

# SRH Commodities in Isiolo County, 2022-2025

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Kenya continues to face significant hurdles in the equitable provision of sexual and reproductive health (SRH) services and commodities. While the national maternal mortality rate has seen a gradual decline, it remains high at 355 per 100,000 live births. Nationally, the uptake of modern contraceptives stands at 57% among currently married women and 59% for sexually active unmarried women aged 15–49. However, these national averages mask severe regional disparities; in Mandera, modern contraceptive use is critically low at just 1.8%, with similarly low rates in Marsabit (5.6%) and Isiolo (28.7%). In these counties, the unmet need for family planning remains a major crisis, reaching as high as 37.6%. Furthermore, among sexually active unmarried adolescents (15–19 years), the unmet need for family planning is estimated at 26% to 34%, highlighting a significant gap in youth-friendly services (KDHS, 2022).

This research therefore studied the availability, affordability and stockouts of 50 SRH commodities used for family planning, maternal healthcare, treatment of STIs, treatment of HIV/AIDS, in addition to several test kits and menstrual products, in Isiolo, Marsabit and Mandera counties in Kenya. By providing a comprehensive overview of the commodity landscape in these underserved regions, this study generates the evidence required to develop targeted policies that improve health outcomes for women and adolescents in Kenya’s most vulnerable counties. [This report](#) specifically focuses results in **Isiolo County**.

## What we found

The evidence from 2022 to 2025 described below indicates a significant deterioration in the availability of essential SRH commodities in Isiolo County. While some sectors show marginal gains, the public sector—which serves the most vulnerable—is plagued by chronic stockouts lasting up to eight months, alongside new user fees for maternal health services. This finding highlights a critical breakdown in the healthcare safety net in Isiolo County, directly correlating with the systemic shifts caused by the [USAID Stop Work Order](#) and the subsequent transition for domestic resource mobilisation to ensure commodity security. Because USAID historically bridged the gap for high-cost SRH commodities (contraceptives, maternal health kits), their absence created a vacuum that the public sector has failed to fill. The lengthy stockouts observed suggest a total collapse of the “last-mile” delivery system rather than a temporary delay.

The trends identified place Isiolo County’s progress toward the Sustainable

Development Goals (SDGs) on maternal and reproductive health at serious risk. Without urgent action to stabilise the SRH supply chain and eliminate financial barriers to care, the county risks reversing hard-won health gains achieved in previous years.

Learn more about SRH Commodities in Isiolo County by [downloading the full report \(PDF\)](#)