

Informed Push Model and the last mile

Integrating other health products to the IPM Approach in Senegal

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GENERAL MEMBERSHIP MEETING
— of the —

**REPRODUCTIVE HEALTH
SUPPLIES COALITION**

10-14 OCTOBER 2016

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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)

Poor forecasting

(nurses are not logisticians)



Transport difficulties

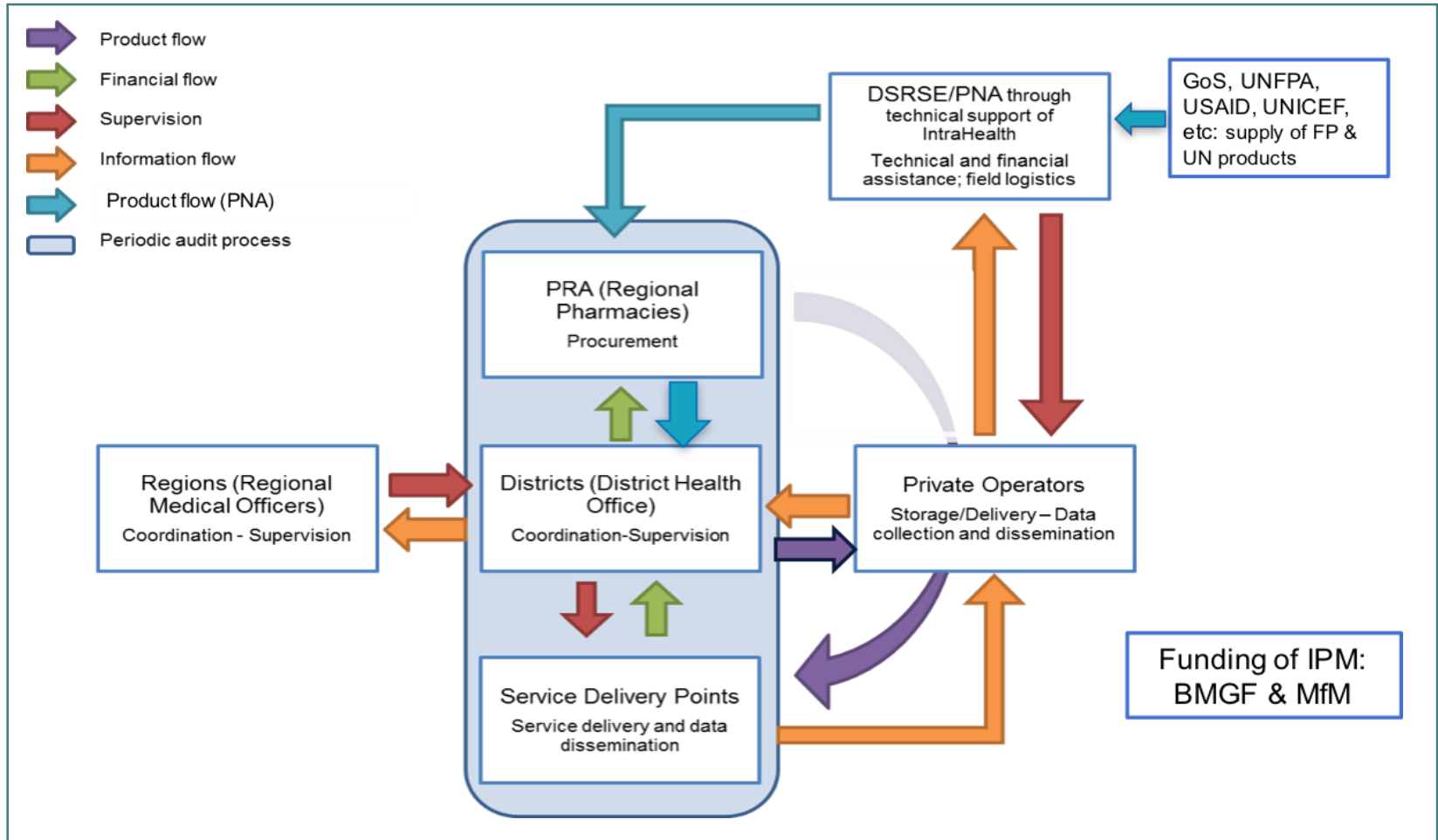
(no vehicles: use of public transport)



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

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

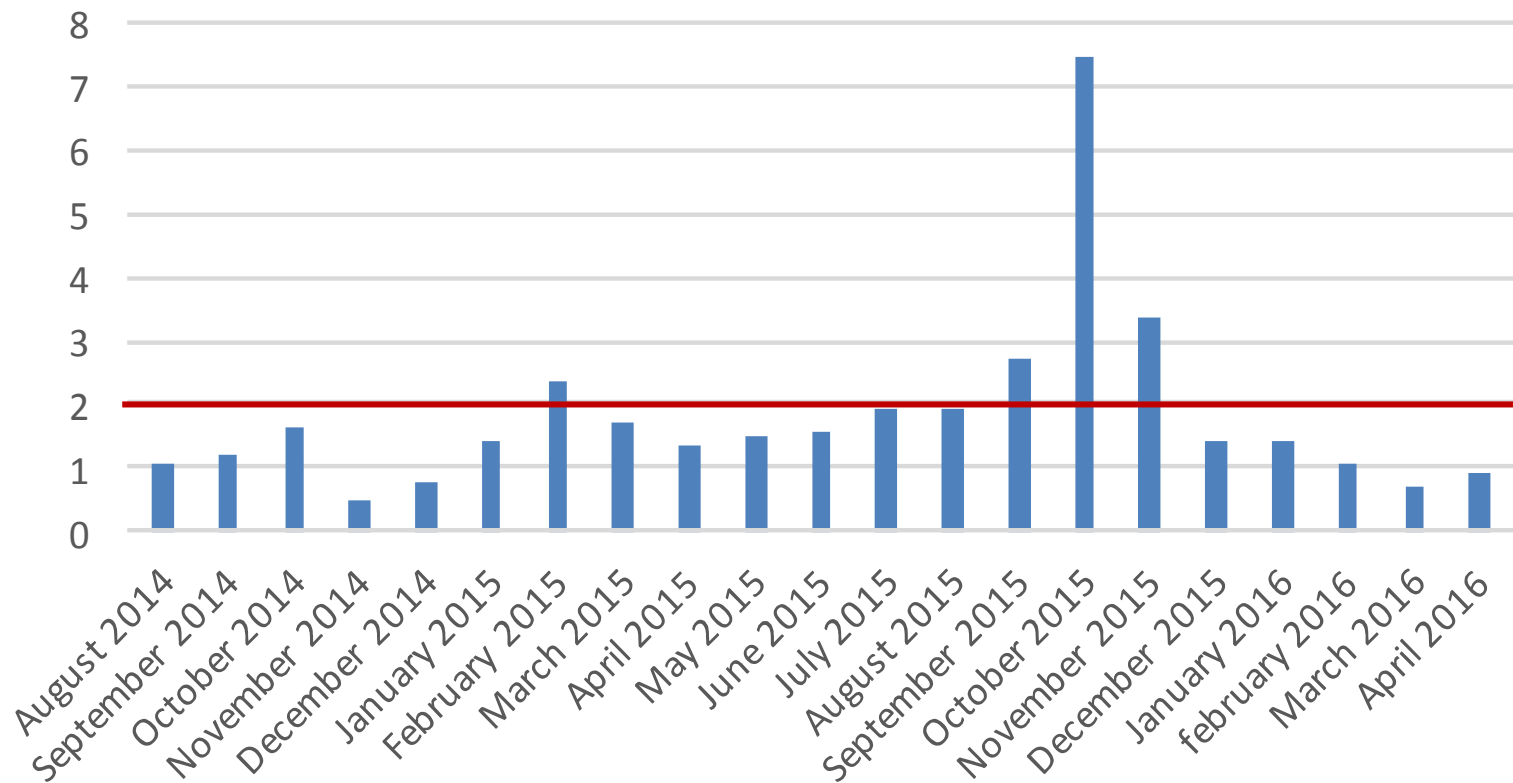
March 2015-
July 2016

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 (%)



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Availability of data

- LMIS in place & used by all 3PLs in the Regions
 - Archiving data on web platform at the end of deliveries.
- Data quality assurance system
 - Monthly checks by regional logisticians
 - Quarterly quality audit in 1/3 of SDPs in all Regions.
- Sharing data with the health system
 - Monthly data shared with PNA, central, regional and district teams.



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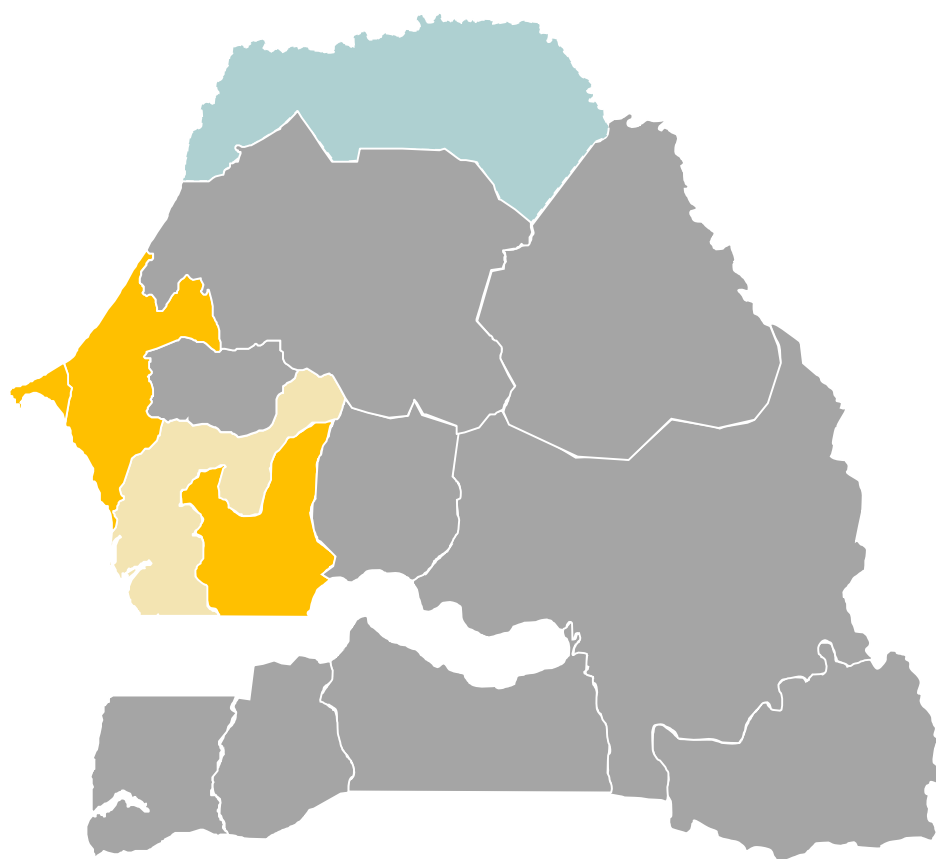
Availability of cost recovery funds

- Cost recovery on the sale of FP products
 - During deliveries, quantities consumed in last month are recorded.
 - The 3PL operator fills in an Ordering/Delivering Voucher that serves as the bill for the payment.
 - The SDP must pay the bill to the District within a month.
- Monitoring payments
 - Cost recovery funds are collected by District IPM Focal Points.
 - Recovery rate: almost 100%



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Testing Integration Scenarios



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

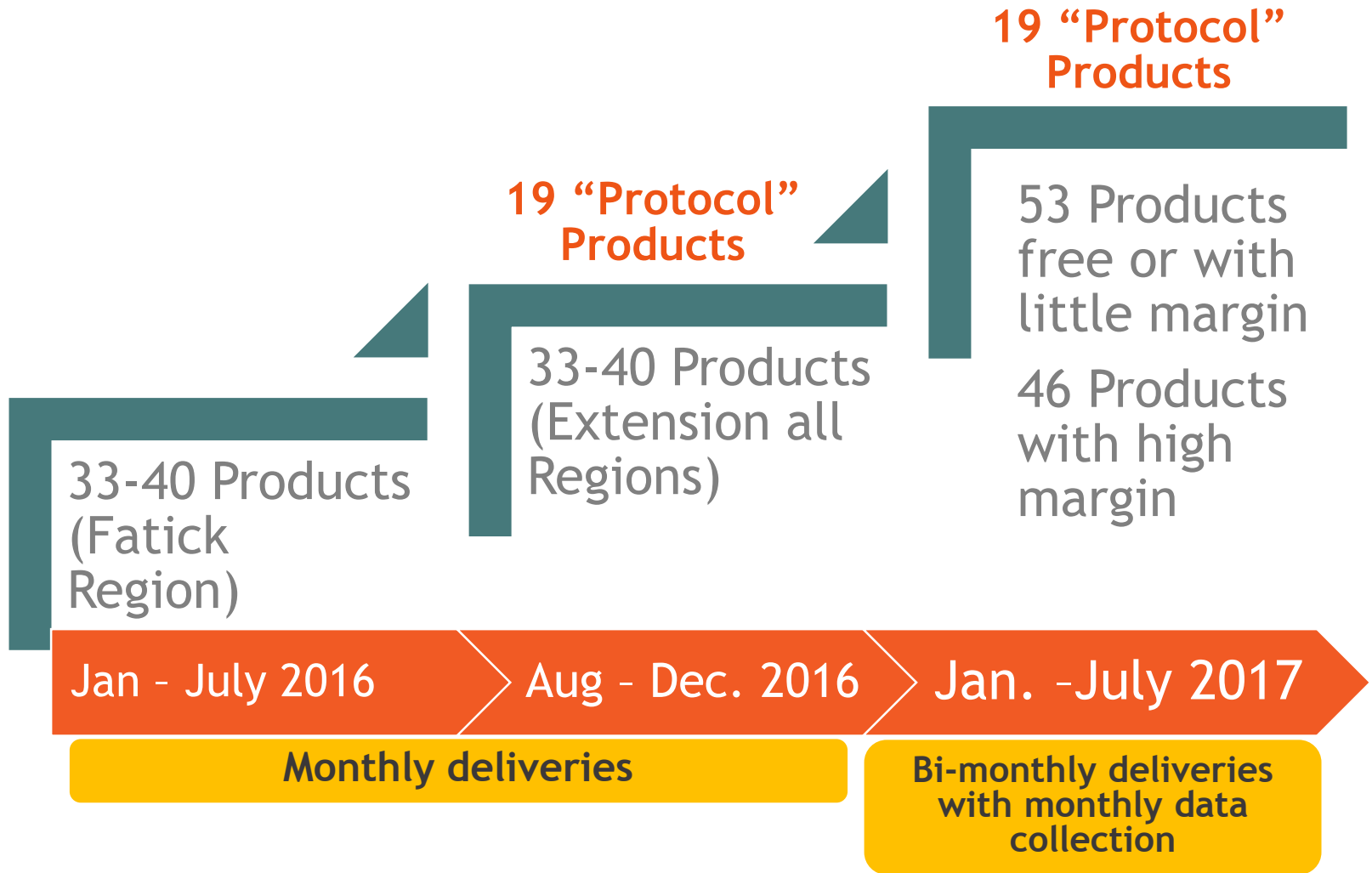
Scenario 2 - Fatick:
Private 3PLs - 33 products (FPP, UNC, PP)

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)

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Integration Perspectives



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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 Jegesi naa + Yeksi naa Scenario:
1,080 bilion FCFA/year

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Transition Plan

Jan. - July 2016

Aug - Dec. 2016

Jan. - Dec. 2017

Jan. 2018 - ...

Phase 1
Preparation
of the
transition

Phase 2A
Official
launching
of "Yeksi
Naa"

Phase 2B
Implementing
transition

Phase 3
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

THANK YOU!



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