that some (others) ‘just go ahead and have sex’ regardless of access to condoms. Respondents in the other two male focus groups (Groups 2 and 4, Simbu) reported less restraint, stating that they would have opportunistic sex (with ‘free women’ and sex workers) even if they didn’t have condoms but use condoms by preference, if available, in order to avoid contracting STIs. These accounts, supported by the reports of high levels of risky sex discussed under Section 3.1.3, reaffirm the advantages of ensuring that sexually active members of the population have ready access to condoms.³⁸

3.3.4 (d) *Need for More Condoms (or Availability in all Soap Products...)*

In reference to a discussion on female condoms, and reflecting participant views outlined under (b) above, one male participant (Group 4) commented that it is important ‘...to have condoms in the community. Especially young girls. Because parents invest a lot of money in their daughters but when they get pregnant it becomes a problem so its good to have [female] condoms in the community’. More broadly, and reinforcing feedback from store operators discussed under Section 3.3.2 (g) above, the issues of greater supplies of condoms was raised as an issues in three of the four focus groups (Groups 1, 3 and 4), with one participant of the female group (Group 3) suggesting that condoms should be included in ‘any’ kind of soap products (to the broad agreement of other participants). Note that the view that the benefits of the CPCD initiative could be improved through increasing the number of condoms in KHPs receives further attention in Section 3.3.5 (a) below, in relation to the perspectives of health and public administration professionals.

3.3.5 Health and Public Administrators Perspectives

Some contextual information from health and public administration officials has already been integrated into Section 3.1 of this report, including notes on resources constraints prevailing in the HIV/STI sector. In Simbu, for example, the Catholic Church STI-HIV Program Manager reported that her team’s resource constraints limited awareness-raising activities in communities to single visits, and prevented them from returning to conduct evaluations.³⁹ The barriers of tackling HIV issues in the wake of the demise of PACS also received comment by a few respondents.⁴⁰ As discussed under Section 3.1.4, informants

³⁸ The former Simbu HIV Response Coordinator, Mr Nick Api (interviewed in Simbu, 30/31 July 2016), points to the deterioration of traditional social patters and systems of gender segregation over recent generations as a contributing factor to the reported high levels of casual/opportunistic sex.

³⁹ Sister Margaret Ghunn, interviewed in Mingende, 2 August 2016. More broadly, both the Simbu Governor, Mr Noah Kool and Deputy Provincial Administrator Mr Otto Sine (both interviewed in Kundiawa, 28 July 2016) indicated concern about the risk posed to the community by HIV.

⁴⁰ Including Kiriwina-Goodenough District Administrator Mr Gansen Kadi (interviewed 21 July 2016) and Nick Api, former Simbu HIV Response Coordinator (interviewed in Simbu, 28 July 2016).

in both Milne Bay and Simbu provinces referred to stock-outs of public health condom supplies at the time the evaluation team's visits, highlighting the relevance of the CPCD initiative.

3.3.5 (a) Interest in the CPCD Amongst Health and Public Administration Officials

Public health and administration officials commented on the improved acceptance of condoms use in recent years, with the Kiriwina-Goodenough District Medical Officer⁴¹ reporting that 'the education on safe sex is working', and the Milne Bay provincial Administrator stating that condom use has become a 'culture', and associated with less stigma.⁴² Aware of the bottlenecks periodically impacting on the distribution of condoms through the public health system (see Section 3.3.1), health and public administration officials were very interested in the potential of the CPCD initiative. Reflecting the views of store operators and community members/end users interviewed in the course of the evaluation (see Sections 3.3.2 [a] and 3.3.4 [a]), the importance of youth needing an environment in which to source condoms was noted by the Kiriwina-Goodenough District Administrator, who observed that trade stores are based in the communities, where the people are.⁴³ In Simbu, meanwhile, the Deputy provincial Administrator, Mr Otto Sine, suggested that the CPCD initiative is suited to local conditions because Simbus are afraid to go to the health facilities for condoms.⁴⁴

In Simbu province the Provincial Health Authority (PHA) had undertaken independent activities to evaluate the impact of the project. Based on an evaluation visit to Gambok District, the Simbu PHA Monitoring and Evaluation Officer stated that 'the store owners were very positive', reporting a high demand for the condoms which they were giving to those who purchased soap, and others as well. 'Some of them said that the package (KHP) was very good and that they wanted to buy this one to help the community'.⁴⁵ Meanwhile, noting that 'we currently do not have any [public health system] condoms in the province', the Simbu Provincial Infectious Disease Control Officer⁴⁶ stated that 'I think in my next awareness I am going to make reference to this one [say that if you buy the KHP you will receive condoms]'. Other comments on the CPCD project included the following:

- 'It [the CPCD initiative] will really help. If every trade store can keep a box of condoms and give them to their client' (Noting that their own service does not have condoms all the time because their clinic relies on PACS or PHA supplies). Sister Margaret Ghunn, Catholic Diocesan STI-HIV Program Coordinator, Mingende, 2 August 2016.
- '...People are crying out for condoms...People are demanding condoms. But now we are running out of condoms...[People have reported that]...they get condoms from [trade stores] and they're really happy and they want more. They obviously seem to know how to use it...I don't know if you can fit any female condoms in the pack...females are asking for condoms now...The [CPCD] project is reaching

⁴¹ Dr G. Tosieru, Kiriwina-Goodenough Medical Officer, interviewed in Losuia, 23 July 2016.

⁴² Mr Michael Cape Milne Bay Provincial Administrator, interviewed in Alotau 20 July 2016.

⁴³ Mr Gansen Kadi, Kiriwina-Goodenough District Administrator, interviewed 21 July 2016.

⁴⁴ Mr Otto Sine, Deputy Provincial Administrator, interviewed in Kundiawa, 28 July 2016. Simbu Governor (and former Simbu PACS member) Noah Kool, meanwhile (interviewed in Kundiawa 28 July 2016) identified HIV as an area of serious concern articulated a high level of support for the CPCD project ('...Thank you Colgate').

⁴⁵ Mr John Bagle, Simbu PHA Monitoring and Evaluation Officer, interviewed 28 July 2016.

⁴⁶ Mr Stephen Show, interviewed in Kundiawa, 28, July 2016.

out to the unreached and the project is cutting down costs and manpower, especially when we're having a financial crisis and even when we're not'. Ms Guim Kagl, Simbu Provincial Coordinator for HIV, Kundiawa, 29 July 2016.

- 'Every fortnight I buy a six pack but it should be one cake of soap for one condom... Currently we are not distributing condoms so the only way people will access condoms is through the stores'. Mr Ridley Mwaisiga, Kiriwina-Goodenough District Health Manager, Losuia, 22 July 2016.

3.3.5 (b) Data on Distribution and Usage

The information collected in the course of this evaluation has helped to inform questions raised by public health officials concerning the CPCD project, such as whether condoms are getting to the village level, whether they are being supplied freely to members of the community, if the condoms are getting to the right people, and the relationship between the distribution of condoms and the distribution of soap.⁴⁷ The evaluation has also gone some way to informing a related question concerning whether people who don't have access to money for shopping will also have access to the condoms, given the findings that most store operators distribute the condoms free.⁴⁸

At both national level and at provincial level health sector respondents indicated interest in the generation of empirical data on the distribution of the CPCD condoms, including demographic data on recipients of condoms and what they are used for.⁴⁹ Noting the key role and importance within the community of store operators, the NDOH STI/HIV Program Manager proposed that as community focal points directly involved in the distribution of the CPCD condoms, store operators could be asked to collect this data, potentially on a cash incentivised basis. Equally interested in empirical data concerning the distribution by stores to the 'rural majority' of the population, the Kiriwina-Goodenough District Health Manager proposed the development of a standardised template for use by district health authorities, indicating 'To me [it would be] beneficial as I will know how many people will have access to family planning so that we can also report in our normal reporting systems.'

While the interest in empirical detail is understandable there are two points will needed to be taken into consideration in any endeavours aimed at generating data from the store level. The first point concerns the resources involved in periodically visiting rural stores, which would need to be kept to a minimum to ensure sustainability. Accordingly, it could be worth using a sampling system as the basis of calculations. Additionally, means of collecting data that do not require personal visits to stores (potentially including the use of supply chain linkages) could be considered. The second point, in view of the known preference of individuals to source condoms in non-intrusive environments, is the question of how to collect demographic and use data from condom participants in a way that doesn't serve to discourage participation.

⁴⁷ These questions were raised by Mr Ridley Mwaisiga, Kiriwina-Goodenough District Health Manager, interviewed in Losuia, 22 July 2016.

⁴⁸ This question was raised Milne Bay Director of Public Health, Dr Jacob Morewaya, interviewed in Alotau, 21 July 2016. A future randomised survey with a broad geographic and socio-economic catchment could further inform this question in greater detail.

⁴⁹ In particular Dr Nick Dala, NDOH STI/HIV Program Manager (interviewed in Port Moresby, 19 July 2016) and Mr Ridley Mwaisiga, Kiriwina-Goodenough District Health Manager (interviewed in Losuia, 22 July 2016).

3.3.5 (c) Public Private Partnership (PPP) Synergy Potential

The evaluation team understands the NDOH remains interested in Public Private Partnerships (PPPs) as a potential means of assisting the NDOH to realise the independent resourcing of family health programs in line with international obligations associated with the nation's transition from low-income to middle-income status. Accordingly, the experience of the CPCD condom distribution trial is likely to be drawn on in the development of the new HIV/AIDS Strategy 2018 – 2022.⁵⁰ Meanwhile, providing an example of the potential synergies presented by Public Private Partnerships (PPPs) for the parties involved, it is understood that the Simbu PHA plans to feature the CPCD initiative in forthcoming HIV awareness activities in the province, specifically encouraging store operators to purchase the KHP and distribute the condoms to customers and community members.⁵¹

3.4 Effectiveness of the BCE materials (television and radio advertisements, and posters and educational materials).

This section includes sub-sections presenting feedback respectively on the *Note to Store Operators* (with condom use instructions on the reverse side), the awareness poster featuring Stanley Nandex, and the television and radio segments (again featuring Stanley Nandex). It is followed by some general comments on reported levels of safe sex awareness.

3.4.1 Effectiveness of the Note to Store Operators and Condom Use Instructions

Although some store operators (i.e. *n.30*, *n.32*, and *n. 37*) may not have read the *Note to Store Operators* (which included condom use instructions on the reverse side), most were familiar with the *Note*, with one store operator (*n.13*, Kiriwina) indicating that the inclusion of the *Note* helped him recognise that the KHP was part of a public health initiative. Feedback on the *Note* and its use/fate, some of which is included below, suggest in particular that youth find the condom use instructions of interest:

- Wholesaler (*n.2*, Alotau) reports that the condom use instructions and toothpaste instructions are placed in a conspicuous place and they all get taken.
- Store operator (*n.13*, Kiriwina) reports that some of the condoms use instructions have been displayed but none have remained in position: 'Sometimes in the night the young boys come and take them down...they want to go and read it and sometimes they come and ask for them and if there are some in the box I give them out'.
- Wholesaler (*n.5*, Losuia) staff report displaying condom use instructions (along with awareness poster) at a local health centre.
- Store operator (*n.10*, Kiriwina) reports that he has given away the instructions to the 'young boys'. Expresses the view that the safe sex message is good but everybody in the community already understands how to use a condom.
- Store operator (*n.12*, Kiriwina) diligent about distributing condoms and displaying posters, but of the view that the instructions are not necessary because health teams have educated the population concerning safe sex.
- Staff (*n.17*, Alotau) of the view that the condom use instructions are important. Report showing customers the information sheets and sometimes giving them away.

⁵⁰ Interview with Dr Nick Dala, *Op. Cite*.

⁵¹ Pers. Comm. from Simbu PACS volunteer Mr Gena Aruai, 5 October 2016.

While there are different views concerning whether the condom use instructions are necessary, the reported popularity of the instructions amongst youth highlights the importance of ensuring that safe sex education materials remain accessible to every new generation.

3.4.2 Perceptions of Effectiveness of (Stanley Nandex) Awareness Posters

As reflected in images (including Figures 3.7 and 3.8 below), the awareness posters featuring Stanley Nandex were very popular, and could, as one store operator (*n.29*) observed, played a useful in alerting people to the availability of condoms at the store. Although in several cases the posters were not used, including in one case by a wholesaler that was in other respects diligent about distributing the condoms ('That's one of our failings..'),⁵² the great majority of them appear to have been displayed in visible places or given to people to display in their houses, in either case contributing to the reinforcement of the safe sex message in the community. Examples of the use of posters include the following:

- Wholesaler (*n.18*, Kundiawa) reporting that posters have been given to customers, who then take them home.
- Wholesaler (*n.5*, Losuia) staff report displaying poster (along with condom use instructions) at a local health centre. The other posters were taken and hung in the 'boys' houses.
- Poster observed on the outside wall of a store, (*n.12* Kiriwina), with another reportedly taken by the store operator's son, a teacher, and displayed on the wall of his classroom.
- Store operator (*n.13*, Kiriwina) reports that posters were displayed in his house and also given to other people to display in their houses.
- Wholesaler (*n.2*, Alotau) reports that Nandex posters were put in a box and have been taken by customers/members of the community.
- Store operator (*n.10*, Kiriwina) reports that the Stanley Nandex posters have been displayed in his house and that children also take the posters because they like Stanley Nandex.

Although in some cases it was difficult to disentangle interest in the safe sex message from the appeal of its star, feedback on the poster was universally positive. Notwithstanding this, one trade store operator and one sales representative (both from Milne Bay province) suggested using a more expansive set of 'ambassadors' in future, alongside Stanley Nandex (with a high-profile and ascending State of Origin rugby personality proposed for consideration, should funding for a second round of BCE activities become available).

⁵² The view of the staff member interviewed was that people already knew about condoms because they have been instructed by health workers. Note that within an hour of the interview, the store had taken action to ensure that the condom use instructions (as well as the toothpaste instructions) were available to customers and the public, as well as the free condoms and toothpaste sachets.

Figure 3.7 Awareness Poster on Display in Gumine (Simbu)



Figure 3.8 Awareness Poster on Display in Niglkande (Simbu)



3.4.3 Perceptions of the Effectiveness of Television and Radio Segments

As per the awareness posters, feedback from those who had seen/heard the television or radio awareness segments promoting condom use⁵³ was in all cases positive (*'Gutpela!'*), although in Kiriwina, where most of the Milne Bay interviews were conducted, radio and television reception was reported to be an issue. An interesting suggestion that emerged from discussions in rural Simbu, near a store that doubled as an evening – late night entertainment centre (*n.35*, Mitnade) was to review options for having the radio segment included in one of the recorded 'Boombox' selections popular at such venues.

3.4.4 Safe Sex Awareness

Reflecting the views of public administration officials discussed earlier under Section 3.3.5 (a) above, there is a strong view amongst wholesalers and local store and canteen operators that the safe sex message has filtered down to grass roots level. For example, at

⁵³ The TV segment can be viewed at <https://www.youtube.com/watch?v=x5i3xQbW19Q>

one of the more remote locations in Kiriwina visited during the evaluation (*n.16*, Sinaketa) accessible only by boat, the store operator confirmed an awareness of the safe-sex message in his community, notwithstanding the reported absence of formal awareness-raising activities, stating that ‘whatever is said in Losuia [the regional centre], people carry the message’. Similarly, the operator of another remote, boat-only accessible store on the south of Vakuta Island in the Trobriands (*n.15*) also reported an awareness of the safe sex message among his community. Contrary views are occasionally encountered, and one (expatriate) wholesale manager (*n.18*, Kundiawa) commented as follows on a failed store-floor promotion attempt when the KHPs first arrived: ‘I tried to figure it out that the condoms could be [of] help to you [staff]...she laughed...even a customer [to whom] I tried to give [the condom/condoms]...I concluded that this PNG country when it comes to condom they are not aware about this one. I think the community they need to make one assembly and make awareness, especially the young guys.’ Interestingly, and notwithstanding the views of this manager, his floor staff were found to be distributing condoms to customers/community members (both male and female) with great effect via word-of-mouth systems.⁵⁴

Regardless of the degree of saturation of the safe sex message in recent decades, and as reflected in the reports of keen interest in the condom use instructions and safe-sex awareness materials amongst youth (as per Section 3.4.1 above) the importance of exposing each new generation to the message is clear, as is the need to periodically reinforce this message to the community at large. In the case of the CPCD initiative, awareness materials also appear to have played a role in alerting people to the availability of condoms at stores.

⁵⁴ One other wholesaler manager (*n.5*) also asserted that there remain people in the community who don’t know what a condom is. This is doubtless true, but again the floor staff of the firm in question reported distributing condoms to customers/members of the community with great effectiveness.

4. Conclusions and Recommendations

This section includes two sub-sections. The first of these, drawing on the analysis of Section 3.3, draws general conclusions concerning the key evaluation themes pertaining to (1) the effectiveness of the CPCD approach at distributing condoms to the village-store level, (2) the acceptability of the approach to store operators, (3) the acceptability of the approach to end-users/members of the public, and (4) the effectiveness of the BCE materials. The second section outlines and specific recommendations, divided into the themes of (1) Packaging and Contents, (2) Awareness (3) Strategic planning, and (4) Data Collection by NDOH.

4.1 Conclusions

4.1.1 Effectiveness of the CPCD Trial at Distributing Condoms to Stores

Based on information received from provincial wholesalers, regional wholesalers, and local stores and canteens, it is clear that the condoms and awareness materials included in KHPs have been effectively distributed from the Colgate Palmolive warehouse in Lae, through to various wholesalers in Alotau and Kundiawa. These provincial wholesalers, which in most cases sell also directly to the public, have then distributed free condoms to individuals upon request (mostly males, but also females) and also distributed complete KHPs further down the supply chain to smaller wholesalers and ultimately to the village store level, including locations accessible only by foot (refer, for example the case of wholesaler *n.35*).

Having said this, not all the stores which order and sell *Klina* soap have received the KHPs to date, as the receipt of KHPs has been something of a matter of chance. A key reason for this is that the popular *Renbo* pack is the KHP vehicle, yet some store operators order different flavours, and are totally unaware of the option of ordering the *Renbo*/KHP. In the interests of increasing participation, this situation could be addressed by advertising the KHP more effectively. The promotion of the KHP by government health agencies (discussed under 3.3.5 [d]) could also help produce the same outcome, and also provides an example of the kinds of synergies that can exist within a PPP. In this case the government agency would be helping promote the KHP while the private sector partner contributes the use of their supply chain to enable the broad-sale distribution of a life-saving commodity.

4.1.2 Acceptability of the Approach to Store Operators.

The CPCD model that has been trialed requires the participation of store operators and staff to be effective, as they represent a final ‘membrane’ across which the condoms must cross in order to reach end users in the community. The results of the evaluation indicate that in most cases store operators and staff respond enthusiastically to the opportunity to distribute condoms to customers and members of their community.

Specifically, all five wholesalers which have received the KHP report supplying it (one belatedly due to a logistics issue in Lae) to their customers and smaller wholesalers and stores further down the supply chain. Similarly, all five sub-provincial wholesalers visited which had received the KHPs were cooperating with the CPCD by distributing the KHPs both directly to customers and to smaller businesses further down the supply chain. Of 29

local stores and canteens visited, the total number of local stores and canteens that received the KHP was 21. Of these 21 stores, 3 operators indicated that they had been disposing of the condoms rather than distributing them. The remaining 17 local stores and canteens indicated that the condoms had been distributed to customers/members of the community (or in the case of one small and recently opened store – kept for personal use). In one other case the situation was indeterminate. Of the three store operators who had previously been disposing of the condoms received in the KHPs, all agreed to participate in the CPCD initiative once the objective and NACS-supported nature of the project was explained, suggesting that participation levels could be further increased through improved awareness. Similarly, although interviews were only conducted with six of the eight store operators visited who reported *not* receiving the KHP, all indicated that they would support for the project should they receive the KHPs. With one exception, this agreement was enthusiastic.

Overall, the interviews with wholesalers, store operators and store staff indicated strong awareness of the importance of safe sex and high motivation to distribute condoms to customers and members of the community. In all but two cases condoms were being distributed free of charge and in one of these cases the store operator indicated she waived the fee for those unable to pay. Whereas those stores which had previously stocked commercial/social marketing condoms reported slow movement of these items, the free CPCD condoms were reportedly in high demand, with reports of members of the public questioning store operators as to when the next shipment of KHPs would arrive. As a critical indicator of the marketplace acceptance of the KHP, and perhaps reflecting the effectiveness of NACS and PACS efforts in the community over the years, the Colgate Palmolive sales representatives interviewed in Milne Bay and Simbu provinces reported that sales of KHPs had remained robust throughout the trial. As one of the representatives pointed out, he would have been the first to know had there been any problems.

At the macro public administration level, the motivation that local-level entrepreneurs and their staff have demonstrated to assist their communities in the course of this trial is an interesting finding. It would appear to highlight the existence of an under-utilised resource that can clearly be harnessed as part of the response to HIV/AIDS in PNG, and potentially as part of a response to a range of other developmental and public administration challenges.

4.1.3 Acceptability of the Approach with the Public/End-users.

Four focus group discussions revealed a high level of enthusiasm for the CPCD initiative by participants in all male focus groups, and a more nuanced or grudging acknowledgment of the benefits of the CPCD project (given social and behavioural realities) by participants in the female focus group. In comments that mirrored information provided by a number of public administration officials and store operators, there was a strong view amongst end-users/members of the community that it was highly preferable to source condoms from familiar store operators than it was to source them (or attempt to, stocks allowing) from health facilities. This was especially the case for males faced with the prospect of asking female health workers for condoms. Focus group respondents of both genders highlighted the importance of enabling young women to protect themselves against unwanted pregnancy through access to condoms, referring to the investment which parents make in young women. Highlighting the importance of condom availability, the focus groups highlighted the frequency of casual or opportunistic

sex in a society impacted by the erosion of traditional taboos, reporting that opportunistic sex took place with or without condoms, but *with* condoms by preference.

4.1.4 Effectiveness of the BCE materials (television and radio advertisements, and posters and educational materials).

Although some store operators may not have read the *Note to Store Operators* in other cases it played a role in alerting store operators to the fact that the KHP was part of a NACS-supported public health initiative. Notwithstanding a strong view amongst store operators and public administrators that the safe sex message has been successfully transmitted to the grass roots in PNG (which, based on discussions with store operators and end-users/members of the public, the evaluation team shares), it was nevertheless reported that the condom use instructions printed on the reverse side of the *Note to Store Operators* were in some demand by youth, highlighting the need to make information on safe sex accessible to members of each new generation.

While two respondents suggested expanding the condom-promotion awareness posters to include a version or versions featuring ascending State of Origin rugby personalities, the evaluation team also received feedback indicating that the awareness posters featuring Stanley Nandex posters were very popular. Many Nandex posters were spotted by the evaluation team displayed on the inside and outside walls of stores and canteens. According to respondents, the locations that other posters had been displayed ranged from school classrooms to health facilities to the houses of ‘boys’ amongst whom Mr Nandex has star appeal. Indicating the kind of practical role a poster can play, one store operator reported that the presence of a Nandex poster on the wall of her store alerted the visitors to the availability of condoms at the store.

4.2 Recommendations

As documented in this report, support for the CPCD initiative among wholesalers, local store and canteen operators, end-users and health and public administration workers provides grounds for the continuation and expansion of the CPCD initiative as a cost-efficient means of providing *Universal Access* to means of prevention against HIV, other STIs and unwanted pregnancies. Based on the issues identified in this evaluation, the approaching expiration of the original coordination, monitoring and evaluation grant and several other considerations, attention to the following aspects is important in relation to the implementation of a sustained CPCD initiative and the maximisation of its beneficial impacts.

4.2.1 Packaging and Contents

- Given the popularity of the CPCD initiative and the importance of safe sex, it is recommended to significantly increase the number of male condoms in each KHP, and also include a number of female condoms. As per the calculations included in Table 3.4, male condoms weigh 2 grams/unit and toothpaste twin packs weigh 26 grams/unit. This means that by weight, one toothpaste twin pack equates to 13 male condoms. Both the condoms and the toothpaste sachets are appreciated by store operators and the community, but there is robust demand for an increase in the number of condoms per KHP.
- Female condoms have been requested by a number of store operators, store staff and end-users. Again, Table 3.4 provides a number of options for consideration.

- Consider packaging condoms within either the 6-packs or the half-cartons included within the full KHPs to ensure distribution to the smallest local store/canteen level.

4.2.2 Awareness

- Clearer marking on the packaging of the KHP could help store operators understand that the KHP is part of a NACS-supported public health initiative.
- Efforts to alert unaware store operators concerning the availability of the KHP and how to order it (and thereby provide a service to their communities) could increase participation in the initiative. An option could be to include information on the KHP in all *Klina* cartons.
- Options for including radio HIV awareness segments in the ‘Boombox’ recordings popular in PNG entertainment venues (especially those in rural areas) should be explored.

4.2.3 Strategic Planning

The planning for a continued/expanded CPCD initiative will require discussion by parties including Colgate Palmolive, NACS, the NDOH, and relevant donor partners, aimed at determining aspects including the following:

- The geographic scope of a continued/expanded CPCD initiative.
- Possible sources of funding for the printing of *Notes to Store Operators* and awareness posters (and potentially the periodic updating of same) and periodic broadcasting costs for on-air awareness materials (noting the approaching expiration, in early 2017, of the original coordination, monitoring and evaluation grant to SSD).
- Packaging and Contents, and Awareness aspects, as presented under 4.2.1 and 4.2.2 above.
- The role to be played by Government of PNG agencies in promoting the KHP to store operators to assist in maximising participation.
- Future sources of condom supplies.
- Sources of funding for any future coordination, monitoring and evaluation activities.

4.2.4 Data Collection by NDOH

- Consideration needs to be given to options for how NDOH can effectively and sensitively collect demographic data on recipients of CPCD condoms distributed by trade stores. As discussed in Section 3.3.5, a final system will need to (1) Be sustainable from a resource perspective, and (2) Avoid discouraging participation through introducing overly-intrusive requirements relating to the personal details of condom recipients.⁵⁵

⁵⁵ Note that during the presentation of the evaluation results at the HIV Technical Working Group held in Port Moresby on 14 February 2017, it was suggested that a future CPCD project should concentrate on condom distribution aspects and that responsibility for data collection should be allocated elsewhere.

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Appendices

Appendix A – List of Informants

Table A1: Private Sector Informants (51 interviews/meetings with 63 informants)⁵⁶

| Name/Role & Location ⁵⁷ | Date |
|---|----------------------------|
| 1. Ms Deshley Mala, Retail Marketing Executive, Colgate Palmolive PNG Ltd, Port Moresby | 19 July 2016 |
| 2. Branch Manager (Male), Provincial Wholesaler (n.1), Alotau, Milne Bay province | 20 July 2016 |
| 3. Costing Manager (Male), Provincial Wholesaler (n.2), Alotau, Milne Bay province | 20 July 2016 |
| 4. Family Store Supervisor (Female), Provincial Wholesaler (n.2), Alotau, Milne Bay province | 20 July 2016 |
| 5. Grocery Team Leader (Male), Provincial Wholesaler (n.2), Alotau, Milne Bay province | 20 July 2016 |
| 6. Wholesale Manager (Male), Provincial Wholesaler (n.2), Alotau, Milne Bay province | 20 July 2016 |
| 7. Store Manager (Male), Provincial Wholesaler (n.3), Alotau, Milne Bay province | 20 July 2016 |
| 8. Assistant Manager (Male), Sub-provincial Wholesaler (n.4), Losuia, Kiriwina, Milne Bay province | 21 July 2016 |
| 9. Finance Staff (Female), Sub-provincial Wholesaler (n.5), Losuia, Kiriwina, Milne Bay province, Losuia, Kiriwina, Milne Bay province | 21 July 2016 |
| 10. Owner/Co-owner (Male), Sub-provincial Wholesaler (n.5), Losuia, Kiriwina, Milne Bay province, Losuia, Kiriwina, Milne Bay province | 21 July 2016 |
| 11. Wholesale Distributor (Female), and Retail Manager (Female), Sub-provincial Wholesaler (n.5), Losuia, Kiriwina, Milne Bay province, Losuia, Kiriwina, Milne Bay province | 21 July 2016 |
| 12. Staff (Female), Sub-provincial Wholesaler (n.4), Losuia, Kiriwina, Milne Bay province, Losuia, Kiriwina, Milne Bay province | 22 July 2016 |
| 13. Operator (Male), Local Store/Canteen (n.6), Nubika, Kiriwina, Milne Bay province | 22 July 2016 |
| 14. Operator (Male), Local Store/Canteen (n.7), North Kiriwina, Milne Bay province | 22 July 2016 |
| 15. Operator (Male), Local Store/Canteen (n.8), North Kiriwina, Milne Bay province | 22 July 2016 |
| 16. Operator (Male), Local Store/Canteen (n.9), Kaibola Ward, North Kiriwina, Milne Bay province | 22 July 2016 |
| 17. Operator (Male), Local Store/Canteen (n.10), Losuia, Kiriwina, Milne Bay province | 22 July 2016 |
| 18. Operator (Female), Local Store/Canteen (n.9), Gumilababa Ward, Kiriwina, Milne Bay province | 22 July 2016 |
| 19. Operator (Male), Local Store/Canteen (n.12), Oyuweyova ward, Kiriwina, Milne Bay province | 22 July 2016 |
| 20. Operator (Male), Local Store/Canteen (n.13), Tukwaukwa Ward, Kiriwina, Milne Bay province | 22 July 2016 |
| 21. Operator (Female), Local Store/Canteen (n.14), Oyuwyova Ward, Kiriwina, Milne Bay province | 22 July 2016, 23 July 2016 |
| 22. Operator (Male), Local Store/Canteen (n.15), Vakuta, Vakuta Ward (Trobriands), Milne Bay province | 23 July 2016 |
| 23. Operator (Male), Local Store/Canteen (n.16), Sinaketa Ward, Kiriwina, Milne Bay province | 23 July 2016 |
| 24. Ms Yvonne Darauaga, Colgate Palmolive Sales Representative, Alotau, Milne Bay province | 24 July 2016 |
| 25. Staff 1 (Male) and Staff 2 (Female), Local Store/Canteen (n.17), Hu Hu LNG, Alotau, Milne Bay province | 25 July 2016 |
| 26. Mr Noel Mirinu, Production Manager, Colgate Palmolive, Lae, Morobe province. | 26 July 2016 |
| 27. Wholesale and Retail Manager, Provincial Wholesaler (n.18), Kundiawa, Simbu | 28 July 2016 |

⁵⁶ Names of store operators and staff are withheld for confidentiality reasons. To request access to informant details for data verification purposes contact the author.

⁵⁷ **n.x** = unique store number given to each store visited in the course of the study.

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| province | |
| 28. Supermarket Staff 1 (Male), Supermarket Staff 2 (Male), Supermarket Staff 3 (Female) and Supermarket Staff 4 (Female), Provincial Wholesaler (n.18), Kundiawa, Simbu province | 28 July 2016 |
| 29. Store Manager (Male), Sales and Marketing Manager (Male), Operations Manager (Male), and Checkout Staff (Female), Provincial Wholesaler (n.19), Kundiawa, Simbu province | 28 July 2016 |
| 30. Operator (Female), Local Store/Canteen (n.20), Kundiawa Urban LLG, Simbu province | 29 July 2016 |
| 31. Operator (Male), Sub-provincial Wholesaler (n.21), Kerowagi Urban, Simbu province | 29 July 2016 |
| 32. Operator (Male), Local Store/Canteen (n.22), Ward 22, Kerowagi Lower Upper, Simbu province | 29 July 2016 |
| 33. Operator (Male), Sub-provincial Wholesaler (n.23), Minz Urban LLG, Jiwaka province | 30 July 2016 |
| 34. Operator (Female), Local Store/Canteen (n.24), Korko, Banz town, Jiwaka province | 30 July 2016 |
| 35. Operator (Male), Local Store/Canteen (n.25), Gumine, Simbu province | 31 July 2016 |
| 36. Operator (Male), Local Store/Canteen (n.26), Kumaibomai LLG, Simbu province | 31 July 2016 |
| 37. Operator (Male), Local Store/Canteen (n.27), Gumine LLG, Simbu province | 31 July 2016 |
| 38. Operator (Male), Local Store/Canteen (n.28), Kumaibomai LLG, Simbu province | 31 July 2016 |
| 39. Operator (Female), Local Store/Canteen (n.29), Kumaibomai LLG, Simbu province | 31 July 2016 |
| 40. Operator (Female), Local Store/Canteen (n.30), Mitnade (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 41. Operator 1 (Male) and Operator 2 (Female), Local Store/Canteen (n.31), Mitnade (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 42. Operator (Male), Local Store/Canteen (n.32), Mitnade (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 43. Operator (Female), Local Store/Canteen (n.33), Mitnade (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 44. Operator (Female), Local Store/Canteen (n.34), Mitnade (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 45. Operator 1 (Male) and Operator 2 (Male), Sub-provincial wholesaler (n.35), Niglkande (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 46. Operator (Male), Local Store/Canteen (n.36), Niglkande (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 47. Operator (Male), Local Store/Canteen (n.37), Niglkande (Mt Wilhelm area), Simbu province | 1 August 2016 |
| 48. Operator 1 (Female) and Operator 2 (Male), Local Store/Canteen (n.38), Kundiawa Urban, Simbu province | 2 August 2016 |
| 49. Shop Assistant (Male) and Cashier (Female), Local Store/Canteen (n.39), Kundiawa Urban, Simbu province | 2 August 2016 |
| 50. Mr Kini Jacob, Colgate Palmolive District Sales Manager – Goroka/Kundiawa | 2 August 2016 |
| 51. Ms Rhoda Mojica, Retail Marketing Manager, Colgate Palmolive PNG Ltd | 4 August 2016 |

Table A2: Key Informants from the Health (Government, Non-Government, International Agency), Public Administration, and Community Sectors (18 interviews/meetings with 22 informants)

| Name, Role, Location & Date | Date |
|---|-------------------------------|
| 1. Mr Peter Bire, Director, PNG National AIDS Council Secretariat (NACS). | 19 July 2016 |
| 2. Dr Nick Dala, STI/HIV Manager, PNG Department of Health | 19 July 2016 |
| 3. Mr Michael Kape, Provincial Administrator, Milne Bay | 20 July 2016 |
| 4. Mr Gansen Kadi, District Administrator, Kiriwina Goodenough, Milne Bay province | 21 July 2016 |
| 5. Dr Jacob Morewaya, Director of Public Health, Milne Bay province, and Mr Chris So'on-wai, former Milne Bay HIV Emergency Response Coordinator | 21 July 2016 |
| 6. Mr Ridley Mwaisiga, District Health Manager, Losuia, Kiriwina, Milne Bay province | 22 July 2016 |
| 7. Mr Persian Gilbert, Ward Councillor, Simsimla Ward, Trobriands, Milne Bay province | 23 July 2016 and 24 July 2016 |
| 8. Dr G. Tosieru, Medical Officer, Kiriwina Goodenough district, Milne Bay province | 23 July 2016 |
| 9. Mr Tovesai Toboeta, HIV/AIDS Activist | 23 July 2016 |
| 10. Mr Lawrence Benny, Kiriwina LLG Driver | 24 July 2016 |
| 11. Mr Otto Sine, Deputy Provincial Administrator, Simbu. | 28 July 2016 |
| 12. Mr Nick Api, Consultant to Simbu Provincial Administration and former HIV response Coordinator, Simbu PACS | 28 July 2016, 30-31 July 2016 |
| 13. Governor Noah Kool, Simbu province. | 28 July 2016 |
| 14. Ms Margaret Kaile, Simbu Provincial Health Advisor; Mr Steven Show, Provincial Infectious Disease Control Officer; Mr John Bagle, Monitoring and Evaluation Officer | 28 July 2016 |
| 15. Ms Guim Kagl, Chimbu Provincial Coordinator for HIV | 29 July 2016 |
| 16. Sister Margaret Ghunn, (Kundiawa Diocese STI-HIV Program Coordinator, Catholic Health Service), and Ms X, Peer Councillor | 2 August 2016 |
| 17. Mr Stuart Yareki, National Department of Health Condom Officer | 4 August 2016 |
| 18. Ms Cindy Milford, UNFPA, International Program Coordinator United Nations Population Fund (UNFPA) Port Moresby, PNG | 4 August 2016 |

Appendix B –Interview Guides

B1: Store Operator Interview Guide

1. Name of business representative interviewed:
2. Business name:
3. LLG:
4. Ward:
5. Date:
6. Position of business representative interviewed:
7. Gender of business representative interviewed:
8. Mobile No./Contact
9. Type of business (canteen, trade-store, etc.)
10. Suppliers (business and location):
11. Form in which soap purchased (carton, or 6-pack):
12. Have you purchased/received the KHP? (If 'no', the operator is briefed on the project, and data related to Question 13 and Question 28 is collected.)
13. As a trader, what is your perspective on receiving free condoms in KHPs? (Do you think it is offensive, is it a good thing, etc.)
14. What have you done with the condoms (given them away, sold them, etc.)?
15. Has demand changed since community members learnt that you have condoms available?
16. Would you consider ordering condoms separately?
17. What have you done with the toothpaste (given them away, sold them, etc.)?
18. Has demand changed since community members learnt that you have toothpaste available?
19. Would you consider ordering toothpaste separately?
20. If you have given away or sold the condoms to your customers/community members, how has the initiative been received by them?

21. Are there any condoms in stock today? (check use-by date and position in store)
22. If you are distributing condoms to your customers, who is receiving them (Male, Female, age-group)?
23. Have the HIV awareness posters been displayed and/or given away?
24. How have the posters been received by community members?
25. Have the condom-use instructions been displayed and/or given away?
26. How have the condom-use instruction been received by community members?
27. Are you familiar with the HIV-awareness TV and radio advertisements featuring Stanley Nandex that were broadcast in 2015? IF “Yes” can you comment on the response by customers/community members to these advertisements:
28. Do you or would you specifically order the KHP in order to receive the free condoms to pass on to your customers?
29. Other notes

B2: End-user Interview Guide

1. Trade-Store/Canteen and location [Note that each of the focus groups was organised with the assistance of a trade-store operator].
2. Date
3. Gender
4. Age Range [All focus groups excluded children]
5. (First) names of Key Respondents
6. Can we confirm that you are a user of condoms sourced from the trade store? [This question did not prove effective in all cases]
7. Could you please tell us about your experience of sourcing condoms from your local trade store.
8. Before condoms became available at the trade store, where did you get them?
9. What difficulties have you experienced obtaining condoms in the past?
10. If condoms are not available locally, do people have sex anyway or do they wait until condoms are available?
11. Are all the condoms being used for sex, or are some being used for other purposes?
12. General feedback on the packaging of condoms with soap.
13. What's is the perspective of the group on female condoms?
14. Stanley Nandex poster feedback
15. Suggestions for improvement on Nandex poster

Appendix C –Behavioural Change and Education Materials

C1: Note to Store Operators Page 1.

Protect
your dreams,
protect
Your future



Yusim kondom, kisim tes.
LUKAUTIM
YU YET LONG HIV

KISIM KONDOM LONG STOA KLOSTU LONG YU.

Plis putim displa kondom
instraksen pepa na posta
blong Stanley Nandex long
hap wei ol pipol bai isi long
lukim.

KONDOM

INSTRAKSEN PEPA





UNFPA



COLGATE-PALMOLIVE

Social Science Dimensions

Solutions for Sustainability, Governance and Development



KISIM KONDOM LONG STOA KLOSTU LONG YU.

Plis putim displa kondom
instraksen pepa na posta
blong Stanley Nandex long
hap wei ol pipol bai isi long
lukim.

C2: Note to Store Operators Page 2.

KOMPANION PRODAKT KONDOM SAPLAJ PROJEK

OL MAN/MEERI RUSIM STOA BISNIS

Pia tokave olsem insait long ol dipepla kates *KLINA HELT (PAKS)* igat kondom wantaim kolget blong klinis na wantim til.

AS TINGING BLONG PUTIM KONDOM INSAIT

Blipela as tingting na wok blong kondom em long lukautim yumi long abrusim binatang blong HIV na sik STI na tu long pasim ol meri kisim bel nating. Tasol, long kisim kondom i go long olgeta hap long ol ples insait long PNG i go i go pia wok long mekim. Kondom insait long Klinis Helt Paki i wampela wet long daunim ol kain kain bevi wet i pasim ol manmeri long kisim kondom na wantim long taim blong kuap.

YU KEN HELPIM OLSEM WANEM

Ol manmeri husat gat ol fikir stoa bisnis i ken helpim long gat sapla blong kondom olgeta taim long stoa, blong husat manmeri i luk usim long taim blong kuap. Yu ken helpim long lukautim arapela manmeri long komuniti blong yu long ol kain wet yumi ken kisim binatang blong HIV na AIDS na ol arapela sik STI long wampela tingting behainim ol dipepl ol toktok:

1. Salim kondom long ol kastama blong yu o givim fri long ol manmeri insait long komuniti
2. Solim ol porta piksa gat ol toktok etia blong HIV na AIDS long ples klinis blong ol manmeri long komuniti long lukave na bihainim
3. Givim sikil toktok long ol manmeri insait long komuniti blong yu long kainkain arua i ken kamap sapas yumi no usim kondom long kuap wantaim narapela manmeri.

OL SKUL TOKTOK BLONG HIV

- Manmeri ken kisim sik HIV/AIDS na STI sapas ol kuap mating na no usim kondom
- Ol uim blong STI in no save kla tumas, tasol ol

manmeri husat gat pinis STI igat bikpla sava long kisim HIV binatang sapas ol i kuap mating na no usim kondom.

- Marasin i ken pinisim planti ol kainkain sik STI tasol i go gat yet manmeri long oraitim sik HIV. Manmeri husat ting olsem olgeta sik STI o save kuap wantaim nupla o moa arapela manmeri mas go long husa sik long sekim blut blong ol.
- I gupela sapas warwan manmeri igat tasol wampela man o meri o daunim namba blong manmeri husat ol i save kuap wantaim. Tok lukaut i go olsem, sapas yu kuap wantaim planti ol arapela manmeri igat moa sama long yu kisim sik STI na HIV.
- Usim kondom long lukautim yu long no ken kisim sik STI, kisim bel nating, na HIV. Husat manmeri save kuap wantaim planti ol arapela manmeri mas usim kondom olgeta taim.

WANEM SAMTING YU KEN WOKIM SAPOS YU NO LAIK LONG KAPLAIM KONDOM

Sapas yu no laik saplain kondom long ol kastama blong yu o arapela manmeri long komuniti, pin givim long narapela stoa o belt klinisik.







OL TOKTOK IGO PAS LONG KOMPANION KONDOM SAPLAJ PROJEK

Kompanion Prodakt Kondom Distribusim i wampela projek kamap naim long Colgate Palmolive, PNG National AIDS Council, PNG Business Coalition against HIV and AIDS, United Nations Population Fund, na Social Science Dimensions. As tingting blong dipepla projek em blong train givim aut kondom wantaim kompanion prodakti. Em wampela wet long daunim ol bevi blong givim aut ol kondom long ples longwe long tuam na nambawan taim tu long asim ol manmeri kondom insait long ol stoa long ples.

TOKTOK IGO PAS LONG ENIM CUT KONDOM

Em i important wa long usim kondom gat olgeta taim long abrusim sik STI, HIV na ol meri kisim bel nating.

Yu mas usim kondom olgeta taim sapas yu belik kuap.

1.  Drakin gat meri blong kastap ut masim kondom insait.
2.  Kik i mas sarap strong.
3.  Putim kondom long hat blong kak.
4.  I go belik ut blong kondom na pulim i go daun long as blong kak wantaim narapela bare.
5.  Taim kuap pinis, belim kondom long as blong pinis na pulim i go i go belik pasim long kak i chak olgeta.
6.  Masim pinis kondom long kak, manmeri etia i go masim long rubas bin o bel blong kas pekepik.

C3: HIV-awareness poster featuring seven-time world kickboxing champion Stanley “Headhunter” Nandex (Designed by Biku Wekere)

