From Family Planning Stock-Outs to Solutions

How financing, advocacy and last-mile delivery are strengthening commodity security across Africa.

Every contraceptive stock-out tells a story. Behind every shortage lies a chain of decisions from financing and investment to distribution and coordination. An empty shelf is never the beginning of the story.

Long before a woman is told that her preferred family planning method is unavailable, critical decisions have already been made. Was enough money allocated? Were budget commitments honoured? Did commodities reach the right facility at the right time?

Leadership Reflection

Every contraceptive stock-out tells a story. By the time someone is told that their preferred family planning method is unavailable, the shortage has often been months–sometimes years–in the making. Decisions about financing, accountability, procurement, and distribution have already shaped that moment.

Across our work in Africa, we have learned that preventing stock-outs requires strengthening every link of the commodity supply chain. We work with governments, civil society and partners across Africa to generate evidence, strengthen accountability, financing dialogue, and support health systems to deliver commodities where they are needed the most. Our role is not to simply respond to shortages but rather help build resilient systems that prevent them.

This edition follows that journey. We begin in Kenya, where years of delayed financing showed that commitments must be honoured before family planning commodities can reach the shelf. We then move to Nigeria, where evidence-informed advocacy helped unlock government financing while reinforcing an important lesson: released funds must also be sufficient to meet growing demand. Finally, we end in Uganda, where stronger stock visibility and district coordination helped ensure, commodities reached the health facilities where they were needed most.

Together, these stories remind us that commodity security depends on more than procurement. It requires accountable financing, adequate investment and responsive supply chain systems working together. Strengthening each of these links brings us closer to ensuring every woman can access the family planning method of her choice.

Executive Director, Samasha

KENYA - Finance

Honouring the Commitment

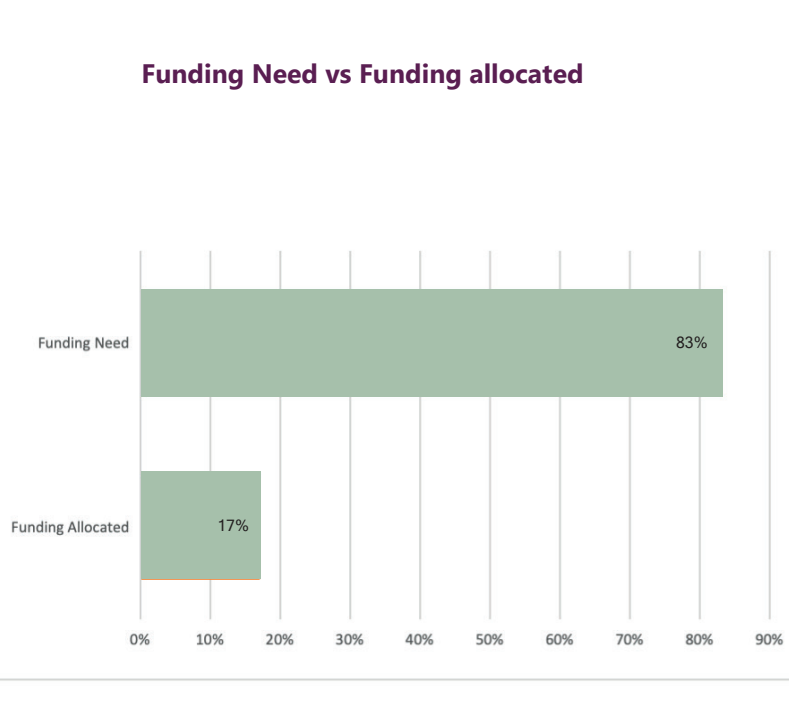
An empty shelf at a health facility rarely starts there. More often, it begins years earlier, when financing commitments are delayed or deprioritised.

In 2021, Kenya committed through FP2030 to fully finance its family planning commodity requirements by 2026. Since then, family planning funding has appeared in successive national budgets. However, despite these allocations, the funds were never released, leaving family planning consistently under-prioritised and delaying the procurement of essential commodities.

According to Health NGOs Network Kenya (Hennet)'s analysis of the FY2025/26 budget, the country requires approximately KES 3 billion (USD 22.9 million) annually to finance family planning commodities.
Previous allocations also remained largely unreleased, widening the gap between government commitments and the commodities available at health facilities. Recognising this challenge, the Health NGOs Network Kenya (Hennet), with support from Samasha, convened the National Council for Population and Development (NCPD), young parliamentarians, advocates, and development partners to push for the release of the committed funds. Using evidence to demonstrate the consequences of delayed financing, the coalition successfully advocated for action.

In May 2026, the Government released KES 250 million (approximately USD 1.9 million) to the Kenya Medical Supplies Authority (KEMSA) for the emergency procurement and distribution of family planning commodities.

The release was an important milestone, showing that evidence-based advocacy can transform commitments into action. However, it also underscored a broader lesson: releasing funds is only the first step. Commodity security depends not only on timely disbursement but also on ensuring that financing is sufficient to meet demand.



> *"Budget commitments only improve lives when they are released and released on time*

Kenya's experience shows where commodity security begins. Nigeria's experience demonstrates what happens next.

NIGERIA - Investment

Matching Financing to Need

Releasing funds is essential, but financing alone does not guarantee commodity security–especially in a country with one of Africa's largest populations.

With an estimated population of more than 240 million people, including approximately 54 million women of reproductive age (United Nations, World Population Prospects 2024), Nigeria has one of Africa's largest needs for contraceptive supplies. Yet an estimated one in five married women still has an unmet need for family planning (Nigeria Demographic and Health Survey (NDHS) 2023-24), underscoring the importance of sustained domestic financing to ensure contraceptives are consistently available where they are needed most.

To better understand where the remaining gaps existed, Africa Health Budget Network (AHBN), with support from Samasha and partners, used the Motion Tracker Approach to generate evidence on financing gaps. By tracking approved budget allocations against actual releases and documenting funding shortfalls, the initiative provided the analysis needed to engage policymakers and strengthen public advocacy.

Dr Aminu Magashi Garba, Coordinator, Africa Health Budget Network.

These coordinated efforts contributed to the Federal Government releasing US$3.75m, representing 94% of its approved 2025 family planning commodity budget in February 2026.

The release demonstrated that accountability data could influence government action. Yet it also reinforced an important lesson: releasing funds is not the same as fully financing family planning. In a country with approximately 54 million women of reproductive age, investments must keep pace with demand. As stock-outs continue to affect 24 of Nigeria's 36 states, advocates have an important role to play in generating evidence that supports increased domestic financing, ensuring budget commitments are not only released but are sufficient to meet the country's family planning needs.

> ***"Releasing funds is progress. Investing enough to meet the need is impact.***

If Kenya's lesson is that commitments must be honoured, and Nigeria's lesson is that investments must match need, then Uganda's lesson is that commodities must reach the last mile.

UGANDA - Delivery

Reaching the Last Mile

Kenya showed that family planning financing must be released. Nigeria demonstrated that financing must also be sufficient to meet the growing demand for services. Uganda highlights the final link in the chain: ensuring commodities reach the health facilities where they are needed most.

An empty shelf does not always mean there are no family planning commodities. Sometimes, commodities are available elsewhere, but weak information sharing, poor stock visibility and limited coordination leave one facility overstocked while another experiences an artificial stock out.

Between March and May 2026, Samasha, with support from Enabel, worked with District Health Teams across Kamuli, Jinja City, Jinja District, Kasese, Kabarole, Kyegegwa and Fort Portal City to strengthen medicines accountability, improv stock visibility and promote data-driven decision making.

Through mentorship, supportive supervision and routine review of stock records, district teams were better able to identify facilities with shortages and those with excess commodities, enabling timely redistribution before stock-outs occurred.

The intervention showed that preventing stock-outs is not always about purchasing more essential commodities. Sometimes, it is about making better use of the commodities already available by strengthening information sharing and coordination at the subnational level.

Only when financing is released, investments match demand, and commodities reach the last mile does an empty shelf become a stocked one. Ensuring every woman can access the family planning method of her choice.

Staff at Namwendwa HC IV, Kamuli district, reviewing stock cards

> ***"An empty shelf is not always a shortage of commodities—it can be a shortage of information.***

Our Call to Action:

Achieving the Sustainable Development Goals by 2030 and the FP2030 commitments will require more than ambition. It will require sustained investment, stronger partnerships and accountable implementation that translates these commitments into equitable access to contraceptive commodities and services.
By generating evidence, convening partners and supporting accountable decision-making, we can help transform national commitments into reliable access to family planning. Together, we can strengthen the systems that ensure every person can access the contraceptive method of their choice.

Samasha is a Global South technical advisory organisation strengthening Health Systems