

# MALARIA IN PREGNANCY

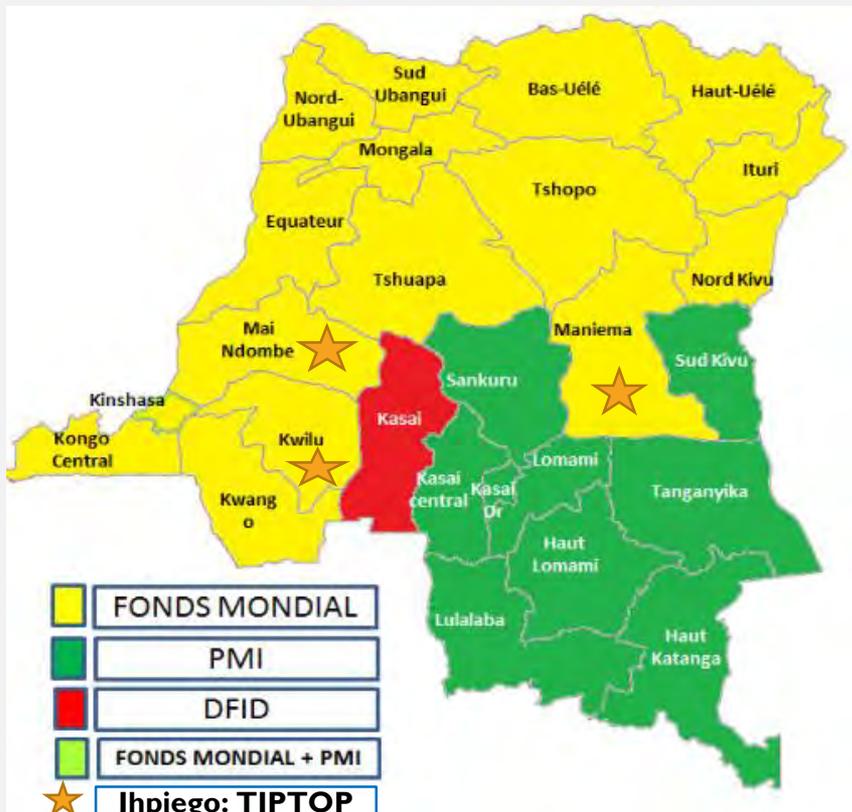
Facilities SP supply in DRC

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# COUNTRY OVERVIEW



- Key MiP Indicators:

	DHIS2	SURVEY
IPT1	83.70%	48.1%
IPT2	67.90%	26%
IPT3	50.80%	10%
IPT4	31.10%	2%
ANC1	95.60%	NA
ANC2	80.90%	NA
ANC3	79.80%	NA

# SP AVAILABILITY AND SUPPLY SYSTEMS

- The DRC Government contributes 5% of the total GF subsidy to drug supplies in DRC :
- GF supplies 16 provinces
  - PMI supplies 9 provinces
  - DFID supplies 1 province
  - Families
- The CDR (Regional /P Central of Drug distribution) stocks SP and supply facilities through district office coordination;
- SP Storage: Free of charge at CDR and district depots;
- SP availability follow-up: done periodically depending on the level. Strategies:
  - ✓ CDR Reports to Drug Management Group and to GAS (Stock and Purchase management)
  - ✓ DHIS2 software
  - ✓ SIGL (*Information system in logistic management*)
  - ✓ EUV survey (End User Verification)
  - ✓ M&E meetings at district level

# CHALLENGES/LESSONS LEARNED

Challenges	Lessons Learned
<p>Lack of harmonization between stakeholders on the drug supply plan resulting in difficulties to coordinate multiple supply sources. Delivery period is not respected by different suppliers</p>	<p>Strong coordination with PTF (Financial and Technical partners) limit risk of stock ruptures in district/ZS (Health Zone)</p>
<p>Difficulties for facilities to calculate/estimate their real drug requirements (general census 1984</p>	<p>Rigorous CMM (Monthly Average Consumption) tracking can reduce the number of days of SP stock lout</p>
<p>Logistic challenges : difficult accessibility, poor roads, long distances, security issues.</p>	<p>A good choice of the supply chain with a well estimated quantities may reduce the risk of ruptures</p>
<p>Few providers trained in drug management , High turn over of HR</p>	<p>Coaching and supportive supervisions improve team drug management skills</p>

# KEY TAKEAWAYS

- Need to master drug requirement estimations at all level (a general census may be necessary);
- Assure regular and timely drug supply;
  - Train providers in drug management and ensure formative supervisions
  - Implement a strong SP stock outs alert system
  - Provide the CDR with necessary logistics means for drugs deployment in provinces
  - Reinforce advocacy for MoH/Government contribution into MiP activities
- Reinforce supportive supervision of providers;
- Regular follow up of drug stock and management;

# NEXT STEPS/SUPPORT NEEDED TO MOVE FORWARD

- Put in place a streamlined procedure of regular supply of facilities in drugs and consumables;
- Advocate for the gradual increase in co-financing of drug supply and increase external funding (other donors)
- Modernization of inventory tracking software (avoid breaks)
- Advocate for the assignment of pharmacists in all district offices to support facilities in quantification, supply and distribution;
- Harmonize supply plan and implementation to reduce recurrent stock outs;
- Expand community-based drug dispensation coverage
- Advocacy for a general census of the population, guarantee of success of any health policy and development



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**THANK YOU! MERCI !**