LESSONS LEARNED FROM THE EVALUATION OF THE INFORMED PUSHER MODEL IN SENEGAL

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Family Planning in Senegal

• Increase in contraceptive use slower and later in sub-Saharan Africa than other regions – particularly West Africa

• In Senegal, 12% of married women used modern contraception and 30% had unmet need for FP in 2010-11

• The Ministry of Health and Social Action introduced the National Family Planning Action Plan – including the Informed Push Model launched in 2012

• Contraceptive stock-outs are a concern in sub-Saharan Africa, and knowledge of “best practices” in supply chain management is limited
WHAT WAS THE INFORMED PUSH MODEL?

Three key innovations:
- Outsourcing distribution to Private Operators with pay-for-performance contracts
- Payment in arrears
- Electronic data system and standardised calculation for stock quantities
**COMPREHENSIVE EVALUATION APPROACH**

- Importance of comprehensive, independent evaluations
  - Impact evaluation
  - Process evaluation
  - Economic evaluation

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<td>1. How did the IPM function?</td>
<td>• Theory of change&lt;br&gt;• In-depth interviews</td>
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<td>2. Did the IPM work?</td>
<td>• Analysis of continuous DHS and SPA&lt;br&gt;• Analysis of stock cards and FP registers collected in facilities</td>
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<td>3. What was the context in which the IPM was implemented?</td>
<td>• In-depth interviews&lt;br&gt;• Focus group discussions&lt;br&gt;• Observations of private operators</td>
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<td>4. How much did the IPM cost?</td>
<td>• Survey of health facilities&lt;br&gt;• Document review</td>
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Timeline

- IPM pilot
- IPM scale-up
- IPM national rollout
- New models pilot
- Yeksi Naa national rollout
**Key findings**

- The availability of contraceptives in health facilities has improved substantially since the IPM was implemented.
- Intensive supervision and involvement of health system actors were key factors in the successful implementation of the IPM.
- However, the IPM did not have a direct impact on contraceptive use at the national level.
What was the effect of the IPM on stock availability?

Different start dates by region
Pre: 2012-13, 2014

8 contraceptives:
- Combined pill
- Progesterone-only pill
- Injection
- Implant
- IUD
- Male condom
- Female condom
- Collier
WHAT FACTORS FACILITATED THE IMPLEMENTATION OF THE IPM?

• Strong commitment from the Ministry of Health and Social Action, as well as accreditation with incentives and training of public health providers

• Time-intensive supervision and support for POs provided by pharmacists and assistant logisticians, most of whom had worked in the Senegalese public health system, and continuous presence on the ground

• Responsiveness of implementer to national and local contexts

• Importance of relationship between POs and health personnel, in particular with stockists (dépositaires)

• Data management system feeding information up to implementer M&E department in real time; however delays reported in information reaching local health system actors
What was the effect of the IPM on contraceptive use?

Different start dates by region
Pre: 2005
  2010-11
  2012-13
  2014
Post: 2012-13
  2014
  2015
  2016
WHAT WAS THE UNDERLYING TREND IN CONTRACEPTIVE USE?
PATHWAY TO ACCESSING CONTRACEPTIVES

Know of FP methods and sources

Have access to money and means of transport

Live near an accessible health facility

Be seen by a skilled health provider

Receive her chosen method

Outside facility

Within facility
What remaining supply-side barriers might prevent the translation of stock availability into contraceptive use?

- Frequent problems with operating hours of FP services and storeroom
- Stock-outs commonly reported for auxiliary products (not included in IPM)
- Costs for consultation fee, auxiliary products and consultation cards not harmonised
- Occasional reports of gaming by private operators
LESSONS LEARNED

• The IPM addressed problems with transport, cash flow and stock forecasting, thereby tackling the multiple causes of stock-outs

• MoHSA leadership and involvement of public providers helped create buy-in from key players in the health system

• Time-intensive supervision of private operators by supervisors with prior experience in health system was critical for successful implementation and for the required flexibility in rolling out the intervention

• Ensuring contraceptives are available in facilities is not sufficient to ensure that women receive them
POLICY RECOMMENDATIONS

• Supervision and tailored adaptation to the health system is key for success of supply chain management
• Auxiliary products should be included
• Important to assess and improve the availability of FP service provision within facilities
• Other supply-side interventions (e.g. targeting cost) and demand-side interventions are needed
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STOCK AVAILABILITY BY METHOD

![Stock Availability by Method Graph](image)

- Comb. pill
- Prog. pill
- Prog. inj
- M. condom
- F. condom
- IUD
- Implant
- Em contra
- SDM
- Any
- All 8 methods
- Pills + Inj + Imp

- 2012-13 (pre-IPM)
- 2016 (post-IPM)

95% CI
Stock availability (all methods) by region

All facilities in 2012-13 (pre-IPM)

All facilities in 2016 (post-IPM)
Stock availability (pills + injectables + implants) by region

All facilities in 2012-13 (pre-IPM)

All facilities in 2016 (post-IPM)