


Department of State Health Services

FORM A FACE PAGE

CONTRACTOR INFORMATION

1) LEGAL BUSINESS NAME: Fort Bend County																			
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change <input type="checkbox"/>																			
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change <input type="checkbox"/> Fort Bend County Auditor – 301 Jackson Street, Suite 701 – Richmond Texas 77469																			
4) DUNS Number (9-digit) required if receiving federal funds: 081497075																			
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 746001969																			
<i>*The Contractor acknowledges, understands and agrees that the Contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																			
6) TYPE OF ENTITY (check all that apply):																			
<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
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	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
7) PROPOSED BUDGET PERIOD: Start Date: 01/01/2017 End Date: 12/31/2017																			
8) COUNTIES SERVED BY PROJECT: Fort Bend																			
9) AMOUNT OF FUNDING REQUESTED: 288,722	11) PROJECT CONTACT PERSON																		
10) PROJECTED EXPENDITURES Does Contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Contractor's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i>	Name: Kaye Reynolds, DrPH Phone: 281-238-3519 Fax: 281-342-7371 Email: Kaye.reynolds@fortbendcountytx.gov																		
	12) FINANCIAL OFFICER																		
	Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-342-7371 Email: Ed.Sturdivant@fortbendcountytx.gov																		
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/>	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE																		
Name: Robert Hebert Title: County Judge Phone: 281-341-8608 Fax: 281-341-6809 Email: Robert.Hebert@fortbendcountytx.gov																			
	15) DATE 09/16/2016																		

FORM A-1 CONTACT PERSON INFORMATION

Legal Business Name of Contractor:

Fort Bend County

*This form provides information about the appropriate contacts in the Contractor's organization in addition to those on FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

<p>Contact: <u>Kaye Reynolds, DrPH</u></p> <p>Title: <u>Deputy Director</u></p> <p>Phone: <u>281-238-3519</u> <u>Ext.</u></p> <p>Fax: <u>281-342-7371</u></p> <p>Email: <u>Kaye.Reynolds@fortbendcountytx.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road, Suite 200 , Fort Bend, Texas</u></p>
Designated Emergency Contact (required)	
<p>Contact: <u>M. desVignes-Kendrick, MD, MPH FAAP</u></p> <p>Title: <u>Director & Health Authority</u></p> <p>Phone: <u>281-238-3589</u> <u>Ext.</u></p> <p>Fax: <u>281-238-3355</u></p> <p>Email: <u>Md.kendrick@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road, Suite 200 , Fort Bend, Texas</u></p>
Executive Director / CEO (required)	
<p>Contact: <u>Victor Ndando-Ngoo</u></p> <p>Title: <u>Risk Reduction Supervisor</u></p> <p>Phone: <u>281-403-8093</u> <u>Ext.</u></p> <p>Fax: <u>281-403-8045</u></p> <p>Email: <u>victor.ndando-ngoo@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road, Suite 200 , Fort Bend, Texas 77471</u></p>
Project Manager / Coordinator (required)	
<p>Contact: <u>Ngombe Bitendelo, RN, BSN, MPH</u></p> <p>Title: <u>Clinical Health Services Director</u></p> <p>Phone: <u>281-238-3548</u> <u>Ext.</u></p> <p>Fax: <u>281-342-7371</u></p> <p>Email: <u>Ngombe.Bitendelo@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road, Suite 200 , Fort Bend, Texas 77471</u></p>
Secondary Contact Person (required – must not be same as Project Manager / Coordinator)	
<i>This person will be contacted as the backup to the Project Manager / Coordinator for programmatic questions.</i>	
<p>Contact: <u>Victor Ndando-Ngoo</u></p> <p>Title: <u>Risk Reduction Supervisor</u></p> <p>Phone: <u>281-403-8093</u> <u>281-</u></p> <p>Fax: <u>281-403-8045</u></p> <p>Email: <u>victor.ndando-ngoo@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip): <u>4520 Reading Road, Suite 200 , Fort Bend, Texas 77471</u></p>
Data Contact Person (required)	

FORM B: RENEWAL APPLICATION TABLE OF CONTENTS AND CHECKLIST

This form is provided as your Table of Contents and to ensure the renewal application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to mark if the item is not applicable for this renewal application or if the document is include as part of the renewal application.

<u>FORM</u>	<u>DESCRIPTION</u>	<u>NOT APPLICABLE</u>	<u>INCLUDED</u>
A	Face Page – completed, and proper signatures and date <u>included</u>		<input checked="" type="checkbox"/>
A-1	Contact Person Information -- completed and <u>included</u>		<input checked="" type="checkbox"/>
B	Table of Contents and Checklist – completed and <u>included</u>		<input checked="" type="checkbox"/>
C	Targeted Testing and Linkage to Medical Care -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Condom Distribution -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E	Community Mobilization and Coordination Performance Measures – completed and <u>included</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F	General Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F-1	Targeted Testing and Linkage to Medical Care Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F-2	Condom Distribution Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F-3	Community Mobilization and Coordination Work Plan – completed and <u>included</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Budget Forms – completed and <u>included</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Contractor Name: Fort Bend County Clinical Health Services

**FORM C: PERFORMANCE MEASURES
Targeted Testing and Linkage to Medical Care**

Performance Measures for All Contractors	
OBJECTIVE A	At least 75% of clients testing for HIV will receive results.
OBJECTIVE B	At least 95% of clients testing positive for HIV will receive results counseling.
OBJECTIVE C	At least 85% of clients who are HIV positive (all positives) and received results will be confirmed to HIV-related medical care.
OBJECTIVE D	Contractor will attain a 1.2% new positivity rate annually.
Projected Numbers to be Served by the End of the Contract Term	
OBJECTIVE E	
Number of tests to be performed:	850
OBJECTIVE F	
Number of newly diagnosed HIV positive persons (the state standard is attaining a 1.2% positivity rate):	10
OBJECTIVE G	
Of the total number of tests outlined in E, the contractor will provide at least the following numbers of tests to the selected priority populations.*	
Number of tests for (Insert priority population #1) : MSM	437
Number of tests for (Insert priority population #2) : HRH-high risk heterosexuals	200

* A minimum of one priority population must be selected; Contractors may add lines as needed.

Please make sure the name of your agency is inputted at the top of this form.

Contractor Name: Fort Bend Health & Human Services

**FORM D: PERFORMANCE MEASURES
Condom Distribution**

Numbers to be Served by the End of the Contract Term	
OBJECTIVE A	
Number of distribution sites (including: number of sites where contractor supplies free condoms):	10
OBJECTIVE B	
Number of community collaborators assisting with access or distribution efforts (i.e. retail, civic, faith-based, local advocacy groups):	10
OBJECTIVE C	
Number of condoms distributed:	50,000

Please make sure the name of your agency is inputted at the top of this form.

Contractor Name: Fort Bend Health & Human Services

FORM F: GENERAL WORK PLAN

Contractor must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments.

Instructions: All Contractors must provide a description of how they will address the following across all funded activities (*including: Targeted HIV Testing and Linkage to Medical Care, Condom Distribution, Prevention with Positive Persons, Community Mobilization, and HE/RR*):

General Work Plan

- Describe the managerial, supervisory, and quality assurance activities that will be used to ensure that proposed activities are implemented as required. Describe the responsible party for each of these activities.

The **Risk Reduction Supervisor (RRS)** spends half his time as the supervisor and the other half as a risk reduction specialist performing testing and counseling. As the RRS, this staff is responsible for the overall management of the HIV Prevention Program, which includes Targeted Testing & Linkage to Care and Condom Distribution. He supervises the Risk Reduction Specialists, ensuring that they perform their activities as required and that all documentation is completed and done accurately. The Quality Assurance activities the RRS does to ensure that staff is performing and program goals are met include:

- Monitors progress toward achieving the performance measures.
- Observes staff testing & counseling and condom distribution according to the DSHS schedule.
- Audits staff charts for accuracy and completeness according to DSHS requirements.
- Reviews all laboratory related documentation, including logs for QC, temperature, corrective action, and rapid and send-out testing.
- Ensures the proper use and tracking of tangible reinforcements.
- Ensures customer service surveys or similar activity to obtain feedback regarding intervention activities is performed, analyzed and changes implemented where indicated.
- Ensures that all promotional materials distributed are either from DSHS or CDC, or reviewed by the Program Material Review Panel (PRMP) for accuracy and appropriateness.
- Communicates regularly with staff concerning program goals and methods for attaining goals.

The **Director of Clinical Health Services** oversees the RRS, the financial activities and the overall performance of the program.

- Describe the Contractor's plan to conduct continuous community assessments and other program data to evaluate and assess program success, development, and guide improvement.

The data reports received from DSHS will be reviewed upon receipt (DSHS is to generate the report monthly) to determine if goals for targeted populations, linkage to care and condom distribution are being met. Testing sites will be evaluated for success in reaching the target populations and for identifying new clients with HIV and/or syphilis. Where needed sites will be added, deleted or the testing frequency adjusted. The productivity of social media will be evaluated for productivity concerning numbers in the target population reached and positivity rate as well and also adjusted and the social media consultant contacted if needed. Clients are confirmed to care by contacting the

referral agency (with proper release from the client) as well as by confirming with the client. Barriers are addressed with each client and overall linkage data reviewed to determine if any systemic barriers are identified, which then will be addressed. Condom distribution sites will be evaluated in the same manner—if condoms being fully utilized at this site and if not, adjustments made in promotion, placement, training of location staff or venue.

- Describe Contractor's capacity to make referrals to other services or agencies, including substance abuse, mental health, housing authority, domestic violence/sexual assault response, STD testing and treatment, Pre-exposure Prophylaxis (PrEP) and non-occupational Post Exposure Prophylaxis (PEP), and HIV care and treatment.

Contractor in their role as the local health department has established relationship with all organizations providing substance abuse, mental health, and domestic violence/sexual assault. Contractor also provides treatment for STD's in the FBHHS Clinics. As a local health department, we provide indigent health care and social services. Referrals are made to Access Health, Legacy Community Health and Houston Areas Community Services for HIV treatment, Pre-exposure Prophylaxis (PrEP), PEP and the other services these agencies offer. The program has MOUs with these agencies.

- Describe program collaboration and integration of services for viral hepatitis, sexually transmitted diseases and other services. *(Note: subcontracting is allowed and collaboration with community partners is encouraged)*

The FBHHS tests and treats for many STDs in their clinics. For other STDs and services, the FBHHS collaborates with area physicians and DSHS to provide care.

FORM F-1: TARGETED HIV TESTING AND LINKAGE TO MEDICAL CARE WORK PLAN

Targeted HIV Testing and Linkage to Medical Care

1. Service Delivery

- Describe recruitment strategies that will be used to reach proposed priority population(s) and specific venues and/or locations where project specific recruitment will be conducted.

MSM will be recruited primarily through social media. The HIV Program uses geo-social apps to recruit MSM in all areas of Fort Bend County. The program is contracting in 2016 (estimated September) with a HIV testing social media expert to establish several platforms to recruit MSM that will include Facebook, Twitter and others, and run paid ads specifically for MSM in Fort Bend County. MSM are also recruited through promotional cards distributed at events and in condom packets, through collaboration with the Fort Bend LGBTQ Community Group and with Houston gay groups (Houston Area Bears, Men's Leathers, Big Man's Group, National Leather Group, Houston Council of Clubs, Bayou City Bears, Houston Mardi Gras, Krewe) and bars (Cozy Corner, Crystal Night Club, Neon Boots, JR's Bar and Grill, Guava Lamp, Bayou City Bar and Grill and El Flamingo Lounge).

High risk heterosexuals will be recruited at apartment complexes in areas with HIV/STI morbidity, in areas frequented by sex workers and where a predominance of minority populations reside, as HIV rates are higher among blacks and Hispanics.

The HIV Prevention Program offers free HIV testing on Mondays at the Fort Bend Clinic, Missouri City Annex. This is promoted through social media and promotional cards and signs posted outside the clinics on Mondays. The program will also conduct several testing events during the year, centered on HIV testing awareness days such as the following:

- National HIV Testing Day
- Transgender HIV Testing Day
- Black HIV/AIDS Awareness Day
- National Youth HIV/AIDS Awareness Day
- National HIV/AIDS and Aging Day
- HIV Vaccine Awareness Day
- HIV and Gay Men's Day
- HIV and Latinos Day
- World AIDS Day

- Describe brief risk screen process to determine the services most appropriate for individual clients. Describe how the risk screening assessment will be conducted.

Risk screening assessment is done by the HIV Prevention Program staff using a risk assessment tool and the Foundation for Counseling and Testing (FCT) protocol. At events and venues with a large number of people, handouts will cover some of the FCT requirements so that staff may quickly screen and test. The handouts will cover some or all of the following: Benefits of Testing, Behaviors that transmit HIV, How HIV can be prevented, Period of time before HIV detection, Test technology, and Population-specific education message. When it is clear that a client is at high or very high risk or simply wants more information, staff may choose to cover the entire protocol. Clients testing preliminary positive for HIV will receive an in-depth counseling session.

If the Contractor proposes to use additional testing protocol or methodologies the Contractor must provide a description of what will be added and why.

- Describe testing technology to be used.

Contractor will utilize Rapid Testing for both HIV and syphilis for screening as clients are then able to receive their results immediately. Rapid testing works in the majority of venues. For HIV the rapid test kits include Biolytical's INSTI HIV 1 & 2 Antibody Test and Alere's Determine HIV 1 & 2 Antigen/Antibody Test. Determine will be used primarily for MSM to detect early infection and for individuals with very recent high risk exposure. Trinity Biotech's Syphilis Health Check is the rapid syphilis test that will be used. At events or venues where a blood draw is more convenient, venipuncture will be used to collect specimens to send to the DSHS lab. This occurs at times in jails. Confirmatory specimens are done by venipuncture and sent to the DSHS laboratory.

- If Contractor proposes to use tangible reinforcements, detailed information must be provided on purpose, type, and dollar amount. Contractors proposing to use tangible reinforcements must describe policies and procedures for their purchase, use, and distribution. Contractors must maintain documentation that tracks the purchase and distribution of tangible reinforcements.

Tangible reinforcements (TRs) will be utilized to promote testing in the target populations and/or to reward clients who test positive for HIV for attending medical appointments and being successfully linked to care. TRs will vary in amount according to their use and will be purchased from different vendors. Generally, TRs will be gift cards or may be taxi vouchers or bus tokens or similar items to assist clients in testing and linking to care. Fort Bend County purchasing procedures will be followed. A Master List of TRs purchased will be maintained in order to account for all TRs purchased and each client receiving a TR will sign an acknowledgment verifying receipt of the TR. This form will be maintained in the client's file.

Currently, the program has purchased \$15 gift cards from Walmart.

- Describe Contractor's plan and proposed activities to establish linkage to HIV-related medical care¹ for people who are infected with HIV.
 - Describe types of referrals that will be offered and how referrals will be tracked, documented, and confirmed.

HIV cases and their partner(s) will be referred to appropriate medical care providers. The program has MOUs for HIV treatment and care with Access Health, Legacy Community Health and Houston Area Community Services. Linkage to care is initiated when a client tests preliminary positive when rapid testing is done. Staff will obtain an authorization for release of information so that appointments may be confirmed by the referral agency. Whenever possible staff will assist the client in calling the agency and scheduling an appointment during the results session. The Risk Reduction Supervisor will follow-up with all positive cases intensely to ensure linkage within 30 days. A positive log is maintained with progress notes regarding all contact with the client and results of the contact documented.

¹ *Linkage to HIV-related medical care is defined as working with a client to establish an HIV-related medical care appointment; follow up with the client and prepare client for medical care; confirm that the client attended the appointment.*

- Describe how the Contractor plans to overcome barriers that may prevent linkage to appropriate medical care.

HIV staff will work with clients to identify barriers and utilize the client's strengths in overcoming obstacles. When services may be employed to overcome barriers, staff will make appropriate referrals and linkages. A common barrier is transportation and the program will provide bus tokens or taxi vouchers for clients. Staff may accompany clients to appointments when needed. The HIV Prevention Program and DSHS Region 6/5S have a written partner services agreement (that is pending signature by DSHS) describing collaboration to link to care clients who have tested positive for HIV, but are not responding to staff attempts to follow-up. In these cases, DSHS has agreed to find and follow-up with clients.

FORM F-2: CONDOM DISTRIBUTION WORK PLAN

Condom Distribution

1. Service Delivery

- Describe how the Contractor will conduct a condom assessment (availability, accessibility, acceptability) and condom distribution plan. If an assessment and plan have already been created, the Contractor must include a description of the process and findings with this application.

HIV Prevention staff will distribute and collect completed Condom Assessment tools at each of their sites during a designated period each year. When assessments have been collected from all sites, they will be evaluated and changes implemented based on the evaluation results.

- Provide a proposed list of community partners (e.g. civic, retail, faith-based, social service, etc.) and distribution sites. In addition, describe how the Contractor proposes to address barriers to condom distribution.

Sites will include MCC Resurrection Church, Clinical Health clinics in Rosenberg and Missouri City Annex and Fort Bend Women's Shelter. Additional partners will be local faith-based, non-denominational organizations, local motels and local bars.

- Describe how the contractor will increase condom use among people who are HIV positive and individuals at high risk of acquiring HIV in the three below areas:

- **Condom Availability**

Fort Bend County Clinical Services will adhere to the important issues to consider while planning and designing the best ways to increase condom use among people who are HIV positive and individuals at high risk of acquiring HIV by:

- Developing a process for identifying and engaging appropriate community partners.
- Identifying obstacles to reaching members of vulnerable or hard-to-reach populations and strategies to overcome them.

- Identifying the practices that may support or hinder condom availability.

The HIV Program has adapted a community condom assessment to give clients, both individuals with HIV and those at high risk, to achieve the three above points. The assessment will identify where clients would like to access free condoms and barriers to condom availability. This will assist the program in identifying what community partners should be engaged to increase condom availability in the environment where the target population frequents, which may include traditional public health agencies (e.g. clinics, hospitals, CBOs, shelters), schools, apartments, and businesses (e.g. health clubs, bars, barbershops, clothing stores, hotels).

Currently, free condom packets are offered to clients who test, including individuals who test positive at the sites where testing occurs and bulk condoms are left at two collaborating sites.

- Condom Accessibility

Fort Bend County Clinical Health services will continue to implement condom accessibility in all of Fort Bend communities. As resources and capacity warrant, our HIV prevention program will consider including these elements:

- Provide condoms free of charge.
- Conduct wide-scale distribution.
- Implement a social marketing campaign to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities).
- Conduct both promotion and distribution activities at the individual, organizational, and environmental levels.
- Target: 1) individuals at high risk, 2) venues frequented by high-risk individuals, 3) communities at greatest risk for HIV infection, especially those marginalized by social, economic, or other structural conditions, or 4) the general population within jurisdictions with high HIV incidence.
- Will distribution and promotion activities in traditional and non-traditional venues.
- Will continue to conduct community-wide mobilization efforts to support and encourage condom use

Currently, there is unrestricted access to condoms at the sites where condoms are left: Trend Barber College and Fort Bend Women's Shelter. Condom bowls are placed conveniently in several areas where clients feel safe in accessing them.

- Condom Acceptability

Supplying a variety of condoms, including the female condom (FC2) for receptive partners, from which clients can choose according to their needs and preference increases the acceptability of condoms. Normalizing the use and availability of condoms increases acceptability of condoms as does teaching and discussing condom use with individuals. All HIV positive counseling sessions will include education about the benefits of condom use.

Fort Bend County Clinical Health services may considered utilizing interventions like small group meetings, health education lectures and inter-personal communication and clinic based counseling for HIV positive and high risk heterosexuals once a week to educate on the importance of condom acceptability.

The acceptability will depend on the awareness, knowledge, and positive attitude towards condom. Various strategies will be adopted to create awareness and spread correct knowledge of condom. Promotion of condom use for preventing unwanted pregnancies is somewhat curbed by promoting it to prevent HIV/STDs. This has created some confusion and barriers in acceptability among couples.

Another most noticeable barrier is that more focus has been given to female sex workers as the primary recipients of female condoms. This has created a negative image that female condom was only for female sex workers. To increase the acceptability of condom (male and female), there is a need to create a positive image that use of condom (male or female) could prevent unwanted pregnancies and sexually transmitted diseases for sexually active population. Furthermore, there is a substantial proportion of men who do not know how to use condoms correctly and at risk of condom failure. Thus, there is a need to educate men on the correct usage of condom and other fallacies as not accepted by sexual partner, perceived ineffectiveness, less comfort, lack of sexual satisfaction with condoms, and not available at that instant.