SUPPLY CHAIN MANAGEMENT OF ESSENTIAL MATERNAL HEALTH MEDICINE WITHIN AN OUT-PUT AID (OBA) VOUCHER PROGRAM IN KENYA

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Background: The efficient management of emergency obstetric medicine is a prerequisite for implementing interventions to reduce maternal and new born mortality. Objective: To assess the functioning of the pharmaceutical supply system in assuring the availability of Maternal and Newborn Health (MNH) pharmaceuticals within an out-put aid (OBA) program in Kenya.

Methods: A cross-sectional descriptive study with 58 pharmaceutical managers in OBA accredited facilities and comparison facilities.

Results: A total of 58 interviews were conducted; 38 at OBA facilities and 20 at Non-OBA facilities. Overall 80.4% of respondents had knowledge on Oxytocin (p=0.515), 30.4 % on Ergometrine (p=0.965), 30.30% on Syntometrine (p=0.209) and 23.21% on Misoprostol (p=0.671). In addition 72.73% (p=0.165) of respondents were familiar with Magnesium Sulphate, Calcium Gluconate 9.09 % (p=0.473), Diazepam 14.55% (0.539), Hydralazine 29.09% (p=0.115), Methydopa 32.73% (p=0.895). About 15% did not know the storage guidelines for oxytocin, 29.3% storage guidelines for Ergometrine/Syntometrine, 29.82% storage guidelines for Misoprostol, and 15.52% storage guidelines for Magnesium Sulfate, Calcium Gluconate and Diazepam. 84.48% (p=0.494) of the store managers had stock registers or stock cards for uterotonic but 15% (p=0.937) reported no knowledge on their storage requirements. Only 39.66% (p=0.969) had been trained on the management of medicines with 42.1% (p=0.911) trained on management of obstetric emergencies medicines.

Conclusion: Within the OBA voucher program, the functioning of the pharmaceutical supply chain for MNH medicines needs to be strengthened with specific training on management and use of obstetrics emergency medicines, managing stocks, transfer of medicines, storage conditions and supervision.