HIGH IMPACT SUPPLY CHAIN MANAGEMENT PRACTICES: WHAT ARE WE LEARNING?
INFORMED PUSH MODEL IN SENEGAL

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Frequent Unavailability of Family Planning Products at Service Delivery Points

- Low Contraceptive Prevalence Rate - 12.1%
- Nearly 80% of Service Delivery Points (SDPs) affected by the unavailability of Family Planning (FP) products
- Unmet Need for FP – 29%
- Continued product shortages at the National Pharmacy’s (PNA) regional branches despite reinforced product availability
- Persistent product shortages at SDPs due to:
  - Lack of planning capacity by SDP staff
  - Reduced cash flow – particularly detrimental to FP
  - Difficulty accessing transportation needs for product pick up/delivery
The **Informed Push Model** is a distribution model based on a forward delivery of products along the supply chain to the point of sale, and collection of proceeds after sale.

**Dual objective:**

- Lasting elimination of product shortages at SDPs
- Regular reporting of reliable, consistent information to manage the supply chain
Informed Push Model Description

Pull flow with orders

Regional Supply Pharmacy

- Retrieve products with own means (e.g. car rental, taxi)

District

- Poor forecasting of needs
- Cash flow problems

SDP

Informed Push Model: push flow without orders

Regional Supply Pharmacy

- Payment for quantities consumed (not quantities delivered)
- Margins maintained

District

- Systematic delivery to restore stock levels
- Order-delivery form signed with proceeds to recover and quantity of delivered products

SDP

Private Sector

Information

- Orders
- Proceeds recovery
- Product retrieval
- Delivery
- Difficulties encountered

Retrieve products with own means (e.g. car rental, taxi)
Prerequisites for the Model to Work

• Strong political will
• Robust coordination/communication with stakeholders and health service providers
• Clear roles and expectations for the public health system, 3rd party logistics provider (3PL), and implementer
• Appropriate contracting mechanisms and detailed procedures for implementation by 3PL
  o Flexibility but also high performance standards
• Liaison between 3PL and public health system
• Full product supply at national and regional level
Results

• Currently implemented in 9 regions covering **55 districts** and 958 SDPs
• Stockouts reduced
  o Total stock outs < 10%
  o Stock outs eliminated via targeted transportation, quantification, and financial flows < 0.5%
• Availability of consumption data - 100%
• Increases in consumption (April – July 2014)
  • Depo Provera - 11%
  • Contraceptive pill - 14%
Sustainability and Next Steps

- IPM included in Senegal’s National FP Strategic Action Plan
- PNA role as long-term IPM manager and implementer
  - Current IPM implementation by PNA in 1 region
- Monthly coordination with FP partners via Contraceptive Security Committee meetings organized by the Ministry of Health
- Integration of other products
  - First priority for maternal and child health products (UN Commodities)
- Expansion to remaining 5 regions
  - By the end 2014, 21 districts and 319 SDPs
IPM is a strategy that makes products available. IPM should be expanded to all products. The first challenge of universal coverage is the availability of products and we must expand what worked with the IPM.

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