

September 2001



Republic of Kenya

Ministry of Health

in collaboration with the
National AIDS Control Council

National Condom Policy and Strategy



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2001 - 2005

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Foreword

The grave threat posed by HIV/AIDS to our nation is now widely acknowledged. What is perhaps not so widely understood yet is the extent to which change in sexual behavior is key to stemming the spread and devastation of the pandemic. The Government has established that perception of the risk of HIV infection must substantially increase among sexually active Kenyans before they can avoid engaging in social and sexual behaviors that expose them to the risk of infection. In addition, there must be a significant increase in the use of condoms as protection against HIV and other sexually transmitted infections. In recognition of these two behavioral pillars in the effort to slow and reverse the current rate of HIV infection, the Condom Policy and Strategy is designed with the goal of enhancing access by all sexually active Kenyans to high quality condoms at affordable prices through effective and responsive service delivery systems. The Strategy endeavours to heighten risk perception through public education and advocacy with the view to translating the current knowledge and awareness of HIV/AIDS, which is already high among Kenyans, into avoidance of risky behaviors, and to substantially increase condom use by those who need and want to use them.

The need for an unambiguous condom policy and strategy became evident when numerous gaps were identified in the areas of co-ordination, supply, and distribution of and access to condoms, following analyses of key policy documents and discussions with stakeholders at all levels. Other gaps were identified with regard to the financing of condoms and their cost to users. It has also become necessary to move gradually toward the long-term goal of achieving sustainability in the provision of reproductive health services, including condom supply and distribution. Consequently, in line with the principle of cost sharing in health services delivery, a fee-for-service for condoms will be gradually phased-in, taking into account the principle of equity.

This Condom Policy and Strategy enjoins many stakeholders in its implementation and success, including the Government and its agencies, the private sector, non-governmental organizations, donors, local communities and the target individuals. In particular, under the co-ordination of the Reproductive Health Advisory Board in whose docket falls the Reproductive Health Strategy, the NASCOP in the Ministry of Health and the National AIDS Control Council will provide key inputs in operationalising the Strategy. In the meantime, the Kenya Medical Supplies Agency and the National Quality Control Laboratories will be strengthened and equipped to take over respectively procurement and logistics management of condoms, and quality assurance through regular monitoring and testing as appropriate.

Finally, our development partners are expected to continue playing the vital roles of providing funding support, though in a reducing scale over time, and technical support where necessary. I hope and trust that this Policy and Strategy will, along with the efforts spelled out in the Kenya National HIV/AIDS Strategic Plan, among others, arrest the spread of the pandemic.



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Abbreviations

ACU	AIDS Control Unit
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CBD	Community-based Distributor
DARE	Decentralization of HIV/AIDS and Reproductive Health Project
DELIVER	USAID-funded logistics management project
DfID	Department for International Development
DHMT	District Health Management Team
DHR	Division of Health Research
DHMB	District Health Management Board
DHMC	District Health Management Committee
DMS	Director of Medical Services
DPHC	Division of Primary Health Care
FP	Family Planning
FPLM	Family Planning Logistics Management Project, predecessor to DELIVER
FPS	Family Planning Services
GoK	Government of Kenya
GTZ	German Technical Cooperation Agency
HIV	Human Immune Deficiency Virus
IEC	Information, Education and Communication
LMU	Logistics Management Unit
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
KfW	German Aid Agency
LMIS	Logistics Management Information System
MCH	Maternal and Child Health
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NACC	National AIDS Control Council
NASCOP	National AIDS and STI's Control Programme
NCPD	National Council for Population and Development
NGO	Non-governmental Organization
Non-GoK	Non-Government
NQCL	National Quality Control Laboratories
POLICY	POLICY Project
PS	Permanent Secretary
PSI	Population Services International
RHAB	Reproductive Health Advisory Board
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
WHO	World Health Organization

1. Background

1.1 The Problem

HIV/AIDS in Kenya is a national disaster and public health emergency. HIV prevalence among adults rose from 5.3 per cent in 1990 to over 13 per cent in 1999, with 80-90 per cent of the infections occurring among people aged 15-49 years. The National AIDS Control Council (NACC) estimates that about 1.5 million people had died of AIDS as of June 2000 from the time the pandemic was detected in Kenya in the early 1980s; almost 1 million children have been orphaned, and life expectancy at birth is suspected to have significantly dropped. Also, HIV/AIDS has a strong negative impact on the productive sectors of the economy because infection rates are highest among young, productive members of society. Since there is no cure or vaccine in sight, behavior change is the central pillar in its control. The NACC's *Kenya National HIV/AIDS Strategic Plan* identifies the two principal goals for effectively reducing the spread of HIV as (1) increasing infection risk perception and (2) enhancing condom use for protection against the transmission of HIV and sexually transmitted infections (STI's). The priority of the Condom Policy and Strategy is therefore to ensure adequate national supply of and access to condoms, coupled with public education and advocacy to increase use among those who need to use condoms but are not doing so.

1.2 The Need

Change in sexual behavior is crucial in the control of HIV/AIDS. Many Kenyans who are sexually active are at risk of HIV infection. Yet, currently, risk perception is low among the sexually active, many of whom have multiple sex partners. Furthermore, many such people are neither aware of their HIV status nor those of their partners. Also, the prevailing social mores are conducive to HIV transmission between older men and younger women, many of whom are adolescents. For individuals whose sexual activities expose them to high risk of HIV infection, consistent and proper use of good quality condoms offers the safest option. It is well established that condoms protect against HIV transmission, reducing the risk of transmission 10,000-fold. Although use of the male condom in Kenya is high compared to other countries in the region, most coital acts remain unprotected. The use of condoms is lower than that required to significantly reduce HIV transmission rates.

1.3 The Current Situation

According to the 1998 Kenya Demographic and Health Survey (KDHS), 99 per cent of men reported knowledge of condoms, and increasing proportions of men and women were using them for contraception, disease prevention, or both. Based on the KDHS data and various assumptions about sexual behavior, the Ministry of Health (MoH) estimated that 81 million condoms were used in 1998. During 1998-99, about 85 million condoms were distributed annually through the public sector and social marketing. These figures are quite close, allowing for fluctuations in distribution. It is therefore safe to conclude that there is no significant gap between the number of condoms available in Kenya and the number used. Public sector condoms are provided without charge through MoH facilities, community-based distributors (CBDs) and non-governmental organizations (NGOs), as well as through bars and lodgings. One-quarter of the public sector condoms are distributed through dispensers, while about 15 per cent of all condoms are provided

through a social marketing programme selling *Trust*-brand condoms whose target market is young adults ages 15-24 living in urban and peri-urban areas. Also, the MoH has a pilot social marketing project selling *SURE*-brand condoms that has been so successful that it is to be scaled up in several additional districts. A relatively small number of condoms are sold by for-profit private sector outlets primarily to the higher income, urban market.

Until recently, donors were the main source of funds for the procurement and distribution of public sector and social marketing condoms. As a result, condom procurement was vulnerable to the level of donor funding, and adequacy of supplies was uncertain. To respond to these problems, the Government, late in 2000, committed to the use of US\$ 10 million in World Bank DARE loan funds to procure 300 million condoms during 2001-4. Under this scheme, logistics management will continue to be provided by the DELIVER project and its predecessor, the Family Planning Logistics Management (FPLM) project, with funding from USAID. To meet part of the costs and ensure rational use of the condoms, the government will gradually phase-in fee-for-service for the condoms in an equitable manner.

1.4 The Response

The NACC (in the Office of the President) is the central agency for coordinating multi-sectoral interventions for the control of HIV/AIDS. Prior to its establishment, the National AIDS and STD Control Programme (NAS COP) in the Ministry of Health (which is now MoH's AIDS Control Unit (ACU)¹, spearheaded and coordinated the fight against HIV/AIDS as part of its mandate to control sexually transmitted infections (STIs). Through NAS COP, the first and second strategic plans were developed and implemented during 1987-91 and 1992-96, respectively. The thrust of the first plan was the prevention of sexual transmission of HIV, prevention of transmission through blood, and disease surveillance. In the second plan, HIV/AIDS was recognized as a developmental issue that required the involvement of all sectors in the fight against the pandemic. In 1997, the *Sessional Paper on AIDS* was published to provide direction in the fight against HIV/AIDS; it also provided a framework for the Government to play a leadership role, and an institutional basis for effective management and co-ordination HIV/AIDS programme activities. It is this *Sessional Paper* that recommended the establishment of NACC to address some of the limitations of NAS COP in meeting the challenges of mounting a multi-sectoral response.

In November 1999 HIV/AIDS was declared a national disaster and in May 2000, NACC issued the *Draft National HIV/AIDS Strategic Plan*, a blueprint for multi-sectoral interventions for prevention, control and mitigation of HIV/AIDS. In the revised *Kenya National HIV/AIDS Strategic Plan*, launched in December 2000, behavior change to minimize risk of exposure to HIV infection and the use of condoms to protect against infection are recognized as the key interventions. While the *Strategic Plan* is explicit in what activities will be undertaken, it is silent on how this will be done. For example, the plan does not specify how condoms will be made available and accessible to users, nor does it articulate the required policy changes.

Response to the control of the epidemic is also through the MoH's Division of Reproductive Health which is currently implementing the National Reproductive Health Programme. Among the objectives of the Programme is HIV/AIDS prevention while its overall goal is "provision of a

¹ NACC has established AIDS Control Units (ACUs) in all government departments to assist in the co-ordination of HIV/AIDS Strategic Plan and to mainstream HIV/AIDS prevention and control in the core functions of the ministries.

comprehensive and integrated system of reproductive health care that offers a full range of services by the Government, NGOs and the Private Sector as outlined by the National Population Policy for Sustainable Development and the Kenya Health Policy Framework of 1994.” The Programme identifies STIs and HIV/AIDS as some of the strategic areas for making the plan operational. It aims to reduce the health and socio-economic burdens due to STIs, HIV/AIDS and their consequences. Specific objectives include: (1) increasing the number of reproductive health service providers; (2) improving the quality of care; and (3) utilizing appropriate information, education, and communication strategies. Unlike NACC’s *Strategic Plan*, the National Reproductive Health Programme is silent on the beneficial or strategic role condoms will play in HIV prevention.

Other related interventions that partly depend on condom use are strategies being implemented under population development policies as part of the National Council for Population and Development’s (NCPD) mandate. Although condoms currently play only a relatively small role in pregnancy prevention, national condom requirements for this purpose should be considered within the framework of the current condom strategy initiative. Traditionally, the MoH has been responsible for the procurement and distribution of public sector condoms for this purpose.

The Logistics Working Group has become the policy and technical advisory body on condom needs, sourcing and distribution. This group is headed by the Director of Reproductive Health and has participation from donors and other stakeholders in reproductive health. Another working group that has roles and responsibilities related to condom policy or strategy is the Reproductive Health Advisory Board (RHAB) chaired by the Director of Medical Services (DMS). However, the primary concern of this Board has been implementation of the Reproductive Health Strategy in general. The two bodies have over the years recognized the need to have a comprehensive condom policy and strategy as the only way to avoid ad hoc interventions to ensure that adequate quantities of good quality condoms are available at all times.

1.5 Policy and Strategy

This Condom Policy and Strategy is the product of a review of key policy and strategy documents and interviews with stakeholders at the national, provincial and district levels. Policy and strategy gaps were identified in the areas of overall co-ordination, demand creation, supply and distribution of condoms, as well as meeting the cost of condoms by users and financing them. It is evident that there is need for a clear and unambiguous national condom policy and strategy. The following four principles therefore guide the new policy and strategy:

- a. HIV/AIDS control should be based on behaviors that recognize risks and avoid exposure.
- b. Protective methods should be made available and accessible at affordable prices to people exposed to or at risk of STIs/HIV infection and unwanted pregnancy.
- c. Government policy should be founded on the long-term goal of achieving sustainability in reproductive health services and condom supply and distribution.
- d. Government should gradually phase-in fee-for-service for condoms in an equitable manner.

2.0 Goal, Purpose and Objectives

2.1 Goal

The goal of the National Condom Policy and Strategy is to improve access to quality condoms at affordable prices through an effective and responsive service delivery system.

2.2 Purpose

Its purpose is to establish mechanisms for the establishment of a sustainable system of condom supply and distribution in which Government, donors, the private sector, communities and users participate in financing at all levels, and in which co-ordination and participation in monitoring use, behavior change and outcomes is multi-sectoral.

2.3 Objectives

2.3.1 MoH will introduce and implement policies whose objective are:

- That no barriers exist to access and use of condoms by those who need and want to use them.
- That user charges and revolving funds in public service delivery points are established, bearing in mind equity considerations.
- A gradual take-over of logistics management by KEMSA.
- The provision of quality assurance at the stage of procurement, storage and use.
- An increasing contribution by GoK, providers and users toward the cost of condoms.
- An effective management of the condom supply pipeline.

2.3.2 Timely and continuous supply of condoms will be ensured through:

- Effective quantification and forecasting.
- Cost-efficient logistics management and use of modern practices such as “just-on-time” delivery.
- The implementation of a financing plan that involves the Government, donors and other stakeholders.
- Mobilization of domestic resources through user charges for condom supply and distribution.
- Sale of some public sector condoms.
- Increased social marketing of condoms.
- Gradual implementation of user charges/ cost recovery and revolving funds in the public sector.

2.3.3 To ensure high quality of condoms are available in the Kenyan market and increasing their use by ensuring that

high standards are maintained during procurement, storage and distribution.

2.3.4 Ensuring responsive quality STD and HIV/AIDS control services.

2.3.5 Establishment of a national network for effective and efficient management of the condom supply programme.

2.3.6 Increasing the demand for and use of condoms through:

- Effective publicity as well as multi-sectoral and targeted public education/ advocacy campaigns.
- The development and implementation of a strategy for targeting condom access by various segments of the population.
- Offering public sector condoms for sale and social marketing through a wide range of outlets, including retail shops, kiosks, lodgings, and the use of dispensers and slot machines.
- Using youth-friendly condom distribution systems.

2.3.7 Monitoring and evaluation of the use of condoms and impacts on the population and communities.

3.0 Policies on Condom Distribution and Demand Creation

The ultimate aim of the Government is to ensure that the people of Kenya are not exposed to HIV infection. This is to be achieved through policies that promote risk-free sexual behaviors and protection for persons at risk. Such policies will seek to promote the right of everyone in Kenya to access timely and accurate health information that will facilitate their making informed decisions and choices in matters affecting their reproductive health. The policies are further designed to ensure that the country can gradually move toward sustainable condom supply. This means that effective systems for the management of condom delivery and acceptable financing options will be established. In addition, the Government, through an effective system of waivers and exemptions, will strive to see to it that those who need and want to use condoms are not denied access on account of cost or other obstacles.

3.1 The Target Group

It is the aim of the Government to provide an enabling environment that allows all sexually active people regardless of age to access condoms. In this connection, references to age and other barriers in existing policies will be removed. Similarly, information on HIV/AIDS will be made available to all segments of society, particularly the youth. In providing education to the youth, information will address biological changes, cultural and social development during adolescence, and how they can respond appropriately to these transitions without endangering their lives or their reproductive health. Emphasis will be placed on developing and adopting appropriate behaviors and avoidance of exposure to the risk of HIV infection. Other target groups, apart from the youth, are those attending maternal and child health and family planning clinics, commercial sex workers, people who frequent bars and other drinking places, and people living with HIV/AIDS.

3.2 Promotion and Demand Creation

Condom use will be promoted by targeted messages and advocacy through a variety of outlets. Effort will be made to expand the social marketing of condoms and their distribution—targeting not only the groups mentioned above, but also the entire population. The sale of branded public sector condoms through CBD facilities, retail stores and kiosks will be intensified. Meanwhile, NASCOP will provide technical support to NACC, other ACUs as well as other sectors by providing information and suitably packaged condoms that will stimulate demand. In executing this responsibility, NASCOP will be guided by the Reproductive Health Advisory Board (RHAB).

3.3 Organization and Management

The following Government institutions, on the basis of their roles, responsibilities, and management effectiveness and efficiency will share responsibility for the management of the condom programme. In view of their mandates, there will inevitably be some duplication of responsibilities, but these will be harmonized through representation of the institutions at RHAB.

3.3.1 National AIDS Control Council (NACC)

NACC will provide policy guidelines on the role and use of condoms to prevent the spread of HIV/AIDS. Within its mandate to coordinate the inter-sectoral response to the HIV/AIDS epidemic,

NACC will also be responsible for leading and coordinating the following activities:

- Efforts to create demand for condom use and access.
- Resource mobilization to assist Ministry of Health to achieve an adequate supply of condoms.
- Dissemination of information on condoms, their use, and impact on HIV and STI prevention.

3.3.2 National Council for Population and Development (NCPD)

Since condoms will continue to play an important role in family planning and the prevention of STIs, the NCPD will be responsible for the following activities:

- Providing policy guidelines on use of condoms as contraceptives and for the prevention of HIV and other STIs.
- Collaborating with NACC in the creation of demand for condoms as well as expanding access to condoms through CBDs and other outlets.
- Implementation of the Condom Policy and Strategy as a member of the RHAB.

3.3.3 Ministry of Health

The Permanent Secretary of the MoH will be the Accounting Officer responsible for the financing of condom procurement in the public sector. The ministry will also have many other responsibilities with regard to the Condom Policy and Strategy. In particular, the following agencies in the ministry will have the responsibilities described under them:

(a) Reproductive Health Advisory Board (RHAB)

The RHAB, being primarily concerned with the implementation of the Reproductive Health Strategy, will coordinate the many stakeholders in reproductive health to ensure availability in adequate quantities of good quality condoms. Its specific responsibilities will include:

- Review of policies and guidelines on condom procurement, distribution and use.
- Review of strategies for increasing demand and use by those who need to use condoms.
- Provision of guidance to NASCOP on relevant aspects of implementation of the Condom Policy and Strategy.
- Creating linkages with other stakeholders in the supply and distribution of condoms.
- Assisting NACC and other MoH agencies to enhance the demand for condoms.
- Advising Government on the need for external technical support and/ or capacity mobilization/ building.

To effectively discharge these responsibilities, the Board will be expanded to include members from NACC, NCPD and the ACUs from other ministries/ departments as well as the private sector. The Director of Medical Services will chair the Board, and the MoH, in consultation with the stakeholders, will issue detailed terms of reference for the expanded Board.

(b) NASCOP

NASCOP will have the following responsibilities:

- Implementing the Condom Policy and Strategy.

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- Providing proactive leadership and advocacy of NACC policies to ensure that HIV/AIDS prevention and control priorities are mainstreamed in the core functions of MoH.
 - Providing technical support to ACUs in other ministries and agencies involved in implementation of the Condom Policy and Strategy.
 - Developing IEC/BCC materials for condom promotion and demand creation.

3.3.4 Kenya Medical Supplies Agency (KEMSA)

The Government will continue to use the services of procurement agents in the supply of condoms until KEMSA has developed the necessary capacity and capability to effectively discharge this responsibility. For similar reasons, Government will use the services of the DELIVER Project for logistics management of condom distribution and forecasting. These are short time measures, and the functions of procurement and logistics management will be transferred to KEMSA in a phased manner. In fulfilling these functions, DELIVER and KEMSA will work in close consultation with the RHAB. It is the objective of the Government that cost-efficient logistics management practices in the procurement and supply of condoms are followed.

3.3.5 National Quality Control Laboratories (NQCL)

The Government has established the NQCL for quality assurance through regular monitoring, testing as appropriate, and advising service providers. The NQCL will be responsible for monitoring the quality of condoms and will participate in the implementation of the Condom Policy and Strategy as a member of the RHAB.

3.3.6 Donor Agencies

Donor agencies will continue to play an important role in the implementation of the Condom Policy and Strategy through their participation on the RHAB and collaboration with other agencies such as NCPD, NACC and other actors in STI and HIV/AIDS projects as well as by providing technical and financial support.

3.4 Exemptions

In line with the Poverty Reduction Strategy Paper (PRSP), the Government will strengthen the system of waivers and exemptions for MCH/STI services including provision of condoms free of charge to the most vulnerable groups, in particular the poor and youth. Public institutions will also be allowed to levy affordable charges on branded condoms through the private sector. Noting the adverse effects of the arbitrary and haphazard charges being levied by district health management boards and committees, due attention will be given to streamlining such fees to ensure more responsive provision of services and effective referral systems. To this end, the MoH is currently undertaking a study that will provide guidelines and procedures for setting fees and responding to their impacts.

The Government has the responsibility of ensuring that vulnerable groups, particularly the poor and the youth, are not denied access to condoms due to cost factors. Condoms will therefore continue to be made available through subsidies via multiple outlets. In addition, providers will develop local systems of waivers for those who cannot afford condoms without compromising the objectives of user charges and cost recovery when these are introduced.

3.5 Cost Recovery and Revolving Fund

The Government has invested heavily in meeting the need for condoms. To date, it has used mostly loan funds and donor assistance to meet the costs of providing public sector condoms; in the 2001/2002 budget, customs duty and VAT on condoms were waived. There is a continuing need, however, to sustain this investment during the coming years and to ensure that scarce resources are efficiently utilized. The new policy objective is to achieve a self-sustaining supply of condoms for those who want them. Therefore, during the period 2001-05, the Government will encourage District Health Management Teams (DHMTs), District Health Management Boards (DHMBs) and District Health Management Committees (DHMCs) to develop revolving funds to sustain adequate supplies of condoms in their areas of jurisdiction. In order to improve the efficiency of condom distribution and reduce waste, health providers will be encouraged to charge clients who are able to contribute toward their own protection. At the same time, providers will be expected to ensure that those who are at high risk of HIV infection but cannot afford condoms can access them free of charge.

It is also Government policy to introduce a "cash-and-carry" system for drugs and all medical supplies for the public sector. However, in view of the status of HIV/AIDS as a national disaster and public health emergency, this policy will only be implemented gradually with regard to condoms. However, once KEMSA is operational and adequate capacity has been developed for the management of revolving funds, revenues generated will be used as well for the procurement and re-packing of condoms at subsidized rates. Revenues generated from the sale of public sector condoms will be deposited into the District Health Account and used for improving the distribution of condoms and, eventually, as in the case of the cost-sharing funds, for maintaining the revolving fund for condoms.

3.6 Quality Assurance

The Government will immediately authorise the Pharmacy and Poisons Board to maintain a Register of condoms and medical devices that will contain technical information on every brand of condom available in the country, including those in the open market. For the purposes of registration and approval for use in Kenya, the Board will strictly apply WHO specifications on condoms. In this connection, the NOCL will carry out surveillance and testing when necessary. As a long-term measure, the Government will introduce legislation or amendment to the relevant Act to enable the Board (or other new body) to develop national specifications for the regulation of importation and use of condoms and to provide quality assurance. In order to ensure that quality is maintained at all times, all condoms will in future have their expiry date printed on the wrapping foil and on the package. The data will also include the batch number and all the information currently provided, including instructions on use, precautions and disposal.

3.7 Tax Revenue

A line item on contraceptives, including condoms, will be introduced in the MoH budget in the coming financial years. At the same time, the departmental budgets will include a component on commodities, which will be the Government's contribution through revenues to the procurement and distribution of condoms. Funds under this item will be within the overall framework of support to public health. No special tariffs on condoms or health promotion are envisaged at this time. However, in future these may be considered in consultation with the Ministry of Finance.

4. Supply and Distribution of Condoms

4.1 Quantification

Table 1 shows the number of public sector and social marketing condoms distributed annually in Kenya during 1997-2000.

Table 1. *Number of Condoms Distributed Annually in Kenya (millions).*

Year	Public Sector	Social Marketing	Total
1997	33.3	7.8	41.1
1998	79.9	10.3	90.2
1999	67.4	12.2	79.6
2000	61.0	13.2	74.2

Source: LMU, DPHC and POLICY Project Spectrum Projections.

The Ministry of Health regularly carries out estimates and projections on national needs for condoms. DELIVER/FPLM estimates are based on historical data of the quantities distributed. In order to correct for inaccuracies due to fluctuations in distribution of condoms, information from other sources including analysis of KDHS data and other studies/ surveys is also used. An analysis conducted by the POLICY Project projects that approximately 350 million public sector condoms will be required during the period 2001-2004.

However, the actual number of condoms that should be used in Kenya may be a lot higher than this, given the number of people who are at risk for HIV and other STIs, i.e., those who are engaging in sex with partners who are, or might be, infected with HIV or other STIs. The Divisions of Reproductive Health, Health Research and NASCOP, with appropriate technical assistance, will continue to improve the forecasting of condom needs. They will assemble all relevant data, incorporate information about planned demand creation activities, and annually forecast five-year condom requirements. These forecasts will be shared with stakeholders and revised as new information becomes available.

4.2 The Role of the Public Sector

4.2.1 Ministry of Health Facilities

The public sector will still be the main source of condoms for many users. Since there is still a high rate of HIV transmission and relatively low use of condoms, some public sector condoms will continue to be distributed free of charge to users at high risk of HIV infection who cannot afford to buy them. For such users, the main outlets will be MoH facilities. At the facility level, every unit will be an outlet for condoms in order to make them accessible to as many visitors to the facility as possible. Specifically, the MCH, FPS, and casualty/ outpatient departments and clinic facilities will have condoms within easy reach of health providers and users. Providers will ensure that information on condoms at the point of availability is appropriately displayed. In addition,

dispensers, where available, will be suitably located for easy access to condoms. Enhancing condom dispensers will be based on operational research findings.

4.2.2 Other Government Ministries and Departments

All Government ministries will be supplied with condoms on request, based on a strategy for distribution that meets set guidelines. The AIDS Control Unit in the recipient ministry will make their request to NASCOP, which will in turn advise KEMSA on the required amounts at the most appropriate site. Requests can also be made directly to regional or district stores. All such requests will be supported by returns on the previous issue of condoms. This will assist NASCOP to monitor distribution and use of condoms and make the information available for planning and budgeting purposes.

4.2.3 Sale of Branded Public Sector Condoms

It is evident that some users are able and prefer to pay for branded condoms. It is the Government's policy that users should contribute toward the cost of health services and, eventually, the commodities. Furthermore, as the Government prepares for the "cash-and-carry" system to be introduced and managed by KEMSA, it is important to prepare managers in the public sector to effectively and efficiently operate the new system. DHMBs and DHMTs will be given price guidelines and encouraged to introduce innovative methods of selling condoms and using revenues accrued from such sales to improve services. The sales may be done through a second window within the facility pharmacy, establishment of amenity MCH/FP/STI services within the facility, or through kiosks and retail stores as well as by CBDs.

In preparation for this strategy, arrangements will be made for condoms being supplied under the DARE project credit to include a proportion of branded condoms. Initially this will be in modest amounts based on the experiences and lessons learnt from the social marketing of *Trust* and the GoK SURE branded condoms. The RHAB will monitor and decide on the operations of this aspect of distribution of public sector condoms.

It is important to note that the immediate purpose of the sale of public sector condoms is not financial sustainability or support to commodity supply, but to accustom users to the principle of paying for the services and, where possible, generate a reserve that can be used to develop a sustainable condom supply system.

4.2.4 Community-Based Distributors (CBDs)

Approximately 10 per cent of all condom distribution countrywide is by CBDs. The MoH and NCPD intend to continue to encourage the training and recruitment of more CBDs by as many stakeholder organizations as possible. While CBDs will continue to supply some condoms free of charge to users at high risk who cannot afford them, sale of condoms by CBDs will be supported and encouraged. Revenues generated from this source will be used primarily for motivating/supporting the CBDs themselves. However, in due course and with adequate preparation of both the CBDs and users, a proportion of the revenue accrued will be used to finance re-supply of condoms to the CBDs, which will access condoms from the nearest public sector facility or store. Again, for the purposes of documentation and quantification, supplies to CBDs will be supported by data on distribution and use by clients.

CBDs will also play the roles of counselors and condoms outlets to the youth. The public sector and non-GoK sector will be encouraged and supported to create a variety of CBD corps that meet the needs of specific target groups in a socially and professionally acceptable manner.

4. 3 The Role of Social Marketing

4.3.1 Population Services International (PSI) Trust Condoms

In 2000, about 13.2 million *Trust* condoms were socially marketed. Social marketing of *Trust* condoms is a significant channel for distributing condoms through retail stores, kiosks, bars and other vendors. Distribution is through regional networks using private sector wholesalers as agents. Prices to wholesalers and retailers are set to encourage sales. The project is donor-supported and cost recovery pays for the condoms but not the marketing and distribution.

Population Services International (PSI) will continue to expand the marketing of *Trust* condoms, and efforts will be made to reach other target groups through this channel. It will also continue to play advisory/ technical assistance role for the public sector marketing of condoms. It is expected that the current growth rate in the number of *Trust* condoms marketed will be maintained or increased.

4.3.2 Social Marketing by Public Sector and Other Groups

The Government will scale up the pilot MoH/GTZ RHP social marketing Project whereby “*SURE*”-branded public sector condoms are sold at CBD and SDP level. This will complement the sale of *Trust* condoms by PSI and will also help develop additional social marketing capability and know how. It is hoped that this will increase access to branded condoms and meet the needs of some target groups. While the Government is committed to the supply of condoms, donors will be encouraged to provide resources for the development of this capacity and, where necessary, supply the condoms as well as marketing and repackaging efforts.

4. 4 Role of Non-GoK Health Providers

4. 4.1 Not-for-Profit Providers

Mission- and church-sponsored health services providers, along with many non-GoK providers, are important partners in the fight against HIV/AIDS. A majority of them include use of condoms among their strategies for the prevention of STI and HIV infections. The Government will continue to provide these outlets with condoms and encourage donors who supply some of them to continue doing so. Although these organizations do not levy any direct fees on condoms, they often have a service charge. The Government will gradually introduce a charge for condoms and other medical supplies to the not-for-profit non-GoK providers. Initially this will be at a subsidized rate that will probably cover the handling charges of KEMSA. This is consistent with the planned procurement during the next four years of most of public sector condoms with funds from the DARE credit. It is also consistent with the Government’s policy of developing revolving funds for drugs and other medical supplies. The organizations will access their supplies at the district and regional stores where financial transactions will take place.

4.4.2 For-Profit Health Services Providers

In view of the financial constraints facing the health sector, it is no longer tenable to continue providing commercial health services providers with free condoms. The Government will therefore introduce charges on all medical supplies and commodities, including condoms, to these outlets. However, the cost of the commodities/ condoms will continue to be subsidized to ensure that there is no escalation of costs to users. Adjustments will be made within all the medical stores to effect this change. Once operational, KEMSA will assume full responsibility for managing these transactions and using the revenues accrued from them to replenish stocks.

4.5 The Role of the Private Sector

4.5.1 Commercial Sector (Retail Stores, Kiosks, etc.)

The extensive network of retail stores, kiosks and other commercial outlets will continue to be utilized for expanding the availability and distribution of condoms. District- and local-level outlets and other non-GoK outlets will be provided with information and condoms for sale/ social marketing.

4.5.2 Industry and Workplace

Industry is one sector that has borne a major impact of the HIV/AIDS epidemic. It is clear that for quite some time to come business and industry will continue to experience loss of skilled labour. Programmes on HIV/AIDS at the workplace are not as extensively developed as they should be. The Government will correct this by including the participation of business/ industry representatives on the RHAB. Subsidized condoms will be made available for distribution to their employees and families. At the moment the Government proposes to achieve cost-recovery through direct sales of condoms to business/ industry and not through taxation. In line with the roles and responsibilities of key stakeholders as outlined by NACC, the private sector and industry will be expected to play a major role in the design of workplace programmes for the distribution of condoms, as well as work with other relevant bodies to develop policies related to prevention of HIV/AIDS in the workplace.

5. Demand Creation, Advocacy and Promotion

The Government will stimulate demand for condoms through a variety of ways that combine public education, communication and marketing techniques. The process of demand creation will be conducted in a professional manner using the services of external expertise and technical support as necessary. The RHAB will have the overall responsibility of determining the most appropriate techniques for increasing the demand for and use of condoms. Details of the strategies to be adopted are beyond this document. The RHAB will therefore develop these and, if necessary, commission experts in the field to develop effective and efficient but socially and culturally acceptable demand creation initiatives. Targets will be established for the various priority groups by NACC in consultation with the RHAB. Strategies will be developed for achieving accelerated increases in demand for condoms among high-risk groups.

5.1 Targeting Distribution

A shortcoming of the previous strategy of distributing condoms is that it was inadequately planned and implemented. In some cases, groups at high risk of STI and HIV infection were missed altogether. The new strategy is aimed at ensuring that the distribution of condoms is well planned and targeted to meet the needs of those at high risk of infection, e.g., the youth. Considering that over one-half of total HIV infections in Kenya occur among young people, most of them in rural areas, the Government will make adequate quantities of condoms available in these areas and will promote multi-sectoral HIV awareness and education programmes targeting youth. In particular, non-GoK providers will be encouraged and supported to establish youth support centres that will be assisted to provide a variety of counseling and public education programmes that meet the needs of the youth both in and out of school. They will also be encouraged to make available adequate quantities of condoms for distribution via a variety of outlets, including social marketing, as well as free of charge to those who need but cannot afford to purchase them. The development of youth support centres will be encouraged and overseen by the RHAB, which will also monitor the supply and use of condoms through such outlets.

5.2 Information, Education and Communication

One of the objectives of the Condom Policy and Strategy is to achieve behaviour and attitude change with respect to sexual activity, particularly of those at highest risk of STIs and HIV infection. A conventional approach in achieving behaviour change in the reproductive health area is the use of targeted information, education and communication (IEC) strategies via multi-media channels to increase knowledge, break down taboos and facilitate greater communication within and between age and social groups. However, IEC approaches employ mainly the mass media, posters and billboards. Therefore, in addition to such strategies, behaviour change communication (BCC) strategies that use interpersonal channels of communication and which have been found to be more effective for bringing pressure for behaviour change on individuals and groups will also be used. BCC strategies are particularly appropriate for and effective in group situations such as during group or peer counseling sessions as envisaged in youth support centres suggested above.

The Government will therefore make resources available for developing appropriate and effective IEC and BCC materials. The NACC will work with NASCOP, which already has a well-established expertise in the development of IEC materials, to produce such materials for ACUs in other ministries/ departments as well as other sectors. In addition, NACC will, with the assistance of experts, develop training modules for BCC for distribution to youth support centres and other STI/HIV intervention units in the public and private sectors.

5.3 Targeted Social Marketing

Social marketing has played an impressive role in the distribution and use of *Trust* condoms. The Government will continue to support and expand the social marketing of all the brands of condoms identified earlier. In particular, social marketing will be used to reach specific target groups, such as youth in rural areas and older men who have sex with young women and girls who have so far not been adequately covered. Professional and technical support for increasing demand through social marketing will be sought and utilized.

5.4 Female Condom

The female condom continues to attract interest and provides another avenue for increasing demand for condom use. However, the female condom is not yet easily available in the Kenyan market, being relatively more expensive than the male condom. Consequently, the prospects for its successful use in the country are not yet clear. The Government will therefore remain open to introducing and promoting the use of the female condom, but the RHAB will monitor its adoption and will be responsible for mobilizing resources for its availability and use, taking into account the factor of cost-effectiveness.

6. Quality Assurance and Regulation

6.1 Registration of Condoms

The Government will enforce requirements for quality assurance for condoms and other medical devices for both the public and private sectors. However, such enforcement will be done in stages so as not to disrupt condom supplies. In this regard, only products that meet WHO standards and specifications will be allowed for sale or use. A notice of three months will be given to manufactures, importers and users of the condoms after which the provisions of the law under the Pharmacy and Poisons Act will apply with respect to inspection, objections, appeal and enforcement. The Registrar of Pharmacy and Poisons Board will maintain a register of all approved products and a list of prohibited products/ brands. In order to harmonize laws related to medical devices with the law on drugs, the MoH will work with the Office of the Attorney General to introduce appropriate legislation in Parliament.

6.2 Condom Surveillance

The Government will institute measures for regular quality surveillance and testing of condoms to ensure that their quality remains high at all times before use. Users, providers and the Pharmacy and Poisons Board may request for the spot testing of any batch of condoms with the results being made available to the requesting agency and NASCOP.

6.3 National Quality Control Laboratory (NQCL)

It is anticipated that the NQCL will eventually assume overall responsibility for testing and quality assurance for condoms, using WHO standard procedures for such testing and reporting. To enable the NQCL to perform this function effectively and competently, the Government will provide resources for the expansion and scaling up of its testing capabilities, including equipment, staff training and additional qualified personnel. The NQCL will work with the office of the Registrar of the Pharmacy and Poisons Board, RHAB, KEMSA, Kenya Bureau of Standards and other relevant bodies to develop national standards for condoms. The Pharmacy and Poisons Board, in collaboration with the NQCL, will review existing legislation on drugs and medical devices and advise the RHAB on appropriate legislation for the regulation of condom use. Such legislation should address information to condom users, their disposal and conditions of manufacture.

6.4 Quality of Service

One of the major constraints to utilization of STI and HIV/AIDS services in general is poor quality of service by some providers. The Government has the overall responsibility of ensuring that the quality of health care conforms to set minimum standards. The MoH is developing standards for reproductive health services, including provision of condoms. These guidelines will be used by both the RHAB and DPHC to assess the quality of care provided and to enable the MoH to take steps to ensure that condom providers in both the public and private sectors achieve minimum acceptable quality of services.

7. Cost of Condoms

The available Government resources are insufficient to fully finance the increasing demand for condoms, even if it were better allocated. This notwithstanding, with the support of other development partners, the Government is committed to improving condoms supply. This is in addition to ensuring rationalization and efficiency in their use to reduce wastage. An appropriate and equitable condom pricing structure will gradually be phased-in within the context of the on-going cost sharing programme. The DHCF and RHAB will provide leadership in reviewing the fees charges or proposals and advise on guidelines to be used by the MoH in setting such fees. The Permanent Secretary of the MoH will, thereafter, issue a circular advising the district management boards and committees as well as public sector facilities of the new charges. These developments will be accompanied by investments in quality of services and a well functioning system of safety nets for the most vulnerable.

7.1 Cost Recovery and Revolving Funds

The Government is committed to gradual introduction of cost recovery for all services in the public health sector. This will build on the experience gained from cost sharing and autonomy for Kenyatta National Hospital. The first stage in cost recovery will be formalization of fees currently charged by different district health boards and committees and through enhanced fee collections. During this phase, the capacity to manage locally generated revenue will be strengthened and systems of effective financial management developed, tested and institutionalised across the country. This phase will also coincide with the decentralization strategy envisaged under the DARE project. At the same time, KEMSA will receive seed funding to start its operations.

In the second phase of the cost recovery scheme, revolving funds will be established eg: through supply of seed stock of GoK branded “SURE” condoms. During this phase, public sector facilities and systems will develop plans and budgets that are resource- and demand-based, including the demand for condoms. Boards and teams will be expected to have the capacity to manage the revolving funds and effectively account for them.

The Government anticipates that, whereas it may not be possible to achieve sustainability based solely on domestic resources, there will be substantial contributions from tax revenues and cost recovery. It is also envisaged that development partners will continue to play a role in the supply of condoms, though on a reducing scale over time.

The final and last stage will be realized when KEMSA is fully functional and the “cash-and-carry” system is operational in all districts. However, the RHAB will continue to regularly monitor and review progress and determine the pace of introducing new measures under the cost recovery scheme.

7.2 Kenya Medical Supplies Agency (KEMSA)

The Kenya Medical Supplies Agency (KEMSA) is founded as a semi-autonomous Government agency that utilizes private sector business principles to sell drugs and medical supplies to public sector providers at appropriate prices and terms. It assumes that district health boards and committees have the capacity to plan, budget and procure drugs and medical supplies in a cost-

efficient manner, and that they will take into account competitiveness of prices in their procurement decisions.

The board of KEMSA has been established and is in the process of setting up management structures and systems, a process that is expected to take at least 12-24 months before KEMSA becomes fully operational. During the preparatory phase, KEMSA will work with procurement agents and DELIVER to manage the distribution of condoms. In addition, the collaborating institutions will assist KEMSA to develop its systems and resource base.

KEMSA will assume responsibility for the management of the condom supply pipeline in a phased manner, with the proposed starting point being re-packaging of condoms for public sector distribution and social marketing. Thereafter its activities will be scaled up based on its demonstrated capacity to take on such responsibilities. The MoH will ensure that KEMSA, DELIVER and procurement agents work closely and in a coordinated manner to ensure that condom flows are smooth, and the transition to a fully operational and effective KEMSA is equally smooth.

7.3 Public Sector Outlets

Resources will be made available under the DARE project to enable the district boards and committees to develop the capability for involvement in condom logistics management and procurement and to take over the pricing of services. The MoH will assist district boards and committees to rationally set fees and collect and manage their revenues. These institutions will also be assisted to establish effective linkages with KEMSA on the basis of customer-supplier relations.

8. Financing Plan for Condoms 2001-2005

Current commitments for condom procurement and delivery are expected to meet the demand for public sector condoms until 2005. This includes (1) a January 2001 delivery of 49 million condoms provided by the Department for International Development (DfID), (2) 70 million condoms from KfW (a German Development Agency) also delivered in 2001, (3) a commitment of the German Government through the Family Health Project implemented by KfW to provide up to a one-year supply of public sector condoms (approximately 70-80 million), and (4) the commitment by the Government to procure 300 million condoms during 2001-04 using the DARE project credit. These sources are expected to satisfy at least 80-85 per cent of public sector condom demand during the five-year period 2001-05. In addition, DfID has committed to providing *Trust* condoms in a quantity projected to be sufficient for a 24-month period.

The Kenya Medical Supplies Agency (KEMSA) will closely monitor actual distribution against projections, using distribution data and forecasts. Should demand increase so much so that planned future procurement appears inadequate, KEMSA will notify the Director of Medical Services and the Permanent Secretary so that funding for additional condoms can be obtained. Beginning in 2002, KEMSA along with the Director of Medical Services and the Permanent Secretary will review condom needs past the end of the DARE loan period and will identify follow-on funding sources.

9. Organization and Management

9.1 Primary Responsibilities

The responsibility for the management of condom supply and distribution is a core function of KEMSA in collaboration with NASCOP and Division of Reproductive Health. In the interim period, the Logistics Working Group will continue to play a technical coordinating role while the Steering Group on condom and contraceptive commodities will provide technical guidance to NASCOP and Reproductive Health. The role of the Steering Group will be taken over by the RHAB once the latter body receives the necessary authority.

9.2 Annual Implementation Plan

The Heads of the Divisions of Reproductive Health, NASCOP and the Logistics Working Group, will develop annual work plans to implement this policy.

10. Monitoring and Evaluation

The main source of information for monitoring and evaluation will be the information system set up by the Logistics Management Information System (LMIS). This will address the major concerns of quantity, quality, distribution and use of condoms. The RHAB will organize and carry out annual household and consumer surveys on condom use. KDHS data will also be used as baseline information to assess the impact of the Condom Policy and Strategy. Some of the key indicators are given in the implementation matrix appended. Data from these sources will be used for forecasting, planning and budgeting.

11. Research Questions

In order to understand the implementation process and its impact, operational research will address several important issues including the following: (1) How can better and more accurate estimates of the actual need and demand for condoms be made? (2) What is the optimum number of condoms that need to be used in order to achieve a given target reduction in HIV transmission rate? (3) How can the various target groups be reached? (4) What are the effects of charging for condoms on access to and use of condoms? (5) What are the effects of charging for condoms on various condom distribution channels?

12. Implementation Matrix

POLICY AND ACTIONS		2001 /02	2002 /03	2003 /04	2004 /05	2005 /06	INDICATORS
1.0 Condoms are accessible to all who need and want them							
1.1	Issue new guidelines on eligible users						New guidelines disseminated
1.2	Public education and advocacy campaigns						Detectable behaviour change effected
1.3	RHAC mandate over management of condom strategy						Effective and efficient LMIS established
1.4	Implement NACC/ RH strategies						Increased impact of use on HIV infection rates
2.0 Introduce cost recovery and establish revolving fund for condoms							
2.1	Review fee exemptions for reproductive health/ family planning services						Efficiency in utilization of public services achieved
2.2	Introduce social marketing and sale of public sector condoms						Increased condom revenues to public sector
2.3	Phase out free issue of condoms in bars, lodgings and workplaces						Increase in proportion of condoms sold of all condoms distributed (%)
2.4	KEMSA commences operations in phased "cash-and-carry" system						Increased effectiveness and efficiency; Increase in outlets that are needs based (%)
2.5	Phase in user charges for public service condoms						% of condoms sold of all PS condoms distributed
3.0 Adopt modern logistics/ commercial practices in the distribution system							
3.1	Establish monitoring systems at central- and district-levels and other outlets						Improved information flow on demand and supply of condoms
3.2	Establish standards on logistics management outcomes						Improved efficiency of system
3.3	Use services of procurement agents and logistics management technical expertise						Improved efficiency of LMIS
3.4	Use services of KEMSA						Increased effectiveness and efficiency
3.5	Carry out quantification and monitoring of distribution and use of condoms						Enhanced accuracy in estimation Reduced wastage
3.6	Refine systems of forecasting						Better variance analysis

POLICY AND ACTIONS		2001 /02	2002 /03	2003 /04	2004 /05	2005 /06	INDICATORS
3.7	Promote use of non-GoK outlets						Increased service utilization (%)
4.0 Quality of condoms assured at all stages of the supply pipeline							
4.1	Implement quality assurance requirements						Increased quality of condoms
4.2	Develop national specifications and standards for condoms						Increased compliance with standards
4.3	Identify/ establish body within MoH to register condoms and other medical devices						Improved efficiency in record keeping
4.4	Use third-party certificates and WHO specifications for condoms						Increased compliance with standards
4.5	Enhance capacity of NOCL						Increased number of qualified staff
4.6	NOCL to carry out tests as and when necessary						Improved effectiveness of surveillance
4.7	Provide legal mandate for registration of condoms and medical devices						Increased compliance with standards
5.0 Financing of condoms assured by all stakeholders to ensure constant availability							
5.1	Planning and budgeting based on available projections						Sustainability of condom supplies achieved
5.2	GoK to introduce budget line for contraceptives and condoms						Increased GoK funding from tax revenue (%)
5.3	Establish revolving funds at outlets						Increased revenues realized
5.4	Promote local manufacture of condoms						Increased supply of condoms from local sources (%)
6.0 Monitor impact regularly							
6.1	Refine quantification and forecasting of condom needs						Improved variance analysis achieved
6.2	Carry out regular surveys to determine quality of services and outcomes of use						Quality of distribution/ use analysis improved
6.4	Conduct operational research on impact of the various policy and strategy actions						Quality, quantity, utilization, access and sustainability estimation achieved

National Condom Policy and Strategy

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