Government of Sierra Leone

National Strategy for Condom Programming in Sierra Leone

ENHANCING ACCESS AND DEMAND FOR TRIPLE PROTECTION 2025 – 2029

February 2025

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Foreword

The Government of Sierra Leone is proud to present the **National Strategy for Condom Programming (2025–2029)**, a critical step towards reinvigorating condom use and ensuring **uninterrupted access to male and female condoms, as well as lubricants, for key populations, young people, and the general public**. This strategy marks a significant milestone in our ongoing efforts to **reduce the transmission of HIV and other sexually transmitted infections (STIs), while also preventing unintended pregnancies.**

Developed through a **participatory and consultative process**, this five-year Strategic Operational Plan reflects the invaluable contributions of key stakeholders from diverse sectors. We extend our sincere appreciation to representatives from government ministries, departments, and agencies; non-governmental and community-based organizations; policy makers; networks of people living with HIV; the private sector; and our multilateral and bilateral partners, whose insights and expertise have shaped this strategy.

The National Condom Strategy aligns with the HIV prevention priorities outlined in the **revised National HIV and AIDS strategic plan (2021–2025)**. It also directly supports the objectives of the **National Health Sector Strategic Plan (2021-2025)**, contributes to the human capital development outcomes of the **Sierra Leone Medium Term National Development Plan (MTNDP, 2024-2030)**, and advances the **United Nations Sustainable Development Goals (SDGs)** - particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages.

Over the next five years, this strategy will guide national condom programming with focus on:

- **Programme Stewardship:** Strengthening leadership, coordination, and programme analytics.
- **Demand Generation:** Promoting social behavioural change communication to increase condom use.
- **Supply chain Management:** Enhancing the availability and accessibility of condoms through efficient last-mile distribution.

Our goal is to significantly **increase the access to and utilization of male and female condoms**, thereby reducing the transmission of STIs, including HIV, and preventing unintended pregnancies among all sexually active individuals.

This Strategic Plan is supported by a **fully costed operational plan** to facilitate effective implementation. Its success relies on the shared responsibility and accountability of multisectoral actors. **Continued collaboration** between government agencies, development partners, civil society organizations, and communities will be essential to achieving our goals.

Together, we can create an environment that empowers individuals to make informed choices about their sexual health and well-being. We are confident that the successful implementation of this strategy will contribute meaningfully to the health and development of Sierra Leone, building a more resilient and healthier future for all.

Prof. Dr. Charles Senessie
Deputy Minister of Health 1

Acknowlegments

The development of the **National Strategy for Condom Programming (2025–2029)** would not have been possible without the dedicated participation and support of numerous individuals and organizations. This plan reflects the collaborative efforts and commitment of the **Ministry of Health**, the **National AIDS Secretariat (NAS)**, **UNFPA** and **UNAIDS**.

We extend our sincere gratitude to the **UNFPA Team**, led by **Representative Nadia Rasheed** and **Deputy Representative Sibeso Mululuma** along with Technical Specialists, **Gamachis Shogo**, **Dr. Dan Okoro, Haja Bah**, and Programme Assistant, **Michael Fogbawa**, for their steadfast dedication, technical support and immense contribution in mobilizing financial resources, which were pivotal in the development of this strategy.

Our appreciation also goes to the **UNAIDS Team**, led by the former Country Director, **Isaac Ahemesah**, the current Country Director, **Jane Kalweo**, and Technical Advisers, **Amara Lebbie** and **Semion Saffa-Turay**, whose efforts in mobilizing both financial and technical resources were invaluable in the development of this strategy.

We are deeply grateful for the leadership and support provided by the **National AIDS Secretariat Team** and the **Ministry of Health**, including the **Directorate of Reproductive and Child Health (DRCH)**, and the **National AIDS Control Programme (NACP)**. Their guidance and commitment were pivotal to the successful completion of this plan.

Special recognition is extended to the consultants, **Julius Mukobe** (Lead Consultant) and **Edmund Makiu** (National consultant), for their expertise and dedication, and significant contributions throughout the development process.

We acknowledge the valuable contributions of the **Task Team** dedicated to this strategy, which included staff from **NAS, NACP**, the **National Secretariat for the Reduction of Teenage Pregnancy (NSRTP), the National Medical Supplies Agency (NMSA), the Directorate of Pharmaceutical Services (DPS)**; and our esteemed partners: **Marie Stopes Sierra Leone (MSSL), Planned Parenthood Association of Sierra Leone (PPASL), AIDS Healthcare Foundation (AHF), ICAP, JHPIEGO, CARE Sierra Leone, Consortium for the Advancement of the Rights of Key Affected Populations (CARKAP), Network of HIV Positives in Sierra Leone (NETHIPS), Society for Women and AIDS in Africa Sierra Leone (SWAASL), DKT, World Vision, and World Health Organization (WHO).**

We are equally thankful to all other partners and stakeholders whose contributions enriched the development of this strategic plan.

It is our hope that these collaborative efforts will drive the successful implementation of the strategy and help achieve its vision and goals by 2029.

Abdul Rahman Sessay
Director General, National HIV/AIDS Secretariat

Abbreviations and acronyms

BCC	Behaviour Change Communication
CARE	Cooperation for American Relief Everywhere
CBO	Community-based organization
CCP	Comprehensive condom programming
CSO	Civil society organization
CMO	Commercial marketing organization
DHS	Demographic and Health Survey
DHIS	District Health Information System
DRCH	Directorate of Reproductive and Child Health DIC
DIC	Drop-in Centre
FP	Family planning
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NACP	The National AIDS Control Programme
NAS	The National AIDS Secretariat
NMSA	National Medical Supplies Agency
PHC	Public health centre
SBCC	Social and Behaviour Change Communication
SMOs	Social Marketing Organization
STI	Sexually transmitted infection
TMA	Total Market Approach
TWG	Technical Working Group
UNFPA	United Nations Population Fund
WAHO	West African Health Organization
WHO	World Health Organization

Glossary

Key populations: Groups that are at higher risk of HIV due to risky behaviours. These populations experience marginalization due to sociocultural beliefs and norms as well as associated stigma and constraining legal and policy frameworks. Examples are commercial sex workers, men who have sex with men, transgender people, people who inject drugs, and prisoners or other incarcerated people.

Vulnerable populations: People at risk of HIV due to socio-economic or demographic factors. These include adolescent girls and young women and adolescent boys and young men.

Priority populations: People that are most affected by HIV and at high risk of acquiring HIV and transmission. They include miners, fisherfolk and Okada Riders.

Market subsidy: The value of total subsidies (excludes operating and support costs).

Market value: The currency value of the total number of products or services in a given market.

Market volume: The number of products or services sold, distributed or provided in a given market.

Number of brands: The number of distinct differentiated products condoms in the market.

People-centred condom programming: Programming that takes into consideration the situations that underlie risky sex and empower people to perceive risk, prioritize safer sex, make the choice to use condoms for triple protection, access them conveniently and affordably, and use and dispose of condoms competently. This approach focuses mainly on condom users and the factors that constrain access to condoms and consistent use.

Risk perception: The degree to which an individual perceives themself likely to acquire/cause STIs including HIV and/or unintended pregnancies.

Risky sex: A sex act likely to result in an unintended pregnancy and/or causing STIs including HIV.

Safer sex: Behavioural choices that reduce or minimize the risk of getting and transmitting HIV and STIs . Safer sex strategies include postponing sexual debut, secondary abstinence, non-penetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners.

Universe of need: The total number of condoms and supplies needed to reach universal coverage in the market.

Executive summary

The Ministry of Health through the National AIDS Secretariat, has developed the Strategic Operational Plan for Condom Programming in Sierra Leone with a focus on reinvigorating condom use to ensure **"uninterrupted access to male and female condoms and lubricants for Key Populations, young people and the general population."** Condom use in the country was estimated at 7 per cent and 23 per cent of women and men respectively who had sexual intercourse with non-regular partners. The primary goal of the strategic operational plan is to enhance access and utilization of male and female condoms, supporting national efforts to reduce the transmission of sexually transmitted infections (STIs), including HIV, and unintended pregnancies, for all sexually active individuals.

The development of the condom strategy was an all-inclusive and participatory process with all key stakeholders including policy formulators, Government Agencies, Implementing Agencies, the donor community, non-governmental organizations (NGOs), community-based organizations (CBOs) and beneficiary groups at the national and subnational level among others.

The process involved a review of literature and documents, collation of data, Key Informant Interviews and Focus Group discussions at the national and subnational level.

As the country geared up to reinvigorate its condom programme, there was a felt need for a strategic shift in programming to redefine the role of condom use. These key strategic shifts include:

Key strategic shifts

1. establishing a vibrant national coordination platform to enhance collaboration across sectors

2. adopting a people-centred approach that focuses on the needs and preferences of different population groups

3. promoting the triple protection benefits of condoms (against HIV, STIs and unintended pregnancies)

4. generating demand through enhanced social and behaviour change communication (SBCC) and information platforms across the country

5. improving supply chain systems to ensure that condom availability meets the demand

6. strengthening data management systems to enable evidence-based decision-making and informed programme implementation

The full implementation of the plan is expected to increase condom use by 50 per cent and to significantly bring down the rate of transmission of STIs, HIV and unintended pregnancies.

Estimated resources for condom programming for 2025 – 2030:

US$ 10.687 million

The estimated resources for condom programming for the 2025–2029 period is US$ 10.687 million, with funding projected to rise incrementally every year from $1.901 million in 2025–2026 to $2.237 million by 2029–2030. The estimates cover both the commodities and supplies as well as the programme overheads required to reinvigorate condom programming in the country. An overall funding gap of $4.4 million is projected, which the Government of Sierra Leone (GoSL) must commit to closing.

Key strategies proposed include:

- increasing GoSL allocations to the MoH and to condom programming in particular;
- engaging development partners for additional support for the programme; courting new partners and agencies who had previously not been part of the HIV and condom programming;
- proactively devising means to encourage domestic resources towards the programme; and
- collaborating with the hospitality sector to support condom programming for businesses in that sector.

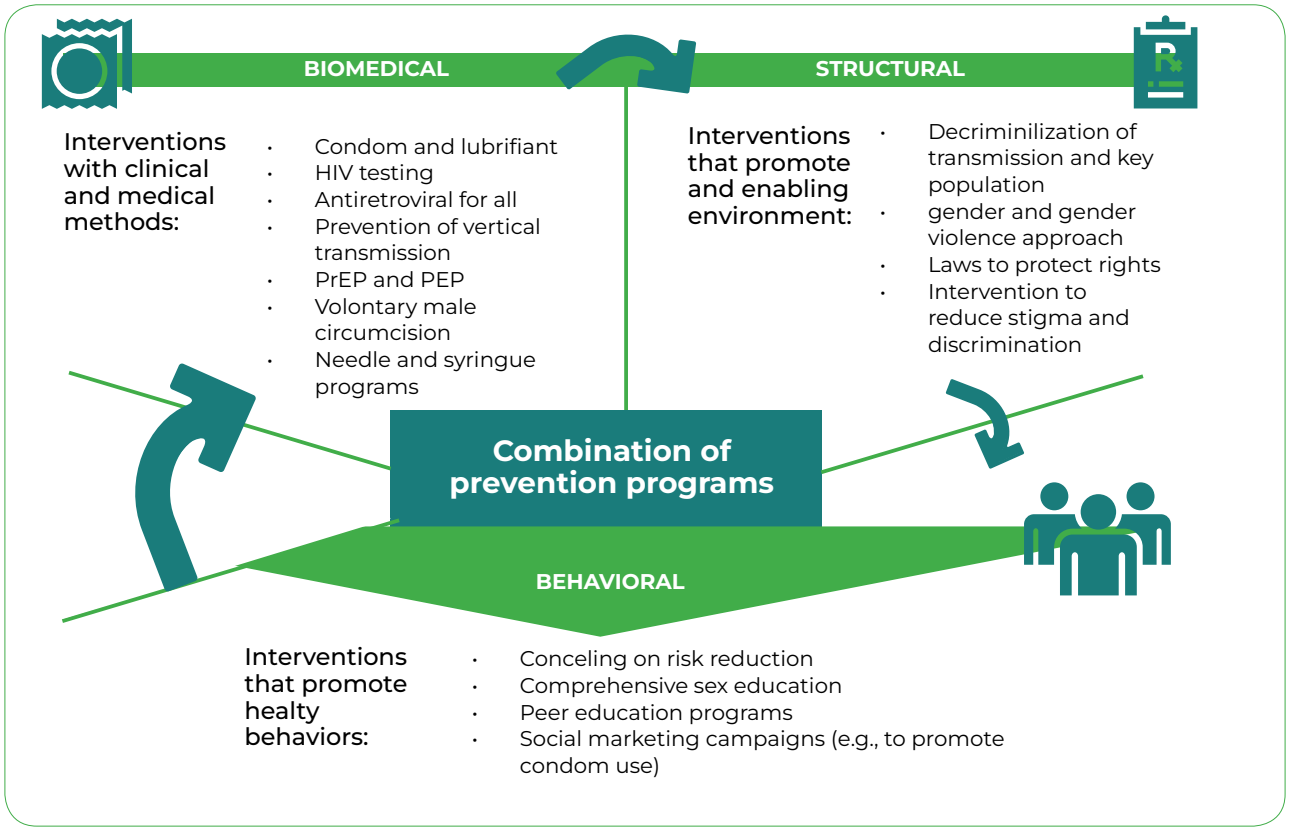
Chapter 1: Introduction

1.1 Why condoms

Historically, condoms have been at the centre of the response to sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), as well as being a key family planning (FP) tool. They have a transformative impact in slowing down the spread of HIV and other STIs, while averting unintended pregnancies. Condoms are not only highly effective but they are also among the most versatile and cost-effective health commodities available. In this context, condoms refer to male and female condoms, along with lubricants that are vital in triple protection.

Research shows that condoms are 70 to 80 per cent effective when used consistently and correctly. Consequently, condom programming has become an integral component of combination prevention strategies in the HIV/AIDS response. These strategies are rights-based, evidence-informed and community-owned and use a mix of biomedical, behavioural and structural interventions. They are tailored to address the specific HIV prevention needs of individuals and communities, so as to have the most significant and sustained impact in reducing new infections.[1] The key components of the combination prevention strategy are illustrated in the figure below.

Figure 1: Components of combination prevention programmes



1. Joint United Nations Programme on HIV/AIDS (UNAIDS), 'Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections: A UNAIDS Discussion Paper', 2010.

1.2 Background

The Strategic Operational Plan for Condom Programming in Sierra Leone, hereafter referred to as the National Condom Strategy, was developed as part of the HIV prevention strategies under the fourth National Strategic Plan on HIV and AIDS 2021-2025 developed by the Ministry of Health (MoH) through the National AIDS Secretariat (NAS). The latter focuses on reducing risky sexual behaviour and one of the strategic interventions it identified refers to ensuring "uninterrupted access to male and female condoms and lubricants for Key Populations, young people and the general population."

In an attempt to revitalize condom programming, the strategy suggests the following key activities:

Key activities

1. strengthen condom programme stewardship at national and subnational levels including leadership, coordination, coaching and mentorship and data management and reporting for effective condom programming

2. review and implement national condom and lubricant strategy

3. facilitate expansion of community-based distribution networks for condoms and appropriate lubricants

4. strengthen the capacity of Key Populations and youth-led organizations to promote correct and consistent use of condoms and lubricants

5. improve programme development and quantification for effective resource mobilization and the elimination of stockout

6. develop and implement innovative condom promotion interventions including rebranding public sector condoms, social marketing of branded condoms to provide more choices, positioning condoms as a lifesaving device and mainstreaming condoms in all Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition sites

7. improve demand creation and utilization

8. targeted condom distribution for the general population, key populations and other vulnerable populations developed and implemented

9. targeted lubricant distribution for key populations developed and implemented

10. support the establishment and operationalization of national and district condom coordination committees

UNFPA, in collaboration with UNAIDS, works together with the National AIDS Secretariat to support the National HIV/AIDS response on advocacy, prevention and implementation of the Comprehensive Sexuality Education (currently referred to as the Child and Adolescent Health and Life Skills Education in the context of Sierra Leone) in order to enable young people to protect and advocate for their health, well-being and dignity by providing them with a necessary toolkit of knowledge, attitudes and skills.

The National Strategy for Condom Programming contributes to the outcomes of the National Strategic Plan on HIV and AIDS (2021-2025) and the human capital development outcomes of Sierra Leone's Medium Term, National Development Plan (MTNDP 2024-2030).

The strategy is intended to provide guidance on national condom programming in areas like programme stewardship (leadership and coordination, programme analytics), demand generation (SBCC) and supply chains, especially last-mile distribution.

1.3 Development of the strategy

The development of the national condom strategy was an all-inclusive and participatory process cutting across a range of participants including policy formulators, Government Agencies, Implementing Agencies, donor agencies, non-governmental organizations (NGOs), community-based organizations (CBOs) and beneficiary groups at the national and subnational level, among others. The process began with a review of literature and documents, of both published and grey literature. A list of documents reviewed is in the bibliography.

The process involved collation of data at both the national and subnational levels. Key Informant Interviews (KIIs) were conducted with a wide range of participants including policy formulators, MoH departments heads, the NAS leadership, UN agencies, implementing partners, NGOs, CBOs, key populations and private sector players. A series of stakeholder engagements were held to garner inputs and comments and validate and prioritize the proposed strategies for the plan. A retreat for participants was organized to develop condom needs assessments which formed the bedrock of the quantification of data reflected in the main report.

Chapter 2: Situation analysis

2.1 HIV, STIs and family planning status

In 2019, the HIV prevalence in Sierra Leone was estimated at 1.7 per cent among adults aged 15–49. The prevalence is higher in urban areas (2.3 per cent) than in rural areas (1.2 per cent) (SLDHS, 2019). Approximately 77,000 people are living with HIV in the country, of whom around 47,300 are female and 29,300 are male. About 76 per cent of persons living with HIV are aware of their status, nearly all of whom (about 99 per cent) are on treatment and 45 per cent are virally suppressed (UNAIDS 2023, Spectrum Estimates).

The HIV epidemic in Sierra Leone is mixed and generalized with concentration among key populations. The epidemic is said to be more pronounced in females (15–24) with a prevalence of 1.5 per cent compared to 0.5 per cent for males (15–24).

The key populations are more disproportionately affected by HIV, with varying prevalences as shown in the table below.

Table 1: HIV prevalence for selected key populations

Key Population	HIV Prevalence
Female sex workers (FSW)	11.8%
Men who have sex with men (MSM)	3.2%
People who inject drugs (PWIDs)	4.2%
Prisoners	3.4%
Transgender	4.2%

Source: Integrated Bio-Behavioral Surveillance Survey 2021.

STIs increase a person's risk of getting HIV for both biological and behavioural reasons. According to research, STIs like syphilis and gonorrhoea cause physical changes that make the HIV virus have easier access to vulnerable cells and tissues of the body. STI co-infection also increases the infectivity of the person with HIV, making them more likely to transmit the virus.[2] The DHS 2019 reported a self-reported prevalence of STIs of 14 per cent for males and 22 per cent for females. The DHS also indicated high-risk sexual behaviours such as having multiple sexual partners, unprotected sex and transactional sex among adolescents.

The 2019 Demographic and Health Survey (DHS) revealed a high level of awareness about contraceptives, with 98 per cent of currently married women and 99 per cent of currently married men knowing at least one modern method of family planning. **Among women, the most well-known contraceptive methods were pills, injectables and implants (96 per cent each), followed closely by male condoms (94 per cent)**. However, despite the high awareness of male condoms among currently married women, fewer than 1 per cent reported using them as a contraceptive method. This indicates that condom use as a family planning method remains extremely low among married couples in Sierra Leone.

2. Myron S. Cohen, Olivia D. Council, Jane S. Chen, "Sexually transmitted infections and HIV in the era of antiretroviral treatment and prevention: the biologic basis for epidemiologic synergy," 2019, https://doi.org/10.1002/jia2.25355.

2.2 Patterns of condom use

The 2021 Integrated Bio-Behavioral Surveillance Survey (IBBSS) reported that 79 per cent of FSWs were aware that reducing the number of sexual partners and practising safe sex can help reduce the transmission of HIV and STIs. Additionally, 80 per cent knew that using a condom correctly during sexual intercourse lowers the risk of HIV and STI transmission. However, despite this knowledge, condom use among the sex workers was reported at only 40.8 per cent.

According to the 2019 DHS, 81 per cent of men and 69 per cent of women knew condom use can prevent HIV transmission. The same survey found that in the 12 months preceding the survey, 24 per cent of women reported having sexual intercourse with a person who was neither their husband nor someone they lived with. Among these women, only 7 per cent used a condom during their last sexual encounter with such a partner. **Among men aged 15-49, 22 per cent reported having two or more sexual partners in the 12 months** before the survey, and 42 per cent had sexual intercourse with someone who was neither their wife nor lived with them. Of those men, only 23 per cent reported using a condom during their last sexual encounter with such a partner.

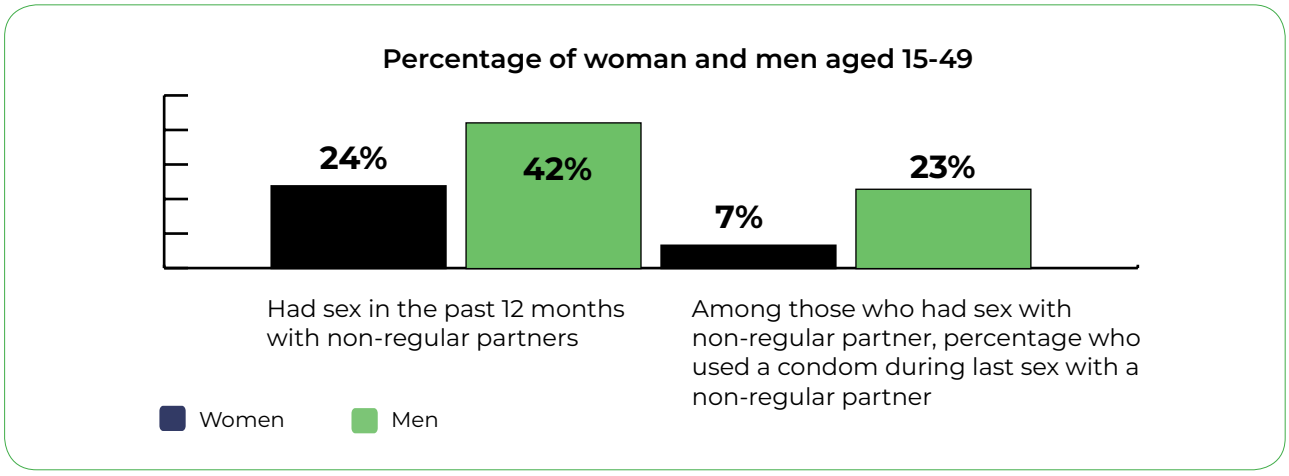
These findings highlight a **critical gap between knowledge and behaviour**, underscoring the need for targeted interventions that not only raise awareness but also promote consistent condom use, particularly among high-risk groups, to effectively curb the spread of HIV and other STIs.

The DHS reported that **24 per cent of women reported having sex with non-regular partners; of which only 7 per cent reported to have used condoms. Of the 42 per cent men who reported having sex with non-regular partners only 23 per cent reported using condoms.**

42% of men aged 15-49 had sex in the past 12 months with non-regular partners

Figure 2 below shows the percentage of men and women using condoms among those who have sexual intercourse with non-regular partners.

Figure 2: Sex and condom use with non-regular partners



Source: SLDHS 2019.

The figure 2 depicts condom use far below the national target of 90 per cent among the adults. **The low condom coverage and use may be attributed to factors such as the following:**

a) Limited distribution to user pick points
b) Limited demand generation and condom promotion campaigns
c) Advocacy gaps at national and subnational levels
d) Myths on condoms
e) Lack of knowledge and skills on correct and consistent condom use
f) Limited social marketing programmes
g) Limited domestic funding for condoms with heavy reliance donor support

2.3 The condom programme in Sierra Leone

This section discusses the status of the condom programme in Sierra Leone, focusing on the following areas: programme stewardship – which includes leadership and coordination, community engagement, funding, policy and regulatory environment, programme monitoring and analysis – forecasting and quantifications, supply planning and procurement, Logistics Management Information System (LMIS), and warehousing and distribution of female and male condoms and lubricants.

Programme stewardship

The leadership and coordination of the country programme is fragmented, with the Directorate of Reproductive and Child Health (DRCH) responsible for condom use in family planning while the National AIDS Control Programme (NACP) coordinates condom use for HIV. **The country does not have a steering committee that discusses the country needs and implementation of condom interventions, and no regular Technical Working Groups (TWGs) or national resource mobilization activities**. Resource mobilization is mainly undertaken as a component of the respective programmes where condom activities are housed. Thus, the planning for condom usage is weak. There are no dedicated human resources at the MoH or at the subnational level to oversee the condom programmes. Much of the condom interventions are therefore conducted in line with the HIV /AIDS strategic plan. There are hardly any routine functional and coordination mechanisms of the programmes nor collaboration among the in-country partners.

Forecasting and supply planning

Condom programming within the MoH is managed through two key programmes. The DRCH is responsible for planning and last mile monitoring of reproductive health commodities including condoms for the FP programme, while the NACP oversees condoms for HIV prevention and control. The DRCH has a TWG responsible for forecasting and supply planning reproductive health commodities, including male and female condoms. Similarly, NACP has a quantification team dedicated to planning for HIV-related commodities, including condoms. Although the DRCH technical team includes representation from social marketing organizations (SMOs), it is unclear how this influences procurement for social marketing initiatives. Furthermore, **the two working groups do not have a platform to collaborate, harmonize or jointly plan for the MoH's overall condom programming.**

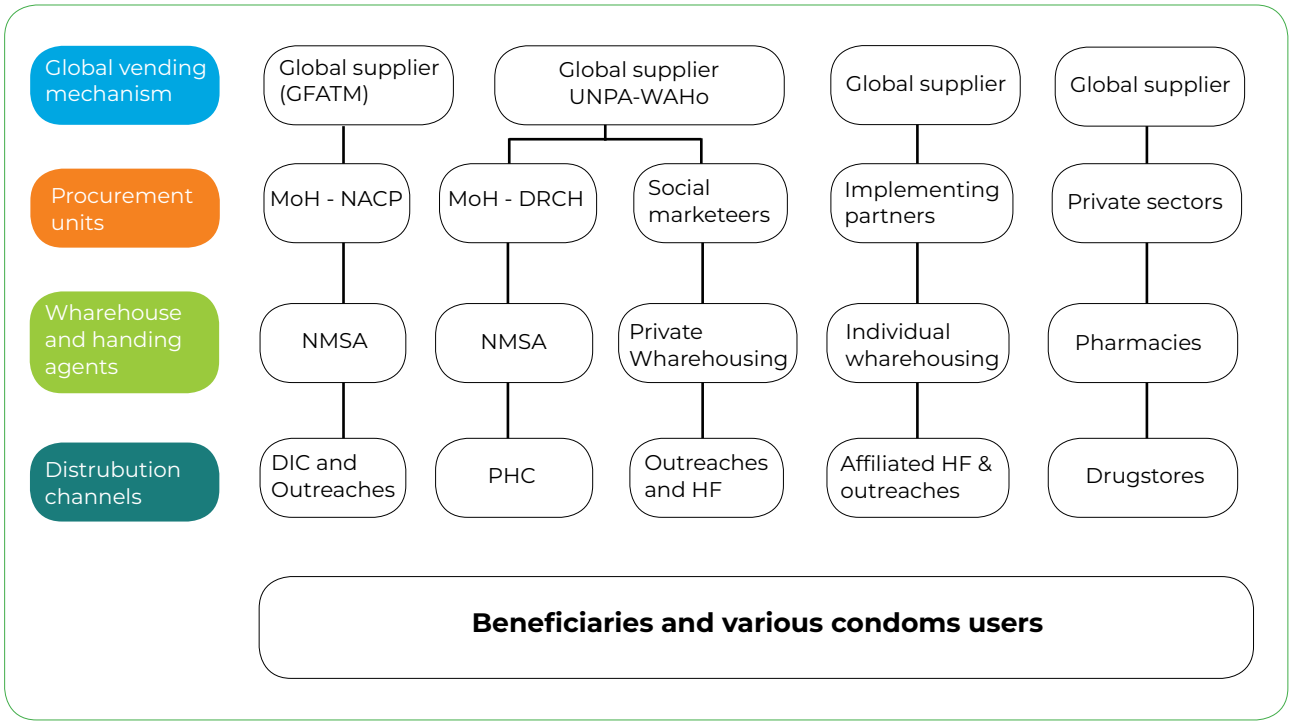
Procurement

Free condoms for the public in Sierra Leone are procured through a number of mechanisms. The free condoms under the DRCH programme are procured through the UNFPA. The West African Health Organization in the recent past supported the DRCH programme to procure condoms for FP for the MoH. Other agencies that support the procurement of condoms for FP include Planned Parenthood Association of Sierra Leone (PPASL); Maries Stopes Sierra Leone (MSSL); Care international and DKT International among others, with the latter three involved in platforms for social marketing of condoms.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funds the procurement of condoms under the HIV prevention and control for Key Populations. Other agencies that procured varied quantities of condoms for STI/HIV preventions include the AIDS Healthcare Foundation (AHF), and a programme funded by the US Government's Department of Defense. The above mechanisms have been complemented by commercial condoms procured by private sector players.

Figure 3 shows an illustration of the stand-alone mode of procurement and distribution of condoms in the country.

Figure 3: Multiple condom procurement warehousing and distribution mechanisms



Warehousing

The National Medical Supplies Agency (NMSA) is charged with the warehousing and distribution of all public health commodities and supplies to the public service delivery points across the country. The agency currently runs warehousing stores in Freetown with regional and district stores. The NMSA periodically delivers health supplies to the district stores and Public Health Centres (PHCs) in a last mile delivery arrangement. The warehousing facilities at the time of the strategic plan formulation are adequate at the national levels but face serious challenges at the subnational levels particularly at the health facility levels. These range from inadequate space and roof leakages in some facilities to poor temperature controls, which are a recipe for deteriorating quality of the condom stock and hence their effectiveness. The country equally does not have proper sites for commodities which are due for destruction. This exacerbates the warehousing challenges at the subnational levels.

Distribution

While distribution is focused on the last mile concept, this too like procurement, was disjointed. The free public condoms under FP were delivered to the PHCs which are the pick-up points for users. The HIV prevention condoms are distributed through the Drop-In Centres (DICs) and targeted the key population implementers. At the same time, implementing partners distributed their condoms through affiliated health facilities or designated CBOs. The danger of this is that the distribution of condoms is not guided by national need nor is it properly directed to the target users. Duplicative deliveries are unavoidable and efficiencies could not be realized as implementation was fragmented on a national level.

Social and commercial marketing of condoms

Social marketing seeks to provide health-related information, products and services available and affordable to low-income populations and those at risk while at the same time promoting the adoption of healthier behaviours. One of the ultimate objectives of social marketing is to effect healthy and sustainable behavioural change. **Social marketing for condom programing seeks to achieve the following inter alia:**

1. Bridge the consumer gap between those who rely on free condoms and those who can afford to pay for condoms

2. Generate market data and intelligence that underpin programmatic decision-making and partnerships with governments and donors as key contributors to overall national HIV prevention efforts

3. Support the country's health services by providing condoms at a low cost so as to free resources for reallocation for more pressing health services, but most importantly to provide a gradual transition from being fully donor dependent to domestically supported programmes

Social marketing for condom programming in Sierra Leone is weak and it is run by a few agencies, among these being MSSL, DKT International, Care International and Sierra Leone Social Marketing and Development Agency (SLaDA) all of which are mostly urban-based. These agencies distribute condoms through affiliated health centres, outreach programmes and during national events such as the commemoration for the World Condom Day and World AIDS day.

Commercial condoms account for a very small proportion of the overall condom programming. It is characterized by full cost recovery which means services are restricted to a few people willing and able to spend to acquire condoms. One of the key challenges for social marketing and commercial marketing has been the fact that it was majorly within the urban areas with little presence in rural communities. This is partly due to the economic challenges, but also the social and cultural stigma associated with condom use. There are only about six condom brands registered with the Pharmacy Board in spite of the presence of several other brands on the market. The brands registered are in Table 2.

Table 2: Condom brand approved by the Pharmacy Board 2021-2023

Year	Number of brands	Name of brand	Quantity imported
2021	3	Gold Circle Classic Mole	524,307
		Gold circle Strawberry Mole	169,336
		Gold Circle Studded Mole	169,336
2023	9	Flamisxatic	1,299
		Fiesta Dotted	11,336
		Fiesta all night	5,624
		Fiesta Fruity	9,772
		Fiesta Classic	7,208
		Fiesta Extra Thin	10,468
		Fiesta Strawberry	9,676
		Kiss Strawberry	12,196
		Kiss Classic	132,158

Male condoms

The male condom is dormant in Sierra Leone and accounts for over 99 per cent of condom-use in the country. As pointed out earlier, accurate figures of condoms distributed were hard to come by due to lack of data and the multiple players who are not coordinated. Furthermore, many of these players do not report into the District Health Information System (DHIS) system. Estimates of quantities distributed range from 70 per cent to 80 per cent of quantities procured. **More than 80 per cent of the male condoms distributed are the free public condoms while 12 per cent and 5 per cent are social and commercial marketing condoms respectively.**

Information available and accessed showed an estimated **28.2 million male condoms procured in 2023/24**, which was an increase from 8.8 million male condoms procured in the year 2020. The table below shows the condom imports for the public sector over the last five years.

Table 3: Imports of free public male condoms

Agencies	2020	2021	2022	2023	2024
AHF	2,448,000	3,000,000	2,592,000	1,382,400	1,762,560
Care International			10,990,080		
GFATM				6,139,296	26,496,000
UNFPA	6,354,288			7,028,000	
USAID/ PEPFAR			1,224,000	1,560,000	
West Africa Health Organization			4,665,600		
Total imports	8,802,288	3,000,000	19,471,680	16,109,696	28,258,560

Source: UNFPA and NACP reports.

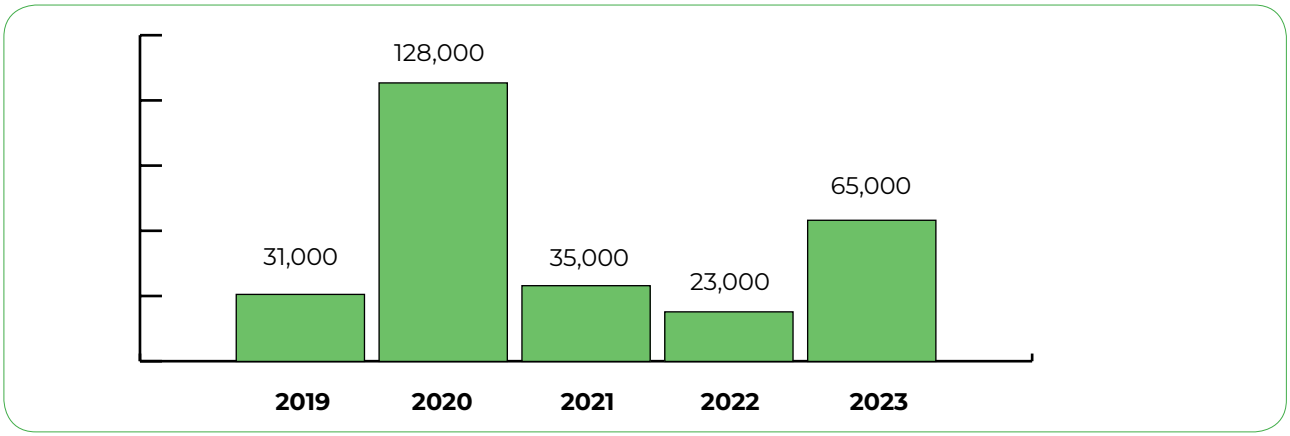
The drop in condom imports in the year 2021 is partly attributed to the COVID pandemic which affected many aspects of the economic activity in the country. Following the reopening of the economy there was a steady increase in the volume of free public condoms, social and full market condoms procured. The free public condoms procured increased 100-fold in the period 2020 to 2024.

In 2022, the country's condom need was estimated at 18.89 million, and an estimated 15.6 million condoms were distributed during the year leaving a condom gap in excess of 3.2 million. As the country transitions through the post-COVID 19 period, this gap is projected to increase unless drastic measures are put in place to address this imbalance.

Female condoms

Female condoms were introduced into the country about six years ago, but these faced a very low uptake. This is reflective of the patriarchal nature of society in the country where key decisions in relation to sexual behaviours are dominated by the men. Furthermore, low economic and social empowerment among the females disadvantages their ability to negotiate for safe sex or use of condoms. Figure 4 below shows the trends in female condom distribution for the years 2019 to 2023.

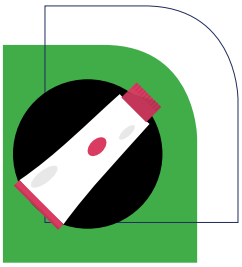
Figure 4: Female condoms distributed, 2019–2023



Source: UNFPA distribution summaries.

Lubricants

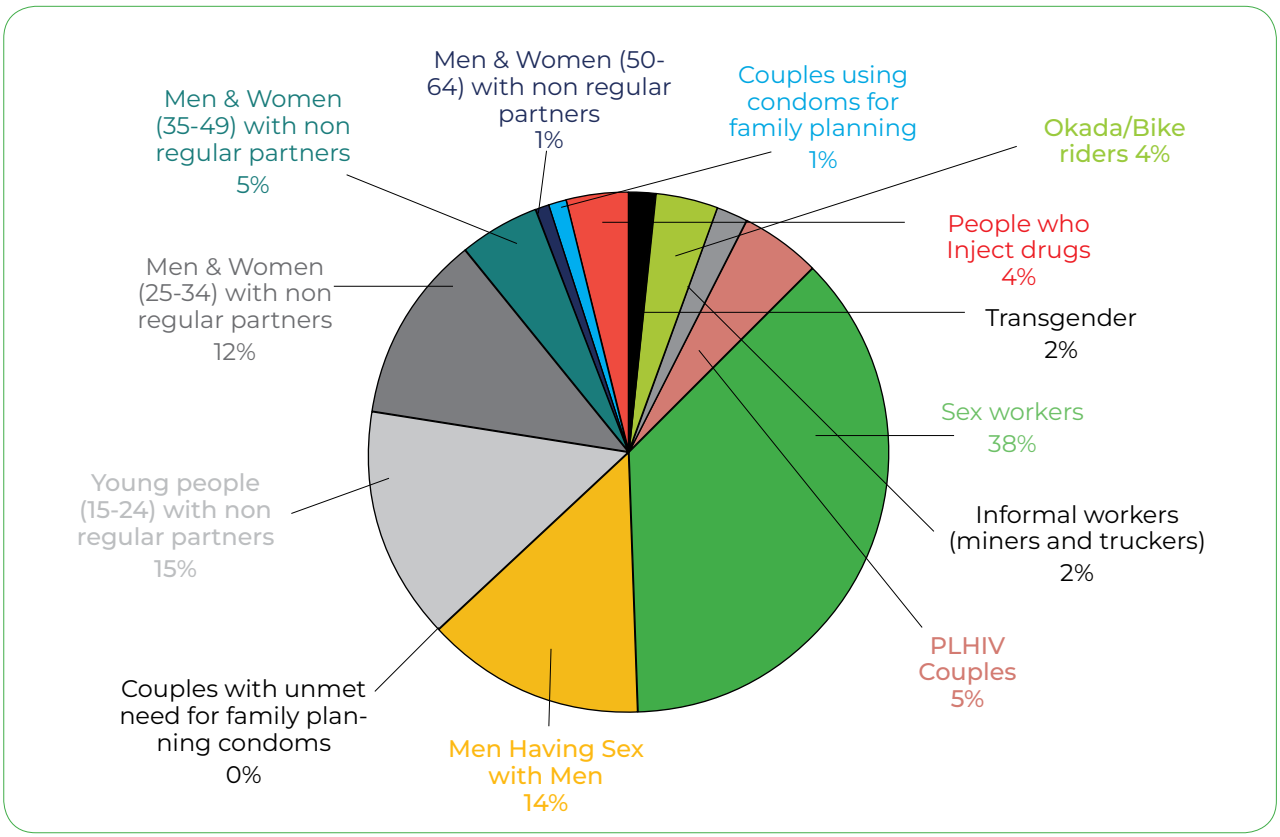
Lubricant imports are still low. The practice has been to procure lubricated condoms. This has gradually changed to include procurement of lubricants as separate supplies. The bulk of lubricants were supported through the GFATM and specifically distributed through the KP programs.



Targeting for the condom programming

Analysis of modelled data for the base year 2022 revealed that **condom distribution was highest among sex workers with an estimated 38 per cent**, followed by young people (15–25 years) with 15 per cent, MSM with 14 per cent and men and women aged 25–34 years with 12 per cent, as shown in Figure 5.

Figure 5: Distribution of commodity cost by population, baseline 2022



The above pattern reflects programming challenges where the distribution of c0nd0ms may not be directed to those populations that are the highest contributors to the spread of STI, HIV and unintended pregnancies. A review of the DHS and IBBSS and spectrum modelling show increasing incidents in young adults particularly women and out-of-school youth. Notable segments that are not targeted in the condom programming included the clients and partners of vulnerable key population groups including sex workers, miners, fisher folk and PWIDs. The legal barriers and stigma associated with the key populations leave their partners vulnerable and unattended to. Equally, other than the family planning condoms there are no deliberate campaigns that promote condom use in the general population.

Demand creation

Demand creation is a key element for the uptake of condom services. The key aspects of demand are reflected in the numbers and types of condoms distributed. A review of documents and interviews conducted highlighted that some of the probable causes include:

1. **inadequate information about condoms** among the populations or inaccurate information as well as myths and misconceptions surrounding the use of condoms.

2. **limitations with regard to accessing condoms.** Free public condoms can only be accessed from the PHCs or during commemorations of national events. This leaves a number of persons unable to get condoms when they need to use them.

3. **stigma among users** as they are not able to freely pick condoms from the PHCs or even buy at the stores.

4. **cultural and religious beliefs** that discourage condom use have too played a big role in the low demand for condoms.

Reporting and information system for condoms programing

The reporting and monitoring system for condoms is a crucial part of reporting on sexual health including prevention of STIs and HIV. This programme utilizes the DHIS in conjunction with community reporting mechanisms to ensure comprehensive and effective coverage of the condom programme. Within the DHIS, data on condom distribution is collected and input at the facility level from the HIV Testing Services (HTS) register. This information is then transmitted to the nation level where it is analysed and used to inform decision-making. Condom reports for the community responses complement the facility-based reporting to ensure that the information system is robust and responsive to the needs of the population. These tools allow authorities to track trends, identify gaps and allocate resources effectively.

The major challenges for the information system lie in routine collection using an inadequate community and health workforce, and limited mentorships at both the facility and community level. The reporting is still paper-based in most facilities with all its shortcomings. The current DHIS does not capture vital condom parameters such gender disaggregation, and condom usage for the various key and vulnerable populations. Currently the DHIS does not capture the social and commercial marketing condom outputs. All the above partly contribute to the low usage of data for key decision making.

2.4 SWOT analysis

The environmental scan for condom programing was undertaken using the SWOT (strengths, weaknesses, opportunities, and threats) analysis. This SWOT was formulated with insights of the health system building blocks, as this was deemed most appropriate to evaluate condom programming at the national and subnational levels.

Table 4: SWOT analysis for condom programming

Strengths	Weaknesses
Policies and guidelines on condom use are in place	Governance structure not effective resulting in weak coordination among key partners and GoSL agencies
Commitment from Partners and donor support in place	Limited programme assessments and evaluations
Strategic plans for HIV and RH and annual work plans in place	Delivery platforms in non-health settings weak or limited
Integrated delivery service in place for the public health system	Minimal programmes in place to scale up services and weak programmes for interventions in emergency settings
PHC key access points for programmes - access to free condoms	Weak quality controls for imports and in country stocks and brandings
Target group well-defined and able to de-sign programmes	Low GoSL funding for condom programing and lack of resource mobilization strategies for condom programming
NMSA mandate includes procurement warehousing and distribution	Low HR density in key programme areas such as forecasting and quantification, and SBCC
LMIS integrated in the DHIS system	Weak SBCC and messaging resulting in low or limited demand for services

Table 4: SWOT analysis for condom programming (Continued)

Opportunities	Threats
Technical assistance to strengthen leadership	Impact on condom usage of sociocultural factors such as stigma and patriarchal notions
Mechanisms for resource pooling to be explored	Influence of religious beliefs
Public-private partnerships still unexplored	Potential drop in availability of external sources
Quality assessments with GFATM quality assessments equipment should be enforced	
Unexplored platforms for data collations	

Chapter 3: Vision, goal, objectives and outcomes

3.1 Vision

A Sierra Leone where condoms are accessible, acceptable and affordable for all sexually active individuals, regardless of gender and circumstances.

3.2 Goals

Increase access and utilization of male and female condoms to contribute to the country's efforts to reduce the transmission of sexually transmitted infections including HIV, and unintended pregnancies, for all sexually active individuals.

3.3 Objectives

1. Increase the demand for both **male and female condoms** for disease prevention and family planning by 50 per cent by 2030

2. Improve access and **utilization of both male and female condoms** for disease prevention and family planning

3. Strengthen the supply chain **management** for national comprehensive condom programming

4. Improve management, **monitoring and evaluation** (M&E) of the condom programme

3.4 Outcomes

1. A functional national **mechanism** for comprehensive condom programming (CCP)

2. Increased **utilization of condom and lubricants**

3. Improved **environment** for condom programming

4. Sustained **funding** for CCP

3.5 Guiding principles

The National Condom Strategy shall be underpinned by the following principles:

Country ownership: The strategy shall be developed with the full participation and inclusiveness of all key stakeholders at national and subnational levels.

Sustainability: In line with TMA principles, a system will be developed to grow a vibrant commodity market which will progressively reduce reliance on condom subsidies while improve resourcing from national funding mechanisms.

Integration: The condom programming shall be synergized with other prevention and health-related programmes to ensure it is rolled out at the community level to take advantage of the U=U platforms

People-centred: Programming will take into consideration the situations that underlie risky sex, empower people to perceive risk, prioritize safer sex, make the choice to use condoms for triple protection, access them conveniently and affordably, and use and dispose of condoms competently. This strengthens the focus on condom users and enable an appreciation of the factors that constrain access to condoms and consistent use.

Equity: Distribution and increased access to quality male and female condoms, lubricants and related supplies shall be regarded as a human right for all sexually active populations within appropriate approaches like TMA.

Human rights and gender sensitivity: The condom interventions shall be designed keeping in mind gender- and human-rights-related disparities, in order to reach the most vulnerable groups.

Collaboration: Partnerships will be strengthened at national and subnational levels, including the participation of Development Partners, CSOs, traditional and religious institutions, public-private players and beneficiaries' groups in planning, implementation and monitoring of the programme.

3.6 Comprehensive condom programming

Comprehensive condom programming (CCP) focuses on the need to reinvigorate the condom interventions to ensure that every sexually active person is able to access condoms for protection against STIs, HIV and unintended pregnancies. CCP seeks to ensure this in the following ways:

1. Strengthening the supply chain system to be able to respond to the demand for condoms, through proper quantifications and forecasting, an efficient and equitable delivery platform to the very last mile to all condom users. This pillar includes ensuring sound procurement mechanism, warehousing and distribution of the condoms. A sound LMIS system would provide quality data for informed and evidence-based decisions.

2. Strengthening governance, leadership and coordination of programme stewardship at both the national and subnational levels including provision of necessary resources for implementing condom programmes. This is key as it ensures consensus and buy-in, as well as country ownership of condom programming.

3. Demand creation for condom use through the provision of accurate information, revisiting behaviour communication channels to address barriers at the national and community level to increase consistent and correct condom use and disposal within the various target groups.

4. Information management and other support systems. This includes aspects of data management, support for supervisions and mentorships, conducting evaluations and studies, and carrying out programming to improve condom use within the various target communities.

3.7 Strategic shifts in condom programming

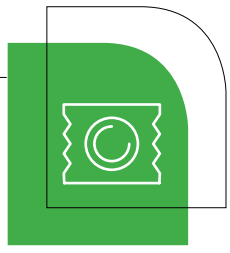
As the country gears up to reinvigorate the condom campaign, there is a need to undertake a strategic shift in redefining programming to scale up coverage and condom use across the various target populations. The strategic shifts will aim to:

1. establish a harmonized national coordination platform;
2. take a people-centred approach;
3. scale up condom triple use;
4. create demand for condoms by strengthening BCC and information platforms across the country;
5. improve supply chain platforms to match demand with adequate supply;
6. strengthen evidence and data management systems to inform the implementation of evidence-based decisions.

Strategic shift 1: Establish a harmonized national coordination platform

Currently condom procurement, warehousing and distributions is not well coordinated across the key players. The stakeholders involved in procurement disregard what the other players are planning, resulting in excess condoms at some points in time and a shortage at other times. This is prompted by the fact that the FP TWG does not hold joint planning meetings.

Condom procurement, warehousing and distributions is not well coordinated across the key players



The HIV prevention quantification team at the MoH and the social and commercial marketing organizations (CMOs), only procure condoms based on the funds available, irrespective of market needs and conditions. Such situations are recipes for erratic condom supplies and inadequate distribution to the public through the NMSA .

There is therefore a need to set up a national coordinating platform. This platform will, among other things, be charged with the **quantification and forecasting of the number of condoms needed in the country, coordinating procurements and shipment schedules, warehousing and distribution patterns**. The coordination TWG will consist of representatives of both public and private players so as to ensure proper guidance in planning the condom needs in the country.

The committee will ensure quality assurance of condoms imported by regular review of the specifications, quality, and approved brands among other things. In collaboration with the Pharmacy Board, NMSA and other standard monitoring bodies, the committee will ensure that condoms imported meet the standards set by the MoH.

Strategic Shift 2: Take a people-centred approach

Condom programming needs to shift from the current practice of only using public health facility points to one where condoms are distributed to both the public health and non-health pick-up points. Programming must focus on people and their differing needs. **People-centred programming requires an elaborate segmentation of the population based on similar traits or characteristics, in order to identify their unique needs and design interventions that address them**. This includes the types of condoms each target population requires, quality branding, accessibility and affordability among others, enabling a fair estimate of the country's needs and the ability to put in place appropriate supply mechanisms to meet the demand.

The categorization of the various populations may be based on age, rural and urban location, lifestyles, education, income quantiles and other social and economic parameters. These will then influence the proposed strategies and interventions and ensure synergies and efficiencies along the continuum of services.

Strategic shift 3: Scale up condom triple use

Condoms and related supplies provide a triple protection against the spread of STIs, HIV and the occurrence of unintended pregnancies. Condom programming should ensure all the three facets are promoted together. The current practice of having FP condoms promoted separately from the HIV prevention condoms results in inefficient use of resources, duplication of tasks and poor communication. These programmes should be run as one, with one coordinating platform, harmonized warehousing and distributions and an integrated data management system to inform the decision-making process.

Strategic shift 4: Create demand by strengthening BCC and information platforms

The literature of recent years shows low condom coverage and usage. This was partly attributed to sociocultural aspects factors, low levels of awareness, weak BCC and weak messaging across the country. All these have in part accounted for low condom demand which has translated into low condom use among adolescent girls and young women, and adolescent boys and young men, in and out of school, and these groups continue to have difficulties accessing condoms and lubricants because of existing policies and sociocultural norms.

Condom programming must address key issues that provide an enabling environment to increase demand, including developing, translating and disseminating BCC messages to address the sociocultural barriers holding back the use of condoms. The media must be engaged to re-echo the positive values of condom use. Awareness campaigns, use of billboards, posters and other communication means must be used to engage the target populations to promote the use of condoms for the triple protection campaigns. The involvement of the cultural and religious institutions to sensitize and disseminate information will be key for this campaign . Furthermore, peer-to-peer SBCC is needed to target youth , adolescents, and key and vulnerable populations.

Strategic shift 5: Improve supply chain platforms to match demand

The current practice for condom programming involves vertical and standalone programme processes. FP programmes procure and distribute condoms through the public health units while the NACP through the GFATM, procures and distributes condoms to the key population using the DICs. Other Implementing Partners equally distribute condoms to their respective pick-up points which at times may all be in the same neighbourhoods.

The shift in the supply chain will focus on a harmonized last mile supply chain system that addresses the condom needs and gaps across the country. The country will in addition adopt a TMA that will bring on board other key players to ensure condom distribution for the various populations is done in a more efficient manner as well as address the key aspects of access and affordability for everyone who needs a condom.

The TMA will address the status quo where over 85 per cent of the condoms distributed are the free public condoms which are wholly funded by external resources. The TMA will be used as a platform to encourage and promote alternative condoms resourcing through the social marketing and the commercial market approaches for condom users willing to pay. This has the long-term effect of weaning off a bigger portion of free public condoms in preference for the subsidized and full market priced condoms.

Strategic shift 6: Strengthen evidence and data management systems

Currently the LMIS for the condom programming is weak and many of the facilities have not wholly reported on the condom indicators. The community condom results have not been fully captured. As a result, data and information available are not sufficient to inform the key decision-making process. There is a need to strengthen the DHIS and the LIMS for community programmes, providing evidence vital for condom programming.

Chapter 4: Priority strategies and interventions

In order to effectively address the six strategic shifts discussed above, the condom programming will need to undertake strategies and intervention to achieve the following outcomes:

Outcome 1: A functional national mechanism for comprehensive condom programming

Outcome 2: Increased utilization of condom and lubricants

Outcome 3: Improved environment for condom programming

Outcome 4: Sustained funding for Comprehensive Condom Programming

4.1 Strategies and priority areas

To achieve these outcomes, a set of strategies and strategic actions were proposed and these are shown in Table 5 below.

Table 5: Summary of strategies and strategic interventions

Outcome 1: A functional national mechanism for comprehensive condom programming
Strategy 1.1: Strengthen leadership and coordination.
Strategy 1.2: Facilitate national condom programme support systems
Strategy 1.3: Strengthen supply chain and commodity security
Outcome 2: Increased utilization of condom and lubricants
Strategy 2.1: Increase demand, access and utilization for condoms use
Strategy 2.2: Engage Social Mobilizers and change agents in condoms programming
Strategic 2.3. Roll out a coordinated digital platform for SBCC and messaging
Outcome 3: Improved environment for condom programming
Strategy 3.1: Grow the market size
Strategy 3.2: Strengthen leadership and stewardship of condom Total Market Approach
Outcome 4: Sustained funding for comprehensive condom programming
Strategy 4.1: Develop and implement a condom financing sustainability plan
Strategy 4.2: Increase Government share of condom procurement and management

4.2 Priority interventions

Outcome 1: A functional national mechanism for comprehensive condom programming

Realizing the above outcome will require structural changes in condom programming at the national level in the form of a coordination committee. This committee will be responsible for **planning and coordinating forecasting, procurements, warehousing, quality control and distribution of condoms and other functions.**

All key condom players will be required to align their implementation in line with the policies and guidelines stipulated by this apex organ. To achieve this a set of strategies have been proposed, including establishing and operationalizing a coordination task with a defined terms of reference, specifying its mandate and roles. There will be a need to **reactivate the structures at the national and subnational levels, orient the various office bearers, and support periodic engagements with various stakeholders**. Centralized planning sessions and periodic review of forecasting procurement and supply schedules is key and should be in collaboration with the relevant institutions. An advocacy campaign will be undertaken at the national level to raise the condom agenda, thus promoting condom usage.

Strategy 1.1: Strengthen leadership and coordination

1.1.1 Review and strengthen policies and regulations

i. Review and update policies and guidelines on condom programming
ii. Validate and disseminate revised policies on condom programming

1.1.2 Strengthen programme governance and partnership coordination

i. Appoint a committee to oversee condom programming
ii. Orient the committee on roles and responsibilities
iii. Support quarterly meeting for the committee
iv. Activate/assign focal point responsibilities among MDA and corporate entities to support condom programming

Strategy 1.2: Facilitate national condom programme support systems

1.2.1 Deepen advocacy for the condom programme

i.Promote condom programming at national and subnational levels
ii.Conduct periodic media engagements on condom use
iii.Orient media practitioners on objective reporting on condom use
iv. Advocate for condom use with cultural and religious institutions

1.2.2 Strengthen institutional capacity

i. Activate/assign focal point responsibilities among the MDA
ii. Orient focal persons on their roles and responsibilities
iii. Support periodic engagement at national and subnational levels

Strategy 1.3: Strengthen supply chain and commodity security

1.3.1 Effective quantification and forecasting

i. Periodic capacity enhancements of quantification team
ii. Develop a supply plan for condom dispensers
iii. Support annual quantification retreats with all key players

1.3.2 Increase capacity for post-shipment testing and post-market surveillance

i. Enhance Pharmacy Board capacity to increase condom testing
ii. Conduct routine post-market survey

1.3.3 Increase condom storage capacity and improve warehousing efficiency

i. Advocate for improved storage facilities at the subnational level
ii. Refurbish 35 storage facilities in high volume centres

1.3.4 Implement the condom distribution plan and strengthen last mile deliveries

i. Support NMSA with last mile distribution
ii. Support last mile distribution in non-health facility pick up points
iii. Collaborate with agencies to utilize U=U as delivery platforms

1.3.5 Strengthen the condom LMIS

i. Procure IT equipment for LMIS
ii. Orient health workers in LMIS operations

Outcome 2: Increased utilization of condom and lubricants

Creating demand for condoms is vital in increasing and sustaining condom use. The current demand-related activities have been tagged on commemorating global events such International Condom Day and Worlds AIDS Day. The other few demand creation campaigns in place are conducted by the SMOs. The downside to this is that most SMOs are based in urban areas, leaving the rural areas grossly underserved. There are few active distribution models, mainly through the public health facilities for the FP condoms and programme outreach conducted by Implementing Partners and SMOs. Equally, **there are no active demand interventions for female condoms**. Other than condoms distributed through the health facilities, there is little effort towards increasing pick-up points to match new condom demands. The female condom has not attracted any promoters in the private sector. While the Pharmacy Board lists about eight approved brands, a few other brands were found on the market largely by the private sector players.

The condom has been promoted as an HIV prevention tool, with little information on triple protection benefits. Currently over 95 per cent of the free public condoms are not branded. The only free branded condoms are supported by Aids Healthcare Foundation, an implementing partner and are distributed through their facilities only.

To address this shortcoming, a set of strategies and interventions have been proposed including addressing barriers to condom use; a studies and operation research to identify knowledge gaps and other social barriers preventing condom use, client mapping and targeting strategies, engaging with cultural and religious institutions, developing a strong SBCC message campaign, using the various media platforms for dissemination of accurate information about condoms, using community drama and peer-to-peer for sensitization and mobilization, designing and implementing collaborative strategies with other programmes geared towards the use of the U=U as part of the condom distribution model alongside DSD programmes, and community outreach. The use of digital platforms for information and communication will be a strategic resource particularly among the youth.

Strategy 2.1: Increase demand for condoms and reduce barriers to access and utilization

2.1.1 Conduct a Knowledge Attitude and Practices (KAP) study relating to condom use
2.1.2 Conduct a mapping of target populations to aid condom programming
2.1.3 Develop targeted SBCC messages
2.1.4 Translate and disseminate SBCC messages across the country
2.1.5 Collaborate with media agencies for accurate messages on condoms use
2.1.6 Hold periodic media meetings to brief media practitioners on the condom drive
2.1.7 Build capacity of service providers for male and female condom quality service provision

Strategy 2.2: Engage social mobilizers and change agents in condoms programming

2.2.1 Orient cultural leaders on aspects of condom use and triple protection
2.2.2 Hold periodic meetings with cultural leaders to update them on new innovations in the HIV response
2.2.3 Support community outreach related to condoms and HIV by cultural leaders.
2.2.4 Orient religious leaders on aspects of condom use and triple protection
2.2.5 Hold periodic meetings with religious leaders to update them on new innovations in the HIV response
2.2.6 Support community outreach by religious leaders, and assist media agencies in relaying accurate messages on condom use

Strategic 2.3. Roll out a vibrant digital platform for SBCC and messaging

2.3.1 Orient social influencers on condom programming
2.3.2 Conduct periodic digital audit of social messages to debunk myths and errors
2.3.3 Digitalize and disseminate SBCC messages to platforms
2.3.4 Translate and disseminate SBCC messages across the country

Outcome 3: Improved environment for condom programming

Improving the market and social environment is key in improved condom marketability. The TMA is key to ensuring a steady growth in the market for condoms and related supplies. The TMA utilizes the three market segments (free public condoms, social marketing, and commercial marketing) to kick-start the sustainability and efficiencies measures. The TMA further aims to improve availability and access for condoms and related supplies. The TMA mechanism when fully implemented will encourage private investments into the condom market space which will in essence increase condoms availability and access while at the same time relieve GoSL resources to focus on the other key health priority areas including free public condoms for the most vulnerable populations.

The TMA in Sierra Leone is not functional and as such there is a need to roll it out and strengthen structures to ensure its success. There is a need to support and provide incentives for CSOs and the private sector, as well as programme oversight to ensure sustainability in condom service provision.

Strategy 3.1: Grow the market size

3.1.1 Conduct market research to understand and segment consumer needs and wants for target condom design, promotion and distribution through NGO channels and client-centred traditional and non-traditional outlets.
3.1.2 Strengthen market branding, management and sustainability
3.1.3 Create a favourable environment for the commercial sector to grow
3.1.4 Develop a BCC strategy for condoms (male and female) and strengthen the existing BCC interventions
3.1.5 Expand condom availability beyond the traditional channels (health facilities) to non-traditional outlets such as bars, night clubs, and hotels.

Strategy 3.2: Strengthen leadership and stewardship of condom TMA

3.2.1 Roll out TMA in condom programming

i. Support periodic data collation on existing market conditions
ii. Collaborate with SMOs and CMOs to conduct market surveys to support condom programming efforts
iii. Support transition towards operationalizing the TMA strategies
iv. Support mechanism to facilitate reporting by stakeholders operating under the three delivery platforms

Outcome 4: Sustained funding for CCP

Funding for health programmes inclusive of condoms has been predominantly from external sources. Currently all resources for the free public condoms are externally provided. Globally, the funding landscape has been changing over the last two decades with a shift in the funding priorities. These rapid readjustments in the funding priorities calls for refocusing and improving on the domestic allocations for condoms programming. Furthermore, an interruption in external funding would disrupt programme implementation and undo gains achieved from previous programmes.

This therefore calls for innovative means of raising additional resources to minimize programme disruptions. There is need to explore, for instance, funds from large infrastructure projects that keep large numbers of people away from their homes, which have been found to be super agents in the transmission of infections and unintended pregnancies.

Strategy 4.1: Develop and implement a national condom programme financing sustainability plan

4.1.1 Develop and implement a condom programming sustainability model

i. Develop and implement a condom resource mobilization strategy
ii. Roll out periodic support in the form of tax incentives to SMOs to make condoms more affordable and develop sustainable operational models
iii. Build capacity of SMOs and CMOs to equip them to supply health commodities profitably

4.1.2 Increase government share of condom procurement and programme management resources

i. Advocate with GoSL to allocate more resources for condom programming
ii. Explore new opportunities of funding in the form of partnerships with the private sector, such as the media and the hospitality industry
iii. Explore funding mechanisms for large infrastructure projects, and mining to allocate funding for condom programming and other HIV services.
iv.Secure increased funding from GoSL.

Chapter 5: : Implementation and responsibilities

4.1 The implementation of the National Strategy for Condom Programming

The National Condom Strategy will be implemented in partnership with several stakeholders that include the GoSL, CSOs, CBOs, the private sector, Development Partners and beneficiary groups. Public and private partnership principles will be employed in the execution of the strategy to enhance programme efficiency and effectiveness.

4.2 The role of stakeholders in the implementation strategy

THE MINISTRY OF HEALTH

The MoH has overall responsibility for the management and coordination of strategic condom activities across all areas of implementation, including forecasting, procurement, standardization of service delivery and M&E.

1. **The national level coordinating mechanisms will be strengthened to coordinate the multisectoral response to condom programming**, and this will be replicated at the subnational level.

2. Through the Reproductive Health and the NACP TWGs, the Ministry will **handle all policy and programme issues that relate to male and female condoms and lubricants**, including ensuring availability of the right quantities and quality of condoms and lubricants in the country based on population estimates.

3. **The National Condom Coordination Sub Committee will provide a platform for all partners from the public, civil society and private sector** for in-depth discussions on condom programming, and provide operational and technical advice on issues of policy and strategic nature to the mentioned above TWGs, for consensus and clearance.

4. **The designated condom unit at the NACP will provide routine support to condom programming**, serve as a secretariat for the Condom Coordination Committee and spearhead implementation of the Strategy to achieve set targets.

NATIONAL AIDS SECRETARIAT

1. Provide multisectoral oversight on programme implementation, by multisectoral partners including line ministries and CSOs, to ensure achievement of set targets in the National HIV Strategic Plan.

2. Review and address condom programme management issues through the National HIV Prevention Committee.

3. Provide a platform for sharing outcomes from research and strategy implementation.

4. Participate in mobilizing resources including funds for procurement and distribution of the needed number of condoms to facilitate implementation of combination HIV prevention interventions.

THE PHARMACY BOARD

The Pharmacy Board sets and enforces manufacturing and testing standards in line with WHO/ UNFPA/ISO requirements for all condoms imported into the country. It is the responsibility of the Pharmacy Board to ensure the quality of all imported public and private sector condoms, before they are distributed or sold to users. The Pharmacy Board will also be facilitated to conduct post-market surveillance to ensure condom quality at user pick points.

NATIONAL MEDICAL SUPPLIES AGENCY

The NMSA is charged with providing appropriate storage and warehousing for condom stocks, and fulfilling procurement, clearing and distribution of condoms for the public sector as per National Guidelines. NMSA shall keep the records and provide periodic reports to the MoH of condom stock status and quantities distributed at different distribution outlets.

THE SUBNATIONAL (DISTRICT) LEVEL

The office of the District Medical Officer will be responsible for ensuring coordination of condom promotion and distribution within the district, under the stewardship of Condom Focal Persons and supervision of the District Health Officers. Districts will develop annual priority plans and targets for condom programming and a checklist for minimum requirements for implementing and monitoring the condom programmes. The District Store shall maintain a condom buffer stock of not less than three months, to minimize stockouts at the various user pick-up points.

THE SMOs

SMOs will be charged with responsibilities related to marketing, demand creation and involving the private sector.

1. Create and promote brands, promote and create demand for male and female condoms and lubricants. They will ensure the availability of private sector condoms and lubricants, responding to the generated demand in subsectors of the population.	**2.** Maintain high levels of social marketing condom stocks, at various types of retail outlets, through consistent distribution at affordable consumer prices.	**3.** Encourage the private sector's involvement in condom distribution and promotion by providing adequate profits for wholesalers and retailers and establishing partnerships for procurement, distribution, sales and advertising.
4. Assist the GoSL by leveraging access to donor resources and minimizing government cost burdens for condom provision.	**5.** Assist the GoSL in marketing, distribution and promotion of public sector free condoms, particularly in rural areas, as well as in building local capacity for social marketing in the country.	**6.** Provide quality assurance of products to users and report through the designated condom reporting mechanism.

The GoSL will continue supporting these initiatives through technical support, sharing of best practices and including SMOs in the National Working Group for Condom Programming.

COMMERCIAL SECTOR

The commercial sector, including brand holders, retail shops, pharmacies, supermarkets, boutiques and other commercial outlets, will increase the availability and distribution of condoms and expand coverage in urban and rural areas. All private sector condoms must be tested for quality by the Pharmacy Board. Commercial sector partners will support market analysis and segmentation efforts and adequately provide condoms to cover their market share. This will include installment and replenishment of condom vending machines and the promotion of condom use. Partners will also report through the designated condom reporting mechanism and participate in partner coordination platforms. The commercial sector will develop appropriate interventions, to accommodate people who need condoms, but find them inaccessible in the government sector. Public-private sector partnerships should be strengthened.

OTHER LINE MINISTRIES

Line ministries employ sexually active staff, who also interface with community beneficiaries, as they deliver their programmes. The Ministry of Education runs programmes for tertiary institutions and the agriculture and fisheries sector can work with the most at-risk population groups, such as fisher folk and plantation workers who require timely access to condoms. All non-health sector ministries such as Tourism and Culture, Mines and Mineral resources, Youth Affairs and the education ministries will be supported in mainstream condom programming as part of workplace and development programming with specific set targets.

WORKPLACES (INDUSTRIES, CONSTRUCTION AND ROAD SITES, FARMS, ETC.)

Industries and other workplaces employ a large demographic of sexually active people who are highly vulnerable to HIV and STIs and unintended pregnancies. They have limited access to health care services, especially for Reproductive Health commodities including condoms. There is a high demand for health care services including resources for HIV prevention among this segment of the population.

DEVELOPMENT PARTNERS

Development Partners will work with the Government, guided by the National Condom Strategy.

1. Development Partners will be guided by the Condom Programming Strategy and National Procurement and Supply Plan in the procurement and supply of both male and female condoms, lubricants and support for implementation of the condom programme.

2. Development partners will engage with the GoSL to develop a transition plan from external to domestic financing of the condom programme.

3. They will also be engaged in actions for promoting condoms for triple protection in accordance with global evidence and international standards.

4. Development Partners will support Implementing Partners at the regional, district and community levels to carry out activities for advocacy, condom promotion, education and distribution, in close collaboration with the District Health Management Team.

Chapter 6: : Financing and cost estimates

6.1 Introduction and costing methodology

This section highlights the proposed resource estimates for the country's condom strategy. The estimates include the cost of condoms (male, female and lubricants), warehousing and distribution, programmatic costs associated with condom programming including human resources, SBCC costs, community outreach and distribution costs among others.

The costing was undertaken using the activity-based costing approach (ABC Approach). Under this approach all key activities incurred for each intervention are identified and the scope and scale of each determined with inputs and approval from the TWG.

Key factors

The following factors were considered while determining the demographic targets for the various services:

- demographic structure of the country;
- identification of target populations: key and vulnerable populations;
- behavioural characteristics of the target populations;
- urban and rural perspectives;
- equity and gender aspects;
- epidemiological factor for the age brackets: key and priority population segments;
- set condom use target specific to Sierra Leone context;
- sexual frequency (validate/review);
- set condom wastage rate (wastage within system and wastage by user).

The scope and scale of the proposed services were informed by:

a) the baselines for the various interventions;
b) proposed targets set;
c) extent to which infrastructural, behavioural and systematic constraints could be addressed.

The unit costs attached to the various activities are based on the following: the GoSL service pay rate standing orders, and – for commodities and supplies – the indicative price indices of major suppliers or current global market rates. A factor was built into the unit costs for the supplies to cater for the warehousing, handling and last mile distribution by the NMSA in line with government policy. Where country data is not available, regional international default unit costs were used.

The resource estimates for the costing were derived as a product of the following:

- unit cost of services/goods X Service coverages X target population;
- inflation factor of 3 per cent for resource estimates.

6.2 Scenarios

As part of the process of costing the plan, the team developed two additional scenarios to guide the policy and decision-making process.

a) Business as usual scenario

Under this scenario, the assumption was that the **condom programming would be implemented as before** and there were no innovations or new interventions to scale up the condom operations.

b) Conservative scale-up scenario

This scenario was developed on the basis of some key assumptions that included:

i. the need to **scale up condom use to at least 30 per cent** of the target populations who are in need of the condoms;
ii. **addressing key constraints in condom programming** including demand creation at both the national and subnational levels, as well as addressing major supply constraints such as planning procurement storage and distribution of condoms;
iii. programming the condoms intervention with the **most feasible projected resource envelopes.**

c) Ambitious scale-up scenario

This scenario aims to achieve not less than **50 per cent condom use among those who need to use condoms** and assumes the following:

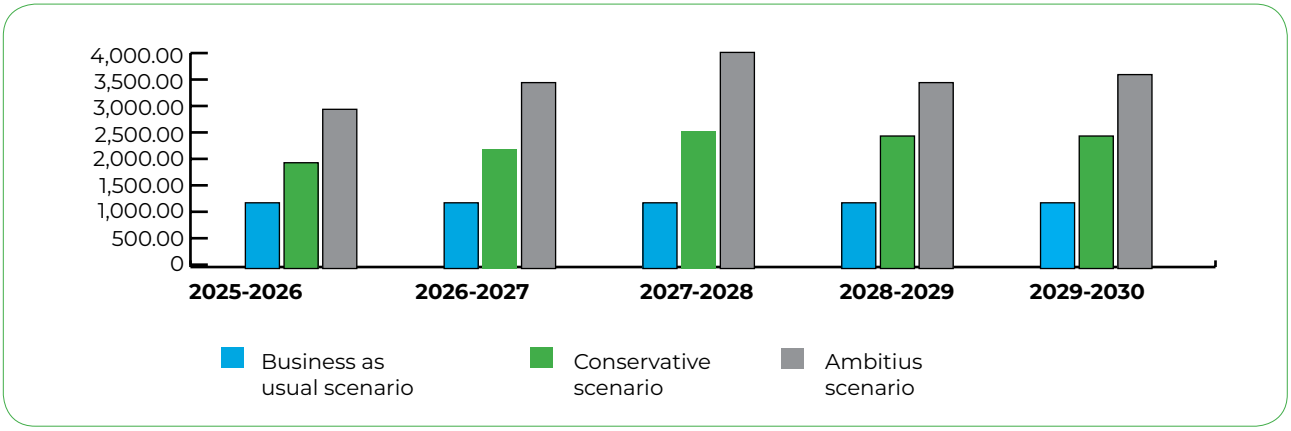
i. The country has attained **optimal levels in areas of condom demand creation** and that significant supply chain bottlenecks have been addressed at national and subnational levels.
ii. The country would have the capacity to **mobilize all resources required to improve the supply chain system** as well as demand creation activities and the programme management overheads at the national and subnational levels.

Scenario resource estimates

The intervention is based on the key assumptions listed above, and the attendant overheads for the above scenarios were costed, with the resultant resource estimates being as follows: **Business as usual scenario with $6.19 million for the proposed period of the plan; conservative scenario with $10.77 million; and the ambitious scenario with $18.06 million.**

The conservative scenario will require a 67 per cent growth in resources over the business as usual scenario, while the ambitious scenario will require a 200 per cent growth in resources.

Figure 6: Resource comparison for the three scenarios



Recommended scenario

The key factors that influenced the recommendation of the appropriate scenario were based on the need to balance the condom programme scale-up within the most feasible resource envelope with the need to gradually improve the supply chain infrastructure at the national and subnational levels while creating optimal demands for condom services.

6.3 Projected estimates

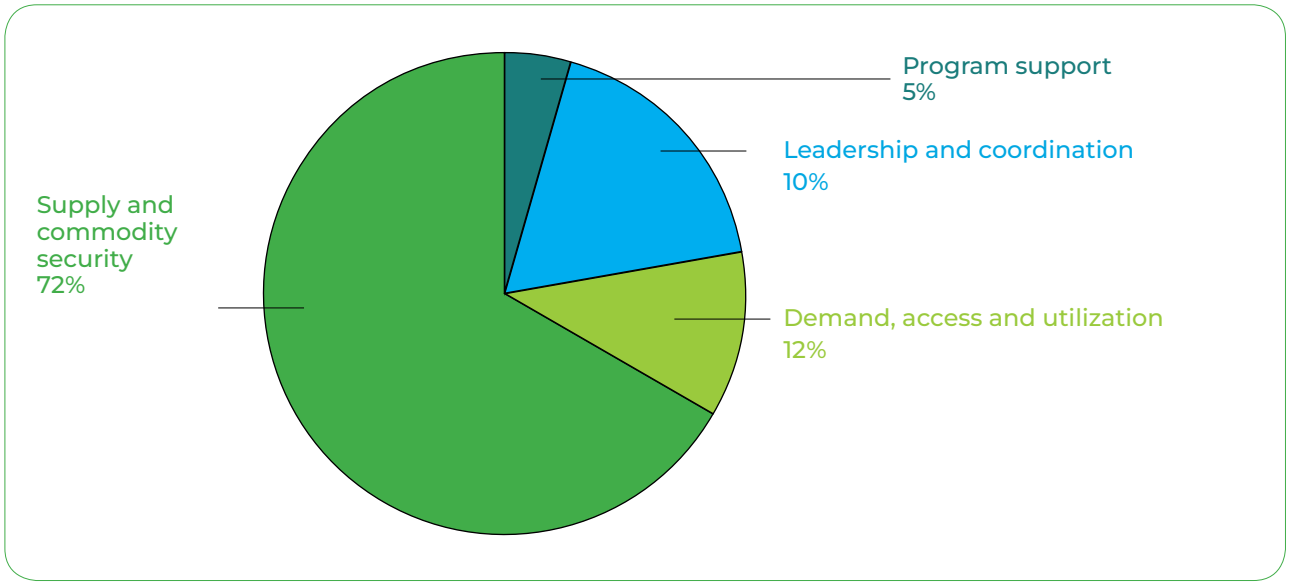
The scenario recommended by the steering committee was the **conservative scale-up scenario,** which was believed to resonate with the projected resources that were reliably expected to be available through the respective funding mechanisms. **This scenario equally reflected the most realistic approach to setting in place minimum investments and infrastructure for the supply chain management and demand creation at both national and subnational levels.** Investments in these thematic areas would lead to significant improvements in availability, access and thereby increased distribution of condoms and related supplies to condoms users. This scenario targeted an increased condom use to at least 30 percent of the population in need.

The resources for the condom programming under this scenario are estimated at $10.687 million for the period 2025-26 to 2029-30. The resources will rise from $1.9 million in the year 2025 to $2.2 million in 2030. This represents a 25 per cent annual increase over the plan period. The estimates cover the commodities and supplies needs and the programme overheads required to reinvigorate condom programming in the country. The spike in the third year is attributed to investments in the infrastructure and the dispensing equipment.

Figure 7: Resource estimates for condom programming, 2025-2029

The costs are spread across the thematic areas with supply and commodity security thematic areas taking up the largest proportion of the resources, at 73 per cent, followed by the demand creation access and utilization at 12 per cent, and 10 per cent and 5 per cent allocated to leadership and coordination, and programme support, respectively.

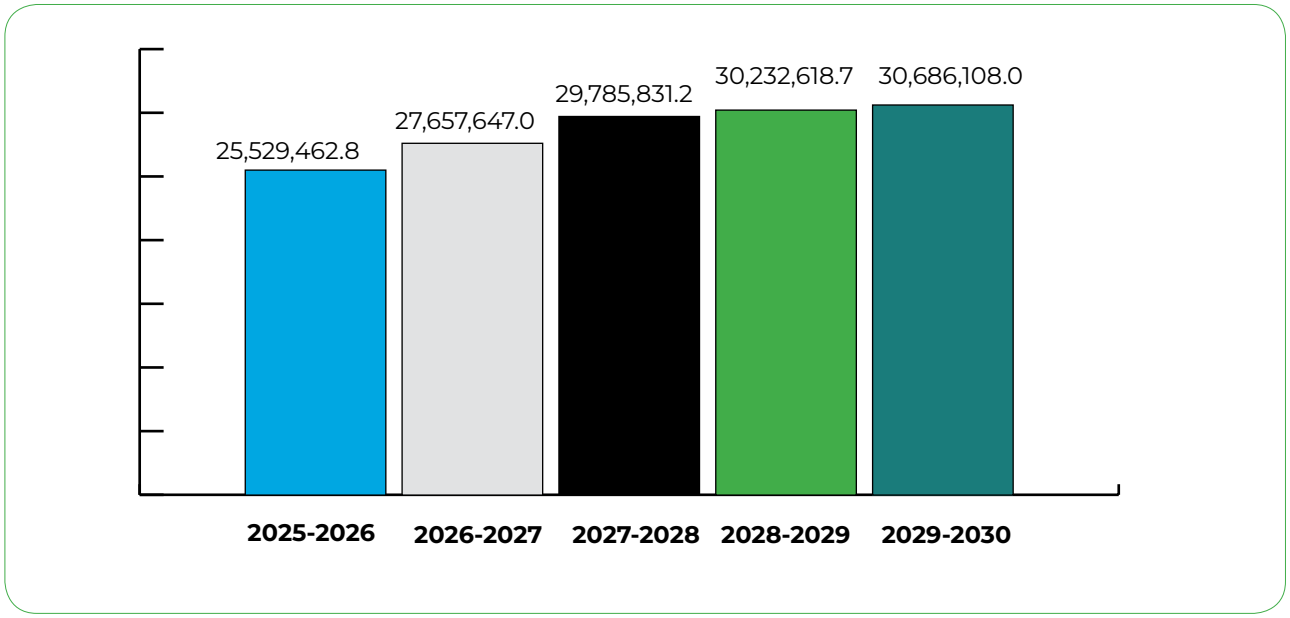
Figure 8: Resource allocations across the thematic areas



Commodities and supplies

The condoms needs based on the estimate in the Condom Needs Estimation Tool generated projected quantities growing from **25.5 million condoms in the year 2025-26 to 30.7 million by the year 2029-30.** This represents a **22 per cent growth** in the total number of condoms needed. The quantities include male condoms, female condoms and lubricants.

Figure 9: Condom quantities projected for the period of the plan (Millions)



The projected quantities will be procured under three major mechanisms, namely, the free public condoms by the MoH (supported by Partners), the subsidized condoms under social marketing, and the full recovery costs through the private sector players.

Table 6 below shows the projected quantities for the period of the plan.

Table 6: Projected condoms distribution delivery channels

	2025–2026	2026–2027	2027–2028	2028–2029	2029–2030
AHF	2,448,000	3,000,000	2,592,000	1,382,400	1,762,560
Public/free distribution	19,537,826	20,938,600	22,339,373	22,674,464	23,014,581
Social marketing	3,821,589	4,144,732	4,467,875	4,534,893	4,602,916
Private sector	2,170,048	2,574,316	2,978,583	3,023,262	3,068,611
Totals	25,529,462	27,657,647	29,785,831	30,232,618	30,686,108

6.4 Financing of the plan

The plan will be financed by the GoSL with support from Development Partners, and the involvement of the private sector. Currently, the Development Partners provide the largest portion of the resources for condom programming estimated to be above 90 per cent of the country's resources. There have, however, been occasions where the GoSL has allocated resources to programmes, for instance, funds GoSL provides as matching funding for every procurement through the UNFPA.

The Development Partners will continue to play a key role in funding while the GoSL resources are realigned to the .programming. To contribute to the gaps in the commodities, a proportion of resources will be sourced from the private sector and out-of-pocket expenditure by individuals purchasing condoms. The estimated projected resources for condom programming are in Table 7 below.

Table 7: Projected funding for the condom strategy

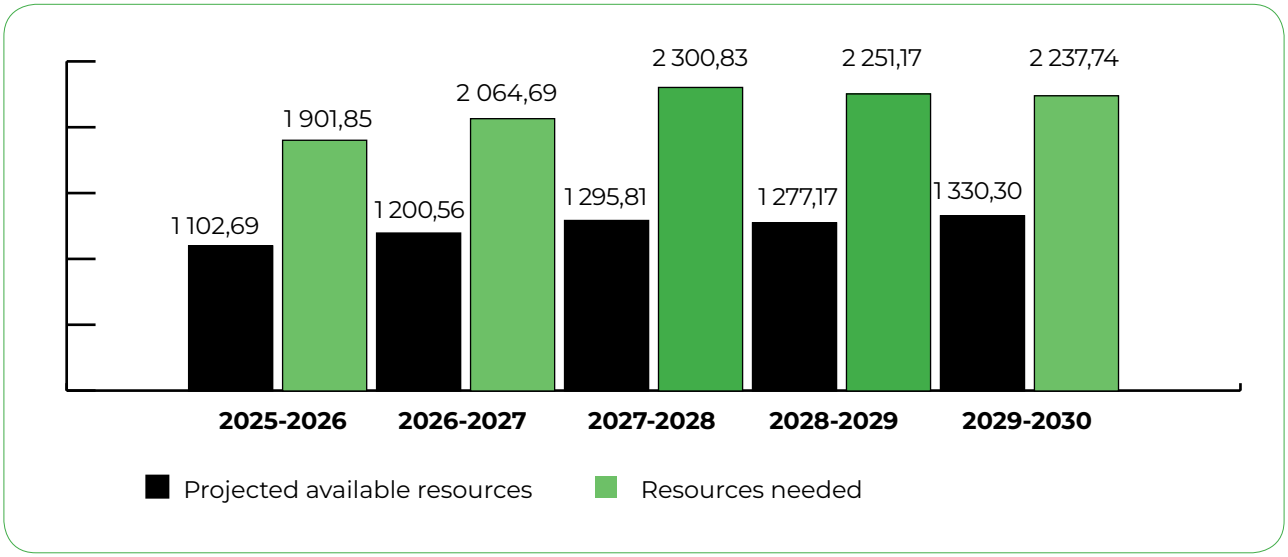
Funding agencies	2025–2026	2026–2027	2027–2028	2028–2029	2029–2030	TOTAL
GoSL	$60,000	$ 66,000	$72,600	$79,860	$87,846	$366,306
WAHO	$155,000	$ 158,100	$173,910	$139,128	$153,041	$779,179
GFATM	$451,120	$ 496,232	$521,044	$494,991	$499,941	$2,463,328
UNFPA	$295,572	$ 325,129	$357,642	$375,524	$383,035	$1,736,901
USG	$105,000	$ 115,500	$127,050	$139,755	$153,731	$641,036
AHF	$36,000	$ 39,600	$43,560	$47,916	$52,708	$219,784
TOTAL	$1,102,692	$ 1,200,561	$1,295,806	$1,277,174	$1,330,301	$6,206,534

*Note: *Figures beyond 2027 are provisional.*

6.5 Finance gap analysis

Results of the funding gap analysis reflected **perpetual gaps for the condoms strategy with an annual average of $.0.9 million**. This has been partly attributed to the drive to boost the demand creation activities as these were found to be key in addressing the current barriers in condom programming. **The funding gap is estimated at $ 0.78 million in 2025-26, gradually stabilizing at $ 0.896 million by the year 2029-30.** Overall, a funding gap of $4.4 million is estimated for the lifetime of the plan. Figure 10 shows the funding gap analysis for condom programming.

Figure 10: Condom funding gap analysis for 2025-2030 (USD)



6.6 Bridging the gap

The GoSL will undertake a set of strategies to bridge the funding gap. These will include:

1. increased GoSL allocations to the MoH and condom programming in particular

2. engaging Development Partners in providing additional support for the programme

3. courting new partners and agencies who were previously not part of the HIV and condom programming

4. pro-actively devising ways to encourage domestic resources for the programme, for instance by undertaking affirmative actions for the large infrastructure projects to allocate funding towards the condom and HIV programmes to mitigate the effects of HIV,STIs and unintended pregnancies in local communities that are common occurrences with such projects

5. collaborating with players in the hospitality sector to procure condoms for their businesses in the effort to leverage existing programmes

Chapter 7: : Monitoring and evaluation

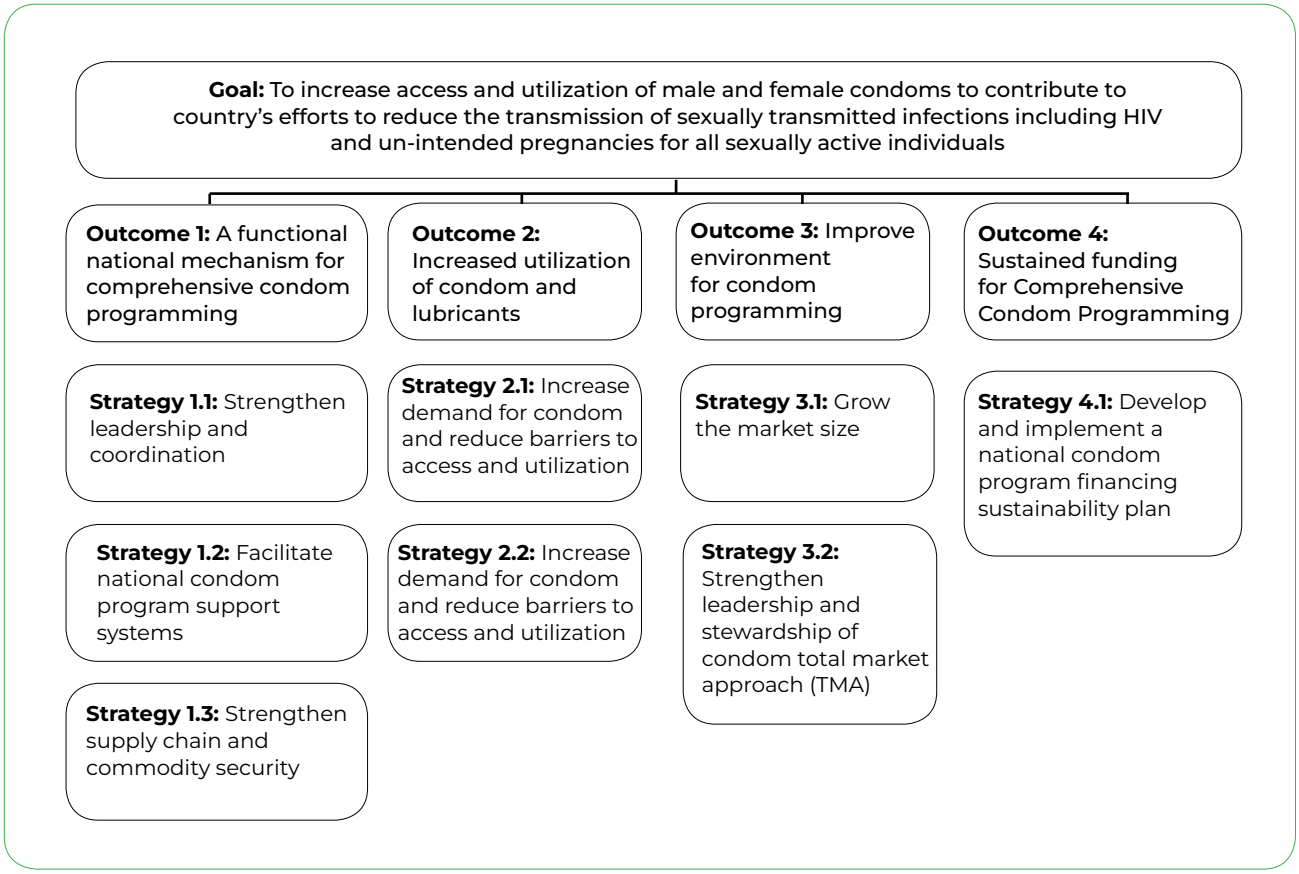
7.1 Monitoring and evaluation

Results framework for the NCPS

The overall goal of the NCPS is to increase access and utilization of male and female condoms to contribute to the country's efforts to reduce the transmission of STIs including HIV, and unintended pregnancies for all sexually active individuals. This goal will be achieved through four major outcomes by 2030: (i) A functional national mechanism for comprehensive condom programming; (ii) increased utilization of condom and lubricants by both women and men; (iii) improved environment for condom programming and (iv) sustained funding for CCP. The key priority strategies for achieving these outcomes are outlined in the results framework below (see Figure 10).

The National Condom Strategy will not develop a new M&E framework as there is an already existing programme that is implemented by the Directorate of Reproductive and Child Health, and the NACP under the MoH. The framework will identify high-level outcomes that will be measured, with the routine output and performance indicators tracked under the respective national programmes at the MoH.

Figure 11: Results framework for the national condom programme



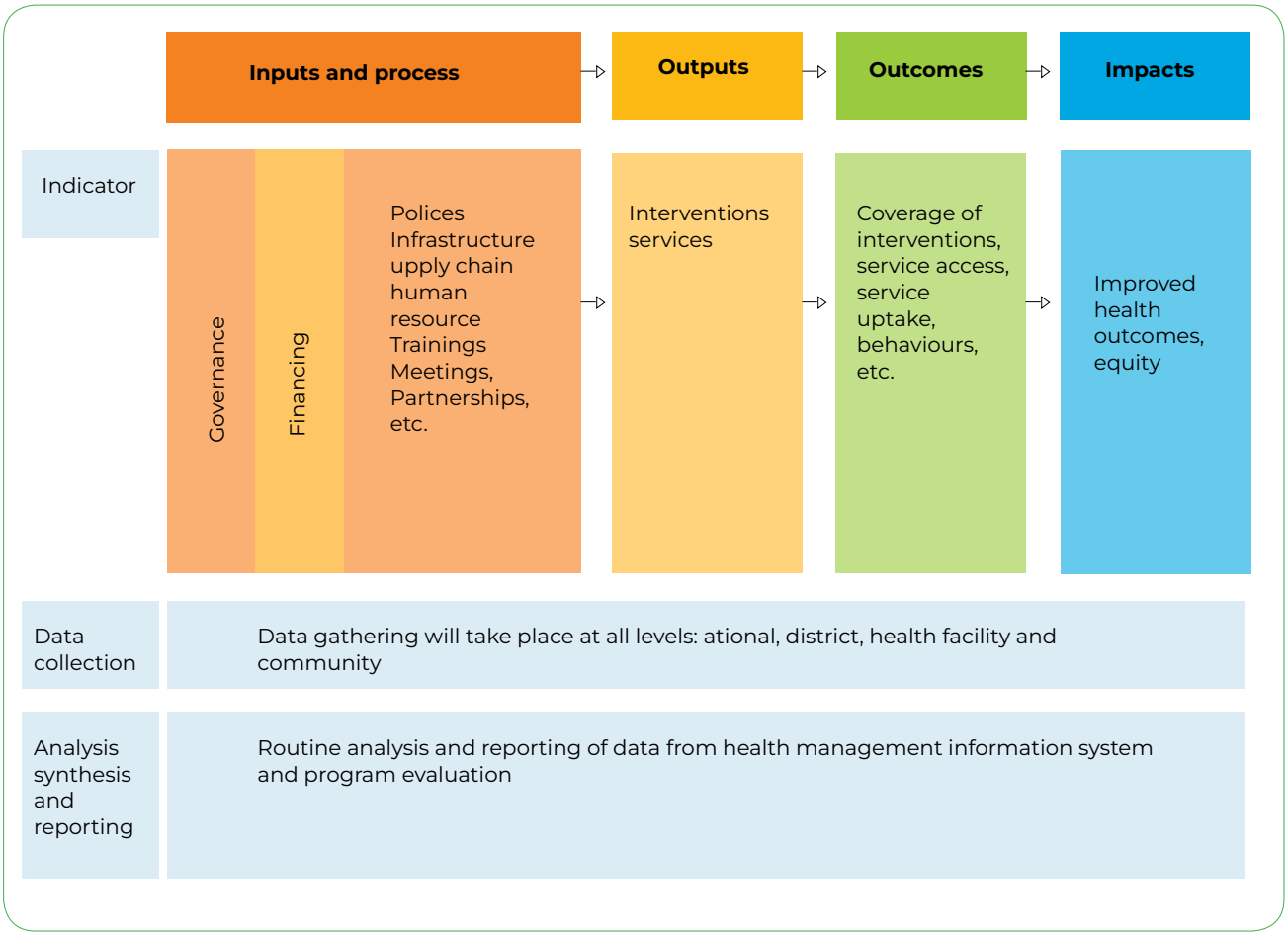
7.2 M&E results chain for the NCP

M&E for the NCP will take place at all levels (national, district, health facility and community) and will involve key stakeholders and partners. The key elements for monitoring will include (i) inputs as well as their efficient and effective use, (ii) processes/activities being implemented vis-à-vis the planned activities and timeliness of implementation of the various programme activities, and (iii) level of involvement of the partners and collaborating institutions as planned. Evaluation will examine questions related to activity implementation. Programmatic success will be analysed using routinely collected data and feedback from stakeholders. The identified best practices and lessons learnt will form a basis for recommendations and scale-up of interventions. The evaluation questions will include the following:

1. To what extent are planned activities actually realized?
2. How well are the services being offered?
3. What outcomes are observed?
4. Does the programme make a difference?

To answer some of these questions, baseline, mid-term and endline assessments will be proposed in the M&E plan. At all levels, M&E will be guided by the M&E system results chain (see Figure 12).

Figure 12: Monitoring & Evaluation results chain

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