

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

NAROK 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 Narok 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 15 facilities were surveyed across the three sectors: 7 in the public, 2 in the mission and 6 in the private sector. The facilities visited were in Narok East, Narok West, Narok North, Narok South, Trans-Mara East and Trans-Mara West 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.

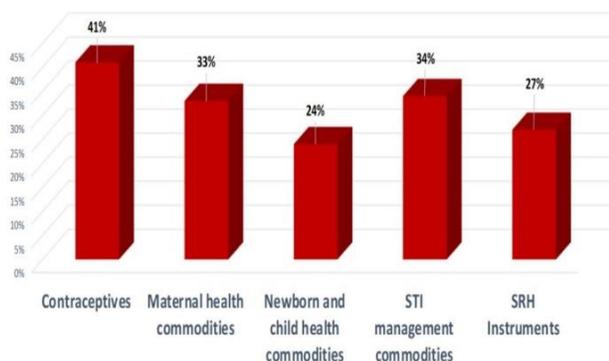
Key findings

- ❖ The overall availability of contraceptives in Narok county was 41%. The contraceptives with the highest availability were male condoms (85%) while the commodity with the least commodity was levonorgestrel implant (23%).
- ❖ The highest availability of maternal health commodities was found for folic acid tablets at 67% while the commodity with the least

availability was Magnesium Sulphate 500mg/2ml at 7%.

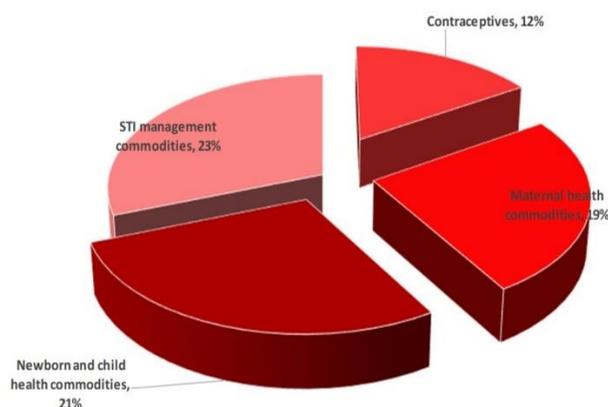
- ❖ The overall availability of newborn and child health commodities was 24%. Dexamethasone had the highest availability at 67%. ORS 200ml had the least availability at 7%.

Availability of SRH Commodities in Narok county



- ❖ For the STI treatment commodities, the overall availability was 34%. The commodity with the highest availability was Metronidazole (60%) followed by Benzathine Penicillin and Gentamicin injection with 27%. Clotrimazole cream had the least availability at 20%.
- ❖ The overall availability of SRH devices and instruments was 27%. The highest availability of SRH instruments and devices was found for foetal scope at 83% while the commodity with the least availability was resuscitator for adults 8%.
- ❖ 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 Narok County, contraceptives had the least stock outs while STI treatment commodities had the highest percentage of facilities having stock-outs.

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 include 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.