

‘Workforce excellence is essential for sustainable health supply chains’

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# THE INFORMED PUSH MODEL INCENTIVIZING ACCESS TO FAMILY PLANNING IN SENEGAL

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Financial sponsors:



## Supply-side barriers to family planning

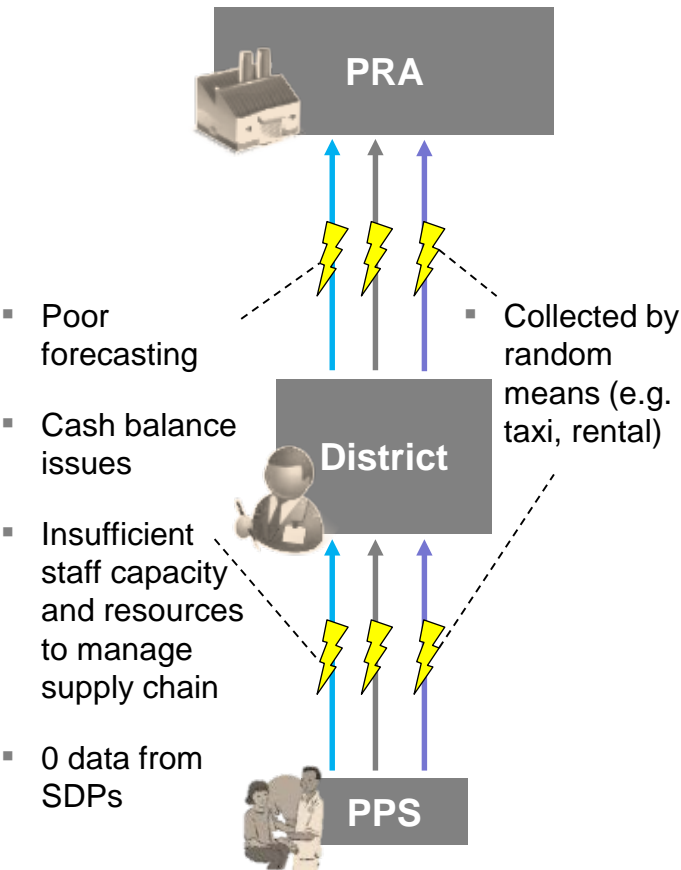
- Contraceptive prevalence rate of **12.3%** (2010) with a 2015 goal of **27%**
- Unmet need for family planning of **29%**
- Recurrent stock outs at nearly **80%** of public service delivery points (SDPs)
- Continued product shortages at the National Pharmacy's (PNA) regional branches despite reinforced product availability

# Informed Push Model



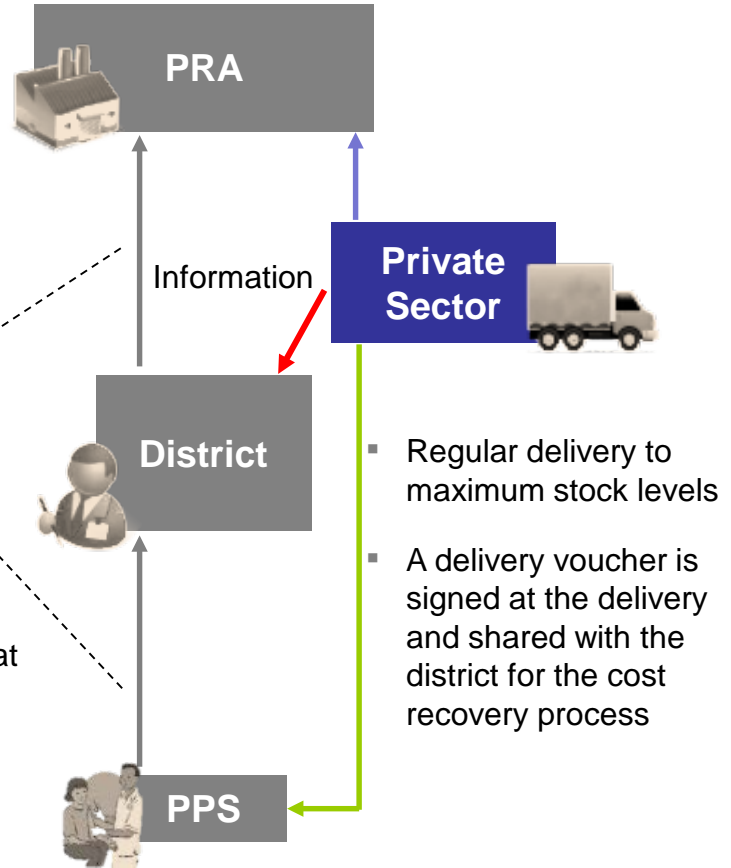
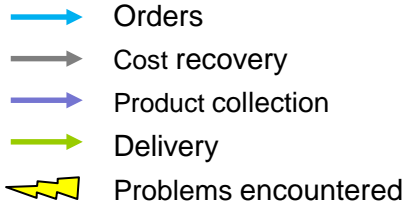
## Before: Order-Based Pull System

## After: IPM - Push system Without Orders



- Poor forecasting
- Cash balance issues
- Insufficient staff capacity and resources to manage supply chain
- 0 data from SDPs

- Products are paid after consumption
- Sales margins maintained
- Virtual management at the district



- Regular delivery to maximum stock levels
- A delivery voucher is signed at the delivery and shared with the district for the cost recovery process

# Method: Task Shifting

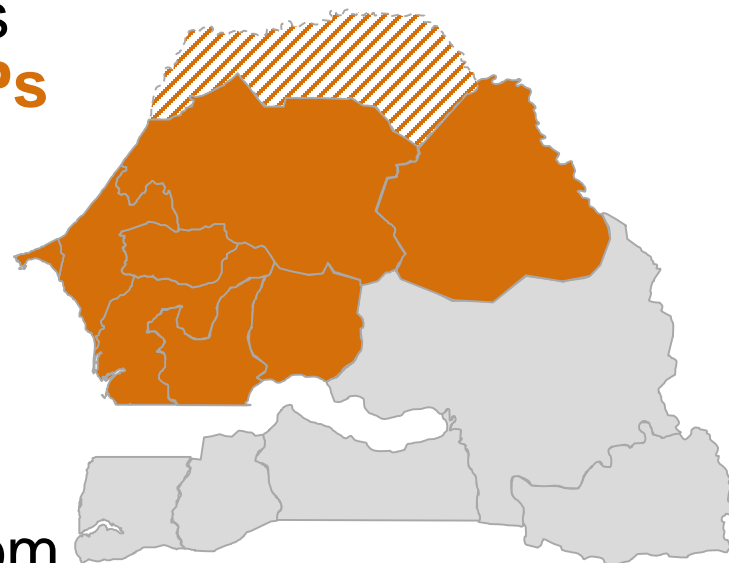


- IPM uses task shifting via 3<sup>rd</sup> party logistics provider (3PL)
  - Manages quantification / ordering
  - Transports contraceptives to service delivery points
  - Collects data from SDPs
  - Operates temporary stores
- Health workers are freed up to provide health services
  - Before: 1,450 health workers to be trained and supervised on non-clinical tasks
  - After: 14 3PLs handle all activities
- 3PLs are local Senegalese companies with logistics professionals
  - Paid only for time worked
  - Reduced cost when compared to in-house logistics operation

# Results

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- Currently implemented in **9** regions covering **55 districts** and **958 SDPs**
- Stockouts reduced from 80%
  - Total stock outs < **10%**
  - Stock outs eliminated via targeted transportation, quantification, and financial flows < **0.5%**
- Availability of consumption data from 0% to **100%**
- Increases in consumption (April – July 2014)
  - Depo Provera - **11%**
  - Contraceptive pill - **14%**



- IPM covered region
- Implemented by PNA

# Results

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*“Before the IPM came, we had stock outs of all family planning products. Now, I say that the push [sic] is a revolution.”*

- Head Nurse at Gourèye Worse Health Post

# Results

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- Increased satisfaction with family planning services
  - “Product availability saves money. We no longer require clients to go buy their products at private pharmacies.”  
Storekeeper at Nguet Ndar Health Post
- Improved work flow
  - “If it wasn’t for the Push Model, I would have to close my post today to go collect medicines. Instead, I can stay at the post and the medicines come to me.”  
Head Nurse at Tiaba Niassène Health Post
- Better quality of data
  - “IPM helps us with data management. The family planning forms are filled out well and up to date, unlike the forms for other products.”  
Head Nurse at Touba Médinatoul Health Post

# Lessons Learned

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IPM strengthens public-private partnerships while aligning supply chain incentives to ensure product availability at SDPs

- Improvements in supply chain have the potential to
  - Boost health worker retention
  - Improve client satisfaction
  - Increase women's access to contraceptives
- Shifting non-medical tasks from health providers to logistics professionals
  - Improves service quality
  - Supports a cost-recovery system
  - Provides women with the full range of reproductive health choices



# Next Steps

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- Expansion to remaining **5** regions
  - By the end 2014, **21 districts** and **319 SDPs**
  - IPM included in Senegal's National FP Action Plan
- Integration of other products
  - First priority for maternal and child health products (UN Commodities)
- PNA role as long-term IPM manager and implementer
  - Current IPM implementation by PNA in 1 region
  - Included in PNA strategic plan

# Thank you

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# The PtD Board

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