Informed Push Model and the last mile

Integrating other health products to the IPM Approach in Senegal

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Senegal up to 2012

- **Unmet needs** (married women): 29%
- **Stockouts** (% of public SDPs): 80%
- **Modern Contraceptive Prevalence Rate** (mCPR): 12%

**INFORMED PUSH MODEL**: a solution to these problems

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Causes et conséquence de cette situation

**Difficult payment**  
(pay first, sell later)

**Transport difficulties**  
(no vehicles: use of public transport)

**Poor forecasting**  
(nurses are not logisticians)

No accurate data on consumptions to upper levels!

Ineffective logistics system unable to contribute to reaching national health objectives: stagnant mCPR!
Proposed Solution

Informed Push Model Operational Flowchart

Product flow
Financial flow
Supervision
Information flow
Product flow (PNA)
Periodic audit process

Regions (Regional Medical Officers)
Coordination - Supervision

PRA (Regional Pharmacies)
Procurement

Districts (District Health Office)
Coordination - Supervision

Service Delivery Points
Service delivery and data dissemination

Private Operators
Storage/Delivery - Data collection and dissemination

DSRSE/PNA through technical support of IntraHealth
Technical and financial assistance; field logistics

GoS, UNFPA, USAID, UNICEF, etc: supply of FP & UN products

Funding of IPM: BMGF & MfM

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IPM Scaling Up

Dec. 2012-July 2013
3 Regions: 559 SDPs

Aug 2013-July 2014
9 Regions: 1000 SDPs

Aug 2014-March 2015
14 Regions: 1375 SDPs

March 2015-July 2016
Integrate other products in IPM & Initiate the transfer to PNA (1404 PPS)

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Availability of FP products at SDP level

SDPs having experienced stockouts (%)
Availability of data

• LMIS in place & used by all 3PLs in the Regions
  o Archiving data on web platform at the end of deliveries.

• Data quality assurance system
  o Monthly checks by regional logisticians
  o Quarterly quality audit in 1/3 of SDPs in all Regions.

• Sharing data with the health system
  o Monthly data shared with PNA, central, regional and district teams.
Availability of cost recovery funds

• Cost recovery on the sale of FP products
  o During deliveries, quantities consumed in last month are recorded.
  o The 3PL operator fills in an Ordering/Delivering Voucher that serves as the bill for the payment.
  o The SDP must pay the bill to the District within a month.

• Monitoring payments
  o Cost recovery funds are collected by District IPM Focal Points.
  o Recovery rate: almost 100%
Testing Integration Scenarios

Scenario 1 - Saint-Louis: PRA - 45 products (FPP, UNC, Vaccines)

Scenario 2 - Fatick: Private 3PLs - 33 products (FPP, UNC, PP)

Scenario 3 - Dakar, Kaolack, Thies: Private 3PLs (FPP) & PRA (UNC)

Other Regions: PRA & Districts (UNC) & Private 3PLs (FPP) (not included in the tests, therefore non evaluated)

Notes: FPP: family planning products; UNC: UN life-saving commodities; PP: products of public health programs
Integration Perspectives

33-40 Products (Fatrick Region)
19 “Protocol” Products
33-40 Products (Extension all Regions)
19 “Protocol” Products
53 Products free or with little margin
46 Products with high margin

Jan. - July 2016
Jan. - July 2017

Monthly deliveries
Bi-monthly deliveries with monthly data collection

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Implementation cost and Sustainable Funding Perspectives

Increased contributions of programs to PNA: 40% of the cost of implementation

Retention of 25% of the income of Districts & SDPs: 60% of the cost of implementation

Implementation cost of Jegesinaa + Yeksi naa Scenario:
1,080 bilion FCFA/year

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Transition Plan


Phase 1  ➔  Phase 2A  ➔  Phase 2B  ➔  Phase 3

Preparation of the transition  ➔  Official launching of “Yeksi Naa”  ➔  Implementing transition  ➔  Effective Transfer to PNA

IPM  ➔  Existing funds within Project IPM  ➔  Funds to mobilise

PNA  ➔  Resource mobilisation  ➔  Local Funds

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Challenges and perspectives

• Availability of sufficient stocks of products at PNA
• Respect of the chronogram of the transition plan
• Maintaining achievements during the scaling up of selected scenario
• Funding the implementation of the IPM Approach
• Well performing LMIS to ensure availability of quality data at all levels-

Perspectives:
Full transfer of IPM to PNA from January 2018 with a complete package of Best Practices

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THANK YOU!

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