

SRHC: Availability, Affordability and Stockouts- Kenya 2019

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The constitution of Kenya 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 realisation of the right to health, significant gaps still exist. For this reason, we collected data in ten counties for the third year to generate reliable information on the price, availability and affordability of select Sexual and Reproductive Health Commodities (SRHC) in Kenya's public, private and mission health sectors.

The commodities included in this report are male and female contraceptives, medicines for the prevention and management of postpartum haemorrhage, management of pre-eclampsia and eclampsia, treatment for pregnancy-induced hypertension, treatment for maternal syphilis, antibiotics for maternal and neonatal sepsis and pneumonia, anti-anaemia medicines, medicines for diarrhoea and candidiasis, cord care antiseptic, and a range of equipment for anaesthesia, surgery and safe delivery.

This report is the third in a series of surveys undertaken from 2017 to 2019 in select counties by Health Action International (HAI) and [Medicines Transparency Alliance \(MeTA\)](#) Kenya. The data collection for the survey for 2019 was undertaken in July 2019, and provides findings and recommendations to the following research questions:

- What price do people pay for Sexual and Reproductive Health Commodities and services in Kenya?
- Do the prices and availability of the Sexual and Reproductive Health Commodities in Kenya vary across the public, private and mission sectors?
- How affordable are the Sexual and Reproductive Health Commodities for individuals?
- What do healthcare providers see as the main barriers to accessing Sexual and Reproductive Health Commodities?
- What recommendations are the health providers giving to improve access to these commodities?

This report should be used to highlight potential areas for intervention to improve access to SRHC and monitor changes to access over time in the country and counties of study.