

# MALARIA IN PREGNANCY WORKING GROUP

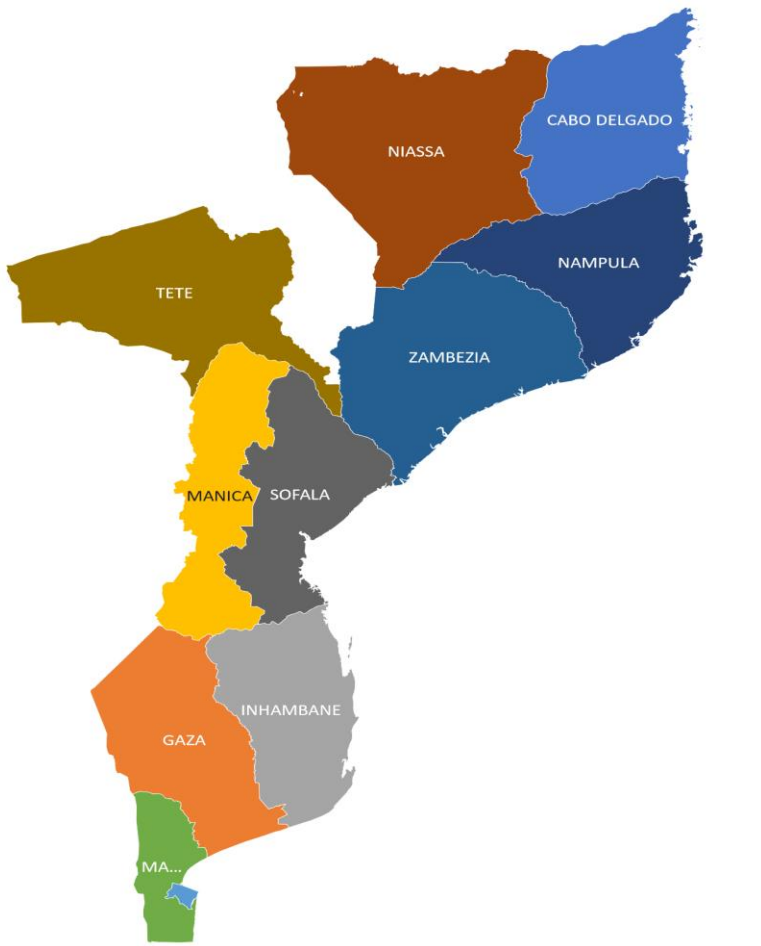
Sulphadoxine-Pyrimethamine  
Availability and Supply Systems

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# COUNTRY OVERVIEW

## Mozambique Map

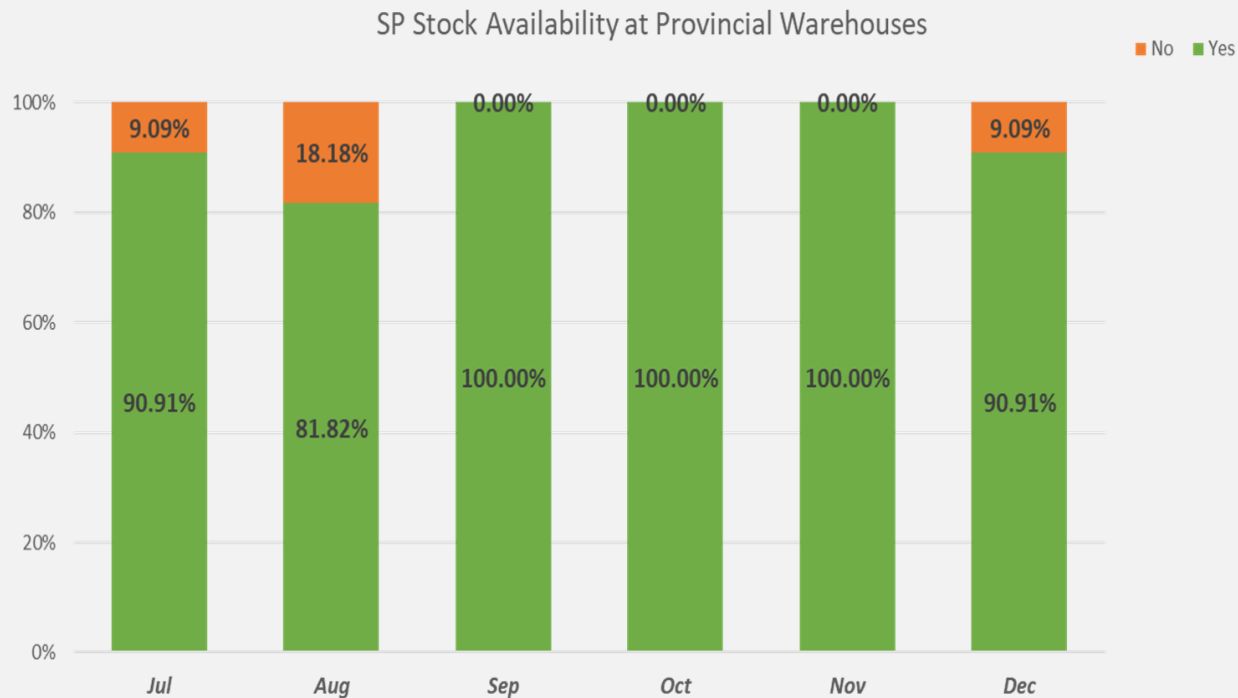


- Key MiP Indicators:
- IPT<sub>p2</sub>: 957.812 = 63%
- IPT<sub>p4+</sub>: 659.868 = 44%
- ANCI: 1.597.644 = 98%
- ANC4+: 749.750 = 40%

# SP AVAILABILITY AND SUPPLY SYSTEMS

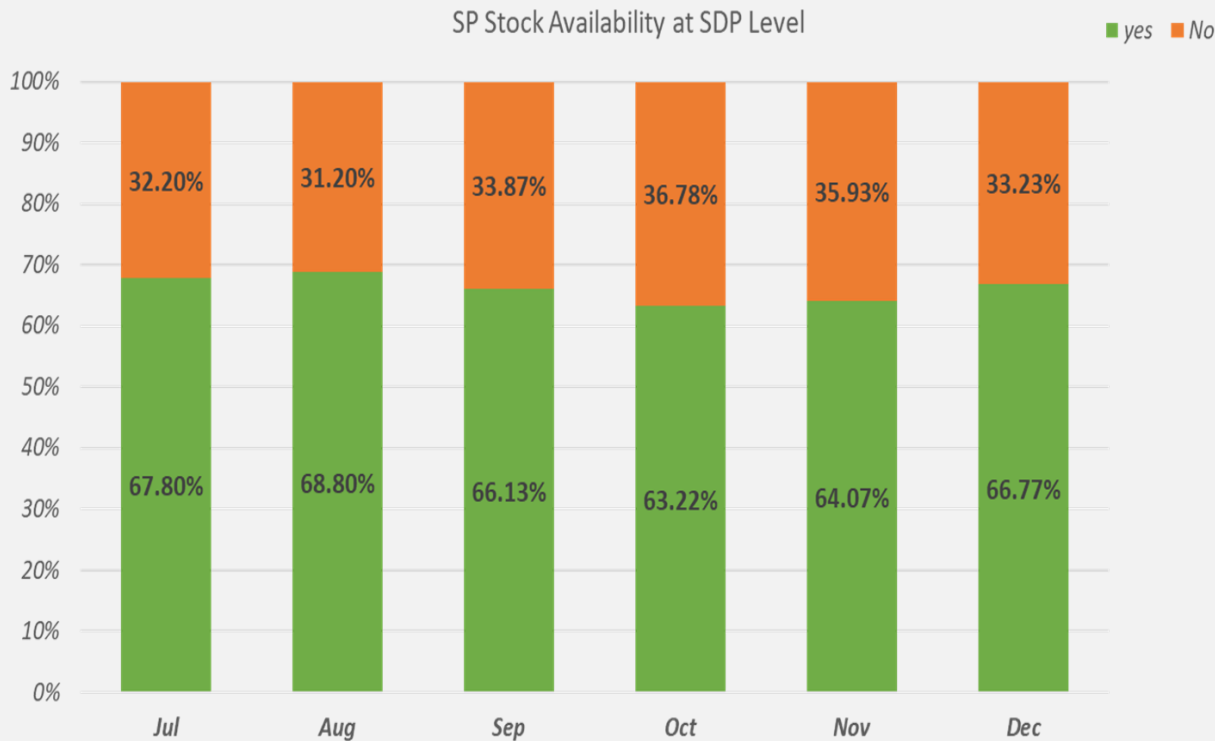
1. Different entities are involved in the procurement of SP in Mozambique: MoH and partners (PMI, UNICEF)
2. SP is distributed through a pull system. Health facilities obtain their stocks from districts warehouses. Transportation is supported by MoH and by some implementing partners on an ad-hoc basis;
3. All commodities, including SP, are procured at central level and distributed down through the supply chain. No financial transactions are involved at any level of the supply chain. At health facilities, SP is delivered free of charge to the pregnant women;
4. There is a LMIS which is supported by several platforms (SIGLUS, SIMAM, FC). However, there are no alerts built-on these systems to notify central level when stocks are low. There is a TWG that monitors this data and reviews distribution plans;

# SP AVAILABILITY AT PROVINCIAL WAREHOUSES (SIMAM)



From the 11 provincial warehouses, 9%, 18.2% and 9%, reported stock out on the last day of July, August and December respectively.

# SP AVAILABILITY AT HEALTH FACILITIES WAREHOUSES (SIGLUS)



Health Facilities warehouses reported 63% or more of SP stock availability of trough SIGLUS.

# CHALLENGES/LESSONS LEARNED

Challenges	Lessons Learned
<p>Supply chain too long (4 levels) and with many stopping points until reaching the end user. Need for storage at different points</p>	<p>Implementation of a new distribution system with only 3 levels Increased and decentralized warehouse capacity (new central and intermediate warehouses)</p>
<p>Lack of good access to stock data at lower levels (districts and health facilities)</p>	<p>Development of integrated systems and tools to ensure visibility, accountability and product integrity throughout the supply chain (SIGLUS)</p>
<p>Weak distribution network (transport), particularly at district level.</p>	<p>Improvement of the routes and volumes of cargo and of transport costing – Last Mile project</p>
<p>Stock out at all levels</p>	<p>Improvement the quantification at central level</p>

# KEY TAKEAWAYS

- Improve data visibility especially at HF level – this will facilitate data analysis and triangulation, creation of early warning mechanism and optimization of stocks
- Operationalization of the PELF (Pharmaceutical logistics Strategic Plan) – improvements in warehousing and in the transportation system
- Improve coordination and ensure regular monitoring of distribution plans, orders and shipments and available funding
- Improve supervision and the implementation of on-the-job training, especially for the clinical staff involved in SP management

## **NEXT STEPS/SUPPORT NEEDED TO MOVE FORWARD**

- What is your country planning to do next to ensure SP supplies remain good/are improved?
  - Weekly monitoring of stocks at all levels
  - Expand supervision activities and EUV
  - Expansion of SIGLUS
  - Support TWGs at all levels in order to improve financing, procurement and security of SP
- What support does your country need that your country is not able to directly support at the present time?
  - Storage and transportation especially at lower levels (HFs)
  - Improve management capacity in all districts to ensure a rational and equitable distribution of SP
  - Expansion of SIGLUS to all HFs (currently in 50% of the HFs)





*Photo credit: Samuel Mabunda (TIPTOP)*

**THANK YOU!**