MALARIA IN PREGNANCY

Facilities SP supply in DRC

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Maputo 12-14, April
# Country Overview

## Key MiP Indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>DHIS2</th>
<th>SURVEY</th>
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</thead>
<tbody>
<tr>
<td>IPT1</td>
<td>83.70%</td>
<td>48.1%</td>
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<tr>
<td>IPT2</td>
<td>67.90%</td>
<td>26%</td>
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<tr>
<td>IPT3</td>
<td>50.80%</td>
<td>10%</td>
</tr>
<tr>
<td>IPT4</td>
<td>31.10%</td>
<td>2%</td>
</tr>
<tr>
<td>ANC1</td>
<td>95.60%</td>
<td>NA</td>
</tr>
<tr>
<td>ANC2</td>
<td>80.90%</td>
<td>NA</td>
</tr>
<tr>
<td>ANC3</td>
<td>79.80%</td>
<td>NA</td>
</tr>
</tbody>
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Others: MSF

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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

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Lessons Learned</th>
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<tbody>
<tr>
<td>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</td>
<td>Strong coordination with PTF (Financial and Technical partners) limit risk of stock ruptures in district/ZS (Health Zone)</td>
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<td>Difficulties for facilities to calculate/estimate their real drug requirements (general census 1984)</td>
<td>Rigorous CMM (Monthly Average Consumption) tracking can reduce the number of days of SP stock lout</td>
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<tr>
<td>Logistic challenges: difficult accessibility, poor roads, long distances, security issues.</td>
<td>A good choice of the supply chain with a well estimated quantities may reduce the risk of ruptures</td>
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<tr>
<td>Few providers trained in drug management, High turn over of HR</td>
<td>Coaching and supportive supervisions improve team drug management skills</td>
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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;
THANK YOU! MERCI !