There are many variables that affect availability of PEP kits. SGBV reporting, including PEP kit stock out data, remains low, with less than 50 percent of reports filled to completion. This is well below the national minimum standards of 80 percent. In addition, most health facilities receive different PEP kit components separately and assembly is never completed, which makes tracking stockouts difficult. During the first PEP Kit Procurement Project IMA identified the absence of health care providers trained in SGBV survivor care in several facilities, likely contributing to limited access to PEP kits.

To address these issues, the proposed project will employ a multipronged PEP kit supply and distribution strategy, which will increase access, reduce stock-out, reduce cost per kit through a cost-effective local kitting solution, and reduce PEP kit waste through training of health care providers coupled with a robust tracking and monitoring system. Specifically, the proposed approach will include bulk drug procurement, in-country kitting, quantification, warehousing and distribution, training of health care providers, and PEP kit monitoring and tracking. Through this holistic approach to PEP kit supply, the proposed intervention will effectively address the PEP kit supply in DRC by allowing internal redistribution of PEP kits, which will in turn reduce stock out and massive losses due to under consumption in areas where early treatment remains very low.
PEP Kit Distribution

The project will primarily target 13 provinces with the highest prevalence of SGBV cases in the country based on data from the 2018 DHIS2. These provinces are indicated by diagonal lines on the map to the right. In order to ensure that coverage in provinces with low case reporting but significant risk of SGBV due to mining activities, conflict, and traditional practices, IMA requested to supply any remaining PEP kits to the provinces of Bas-Uélé, Haut Lomami and Lualaba, which are indicated by vertical lines on the map to the right.

To avoid creating a parallel PEP kit distribution and supply mechanisms, PEP Kit will be made available to partners via the DPS. In summary, the proposed intervention will prioritize the supply and distribution of PEP kits based on existing distribution channel and network.

**Tier 1:** USG partners (OFDA/USAID) with health and GBV contractual activities, and have qualified clinical staff to manage and support the appropriate use of PEP kits;

**Tier 2:** Other INGO partners funded by other donors (DFID, WB, EU, etc.) with current Health and GBV contractual activities and reporting members to the GBV/Protection and Response and Health Clusters. These partners must have qualified clinical staff to manage and support the appropriate use of PEP kits; and

**Tier 3:** DPS for Health Zones without Tier 1 or Tier 2 partners.

IMA invites Health and SGBV actors with SGBV activities in the targeted provinces, willing to facilitate PEP kit distribution to health zones, and health facilities to contact us at the following: AMudekereza@imaworldhealth.org and jmboma@imaworldhealth.org

Logistics Management Information System

IMA will pilot a quasi-real-time inventory tracking software to improve PEP kit tracking and ultimately help prevent and avoid stock-outs and overstock. IMA has extensive experience deploying analog-based open source platforms for managing low-resource supply chains globally. In DRC, IMA has used analog-based mobile phone technology (ODK) for monitoring and data collection in various projects including the distribution of more than 1.3 million long-lasting insecticide-treated nets in 456,000 households, identification of food security beneficiary households, as well as agricultural input distributions. IMA’s PEP kit tracking strategy will also track individual PEP kits from kitting, through the supply chain, to the health zone level. This low-cost approach to tracking PEP kits leverages the largest technology sector in DRC, cellular networks, to provide high-resolution data while building in a reporting structure through the health zone and DPS to the IMA team in Kinshasa.