

POLICY BRIEF

SEXUAL AND REPRODUCTIVE HEALTH COMMODITIES(SRHC) IN MANDERA COUNTY AVAILABILITY, STOCKOUTS AND AFFORDABILITY 2022 & 2025

INTRODUCTION

Sexual and Reproductive Health (SRH) is defined as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. This right extends to all individuals—men, women, and adolescents—ensuring they can lead healthy lives and make informed decisions about their bodies. However, achieving optimal SRH outcomes is contingent upon more than just clinical care; it requires a robust ecosystem of Sexual and Reproductive Health and Rights (SRHR). This includes universal access to accurate information, services and commodities.

Globally, preventable causes related to pregnancy, childbirth, and STIs continue to claim millions of lives each year, with Sub-Saharan Africa bearing a disproportionate burden. In Kenya, although progress has been made, maternal mortality remains high at 355 deaths per 100,000 live births. Mandera County, characterised by vast geography, nomadic populations, fragile infrastructure and high poverty levels, continues to lag behind on key SRH indicators.

This policy brief presents key evidence from a baseline 2022 and endline 2025 assessment of **50 SRH commodity** availability, stockouts, and affordability in Mandera County recommending policy advocacy interventions to safeguard and strengthen access to essential SRH services.



OBJECTIVES

- To Identify trends and gaps in commodity access over time
- To inform county-level planning, budgeting, and supply chain decision-making
- To support evidence-based policy actions to improve SRH outcomes for women and adolescents.

METHODOLOGY

Study Design and Ethical Oversight : This assessment was conducted by Access to Medicines Platform in collaboration with Health Action International under the SHARP project, funded by the European Union. The study received ethical clearance from the AMREF Ethics and Scientific Review Committee and was licensed by the National Commission for Science, Technology, and Innovation (NACOSTI).

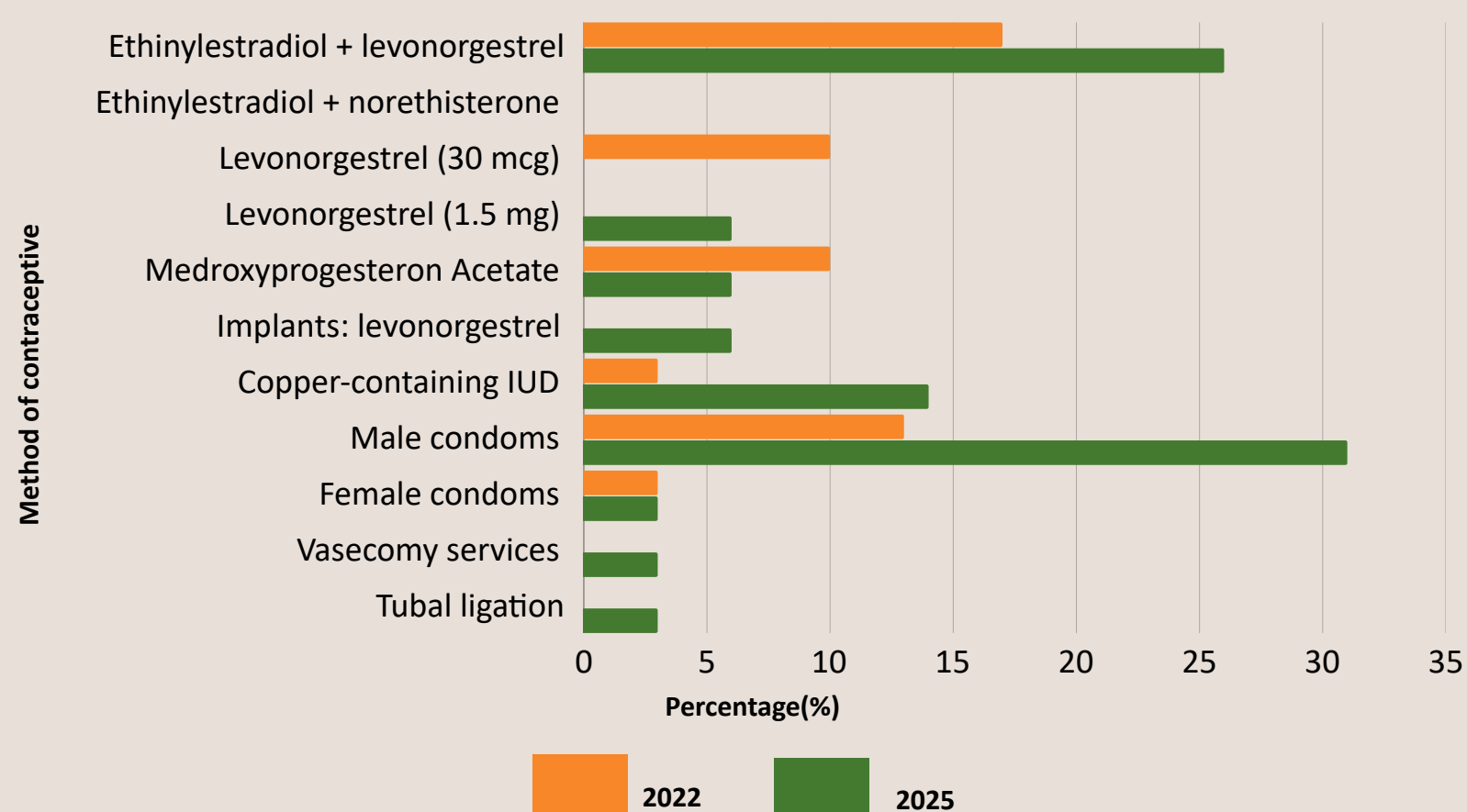
Analytical Framework: The research employed an adapted WHO/HAI methodology to evaluate the supply chain performance of 50 essential Sexual and Reproductive Health (SRH) commodities. These included family planning methods, maternal health medicines, STI treatments, HIV commodities, menstrual products, and diagnostic tests.

Sampling and Data Collection: Data were collected across public, private, and faith-based sectors in Mandera County, ensuring representation from both urban and rural settings. The sample included **29 facilities in 2022 and 28 in 2025**, spanning various levels of care from primary dispensaries to secondary referral hospitals.

Key Performance Indicators (KPIs):To provide a comprehensive view of the landscape, the study measured three primary pillars:

- Availability**: Physical presence of a commodity on the day of the survey.
- Stockouts**: A retrospective 12-month review of stock cards and records to determine the frequency and duration of supply interruptions.
- Affordability**: Benchmarked against the national rural poverty line—**KES 3,947 (2022) and KES 4,358 (2025)**. A commodity was deemed unaffordable if its cost exceeded a single day's income for an individual at the poverty line.

RESULTS/FINDINGS



FAMILY PLANNING COMMODITIES

- Overall availability of modern family planning commodities remained critically low in both 2022 and 2025.
- Long-acting reversible contraceptives (implants and IUDs) were largely unavailable in public facilities, forcing reliance on the private sector. Permanent methods (tubal ligation and vasectomy) were virtually non-existent across all sectors.
- Stockouts of family planning commodities were frequent and prolonged, particularly in public facilities.
- While public-sector family planning commodities were free, private-sector prices were high, with some methods costing the equivalent of up to 21 days of income.
- In 2022, the most widely available FP commodity was the combined oral contraceptive pill ethinylestradiol + levonorgestrel, which was available in **17%** of surveyed health facilities. By 2025, its availability had increased to **25.7%**.
- Ethinylestradiol + levonorgestrel and ethinylestradiol + norethisterone experienced stockouts at facilities that lasted for **20 days** and **25 days** respectively.

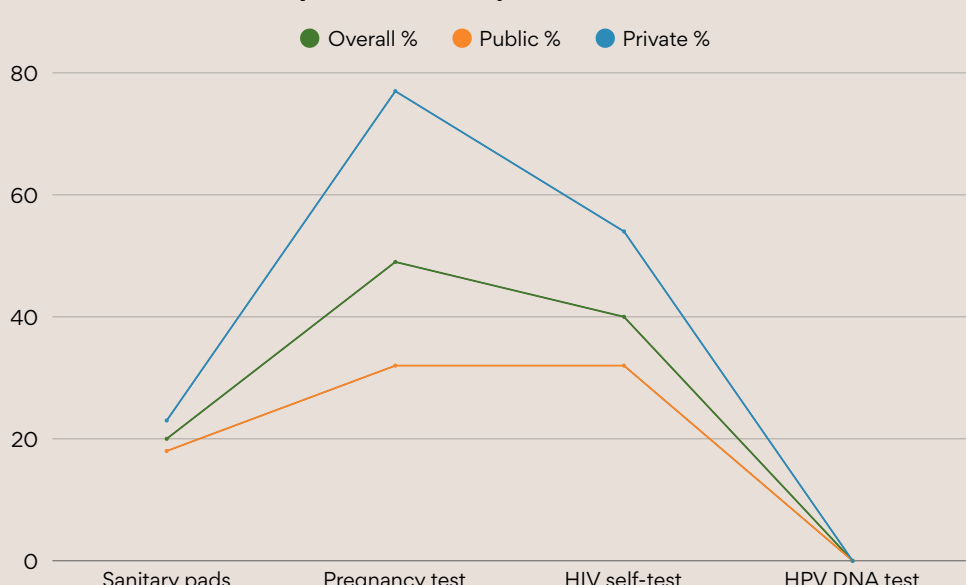
MATERNAL HEALTH COMMODITIES

- Availability of life-saving maternal health commodities declined between 2022 and 2025.
- A limited number of commodities met or exceeded the 80% availability threshold within specific sectors, namely methyldopa and carbetocin in public facilities (both at **100%**), and tranexamic acid in private facilities (**84.6%**).
- Key commodities such as methyldopa, tranexamic acid, and magnesium sulphate experienced prolonged stockouts, lasting up to 32 days or more in some facilities with only methyldopa achieving the WHO 80% availability benchmark across sectors in 2025.
- Introduction of user fees for some maternal health commodities in public facilities further reduced affordability. High private-sector prices increased the risk of delayed or unsafe care for pregnant women.
- The most unaffordable maternal health commodity were magnesium sulphate and methyldopa at **12.60 days** and misoprostol at **3.50 days**.

Table: Availability of maternal health commodities in 2022 and 2025, per sectors

	Overall (%)		Public (%)		Private (%)	
	2022	2025	2022	2025	2022	2025
Oxytocin	20.0	45.7	13.6	31.8	37.5	69.2
Misoprostol	3.3	28.6	4.5	13.6	0.0	53.8
Carbetocin ^a	0.0	30.0	0.0	100.0	-	22.2
Tranexamic acid	6.7	51.4	4.5	31.8	12.5	84.6
(methyl)ergometrine ^a	0.0	0.0	0.0	0.0	-	0.0
Mifepristone - misoprostol ^a	0.0	0.0	0.0	0.0	-	0.0
Magnesium sulphate	3.3	34.3	4.5	27.3	0.0	46.2
Calcium gluconate	0.0	29.6	0.0	18.8	-	45.5
Ferrous salt	0.0	2.9	0.0	0.0	0.0	7.7
Folic acid	0.0	22.9	0.0	4.5	0.0	53.8
Ferrous salt + folic acid	16.7	40.0	18.2	31.8	12.5	53.8
Dexamethasone	0.0	40.7	0.0	18.8	-	72.7

Availability of menstrual products and tests 2025



MENSTRUAL PRODUCTS AND TESTS

- Overall, availability of most menstrual products and tests increased between 2022 and 2025, with availability of sanitary pads increasing from **3.3%** to **20%**, pregnancy tests increasing from **20%** to **48.6%** and HIV self-tests from **10%** to **40%**.
- In 2025, only **18.2%** of public facilities had sanitary pads available on the day of survey. Stockouts of sanitary pads increased in both frequency and duration at endline, reflecting the withdrawal of external support and lack of county budget allocation.
- In the public sector availability of sanitary pads and pregnancy tests increased noticeably from **4.5%** to **18.2%** and **31.8%** respectively
- Sanitary pads and HIV self-tests in the private sector were unaffordable, costing the equivalent of **7.35 days** and **4.20 days'** worth of income, respectively.
- HIV self-test availability improved between 2022 and 2025, particularly in faith-based facilities, though affordability remained a challenge in the private sector.

STI'S TREATMENT

- Overall, none of the commodities for the treatment of STIs met the WHO availability threshold of **80%** in the public sector. The biggest increase overall was for clotrimazole from **6.7%** in 2022 to **45.7%** in 2025.
- In the public sector, clotrimazole, ceftriaxone, and doxycycline showed the largest increases in availability, each rising from **9.1%** to **31.8%** between 2022 and 2025.
- A number of commodities in the private sector, namely amoxicillin (**84.6%**), ceftriaxone (**84.6%**) and metronidazole (**100%**) had availability above the 80% WHO availability threshold and had all increased significantly from 2022.
- Availability of first-line STI treatment medicines (metronidazole, amoxicillin, clotrimazole) remained relatively stable and met WHO benchmarks in some sectors.
- Availability of benzathine penicillin for syphilis treatment declined, posing risks for maternal and neonatal outcomes.

HIV COMMODITIES

- Availability of HIV commodities remained low in 2025, despite slight improvements compared to 2022.
- Availability of PrEP and key ART regimens increased marginally in public facilities. However, three essential HIV regimens were completely unavailable at endline.
- Stockouts of PrEP occurred in nearly one-third of public facilities, lasting an average of **81 days**, threatening continuity of prevention and treatment services.

Table: Stockouts of STI treatment commodities at health facilities and average number of stockout days per stockout in 2022 and 2025, per sector.

	Public			Private		
	HFs with stock card 2022/2025 (#)	HFs with a stockout (%)	Average # of stockout days	HFs with stock card 2022/2025 (#)	HFs with a stockout (%)	Average # of stockout days
	2025			2025		
Metronidazole	7	0.0	0	8	12.5	20
Clotrimazole	7	0.0	0	8	0.0	0
Benzathine benzylpenicillin	2	0.0	0	0	NA	ND
Amoxicillin	7	0.0	0	9	22.2	18
Acyclovir	1	0.0	0	3	0.0	0
Azithromycin	3	0.0	0	7	0.0	0
Ceftriaxone	6	16.7	12	10	10.0	9
Doxycycline	6	0.0	0	5	0.0	0
Cefixime	0	ND	ND	4	25.0	15

SUMMARY:TRENDS AT A GLANCE

Commodity Area	Availability Trend	Stockout Trend	Affordability Trend	What Changed Between 2022 and 2025
Family Planning	↓ Persistently low	↑ Increased (prolonged)	↓ Worsened in private sector	LARCs and permanent methods remained scarce; private-sector prices increased
Maternal Health	↓ Declined	↑ Severe and prolonged	↓ Worsened	Stockouts of life-saving medicines persisted; user fees introduced
Menstrual Health Products	↓ Declined from already low baseline	↑ Increased	↓ Worsened	Donor-supported supplies reduced or ceased; no routine county procurement or budget allocation
HIV Commodities	↑ Slight improvement	↑ Emerging stockouts	■ Stable in public sector	Donor transition exposed supply chain vulnerabilities
STI Treatment	■ Relatively stable	↑ Increased in public sector	↓ Worsened in private sector	Decline in syphilis treatment availability

POLICY RECOMMENDATIONS

Sustainable Financing & Policy Environment

- Leverage the "Facility Improvement Financing" (FIF) Act:** The Assembly must strengthen the FIF Act to allow health facilities to retain 100% of their revenue. This "ring-fences" money specifically for restocking the 50 essential SRH commodities among other essential commodities.
- Institutionalize "Last-Mile" Successes:** Budget for the establishment of climate-controlled satellite stores at the Sub-County level. This reduces the "lead time" for restocking rural dispensaries from weeks to 48 hours.
- Domestic Resource Mobilization for SRH:** Leverage on reimbursements from PHC fund for health centers and dispensaries to allocate a % for commodities security. This can be actualized by mass SHA strengthening and registration and inclusion of health facilities in the system.
- Strengthen Legislative Oversight on Stockouts:** The County Assembly Health Committee should require monthly "Stock-on-Hand" reports for the 13 priority SRH commodities to ensure accountability and rapid restocking.
- Eradicate HIV Commodity "Blind Spots":** Mandate an immediate audit of the HIV supply chain to restore the three "completely unavailable" regimens. HIV/AIDS commodities must be prioritized in the 2026/2027 Programme Based Budget.

Strengthening Supply Chain Systems & Commodity Security

- Regulate Menstrual Product Affordability** by expanding the public distribution of free sanitary pads to reach more than the current 18.2% of facilities to prevent school dropouts and "period poverty". This could be through the FIF financing or legislative proposals to ringfence funds for Menstrual Hygiene Management.
- Public Sector FP Access:** The County Assembly should allocate funds to match private sector availability of implants and IUDs in public dispensaries to ensure the poor are not forced to pay 21 days' wages for basic rights.
- County Health Management Team** to lead in the development and implementation of a costed county strategy for ending the triple threat. This will improve policy framework that mainstream SRHR for adolescents and young people in the county.

Equity, Access & Rights-Based SRH Service Delivery

- Improve service delivery systems for SRH** by identifying gaps that might hinder availability and access, the CHMT should integrate supportive supervision for SRH commodities and services into their routine supportive supervision exercises. Integration of regular commodity assessments into supportive supervision visits to ensure proper commodity management practices can limit wastage and stock-outs.
- Integration of Social Accountability Framework:** The CHMT should adopt a transparent, citizen-centered approach to SRH management to build public trust and improve service delivery.
- Transparency & Reporting:** Establish clear mechanisms for reporting on commodity performance, stock management and stock availability in all public health facilities.
- Civic Engagement:** Foster meaningful public participation by involving community members and civil society in decision-making processes regarding SRH priorities and budget allocations and enhancing the community score card approach to improve service delivery.