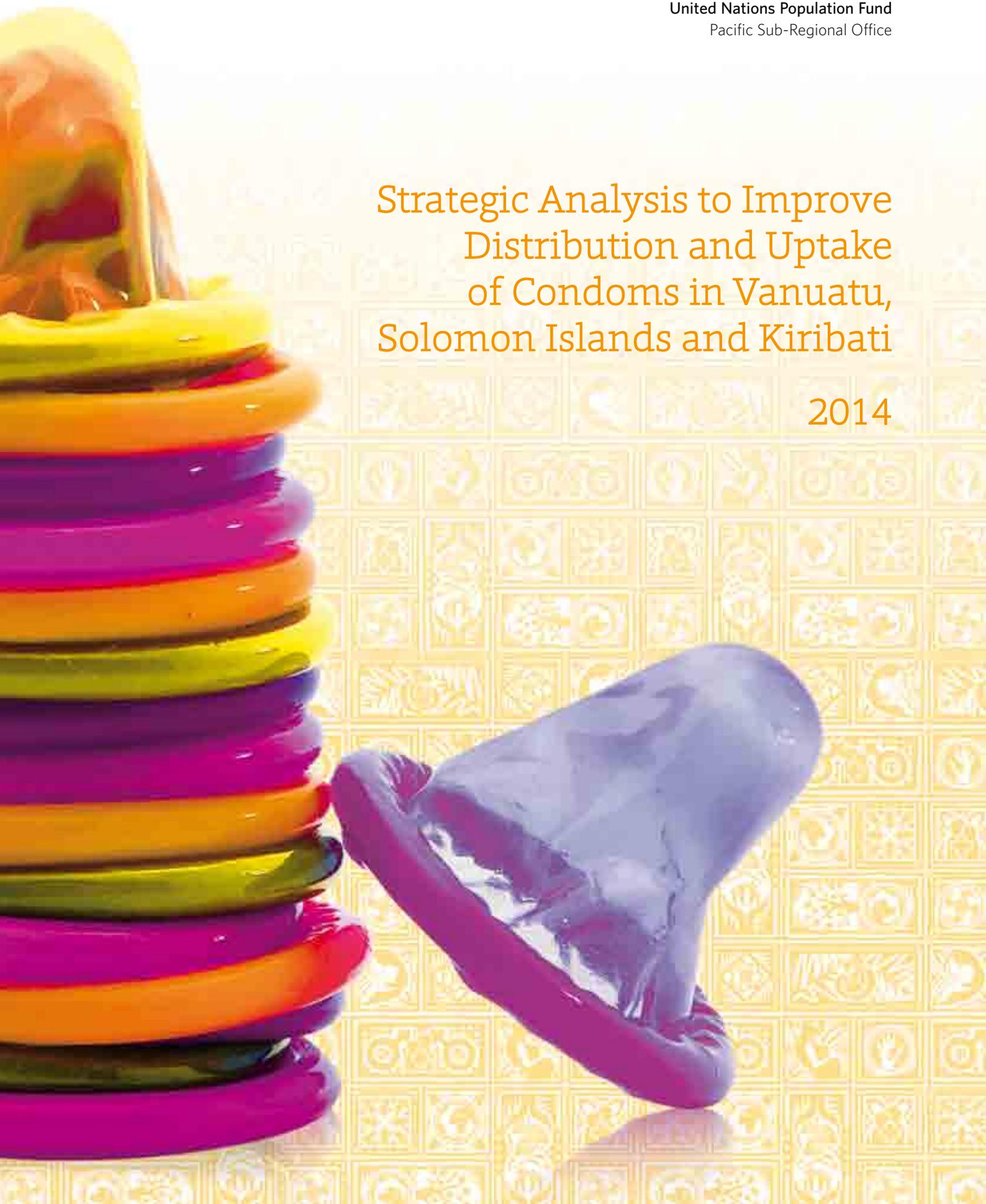




United Nations Population Fund  
Pacific Sub-Regional Office

# Strategic Analysis to Improve Distribution and Uptake of Condoms in Vanuatu, Solomon Islands and Kiribati

2014





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# List of Acronyms

ABC	Abstain, Be faithful, wear a Condom
AHD	Adolescent Health Development
CBD	Community Based Distributor
CBED	Community Based Educator and Distributor
CMS	Central Medical Store
FGD	Focus Group Discussion
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood
KFHA	Kiribati Family Health Association
MoH	Ministry of Health
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
NMS	National Medical Store
NTM	Neil Thomas Ministry
PSRO	Pacific sub-Regional Office
RH	Reproductive Health
SCA	Save the Children Australia
SINU	Solomon Islands National University
SIPPA	Solomon Islands Planned Parenthood Association
SRH	Sexual Reproductive Health
SSK	Safe Sex Kit
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USP	University of South Pacific
VFHA	Vanuatu Family Health Association
WSB	Wan Smol Bag
YFS	Youth-Friendly Services
YWCA	Young Women of Christian Association

# CHAPTER 1: Introduction

## 1.1 Background and Relevance to Multi-Country Program

The current multi-country programme for the UNFPA Pacific Sub-Regional office 2013-2017 covers 14 Pacific Island Countries and Territories (PICTs). It is a component of the United Nations Development Assistance Framework (UNDAF) for the Pacific 2013-2017, and is designed to support national and regional priorities as identified in national and regional development frameworks, the Pacific Plan, and the Pacific national and regional Millennium Development Goal reports.

The Pacific multi-country programme 2013-2017 has 4 outcome areas namely:

- OUTCOME 1:** Strengthened national capacity to deliver high-quality family planning and sexual and reproductive health services, information, commodities and community-based interventions for family resource management.
- OUTCOME 2:** Strengthened national capacity of national health-care providers to address gender-based violence through the provision of high-quality health services, including in humanitarian settings.
- OUTCOME 3:** Strengthened national capacity to deliver high-quality sexual and reproductive health services and information, including family planning and services to prevent HIV and sexually transmitted infections, for young people.
- OUTCOME 4:** Strengthened national capacity for increased availability, analysis and utilization of data for informed decision-making and policy formulation on population dynamics, youth, gender equality, and sexual and reproductive health, including family planning.

To strengthen coherence and synergies in its work, UNFPA partners with governments, United Nations organizations, civil society, the academic community, the private sector and other institutions, including through South-South cooperation modalities.

UNFPA Pacific sub-Regional Office (PSRO) is a sub-recipient of the Global Fund Round 7 Western Pacific Multi-Country Human Immunodeficiency Virus (HIV) Program grant Round 7. The overall goal of the program is to reduce the spread and impact of HIV while embracing people living with HIV. Funded activities include strengthening national-level capacities dedicated to HIV and other Sexually Transmitted Infections (STIs); advocacy for national-level legal reforms and the provision of legal advice to decision-makers; provision of test kits and drugs for sexually transmitted infections, including Antiretroviral drugs; campaigns aimed at increasing the availability of free condoms to key populations in all participating countries, as well as condom social marketing initiatives; and counselor training at the national level.

UNFPA PSRO has been undertaking HIV/Sexually Transmitted Infection (STI) prevention program activities to ensure people in Pacific Island Countries have ready access to male and female condoms and lubricant, and the information and skills to use them, in order to prevent the transmission of HIV and other STIs. This has included procurement of condoms, development of Safe Sex Kits (SSKs), and completion of condom barrier studies in Vanuatu and Solomon Islands.

While there have been some improvements in condom usage in some countries and the availability of condoms in all countries has increased, condom usage remains relatively low across the Pacific Island Countries. In the three countries in which this analysis was undertaken, Vanuatu, Kiribati and Solomon Islands, the percentage of women and men with more than one sexual partner in the past 12 months who used a condom at last sexual intercourse was 41.7%, 32.7% and 32.8% respectively (source: Secretariat of the Pacific Community). Following from this data are high rates of STIs and teen pregnancy. Second generation surveillance surveys show Chlamydia infection rates as: Vanuatu 25%; Kiribati 11%; and Solomon Islands 11%. Adolescent Fertility rates are 66, 49, and 70 births per thousand women aged 15-19 per year for Vanuatu, Kiribati and Solomon Island respectively (Vanuatu Ministry of Health, 2008: 33; Secretariat of the Pacific Community and Kiribati Ministry of Health, 2008: 22-23; Secretariat of the Pacific Community and Solomon Islands Ministry of Health, 2008: 22).

Building upon the information and lessons gained in the condom barrier studies, UNFPA PSRO has undertaken a strategic analysis of condom programming in three countries (Vanuatu, Kiribati, Solomon Islands) with remaining funding available from the Global Fund Round 7. The intention of this strategic analysis is to inform UNFPA and other stakeholders' work in condom programming (as defined in the Multi Country Program Output 3 - Young people's sexual and reproductive health and sexuality education) in these three countries and to apply these lessons/strategies, as relevant, across the Pacific. It will also help define other stakeholder activities in this area.

## 1.2 Objectives

The objectives of the Condom Strategic Analysis are:

1. Assess popularity, desirability and usefulness of currently available UNFPA-provided condoms and lubricants and recommend any changes in products (e.g. type, smell/taste, size);
2. Map and assess effectiveness of current distribution, access and uptake strategies for male and female condoms and lubricant in Kiribati, Solomon Islands and Vanuatu; and
3. Provide strategic analysis including recommendations and innovative approaches for the targeted groups (young people in rural and urban settings, sex workers, Men who have Sex with Men, transgender, seafarers), on how to improve distribution, access and uptake of male and female condoms and lubricants in Vanuatu, Solomon Islands and Kiribati.

## 1.3 Methods

The following methodologies were used for Kiribati, Vanuatu and Solomon Islands:

- Focus group discussions with key populations (young people, sex workers, Men who have Sex with Men, seafarers)
- Stakeholder interviews and key informant meetings (UN agencies, governments, Non-Governmental Organizations, Community-Based Organizations, Faith-Based Organizations, clinics, profitable organizations)
- Direct observations (clinics, shops, bars, hotels, night clubs, drug stores) and
- Literature review

Thirty-two focus group discussions were conducted during the Condom Strategic Analysis undertaken between October and December 2013. A total of 253 people participated in these discussions. Numerous stakeholder interviews and key informant meetings were also carried out in Kiribati, Vanuatu and Solomon Islands (see Annex for further details).

The tools were developed by the HIV Adviser in UNFPA PSRO and the consultant (see Annex). The tools were designed to assess popularity, desirability and usefulness of currently available UNFPA-provided condoms and lubricants and recommend any changes in products and to map and assess effectiveness of current distribution, access and uptake strategies for these products in Kiribati, Vanuatu and Solomon Islands.

The Terms of Reference and tools were shared with respective governments and other stakeholders in advance of each mission. Logistic and planning issues were discussed with local stakeholders by teleconferences and email discussions.

The consultant and the HIV Adviser worked with local stakeholders in each country to define the parameters of this analysis. The local stakeholders also helped to set up interviews and focus group discussions.

#### **1.4 Ethical considerations**

Respective government counterparts were consulted on the Terms of Reference and the tools (see Annex).

The focus groups participants signed consent forms (see Annex). And verbal consent was obtained from the key informants, the distributors and the shops, bars and nights clubs staff interviewed.

The participants were reassured that discussions would be kept strictly confidential and that the report produced on the findings would not quote anything they said by name.

#### **1.5 Assessment limitations**

In a qualitative assessment, one of the common limitations is the small number of participants and therefore information derived would not be regarded as representative of the target population.

Focus Group Discussions (FGDs) were sometimes dominated by a few people despite moderator efforts to give voice to each participant.

During FGDs, it was difficult to have the participants share their personal feelings and experiences towards condoms publicly.

In Vanuatu and Solomon Islands, the FGDs and interviews were undertaken in Bislama, Pidgin and English by the consultant. In Kiribati, for ease of understanding, some Focus Group Discussions were undertaken in I-Kiribati language with the help of local translators. But some of these discussions were less spontaneous and open than those undertaken in English by the consultant or the HIV adviser.

# CHAPTER 2: Country Context

## 2.1 Kiribati

The Republic of Kiribati comprises 33 low-lying atolls, most not more than one meter above sea level. The atolls are clustered in three groupings namely; the Gilbert Group, the Phoenix Group and the Line Group (cf. Figure 1). In 2010, Kiribati had a population of 103,508, with an average annual growth rate of 1.8%. About one third of the population (approximately 33% in 2010) lives on South Tarawa, the capital atoll (Kiribati National Statistics Office, 2012: 31; UNFPA, 2012: 23).

In 2013, Kiribati was ranked 121 on the Human Development Index<sup>1</sup>, with life expectancy at birth 68 years, and under-five mortality at 69 deaths per 1,000 live births (UNFPA, 2012: 23, 31).

Based on the 2009 Demographic and Health Survey, Kiribati's Total Fertility Rate is estimated to be 3.8 for the period 2006-2009 (3.5 for the period 2004-2005). The teenage fertility rate declined from 63 births per year per 1,000 women aged 15-19 during the period 1989-1999, to 49 births per year per 1,000 women during the period 2005-2009 (Kiribati National Statistics Office and Secretariat of the Pacific Community, 2010: 49, 57).

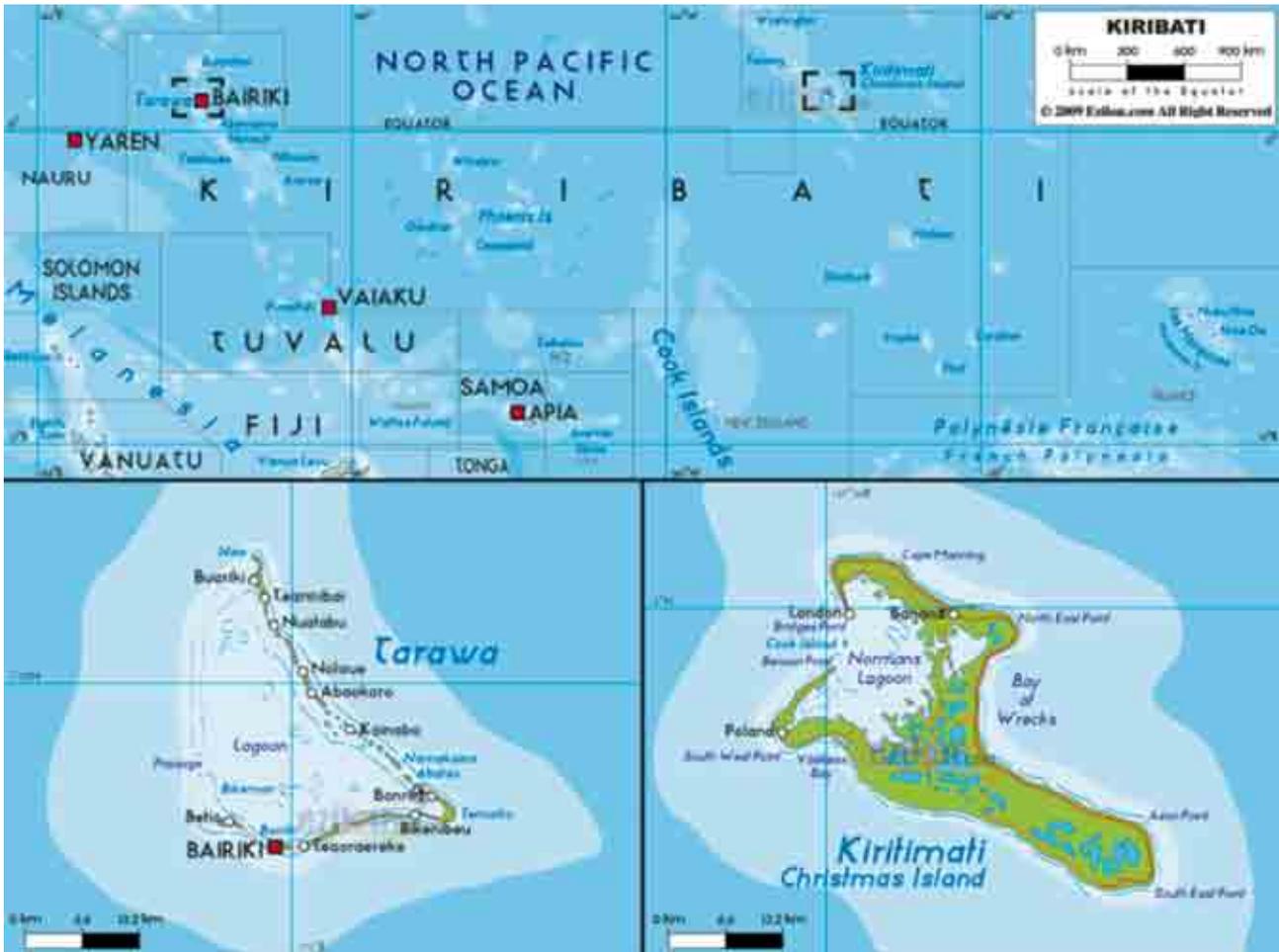
Kiribati experiences high Sexually Transmitted Infection (STI) prevalence. A 2008 surveillance survey of antenatal women aged 15-46 years found an average prevalence of chlamydia at 11%, Hepatitis B at 16% and syphilis at 5%. Over one quarter of the women surveyed had experienced STI symptoms in the previous month (Secretariat of the Pacific Community and Kiribati Ministry of Health, 2008: 22-23).

Kiribati has a low prevalence of HIV, with a total of 55 people diagnosed with HIV as of April 2013. The main mode of transmission is understood to have been heterosexual sex, followed by perinatal transmission. Groups identified to be most at risk include seafarers, their partners and children, and those involved in commercial or transactional sex (Ministry of Health and Medical Services, 2013: 6; Kiribati National Stakeholders, 2013: 5).

According to a United Nations Children's Fund (UNICEF) survey, conducted in 2008-2009 in South Tarawa and Abemama Atolls, 43% of sexually active youth reported forced sex (33.3% of young males and 54.1% of young females). In such conditions, anticipation of contraceptive use and negotiation of condom use are much compromised. The UNICEF survey reveals also that 15% of the sexually active youth aged from 15 to 24yrs. (36 out of 236) had practiced sex in exchange for money (most of them are young females) All but three of those who engaged in commercial sex also engaged in transactional sex (27) and six only engaged in transactional sex for a total of 33 (UNICEF, 2010a: 94-95).

<sup>1</sup> United Nations Development Programme (UNDP) Human Development Report : Kiribati <http://hdrstats.undp.org/en/countries/profiles/KIR.html> Accessed 17 December 2013

FIGURE 1: Map of Kiribati



Source: <http://www.ezilon.com/maps/oceania/kiribati-maps.html> Accessed 17 December 2012

## 2.2 Vanuatu

The Republic of Vanuatu is composed of six provinces: Malampa, Shefa, Penama, Tafea, Torba and Sanma (cf. Figure 2). In 2009, Vanuatu had a population of 234,023 spread over 69 inhabited out of 83 islands and islets. The average annual growth rate was 2.3%. While an urbanization process is taking place, population distribution is still highly rural: only 24.4% of the total population lives in the towns of Luganville in Sanma province and Port Vila in Shefa province (Vanuatu National Statistics Office, 2011).

In 2013, Vanuatu was ranked 124 on Human Development Index<sup>2</sup>. Based on the 2009 census data, life expectancy at birth was estimated to be 71.3 years and under-five mortality to be 69 deaths per 1,000 live births (Vanuatu National Statistics Office, 2011; UNFPA, 2012: 12).

Vanuatu's Total Fertility Rate is still relatively high with the 2009 Census estimates at 3.9 compared with 4.8 in 1999. The 2009 Census estimated that the teenage fertility rate in rural areas was 77 births per year per 1,000 women aged 15-19 and 40 in urban areas (97 vs. 74, in 1999) (Prime Minister's Office, 2011: 20-24).

<sup>2</sup> UNDP Human Development Report : Vanuatu <http://hdrstats.undp.org/en/countries/profiles/VUT> Accessed 17 December 2013

Sexually Transmitted Infections (STIs) are widespread in Vanuatu. In 2008, one quarter of the pregnant women tested at the Central Hospital in Port-Vila was suffering from a urogenital infection with Chlamydia. Other STIs, such as Gonorrhoea and Trichomoniasis, are also widespread in the archipelago (Vanuatu Ministry of Health, 2008: 33).

The government of Vanuatu has officially reported only nine cases of HIV (the first one in 2002), but detection procedures are rarely put in place, and the presence of HIV among the population of Vanuatu is probably underestimated.

According to a UNICEF survey, conducted in 2008-2009 in the Port-Vila area, Tanna and Malekula Islands, almost 2/3 (62%) of young women and more than a quarter (28%) of young men who were sexually active declared to have been forced during sexual intercourse. The survey reveals also that 27% of the young women and 13% of the young men, aged from 15 to 24yrs., who were sexually active had practiced sex in exchange for money. And 31% of young women and 30% of young men interviewed had engaged in sex for a gift or food (UNICEF, 2010b: 62-64). McMillan and Worth note that several women who offer sex in exchange for money use condoms as contraceptive methods but most of them were rather passive about condoms and very few had any strategies for convincing clients to use condoms (McMillan and Worth, 2011a).

**FIGURE 2: Map of Vanuatu**



Source: <http://www.ezilon.com/maps/oceania/vanuatu-physical-maps.html> Accessed 17 December 2012

## 2.3 Solomon Islands

The Solomon Islands is a chain of more than 990 islands clustered in nine administrative provinces: Central Islands, Choiseul, Guadalcanal, Isabel, Makira, Malaita, Rennell and Bellona, Temotu and Western Provinces (cf. Figure 3). In 2009, Solomon Islands had a population of 515,870 with an average annual growth rate of 2.3%. Only 19.7% of the total population lives in urban areas (mainly in Honiara, the capital territory) (Solomon Islands National Statistics Office, 2011: 1).

In 2013, Solomon Islands was ranked 143 on the Human Development Index with life expectancy at birth 68 years in 2009<sup>3</sup>. And the under-five mortality was 37 deaths per 1,000 live births for the period 2003-2007 (Solomon Islands National Statistics Office, Secretariat of the Pacific Community and Macro International Inc., 2009: 128).

According to the 2006-2007 Demographic and Health Survey, the Solomon Islands' Total Fertility Rate is 4.6. For the period 1999 - 2007, the teenage fertility rate declined from 82 births to 70 births per year per 1,000 teenage girls (Solomon Islands National Statistics Office, Secretariat of the Pacific Community and Macro International Inc., 2009: 61, 70).

Solomon Islands experience high STI prevalence. According to the 2008 Second Generation Surveillance Survey, 18% of the pregnant women tested at the Central Hospital in Port-Vila had Trichomoniasis and 11% had Chlamydia. Hepatitis B surface antigen, which indicates prior exposure to the Hepatitis B Virus, was detected in 14% of women (Secretariat of the Pacific Community and Solomon Islands Ministry of Health, 2008: 22).

Solomon Islands has had 21 cumulative cases of HIV dating from 1994 to the end of March 2013, with all but one of these cases having been identified since 2004 (Solomon Islands National Aids Council and Ministry of Health, 2013 : 12).

According to a UNICEF survey, conducted in 2008-2009 in the Honiara area, Western, Choiseul and Malaita Provinces, 38% of young people aged from 15 to 24yrs who are sexually active reported they had been forced to have sex (with variation between males at 28% and females at 49%). The Solomon Islands survey sample of 604 youth included 56 (12.4% of those who were sexually active) who reported having in exchange for money and 44 (10.7%) who reported transactional sex (UNICEF, 2010c: 67-68).

<sup>3</sup> UNDP Human Development Report : Solomon Islands <http://hdrstats.undp.org/en/countries/profiles/SLB> Accessed 17 December 2013

**FIGURE 3: Map of Solomon Islands**



Source: <http://www.ezilon.com/maps/oceania/solomon-islands-physical-maps.html> Accessed 17 December 2012

**FIGURE 4: Summary of Demographic Indicators**

Indicator	Kiribati	Vanuatu	Solomon Is.
Total population	103,508 (2010)	234,023 (2009)	515,870 (2009)
Average annual population growth rate (%)	1.8 (2011)	2.3 (2009)	2.3 (2009)
Total Fertility Rate	3.8 (2006-2009)	4.1 (2009)	4.6 (2004-2007)
Teenage fertility rate (number of births per 1000 women aged 15-19 years)	49 (2005-2009)	66 (2009)	70 (2007)
Population under 15 years	34.9% (2011)	39% (2009)	40.6% (2009)
Median age	22.2 (2005)	20.5 (2009)	19.7 (2009)
Number of people diagnosed with HIV	55 (2013)	9 (2013)	21 (2013)

Sources: UNFPA, 2012; Kiribati National Statistics Office and Secretariat of the Pacific Community, 2010; Ministry of Health and Medical Services, 2013; Vanuatu National Statistics Office, 2011; Solomon Islands National Statistics Office, 2011; Solomon Islands National Aids Council and Ministry Of Health, 2013.

# CHAPTER 3: Assessment of current UNFPA-provided products

The Focus Group Discussions (FGDs) and stakeholder interviews provided feedback on popularity, desirability and usefulness of currently available UNFPA-provided condoms and lubricants and recommended some changes in products. For reasons of cost-efficiency and ease of stock management, the UNFPA PSRO supplies the same products to Pacific Island Countries to which it provides assistance.

The feedback from participants is grouped in five areas: Safe Sex Kits, Lubricants, Male condoms, Female condoms and Dental dams (cf. Figures 5-12).

In the following sections, countries will be discussed in the order of Kiribati, Vanuatu and Solomon Islands.

## 3.1 UNFPA-provided Safe Sex Kits

In 2010 UNFPA-PSRO developed Safe Sex Kits (SSKs) for Pacific Island countries (PICs). Specific versions were developed for most countries in order to provide local information on where people could go to get SRH services. In the case of Kiribati, an I-Kiribati language version was developed. Both “his” and “her” versions of the SSK were developed. The “his” version contains: two male condoms; two packets of lubricant; information on STIs, and information on how to use a male condom. The “her” version contains: one female condom; one packet of lubricant; information on STIs; and information on how to use a female condom (see figures 5, 6, 7 & 9).



**FIGURE 5: UNFPA-provided female Safe Sex Kit**

**Female SSK composition:**

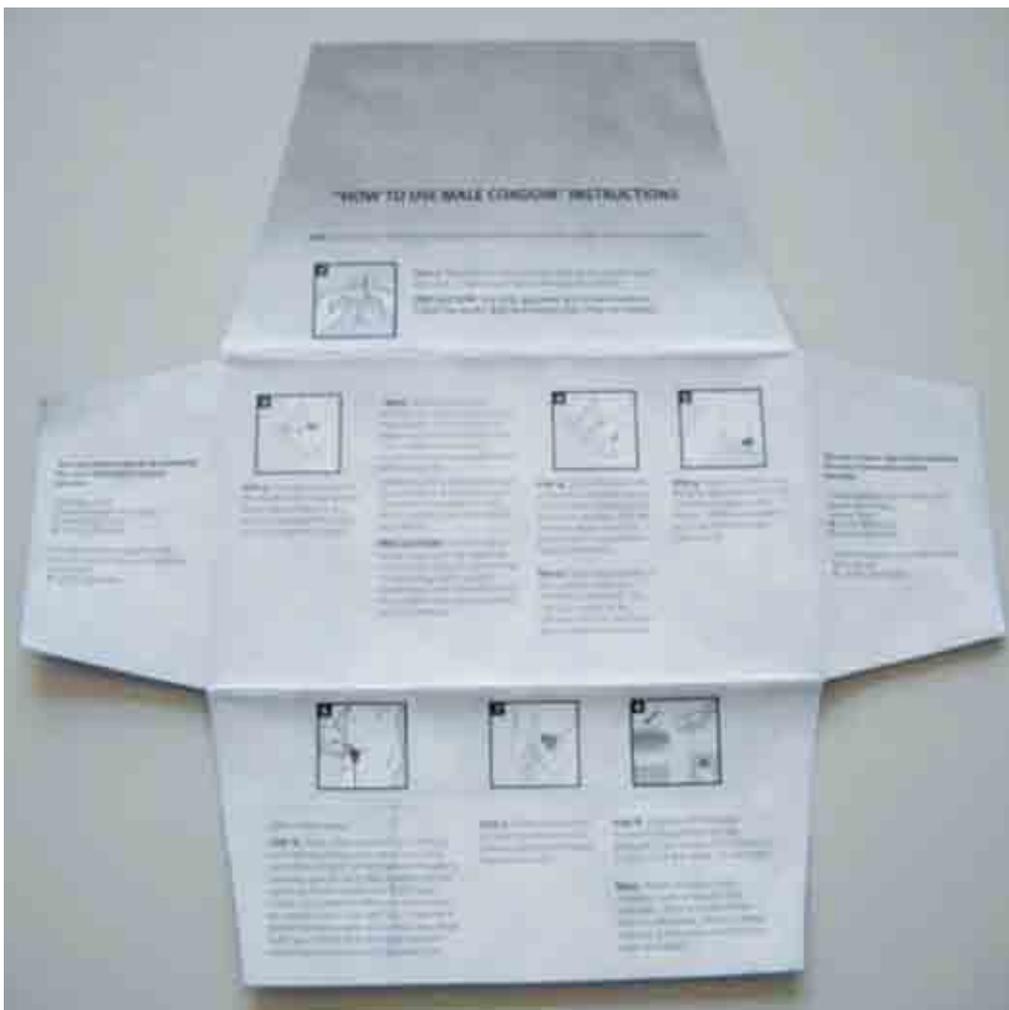
- 1 female condom;
- 1 lubricant;
- 1 cover and;
- 1 STIs pamphlet.



**FIGURE 6: UNFPA - provided male Safe Sex Kit**

**Male SSK composition:**

- 2 male condoms;
- 2 lubricants;
- 1 cover and;
- 1 STIs pamphlet.



**FIGURE 7: UNFPA - provided male SSK cover**

The SSKs were distributed to Pacific Island countries in 2010 for use in condom programming and education. The SSKs were not made available again to PICs until an additional set of SSKs was distributed to Vanuatu, Kiribati, Solomon Islands and Tonga at the end of 2013.



### 3.1.1 Kiribati

In 2010, UNFPA provided 6,000 male Safe Sex Kits (SSKs) and 2,000 female SSKs to the Ministry of Health (MoH) of Kiribati (UNFPA sources). The SSKs were mainly distributed by the Adolescent Health Development (AHD) Center to its clients and by the HIV Secretariat during outreach activities such as community visits, awareness and social events (e.g. street dance competition, national sport tournament) in South Tarawa and once a year in an outer island.

Very few FGD participants had ever seen or used a UNFPA-provided Safe Sex Kit (most who had were Kiribati Family Health Association peer educators). However, most FGD participants were attracted by the kit during FGD demonstrations. Nurses interviewed thought that their patients will be more interested in the Safe Sex Kits than the condoms without packaging.

- *When I was working at the AHD Center, a lot of young people asked me for these kits. The packaging was very attractive.* Nurse, Tarawa.

The UNFPA-provided SSKs could also help health workers to explain to their patients how to use a condom.

- *We don't have these kits here. But I like these packets. I would like to distribute them to my clients. Currently, I just give them condoms. Only ten clients a month ask me for condoms. I assume they know how to use a condom. I don't demonstrate to them. I really need these packets. Could I keep this one?* Nurse, Tarawa.

In South Tarawa, Kiribati Family Health Association (KFHA) peer educators sometimes distribute condoms with pamphlets on how to use them. The HIV Field officer of the HIV Secretariat distributes condoms with pamphlet on STIs during social events and community visits in South Tarawa and outer islands. But most of the time, the condoms that FGD participants use or see come without information on how to use a condom or on STIs.

FGD participants thought information on STIs and on how to use a condom would be useful for them. All requested this information to be delivered in I-Kiribati language rather than in English.

- *We need information on how to use a condom and on STIs. Currently, it's difficult to find this kind of information at bars and night clubs. We need more awareness.* Men who have Sex with Men (MSM) participants, South Tarawa.
- *Condoms come usually without information on how to use them. It would be good to find pamphlets with condoms.* Out-of-school young people, Abemama Island.
- *It would be good to place instructions on the use of condoms on the condom packaging not only on the pamphlet.* University of South Pacific (USP) Students, South Tarawa.

However, many also indicated that when they are drunk or when the feeling of sex comes, they will not take the time to read information.

- *It's useful to provide information on how to use a condom and on STIs to young people. But pamphlets have to be distributed at day time. At night time, they don't take the time to read this information. They just want to put a condom and have sex.* Nurse, Tarawa.

Some participants suggested placing safe sex kits in “sour toddy”<sup>4</sup> places because the private houses selling this alcohol are quieter than night clubs. They will have more time to read information.



### 3.1.2 Vanuatu

In 2010, UNFPA supplied 100,000 male Safe Sex Kits and 26,564 female Safe Sex Kits to Vanuatu (UNFPA sources). In 2011 and 2012, these kits were distributed by several clinics, governmental and non-governmental organizations including Shefa Provincial Health Office, Wan Smol Bag (WSB) and Vanuatu Family Health Association (VFHA). Most Safe Sex Kits were distributed in clinics and during outreach activities in Efate Island (peer education, workshops, awareness, special events, mobile clinics and street and kava<sup>5</sup> bar distributions). But the Kits were also sent to island project sites including youth centers.

- *It would be good to provide Safe Sex Kits to outer islands clinics. The Pharmacy could send these packets with the other drugs. In rural areas, most young people need information on how to use a condom and on STIs.* Pharmacy, Port-Vila.

Most FGD participants had seen or used a UNFPA-provided Safe Sex Kit (most often male one).

Most FGD participants said they liked Safe Sex Kits (SSKs).

- *Some young people asked us for Safe Sex Kits because nobody knows condoms are inside these packets. They also like to get information and lubricant.* Peer educators, Port-Vila.
- *It's good to have information on STIs and on how to use a condom. We got some kits from the Paunagisu Clinic last year and we kept the packets, not just the condoms.* Out-of-school young people, Emua, Rural Efate.

However, many participants (including SSK users) complained about the size of the packet and the uselessness of explanations for regular users.

- *The kits are good because there is information on STIs and on how to use a condom. But most people just need condoms. Some are ashamed to walk around with these big packets.* Out-of-school young males, Port-Vila
- *It's good to distribute Safe Sex kits during peer education, outreach activities or workshops. People like these packets. But the kits are too big for regular clients. It's easier to hide condoms without the packet.* Peer educator participant, Port-Vila.

Most FGD participants and key stakeholders interviewed think it is useful to provide STIs pamphlet including pictures to inform people (cf. Figure 9).

- *It's good to show STIs pictures and provide pamphlets explaining symptoms to people because some don't know the difference between normal and abnormal discharges. When they see these pictures, they are afraid of catching a STI and use a condom. It's true that these pictures show late stage STIs. But as soon as they see a small sore in their private parts, they come to the clinic. They don't wait until the last stage to consult.* Nurse, Port-Vila.
- *It's good to have pictures of STIs so that people can see what happens if they have multiple partners and don't use condoms.* Nurse, Port-Vila.

The Safe Sex Kits provided by UNFPA are currently in English. Except for VFHA peer educators, everyone requested information on STIs and on how to use a condom to be delivered in Bislama rather than in English.

<sup>4</sup> Kaokioki is a local brew made from fermented coconut palm sap.

<sup>5</sup> Kava is a narcotic drink made from the roots of wild pepper.



### 3.1.3 Solomon Islands

In 2010, UNFPA provided 50,000 male Safe Sex Kits (SSKs) and 26,917 female Safe Sex Kits to the MoH of Solomon Islands. Some Safe Sex Kits were also received by the MoH in 2011, 2012 and 2013. In December 2013, few SSK kits were still available in Honiara (for example, at the NMS and Solomon Islands Planned Parenthood Association). But most condoms included in these SSK were expired and are no longer distributed (expired in March 2013 for female condoms and November 2013 for male condoms).

Most Safe Sex Kits were distributed in Solomon Islands by governmental and non-governmental organizations including Solomon Islands Planned Parenthood Association (SIPPA), Save the Children Australia (SCA) and MoH. Some clinics also distributed SSK for a short time in Honiara.

Most FGD participants had never seen or used a female or male Safe Sex Kit. But most said they like these packets.

FGD participants and stakeholders interviewed thought UNFPA-provided SSK will help young people to hide condoms and to store them in a safe packet.

- *These kits are useful because when we put condoms in our pockets without packet we can break or lose them.* Solomon Islands National University (SINU) students, Honiara.
- *Some patients prefer to pick condoms without the packet. But the others like the Safe Sex Kit because people don't know what it is. And if somebody asks them, they can say it is a gift.* Nurse, Honiara.
- *When I was distributing Safe Sex Kits to MSM and Sex Workers, they didn't throw the covers because I told them that they are useful to store condoms in a safe place. Condoms without the packet are usually squeezed.* SCA, Honiara.

UNFPA-provided Safe Sex Kits are also considered as an Information, Education and Communication material by some health workers.

- *As a service provider the Safe Sex Kit helps me to explain to my patients how to use a condom. It's easier for me to follow the different steps. I can read to them the information provided in this packet. With this Safe Sex Kit, I don't forget to give this information to them.* MoH, Honiara.

However, some regular users thought the UNFPA-provided SSK is too big and prefer to carry condoms without the cover packet.

- *Clients don't like these packets. They are too big, too difficult to hide. They prefer small packets like Score condoms packets [cf. Figure 13]. When I was distributing the Safe Sex Kits to my clients, most asked me to throw the packet. They just kept condoms, lubricants and STIs pamphlet. Some clients who came with bags kept the full kits. But most of the time, they throw the packets and put condoms in their pockets.* Nurse, Honiara.
- *There are not enough condoms by Safe Sex Kit. People want to pick more than two condoms when they go to the clinic. It's good to put ten or twelve male condoms per HIS packet and ten female condoms per HER packet.* MoH, Honiara.
- *I distributed Safe Sex Kits last year. These packets were nice and attractive. But 15% of my clients, especially regular condom users, threw the cover. They just took condoms, lubricants and STIs pamphlet with them. I didn't receive Safe Sex Kits and grosses of condoms at the same time. So I couldn't give condoms without cover to the regular users. When they asked me twelve condoms, I gave them six Safe Sex Kits. But the packets were too big for their pockets.* Nurse, Gizo.
- *Score packets are easier to hide than the Safe Sex Kits.* SCA, Honiara.



Most of the time, the condoms used by participants come without information. FGD participants and stakeholders interviewed thought information on STIs and on how to use a condom would be useful for young people.

- *We ask patients if they know how to use a condom. If they say no, we don't demonstrate. We just explain to them orally.* Nurse, Honiara.
- *It's good to have instruction on how to use a condom in the SSK because our volunteers rarely do a demonstration when they distribute condoms to their peers.* SIPPA, Honiara
- *It will also be good that condoms come with pamphlets like in the Score condoms packets.* In-school young people, Honiara.

Participants gave positive comments on the pictures in the UNFPA-provided SSK pamphlet (cf. Figure 9):

- *This pamphlet is very good because of pictures. People will be afraid of getting sick and will use condoms every time.* Female Sex Worker (FSW) participants, Munda.
- *Young people like pamphlets on STIs and condoms. They usually share them with their friends, especially when they are not able to read by themselves. Pictures are very important for illiterate people. Thanks to the pictures, they understand what STIs are and are afraid of be infected.* Nurse, Honiara.
- *I like this pamphlet but the writings and pictures should be bigger. People need to really understand what parts of their body are affected by the STIs.* SCA, Honiara.

The Safe Sex Kits provided by UNFPA are in English. Some participants requested information on STIs and on how to use a condom to be delivered in Pidgin rather than in English. But some also underlined that it's easier to read simple English than Pidgin.

- *People need clear explanations. Most people speak pidgin, but they aren't able to read it. It's better to write short sentences in English rather than in Pidgin.* SCA, Honiara.
- *Some of the words used in this Safe Sex Kit need to be simplified. Some are too difficult to understand for people who dropped out of school. It's better to have information in English and Pidgin. But if I have to choose one of them. I choose pidgin. It's easier to read in Pidgin than in English. English is a white people language.* SCA, Honiara.

## 3.2 UNFPA-provided lubricants

UNFPA makes small packets of lubricant available free-of-charge to Pacific Island countries at their request. However, in recent years UNFPA has not significantly promoted lubricant and has only responded to direct requests. As a result 7,000 packets of lubricant were provided in 2012 exclusively in Fiji.

The male and female condoms that are provided by UNFPA in the Pacific are pre-lubricated.



### 3.2.1 Kiribati

Most of the time, clinics and non-governmental organizations (NGOs) distribute condoms without lubricant packets in Kiribati. Lubricants are just occasionally distributed inside UNFPA-provided Safe Sex Kits. Most of the time condoms used or seen by FGD participants come without an accompanying lubricant packet.

The vast majority of FGD participants had never used lubricant. So, they did not know if there is enough lubricant in each packet.

However, some participants (especially MSM and seafarer participants) had used a UNFPA-provided lubricant and would like to get one lubricant for one condom.

- *It's difficult to find lubricants in South Tarawa. We would like to use lubricant each time we have sex.* MSM participants, South Tarawa.
- *We like to use lubricants but it's impossible to find them in bars.* Seafarer participants, South Tarawa.

After explaining to FGD participants lubricant's uses and benefits, most indicated that one lubricant packet should be distributed with each condom.



### 3.2.2 Vanuatu

Most of the time condoms used or seen by FGD participants come without lubricant. But many had seen or used lubricants provided in Safe Sex Kits.

Most FGD participants who had used UNFPA-provided lubricant packets appreciate them and think there is enough lubricant in each packet.

- *We like Safe Sex Kits because there are lubricants inside. Lubricants make sex more pleasurable.* MSM participants, Port-Vila.
- *Lubricants can just be found in Safe Sex Kits. We would like to get more lubricants because sex is more enjoyable with them.* Out-of-school young males, Port-Vila.
- *People like to use lubricants because it's easier to have sex. Many young people ask for lubricants but they don't necessarily use them with condoms.* Peer educators, Port-Vila.

However, many participants still did not know lubricant's uses and benefits.

- *Some patients don't know what lubricant is for. If a patient complains about vaginal dryness, I provide a free lubricant tube to her: KY Lubricating jelly.* Nurse, Port-Vila.
- *Some young people are afraid of using a lubricant. It doesn't smell good. And some people don't know what lubricants are for.* Out-of-school young people, Emua, Rural Efate.



### 3.2.3 Solomon Islands

Most of the time, Clinics and NGOs distribute condoms without lubricant in Solomon Islands.

But some FGD participants had seen or used lubricants provided in Safe Sex Kits and appreciated using them.

- *Lubricant is important to make private parts slippery.* In-school young people, Honiara.
- *People like lubricant. They said it increases sexual pleasure.* Nurse, Honiara.
- *Lubricants are useful to prevent condom breaking. And it makes sex not painful for the girl. It's easier to have sex when it's slippery.* SINU students, Honiara.
- *Young people didn't ask us for lubricants but MSM were fighting for them.* SCA, Honiara.

However, some participants did not like to use lubricants.

- *I don't like lubricant because when I use it my vagina becomes bigger and I can't feel the penis.* FSW participant, Honiara.
- *Lubricants are good for girls but not for boys. It's too slippery. We don't feel anything.* In-school young males, Honiara.

Some gave comments on the quantity of lubricant in each UNFPA-provided packet.

- *MSM said there is enough lubricant in each packet, not too much. They used one packet for one condom.* SCA, Honiara.
- *My patients said there is too much lubricant in each packet. So, they use one packet for two rounds.* Nurse, Gizo.

Most FGD participants and stakeholders interviewed said that access to UNFPA-provided lubricants has to be improved and more awareness has to be done (especially for MSM).

- *Some patients ask us for lubricants to use with condoms. They think that one lubricant should be distributed for one condom.* Nurse, Honiara.
- *We have to explain to young people why and how to use lubricants. Some think lubricant is a poison.* MoH, Honiara.

### 3.3 UNFPA-provided male condoms

UNFPA PSRO provides male condoms free of charge to all 14 Pacific Island Countries. The male condoms are provided by UNFPA through Ministries of Health Central Medical Stores and in some instances directly to requesting NGOs. Ministries of Health report on inventory and make requests on an annual basis (or as needed) to UNFPA PSRO.

Currently UNFPA PSRO makes two male condom products available to Pacific Island Countries. The “Sensuous” condom is lubricated, brown in colour, chocolate-flavoured and 53 mm in diameter (see figure 10). The “Safe-Rider” condom is lubricated, blue in colour, strawberry-flavoured and 53 mm in diameter (see figure 11). These condoms are often referred to as “Brown” and “Blue” condoms respectively.



**FIGURE 10: UNFPA - provided Sensuous male condom**

Sensuous Male condom specifications:

- Brown colour;
- Chocolate flavour;
- 53mm
- Plain and;
- Lubricated.



**FIGURE 11: UNFPA - provided Safe Rider male condom**

Safe Rider Male condom specifications:

- Blue colour;
- Strawberry flavour;
- 53mm
- Plain and;
- Lubricated.

In 2012 UNFPA provided over 2.2 million male condoms to Pacific Island Countries.



### 3.3.1 Kiribati

In 2012, UNFPA supplied 72,000 male condoms to the Government Pharmacy in Kiribati. There is no other supplier to the Government Pharmacy.

FGD participants appreciated UNFPA-provided male condoms as a means to protect them against STIs and unplanned pregnancies. However, some had never used a male condom.

Size, colour, smell, taste and thickness seemed fine with most UNFPA-provided condom users interviewed. FGD participants considered that the colour is not a major issue. But the condom smell and taste are very important for them. Several FGD participants thought that UNFPA-provided male condoms should be more strongly flavoured. Some participants also asked if UNFPA could provide other flavours such as vanilla.

- *Condoms should be more strongly flavoured. The more they are flavoured and the more we will use them.* MSM participants, South Tarawa.
- *Chocolate and strawberry flavours are nice but they should be strongly flavoured.* USP Students, South Tarawa.
- *Flavour is important because some people use condoms during oral sex. Women want to please their boyfriends, but they are not willing to get sperm in their mouth.* Peer educators, South Tarawa.
- *Taste is important but most people don't use male condoms during oral sex. Maybe because we told them that HIV transmission risk is lower without vaginal or anal penetration.* HIV Secretariat, South Tarawa.

Some FGD participants and nurses have heard complaints about the size and thickness of "Safe Rider" condoms. "Safe Rider" condoms are perceived as smaller and easier to break than "Sensuous" condoms.

- *Blue condoms are easier to break. They are smaller and thinner than brown ones.* Nurse, Tarawa.
- *Some people said blue condoms are smaller than brown ones. They think blue condoms are for high school students only.* HIV Secretariat, South Tarawa.

Most participants and key stakeholders said that it would be good to have a choice of sizes of UNFPA-provided male condoms.

- *Dotted condoms provided by KFHA are too small for some men because they implant marbles or inject Vaseline in the skin of their penis for more volume. It would be good to have a choice of sizes.* FSW participants, South Tarawa.

Several male and female FGD participants had used or heard about dotted male condoms. International Planned Parenthood (IPPF) provides a dotted condom, but it's only available sometimes and KFHA charges AUD 0.20 per three condoms (USD 0.18). Many participants said that dotted condoms increase female pleasure and asked with insistence to improve free access to pleasure-enhancing condoms in Kiribati. Some would also like UNFPA-provided pleasure-enhancing condoms with bigger studs than IPPF ones.

- *Dotted condoms are very popular. Men like dotted condoms because women like them. It's not a problem for people to pay AUD 0.20. Our peer educators sell dotted condoms and also distribute smooth ones for free. It's a local source of income for us. But we quickly run out of rough condoms. We need support to get more dotted condoms.* Nurse, Tarawa.

- *Dotted condoms are more popular because women feel good. So their partners are happy. But these condoms are not free.* Peer educators, South Tarawa.
- *Male condoms reduce male pleasure and increase the time before ejaculation. It's a problem for us. It would be good to have dotted condoms.* FSW participants, South Tarawa.
- *We would like bigger studs than these ones to have more pleasure.* USP Students, South Tarawa.

Almost everyone thought UNFPA-provided pleasure-enhancing condoms would help encourage them and their friends to use condoms, except MSM participants.

- *We don't feel the difference between dotted and not dotted condoms during anal intercourses. Only women prefer those kinds of condoms.* MSM participants, South Tarawa.



### 3.3.2 Vanuatu

In 2012, UNFPA supplied 381,600 male condoms. There is no other supplier to the CMS.

Most condom users interviewed said that the size, colour, smell, taste and thickness of UNFPA-provided condoms are fine. Most FGD participants consider that the colour is not a major issue, whereas the smell and the taste of condoms are very important. Many participants would like different flavours and colours for condoms. Most asked for vanilla condoms.

- *My clients prefer Score condoms. They smell nice and are more transparent than UNFPA ones [cf. Figure 13].* Nurse, Port-Vila.
- *Flavour is important because some people use condoms for oral sex. We would like vanilla condoms. It's also important to change the colour to attract more people. It will be good to have a green vanilla condom, for example.* Peer educators, Port-Vila.
- *Condom smell is important to cover vaginal smell after sex. Your family can't suspect you of having sex.* In-school young people, Port-Vila.

Some FGD participants and stakeholders interviewed had heard complaints about the size and thickness of UNFPA-provided condoms.

- *Some clients said that these condoms are too tight. They don't have sexual pleasure in using them. They prefer Score condoms which are less tight.* Nurse, Port-Vila.
- *Some said they don't feel the woman's body because of condom thickness. Condoms should be thinner. Many young people prefer Score condoms because they are rough and thinner.* Peer educators, Port-Vila.
- *Condoms break during sex because they are too thin. But thicker condoms reduce the sensitivity.* Out-of-school young males, Port-Vila.
- *Some young people double blue condoms because they are too thin, not strong enough. The brown condoms are stronger than the blue ones.* Out-of-school young people, Emua.
- *I have a marble implant. So I double or triple condoms because I am afraid of condom breakings.* Out-of-school young male, Emua.

Most would like a choice of sizes of UNFPA-provided male condoms.

- *These condoms are right because there are elastic. But for some people, they are too small. Score condoms are larger and more flexible than UNFPA ones.* Out-of-school young males, Port-Vila.
- *These condoms are too large and too long. It would be good to have two sizes. When the condom is too large, it slips off.* Peer educators, Port-Vila.
- *It's better to have two sizes: children and adults ones. In Vanuatu, young people started to have sex at an early age.* Out-of-school young people, Emua.

Almost all participants had already used or heard about dotted male condoms and would like free access to pleasure-enhancing condoms with large studs.

- *We don't sell a lot of Score condoms in Vanuatu. We don't know if people preferred UNFPA condoms rather than Score ones or if they don't want to pay for condoms. I think people are not ready to buy condoms in Vanuatu.* SCA, Port-Vila.
- *Young people prefer Score condoms because they are rough and smell nice. But they don't want to pay VUV 60 [USD 0.63].* Peer educator, Port-Vila.
- *Studs should be bigger because they allow men to get a real feeling of the girl's vagina during sex. Girls also prefer dotted condoms. Nowadays, most men want to satisfy their girlfriends.* Peer educators, Port-Vila.
- *Rough condoms increase sexual pleasure of both female and male partners. Many people would like to use condoms if they are rough and free. But studs and ribs should be bigger.* Out-of-school young people, Emua.

Except MSM participants, everyone thought pleasure-enhancing condoms would help encourage them and their friends to use condoms.

- *We never try dotted condoms but we prefer smooth condoms for anal sex.* MSM participants, Port-Vila.



### 3.3.3 Solomon Islands

In 2012, UNFPA supplied 943,200 male condoms. The National Medical Store also bought 1,440,000 male condoms from Boucher & Muir Pty Ltd (Sure Protection Condoms) (cf. Figure 14).

Most FGD participants and stakeholders interviewed thought UNFPA-provided condoms are the right products in terms of colour, flavour, thickness and size. Almost everyone considers that the colour is not a major issue whereas the condom smell and taste are very important. Some participants preferred strawberry condoms over chocolate ones. Some would like another colour and flavour such as vanilla.

- *We receive UNFPA-provided condoms. And we also buy female and male condoms from Boucher & Muir. But we would like to buy UNFPA condoms because people don't like Boucher & Muir ones which are not coloured and not flavoured.* National Medical Store, Honiara.
- *Since the introduction of flavoured and coloured condoms in 2010, the number of our clients has increased. People like UNFPA-provided condoms.* Nurse, Munda.
- *Any colour should be fine: brown, blue, green, white, etc. Condom flavour is important to smell nice after sex. But people don't use condoms for oral sex.* SINU students, Honiara.
- *We would like white or yellow condoms because it's easier to detect if there are any damage. Strongly flavoured condoms are also useful to prevent bad odors after sex. Some of us use condoms for oral sex. But some think condom lubricant is a poison and don't want to suck on a condom.* FSW participants, Honiara.
- *Condoms should not have flavour because when people smell this flavour, they know what you just have sex.* In-school young males, Honiara.

Most young people thought the UNFPA-provided condoms currently available in Solomon Islands are the right size but some would like a choice of sizes.

- *The size is right.* FSW participants, Honiara.
- *One of my clients has eight marbles. He told me that condoms don't break but they are too tight for him. Some clients use also custom herbs to increase the size of their penis* Lab technician, Munda.
- *Some clients said that the blue condom is too tight.* Nurse, Gizo.
- *Condoms should have sizes because some boys start to have sex very young.* Out-of-school young males, Gizo.

Most participants thought UNFPA-provided condoms are thin enough. Some would like thicker condoms.

- *The condom's thickness is fine. Condoms don't break even during anal sex.* SCA, Honiara.
- *The thickness is fine. If condoms are too thick, young people won't use them.* Midwife, Honiara.
- *Condoms should be a little bit thicker to prevent breakings. Some men double condoms because they have marbles.* FSW participants, Honiara.
- *Score condoms are thicker. They are stronger than UNFPA ones. Some people double condoms because they are afraid of breakings, especially when they have marbles.* Out-of-school young males, Honiara.

Most young people interviewed knew "pleasure-enhancing" condoms. And everyone, except MSM participants, prefers this kind of condoms.

- *Some clients ask us for rough condoms because they increase sexual pleasure but currently we just provide UNFPA condoms at the clinic. People should have the choice between smooth and rough condoms.* Nurse, Honiara.
- *Young people like rough feelings. When I offer to them smooth and rough condoms, they choose rough ones. Older clients also prefer rough condoms.* Nurse, Honiara.
- *We would like free rough condoms. But studs should be bigger and be designed like diamonds.* FSW participants, Honiara.
- *Last year, I sold Score condoms at the Clinic. People bought them because they like rough condoms. But some young people don't have the money.* Nurse, Gizo.
- *We don't know rough condoms. But if these condoms are available, men will no longer need to have marbles.* Out-of-school young males, Gizo.
- *MSM don't like rough condoms because it's painful for them.* SCA, Honiara.

One of the stakeholders also gave comments on the UNFPA-provided condom packaging:

- *All edges of condom packaging should be rough for ease of opening. When people are drunk or at night time, they don't properly open the packet.* SCA, Honiara.

### 3.4 UNFPA-provided female condoms

UNFPA PSRO provides female condoms free of charge to all 14 Pacific Island Countries. The female condoms are provided by UNFPA through Ministries of Health Central Medical Stores and in some instances directly to requesting NGOs. Ministries of Health report on inventory and make requests on an annual basis (or as needed) to UNFPA PSRO.

Currently UNFPA PSRO makes one female condom product available to Pacific Island Countries. It is lubricated, plain in colour and has no flavour or smell.

In 2012 UNFPA provided 31,600 female condoms to Pacific Island Countries.



**FIGURE 8: UNFPA - provided female condom**

**Female condom specifications:**

- White colour;
- No flavoured;
- Plain and;
- Lubricated.



### 3.4.1 Kiribati

In 2012, UNFPA supplied 1,000 female condoms. There is no other supplier to the Government Pharmacy.

Most FGD participants had never used or seen a female condom but they have heard about it, thanks to awareness and workshops.

Most participants had heard negative comments about UNFPA-provided female condoms: difficult to insert, too big, too noisy.

- *When we have started to distribute female condoms, we did a promotional campaign. Some people came to pick up female condoms. But most never came back because women don't like to use these condoms. They don't feel comfortable with them. They don't like to insert them. It's a cultural problem.* Nurse, Tarawa.
- *Female condoms are not popular in Kiribati. People are curious. They want to know how they look like. But they don't want to use them. Female condoms are too big and look funny for them.* HIV Secretariat, South Tarawa.
- *It's difficult to use a female condom. It's too big. And it takes long time to have sex because it's too noisy, so you are not concentrating.* Peer educators, South Tarawa.

Some participants thought the UNFPA-provided female condoms that are available in Kiribati are not the right ones.

- *It will be good to have rough female condoms with studs inside and outside. Is it also possible to have flavoured female condoms?* USP students, South Tarawa.

Most participants thought that Female Sex Workers are the only ones to be able to insert the female condom into their vagina. Some nurses indicated that several Female Sex Workers use female condoms when their clients don't want to use a male condom. But the Female Sex Workers interviewed in this assessment had never used a female condom.

- *Female condoms are used by korokorea [female sex workers]. They have the skills for using these condoms not us.* USP Students, South Tarawa.
- *We never try to use a female condom because we don't want insert it into our vagina with fingers.* FSW participants, South Tarawa.

After explaining female condom's uses and benefits, some participants, including MSM, said that they would like to try it.

- *We like female condoms because we could take the control but we never try to use it.* Out-of-school young females, North Tarawa.



### 3.4.2 Vanuatu

In 2012, UNFPA supplied 3,000 female condoms. There is no other supplier to CMS.

Most FGD participants had heard about female condoms but had never used them.

Most participants had heard negative comments about UNFPA-provided female condoms in terms of noise, size and using process. Moreover some misconceptions exist.

- *Few clients use female condoms because they are too noisy.* Nurse, Port-Vila.
- *People are afraid of female condoms. There are too big and too noisy. Man feels like having sex with a plastic bag [laughs].* Peer educators, Port-Vila.

- *Wan Smol Bag did awareness on how to use a female condom. But girls complain that insertion is very difficult. They don't want to use it.* In-school young people, Onesua.
- *Female Sex workers said that it takes time to insert a female condom. So their clients are angry because their penis loses its erection and become soft while they wait. Female condoms are most suitable for partners who have time to have sex and not for bush sex or kava bar sex<sup>6</sup>.* Peer educator, Port-Vila.
- *The female condom is dangerous because it can provoke cancer if it sticks inside vagina.* USP student, Port-Vila.

Some participants had also heard positive comments about UNFPA-provided female condoms: women empowerment, no sensitivity decrease, etc.

- *Three of my clients use female condoms. They don't rely on their partners to wear a male condom. So they prefer insert a female condom by themselves and be sure that it's in place. They never told me that this condom make noise.* Nurse, Port-Vila.
- *Some men prefer female condoms because they don't reduce their sensitivity. They feel the same sensation that during skin to skin sex.* Peer educators, Port-Vila.



### 3.4.3 Solomon Islands

In 2012, UNFPA provided 13,000 female condoms. In 2012, the National Medical Store also bought 30,000 female condoms from Boucher & Muir Pty Ltd (Cupid Female Condom) (cf. Figure 15).

Most participants had heard about female condoms but had never used them.

Some had heard negative comments. UNFPA-provided female condoms would be noisy, too big and difficult to insert. Some misconceptions also exist.

- *Female condoms are too big. We never try them.* FSW participants, Honiara.
- *I have tried to use a female condom with my girl-friend but it's too noisy.* In-school young male, Honiara.
- *Female condoms are not safe because the ring can break the condom. The female condom can also stick inside the vagina if we don't use it properly.* In-school young people, Honiara.

However, some participants had heard positive comments about UNFPA-provided female condoms: women empowerment, pleasure-enhancing condoms, etc.

- *Women and men like female condoms because the ring increases their sexual pleasure.* SCA, Honiara.
- *Some men appreciate using female condoms because they feel the same sensation as during skin to skin sex. Some women also appreciate using them because the ring inserted inside their vagina enhances their sexual pleasure.* Nurse, Honiara.
- *An old man told me that female condoms enhance his wife's pleasure during sex. She doesn't want to insert a female condom into her vagina but he does it as a part of their foreplay.* Nurse, Honiara
- *Men like female condoms because when their penis touches the ring, they are more excited. But women think female condoms are too big and difficult to insert. They would like smaller female condoms. A few clients asked me for female condoms in 2012, but they never asked me again. Female condoms should be also rough.* Nurse, Gizo.

<sup>6</sup> Sexual activities taking place in kava bar, forest, beach or street areas.

### 3.5 Dental dams

Dental dams, square or rectangular pieces of latex, can provide protection against transmission of STIs during oral-genital or oral-anal sex. UNFPA-PSRO does not currently make available dental dams to Pacific Island countries.



**FIGURE 12: Dental Dam used for demonstration**

**Dental Dam specifications:**

- White colour;
- Vanilla flavour;
- Plain and;
- Lubricated.



#### 3.5.1 Kiribati

Few key stakeholders had ever heard of dental dams or how to make one out of a male condom. No FGD participants had heard of dental dams. They had never used or seen a dental dam or another means to protect themselves during oral-genital or oral-anal sex.

After explaining the reasons to use a dental dam, some participants said that they would like to try it. Men who Have Sex with Men (MSM) and seafarers interviewed seemed especially interested to try it for oral-anal or oral-genital sex.

- *Something like this would not be used in South Tarawa, but maybe in Abemama Island* [laughs]. Peer educators, South Tarawa.
- *We don't practice oral-anal sex with our boy-friends. But we will try it if we have access to dental dams* [laughs]. MSM participants, South Tarawa.
- *It would be good to have access to dental dams for oral sex because sometimes female private parts are not very clean.* Seamen participants, South Tarawa.

Some participants underlined the need for more awareness.

- *We need more education on this condom.* MSM participants, South Tarawa.
- *Some people would probably use this condom if they know how to use it. It will be good to do more awareness on dental dams in Kiribati.* Out-of-school young people, Abemama Island.



### 3.5.2 Vanuatu

Some stakeholders and a few FGD participants had heard of dental dams. But they had never used or seen a dental dam or another means to protect themselves during oral-genital or oral-anal sex.

- *We have heard about dental dams in a workshop but people don't use them in Vanuatu.* Peer educators, Port-Vila.

After explaining the reasons to use a dental dam, most participants said people would like to try it. A demand for “mouth condoms” seems to exist. But more awareness should be done.

- *Some people may use dental dams if we promote them.* Nurse, Port-Vila.
- *If dental dams become available, a lot of men will practice oral sex on women* [laughs]. Out-of-school young people, Emua.
- *If we explain to people why and how to use a dental dam, some will use it because some clients already wonder if oral sex is safe.* Nurse, Port-Vila.
- *During workshop and awareness, many people ask us if tongue condoms exist. So we explain to them how make a dental dam out of a male condom. I think people will used dental dams if there are available in Vanuatu.* Peer educator, Port-Vila.



### 3.5.3 Solomon Islands

Some stakeholders had already heard about dental dams. But almost no FGD participants had seen or knew the purpose of a dental dam.

However, most tentatively felt that it would be a good product to make available. A demand for “tongue condoms” seems to exist. Some participants asked for strongly flavoured dental dams and more awareness.

- *Oral sex on women is common in Solomon Islands. Some people would like to use dental dams.* FSW participants, Honiara.
- *Some people would like to use dental dams because they like to try new products. If their partners don't take their shower, they would like to use flavoured dental dams.* Out-of-school young males, Gizo.
- *Some clients ask me if I have “tongue condoms” for practicing oral sex. So I tell them to use a plastic bag or I explain to them how to make a dental dam out of a male or female condom. If dental dams become available for free, people would use them.* Nurse, Gizo.

# CHAPTER 4: Assessment of current approaches and strategies

The Focus Group Discussions (FGDs) and stakeholder interviews provided feedback on effectiveness of current distribution, access and uptake strategies for male and female condoms and lubricant in Vanuatu, Kiribati and Solomon Islands.

The feedback from participants is grouped in three areas: Distribution, Access and Uptake.

In the following sections, countries will be discussed in the order of Kiribati, Vanuatu and Solomon Islands.

## 4.1 Distribution



### 4.1.1 Kiribati

The MoH of Kiribati receives UNFPA-provided condoms from the Pacific Sub Regional warehouse located in Suva. Once a year, the Pacific Sub Regional warehouse sends condoms by ship to South Tarawa. But from 2014, it is planned that condoms will be directly sent from manufacturers to the MoH of Kiribati for timing and stock management issues. UNFPA often provides condoms with one to two years remaining on the expiry date.

UNFPA-provided condoms are stored in the Government Pharmacy storage room or in the Hospital warehouse located in South Tarawa. The Government Pharmacy is responsible for procurement of national Reproductive Health (RH) commodities requirements listed in the Essential Medical List to each health clinic. The Essential Medical List contains male condoms but does not contain female condoms, lubricants or Safe Sex Kits. Health facilities can't specify what type of male condoms they prefer ("Sensuous" or "Safe Rider").

In the outer islands, the government health clinics send their stock reports to the Health Centers which email them to the Government Pharmacy every two months. Then, the Government Pharmacy sends RH commodities including male condoms to each government health clinic by plane or ship. The Government Pharmacy tops up the amount of RH commodities requested by clinics to prevent stock-outs linked to transport issues. In this way, every two months, the Government Pharmacy sends four months of stocks to each clinic. However, condom stock-outs and delay in supply chain management are still frequent, especially at Health Center and Dispensary levels, due to stock management and ordering issues. The Government Pharmacy has now requested that UNFPA sends RH commodities directly to Kiritimati (Christmas) Island for timing and transport issues.

In South Tarawa, the Government Pharmacy collects stock reports every two weeks and provides two gross of male condoms per week for each government health clinic. Government Pharmacy staff brings them to clinics by road.

In South Tarawa, the Government Pharmacy also supplies UNFPA-provided condoms to the Red Cross, Kiribati Family Health Association (KFHA) and the HIV Secretariat (a MoH project funded by the Global Fund through SPC). These organizations come directly to the Government Pharmacy when running out of stocks. In theory, they have to provide distribution reports to the Pharmacy.

International Planned Parenthood (IPPF) supplies contraceptives including male condoms to Kiribati Family Health Association (KFHA). IPPF did not send condoms to KFHA in 2012. But the association received 8,928 condoms from IPPF in 2013: 144 Cool Delicious Banana, 144 Cool Delicious Strawberry, 2,880 Generic Dotted Condoms, 2,880 Generic Ribbed condoms and 2,880 Generic Condoms (IPPF sources). Stocks are kept at their own site.

Even in shops, bars and hotels, UNFPA-provided condoms are always free of charge. But KFHA sells IPPF-provided dotted condoms (AUD 0.20 per three dotted condoms: USD 0.18) when available. According to KFHA staff, whereas dotted condoms are not free, they are faster out of stocks than regular condoms.

The last Safe Sex Kits (SSKs) were supplied by UNFPA in 2010: 6,000 male SSKs and 2,000 female SSKs were sent to the MoH of Kiribati (UNFPA sources). The Safe Sex Kits were mainly distributed by the Adolescent Health Development (AHD) Center and the HIV Secretariat in South Tarawa. The AHD Center has been closed for a number of years (cf. Figures 5 and 6).

The HIV Secretariat distributes UNFPA-provided male condoms during outreach activities such as community visits, awareness and social events (e.g. street dance competition, national sport tournaments) in South Tarawa and once a year in an outer island.

Red Cross and KFHA peer educators regularly distribute UNFPA-provided condoms to young people, sex workers and Men who have Sex with Men living in South Tarawa (but not to seafarers). Moreover, KFHA peer educators supply male and female condoms twice a month to some training centers, stores, night clubs and bars located between Betio town and Bikenibeu settlement. Red Cross distributes condoms mostly in Betio. Red Cross peer educators have also given condom grosses to bus drivers for several years.

However, condom programming with a focus on public venues, such as clubs, bars and universities are not supported by appropriate Information, Education and Communication messages (e.g. no advertisement indicating condom availability in shops). Most local access points are not freely accessible: condoms are hidden and people have to ask for condoms in most of these public venues.

At the University of South Pacific (USP) campus, a machine dispensing free-of-charge condoms has been damaged and not repaired. Currently, KFHA just provides condoms to the President of USP students Association to distribute them at the campus.

In outer islands, Community Based Distributors (CBDs) are supposed to distribute condoms in their communities. A Youth Friendly Centre has been established in Abemama Island. But CBDs and peer educators networks need to be revived.

There are neither retail pharmacies nor medicine shops in Kiribati. There is no Condom Social Marketing undertaken in the country.

In brief, in South Tarawa, UNFPA-provided condoms are available at government health clinics (Hospitals, Health Centers and Dispensaries), at the KFHA Clinic and the Red Cross Office during working hours. They are also accessible at the University of South Pacific, the Marine Training Center, the Kiribati Fisheries Training Centre and in some shops, bars, night clubs and hotels.

Access to condoms is limited on the outer islands, where currently the only location to obtain them is the government health clinics.

The major gaps in terms of condom distribution in Kiribati are:

- Delay in supply chain management and stock-outs, especially at Health Center and Dispensary levels;
- Only one to two years remaining on the expiry date of the condoms provided by UNFPA;
- Health Clinics are not able to order female condoms, lubricants or Safe Sex Kits because the Essential Medical List doesn't contain these products;
- Pleasure-enhancing condoms are not distributed for free;
- Female condoms are not widely available;
- UNFPA-provided condoms are not distributed to seafarers;
- Low promotion of local access points: no visibility, no advertisement;
- Some local access points are not freely accessible (people have to ask to get UNFPA-provided condoms);
- There are few local access points in rural areas;
- Few Peer Educators and CBDs networks operate in rural areas.



### 4.1.2 Vanuatu

UNFPA supplies condoms to the Ministry of Health (MoH) of Vanuatu twice a year. The Pacific Sub Regional warehouse located in Suva sends condoms by ship to Port-Vila. But from 2014, it is planned that condoms will be directly shipped from manufacturers to the MoH in Vanuatu (for timing and stock management issues). Often UNFPA provides condoms with only one to two years remaining on the expiry date.

UNFPA-provided condoms are stored in the Central Medical Store (CMS) storage room located at the Vila Central Hospital. The CMS is responsible for procurement of national RH commodities requirements listed in the Essential Drug List. The Essential Drug List contains male and female condoms but does not contain lubricants or Safe Sex Kits. Health clinics can't specify what type of male condoms they prefer ("Sensuous" or "Safe Rider").

The CMS sends condoms to Provincial Pharmacies six times a year. Rural and urban Health Centers, Dispensaries and Aid Posts order condoms every two months and receive them from the Provincial Pharmacies by road or ship.

The CMS tops up the amount of RH commodities requested by clinics to prevent stock-outs linked to transport issues. In this way, every two months, the CMS sends four months of stocks to Provincial Pharmacies.

In the past few years, the Central Medical Store (CMS) has not faced condom stock-outs at the central level. However, nearly expired supplies, stock-outs, delay in deliveries from the Provincial Pharmacies are commonly experienced at service deliver centers.

UNFPA-provided female condoms are not widely available through the country. Most rural clinics don't order female condoms and Aid Posts are not allowed to order them (because Village Health Workers are considered as unskilled for delivering them at Aid Post level). In November 2013, the Saupia Health Center (Rural Efate) had in stock female condoms that expired eight months earlier.

Provincial pharmacies also supply UNFPA-provided condoms to Non-Governmental Organizations (NGOs), including Vanuatu Family Health Association (VFHA), Wan Smol Bag (WSB), and Neil Thomas Ministry (NTM) clinics. These organizations pick up condoms at the Pharmacies every two months or when running out of stocks.

International Planned Parenthood (IPPF) supplies a very small amount of male condoms to the Vanuatu Family Health Association (VFHA). VFHA did not order condoms from IPPF in 2012 and ordered just 1.152 Cool Delicious Condoms in 2013 (IPPF sources). VFHA distributes IPPF-provided condoms in Port-Vila and Luganville only.

Most of the time, UNFPA-provided condoms are free of charge. However, VFHA sells UNFPA-provided and IPPF-provided condoms to its clients (VUV 20 per three condoms, VUV 100 per fifteen condoms and VUV 300 per 30 condoms: USD 0.21, USD 1 and USD 2). But VFHA gives also free-of-charge condoms to its clients with low income.

In 2010, UNFPA supplied 100.000 male Safe Sex Kits (SSKs) and 26.564 female SSKs to Vanuatu (UNFPA sources). In 2011 and 2012, these kits were distributed by several clinics, governmental and non-governmental organizations including Shefa Provincial Health Office, WSB and VFHA. Most Safe Sex Kits were distributed in clinics and during outreach activities in Efate Island (Peer education, awareness activities, special events, mobile clinics). But the SSKs were also sent to island project sites including youth centers. Safe Sex Kits were distributed for free, even by VFHA (cf. Figures 5 and 6).

Oxfam Australia currently funds Wan Smol Bag (WSB) Youth-Friendly Services (YFS) in the towns of Port-Vila (Kam Pussum Hed) and Luganville (Northern Care Youth Centre) and in the village of Loltong on Pentecost Island (Halua Youth Centre). These YFS have three components attached to them, namely a youth center, a Peer Education Programme and a clinic. However, Halua Youth Centre has in place a system of monthly visits by a nurse from the Kam Pussum Hed Clinic or the Northern Care Youth Clinic.

In Port-Vila and Luganville, WSB peer educators supply UNFPA-provided male condoms to some kava bars, Night Clubs, hotels and market houses, every three weeks. In the kava<sup>7</sup> bars, condoms are stored inside pipe dispensers which hang outside the buildings and posters indicate condom availability. Most pipe dispensers have not been damaged. In the other public venues, condoms are placed inside the toilets. These local access points are freely accessible: condoms are not hidden and people don't need to ask to get them. But they are frequently out of stocks. For instance, at Reynolds Nakamal, the dispenser is usually empty one week after being filled (cf. Figures 17 and 19).

In Port-Vila and Luganville, WSB peer educators also regularly distribute condoms to young people, security guards, seafarers, Men who have Sex with Men and Female Sex Workers during peer education activities and special events such as Fest Napuan.

In six villages of North Pentecost, WSB peer educators keep a gross of male condoms at their home and share with the other young people. But, the amount of condoms kept by these peer educators is small compared to the size of population. Moreover, Wan Smol Bag doesn't have funding to have additional youth centers, peer educators or nurses.

Vanuatu Family Health Association (VFHA) has two Sexual and Reproductive Health (SRH) youth-friendly clinics in Port-Vila and Luganville, which have attached to them a youth-drop-in center and a volunteer network. VFHA has also ten youth-drop-in centers on Ambae, Ambrym, Epi, Gaua, Malekula, Paama, Pentecost, Tanna, Aneitym and Tongoa Islands through which it provides access

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<sup>7</sup> Kava is a narcotic drink made from the roots of wild pepper.

to condoms and advice on SRH related issues. But few of them are still operating in 2013 because of lack of funding to have fully employed coordinators in these youth-drop-in centers. However, since November 2013, VFHA has funded outreach activities and has provided incentives for three young volunteers and a nurse in Paama Island (UNFPA funded project). In Port-Vila, VFHA volunteers distribute condoms only occasionally to their peers.

In 2011, Save the Children Australia (SCA) has integrated youth-friendly health services in two selected governmental Health Centers: Lamap Health Center in South Malekula (upgraded to a mini-Hospital) and Nduidui Health Center in West Ambae. Both locations have been given the go-ahead for two full-time Peer Education staff who distribute and sell condoms. But most peer educators are no longer very active. SCA has also established 24 youth clubs across 5 islands which serve to provide youth with training and education on the development of sustainable livelihoods activities, healthy lifestyles and active youth participation. And the Child Peer to Peer Program of SCA works with 43 out-of-school adolescents organized into 4 Red Ribbon Clubs around Port-Vila who access training on Peer education and condom social marketing (Save the Children Australia, 2011). However, according to SCA, the Condom Social Marketing undertaken in Vanuatu is failing. In Port-Vila, Au Bon Marché sells a small amount of Score condoms to clients and local stores (582 packages of three condoms per month on average). Moreover, many Community Based Distributors (CBDs) trained in urban and rural area are no longer active (e.g. only ten of the thirty CBDs trained by SCA in Efate Island still sell Score condoms). Most people are reluctant to buy condoms (cf. Figure 13).

In Vanuatu, several drug stores sell Durex, Ansell, Four Seasons, Playboy, Rough and Rugged Rider, Score and Romantic condoms. Most of these drug stores are located in Port-Vila and Luganville. Each pharmacy sells between ten and thirty packets of condoms per month. Most local clients buy Rough and Rugged Rider and Score condoms whereas expatriates buy the more expensive brands (mainly Durex). Most clients are male.

In brief, in Port-Vila, condoms are available at government health clinics (Hospitals, Health Centers, Dispensaries and Aid Posts), non-government clinics (e.g. NTM, VFHA and WSB clinics), Youth Centers and drug stores during working hours. They are also accessible in some shops, kava bars, bars, night clubs and hotels and at some peer educator's houses. Access to condoms is more limited in some remote areas, where the main location to obtain condoms is usually the government health clinics.

The major gaps in terms of UNFPA-provided condom distribution in Vanuatu are:

- Nearly expired supplies, delay in deliveries, stock-outs at Health Center, Dispensary and Aid Posts levels;
- Only one to two years remaining on the expiry date of the condoms provided by UNFPA;
- The Essential Drug List doesn't contain lubricants or Safe Sex Kits;
- UNFPA-provided condoms are not always free-of-charge;
- Pleasure-enhancing condoms are not distributed for free;
- UNFPA-provided female condoms are not widely available through the country;
- In Port-Vila, stock-outs are very frequent in local access points, such as kava bars;
- There are few local access points in rural areas;
- Few Peer Educators and CBDs networks operate in rural areas;
- Lack of success of social marketing campaign.



### 4.1.3 Solomon Islands

Once or twice a year, the Pacific Sub Regional warehouse sends UNFPA-provided condoms by ship to the MoH of Solomon Islands. But from 2014, it is planned that condoms will be directly sent from manufacturers to Honiara (for timing and stock management issues). UNFPA often provides condoms with one to two years remaining on the expiry date.

Boucher & Muir Pty Ltd and UNFPA-provided condoms are stored in the National Medical Store (NMS) storage room located in Honiara. The NMS is responsible for procurement of condoms for Provincial Hospital Pharmacies and Second Level Medical Stores (not attached to Hospitals) which are delivered by road or ship. The Second Level Medical Stores are built at strategic points for good communication, infrastructure and transportation. Provincial Hospital Pharmacies and Second Level Medical Stores are responsible for distributing condoms six times a year to the health clinics of their zone (Area Health Centers, Rural Health Clinics and Aid Posts). To prevent stock-outs linked to transport issues, health clinics receive four months of stocks every two months. They can also ask supplementary orders when need arises.

Since 2011, the NMS has not faced condom stock-outs. It has received both UNFPA and those purchased from Boucher & Muir Pty Ltd supplies. However, nearly expired supplies, stock-outs, delay in deliveries are commonly experienced at service delivery points because of supervision, distribution budget management, stock management and ordering issues.

The Drug List contains male and female condoms but not lubricants or Safe Sex Kits. Health clinics can't specify what type of male condoms they prefer ("Sensuous" or "Safe Rider").

The MoH also supplies Boucher & Muir Pty Ltd and UNFPA-provided condoms to private clinics including the Solomon Islands Planned Parenthood Association (SIPPA) clinic. In Honiara, private clinics come directly to the NMS anytime they run out of stocks. In outer islands, they get supplies from Provincial Hospital Pharmacies or Second Level Medical Stores.

Boucher & Muir Pty Ltd and UNFPA-provided condoms are free of charge. However, the NMS sells condoms to some private clinics, excluding the SIPPA Clinic. For instance, the Solomon Island National Provident Fund Clinic pays SBD 15 per gross of male condoms (USD 2) and SBD 7.17 per female condom (USD 1).

International Planned Parenthood (IPPF) supplies male condoms to SIPPA. In 2012, SIPPA received 57,600 Generic Dotted Condoms (IPPF sources). Stocks are kept at their own site.

In 2010, UNFPA provided 50,000 male Safe Sex Kits (SSKs) and 26,917 female SSKs to the MoH of Solomon Islands. However, the National Medical Store reports 50,000 male SSKs and 23,000 female SSKs received from UNFPA. Some Safe Sex Kits were also received by the MoH in 2011, 2012 and 2013. In December 2013, few SSKs were still available in Honiara (for example, at the NMS and SIPPA). But most condoms in these kits were expired and were no longer being distributed (expired in March 2013 for female condoms and November 2013 for male condoms). Most Safe Sex Kits were distributed in Solomon Islands by governmental and non-governmental organizations including SIPPA, SCA and MoH. Some clinics also distributed SSKs for a short time in Honiara (cf. Figures 5 and 6).

Solomon Islands Planned Parenthood Association (SIPPA) has a clinic in Honiara which has attached to it a youth center and a Community Based Educators and Distributors (CBEDs) network. The CBEDs keep a gross of male condoms at their home and distribute them to their peers. They also participate in awareness with the association. But, SIPPA doesn't have funding to give them monthly incentives. Hence, only six of the fifty CBEDs trained are still active in Honiara.

SIPPA also has three clinics in Gizo (Western Province), Auki (Malaita Province) and Taro villages (Choiseul province) through which it provides access to condoms and advice on SRH related issues. But SIPPA doesn't have funds to organize outreach activities or establish CBEDS networks in these provinces. At SIPPA clinics, condoms are stored inside pipe dispensers hanging outside or inside the buildings. Condoms are also distributed by health workers (cf. Figure 23).

In Honiara, a pipe dispenser hanging in the wharf area has been damaged and not repaired. At Gizo and Munda Hospitals, dispensers were also hanging outside RH wards for a few years. But people damaged them and dispensers were not repaired.

Save the Children Australia (SCA) established two Youth-Friendly Services (YFS) in Honiara at Rove Clinic and Kukum Clinic. Condoms are distributed by health workers and also stored inside "condom houses" freely accessible during working hours only (cf. Figure 22).

Until 2012, condoms were distributed in local access points by several NGOs including SCA, World Vision and Adventist Relief Development Assistance. SCA supplied condoms in business houses (hotels, motels, logging companies, taxis bases, night clubs) and provided condoms to vulnerable people including MSM, seafarers and people exchanging sex in Honiara and some rural areas (such as Munda village). But all the HIV projects stopped due to the stoppage of the Response Fund.

SIPPA distributes condoms to some local access points such as hotels and motels but not regularly.

In Solomon Islands, several drug stores sell Rough and Rugged Rider, Score and Romantic condoms. Most of these drug stores are located in Honiara. They don't have statistics and don't know how many packets they sell per month (cf. Figure 21).

The Condom Social Marketing undertaken in Solomon Islands by Marie Stopes International, in partnership with SIPPA, has stopped due to lack of success: Most people don't want to buy condoms. SIPPA is still distributing Score condoms in Honiara. But the distribution will stop at the end of its stocks (cf. Figure 13).

In brief, in Honiara, condoms are available at government and non-government health clinics (e.g. SIPPA clinic), at Youth Centers and drug stores during working hours. They are also accessible in some shops, bars, night clubs and hotels and at some peer educator's houses. Access to condoms is more limited in some remote areas, where the main location to obtain condoms is usually the government health clinics (Area Health Centers, Rural Health Clinics and Aid Posts).

The major gaps in terms of UNFPA-provided condom distribution in Solomon Islands are:

- Frequent nearly expired supplies, delay in deliveries and stock-outs at Area Health Center, Rural Health Clinic and Aid Post levels;
- Only one to two years remaining on the expiry date of the condoms provided by UNFPA;
- The Drug List doesn't contain lubricants or Safe Sex Kits;
- Pleasure-enhancing condoms are not distributed for free;
- Female condoms are not widely available through the country;
- There are few local access points freely accessible, even in Honiara, especially at night time;
- In Honiara and outer islands, peer education networks are rare;
- Lack of success of social marketing campaign.

## 4.2 Access



### 4.2.1 Kiribati

In South Tarawa, Focus Group Discussion (FGD) participants said they can get condoms at government health clinics and KFHA Clinic during working hours (some clinics, such as the Betio hospital, are open 24 hours a day). The evening, they can also get them at Night Clubs and in some bars, including kava bars and sour toddy places. USP students interviewed added they can get condoms at the campus or ask their friends to provide condoms to them. Only KFHA Peer educators mentioned that some shops provide condoms in South Tarawa. Female Sex Workers (FSW) interviewed said Red Cross and KFHA sometimes drop off condoms at their home. In North Tarawa and in Abemama Island, FGD participants indicated that they can only get condoms at government health clinics.

Comments about condoms access:

- *We know why condoms are important but we never use them because we are afraid of asking the nurse. The nurse is a relative of ours and we don't want her to tell our parents or other community members that we asked for condoms.* Out-of-school young people, North Tarawa.
- *For us, it's easy to get condoms. We have some friends who can help us to get them if needed.* USP students, South Tarawa.

Ideas to improve condom access:

- *It would be better if each peer educator could keep a box of condoms at home. We could distribute condoms to people at all times. Even if we are not at home, our parents would distribute condoms to them.* Peer educators, South Tarawa.
- *Condoms should be available in all bars, night clubs and sour toddy places.* USP students, South Tarawa.
- *Condoms should be in all the places where we drink alcohol. Currently, they are just available in a few sour toddy places.* MSM participants, South Tarawa.
- *It would be good to have access to condoms at kava bars, sour toddy places and stores.* In-school young males, Abemama Island.
- *Each bar and training center should distribute condoms. Condoms should also be available at schools. We will organize workshops with teachers to ask them if it's possible to provide condoms at schools.* KFHA, South Tarawa.
- *The Island community workers should have condoms at their home or at their office because they already work with young people.* HIV Secretariat, South Tarawa.



### 4.2.2 Vanuatu

In Port-Vila, FGD participants said they can get condoms at government and non-government health clinics including WSB clinic and at pharmacies during working hours. The participants added they can get condoms in Night Clubs, bars, kava bars and shops. Friends are presented as a main source of condom access for young people.

In Rural Efate, young people said they can get condoms at health clinics and stores. The Onesua Secondary school students also have access to condoms at the school clinic.

Comments about condoms access:

- *We didn't know that condoms are available in Night Clubs, kava bars and hotels.* Peer educators, Port-Vila.
- *Here, condoms are placed in a free box at the entrance of the clinic. But in some clinics condoms are hidden. People have to ask from the nurse to get condoms.* Nurse.
- *In 2011, we provided free condoms to stores and kava bars around the Health Center. But some communities didn't agree. They think that distributing condoms outside the clinic encourages young people to have sex.* Nurse.
- *In outer islands, people don't want to ask condoms from the nurse because she is a relative. Some people also stay in remote areas, far away from the clinic.* Nurse.
- *At the Hospital, we are ashamed to ask condoms from the nurses.* In-school young people, Port-Vila.
- *We are not ashamed to ask condoms from the nurse of the school clinic because she is an old woman.* In-school young people, Onesua.

Ideas to improve condom access:

- *Young people are ashamed to ask condoms at clinics or stores. Condoms should be distributed in every kava bars in Port-Vila. In outer islands, free-condoms dispensers should also be hung outside the buildings.* Peer educators, Port-Vila.
- *In each community, a condom dispenser should be hung outside a house, a store or outside the clinic. Condoms should be also accessible at schools.* In-school young people, Port-Vila.
- *Stores and kava bars should provide free condoms.* Out-of-school young males, Port-Vila.
- *Condoms should be stored in work places.* MoH, Port-Vila.
- *In outer islands, condoms should be available in young people houses.* Peer Educator, Port-Vila.
- *Condoms should be stored where young people play sports such as stadium toilets.* MSM participants, Port-Vila.
- *We should use youth groups of the Area Councils to distribute condoms in outer islands. There are between 60 and 70 Area Councils in Vanuatu. Each youth group organizes a meeting once a week. We can ask the Area council secretaries to distribute condoms to them. We can also train one young person per group to become a distributor.* National Youth Council, Port-Vila.



### 4.2.3 Solomon Islands

In Honiara, Focus Group Discussion (FGD) participants said they can get condoms at government health clinics, SIPPA clinic, SCA office, Night clubs, pharmacies and some stores. Friends are also a main source of condom access for young people. Solomon Islands National University (SINU) students added that condoms are also accessible at the Young Women of Christian Association (YWCA) Hostel.

Comments about condoms access:

- *In our culture, it's taboo to ask condoms from a relative. In villages, everyone is a relative. So young people are ashamed and afraid of asking for condoms. The nurse will tell their parents that they are sexually active and their parents will fight them or ask compensations from the boys.* SIPPA, Honiara.
- *Some people are too ashamed or proud to ask for condoms from nurses.* FSW participants, Munda.
- *Sometimes nurses let just us take a few condoms whereas we would like to take a lot of condoms to share with our friends.* In-school young people, Honiara.
- *At the Gizo Hospital, the pharmacist gives condoms on prescription only. There is not free accessible dispenser.* Nurse.

- *Some nurses are not friendly and don't want to give condoms to unmarried young people. Moreover, most government clinics close at 4pm and young people don't have enough money to go to private clinics open at night time. In outer islands, there are condom stock-outs and sometimes condoms are expired or damaged due to storage issues.* MoH, Honiara.
- *In outer islands, it's difficult to find a transport to reach the clinic. And sometimes there are condoms shortages in rural clinics. Some young people are also afraid of asking for condoms from nurses.* SINU Students, Honiara.
- *Sometimes it's difficult to get condoms because clinics are far away and our parents don't let us walk around at night time. We can't store condoms in our pockets or at homes because our parents could find them.* In-school young people, Honiara.
- *If we provide a freely accessible condom dispenser outside the clinic, people will play or fish with condoms.* Nurse.

Ideas to improve condom access:

- *Condom distribution undertaken before by Save the Children and World Vision should be revived. These NGOs provided condoms to taxi drivers, Night clubs, business offices, etc.* Nurse.
- *Condoms should be accessible at schools but we have to do awareness and workshops with gate keepers first. We also need to revive the condom distribution at night clubs, hotels and taxi bases.* SIPPA, Honiara.
- *Free condoms should be distributed at schools, stores, work places, etc. NGOs should provide condoms to each family, to each village leader. If leaders agree to store condoms at their home, we will not be ashamed to ask them.* In-school young people, Honiara.
- *Hotels, motels, universities, high schools are the right places to provide condoms. I don't want to encourage young people to have sex. But most of my clients with STIs are high school students. Condoms should also be stored inside taxis and at private beach gates because many people have sex at the beach.* Nurse.
- *Condoms should be accessible at Night club gates (Coconut Cafe, Kaware Night Club, Traders Man Bar, King Solomon Night Club). But we don't go frequently to night clubs. For us, condoms should be accessible in Point Cruz area. A SIPPA volunteer should keep a gross of condoms with him and distribute to us every night.* FSW participants, Honiara.
- *Most young people should store condoms at home and share with their friends.* Out-of-school young males, Munda.
- *Condom dispensers should be hung outside stores, at market houses and bus stops.* Out-of-school young males, Honiara.
- *Stores should provide free condoms because they are open at night time. In outer islands, Village Health Committees should also distribute condoms.* MoH, Honiara.

## 4.3 Uptake



### 4.3.1 Kiribati

All FGD participants know that condoms are used to prevent STIs including HIV and unplanned pregnancies. Several participants said that people use condoms to practice “safe sex”.

In South and North Tarawa and in Abemama Island, FGD participants said most of their friends don't use a condom when they have sex. And most of the condom users don't use condoms on a regular basis.

Comments about condom uptake:

- *Some young people use condoms to protect themselves against STIs and unplanned pregnancies. But most don't use condoms because they are not available or because they don't believe they can get STIs and they prefer skin to skin sex.* In-school young people, Abemama Island.
- *We don't use condoms because condoms are not romantic. They stop the game. They broke the love connection.* USP students, South Tarawa.
- *Condoms reduce pleasure and increase the time for men to ejaculate.* FSW participants, South Tarawa.
- *My boyfriend uses condoms when we have sex because I don't want to be pregnant. But in Kiribati, it is not a problem to have baby when you are young. You can just go fishing to feed your baby.* USP student, South Tarawa.
- *A friend told me that condoms are not 100% effective. She has used condoms with her boy-friend but now she is pregnant.* USP student, South Tarawa.
- *I would like a baby with my girlfriend so I don't use condoms. Condoms go against my religious principles.* USP student, South Tarawa.
- *In Japan, our girlfriends take control. They usually put the condom in place. But in Fiji or in Kiribati they don't ask us to use a condom.* Seamen participants, South Tarawa.
- *We always use condoms with our casual partners because we don't trust them. But we don't use condoms with our boyfriends.* FSW participants, South Tarawa.
- *Some people think they don't need to use a condom because it is safe with their partner. They think they are not at risk to catch STIs.* Peer educators, South Tarawa.
- *Most MSM know how to use a condom. But when we are drunk, we don't really know what we do. We don't know if we use condoms or not and if we use it properly.* MSM participants, South Tarawa.
- *When we are drunk we don't want to use a condom or forget to use it.* Seamen participants, South Tarawa.

Ideas to encourage condom uptake:

- *We need more community awareness.* Out-of-school young people, Abemama Island.
- *Church leaders should support awareness and workshops to promote condoms.* USP students, South Tarawa.
- *Peer to peer education and drama would encourage young people to use condoms.* Peer educators, South Tarawa.
- *We need peer educators and sexual education courses at USP.* USP students, South Tarawa.
- *In South Tarawa, when we go to test our blood, the nurse offers to us a backpack. It would be good to also provide incentives to young people who use condoms.* In-school young people, North Tarawa.
- *We would like more dotted condoms.* FSW participants, South Tarawa.



### 4.3.2 Vanuatu

All participants know that condoms are used to prevent STIs (named locally “rubbish sick”) and unplanned pregnancies.

In Vanuatu, FGD participants said some of their friends don't use a condom when they have sex and some use condoms irregularly.

Comments about condom uptake:

- *The first reason given by young people to use condoms is STI prevention. But some also use condoms to prevent unplanned pregnancies.* Nurse.

- *Some couples use condoms to prevent pregnancies or to avoid blood contact during menstrual periods. But some people also use condoms with their casual partners and don't use them with their regular partners, except if they don't trust them.* Out-of-school young people, Emua.
- *Some people use condoms because they had an STI before and are afraid of catching one again. Some boys use condoms when their girlfriends insist they use condoms.* Peer educators, Port-Vila.
- *Some young people use condoms but don't want to tell their friends. If they told them, they would make fun of them because condoms reduce pleasure and God doesn't say to use them.* Peer educators, Port-Vila.
- *We don't use condoms with our girl-friends, if they are pregnant, we will look after the baby. But if we have a condom in our pocket and we meet a woman in the street, we will maybe use the condom to prevent STIs and pregnancies.* Peer educators, Port-Vila.
- *Sometimes we don't have access to condoms. Sometimes we rush to have sex. We don't have time to find condoms. Some people are afraid of the condom breaking or slipping. If the condom breaks or slips off, the girl will be pregnant or get sick such as cancer. So they prefer not to use condoms [and withdrawal].* In-school young people, Port-Vila.
- *Young people don't use condoms because of alcohol and drug abuse, because they think condoms are only use by people having multiple sex partners and because they have more feeling without condoms.* Nurse.
- *Some people don't like to use condoms. They prefer skin to skin sex. Some don't know how to use a condom or don't use condoms when they are drunk. Some woman also think condoms will make them sick, they will have "women cancer" if they use them.* FSW participants, Port-Vila.

Ideas to encourage condom uptake:

- *More awareness should be done to scare people and to demonstrate how to use a condom, especially in outer islands.* MSM participants, Port-Vila
- *More awareness should be done and teachers should start to talk about STI effects at Primary school level.* USP students, Port-Vila.
- *Awareness should be organized during other activities, such as sport events. Facilitators should show pictures of STIs to scare people. Pictures have to be taken at the Vila Central Hospital. We don't want pictures showing Fijian people. NGOs should also make mobile phone video clips showing these STIs pictures.* Peer educators, Port-Vila.
- *We should organize workshops for community leaders. Church leaders and Chiefs have to understand the importance of condoms and allow us to store condoms at shops and kava bars in the villages. We also need to identify one or two youth leaders to keep condoms at home and share with their peers.* Nurse.



### 4.3.3 Solomon Islands

All FGD participants know that condoms are used to prevent Sexually Transmitted Infections, including HIV, and unplanned pregnancies.

In Solomon Islands, Focus Group Discussion participants said most of their friends don't use a condom when they have sex. And most of the condom users don't use condoms on a regular basis.

Comments about condom uptake:

- *Some health workers think that condoms are for married people only and refused to give condoms to young people.* SIPPA, Honiara.
- *Some boys don't like to use condoms because it's not natural, they don't feel good. Some people don't know how to use a condom or don't know where they can get condoms.* In-school young people, Honiara.

- *We use condoms to prevent STIs, pregnancies and also to stay clean. We don't need to use condoms with our boyfriends because we love them, we think they are faithful. Some of us use condoms every time with their casual partners, the others just sometimes.* FSW participants, Honiara.
- *Young people don't use condoms when they want to have babies. It's also not always easy to find condoms in Honiara. Some don't feel satisfied when they use condoms. It takes time to ejaculate because condom lubricant makes the penis slippery. The man doesn't feel the woman's vagina. When you have sex in the forest or at the beach you have to finish quickly before someone finds you.* In-school young people, Honiara.
- *Some people want skin-to-skin because they think sex with condom is less enjoyable. Some boys trust their girl-friends. They believe that they aren't sick and are faithful. Most of the time, they don't have condoms in their pocket. In emergency, they don't have time to look for condoms. Some use condoms just during girl's unsafe days and menstrual periods.* Nurse.
- *Sometimes you don't use condoms because you are drunk, you have sex with your girl-friend, you want "meat-to-meat" sex or you don't have condoms in your pocket. We don't walk with condoms in our pocket, except when we have planned to have sex, because condom packaging can break or our mothers can find them when washing our clothes.* Out-of-school young males, Munda.
- *Some don't like to use condoms because they don't feel good when they have sex with condoms. Some don't want that their partner think they don't trust them. So, they don't ask them to use condoms. Some don't know how to use a condom. And some trust their partner, they believe they are faithful. But they use condoms with their casual partners.* FSW participants, Munda.
- *Young people don't use condoms when they are not available or if they don't like to use them. Our culture and religion don't allow condom use because condoms encourage people to be unfaithful. If you have multiple partners, you will not respect your culture and your community because people will think your family doesn't teach you good behaviors. Some people also think condoms are not 100%, so they don't want use them anymore.* SCA, Honiara
- *Some people think condoms are just 90% safe. So they think it's the same to use or not use a condom.* SCA, Honiara.
- *Some people use Rough Rider or Score condoms to increase their pleasure.* Out-of-school young males, Honiara.

#### Ideas to encourage condom uptake:

- *We did more awareness on STIs than on teenage pregnancies. So young people are more afraid of STIs. But getting a girl pregnant is a big issue in Solomon Islands. Both boys and girls have to pay a fine to their families. We have to do more awareness on teenage pregnancy to scare young people. We can use pregnant girls to tell their story. We should also use mobile phones to text health messages to young people and do more awareness during special events such as Solomon games.* SIPPA, Honiara.
- *NGOs did a lot of awareness but I am not sure they really affected young people behaviors. We have to show real pictures of STIs to young people. People living with HIV should also tell them their story.* Nurse.
- *Condoms should be always available and people need more education. Most think condoms are used by people having multiple partners only and they think condoms are not 100% safe.* SCA, Honiara.
- *We need to continue to do awareness especially for secondary school students and also for church youth groups and community youth groups, such as sporting groups.* Nurse.
- *We should do a lot of awareness inside communities and schools and have more active peer educators. The government should introduce a course about how to use a condom in the school curriculum. And we should also teach parents how to do awareness with their children. We should organize game competitions at radio stations and do a TV Health Programme.* SCA, Honiara.
- *We don't catch the radio in Munda but we should send text messages to young people and do more awareness at schools.* Nurse.

- *More awareness on condoms should be done. New kind of condoms should be distributed such as Rough Rider condoms. SIPPA or Save the Children should build an office or a condom center to give advices and distribute condoms in Munda. Out-of-school young males, Munda.*



# CHAPTER 5: Conclusion

## 5.1 **Product Assessment**

### ***UNFPA-provided Safe Sex Kits***

- Most FGD participants of Kiribati and Solomon Islands had never seen or used a Safe Sex Kit, unlike Vanuatu's participants;
- Most participants who had never seen a SSK were attracted by the kit during demonstrations whereas most SSK users complained about the size of SSK and the uselessness of explanations for regular users;
- When SSK are available at clinics, clients don't have the choice between SSK and condoms without cover packaging. Consequently, some regular users throw away the SSK covers;

### ***UNFPA-provided lubricants***

- Most Solomon Islands and Kiribati's participants had never seen a lubricant as opposed to in Vanuatu;
- Participants would like a better access to lubricants (especially MSM) and more awareness;

### ***UNFPA-provided male condoms***

- Size, colour, smell, taste and thickness of current UNFPA products seemed fine with most condom users interviewed;
- Participants considered that the colour is not a major issue whereas the condom smell and taste are very important;
- Most participants and key stakeholders said that it would be good to have a choice of sizes of male condoms;
- Almost everyone thought pleasure-enhancing condoms would help encourage them and their friends to use condoms, except MSM participants;

### ***UNFPA-provided female condoms***

- Most participants had never used a female condom;
- Most participants had heard negative comments about female condoms (too big, noisy, difficult to insert);
- But some had also heard positive comments (pleasure-enhancing condoms, women's empowerment), especially in Solomon Islands;
- Most participants, particularly in Kiribati, felt more awareness was needed;

### ***Dental Dams***

- Almost nobody had seen a dental dam;
- A demand for "mouth condom" seems to already exist in Vanuatu and Solomon Islands;
- Most participants felt more awareness was needed.

## 5.2 **Strategic Analysis**

### **Distribution**

#### **The major gaps in terms of UNFPA-provided condom distribution in Kiribati, Vanuatu and Solomon Islands are:**

- Nearly expired supplies, stock-outs, delay in deliveries at lower levels;
- Often only one to two years remaining on the expiry date of the condoms provided by UNFPA;
- Some Health Clinics are not able to order female condoms, lubricants or Safe Sex Kits;
- Central Medical Stores are not able to order Safe Sex Kits from UNFPA;
- UNFPA-provided condoms are not always free-of-charge;
- Pleasure-enhancing condoms are not distributed for free;
- UNFPA-provided female condoms are not widely available through these countries;
- There are few local access points freely accessible especially in rural areas;
- Low promotion of local access points: no visibility, no advertisement;
- Frequent stock-outs in local access points;
- Few Peer Educators and CBDs networks operate in rural areas.

### **Access**

#### **The major gaps in terms of UNFPA-provided condom access are:**

- Irregular availability of condoms;
- Distance to health clinics and lack of transport;
- Attitude of health workers (including lack of confidentiality);
- Not freely accessible local access points;
- Community opposition to establishment of local access points.

#### **Participant's ideas to improve condom access:**

- Establishment of freely accessible dispensers at stores, night clubs, bars, taxis, schools, home's leaders, etc.;
- Regular Peer educators or CBDs condom distribution;
- Use Island Community workers, Young people of Area Councils and Village Health Committees as condom distributors.

### **Uptake**

#### **Existing strategies to promote condom use:**

- Workshops and awareness for gate keepers, students, community members, most-at risk groups (MSM, FSW), via mass media, social events etc.;
- Peer education Programmes;
- Youth Friendly Services (YFS);
- Family Life Education Programmes, etc.

#### **What motivates young people to use a condom?**

- Fear of STIs but not necessarily of HIV (HIV is not a reality for them because of low prevalence rates);
- Fear of unplanned pregnancies (but teenage pregnancies are not necessarily viewed as a problem in Vanuatu and Kiribati);

- For having sex during menstrual periods;
- Partners insist they use condoms;
- Increase sexual pleasure in using pleasure-enhancing condoms;
- Keep vaginal hygiene (especially for Female Sex Workers).

### **What prevents young people from using condoms?**

- No access (shame to ask, not available, no planned sex);
- Reduce pleasure (barrier, not romantic, reduce sensitivity);
- Increase the time for men to ejaculate (when they have sex in public places or with clients, they prefer fast sex);
- Trust their partners (think they are faithful);
- Due to the ABC approach (Abstain, Be faithful, wear a Condom), people associate unfaithfulness and condom use. So they don't use condom with their regular partners but use sometimes condoms with casual ones;
- Partners are reluctant to use condoms;
- Misconceptions about condom or condom lubricant;
- Drug or alcohol abuse;
- Don't know how to use a condom;
- Pregnancy desires;
- During some awareness, condoms are presented as not 100% safe so they prefer use another Family Planning method.

# CHAPTER 6: Recommendations

## 6.1 **Product Assessment**

Based on this assessment, the recommendations are:

### ***UNFPA-provided Safe Sex kits***

1. Reproduce the Safe Sex Kits for Kiribati, Solomon Islands and Vanuatu with the following changes:
  - a. Produce them in local languages i.e. I-Kiribati, Pidgin and Bislama;
  - b. Include more condoms and lubricant packets in each kit;
  - c. Also produce a smaller version to package just the male condom and possibly lubricant and information on how to use the condom;
  - d. Increase the size of the writings and photos on the STI pamphlet;
  - e. Simplify the language on both the Package and the STI pamphlet;
  - f. Make them gender neutral both in name and colour i.e. not "his" and "her";
2. Ensure that male and female condoms (not in SSKs) are always available when SSKs are distributed (for regular users/clients);
3. Focus distribution efforts of SSKs on peer, community-based and clinic-based distribution;
4. Produce STI pamphlet for distribution outside of SSKs as well as within SSKs;
5. Delocalize manual packaging of SSKs to point of distribution or provide SSKs and condoms without covers at the same time to clinics in order to let each client choose if s/he wants to carry condoms with or without covers;

### ***UNFPA-provided lubricants***

6. Make lubricant packet more widely available through encouraging Ministries of Health to increase access through both companion distribution with condom and independent distribution (both with and without Safe Sex Kits) and develop a campaign to promote their use;
7. Distribute lubricant packets with information on how to use a lubricant;
8. Distribute lubricant packets from material that is easier to open (not in aluminum);

### ***UNFPA-provided male condoms***

9. Make pleasure-enhancing condoms available (e.g. dotted male condoms with large studs, lubricated and flavoured) and develop a positive-based campaign to promote their use;

10. Make two new “UNFPA” male condoms available in the Pacific, changing the colour, taste and smell of the condoms to attract young people (and other users) and to eliminate any misconceptions about the current UNFPA-provided male condoms (e.g. raspberry, yellow, smooth, male condom and vanilla, green, pleasure-enhancing male condom). The two new condoms should be different in size using positive language such as «comfort” and “close fit” condoms;
11. Make UNFPA-provided condoms a little bit thicker and going beyond international standards (e.g. consider requiring 22 liters for the air burst test, even if the international standard is for the condom to contain 18 liters of air);
12. Increase the size of writings on condom packaging for ease of reading (e.g. expiry date);
13. Make all edges of condom packaging rough for ease of opening;

### ***UNFPA-provided female condoms***

14. Make available flavoured and coloured female condoms (e.g. mango orange female condom);
15. Develop a campaign to promote their use;

### ***Dental dams***

16. Make flavoured and coloured dental dams available at a pilot scale in Vanuatu and Solomon Islands (e.g. strawberry blue dental dam);
17. Develop a campaign to promote their use.

## **6.2 Strategic Analysis**

Based on this analysis, the recommendations are:

### ***Distribution/Access***

1. A number of actions can be taken to improve distribution and stock management within the existing health systems in these countries. They include:
  - a. Establish medical stores sub-centers at strategic points in Vanuatu and Solomon Islands, for ease of distribution;
  - b. Provide directly commodities, including RH commodities, to Kiritimati (Christmas) Island (Kiribati) for ease of distribution;
  - c. Solomon Islands Provincial Health Quarters could submit two budgets: one for primary health care (drug distribution, supervisory tools) and one for secondary health care (Hospital services, Direct wages employees) for better prioritization of expenses; or encourage NMS management of distribution budget from NMS to clinics to ensure better distribution of supplies through all the country;
  - d. Update of Medical Drug Lists and drug management software (including UNFPA one) to include female condoms, lubricants, Safe Sex Kits and available male condom varieties;
  - e. Undertake further analysis on the supply chain in these three countries and train Health Workers as well as NGO workers on drugs ordering and stock management (for health clinics and local access points distribution).
2. Explore innovative partnerships with private sector to distribute condoms through new private sector local access points such as shops and kiosks using existing private sector distribution mechanisms. This may require a commercial arrangement with private distributors, a companion product distribution system (cf. Nixon, 2013), or another unique approach.

3. Distribution to and access at current and new local access points should be improved through the following:
  - a. Encourage governmental and non-governmental organizations to provide condoms free-of-charge (including pleasure-enhancing condoms);
  - b. Encourage governmental and non-governmental organizations to ensure regular availability of condoms in local access points, especially in rural areas;
  - c. Put freely accessible, sturdy dispensers in places open 24 hours (easily accessible for most at risk groups and for other people);
  - d. Encourage governmental and non-governmental organizations to promote local access points (e.g. advertisement indicating condom availability in shops);
  - e. Encourage governmental and non-governmental organizations to distribute female condoms in local access points.
  
4. Community and peer distribution should be scaled up and more systematically supported. This should include:
  - a. Encourage formalization of Peer educators training programme to upgrade peer educators or CBDs to health facilitators and allocating funds for peer educators/health facilitators national training Programmes;
  - b. Allocate funds to have fully employed coordinators, peer educators (or CBDs) and regular activities in each Youth Friendly Clinic;
  - c. Improve supervision and reporting on CBDs and Peer Education Programmes;
  - d. Use Island Community workers, Young people of Area Councils and Village Health Committees as distributors;
  - e. Allocate funds to new projects targeting most at risk groups or revival HIV projects in Solomon Islands.

### **Uptake**

5. Make changes to the current complement of condoms available from UNFPA PSRO:
  - a. Consider making UNFPA-provided pleasure-enhancing condoms available (e.g. dotted male condoms with large studs) and developing a positive-based campaign to promote their use;
  - b. Consider changing the colour, taste and smell of UNFPA-provided male condoms to attract young people (see Product Assessment Report).
  
6. Awareness of the benefits of condom use should be raised within the general community, but also with a focus on young people and key populations. This could include:
  - a. Explore innovative partnerships with private sector to promote condom use (e.g. soft drink or telecommunication enterprises);
  - b. Encourage governmental and non-governmental organizations to reconsider ABC and fear-based approaches to HIV/STI prevention to eliminate the association between unfaithfulness and condom use;
  - c. Encourage governmental and non-governmental organizations to create mobile phone video clips to promote condom use and to deliver awareness on STIs and teenage pregnancies (including condom demonstration, promotion of STIs testing and Emergency Contraceptive Pills) (see Peer educators' suggestion to encourage condom uptake);
  - d. Support governmental and non-governmental organizations to provide condom demonstration, provide information and photographs of STIs, present benefits of condoms, and invite people living with HIV and pregnant teenagers to talk during awareness activities;

- e. Encourage governmental and non-governmental organizations to strengthen community awareness on the benefits of condoms for gate keepers (parents, teachers, chiefs and church leaders);
  - f. Deliver of Comprehensive Sexuality Education Programmes at schools.
7. Consider implementing innovative ideas to encourage young people to seek out SRH services and to motivate health facilities to providers to be more youth-friendly. This could include:
- a. Implementing an incentive or voucher system for condom use (World Health Organization, 2010);
  - b. Enable health workers to talk with their clients in a private room (to promote confidentiality and privacy);
  - c. Enable health workers to present condoms as 100% safe (if used properly) and do systematic condom demonstration for new users;
  - d. Encourage promotion of STIs testing for everyone (not just for people having multiple partners);
  - e. Encourage expanding of Youth-Friendly Services (YFS) to include other youth initiatives and activities (learn skills such as sports, cooking, computer, doing business, etc.) and assure daily access to audio-visual info dissemination tool in YFS;
  - f. Encourage integration of YFS concept and national guidelines in nurse and midwife curriculum and consider training all nurses on YFS, based on YFS guidelines emphasis;
  - g. Encourage governmental and non-governmental organizations to provide incentives to service providers to improve services, e.g. 'nurse of the year' competitions.

# CHAPTER 7: Annexes

## 7.1 References

- KIRIBATI FAMILY HEALTH ASSOCIATION, 2011. *Kiribati Family Health Association Strategic Plan 2011-2015*, Kiribati: South Tarawa.
- KIRIBATI NATIONAL STAKEHOLDERS, 2013. *Kiribati National HIV and STI Strategic Plan 2013-2016, Navigating the way forward on HIV and other STIs*, Kiribati: South Tarawa.
- KIRIBATI NATIONAL STATISTICS OFFICE, 2012. *Report on the Kiribati 2010 Census of Population and Housing. Vol 1: Basic Information and Tables*, Kiribati: Bairiki, National Statistics Office, Ministry of Finance and Economic Planning.
- KIRIBATI NATIONAL STATISTICS OFFICE AND SECRETARIAT OF THE PACIFIC COMMUNITY, 2010. *Kiribati Demographic and Health Survey 2009*. New-Caledonia: Noumea, Secretariat of the Pacific Community.
- KIRIBATI RED CROSS SOCIETY, 2011. *Kiribati Red Cross Society Strategic Plan 2011-2013*, Kiribati: South Tarawa.
- MCMILLAN Karen and Heather Worth, 2008. *Access to condoms and their use among young people in Tonga and Vanuatu*, Monograph3, Sydney, University of New South Wales.
- MCMILLAN Karen and Heather Worth, 2011a. *Risky business Vanuatu: Selling sex in Port Vila*, Sydney, University of New South Wales.
- MCMILLAN Karen and Heather Worth, 2011b. *Risky business Kiribati: HIV prevention amongst women who board foreign fishing vessels to sell sex*, Australia: Sydney, University of New South Wales.
- MEHAFFEY Ann and Associates, 2011, *Reducing vulnerability to HIV and its impact in four Pacific Island Countries, Finding from the Mid-term Evaluation of the IFRC component of GFATM, Round 7*, Fiji: Suva, Region International Federation of the Red Cross and Red Crescent Societies.
- METAI Maoto, 2007. *The role of peer education in condom use among young people in Kiribati*, Fiji: Suva, UNFPA Office for the Pacific.
- MINISTRY OF HEALTH AND MEDICAL SERVICES, 2013. *2011 United Nations General Assembly Political Declaration on HIV/AIDS Kiribati Mid Term Review 2013*, Kiribati: South Tarawa.
- MINISTRY OF HEALTH AND UNICEF Pacific OFFICE, 2013. *Comprehensive Review of the National Response to HIV/AIDS/STIs in Vanuatu*, Fiji: Suva.
- NIXON Rod, 2013. *Papua New Guinea Companion Product Condom Distribution Project: Report on Pre-Trial Pilot Study*, Australia: Northern Territory.
- POPULATION SERVICES INTERNATIONAL, 2003. *Social Marketing Assessment for HIV/STI Prevention in the South Pacific, Draft Report*, Fiji: Suva.
- PRIME MINISTER'S OFFICE, 2011. *National Population Policy 2011-2020*, Vanuatu: Port-Vila.
- SAVE THE CHILDREN AUSTRALIA, 2011. *SCA Vanuatu Sexual Reproductive Health Program Review: Revised Program Logic Proposal*, Port-Vila, Vanuatu.
- SECRETARIAT OF THE PACIFIC COMMUNITY AND KIRIBATI MINISTRY OF HEALTH, 2008. *Second Generation Surveillance of Antenatal Women, Seafarers, Policemen and Youth Kiribati*, Kiribati: South Tarawa.

- SECRETARIAT OF THE PACIFIC COMMUNITY AND SOLOMON ISLANDS MINISTRY OF HEALTH, 2008. *Second Generation Surveillance of Antenatal Women and Youth Solomon Islands 2008*, Solomon Islands: Honiara.
- SERVY Alice, 2013a. « As-tu un petit-copain? Non je n'ai pas de téléphone »: Moralité, progrès technique et sexualité en milieu urbain au Vanuatu, *Revue Hermès* 65, pp.137-143.
- SERVY Alice, 2013b. Les transactions sexuelles à Port-Vila, in B. Andrieu and G. Boëtsch (eds.), *Corps du monde*, Paris, Armand Colin: 134-137.
- SOLOMON ISLANDS NATIONAL AIDS COUNCIL AND MINISTRY OF HEALTH, 2013. *Solomon Islands National Strategic Plan for HIV and STIs 2013-2017, Draft 20b*, Solomon Islands: Honiara.
- SOLOMON ISLANDS NATIONAL STATISTICS OFFICE, 2011. Report on *2009 Population and Housing Census: Basic Tables and Census Description*, Solomon Islands: Honiara.
- SOLOMON ISLANDS NATIONAL STATISTICS OFFICE, SECRETARIAT OF THE PACIFIC COMMUNITY AND MACRO INTERNATIONAL INC., 2009. *Solomon Islands Demographic and Health Survey 2006-2007*, Solomon Islands: Honiara, National Statistics Office.
- SOLOMON ISLANDS PLANNED PARENTHOOD ASSOCIATION, 2010. *Solomon Islands Planned Parenthood Association Strategic Plan 2010-2015*, Solomon Islands: Honiara.
- UNDP, 2013a. *Human Development Report: Kiribati* <http://hdrstats.undp.org/en/countries/profiles/KIR.html> Accessed 17 December 2013.
- UNDP, 2013b. *Human Development Report: Solomon Islands* <http://hdrstats.undp.org/en/countries/profiles/SLB> Accessed 17 December 2013.
- UNDP, 2013c. *Human Development Report: Vanuatu* <http://hdrstats.undp.org/en/countries/profiles/VUT> Accessed 17 December 2013.
- UNDP, 2013d. *Vanuatu MDG 5b Accelerations Framework*, Vanuatu: Port-Vila.
- UNFPA, 2012. *Population and Development Profiles: Pacific Island Countries*, Fiji: Suva, UNFPA Office for the Pacific.
- UNFPA AND FIJI SCHOOL OF MEDECINE, 2011. *Barriers to Condom and Other Contraceptive Uptake Study in Vanuatu 2010. Addressing The Need to Better Understanding The Low Rates of Condom and Other Contraceptive Uptake*, Fiji: Suva.
- UNFPA AND VFHA, 2011. *Improving access to Family planning services: A rapid assessment and response on Family Planning services in Vanuatu*, report, Port-Vila, Vanuatu.
- UNICEF, 2010a. *I feel I can never get infected, Understanding HIV and AIDS Risk and Vulnerability Among Kiribati Islands Youth*, Suva, Fiji, UNICEF Pacific Offices and the Government of Kiribati.
- UNICEF, 2010b. *I no bin gat protection, Understanding HIV and AIDS Risk and Vulnerability Among Vanuatu Youth*, Suva, Fiji, UNICEF Pacific Offices and the Government of Vanuatu.
- UNICEF, 2010c. *Bad sickness, Rubbish sicki, Understanding HIV and AIDS Risk and Vulnerability Among Solomon Islands Youth*, Suva, Fiji, UNICEF Pacific Offices and the Government of Solomon Islands.
- VANUATU FAMILY HEALTH ASSOCIATION, 2013. *Expanding Access to Family Planning, Sexual Reproductive Health Services, Strategic Plan 20014-2018, Revised in November 2013*, Port-Vila, Vanuatu, VFHA.
- VANUATU MINISTRY OF HEALTH, 2008. *Second Generation Surveillance of Antenatal Women, STI Clinic Clients and Youth, Vanuatu, 2008*, Vanuatu: Port-Vila, Rapport.
- VANUATU NATIONAL STATISTICS OFFICE, 2011. *National Census of population and housing 2009*, Port-Vila, Vanuatu, Ministry of Finance and Economic Management.
- WAN SMOL BAG THEATRE, 2012. *Bi-Annual Report January-June 2012*, Port-Vila, Vanuatu.
- WORLD HEALTH ORGANIZATION, 2010. *Social determinants of SRH: informing future research and programme implementation*, WHO Library Cataloguing-in-Publication Data

## 7.2 Tools

### 7.2.1 Focus Group discussion guide

Identification code:

Date

Location:

Number of participants:

Age range of participants:

Sex:

#### **Introduction**

Thank you for coming

Explanation of purpose of focus group

All of our discussions will be kept strictly confidential. We will be producing a report on our findings, but will not quote anything you say by name.

If you don't mind, we would like to tape our discussion.

Feel free to discuss your opinions openly.

"Sorry for sexual words!" We want you to feel comfortable discussing these issues, so if at any point you don't feel comfortable please let us know.

#### **Knowledge**

1. Do you know about condoms? If yes, what do you know?
2. Why people use condoms?
3. Where (from whom) do you get information about condoms?
4. Is it easy for you to get information you need?
5. If not, what would need to change to make easy for you?
6. What would be the best information sources for you?

#### **Distribution/Access**

7. Where can you get condoms?
8. Are they free of charge?
9. Are you always able to get condoms if you want them? What time of day?
10. If not, why and what would need to change to make it easier for you?
11. What do you think would be the best access points for condoms for you?

#### **Uptake/Use**

12. Do most of your friends (or their partners) use a condom when they have sex? How often?
13. If not or sometimes not, why they do not always use condoms?
14. What ideas do you have that would help encourage you and your friends to use condoms?

#### **Products**

#### **Safe Sex kits**

15. Do the condoms you use/see come with information on how to use a condom? If not, do you think this would be useful?
16. Do they come with information on STIs (including HIV)? If not, would this be useful?
17. Do you understand the language(s) such information is delivered? If not, what language would you prefer?

### **Male Condoms**

18. Do you know how to use male condoms?
19. Did you hear some positive or negative comments about male condoms? Which ones? Who did these comments?
20. Is the packaging of the condom important to you or your friends? What type of packaging would you prefer?
21. Is the colour of the condom important to you or your friends? What type of colour would you prefer?
22. Is the smell of the condom important to you or your friends? What type of smell would you prefer?
23. Is the taste of the condom important to you or your friends? What type of taste would you prefer?
24. Is the thickness of the condom important to you or your friends? Would you prefer thicker or thinner condoms?
25. Did you ever hear anything about problems with the size of male condoms? Would it be good to have a choice of sizes of male condoms in your community?
26. Have you ever seen or used ribbed/dotted/contoured condoms?
27. Did you hear some positive or negative comments about ribbed/dotted/contoured condoms? Which ones? Who did these comments?
28. Do you think ribbed/dotted/contoured condoms would help encourage you and your friends to use condoms?

### **Female Condoms**

29. Have you ever seen a female condom?
30. Do you know how to use female condoms?
31. Do people in your community use female condoms? If not, why not?
32. Did you hear some positive or negative comments about female condoms? Which ones (erotic accessory, packaging, colour, smell, taste, thickness, etc.)? Who did these comments?
33. Did you ever hear anything about problems with the size of female condoms? Would it be good to have a choice of sizes of female condoms in your community?

### **Dental dams (squares of Latex)**

34. Have you ever heard of dental dams for protection from STIs during oral sex (vaginal or anal)? If yes, what do you know? (If not, the facilitator have to explain what are dental dams and how make one out of a male or female condom)
35. Do some of your friends (or their partners) use a dental dam when they have sex?
36. Do they use other means to protect them during cunnilingus or anilingus (such as plastic bags, food cling wrap, etc.)?
37. Do you think something like this would be used if it was available in your community and people understood that it protected them from STIs (including HPV)?
38. Do you think this would be useful if male and female condoms come with information on how make a dental dam out of a male or female condom?

Do you have any questions for us?

## 7.2.2 Informed Consent Form

Identification code:  
Location:  
Age range of participants:

Date  
Number of participants:  
Sex:

I have received enough information about the focus group to make an informed decision to participate.

I understand that all of the discussions will be kept strictly confidential. A report on the findings will be produced, but it will not quote anything I say by name.

I understand that I am free to withdraw from the focus group at any time, before and/or during the focus group.

I agree to take part in this focus group.

#	Name	Age	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

## 7.2.3 Stakeholder interview guide

Identification code:

Date:

Location:

Name(s) and role(s) of participant(s):

### **Introduction**

Thank you

Explanation of purpose of study

If you don't mind, we would like to tape our discussion.

### **Role**

1. What is your role in relation to risk of STIs (including HIV) in the country?
2. What are your target populations?

### **Distribution/ Access**

3. How are condoms distributed throughout the country (MoH, Community-Based Organizations, commercial distribution)?
4. Where are condoms available in the country (Health Centers, stores)?
5. Do you think people (especially young people, MSM and sex workers) are always able to get condoms if they want them? What time of day?
6. If not, why (cost, peer educators used, shortages, remoteness, restrictions, etc.)?
7. What has been tried to improve their access to condoms (social marketing, companion distribution, etc.)?
8. What would need to change to make access to condoms easier for them?
9. What would be the best access points for condoms for young people/MSM/sex workers?

### **Uptake/Use**

10. Do you think young people/sex workers/MSM regularly use condoms?
11. What motivates them to use/not use a condom?
12. What are the existing strategies to promote condom use?
13. Have other strategies been tried?
14. What ideas do you have that would help encourage young people/sex workers/MSM to use condoms?

### **Products**

#### **Safe Sex kits**

15. Do the condoms used in your community come with information on how to use a condom? If not, do you think this would be useful?
16. Do they come with information on STIs (including HIV)? If not, would this be useful?
17. Do people understand the language(s) such information is delivered? If not, what language would they prefer?

### **Male Condoms**

18. Do you think the condoms that are available in your community are the right condoms?
19. Should there be a variety of condoms relating to size, colour, smell, taste, thickness, packaging be available?
20. Did you hear some positive or negative comments about ribbed/dotted/contoured condoms? Which ones? Who did these comments?
21. Do you think ribbed/dotted/contoured condoms would help encourage people (especially young people, MSM and sex workers) to use condoms?

### **Female Condoms**

22. Do people in your community use female condoms? If not, why not?
23. Did you hear some positive or negative comments about female condoms? Which ones? Who did these comments?
24. Did you ever hear anything about problems with the size of female condoms? Would it be good to have a choice of sizes of female condoms in your community?

### **Dental dams (squares of Latex)**

25. Have you ever heard of dental dams for protection from STIs during oral sex (vaginal or anal)? If yes, what do you know? (If not, the facilitator have to explain what are dental dams and how make one out of a male or female condom)
26. Do people in your community use dental dams when they have sex?
27. Do they use other means to protect them during cunnilingus or anilingus (such as plastic bags, food cling wrap, etc.)?
28. Do you think something like this would be used if it was available in your community and people understood that it protected them from STIs (including HPV)?
29. Do you think this would be useful if male and female condoms come with information on how make a dental dam out of a male or female condom?

Do you have any questions for us?

## 7.2.4 Private Sector – Distributor interview guide

Identification code:

Date:

Location:

Name(s) and role(s) of participant(s):

Type of distributors:

### **Introduction**

Thank you

Explanation of purpose of study

If you don't mind, we would like to tape our discussion.

### **Questions**

1. Do you reach the entire country with your distribution?
2. What types of vendors do you distribute to?
3. What types of products do you distribute?
4. What is your business model?
5. How do you reach the outer islands?
6. Do you distribute condoms? Why/Why not?
7. Are condoms available to you?
8. If there was a demand would you be willing to distribute condoms to vendors?

Do you have any questions for us?

## 7.2.5 Private Sector - Shop interview guide

Identification code:

Date:

Location:

Name(s) and role(s) of participant(s):

Type of shop:

### **Introduction**

Thank you

Explanation of purpose of study

If you don't mind, we would like to tape our discussion.

### **Observation**

1. Are condoms available?
2. Are they displayed prominently?
3. What types?
4. How much do they cost?

### **Questions**

5. Do you sell condoms?

#### **If yes:**

6. Do you always have them?
7. Where do you get them?
8. How many do you sell in one day/week?

#### **If no:**

9. Why not?
10. Are they available to you?
11. Would you be willing to sell them?
12. Do you think people would buy them?

Do you have any questions for us?

## 7.3 List of activities undertaken

### 7.3.1 **Activities undertaken in Kiribati**

#### **Focus Group Discussions**

Eleven Focus Group Discussions (FGDs) were conducted in Kiribati:

- Men who have sex with men – South Tarawa
- Men Seafarers – South Tarawa
- Female Sex Workers – South Tarawa
- KFHA Peer Educators – South Tarawa
- Out-of-school youth male – North Tarawa
- Out-of-school youth female – North Tarawa
- Out-of-school youth – Abemama Island
- USP Students – South Tarawa
- Senior Secondary School Students – South Tarawa
- Senior Secondary School Students – North Tarawa
- Senior Secondary School Students male – Abemama Island
- Senior Secondary School Students female – Abemama Island

Five of these FGDs were carried out in outer islands: three in Abemama Island and two in North Tarawa. The others were conducted in South Tarawa. A total of 92 people participated in these eleven FGDs: 50 males and 42 females.

#### **Stakeholder Interviews**

Ten stakeholders were interviewed in Kiribati:

- Director and Nurse, Kiribati Family Health Association – South Tarawa
- Director, Peer Education Coordinator and Former AHD Center nurse, Kiribati Red Cross – South Tarawa
- HIV Field Officer, HIV Coordinator and M&E Officer, HIV Secretariat – South Tarawa
- Medical Assistant and Nurse, Health Centre – North Tarawa
- Medical Assistant, Health Centre – Abemama Island

#### **Key Informant meetings**

Numerous informant meetings were also conducted in Kiribati:

- RH Coordinator, Ministry of Health – South Tarawa
- Chief Pharmacist, Government Pharmacy – South Tarawa
- Chief Officer, UN Affairs Officer and HIV Programme Officer, UN Joint Presence – South Tarawa
- Nurse, Bairiki Dispensary – South Tarawa
- Moderator, Treasurer, Women and Youth representatives, Kiribati Protestant Church – South Tarawa
- Catechist, Chevalier Catholic School – Abemama Island
- Chief Officer, Moel Trading – South Tarawa
- Eight stores workers – South Tarawa and Abemama Island
- Four kava bars bar workers – South Tarawa and Abemama Island
- Three night clubs workers – South Tarawa
- Two motels workers – South Tarawa

#### **Direct Observation**

- Visited four clinics, eight shops, four kava bars, three night clubs and two motels to observe availability of condoms in Kiribati.

## 7.3.2 Activities undertaken in Vanuatu

### **Focus Group Discussions**

Ten Focus Group Discussions (FGDs) were conducted in Vanuatu:

- Men who have sex with men – Port-Vila
- Female Sex Workers – Port-Vila
- VFHA Peer Educators – Port-Vila
- WSB Peer Educators – Port-Vila
- Out-of-school young males – Port-Vila
- Out-of-school young females – Port-Vila
- Out-of-school youth – Emua (Rural Efate)
- USP Students – Port-Vila
- Senior Secondary School Students – Onesua (Rural Efate)
- Senior Secondary School Students – Port-Vila

All of these FGDs were carried out in Efate Island because of the cancellation of Paama Island trip. A total of 77 people participated in these ten FGDs: 48 males and 29 females.

### **Stakeholder Interviews**

Ten stakeholder interviews were carried out in Vanuatu:

- Director, Advocacy Facilitator and Nurse, Vanuatu Family Health Association – Port-Vila
- Peer education Coordinator and Nurse, Wan Smol Bag – Port-Vila
- Senior Health Programme Manager and STARS Programme Manager, Save the Children – Port-Vila
- Administrator, National Youth Council – Port-Vila
- Nurse Practitioner and Nurse Aid, Health Center – Paunagisu (Rural Efate)

### **Key Informant meetings**

Informant meetings were also conducted with numerous people in Vanuatu:

- Head of family Health Division, Ministry of Health – Port-Vila
- Chief Officer and UN Affairs Officer, UN Joint Presence – Port-Vila
- Coordinator, Central Medical Store – Port-Vila
- Manager, Vila Central Hospital Pharmacy – Port-Vila
- Women Programme Coordinator, Vanuatu Christian Council – Port-Vila
- Director of Christian Education, Presbyterian Church of Vanuatu – Port-Vila
- Drugs Stores workers: Health wise Pharmacy, Healthcare Pharmacy and Uncle Bill Pharmacy – Port-Vila
- Operations Manager, Au Bon Marché – Port-Vila
- Stores workers: Au Bon Marché Centre Ville, Mini market Store and Seaside Store – Port-Vila
- Kava bars workers: Sophie Nakamal, Freshwata 2 Nakamal, Reynolds Nakamal and Galaxy Nakamal – Port-Vila

### **Direct Observation**

- Visited four clinics, three shops, four kava bars, two night clubs and three drugs stores to observe availability of condoms in Vanuatu.

### 7.3.3 Activities undertaken in Solomon Islands

#### **Focus Group Discussions**

Eleven Focus Group Discussions (FGDs) were conducted in Solomon Islands:

- Female Sex Workers – Honiara
- Female Sex Workers – Munda, Western Province
- Young people – Visale, Rural Guadalcanal
- Out-of-school youth male – Gizo, Western Province
- Out-of-school youth female – Gizo, Western Province
- Out-of-school youth male – Munda, Western Province
- Out-of-school youth male – Honiara
- Solomon Island National University Students – Honiara
- Senior Secondary School Students – St Johns School, Honiara
- Senior Secondary School Students – Koloale School, Honiara
- Senior Secondary School Students – Gizo, Western Province

Five of these FGDs were carried out in outer islands: three in Gizo village and two in Munda village (Western Province). The others were conducted in Guadalcanal Island including one FGD in rural areas. A total of 84 people participated in these eleven FGDs: 42 males and 42 females.

#### **Stakeholder Interviews**

Twelve stakeholders were interviewed in Solomon Islands:

- Adolescent Youth Officer and Midwife, SIPPA – Honiara
- Nurse Consultant, Kukum Clinic – Honiara
- Nurse in charge of HIV/STIs Clinic and Youth-Friendly Services, Rove Clinic – Honiara
- STI/HIV Community Research Facilitator and National Adolescent Health Coordinator, MoH – Honiara
- Midwife, SIPPA – Gizo, Western Province
- RH Coordinator – Gizo, Western Province
- Nurse Aid and Lab technician, Helena Goldie Hospital – Munda, Western Province
- Former Project Officer and Assistant Project Officer, HIV Programme, Save the Children Australia – Honiara

#### **Key Informant meetings**

Sixteen informant meetings were also carried out in Solomon Islands:

- Nurse, Solomon Islands National Provident Fund Clinic – Honiara
- Manager, National Medical Store – Honiara
- Programme Analyst, UNFPA – Honiara
- Director and Programme Manager of Reproductive and Child Health Department, MoH – Honiara
- General Secretary, Solomon Island Christian Association – Honiara
- Sales Marketing Manager, Low Price Enterprise – Honiara
- Personnel Manager, Sol Brew – Honiara
- Drugs Stores workers: Point Cruz Chemists, City Pharmacy, Le Pharmacy and The Family Pharmacy – Honiara
- Bar workers: House of Chiefs, Gizo Hotel Bar, Munda Kava Bar – Honiara, Gizo and Munda, Western Province
- Hotels workers: Gizo Hotel – Gizo, Western Province

### **Direct Observation**

- Visited seven clinics, five shops, three bars, one hotel and four drugs stores to observe availability of condoms in Solomon Islands.

## **7.3.4 Activities undertaken in Fiji**

### **Key Informant meetings**

- Regional Health Programme Officer and Regional Health Delegate, International Federation of Red Cross and Red Crescent Societies
- PRSIP Coordination and liaison Officer, Head of HIV/STIs Section, STI Treatment Adviser and Prevention, Education and Communication Team Leader, Secretariat of the Pacific Community
- Chief Executive Officer, Oceania Society for Sexual Health and HIV Medicine
- Director and Programme Officer, IPPF Pacific Sub-regional Office
- Pacific Coordinator, UNAIDS Pacific Sub-regional Office
- Health Systems/RHS Specialist, RHCS logistician, Assistant Representative and Programme Associate, UNFPA Pacific Sub-regional Office
- Chief of HIV/AIDS Section, UNICEF Pacific Sub-regional Office
- Consultation with UNFPA PSRO team
- Consultation with Pacific AIDS team

## **7.4 Products**



**FIGURE 13: Score Condom Kit**

**Score Kit composition:**

- 1 cover;
- 1 lubricant;
- 1 condom demonstration pamphlet;
- 3 condoms (specifications: red colour, raspberry flavour, 52+2mm, lubricated, dotted).



**FIGURE 14: Score Condom Kit**

**Sure male condom specifications:**

- Transparent;
- No flavoured;
- Plain and;
- Lubricated.



**FIGURE 15: Cupid female condom**

**Score Kit composition:**

- 1 cover;
- 1 lubricant;
- 1 condom demonstration pamphlet;
- 3 condoms (specifications: red colour, raspberry flavour, 52+2mm, lubricated, dotted).

FIGURE 16: One year expired condom, Honiara, Solomon Islands



## 7.5 Dispensers

FIGURE 17: "Free Box", Hospital, Paunagisu, Vanuatu



FIGURE 18: "Free Box", General Pharmacy, South Tarawa, Kiribati



**FIGURE 19: Pipe dispenser, Kava Bar, Port-Vila, Vanuatu**



**FIGURE 20: Au Bon Marché store, Port-Vila, Vanuatu**

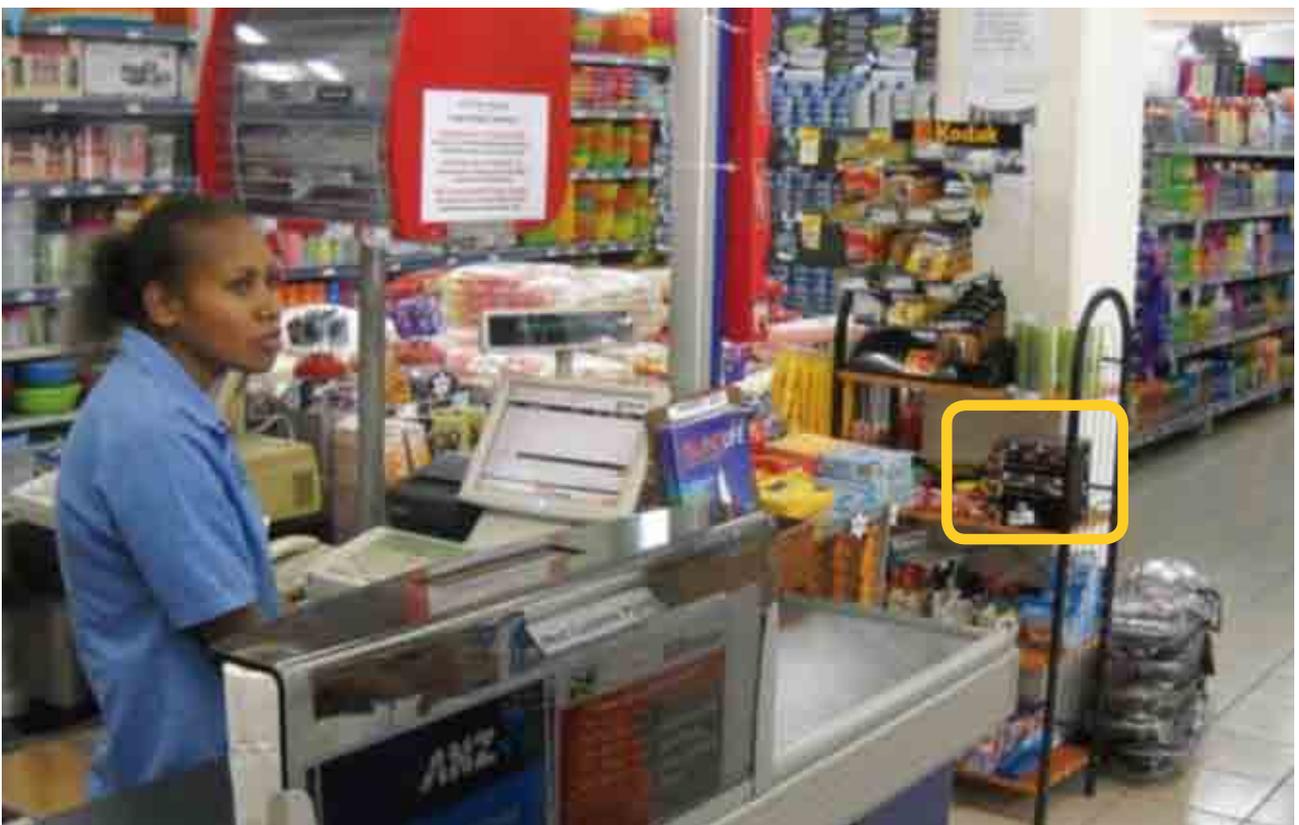


FIGURE 21: Drug store, Honiara, Solomon Islands



FIGURE 22: "Condom house", Rove Clinic, Honiara, Solomon Islands



FIGURE 23: Dispenser, SIPPA Clinic, Gizo, Solomon Islands







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