



## Post-Exposure Prophylaxis Kit Procurement and Distribution Phase II in the Democratic Republic of Congo

*Sexual and gender-based violence, or SGBV, remains a significant problem in the Democratic Republic of Congo, or DRC. The 2013 DRC Demographic and Health Survey found that more than 57 percent of women in DRC experienced physical or sexual violence at some point in their lives. Post-exposure prophylaxis kits, or PEP kits for short, reduce a survivor's risk of contracting HIV and other sexually transmitted diseases. Access to this critical intervention is uneven and challenging. According to DHIS2 data collected in the first quarter of 2017 to 2018, nearly 25 percent of health facilities in DRC failed to provide PEP kits to SGBV survivors, even when eligible cases presented for services. Baseline data collected by IMA in September 2018 for its current OFDA-funded PEP Kit Procurement project showed that access to PEP kits remains quite low, particularly in areas affected by armed conflict. Unfortunately, these are also the areas that need PEP kits the most.*

The proposed project seeks to address four key SGBV issues:

1. Limited access to PEP kits;
2. The lack of SGBV stock-out data;
3. The training gap of health care providers in SGBV survivor care, including the administration of PEP kits and PEP kit supply chain; and
4. Limited PEP kit tracking and monitoring, which leads to waste and mismanagement of PEP kits.

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.



**13,500**

Total number of targeted individuals.



**30,247**

Number of PEP kits assembled and distributed in 13 provinces, achieving 100% coverage.



**990**

Number of health care providers who will be trained in SGBV survivor care.



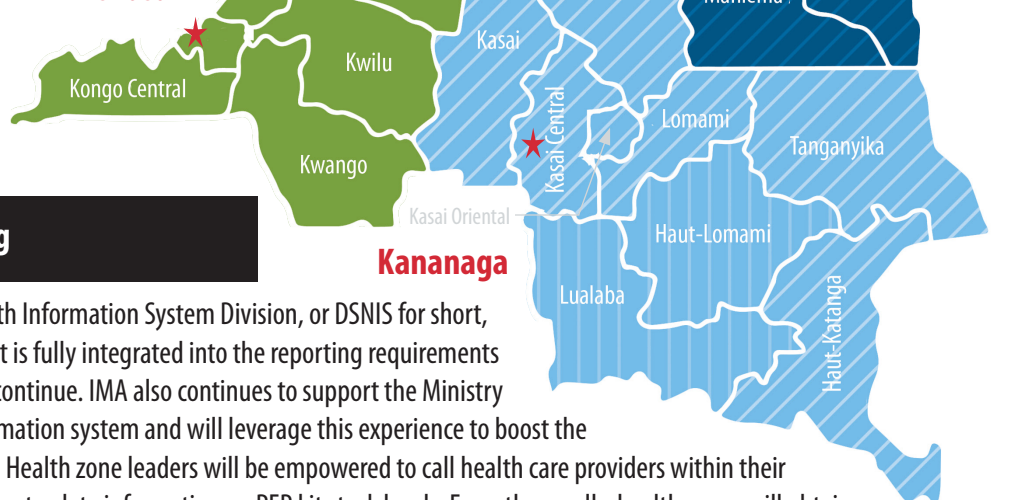
## PEP Kit Distribution

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.

- Area 1 (70% of cases)
- Area 2 (19% of cases)
- Area 3 (11% of cases)
- 13 targeted provinces
- Secondary provinces

★ Import & packing sites

**Kinshasa**



## Tracking, Monitoring & Reporting

IMA's ongoing work with the National Health Information System Division, or DSNIS for short, to ensure that reporting of PEP kit stock-out is fully integrated into the reporting requirements of provinces supported by this project will continue. IMA also continues to support the Ministry of Health in strengthening the health information system and will leverage this experience to boost the reporting of PEP kit stock-out or over stock. Health zone leaders will be empowered to call health care providers within their zones on a weekly basis in order to obtain up-to-date information on PEP kit stock levels. From these calls, health zones will obtain information on stock-out levels that they can immediately act upon, but they will also be required to enter this data into DHIS2 so that staff at the provincial health departments and national level can keep track of stock levels too.

## Logistics Management Information System

In addition, 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.

