

POLICY BRIEF - KISUMU COUNTY 2017 - 2019

SEXUAL AND REPRODUCTIVE HEALTH COMMODITIES: AVAILABILITY, STOCKOUTS, AND AFFORDABILITY



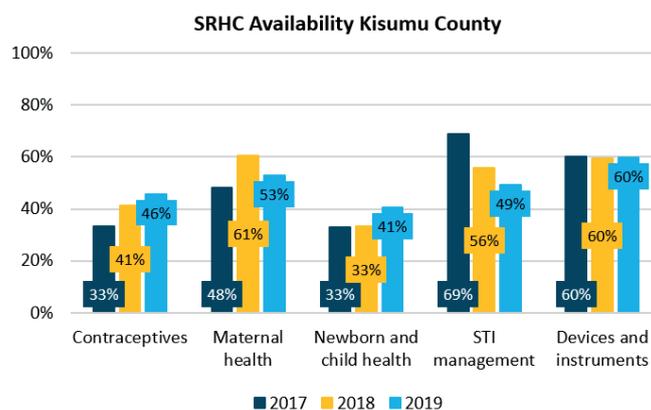
INTRODUCTION

The constitution of Kenya, under Article 43 (1) (a), provides that every person has the right to the highest attainable standard of health, which includes the right to health services, including reproductive health. Although there has been progress in the realisation of the right to health, significant gaps still exist. For this reason, Access to Medicines Platform Kenya and Health Action International (HAI) collected data in 10 counties, including Kisumu County from 2017 to 2019 on the availability, affordability, and stockouts of sexual and reproductive health commodities (SRHC) in public, private and mission sector facilities. In Kisumu, 22 to 23 facilities were surveyed each year across the three sectors from different facilities.

METHODOLOGY

The methodology used for data collection was the HAI research methodology, *Sexual Reproductive Health Commodities (SRHC): Measuring prices, stock outs, availability and affordability*, in Kenya from 2017 to 2019. Please refer to the HAI SRHC

data collection manual (2017) for all details on the methodology.¹ The research collected information on availability, stockouts and out-of-pocket patient prices of over 50 essential SRHC in the public, private, and mission sectors. Stockouts were measured in 2018 and 2019 for a period of six months and recorded as seen on stock cards or stock-taking databases, whereas affordability was measured using the patient prices, treatment regimens and daily salary of the lowest paid government worker (LPGW), which was 425.0 Kenyan shillings (KSH) in 2017, and 446.2 KSH in 2018 and 2019.



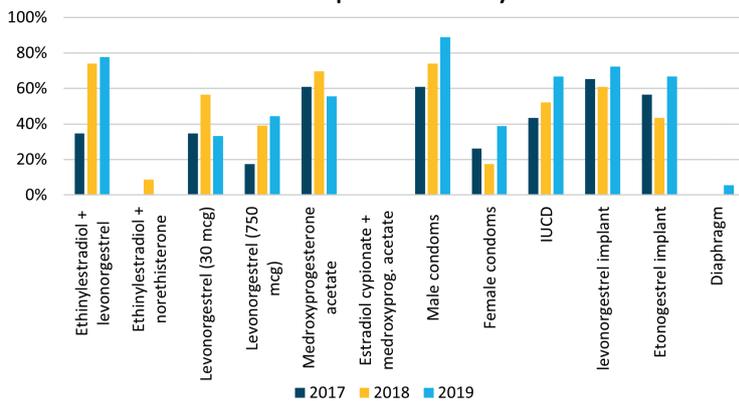
KEY FINDINGS

Please refer to *Sexual and Reproductive Health Commodities: Availability, Affordability and Stockouts. Kenya 2019* for statistics on the situation across counties in Kenya.²

Availability

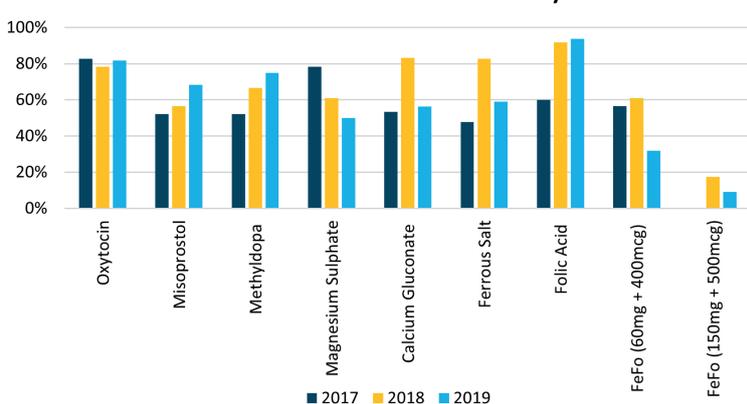
- Availability of contraceptives was 33% in 2017, and 46% in 2019. The most commonly available contraceptives in 2019 were male condoms (89%) and ethinylestradiol + levonorgestrel, which is the birth control pill (78%).

Contraceptives availability: 2017-2019



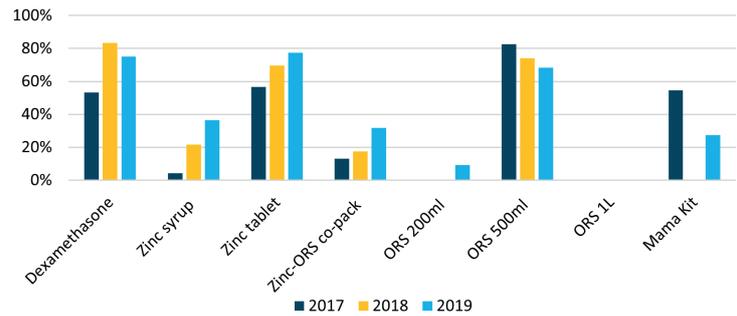
- The availability of maternal health commodities we measured increased from 48% in 2017 to 61% in 2018, and then decreased again to 53% in 2019. Availability of oxytocin remained stable, misoprostol increased, while magnesium sulphate decreased.

Maternal health commodities availability: 2017-2019



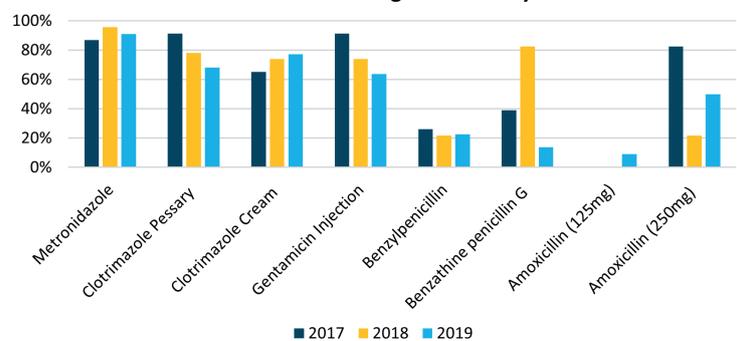
- Availability of newborn and child health commodities was 33% in 2017 and 2018 and 41% in 2019. Availability of zinc and dexamethasone increased from 2017 to 2019, while availability of ORS and mama kits decreased.

Newborn & child health commodities availability: 2017-2019



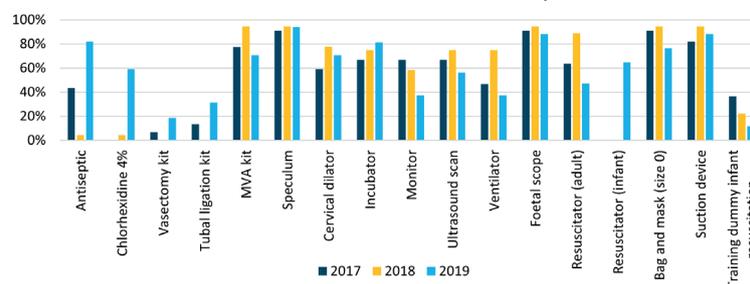
- Availability of antibiotics and antifungals for the treatment of sexually transmitted infections saw the biggest drop: availability decreased from 69% in 2017 to 49% in 2019. Only availability of metronidazole and clotrimazole cream increased slightly from 2017 to 2019.

Antibiotics and antifungal availability: 2017-2019



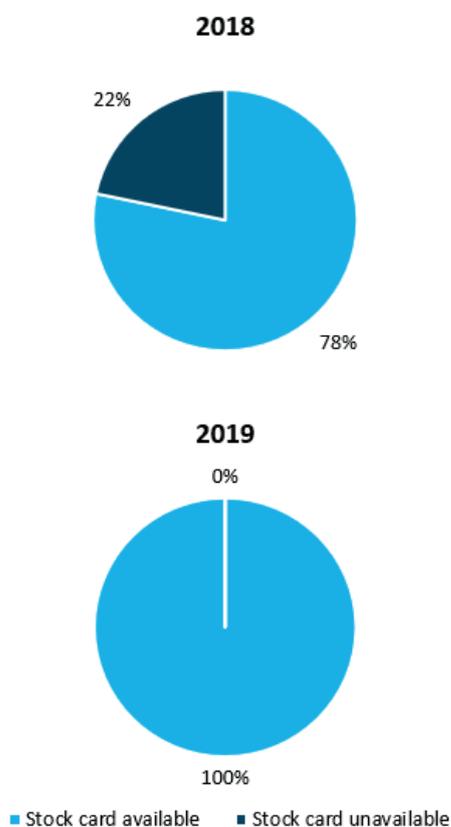
- Overall availability of medical devices and instruments for SRH measured was constant across the years. There were some changes in availability of specific commodities, such as an increase in availability of the tubal ligation kit and chlorhexidine 4%, or the decrease in availability of a bag and mask.

Medical devices and instruments availability: 2017-2019



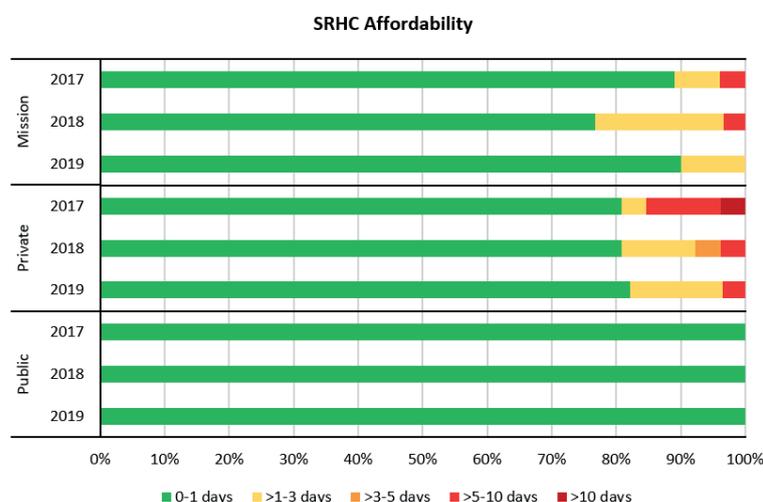
Stockouts

- Eighteen of 23 facilities had kept track of their facilities' stock through stock cards in 2018. Stockouts of SRHC were reported by on average 3.4% of facilities in the six-month period, with the stock-out lasting on average two weeks.
- All 22 facilities surveyed in 2019 had kept track of their facilities' stock through stock cards. Stockouts of SRHC seemed to have increased from 2018 to 2019, as stockouts of SRHC were reported on average by 10.4% of facilities. Stockouts were most common for the emergency contraceptive (33%), ferrous salt: folic acid (30%), benzylpenicillin (29%) and levonorgestrel 30mcg (birth control pill) (29%).



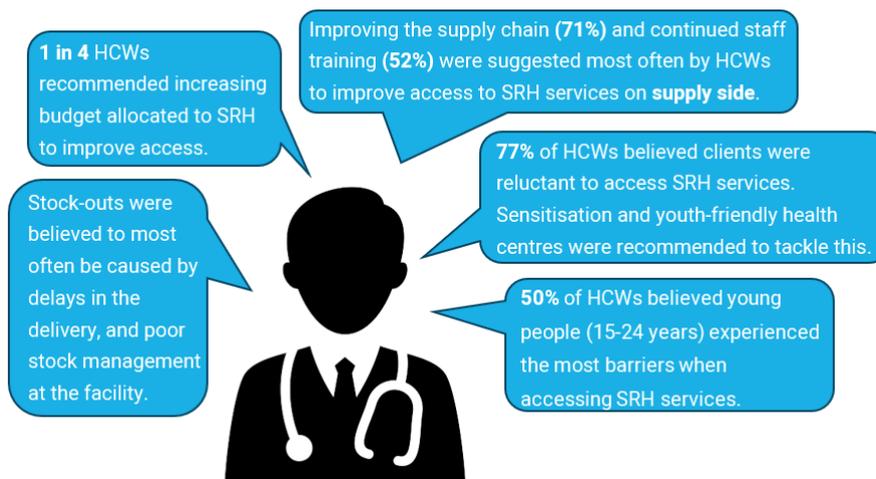
Affordability

- Affordability of SRHC remained more or less the same over the three years. In the public sector, all SRHC were affordable (less than a day's wage) to an LPGW. In the private sector, 20% of the surveyed SRHC were unaffordable. The most expensive commodity was a treatment of magnesium sulphate (16.9 days), followed by long-term contraceptives such as the IUCD (7.8 days) and implants (7.6 days). In 2018 there were a few more commodities in the mission sector that were unaffordable compared to the other years. In 2019, magnesium sulphate (2.4 days), the IUCD (1.5 days) and etonogestrel implant (1.3 days) were also unaffordable in the mission sector.



For more information: +31 (0) 20 412 4523 – info@haiweb.org – HAIWEB.ORG

HEALTHCARE WORKERS' PERSPECTIVES ON ACCESS TO SRHC



CONCLUSION

1. Only a few individual commodities met the WHO 80% availability target in any of the years, while all of the SRHC groups still fell below this target.
2. Most of the challenges affecting access to SRHC were attributed to the supply chain.
3. Affordability was an issue for patients in the private sector.
4. Lack of sufficient budget allocations to SRHC is a major reason for lack of access to SRHC.
5. Stockouts were common, with more than 10% of facilities experiencing a stockout in 2019, and stockouts lasting on average 2.7 days per month.

KEY RECOMMENDATIONS

1. Progressive budget allocations to SRH/Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), even during COVID-19 by County Departments of Health.
2. Comprehensive SRH services and commodities should be part of the Essential Package List within the County Universal Health Coverage (UHC) programmes.
3. Prioritise training and provide resources for both stock management and quantification to ensure seamless supply and availability of SRH commodities.
4. Provide support, supervision and continuous training of the health workforce, including elements of customer care to improve the quality of care.
5. Increase the number of functional and integrated youth-friendly health centres that offer comprehensive youth-friendly services.
6. Sensitise communities on SRH services and commodities to increase demand and health-seeking behaviour.
7. Involve male partners in access to, provision of and education on the use of contraceptives and treatment of STIs.

¹Health Action International. Sexual & Reproductive Health Commodities: Measuring Prices, Availability & Affordability. (Amsterdam: Health Action International, 2017). p. 1-17.

²Health Action International. Sexual and Reproductive Health Commodities: Availability, affordability and stockouts. Kenya 2019. (Amsterdam: Health Action International, 2020). p. 1-51.

This policy brief is licensed under a Creative Commons Attribution-NonCommercial 4.0 International Licence. View a copy of this licence at www.creativecommons.org/licenses/by-nc/4.0.

For more information: +31 (0) 20 412 4523 – info@haiweb.org – **HAIWEB.ORG**