

POLICY BRIEF

SEXUAL & REPRODUCTIVE HEALTH

Availability, Affordability and Stock outs of Sexual and Reproductive Health (SRH) Commodities and devices for Newborn, Child, Maternal, Contraception and Sexually Transmitted Infections (STIs) treatment NAIROBI COUNTY

Introduction

The constitution of Kenya, under Article 43 (1) (a), provides that every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare. Although there has been progress in the realization of the right to health, significant gaps still exist.

For this reason, in 2019, we collected data in Nairobi County to generate reliable information on the price, availability and affordability of select SRH commodities (SRHC) in Kenya's public, private and mission sectors. A total of 25 facilities were surveyed across the three sectors: 8 in the public, 9 in the mission and 8 in the private sector. The facilities visited were in Westlands, Embakasi, Kamukunji, Makadara, Lang'ata, Starehe and Kasarani sub-counties.

The basket of commodities assessed was developed by combining the World Health Organization's (WHO) Essential Medicines for Reproductive Health, the Interagency List of Essential Medicines for Reproductive Health, the Interagency List of Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health, and the United Nations Commission on Life Saving Commodities.

Methodology

The methodology used a cross-sectional design with quantitative methods and a semi structured questionnaire adapted from standardized HAI-WHO methodology: measuring medicines prices, availability and affordability and prices components. It allows for data collection on availability and out-of-pocket patient prices of SRHC in the public, private and mission sectors. It also assesses health provider perspectives on access to SRHC beyond the medicines supply chain. Stock-outs were measured for a period of six months and recorded as seen in the stock cards whereas affordability was measured using prices of the SRH commodities, treatment regimens and daily salary of the lowest paid government worker, which was KSH 448.7 at the time of the study.

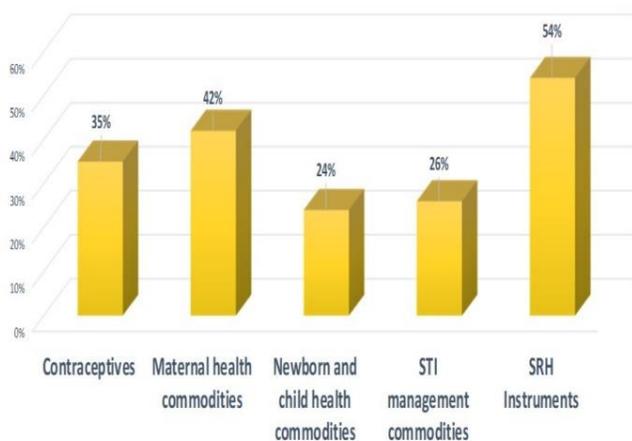
Key findings

- ❖ The overall availability of contraceptives in Nairobi county was 35%. The contraceptive with the highest availability was male condoms (70%) while Estradiol cypionate+ medroxyprogesterone acetate which is a form of an injectable birth control, was only available at 5%.
- ❖ The highest availability of maternal health commodities was found for methyldopa, used

for treatment of high blood pressure in pregnancy at 89% while the commodities with the least availability were Ferrous salts and Magnesium Sulphate 500mg/2ml both at 4%.

- ❖ For newborn and child health commodities Zinc tablets had the highest availability at 52% while Zinc syrup had the least availability at 4% followed by both ORS 200ml and Chlorhexidine (4%) both at 8%.
- ❖ Nairobi county had the least overall availability of STI treatment commodities (26%). The commodity with the highest availability was Metronidazole (52%) whereas both Clotrimazole pessary and Benzathine Penicillin had the least availability (16%).

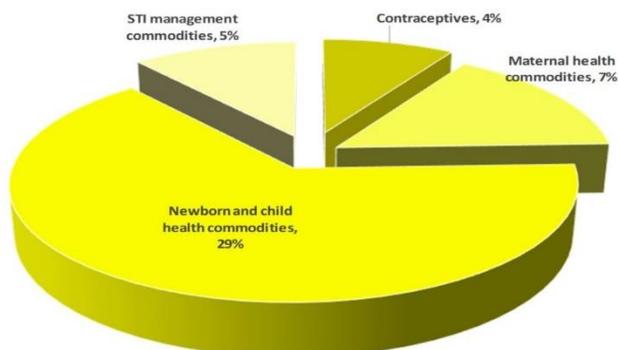
Availability of SRH Commodities in Nairobi county



- ❖ The commodities with highest availability for SRH devices and instruments were suction devices, foetal scopes and incubators all at 89%. Safe delivery kits had the least availability at 16%.
- ❖ Magnesium sulphate (500mg in 10ml vial) was the most unaffordable in both the private and mission sectors, costing the Lowest Paid Government Worker Ksh 5,495.48 and Ksh 3,562.68 respectively.
- ❖ Stockouts were measured for a period of 6 months. Contraceptives faced the least stock

outs while child health commodities had the highest percentage of facilities facing Stockouts.

Percentage of facilities facing stockouts per commodity



KEY RECOMMENDATIONS

- Comprehensive SRH services and commodities should be part of the Essential Package List as part of what is offered within the County Universal Health Coverage (UHC) programs.
- Prioritizing training on both stock management and quantification to ensure seamless supply and availability of SRH commodities.
- Providing support supervision and continuous training of the health workforce to includes elements of customer care.
- Sensitization of communities on sexual and reproductive health commodities and services so as to increase demand and raise awareness.
- Involving male partners in access to, provision of and education on the use of contraceptives and treatment of sexually transmitted infections.
- Reduction or subsidization of costs in the private sector especially in the hard to reach and marginalized areas, where populations live below poverty line.