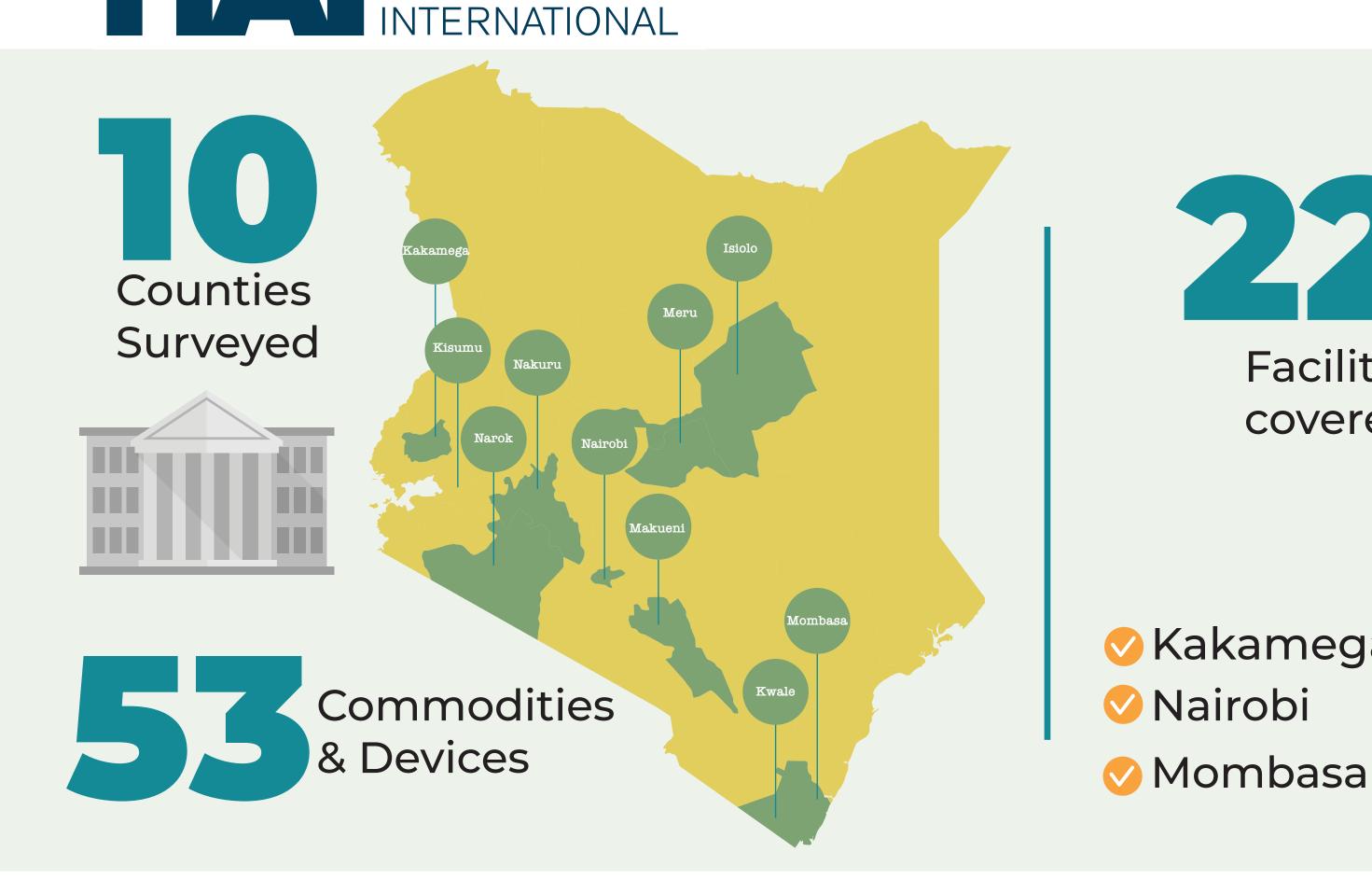
Sexual & Reproductive Health Commodities: Measuring Prices, Availability & Affordability in Kenya, 2019 HEALTH ACTION INTERNATIONAL A Case Study of 10 Counties







Facilities covered

Kakamega

Nairobi



Kisumu

Nakuru

Makueni

Kwale

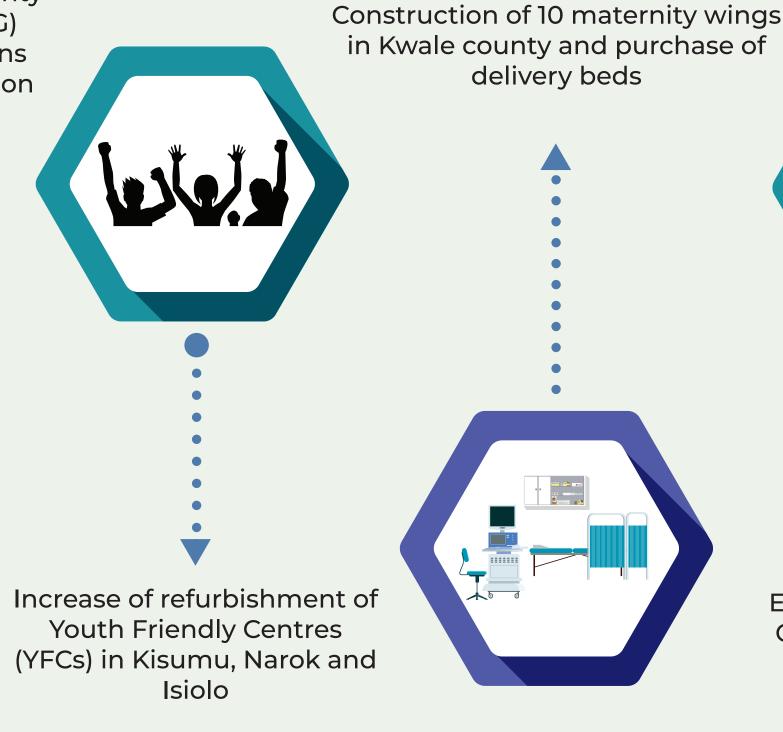
Meru



Increase in Reproductive Maternal Newborn, Child and Adolescent Health (RMNCAH) budgets in Kisumu and Kwale (2020/2021)

Kakamega commodities security Technical Workgroups (TWG) findings, inform of discussions and decisions on quantification Development of family planning costed plan in Kisumu

Evidence-based Advocacy & Multi-stakeholder Gains

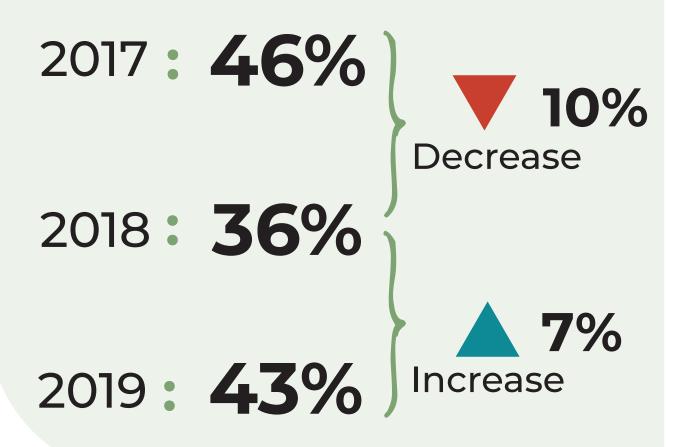




Implementation Framework

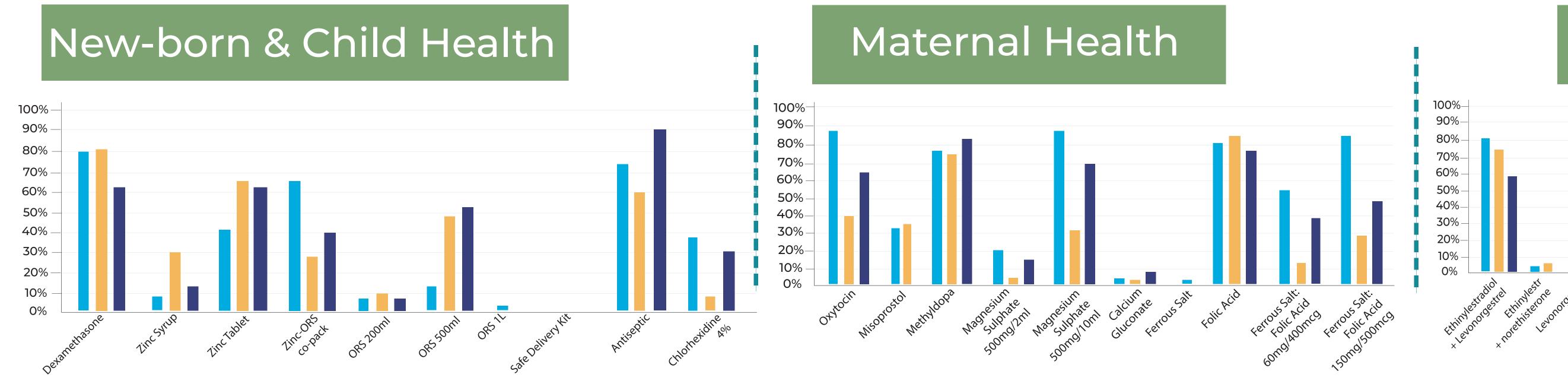
- Evidence to support policy
- Budget advocacy, formulation and implementation
- Citizen engagement and sensitization
- Policy formulation and implementation

Perfomance SRHC Availability



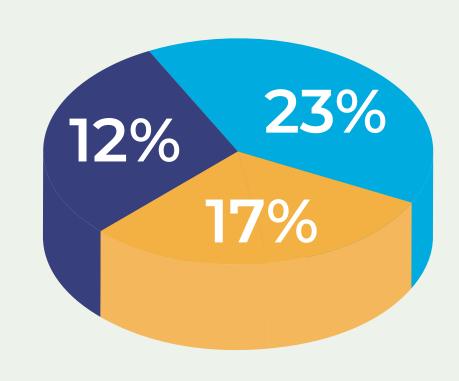
Sexual and Reproductive Health Commodities Availability

and Kakamega



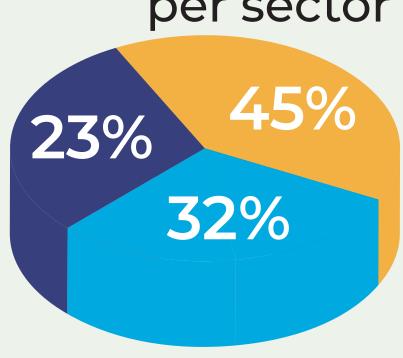
STOCKOUTS

Facilities reporting stockouts (6 month period)





Commodities with highest stockouts per sector

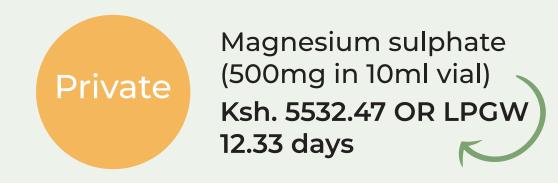


- ORS 1 litre (100% stockout private facilities)
- Ethinylestradiol + norethisterone (70% stockout public facilities)
- Ferrous salt: Folic acid 150mg/500mcg (50% stockout mission facilities)

AFFORDABILITY

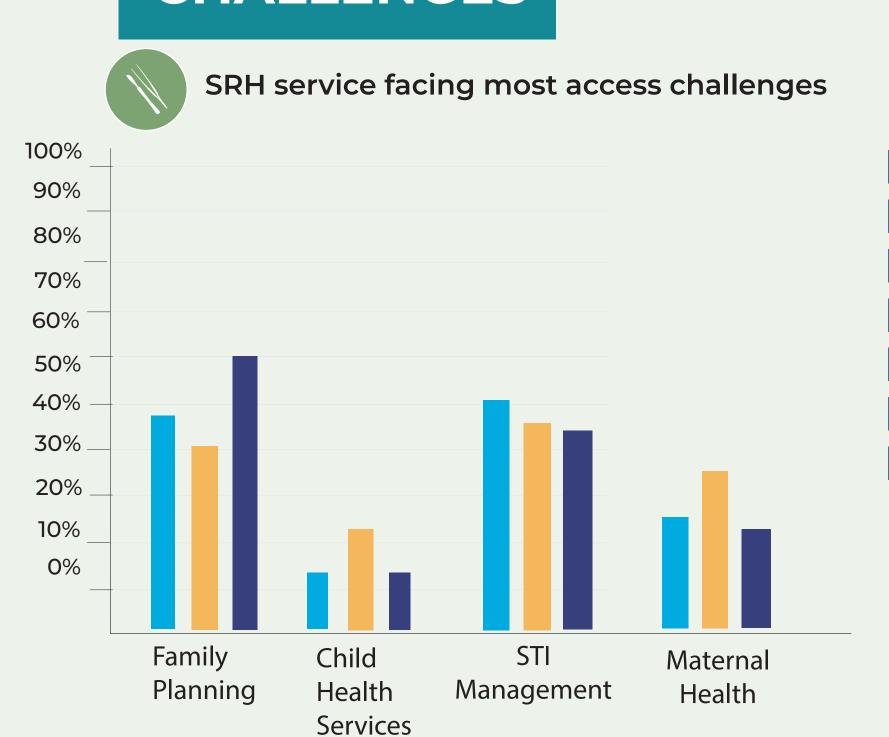






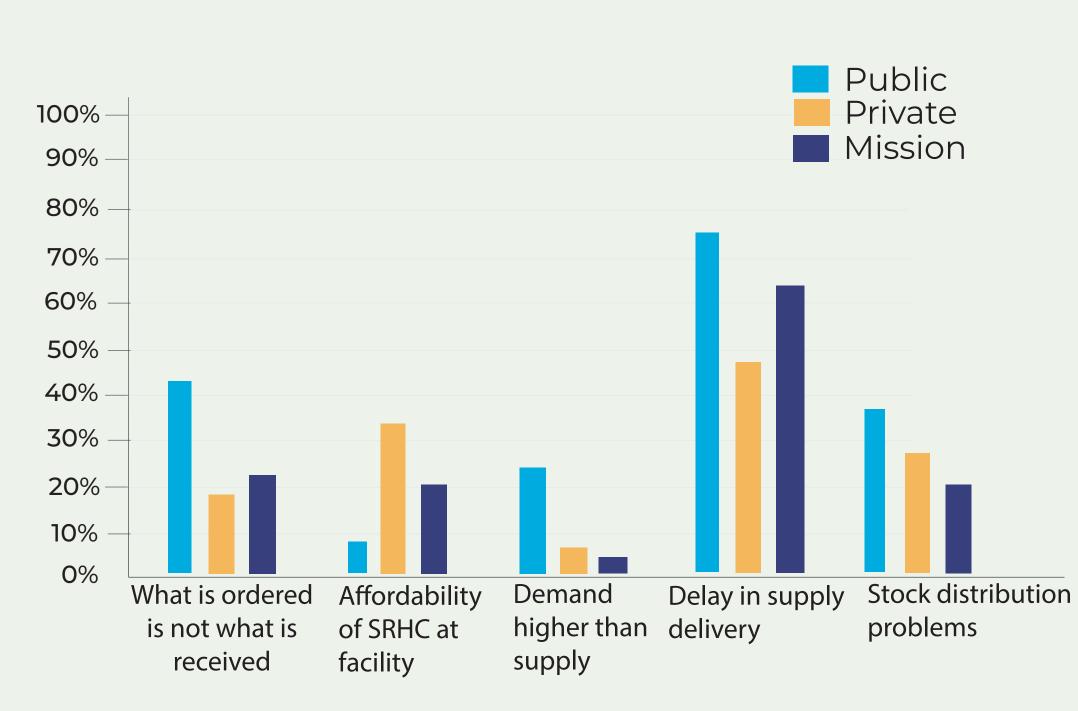


CHALLENGES



CAUSES OF STOCKOUTS AT FACILITY

Contraceptives



IMPROVE SUPPLY CHAIN

Counties to ensure adequate ordering of health commodities for their populations to guarantee communities can access medicine when needed without undue inconvenience



TRAINING OF HEALTHCARE PROVIDERS

Need for more training of healthcare providers on quantification and stock management. Follow-up training on provision of SRH services and commodities to the health workforce

STISMA

CURB STIGMATIZATION ON ACCESS TO HEALTHCARE

Healthcare providers to be trained on customer care to treat patients fairly and with respect



IMPROVE GENERAL INFRASTRUCTURE

To ensure access to SRH and other health services at all times by improving road network and strengthening the community strategy



COMMUNITY SENSITIZATION

Need to educate communities on access and use of SRH commodities, to demystify myths and superstitions on perceived side-effects of using contraceptives



YOUTH-FRIENDLY CENTRES

Intergrate functional youth friendly corners in existing public health facilities and eliminate barriers to accessing SRH services and commodities



MALE PARTNER INVOLVEMENT

Male partners to be involved in access to, provision of and education around use of contraceptives and in maternal and newborn health. Testing for STIs and adhering to treatment regimes



REVIEW OF HEALTH PROGRAMS

Review or intergrate newborn, child and maternal health programs both at national and county levels, to give a clearer picture of their effectiveness and impact on MCH

