THE UNITED REPUBLIC OF TANZANIA

THE NATIONAL MULTI-SECTORAL
CONDOM STRATEGY

2019 - 2023

August 2019
The National Multi-sectoral Condom Strategy 2019 to 2023 was developed by the Tanzania Commission for AIDS (TACAIDS) with technical input from the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) through National AIDS Control Program (NACP) following the previous Condom Strategy 2016-2018 being out of date. The process also included individuals from Central and Local Government, Civil Society Organizations (CSOs), Private Sector and Development Partner Institutions (DPs). TACAIDS greatly appreciate the contributions and commitment of these individuals.

The contributions from representatives of the following Institutions are acknowledged:

- Ministries, Departments and Authorities (MDAs): The President’s Office - Public Service Management and Good Governance (PO-PSM GG); The President’s Office - Regional Administration and Local Government Authority (PO-RALG); The Vice President’s Office; The Prime Minister’s Office - Ministry of State, Policy, Parliament, Labour, Youth and Disability; Ministry of Finance and Planning; Ministry of Works, Communication and Transportation; Ministry of Information, Culture, Artist and Sports; Ministry of Livestock and Fisheries; Ministry of Education, Science and Technology; Ministry of Industry and Trade; Ministry of Minerals; Ministry of Constitutions and Legal Affairs; Ministry of Land, Housing and Settlement Development; Ministry of Water and Irrigation; Ministry of Defense and National Services; Ministry of Home Affairs; Ministry of Foreign Affairs and East African Cooperation; Ministry of Agriculture; the Dodoma Regional Administrative Secretary and City Council.

- Key partners on condom programming from the UNFPA, UNAIDS, USAID, DOD – WRAIR, MSD, TMDA, TBS, NACOPHA, SHOPS PLUS, PSI, T-MARC, TAYOA, AMREF, FHI360, JSI, JHPIEGO, NYP+, DKT, ATE, JD Pharmacy, Belva Consulting Limited, General De-Pharmacy and APHFTA.
• The Prevention Technical Working Group; The National Condom Sub - Committee; The Monitoring, Evaluation and Research Technical Working Committee; as well as the Consultant: Dr. Patrick Kanyamwenge, who compiled the document following the input from stakeholders.

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Dr. Leonard L. Maboko
Executive Director - TACAIDS
The threat posed by HIV and AIDS in the country is well felt at all levels, from national level down to the community. The Government of Tanzania has made significant progress over the past three decades in response towards minimizing the HIV epidemic, with the scale-up of ART and prevention programs. The Government of Tanzania is also committed to the UNAIDS global goal of ending the AIDS epidemic by 2030, as well as Fast Tracking the 90-90-90 Strategy whereas 90 Percent of all people living with HIV are to be diagnosed, 90 Percent of those diagnosed are initiated and retained on ART and 90 Percent of Patients on ART are to achieve viral suppression by 2020.

The need for a review and validation of the National Multi-sectoral Condom Strategy (NMCS) became evident through the gaps earmarked in the areas of policy, coordination, supply, distribution and access to condoms following the analysis of the key National documents and discussion with key stakeholders at all levels. Key issues evolved were gaps in condom financing, distribution, monitoring and sustainability of condom programming in the country. Despite the challenges evolved during the implementation of the previous NMCS, the Country managed to distribute over 249 million male condoms i.e. 49 million through Public Sector and over 200 million through social marketing and commercial sector during the two years of its implementation from 2016 to 2018.

The Government is committed to curb the number of new HIV infections by directing the attention to Key and Vulnerable Populations (KVPs) including young people particularly Adolescent Girls and Young Women (AGYW) who are most vulnerable, Female Sex Workers (FSW), People Who Inject Drugs (PWID), Men who have Sex with other Men (MSM), People Who Use Drugs (PWUD), Prison Inmates, Miners to mention a few. Therefore, there must be a significant increase in condom use as triple protection against HIV, Sexually Transmitted Infections (STIs) and unwanted pregnancy.

The NMCS is designed with the goal to ensure sustained and equitable use of condoms for HIV, other STI’s and unwanted/early
pregnancy prevention in the Country. The strategy will also contribute to increasing risk perception through public education and advocacy, with the view to translate the current knowledge of HIV and AIDS into avoidance of risky sexual behaviors, hence an increase in condom use by those in need.

During implementation of the NMCS, the need for involvement of all condom stakeholders including Government, CSOs, Private Sector, DPs and community members are utmost important for its success and sustainability. Under the coordination of TACAIDS, the MoHCDGEC through NACP and RCHS will provide the key inputs for operationalization of the strategy. The MSD will continue with procurement, logistics management, while TMDA will manage the quality assurance of condoms across all sectors.

Lastly, it is expected that key stakeholders - National and International, will continue playing a key role of providing technical and financial support where necessary. It is also expected that, this strategy along with other National guiding documents on HIV and AIDS and Sexual and Reproductive Health, will curb the AIDS epidemic, other STIs and unwanted pregnancies.

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Permanent Secretary
Ministry of Health Community Development Gender Elderly and Children
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ABBREVIATIONS

AIDS Acquired Immunodeficiency Syndrome
ADDO Accredited Drug Dispensing Outlets
AMREF African Medical and Research Foundation
APHFTA Association of Private Health Facility Tanzania
ATE Association of Tanzania Employees
CBD Community Based Distributors
CBO Community Based Organization
CDO Community Development Officer
CCP Comprehensive Condom Programing
CHAC Council HIV and AIDS Coordinator (Multisectoral)
CHF Community Health Fund
CHW Community Health Workers
CMAC Council Multi-sectoral AIDS Committee
CSO Civil Society Organization
FSW Female Sex Workers
DACC District AIDS Control Coordinator (Health sector)
DED District Executive Director
DHS Demographic Health Survey
DMO District Medical Officer
DOD – WRAIR Department of Defense – Walter Reed Army Institute of Research
DPs Development Partners
DRCHCO District Reproductive and Child Health Coordinator
eLMIS Electronic Logistic Management System
FHI Family Health International
FP CIP Family Planning Costed Implementation Plan
GF Global Fund
GMP Good manufacturing practices
GoT Government of Tanzania
HBV Hepatitis B Virus
HCV Hepatitis C Virus
HIV Human Immunodeficiency Virus
HPV Human Papilloma Virus
HSHSP Health Sector HIV and AIDS Strategic plan
HSV Herpes Simplex Virus
IEC Information Education and Communication
IPs Implementing Partners
ILS Integrated Logistics System
JHU John Hopkins University
JHPIEGO John Hopkin’s Programme for International Education in Gynaecology and Obstetrics
JSI John Snow Inc.
KVPs Key and Vulnerable Populations
LDTD Long Distance Truckers Drivers
LMIS Logistics Management Information System
MACs Multi-sectoral AIDS committees
MDA Ministries, Departments and Agencies
MoHCDGEC Ministry of Health, Community Development Gender Elderly and Children
MSD Medical Stores Department
MSM Men who have Sex with Men
NACOPHA National Council of People Living with HIV and AIDS
NACP National AIDS Control Programme
NFPCIP National Family Planning Costed Implementation Plan
NMCS National Multi-Sectoral Condom Strategy
NHIF National Health Insurance Fund
NYP+ Network of Young People Living with HIV
PLHIV People Living with HIV
PLWD People Living With Disability
PMTCT Prevention of Mother to Child Transmission
PWID People Who Inject Drugs
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>RACC</td>
<td>Regional AIDS Control Coordinator (Health sector)</td>
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<td>RAT</td>
<td>Regional AIDS Team</td>
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<td>RCHS</td>
<td>Reproductive and Child Health Services</td>
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<tr>
<td>RCT</td>
<td>Regional Coordinator for TACAIDS</td>
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<tr>
<td>RFP</td>
<td>Regional HIV Focal Person (Multisectoral)</td>
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<td>RMO</td>
<td>Regional Medical Officer</td>
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<tr>
<td>RNA</td>
<td>Rapid Needs Assessment</td>
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<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>SADCA</td>
<td>Southern Africa Development Cooperation in Accreditation</td>
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<tr>
<td>SBCC</td>
<td>Social and Behavior Change Communication</td>
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<tr>
<td>SHOPS PLUS</td>
<td>Sustaining Health Outcomes through the Private Sector Plus</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>TACAIDS</td>
<td>Tanzania Commission for AIDS</td>
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<tr>
<td>TAYOA</td>
<td>Tanzania Youth Alliance</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>TBS</td>
<td>Tanzania Bureau of Standards</td>
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<td>TDHS</td>
<td>Tanzania Demographic and Health Survey</td>
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<td>THIS</td>
<td>Tanzania HIV Impact Survey</td>
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<td>THMIS</td>
<td>Tanzania HIV and Malaria Indicator Survey</td>
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<td>TMA</td>
<td>Total Market Approach</td>
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<tr>
<td>TMDA</td>
<td>Tanzania Medical and Drug Authority</td>
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<tr>
<td>T-MARC</td>
<td>Tanzania Marketing and Communication</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNAIDS</td>
<td>The Joint United Nations Programme of HIV and AIDS</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>VMAC</td>
<td>Village Multi-Sectoral AIDS Committee</td>
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<tr>
<td>WEO</td>
<td>Ward Executive Officer</td>
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<tr>
<td>WMAC</td>
<td>Ward Multi-sectoral AIDS Committee</td>
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EXECUTIVE SUMMARY

The National Multi-sectoral Condom Strategy (NMCS) 2016-2018 was revised to outline the strategic priorities needed to decrease HIV, STI infections and unwanted pregnancy in Tanzania. The review process of the NMCS 2016-2018 aimed to inform stakeholders to come up with the new National Multi-Sectoral Condom Strategy 2019-2023. Furthermore, the process involved broad multi-stakeholder engagement with leadership and coordination by the Government of Tanzania through Tanzania Commission for AIDS (TACAIDS).

The strategy takes a Total Market Approach (TMA) to condom programming where the Government of Tanzania (GOT) stewards the entire market for condoms. The strategy seeks to improve leadership and coordination, supply and commodity security, demand creation and support systems through evidence based prevention, affordability and accessibility, decentralized and integrated approach, multi-sectoral involvement and TMA for sustainability.

The strategy strives to attain the following comprehensive condom programming targets by 2023. These targets are extracted from the National Multi-sectoral Strategic Framework IV for HIV and AIDS 2018/2019 to 2022/2023

- The proportion of adult aged 15-49 years of both men and women who are engaged in sex with non-regular partners, report condom use at the last sex is increased from 34% of male and 27.78% of female of the baseline value data in 2017 to 50% in 2020 and 95% by 2023.

- The percentage of youth aged 15-24 years report condom use at last sexual intercourse increased from 42% of Male and 37% of Females of the baseline value data in 2016 to 60% in 2020 and 80% in 2023

- Finally, the proportional of high risk groups (SW) report condom use at last sexual intercourse with their most recent clients increased from 32% of the baseline value data in 2013 to 80% in 2020 and 100% in 2023.

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1 National Multi-Sectoral Strategic Framework for HIV and AIDS (2018/19 to 2022/23)
The strategic priorities that will assist in the achievement of the above targets are as follows:

**Improved Leadership and Coordination: Coordination of partnerships**

**Strategic priorities:**

1. Strengthen the existing National condom sub-committee including putting down clear terms of reference, expand membership, an annual costed committee work plan, and a dedicated budget line.

2. Ensure the condom needs, received, distributed and reporting should be one of the permanent agenda of Multi-sectoral committee at Regional and Council level through existing coordination structure.

3. Build better linkage and working relations between the health sector and other sectors at all levels, including harmonization and coordination of implementing partners for a smooth implementation of condom programming strategy.

4. Adopt and implement the TMA principles for Condom Programs in the Country.

5. Engage Political Leaders forum and Religious congregations to address priority strategies which are aligned in the National Multi-Sectoral Condom Strategy IV

**Improved Leadership and Coordination: Advocacy and resource mobilization**

**Strategic priorities:**

1. Initiate policy and regulatory analysis and dialogue on condom programming.

2. Identify and strengthen condom ‘champions’ both political, religious and community setting.

3. Build coalitions and partnerships with civil society, private and informal sector and other segments of the society.

4. Ensure adequate financing and resources for dissemination and implementation of the condom strategy and for procurement of both public sector and social marketing condoms.
Improved Supply and Commodity Security: Forecasting and supply planning

Strategic Priorities:

1. Ensure an improved forecasting, quantification and supply planning of condoms to consider all sectors as well as social marketing and commercial sector.

2. Determine condom supply needs through realistic demand projections.

3. Embed TMAs at multiple levels of Government to achieve optimal quantification allocation and targeting of free condoms, appropriate targeting of subsidized condoms, and growth of sustainably priced condom brands.

4. Ensure condom recording and reporting is institutionalized at all levels including the social marketing and commercial sector.

5. Ensure all health workers and human resources from other sectors and organizations are skilled in identifying condom needs.

Improved Supply and Commodity Security: Logistics Management Information System (LMIS)

Strategic Priorities:

1. Strengthen and scale up the Integrated Logistics System (ILS) to be able to collect adequate and quality data for condom forecasting.

2. Scale up the Electronic Logistics Management Information System (e-LMIS) to facilitate convenient availability of condom data.

3. Strengthen condom supply chain management at all levels to ensure availability and accessibility of condoms by the population in need.

4. Harmonize the condom procurement system.
Improved Supply and Commodity Security: Expanded Condom Distribution through the Public, Social Marketed and Commercial Sectors Networks

Strategic priorities:

1. Ensure approaches for condom distribution and the modalities for ordering, delivery, storage and reporting on condom use are aligned with the National Condom Distribution Guideline.
2. Align investments in Social and Behavioral Change Communication (SBCC)/condom promotion with public health goals.
3. Ensure condom availability in all distribution channel/networks.
4. Ensure improved access and linkage of both Public, Social Marketed and Commercial Sector condoms.
5. Apply and operationalize TMA principles when allocating and distributing condoms for all condom distribution players.

Demand, Access and Utilization: Targeted distribution of condoms

Strategic priorities:

1. Ensure dissemination of condoms distribution guidelines to all stakeholders.
2. Operationalize market research to understand needs and preferences among the target groups existing in the community including those at risk (AGYW, Youth group, FSW, MSM, Women and Men, PWID, PWUD, Miners and Higher Learning Institutions – HLIs, PLWD, etc).
3. Ensure an increase in knowledge on HIV prevention to different target groups in the community to including PLWD reduce the myths and misconception related to condoms.
4. Intensify condom distribution at all levels.
5. Engage CSOs, Elderly Councils, PLHIV and Non PLHIV age groups and gender such as Youth, Adult male and Female to create demand for condom use.
6. Advocate for establishment of social enterprise organizations for condom market sustainability.
7. Ensure availability of condom dispensers in different settings.

**Demand, Access and Utilization: Total Market Approach to maximize access for condoms**

**Strategic priorities:**

1. Facilitate coordinated targeting to population segments by both public, social marketing and commercial sectors condoms in order to accelerate increased use of condoms.
2. Create an enabling environment that allows all sexually active people regardless of age, sex, geographic location, among other demographic identifiers, to access quality condoms.
3. Ensure the implementation of TMA Principles that makes it possible for every actor to coordinate efforts while meeting respective Health goals.
4. Establish National Operation research to generate market information though public statistics and market research.

**Demand, Access and Utilization: IEC and Behavior Change Communication for condoms**

**Strategic priorities:**

1. Promote the effective implementation of evidence based demand creation for condoms at all levels with target groups and ensure their measurable impact.
2. Ensure the availability of measurable evidence of improved demand and utilization of condoms as a category and change in behavioral barriers.
3. Strengthen condom education and information to young people, Key and Vulnerable Populations (KVPs), including People Living With Disability (PLWD).
4. Intensify promotion of correct and consistent use of condoms at all levels.
5. Stimulate social mobilization of communities to ensure a supportive environment for male and female condoms.

6. Ensure segmentation analysis for condom end users.

7. Messaging around empowering females on negotiation skills, social norms, proper and consistent use of condom.

8. Address myths and misconceptions about condom use.

9. Use of technology platforms and influencers (create a Mobile Application, Internet adds and Social media for increasing condom access and use).

10. Promote condom access in colleges and higher learning institutions (Colleges/Universities, etc)


**Programming and Support Functions: Research, Monitoring and Evaluation**

**Strategic priorities:**

1. Improve the monitoring and evaluation for condom programming at all levels (Data on condoms should be key components on decision making, i.e. needs, preference, availability, Distribution).

2. Strengthen research to support implementation of condom programmes.

3. Capacity building among multi-sectoral AIDS committee members to ensure effective implementation of condom programming.

The achievement of the above strategic priorities will be possible through collective effort of all stakeholders.
SECTION 1: BACKGROUND

1.0 Introduction
The main sexual and reproductive health priorities for the Government of Tanzania are the prevention of HIV and STI transmission and reduction of unwanted pregnancies.

Tanzania Mainland is currently experiencing a mature, generalized HIV and AIDS epidemic. Available data indicate that there has been an overall reduction in HIV prevalence among the general population aged 15-49 years from 7.0% in 2003 to 4.7% in 2016 (THIS - 2003/4, THIS - 2016/17). However, the current surveillance data revealed a high HIV prevalence among women (6.3%) than men (3.4%) and this corresponds to approximately 1.4 million people who are living with HIV in the country. HIV prevalence is also higher in key population subgroups: People Who Inject Drugs (PWID - 36%)², Men who have Sex with other Men (MSM - 25%), Female Sex Workers (FSWs - 26%³), People Who Use Drugs (PWUD - 22%) and Prison inmates (6.7%). Additionally, the data indicates that there is high new HIV infection among young people. Out of the estimated 81,000 new HIV infections occurred in 2016, youth aged 24 years and below accounted 43%. Out of the newly infected adolescents, 70% are girls. Furthermore, the data indicates that the HIV prevalence among young women aged 15-19 years is more than twice than men of the same group and it is 3.6 times higher for women aged 20-24 years⁴.

In addition, Tanzania has a high prevalence of viral STIs such as Herpes Simplex Virus (HSV) - 2, Human Papilloma Virus (HPV), Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) that don’t have effective curative treatment and are not managed syndromically⁵. Despite strong scientific evidence on the effectiveness of STI management for HIV prevention, the coverage of STI control services for the general population and particularly among high risk populations including KVP is low.

² National Guideline for Comprehensive Package of HIV in Interventions for Key Populations, 2014
³ HIV and STI biological Behavioral survey,2013- Female Sex workers
⁴ THIS 2016-2017
⁵ HSHSP IV-2017-2022
The predominant mode of HIV transmission in Tanzania is heterosexual sex, accounting for approximately 80% of infections\textsuperscript{6}. The modes of HIV transmission study in Tanzania mainland showed that the majority of new infections in Tanzania occur in the context of stable heterosexual relationships (38.8%), casual heterosexual sex (28.9%), sex workers (1.3%) clients of sex workers (8.7%), partners of sex worker’s clients (3.3%), partners of people engaged in casual sex (7.6%), PWID (2.1%) and MSM (6.8%). Therefore, reducing HIV transmission via sexual contact is thus a significant focus of Tanzania’s HIV Prevention Strategy.

Condom use is one of the most effective means available of reducing sexual transmission of HIV. Scientific evidence suggests that male latex condoms have an 80% or greater protective effect against HIV and other STIs\textsuperscript{7}. Condom use is therefore key component of Tanzania’s HIV Prevention Strategy to reduce HIV transmission via sexual contact.

Condoms are also a component of the strategy to increase use of modern family planning in Tanzania. Condoms are estimated to contribute 3.9% to the family planning method mix, but this number is much higher for unmarried women, for whom 14.8% use condoms as contraception as compared to married women whom 2.4% use condoms\textsuperscript{8}.

1.2 Tanzania’s Existing Policies supporting the Condom Strategy

The Tanzania National Policy on HIV and AIDS 2001: This Policy includes a specific objective 3.2a (I1b) which outlines one of its interventions as “promoting safer sex, abstinence, non-penetrative sex and condom use according to well-informed individual decision”. This policy has been operationalized through the development of the National Multi-sectoral Strategic Frameworks (NMSF).

The Tanzania National Multi-sectoral Strategic Framework for HIV and AIDS 2018/19 to 2022/23: This framework consider Condom

\textsuperscript{6} Spectrum,2013
\textsuperscript{7} http://www.who.int/hiv/topics/condoms/en/
\textsuperscript{8} TDHS, 2015-2016
use as an important intervention for both HIV and STIs prevention and family planning. The framework aims to reduce the incidence of new HIV infections in adults ages 15–49. One of the key interventions for reaching this goal is to increase demand for condom use and raise awareness about HIV transmission. Additionally, this framework targets to ensure there is an increase in condoms distribution to hotspots and amongst key and vulnerable population.

**The Health Sector HIV and AIDS Strategic Plan (HSHSP) 2017-2022:** This strategy regards condom use as an important biomedical intervention for HIV/STI prevention and family planning. The HSHSP Strategy supports the condom strategy in strengthening condom forecasting, quantification, promotion and distribution in the country.

**The National HIV Prevention Operational Plan 2016-2018:** The Plan supported the NMSF III which aimed to provide guidance on the scale up combination HIV prevention in Tanzania in order to significantly reduce new infection. It also aimed to prioritize intervention and strive for ambitious treatment and prevention targets, the 90-90-90 by 2020 in line with the UNAIDS fast Track Strategy for ending AIDS by 2030.

**The National Family Planning Costed Implementation Plan (NFPCIP) 2019 to 2023:** The goal of the NFPCIP 2019–2023 is to enable women, youth, and couples in Tanzania to achieve their desired fertility intentions through access to high-quality and respectful services as well as appropriate, evidence-based information. In doing so, Tanzania’s Modern Contraceptive Prevalence Rate (mCPR) among married women is anticipated to increase from 36 percent in 2019 to 47 percent by 2023, and the mCPR among all women to increase from 30 percent in 2019 to 40 percent by 2023.

**1.2.1 The Condom Strategy**

In 2015 The Government of the Tanzania through the Tanzania Commission for AIDS (TACAIDS) with support from USAID developed its first National Multi-Sectoral Condom Strategy which was launched in 2016. The Two Years Strategy aimed to address the strategic priorities which focused to decrease HIV and STIs infections and unwanted Pregnancy in Tanzania.
The Strategy took a total marketing approach to condom programming where the Government of Tanzania stewards the entire market for condoms. At this level, the strategy focused on strengthening the four key areas which were: *Improve leadership and coordination, Supply and commodity security, Demand generation and Support system* through an integrated multi-sectoral approach.

Tanzania is now implementing its fourth framework, the National Multi-sectoral Strategic Framework (NMSF IV), covering 2019 – 2023, which emphasizes on condom use as part of the combination prevention through the use of total market approach. The main goals of the framework are to increase condom use and related factors among the general population and key populations at risk, whereby its indicators are outlined below:

### NMSF IV Comprehensive Condom Programming Indicators:

i. **General Adult Population (15-49):** The proportion of adults aged 15-49 years who reported to have used a condom at the last sex with non-regular partners increased from 35% of Male and 27.78% of Females of the baseline value data in 2017 to 50% in 2020 and 95% in 2023.

ii. **Youth (15-24):** Percentage of youth (15-24) who used condom at last sexual intercourse reported to increase from 42% of Male and 37% of Females of the baseline value data in 2016 to 60% in 2020 and 80% in 2023.

iii. **Key Populations:** Proportional of sex workers reporting using a condom with their most recent clients increased from 32% of the Baseline value data in 2013 to 80% in 2020 and 100% in 2023.

The framework’s main strategies for achieving these goals are:

- Expand distribution of public sector condoms using community outlets, workplaces and hotspots.
- Improve condoms quantification, forecasting, procurement and distribution at all levels and in particular at community level.
- Build strong National M&E system for condom to create evidence and inform condom programming.
• Improve the roles of Public, Social marketing and Commercial sectors to achieve equity and sustainability.
• Addressing Stigma related to accessibility of condoms among young people, especially sexually active adolescent girls and boys.

For the condom programming to achieve the targets set by the NMSF IV, the total condom supply will have to increase from 248 million in 2018 to 262 million in 2020 with the projection of the high risk sex male population increase by 20.8% per year from 2021 through 20239.

The Family Planning Costed Implementation Strategy’s mission is to promote reproductive and child health services. The accompanying implementation plan for 2010-2015 seeks to increase the contraceptive prevalence rate by increasing access to and use of condoms for contraception. According to the latest Demographic Health Survey (DHS) 2015/2016, condom use for family planning is 3.9% among currently married and sexually active unmarried women aged 15-49 years. Among sexually active unmarried women, male condoms and injectable are the most commonly used contraceptive methods (15% each). However, the data from the quantification report indicates the projections for condom use for family planning will increase to 9% in 2019 and 202010. Furthermore, the projection shows that 23.6 and 26.7 million condoms will be procured and distributed for family planning in 2019 and 2020 respectively.

1.3 The theoretical framework: The Total Market Approach (TMA) for condoms.

The Total Market Approach (TMA) is a lens or process that can be applied to develop strategies that increase access to priority health products in an equitable and sustainable manner. The TMA seeks to maximize market efficiency, equity, and sustainability through the coordination of the Public, Social marketing and Commercial sectors.

9 Assumption of Condom Forecasting report from RCHS section of the Ministry of Health Community Development, Gender Elderly and Children
10 Quantification of Reproductive, Maternal, Newborn and Child Health Commodities for Mainland Tanzania, Forecasts for the period January 2019 to December 2020
A TMA strategy will help reduce barriers to condom use through appropriate and cross-sector interventions. Understanding the role of price and location (addressed through condom supply) versus other factors (better addressed through SBCC and condom promotion) is critical to this process. The distribution of free or subsidized condoms through health facilities, small shops, or community-based organizations, formal and informal private sector workplaces is an appropriate solution to increasing access to condoms in hard-to-reach and low income areas. If free and subsidized condoms are targeted this way, they are less likely to hurt commercial brands that are in highest demand in pharmacies and other urban commercial outlets.

When demographic and other types of studies point to other reasons for not using condoms (c.f. not perceiving a need to use a condom, embarrassment or partner refusal), a TMA suggests that increasing demand through SBCC is more appropriate to achieve increased use. If all both demand and supply side factors are present, the TMA strategy should articulate realistic roles for different sectors in increasing both demand for and supply of condoms.

In recent years, the health context and economy in Tanzania have been evolving quickly. While the Government of Tanzania remains committed to zero new HIV infections and also adhere to achieve the 90, 90, 90 targets of the Global goal by 2020, there is a need to ensure proper targeting of limited available resources to reach the poor and vulnerable groups with sustainable approaches. To keep pace with these changes and to ensure a healthy market that meets public health needs in the most cost-effective, efficient and sustainable manner, a strategic vision of the condom total market is required.

This Strategy takes a TMA to Condom Programming where the Government of Tanzania through the MoHCDGEC (NACP and RCHS) stewards the entire market for condoms and all other sectors contribute towards the Government’s mission. In addition, there are also regulatory and policy rules that can impact successful condom programming with the goal of increasing condoms use while ensuring sustainability and equity.
1.4 The review process of the Condom Strategy

The need for the review process of the strategy came into effect following the first National Multi-Sectoral Condom strategy 2016-2018 to be out of date and also a requirement to align it with the National HIV and AIDS steering document such as NMSF IV, HSHSP IV and THIS 2016-2017. The Process involved conducting a detailed desk review and a quick assessment of gaps and priorities that were indicated in the previous strategy. At this level, Key stakeholders from the Government sector, Development Partners (DPs), Social marketing and Commercial sectors stakeholders and other actors were involved in the process.

The overall objective of the review was to take stock of the achievements and gaps that were revealed during the course of implementation of the National Multi-sectoral Condom Strategy (2016-2018) and develop a result based five years National Multi-Sectoral Condom Strategy for the period of 2019 - 2023.

Therefore, the consultant carried out a desk review of documents surrounding condom policy and programming. Consultant also conducted 45 key stakeholder interviews with representatives from the MDAs, DPs, Private Institutions and National NGOs. The detailed findings are incorporated in the strategy and formed the basis for improving the condom strategy to come out with the several drafts that were shared and improved during the consultative and validation meetings.
2.1 Findings from the desk review of the documents and consultative meetings

2.1.1 Condom use in Tanzania

Condoms are still regarded as the only multi-purpose tool providing triple protection against HIV and Other STIs and unintended pregnancy. A large body of scientific evidence shows that male latex condoms have an 80% or greater protective effect against the sexual transmission of HIV and other STIs. There have been steady long term improvements in condom use in Tanzania since the condom was introduced in 1970s for contraception and later in the 1987 for prevention of STIs.

2.1.1.1 Condom use for contraception

The Tanzania Family Planning costed implementation program (2010-2015) recognizes and emphasizes the importance of condoms for dual protection. The NFPCIP 2010-2015 aimed to guide the FP Program to increase the modern contraceptive prevalence rates among women of reproductive age from 28% in 2010 to 60% by 2015. Though, during the implementation period, the mCPR increased from 27% to 32%. The contraceptive prevalence rate among currently married women in Tanzania is 38%. Most women who are using contraception are using a modern method (32% of currently married women). Only 2% of married women are reported using condoms. There is high level of current use of any contraception among sexually active unmarried women which is driven mostly by use of condoms and injectable. The data indicates that among sexually active unmarried women age 15-49, 54% who are using contraception; 46% are using a modern method. This means that condoms and injectable are the most commonly used methods (15% and 15% respectively).

The knowledge method is universal in Tanzania with 99% of current married women aged 15-49 and 100% of currently married men aged
15-49 knowing at least one method of contraception. Furthermore, the knowledge of condoms as a means of contraception is also near universal amongst men and women for the male condom and more than 70% for the female condom.

Table 1: Knowledge of Condoms as a method of contraception

<table>
<thead>
<tr>
<th>Knowledge of condoms as contraception</th>
<th>All women</th>
<th>Married women</th>
<th>Sexually active unmarried women</th>
<th>All men</th>
<th>Married men</th>
<th>Sexually active unmarried men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom</td>
<td>94.8%</td>
<td>95.8%</td>
<td>98.9%</td>
<td>96.2%</td>
<td>98.5%</td>
<td>97.9%</td>
</tr>
<tr>
<td>Female condom</td>
<td>79.7%</td>
<td>80.8%</td>
<td>89.2%</td>
<td>79.7%</td>
<td>86.7%</td>
<td>81.8%</td>
</tr>
</tbody>
</table>

Source: TDHS 2015-2016

For those women who use condoms for contraception, 80.6% reported that their main source is the private sector: 87.2% citing accessing condoms from the private facilities (Pharmacy 31.3%; Accredited Dispensing Drug Outlet - ADDO 24.8%; Shops and Kiosk 22.8% and 22.3% citing pharmacies) as their source. Regarding the public sector, 9.4% report getting condoms from Government health facilities, further divided into: Community health workers (0.3%), the dispensary (5.0%), health Centre (0.9%), district hospital (1.4%), regional hospital (0.1%), Regional Referral Hospital (0.1%) and National/Zonal referral/Specialized Hospital (1.5%). Very few or no data reported accessing condoms from friends, relatives and neighbors or CSOs.

2.1.1.2 Condom use for prevention

Correct and consistent use of the male latex condom reduces the risk of STIs and HIV transmission. Increasing the availability, accessibility, affordability of both male and female condoms among the general population and key populations through targeted distribution programmes is an essential component of the HIV response. The current data indicates that condom use at last sex in the general population in Tanzania mainland is below 60%. The data also indicates that Condom use during last sexual intercourse has decreased significantly from 58% for women and 59% for men in
2012 to and 27.3% of females and 34.9% of male in 2016\textsuperscript{15}. Condom use at last sex is lower amongst rural women at 37.6% compared to urban women at 48.8%.

There is still limited access for condoms, especially among adolescents and youth, mainly due to stigma associated with asking or buying condoms, cost, stock outs, poor marketing and distribution outlets range. Among young people, only 37% of women and 41% of men reported to have used a condom during the last time they had sex. Girls and women reported to have limited skills to negotiate for condom use due to gender inequalities and cultural norms. Condom use during the last sex with non-marital, non-cohabiting partners is below 36% for females and below 30% for males.\textsuperscript{16}

Condom use rates are also low among key populations. Among PWID with non-injecting partners, 89% of males and 75% of females reported inconsistent condom use with their regular partner (Risk Practices among PWID in Temek, 2011). Among FSW, 69.3% reported always using a condom with regular clients though only 31.6% reported always using a condom with their steady partner in the previous 30 days. Among MSM, 43.2% did not use condoms with their last casual sex partner, while 49.1% used condoms with their last regular sex partner. About 30% of all respondents were reported to be engaged in sex work (Condom Use in MSM, 2013).

2.2 Benchmarking Tanzania to East and Southern African Countries

Condom availability varies widely by country, with only five countries meeting the United Nations Population Fund (UNFPA) regional benchmark of 30 male condoms distributed per man per year between 2011 and 2014. Condom use at last sex among adults with more than one sexual partner in the past 12 months is low, estimated at 23% among men and 33% among women. There is substantial variation among countries, ranging from 7% among men in Madagascar to 83% among men in eSwatini. Condom use among men who pay for sex is higher, at about 60%.

\textsuperscript{15} THIS 2016-2017
\textsuperscript{16} NMSF 2018/2019-2022/2023
Condom use at last sex with anyone 15-49 years in Tanzania was 24% for males and 13% for females compared to Namibia 57% for males and 41% for females. However, within the East Africa community, Tanzania is second to Kenya regarding condom use by Males. Tanzania has the highest percentage of women who used a condom at last sex with anyone. Overall the East Africa region has poor condom use at last sex with anyone compared to Southern African countries. South Africa had the highest condom distribution, however in the East Africa Community; Tanzania was second to Kenya in terms of condom distribution. In the East Africa Community, Kenya and Uganda had distributed more female condoms. Despite the ongoing efforts in the distribution of condoms, Tanzania is still one of the six countries that have not achieved the required condom distribution per person. Other countries include Malawi, Mozambique, eSwatini, Zambia and Uganda.

2.3 Market Analysis

Although the condom market continues to grow, there are a number of challenges and opportunities that have been identified facing the condom market. Here, the condom market refers to the size and depth of the market as well as the various players in the supply chain. Barriers at any level of the production to use spectrum can affect condom use regardless of whether is a public sector, social marketing or commercial sector condom. These can be categorized as follows:

2.3.1 Condom Market Players

While there is still a strong public health need to encourage and increase the use of condoms for family planning and the prevention of HIV, other STIs and unwanted pregnancy, DPs continue to debate the appropriate use of public subsidies and the role of non-state actors in procuring, promoting and distributing condoms. In addition to the supply chain functions, Government leadership and coordination are essential to the functioning of condom programming. These include policy and regulation, quality assurance, National forecasting and financing as well as advocacy functions. Following a thorough landscaping and situation analysis of the condom market in Tanzania as well as a facility-level assessment, the following key challenges and opportunities were identified:

17 USAID; Using Total Market Approaches in Condom Programs, 2015
2.3.1.1 Condom need compared to supply and demand

With more than 40% of adult men aged 15-64 having casual sex, Tanzania is considered one of 12 high-impact HIV countries. The proposed benchmark for countries where more than 40% of men aged 15-64 have casual sex is 40 condoms per capita. Tanzania’s condom distribution stands at only 13 per capita\(^\text{18}\).

In 2014, a universe of need analysis was conducted. Universe of need is an estimate of the units of products needed to achieve universal coverage for a year, independent of supply and current coverage. The calculation of universe of need for condoms protecting from HIV is based on the number of risky sex acts per year and the assumption that one condom protects one sex act. Risky sex acts are country estimates that include: sex work, sex with casual partners outside of marriage and marital sex when one partner has outside partners. It is estimated that the annual need for condoms in Tanzania is approximately 260 million\(^\text{19}\), as calculated from DHS and census data.

In the 2016-18 Condom strategy, condom supply was thought to be filling 40-50 percent of the total need. However total need does not necessarily equate potential demand for condoms, which is a factor of current demand and the increase that can be expected from investments in behavior change and condom promotion. While it may take years to reach the total need in any given country, population growth and steady increase in condom use can be used to estimate the needed quantity of condoms. For example, a 20% projected increase in the demand for condom is the number that should be used to determine condom supply needs.

2.3.1.2 Condom demand/use

Use of condoms can be used as a proxy of demand. The TDHS 2010 indicated that within the last 12 months 23.6% of males reported using a condom during their last sexual encounter, while the results of the 2014 Omnibus suggest that 27.2% - 31.3% used a condom at last sex. Moreover, the THIS 2016 - 2017 indicates that 31.7% of adult aged 15 years and older (34.9% of male and 27.3% of female)
who reported having sex in the 12 months preceding the survey with a non-marital, non-cohabitating partner used a condom at last sexual intercourse\textsuperscript{20}. However, the measurement approaches differ, so these findings should be interpreted with caution. Regardless, while the trend appears to be increasing in some age groups, there is still significant room for improvement in condom use.

Table 2: Percentage of Condom Use Among different Age Groups

<table>
<thead>
<tr>
<th>Population Segment</th>
<th>2010 TDHS*</th>
<th>2011-2012 THMIS\textsuperscript{*}</th>
<th>2016-2017 THIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Men (15-49)</td>
<td>32.0</td>
<td>43.8</td>
<td>48.8</td>
</tr>
<tr>
<td>Rural Men (15-49)</td>
<td>21.5</td>
<td>22.2</td>
<td>37.6</td>
</tr>
<tr>
<td>Men (20-24 yrs)</td>
<td>-</td>
<td>38.8</td>
<td>39.8</td>
</tr>
<tr>
<td>Youth, Men (15-24)</td>
<td>36.2</td>
<td>40.6</td>
<td>33.5</td>
</tr>
<tr>
<td>Youth, Men (15-19)</td>
<td>34.2 (never married, 46.1)</td>
<td>-</td>
<td>24.2</td>
</tr>
<tr>
<td>Youth, Women (15-19)</td>
<td>35.3 (never married, 50.2)</td>
<td>-</td>
<td>29.2</td>
</tr>
</tbody>
</table>

2.3.2 Condom supply sustainability over time

Taking into consideration the public, social market and commercial sectors condoms, it is estimated that supply is filling roughly 40-50% of the need\textsuperscript{21}. The data obtained from condom distribution actors indicates that while the market is meeting roughly only 40-50% of the need, still there is declining trends of condom distributed over time from 2016 to 2019. The declining trend has been presented that it is due to inadequate funds to support both the Public sector and Social marketing condom supply.

\textsuperscript{20} THIS 2016 - 2017

\textsuperscript{21} Supply estimates for public sector are taken from MSD distribution records. Social marketing sector is taken from PSI and T-MARC program records. More so, the 2019 data for Zana/Cupid Condom records from MSD was extracted from 1\textsuperscript{st} July 2018 to 3\textsuperscript{rd} July 2019
2.3.3 Market depth

The total condom distribution in Tanzania steadily increased until 2016/17 when commodity security and funding issues, primarily in the social marketing sector, caused a decline in condom market volume\textsuperscript{22}. The share of the social marketing sector as a percentage of total condoms distributed has steadily increased. There has also been slight growth in commercial sales and an overall drop in the share (as well as total volumes) distributed in the public sector.

\textsuperscript{22} Mann Global Health: Tanzania Case study
2.4 Barriers to Condom Use

While there is widespread knowledge of condom use, a variety of real and perceived barriers still exist. These barriers need to be addressed to accelerate demand and increase use of condoms.

The barriers can be summarized into four key factors:

2.4.1 Opportunity to access condoms
These include cost and access as barriers. While studies conducted on willingness to pay suggest that men are prepared to pay more for condoms, certain target groups, particularly poor and rural men, continue to face access and price challenges. Despite over 80%23 of examined villages/streets in Tanzania have at least one outlet in which a condom can be purchased, 44%24 of individuals would use condoms more if they were easier to obtain.

2.4.2 Knowledge/Ability to use or negotiate condoms
Generally, men and women of all ages have adequate knowledge of condoms as a means of HIV prevention. When averaging all age groups, 76.4% of women and 75.8% of men cited using condoms a
way to prevent HIV. However, many women and girls continue to face challenges with negotiating condom use due to traditional and cultural factors that perpetuate gender inequality. Moreover, 80.7% of women knew of a condom source compared to 88.1% of men.

### 2.4.3 Condom Availability

A number of studies in areas with severe HIV epidemics have found gaps in condom availability, even in places where there is a substantial potential for HIV transmission. A study conducted by NACP in 2019 on condom distribution to determine the condom brand availability and preference in the Hotspots in the Three Regions of Tanzania Mainland indicated that three condoms were consistently mentioned to mostly be preferred by KVPs included Salama (34.1%), Dume (23.3%) and Zana Condom (13.3%).

#### Table 3: Condom brand Preference

<table>
<thead>
<tr>
<th>Brand of condom often used</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zana</td>
<td>53</td>
<td>13.3</td>
</tr>
<tr>
<td>Salama</td>
<td>136</td>
<td>34.1</td>
</tr>
<tr>
<td>Dume</td>
<td>93</td>
<td>23.3</td>
</tr>
<tr>
<td>Familia</td>
<td>21</td>
<td>5.3</td>
</tr>
<tr>
<td>Care</td>
<td>12</td>
<td>3.0</td>
</tr>
<tr>
<td>Lady Pep</td>
<td>13</td>
<td>3.3</td>
</tr>
<tr>
<td>Durex</td>
<td>16</td>
<td>4.0</td>
</tr>
<tr>
<td>Rough Rider</td>
<td>27</td>
<td>6.8</td>
</tr>
<tr>
<td>Bull</td>
<td>17</td>
<td>4.3</td>
</tr>
<tr>
<td>Lifeguard</td>
<td>11</td>
<td>2.8</td>
</tr>
</tbody>
</table>

**Source:** NACP, 2019

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25 TDHS 2010  
26 ibid.  
27 Güssenge L.I. Lija et al: Condom Distribution: Assessment of the Availability and accessibility in the Selected Hotspots of Dar es Salaam, Mwanza and Mbeya Cities, Tanzania
2.4.4 Attitudes and beliefs.
The most notable attitude barrier is lack of perceived risk where 50%\(^{28}\) of individuals say they do not need condoms if their relationship is built on trust. A study reveals that condom usage declines when engaging in sex with a regular partner. Alcohol use, religious and other cultural beliefs are also notable barriers to use. For example, 38%\(^{29}\) of individuals believe that sex is a taboo subject and should not be discussed. Similarly, 34%\(^{30}\) of individuals tend to feel embarrassed when buying condoms, with this being more common amongst younger individuals.

2.5 Significant geographic discrepancies for access to condoms
In terms of perceived availability, 31% of condom users strongly agreed that male condoms are always available in the community when needed and 6% strongly agreed that female condoms are similarly available\(^{31}\). Availability and convenience are more important barriers to public sector condom users as opposed to social marketing condom users (51.4% vs. 43.1%), as per the 2014 Needscope; correspondingly, public sector condom users were more likely to feel embarrassment obtaining condoms.

A study of geographic coverage and penetration of condoms revealed that the penetration (percentage of possible outlets that carried the product) of condoms in 25 selected regions of Tanzania averaged 43% with a low of 22% in Tanga and a high of 63% in Ruvum\(^{a}\), indicating significant geographic variation in availability of the product. Additionally, 45%\(^{33}\) of those who did not stock condoms claimed the product is not in demand/there are not enough customers, suggesting a perceived lack of demand reinforcing low condom penetration.

2.6 Appropriate sector sourcing
Although those in the upper socioeconomic status categories are more likely to purchase and use commercial and subsidized condoms,
use of free public sector condoms is present in all socioeconomic categories. This indicates that those who should be able to afford socially marketed or commercial condoms are benefitting from subsidies that are intended to reach those of a lower socioeconomic status.

### 2.7 Condom brand perceptions and use by TMA categorization

Socially marketed subsidized condoms are the most frequently used in Tanzania, with Dume and Salama being the most popular. However, use and preference for commercial condoms is growing rapidly\(^{34}\). The data concurred with the findings of the study conducted by NACP on condom distribution which indicated that Salama and Dume Condoms are the most and commonly used condoms followed by Zana Condom at 34.1%, 23.3% and 13.3% respectively\(^{34}\). Furthermore, the data indicated that the perception and preferences for condom users regard and rate the Social Marketing condoms as of high quality, well packaged, trusted and make someone look cool when using\(^{35}\). Nearly half of Tanzanian men believe that one’s condom brand must reflect one’s personality, providing an opportunity to market certain brands to key constituencies.

\(^{34}\) SHOPS PLUS 2019  
\(^{35}\) NACP,2019
## 2.8 Key Achievement and Challenges to Condom Programming

### 2.8.1 Leadership and coordination

<table>
<thead>
<tr>
<th>Component</th>
<th>Achievements</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Coordination of Partnerships  | - Existence of a condom sub-committee under the HIV Prevention TWG chaired by TACAIDS.  
- Existence of the Reproductive Health Commodity Security Committee that include condoms on the meeting agenda.  
- The Government taking leadership, coordination and ownership of condom programming. | Inadequate collaboration and coordination of condom interventions between actors.  
Lack of sectors condom committee as the Multisectoral response |
| Advocacy and Resource mobilization | - Existence of The NMSF IV 2018/19 to 2022/23  
- The existence of National Multi-Sectoral Condom Strategy (NMCS).  
- HIV is a permanent agenda for MDAs including Condom Programming  
- The health sector stewardship in resource mobilization for condom procurement and distribution. | Inadequate number of condom champions amongst the religious and community leaders.  
Declining resources for condom programming.  
Inadequate funding for implementation and monitoring. |
### Component Achievements Challenges

**Policies and regulation**

- Conducive policy environment for triple protection with supportive policy documents including:
  - The NMSF IV 2018/19 - 2022/23.
  - The HSHSP IV 2017 - 2022.
  - Circular no.2 and Guideline for HIV, AIDS and NCDs Management at Public Sector workplaces of 2014.

- Inadequate dissemination of the NMCS 2016 - 18 and other documents related to Condom.
- Ineffective Public Private Partnership.

### 2.8.2 Demand, access and utilisation

<table>
<thead>
<tr>
<th>Component</th>
<th>Achievements</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Market Research   | - Total Market Research conducted by SHOPS PLUS: Qualitative Study and Retail Audit Study, 2019.  
  - PSI: Conducted the 3rd and 4th round of MAP study on market penetration of condoms.  
  - T-MARC, PSI and DKT International have carried out market research on condom penetration.  
  - T-MARC price survey of June 2013.                                                                                                           | - Low coverage of condom availability studies.  
  - Lack of operational research on female condom.  
  - Limited dissemination of Condom market research findings to stakeholders.  
  - Lack of condom needs assessment.  
  - Condom use study in pastoral, mining, construction, fishing and agricultural communities, etc.                                              |
<table>
<thead>
<tr>
<th>Component</th>
<th>Achievements</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Total Market Approach    | - A TMA core group composed of TACAIDS, UNFPA, UNAIDS, and SHOPS PLUS has been created.  
- A Multi stakeholder consultation meeting on condoms for HIV took place in 2018.  
- Studies have been conducted to support TMAs. | - Limited incorporation of TMA principles in the condom policy documents (NMCS).  
- Limited availability and accessibility of condoms at community level.  
- Shipment uncertainty in the public sector and several stock-outs in the private sector have resulted in supply gaps.  
- Limited research findings in the programming of donated and subsidized condoms.  
- Inadequate coordination of condom distribution with demand creation/SBCC activities.  
- Poor visibility of Public Sector condoms distributed beyond health facilities.  
- Lack of knowledge on TMA to some Government Staff. |
<table>
<thead>
<tr>
<th>Component</th>
<th>Achievements</th>
<th>Challenges</th>
</tr>
</thead>
</table>
- Condom distribution beyond Health facilities, through outreach services, peer educators and CSOs.  
- Use of contraceptive community distributors.  
- Social marketing targeting high risk places like bars, hotels, markets, Long Distance Truck Drivers. etc. | - Minimal coordination between Public, Social marketing and Commercial Sectors.  
- The decline in the percentage of condom users in the public sector.  
- Lack of condom dispenser in highly overcrowded areas/Hotspots.  
- Negative perceptions and stereotype on condom use. |
| **IEC and Social and Behavior Change Communication (SBCC)** | - Social marketing organizations actively promoting condom use.  
- Public sector condom promotion through community distributors.  
- HIV, AIDS and STIs Public awareness sessions includes knowledge on condom.  
- FP education including condom use. | - Lack of adequate human and financial resources for condom programming especially on demand creation.  
- Minimal community based condom promotion activities.  
- Limited availability of condom promotion materials at community level.  
- Barriers to condom use still persist within certain communities.  
- Trust for the partners’ leads to non-use of condoms. |
### 2.8.3 Supply and commodity security

<table>
<thead>
<tr>
<th>Component</th>
<th>Achievements</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forecasting and supply planning</td>
<td>- Contraceptive forecasting carried out by the MoHCDGEC through the RCHS section.</td>
<td>- Inadequate data for national forecasting.</td>
</tr>
<tr>
<td></td>
<td>- Forecasting and supply planning from the health centers and dispensaries is done through a system</td>
<td>- Poor record keeping at health facilities.</td>
</tr>
<tr>
<td></td>
<td>known as Integrated Logistic System (ILS) which allows health facilities to order medicines, labora-</td>
<td>- Inadequate skills to forecast at health facility level.</td>
</tr>
<tr>
<td></td>
<td>tory reagents and vertical program products (condom included) in a single form according to their</td>
<td>- Inefficient engagement and involvement of Condom Social Marketing and Commercial sectors in the Na-</td>
</tr>
<tr>
<td></td>
<td>needs and budgets of the respective facility.</td>
<td>tional Forecasting.</td>
</tr>
<tr>
<td>Procurement</td>
<td>- MSD has the capacity to carry out international condom procurement through transparent competitive</td>
<td>- Weak pipeline monitoring system.</td>
</tr>
<tr>
<td></td>
<td>bidding.</td>
<td>- Lack of engaging Players from the Social Marketed and Commercial Sectors in the Condom procurement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>processes.</td>
</tr>
<tr>
<td>Component</td>
<td>Achievements</td>
<td>Challenges</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Quality control</td>
<td>- Clear terms of references for carrying out quality control and powers entrusted to TMDA.</td>
<td>- Longer time taken (TAT) by the Authority to give feedback on the Post test results of the condom consignment</td>
</tr>
<tr>
<td></td>
<td>- There is capacity for post shipment condom testing and the lab test 4-5 condom batches per day.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- High tech laboratories with ISO 9001 certified standards. Six laboratories including condom testing laboratory have been accredited.</td>
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<tr>
<td></td>
<td>- New equipment has been installed to increase testing capacity.</td>
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<tr>
<td></td>
<td>- There are various registered male condom brands in the country and one female condom brand.</td>
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<tr>
<td></td>
<td>- Condoms are classified as medical devices class “C”.</td>
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<td></td>
<td>- An importation permit is provided by TMDA within 48 hours and is valid for six months.</td>
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<td></td>
<td>- TMDA carries out post market survey of condoms.</td>
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</table>
### 2.8.4 Programming and support functions

<table>
<thead>
<tr>
<th>Component</th>
<th>Achievements</th>
<th>Challenges</th>
</tr>
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<tbody>
<tr>
<td>Capacity and institutional strengthening</td>
<td>- Ongoing capacity building though public sector and social marketing organizations.</td>
<td>- Limited institutional capacity for condom programming regarding condom TOT’s and trainers.</td>
</tr>
<tr>
<td>Component</td>
<td>Achievements</td>
<td>Challenges</td>
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| Monitoring and evaluation         | - Condom are being tracked within the HMIS/DHIS (FP, PMTCT, Treatment and VCT Registers) and TOMSHA reports.  
- Strengthening reporting system as outlined in the condom distribution guideline | - There is a Weak M&E framework for condom programming due to lack of dedicated human resource and non-availability of central Database and analysis.  
- Lack of linkage within the MIS for Condom Social Marketing and Commercial actors. |
| Documentation of programmes, processes, progress and results | - Ongoing documentation by different organizations | - Lack of a centralized Database and formal mechanisms of information sharing for program improvement. |
3.1 Goal
The goal of the National Multi-sectoral Condom Strategy is to outline the strategic priorities needed to decrease HIV and STI infections and unwanted pregnancy in Tanzania.

3.2 Purpose
The purpose of the National Multi-sectoral Condom Strategy is to ensure sustained and equitable use of condoms for HIV and STIs prevention and unwanted pregnancy in Tanzania, as adopted from the NMSF IV and the Family Planning Costed Implementation Plan.

i. **USE**: Percentage increase of men and women reporting condom use

ii. **SUSTAINABILITY**: Increase in the value and volume of condoms in the Market

iii. **EQUITY**: Ensure availability and affordability of condoms

3.3. Strategic Outcomes
The outcomes of the strategy in line with the key priority areas are:

- Improved leadership and coordination for Condom Programming
- Increased supply and commodity security
- Improved demand, access, and utilization
- Coordination programming and support functions

<table>
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<th>Table 4: Comprehensive Condom Programming framework</th>
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<tr>
<td><strong>GOAL</strong></td>
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<tr>
<td>Reduce HIV and unwanted pregnancies</td>
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<td><strong>PURPOSE</strong></td>
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<tr>
<td>Increase sustainable equitable condom use</td>
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<tr>
<td><strong>OUTCOMES</strong></td>
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<tr>
<td>Improved leadership and coordination</td>
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<tr>
<td>Increased supply and commodity security</td>
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<tr>
<td>Improved demand, access, and utilization</td>
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<tr>
<td>Coordinated programming and support functions</td>
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</table>
3.4 Guiding Principles

The guiding principles of the National Multi-sectoral Condom Strategy are:

i. **Evidence based prevention**: Activities undertaken will be based on research and best practices for condom promotion.

ii. **Condom access as a Human Right**: Condoms should be accessible to all without distinction of ethnicity, gender, disability, religion, political belief, economic status, social condition or geographic location. Condom programming should protect and respect the rights of clients and their families, providers and support staff.

iii. **Targeted Distribution (Inclusion of Key and Vulnerable Populations)**: Special focus should be placed on facilitating access to condoms and other barrier methods for high-risk groups like Key and Vulnerable Populations, including Sex Workers, MSM, PWID, PWUD, LDTD, Miners, Fisher fox, prisoners, PLWD, etc.

iv. **Gender-responsive**: Condom programming should mainstream gender issues in both planning and implementation. Special emphasis should be placed on helping women participate fully in the decision to use a condom.

v. **Affordability & accessibility**: The strategy will seek to improve the affordability of condoms and increase access to condoms for users.

vi. **Decentralized & integrated approach**: Where possible, local structures, facilities and organizations working in coordination will carry out activities appropriate to their community.

vii. **Multi-sectoral involvement**: The strategy will include various stakeholders from Government, CSOs, IPs and Commercial entities in its planning and implementation.
viii. **Total Market Approach/Sustainability**: Underlying all activities is a focus on the total market, with an emphasis on moving the market to a place of greater equity and sustainability. Procurement and distribution of free and subsidized condoms should be aligned with realistic projected demand and supported by investments in SBCC and condom promotion.

ix. **Total Market Approach Principles**: The Strategy will implement the TMA Principles which refers to engagement of actors in condom programming while focusing on the following areas:

- **Comparative advantage**: Actors should complement each other to ensure that they serve all consumers and they meet public health objectives;

- **Consumer Choice**: A TMA recognizes that consumers can and will choose suppliers that best meet their needs, tastes, preferences and ability to pay;

- **Autonomy of Suppliers**: Although Governments are best positioned to oversee a National total market strategy, the various actors in the market have the freedom to buy into the strategy or not;

- **Value for Money**: A TMA can help invest donor funds in a way that supports sustainable markets and enables the Commercial sector to meet an increasing share of the demand for condoms.
SECTION 4: STRATEGIES FOR IMPLEMENTATION

The key priority areas identified serve as the main outcomes of the National Multi-sectoral Condom Strategy. This section details the proposed strategic priorities to address the gaps identified in the situation analysis.

4.1 Improved Leadership and Coordination

4.1.1 Coordination of partnerships

The coordination of condom programming will be under the Condom Sub-committee of the National HIV Prevention Technical Working Group. The Condom Sub-committee will be chaired and co-chaired by TACAIDS and the MoHCDGEC through NACP, while one Implementing Partner (IP) among members will be the secretary to the Sub-committee. Other MDA’s, DPs and IPs will serve as members to the Condom Sub-committee. However, to foster strong collaboration and coordination, the chairperson for the condom sub-committee shall be a member of the Reproductive Health Commodities Security Committee. The condom sub-committee will ensure coordination of partnerships in comprehensive condom programming and will set the agenda for condom programming and play a policy advisory role.

The main role of the condom sub-committee will be to provide a linkage between HIV prevention, other STIs and contraception as well as to ensure that partners implementing the Condom Strategy are coordinated in a strategic manner. Condom forecasting and supply planning will be the responsibility of the MoHCDGEC through the RCHS and NACP to ensure triple protection. TACAIDS, the NACP and RCH (MoHCDGEC) in collaboration with DPs and IPs will provide support for the quarterly condom sub-committee meetings and operationalization of the action plan.

Strategic priorities:
1. Strengthen the existing National condom sub-committee including putting down clear terms of reference, expand
membership, an annual costed committee work plan and a dedicated budget line.

2. Ensure the condom needs, received, distributed and reporting should be one of the permanent agenda of Multi-sectoral committee at Regional and Council level through existing coordination structure.

3. Build better linkage and working relations between the health sector and other sectors at all levels, including harmonization and coordination of implementing partners for a smooth implementation of the condom strategy.

4. Adopt and implement the TMA principles for Condom Programs in the Country.

5. Utilise political leader’s forum and Religious congregations to address the priority strategies which are aligned in the National Multi-sectoral condom strategy.

### 4.1.2 Advocacy and resource mobilization

Advocacy for policy and regulatory change to strengthen supportive environment for condom programming will form a base for supportive social and political environment for condom use, promotion of correct and consistent condom use among men and women, and ensuring the acceptability, availability and affordability of condoms and condom-compatible lubricants.

Regarding financing for condoms, there should be a plan and budget for all public and social marketed sector condoms in the country. This can be sourced from the regular Health Budget, HIV and AIDS Trust Fund and/or other sources. The Government recognizes the important contribution of implementing partners and will continue collaborating with them to ensure subsidized condoms are available. However, it is crucial to have in place a costed operational plan for the condom strategy to be used as a tool for resource mobilization.

**Strategic priorities:**

1. Initiate policy and regulatory analysis and dialogue on condom programming.
2. Identify and strengthen condom ‘champions’ both political, religious and community setting.

3. Build coalitions and partnerships with civil society, private and informal sector and other segments of the society.

4. Ensure adequate financing and resources for dissemination and implementation of the condom strategy and for procurement of both public sector and social marketing condoms.

4.2 Improved Supply and Commodity Security

4.2.1 Forecasting and supply planning

In the past, forecasting and planning relied on historical figures in the health sector only. It’s important now to look at all sectors including the social marketing, social enterprise and commercial sectors for the total need for condoms. To do this, data will be collected and reported at all levels and across all sectors. All condom importers including the social marketing and commercial sectors should participate in forecasting and quantification for condoms. Regular National condom quantification should be carried out to address the prevention and contraception needs for the country.

The forecast should lead to a three-year supply plan that caters for the public, social marketing and Commercial sectors. The supply plan will form the basis for resource mobilization to ensure uninterrupted supply of condoms at National level. Emphasis on a need to build capacity for condom demand forecast that will be used to place condom orders from the regional hubs.

Strategic Priorities:

1. Ensure an improved forecasting, quantification and supply planning of condoms to consider all sectors as well as social marketing and commercial sector.

2. Determine condom supply needs through realistic demand projections.

3. Embed TMAs at multiple levels of Government to achieve optimal quantification allocation and targeting of free condoms,
4. Ensure condom recording and reporting is institutionalized at all levels including the social marketing and commercial sector.

5. Ensure all health workers and human resources from other sectors and organizations are skilled in identifying condom needs.

4.2.2 Logistics Management Information System (LMIS)

The most critical data sources required for an efficient condom supply chain includes issue records, transaction record and stock keeping records. It is imperative that the public sector ensures that all health facilities maintain a condom stock card and issue data including the out of health facilities issue records. There should be a mechanism for the condom information to be accessible at National level for forecasting and planning purposes. There should be the capacity to open, maintain and use a condom stock card at health facilities. Regular reporting to national level on condom availability and wastage.

Strategic Priorities:

1. Strengthen and scale up the Integrated Logistics System (ILS) to be able to collect adequate and quality data for condom forecasting.

2. Scale up the Electronic Logistics Management Information System (e-LMIS) to facilitate convenient availability of condom data.

3. Strengthen condom supply chain management at all levels to ensure availability and accessibility of condoms by the population in need.

4. Harmonize the condom procurement system.

4.2.3 Expanded Condom Distribution through the Public, Social Marketed and Commercial Sectors Networks

Uptake of condoms strongly relies upon the availability of condoms at the optimal location for a given target population. To ensure that condom demand is satisfied, high-potential distribution points that
lie outside of the public health sector within the community, in retail shops and in commercial locations such as bars and hotels must be expanded. The Government of Tanzania will work with all market players to strategically expand high impact condom distribution points and models. To ensure its effective implementation the Government through the reviewed Condom strategy, will segment the market and take a TMA to allow the palyers best positioned to serve the target population to scale up its services.

Additionally, there is adequate warehousing at National level and Regional hubs for condoms for the public sector. The Social marketing organisations and Commercial Sectors have strong logistics systems for warehousing and distribution. The existence of the National Condom Distribution Guideline directs on how condoms will be distributed beyond health facilities cutting across and cover other sectors. The distribution of Public sector condoms through community and private sector outlets carries the risk of reducing the sale of Social marketed and commercial condoms. For this reason, it should be carefully monitored and supported by clear guidelines that stipulates the role of every player.

**Strategic priorities:**

1. Ensure approaches for condom distribution and the modalities for ordering, delivery, storage and reporting on condom use are aligned with the National Condom Distribution Guideline

2. Align investments in Social and Behavioral Change Communication (SBCC) /condom promotion with public health goals.

3. Ensure condom availability in all distribution channel/networks.

4. Ensure improved access and linkage of both Public, Social Marketed and Commercial Sector condoms including social enterprise using large private sector networks.

5. Apply and operationalize TMA principles when allocating and distributing condoms for all condom distribution players.
4.3 Demand, Access and Utilization

4.3.1 Targeted distribution of condoms

Target groups for increased condom use shall be clearly identified and their specific characteristics understood using evidence-based approaches. Targeting specific population groups increases the impact and effectiveness of interventions. This is because prioritizing interventions to the population groups in which increased condom use will have the greatest preventive and protective value, results in the greatest number of HIV infections being averted and unplanned pregnancies prevented. In addition, the targeting of specific population groups allows implementers to design interventions using the most appropriate methods and materials for each group, thereby increasing effectiveness of the interventions.

In general, the focus for the total market approach will be to all sexually active males and females. However, the following have been identified as target populations and include the populations at high risk of HIV transmission or acquisition as identified by the rapid needs assessment report for comprehensive condom programming:

- Adults and youth engaged in multiple sexual partnerships;
- Men and women who engage in transactional sex and their clients;
- Adults working away from home such as transport and migrant workers, uniformed services, miners, Prison inmates, long distance truck drivers, fishing communities, etc;
- Adults and youth who access family planning clinics and service delivery points;
- Refugees and internally displaced persons;
- PWID, MSM and Sex Workers.
- Adolescent Girls and young women (AGYW)

In order to meet the needs of diverse populations, there is a critical need for employing total marketing strategies including more precise segmentation to accelerate condom use.
Strategic priorities:

1. Ensure dissemination of condom distribution guidelines to all stakeholders.

2. Operationalize market research to understand needs and preferences among the target groups existing in the community including those at risk (AGYW, Youth group, FSW, MSM, Women and Men, PWID, PWUD, Miners and Higher Learning Institutions – HLIs, PLWD, etc).

3. Ensure an increase in knowledge on HIV prevention to different target groups in the community to reduce the myths and misconception related to condoms.

4. Intensify condom distribution at all levels.

5. Engage CSOs, Elderly Councils, PLHIV and Non PLHIV age groups and gender such as Youth, Adult male and Female to create demand for condom use.

6. Advocate for establishment of social enterprise organizations for condom market sustainability.

7. Ensure availability of condom dispensers in different settings.

4.3.2 Total Market Approach to maximize access for condoms

Programming for condoms will employ the total market approach whereby condoms will be accessed through public sector, social marketing and commercial sectors channels. Although people often switch between options depending on circumstances, public sector condoms should be targeted to men, women and youth at risk including KVP and people with low Social Economic Status (SES) who cannot afford to pay for condoms. Subsidized and commercial condom should be distributed at hotspots and areas where they have market and allow clients to choose according to preference, economic status and accessibility.

Public Sector condom distribution will be complimented by both Social Marketed and Commercial sectors sources by filling gaps that it cannot fulfill due to either capacity or resources. At the expense of the commercial sector condom, social marketed and social enterprise condoms will fill the gap that the commercial sector does not want to fill because they are not beneficial enough so far to pursue as
a business. The Socially marketed condoms will also target those who can pay a nominal fee and those who are underserved as well as vulnerable and high risk groups. Specific marketing strategies to target these groups will be developed every two years for each condom brand and shared among stakeholders. Each Public or donor supported condom brand will have bi-annual marketing strategies that outline the supply and demand side strategies to be employed.

**TMA implementation: Roles and responsibilities at different levels**

<table>
<thead>
<tr>
<th>Level</th>
<th>Role and responsibilities</th>
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| National level| • Develop policies, strategies and guidelines that incorporate statistics and research findings and make appropriate use of public resources.  
• Mainstream TMAs principles in condom programming through the Condom sub-committee, commodity security technical working group and FP private sector core group.  
• Engage with the private sector including social marketing organizations and CSOs to develop a coordinated condom policy.  
• Work with DPs to ensure that condom procurement and planned demand creation/SBCC programs are adequately funded.  
• Coordinate and supervise Regional development management and administration |
| District level | • Allocate condoms and support for demand creation/SBCC where most needed, using all available sources of information.  
• Track and report the use of free condoms at the district and facility level including the distribution of condoms beyond facilities.  
• Coordinate condom distribution with demand creation/SBCC funding.  
• Engage with local Commercial sector distributors and Social Marketing Organizations to better understand their activities, distribution strategies and sales volumes. |
<table>
<thead>
<tr>
<th>Level</th>
<th>Role and responsibilities</th>
</tr>
</thead>
</table>
| Facility level  
  • Facility In-charge  
  • Pharmacist  
  • RCH In-charge  
  • CTC In-charge  
  • Store In-charge | • Ensure that donated condoms are used where most needed.  
• Coordinate condom distribution with demand creation/SBCC activities.  
• Track and report the use of condoms at facility and beyond. |
| CSOs  
• Coordinators  
• SBCC Managers/Officers | • Use available data when estimating the need for condoms.  
• Target donated products to those who need them the most.  
• Engage with local Commercial sector distributors and Social Marketing Organizations to better understand their activities, distribution strategies and sales volumes and avoid the duplication of efforts.  
• Coordinate with other sectors (particularly commercial suppliers, SMOs and SEs) when supplying large quantities of condoms to local populations. |

**Strategic priorities:**

1. Facilitate coordinated targeting to population segments by both social marketing, public sector and commercial sector condoms in order to accelerate increased use of condoms.

2. Create an enabling environment that allows all sexually active people regardless of age, sex, geographic location, among other demographic identifiers, to access quality condoms.

3. Ensure the implementation of TMA Principles that makes it possible for every actor to coordinate efforts while meeting respective Health goals.

4. Establish National Operation research to generate market information though public statistics and market research.
4.3.3 IEC and Social and Behavior Change Communication for condoms

Evidence based Social and Behavior Change Communication strategies will be used to address barriers to condom use among the respective populations. Measurable communication campaigns to raise awareness of HIV, Sexual and Reproductive health will mostly target the respective target groups. Owing to the reason that community based interventions can be the most effective at an individual level but also the costliest, the channels will have to be appropriately selected. Social media and digital communications should be recognized as an important and rapidly growing communication channel, particularly targeting urban youth. While peer leaders and CBDs are important channels, they should be used with rural populations, key populations and groups which are harder to reach or have significant socio-cultural barriers to condom use. Condom use will be promoted by targeted messages and social mobilization to create an enabling environment for behavior change.

Strategic priorities:

1. Promote the effective implementation of evidence based demand creation for condoms at all levels with target groups and ensure their measurable impact.
2. Ensure the availability of measurable evidence of improved demand and utilization of condoms as a category and change in behavioral barriers.
3. Strengthen condom education and information to young people, Key and Vulnerable Populations (KVPs), including PLWD.
4. Intensify promotion of correct and consistent use of condoms at all levels.
5. Stimulate social mobilization of communities to ensure a supportive environment for male and female condoms.
6. Ensure segmentation analysis for condom end users.
7. Messaging around empowering females on negotiation skills, social norms, proper and consistence use of condom.
8. Address myths and misconception about condom use.
9. Use of internet technology and influencers (create a Mobile Application, Internet adds and Social media for increasing condom access and use).
10. Promote access in higher learning institutions (Colleges/Universities, etc)

4.4 Programming and Support Functions

4.4.1 Research, Monitoring and Evaluation
An emphasis should be put on the implementation of social, behavioral and operational research to provide evidence that can inform and guide programme development and implementation. The Tanzania National HIV and AIDS research agenda (2013-2015)\(^\text{36}\), features a few condom programming research needs. The condom programming improvement researches should be prioritized and centrally coordinated. This strategy expands the condom programming research agenda to include but not limited to:

- Market surveillance and research in both public and private sectors to measure total market growth and other trends and to develop evidence based program changes as needed.
- Consumer studies(s) including condom use, behaviors, knowledge and perceptions.
- Condom availability (market audit) study in public and private sectors.
- Willingness to pay for condoms.
- Identification of groups that are underserved with condom distribution/supplies.
- Identification of barriers to access and use of condoms with a focus on female condoms
- Availability of a condom distribution and dynamics studies and design as well as their impacts.

\(^{36}\) The national HIV/AIDS Research and Evaluation Agenda: 2011 - 2015
There should be a strong monitoring and evaluation of the programme to improve delivery and measure the effectiveness and impact of condom use. Both National and Global key indicators targeting key and general populations should not be overlooked. In addition, documentation of programme processes, progress and results along with dissemination of these information to ensure transparency, accountability and the sharing of lessons should also be done.

**Strategic priorities:**

1. Improve the monitoring and evaluation for condom programming at all levels (Data on condoms should be key components on decision making, i.e. needs, availability, Distribution).
2. Strengthen research to support implementation of condom programmes.
3. Capacity building among multi-sectoral AIDS committee members to ensure effective implementation of condom programming.
5.1 Introduction

Female condoms were first introduced in Tanzania in 1998 by PSI through social marketing. To avoid stigmatizing the female condom, PSI marketed it as a contraceptive method with the added benefit of STI protection\(^\text{37}\). PSI Tanzania marketed the female condom as a method for couples who wanted to protect themselves against pregnancy and HIV. It was branded as “Care,” with the caption “For couples who care”. A mass media campaign to promote the female condom was implemented in 1999 that aimed at middle- and upper-income professionals. For reasons of cost recovery female condoms were sold through pharmacies, CSOs, service providers and community-based agents.

Tanzania Marketing and Communications (T-MARC) introduced a female condom brand known as Lady Pepeta. The main target market for Lady Pepeta includes most at risk populations including FSWs, bar maids and women engaged in transactional sex. Lady Pepeta is available through peer educators, sex workers and bar maids who are trained to be sales agents.

Female condom is now listed as a medical device by the Tanzania Medical and Drugs Authority (TMDA). T-MARC submitted the Female Health Company’s manufacturer registration dossier to secure the female condom registration and over-branding rights in support of branded Lady Pepeta. Lady Pepeta is a fully registered medical device in Tanzania by TMDA. Previous to Lady Pepeta registration, the product was imported under a pre-registration waiver for the products obtained by USAID.

UNFPA has provided seed funds to DKT to promote female condoms using recent innovations like using very user friendly models for demonstration in bars and crowded places. The DKT approach will

\(^{37}\) Impact of Mass Media on Intention to Use the Female Condom, Sohail Agha and Ronan Van Rossem, 2002
focus on popularizing female condoms, removing fear of female condoms and increasing male acceptability and use of female condoms.

In 2007 a study was carried out to determine acceptability of female condoms as a method of post abortion contraception in Kagera Regional Hospital. The female condom was accepted by 201 of 521 (39%) and was used by 158 of 521 (30%). Women who had experienced an unsafe abortion, had attended secondary school or earned an income were more likely to accept the female condom. The women were generally satisfied with the method, and the majority intended to use it again.

In 2013, Pathfinder International took advantage of the unexpected availability of a large stock of female condoms in Tanzania to introduce the method among clients of the HIV/FP program, Tutunzane. The Tutunzane program is implemented in five regions of Tanzania, Dar es Salaam, Tanga, Kilimanjaro, Arusha and Shinyanga.

The program is implemented by Pathfinder International, the Tanzanian Red Cross Society, Save the Children and 18 district health councils. There was general acceptance of the female condom with exception of ethnic Masai where Female Genital Mutilation (FGM) is practiced and areas that are predominantly Muslim.

5.2 Barriers to increased female condom use

- Inability to afford condoms as in several studies has been reported as a barrier to condom usage or negotiated safe sex.
- Lack of knowledge of how to use the female condom.
- Lack of adequate trained human resources to demonstrate and transfer female condom self-efficacy to users and the lack of demonstration materials/models.
- Misconceptions about female condoms.
- Lack of negotiation power to use a female condom by females.
- Misuse of female condoms for other purposes other than triple protection.

38 Acceptance and use of the female condom among women with incomplete abortion in rural Tanzania, Rasch V1, Yambesi F, Kipingili R, 2007
5.3 Strategies for increasing female condom use Positioning the Female Condom

The female condom should be positioned as a method for triple protection, i.e. as a contraceptive that can also be used to prevent HIV and STIs.

Targeting to Specific, Well Defined Groups
The female condom is most likely to prevent new infections in primary and secondary target groups. The primary target groups for female condoms include FSW’s & their clients and women in institutions of higher learning. The secondary targets are discordant couples and concordant positives while the tertiary target group comprise of single women and women seeking services.

Implementing Through Multiple Provider Channels
The female condom program should utilize a comprehensive approach that includes public sector facilities such as health care facilities, private sector (pharmacies and other retail outlets), social marketing and community involvement in both urban and rural areas.

Strengthening Integration of the Female Condom
As a starting point, the female condom should be made available in conjunction with the male condom. The female condom is most successful when integrated into HIV and STI Prevention and Sexual Reproductive Health services.

Developing Innovative Promotion Strategies
Market research will be needed in order to guide the development of a culturally appealing, gender responsive and relevant marketing and communication strategies. Mass media approaches, peer support and male involvement have been shown to be effective in social marketing to create awareness, address stigma and influence attitudes at population level. This should be coupled with one-on-one interpersonal communication at distribution points for product demonstration, touching and feeling of product, training on correct use, discussion on condom negotiation techniques and opportunity to address personal questions.
Training Service Providers
It is important that target users are fully aware of what to expect with their first trial of the female condom, and are confident enough to experiment with insertion and use until they are comfortable. Social marketers have successfully used Condom promoters with a small, highly trained group of marketers who provide strategic support to develop and sustain client interest by promoting integration of the condom, brainstorming with providers on how best to position the condom for different client groups, training clients directly and assisting with securing adequate supplies.

Conducting Advocacy with Key Stakeholders
There are several categories of stakeholders, who are critical to the successful planning, implementation and uptake of the female condom: the NACP and CSOs, Community Leaders, District Level Officials, Faith Based Leaders, Politicians, PLHIV, Service Providers, Women’s Groups/Advocates, MDAs and DPs. Advocacy with the above stakeholders should be carried out to raise resources and build ownership of the female condom program.

Undertaking Operational Research Concurrently
In order to increase potential for successful replication of the female condom in other settings, it is necessary to conduct operational research to understand the social, cultural, economic and structural factors that influence female condom use or non-use.

Mobilizing Sustained Financial and Technical Support
Sufficient resources need to be mobilized and allocated for introduction, marketing and implementation to ensure a successful trial, under the auspices of the Reproductive Health Commodities Security Committee.
SECTION 6: ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

The following Government institutions, on the basis of their roles, responsibilities and management effectiveness and efficiency will share responsibility for the management of the condom programme. In view of their mandates, there will inevitably be some duplication of responsibilities, but these will be harmonized through representation of the institutions at the National Condom sub-committee. The specific roles for each stakeholder are outlined as follows:

6.1 Tanzania Commission for AIDS (TACAIDS)

TACAIDS derives its governance, oversight, and coordination functions from the Act of Parliament No. 22 of 2001, and is under the jurisdiction of the Prime Minister’s Office. The Commission operates under the jurisdiction of the Prime Minister’s Office; it directs the National response to HIV and AIDS and oversees the multi-sectoral coordination necessary for integrated action among state and non-state actors. The Commission is also responsible for strategic leadership, coordination in the implementation of the NMSF IV, advocating, mobilizing and distribution of funds. Furthermore, the Commission is also responsible for harmonizing information systems to produce high-level dashboard of the NMSF IV indicators and directing technical working groups to ensure communication between stakeholders and accountability for results. TACAIDS will play the following roles during implementation of the National Multi-sectoral Condom Strategy:

- Resource mobilization.
- Advocacy at policy and ministerial level.
- Provide leadership and coordination of HIV response in MDAs, CSOs and Private/Informal sectors.
- Dissemination of the Condom strategy.
6.2 Ministries, Departments and Agencies (MDAs)
MDAs roles and responsibilities related to comprehensive condom programming will include:

- Resource mobilization.
- Advocacy.
- Capacity for condom efficacy and community mobilization.
- Distribution of condoms to identified groups at Zonal, District and Community level at all times.

6.2.1 Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
The MoHCDGEC through NACP and RCHS will contribute to the health facilities, health care workers and social welfare officers who receive technical direction from the Ministry level. More so, the community development also will contribute to this investment area, focusing on the existing social and cultural contexts in Tanzanian society that make people vulnerable to HIV infection and PLHIV vulnerable to economic and health deprivations. The MOHCDGEC will play the following roles:

- Resource mobilization.
- Advocacy.
- Condom Strategy implementation through NACP and RCHS.
- Disseminating the Condom distribution guideline through NACP
- Condom forecasting and procurement planning.
- Distribution of branded public sector condoms to Key and vulnerable populations.
- Guide NGO’s on implementation of the condom strategy.
- Operationalize the M&E for condom programming.
- Ensure the availability of branded public sector condoms.

6.2.2 Education and vocational Training
The MDA’s responsible for education contributes to the national response to HIV and AIDS through the provision of basic education, life skills and specialized technical training. Comprehensive
sexuality, gender and health education at primary, secondary and tertiary levels, as well as outside of school settings, is the primary investment for empowering PLHIV to live without fear of stigma and discrimination. The following are their roles and responsibilities in implementation of the condom strategy:

- Ensure condoms are part of the comprehensive sexuality curriculum.
- Promote positive behavior on condom use.
- Ensure access to condoms by youth age 15-24 years in and out of school.

6.2.3 Finance and Planning
The MDA's responsible for managing the financing of national response to HIV and AIDS liaise with both foreign and domestic funding sources. These bodies are charged with raising the allocations and disbursements of HIV and AIDS funds to the responsible institutions implementing the NMSF IV. For condom programming, they will be responsible for resource mobilization and allocation.

6.2.4 Local Government Authorities (LGAs)
Consistent with the Government policy on decentralization by devolution, the condom strategy places increased responsibilities and expectations for the strengthening of condom distribution and access at LGA's level. The LGA's structures include; Mtaa/Village Multi-sectoral AIDS Committees (M/VMACs), Ward Multi-sectoral AIDS Committees (WMACs), Council Multi-sectoral AIDS Committees (CMACs), the presence of Council HIV and AIDS Coordinators (CHACs), District AIDS Control Coordinators (DACCs); District Pharmacists, District Commissioners and District consultative committees are also important mechanisms for planning and implementing HIV programs. Implementation of the Condom programming strategy requires active communication and involvement at each of these levels to ensure that condom reach the intended users. Regional TACAIDS Coordinators will be responsible for dissemination of the condom strategy at Regional level.
6.2.5 All other Ministries with their respective Departments and Agencies (MDAs)

All other Ministries with their respective MDA's are responsible for ensuring that workplaces have supportive policies for PLHIV that are effectively implemented. These include collaborative efforts with public and private employers as well as institutions safeguarding social security and disability coverage for PLHIV. The following will be their responsibilities for condom programming:

- Conduct condom use assessments among sector employees and their clients where possible.
- Ensure access and use of condoms by sector employees and their clients.
- Train sector employees including their networks e.g. truck drivers, Miners, CSW’s etc.

6.2.6 Research and Higher Learning Institutions

Research and Higher Learning Institutions play an important role in the national response to HIV and AIDS, through technical guidance, research and training of future professionals. Integration of knowledge about condom use into the wide range of academic programs should be implemented.

6.2.7 Formal/Informal Private Sector

The formal private sector in Tanzania is coordinated through the Association of Tanzania Employees (ATE) in collaboration with Tanzania Private Sector Foundation (TPSF). Trade Union Congress of Tanzania (TUCTA) together with the Ministry of Labour formed an umbrella organization creating a public-private partnership ATE comprises over 800 companies (small, medium and large enterprises). For the informal sector, TACAIDS will work closely with the Tanzania Informal Economy Network for AIDS Initiative (TIENAI) to bring this group on board as it composes majority of the members at community level. Through corporate social responsibility, the private sector (both formal and informal) should develop strategies to provide education on condom use, procure and distribute condoms among the work force through having condom dispensers at all work places.
6.2.8 TMDA
The quality of condoms is paramount to the success of the condom program. The institution mandated to ensure that quality condom enter into the Tanzania health care system is TMDA. The agencies will continue to attend the National Condom Sub-committee meetings and provide guidance on condom quality issues.

6.2.9 Development Partners
The key development partners shall contribute to the Condom Program through support to social marketing organizations and procurement of condoms for public and private sector (Private Not for Profit and Social Marketing).

6.2.10 Civil Society Organization (CSOs)
CSOs plays multiple roles as regards to condom programming including condom social marketing and community mobilization and engagement. The social marketing sector helps to increase demand for condoms and decrease barriers related to opportunity, ability and motivation to use condoms. Furthermore, the social marketing sector provides technical support to the public sector to monitor and steward the total market.

6.2.11 Association of Private Health Facilities (APHFTA).
APHFTA is an umbrella Organization of the Private Health Sector which serves to provide a comprehensive array of advocacy, administrative, knowledge sharing and networking products and services. APHFTA comprises over 10,000 members (Health Facilities, Pharmacies, ADDOs and Private Laboratories). Through private health facilities mechanism should be put in place to ensure their fully engagement in condom programming to include provision of education on condom use, procure and distribute condoms within the surrounding communities.
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21) *Social Marketing Evolves to Achieve Total Market Development and Sustainable Health Impact*; Reed Ramlow, Project Director, USAID Global Private Sector Program, AED Center for Private Sector Health Initiatives

22) Spectrum, 2013

23) Tanzania Demographic Health Survey and Malaria Indicator Survey 2015-2016


25) Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12

26) Tanzania HIV Impact Survey 2016-2017


28) Tanzania Global Health Initiative Strategy 2010 -2015


31) Tanzania (2008) – Market penetration of condoms study. Third round, PSI Tanzania


33) Total Market Approach Research: Retail Audit Study by SHOPS PLUS 2019

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In order to calculate the number of condoms needed in Tanzania, the Universe of Need, Supply and market share were considered. The “Universe of need” is an estimate of the number of condoms needed for 100% protecting from HIV and unwanted pregnancy. In order to grow the market closer to meeting the universe of need, both supply and demand must grow.

**Universe of Need:**
The Universe of Need (UofN) is the total number of condoms needed in a year. The UofN was calculated below by factoring in two groups:

- Men who are having risky sex (Protected and unprotected)
  The THMIS 2011/12 demonstrate that 20.8% of men (15-49) report having 2+ partners in the past 12 months;

- Women of Reproductive age (15-49) who report use of condoms for family planning (DHIS2 7%).
**Table 5: Below Displays Estimates of Condoms Needed in Tanzania 2019-2020**

<table>
<thead>
<tr>
<th>Assumptions used in Quantification of Public Health Male Condoms</th>
<th>Estimated Population Growth (%)</th>
<th>2.82% (2013 est.)</th>
<th>2.82% (2013 est.)</th>
<th>2.82% (2013 est.)</th>
<th>2.82% (2013 est.)</th>
<th>2.82% (2013 est.)</th>
<th>2.82% (2013 est.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total male population (15-49 yrs.) source: 2012 census</td>
<td>9,783,231</td>
<td>10,059,119</td>
<td>10,342,786</td>
<td>10,634,452</td>
<td>10,934,344</td>
<td>11,242,692</td>
<td>11,559,736</td>
</tr>
<tr>
<td>High Risk Sex male Population (20.8% of population age 15-49) source: THMIS 2011/12</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2,211,966</td>
<td>2,274,344</td>
<td>2,338,480</td>
<td>2,404,425</td>
</tr>
<tr>
<td>Target to reach (70%) Higher Risk sex Population age 15-49 (HSSP III 2013 - 2017)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,548,376</td>
<td>1,592,040</td>
<td>1,636,936</td>
<td>1,683,098</td>
</tr>
<tr>
<td>No of Condom per Person per Week</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Condom requirement per Year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>241,546,696</td>
<td>248,358,313</td>
<td>255,362,018</td>
<td>262,563,226</td>
</tr>
<tr>
<td>Total Condom requirement per Year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>241,546,696</td>
<td>248,358,313</td>
<td>255,362,018</td>
<td>262,563,226</td>
</tr>
<tr>
<td>RCHS Male condoms (Pub + SM + Com)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>35,491,050</td>
<td>38,011,421</td>
<td>38,011,421</td>
</tr>
<tr>
<td>Total Condom requirement -Countrywide (Pub + SM + Com)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>283,849,363</td>
<td>293,373,439</td>
</tr>
<tr>
<td>Public sector Condom Contribution (50%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>41,062,938</td>
<td>141,924,681</td>
<td>146,686,719</td>
<td>150,287,324</td>
</tr>
<tr>
<td>Net condom Requirement per year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>41,062,938</td>
<td>141,924,681</td>
<td>146,686,719</td>
<td>150,287,324</td>
</tr>
<tr>
<td>Estimated AMC across the year (Monthly)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11,827,056.78</td>
<td>12,223,893.28</td>
</tr>
</tbody>
</table>

**NB:** The calculation for condom needed will be carried out in every two years depending on the population increase.