

1st Quantification and forecasting of abortion commodities in the DR Congo



June 1st 2022

RHSC
Logo

Context

The Democratic Republic of Congo is experiencing changes in the abortion legal framework from restrictive to progressive laws allowing women to have safe abortion services in case of rape, incest, sexual assault and the pregnancy threatening a women's physical and mental health or the woman or foetus' life.

Despite this progress, negative social norms deprive women from their bodily autonomy. The armed conflicts in several regions of the country contribute to increasing the gender disparity. From 2018 to 2020, the number of cases of GBV has almost doubled respectively from 35000 to 70142 GBV cases reported (Min Gender 2021)

Abortion Context in DRC



- *61% of pregnancies are unplanned*
- *43% of unplanned pregnancies end in abortion*

- *The maternal mortality rate in the DRC is 693 deaths for each 100,000 live births*
- *Abortion is the 2nd/5 major causes of M.M in the DRC, 17%. (PNSR)*

- *95 % of abortion procedures were performed in the community using traditional or chemical concoctions.*
- *64% performed in the health facility used sharp curettage*

Project Objectives



Goal

Support the DRC government to integrate forecasting and quantification of safe abortion commodities into national-level planning processes for SRH commodities



Objective 1:

Forecasting tools and resources are available for safe abortion commodities in the DRC

Objective 2:

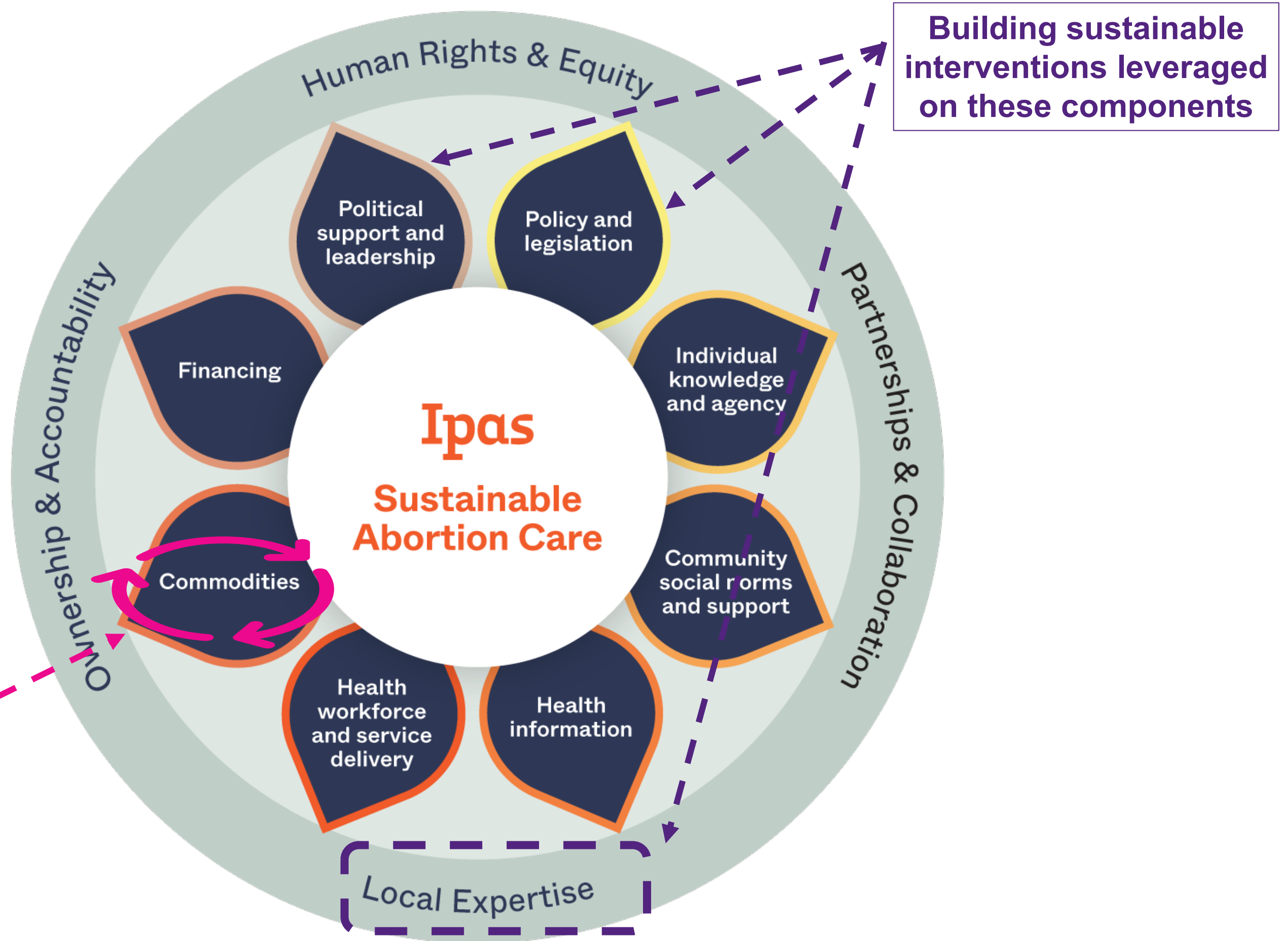
Increased capacity for government stakeholders and relevant partners intervening in DRC's public sector health services on forecasting for safe abortion commodities using evidence and best practices

Objective 3:

An annual forecast for safe abortion commodities produced at the national level with the PNSR

Opportunities

- ❖ Our work in DRC is inspired by the Ipas sustainable abortion ecosystem.
- ❖ Leveraging this model's components allows us to advance sexual and reproductive rights.

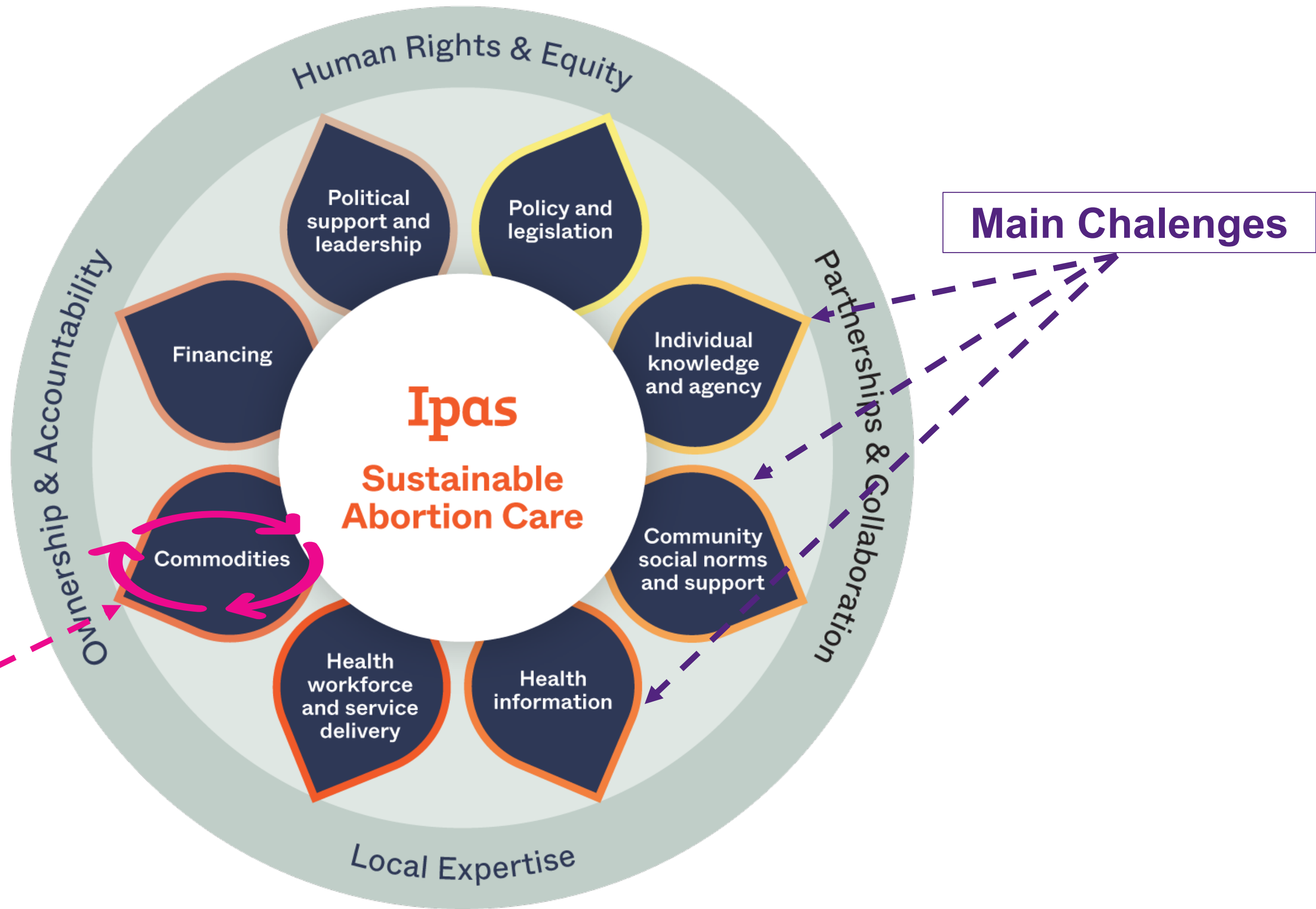


As laws and policies was passed to provide safe abortion, commodities were a key component to improve the abortion care sustainability

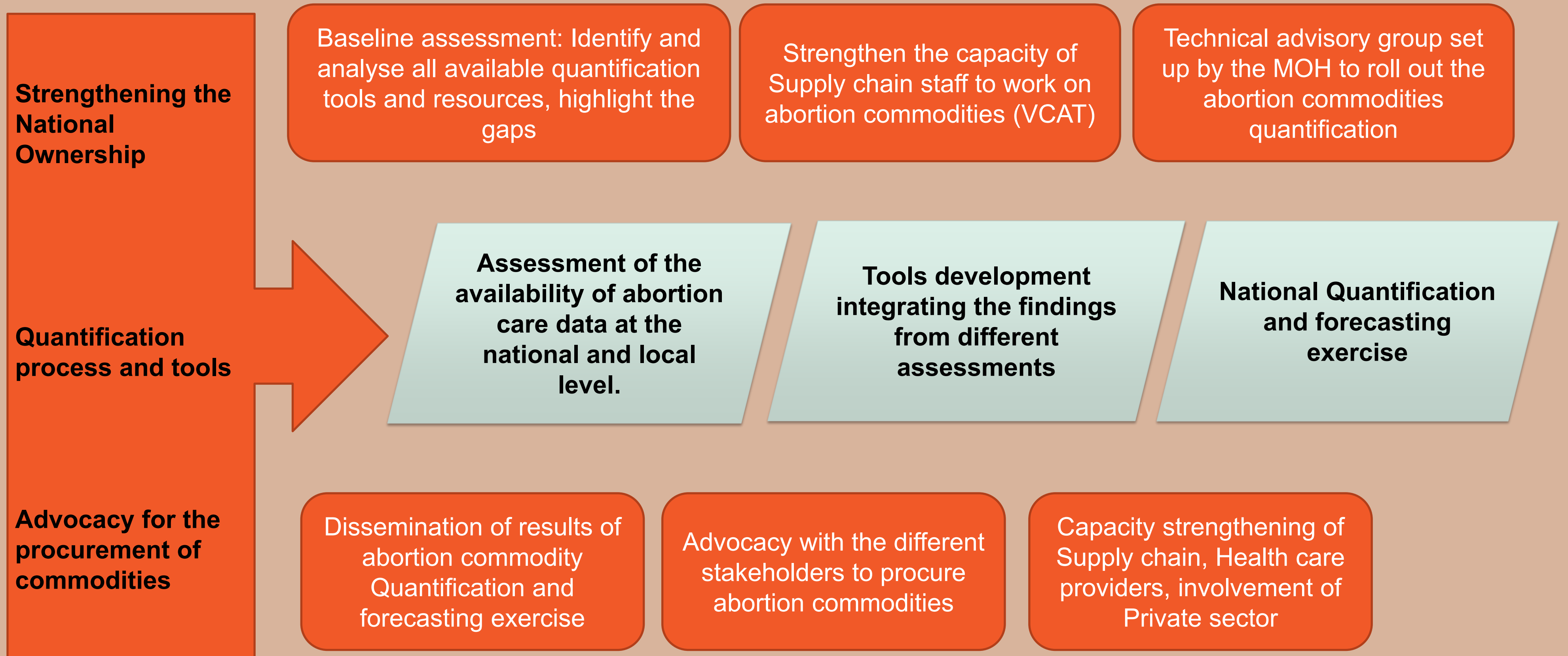
Challenges

- ❖ Covid-19 with the mobility restrictions as a mitigation measure against the spread of the virus
- ❖ Difficulties with MOH staff to adapt to the remote work
- ❖ Resistance from Supply chain staff to work on abortion commodities
- ❖ Stigma of abortion commodities
- ❖ Lack of abortion data at the national level of health information system

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IMPLEMENTATION MODEL



STRENGTHENING NATIONAL OWNERSHIP

- Co-creation of the project idea with the MOH, considering the programming gaps and the additional value of the project's outputs
- Reflexion with MOH on the strategy to roll out the intervention at the country level
- Local expertise strengthened and promoted in involving health systems human resources in the data management and tools design
- Support to the MOH in the quantifying and forecasting of abortion commodities
- Catalytic actions to call the different stakeholders to work toward the procurement of abortion commodities at the national and local level
- Integrate the abortion commodities in the national list of drugs, subsequently sustaining the approach

Abortion commodity quantification process and tools development



QUANTIFICATION TOOLS DEVELOPMENT

- Identification of existing tools:
 - ❖ Family planning quantification and forecasting tools
 - ❖ Quantification tools for the 13 essential drugs to save maternal and child lives
 - ❖ Ipas MA and MVA calculators
- Quantification process and algorithm design, intended to flow in the tools
- Analysis and identification of information and parameters required for the quantification process (DRC CAC S&Gs, the WHO CAC S&Gs, the Guttmacher 2018 survey, the Ipas MA and MVA surveys, WB population reports, USAID quantification resources,...)
- Baseline data collection templates for abortion commodities: pharmacy, health facility

ABORTION COMMODITY BASELINE ASSESSMENT

Objectives:

- a) Identify the different sites piloting comprehensive abortion care
- b) Highlight the different sources of abortion commodities at the country level
- c) Review the health facilities and pharmacies case load, consumption data (CAC and PAC, other...)
- d) Assess the availability of the combination of Mife-Miso.

Methodology: Comprehensive review of logbooks (FP, abortion, consultation, drug, stock management, receipts), Observation and inventory of SCACF products; Interviews; Transcription of the data collected in the Excel tool (database);

Period investigated: 2020

Sample: 440/5500 health facilities providing EmONC A and B at the national level across the 26 provinces of the country

BASELINE ASSESSMENT RESULTS

In Health facilities:

- Misoprostol available in all 440 HF in all 26 provinces of DRC
- Mifepack available in 13/26 provinces
- MVA available in some HF in 19/26 provinces
- Curetage is still used in health facilities regardless the new CAC S&Gs
- CAC data not collected, PAC information with low quality
- Consumption logbook with no record of abortion commodity, miso only for EmONC

In pharmacies:

- Compbipack available in 40/151 visited pharmacies
- Misoprostol alone available in 89 % of visited pharmacies
- MVA available in 8% of investigated pharmacies

N.B: Quantification using demography data is identified as the most appropriate for the initial exercise when abortion data is not available or low quality in the national health information system.



QUANTIFICATION TOOL DESCRIPTION

Excel-based tool with 6 sheets:

1. Guidance
2. General information
3. Quantification using demographic data, case load data, and commodities consumption data
4. Summary result

Process: 1. Demography information(tot pop, Women in reproductive age, Women expected pregnant,

2. Clinical data: % of PAC, % CAC, MA/MVA, medical regimen, MVA reuse, Miso alone, Miso-Mife, ...

3. Triangulation with the 3 methods of quantif.

4. Reconciliation regarding expected % of facilities providing abortion services



QUANTIFICATION AND FORECASTING EXERCISE

The quantification exercise was carried out within 4 days, gathering experts from several provinces and stakeholders such as UNFPA, DKT, Pathfinder, MOH, MSI, IPPF, Doctor without Borders, MDM, etc. involved in the abortion provision or commodity supply chain at the national and local level.



QUANTIFICATION AND FORECASTING OF ABORTION COMMODITIES IN DRC

N°	DESIGNATION	Quantification 2021		
		Demography data	Consumption data	Case load data
1	Combinaison mifepristone + misoprostol	905499	9740	9740
2	Misoprostol	5820340	53984	85450
3	MVA	32180	7845	314

Consumption and caseload data:

- Data represents 5% of 5500 health facilities providing EmONC
- The quality of data was poor
- Several health districts did not have CAC services available

Demography quantification represents 100% of health facilities providing EmONC

Consolidated quantity of abortion Commodities in DRC

N°	DESIGNATION	ANNEE 2021		ANNEE 2022	
		Demography data	Reconciled Quantity	Demography data	Reconciled Quantity
1	Combinaison mifépristone + misoprostol	905499	271650	931758	279527
2	Misoprostol	5820340	1746102	5989130	1796739
3	Seringue AMIU	32180	9654	33113	9934

Quantification reconciled using demography data represents 30% of health facilities providing EmONC that integrate comprehensive abortion services at the national level

Lessons learned

- The success and sustainability of a new approach requires the involvement of all those concerned in the dynamics of change.
- To support and impact the availability of abortion service at all levels of the health pyramid in the country, a long-acting and sustainable quantification process is a key component.
- The personal beliefs and convictions have great impact on professional responsibility, the abortion commodity quantification approach need to integrate the value clarification for abortion attitude transformation (VCAT).
- The use of technology (smartphone, WhatsApp, Zoom meetings) and the mobilization of local MOH staff improved the effectiveness of the exercise and helped to reach all the planned health facilities.

Project's Achievements

- Supply Chain evaluation with the MOH and other stakeholders: Reviewed existing forecasting and training resources
- Designed new tools and resources, based on identified gaps and needs
- Abortion commodities (MA) enlisted in the national list of essential drugs
- Abortion service and commodity data collected
- National abortion commodity Quantification and forecasting implemented
- National ownership on the quantification strengthened, abortion commodity will be quantified alongside other commodities

Next Steps

- ❖ Continue Attitude transformation for abortion commodities with the SC
- ❖ Develop an Operational plan for the introduction and scale-up of MA combipack (Mifepack)
- ❖ Fundraising for the procurement of abortion commodities
- ❖ Support the Supply chain in Integrating MA combipack in the national eLMIS (OpenLMIS) to monitor stock status for decision-making
- ❖ Support the health facilities to properly manage their stock and avoid stock out
- ❖ Provide stock management tools to health facilities and support the data collection and analysis framework
- ❖ Scale-up MA combipack use in health facilities.
- ❖ Introduce in the private sector (wholesalers and pharmacies)
- ❖ Create indicators to be included in the NHIS (DHIS II).

Thank you!



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