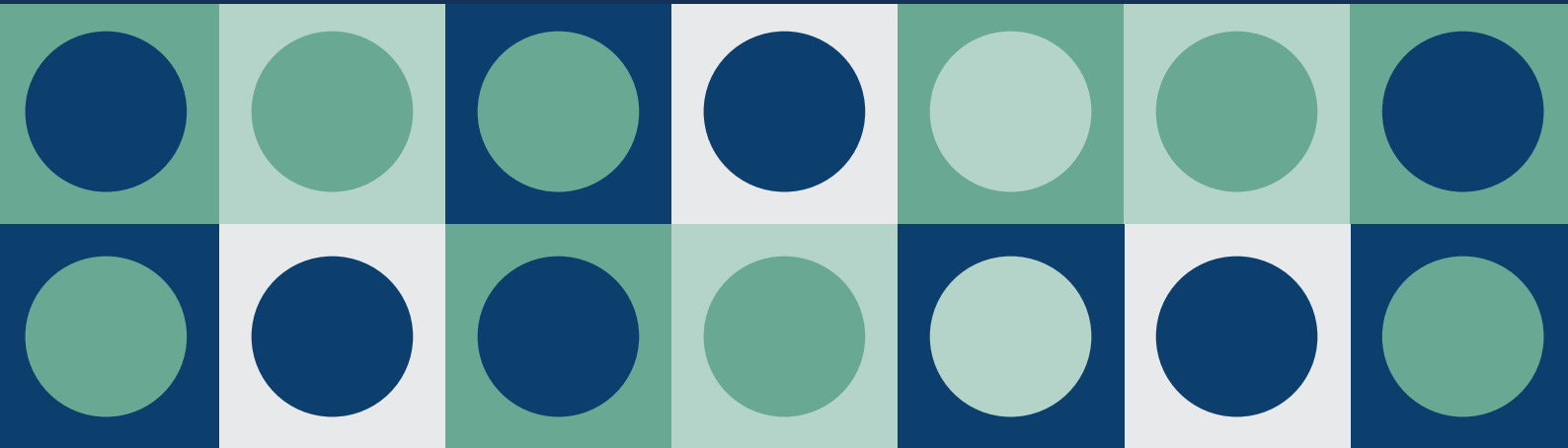




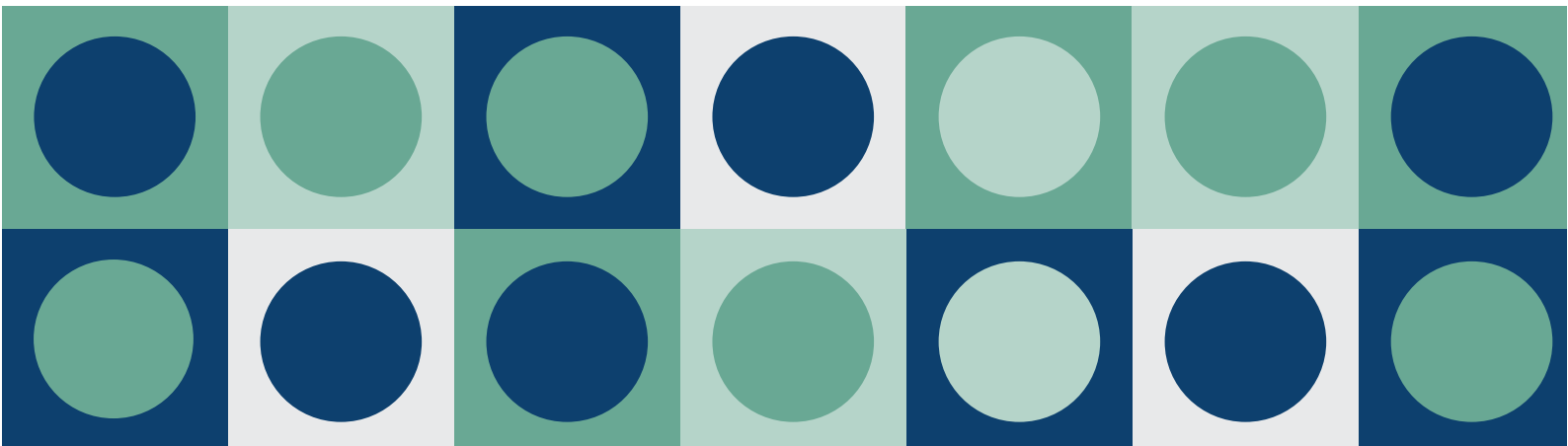
Rwanda National Condom Operational Plan

September 2021



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Abbreviations

AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
CBO	Community-Based Organization
CNET	Condom Needs Estimation Tool
CSW	Commercial Sex Worker
FP	Family Planning
FSW	Female Sex Worker
iCPDS	integrated Coordinated Procurement and Distribution System
eLMIS	electronic Logistics Management Information System
MSM	Men Who Have Sex With Men
NGO	Non-Governmental Organization
NMNC	Non-Marital Non-Cohabiting (Partner)
NSP	Rwanda HIV and AIDS National Strategic Plan 2018-2014
PLHIV	Person Living with HIV
RBC	Rwanda Biomedical Center
RCSOP	Rwanda Condom Strategic Operational Plan
RFDA	Rwanda Food and Drugs Authority
STI	Sexually Transmitted Infection
TMA	Total Market Approach
TWG	Technical Working Group

Foreword

Rwanda has achieved tremendous progress towards the global 90-90-90 targets, and has laid out a plan to achieve 95-95-95 by 2024. HIV prevention remains an important element of achieving these goals and to, eventually, ending the HIV and the AIDS epidemic. In addition to other HIV prevention services offered across the country, access to affordable and desirable condoms is central to a comprehensive prevention strategy, particularly by key target audiences whose elevated risk practices drive new infections.

The Rwanda Condom Strategic Operational Plan (RCSOP) that follows presents a series of objectives, outcomes and activities designed to increase access and utilization of condoms and reduce reliance on external donor subsidy. Following this path will prevent new HIV infections and put the national condom program on a more sustainable footing.

The development of the RCSOP was led by RBC and included participation of stakeholders in the public, UN, NGO, CBO, social marketing, and commercial sectors. As a result, the strategy, informed by epidemiological and market-based evidence, will help Rwanda achieve its ambitious goals in combatting HIV and AIDS.

The emphasis on improved program stewardship and sustainability will be vital in continuing to improve performance in the context of global financial constraints for health programming.

Let us continue to work together, actively following this strategy and implementing the activities of the RCSOP to end AIDS in Rwanda.



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General)
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Prof. Claude MAMBO MUVUNYI
Director General, RBC

Executive summary

Over the past 15 years, HIV prevalence in Rwanda has stabilized at approximately 3%. Annual incidence in the overall population has been falling, to 0.08% in 2019, which equates to approximately 5,400 new HIV cases per year. Rwanda has also made excellent progress towards global 90-90-90 targets.

This quite positive overall state obscures conditions among subpopulations that require urgent attention. Across all age bands, women have higher HIV-prevalence rates than men. Prevalence is about two times greater in older adolescent girls and young women (ages 15-24 years) compared with older adolescent boys and young men. Of particular concern are subpopulations that engage in higher-risk sex. HIV-prevalence among female sex workers (FSWs) has been falling over the past decade – from 50% in 2010 – but remains extremely high, at 35.5%. HIV-prevalence among men who have sex with men (MSM) is high nationally at 7%, and particularly in Kigali, with MSM over 35 years of age in the capital having an HIV-positive rate of 30%.

Consistent condom use has increased gradually over the past two decades, but progress has been slow, at approximately 0.9% per year. Thus, there is an opportunity for accelerated improvement, particularly among key populations, as reported condom use among non-marital, non-cohabitating partners, sero-discordant couples in stable relationships, FSWs and MSM remains at suboptimal levels.

The Rwanda HIV and AIDS National Strategic Plan calls for ensuring “the availability of condoms in all service points within a health facility, at all times. Working with the social marketing and private sectors, partnerships with the central and decentralized health sectors will be strengthened to ensure availability of condoms at the community level, particularly focusing on hot spots and high-risk zones.” A new national condom strategic operational plan will enable Rwanda to meet this objective, by increasing condom use rates among targeted population and ensuring that the supply of condoms meets that demand both in number and location, and increasing the sustainability of the condom market over time.

Following analysis of their contribution to HIV incidence and current condom use rates, the subpopulations of highest priority for targeting with supply and demand creation activities in the Rwanda Condom Strategic Operational Plan (RCSOP) are:

- Young men and women (15-34) who engage in high-risk sex with non-regular partners and who engage in transactional sex. An emphasis on those in urban areas is also recommended due to higher rates of riskier sex
- MSM, especially those over 35 and living in urban/peri-urban areas
- Female sex workers, particularly those under 30, who have lower HIV rates but who are likely to contract HIV unless their condom-use rates are increased

- Clients of sex workers – men who have sex with female sex workers and/or male sex workers)
- sero-discordant couples – stable heterosexual relationships with one HIV-positive partner.
- Increases in condom use will be achieved through strategic, focused investments in four primary Outcomes:
- Strengthen program stewardship by increasing political will and focusing on prioritized value-added activities that will improve coordination, increase funding for demand generation, and provide data to inform programs.
- Develop a Total Market Approach (TMA) strategy to ensure that each sector is contributing to the national goal of a sustainable condom market that equitably meets the needs of targeted populations.

Increase demand for condoms by scaling up coverage of behavior change interventions with new funding and through integration with ongoing activities by social marketers and community-based organizations (CBOs) already working with priority populations. Improve the supply of condoms by better understanding and strengthening supply chains both within and beyond health facilities to achieve comprehensive access to condoms.

Program stewardship is the first strategic priority, as the components of stewardship – increased political will, active condom program coordination mechanisms, high-performing data collection and M&E systems, and insights from operations research – are all prerequisites for effective demand-creation and supply interventions, and the design and implementation of a strategy supporting a TMA.

The development of the RCSOP was led by government, partners, and civil society stakeholders, and included a three-day workshop with additional participation from NGOs to identify barriers to progress and prioritize responses.

Guiding principles informing the condom operational plan

Ensure national ownership. All condom programming efforts should be nationally owned. Governments should lead the effort to steward effective condom programming, drawing on the expertise and comparative advantages of partners.

Adopt a Total Market Approach (TMA). A TMA is a framework for considering how to maximize the contributions of the public, commercial, and NGO sectors in addressing the challenges of increasing and sustaining condom use. TMAs are being increasingly adopted across many health areas – particularly in family planning – because they increase efficiency and sustainability in meeting user needs.

Use data and evidence about the total market and condom users to design interventions. It is critical to understand patterns of condom use in different groups, as well as the dynamics of supply and demand in the public, commercial, and NGO sectors before designing interventions. Plans should also include regular collection and use of data to continuously improve interventions.

Put the user at the center of all interventions. Interventions should seek to understand and then focus on the specific needs of priority populations. Interventions should be designed with the understanding that the user’s perspective, motivations, aspirations, and choices are central to all programming.

Align within the context of broader HIV prevention and treatment strategies. It is critical that condoms fit within the broader treatment and prevention landscape. Individuals have more prevention options than ever before – and condom plans need to reflect that. The challenge is to develop interventions that account for the growth in treatment and other prevention programs without losing the focus on condoms required to increase use among populations who still need them. Integration with treatment and other prevention programs is a recommended approach, but condom programming must not be limited to those programs.

Meet human rights standards. Human rights norms and principles must be integrated into condom programs, and interventions must address human rights-related barriers. Human rights standards are particularly important considerations in countries where condoms are used as evidence of sex between men, or of sex work. Similarly, many rights-related barriers to condoms hamper access for adolescents, many of whom in sub-Saharan Africa are highly vulnerable to HIV acquisition.

Address gender-related barriers to condom use. Gender is a critical factor in risk for disease and how people are able to access and receive products and services. Programs must be designed, implemented, and monitored with the greatest possible understanding of gender-related disparities and why these disparities exist.

1

SITUATION ANALYSIS

In the situation analysis phase, condom stewards and planners developed a clear time-bound planning process and communicate it to stakeholders, ensuring that resources (time, funding, people) are available to support the process. There was a creation of a core working group that established a timeline, identified key stakeholders.

The situation analysis looked at where the program was currently and provided data that forms a foundation of the strategic Operational plan.

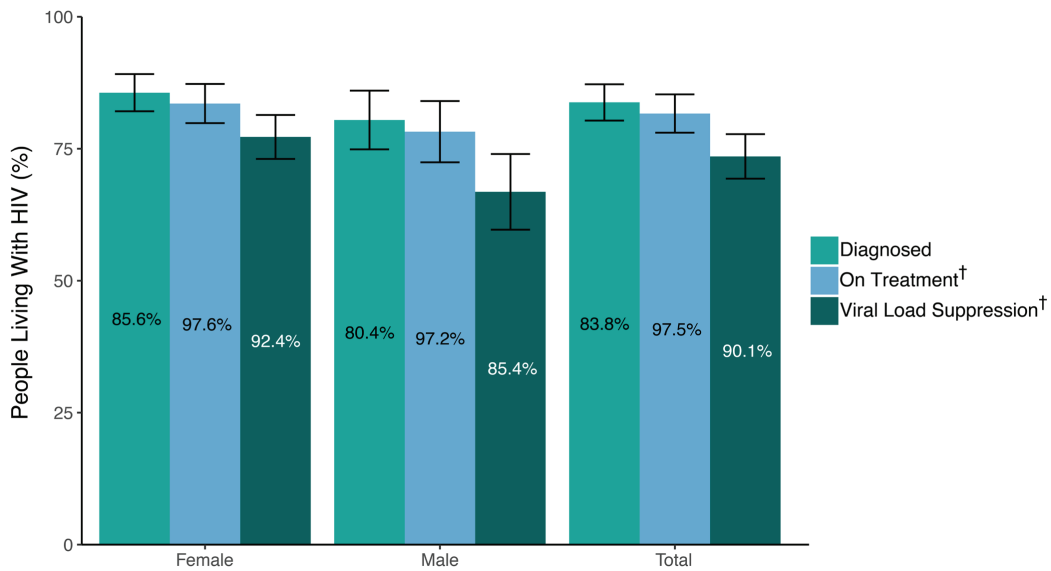
1.1 Why are condoms important for public health in Rwanda?

Over the past 15 years, HIV prevalence in Rwanda has stabilized at approximately 3%. Annual incidence in the overall population has been falling to 0.08% in 2019, which equates to approximately 5,400 new HIV cases per year.

HIV Indicator	Female	95% CI	Male	95% CI	Total	95% CI
Annual Incidence (%)						
Ages 15-49 years	0.06 †	0.00-0.13	0.10 †	0.00-0.20	0.08	0.02-0.14
Ages 15-64 years	0.07 †	0.00-0.15	0.09 †	0.00-0.17	0.08	0.02-0.14
Prevalence (%)						
Ages 10-14 years	0.5	0.2-0.7	0.3	0.1-0.5	0.4	0.2-0.5
Ages 15-49 years	3.3	2.9-3.8	1.8	1.5-2.1	2.6	2.3-2.9
Ages 15-64 years	3.7	3.3-4.1	2.2	1.9-2.6	3.0	2.7-3.3

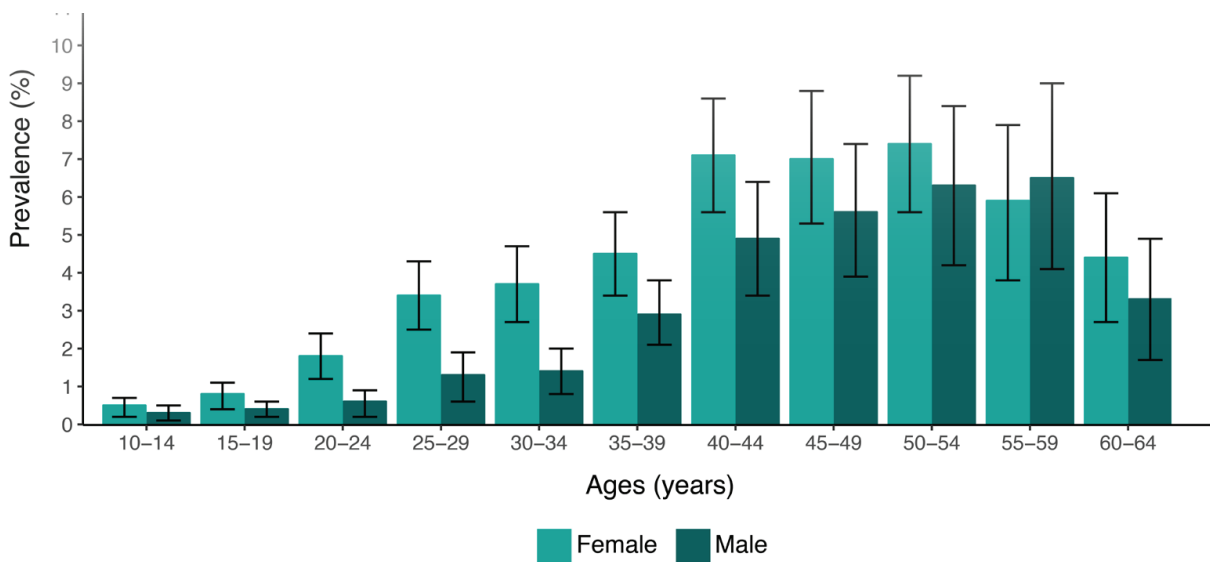
https://phia.icap.columbia.edu/wp-content/uploads/2019/10/RPHIA-Summary-Sheet_Oct-2019.pdf

Rwanda has made strong progress towards its 90-90-90 targets: overall viral load suppression among HIV-positive adults in Rwanda in 2019 was 90.1% (92.4% in women 15-64 and 85.4% in men 15-64)¹.



https://phia.icap.columbia.edu/wp-content/uploads/2019/10/RPHIA-Summary-Sheet_Oct-2019.pdf

This quite positive overall state obscures conditions among subpopulations that require urgent attention. Across all age bands, women have higher HIV-prevalence rates than men. Prevalence is about two times greater in older adolescent girls and young women (ages 15-24 years) compared with older adolescent boys and young men (1.2% vs 0.5%). HIV-positive status is correlated with age. Over 7% of Rwandan women between 40-54 are HIV-positive, and over 5.5% of men between 45-59 are HIV-positive².



https://phia.icap.columbia.edu/wp-content/uploads/2019/10/RPHIA-Summary-Sheet_Oct-2019.pdf

HIV-positive status is negatively correlated with education level. Rwandans with no formal education are twice as likely to be HIV-positive as those with a primary education (5.5% vs 2.7%) and more than three times as likely to be HIV-positive as those with a secondary or higher education.

Of particular concern are subpopulations that engage in riskier sex. HIV-prevalence among female sex workers (FSW) has remained extremely high, though it has decreased from 51% in 2010 to 45.8% in 2015 and 35.5% in 2019. HIV-prevalence among men who have sex with men (MSM) is high nationally at 4.3%, with higher prevalence in Kigali of 11.6%.

A 2012 study that modeled the expected distribution of new HIV infections by exposure group predicted that 65% of new infections would come from sero-discordant couples. While they undoubtedly continue to play a significant role in HIV incidence, there is reason to believe that this study overestimated the number of infections resulting from sero-discordant couples. The data that the model relied on is also now a decade old, and the new infection estimation exercise should be repeated under the stewardship pillar as part of the strategic information needs of the new plan described in the current document.

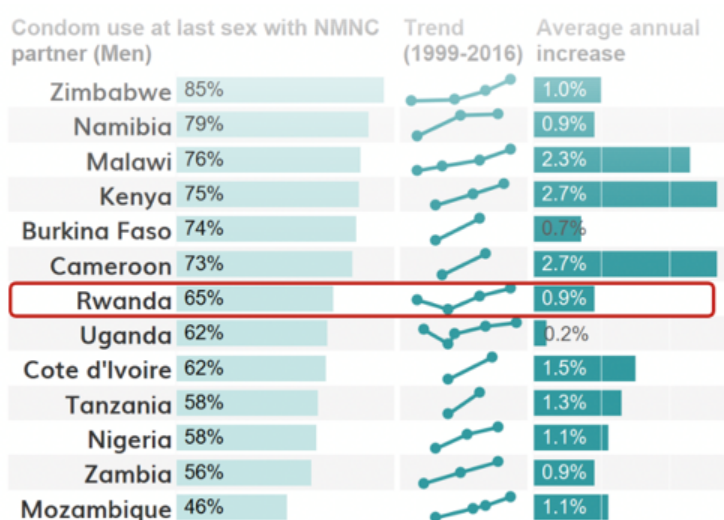
Condom use has gradually increased in Rwanda over the past two decades at a rate of approximately 0.9% per year for sex amongst non-married, non-cohabiting partners. Yet, despite this progress, there is significant room for improvement in condom use in Rwanda, particularly for riskier sex.

Among those who reported having sex with a non-marital, non-cohabiting partner in the preceding 12 months, the percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner was 30.7% for women 15-49, and 51.5% for men 15-49.

FSWs reported using condoms consistently with paying clients at 55% and with non-paying partners at 36%. More than two out of three FSWs reported having sex without a condom in the month prior to being surveyed.

Among MSM, only 57.5% reported consistent condom use in the 30 days preceding being surveyed.

Condom use at last sex with a non-marital, non-cohabiting partner was 50.2% among men and 30.2% among women¹¹.



Source: DHS

HIV programming has shifted away from prevention generally and condoms specifically over the past two decades. And while the suite of treatment and treatment-as-prevention tools continue to be vital to containing and defeating the epidemic, condoms continue to play an important if often undervalued role. By improving the performance and sustainability of the condom market, Rwanda can continue to make progress and achieve the 2024 95-95-95 goals.

1.2 Why is a new national condom strategy needed?

The NSP calls for ensuring “the availability of condoms in all service points within a health facility, at all times. Working with the social marketing and private sectors, partnerships with the central and decentralized health sectors will be strengthened to ensure availability of condoms at the community level, particularly focusing on hot spots and high-risk zones.” A new national condom strategic operational plan will enable Rwanda to meet this objective, by increasing condom use and accessibility rates among targeted population and ensuring that the supply of condoms meets that demand both in number and location, and increasing the sustainability of the condom market over time.

Key programmatic constraints inform the design of this strategy:

- Condom use in Rwanda is in the middle of the pack compared with peer countries in East Africa, and increasing less than 1% per year
- Although Rwanda is doing well towards the 90-90-90 goals, there are subpopulations with elevated HIV-prevalence and low consistent condom use rate
- The system of condom distribution in Rwanda needs improvement to accurately quantify, forecast, distribute, and track condoms to the people who need them
- There is inadequate programming supporting condom demand-creation
- There is a need to generate stronger evidence informing intervention design about behaviors and beliefs that drive and inhibit condom use, particularly for those who engage in riskier sex
- Distribution within health facilities is principally focused on family planning (FP) and needs to address HIV and sexually transmitted infection (STI) prevention as well
- Condom distribution beyond health facilities is inadequate to reach priority populations
- There is limited domestic funding going towards increasing demand for condoms and none for procuring condoms

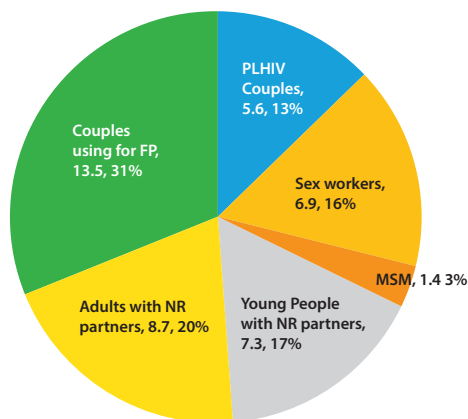
A new national condom strategy will enable Rwanda to do more with existing resources and support fundraising for prioritized activities to address challenges that hold back increases in condom use rates.

1.3 Use and need of condoms

According to the UNAIDS/UNFPA Condom Needs Estimation Tool (CNET), 49 million condoms are currently needed to protect 100% of at-risk sex acts, including wastage. This is the “Universe of Need.” In 2019, 35 million condoms were distributed across the public, social marketing, and commercial sectors. However, approximately 28 million condoms were actually used, based on estimated at-risk population size and reported behaviors.

Thus, distribution was probably greater than needed in 2020, exceeding use by approximately 7 million condoms. This is likely the result of poor targeting and many public sector condoms earmarked for family planning going unused and eventually expiring in health facilities.

By 2024, the Total Market would need to grow from 27 million to 44 million condoms, based on current targets for increases in condom use by at-risk populations.



Condom use by at-risk population, 2024 projection based on the UNAIDS/UNFPA condom need estimation tool

This assumes a steady state in the market mix: 54% social marketing, 44% public sector, and 2% in the commercial sector. Optimally, for increasing sustainability, the commercial sector will grow faster than it has, impacting this mix.

By 2024, riskier sex among young people and adults with non-regular partners, and among FSWs and MSM will account for over half (~56%) of the condoms needed in Rwanda. A plan is needed that segments the subpopulations who need condoms so that they can be reached with readily available condom supply and effectively targeted with demand-creation activities.

1.4 Program stewardship

1.4.1 Opportunities and program assets

The building blocks for strong condom program stewardship exist in Rwanda. Among the assets in place that would benefit the RCSOP are: Strong leadership in the HIV prevention, existence of key policies and guidelines such as the 2018-2024 National Strategic Plan for HIV/AIDs, the National Strategy for Transformation Vision 2020(1), EDPRS 3(2), and the Health Sector Strategic Plan (HSSP IV).

LEADERSHIP & COORDINATION

- The NSP clearly lays out objectives and the role of condoms within the larger HIV program
- Condom programing remains a key intervention in both HIV prevention and FP programs
- There is a functional HIV technical working group
- MOH/RBC has clear departments that are mandated and responsible to effectively operate condom programing in Rwanda
- MoH and RBC have an integrated coordination and distribution mechanism (the iCPDS) which brings together 3 subgroups (Quantification,

Implementation and Resource management sub committees)

- Presence of an electronic Logistics Management Information System (eLMIS) in the planning department for data collection
- There is a prioritizing of Key Populations by the HIV Division
- Invigorating funding for effective condom programming

REGULATORY

Importation of condoms is a straightforward process that is relatively easy for importers to navigate

- There is certification by RFDA to demonstrate compliance with national and international quality specifications
- Import duty and VAT are not charged

PROGRAM ANALYTICS

- National condom quantification, forecasting and procurement is done by an integrated group
- Availability of technical assistance from partners (in service training, supply chain training, logistics management, etc.)
- Presence of a functional and enabling eLMIS system

1.4.2 Challenges in program stewardship

PROGRAM STEWARDSHIP

Program stewardship is a critical function for every condom program to develop

and implement strategies to increase use sustainably. The components of program stewardship are all prerequisites for success and include:

- Leadership and coordination that stretch across all sectors engaged in condom programming (public, NGO, and commercial)
- Production and dissemination of program analytics and market data to inform intervention design and monitor progress
- Financing to support needed interventions
- A supportive policy and regulatory environment

In Rwanda, there is a need to update the condom distribution system to account for current conditions of the epidemic, to learn and disseminate what is working from the success in very nearly achieving the 90-90-90 goals. The HIV Technical Working Groups and focal points are integrated, which is a strength. RBC and stakeholders are well positioned to lead on improving condom program stewardship by building on the existing funding levels, current policy and regulation environment, and active set of stakeholders.

There is, however, a concern that within this integrated structure, condom programming may be getting “lost” amongst other priorities at the national coordination level. A distinct body to oversee coordination is needed to invigorate condom programming across a wide range of entities and organizations supporting and implementing a variety of program components. The monitoring and evaluation plan needs strengthening to collect and use data to inform condom programming.

In order to increase the sustainability of the condom market, a Total Market Approach is required. TMA, though, is a fairly new concept in Rwanda, and it is not well understood among stakeholders and implementers. The absence of a clear TMA strategy is hindering progress towards sustainability. Rwanda is currently donor-dependent for condom programs, and a plan to transition to more domestic and sustainable models is needed.

1.5 Challenges in demand generation

Knowledge of contraceptive methods, and condoms in particular, is high in Rwanda. Across all age groups 15 years and older, Rwandans know that condoms can prevent HIV. However, increasing knowledge does not readily translate into increasing consistent use. FSWs, for example, increased their comprehensive knowledge of HIV prevention from 18.4% to 71.1% between 2006 and 2015, and yet their rates of condom use remained nearly unchanged.

Currently, condom programming and demand generation are mostly donor-funded, and there is inadequate evidence about the barriers and drivers to condom use among those who practice riskier sex in Rwanda

		2006		2010		2015
HIV Comprehensive knowledge ^a (N, %)	176	18.4	808	53.1	1328	71.1
Used a condom at the last sex with a paying client (N, %)	876	84.2	856	64.1	1644	83.3
Used a condom at the last sex with non-paying sexual partner (N, %)	247	70.0	255	50.0	463	69.4
Consistently used a condom in the last 30 days preceding the survey with client (N, %)	471	45.4	748	49.1	965	49.1
Consistently used a condom in the last 30 days preceding the survey with non-paying partner (N, %)	105	30.6	97	18.7	245	36.9

Mutagoma et al, "Sexual risk behaviors and practices of female sex workers in Rwanda over a decade, 2006-2015"

1.6 Challenges in ensuring supply

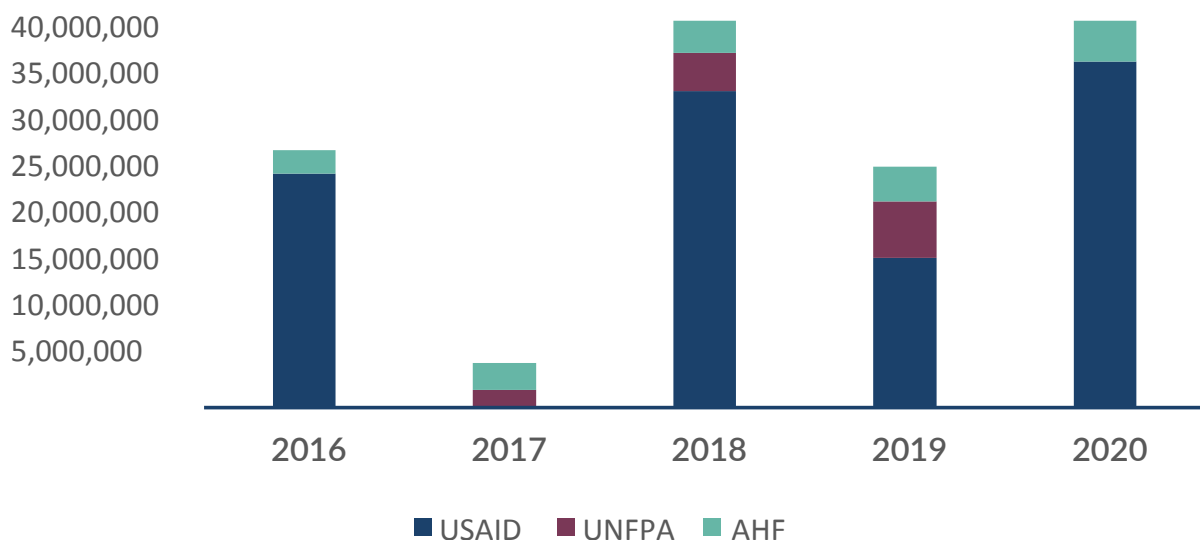
Rwanda has a comprehensive system for distribution of health commodities, including condoms, from Rwanda Medical Supply to the district pharmacies. Strong commodity security measures are in place, resulting in stockouts of less than 2%.

However, there is a need to improve on quantification and monitoring to enable effective and efficient use of resources by target audiences. The condom supply in Rwanda is not well quantified, and is not monitored in a way that enables effective or efficient use of resources or targeting of key audiences. Forecasting is not done based on actual condom use by targeted populations, but by adding a small increment to the previous year's procurement figure.

This undoubtedly leads to inefficiencies and wastage. USAID has funded most of the condom procurement over the past four years, though funding is uncertain beyond 2020. There is a strong need, therefore, for social marketing to transition to a more sustainable social enterprise footing.

Currently, the government contribution to funding condom programming is minimal. Distribution to health facilities is primarily geared towards family planning and there is an acute need for more integrated condom programming within those facilities.

Condom procurement by source of funds



2

PRIORITY POPULATIONS

Distribution beyond health facilities – including outlets such as kiosks and through peer networks – needs coordination and strategic oversight.

For a condom program strategy to succeed, it must make effective and efficient use of limited resources. This means directing the greatest effort and portion of funding to those people who are in greatest need, so that the number of new HIV infections averted is maximized.

In order to achieve this, the external consultants, together with the HIV program stakeholders, analyzed the existing data and context to determine the subpopulations of highest priority for the RCSOP. The analysis was grounded in subpopulations' contribution to HIV incidence and current condom use rates and yielded the below-listed subpopulations for targeting with supply and demand creation activities. These subpopulations are the primary focus of the RCSOP that follows.

However, this does not mean that other subpopulations will not receive attention or have programming addressed to their needs. Simply put, for a strategic plan to succeed, it must focus on the most acute and solvable issues.

For the Rwanda Condom Strategic Plan, this means the following groups:

- Young men and women (15-34) who engage in high-risk sex with non-regular partners and who engage in transactional sex. An emphasis on those in urban areas is also recommended due to higher rates of riskier sex
- MSM in Urban/peri-urban areas
- Female sex workers, particularly those under 30, who have lower HIV rates but who are likely to contract HIV unless their condom use rates are increased
- Clients of sex workers – men who have sex with female sex workers and/or male sex workers
- Sero-discordant couples in Rwanda – heterosexual couples with one HIV-positive partner

3

WANT TO GO: A FIVE-YEAR STRATEGIC PLAN TOWARDS A HEALTHY CONDOM MARKET

Increasing consistent condom use in Rwanda will contribute to achieving the impact-level goals of reducing new HIV infections, STIs, and unwanted pregnancies.

Improving the health of the condom market will in turn direct funds and program efforts efficiently. A healthy condom market increases condom use among target populations while decreasing reliance on external (donor) subsidies. An important step in the development of the RCSOP is laying out a specific vision of a healthier condom market in Rwanda, or “Where we want to go.”

This plan defines how the program can grow condom use even if funding for prevention and condom programs remains steady or even declines. The plan helps guide the development of strategic priorities and is an important element of a Total Market Approach. In the recently completed RCSOP design workshop, participants described what that healthier state would look like in five years for the three pillars of Program Stewardship, Supply, and Demand.

STEWARDSHIP

By 2025, there will be strengthened condom program coordination mechanisms that use reliable condom program data to inform planning, decision making, and accountability.

Current obstacles to achieving this objective include:

- Need to strengthen condom coordination mechanisms (i.e., ensuring adequate staffing, structure, budget, and an active TWG)
- Dependence on external funding
- Need for a comprehensive condom program M&E plan to inform programming

TMA

Over the next five years, the condom market will grow steadily (5% per year) by better targeting free, subsidized, and commercial condoms, by reducing inefficiencies and by increasing the participation and engagement of the commercial sector.

Current obstacles to achieving this objective include:

- Total Market Approach concept is not well understood among stakeholders
- Need for new national TMA strategy for condoms

DEMAND CREATION

Over the next five years, the condom market will show consistently improved demand and increased consistent condom use among the targeted priority populations by 5% per year.

Current obstacles to achieving this objective include:

- Limited evidence on condom use drivers and barriers for targeted priority populations
- Limited funding for condom demand creation
- Stigma, religious and cultural barriers impede fully engaging targeted priority populations in quality programming
- Insufficient (and declining) HIV-prevention knowledge among youth
- Insufficient overarching condom demand-creation strategy

SUPPLY

By 2025, the condom supply chain in Rwanda will be sustainable, reaching all target groups while reducing the wastage rate (by 20%).

Current obstacles to achieving this objective include:

- Distribution outside health facilities is unclear or inadequate to reach priority populations
- Supply of condoms in health facilities is basically under family planning channels
- Condoms in health facilities intended for family planning are not made available for HIV and STI prevention
- Insufficient sales outlets

4

WE GET THERE: STRATEGIC OUTCOMES

OUTCOME 1: STRENGTHENING PROGRAM STEWARDSHIP

Stewardship constraints identified

- Insufficient prioritization of condom programming in coordination bodies
- Insufficient condoms focus in the prevention TWG
- While HIV program integration is a strength in Rwanda, competing priorities too often result in condoms getting “lost” among other interventions
- Rwanda has not had an opportunity to develop and implement a TMA strategy
- There is insufficient engagement of the private sector & evolving social marketing programs poorly understood by sectoral stakeholders
- The Rwanda condom program is heavily donor dependent, with prevention programming receiving a declining level of funding
- An outdated national strategy has resulted in insufficient focus on condoms

Outcome

By 2025, there will be strengthened condom program coordination mechanisms that use reliable disaggregated condom program data to inform planning, decision making, and accountability

Outputs

- 1.1 Increased political will from government, donors, and implementing partners sufficient to actively lead and support activities defined in national condom program**
- 1.2 Advocacy strategies in place to support an enabling environment**
- 1.3 Data collection and M&E system designed and implemented that captures the public, SM, and commercial sectors**
- 1.4 Operations research supporting segmentation strategies, condom access, and Total mkt analysis**

Increases in condom use will be achieved through strategic, focused investments in four Outcomes:

- Strengthen program stewardship by increasing political will and focusing on prioritized value-added activities that will improve coordination, increase funding for demand generation, and provide data to inform programs.
- Develop a TMA strategy to ensure that each sector is contributing to the national goal of a sustainable condom market that equitably meets the needs of targeted populations.
- Increase demand for condoms by scaling up coverage of behavior change interventions with new funding and through integration with ongoing activities by social marketers and community-based organizations (CBOs) already working with priority populations.
- Improve the supply of condoms by better understanding and strengthening supply chains both within and beyond health facilities to achieve comprehensive access to condoms.

The Outcomes are described in detail below.

4.1 Outcome 1: Strengthening Program Stewardship

By 2025, there will be strengthened condom program coordination mechanisms that use reliable disaggregated condom program data to inform planning, decision-making, and accountability.

Strong program stewardship characterized by government ownership, oversight, and accountability is an essential component of successful national condom programs.

When stewardship is functioning at a high level, it provides effective coordination and leadership to all sectors under a TMA, produces data valuable to market actors, mobilizes higher levels of funding, and ensures that policies and regulations are supportive of program goals. It also aligns the behaviors of all actors in the condom market to ensure they are all contributing to the shared goal of working toward a vision of a high-functioning sustainable total market that meets health needs equitably.

In Rwanda, strengthened program stewardship will require increased political will. Specifically, improved coordination and stewardship by RBC for the national condom program is needed to build on past success. Improved coordination and stewardship will result in a condom program that addresses funding, coordination, implementation, and M&E in the context of a Total Market Approach.

Currently, stewardship challenges are limiting alignment of stakeholders and hindering overall response, including:

- Insufficient prioritization of condom programming in coordination bodies
- Insufficient condoms focus in the prevention TWG
- While HIV program integration is a strength in Rwanda, competing priorities too often result in condoms getting “lost” among other interventions
- Rwanda has not had an opportunity to develop and implement a TMA strategy
- There is insufficient engagement of the private sector & evolving social marketing programs poorly understood by sectoral stakeholders
- The Rwanda condom program is heavily donor-dependent, with prevention programming receiving a declining level of funding
- An outdated national strategy has resulted in insufficient focus on condoms

Outcome 1 indicator:

Coordinating mechanism(s) that guide condom program in place and actively guiding condom program decision-making.

The national Condom Operational Plan will address these weaknesses strategically by focusing on a few value-added activities that will improve coordination, increase funding for demand generation, and provide data to inform programs. This will result in the following program outputs:

OUTPUT 1.1: Increased political will from government, donors, and implementing partners that is sufficient to actively lead and support activities as defined in the national condom program.

Key activities that will facilitate success on this output include:

- Advocate for the increase of domestic funds allocation to condom programming to ensure sustainability of the program, including support for stewardship activities themselves
- Advocate with donors to ensure that funding reflects national priorities, including support for a TMA and use of domestic resources
- Dedicated and funded LOE for condom program in place

Output 1.1 success indicators:

- Dedicated and funded LOE for condom program in place
- National condom strategy executed
- Commercial sector actively engaged in policy and feedback

- Condom Technical Working Group (CWG) or equivalent has ToR and meets regularly

OUTPUT 1.2: Advocacy strategies are in place and support an enabling environment.

Key activities that will facilitate success on this output include:

- Advocate for a rights-based approach to condom programming, especially with key and priority populations
- Support for behavior change interventions with priority populations
- Conduct advocacy meetings with heads of health facilities for integration of condom promotion and distribution
- Build capacity for government stewardship and coordination and support for market facilitation to help foster an enabling environment for the condom market across all actors

Output 1.2 success indicator:

- Advocacy plan to support strengthened enabling environment (priorities identified in strategy) developed and executed
- Policies in place to enable programs to reach key and priority groups

OUTPUT 1.3: Data collection, operations research and M&E system that captures the public, social marketing, and commercial sectors are designed and implemented.

Key activities that will facilitate success on this output include:

- Lead integration efforts identified in supply, demand, and TMA strategic priority workplans

- Catalyze and coordinate partnerships across public, NGO and commercial actors in accordance with TMA – support the TMA task force, support a condom workstream underneath the Prevention TWG, ensure that condom champions in government have LoE available to assert program leadership
- Strengthen national planning for demand creation that results in a demand creation strategy for priority populations

Output 1.3 success indicators:

- Existence of a national-level strategic information plan supported by stakeholders
- Coordination and partnerships mechanisms across public, NGO, and commercial actors in accordance with TMA in place
- National plan for demand creation that targets priority populations is available

OUTPUT 1.4: Operations research plan supporting segmentation strategies, condom access and TMA analysis.

Key activities that will facilitate success on this output include:

- Conduct condom TMA analysis to understand where and how the market is failing to support access, demand, and use. Identify priority research needed to inform program design and decisions, including:
 - Measure the volumes distributed by the public, NGO and commercial sectors and underlying market dynamics impeding each sector
 - Conduct retail audits/access data to assess physical availability of condoms in commercial outlets
 - Implement coverage surveys and analysis of LMIS data to understand public facilities availability and perceptions of availability
 - Measure affordability in the market, health of the market (number of brands, choices available)
 - Support for generating and disseminating other market data and necessary capacity building to enable data use to inform decisions

Output 1.4 success indicator:

- Existence of a national-level operations research plan supported by stakeholders

4.2 Outcome 2: Vision for a healthy condom market based on a Total Market Approach

OUTCOME 2: VISION FOR A HEALTHY CONDOM MARKET BASED ON A TOTAL MARKET APPROACH

Stewardship constraints identified	Outcome	Outputs
<ul style="list-style-type: none"> Limited understanding of TMA by programs and partners Siloed sector programs resulting in insufficient coordination to meet priority populations' needs Transitioning social marketing programs towards social enterprise may put access at risk for key populations due to increased emphasis on cost recovery Insufficient market analysis informing TMA Programs are over-reliant on external subsidy Insufficient engagement of commercial sector Missed opportunities to engage commercial sector to share data (and grow the market) 	<p>By 2022 Rwanda will conduct a TMA analysis and develop a TMA plan that will guide condom program resource decision-making, improve program targeting, and lead the transition to a more sustainable condom market</p>	<p>2.1 Targeting plan for public sector condoms for prioritized populations</p>

By 2022, Rwanda will conduct a TMA analysis and develop a TMA plan that will guide condom program resource decision-making, improve program targeting, and lead the transition to a more sustainable condom market.

A healthy condom market is one characterized by increasing equitable condom use among priority populations and decreasing reliance on external donor subsidy. In order for Rwanda to achieve lasting high coverage and sustainability in its condom market, a shared vision of what that would look like needs to be developed.

In other words, what will need to change between today and 3-5 years in the future for Rwanda's condom market to be in a substantially healthier state? To guide decision-making, **Rwanda needs to develop a vision of a healthy condom market within the context of the Total Market Approach.**

Among condom program stakeholders, there is no shared vision or strategy for how the condom program should develop over the next several years. A weak strategy prevents taking a coordinated approach to leveraging the relative strengths of the government, NGO, and commercial sectors to supporting a healthy, sustainable market.

Currently, challenges in condom program strategy include:

- Limited understanding of TMA by programs and partners
- Siloed sector programs resulting in insufficient coordination to meet priority populations' needs
- Transitioning social marketing programs towards social enterprise may put access at risk for key populations due to increased emphasis on cost recovery

- Insufficient market analysis informing TMA
- Programs are over-reliant on external subsidy
- Insufficient engagement of commercial sector
- Missed opportunities to engage commercial sector to share data (and grow the market)

Outcome 2 indicator: TMA Plan developed and in use to guide program decision-making

The Rwanda Condom Strategic Operational Plan will address these weaknesses strategically through activities that result in the following program outputs:

OUTPUT 2.1: A targeting plan for public sector condoms for prioritized populations

Key activities that will facilitate success on this output include:

- Conduct market assessments to understand the strengths and role of each sector to serve specific population needs
- Identify interventions to drive market segmentation and align each sector to address those needs
- Generate and share data with each sector to inform investment/ targeting decisions

Output 2.1 success indicator:

- Public sector condom targeting plan in use

4.3 Outcome 3: Evidence-based demand creation for priority populations

OUTCOME 3: EVIDENCE-BASED DEMAND CREATION FOR PRIORITY POPULATIONS

Stewardship constraints identified	Outcome	Outputs
<ul style="list-style-type: none"> • Lack of an overall demand-creation strategy for condoms • Insufficient segmentation of populations at risk of contracting and transmitting HIV, resulting in one-size-fits-all messages • Insufficient evidence on condom-use and condom-avoiding behaviors of priority populations • Insufficient funding for condom demand creation • Not well documented standard operating procedures to reach some pops (e.g., FSWs) with a consistent package of support • Gaps in programming targeting AGYW and young men, which are currently not included in priority populations 	<p>Over the next 5 years (2021-2025), the Rwanda condom market will show consistently improved demand and increased consistent condom use among the targeted priority populations by 5% per year</p>	<p>Increased intention to use and self-efficacy to negotiate use of condoms by priority populations</p>

Over the next five years (2021-2025), the Rwanda condom market will show consistently improved demand and increased consistent condom use among the targeted priority populations by 5% per year.

Effective demand generation is essential to increase condom use. Experience across East and Southern Africa has shown that substantial increases in condom supply do not lead to increases in condom use. Instead, national condom programs need to ensure that target audiences are reached frequently with social and behavioral change programming that is based on consumer research to tailor messages to specific target audiences.

In Rwanda, increased demand creation will require the design and development of a funded, evidence-based segmentation and demand-creation strategy for priority populations.

What motivates and prevents priority populations from using condoms is inadequately understood. Factors that will drive demand at both the individual and social level for targeted priority populations – young men and women who engage in high-risk sex with non-regular partners, MSM, and FSWs and their clients – need to be further studied, analyzed, and shared with all actors to facilitate improved and aligned social and behavior change programming.

Currently, in Rwanda, condom demand creation performance is weak in the following areas:

- Lack of an overall demand-creation strategy for condoms

- Insufficient segmentation of populations at risk of contracting and transmitting HIV, resulting in one-size-fits-all messages
- Insufficient evidence on condom-use and condom-avoiding behaviors of priority populations
- Insufficient funding for condom demand creation
- Not well documented standard operating procedures to reach some pops (e.g., FSWs) with a consistent package of support
- Gaps in programming targeting adolescent girls and young women (AGYW) and young men, which are currently not included in priority populations

Outcome 3 success indicator:

- Consistent condom use among priority populations (youth, MSM, FSW, clients of FSW, sero-discordant couples)
- % of target population who have comprehensive knowledge of HIV prevention
- % of FSWs who intend to use a condom the next time they have sex with a client
- % of Clients of FSWs who intend to use a condom the next time they pay for sex
- % of MSM who intend to use a condom the next time they have anal sex
- % of youth (15-34) who intend to use a condom the next time they have sex with a non-marital, non-cohabitating partner

The national Condom Operational Plan will address these weaknesses strategically by focusing on activities that will improve coordination, increase funding for demand generation, and provide data to inform programs. This will result in the following program outputs:

OUTPUT 3.1: A population-specific, evidence-based demand creation strategy is in place and being used to increase reach and coverage for priority populations

Key activities that will facilitate success on this output include:

- Conduct formative and qualitative (behavioral) research on priority audiences to identify barriers and drivers to condom use, support segmentation strategies, and create profiles of condom users

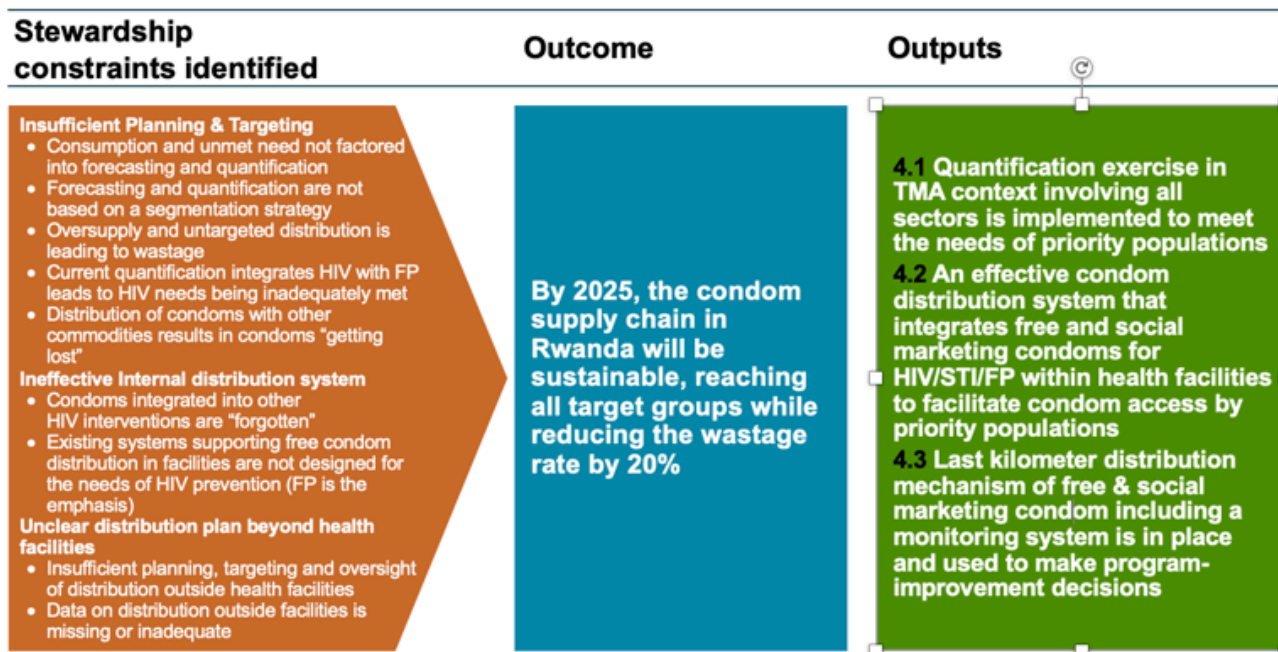
- Develop user-centered/ targeted demand-creation interventions to promote condom use amongst priority populations
- Conduct targeted demand generation and promote use through appropriate strategies & channels such as mass media, IEC, social media, peer, and community outreach
- Organize celebrations on National Condom Day

Output 3.1 success indicator:

- Population-specific, evidence-based demand-creation strategy developed and being used

4.4 Outcome 4: Strengthening targeted condom supply

OUTCOME 4: STRENGTHENING TARGETED CONDOM SUPPLY



By 2025, the condom supply chain in Rwanda will be sustainable, reaching all target groups while reducing the wastage rate by 20%.

Ensuring a sufficient, sustainable supply of condoms through the public, NGO, and commercial sectors is essential to increasing condom use. In addition to ensuring that there are enough condoms in country to meet current and projected demand, distribution channels need to reach populations at the “last mile” outside the formal health system. This is particularly true for priority populations – MSM and FSWs – that do not access condoms at health facilities and those, such as youth, who will not acquire and use condoms labeled for family planning.

While the overall number of condoms in Rwanda appears to be adequate for current demand based on a comparison of usage patterns and distribution through the public, social marketing, and commercial sectors, **there is an acute need to improve quantification and ensure that distribution of free and social marketing condoms is targeted within context of a TMA, so that the right type of condoms reach key populations where and when they are needed.**

Stakeholders agree that condom wastage is an issue in Rwanda, but the dimensions of the problem are not well known. The Condom Needs Estimation Tool includes a cascade of wastage estimate that is drawn from the experience of numerous countries.

The cascade starts with procurement and continues through distribution and end-user behaviors. As part of Outcome 4, Rwanda should undertake an estimation exercise to refine the assumption drawn from the CNET model. (See Appendix B for the steps in the wastage cascade.)

Current weaknesses in supply that are identified in the situational analysis include:

Insufficient planning & targeting

- Consumption and unmet need are not factored into forecasting and quantification
- Forecasting and quantification are not based on a segmentation strategy
- Oversupply and untargeted distribution is leading to wastage
- Current quantification integrates HIV with FP leads to HIV needs being inadequately met
- Distribution of condoms with other commodities results in condoms “getting lost”

Ineffective internal distribution system

- Condoms integrated into other HIV interventions are “forgotten”
- Existing systems supporting free condom distribution in facilities are not designed for the needs of HIV prevention (FP is the emphasis)

Unclear distribution plan beyond health facilities

- Insufficient planning, targeting and oversight of distribution outside health facilities
- Data on distribution outside facilities is missing or inadequate

Outcome 4 success indicator:

- % reliance on external donor subsidy
- % of priority sites reporting condom stockouts in the past 12 months

The Condom Operational Plan will focus on strengthening the procurement, distribution, and monitoring systems so that the government has a clear idea how many condoms are needed, where they are in the system, and how well supply is meeting demand for priority populations across the country.

Achieving this will result in the following outputs:

OUTPUT 4.1: Quantification and forecasting are based on anticipated use in the context of TMA and are reconciled against use by priority populations.

Key activities that will facilitate success on this output include:

- Ensure procurement planning and quantification efforts are grounded in a vision for a healthy condom market and the role played by each sector in the TMA plan
- Implement quantification and procurement based on existing use with incremental increases to realistically meet the needs of priority populations in the context of a TMA; ensure compatible lubricants and condom variants are available to meet user preferences

Output 4.1 success indicator:

- Procurement and quantification plan in place

OUTPUT 4.2: An effective distribution system and plan that integrates free and social marketing condoms for HIV/STI/FP within health facilities and facilitates condom access by targeted priority populations.

Key activities that will facilitate success on this output include:

- Strengthen supply chain and distribution mechanisms within the health system, targeting improved monitoring to:
 - a. identify constraints in eLMIS systems and understand why condoms are not getting picked up by the eLMIS
 - b. develop and launch a data collection tool for target populations (if needed)
 - c. adapt the existing SRH public commodity distribution system to integrate condoms and lubricants targeting HIV/STI users into health facilities
- Develop SOPs for integrated condom management and distribution to targeted priority populations

Output 4.2 success indicator:

- Integrated in-facility distribution system in place that is monitored by the MIS system

OUTPUT 4.3: A plan for “last kilometer” distribution beyond health facilities for free and social marketing condoms that includes a monitoring system is in place and is used to make program-improvement decisions.

Key activities that will facilitate success on this output include:

- Improve beyond-facility, last-mile distribution to outlets such as bars, transport hubs, select workplaces, universities, and guesthouses through:
 - a. peer and community-led distribution
 - b. support for partnerships between the public and the NGO sector for distribution beyond health facilities in underserved geographical areas and key population hotspots
- Develop standard operating procedures for beyond-facility distribution targeting priority populations within the context of TMA

- Build partnerships with commercial distributors to complement public and NGO sector distribution (and factor in their challenges)
- Conduct training for community health providers on the beyond-facility monitoring system
- Invest in capacity to collect and use condom data to monitor and make adjustments to the program
- Support for storage and transport to ensure availability at priority outlets

Output 4.3 success indicator:

- Beyond facility “last kilometer” distribution plan in place

5

KEY FINDINGS OF THE SITUATION ANALYSIS

- Rwanda's HIV epidemic has continued to be stable over the last decade, though certain priority populations still show much higher prevalence than the general population.
- These priority populations – youth (15-34) who engage in riskier sex, FSWs and their clients, MSM, and sero-discordant couples – account for most current HIV transmission.
- Data on priority populations' sexual and condom-use behavior remains sparse.
- The condom program is heavily reliant on external funding – donor subsidy with limited domestic investment – and the private/commercial sector plays a minimal role.
- Condom use has gradually increased in Rwanda over the past two decades, approximately 1% per year for non-marital, non-cohabitating partners. During this period, HIV and AIDS strategy has shifted away from condom distribution and demand creation as a priority activity.
- Demand creation for condoms has not kept pace with growth in the need for condoms to prevent new infections and unwanted pregnancies.
- Quantification of condom needs is not done systematically which inhibits strong forward planning.
- The system of condom distribution in Rwanda needs improvement to accurately quantify, forecast, distribute, and track condoms to people who need them.
- Distribution of condoms within health facilities is currently focused on family planning and needs to be better integrated to address HIV and STIs.

6

KEY PROGRAMMATIC RECOMMENDATIONS

- Increased focus on populations at highest risk of transmitting HIV is urgently needed and there is an opportunity for accelerated improvement of prevention programs through improved targeting in condom programming.
- More active program stewardship will require increased commitment by the government to invest in and oversee prioritized activities.
- Developing a better understanding and adoption of a Total Market Approach (TMA) for the condom program in Rwanda will improve effectiveness and efficiency of the program by better targeting donor funds and fostering growth in the commercial sector.
- Integrating condom programming with family planning within health facilities can increase demand among youth, sero-discordant couples, and other priority populations.
- Better monitoring of condom supply and distribution within health facilities will reduce wastage and introduce more accountability.
- Improving “last kilometer” distribution outside health facilities, with special emphasis of priority populations, will improve usage rates and reduce wastage and other inefficiencies.
- Regular collection and use of condom supply and usage data can be utilized to continually improve interventions.
- The condom strategic operational plan needs to be better integrated into the broader HIV-prevention and treatment strategy in Rwanda.
- The condom program should put the end user at the center of all interventions with specific focus on programmatic needs of prioritized target populations (youth engaged in riskier sex, FSWs and their clients, and MSM, and sero-discordant couples) to reduce new infections. This means developing a better understanding of the current supply- and demand-side barriers that potential condom users face.

7

CONCLUSION

The 2018-2024 Rwanda HIV and AIDS National Strategic Plan outlines the key priority interventions and strategies for a strong national plan to control the spread of HIV especially in vulnerable groups that are disproportionately affected.

One of the key pillars is the prevention of new infections through interventions directed to priority populations from which most new infections arise.

This Rwanda Strategic Condom Operational Plan has been developed through the participation of government, civil society, and other key stakeholders and describes the current state of the condom market and specifies the programmatic pathway for a revitalized comprehensive condom program that can play a key role in reducing HIV incidence.

The priority populations identified for targeting for improved supply and increased demand of condoms are: youth 15-34 who engage in riskier sex, FSWs, clients of FSWs, MSM, and sero-discordant couples.

The strategy calls for strengthening four components of the condom program:

- **Strengthening government stewardship of the condom program** will set the strategic pathway, coordinate activities across the public, social marketing, and private sectors, and collect, analyze, and use reliable data to continually improve programming.
- **Conduct a Total Market Approach (TMA) analysis and develop a TMA plan** to better target public sector condoms and reduce reliance on external donor funds by increasing the role of socially-marketed and commercial condoms.
- **Increase demand for condoms** by developing an evidence-based segmentation and demand-creation strategy for priority populations.
- **Improve quantification to facilitate better targeting** of condoms so that the right types of condoms reach priority populations when and where they are wanted and needed.

8

RCSOP INDICATOR SUMMARY TABLE

The table below provides a summary of high-level impact, outcome and output indicators that will be directly tracked by RBC over the implementation period of the RCSOP. Additional indicators, including activity level and those to be directly achieved through activities implemented by other stakeholders are captured in the detailed Monitoring, Evaluation and Program Improvement Plan (ME&PI). See Appendix A for a more detailed version of the M&E Plan.

RWANDA STRATEGIC CONDOM OPERATIONAL PLAN SUMMARY INDICATORS		
IMPACT	OUTCOME	OUTPUT
<p>Reduction in new HIV and STI infections among priority populations (youth 15-34, MSM, FSW, SDC, clients of FSW/MSM)</p> <p>Reduction in unwanted pregnancies</p> <p>Indicators: National HIV incidence rate New HIV infections National HIV prevalence rate 15-64 HIV prevalence among youth (15-24) HIV prevalence among MSM HIV prevalence among FSW Increased condom use by young men engaging in high risk sex with non regular partners by 10% Increased condom use by young women engaging in high risk sex with non regular partners by 10% Increased condom use by clients of FSW in last paid sex by 10% Increased condom use by clients of MSMs in last paid sex by 10% Increased condom use by female sex workers with last client by 5% Increased consistent condom use by MSMs over 30 yrs living in urban/ peri-urban areas by 6% Increased consistent condom use by sero-discordant couples by 10%</p>	<p>OUTCOME 1: STRENGTHENING PROGRAM STEWARDSHIP</p> <p>By 2025, the condom program's coordination mechanisms are strengthened and use reliable disaggregated data to inform planning, decision-making, and accountability</p> <p>Indicator: Coordinating mechanism(s) that guide condom program in place and activity guiding condom program decision-making</p>	<p>OUTPUT 1.1: Increased political will from government, donors, and implementing partners that is sufficient to actively lead and support activities as defined in the national condom program</p> <p>Indicators: Commercial sector actively engaged in policy and feedback; National condom strategy executed; Dedicated and funded National Strategic Condom Operational Plan (NSCOP) advisor in Rwanda Biomedical Centre; Condom Technical Working Group (CWG) or equivalent has ToR and meets regularly</p>

		<p>OUTPUT 1.2: Advocacy strategies in place to support an enabling environment and budget allocation</p> <p>Indicator: Advocacy plan to support strengthened enabling environment (priorities identified in strategy) developed; Enabling policies identified and in place that facilitate programs to reach key populations and priority groups</p>
		<p>OUTPUT 1.3: Data collection and M&E systems that capture the public, social marketing, and commercial sectors are designed and implemented</p> <p>Indicator: Existence of a national-level strategic information plan supported by stakeholders; Coordination and partnerships mechanisms across public, NGO, and commercial actors in accordance with TMA in place; National plan for demand creation that provides results for priority populations is available</p>
		<p>OUTPUT 1.4: Operations research supporting segmentation strategies, condom access, and Total mkt analysis</p> <p>Indicator: Existence of a national-level operations research plan supported by stakeholders</p>



	<p>OUTCOME 2: VISION FOR A HEALTHY CONDOM MARKET BASED ON A TOTAL MARKET APPROACH</p> <p>By 2022 Rwanda will conduct a TMA analysis and develop a TMA plan that will guide condom program resource decision-making, improve program targeting, and lead the transition to a more sustainable condom market</p> <p>Indicators: TMA Plan developed and in use to guide program decision-making Condom market annual growth rate (5%) Total market volume for commercial condom targets established and meeting access and use targets Total market volume for social marketing/social enterprise condom targets established and meeting access and use targets</p>	<p>OUTPUT 2.1: A targeting plan for public sector condoms for prioritized populations</p> <p>Indicators: Existence of targeting plan for public sector condoms; Total market volume for public condom targets established and meeting access and use targets</p>
	<p>OUTCOME 3: EVIDENCE-BASED DEMAND CREATION FOR PRIORITY POPULATIONS</p> <p>Over the next 5 years (2021-2025), the Rwanda condom market will show consistently improved demand and increased consistent condom use among the targeted priority populations by 5% per year</p>	<p>Indicators: % of target population (male) who have comprehensive knowledge of HIV prevention % of target population (female) who have comprehensive knowledge of HIV prevention % of FSWs who intend to use a condom the next time they have sex with a client % of Clients of FSWs who intend to use a condom the next time they pay for sex % of MSM who intend to use a condom the next time they have anal sex % of female youth (15-34) who intend to use a condom the next time they have sex with a non-marital, non-cohabitating partner % of male youth (15-34) who intend to use a condom the next time they have sex with a non-marital, non-cohabitating partner</p>

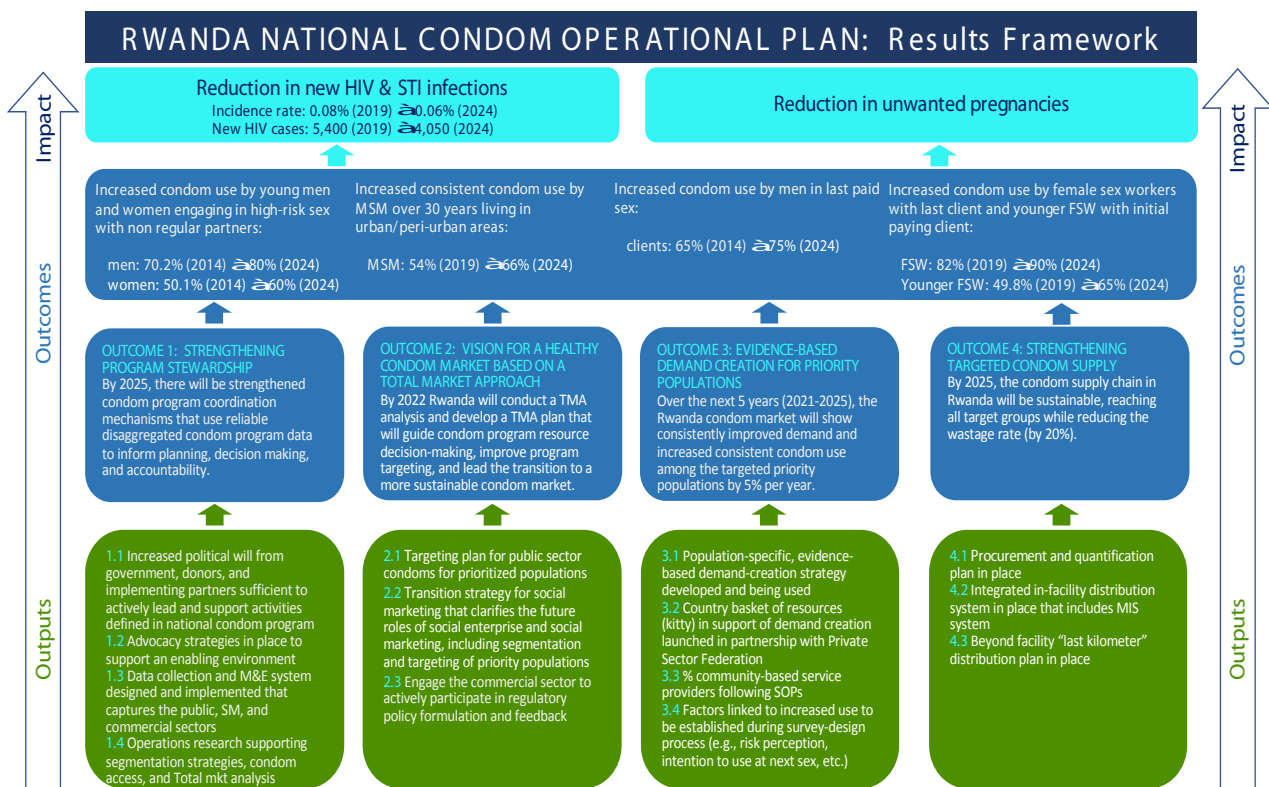
	<p>OUTCOME 4: STRENGTHENING CONDOM SUPPLY</p> <p>By 2025, the condom supply chain in Rwanda will be sustainable, reaching all target groups while reducing the wastage rate by 20%</p> <p>Indicators: % reliance on external donor subsidy for condom supply; % of priority sites reporting condom stockouts in the past 12 months</p>	<p>OUTPUT 4.1: Quantification exercise in TMA context involving all sectors is implemented to meet the needs of priority populations</p> <p>Indicator: Procurement and quantification plan in place that aligns to TMA strategy, factors in contribution of all sectors, and is developed using the Condom Needs Estimation Tool (C-NET).</p>
		<p>OUTPUT 4.1: Quantification exercise in TMA context involving all sectors is implemented to meet the needs of priority populations</p> <p>Indicator: Procurement and quantification plan in place that aligns to TMA strategy, factors in contribution of all sectors, and is developed using the Condom Needs Estimation Tool (C-NET).</p>
		<p>OUTPUT 4.3: Beyond facility “last kilometer” distribution mechanism of free & social marketing condom including a monitoring system that is used to make program-improvement decisions</p> <p>Indicator: Beyond facility “last kilometer” distribution plan in place guiding condom distribution efforts</p>



9

RESULTS FRAMEWORK

The Results Framework below reflects the Rwanda Condom Program Pathway, in which key activities supporting Program Stewardship, TMA, Demand, and Supply, lead to outputs, which lead to lower-level outcomes (factors that influence condom use), which in turn lead to higher-level outcomes (changes in condom use in priority groups), and at impact level contribute towards reduction in infections of HIV and STIs and reduction in unwanted pregnancies.



10

OPERATIONAL WORKPLAN

The table below provides a summary of high-level impact, outcome and output indicators that will be directly tracked by RBC over the implementation period of the RCSOP. Additional indicators, including activity level and those to be directly achieved through activities implemented by other stakeholders are captured in the detailed Monitoring, Evaluation and Program Improvement Plan (ME&PI).

RWANDA CONDOM OPERATIONAL PLAN OPERATIONAL WORKPLAN																		
Activities	YR 1 (Sept 2021 - August 2022)												Lead Agency	Key Partner(s)	Costs	Source of Funding	Deliverable	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug						Budget
	1	2	3	4	5	6	7	8	9	10	11	12						
OUTCOME 1: STRENGTHENING PROGRAM STEWARDSHIP.																		
<i>By 2025, the condom program coordination mechanisms that use reliable disaggregated data is strengthened to inform planning, decision-making, and accountability</i>																		
OUTPUT 1.1: Sustained political will from government in collaboration with donors, and implementing partners to lead and support the implementation of the national condom strategic plan																		
Recruit a CCP advisor in Rwanda Biomedical Centre														RBC	UNFPA	15600000		CCP advisor is available for one year
Conduct 3-day national-level workshop for all stakeholders to understand stewardship, coordination and support for market facilitation using the Total Market Approach for the condom program (40 people)														RBC	CSO, NGO, UNFPA, UNAIDS,	9702000		Government understands what a TMA is, why it's important to support sustainable markets, and how interventions can be implemented in a manner consistent with a TMA (i.e., free distribution is targeted and coordinated with social marketing (SM) and commercial sectors)
Strengthen CCP component within the existing HIV prevention TWG														RBC		0		CCP component well integrated in HIV Prevention TWG
Incorporate commercial sector actors in condom TWG/working group														RBC	SFH	0		Commercial sector actors engaged in condom TWG/working group

Conduct training for Community health providers on the post-facility tracking system															RBC	MoH	27,026,600		* Training materials for community health providers on post facility tracking developed; # of community health providers trained
Sub-total Budgeted Cost																	33,851,600		
TOTAL BUDGET																	445,090,300		



Appendix A:

Monitoring and Evaluation Plan

RWANDA STRATEGIC CONDOM OPERATIONAL PLAN MONITORING & EVALUATION PLAN												
INDICATOR LEVEL	Objective	Indicator	Base Value	Baseline Year	Disaggregation	Target Value	Target (Year)	Data Source	Frequency	Agency Responsible	Lead Implementing Agency	Assumptions / Risks
IMPACT	Reduction in new HIV and STI infections							Survey Reports				
IMPACT	Reduction in unwanted pregnancies							Survey Reports				
IMPACT		National HIV incidence rate	0.08%	2019		0.06%	2024	RPHIA	quadrennially	RBC	RBC	Encourage the team to explore new methods of estimating incidence using testing history and HIV status, rather than assay-derived methods. For example: https://doi.org/10.1371/journal.pone.0237221
IMPACT		New HIV infections	5,400	2019		4,050	2024	RPHIA	quadrennially	RBC	RBC	A proposed alternative indicator to reduction in incidence percentage is to estimate the number of new infections (as the RPHIA does). The advantage is that it is an easier number for everyone to understand and get behind and is in the direction of ZERO new infections being the ultimate goal.
IMPACT		National HIV prevalence rate 15-64	3.0%	2019		2.8%	2024	RPHIA	quadrennially	RBC	RBC	Recommendation: include incidence indicator but not the prevalence indicator in this framework, as prevalence is a trailing indicator and over a short period of time will tend to stay the same as people on Tx will continue to be counted. The effectiveness of the condom plan--and prevention more generally--can be better measured by the number of new infections.
IMPACT		HIV prevalence among youth (15-24)	0.9%	2018		0.72%	2024	RPHIA	quadrennially	RBC	RBC	Note: RPHIA calculates prevalence for 15-24 but not 15-34. If the latter is preferred since it corresponds directly to the priority population definition, this can be calculated with access granted to the source data.
IMPACT		HIV prevalence among MSM	4.3%	2019		3.4%	2024	RPHIA	quadrennially	RBC	RBC	Prevalence for Kigali was estimated in the latest IBBS to be considerably higher than the 2015 study (30% for MSM 35 and over). The next IBBS for MSM should be designed to compare against the 2020 figures, not the 2015 ones, which were much lower.
IMPACT		HIV prevalence among FSW	35.5%	2019		28%	2024	RPHIA	quadrennially	RBC	RBC	As with MSM, prevalence increases with age for FSW. Survey may want to oversample younger FSW to be able to perform more gradual analysis, as they appear to be the most vulnerable to contracting HIV.

OUTCOME		Increased condom use by young men engaging in high risk sex with non regular partners by 10%	70.2%	2015		80%	2024	R-DHS		RBC	RBC	Will be valuable to disaggregate by type of risk-taking behavior, as embedded in this population are men who pay for sex and men having sex with a variety of types of partners.
OUTCOME		Increased condom use by young women engaging in high risk sex with non regular partners by 10%	51.1%	2015		61%	2024	IBBSS		RBC	RBC	Targeted distribution plan that continues to ensure desirable condoms are available when clients and FSW need them is rolled out.
OUTCOME		Increased condom use by clients of FSWs in last paid sex by 10%	65%	2015		75%	2024	IBBSS		RBC	RBC	Targeted distribution plan that continues to ensure desirable condoms are available when FSW need them is rolled out.
OUTCOME		Increased condom use by clients of MSM in last paid sex by 10%	58%	2015		68%	2024	IBBSS		RBC	RBC	Targeted distribution plan that continues to ensure desirable condoms are available when MSM need them is rolled out.
OUTCOME		Increased condom use by FSWs with last client by 5%	82%	2019		87%	2024	IBBSS		RBC	RBC	Targeted distribution plan that continues to ensure desirable condoms are available when FSW need them is rolled out.
OUTCOME		Increased consistent condom use by MSM over 30 yrs living in urban/peri-urban areas by 6%	54%	2019		60%	2024	IBBSS		RBC	RBC	Targeted distribution plan that continues to ensure desirable condoms are available when MSM need them is rolled out.
OUTCOME		Increased consistent condom use by sero-discordant couples by 10%	n/a				2024					There isn't an existing study that covers sero-discordant couples' condom use. One will need to be planned or there will need to be respondent population in an existing one.
INTER-MEDIATE OUTCOME	OUTCOME 1: STRENGTHENING PROGRAM STEWARDSHIP. By 2025, the condom program's coordination mechanisms are strengthened and use reliable disaggregated data to inform planning, decision-making, and accountability	Coordinating mechanism(s) that guide condom program in place and actively guiding condom program decision-making	no	2021		yes	2022	Stakeholder feedback	annually	RBC		Risk is that prevention generally and condoms specifically receive a low level of attention and LOE.
OUTPUT	OUTPUT 1.1: Increased political will from government, donors, and implementing partners that is sufficient to actively lead and support activities as defined in the national condom program	Commercial sector actively engaged in policy and feedback	N/A	2021			2021	TWG/working group minutes	quarterly	RBC	RBC	Enlisting active participation from commercial sector can be challenging if they don't see it as being worth their time/effort.
		National condom strategy executed	0	2021			2022	Strategy M&E checklist and workplan	semi-annually	RBC	RBC	Sufficient LOE and political will to ensure strategy is a living document and enterprise could be a challenge.
		Dedicated and funded National Strategic Condom Operational Plan (NSCOP) advisor in Rwanda Biomedical Centre	No	2021		Yes	2022	budget docs	annually	RBC	RBC	Sufficient political will to free up the funds and personnel will be a challenge given other competing priorities.
		Condom Technical Working Group (CWG) or equivalent has ToR and meets regularly	No	2021		Yes	2021	TWG/working group minutes	annually	RBC	RBC	Assumes that prevention working group makes condoms a sufficiently high priority.

OUTPUT	OUTPUT 1.2: Advocacy strategies in place to support an enabling environment and budget allocation	Advocacy plan to support strengthened enabling environment (priorities identified in strategy) developed	0	2021			2021	plan document	1x	RBC	RBC	Sufficient LOE and political will to develop plan given competing priorities could be a challenge.
		Enabling policies identified and in place that facilitate programs to reach key populations and priority groups	No	2021		Yes	2022	policy change announcements	1x	RBC		Sufficient LOE and political will to make policy changes could be a challenge.
OUTPUT	OUTPUT 1.3: Data collection and M&E systems that capture the public, social marketing, and commercial sectors are designed and implemented	Existence of a national-level strategic information plan supported by stakeholders	No	2021		Yes	2022	National Report	1x	RBC	RBC	Rallying and gaining consensus among stakeholders could be a challenge.
		Coordination and partnerships mechanisms across public, NGO, and commercial actors in accordance with TMA in place	No	2021		Yes	2022	partnership agreements	annually	RBC	RBC	Rallying and gaining consensus among stakeholders could be a challenge.
		National plan for demand creation that provides results for priority populations is available	No	2021		Yes	2022	Nation demand-creation strategy report	1x	RBC		Demand creation has slide down the list of priorities (not just in Rwanda) over the past several years as treatment has been emphasized. Needs to be elevated for demand creation plan to succeed.
OUTPUT	OUTPUT 1.4: Operations research supporting segmentation strategies, condom access, and TMA analysis	Existence of a national-level operations research plan supported by stakeholders	No	2021		Yes	2022	National Report	1x	RBC	RBC	Rallying and gaining consensus among stakeholders could be a challenge.
INTER-MEDIATE OUTCOME	OUTCOME 2: VISION FOR A HEALTHY CONDOM MARKET BASED ON A TOTAL MARKET APPROACH. By 2022 Rwanda will conduct a TMA analysis and develop a TMA plan that will guide condom program resource decision-making, improve program targeting, and lead the transition to a more sustainable condom market.	TMA Plan developed and in use to guide program decision-making	n/a	2021			2022	validated, disseminated plan	1x	RBC	RBC	Assumes strong grasp of TMA among key actors and stakeholders.

OUTCOME		Condom market annual growth rate (5%)	27M	2020	Sector	33M	2024	eLMIS, CNET total market analysis	annually	RBC	RBC	Assumes more precise measurement capacity of market volume than currently exists.
OUTCOME		Total market vol. for commercial condom targets established and meeting use targets	2%	2022	(private, social marketing/ social enterprise, public)	8%	2024	eLMIS, CNET total market analysis	annually	RBC	RBC	Estimating market value is challenging given gaps in commercial sector price and volumes distributed data.
OUTCOME		Total market volume for social marketing/enterprise condom targets established and meeting access and use targets	53.90%	2022	(private, social marketing/ social enterprise, public)	44.90%	2024	eLMIS, CNET total market analysis	annually	RBC	SF-H&AFH	Ideally, we would like to see the commercial and social marketing/social enterprise sectors grow as a percentage of the market. And we'd also like to know how subsidized condoms distributed via social marketing are. And, over time, for the market to increase its sustainability, we'd want to see that subsidy shrink as a percentage of the value of condoms distributed/sold. This should all be part of the TMA plan that is the Intermediate Outcome of this objective.
OUTPUT												
	OUTPUT 2.1: The Targeting plan for public sector condoms for prioritized populations is developed	Total market volume for public condom targets established and meeting access and use targets	44.10%	2022	(private, social marketing/ social enterprise, public)	47.10%	2024	eLMIS, CNET total market analysis	annually	RBC		There is a risk that free distribution is crowding out paid-for condoms (for those who can afford them).
		Existence of targeting plan for public sector condoms	No	2022		Yes	2022	plan document	1x, updated quadrennially	RBC		There is a risk that free distribution is crowding out paid-for condoms (for those who can afford them).
INTER-MEDIATE OUTCOME	<p>OUTCOME 3: EVIDENCE-BASED DEMAND CREATION FOR PRIORITY POPULATIONS.</p> <p>Over the next 5 years (2021-2025), the Rwanda condom market will show consistently improved demand and increased consistent condom use among the targeted priority populations by 5% per year</p>											
OUTCOME		% of target population (male) who have comprehensive knowledge of HIV prevention	69% Male	2020	age, geography, education, income/wealth, risk behaviors/ population	75%	2024	R-DHS			RBC	The link between comprehensive knowledge of HIV prevention and desired behavior may be weak.
OUTCOME		% of target population (female) who have comprehensive knowledge of HIV prevention	67%	2020	age, geography, education, income/wealth, risk behaviors/ population	72%	2024	R-DHS			RBC	The link between comprehensive knowledge of HIV prevention and desired behavior may be weak.
OUTCOME		% of FSWs who intend to use a condom the next time they have sex with a client	67.00%	2020	age, geography, education, income/wealth	72%	2024	IBBSS			RBC	Assumption: intention is strongly correlated with condom use. It may be desirable to conduct formative research to learn which factors (e.g., attitudes, norms, self-efficacy) contribute to intention and how strongly intention predicts use.

OUTCOME		% of Clients of FSWs who intend to use a condom the next time they pay for sex	84.30%	2020	age, geography, education, income/wealth	86%	2024	IBBSS		RBC		Assumption: intention is strongly correlated with condom use. It may be desirable to conduct formative research to learn which factors (e.g., attitudes, norms, self-efficacy) contribute to intention and how strongly intention predicts use.
OUTCOME		% of MSM who intend to use a condom the next time they have anal sex	71.40%	2020	age, geography, education, income/wealth	75%	2024	IBBSS		RBC		Assumption: intention is strongly correlated with condom use. It may be desirable to conduct formative research to learn which factors (e.g., attitudes, norms, self-efficacy) contribute to intention and how strongly intention predicts use.
OUTCOME		% of female youth (15-34) who intend to use a condom the next time they have sex with a non-marital, non-cohabitating partner	48.00%	2020	age, geography, education, income/wealth	53%	2024	R-DHS		RBC		Assumption: intention is strongly correlated with condom use. It may be desirable to conduct formative research to learn which factors (e.g., attitudes, norms, self-efficacy) contribute to intention and how strongly intention predicts use.
OUTCOME		% of male youth (15-34) who intend to use a condom the next time they have sex with a non-marital, non-cohabitating partner	34.00%	2020	age, geography, education, income/wealth	39%	2024	R-DHS				Assumption: intention is strongly correlated with condom use. It may be desirable to conduct formative research to learn which factors (e.g., attitudes, norms, self-efficacy) contribute to intention and how strongly intention predicts use.
INTER-MEDIATE OUTCOME	OUTCOME 4: STRENGTHENING TARGETED CONDOM SUPPLY By 2025, the condom supply chain in Rwanda will be sustainable, reaching all target groups while reducing the wastage rate by 20%.	Decreased reliance on external donor subsidy for condom supply	n/a	2021			2024	eLMIS	annually	RBC		Assumption that donor subsidy for condoms will continue to shrink.
OUTCOME		% of priority sites reporting condom stockouts in the past 12 months	1%	2022	geography	1%	2024	SDP report	annually	RBC	RBC	Priority site register is established and MIS developed sufficiently to track stockouts nationally.
OUTPUT	OUTPUT 4.1: Quantification exercise in TMA context involving all sectors is implemented to meet the needs of priority populations	Procurement and quantification plan in place that aligns to TMA strategy, factors in contribution of all sectors, and is developed using the Condom Needs Estimation Tool (C-NET).	No	2021		Yes	2022	validated, disseminated plan	1x	RBC	RBC	TMA analysis and strategy is completed in time.
OUTPUT	OUTPUT 4.2: An effective condom distribution system that integrates free and social marketing condoms for HIV/STI/FP within health facilities to facilitate condom access by targeted priority populations.	Integrated in-facility distribution system in place that is monitored by MIS system	No	2021		Yes	2022	validated, disseminated plan	1x	RBC	RBC	MIS system is developed sufficiently to monitor condom distribution at HFs nationally.
OUTPUT	OUTPUT 4.3: Beyond facility "last kilometer" distribution mechanism of free & social marketing condom including a monitoring system that is used to make program-improvement decisions	Beyond facility "last kilometer" distribution plan in place guiding condom distribution efforts	No	2021		yes	2022	validated, disseminated plan	1x	RBC	RBC	TMA analysis and strategy is completed in time.

Appendix B: Condom Wastage Cascade

	CONDOM WASTAGE CASCADE	LOSS %	CUMULATIVE LOSS %
DISTRIBUTION	Total condoms procured		100.0
	Procurement/shipping loss	0.5	99.5
	Central warehouse loss	1.0	98.5
	Transport loss	0.5	98.0
	Regional warehouse loss	1.0	97.0
	Transport loss	0.5	96.5
	Local storage loss	1.0	95.5
	Distributor loss	1.0	94.5
USER	Total condoms distributed		
	...to people who don't need them	5.0	89.5
	...to people who need, but don't use them	10.0	79.5
	Correct condom use failure	10.0	69.5

Source: Condom Needs Estimation Tool: <http://bit.do/fQ5Jn>

Endnotes

¹ Rwanda Population-based HIV Impact Assessment (RPHIA) 2018-2019.

² RPHIA & HIV annual report 2019- 2020.

³ Rwanda Population-based HIV Impact Assessment (RPHIA) 2018-2019.

⁴ Combined BBS Survey among FSWs 2015, 2019.

⁵ Integrated Biological and Behavioral Surveillance Survey among Men who have Sex with Men, 2020.

⁶ Rwanda MOT 2012: Changing dynamics in the HIV epidemic in Rwanda: Modeling the expected distribution of new HIV infections by exposure group, Ministry of Health, Rwanda Biomedical Center. Final Report. Kigali, Rwanda; 2013.

⁷ RPHIA & HIV annual report 2019- 2020.

⁸ IBBSS among FSWs in Rwanda 2019.

⁹ Ingabire et al, "Female sex workers in Kigali, Rwanda: a key population at risk of HIV, sexually transmitted infections, and unplanned pregnancy." International Journal of STD & AIDS 2019, Vol. 30(6) 557–568.

¹⁰ IBBSS MSM 2015 Rwanda.

¹¹ Rwanda Population-based HIV Impact Assessment (RPHIA) 2018-2019.

¹² Condom Technical Brief, MGH, 2019.

