

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

NAKURU 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 Nakuru 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 24 facilities were surveyed across the three sectors: 7 in the public, 6 in the mission and 11 in the private sector. The facilities visited were in Nakuru East, Nakuru West, Rongai, Subukia, Bahati, Gilgil, Kurosoi North and Kurosoi South 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 448.7 at the time of the study.

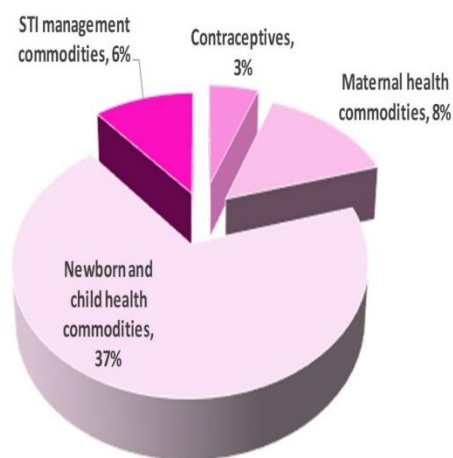
Key findings

- ❖ The overall availability of contraceptives in Nakuru county was 41%. The contraceptive with the highest availability was male condoms at 91% while ethinylestradiol +noretisterone had the least availability 9%.
- ❖ The highest availability of maternal health commodities was found for methyldopa and folic acid tablets (100%) while Magnesium

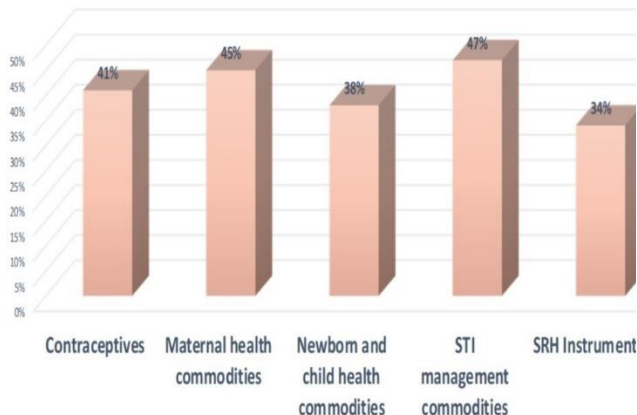
Sulphate 2ml and 10 ml vials had the least availability at 4%.

- ❖ The overall availability of newborn and child health commodities was 38%. Dexamethasone had the highest availability at 80% followed by ORS 500ml at 61%. Chlorhexidine 4% had the least availability at 22%.
- ❖ For the STI treatment commodities, the overall availability was 47%. The commodities with the highest availability were Metronidazole and Amoxicillin 250mg both at 91% while Amoxicillin 125mg had the least availability at 4%.

Percentage of facilities facing stockouts per commodity



Availability of SRH Commodities in Nakuru county



- ❖ The highest availability of SRH instruments and devices was found for foetal scope and speculum at 92% while safe delivery kits had the least availability at 9%.
- ❖ In both private and mission sectors, Magnesium sulphate (500mg in 2ml vial) costed the Lowest Paid Government Worker 8.83 and 3.64 days of wages, respectively.
- ❖ Stockouts were measured for a period of 6 months. In Nakuru County, contraceptives had the least stock outs while child and newborn health commodities had the highest percentage of facilities having stock-outs.

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.