REPUBLIC OF KENYA

MINISTRY OF HEALTH

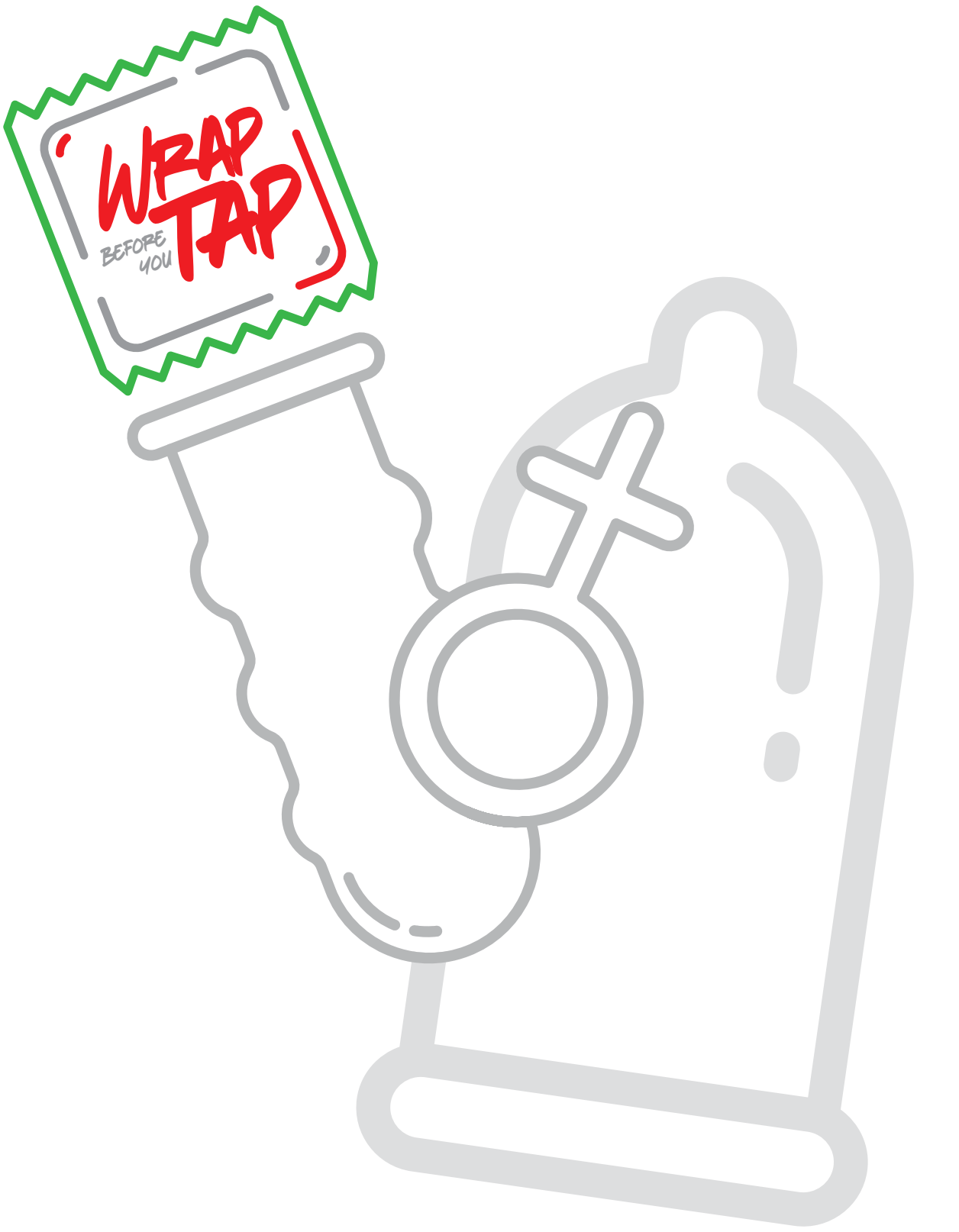
REPUBLIC OF KENYA

NATIONAL SYNDEMIC DISEASES CONTROL COUNCIL



KENYA COMPREHENSIVE CONDOM STRATEGY

(2025-2030)



KENYA COMPREHENSIVE

CONDOM STRATEGY

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Table of Contents

Foreword iii
Preface iv
Acknowledgment v
Acronyms and Abbreviations vi
Definition of Terms viii
Executive Summary x
Chapter 1: Introduction 1
1.1 Background 1
1.2 Rationale 3
Chapter 2: Situational Analysis 5
2.1 Introduction 5
2.2 Epidemiological and Demographic Context 5
2.3.1 Condom Supply Chain and Logistics Performance 6
2.4 Sexual Behavior Patterns, Gender Dynamics, and Implications for Condom Programming 7
2.5 Condom Demand Analysis 8
2.6 Condom Market Analysis 8
2.7 Willingness to Pay for Condoms 9
2.8 Demand Creation and Behavioral Drivers 10
2.9 Communication and Social Marketing 10
2.10 Policy, Institutional and Coordination Environment 10
2.11 Policy and Regulatory Gaps Affecting Condoms 11
2.12 Policy and Financing Gaps 12
2.13 Gaps in Monitoring and Evaluation (M&E) and Reporting of Condoms 12
2.14 SWOT Analysis Summary 12
2.15 Key Lessons Learnt and Key Gaps 14
2.15.1 Key Lessons Learned 14
2.15.2 Key Gaps 14
2.16 Strategic Implications 15
Chapter 3: Legal Policy and Regulatory Framework 17
3.1 Global and Regional Policy Frameworks 17
3.2 National Legal and Policy Frameworks 18
Chapter 4: Vision, Mission, Goals and Objectives, Scope and Guiding Principles 20
4.1 Vision 20
4.2 Mission 20
4.3 Strategic Goal and Objectives 20
4.4 Scope, Coverage and applicability 21
4.5 Guiding Principles 21
Chapter 5: Strategic Pillars 24
5.1: Condom and Lubricant Supply Chain and Commodity Security 24
5.2: Condom Demand Creation, Access, Utilization and Disposal 26
5.3: Sustainable Financing and Market Shaping for Condoms and Lubricants 28
5.4: Monitoring, Evaluation, Accountability and Learning (MEAL) 30
Chapter 6: Implementation Framework 32
6.1: Leadership and Coordination 32
6.1.1 National-Level Leadership and Coordination 33
6.2 Accountability and Oversight 34
6.3 Governance and Institutional Arrangements 34
6.3.2 County Level 35
6.3.3 Education Sector 36
6.3.4 Workplaces and Labour Institutions 36
6.3.5 Non-State Actors 36
6.4 Risk Management, Safeguarding and Compliance Mechanisms 36
7.0 ANNEXES 39
7.1 National Condom Technical Working Group (N-CTWG) Terms of Reference 39
7.2 Implementation Roadmap 40
7.3 Monitoring, Evaluation, Accountability and Learning (MEAL) Matrix 43
7.4 Male Condom Distributed Per Year (2019-2024) 48
7.5 Female Condoms Distributed Per Year From 2019-2023 52
7.6 Estimated National Condom Need Matrix 2024 –2030 53
7.7 Risk Management Matrix 53
List of drafters and reviewers 55

List of Tables, Maps and Diagrams

Diagram 1: National Condom Requirement versus Distribution Trends (2020-2024) 6
Diagram 2: Condom Market Analysis 9
Diagram 3: National Condom Coordination Structure 32
Table 1: Market Overview and main brands 9
Table 2: Summary of SWOT Analysis 13
Table 3: Commodity Security Focus Areas and Priority Interventions 24
Table 4: Demand Creation Focus Areas and Priority Interventions 26
Table 5: Sustainable Financing Focus Areas and Priority Interventions 29
Table 6: MEAL Focus Areas and Priority Interventions 30
Table 7: Implementation Roadmap Matrix 41
Table 8: M&E Matrix 43
Table 9: Male Condoms Distributed Per Year (2019-2024) 48
Table 10: Female Condoms Distributed Per Year (2019-2023) 52
Table 11: Estimated Condom Need Projection (2024-2030) 53
Table 12: Risk Management Matrix 53



Foreword

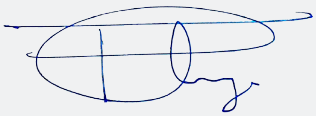
Kenya has made sustained progress in reducing new HIV infections and improving sexual and reproductive health outcomes. Nevertheless, the national prevention response continues to face structural and financing constraints, including heightened vulnerability among adolescents and young people, STI incidences, unintended pregnancies, and declining donor support for HIV/STI prevention and contraception commodities. These trends necessitate a more efficient, equitable, and sustainable approach to condom programming.

Kenya Comprehensive Condom Strategy 2025–2030 provides an evidence-based framework to reposition condoms as a core public health and reproductive health commodity. Condoms remain among the most cost-effective interventions for preventing HIV, other sexually transmitted infections, and unintended pregnancies. This Strategy responds to persistent gaps in demand creation, supply chain reliability, market coordination, and financing that have limited consistent and correct condom use.

A central pillar of the Strategy is the adoption of a total market approach, which aligns public, socially marketed, and commercial condom channels according to user needs and ability to pay. This market-segmented model ensures that free commodities are prioritized for vulnerable and low-income populations, while strengthening affordable and commercial options for other users. By improving market efficiency and expanding private-sector participation, the Strategy reduces reliance on donor-financed procurement and strengthens the long-term sustainability of the national condom programme. The Strategy is aligned with Kenya Vision 2030, Universal Health Coverage, the Kenya AIDS Integration Strategic Framework (2025–2030), the Kenya Health Sector Strategic Plan, and relevant global commitments, including SDG 3 and the Global AIDS Strategy.

Implementation will be anchored within existing national and county governance structures, with clear leadership, coordination, and accountability mechanisms. The Ministry of Health will provide policy stewardship and oversight, while strengthening multi-sectoral collaboration among national and county governments, civil society, the private sector, social marketing organizations, and development partners. County ownership, domestic resource mobilization, and data-driven performance management will be critical to achieving the intended results.

The Government of Kenya reaffirms its unwavering commitment to the effective implementation of this Strategy. I call upon all stakeholders to align their programmes, resources, and partnerships to this Strategy to ensure consistent condom availability, increased and sustained uptake and long-term prevention gains. Through coordinated, accountable, and evidence-driven action, Kenya will consolidate progress in HIV and STI prevention, reduce unintended pregnancies, and further strengthen the resilience and sustainability of its sexual and reproductive health programs.



Dr. Ouma Oluga, OGW
Principal Secretary State Department
for Medical Services
Ministry of Health



Preface

Kenya Comprehensive Condom Strategy 2025–2030 has been developed to provide a coherent, evidence-based framework for strengthening condom programming as a central component of HIV prevention, sexual and reproductive health, and Prevention of unintended pregnancies in Kenya. The Strategy responds to an evolving epidemiological, programmatic, and financing landscape, requiring a renewed and deliberate focus on sustainability, equity, and efficiency in the delivery and management of prevention commodities.

The development of this Strategy was informed by a comprehensive review of the National Condom Strategy 2018–2023, which provided important gains in condom availability, awareness, and integration within HIV, other STIs and reproductive health services. However, the review identified critical gaps that limited overall impact, including fragmented demand creation approaches, persistent supply chain bottlenecks, limited private-sector engagement, inadequate market coordination, uneven county ownership, and heavy reliance on donor financing for condom procurement. In addition, emerging priorities such as the disproportionate burden of HIV and STs among population typologies and unintended pregnancies among adolescents and young people required a more integrated and responsive programming approach.

The revision of the Strategy was undertaken to align condom programming with the Country's priorities, epidemiological evidence, and global best practices, while addressing sustainability concerns. Emphasis was placed on strengthening domestic stewardship, improving market efficiency, enhancing accountability, and positioning condoms as a dual-protection commodity within integrated HIV/STI and sexual and reproductive health services. The Strategy also reflects Kenya's transition toward a Syndemic approach, recognizing the interconnected nature of HIV, STIs, unintended pregnancies, gender-based violence, and related social and structural drivers.

The intent of this Strategy is to provide clear technical guidance and an operational roadmap for coordinated implementation across all levels. It is designed to support national and county governments and partners to improve commodity security, strengthen demand creation, optimize financing through a Total Market Approach, and enhance performance monitoring and learning. Ultimately, the Strategy aims to accelerate reductions in HIV infections, STIs, and unintended pregnancies, while strengthening the sustainability and resilience of Kenya's prevention response.

The Ministry of Health will continue to provide strategic leadership, coordination, and oversight to ensure effective implementation of this Strategy, working closely with all stakeholders to translate policy into measurable and sustained public health impact.

Hon. Ahmed Ibrahim Abass
Board Chairperson
National Syndemic Diseases Control Council

Acknowledgement

The Kenya Comprehensive Condom Strategy 2025–2030 was developed through a consultative and multi-sectoral process involving national and county governments, development partners, implementing agencies, civil society organizations, and the private sector. This inclusive approach reflects a shared national commitment to strengthening HIV and other STIs prevention and sexual and reproductive health programming in Kenya. The process included desk reviews of policy and programmatic documents, analysis of routine and survey data, stakeholder consultations at national and county levels, and technical validation.

The National Syndemic Diseases Control Council (NSDCC) sincerely appreciates all institutions and stakeholders whose contributions were instrumental in the successful development of this Strategy. Special recognition is accorded to National Condom Technical Working Group (N-CTWG) for providing critical technical oversight and ensuring multi-sectoral engagement, policy coherence, and alignment with national priorities and global best practices.

Special acknowledgment is also given to the NSDCC Directorate of Health Promotion and Programme Management, under the leadership of Dr. Stephen Ndolo, for providing overall guidance, coordination, strategic direction, technical and operational oversight throughout the strategy development process.

The NSDCC further appreciates the technical support provided by the National AIDS and STI Control Programme (NASCOP), Division of Reproductive Health (DRH) and County Governments department of Health. Appreciation is also extended to development partners, particularly UNFPA, for their technical and financial support, which strengthened the evidence base, strategic direction, and integration of global best practices within the Strategy.

Recognition is also extended to civil society organizations, social marketing organizations, and private sector actors for their valuable contributions, which strengthened the Strategy's multisectoral and Total Market Approach foundation.

The NSDCC is grateful to all contributors and stakeholders for their collaboration and commitment, which collectively underpin the successful development of this Strategy.



Douglas O. Bosire
Chief Executive Officer
National Syndemic Diseases Control Council (NSDCC)



Dr. Andrew Mulwa
Head NASCOP

Acronyms and Abbreviations

AIDS	Acquired immuno-deficiency syndrome
AOP	Annual Operational Plan
AU	African Union
AYP	Adolescents and Young Persons
BCC	Behavior Change Communication
CASCOs	County AIDS and STI Control Coordinators
C-CTWGs	County Condom Technical Working Groups
CDoHs	County Departments of Health
CHMTs	County Health Management Teams
CHPs	Community Health Promoters
CIDPs	County Integrated Development Plans
CoG	Council of Governors
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
CMCs	County Multisectoral Coordinator
DHPT	Division of Health and Products and Technologies
DQA	Data Quality Audits
DRH	Division of Reproductive Health
FBOs	Faith Based Organizations
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HSE	Human Sexuality Education
IEC	Information, Education and communication
KAISF	Kenya AIDS Integration Strategic Framework
KDHS	Kenya Demographic Health Survey
KEBS	Kenya Bureau of Standards
KEML	Kenya Essential Medicines List
KEMSA	Kenya Essential Medical Supplies Agency
KHIS	Kenya Health Information System
LMIS	Logistics Management Information systems
M & E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation Accountability and Learning
MoH	Ministry of Health
MSM	Men having Sex with Men

MTCT	Mother to Child Transmission
NASCOP	National AIDS and STIs Control Programme
N-CTWG	National Condom Technical Working Group
NGAO	National Government Administrative Office
NGOs	Non-Governmental Organizations
NSDCC	National Syndemic Diseases Control Council
PEP	Post-Exposure Prophylaxis
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
VTP	Vertical Transmission Prevention
PPB	Pharmacy and Poisons Board
PPP	Public-Private Partnership
PrEP	Pre-Exposure Prophylaxis
PS Kenya	Population Services – Kenya
PWDs	People with disabilities
PWID	People who inject drugs
SDGs	Sustainable Development Goals
SDPs	Service Delivery Points
SGBV	Sexual Gender Based Violence
SHA	Social Health Authority
SHIF	Social Health Insurance Fund
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive and Health Rights
STIs	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and threats
TMA	Total Market Approach
ToRs	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
USSD	Unstructured Supplementary Service Data
WHO	World Health Organization
WTP	Willingness to Pay

Definition of Terms

Behavioral Barriers	Social, cultural, psychological, or gender-related factors that prevent individuals from consistently and correctly using condoms
Comprehensive Condom Programme	An integrated set of interventions covering the entire condom value chain, including supply, demand creation, financing, distribution, monitoring, and learning, to maximize impact on HIV, STIs, and unintended pregnancies
Condom	A barrier method of contraception made of latex, polyurethane, or other materials, designed to prevent pregnancy and reduce the transmission of HIV and other sexually transmitted infections (STIs) during sexual intercourse.
Condom Programming	A coordinated set of interventions that ensure the availability, accessibility, correct use, and sustainable supply of condoms and lubricants to prevent HIV, STIs, and unintended pregnancies
Condom Security	The ability to consistently meet population needs for quality condoms and lubricants, ensuring no stock-outs and uninterrupted access across all service delivery points and outlets
Condom Supply Chain	The system of procurement, storage, distribution, and delivery of condoms and lubricants to service delivery points.
Condom Value Chain	The full continuum of activities from production, procurement, distribution, promotion, use, and disposal of condoms and lubricants
People in closed settings	Individuals are confined in environments where their freedom of movement is significantly restricted.
Demand Creation	Strategies and activities aimed at increasing awareness, acceptability, uptake, consistent use and disposal of condoms and lubricants among target populations
End-to-end supply chain	refers to the complete flow of commodities, information, and processes from the initial point of sourcing or manufacturing all the way to the final user or consumer.
Key Populations	Groups at higher risk of HIV or STIs due to specific behavioral, social, or structural factors. In Kenya, this includes sex workers, men who have sex with men, people who inject drugs, and their sexual partners
Last-Mile Distribution	The final stage of the supply chain ensures condoms and lubricants reach end-users, including health facilities, clinics, pharmaceutical, non-pharmaceutical and community outlets.
Lubricant	A substance applied to condoms or the genital / anal area to reduce friction during sexual activity, enhancing comfort, safety, and effectiveness of condoms.
Market Actors	All entities involved in production, importation, distribution, marketing, or retail of condoms and lubricants, including government, private sector, NGOs, and social enterprises
Market Segmentation	The process of dividing the population into distinct groups based on income, risk profile, or willingness to pay, to optimize condom distribution and access through public, social marketing, and commercial channels
Market Shaping	Interventions designed to improve market efficiency, competition, affordability, and sustainability of condoms and lubricants, including public–private partnerships, private sector engagement, and local manufacturing
Private Sector	Commercial entities, including manufacturers, distributors, and retailers, engaged in the production, sale, or promotion of condoms and lubricants for profit
push supply	A mechanism that supplies commodities based on predetermined quantities rather than actual consumption data or facility orders.
Public Sector	Government institutions involved in the procurement, distribution, and provision of condoms and lubricants free of charge
Sexually Transmitted Infections	Infections transmitted through sexual contact, including HIV, gonorrhea chlamydia, syphilis, and others
Sexual mobility	Patterns of movement, change, or fluidity in sexual behavior, sexual partnerships, or sexual networks over time and space.

Service Delivery Points	All physical, mobile, digital and community-based locations through which condoms and lubricants are distributed to end-users. They include both formal health facilities, non-health facilities, pharmaceutical and non-pharmaceutical outlets and community-level distribution points that serve as last-mile access points.
Social Marketing	The application of commercial marketing principles to promote health products such as condoms and lubricants, often at below market prices, to increase accessibility and adoption among target populations
Sustainability	The capacity of the condom program to maintain consistent availability, access, and use overtime, with reduced dependence on external donor support
Total Market Approach	A strategy that segments the condom market into public, social marketing, and commercial channels to optimize resource allocation, ensure equitable access for vulnerable populations, and promote market sustainability
Triple Threat	The combined and interrelated risk of HIV infection, other sexually transmitted infections (STIs), and unintended pregnancies often exacerbated by sexual and gender-based violence
Quantification	Forecasting and supply planning

Executive Summary

The Kenya Comprehensive Condom Strategy 2025–2030 provides an evidence-driven framework to strengthen condom programming as a key intervention for HIV, STI, and unintended pregnancy prevention. Kenya faces a generalized HIV epidemic, with 1.3 million people living with HIV, persistent new infections among adolescents and young people, and high rates of unintended pregnancies and sexual gender -based violence. Despite widespread awareness, condom use remains inconsistent due to behavioral barriers, stock-outs, stigma, limited demand creation, and inadequate private-sector engagement.

Condoms remain one of the most cost-effective interventions for dual protection, yet program impact has been constrained by supply chain inefficiencies, weak market coordination, donor dependency, and limited community engagement. This Strategy provides an integrated, market-responsive, and sustainable framework to reposition condoms as a core public health and reproductive health commodity, supporting Kenya's commitments to end AIDS as a public health threat and reduce teenage pregnancies by 2030.

The Strategy adopts a **Total Market Approach (TMA)** to improve sustainability, equity, and efficiency. By segmenting users into public, socially marketed, and commercial channels, TMA ensures free commodities reach vulnerable populations while those able and willing to pay are served through subsidized or commercial brands. This ensures domestic resource mobilization, reduces donor dependency, balanced market, and long-term sustainability.

The Strategy is guided by four strategic objectives: (i) ensuring continuous availability and equitable access to quality condoms and lubricants; (ii)increasing consistent and correct condom use through targeted demand-creation interventions; (iii)promoting sustainable financing and efficient market functioning with reduced donor dependency; and (iv) strengthening accountability, performance, and learning through a harmonized Monitoring, Evaluation, Accountability, and Learning (MEAL) framework.

Implementation is anchored on strategic pillars. (i) **Supply chain and commodity security** that strengthen quantification, procurement, distribution, quality assurance, and last-mile delivery; (ii) **Demand creation, access, utilization, and disposal** focusing on behavior change interventions, community-based distribution, stigma reduction, and correct use and disposal; (iii) **Sustainable financing and market shaping** that aligns public, social marketing, and commercial sectors, mobilizing domestic resources, safeguarding subsidies for vulnerable populations, and enhancing private sector engagement; (iv) **MEAL** that establishes a unified framework to track performance, ensure transparency, support adaptive programming, and generate evidence for policy refinement.

By 2030, the Strategy aims to increase consistent and correct condom use, reduce new HIV infections, STIs, and unintended pregnancies, improve commodity security, establish a balanced and sustainable condom market with greater domestic resource mobilization and private-sector contributions, including strengthened national and county accountability.

Implementation shall be coordinated through national and county governance structures, with the Ministry of Health, National Syndemic Diseases Control Council (NSDCC) and National AIDS & STI Control Programme (NASCOP), Division of Reproductive Health(DRH) providing technical guidance, policy formulation and strategic leadership, while county governments, civil society, social marketing organizations, private sector and other actors supporting service delivery, demand creation, innovation, and market expansion. This implementation approach, continuous monitoring and evaluation, and adaptive learning will ensure a measurable impact across all counties, sectors, and population segments.


LOVE
CONDOMS

Chapter 1: Introduction

1.1 Background

Globally, condom promotion, distribution and use form a core pillar of combination HIV prevention. Condoms have had a significant impact on the global HIV epidemic. Model simulations have estimated that increased condom use since 1990 have averted approximately 117 million new HIV infections[1]. In Kenya, sexual transmission remains the dominant mode of HIV infection, accounting for ≈95% of new infections. Key drivers of HIV infections include multiple sexual partnerships, inconsistent condom use, inter-generational and transactional sex, gender inequality, poverty, sexual gender-based violence (SGBV), low male circumcision rates and alcohol and drug abuse, which increase engagement in unprotected sex, heightening the risk of HIV, STIs, and unintended pregnancies.

Correct and consistent condom use provides up to 98% protection against HIV, other STIs, and unintended pregnancy. Despite relatively high levels of awareness, consistent and correct condom use remains sub-optimal, particularly among women and young people. National data indicate that between 2014 and 2022, condom use at last high-risk sexual encounter increased modestly among men from 38.8% to 45.4%, but declined significantly among women from 31.6% to 24.1%, highlighting persistent gender-related disparities in negotiation power, access and utilization.

Condom availability and consumption trends further underscore systemic and structural challenges within Kenya's prevention response. In 2024, the Country distributed an estimated three condoms per man per year, a level far below the global benchmark of approximately 40 condoms per man per year. This represents a marked reversal of earlier progress, declining from 14.6 condoms per man per year in 2020 and 12 condoms per man per year in 2023. This downward trend is driven by recurrent stock-outs, limited engagement of the private sector within a total market approach and entrenched socio-cultural norms that discourage uptake and consistent use. Collectively, these constraints continue to undermine equitable access to condoms and the effectiveness of condom programming as a core of HIV, STI, and unintended pregnancy prevention intervention.

From a financing perspective, only 20% of HIV resources are mobilized domestically, heightening the risk of sustainability challenges in condom programming. This underscores the need for innovative financing models, stronger partnerships, and increased domestic investment to ensure reliable supply and long-term program resilience.

Kenya's 2022 KDHS data show near-universal awareness of modern contraceptive methods, with 99 percent of women and men reporting knowledge of at least one method. Male condoms remain one of the most widely recognized options, known by 97 percent of women and 99 percent of men. Condoms remain an important option for couples requiring protection against both unintended pregnancies and sexually transmitted infections, therefore playing a significant role in actual contraceptive use, particularly among sexually active unmarried women. Among the sexually active unmarried women, 70 percent use any contraceptive method and 59 percent use a modern method, with male condoms emerging as the leading modern contraceptive choice at 20 percent surpassing injectables (16 percent) and implants (11 percent). Among currently married women, modern contraceptive use stands at 57 percent, with injectables and implants being more prevalent.

These statistics highlight the critical importance of positioning condoms as a central dual-protection commodity within Kenya's contraceptive and HIV and STI prevention frameworks, particularly for

1 Stover, J., & Teng, Y. (2022). The impact of condom use on the HIV epidemic.

populations with higher sexual mobility and greater exposure to HIV and STIs.

Kenya continues to face a significant HIV burden and ranks eighth globally in the number of people living with HIV (PLHIV). As of 2025, approximately 1.3 million Kenyans are living with HIV (Kenya HIV Estimates, 2025). Women constitute about 65% of all PLHIV, while men account for 35%. Children aged 0–14 years represent 5%, with adults (15+ years) accounting for 95%. The national HIV prevalence stands at 3.03%, higher among women (4.1%) than men (2.0%). The HIV epidemic in Kenya displays great geographic disparity, with prevalence ranging from a low of 0.1% in Wajir to a high of 11.7% in Kisumu County. However, only 87% of those who knew their status were receiving treatment. ART coverage remained lowest among children aged 0–14 years, at just 75%. In 2024, disparities in ART coverage were evident across counties, ranging from a high of 95.3% to a low of 47.2%.

In 2024, an estimated 19,991 new adult HIV infections were recorded, with 78% occurring among adults aged 15+ and 22% among children (0–14 years). Ten counties (Migori, Nairobi, Kisumu, Homabay, Siaya, Busia, Kakamega, Bungoma, Kiambu and Nakuru) accounted for 65% of new HIV infections among adolescents aged 10-19 in 2024. The mother-to-child transmission (MTCT) rate was 9.26%, surpassing the national target of less than 5%. This indicates persistent gaps in Vertical Transmission Prevention (VTP) programming and underscores the need to integrate condom programming within reproductive health services.

Adolescents and young people (AYP) aged 15–34 years continue to shoulder a disproportionate 74% of the 19,991 new HIV infections and 39% among those aged 15–24 years (Kenya HIV Estimates, 2025). While Kenya achieved an 80% reduction in new infections between 2013 and 2024, progress was slower among children (66%) than adults (82%).

Kenya has committed to end AIDS as a public health threat and teenage pregnancies by 2030 and SGBV by 2026. However, the overlapping challenge of new HIV infections, mistimed pregnancies, and SGBV among adolescents and young people, known as the "Triple Threat," impedes progress towards achievement of the set goals and targets. These challenges present a complex web of vulnerabilities and profoundly impact health and development, including education, economic opportunities, and the overall well-being of adolescent girls and boys, young women and men.

The country has made commendable progress towards achieving the UNAIDS 95–95–95 targets. By 2024, an estimated 97 percent of people living with HIV (PLHIV) were aware of their HIV status. Among those who knew their status, 88 percent of adults were on antiretroviral treatment, compared to 75 percent of children, while viral suppression was achieved among 79 percent of adults and 66 percent of children aged 0–14 years. These gains demonstrate the effectiveness of expanded testing and treatment efforts, while also revealing persistent age-related gaps across the HIV cascade. Notwithstanding these achievements, an estimated 21,007 AIDS-related deaths were recorded in 2024, including 13 percent among children and 87 percent among adults. Among adults, women accounted for 47 percent of AIDS-related deaths and men 41 percent, reflecting gradual improvements in male engagement but also ongoing transmission dynamics within heterosexual and inter-generational sexual partnerships. These trends highlight that treatment scale-up alone is insufficient to reduce new infections.

Inadequate investment in adolescents and young people threatens the realization of Kenya's demographic dividend and the attainment of Vision 2030. Conversely, targeted and sustained investments in adolescent and youth health, protection, and empowerment provide a strategic pathway to inclusive, youth-driven economic growth and social transformation. The persistent triple burden of new HIV infections, unintended pregnancies, and sexual and gender-based violence (SGBV) continues to exert significant pressure on national and county systems,

undermining progress towards Universal Health Coverage and the achievement of the Sustainable Development Goals, while reinforcing inequality, vulnerability, and inter-generational poverty.

The Triple Threat Campaign emphasizes multi-sectoral approaches targeting AYP, reinforcing the need for comprehensive, youth-centered condom programming that integrates HIV prevention, SRHR and empowerment.

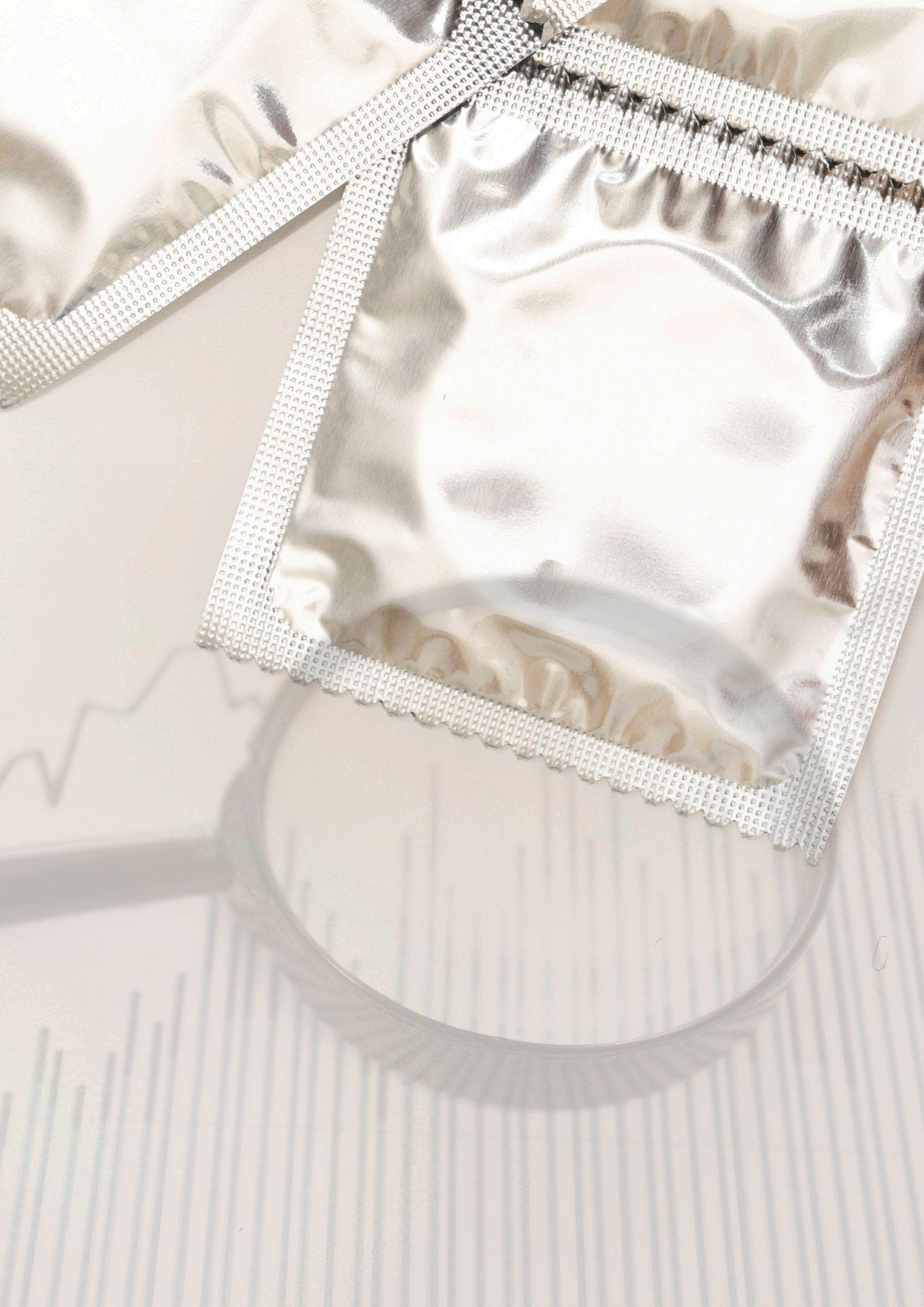
Sustained investment in primary prevention remains therefore critical. Consistent and correct condom use alongside HIV testing services, antiretroviral treatment, PrEP, voluntary medical male circumcision, and comprehensive sexuality education remains one of the most cost-effective and immediately deployable interventions for preventing HIV, other STIs, and unintended pregnancies. Strengthening condom availability, accessibility, acceptability, and correct use and disposal across all population groups and settings is essential to closing existing prevention gaps, protecting treatment gains, and accelerating progress towards epidemic control.

1.2 Rationale

Kenya has made significant progress in reducing new HIV infections and expanding access to HIV treatment and sexual and reproductive health and rights (SRHR) services. Yet sexual transmission remains the dominant mode of HIV infection, alongside high rates of unintended pregnancies and a persistent burden of sexually transmitted infections (STIs), particularly among adolescents and young people. Despite gains across the HIV treatment cascade, preventable new infections and AIDS-related deaths continue to occur, highlighting persistent prevention gaps. Condoms remain a cornerstone of combination prevention, offering dual protection against HIV, other STIs, and unintended pregnancy, while providing an easily available, cost-effective, and user-controlled intervention.

Rapid population growth, urbanization, increased mobility, and changing sexual partnership patterns have heightened vulnerability among adolescents, key populations, mobile groups, persons with disabilities, and socially and economically marginalized populations. Gender and power imbalances, stigma, misinformation, and limited access to age-appropriate SRHR information continue to constrain consistent and correct condom use, while female condom uptake remains particularly low. Addressing these structural and behavioral barriers requires deliberate, evidence-informed, and demand-responsive condom programming across public, private, workplace, and community platforms.

Declining external donor support and growing domestic financing responsibilities make sustainable, efficient, and coordinated condom programming essential. Strategic investment in condoms remains among the most cost-effective public health interventions, preventing infections, reducing long-term treatment costs, and protecting broader social and economic development gains. This Strategy builds on lessons from National condom strategy 2018–2023, strengthening governance, county ownership, data-driven decision-making, demand creation, and integration with Universal Health Coverage (UHC), Vision 2030, the Global AIDS Strategy, and the Kenya AIDS Integration Strategic Framework (KAISF), to accelerate progress toward ending AIDS as a public health threat by 2030.



Chapter 2: Situational Analysis

2.1 Introduction

This chapter provides an overview of Kenya's condom landscape across epidemiological, behavioral, supply chain, policy, and programmatic dimensions. It underscores persistent behavioral, structural, and supply challenges that must be addressed to achieve universal access and utilization.

2.2 Epidemiological and Demographic Context

Kenya continues to experience a generalized HIV epidemic, with concentrated sub-epidemics among key populations. As of 2024, national HIV prevalence is estimated at approximately 3.03 percent, corresponding to about 1.3 million people living with HIV (Kenya HIV Estimates, 2025).

In 2024, an estimated 19,991 new adult HIV infections were recorded, with 78% occurring among adults aged 15+ and 22% among children (0–14 years). Ten counties (Migori, Nairobi, Kisumu, Homabay, Siaya, Busia, Kakamega, Bungoma, Kiambu and Nakuru) accounted for 65% of new HIV infections among adolescents aged 10-19 in 2024. The epidemic remains gendered, with women accounting for 66 percent of infections compared to 34 percent among men. Young women aged 15–34 years represent 74 percent of new infections, while those aged 15–24 years account for 39 percent of new infections in 2024. This disproportionate burden is driven by a combination of biological susceptibility, social dynamics, and economic vulnerabilities that increase exposure and limit access to prevention services.

Among key populations, HIV prevalence remains disproportionately high, with an estimated 27.5 percent among sex workers, 19.1 percent among men who have sex with men (MSM), and 9.1 percent among people who inject drugs (PWID).[2] These populations continue to contribute significantly to new infections, often driven by inconsistent condom use, high levels of stigma and discrimination, and structural barriers that limit access to comprehensive prevention and health services. Targeted, evidence-informed interventions are therefore critical to reduce HIV and other STIs transmission and ensure equitable access to prevention services for these groups.

Although awareness of condoms is nearly universal, their consistent use remains limited. Only about 37 percent of adult women and 68% of adult men reported using condoms during their last sexual encounter with a non-cohabiting partner in 2022. Condom use was higher among men but still suboptimal at 45% and low in women (24%) among those with multiple partners. In 2024, 16% (240,915) of all pregnancies reported were among adolescents among adolescents aged 10-19 years. Persistent rates of STIs and unintended pregnancies, particularly among adolescents, reflect these behavioral gaps. Approximately 15 percent of adolescent girls aged 15–19 have ever been pregnant (KDHS, 2022), indicating inadequate access to and utilization of condoms and other reproductive health commodities. These figures highlight the continuing need for accessible, affordable, and socially acceptable condom promotion strategies.

Socio-behavioral factors affecting condom use include early sexual debut, multiple sexual partnerships, low perception of HIV and pregnancy risk, and gender and power imbalances that limit negotiation of safer sex. Cultural norms and religious beliefs further influence attitudes toward consistent and correct condom use. In addition, rural and underserved communities often face limited access to client-friendly, stigma-free HIV and SRHR services, constraining both availability and uptake of condoms.

2 Ministry of Health, Republic of Kenya. (2024). Biobehavioural survey among key populations in nine counties in Kenya, 2024 (Bio-behavioural survey report). Nairobi, Kenya: National AIDS and STI Control Programme (NASCOP).

2.3 Condom Supply Trends, Distribution Gaps (2020–2024), and programming Implications

This section examines condom supply trends and distribution gaps between 2020 and 2024, highlighting their implications for strengthening effective and equitable condom programming.

2.3.1 Condom Supply Chain and Logistics Performance

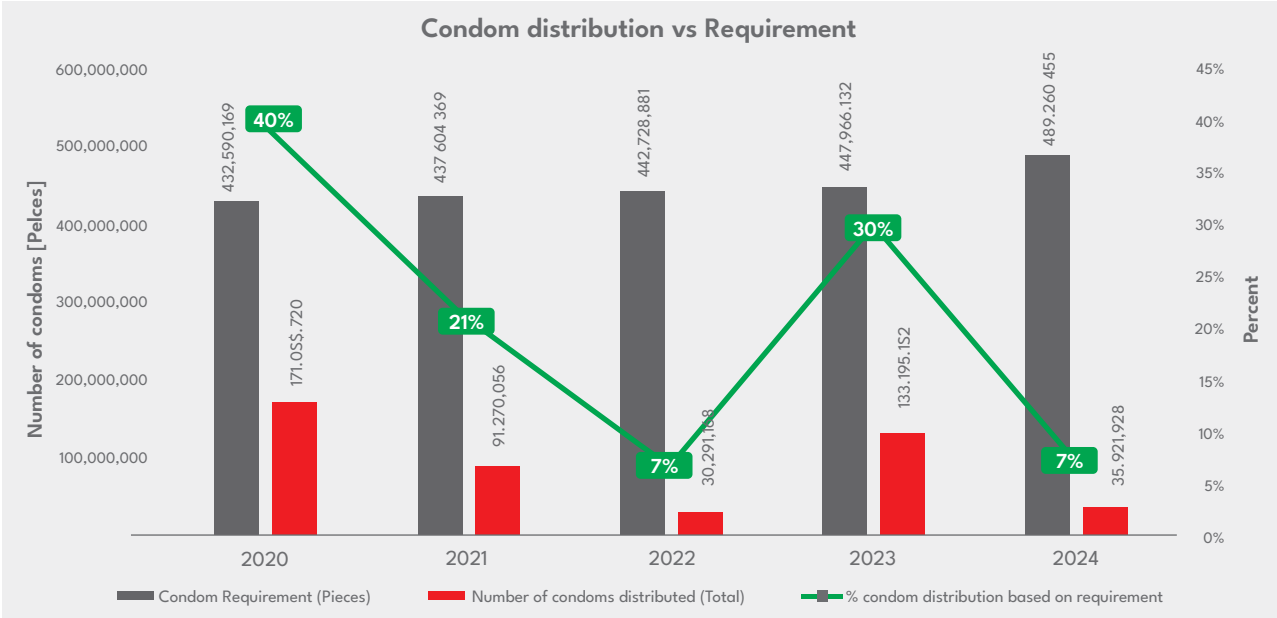
Analysis of the Country's condom supply trends over the 2020–2024 period demonstrates a persistent and widening gap between quantified national condom requirements and actual distribution volumes. During this period, annual national requirements remained consistently high, ranging from approximately 432 million to 489 million condoms, reflecting sustained prevention needs across diverse population groups and geographic settings.

However, actual distribution volumes remained significantly below quantified requirements and were marked by considerable year-to-year volatility. Total condoms distributed declined from 171.1 million in 2020 to 35.9 million in 2024, with only partial recovery observed in 2023. On average, Kenya distributed approximately 92 million condoms per year between 2020 and 2024, translating to less than one quarter of the estimated annual national requirement over the same period.

The proportion of condoms distributed relative to annual requirements further highlights systemic supply chain constraints. Coverage declined from 40 percent in 2020 to 21 percent in 2021, fell sharply to 7 percent in 2022, temporarily improved to 30 percent in 2023, and again declined to 7 percent in 2024. These fluctuations indicate underlying structural weaknesses that extend beyond quantification.

While national-level condom quantification mechanisms executed through procurement by Kenya Medical Supplies Authority (KEMSA), have improved, downstream supply chain performance remains suboptimal. Persistent challenges include weak last-mile distribution systems, limited real-time visibility of stock and consumption data, delayed procurement cycles, and continued heavy reliance on external donor financing. At the county level, quantification, budgeting, and accountability mechanisms for condoms remain inconsistent, with condoms not uniformly integrated into county health commodity budgets, thereby constraining sustainability and county ownership.

Diagram 1: National Condom Requirement versus Distribution Trend (2020–2024)



The observed gap between estimated national condom requirements and actual distribution volumes reflects structural limitations within the supply and distribution architecture and highlights the need for sustained system strengthening. Although periodic performance improvements have been realized, overall distribution levels remain below thresholds required to adequately meet national prevention needs. Addressing these gaps will require a strategic shift from a predominantly procurement-focused approach toward a comprehensive, end-to-end supply chain strengthening agenda.

Priority actions include reinforcing last-mile distribution capacity; enhancing real-time data visibility through integration with the Logistics Management Information System (LMIS); strengthening county-level quantification, financing, and accountability for condom commodities; and expanding engagement with social marketing and private-sector distribution channels. In parallel, diversification of financing sources, exploration of pooled procurement mechanisms, and assessment of local manufacturing options will be critical to enhancing system resilience, reducing dependency on external funding, and ensuring sustained condom availability in alignment with national HIV, STI, and sexual and reproductive health prevention goals.

2.4 Sexual Behavior Patterns, Gender Dynamics, and Implications for Condom Programming

Sexual behavior data from the 2022 Kenya Demographic and Health Survey (KDHS) indicate persistent risk patterns that continue to influence HIV transmission, particularly in contexts of multiple partnerships and inconsistent condom use. Men report significantly higher number of lifetime sexual partners (7.4) compared to women (2.3), underscoring gendered differences in sexual networks that shape HIV vulnerability and transmission dynamics.

The behavior trends further reveal substantial gaps in consistent condom use. Among women, 4 percent reported having two or more sexual partners in the past year, with only 24 percent using a condom at last sex. Additionally, 19 percent engaged in sexual intercourse with a non-cohabiting partner, yet just 37 percent reported condom used during the last encounter. Among men, 15 percent reported two or more partners in the past 12 months, with condom use at last sex reported by 45 percent. A further 35 percent had a non-cohabiting partner, with condom use at 68 percent higher than among women, but still inadequate for effective HIV and STIs prevention.

Female condom uptake remains critically low, at below three percent nationally, primarily due to limited availability, low awareness, cultural barriers, and persistent myths and misconceptions. Misbeliefs such as the perception that using multiple condoms offers greater protection, or doubts regarding condom quality and safety, continue to undermine user confidence. Stigma surrounding condom purchase and possession particularly among adolescents, young people, and unmarried individuals further constrain utilization. Gender power dynamics within relationships also limit women's ability to negotiate condom use, reducing their agency to protect themselves from HIV, other sexually transmitted infections (STIs), and unintended pregnancies.

These patterns underline ongoing vulnerabilities to HIV, STIs, and unintended pregnancies, especially where multiple partnerships, cross-generational relationships, and transactional sexual interactions coincide with low and inconsistent condom use. Education and socioeconomic status further influence sexual risk-taking. Women and men with secondary education and above report the highest engagement in sex with non-cohabiting partners (27 percent and 43 percent, respectively). Women in the highest wealth quintile are also more likely to report non-cohabiting partners (22 percent) compared to those in the lowest quintile (14 percent).

County-level variations highlight the need for geographically differentiated interventions. Among women, Murang'a records the highest proportion reporting two or more partners (11 percent), while

Mandera, Tana River, and Kwale report less than one percent. Among men, Narok records the highest level of multiple partnerships (43 percent), while Kirinyaga, Kericho, and Garissa report the lowest levels (2 percent).

Overall, these behavioural and structural disparities reinforce the need for targeted and gender-responsive condom programming, expanded access to both male and female condoms, myth-busting communication, stigma-reduction interventions, and segmented demand-creation strategies. Intensified outreach is particularly required in high-risk counties and population groups where sexual risk remains elevated and negotiating safer sex continues to be constrained by social and gender norms.

2.5 Condom Demand Analysis

In Kenya, condom demand and utilization remain suboptimal due to interrelated socio-cultural, behavioural, structural, and market-based demand-side constraints. Evidence from the Kenya Demographic and Health Surveys (KDHS 2014; KDHS 2022) indicates that stigma associated with condom use, entrenched gender and power imbalances that limit effective negotiation, particularly among women, adolescents, and young people and persistent misconceptions regarding reduced sexual pleasure continue to negatively influence attitudes and consistent use.

The KDHS 2014 and 2022 findings further demonstrate that low perceived risk of HIV, other STIs, and unintended pregnancy reduce motivation for regular condom use, especially among individuals in stable or perceived low-risk partnerships. Kenya Population-based HIV Impact Assessment (KENPHIA 2018) highlight the influence of cultural and religious norms that discourage open discussion of sexuality, alongside fear of judgement, limited privacy, and unfriendly service delivery environments, which collectively suppress condom uptake.

Gaps in comprehensive sexuality education, limited male engagement, inadequate youth-friendly and differentiated delivery approaches, and weak integration of condoms within broader HIV, other STIs, and sexual and reproductive health (SRH) services have been identified as key factors undermining sustained demand and consistent condom use among key, priority, and general population groups.

While Pre-Exposure Prophylaxis (PrEP) has emerged as a highly effective biomedical HIV prevention intervention, its introduction has highlighted gaps in the implementation of comprehensive combination prevention strategies. Some populations at ongoing HIV risk may rely disproportionately on PrEP, with reduced uptake or inconsistent use of condoms. KDHS 2022 data show that limited integration of PrEP with sexual and reproductive health (SRH) services, insufficient adherence support, and weak messaging on combination prevention compromise the synergistic protective effect intended by multi-pronged strategies. Consequently, while PrEP coverage has expanded, its implementation without reinforcing other prevention modalities risks suboptimal overall HIV prevention impact and may inadvertently reduce condom use among key and priority populations.

2.6 Condom Market Analysis

Kenya's condom program is heavily donor-dependent, with a dominant public sector free to use condoms accounting for over 84% of the total market. The social marketing sector contributes approximately 14%, while the commercial sector remains underdeveloped, accounting for less than 2% of total condom supply. To enhance the long-term sustainability of the condom program, there is a critical need to rebalance market dynamics by expanding the market share of socially marketed and commercial condom brands, while safeguarding equitable access for populations most in need.

Diagram 2: Condom Market Analysis

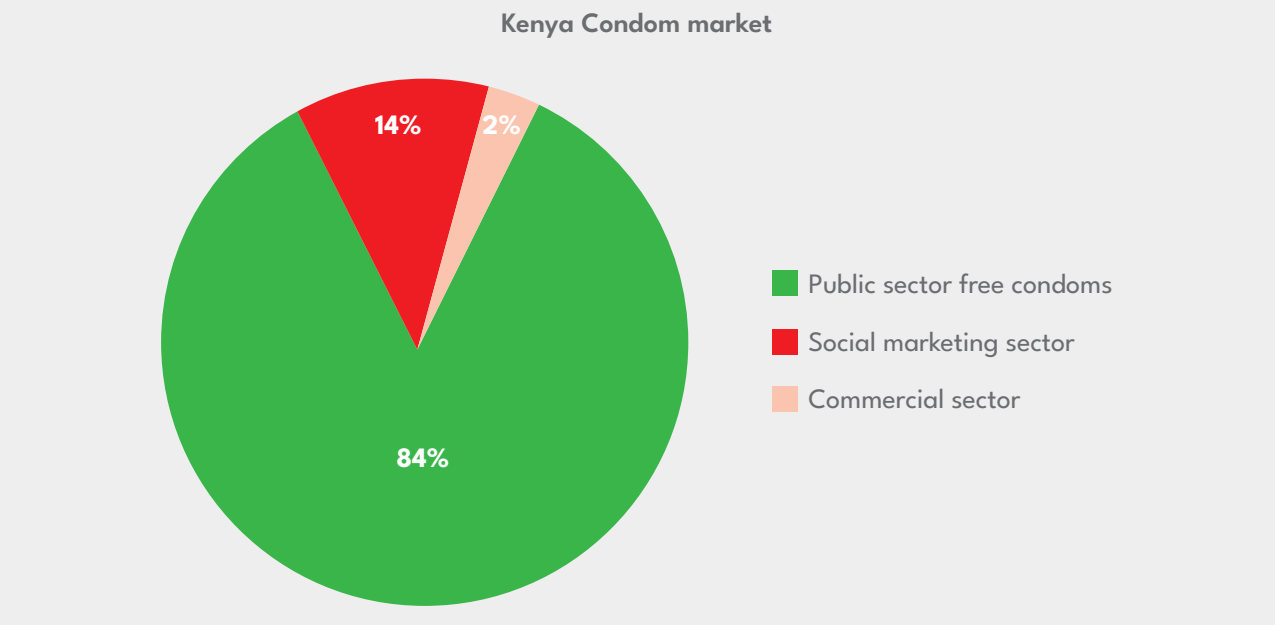


Table 1: Condom market Overview and main brands

Sector	Market Share	Main Brands	Financing & Characteristics
Public (Free)	84%	Sure (Government brand, flavored variants)	Funded mainly by UNFPA & Global Fund. Competing with private brands, causing pricing distortion.
Social Marketing	14%	Trust (PS Kenya), Salama (PSI Tanzania leakage) Kiss and Fiesta condoms (DKT International)	Below market price brands - moving toward social enterprise model.
Commercial	<2%	Deluxe, Durex, Rough Rider, Kama Sutra,	Self-financed, constrained by high taxes, testing fees, and policy barriers

Mann Global Health (MGH). (2017). Condom market analysis: Kenya case study. Bill & Melinda Gates Foundation.

2.7 Willingness to Pay for Condoms

Evidence from the AIDS Free Willingness to Pay (WTP) Study indicates that Kenya has a mature and evolving condom market with potential for progressive cost-sharing and reduced dependency on fully subsidized commodities. Among regular users of free condoms, 53 percent reported that they have at some point purchased condoms, demonstrating existing purchasing behaviors and market familiarity.

Further, 93 percent of respondents indicated willingness to pay the price equivalent to the lowest commercial brand, suggesting high perceived value and capacity to transition gradually toward partial cost recovery. Notably, 70 percent of regular users stated that they would purchase condoms if free supplies were unavailable, highlighting readiness among a significant segment of the population to participate in a differentiated market model.

These findings reinforce the need for a segmented condom market under the Total Market Approach (TMA) framework where public sector distribution remains targeted to vulnerable and low-income populations, while social marketing and commercial channels expand access for those able and willing to pay. This shift supports long-term market

sustainability, enhances equity in resource allocation, and reduces fiscal pressure on public health systems.[3]

2.8 Demand Creation and Behavioral Drivers

Behavior Change Communication (BCC) and demand creation interventions have been sporadic and insufficiently funded. Condom promotion is frequently presented from a disease-prevention perspective, often neglecting more appealing narratives that frame condoms as tools for empowerment, pleasure, and self-care. Limited sexuality education in schools, coupled with religious and cultural barriers to open discussions about sex, perpetuates low condom use among adolescents and young adults.

However, Kenya has significant potential to revitalize demand creation through innovative and client/population-responsive approaches. Digital platforms such as TikTok, Instagram, and WhatsApp are increasingly being used to reach young audiences with messages about safe and responsible sexual practices. Peer-led advocacy, influencer partnerships, and integration of condom messaging into Human Sexuality Education (HSE) and youth empowerment programs present promising opportunities for increasing acceptance and use.

2.9 Communication and Social Marketing

Condom communication efforts in Kenya remain fragmented and heavily centered on HIV prevention and family planning. Messaging often lacks a pleasure-positive or empowerment-focused tone, which limits appeal, especially among young people. Although several youth-driven campaigns have emerged on digital platforms, they lack national coordination and sustainable funding.

Community-based approaches such as peer education, workplace programs, and outreach interventions have demonstrated success in influencing behavior change but require greater scale and consistency. Moving forward, condoms need to be repositioned as symbols of empowerment, responsibility, care, and self-protection rather than emergency protection tools. Communication strategies must be segmented to address specific target groups, including adolescents and youth people, couples, key populations and communities of PLHIV while leveraging public-private partnerships to support innovative, consistent, and impactful social marketing.

2.10 Policy, Institutional and Coordination Environment

Condom programming in Kenya is coordinated by the National Condom Technical Working Group (NCTWG) under NSDCC, within the framework of the Kenya AIDS Integration Strategic Framework (KAISF). Despite this structure, coordination among national, county, private sector, and civil society actors including TMA players remains sub-optimal, leading to gaps in implementation and accountability.

Periodic stock-outs, sub optimal county ownership, and weak integration of condom programming into county health plans continue to undermine program effectiveness. Sexually active adolescents and young people face barriers to access due to myths and misconceptions, insufficient youth-friendly service points, and persistent stigma and discrimination. Monitoring and evaluation systems are also inadequate, hindering evidence-based decision-making.

Despite significant investments in HIV and sexual and reproductive health education, comprehensive sexuality education (CSE) remains limited within Kenyan schools, especially for learners under the age of 18. The national curriculum tends to emphasize on human sexuality education that emphasizes abstinence and biological aspects of reproduction, often omitting practical, age-appropriate information on HIV prevention, condom use, dual protection

3 AIDS Free Project. (2018). Willingness to pay (WTP) study: Condom market insights for Kenya and comparator countries. National AIDS Control Council (NACC), Nairobi, Kenya.

and negotiation skills that are critical for sexually active adolescents. National reviews indicate that although aspects some topics related to sexuality are included in school lessons, critical elements of CSE such as contraception, safe sex practices, gender norms, and rights-based approaches are frequently excluded or inadequately taught. Teachers often emphasize abstinence and may not convey messages about condoms, undermining students' ability to make informed decisions about HIV, other STIs and pregnancy prevention.

These pedagogical limitations are compounded by social and cultural barriers, including traditional norms that stigmatize open discussion of adolescent sexuality. As a result, many adolescents leave school with insufficient knowledge, skills, and confidence to practice safe sex, even though significant proportions become sexually active before age 18.

The restriction of CSE content and weak implementation in schools thus creates a critical gap in preventive education for sexually active underage learners, undermining national efforts to reduce HIV transmission, STIs, and unintended pregnancies. Without accurate, comprehensive, and youth-friendly education that includes correct condom information, adolescents remain vulnerable to misinformation from peers or media, increasing risky behaviors.

Despite significant investments in HIV and sexual and reproductive health education, comprehensive sexuality education (CSE) remains limited within Kenyan schools, especially for learners under the age of 18. The national curriculum on human sexuality education tends to emphasize abstinence and biological aspects of reproduction, often omitting practical, age-appropriate information on HIV prevention, condom use, dual protection and negotiation skills that are critical for sexually active adolescents. This is compounded by social and cultural barriers, including traditional norms that stigmatize open discussion of adolescent sexuality. As a result, many adolescents leave school with insufficient knowledge, skills, and confidence to practice safe sex, even though significant proportions become sexually active before age 18.

Restrictions on CSE content, coupled with weak implementation within the school system, continue to create a significant gap in preventive education for sexually active under-age learners. This gap undermines national efforts to reduce new HIV infections, other STIs, and unintended pregnancies. In the absence of accurate, age-appropriate, and youth-friendly CSE including information on condoms and dual protection, adolescents are increasingly exposed to misinformation from peers, social media, and other informal sources, which contributes to heightened sexual risk-taking and adverse health outcomes.

Nevertheless, opportunities exist to strengthen programming through digital innovations for data collection, expansion of community-led initiatives, and adoption of total market approaches that promote local manufacturing, innovation, and equitable access. Aligning condom programming with broader SRHR, HIV and other STIs prevention, and UHC frameworks offers additional pathways for integration and sustainability.

2.11 Policy and Regulatory Gaps Affecting Condoms

Although condoms remain a key national strategic commodity, they continue to attract taxes, including import duties and other levies. NASCOP and partner programme assessments (2018–2023) indicate that taxation increases the cost of commercially priced condoms, limiting affordability and access, particularly among young people and low-income populations. There is therefore a critical need to advocate for the re-categorization of condoms as essential health commodities under the Kenya Essential Medicines List (KEML), thereby exempting them from taxes and levies. Such a policy adjustment would support equitable access, strengthen the total market approach, and enhance the effectiveness of national condom programming across public, social marketing, and commercial sectors.

2.12 Policy and Financing Gaps

The National Condom Strategy (2018–2023) provides an essential framework for guiding condom programming in Kenya but requires urgent updating to reflect evolving epidemiological trends, global HIV prevention targets, and national priorities. Sustainable financing remains a critical challenge, with over 80 percent of condom procurement currently supported by external donors, including the Global Fund, PEPFAR, and UNFPA.

Kenya's transition from the National Hospital Insurance Fund (NHIF) to the Social Health Authority (SHA) aims to expand financial risk protection and move toward Universal Health Coverage. Although the SHA framework articulates broad coverage of HIV and family planning services, there is limited clarity on whether key HIV prevention commodities such as condoms (particularly for general population distribution outside clinical settings) and other prevention tools are systematically included in the essential health benefit packages. National discussions and policy briefs have highlighted that HIV prevention commodities, including condoms, are not fully financed or reliably incorporated into SHA essential health benefit packages, leading to gaps in coverage as donor support dwindles.

The lack of formal inclusion of condoms and associated prevention commodities in the SHA essential health benefit packages means that many Kenyans continue to rely on out-of-pocket procurement or donor-supplied distribution channels even though condoms remain a national strategic commodity. This presents barriers to consistent access, especially for adolescents, low-income populations, and key populations at higher risk of HIV, other STIs and unintended pregnancies, since condoms distributed outside public health facilities and pharmacies may not be covered under insurance reimbursement mechanisms. The financing gap for condoms and lubricants illustrates the risk of shortages and unmet prevention needs when such commodities are not fully embedded in domestic health financing structures.

Moreover, ongoing policy debates and advocacy underscore the imperative to align the SHA essential health benefit package with the full range of evidence-based HIV prevention interventions. Such alignment is critical to delivering a comprehensive combination prevention package capable of sustainably reducing new HIV and other STIs infections. In the absence of this integration, the current health financing architecture risks weakening Kenya's prevention response by leaving essential prevention commodities and services outside the essential health benefit package, resulting into funding instability and inequitable access.

To ensure continuity and sustainability, condom programming must be institutionalized within Kenya's national health financing framework. Greater private sector engagement is needed to enhance local production, distribution, and innovative marketing models.

2.13 Gaps in Monitoring and Evaluation (M&E) and Reporting of Condoms

Although KHIS captures data on condoms distributed through public health facilities, there is currently no centralized, integrated M&E system that consolidates information across public, social marketing, and commercial condom sectors. This fragmentation limits comprehensive tracking of condom availability, utilization, and coverage, particularly among populations accessing condoms through non-public channels. The absence of a unified data system constrains evidence-based quantification and resource allocation. Moreover, there is a critical need for a robust TMA, M&E framework that enables routine aggregation, analysis, and reporting of condom supply and demand data across all sectors, supporting strategic decision-making, performance monitoring, and accountability in national condom programming.

2.14 SWOT Analysis Summary

The review of Kenya's condom programming landscape reveals a mix of strengths, weaknesses, opportunities, and threats that shape the effectiveness and

sustainability of national efforts. The Table 2 below presents a summary of the SWOT analysis, highlighting the key strengths, weaknesses, opportunities, and threats that inform the strategic direction and implementation of this Strategy.

Table 2: SWOT Analysis Summary

Strengths	Weaknesses
· High awareness of male condoms among women (97%) and men (99%), supporting strong potential for condom uptake · . Established national procurement and distribution systems. · Strong enabling policy environment for HIV, SRHR, and FP programming under KASF II, the Kenya AIDS Integration Strategic Framework, and Universal Health Coverage (UHC). · Functional national coordination and oversight through the National Condom Technical Working Group (N-CTWG). · Established commercial and social marketing organizations for condoms · Integration of condom programming within broader health service delivery points, Pharmaceutical and non-pharmaceutical outlets	· Knowledge gaps in consistent and correct condom use and disposal · Recurrent stock-outs · Persistent stigma and negative socio-cultural norms that limit uptake and sustained use. · Over-reliance on donor financing for condom programming. · Sub-optimal county-level data systems, accountability mechanisms, and program ownership. · Exclusion of condoms from the Kenya Essential Medicines List (KEML). · Limited private sector engagement in condom logistics, marketing, and reporting under a total market approach. · Low demand and limited availability of female condoms, constraining choice and gender-responsive prevention. · Distribution and last-mile delivery challenges in remote, hard-to-reach, and underserved areas. · Public expectation of free condom supply, causing market distortion, reducing market diversification, and long-term sustainability.
Opportunities	**Threats**
• Integration of condom programming across all service delivery points • Expansion of digital platforms and innovations for prevention education and demand creation. • Growing youth population open to technology-driven messaging. • Advances in condom design and innovation (e.g. pleasure-positive condoms (studded, flavored, and feather light etc.) • Potential for local manufacturing and regional trade expansion. • Potential for market segmentation for efficiency. • Strengthened public–private partnerships and blended financing mechanisms. • Decentralized governance enabling county-level innovation and accountability.	• Declining donor funding • Misinformation, myths, misconceptions and cultural/ religious beliefs. • Economic constraints and inflation affect affordability. • Lengthy regulatory and approval processes for new products and local manufacturing processes. Stock outs of government financed condoms • Lack of a framework for enforcing price controls within a Total Market Approach (TMA) framework, which may limit access by some population segments, discourage private sector participation and jeopardize market sustainability. • Competing national health priorities diverting resources from prevention services

2.15 Key Lessons Learnt and Key Gaps

This section summarizes the key lessons learnt from implementation experiences and identifies critical gaps that need to be addressed to improve future programming outcomes.

2.15.1 Key Lessons Learned

- Sustained advocacy and community engagement are critical for normalizing condom use, addressing stigma, and fostering positive social norms across diverse population groups.
- Strengthening county ownership and planning enhances local accountability, ensures consistent supply, and promotes integration of condom programming within county health priorities.
- Integrating condom promotion across all service delivery points including the community level to enhance prevention platforms, increase uptake, reinforce dual protection messaging, and maximize program efficiency.
- Strategic partnerships with the private sector and social marketing organizations enhance market sustainability, expand distribution channels, and promote equitable access across all population segments.
- Behaviorally informed communication approaches that emphasize pleasure, empowerment, and responsibility are more effective than fear-based messaging influencing consistent and correct condom use.

2.15.2 Key Gaps

- Periodic stock-outs and inconsistent availability of government financed condoms.
- Sub-optimal last-mile distribution systems and push supply mechanisms often result in mismatch between condom supply and actual demand.
- Limited integration of lubricants in condom programming.
- Low risk perception and inconsistent condom use remain prevalent among sexually active people.
- Persistent myths and misconceptions, stigma, and negative social attitudes driven by cultural norms, misinformation, and religious beliefs continue to hinder open discussion, demand, and consistent condom use.
- Condom demand creation initiatives remain insufficiently coordinated and under-resourced, limiting their scale, consistency, and sustainability across national and county levels.
- Existing demand creation efforts demonstrate limited application of strategic audience segmentation and suboptimal use of digital, data-driven, and behaviorally informed communication approaches to effectively generate and sustain condom demand across diverse population groups.
- Low awareness and acceptability and negative perceptions continue to constrain the uptake of female condoms.
- Limited engagement of men, religious leaders, and community influencers reduces community-level ownership and normalization of condom use.
- High dependency on donor funding for condom programming.
- Inadequate domestic resource mobilization constrains long-term program financing.

- Limited availability of gender and age disaggregated data in condom programming.
- Lack of a regulatory framework for condom waste management

2.16 Strategic Implications

The situational analysis underscores the need for Kenya to adopt a more integrated, sustainable, and evidence-driven approach to condom programming. The following strategic implications are drawn from the situational analysis.

- Strengthened integrated, multisectoral coordination mechanisms under TMA to ensure coherence, shared accountability, and efficiency in planning, implementation, and reporting.
- Strengthened data collection, reporting, analysis and use across condom market actors
- Implement data-driven, targeted demand creation approaches
- Increasing domestic resource allocation and leveraging partnerships with socially marketed and private sector players to ensure the long-term sustainability of condom programming.
- Innovation and product diversification in condom design, packaging, distribution channels, and branding will scale up uptake.
- Embed condoms within domestic health financing and policy frameworks to address policy gaps in condom programming and strengthen implementation.


ALWAYS
IN FASHION
INTL CONDOM DAY

Chapter 3: Legal Policy and Regulatory Framework

Kenya Condom Strategy 2025–2030 is grounded in global, regional, and national legal and policy instruments that collectively promote sexual and reproductive health and rights (SRHR), HIV prevention, and universal access to essential health commodities. These frameworks that legitimize and support implementation by providing an enabling environment for comprehensive condom programming.

3.1 Global and Regional Policy Frameworks

The Strategy aligns with key international and regional commitments, including:

i. UNFPA Comprehensive Condom Programming (CCP) Framework (2011) that is anchored on three interlinked pillars:

- **Demand:** Enhancing awareness, motivation, and skills for consistent and correct condom use.
- **Supply:** Ensuring quality-assured male and female condoms are continuously available, affordable, and accessible.
- **Enabling Environment:** Strengthening leadership, coordination, financing, and rights-based approaches to promote equitable access.

ii. UNFPA 10-Step Strategic Approach to Condom Programming (2011) guides implementation through a holistic, multisectoral process integrating evidence-based planning, supply chain management, demand creation, monitoring, and sustainability. This approach underpins Kenya's Strategy and will be operationalized through the Implementation Plan and M&E Framework.

iii. Sustainable Development Goals (SDGs), particularly SDG 3 on Ensuring healthy lives and promoting well-being for all at all ages and SDG 5 on achieving gender equality and empowerment for all women and girls.

iv. Global AIDS Strategy (2021–2026) that calls for scaling up prevention options, including condoms, within a people-centered, and rights-based approach.

v. African Union Catalytic Framework to End AIDS, TB and Eliminate Malaria (2016–2030) that promotes universal access to HIV prevention and SRHR services.

vi. Eastern and Southern Africa Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People (ESA Commitment, 2013–2030) that supports access to condoms and comprehensive prevention among youth.

vii. UNAIDS Fast-Track Strategy (2016–2030) that emphasizes universal access to combination HIV prevention, including condom promotion, and achieving epidemic control through equitable access to HIV services.

viii. United Nations Population Fund (UNFPA) Guidelines that support reproductive health and rights, emphasizing availability, accessibility, and informed choice of contraceptive methods, including condoms.

ix. African Union Agenda 2063 and Health Initiatives advocate for universal access to sexual and reproductive health services, improved health systems, and integrated disease prevention.

x. East African Community (EAC) Health Protocols promote regional cooperation, cross-border

disease prevention, and equitable access to health commodities, including condoms.

3.2 National Legal and Policy Frameworks

At the national level, this Strategy is anchored in Kenya's constitutional, legal, and health policy frameworks that affirm the right to health, SRHR, and HIV prevention, including:

i. The Constitution of Kenya (2010) that guarantees the right to the highest attainable standard of health, including reproductive health care (Article 43).

ii. HIV and AIDS Prevention and Control Act (2006) provide the legal framework for HIV prevention, treatment, care, and support, including access to condoms.

iii. Kenya Health Policy (2014–2030) promotes equitable, efficient, and people-centered health service delivery.

iv. Kenya AIDS Integration Strategic Framework (2024/25–2029/30) that prioritizes prevention, combination programming, and condom promotion as central pillars of HIV response.

v. National Reproductive Health Policy (2022–2032) emphasizes universal access to SRH commodities and services, including condoms.

vi. Public Health Act (Cap 242) mandates measures to protect and promote public health, including disease prevention interventions.

vii. Pharmacy and Poisons Board (PPB) Regulations ensure quality assurance and safety of imported and distributed condoms.

viii. Primary Health Care Act 2023 establishes UHC as a national goal by ensuring all people access essential, quality health services without financial hardship, with primary health care as the foundation for delivery.

ix. County Health Laws that mandate counties to provide essential health services, including condoms, through devolution of health services.

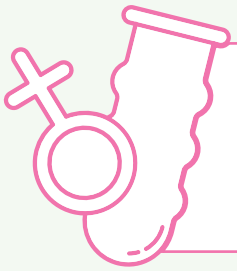


Chapter 4: Vision, Mission, Goals and Objectives, Scope and Guiding Principles

4.1 Vision

A Kenya where every sexually active person is empowered with choice, knowledge, and reliable access to quality condoms.



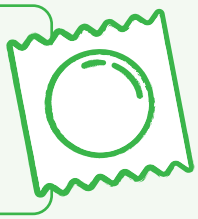


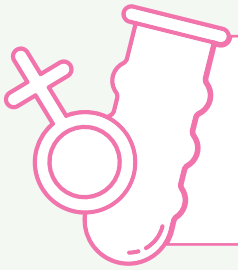
4.2 Mission

To strengthen systems, partnerships and markets that guarantee sustainable, equitable access and effective use of quality condoms and lubricants in Kenya.

4.3 Strategic Goal and Objectives

This section outlines the overarching strategic goal and specific objectives that guide the implementation and expected outcomes of the strategy.





4.3.1 Strategic Goal

To provide a national framework to guide implementation of a sustainable, equitable and impactful condom programme in Kenya.



4.3.2 Strategic Objectives

The main objective is to prevent HIV, other STIs, and unintended pregnancies by promoting consistent and correct condom use. The specific objectives are to:

1. Strengthen supply chain systems to ensure continuous availability and accessibility of quality condoms and lubricants.
2. Enhance demand creation, access, utilization, and safe disposal of condoms.
3. Secure and track sustainable financing and market shaping mechanisms to maintain affordability and expand access.
4. Strengthen monitoring and evaluation, accountability, and learning for condom programming.

4.4 Scope, Coverage and applicability

The Kenya Comprehensive Condom Strategy 2025–2030 provides a framework to guide the planning, coordination, implementation, and monitoring of condom programming as a core component of HIV and other STIs prevention and SRHR in Kenya. The strategy encompasses the entire condom value chain, ranging from demand creation, supply chain management, and market sustainability to policy, advocacy, and community engagement.

The strategy covers both male and female condoms and lubricants with deliberate efforts to ensure access, affordability, acceptability, and use across all sexually active populations.

The strategy will:

i. Strengthen leadership, coordination, and governance of condom programming at national and county levels.

ii. Promote equitable access and consistent availability of quality-assured condoms across all service delivery points and market segments.

iii. Foster demand creation and behavior change communication that address stigma, myths, and gender barriers to condom use.

iv. Enhance supply chain efficiency to prevent stock-outs and wastage through improved quantification and distribution.

v. Support transition to sustainable financing and development of market systems leveraging public, private (social enterprise, and commercial) marketing mechanisms

vi. Integrate condom programming within broader HIV and other STIs prevention, SRHR, and Universal Health Coverage (UHC) frameworks.

vii. Strengthen monitoring, evaluation, accountability, and learning (MEAL) systems to track progress, inform decision-making, and ensure program impact is achieved.

The Strategy is applicable to all sexually active populations, with emphasis on differentiated, age-appropriate, and population-responsive approaches for adolescents and young people, women and men, key and priority populations, people with disabilities, vulnerable populations, people in closed settings, migrant workers, populations in informal settlements and humanitarian settings. While respecting existing legal and policy frameworks, the Strategy promotes inclusive, rights-based, and public health-oriented approaches to condom access and use.

Implementation of the Strategy applies to a broad range of stakeholders, including national government institutions, county governments, development partners, civil society organizations, faith sector, social marketing agencies, and private-sector actors.

4.5 Guiding Principles

The planning, implementation, monitoring and evaluation of the condom programme shall be guided by the following principles.

i. Equity & Human Rights: Guarantee access to free, subsidized and commercial quality condoms and lubricants for all sexually active populations, without discrimination.

ii. Total Market Approach: Optimize the roles of public, social-marketing, and commercial sectors to ensure efficient market segmentation, affordability, and choice.

iii. Sustainability: Build resilient systems and markets that progressively reduce dependence on donor subsidies and secure long-term financing.

iv. Gender & Inclusion Responsiveness: Address gender, age, disability, cultural and structural barriers that affect condom access, autonomy and use.

v. Integration & System Alignment: Embed condom programming within HIV prevention, SRHR, UHC, and broader public health delivery platforms.

vi. Evidence, Accountability and Innovation: Drive decisions through data, quality assurance, innovations, and continuous monitoring for transparency, efficiency, and impact.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Chapter 5: Strategic Pillars

This chapter outlines the strategic pillars for effective condom and lubricant programming as a core component of HIV, STI, and unintended pregnancy prevention. It focuses on ensuring a secure supply chain, promoting demand, access, proper use and disposal, supporting sustainable financing and market shaping, and strengthening Monitoring, Evaluation, Accountability, and Learning (MEAL) to guide evidence-based decisions. Together, these pillars provide a coordinated framework to reduce HIV and STI transmission, prevent unintended pregnancies, and improve sexual and reproductive health outcomes.

5.1: Condom and Lubricant Supply Chain and Commodity Security

In today's rapidly evolving public health landscape, ensuring reliable condom and lubricant commodity supply and security is essential for safeguarding HIV and STIs prevention goals and sexual reproductive health. A resilient condom supply chain guarantees that quality-assured condoms are consistently accessible to all individuals who need them across communities, service delivery points, and population groups. Strengthening systems for condom quantification, procurement, warehousing, distribution, and data-driven stock management help prevent shortages, minimize wastage, and maintain uninterrupted access. By investing in coordinated national and county-level mechanisms, robust information systems, and equitable last-mile delivery, this strategy ensures that condoms remain a dependable and sustainable tool for reducing new HIV infections, STIs and preventing unintended pregnancies.

For this Strategic Pillar, the Focus Areas, Priority Interventions and Expected Outcomes are highlighted in Table 3 below:

Table 3: Commodity Security Focus Areas and Priority Interventions

Focus area	Priority interventions	Expected outcomes
Strengthening Quantification of Condoms and Lubricants	• Institutionalize evidence-based quantification processes using updated consumption data and demographic trends. • Restructure the National Condom Technical Working Group to align with the Total Market approach strategy • Empower the National and County Condom Technical Working Group to conduct accurate quantification and develop annual condom procurement plans. • Integrate condoms and lubricants into national supply chain management. • Include socially marketed and commercial condoms in national quantification to ensure full market visibility and coordinated total market planning • Develop and implement a standardized national male and female condom specification across public, social marketing, and commercial sectors that accommodates size diversity, ensures quality and regulatory compliance, and improves comfort, fit, acceptability, and consistent use.	• Public, private, and community service delivery points are consistently stocked with quality condoms and lubricants nationwide. • Accurate and data-driven quantification and procurement processes are institutionalized at the national and county levels. • Balanced market segmentation achieved, with improved coordination between public, socially marketed, and commercial condom supply to optimize access, equity, and sustainability.

Focus area	Priority interventions	Expected outcomes
Enhance Storage, Distribution, and Logistics Management Systems	• Improve national and county-level warehousing, storage, and inventory management to maintain quality and reduce wastage. • Strengthen last-mile distribution systems to ensure condoms reach all service delivery points (SDPs), including hard-to-reach areas. • Institutionalize a Logistics Management Information System (LMIS) for real-time tracking of condom stocks, consumption, and distribution. • Promote county-led redistribution mechanisms to address intra-county and inter-county stock imbalances. • Collaborate with community stakeholders including Community Health Division to enhance condom distribution in community settings.	• Inventory accuracy and increased stock availability at national and county levels • Improved distribution coverage country wide with • Reduced stockout frequency of condoms and lubricants at service delivery points • Strengthened LMIS, real-time tracking, with automated alerts for decision making minimizing stock-outs or expiries. • Optimized consumption in all counties
Promote Quality Assurance and Regulatory Compliance	• Strengthen regulatory oversight through collaboration with the Pharmacy and Poisons Board (PPB) and KEBS to ensure prequalified condoms are procured and distributed. • Build the capacity of laboratory services for condom quality testing and post-market surveillance. • Conduct routine quality audits and compliance checks at procurement, storage, and distribution levels • Address cross-border porosity by strengthening surveillance and enforcement mechanisms at points of entry to curb the inflow of unapproved and counterfeit condom brands into the Kenyan market. • Engage communities, law enforcement, customs, and cross-border health committees to ensure regulatory compliance and safe trade practices.	• Improved compliance among suppliers, manufacturers with all importers adhering to national requirements • All condoms in circulation meet WHO and national quality standards, with effective post-market surveillance systems in place. • Reduced infiltration of unapproved or counterfeit condoms through strengthened border surveillance and interagency collaboration. • Strengthened inter-agency coordination for compliance at points of entry
Foster Market Diversification and Sustainability through the Total Market Approach (TMA)	• Strengthening collaboration with the private sector and social marketing agencies to expand condom availability, consumer choice, and distribution reach across diverse market segments. • Promote local manufacturing, product innovation, and private sector investment to reduce dependency on donor financing and imported commodities. • Develop and implement policy incentives and sustainable financing mechanisms to support condom market growth while safeguarding equitable access for low-income and underserved populations. • Establish and operationalize a clear regulatory framework for the Total Market Approach, including roles, standards, pricing oversight, quality assurance, and coordination mechanisms across public, social marketing, and private sector actors. • Conduct a comprehensive condom market survey to generate evidence under the Total Market Approach framework.	• A diversified and sustainable condom market, • Reduced public sector burden for condom procurement and distribution. • Increased domestic production capacity and innovation within the condom market., • Improved affordability and equitable access to quality-assured condoms, particularly for low-income and underserved communities.
Build Capacity and Strengthen Human Resources for Supply Chain Management	• Conduct regular training and mentorship for national, county, and facility-level logisticians and supply chain officers. • Integrate condom logistics and broader commodity management modules into pre-service and in-service training curricula, including incorporation into the Ministry of Health Virtual Academy for healthcare and public health personnel. • Institutionalize supportive supervision and performance monitoring for supply chain staff	• Skilled and motivated supply chain workforce ensuring effective commodity management from national, county, and community levels • Improved staff performance through regular feedback, coaching, and accountability.

5.2: Condom Demand Creation, Access, Utilization and Disposal

Effective condom programming depends not only on supply, but on sustained demand, social acceptance, convenient access, correct use, and responsible disposal. To achieve impact, interventions must drive positive behavior formation and behavior change communication, embed condom promotion into existing health and community structures, expand last-mile access through innovative outlets, and cultivate an enabling environment that removes stigma and social barriers to uptake.

Leveraging digital technologies, peer-led communication, and community partnerships can accelerate adoption while ensuring that condoms are consistently available, acceptable, and used correctly across diverse populations. Condom uptake will be further enhanced by creating an enabling environment through client-friendly service delivery points, mainstreaming condom distribution across relevant sectoral and line programmes, and promoting responsible disposal practices that reinforce shared responsibility and environmental sustainability.

For this Strategic Pillar, the Focus Areas, Priority Interventions and Expected Outcomes are highlighted in Table 4 below:

Table 4: Demand Creation Focus Areas and Priority Interventions

Focus area	Priority interventions	Expected outcomes
Targeted behavior formation and Behavior change communication (BCC) strategies	• Use data to design and deploy targeted Behavior formation and BCC campaigns for specific ages, genders, religion, and population groups to address myths, misconception, stigma, cultural barriers, and risk perception. • Integrate age-appropriate condom messaging into existing HIV, SRHR and youth programs through peer educators, CHPs and community champions. • Use digital platforms (USSD queries, chatbots, social media) to deliver discreet and tailored education on correct and consistent condom use. • Deploy branded social marketing and mass media campaigns (radio, TV, influencers) aligned with national health events. • Promote dual protection messaging that reframes condoms as an empowering, pleasure-affirming tool for HIV, other STIs, and unintended pregnancy prevention, moving beyond disease-focused narratives to address cultural, religious, and sexuality education gaps, particularly among adolescents and young adults. • Conduct interpersonal communication through community dialogues, champions, peer educators, religious and cultural gatekeepers, workplaces, learning institutions and nightlife venues. • Use International Condom Day as a strategic platform to promote correct and consistent condom use, reduce stigma, and strengthen behavior change through coordinated campaigns and community engagement. • Promote disability-inclusive condom programming by ensuring the integration of braille and other accessible formats across government, socially marketed, and commercial condoms to enable equitable access to accurate information for people with visual and hearing disabilities.	• Increased proportion of priority populations e.g. religious leaders, cultural leaders reporting positive attitudes and risk awareness regarding condom use. • Higher reach of integrated condom messaging • Increased digital engagement metrics (USSD queries, chatbot sessions, social media reach and click-through rates on condom content) • Higher public exposure to condom promotion campaigns measured by media impressions and campaign recall surveys. • Increase in reported dual protection use among sexually active individuals • Increase in correct and consistent condom use reported in behavioral surveys or service-delivery assessments. • Strengthened community ownership.

Focus area	Priority interventions	Expected outcomes
Strengthening the linkage and partnerships with the community to improve reach by expanding community-based distribution of free, social marketed and private sector condom via non-tradition outlets	• Expand community-based distribution networks by engaging CHPs, peer educators, CSOs and youth groups to deliver free, social-marketed and commercial condoms at community level. • Introduce and scale non-traditional condom outlets (e.g. barber shops, salons, boda-boda stages, kiosks, clubs, hostels, construction sites) to increase last-mile access. • Forge partnerships with private sector and social marketers to co-brand and co-distribute condoms through community channels for wider penetration including use of boda-boda riders. • Co-create and disseminate standard condom demand creation IEC messages and materials. • Integrate demand-creation messages at distribution points to promote correct, consistent use and reduce stigma during condom pick-up. • Implement innovative condom distribution approaches- Improve dispenser designs not to be too revealing but visible also in the dark-glow in the dark stickers-	• Increased number of community distribution points and non-traditional outlets supplying free, socially marketed and commercial condoms. • Higher volume of condoms distributed and picked up at community and non-traditional outlets. • Increased proportion of sexually active individuals reporting ease of access to condoms within their community. • Increase in correct and consistent condom use among populations reached through community-based distribution and messaging. • Availability of user-friendly dispensers
Creating an enabling environment for condom uptake	• Implement stigma-reduction and norm-shifting campaigns led by community, religious and cultural leaders to normalize condom use. • Develop and enforce supportive policies supporting discreet, client-friendly and judgment-free access to condoms in higher learning institutions, workplaces, entertainment venues and community settings. • Train health workers, pharmacists and community distributors on non-discriminatory, rights-based condom demand creation and service delivery. • Engage men, religious groups, parents, support groups, influencers and creative artists to build social acceptance and reduce social resistance to condom uptake. • Promote gender-responsive and violence-sensitive messaging to ensure women, key populations and adolescents can access and use condoms safely and confidently. • Improve branding and packaging for public sector condoms with variety of colors, pleasure and size messages • Conduct research to assess condom acceptability to include preferences, and perceptions, including factors such as size, flavor, comfort, and usability, to inform product selection, innovation, and targeted demand-creation strategies.	• Reduced stigma and social resistance toward condom use reported in community and attitude surveys. • Increased availability of condoms in youth-friendly and non-judgmental access points across community and institutional settings. • Improved quality of counselling and service experience reported by users at health facilities and distribution points. • Increased male engagement and community endorsement of condom use as a norm, reflected in campaign tracking and feedback. • Increased uptake of condoms • Higher rates of safe, consistent condom use among women, youth and key populations due to improved safety, acceptance and autonomy. • Increased appeal and demand for public sector condoms • Improved perception and acceptance of condoms as modern, attractive, and pleasurable tools and not just disease prevention commodities

Focus area	Priority interventions	Expected outcomes
Promote safe and environmentally sound disposal of used condoms.	• Develop and disseminate national guidelines or standard operating procedures (SOPs) on condom waste management, aligned with environmental health and public health regulations. • Integrate safe disposal messages in the condom messaging, demonstrations and training • Include user-friendly condom disposal pouches or wrappers in condom packaging for locally manufactured and imported condoms, to support discreet, hygienic, and environmentally sound disposal. • Integrate condom disposal into environmental health and sanitation services • Install clearly labelled condom disposal bins at high-volume and hotspot locations such as entertainment venues, lodging facilities, transport hubs and public toilets. • Conduct operational research and risk assessments on used condoms to better understand infection risks, disposal practices, and environmental impact, and to inform evidence-based policy and messaging.	• Enhanced user knowledge and behavior in condom disposal • Increased availability and use of disposal materials • Reduced environmental and sanitation burdens- fewer blockages in sanitation systems, reduced littering of condoms • Integration of condom disposal into routine waste management and environmental sanitation programmes at national and county levels.

5.3: Sustainable Financing and Market Shaping for Condoms and Lubricants

Sustainable availability of condoms requires a deliberate shift from donor dependent procurement to diversified, predictable, and integrated financing mechanisms. Recent developments in the donor environment have shown declining funding support across health and humanitarian sectors. A viable condom program must therefore mobilize domestic public funds, unlock private sector participation, improve cost-efficiency across the supply chain, and align donor investments with national priorities under a Total Market Approach (TMA).

Strengthening financial sustainability will protect supply continuity, secure equity for marginalized populations, and embed condom programming within broader health financing frameworks to ensure uninterrupted access and impact. For this Strategic Pillar, the Focus Areas, Priority Interventions and Expected Outcomes are highlighted in Table 5 below:

Table 5: Sustainable Financing Focus Areas and Priority Interventions

Focus Area	Priority Interventions	Expected Outcomes
Domestic Resource Mobilization and Budget Allocation	• Integration of condom planning into county Integrated Development Plan, Health sector strategic Plan, Annual Work Plan and other health sector governance structures. • Advocate for dedicated condom financing lines in national and county health budgets as per the Kenya operational plan for enhancing country readiness to sustain a resilient HIV response beyond 2030. • Strengthening supportive policies and implementation framework for integrating HIV and other STIs prevention and management in infrastructure and development projects • Advocacy for re-categorization of condoms as KEML item to enable tax exemptions • Establish budget tracking mechanisms for allocated resources • Integrate condom financing within HIV, SRHR, and UHC financing frameworks. • Institutionalize annual quantification, budgeting, and procurement plans for sustainability. • Establish performance-based restocking for high-volume facilities.	• Availability of integrated county and national plans for condoms and lubricants • Increased domestic budget allocated and utilized for condoms and lubricants through a vote line. • HIV and STIs prevention integrated into infrastructure and development projects • Condoms and lubricants included in the KEML and covered by SHA • Increased domestic funding for condoms and lubricants procurement. • Sustained Condom supply security • Improved accountability, predictable funding cycle and sustainability
Public -Private partnerships & Market Development	• Engage and incentivize the private sector to expand affordable commercial and social-marketed condoms. • Promote establishment of local production of condoms and lubricants for local and external market • Promote condom access through corporate social responsibility • Introduce market segmentation to protect subsidies for vulnerable at-risk users and shift others to commercial brands. • Lobby for innovative financing mechanisms to generate revenue for health promotion programs. • Strengthening consumer research to drive commercial supply decisions	• Increased availability of affordable commercial and social-marketed condoms. • Socially marked condoms reserved for low-income and high-risk groups. • Expanded funding support for condoms and lubricants • Diverse brands and price options in the market. • Socially marketed condoms and commercially marketed condoms increased from 14% and 2% in 2025 to 30% and 5% in 2030 respectively
Cost-efficiency, Accountability, & Supply Sustainability.	• Conduct cost-efficiency audits across the condom value chain. • Digitize commodity tracking for real-time accountability and loss prevention. • Institutionalize market-shaping and pooled procurement for better pricing. • Regularly assess price elasticity to inform subsidy vs market decisions.	• Lower procurement and distribution costs per condom unit. • Reduced leakage, wastage, and stock-outs across counties. • Sustainable pricing achieved through pooled and negotiated purchasing. • Evidence-based financing decisions are grounded in market data.
Donor Alignment & Co-financing Mechanisms	• Establish multi-partner financing platforms for pooled condom resources. • Lobby for innovative financing mechanisms to generate revenue for health promotion programs. • Develop co-branding and co-financing agreements with CSOs, NGOs and social marketers. • Align donor investments with national TMA and supply forecasts. • Negotiate transition plans from donor dominance to blended financing.	• Increased pooled funding and reduced duplication of donor efforts. • More sustained financing through shared risk and shared investment. • Donor funds aligned to national priorities and gaps. • Clear roadmap for gradual subsidy transition without shortages.

5.4: Monitoring, Evaluation, Accountability and Learning (MEAL)

Effective monitoring, evaluation, accountability, and learning (MEAL) are central to the successful implementation of the Kenya Comprehensive Condom Strategy. By institutionalizing monitoring, learning, research, and innovation across the full condom market, this pillar will enable Kenya to build a responsive, evidence-driven, and sustainable condom programme.

For this strategic pillar, the focus areas, priority interventions, and expected outcomes are outlined in Table 6 below.

Table 6: MEAL Focus Areas and Priority Interventions

Focus Area	Priority Interventions	Expected Outcomes
Develop and Implement a Comprehensive Condom MEAL Framework	• Design and operationalize a unified national MEAL framework • Strengthen private-sector reporting mechanisms by establishing data-sharing protocols, simplified reporting tools, and regulatory reporting requirements for social marketing organizations, distributors, wholesalers, and commercial retailers.	• A harmonized and functional national MEAL framework for condom programming aligned with HIV and SRH information systems.
Strengthen Routine Data Collection, Quality, and Use	• Empower health workers, county M&E officers, and implementing partners on condom data management. • Conduct quarterly data quality audits (DQAs) and validation exercises to ensure accuracy and reliability. • Promote data use for program improvement through dashboards, performance review meetings, and the dissemination of insights. • Utilize e-chis system for non-facility-based consumption monitoring and planning	• Reliable, timely, and disaggregated condom data regularly collected, analyzed, and used for decision-making.
Institutionalizing Joint Reviews and Learning Platforms	• Conduct annual condom program performance reviews at national and county levels to assess progress against key indicators. • Conduct joint supervision visits and learning exchange forums across counties/ countries and implementing partners every two years. • Ensure active engagement of social marketing and private-sector partners in performance reviews and learning platforms.	• Strengthened performance monitoring and feedback systems, fostering transparency, and stakeholder accountability.
Enhance Accountability and Transparency Mechanisms	• Establish clear reporting and feedback channels to strengthen accountability among stakeholders. • Integrate community feedback mechanisms (e.g., scorecards, hotlines, or digital platforms) to monitor service availability and quality. • Include indicators for governance, supply chain performance, and community satisfaction in MEAL processes.	• Continuous learning and innovation are integrated into condom programming through routine reviews and knowledge sharing.
Promote Research, Innovation, and Knowledge Management	• Support operational and implementation research on condoms and lubricants • Partner with research institutions and academia to generate evidence for policy and program refinement. • Develop a national condom knowledge repository for data sharing and innovation tracking.	• Research and evidence from MEAL processes informing national and county policy and program adjustments.


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Chapter 6: Implementation Framework

Effective leadership, robust governance, and coordinated implementation are critical determinants of success in the Country's condom programme. This chapter highlights the need for multi-level leadership and coordination, accountability and oversight, governance and institutional arrangements as follows:

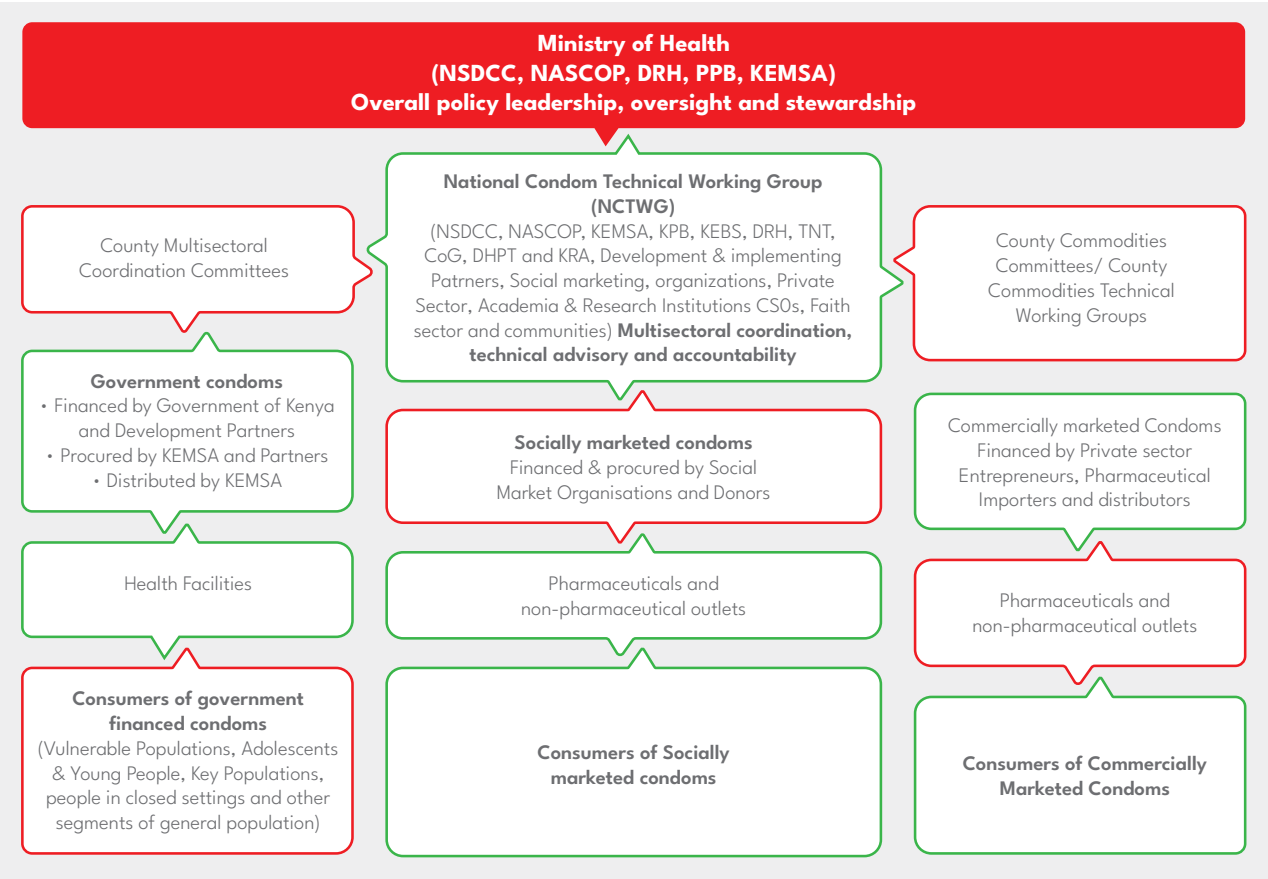
6.1: Leadership and Coordination

Effective condom programming is anchored in a robust, multi-sectoral leadership and coordination framework that aligns government leadership, regulatory oversight, private sector engagement, civil society action, and development partner support. Given the multi-sectoral nature of condom programming, structured coordination mechanisms ensure alignment, efficiency, accountability, and optimal use of resources across all levels.

Condom coordination is guided by the Country's HIV , other STIs, and SRHR priorities and aims to ensure strategic stewardship, assured quality, sustainable financing, efficient supply chain management, and equitable access across public, social marketing, and commercial markets. The private sector contributes through social and commercial condom marketing to expand availability and consumer choice, while development partners and donors provide targeted technical assistance, financial resources, and commodity support to strengthen national and county systems and address critical gaps.

Diagram 3 below illustrates the Country's condom coordination structure, roles and linkages of key stakeholders involved in policy, programming, regulation, financing, and distribution.

Diagram 3 : National Condom Coordination Structure



The process follows an integrated supply chain and demand generation pathway anchored in coordinated national and county-level implementation. Public health facilities serve as the primary distribution points for government-financed condoms and lubricants, ensuring access for priority and vulnerable populations through existing structures. In parallel, pharmaceutical and non-pharmaceutical retail outlets expand availability through socially marketed and commercial condom channels, enhancing overall accessibility and supporting total market coverage.

The Strategy promotes joint planning, resource pooling, and harmonized implementation across Government, private sector, and social marketing organizations to strengthen efficiency and avoid duplication.

6.1.1 National-Level Leadership and Coordination

At the national level, the Ministry of Health (MoH) provides overall policy leadership, oversight and stewardship for condom programming in Kenya. This mandate is operationalised through a structured governance framework that brings together key institutions responsible for policy, regulation, financing, supply chain management, quality assurance, and service delivery, which include NSDCC, the NASCOP, DRH, KEMSA, and PPB.

National-level coordination and technical oversight of condom programming are carried out through the National Condom Technical Working Group (N-CTWG), which serves as the principal multi-sectoral technical advisory, coordination, and accountability mechanism. The N-CTWG provides technical guidance, promotes alignment across public, social marketing, and commercial markets, and supports the application of a TMA to condom programming. (See 7.1)

The N-CTWG reports to the Ministry of Health through established governance and reporting channels, providing routine updates, technical recommendations, and accountability reports to inform decision-making. This reporting relationship ensures that condom programming remains aligned with the Country's HIV, other STIs, and SRHR priorities, policy commitments, and financing frameworks, while enabling coordinated action across sectors and various levels of implementation.

6.1.2 County Level Leadership and Coordination

Counties will operationalize the TMA to strengthen a holistic condom programme by ensuring coordinated engagement of government, social marketing organizations, and commercial sector actors. This approach will deliberately position government-financed condoms to prioritize free provision for populations unable to pay, while leveraging social marketing and commercial channels to serve populations with ability to pay thereby reducing pressure on publicly financed condom supplies, improving market efficiency, and enhancing overall condom supply security. County Health Management Teams (CHMTs) will provide overall operational oversight of condom programming, including financing, commodity security, service delivery integration, coordination, and routine performance monitoring across HIV, other STIs, SRHR, adolescent health, and primary healthcare platforms.

Multi-sectoral coordination will be facilitated through County Multisectoral Coordination Committees, while County Commodities Committees and TWGs will oversee commodities quantification, procurement, supply planning, distribution, and performance review. Integration of socially marketed and commercial condoms into county planning, quantification, and reporting systems will enable full visibility of total condom demand and supply, optimize resource allocation, reduce pressure on public sector commodities, and strengthen sustainable condom access across all population segments.

6.2 Accountability and Oversight

Accountability for condom programming will be guided by the TMA to ensure transparency and shared responsibility across all condom market segments. At the national level, the Ministry of Health, through NSDCC, NASCOP, DRH, KEMSA, and PPB provides overall oversight, consolidates performance reports across public, social marketing, and commercial sectors, and ensures alignment with the country's HIV, others STIs and unintended pregnancies prevention priorities. National structures will also provide policy direction, market stewardship, and regulatory oversight to support balanced market growth, quality assurance, and sustainable condom access.

At the operational level, the County Multisectoral Coordinators (CMCs) and County AIDS and STI Coordinators (CASCOs) and County reproductive Health coordinator provide day-to-day technical coordination, partner engagement, reporting, and supportive supervision to implementing agencies and service delivery points across all market channels, while supporting data visibility, partner mapping, and performance tracking to strengthen TMA implementation.

Counties will report to national structures through the established reporting systems, incorporating data from public, socially marketed, and commercial condom distribution channels to enable full market visibility and evidence-based decision-making. County Departments of Health remain accountable for forecasting, planning, budgeting, implementation, supervision, and routine reporting of condom programming within their jurisdictions, including integration of TMA principles into county planning, quantification, financing, and monitoring processes. Standard operating procedures, guidelines, and tools will be harmonized to support consistent implementation, monitoring, and accountability across all market segments.

6.3 Governance and Institutional Arrangements

The Strategy leverages existing national and county health governance structures, in line with the Constitution of Kenya (2010), the Kenya Health Sector Strategic Plan, the Kenya AIDS Integration Strategic Framework (KAISF) and institutional mandates. The governance, institutional arrangements, roles and responsibilities are outlined below:

National Level Governance and Institutional Arrangements

The National Syndemic Diseases Control Council (NSDCC) provides strategic multi-sectoral leadership and coordination for condom programming. The NSDCC will provide leadership in policy advocacy, resource mobilization, integration into non-traditional and community platforms, and accountability among public, private, and civil society actors.

The National AIDS and STI Control Programme (NASCOP) serves as the lead technical agency for condom programming. NASCOP will provide technical guidance, develop and disseminate standards, guidelines, and operational tools, and oversee implementation in line with the Kenya Comprehensive Condom Strategy 2025-2030, including monitoring and evaluation, reporting, and capacity building to support effective delivery across counties.

The Division of Reproductive Health (**DRH)** plays a strategic and technical leadership role in condom programming in Kenya as part of the national sexual and reproductive health (SRH) agenda. In this Strategy, it will support integration of condoms across family planning, maternal and newborn health, and adolescent and youth-friendly service platforms.

The Division of Health Products and Technologies (DHPT) will provide national stewardship for condoms and lubricants as essential health products by leading

their inclusion in the Kenya Essential Medical Supplies List, setting and enforcing quality and specification standards in collaboration with other relevant regulatory authorities, and ensuring alignment with the Country's policies on regulation, procurement, quality assurance, quantification, and supply chain management across public, social marketing, and commercial sectors.

Pharmacy and Poisons Board (PPB) will regulate condoms and lubricants in public and private markets, including product registration, licensing, quality assurance, and post-market surveillance. In addition, PPB will support a standardized reporting framework to enhance quality, safety and accountability.

Kenya Medical Supplies Authority (KEMSA) will manage national-level quantification, and procurement, warehousing, and distribution of public-sector condoms and lubricants as guided by national supply chain policies and LMIS data.

Kenya Bureau of Standards (KEBS) will ensure that all condoms and lubricants meet national and international quality standards through product registration, conformity assessment, quality testing, and post-market safety surveillance.

The National Treasury and Economic Planning ensure financing, budget allocation, and sustainability of condom programming.

The Council of Governors (CoG) will facilitate policy harmonization and coordination between national and county governments.

The Office of the Registrar of Companies will provide legal recognition, corporate governance oversight, and compliance monitoring for private sector, social marketing, commercial marketing and manufacturing entities, in addition to supporting public–private partnerships, local manufacturing, and sustainable market development under the TMA.

Development and Technical Partners such as UNFPA, WHO, Global Fund, and other partners will continue to provide financial support, technical assistance, capacity building, and support innovative approaches for strengthening systems, scaling-up implementation, and programme sustainability.

6.3.2 County Level

County Departments of Health (CDoHs) will facilitate planning, implementation, supervision, monitoring, and evaluation for condom programming using the TMA, ensuring coordinated inclusion of public, socially marketed, and commercial condoms within CIDPs, AWPs, health sector plans, budgets, and performance reviews in alignment with national policies.

County Health Management Teams (CHMTs) will oversee facility- and community-based distribution, stock management, routine reporting, supportive supervision, and performance monitoring across all condom market segments, ensuring last-mile availability and accountability

County Assemblies will provide legislative oversight and approve sustainable financing frameworks that support a mixed condom market, including public sector financing for vulnerable populations and an enabling environment for social marketing and commercial sector participation.

The CMCs, County SRHR Coordinators, and CASCOs swill collaboratively coordinate implementation, reporting, supervision, partner alignment, and demand creation activities across HIV, other STIs, and SRHR platforms, while supporting TMA market mapping and partner coordination.

Community-Level Implementers including CHPs, CSOs, peer educators, and outreach teams will drive demand creation, distribution, referrals, feedback mechanisms, and responsiveness to specific local needs. while supporting informed choice across all condom access channels.

6.3.3 Education Sector

The Ministry of Education (MOE) will ensure effective delivery of age-appropriate, evidence-based Human Sexuality Education (HSE) in schools, linked to counseling, abstinence messaging, and referral to health services.

Parents Associations will support age-appropriate home-based health education, parent–child communication on abstinence, and address risk factors for HIV and other STIs, SGBV and teenage pregnancies.

The National Government Administrative Office (NGAO) will mobilize and sensitize community members on integrated home-based health education, parent–child communication on abstinence and addressing risk factors for HIV and other STIs, SGBV and teenage pregnancies.

Tertiary Institutions and Universities will integrate condom education and access into student health programs, campus clinics, AIDS Control Units, and peer-led interventions, including supporting operational research and innovation to inform programming and public policy.

6.3.4 Workplaces and Labour Institutions

The Public Sector Workplaces will integrate condom programming into HIV and wellness policies and programmes, staff medical schemes, and occupational health services.

The Private Sector Employers will implement workplace condom education and access through wellness programs, employer federations, and industry associations, in addition to leveraging social dialogue and collective bargaining to embed condom programming within occupational health and insurance benefits.

Labour Unions and Workers' Organizations will continue to advocate for rights-based access, address stigma and discrimination, and support peer education and awareness through Tripartite collaboration to enhance reach, demand creation, and normalization of condom use as a public health and employee productivity intervention.

6.3.5 Non-State Actors

The Private Sector and Social Marketing Organizations will support efficient supply chains, market competition, and affordable condom access through commercial channels aligned with TMA requirements and guidelines.

Faith and Cultural Institutions will promote inclusive dialogue and evidence-based approaches to HIV, other STIs and GBV prevention and management, SRHR, reduction of stigma and discrimination, and foster a shared responsibility for public health outcomes.

Civil Society Organizations (CSOs) will lead community mobilization, advocacy, peer education, and service delivery for key, vulnerable, and priority populations while strengthening equity and accountability.

Community health promoters (CHPs) will support last-mile condom distribution, household-level education, and community feedback mechanisms, monitor stock levels, and promote safe disposal practices.

Youth Networks and Community Groups will drive positive behavior formation and change, reduction of stigma and discrimination, and demand creation efforts through traditional and digital platforms, including learning institutions, closed settings and other community spaces.

6.4 Risk Management, Safeguarding and Compliance Mechanisms

Effective risk management, safeguarding, and compliance mechanisms are essential to ensure the resilience, integrity, and sustainability of condom programming in Kenya. A proactive risk assessment framework will be employed to identify potential

threats to condom supply, demand, access, utilization, and regulatory adherence.

Mitigation strategies will include the maintenance of adequate buffer stocks, diversification of funding sources, targeted advocacy campaigns to address socio-cultural barriers, and strict enforcement of quality standards across TMA supply channels. Safeguarding measures will ensure ethical engagement with communities, protection of minors, and the confidentiality and rights of key populations.

Compliance will be reinforced through routine supervision, robust monitoring and evaluation, audits, and systematic adherence to relevant legal, regulatory, and policy requirements. Additionally, crisis preparedness plans will be established to respond promptly to supply chain disruptions, public health emergencies, and socio-political challenges, while ensuring continuity of services and minimizing programmatic risks.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7.0 ANNEXES

7.1 National Condom Technical Working Group (N-CTWG) Terms of Reference

Effective condom programming requires coordinated, multisectoral action, evidence-based decision-making, and alignment across public, social marketing, and commercial market segments under a TMA. Fragmentation of efforts risks inefficiencies, inequities, duplication, and unsustainable reliance on donor financing.

To operationalize the Strategy's governance and coordination mandate, the National Condom Technical Working Group (N-CTWG) and County Multisectoral Committees will serve as the primary coordination and stewardship platforms. The N-CTWG provides the highest-level national technical and coordination mechanism to guide strategy implementation, harmonize stakeholder actions across all market segments, strengthen market sustainability, ensure accountability, performance monitoring, and continuous learning.

At the County and Subcounty level, County and Subcounty Multisectoral Committees will operationalize TMA coordination by integrating the technical, planning, market visibility, and performance oversight functions of the N-CTWG within broader county and subcounty multisectoral coordination structures. This will ensure aligned implementation, partner coordination, and data-driven decision-making across public, social marketing, and commercial condom programming at sub-national level.

Functions of the N-CTWG

Provide strategic and technical oversight for implementation of the Kenya Comprehensive Condom Strategy 2025–2030;

Strengthen coordination among government institutions, development partners, civil society, private sector actors, and social marketing organizations.

Support equitable access to quality-assured condoms and lubricants across all service delivery points and market segments.

Promote integrated demand creation, behavior change communication, and stigma reduction interventions.

Support sustainable financing, market shaping, and domestic resource mobilization under a Total Market Approach.

Strengthening Monitoring, Evaluation, Accountability, and Learning (MEAL) systems for condom programming; and

Facilitate information sharing, innovation, research, and adaptive learning.

The NCTWG shall operate primarily as a strategic, coordinating, and advisory body, with recommendations feeding into relevant national decision-making structures.

Composition and Membership

The multisectoral membership shall be based on institutional relevance, technical expertise, and commitment to the Strategy's objectives and shall include:

- **Chair:** National Syndemic Diseases Control Council (NSDCC)
- **Co-Chair:** NASCOP
- Government entities (KEMSA, Pharmacy and Poisons Board (PPB), Kenya Bureau of Standards (KEBS); Division of Reproductive Health; The National Treasury; Council of Governors (CoG); DHPT and Kenya Revenue Authority)
- Development Partners and Donors,
- Representatives of Social marketing organizations.
- Representatives of Private sector condom importers/manufacturers, distributors, private health facilities and pharmaceutical and non-pharmaceutical outlets.
- Representatives of Academia and research institutions.
- Representatives of civil society organizations, Faith sector and community networks.
- Representatives of Key populations, youth, women, and PLHIV-led networks.
- Implementing Partners

Note: The N-CTWG can co-opt other membership on need basis.

7.2 Implementation Roadmap

The implementation of the Strategy will be guided by a structured and results-oriented roadmap that translates strategic priorities into actionable steps over the five-year period. The roadmap outlines the key actions, responsible actors and timelines, necessary to operationalize the implementation of the strategy in Kenya.

Table 7: Implementation Roadmap Matrix

Key Activity Area	Roadmap Actions / Interventions	Lead / Supporting Agencies	Timeframe	Key Outputs	Indicators of Success	Outcomes
1. Roll-out for implementation	Launch, dissemination and stakeholders' engagement Private sector engagement Scale up of condom programming last mile delivery	NSDCC, NASCOP, MoH, UNFPA, Private sector	2025	Strategy launched and disseminated for implementation	Scale-up of service delivery	Increased condom uptake and consistent, correct use across diverse population groups, driven by enhanced demand creation and behavior change initiatives promoting safe sexual practices and responsible disposal.
2. Strengthen National Coordination and Governance Structures	Reconstitute and operationalize the National Condom Technical Working Group (N-CTWG) with clear TORs and subcommittees for demand, supply, and enabling environment.	NSDCC	2025	Functional N-CTWG with supportive subcommittees	N-CTWG reconstituted. No. of quarterly meetings held annually	Effective and inclusive coordination achieved among stakeholders, resulting in harmonized and evidence-based condom programming
	Institutionalize coordination between NSDCC, NASCOP, DRH, KEMSA, PPB, and CoDH for integrated planning and reporting.	NSDCC, MoH, Council of Governors (CoG)	2025–2026	Established coordination protocol and reporting mechanisms	No. of joint coordination frameworks operationalized	
	Hold quarterly National Condom TWG meetings to review progress, challenges, and priorities.	N-CTWG	2025–2030	Quarterly coordination reports and action plans	% of meetings held as per schedule Proportion of N-CTWG recommendations actioned	
	Convene annual national stakeholder review forums on condom programming.	NSDCC, NASCOP, DRH, Private sector	Annual	Annual Condom Review Report disseminated	Documented best practices	
3. Strengthen County/ Subcounty -Level Coordination and Accountability	Strengthen County/subcounty Multisectoral Committees to integrate TMA in condom programming	NSDCC	2025–2026	Operational County / Subcounty Multisectoral Committees	% of counties with functional Subcounty/County Multisectoral Committees	Effective and inclusive coordination achieved among stakeholders, resulting in harmonized and evidence-based condom programming
	Integrate condom programming indicators in County Health Sector Plans (CHSPs) and Annual Work Plans.	County DOHs, MoH, NSDCC	2025–2027	Condom priorities integrated into CHSPs	No. of counties with condom indicators in AWP	
	Conduct bi-annual joint county–national supervision visits and performance reviews.	NSDCC, DRH, NASCOP, County DOHs	2026–2030	Supervision reports and feedback actions implemented	No. of supervision visits and reports Proportion of supervision recommendations actioned,	
	Facilitate peer-learning and exchange forums among counties for best practices in coordination and service delivery.	NSDCC, CoG, Development Partners	2026–2030	County peer-learning platforms operationalized	No. of exchange visits conducted annually	

4. Strengthen Policy, Legal, and Regulatory Frameworks	Integrate condom programming into SRHR, HIV and other STIs prevention priorities.	MoH, DRH, NASCOP, NSDCC, PPB	2025–2026	Integration Guidelines	Integration guidelines published and disseminated	Rreliable, efficient, and quality-assured supply chain system established, ensuring uninterrupted availability and equitable access to condoms and lubricants across all service delivery points.
	Harmonize regulatory frameworks with Pharmacy and Poisons Board (PPB), KEBS, and customs authorities for condom importation, testing, and certification.	PPB, KEBS, KRA, MoH	2025–2027	Streamlined QA/QC and regulatory systems	% of condom consignments meeting WHO prequalification	
	Integrate condom programming within national SRHR, HIV and other STIs prevention, and reproductive health policies.	MoH, DRH, NSDCC, NASCOP	2025–2028	Policy linkages strengthened	No. of policies integrating condom components	
	Advocate for inclusion of condoms in Kenya essential medicines lists	MoH, DHPT, NSDCC, NASCOP, DRH	2025–2026	Condoms included in Kenya essential medicines lists	Condoms listed in KEML	
5. Enhance Accountability and Reporting Mechanisms	Establish a national condom dashboard integrating data from KHIS, , LMIS, social and commercial markets for real-time decision making	NASCOP, NSDCC, MoH HIS Unit	2025–2027	Condom dashboard operational	Dashboards live and accessible to TWGs	Strengthened monitoring, evaluation, and data systems generating timely and actionable evidence to inform policy, programming, and accountability for condom use outcomes.
	Develop a performance scorecard for counties and partners on condom programming indicators.	NSDCC, DRH, NASCOP, CoG, Partners	2026	Scorecard developed and piloted	No. of counties using the scorecard	
	Institute annual accountability forums and public reporting on condom program results and resource use.	NSDCC, MoH, Civil Society	Annual	Published accountability reports	% of counties presenting reports annually	
6. Build Leadership and Capacity for Condom Programming	Conduct leadership and governance training for N-CTWG and County / Subcounty Multisectoral Committee members and program managers on coordination and accountability.	NSDCC, DRH,MoH, UNFPA, Partners	2025–2027	# Trained N-CTWG and County/Subcounty Multisectoral Committe members	Coordinated condom demand supply chain	Sustainable and diversified financing mechanisms, including total market approaches, secured to maintain affordability, availability, and long-term program sustainability
	Integrate condom programming into sustained financing, policy and legal instruments	NSDCC, DRH, NASCOP, MoH, Partners	2026–2028	Supportive Policy and legal environment		
	Strengthen partner alignment and coordination through joint annual work planning and budgeting.	NSDCC, NASCOP, MoH, Partners	2025–2030	Harmonized partner work plans and budgets	% of partners aligned to national priorities	

7.3 Monitoring, Evaluation, Accountability and Learning (MEAL) Matrix

Table 8: M&E Matrix

Strategic Pillar 1		**Condom and Lubricant Supply Chain and Commodity Security**				
Focus Area	**Priority Interventions**	**Key Indicators**	**Expected Outcomes**	**Data Sources**	**Frequency**	**Responsibility**
Quantification and Procurement	• Institutionalize evidence-based quantification using consumption and demographic data • Build national and county quantification capacity • Integrate condoms into national and county planning cycles • Joint planning among KEMSA, NASCOP, DRH, counties and partners • Include public, social marketing and commercial condoms in national condom quantification • Develop standard condom specifications	• % of counties conducting annual condom quantification • Forecast accuracy (% variance between forecasted vs issued quantities) • % of procurement plans aligned with national forecasts • % of condoms procured meeting national specifications • Buffer stocks established • Early warning systems developed and implemented • % stock-outs reduced. • % coverage of facilities	• Accurate supply planning; -reduced stock-outs • Uninterrupted availability of quality-assured condoms • Efficient supply chain management, with minimal stock-outs at national, county, and community levels. • Reliable forecasts and timely procurement	Quantification reports, KEMSA procurement plans, NASCOP reports	Annual	MoH, NASCOP, KEMSA, Counties
Storage, Distribution & Logistics	• Improve warehousing and inventory systems • Strengthen last-mile distribution • Institutionalize digital Supply Chain Innovations and Real-Time Monitoring (LMIS) for real-time tracking Integrate • County-led redistribution mechanisms • Enhance Commodity Security • Stock-Out Mitigation Mechanisms	• % of SDPs reporting no stock-outs in last quarter • Average duration of stock-outs (days) • % of counties using functional LMIS • Inventory accuracy rate • % target population reached; % increase in condom uptake	• Improved timely delivery to facilities and community outlets • Reduced stock-out incidents. • Continuous availability of condoms • Efficient logistics systems • Enhanced visibility of stock levels; timely decision-making. • Reduced wastage	LMIS, KHIS2, supervision reports	Quarterly	KEMSA, Counties
Quality Assurance & Regulatory Compliance	• Strengthen PPB & KEBS oversight • Build laboratory capacity for quality testing • Routine audits and post-market surveillance • Strengthen border surveillance against counterfeit condoms	• % of condoms in circulation meeting WHO/KEBS standards • # of quality audits conducted annually • # of counterfeit incidents detected and addressed	• Enhanced regulatory compliance and quality assurance of all condoms supplied. • Safe, high-quality condoms. • Increased user confidence. • Reduced product failures • All products consistently meet required quality and regulatory standards	PPB/KEBS reports, lab results, customs reports	Annual	PPB, KEBS, MoH
Market Diversification & TMA	• Engage private sector and social marketers • Encourage local manufacturing •Develop policy incentives and financing mechanisms	• Market share by public/social/commercial channels • # of active private/social marketing partners • # of locally manufactured condom brands	Expanded coverage across sectors; efficient resource utilization; increased access to condoms Coordinated public and private markets improve access and sustainability.	Market assessments, TMA reports	Annual	MoH, NSDCC

Human Resource Capacity	• Train logisticians and supply chain staff introduce standard operating procedures • Integrate condom logistics into pre- and in-service training • Supportive supervision	• # of staff trained • % of facilities receiving supervision • Improvement in stock management performance	Skilled workforce. improved efficiency in supply management Competent personnel effectively manage supply chain and market systems	Training records, supervision tools	Annual	MoH, Counties
Strategic Pillar 2		**Condom Demand Creation, Access, Utilization and Disposal**				
Focus Area	**Priority Interventions**	**Key Indicators**	**Expected Outcome**	**Data Sources**	**Frequency**	**Responsibility**
Behavior Change Communication	• Develop audience-segmented messaging Targeted BCC campaigns and community dialogues • Mass media campaigns & digital platforms (USSD, chatbots, social media) • Peer-led and community dialogue interventions • Integrate condom promotion into SRH services engage religious and cultural leaders. Conduct stigma reduction campaigns	• % of target populations with positive condom attitudes • % reporting consistent and correct condom use • Digital engagement metrics (reach, clicks, sessions) • Campaign recall rate	• Increased consistent and correct condom use and safe disposal • Increased knowledge and positive attitudes towards condom use. • Improved intention and uptake • Increased awareness and adoption of positive health behaviors	Behavioral surveys, DHS/IBBS, digital analytics, media surveys	Annual / Biannual	MoH,NSDCC, DRH, NASCOP, CSOs	
Community-Based Distribution	• Engage CHPs, peer educators, CSOs • Scale non-traditional outlets • Co-distribution with private sector • Innovative dispenser designs • Implement Innovative Condom Distribution Models (Digital ordering systems & vending machines)	• # of community and non-traditional outlets • Volume of condoms distributed via community channels • % users reporting ease of access	• Expanded access points, and innovative distribution channels. • Improved physical accessibility; Convenience in access; increased usage; reduced barriers • Improved community-level access to essential commodities and services.	Distribution logs, partner reports, community surveys	Quarterly	Counties, CSOs	

Enabling Environment	• Stigma-reduction campaigns • Youth-friendly access policies • Provider training on rights-based services • Gender-responsive messaging • Improve condom branding and packaging	• Stigma index score related to condom use • # of youth-friendly access points • % providers trained on non-discriminatory counselling • • Increase in demand for public-sector condoms	• Reduced stigma, discrimination and socio-cultural barriers • Increased acceptability and negotiation power for condom use • Supportive policies, coordination, and systems	Attitude surveys, facility assessments, training reports	Annual	MoH, Counties	
Safe Disposal	• Integrate disposal messages • Provide disposal pouches • Integrate into sanitation services • Conduct disposal research • Conduct public awareness campaigns on proper disposal	• % users aware of safe disposal practices • Availability of disposal materials • Condom disposal included in county waste plans	• Safe and environmentally responsible disposal practices adopted widely. Reduced environmental impact. • Safe disposal practices; increased public responsibility • Safe and environmentally responsible disposal practices implemented	Surveys, environmental health reports	Annual	Counties, MoH	

Strategic Pillar 3	**Sustainable Financing and Market Shaping**						
Focus Area	**Priority Interventions**	**Key Indicators**	**Expected Outcomes**	**Data Sources**	**Frequency**	**Responsibility**	
Domestic Resource Mobilization	• Integrate condoms into CIDPs, AOPs, sector plans • Dedicated budget lines • Budget tracking mechanisms • Integrate condoms into UHC/SHA	• Amount of domestic funding allocated and utilized • % of counties with condom budget lines • Condoms included in KEML/SHA % domestic funding.	Increased domestic resource allocation Reliable domestic funding; reduced donor dependency Increased and sustained domestic financing	Budget documents, IFMIS, SHA reports	Annual	MoH, Treasury, Counties	

Public–Private Partnerships	• Incentivize commercial/ social marketing • Promote local manufacturing . and Market Growth • CSR engagement • Conduct Market segmentation	• # of PPP agreements • Market price range of condoms • % Socially marketed condoms reaching vulnerable groups • Tax exemptions negotiated; Regulatory approval negotiated;	• Strengthened public–private partnerships and market-driven approaches • # new PPP agreements • Increased private sector investment; & local production; improved market supply. • Lower costs • Expanded market coverage; sustainable supply • Increased availability and affordability; • better coverage across socio-economic groups • Effective partnerships expand reach, efficiency, and innovation	PPP MOUs, market surveys	Annual	MoH, Private Sector	
Cost Efficiency & Sustainability	• Cost-efficiency audits • Digitized tracking • Pooled procurement • Price elasticity studies • Implement financial tracking systems;	• Cost per condom unit delivered • % reduction in wastage/expiry • Evidence of pooled procurement	• Cost-efficient, accountable, and sustainable condom programs integrated into national and county budgets • Reduced wastage; efficient use of resources; improved program sustainability • Resources are optimally used to sustain programs over time	Audit reports, procurement data	Annual	MoH, KEMSA	
Donor Alignment	• Pooled financing platforms • Co-financing agreements • Donor transition plans • Develop co-financing strategies; • Create joint funding mechanisms	• % donor funding aligned to national forecasts • Existence of transition roadmap • Transition and sustainability plans • Proportion of program financing from domestic sources • Donor transition milestones achieved	Harmonized funding. reduced duplication. improved coverage Gradual donor transition. long-term program sustainability A coordinated transition framework Harmonized donor support aligns with national priorities and transition plans	Donor reports, financing frameworks	Annual	MOH, TNT& EP, Donors & Private Sector	

Strategic Pillar 4		**Monitoring, Evaluation, Accountability and Learning (MEAL)**					
Focus Area	**Priority Interventions**	**Key Indicators**	**Outcomes**	**Data Sources**	**Frequency**	**Responsibility**	
MEAL Framework	• Develop and implement a national unified Condom MEAL Framework and Indicators • Standard indicators and tools • Integrate MEAL with KHIS/LMIS and KASF M&E Structures	• MEAL framework approved • % condom indicators integrated into national systems standard indicators defined.	Consistent and reliable performance tracking; improved decision-making Coordinated reporting; improved policy alignment; holistic monitoring Timely reporting. program adaptations based on evidence A functional MEAL system tracks performance and informs decision-making	MEAL framework, system reports	Year 1	MoH, NASCOP	
Data Quality & Data Use	• Strengthen Routine Data Collection, Data Quality, Digital Systems, and Data Use • Capacity building • Routine DQAs • Dashboards and data use forums	• Reporting completeness and timeliness • # of DQAs conducted • Evidence of data-informed decisions • No of staff trained on data management. • Electronic reporting in place; periodic data quality audits conducted	Strengthened evidence-based planning and decision-making through timely and reliable data. Accurate, timely, and actionable data; informed programmatic decisions High-quality data are routinely used for planning, monitoring, and improvement	DQA reports, dashboards	Quarterly	Counties	
Joint Reviews & Learning	• Institutionalize Joint Programme Reviews, Learning Platforms, and Peer Exchange • Annual reviews • Learning exchanges • Best practice documentation	• # of review meetings held • # of learning products disseminated • Annual review meetings held. • inter-county learning sessions conducted. • good practices documented	Institutionalized monitoring, evaluation, and learning mechanisms across all levels. Knowledge sharing; adaptive management; improved program performance Regular joint reviews strengthen learning, coordination, and adaptive programming	Review reports	Annual	MoH, Counties	
Accountability, Transparency and Feedback Mechanisms	• Community feedback mechanisms • Governance indicators • Community scorecards; hotlines; stakeholder consultations	• % issues resolved through feedback • Community satisfaction score	Strengthened accountability, transparency, & feedback. responsive programs; increased trust Transparent processes and feedback systems enhance accountability and responsiveness.	Scorecards, hotlines	Annual	Counties	

Research & Innovation	• Promote Research, Surveillance, Operations Research, Innovation, and Knowledge Management Operational research • Academic partnerships • Knowledge repository	• # of studies conducted • Policy/program changes informed by research • Documented innovative interventions	Lessons learnt and research findings used to improve program performance continuously. Evidence-based programming; identification of best practices; improved effectiveness Evidence generation and innovation improve program effectiveness and sustainability	Research reports	Mid/End-term	MoH, Academia	

7.4 Male Condom Distributed Per Year (2019-2024)

Table 9: Male Condoms Distributed Per Year (2019-2024)

County	2019	2020	2021	2022	2023	2024	Male pop 15-54	per man per year 2024	Add 16% Condom per head per year	Condom per man per year 2024
BARINGO	496,800	2,706,912		72,000	2,438,496	457,920	160,658	3	3	3
BOMET	2,059,200	4,303,584	1,166,880	338,400	822,816	277,920	220,250	1	1	1
BUNGOMA	5,205,456	3,974,400	4,362,336	604,800	4,190,112	712,800	384,430	2	2	2
BUSIA	2,354,400	753,696	307,872	704,160	1,298,592	590,400	204,661	3	3	3
ELGEYO MARAK-WET	1,166,400	3,366,720	380,160	288,000	1,136,160	192,960	113,263	2	2	2
EMBU	633,600	1,929,600	2,819,232	158,400	2,246,688	295,200	173,305	2	2	2
GARISSA	100,800	368,352	165,888	280,800	463,104	247,536	233,082	1	1	1
HOMA BAY	1,944,000	5,195,808	4,283,136	907,200	6,187,968	1,202,400	248,386	5	6	6
ISIOLO	1,209,600	193,536	93,600	288,000	535,104	86,400	68,519	1	1	1

County	2019	2020	2021	2022	2023	2024	Male pop 15-54	per man per year 2024	Add 16% Condom per head per year	Condom per man per year 2024
KAJIADO	1,180,800	1,224,000	404,352	417,600	1,965,024	968,976	312,311	3	4	4
KAKAMEGA	1,792,224	3,174,336	3,535,352	770,400	5,477,992	446,400	426,201	1	1	1
KERICHO	1,015,200	2,073,888	736,416	831,456	1,496,736	453,600	238,644	2	2	2
KIAMBU	1,382,400	2,612,872	3,696,768	770,400	5,273,856	1,655,424	724,248	2	3	3
KILIFI	1,742,400	4,362,336	2,880,576	885,600	4,346,496	1,267,920	345,853	4	4	4
KIRINYAGA	439,200	1,125,792	335,520	158,400	1,268,928	230,400	176,849	1	2	2
KISII	1,437,560	4,320,288	4,080,384	1,058,400	4,765,248	1,130,400	292,525	4	4	4
KISUMU	2,102,400	3,054,240	583,952	1,224,000	4,017,600	1,562,400	295,587	5	6	6
KITUI	1,411,200	1,526,400	2,402,496	338,400	2,808,656	374,400	269,422	1	2	2
KWALE	1,245,600	1,951,200	1,195,488	381,600	2,753,856	554,400	198,242	3	3	3
LAIKIPIA	1,195,200	1,486,080	521,568	165,600	1,253,376	741,312	136,273	5	6	6
LAMU	151,200	457,920	82,944	259,200	933,408	39,168	41,080	1	1	1
MACHAKOS	518,400	586,080	1,850,688	691,200	2,702,880	864,432	403,539	2	2	2
MAKUENI	1,317,600	1,725,600	995,904	597,600	3,537,504	979,200	261,170	4	4	4
MANDERA	21,600	1,125,792	20,736	50,400	128,736	53,568	187,062	0	0	0
MARSABIT		1,058,400	127,872	208,800	650,592	216,000	117,815	2	2	2

County	2019	2020	2021	2022	2023	2024	Male pop 15-54	per man per year 2024	Add 16% Condom per head per year	Condom per man per year 2024
MERU	2,160,000	1,673,568	1,217,664	289,152	3,319,776	660,096	418,750	2	2	2
MIGORI	547,200	1,576,800	4,732,272	547,200	6,203,520	748,800	250,093	3	3	3
MOMBASA	2,426,968	10,831,104	3,556,224	1,117,440	4,843,008	2,409,984	380,242	6	7	
MURANGA	115,200	305,568	720,576	187,200	1,324,224	381,600	277,785	1	2	2
NAIROBI	35,448,272	60,486,240	19,252,352	8,243,856	17,927,136	4,692,952	1,428,826	3	4	4
NAKURU	5,580,000	6,764,544	4,976,640	1,013,184	6,759,936	4,305,600	589,797	7	8	8
NANDI	4,160,910	3,110,688	1,872,000	180,000	2,320,704	280,800	230,637	1	1	1
NAROK	1,404,000	2,110,464	1,674,720	360,000	2,820,672	309,600	263,631	1	1	1
NYAMIRA	2,188,800	2,741,760	1,815,264	288,000	1,521,792	230,400	140,456	2	2	2
NYANDARUA	1,144,800	1,369,824	41,472	511,632	1,426,752	280,800	166,034	2	2	2
NYERI	2,094,336	2,476,800	1,018,080	957,600	1,293,120	539,984	208,304	3	3	3
SAMBURU	115,200	144,000	72,576	7,200	1,592,928	453,600	70,947	6	7	7
SIAYA	2,275,200	3,622,464	115,200	763,200	4,901,472	640,800	223,473	3	3	3
TAITA TAVETA	309,600	2,366,784	1,192,320	331,200	1,479,456	516,096	96,187	5	6	6
TANA RIVER	446,400	1,519,200	41,472	259,200	443,520	93,600	69,877	1	2	2

County	2019	2020	2021	2022	2023	2024	Male pop 15-54	per man per year 2024	Add 16% Condom per head per year	Condom per man per year 2024
THARAKA NITHI	842,400	2,118,240	828,864	158,544	1,160,352	412,128	103,084	4	5	5
TRANS NZOIA	1,944,000	1,942,272	2,312,064	302,400	2,919,168	720,000	241,453	3	3	3
TURKANA	1,368,000	1,660,320	801,504	943,200	2,842,272	979,200	241,580	4	5	5
UASIN GISHU	6,616,656	2,908,800	5,691,456	633,600	2,768,976	979,200	328,784	3	3	3
VIHIGA	828,000	1,496,448	103,680	367,200	1,081,440	208,800	133,064	2	2	2
WAJIR	223,200	986,400	36,288	172,800	636,480	93,600	193,122	0	1	1
WEST POKOT	223,200	3,405,600	1,345,248	206,544	407,520	382,752	132,338	3	3	3
Grand Total	**104,585,582**	**170,275,720**	**90,448,056**	**30,291,168**	**132,694,152**	**35,921,928**	**12,421,839**	**3**	**3**	**3**

7.5 Female Condoms Distributed Per Year From 2019-2023

Table 10: Female Condoms Distributed Per Year (2019-2023)

County	2019	2020	2021	2023
BARINGO	11,000	10,000		
BOMET	8,000			14,000
BUNGOMA	73,000	3,000	23,000	10,000
BUSIA	47,000		5,000	
ELGEYO MARAKWET	15,000		8,000	
EMBU	20,000	6,000	44,000	1,000
GARISSA	4,000	1,000		5,000
HOMA BAY	50,000	2,000	7,000	36,000
ISIOLO	10,000			1,000
KAJIADO	12,000			1,000
KAKAMEGA	20,000	8,000	2,000	34,000
KERICHO	34,000	10,000		2,000
KIAMBU	37,000		5,000	4,000
KILIFI	32,000	16,000		1,000
KIRINYAGA	18,000	3,000		1,000
KISII	46,000			2,000
KISUMU	53,000		69,000	29,000
KITUI	22,000		54,000	
KWALE	9,000	7,000	40,000	
LAIKIPIA	3,000			
MACHAKOS	27,000		8,000	10,000
MAKUENI	29,000	8,000		7,000
MANDERA	2,000		5,000	1,000
MERU	40,000	5,000		
MIGORI	29,000			147,000
MOMBASA	37,000	4,000	9,000	3,000
MURANGA	14,000		3,000	8,000
NAIROBI	199,000	656,000	96,000	1,000
NAKURU	80,000	26,000	96,000	8,000
NANDI	26,000			22,000
NAROK	10,000		3,000	19,000
NYAMIRA	27,000		41,000	21,000
NYANDARUA	40,000	4,000	2,000	6,000
NYERI	17,000		10,000	14,000
SAMBURU	2,000	1,000		1,000
SIAYA	42,000			8,000
TAITA TAVETA	10,000	11,000	32,000	1,000
TANA RIVER	5,000			6,000
THARAKA NITHI	43,000	2,000	46,000	1,000
TRANS NZOIA	20,000		1,000	28,000

County	2019	2020	2021	2023
TURKANA	41,000			15,000
UASIN GISHU	25,000		8,000	24,000
VIHIGA	11,000			9,000
WAJIR	4,000		5,000	
WEST POKOT	8,000			
Grand Total	**1,312,000**	**783,000**	**822,000**	**501,000**

7.6 Estimated National Condom Need Matrix 2024 –2030

Table 11: Estimated Projected Condom Need 2024 -2030

Year	Male population (15–49)	Condoms per man per year	Coverage (%) per KDHS 2022	Adjusted condoms required (45%)	Gross condoms (100%)
2024	14,510,843	40	45%	261,195,174	580,433,720
2025	14,916,260	40	45%	268,492,680	596,650,400
2026	15,276,479	40	45%	274,976,622	611,059,160
2027	15,634,137	40	45%	281,414,466	625,365,480
2028	15,988,036	40	45%	287,784,648	639,521,440
2029	16,337,450	40	45%	294,074,100	653,498,000
2030	16,673,175	40	45%	300,117,150	666,927,000

7.7 Risk Management Matrix

Table 12: Risk Management Matrix

Potential Risk / Threat	Impact	Mitigation Strategy	Responsible Stakeholders
Stock-outs of condoms and lubricants	Reduced access, increase in unintended pregnancies and HIV and other STIs incidence	• Strengthen implementation of TMA to reduce pressure on government-procured condoms and improving overall supply sustainability. • Maintain buffer stocks at national and county levels • Strengthen supply chain quantification and logistics management • Implement early warning systems for low stock • Develop emergency resupply mechanisms	Ministry of Health, NSDCC, NASCOP, County Health Departments, Supply Chain Partners, Procurement Agencies
Funding shortfalls / un-sustained financing	Limited program reach, reduced access, interrupted campaigns	• Diversify funding sources (government, donors, private sector) • Implement total market approach to share costs across public, private, and social marketing channels • Advocate for dedicated budget lines in national and county budgets	Ministry of Health, National Treasury, NSDCC, NASCOP, KEMSA, Development Partners, NGOs
Entrenched stigma and cultural beliefs that limit condom acceptability, uptake, and correct use.	Low uptake, reduced effectiveness of prevention programs	• Implement culturally sensitive social and behavior change campaigns • Engage community, religious, and youth leaders • Peer education and community dialogues to normalize condom use • Highlight benefits for sexual and reproductive health	Ministry of Health, NSDCC, Divion of Reproductive health NASCOP, CSOs/NGOs, Community Leaders, Peer Educators

Inadequate data / weak M&E systems	Inability to track supply, uptake, and program outcomes; poor decision-making	• Establish and operationalize condom reporting mechanisms under the TMA approach • Strengthen data collection, reporting, and analytics systems • Regular program reviews and feedback loops • Capacity building for M&E staff	Ministry of Health, NSDCC, NASCOP, Division of reproductive health, , County Health Departments, Partners
Logistical and environmental challenges	Delays in distribution, damage to stock	• Use decentralized storage hubs closer to end users • Employ mobile distribution units for hard-to-reach areas • Partner with local networks for last-mile delivery	Ministry of Health, NSDCC, NASCOP, KEMSA, Logistics Partners, CSOs
Counterfeit or low-quality condoms	Reduced effectiveness, loss of trust in programs	• Enforce quality assurance and regulatory oversight • Procure condoms from certified suppliers • Conduct random quality checks at distribution points	Pharmacy and Poisons Board, KEBS, Procurement Agencies
Policy or legal barriers	Restriction of access for sexually active minors	• Sensitize policymakers and stakeholders on SRHR rights and HIV prevention needs • Advocacy for enabling policies and regulations	Ministry of Health, NSDCC, NASCOP Policy Makers, Advocacy Groups

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