POLICY BRIEF

SEXUAL AND REPRODUCTIVE HEALTH COMMODITIES(SRHC) IN MARSABIT 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 STIscontinue 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. Marsabit County, characterised by vast geography,nomadic populations, fragile infrastructure and high poverty levels, continues to lag behind on key SRH indicators.

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

OBJECTIVES

1. To Identify trends and gaps in commodity access over time
2. To inform county-level planning, budgeting, and supply chain decision-making
3. 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.

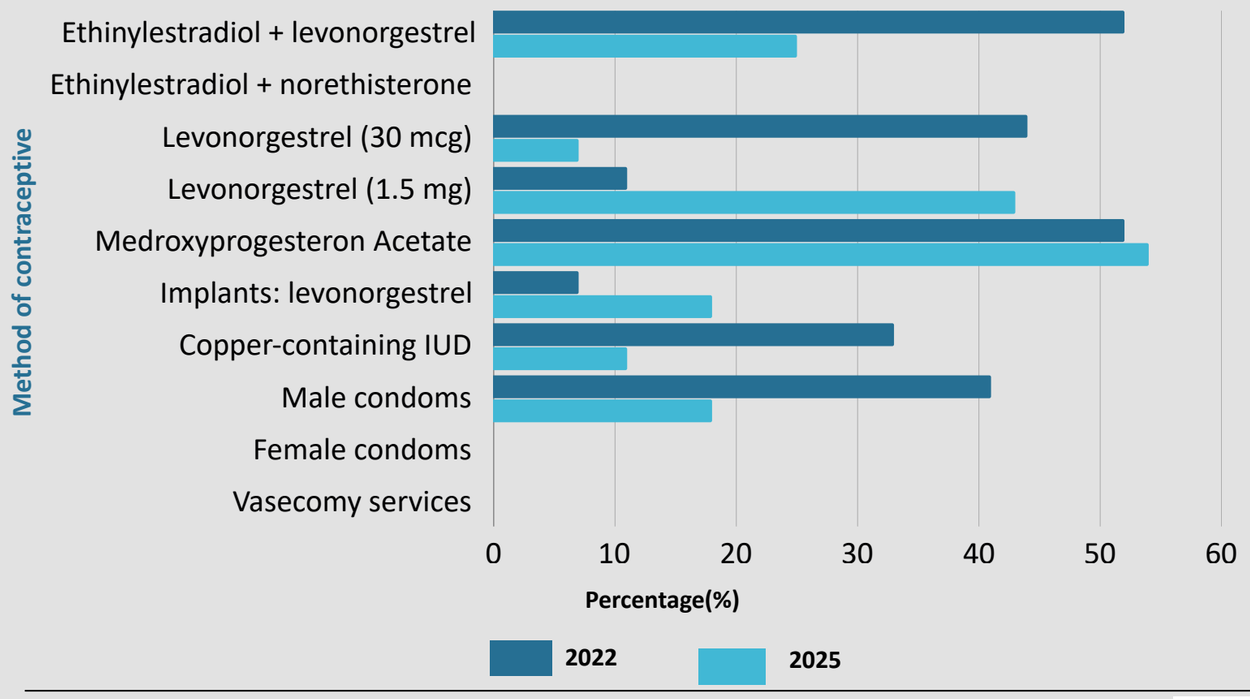
Sampling and Data Collection Data were collected across public, private, and faith-based sectors in Marsabit County, ensuring representation from both urban and rural settings. The sample included **29 facilities** in **2022** and **28** in **2025,** spanning various levels of care from primary dispensaries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

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

- **Availability**: Defined as the 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)**.

RESULTS/FINDINGS

Overall availability of family planning commodities



FAMILY PLANNING COMMODITIES

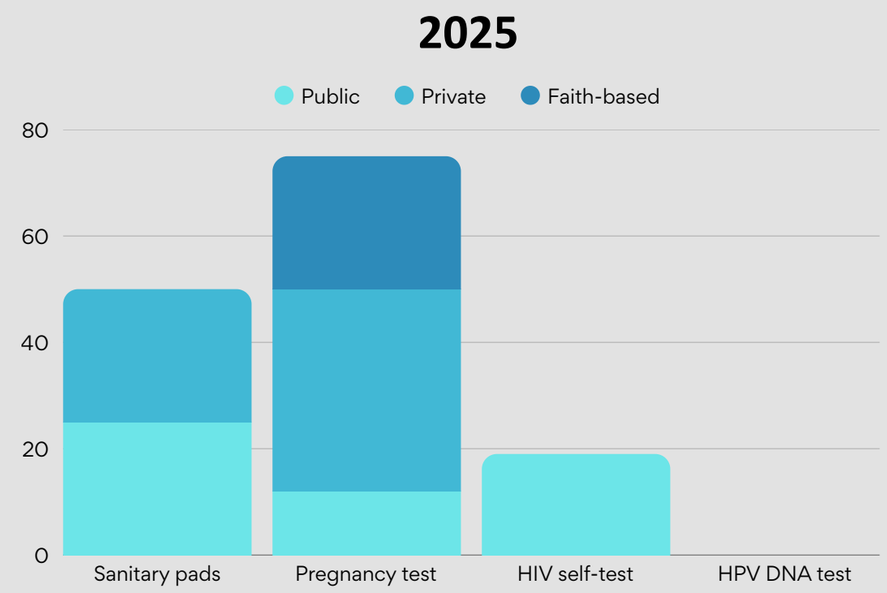
- Overall availability declined for more than half of family planning commodities between 2022 and 2025.
- In 2025, medroxyprogesterone acetate was the most available method (about 50%), while implants, IUDs, and emergency contraception remained scarce.
- Etonogestrel implants, once available in over 80% of public facilities in 2022, dropped sharply to 12.5% in 2025.
- Stockouts intensified: etonogestrel implants and levonorgestrel-releasing IUDs were stocked out in 100% of public facilities, with shortages lasting up to 64 days.
- Private-sector prices increased sharply, rendering IUDs equivalent to nearly 35 days of income.
- Ethinylestradiol + norethisterone, levonorgestrel 30mcg, levonorgestrel and etonogestrel implants, female condoms, as well as vasectomy and tubal ligation services were unavailable at all private facilities.
- In the private sector, almost all commodities saw an increase in price in 2025 compared to 2022, with only male condoms still being considered affordable (equivalent to 0.23 days)

MATERNAL HEALTH COMMODITIES

- Availability of oxytocin dropped from **51.9%** in 2022 to **14.3%** in 2025.
- Misoprostol availability increased modestly, from **11.1%** in 2022 to **32.1%** in 2025
- Magnesium sulphate, calcium gluconate, and antihypertensives were scarcely available across all sectors.
- Stockouts worsened significantly: misoprostol, calcium gluconate, folic acid, and ferrous salts experienced stockouts in **100%** of public facilities, some lasting over **200 days.**
- In the private sector, essential maternal medicines such as misoprostol and tranexamic acid were unaffordable, costing up to **seven days** of income.
- Carbetocin, ergometrine and mifepristone – misoprostol remained unavailable, and magnesium sulphate was available at even fewer health facilities (**7.1%)**.
- In both 2022 and 2025, all maternal health commodities for which price data was available were free in the public sector

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

	Overall (%)		Public (%)		Private (%)		Faith-based (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
Oxytocin	51.9	14.3	61.5	12.5	37.5	12.5	50.0	25.0
Misoprostol	11.1	32.1	0.0	18.8	25.0	62.5	16.7	25.0
Carbetocin [a]	0.0	0.0	0.0	0.0	0.0	0.0	-	-
Tranexamic acid	22.2	17.9	0.0	12.5	50.0	37.5	33.3	0.0
(methyl)ergometrine[a]	0.0	0.0	0.0	0.0	0.0	0.0	-	-
Mifepristone - misoprostol[a]	0.0	0.0	0.0	0.0	0.0	0.0	-	-
Magnesium sulphate	11.1	7.1	15.4	6.3	0.0	0.0	16.7	25.0
Calcium gluconate	8.3	0.0	14.3	0.0	0.0	0.0	0.0	-
Ferrous salt	3.7	7.1	7.7	6.3	0.0	12.5	0.0	0.0
Folic acid	22.2	10.7	7.7	6.3	50.0	25.0	16.7	0.0
Ferrous salt + folic acid	63.0	42.9	84.6	31.3	12.5	62.5	83.3	50.0
Dexamethasone	16.7	16.7	0.0	14.3	25.0	20.0	100.0	-
Methyldopa[a]	50.0	20.0	100.0	50.0	33.3	0.0	-	-



MENSTRUAL PRODUCTS AND TESTS

- Availability of sanitary pads in public facilities declined to 25% in 2025.
- Pregnancy test availability improved modestly, while HIV self-tests increased from 27.6% to 53.6% overall.
- HPV DNA tests remained unavailable across all sectors.
- In the private sector, sanitary pads and HIV self-tests became unaffordable, costing up to two days of income.

HIV COMMODITIES

- Availability of most HIV commodities declined between 2022 and 2025.
- Only dolutegravir + lamivudine + tenofovir reached modest availability **(37.5%)** in public facilities.
- PrEP availability dropped to **below 5%** overall.
- Stockout data, though limited, showed prolonged shortages for first-line regimens.

All HIV commodities remained free in public and faith-based facilities.

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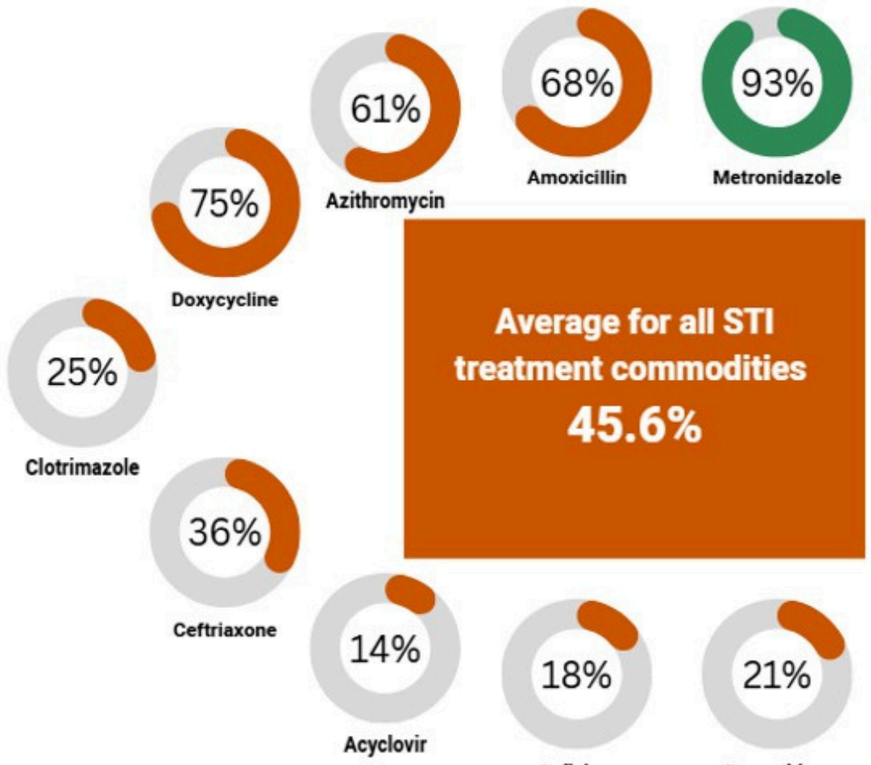
STI'S TREATMENT

- Metronidazole consistently met the WHO **80% availability** benchmark.
- Other critical antibiotics (amoxicillin, ceftriaxone, doxycycline) showed fluctuating availability and worsening stockouts.
- In 2025, amoxicillin stockouts affected **80%** of public facilities, lasting an average of **216 days**.
- Faith-based facilities experienced universal stockouts for several antibiotics.
- While public-sector commodities were free, affordability challenges persisted in private and faith-based facilities for azithromycin, doxycycline, and clotrimazole.
  STI treatment commodities showed relative improvement compared to FP and maternal health.
- First-line antibiotics (metronidazole, amoxicillin, clotrimazole) met WHO availability thresholds across sectors. However, syphilis treatment (benzathine penicillin) availability declined.
- Public facilities experienced frequent and prolonged stockouts of key STI medicines. Stockouts lasted up to **7 months**, undermining syndromic STI management.
- In 2025, **4 out of 9** STI treatment commodities had an **80%** or higher availability.
- The private sector had a **100%** availability for azithromycin and ceftriaxone, and an **87.5%** availability for doxycycline.



SUMMARY:TRENDS AT A GLANCE

Commodity Area	Availability Trend	Stockout Trend	Affordability Trend	What Changed Between 2022 and 2025
Family Planning	⬇ Declined	⬆ Increased and prolonged	⬇ Worsened in private sector	Sharp reduction in availability of implants and IUDs; etonogestrel implants dropped from >80% to 12.5% in public facilities; private-sector prices rose significantly
Maternal Health	⬇ Severely declined	⬆ Severe and widespread	⬇ Worsened (user fees introduced)	Oxytocin availability fell from 51.9% to 14.3%; key commodities experienced stockouts in 100% of public facilities, some lasting over 200 days
Menstrual Health Products	⬇ Persistently low	⬆ Frequent	⬇ Worsened	Donor-supported supplies reduced or ceased; no routine county procurement or budget allocation
HIV Commodities	⬇ Declined	⬆ Emerging stockouts	— Stable in public sector	ART and PrEP availability declined; PrEP fell below 5% overall, signalling vulnerability as donor support wanes
STI Treatment	— Mixed	⬆ Increased instability	⬇ Worsened in private sector	While metronidazole remained widely available, other antibiotics showed fluctuating availability and prolonged stockouts

POLICY RECOMMENDATIONS: SECURING SRH COMMODITY ACCESS IN MARSABIT

1. Supply Chain Resilience: Decentralizing for the "Last Mile"

To eliminate catastrophic stockouts—such as the 200-day shortages of essential antibiotics—the current supply model must evolve from a centralized "push" to a localized "pull" system.

- ☑ CHMT to establish Sub-County Logistics Hubs: KEMSA and the County Health Management Team (CHMT) should move inventory closer to rural facilities to shorten lead times.
- ☑ CHMT to operationalize Health Products and Technologies Units (HPTUs): Fully fund and staff HPTUs to provide real-time digital monitoring of stock levels.
- ☑ CHMT to roll out adaptive Outreach for Nomadic Communities: Integrate the full package of 49 essential SRH commodities into mobile outreach clinics to ensure "last-mile" delivery to hard-to-reach populations.

2. Financial Protection: Ring-fencing & Subsidies

With rural poverty lines as low as KSh 4,358, any out-of-pocket cost for SRH is a barrier to life-saving care.

- ☑ County Assembly to ring-fence SRH Budgets: Mandate that SRH funds within County Integrated Development Plans (CIDPs) are protected from reallocation during environmental emergencies (droughts/floods).
- ☑ National and County level policy directive to zero-rate and subsidize all SRH commodities in public facilities remain free at the point of use, fully subsidized through the Social Health Authority (SHA).
- ☑ CEC for Health to launch an emergency Maternal Health RRI: Launch a Rapid Response Initiative to address the critical 14% availability of Oxytocin, treating this shortage as a public health emergency to lower the maternal mortality rate.
- ☑ Counties should implement Financial Tracking Systems to ensure that funds allocated for SRH are "ring-fenced." With rural poverty at KSh 4,358 per month, commodities in public facilities must remain zero-rated or fully subsidized through the Primary Healthcare Fund (Social Health Authority).

3. Integrated Health Strategy: Addressing the "Triple Threat"

Kenya's "Triple Threat" (teenage pregnancy, HIV, and GBV) requires a harmonized commodity strategy rather than siloed interventions.

- ☑ CHMT/SC-HMT to harmonise the delivery of HIV, STI, and pregnancy prevention commodities to address Kenya's "Triple Threat" (teenage pregnancy, new HIV infections, and gender-based violence). Procurement should prioritise dual-protection technologies (like condoms) and self-test kits (HIV and pregnancy) as standard entry points in every primary care visit
- ☑ CHMT to develop a costed Action Plan: Develop a multi-level costed plan that specifically targets the 34% unmet need among adolescents.

4. Governance & Social Accountability

Transparency and community oversight are the primary safeguards against systemic inefficiency.

- ☑ The CHMT to institutionalize Oversight: Formally budget for and convene quarterly SRH Commodity Security Technical Working Groups (TWGs) to identify distribution gaps.
- ☑ Facilities to implement Citizen-Centered Reporting: Implement "Community Score Cards" and public-facing dashboards to allow citizens to report on stock availability, fostering a feedback loop of accountability. This will foster meaningful civic engagement/public participation by involving community members and civil society in decision-making processes regarding SRH priorities and budget allocations
- ☑ The county Resource Mobilization and partnerships directorate to actively facilitate strategic public-private partnerships and inter-agency collaborations to harmonise resource allocation, prevent duplication of effort, and leverage external expertise for supply chain efficiency.

5. Cultural Diplomacy: Engaging Traditional Frameworks

In ASAL regions, supply is only effective if there is a corresponding demand, which is often hindered by cultural stigma:

- ☑ Proviide specific training for religious leaders Marsabit on the "birth spacing" concept in Islam and Christianity, framing SRH commodities as tools for maternal and child survival rather than just "population control."

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