

# KATHMANDU

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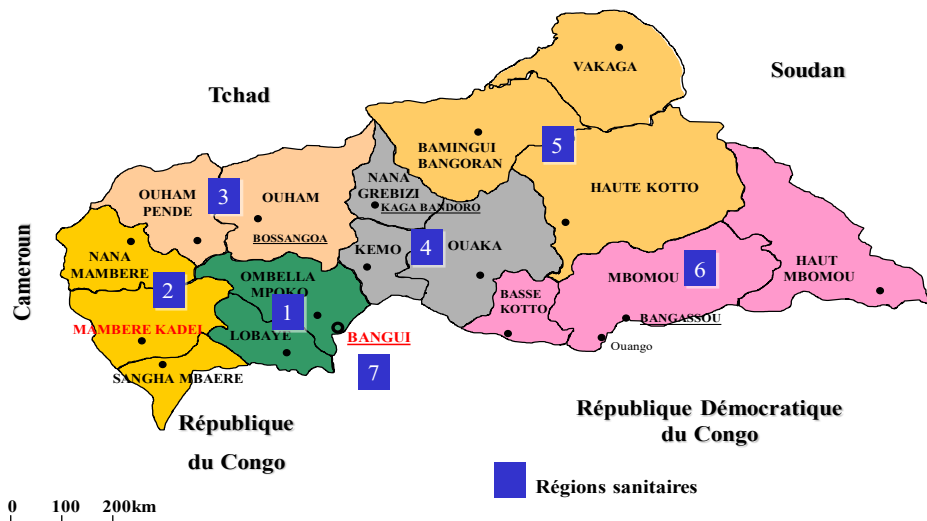
19<sup>TH</sup> GENERAL MEMBERSHIP MEETING OF THE  
REPRODUCTIVE HEALTH SUPPLIES COALITION



## Rapid assessment of availability of SRH and FP commodities in Jeune S3 supported health facilities in Central African Republic

Dr ZARAMBAUD BOHY-NGOMBET Romaric Ghislain,  
Chef de Service de la Santé des Jeunes et des Personnes Agées,  
Ministère de la Santé, République Centrafricaine.

# Central African Republic



- Surface 632000 KM
- Population 4.600.000
- 7 regions 16 prefectures
- High inequality in health care coverage amongst the 7 regions
- 25% of population living at more than 10 km distance from health facility



# Objectives



- Identify current supply gaps and supply chain bottlenecks for family planning, HIV prevention and STI treatment products that prevent continuous product availability at the points of service and provide recommendations for improvement;
- Identify financial barriers that prevent young people and vulnerable populations to access SRH/FP products available at the points of service and recommendations for improvement;
- The importance of timely importation of family planning commodities on growing the CPR.

# Methodology

- Desk research
- Site visits and interviews
  - Bangui : DSFP, DRS7, UNFPA, CSSUB, Bédé CSU Combattant CISJEU, ACABEF, SMI/PF de SOS
  - Bimbo : HD Bimbo
  - Mbaiki : DS de Mbaiki
  - Bégoua : HD de Bégoua



# Availability of commodities

PRODUITS	ETAT DE STOCK
<b>PRODUITS DE PLANIFICATION FAMILIALE</b>	
Pilule orale Combinée	Non disponible le jour de l'enquête (Rupture de plus de 3 mois au moins et près de 2 ans au plus)
Pilule Progestative seule	Disponible mais périmé
Injectable 2 mois	Disponible mais périmé
Injectable 3 mois	Non disponible le jour de l'enquête
Implant à 1 bâtonnet (Implanon Nxt)	Jamais disponible
Implant à 2 bâtonnets (Jadelle)	Non disponible le jour de l'enquête (Rupture de plus de 3 mois au moins et près de 2 ans au plus)
DIU	Jamais disponible
Condom Masculin	Disponible non périmé
Condom Féminin	Non disponible le jour de l'enquête
<b>PRODUITS DE TRAITEMENT DES IST**</b>	
Macrolides (Azithromycine/érythromycine)	Disponible non périmé
Fluoroquinolones (Ciprofloxacin/Ofloxacin)	Disponible non périmé
Pénicillines (Amoxicilline/Ampicilline)	Disponible non périmé
Céphalosporines (Ceftriaxone/Cefixime)	Disponible non périmé
Tétracycline (Doxycycline)	Disponible non périmé
Aminosides (Gentamicine)	Disponible non périmé
<b>PRODUITS DE PREVENTION DU VIH</b>	
Condom Masculin	Disponible non périmé
Condom Féminin	Non disponible le jour de l'enquête

# Gaps identified - overall

- L'Unité de Cession des Médicaments responsible for storage, stock management and distribution is not operational. The building was ransacked and looted during socio-political crises;
- Failure of the Information System for Logistics Management of Health Products (LMIS);
- Physical distribution system is weak;
- DSFP almost fully dependent on partners on forecasting, quantification, acquisition, storage and distribution of products from manufacturers to SDPs;
- Weak leadership of the DSFP in the process of coordinating with partners;
- Linkage to global and regional FP coalitions and mechanisms are missing.





# Recommendations - Overall

- Provide the country with a national warehouse for medicines and RH and other commodities, regional and district storage depots;
- Strengthen leadership of DSFP for coordinating existing partnerships such as UNFPA, IPPF and ACAMS;
- Enable and effectuate regular coordination and forecasting and quantification meetings to improve contraceptive security;
- Strengthen advocacy for increased resources for contraceptive supplies and strengthen the national supply chain management system at national level;
- Adhere to the FP2020 mechanism;
- Become member of RHSC, its francophone forum SECONAF and their global stock management mechanisms;
- Reach out to Institutions and Initiatives to accompany advocacy initiatives towards new financial resources.

# Gaps identified - LMIS

- Logistics management tools are not harmonized/not available in the field;
- Low rate of report submission;
- Partial aggregation and/or analysis of consumption and stock data at SDP's, district, regional and national levels;
- Downstream: Incorrect stock replenishments  
Upstream: no/incomplete/inaccurate data for quantification and forecasting;
- Inadequate forecasting and supply plans;
- Absence of a national manual of the logistics system for health products;
- Staff needs training in logistics especially in the use of inventory management tools;
- Insufficient monitoring and supportive supervision to lower levels;
- The central level has insufficient qualified personnel to provide effective support to lower levels in the logistics system.



**TAKE STOCK**  
An empty shelf is everyone's problem







# Recommendations LMIS

- Design the National Logistics Management Information System for Health Products;
- Harmonize, validate and disseminate logistics management tools at all levels;
- Disseminate essential tools in logistics management (data and order collection tool);
- Train stock keepers in LMIS;
- Organize supportive supervision at the district and FOSA levels;
- Strengthen technical staff and improve working conditions including more functional premises.



# Gaps identified - Quantification and Supply Planning

The national committee for securing SRH products exists, consisting of representatives of the different programs and actors.

Challenges are significant:

- Incomplete and unreliable consumption and inventory data;
- Committee members are not trained in forecasting and supply planning based on logistical and demographic data;
- Demographic and logistical data are not used to make projections and compared with projections made using statistical data;
- The quantification exercise is not followed by a procurement plan and a monitoring mechanism for this plan;
- Weak leadership on the quantification and monitoring process of the procurement plan.



# Recommendations - Quantification and Supply Planning

- Put in place a mechanism for collecting and reporting essential logistics data;
- The quantification team should use other logistic-based quantification methods and demographics;
- The team must be trained to use these methods;
- Develop a procurement plan and a follow-up mechanisms of the plan for each item quantified;
- Strengthen the institutional and operational capacities of DSFP to lead the process of quantification and monitoring of supply and distribution plans.



# Overall Conclusions

- Funds for family planning and contraceptive procurement originate from external donors, while the state contribution is absent;
- The current contraceptive needs of the country are not met;
- The national system of inventory and logistics management of health products needs to be revitalized. The contraceptive logistics system suffers from a lack of visibility of data at all levels of the supply chain, which, in any case, is not well defined and structured, making the management of FP and HIV prevention products and STI treatment very challenging and less effective;
- Coordination, although conducted, is generally weak, but should play a key role in aligning the objectives of intervening stakeholders and those of the ministry as well as in managing resources;
- Linking with global and regional Coalitions, Institutions and Initiatives will help preventing/resolving stock outs and find help to structurally resolve supply chain issues;
- The JeuneS3 program in this context is struggling to meet the demand resulting for information and awareness-raising efforts among young people and adolescents.



# Thank you

