

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Family Planning Commodities Forecasting and Supply Planning

Technical Report

FY2025/26 to FY2027/28

October 2025

Recommended Citation

Ministry of Health, *Family Planning Commodities Forecasting and Supply Planning (2025-2028) Technical Report*. Nairobi.

Enquiries regarding this report should be addressed to:

*The Head,
Division of Reproductive, Maternal, Newborn, Child and Adolescent Health Directorate of
Family Health
Ministry of Health
P.O. Box 43319-00100 GPO
Nairobi, Kenya.
Email: headrmncahke.moh@gmail.com*

ACKNOWLEDGEMENTS

The Division of Reproductive, Maternal, Newborn, Child and Adolescent Health (DRMNCAH), Ministry of Health, wishes to acknowledge the participation of Kenya Medical Supplies Authority, Departments of Health, National Aids and STI Control Program, AMREF Health Africa and various development and implementing partners, social marketing and private sector partners in this forecasting and supply planning exercise.

This is to appreciate inSupply Health, Clinton Health Access Initiative (CHAI), National Council for Population and Development (NCPD) and National Syndemic Disease Control Council (NSDCC), for generously providing the financial resources required for holding the FASP workshop as well as offering technical support. Special thanks go to UNFPA and all stakeholders for their invaluable inputs.

A full list of participants is included in *Annex 2*.

TABLE OF CONTENTS

ACRONYMS	5
EXECUTIVE SUMMARY	1
INTRODUCTION	3
OBJECTIVES	3
FORECAST METHODOLOGY	3
FORECAST ASSUMPTIONS	6
FORECAST RESULTS	12
SUPPLY PLANNING	15
RECOMMENDATIONS	23
ANNEXES	27

ACRONYMS

AI	Artificial Intelligence
BMGF	Bill and Melinda Gates Foundation
CHAI	Clinton Health Access Initiative
COCs	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
DESIP	Delivering Sustainable and Equitable Increases in Family Planning
DMPA-IM	Depot Medroxyprogesterone Acetate- Intramuscular
DMPA-SC	Depot Medroxyprogesterone Acetate – subcutaneous
DRMNCAH	Division of Reproductive, Maternal, Newborn, Child and Adolescent Health
DQA	Data Quality Audit
ECP	Emergency Contraceptive Pills
ENG	Etonogestrel
FCDO	Foreign and Commonwealth Development Office
FCDRR	Facility Consumption Data Report and Request
FASP	Forecasting and Supply Planning
FHI 360	Family Health Initiative 360
FP	Family Planning
FPET	family planning estimation tool
FY	Financial Year
GoK	Government of Kenya

HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
H IUCD	Hormonal Intrauterine Contraceptive Device
IM	Intramuscular
ITT	Indicator Tracking Tool
IUCD	Intrauterine Contraceptive Device
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Authority
KHIS	Kenya Health Information System
KNBS	Kenya National Bureau of Statistics
KRA	Kenya Revenue Authority
LAD	Large Anonymous Donor
LMIS	Logistics Management Information System
LNG	Levonorgestrel
LNG-IUS	Levonorgestrel Intrauterine System
mCPR	Modern Contraceptive Prevalence Rate
MoH	Ministry of Health
MoS	Months of Stock
mWRA	Married Women of Reproductive Age
NASCOP	National AIDS and STIs Control Program
NCPD	National Council for Population and Development
NSDCC	National Syndemic Diseases Control Council

PMA	Performance Monitoring for Action
POP	Progestin Only Pills
QAT	Quantification Analytics Tool
PSK	Population Services Kenya
RHNK	Reproductive Health Network Kenya
SC	Subcutaneous
SOH	Stock on Hand
SAUWRA	Sexually Active Unmarried Women of Reproductive Age
SGBV	Sexual and Gender Based Violence
TRaC	Tracking Results Continuously (a PS Kenya survey)
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USD	United States Dollar
WB	World Bank
WHO	World Health Organization
WRA	Women of Reproductive Age

EXECUTIVE SUMMARY

To ensure Family Planning (FP) commodity availability, DRMNCAH carried out its annual quantification exercise in October 2025 for the period 2025/2026 to 2027/2028 as part of its core mandate.

KEMSA LMIS, FP Forecasting Tool and MS Excel were used to generate forecasts for all contraceptives based on consumption, services and population data for the period July 2025 to June 2028. Data from KDHS 2022, Reality Check, Track 20 family planning estimation tool (FPET), Indicator Tracking Tool (ITT), KEMSA LMIS, USAID Data for Impact Report, Kenya National Bureau of Statistics (KNBS) 2019 Census as well as logistics data and service statistics from KHIS were used to validate the forecast. Finally, a supply plan was generated using the QAT[®] tool. National supply plan parameters were held at a minimum of 18 and maximum of 24 months of stock (MOS).

Stock data collected for the quantification exercise included the SOH at the central level (KEMSA) and at the service delivery points as of the end of August 2025. It also included contracted shipments of commodities that had been ordered but yet to be received from the GoK and development partners.

At the time of this quantification, there were pending shipments from UNFPA worth **USD 3,702,775**.

The estimated cost of the family planning supply plan (including condoms) for FY 2025/26, 2026/27, and 2027/28 is **USD 19,975,352**, **USD 20,239,816** and **USD 21,759,571** respectively.

Commodities already committed against the supply plan amount to **USD 8,124,359** in FY 2025/26, **USD 70,070** in FY 2026/27, and **USD 75,460** in FY 2027/28. This leaves a commodity funding gap of **USD 11,850,993**, **USD 20,169,746**, and **USD 21,684,111** for the respective years.

Total supply plan requirements and supply chain costs—including warehousing and distribution, Kenya Revenue Authority (KRA) taxes, and supply chain monitoring—are estimated at **USD 22,947,596** for **FY 2025/26**, **USD 23,275,368** for **FY 2026/27**, and **USD 25,023,054** for **FY 2027/28**, and will require dedicated funding.

The review team strongly recommends urgent mobilization of additional funding to close significant budget gaps for family planning commodities identified in the supply plan for FY 2025/26 to FY 2027/28. Without timely financial commitments, the projected shortfalls will compromise the availability of essential contraceptives, jeopardizing continuity of services and progress toward national FP 2030 goals.

There is a need for accurate and up-to-date data on contraceptive consumption, service delivery, population, and demographic data to improve the accuracy of the quantification

and supply planning. To sustain and strengthen the gains in family planning service delivery as facilities embrace Taifa Care under the digital transformation agenda, there is a need to interphase current systems into the digital superhighway. This will ensure seamless data flow, accuracy, and real-time visibility of commodities and service delivery.

INTRODUCTION

The DRMNCAH is mandated to promote the reproductive health of all Kenyans by comprehensively addressing their needs for information and reproductive health services. This mandate is fulfilled through the national FP program, whose role includes providing capacity building and technical support to counties, developing policies and guidelines, conducting research, and coordinating FP commodity security.

The FP program delivers these functions in close collaboration with other DRMNCAH programs, namely Maternal and Newborn Health, Adolescent Health & Gender, and Monitoring & Evaluation.

To ensure availability, accessibility, and uptake of contraceptives in Kenya, the FP program convened a five-day workshop held on the 29th September to 3rd October 2025 to conduct the annual forecasting, quantification, and supply planning to cover the three financial years of 2025/2026, 2026/2027 and 2027/2028.

OBJECTIVES

The main objectives of the FASP workshop was to:

- Evaluate the forecast accuracy of the November 2024 FASP exercise against the reported consumption.
- Prepare the FP commodity forecast and supply plan for the period 2025/26, 2026/27 and 2027/28 to guide procurement and inform medium term planning.
- Review and update the current Supply plan (2024-2025) in line with current in-country stocks and planned/pending shipments from the government and development partners.
- Prepare a FASP Technical Report for the financial years 2025/26 to FY 2027/28.

FORECAST METHODOLOGY

Kenya consistently provided the following family planning methods in the public sector: combined oral contraceptives (COCs), progestin only pills (POPs), the intramuscular depot medroxyprogesterone acetate injection (DMPA-IM), the sub-cutaneous depot medroxyprogesterone acetate injection (DMPA-SC), levonorgestrel three-year 2-rod contraceptive implants, levonorgestrel five-year 2-rod contraceptive implants, etonogestrel three-year 1-rod contraceptive implants, intra-uterine contraceptive device (non hormonal IUCD), levonorgestrel intra-uterine device (H-IUD), emergency contraceptive pills (ECP), male condoms, female condoms and cycle beads.

The forecast used three main methodologies namely: service, consumption and demographic based forecast. The forecast outputs were compared to decide the best forecasting methodology to be adopted for each commodity. Service based forecast utilized the number of previous year client visits from health facilities data for each method. The results from this forecast were derived using LMIS, demographic approach and FP forecasting tool. The results showed monthly service projections.

The demographic based forecast used population figures for both married women of reproductive age (MWRA) and sexually active unmarried women of reproductive age (SAUWRA), modern contraceptive prevalence rate (mCPR), contraceptive method mix, product mix and source mix using the 2019 census, Kenya Demographic Health Survey 2022, reality check and Kenya FP2030 Annual Indicator calculator (see Annex). The contraceptive requirements were approximated on an excel sheet.

Consumption based forecast was divided into two estimation approaches: Consumption AI and Consumption LMIS. Consumption AI used an artificial intelligence tool developed by inSupply Health using R (an open-source technology known for its machine learning capabilities). It was utilized to fit a machine learning algorithm which converted the past consumption data into time series and decomposed it into its components including trends and seasonality. The model was then used to predict future demand for three financial years. The forecast leveraged machine learning techniques to predict future demand based on historical consumption data from the Kenya Health Information System (MOH 747A for consumption data and MOH 711 for service data). An initial exploratory data analysis (EDA) of the historical data was performed to gain insights into distribution and consumption trends, and patterns which were visualized for stakeholders to allow them to decide how to deal with the detected outliers. Depending on the context, the outliers were replaced with the trend values. Consumption LMIS also used historical consumption data but factored in the period of stock outs for each commodity.

Forecast Reconciliation

To guide the selection of the new forecasts, the quantification team conducted a detailed review and reconciliation process informed by multiple factors. These included the strengths and weaknesses of each methodology used, results from the previous forecast accuracy analysis (using Mean Absolute Percentage Error to compare forecasted and actual consumption), programmatic plans such as demand generation and scale-up initiatives, changes in service delivery patterns, funding commitments, and supply risks to ensure that the reconciled forecasts were both data-driven and programmatically realistic. See below:

Product	Previous Forecast FY 2024/25	Actual Consumption FY 2024/25	Previous MAPE (%)	Previous Methodology	Consumption AI FY2025/26	Consumption LMIS FY2025/26	Service AI FY2025/26	Demographic FY2025/26	Reason
COC	1,564,567	1,000,509	13.7	Demographic	808,391	1,485,636	1,168,404	3,377,335	Adjusted for stock-outs in the previous year, as actual consumption did not reflect true demand due to stock-outs in the previous year.
Cycle Beads	11479	993	89.3	Demographic	994	164,748	994	44,804	Commodity was out of stock in the central store during the previous year, and the product has historically been underestimated, leading to the selection of the highest figure.
DMPA - IM	2,410,396	2,443,101	5.9	Consumption AI	2,386,349	2,602,812	2,494,425	3,611,148	Product was out of stock, consumption is expected to increase, and clients consistently prefer DMPA-IM.
DMPA - SC	825,784	657,593	22.9	Demographic	631,221	922,284	1,393,272	1,547,634	Scale-up activities are expected for the product, making reliance on consumption data unsafe. The service dispensing protocol assumes all DMPA-SC clients are self-injections, no decline has been observed for DMPA-SC, counties scaling up self-injection have high populations, and there is a current acute stock-out of DMPA-IM.

EC Pills	40,233	82,583	107.4	Consumption AI	80,240	123,732	132,548	72,678	High product demand, but reporting has been problematic.
Female Condoms	216,902	278,643	32.1	Consumption AI	166,630	3,522,780	155,207	1,622,757	This method is declining, the last central level receipt was two years ago, it's primarily used by key populations, and it's typically a push by KEMSA, often returned by facilities, hence the lowest figure was selected.
Hormonal IUCD	11,579	11,882	23.8	Service AI	13,123	48,444	18,647	11,896	Most counties anticipate commodity expiry, consumption is not high, uptake is low despite ongoing training, and most facilities are overstocked. Therefore, the lowest value was chosen. Redistribution is necessary, and the product also has reporting issues. There is a need for demand generation investments and equipping facilities with the required infrastructure to provide the product, along with addressing training issues in insertion (e.g., Nairobi).
1 Rod 3 Yrs	379,295	332,573	11.5	Service AI	335,964	476,460	425,662	188,464	This is the most popular implant, but supply is constrained due to dependence on a single supplier, so no expected spike.
2 Rods 5 Yrs	459,676	437,757	9.1	Consumption AI	405,270	535,176	462,926	206,649	The commodity has not been stocked out, and service data aligns closely with previous forecasts. For services data, KHIS does not disaggregate data for 2 Rods into Jadelle and

									Levoplant. The team evaluated historical consumption for each product over the last 24 months to establish an 82%/18% ratio, which was used to break down the 2 Rod services data.
2 Rods 3 Yrs	148,727	239,389	18.7	Consumption AI	115,019	238,620	102,107	125,643	LMIS data is closer to previous actual consumption.
Non - Hormonal IUCD	75,608	78,034	9.6	Consumption Excel	68,817	101,700	84,278	49,653	The uptake of this method is stable, and the service forecast is closer to previous years' actual consumption.
Male Condom	37,833,062	18,855,871	27	Demographic	18,937,106	39,036,936	5,241,518	20,998,686	There was a stock-out last year, so FY24/25 actual consumption does not truly reflect demand. LMIS (adjusted for stock-outs) best represents actual demand.
POP	410165	317,861	15.3	Consumption AI	312,163	481,812	355,956	675,467	Service trend has been relatively stable, while consumption is declining even if closer to actual consumption.

FORECAST ASSUMPTIONS

Demographic methodology assumptions

The following assumptions were made during the forecasting exercise

Population figures

For population figures, the source was Kenya National Bureau of Statistics 2019 projected for the years 2025 - 2028 using intercensal growth rate of 2.2% MWRA: 56.01% . SAUWRA: Difference between Sexually active WRA (77.1% Trac survey) and MWRA (56.01%)

<i>Year</i>	<i>WRA</i>	<i>MWRA</i>	<i>SAUWRA</i>
2023	13,194,652	7,390,324	2,782,752
2024	13,484,934	7,552,912	2,843,973
2025	13,781,603	7,719,076	2,906,540
2026	14,084,798	7,888,895	2,970,484
2027	14,394,664	8,062,450	3,035,834
2028	14,711,346	8,239,824	3,102,622

mCPR for MWRA and SAUWRA

Percentage Women of Reproductive Age targeted for Modern Contraceptive Use: mCPR for all women projected based on FP 2030 annual indicator calculator 2025, track 20 family planning estimation tool, mCPR for MWRA to 61.3 in 2030 and reality check (a population based forecasting tool that was used to project the quantities of commodities required.) for SAUWRA mCPR.

<i>Year</i>	<i>Projected mCPR MWRA</i>	<i>Projected mCPR SAUWRA</i>
2023	57.30%	60.47%
2024	57.90%	61.75%
2025	58.40%	62.10%
2026	59.10%	63.00%
2027	59.70%	65.57%
2028	60.20%	67.30%

mCPR per product category

Percentage use for each contraceptive method was derived using KDHS 2022

For MWRA

Product Category	CPR 2022	CPR 2023	CPR 2024	CPR 2025	CPR 2026	CPR 2027	CPR 2028
Injectables	19.9	20.21	20.52	20.83	21.14	21.45	21.76
Pills	8.1	8.23	8.35	8.48	8.61	8.73	8.86
EC Pills	0.4	0.41	0.41	0.42	0.42	0.43	0.44
Male Condoms	1.83	1.83	1.86	1.88	1.91	1.94	1.97
Female Condoms	0.1	0.1	0.1	0.1	0.11	0.11	0.11
Implants	18.5	18.79	19.08	19.36	19.65	19.94	20.23
IUCD	4.4	4.47	4.54	4.61	4.67	4.74	4.81
VSC BTL	2.3	2.34	2.37	2.41	2.44	2.48	2.51
VSC Vasectomy	0.01	0.01	0.01	0.01	0.01	0.01	0.01
SDM	0.5	0.51	0.52	0.52	0.53	0.54	0.55
LAM	0.9	0.91	0.93	0.94	0.96	0.97	0.98
Total	56.91	57.81	58.69	59.66	60.45	61.34	62.23

For SAUWRA

Product Category	CPR 2022	CPR 2023	CPR 2024	CPR 2025	CPR 2026	CPR 2027	CPR 2028
Injectables	16.1	16.25	16.41	16.56	16.71	16.87	17.02
Pills	5.55	5.58	5.66	5.74	5.82	5.9	5.98
EC Pills	2.6	2.66	2.72	2.78	2.84	2.9	2.95
Male Condoms	19.9	20.28	20.66	21.04	21.42	21.8	22.09
Female Condoms	0.1	0.13	0.17	0.2	0.24	0.27	0.3
Implants	11.3	11.79	12.29	12.78	13.27	13.77	14.26
IUCD	2.8	2.86	2.91	2.97	3.03	3.08	3.14
VSC BTL	0.5	0.5	0.51	0.51	0.51	0.52	0.52
Vasectomy	0	0	0	0	0	0	0
SDM	0.4	0.41	0.42	0.43	0.44	0.45	0.45
LAM	0	0.01	0.01	0.02	0.02	0.03	0.03
Total	59.2	60.47	61.76	63.03	64.3	65.59	66.83

Method Mix Per product category

To get the percentage share of each contraceptive among all contraceptive users, CPR was converted to method mix using the below formula:

$$\text{Method Mix (\%)} = (\text{CPR for that method} / \text{Total mCPR}) * 100$$

Below were the method mix used:

For MWRA

Product Category	2022	2023	2024	2025	2026	2027	2028
Injectables	34.97	34.96	34.96	34.97	34.97	34.97	34.97
Pills	14.23	14.24	14.23	14.24	14.24	14.23	14.24
EC Pills	0.70	0.71	0.70	0.71	0.69	0.70	0.71
Male Condoms	3.16	3.17	3.17	3.16	3.16	3.16	3.17
Female Condoms	0.18	0.17	0.17	0.17	0.18	0.18	0.18
Implants	32.51	32.50	32.51	32.51	32.51	32.51	32.51
IUCD	7.73	7.73	7.74	7.74	7.73	7.73	7.73
VSC BTL	4.04	4.05	4.04	4.05	4.04	4.04	4.03
VSC Vasectomy	0.02	0.02	0.02	0.02	0.02	0.02	0.02
SDM	0.88	0.88	0.89	0.87	0.88	0.88	0.88
LAM	1.58	1.57	1.58	1.58	1.59	1.58	1.57
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

For SAUWRA

Product Category	2022	2023	2024	2025	2026	2027	2028
Injectables	27.20	26.87	26.57	26.27	25.99	25.72	25.47
Pills	9.29	9.23	9.16	9.11	9.05	9.00	8.95
EC Pills	4.39	4.40	4.40	4.41	4.42	4.42	4.41
Male Condoms	33.61	33.54	33.45	33.38	33.31	33.24	33.19
Female Condoms	0.17	0.21	0.28	0.32	0.37	0.41	0.45
Implants	19.09	19.50	19.90	20.28	20.64	20.99	21.34
IUCD	4.73	4.73	4.71	4.71	4.71	4.70	4.70
VSC BTL	0.84	0.83	0.83	0.81	0.79	0.79	0.78
VSC Vasectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SDM	0.68	0.68	0.68	0.68	0.68	0.69	0.67
LAM	0.00	0.02	0.02	0.03	0.03	0.05	0.04
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Percentage Product mix per category

Percentage use of individual products per category was calculated based on service and consumption uptake from KHIS between 2022 to 2024 and observing the trends from the same data.

Category	Products	Percentage Usage
Pills	POP	20
	COCs	80
	EC	100
Implants	Jadelle	50
	Levoplant	20
	Implanon	30
Injectable	IM	70
	SC	30
IUDs	No Hormonal	80
	Hormonal	20

Sector product splits

Product split in Public and Private Sectors estimates were derived from KDHS 2022 survey on source mix

Product Category	Public Sector	Social Marketing	Commercial
DMPA IM	63	0.10	36
DMPA SC	63	0.10	36
POPs	35	0.0	63
COCs	35	0.000	63
EC Pills	3	0.00	91
Male Condoms	23	0.10	45
Jadelle	86	0.10	13
Implanon NXT	86	0.00	13
Levoplant	86	0.00	13
IUD-Non Hormonal	66	2.20	32
IUD-Hormonal	66	2.20	32
Female Condoms	100	0	0

Product prices

Prices of products were determined for estimation of costs for the supply plan.

Exchange rate of Kshs. 129.2404 (Source: CBK 30 September 2025) was proposed to be used for the dollars conversion

Product		Pack Size	KEMSA
DMPA	IM	vial	1.1
	SC	vial	0.867
POPs		cycle	0.30
COCs		cycle	0.38
Male Condoms		piece	0.03
Implants - Jadelle		Set	9.12
Implants - Implanon NXT		Set	10.91
Implants - Levoplant		Set	7.12
Non-Hormonal IUCD		Set	0.60
Hormonal IUD		Set	13.09
Female Condoms		piece	0.539
Cycle Beads		Set	4.985
Emergency Pills		Dose	0.43

Service Methodology Assumptions

To convert service data (new and revisit clients) into estimated quantities of commodities required, the dispensing protocol—i.e., the quantity dispensed at each visit—was applied. This approach enables the translation of service forecasts into commodity requirements as summarized below:

Calculation Step	Formula	Result
New Visits	No. of New Visits × Quantity to Dispense per New Visit	Total Quantity Needed for New Visits
Revisits	No. of Revisits × Quantity to Dispense per Revisit	Total Quantity Needed for Revisits

Total Requirement	Total Quantity Needed for New Visits + Total Quantity Needed for Revisits	Total Quantity Needed for All Visits
-------------------	--	--------------------------------------

Dispensing Protocol by Product

Product Category	UoM	Quantity dispensed per visit	
		New visit	Revisit
DMPA IM	Vials	1	1
DMPA SC	Vials	1	3
POPs	Cycles	1	2
COCs	Cycles	1	2
EC Pills	Doses	1	1
Male Condoms	Pieces	10	10
Jadelle	Sets	1	1
Implanon NXT	Sets	1	1
Levonplant	Sets	1	1
IUD-Non Hormonal	Sets	1	1
IUD-Hormonal	Sets	1	1
Female Condoms	Pieces	10	10
Cycle beads	Pieces	1	1

The Family Planning Service Report (MoH 711) in KHIS does not disaggregate data for 2-rod implants into 3-year and 5-year variants. To address this, the team reviewed historical consumption data for the past 24 months and established an 82% / 18% ratio to split 2-rod implant services into 5-year and 3-year categories, respectively.

Additionally, in alignment with the Reproductive Health Self-Care Guidelines, it was assumed that all DMPA-SC users are self-injecting clients.

Consumption Methodology Assumptions

No assumptions were used on this methodology. The method relied on KHIS data which was factual and had consistent reporting rates of over 95% and just adjusted for stock outs.

FORECAST RESULTS

The results presented are annual requirements for family planning commodities across different sectors for the financial years FY 2025/26 to FY 2027/28. The demand for commodities such as DMPA IM, DMPA SC, and Male condoms shows an increasing trend.

Total National Requirements

The total national requirements reflect the projected demand for family planning commodities across all sectors from FY2025/26 to FY2027/28. Overall, demand is expected to grow steadily over the three years, with male condoms, oral contraceptives (COCs and POPs), and emergency contraceptives (ECPs) accounting for the largest volumes.

Product	Share	FY2025/26	FY2026/27	FY2027/28
		Units	Units	Units
DMPA IM	100%	4,094,265	4,184,338	4,276,394
DMPA SC	100%	2,191,639	2,239,855	2,289,132
IUD-Non-Hormonal	100%	127,949	130,764	133,641
IUD-Hormonal	100%	18,060	18,458	18,864
ENG Implants	100%	490,501	501,292	512,321
LNG Implant (5 Years)	100%	532,903	544,627	556,609
LNG Implant (3 Years)	100%	274,690	280,734	286,910
COCs	100%	4,159,781	4,251,296	4,344,824
POPs	100%	996,677	1,018,604	1,041,013
ECP	100%	4,153,171	4,244,540	4,337,920
Cycle Beads	100%	46,596	47,621	48,669
Male Condoms	100%	115,413,550	117,952,648	120,547,606
Female Condoms	100%	155,207	158,622	162,111

Requirements for the Public Sector

The public sector carries the largest share of contraceptive requirements, with a strong emphasis on long-acting methods such as implants and IUDs, alongside a significant portion of injectable contraceptives. It is also solely responsible for meeting 100% of the national demand for female condoms. While condoms, combined oral contraceptives (COCs), and

progestin-only pills (POPs) represent considerable volumes, their proportional contribution is lower compared to injectables and implants.

Product	Share	FY2025/26	FY2026/27	FY2027/28
		Units	Units	Units
DMPA IM	63.0%	2,602,812	2,660,074	2,718,595
DMPA SC	63.0%	1,393,272	1,423,924	1,455,250
IUD-Non-Hormonal	66.0%	84,278	84,551	84,451
IUD-Hormonal	66.0%	11,896	12,158	12,425
ENG Implants	86.0%	425,662	425,653	424,174
LNG Implant (5 Years)	86.0%	462,926	464,771	460,821
LNG Implant (3 Years)	86.0%	238,620	243,870	249,235
COCs	35.0%	1,485,636	1,518,320	1,551,723
POPs	35.0%	355,956	363,787	371,790
ECP	3.0%	132,548	132,475	132,475
Cycle Beads	24.6%	44,804	45,790	46,797
Male Condoms	23.0%	39,036,936	39,895,749	40,773,455
Female Condoms	100.0%	155,207	159,521	148,567

Requirements for the Social Marketing Sector

The social marketing sector contributes only a modest share of contraceptive supply. Its role is most visible in supporting access to IUDs (both hormonal and non-hormonal) and cycle beads, while contributions to other methods—including injectables, oral contraceptives, implants, and condoms—remain negligible or absent.

Product	Share	FY2025/26	FY2026/27	FY2027/28
		Units	Units	Units
DMPA IM	0.1%	4,131	4,222	4,315
DMPA SC	0.1%	2,212	2,260	2,310
IUD-Non-Hormonal	2.2%	2,809	2,871	2,934
IUD-Hormonal	2.2%	397	405	414
ENG Implants	0.1%	495	506	517
LNG Implant (5 Years)	0.0%	0	0	0
LNG Implant (3 Years)	0.0%	0	0	0
COCs	0.0%	0	0	0
POPs	0.0%	0	0	0
ECP	0.0%	0	0	0
Cycle Beads	0.1%	45	46	47
Male Condoms	0.1%	0	0	0
Female Condoms	0.0%	0	0	0

Requirements for the Commercial Sector

The commercial sector plays a pivotal role in meeting demand for short-term contraceptives. It supplies the vast majority of emergency contraceptives (91%) and a substantial share of condoms (45% of male condoms), as well as oral contraceptives (63% of both COCs and POPs). It also contributes to the supply of injectables and implants, though its role in long-acting methods remains comparatively limited relative to the public sector.

Product	Share	FY2025/26	FY2026/27	FY2027/28
		Units	Units	Units
DMPA IM	36.0%	1,487,321	1,520,042	1,553,483
DMPA SC	36.0%	796,155	813,671	831,572
IUD-Non-Hormonal	32.0%	40,862	41,761	42,680
IUD-Hormonal	32.0%	5,768	5,895	6,024
ENG Implants	13.0%	64,344	65,760	67,207
LNG Implant (5 Years)	13.0%	69,977	71,517	73,090
LNG Implant (3 Years)	13.0%	36,070	36,864	37,675
COCs	63.0%	2,674,145	2,732,976	2,793,101
POPs	63.0%	640,721	654,817	669,223
ECP	91.0%	4,020,623	4,109,076	4,199,476
Cycle Beads	3.9%	1,747	1,786	1,825
Male Condoms	45.0%	76,376,614	78,056,899	79,774,151
Female Condoms	0.0%	0	0	0

SUPPLY PLANNING

The supply plan was generated using QAT and considered the following:

- The final forecasts quantities from July 2025 to June 2028
- The latest available inventory data at KEMSA and facilities as of August 2025
- The latest available actual consumption through August 2025
- Pending and received shipments
- FP Program parameters
 - National minimum stock level of 18MOS
 - National maximum stock level of 24 MOS
 - Lead time of 9 months across various procuring agencies

The table below shows the proposed supply plan for the financial years 2024/25, 2025/26 and 2026/27.

Procurement Plan for the Public Sector for FY2025/26, FY2026/27, and FY2027/28

Product	Unit Price (\$)	Funding Source	2025/26			
			Units	Cost (US\$)	Order date	ETA
DMPA-IM	1.1	LAD	2,000,000	2,200,000	Aug , 2025	Feb , 2026
		UNFPA	1,010,000	1,111,000	Jun , 2025	Dec , 2025
DMPA-SC	0.867	LAD	150,000	130,050	Aug , 2025	Feb , 2026
		TBD	928,000	804,576	Aug , 2025	Feb , 2026
COCs	0.38	LAD	345,625	131,338	Aug , 2025	Feb , 2026
		UNFPA	4,320	1,642	Jun , 2025	Dec , 2025
		UNFPA	807,840	306,979	Aug , 2025	Feb , 2026
		TBD	995,000	378,100	Dec , 2025	Jun , 2026
POP	0.3	UNFPA	216,756	65,027	Jun , 2025	Dec , 2025
ECP	0.43	TBD	180,000	77,400	Aug , 2025	Feb , 2026
		UNFPA	11,700	5,031	Jun , 2025	Dec , 2025
LNG Implants 2 rods, 5 years	9.12	UNFPA	3,500	31,920	May , 2025	Nov , 2025
		UNFPA	30,100	274,512	Jun , 2025	Dec , 2025
		UNFPA	30,000	273,600	Aug , 2025	Feb , 2026
		TBD	470,000	4,286,400	Nov , 2025	May , 2026
LNG Implants 2 rods, 3 years	7.12	UNFPA	30,500	217,160	Apr , 2025	Oct , 2025
		UNFPA	50,000	356,000	Jul , 2025	Jan , 2026

		LAD	50,000	356,000	Aug , 2025	Feb , 2026
		TBD	184,000	1,310,080	Sep , 2025	Mar , 2026
ENG Implants 1 rod 3 years	10.91	LAD	118,888	1,297,068	Aug , 2025	Feb , 2026
		TBD	350,000	3,818,500	Sep , 2025	Mar , 2026
		UNFPA	40,248	439,106	Jun , 2025	Dec , 2025
IUCDs Non Hormonal	0.6	UNFPA	53,000	31,800	May , 2025	Nov , 2025
		UNFPA	41,500	24,900	Jul , 2025	Jan , 2026
Hormonal IUD	13.09	UNFPA	30,030	393,093	Apr , 2025	Oct , 2025
Cycle Beads	4.985					
		UNFPA	18,250	90,976	Jun , 2025	Dec , 2025
		TBD	45,000	224,325	Sep , 2025	Mar , 2026
Male Condoms	0.03	UNFPA	10,080,000	302,400	Jun , 2025	Dec , 2025
		UNFPA	489,600	14,688	Jul , 2025	Jan , 2026
		TBD	31,720,414	951,612	Sep , 2025	Mar , 2026
Female Condoms	0.539	UNFPA	100,000	53,900	May , 2025	Nov , 2025
		UNFPA	30,000	16,170	Dec , 2025	Jun , 2026

Product		Funding Source	2026/27			
			Units	Cost (US\$)	Order date	ETA
DMPA-IM	1.1	TBD	2,683,302	2,951,632	Feb , 2026	Aug , 2026
		TBD	800,000	880,000	Aug , 2026	Feb , 2027
DMPA-SC	0.867	TBD	1,538,620	1,333,984	Mar , 2026	Sep , 2026
COCs	0.38	TBD	1,518,324	576,963	Jun , 2026	Dec , 2026
POP	0.3	TBD	260,000	78,000	Apr , 2026	Oct , 2026
ECP	0.43	TBD	142,200	61,146	Feb , 2026	Aug , 2026
		TBD	139,900	60,157	Sep , 2026	Mar , 2027
LNG Implants 2 rods, 5 years	9.12	TBD	431,000	3,930,720	Mar , 2026	Sep , 2026
		TBD	150,000	1,368,000	Nov , 2025	May , 2026
LNG Implants 2 rods, 3 years	7.12	TBD	220,000	1,566,400	Jan , 2026	Jul , 2026
		TBD	50,000	356,000	Jul , 2026	Jan , 2027
ENG Implants 1 rod 3 years	10.91	TBD	400,000	4,364,000	Jan , 2026	Jul , 2026
		TBD	100,000	1,091,000	Sep , 2026	Mar , 2027

IUCDs Non Hormonal	0.6	TBD	45,667	27,400	Feb , 2026	Aug , 2026
		TBD	45,037	27,022	Sep , 2026	Mar , 2027
Hormonal IUD	13.09	TBD		-		-
Cycle Beads	4.985	TBD	38,160	190,228	Jan , 2026	Jul , 2026
		TBD	20,000	99,700	Jul , 2026	Jan , 2027
Male Condoms	0.03	TBD	33,246,460	997,394	Jan , 2026	Jul , 2026
		TBD	7,000,000	210,000	Sep , 2026	Mar , 2027
Female Condoms	0.539	UNFPA	130,000	70,070	Jun , 2026	Dec , 2026

Product		Funding Source	2027/28			
			Units	Cost (US\$)	Order date	ETA
DMPA-IM	1.1	TBD	1,870,924	2,058,016	Feb , 2027	Aug , 2027
		TBD	1,851,416	2,036,558	Aug , 2027	Feb , 2028
DMPA-SC	0.867	TBD	1,919,456	1,664,168	Jan , 2027	Jul , 2027
COCs	0.38	TBD	1,686,594	640,906	Jan , 2027	Jul , 2027
POP	0.3	TBD	300,000	90,000	Jan , 2027	Jul , 2027
ECP	0.43	TBD	78841	33,902	Apr , 2027	Oct , 2027
		TBD	67467	29,011	Nov , 2027	May , 2028
LNG Implants 2 rods, 5 years	9.12	TBD	581,000	5,298,720	Jan , 2027	Jul , 2027
LNG Implants 2 rods, 3 years	7.12	TBD	200,000	1,424,000	Jan , 2027	Jul , 2027
		TBD	120,000	854,400	Jul , 2027	Jan , 2028
ENG Implants 1 rod 3 years	10.91	TBD	504,000	5,498,640	Jan , 2027	Jul , 2027
IUCDs Non Hormonal	0.6	TBD	47,600	28,560	Mar , 2027	Sep , 2027
		TBD	44,840	26,904	Oct , 2027	Apr , 2028
		UNFPA		-		
Hormonal IUD	13.09					
Cycle Beads	4.985	TBD	46,800	233,298	Jan , 2027	Jul , 2027
		TBD	27,300	136,091	Jul , 2027	Jan , 2028
Male Condoms	0.03	TBD	54,364,608	1,630,938	Jan , 2027	Jul , 2027
Female Condoms	0.539	UNFPA	140,000	75,460	Jun , 2027	Dec , 2027

Supply Plan Gap Analysis for FY2025/26, FY2026/27, and FY2027/28

	2025/2026	2026/2027	2027/2028
Supply Plan Requirements (USD)	19,975,352	20,239,816	21,759,571
UNFPA Commitments (USD)	4,009,903	70,070	75,460
LAD Commitments (USD)	4,114,456	0	0
Commodity Gap (USD)	11,850,993	20,169,746	21,684,111

Other Supply Chain Costs

	2025/2026	2026/2027	2027/2028
Warehousing & Distribution Costs for UNFPA Commodities (8%)	320,792	5,606	6,037
Railway Development Levy for UNFPA Commodities (1.4%)	56,139	981	1,056
Warehousing & Distribution Costs for GOK and Other Donors Commodities (10%)	1,596,545	2,016,975	2,168,411
Supply Chain Monitoring (5%)	998,768	1,011,991	1,087,979
Total Supply Chain Costs	2,972,243	3,035,552	3,263,483
Total (Commodities & Supply Chain Costs)	22,947,596	23,275,368	25,023,054

Pending Deliveries FY 2025/26

Product	Unit Price	Funding Source	Units	Cost (US\$)	ETA
DMPA-IM	\$1.10	UNFPA	1,010,000	\$1,111,000	Dec , 2025
COCs	\$0.38	UNFPA	4,320	\$1,642	Dec , 2025
	\$0.38	UNFPA	807,840	\$306,979	Feb , 2026
POP	\$0.30	UNFPA	216,756	\$65,027	Dec , 2025
ECP	\$0.34	UNFPA	11700	\$3,978	Dec , 2025
LNG Implants 2 rods, 5 years	\$8.50	UNFPA	3,500	\$29,750	Nov , 2025
	\$8.50	UNFPA	30,100	\$255,850	Dec , 2025
	\$8.50	UNFPA	30,000	\$255,000	Feb , 2026
LNG Implants 2 rods, 3 years	\$6.70	UNFPA	30,500	\$204,350	Oct , 2025
	\$6.70	UNFPA	50,000	\$335,000	Jan , 2026
ENG Implants 1 rod 3 years	\$8.50	UNFPA	40,248	\$342,108	Dec , 2025
IUCDs Non Hormonal	\$0.60	UNFPA	53,000	\$31,800	Nov , 2025
	\$0.60	UNFPA	41,500	\$24,900	Jan , 2026
Hormonal IUD	\$10.90	UNFPA	30030	\$327,327	Oct , 2025
Cycle Beads	\$4.99	UNFPA	18,250	\$90,976	Dec , 2025
Male condoms	\$0.03	UNFPA	10,080,000	\$302,400	Dec , 2025
	\$0.03	UNFPA	489,600	\$14,688	Jan , 2026
Female Condoms	\$0.54	UNFPA	100,000	\$53,900	Nov , 2025
Total				\$3,702,775	

County-Level Family Planning Commodity Requirements, FY 2025/26

County	DMPA IM	DMPA SC	IUCD Non-Hormonal	IUCD Hormonal	Implants 1-rod	Implants 2-Rod 5 Yr	Implants 2-Rod 3 Yr	COCs	POPs	ECP	Cycle Beads	Male Condoms	Female Condoms	Cost of Requirements
Baringo County	30,950	4,444	652	25	6,905	2,087	1,878	5,838	1,976	6,355	448	498,915	642	\$ 169,451
Bomet County	46,776	20,100	239	19	3,353	11,584	3,701	11,639	2,929	1,460	-	195,935	4,828	\$ 252,254
Bungoma County	108,074	29,279	1,177	657	13,082	19,715	14,960	27,963	7,544	3,987	93	2,142,477	8,646	\$ 666,618
Busia County	38,287	4,529	556	46	3,844	11,045	3,763	13,179	676	667	379	410,203	2,334	\$ 237,385
Elgeyo Marakwet County	32,990	7,074	443	4	1,936	5,618	391	3,926	1,941	776	155	357,372	3,071	\$ 133,437
Embu County	46,106	23,250	1,034	29	2,882	5,341	2,040	36,228	10,290	754	-	274,831	336	\$ 192,148
Garissa County	12,058	425	91	21	1,671	372	98	9,209	5,056	348	696	121,016	98	\$ 48,593
Homa Bay County	104,536	65,970	3,177	1,064	27,663	22,000	7,486	34,246	9,644	4,080	4,344	2,247,169	10,810	\$ 856,304
Isiolo County	9,230	5,329	158	13	2,177	1,321	33	3,456	844	277	-	135,813	859	\$ 57,293
Kajiado County	47,335	37,585	2,645	377	7,209	11,006	2,303	19,847	9,106	2,609	-	607,853	570	\$ 316,524
Kakamega County	113,620	138,754	2,347	784	15,811	19,481	32,328	55,024	6,784	2,637	1,654	2,714,722	6,946	\$ 954,811
Kericho County	48,054	3,777	554	66	5,290	8,198	4,758	9,962	5,003	1,109	-	376,948	771	\$ 241,176
Kiambu County	92,341	40,223	7,794	469	14,571	14,161	3,475	109,556	37,315	16,543	247	1,269,688	3,110	\$ 561,051
Kilifi County	105,472	23,065	1,477	171	19,458	11,494	5,644	43,620	8,609	2,214	1,337	1,145,246	14,952	\$ 565,626

Kirinyaga County	48,106	22,205	2,358	545	4,616	4,742	1,519	81,243	13,528	1,791	62	522,903	1,117	\$ 237,444
Kisii County	70,173	67,970	1,709	279	12,539	12,043	5,267	26,941	3,012	1,518	116	1,987,964	8,025	\$ 501,269
Kisumu County	57,491	56,324	1,714	456	18,858	14,883	6,055	34,093	7,922	1,606	325	879,949	5,859	\$ 550,853
Kitui County	91,738	2,692	553	12	13,840	10,571	2,260	26,898	6,015	1,808	31	674,506	2,218	\$ 401,617
Kwale County	93,184	17,207	435	309	4,997	7,123	5,111	18,012	4,344	1,382	124	391,346	719	\$ 299,075
Laikipia County	29,473	14,434	845	30	5,874	3,520	458	29,127	6,034	760	-	444,214	779	\$ 172,233
Lamu County	12,400	0	139	-	706	936	726	9,552	1,364	500	54	127,417	-	\$ 43,478
Machakos County	105,359	21,101	1,427	108	7,805	9,057	4,801	54,477	9,328	2,152	271	735,205	2,116	\$ 387,366
Makueni County	118,702	1,070	1,152	24	5,379	14,249	5,220	44,399	6,516	2,371	951	819,957	2,483	\$ 408,826
Mandera County	3,079	528	24	-	1,054	525	475	6,621	3,151	658	286	33,674	-	\$ 29,709
Marsabit County	9,414	99	40	5	948	448	129	4,561	2,363	531	-	101,084	553	\$ 31,879
Meru County	41,174	37,312	1,266	309	10,615	9,683	2,300	30,648	9,060	4,115	989	872,278	3,370	\$ 351,990
Migori County	80,805	52,973	4,462	821	38,241	61,613	7,323	21,651	6,386	6,021	6,631	2,394,709	16,388	\$ 1,305,958
Mombasa County	58,201	50,889	3,183	322	7,981	12,959	10,780	42,638	7,385	8,173	240	1,317,693	1,848	\$ 459,938
Muranga County	27,275	35,097	1,817	288	8,006	5,453	2,271	56,503	15,542	1,975	124	233,149	1,997	\$ 254,213
Nairobi County	148,654	140,478	18,265	2,169	37,395	39,451	14,556	207,429	43,425	15,490	1,662	2,498,946	10,065	\$ 1,383,258
Nakuru County	153,108	76,063	7,166	430	24,521	30,335	11,883	117,682	19,634	9,807	9,360	2,932,223	2,947	\$ 1,064,117
Nandi County	77,652	15,398	637	137	7,536	4,968	4,895	17,064	5,445	1,403	8,981	582,717	727	\$ 334,686

Narok County	62,616	39,828	616	47	5,697	7,488	24,035	11,090	1,931	2,789	-	680,616	2,475	\$ 433,721
Nyamira County	56,703	90,756	2,180	43	16,503	7,756	3,240	32,705	8,484	2,523	-	587,128	2,742	\$ 451,920
Nyandarua County	30,989	4,131	1,828	114	4,163	4,665	443	16,625	7,918	941	641	154,187	986	\$ 148,831
Nyeri County	20,398	36,048	2,361	543	4,859	4,191	768	44,816	8,004	3,081	-	554,139	3,231	\$ 198,041
Samburu County	19,999	7,761	127	24	3,103	1,753	381	5,329	582	2,106	62	204,729	580	\$ 91,533
Siaya County	72,344	18,826	957	61	11,458	13,307	6,688	14,375	17,967	3,007	456	1,421,099	7,713	\$ 452,471
Taita Taveta County	30,705	5,820	539	44	103	1,771	3,334	6,885	2,738	518	31	171,360	818	\$ 90,126
Tana River County	6,894	7,143	469	5	2,634	424	1,467	4,988	1,530	754	85	258,901	29	\$ 68,060
Tharaka Nithi County	36,497	16,331	403	64	4,469	2,900	1,129	15,204	2,629	480	-	431,836	557	\$ 158,652
Trans Nzoia County	72,690	48,504	1,264	153	5,553	8,108	17,097	27,047	3,352	3,248	185	2,338,206	3,867	\$ 466,873
Turkana County	20,002	212	102	43	4,334	2,128	2,885	34,106	9,787	1,573	1,499	844,818	6,426	\$ 162,909
Uasin Gishu County	60,166	72,900	2,873	325	9,130	12,392	5,131	27,456	6,213	2,965	1,731	543,541	2,248	\$ 424,249
Vihiga County	26,537	22,611	790	354	8,763	6,621	2,143	14,722	1,355	759	301	606,200	2,301	\$ 252,403
Wajir County	2,968	2,133	22	-	809	500	152	5,490	1,374	1,464	255	29,957	211	\$ 25,007
West Pokot County	21,488	4,626	208	88	7,322	2,941	843	11,565	3,921	464	-	162,099	1,840	\$ 153,243
Total	2,602,812.00	1,393,272.00	84,278.00	11,896.00	425,662.00	462,926.00	238,620.00	1,485,636.00	355,956.00	132,548.00	44,804.00	39,036,936.00	155,207.00	\$ 17,048,614

RECOMMENDATIONS

Gap / Challenge	Proposed Activity / Intervention	Responsible Party	Timeline	Resources Needed	Means of Verification
1. Funding Gap – MOH-funded orders are on hold for FP commodities	Advocate for increased resource allocation for FP commodities through internal and partner-supported budgets.	MOH – Director Family Health; NCPD – Director General	Continuous through Dec 2025	Procurement plan; budget advocacy materials	Allocation records for FP commodities
2. Data Disparity – Differences between consumption and service data reported by health facilities	Conduct integrated SRH/FP data quality audits and data reviews before KHIS uploads to ensure alignment between service and commodity data.	County Pharmacists (CPs); RH Coordinators	Continuous	Internet access; transport for field audits	Data Audit (DQA) reports
3. Service Delivery – Training gaps on Hormonal IUCD use	Cascade hormonal IUCD training to all counties and health facilities; mobilize resources and partners to support training rollout.	RH Coordinators	Continuous	Training materials; logistics; partner support	Number of staff trained; increase in hormonal IUCD uptake

4. Commodity Management – Overstocking of Hormonal IUCDs	Discuss redistribution in NOMT meetings and direct counties to assess and redistribute overstocks.	County Pharmacists (CPs) through CDH to Head of Program	By 31 Dec 2025	Internet; courier fees	Redistribution reports
5. Low Uptake of Hormonal IUCDs	Scale up hormonal IUCD use by expanding training to untrained counties (currently only 25 covered) and strengthen demand generation through CHPs.	RH Coordinator s; National and County Governments	By 31 Dec 2025	Training materials; logistics; partner support	Increased hormonal IUCD uptake rates
6. Limited Stakeholder Engagement in FP at National and County Levels	Engage manufacturers (e.g., Bayer, DKT) and partners to support capacity building and demand generation activities.	RH Program; FP Division	Continuous	Stakeholder engagement plan; meeting logistics	Partner commitments; signed collaboration agreements
7.HIV Condoms Included in Reports but Excluded from FP Supply Plan	Harmonize reporting tools and timelines between FP and HIV programs; conduct joint reviews to streamline condom data	NOMT TWG; MOH	Continuous	Meeting logistics; harmonized reporting templates	Aligned reporting tools; updated KHIS data

	across MOH 730B and MOH 747.				
8.Parallel Condom Reporting – Stocks unavailable due to funding restrictions	Facilitate discussions between FP and HIV programs to allow KEMSA to issue condoms across programs with mutual approval; establish a joint TWG for coordination.	Directorate of Family Health; NASCOP	Continuous	Meeting facilitation costs; advocacy materials	TWG minutes; improved stock availability reports
9. Condom Distribution Inefficiencies	Involve Community Health Promoters (CHPs) in the last-mile distribution of condoms to improve access.	County Health Teams	Continuous	Training and logistics for CHPs	Condom distribution coverage reports
10.High Condom Pricing due to Import Duty	Advocate for waiver of import duty and for condoms to be listed as essential medical supplies; promote local manufacturing initiatives.	Regulatory Bodies (KRA, PPB); MOH; NASCOP	Continuous	Policy briefs; advocacy forums	Policy documents; reduced import duty; local production initiatives
11. CycleBeads Hoarded in Specific Health Facilities	Conduct stocktake and redistribute CycleBeads based on facility needs and availability.	Sub-County and County Pharmacists ; Commodity	By 31 Oct 2025	Transport; communication costs	October 2025 MoH 747A reports

		Managers at SDPs			
12. Limited Knowledge on FP Data Pro Application in KHIS	Integrate sensitization on FP Data Pro within ongoing KHIS/LMIS training to improve data use and reporting.	FP Program	Continuous	Training materials; logistics	Training attendance sheets; improved data reporting

ANNEXES

Annex 1: Workshop Program

Day 1		Moderator: Talaso
Time	Agenda	Facilitator
8.30 - 9.00am	Arrival and registration	NCPD
9.00 - 9.15am	Welcome and Introduction	DRMNCAH
9.15 - 9.30am	Opening Remarks	DMRNCAH
9.30 - 10.00am	FP program snapshot <ul style="list-style-type: none"> ● Scope and Objectives ● Funding landscape ● FP data and targets ● Commodity status 	KEMSA/ DRMNCAH
10.00 - 10.20am	Tea Break	
10.30 - 11.30am	Review of Previous Quantification Exercise	insupply
11.30 - 1.00pm	Consensus on Quantification Assumptions	insupply
1.00 - 2.00pm	Lunch Break	
2.00 - 3.30pm	Overview of Quantification Tools <ul style="list-style-type: none"> ● QAT ● AI Forecasting Tool ● GFPVAN 	Insupply/CHAI
3.30 - 5.00pm	Data Extraction, cleaning, validation <ul style="list-style-type: none"> ● Consumption 	All

	<ul style="list-style-type: none"> ● Services ● Demographic 	
5.00pm	Wrap up Day 1, Tea & Departure	DRMNCAH
Day 2		Moderator: Dr Mulwa

Time	Agenda	Facilitator
8.30-9.00am	Recap of Day 1	Bungoma & Nakuru County
9:00am - 10:00am	2024/25 Forecast Accuracy	insupply
10.00 - 10.20am	Tea Break	
10.30 - 1.00pm	Generating Forecasts <ul style="list-style-type: none"> ● Consumption ● Services ● Demographic 	Insupply
1.00 - 2.00pm	Lunch break	
2.00 - 3.30pm	Presenting final forecasts by method <ul style="list-style-type: none"> ● Consumption ● Services ● Demographic 	All
3.30pm - 4.45pm	Forecast reconciliation by product	All
4.45 - 5.00pm	Wrap up Day 2, Tea & Departure	
Day 3 Moderator:Hambulle		
8.30 - 9.00am	Recap of Day 2	Turkana & Trans Nzoia County
9.00 - 10.30am	Requirements splitting – public, social marketing and private commercial sectors	CHAI
10.30 - 10.50am	Tea Break	
11.00 - 1.00pm	Funding commitments by	DRMNCAH, UNFPA

	Government and Development Partners and Gap analysis	
1.00 - 2.00pm	Lunch break	

2.00 - 4.30pm	Pipeline review <ul style="list-style-type: none"> ● Facility Stock Status ● Central level Stock Status ● Consumption ● Shipments 	KEMSA
4.30pm - 5.00pm	Wrap up Day 3, Tea & Departure	
Day 4 Moderator:Veronica		
8.30 - 9.00am	Recap of Day 3	Kakamega & Isiolo County
9.00 - 10.30am	Updating of Supply Plan on QAT and GFPVAN	DRMNCAH, insupply, CHAI, KEMSA
10.30 - 10.50am	Tea Break	
11.00 - 1.00pm	Public Sector Commodity Requirements for FY 2025/26 - 2027/28	All
1.00 - 2.00	Lunch Break	
2.00 - 4.00pm	Calculation of County Contraceptive Requirements	Dr. Mulwa
4.00 - 4.30pm	Overview of Quantification Report and assigning of Roles	DRMNCAH
4.30 - 5.00pm	Wrap up Day 4, Tea and Departure	
Day 5 Moderator: Beverly		
8.30 - 9.00am	Recap of Day 4	Narok & Nairobi County
9.00 - 10.30am	Compilation of Report <ul style="list-style-type: none"> ● Front Matter 	DRMNCAH

	<ul style="list-style-type: none"> ● Methodology ● Results ● Recommendation ● Annexes 	
10.30 - 10.50am	Tea Break	
11.00 - 1.00pm	Compilation of Report <ul style="list-style-type: none"> ● Front Matter ● Methodology ● Results ● Recommendation ● Annexes 	DRMNCAH
1.00 - 2.00pm	Lunch break	
2.00 - 3.30pm	Presentation of Draft Report	DRMNCAH
3.30 - 4.00pm	Next Steps and Closing Remarks	DRMNCAH
4.00pm	Tea and Departure	All
	Recap Day 5: Kwale & Kirinyaga County	

Annex 2: Participants List

S/No.	Name	Job Title	Name of Organization or Facility	County	Phone Number	Email
1	Hakima Abdikadir	Senior Principal Program Officer	National Syndemic Diseases Control Council (NSDCC)	Nairobi	0717545048	habdikadir@nsdcc.go.ke
2	Kananu Kubai	Supply Chain Pharmacist	HPTU Embu	Embu	0723965396	nanukubai@gmail.com
3	Victor Ooko Mboya	CRHC	MOH -NCCG	Nairobi	0721149325	mboyav90@gmail.com
4	George Mwangi	Data Analyst	inSupply health	Nairobi	0748177880	george_mwangi@insupplyhealth.com
5	Simon Muchemi Mumbi	Health Records and Information Officer	MoH DRMNCAH	Nairobi	0725734408	smuchemi93@gmail.com
6	Miriam Muthoni	Program Officer	KEMSA	Nairobi	0710317951	Miriam.Muthoni@kemsa.go.ke
7	Dan Ngere	County Pharmacist	Narok CHMT	Narok	0720460933	danngere01@gmail.com
8	Charity Koronya	FP/ RHCS Specialist	UNFPA	Nairobi	0722415403	Koronya@unfp.org
9	Beatrice Okundi	Assistant Director	National Council for Population and Development	Nairobi	0722760456	bokundi@ncpd.go.ke
10	Talaso Gutu	Program Officer	Ministry Of Health	Nairobi	0722341228	talasowario@yahoo.com
11	Dr. Charles Mulwa	SDDPS	Makueni County	Makueni	0720349153	lesmulwa@gmail.com
12	Albert Ndwiga	Program Manager	MOH DRMNCAH	Nairobi	0727300458	NDWIGAAL@GMAIL.COM
13	Claver Kimathi	County Pharmacist	MoH Isiolo	Isiolo	0723506248	kimathiclaver@gmail.com
14	Kaugi Kibaara	Pharmacist	Nairobi City County Government	Nairobi	0711802159	thekaugi@gmail.com
15	Joseph Gitau Mbugua	Systems developer	KEMSA	Nairobi	0702777077	joseph.gitau@kemsa.go.ke

16	Sospeter Ngugi Gitonga	DDPS	Ministry of Health-Afya Hse	Nairobi	0721393636	sngitonga@gmail.com
17	Jane Lydia Amoi Anyanzwa	County Pharmacist	MOH	Bungoma	0711753690	anyanzwalydia@gmail.com
18	Lillian Ongwae	AOA	National Syndemic Diseases Control Council	NAIROBI	0710551787	Longwae@nsdcc.go.ke
19	Dennis Ndwiga	Ass Director Programs	KEMSA	Nbi	0721521573	dennis.ndwiga@kems a.go.ke
20	John Wanjohi	System developer	KEMSA	Kenya	+254722104385	johnwanjohi@gmail.com
21	Rose Wepukhulu Wangila	CRHC	MOH	Trans-Nzoia	0721737389	rwangilan@gmail.com
22	Beverly Wambani	CRHC	MOH	Kakamega	0729828322	beverlynyanga@gmail.com
23	Veronica Sande	Program Officer	KEMSA	Nairobi	0719825781	veronica.sande@kems a.go.ke
24	Catherine Mulinge	Pharmaceutical technologist	Garissa County Referral Hospital	Garissa	0722285259	catherinemulinge081@gmail.com
25	Timothy Wambugu	Senior Manager	PSK	Nairobi	0725757257	twambugu@pskenya.org
26	David Wesaya	County Pharmacist	Ministry of Health	Trans Nzoia	0717379630	wesaya20@gmail.com
27	Collins Muchoki	Program coordinator	Population services Kenya	Nairobi	0728209727	cmuchoki@pskenya.org
28	Dr. Arthur Nderitu	County Pharmacist	Kwale county	Kwale	0723866093	nderituarthur@gmail.com
29	Rodgers Omondi Kongina	Senior principal program Officer	NSDCC	Nairobi	0726549530	romondi@nsdcc.go.ke
30	Teresia Mutogia	Program Coordinator	Population Services Kenya	Nairobi	0729425724	terinyams@gmail.com
31	Nkatha Mutungi	Pharmacist specialist 1	MOH	Nairobi	0722934492	nkmutungi@gmail.com
32	Louizer Mong'are	Pharmacist	Dept. of Health Services	Nakuru	0715779981	loumongare@gmail.com

33	Nancy Jepkurui Chelule	CRHC	Department of Health Services Nakuru	Nakuru	+254721296432	njchelule@gmail.com
34	Hambulle Mohamed	Senior Program Officer	MOH -DRMNCAH	Nairobi	0742993777	hambullem@yahoo.co
35	Kennedy Wakoli	Programme Specialist	Amref Health Africa	Nairobi	0704839983	Kennedy.Wakoli@Amref.org
36	Lawreen Sakini	Supply Chain Manager	Reproductive Health Network Kenya	Nairobi	0704592041	Lsakini@rhnk.org
37	Joshua Okeyo	Program Manager	CHAI	Nairobi	0734091633	jokeyo@clintonhealthaccess.org
38	Dr. Misiani Ayub W.	County Pharmacist	MOH	Kakamega	0725951924	adomisiani@gmail.com
39	Daniel Mumbia	Associate	CHAI	Nairobi	0713698005	dmumbia@clintonhealthaccess.org
40	Dagane Takhal Dabar	Assistant director, Programs	KEMSA	Nairobi	0721540973	dagane.dabar@kemsago.ke
41	Peter Kinuthia	Economist	NSDCC	Kenya	0722582292	pkinuthia@nsdcc.go.ke
42	Grace Nekesa	Associate	inSupply health	Nairobi	0743721613	grace_nekesa@insupplyhealth.com
43	Michael Okello	BDM	DKT Womancare Global	Nairobi	0790205342	michael.okello@dktwomancare.org
44	Alice Olawo	FP Technical Advisor	FHI360	Nairobi	0718781490	aolawo@fhi360.org
45	Hellen Okello	Program coordinator	Lwala Community Alliance	Migori	0707125681	hellenokelloh@lwalacommunityalliance.org
46	Polycarp Oyoo	SPO	ICRHK	Nairobi	0705282856	polycarp@irhk.org
47	Francisca Akope	AYSRHRC	MOH	Isiolo	0727732314	fakope68@gmail.com
48	Brian Muyokani	Pharmacist	Ministry of Health	Turkana	0713422062	brianmuyoks@yahoo.com
49	Fidelis Ndung'u	ADP	NCPD	Nairobi	0777770015	fndungu@ncpd.go.ke
50	Evans Imbuki	SDDPS	MOH-NASCOP	Nairobi	0721277165	eimbuki@nascop.or.ke
51	Dr. Johnson Anyona	Supply Chain Manager	inSupply health	Nairobi	0720781664	Johnson_anyona@insupplyhealth.com

52	Dr. Eric Mutua	Pharmacist	NASCOP	Nairobi	0727243698	emutua@nascop.or.ke
53	Florence Ileri	PO	MOH-RMNCA H	Nairobi	0721797013	floireri58@gmail.com