

SESSION #11:

EXAMPLE OF AN INNOVATIVE PUBLIC PRIVATE PARTNERSHIP IN SENEGAL





INFORMED PUSH MODEL

Approach in Senegal and the transition to Yeksi naa

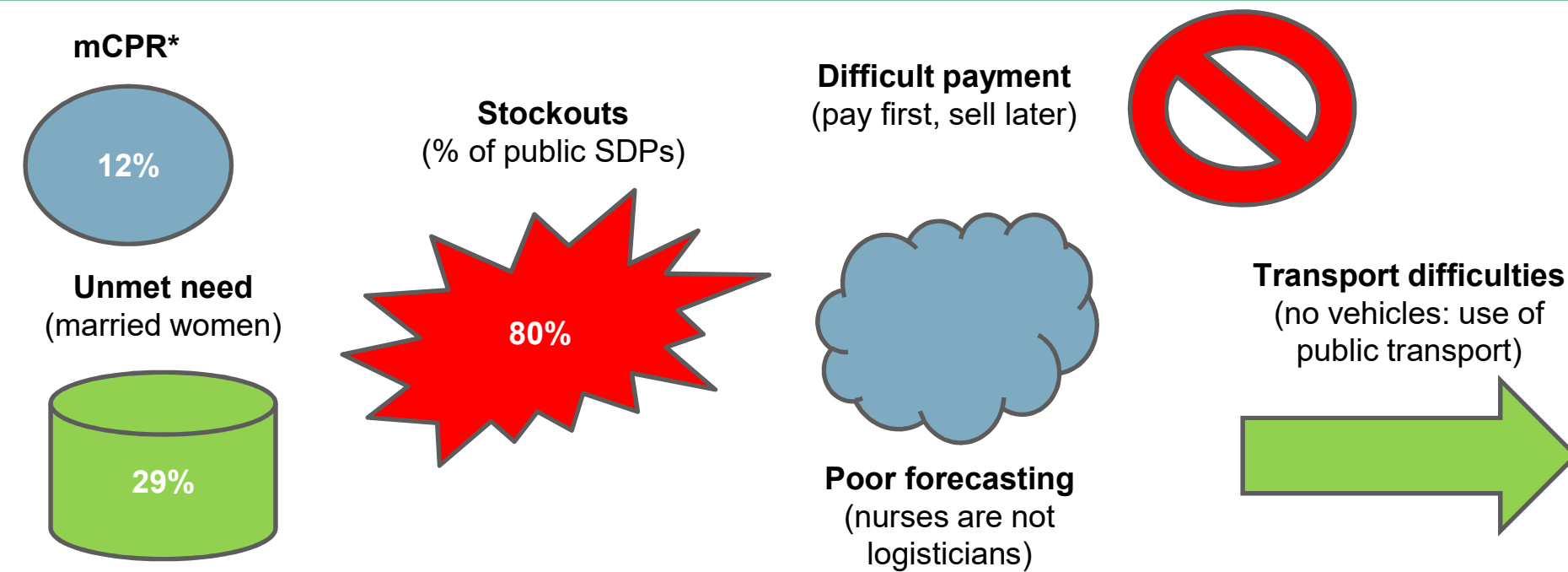
GFF Dakar, April 2018



IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



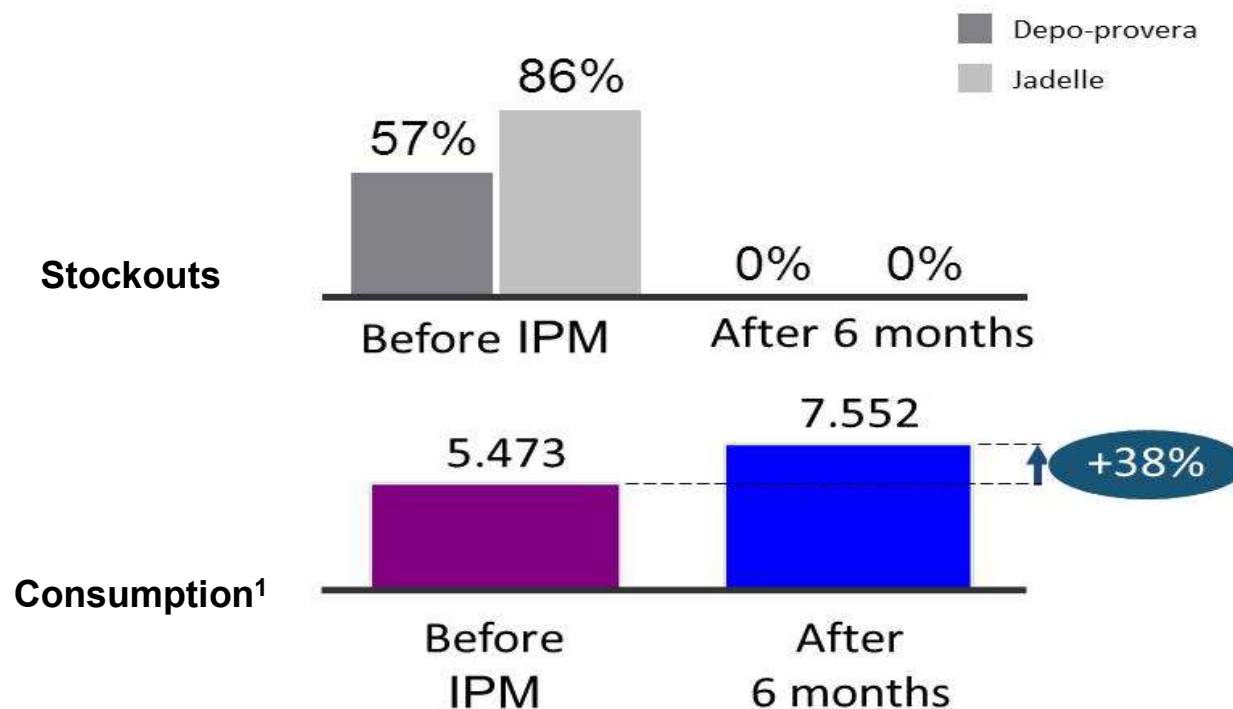
Causes and Consequences



*Modern method contraceptive prevalence rate

No accurate data on commodity consumption to upper levels

IPM Pilot in Two Districts (2012)



¹ Sum of quantities of IUD, Jadelle, Depo-Provera, & pills consumed



Birth of a new 3-year IPM project (2013-2016)

Objective: The Informed Push Model (IPM) is a distribution model of delivering FP products to the SDPs, including 3PL integration, data collection, transmission and post-consumer cost recovery.

Key Objectives:

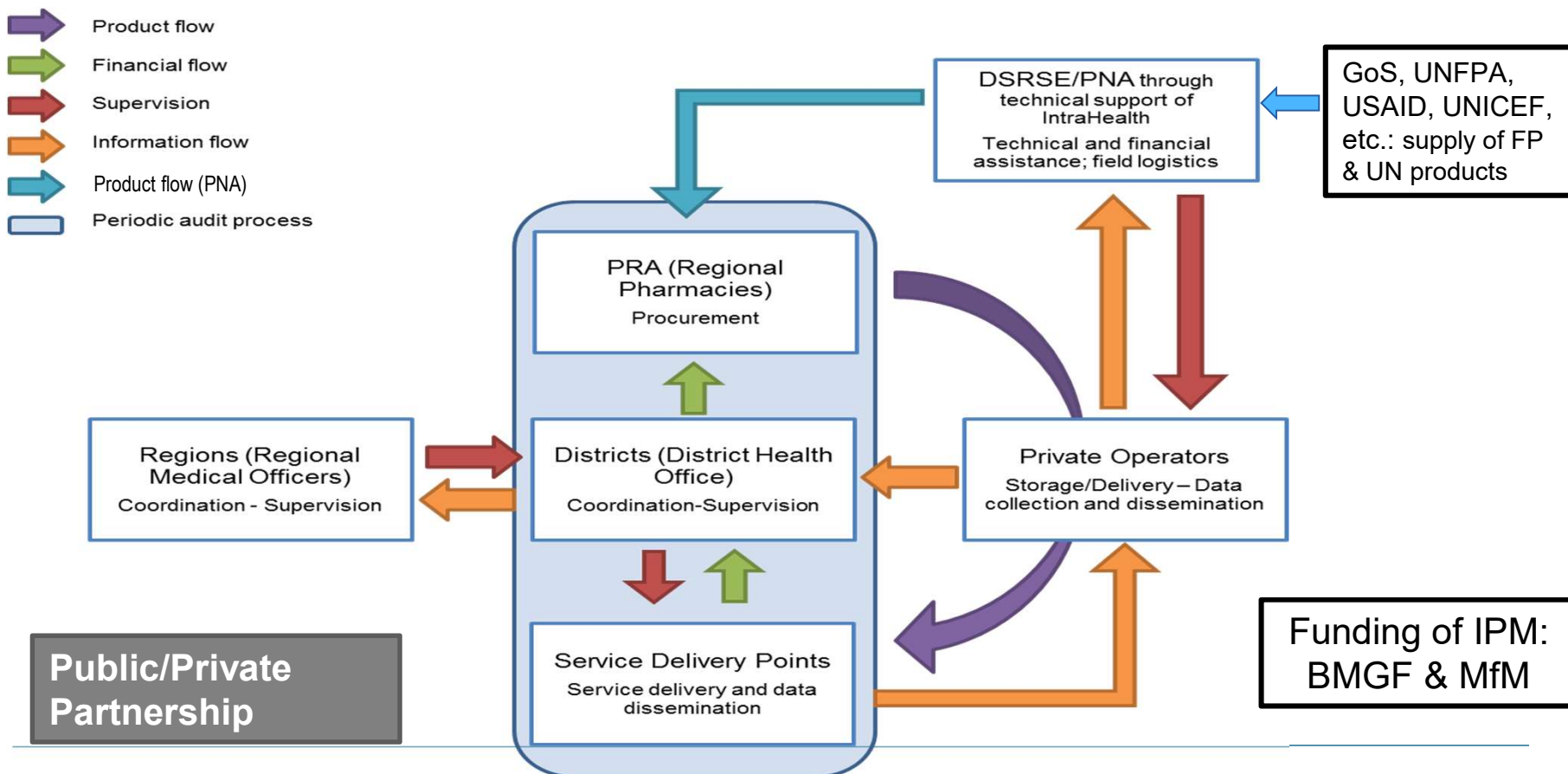
Sustainably eliminate
product stock outs in the
Health Facilities

Collect reliable and
consistent real-time
consumption data for
supply chain & program
management

Sustain the approach in the health system:
transformation of the PNA supply chain



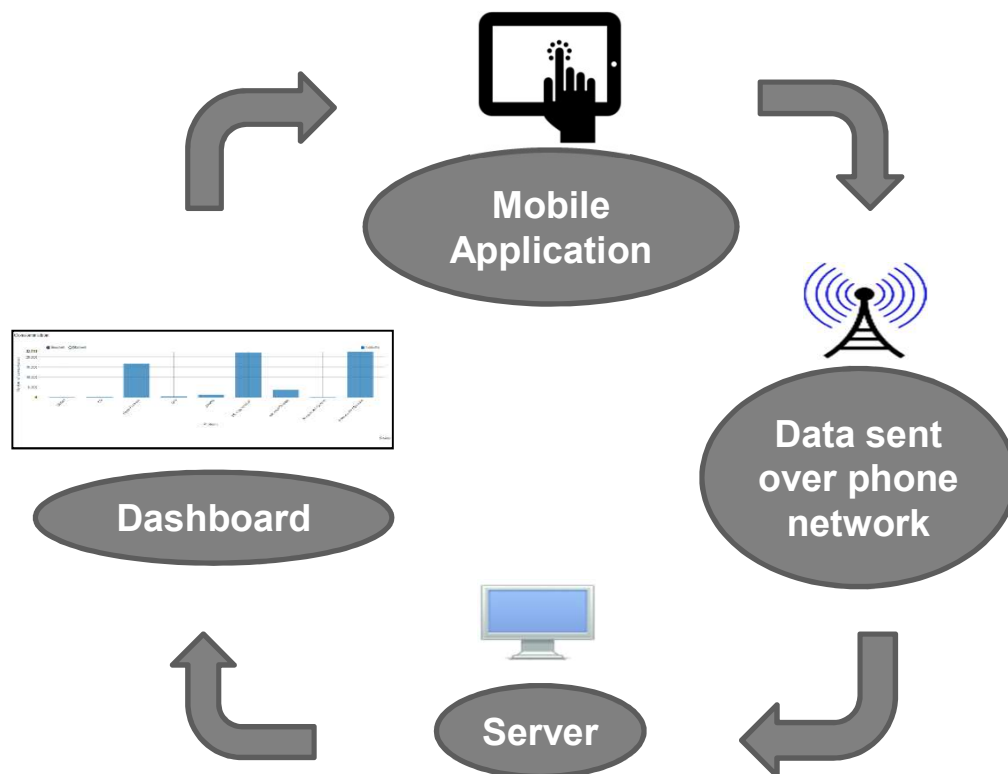
IPM Approach Description



Distribution by 3PLs at SDPs



Data Collection by 3PLs



Data collection from SDPs

Collection of SDP data with a tablet by 3PLs using CommCare platform

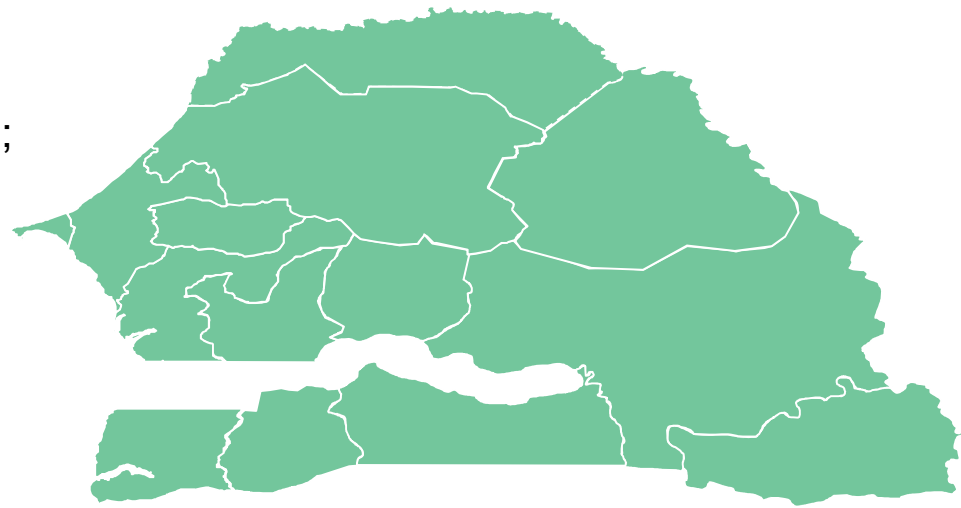
Synchronization of tablets with the server and upload of SDP data on CommCare

Visibility of inventory loading at SDPs after delivery

Availability of SDP-level consumption and inventory data along the chain to quantify orders, estimate PNA cost recovery and consider program changes

IPM Country Wide Implementation

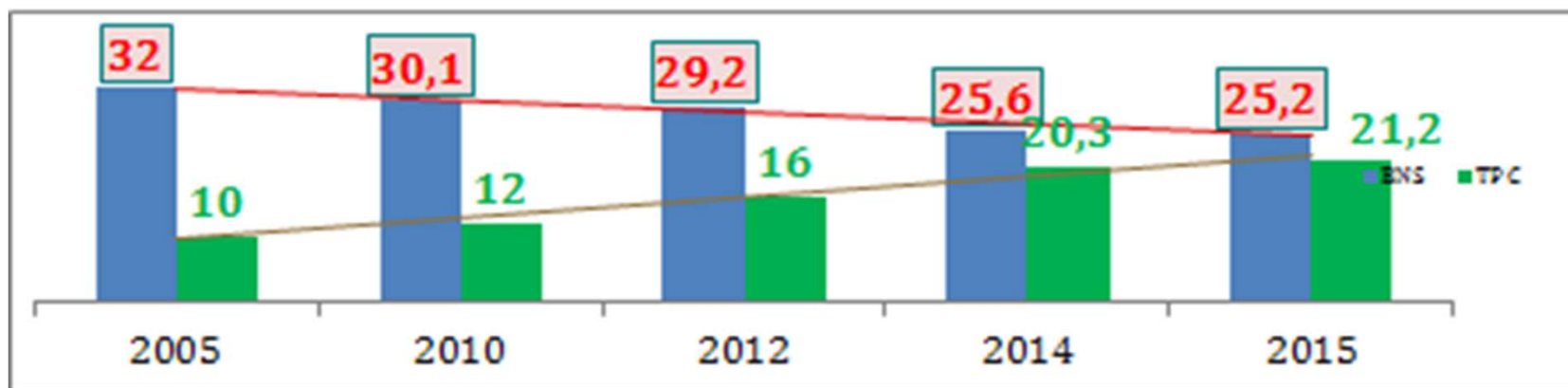
- 14 Regions, 76 Districts, 1,375 health facilities enrolled in 2 years;
- Compliance with product management standards;
- Adherence to prices per the 2010 circular letter;
- Continuing cost recovery in the Districts;
- ~38% Increase in FP product consumption.



■ 14 regions with IPM implemented by 5 private third-party logistics (3PLs) companies

Contribution to the increase of the national mCPR
16.1% in 2013 to 23.1% in 2016

IPM: FP Results: stock outs, unmet need and mCPR



Transition of IPM to Yeksi naa

1. Success of Informed Push Model with Integration

- Integration of 33 health program products;
- Reduction of stock out rates to less than 2% and 100% data availability.

2. Birth of “*Jegesi naa*” (PNA)

- PNA “*Jegesi naa*” Test in Fatick.

3. Selection of Model to combine “*Jegesi naa*” and IPM to create “*Yeksi naa*”.



Yeksi Naa: Context

Reach
National and
International
Objectives

OMD/ODD



National
Pharmaceutical
Policy

Coverage

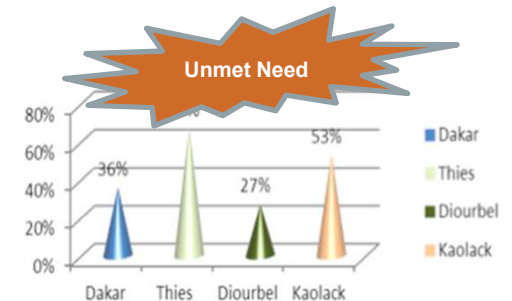
Access to
quality care

Available Competent
Personnel

Make available all quality
health products
geographically and
financially

Identified
Needs

- Need for quality medicine and products
- Need to make available the quantity and quality of products to the health facilities, even in emergency situations
- Need to satisfy the demand of the health structures
- Need to collect logistical data to measure the impact of the health projects and initiatives



Availability in the Regions



Yeksi Naa: Context

Lack of Financial Means

Unknown visibility and understanding of stock consumption

Inadequate Quantification of Needs

Absence of Logistic Means

Challenge of large distances

Challenge of Remoteness of PPS

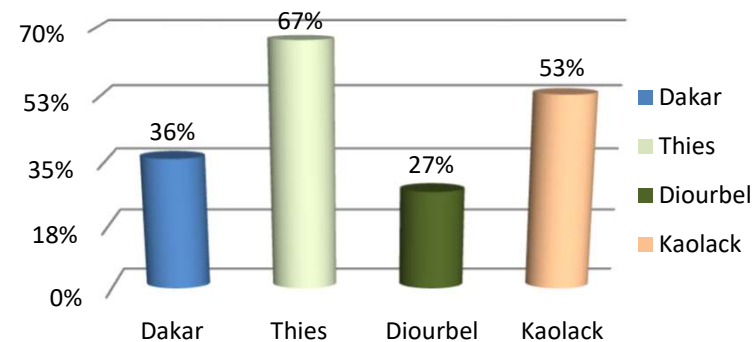


Frequent stock outs at the district depots

Baseline study conducted

Supply Chain Issues

- **MSAS, 2011:** 30% of beneficiaries had unmet need in modern contraceptives
- **McKinsey, 2013:** 46% of SDPs didn't have the full range of FP products. 80% of SDPs had stock outs. 60% of these stock outs occurred when there was sufficient product at the national level.





What is Yeksi Naa?



New distribution model for essential medicine and products to the SDPs
(Wolof Term which means « I have arrived » in English)

What is Yeksi Naa?

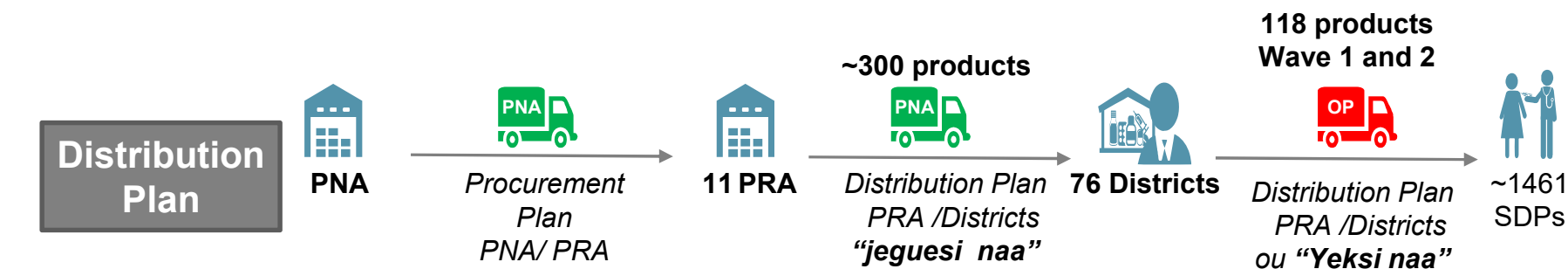
A new distribution model which brings health products to the last mile. It combines the PNA's *Jegesí Naa* Approach and the Informed Push Model (IPM), which pushes PF products to the SDPs.

How does Yeksi Naa work?

Yeksi Naa increases the availability at SDPs by establishing partnerships with private operators, improving electronic data collection and analysis and defining monitoring procedures for stock.



Yeksi Naa: Planning and Distribution Cycle



Démarrage des activités du « Yeksi naa » en octobre 2016

- **Vague 1:** 52 produits de santé (PNLP, PNT, VIH/Sida, UNC, CMU)
 - 100% de couverture (76 districts)
 - 98% de couverture (1461 PPS)
- **Vague 2 :** 48 produits de santé
 - Février 2017 (Dakar, Thiès et Diourbel)
 - Mars 2017 (Saint-Louis, Fatick, Kaolack)
 - Avril 2017 (Louga, Kaffrine, Kolda)

9 régions couvertes, 54 Districts sanitaires et 941 PPS soit 69,2% enrôlés

« Jegesi naa »

29 January 2015

Protocole Signature
• 71/76
(modifications)

« Yeksi naa »



Yeksi Naa: 3PL selection process

**Selection
process PNA
Private
Operators
"Code of
Public Tender
Process"
DCMP**

Provisions (budget)

- (Call for Tenders) DRP 400 000 000 Francs CFA
 - Client Market
- 07 du 1er janvier 2015 application de l'article 78CMP

Stages and Deadlines

1. Preparation of Tender (2 days) (IC-DPOA-PA-CCAG-CCAP)
2. Review by the DCMP (7 and 15 days)
3. Announcement of Tender (30 days)
4. Review of offers (15 days)
5. Contractualisation with selected private operators (10 days)

60 to 90 Days



Yeksi Naa: Results

Results
achieved as of
Dec 31, 2017 on
« Yeksi naa »
Performance
Indicators

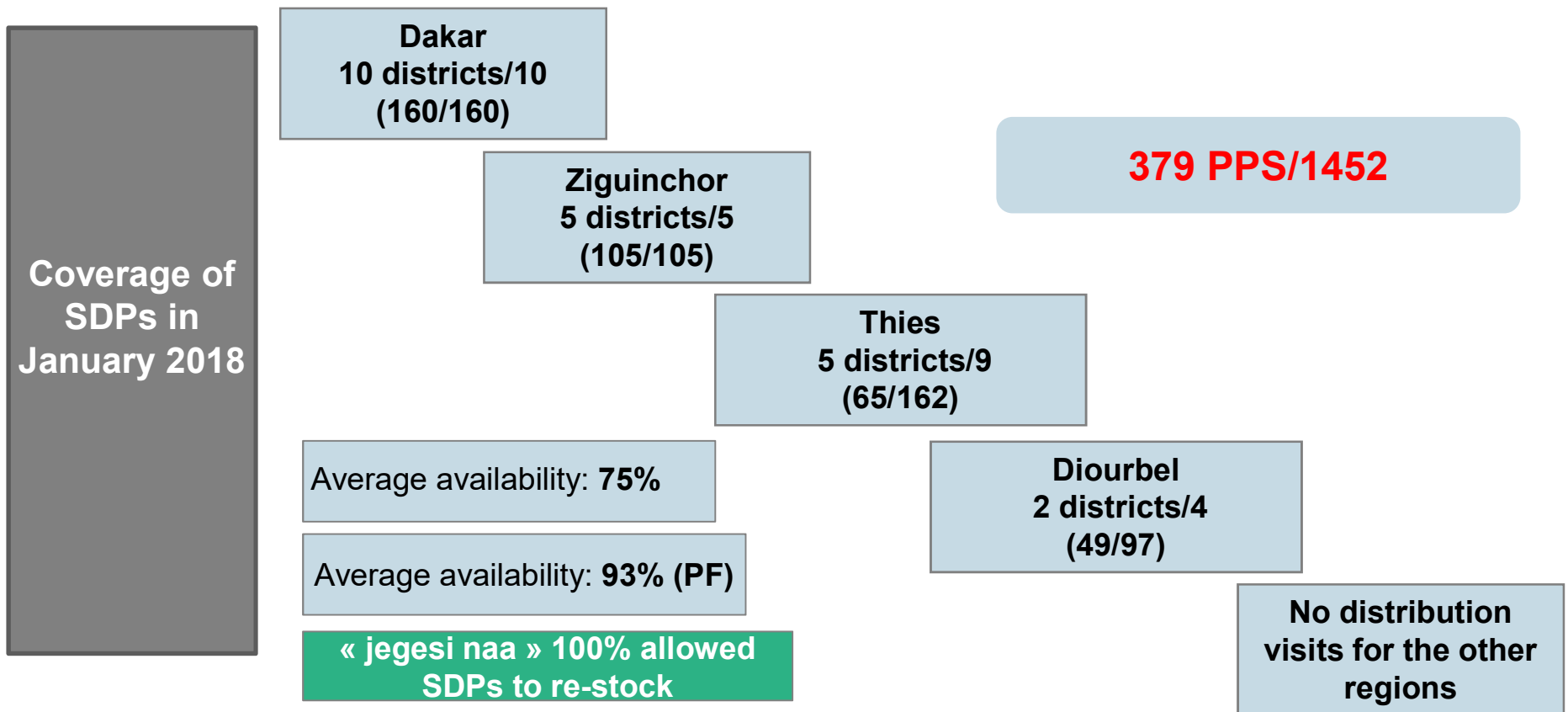
1. Availability of Stock Consumption Data: 100%
2. Stock Situation: 1 424 256 912 F CFA (2,171,265 EUR) , (3 millions initial staffing)
3. SDP Coverage: 52% (1,698/3,264 Visits)
4. Availability of the product range: 75% all products and 93% (85%) FP products

Sustainability
of the Supply
Chain System

-
5. Invoice Recovery: 81% cost recovery
 1. Circular Note 05580 /MSAS/DGS/DES/PNA on 3 May 2016 on enrollment of Districts in « jegesi naa » & « Yeksi naa »
 2. Circular Letter 12499/MSAS/DGS/DES/PNA on 14 October 2016 son the introduction of private operators in the health system
 3. Circular Letter 7470/MSAS/DGS/DES/PNA on 20 June 2017 on the 25% margin redistribution payment by health facilities
 4. Circular Letter 15276 /MSAS/DGS/DES/PNA on 08 December 2017 increasing the management fees
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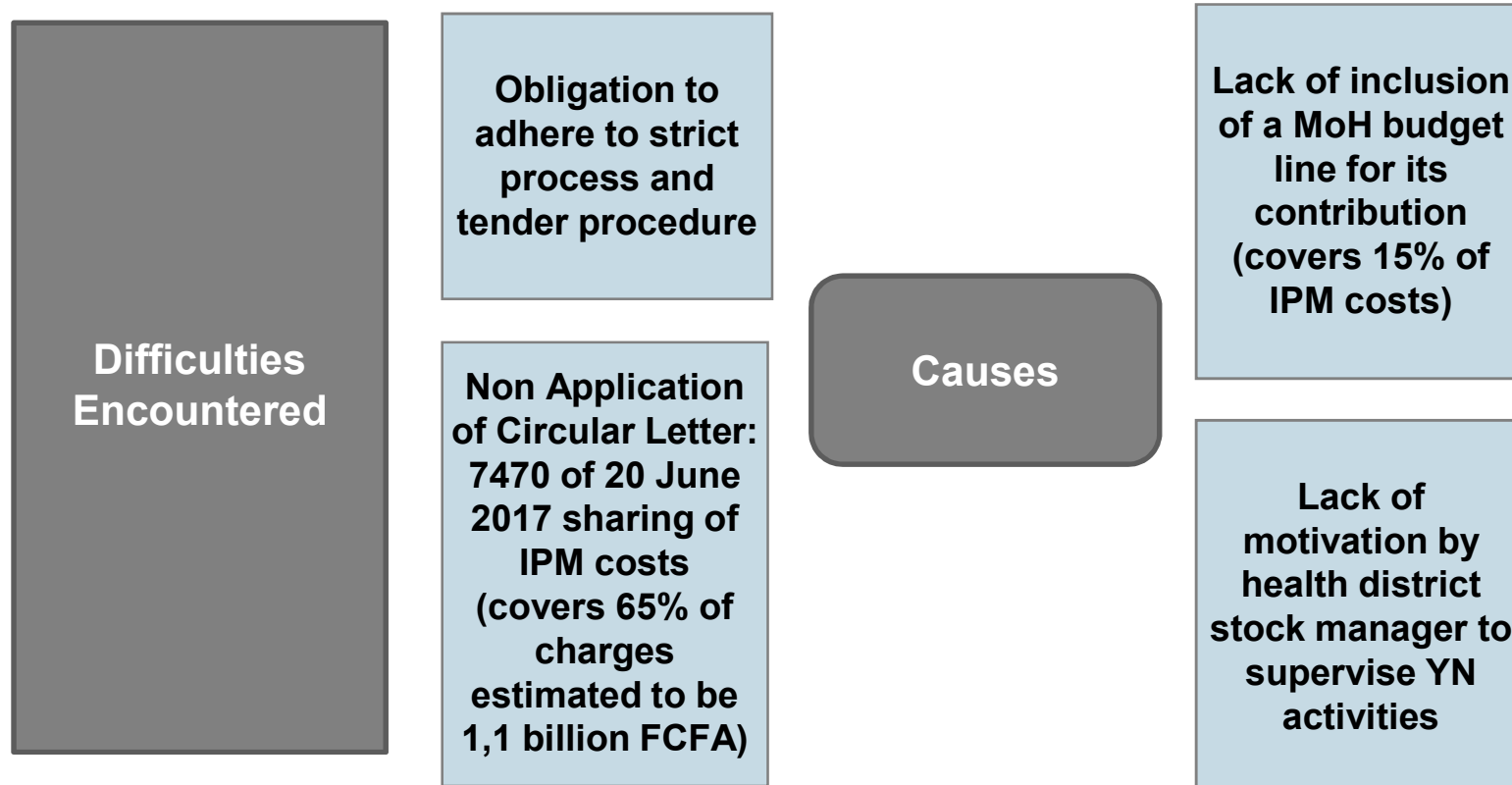


Yeksi Naa as of January 31, 2018



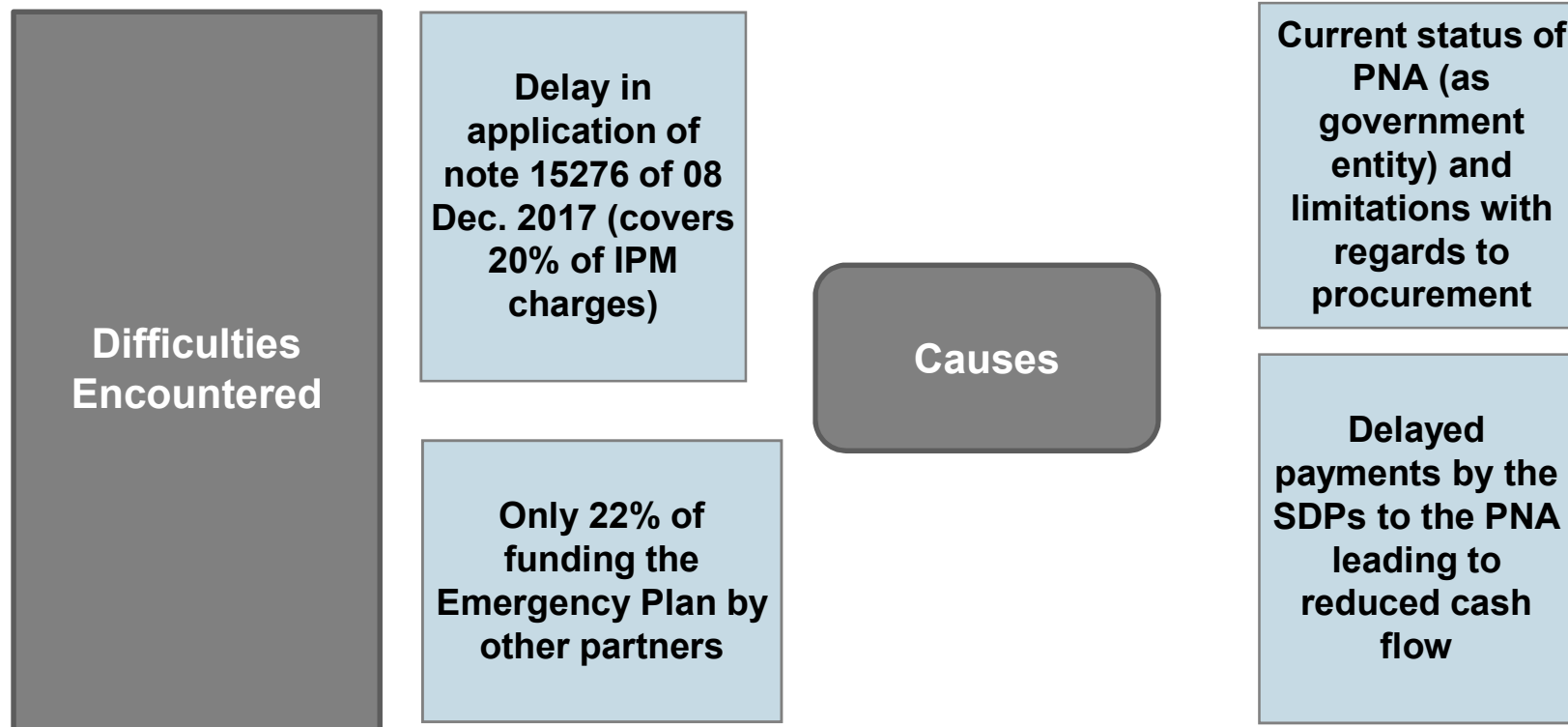


Yeksi Naa: Difficulties Encountered



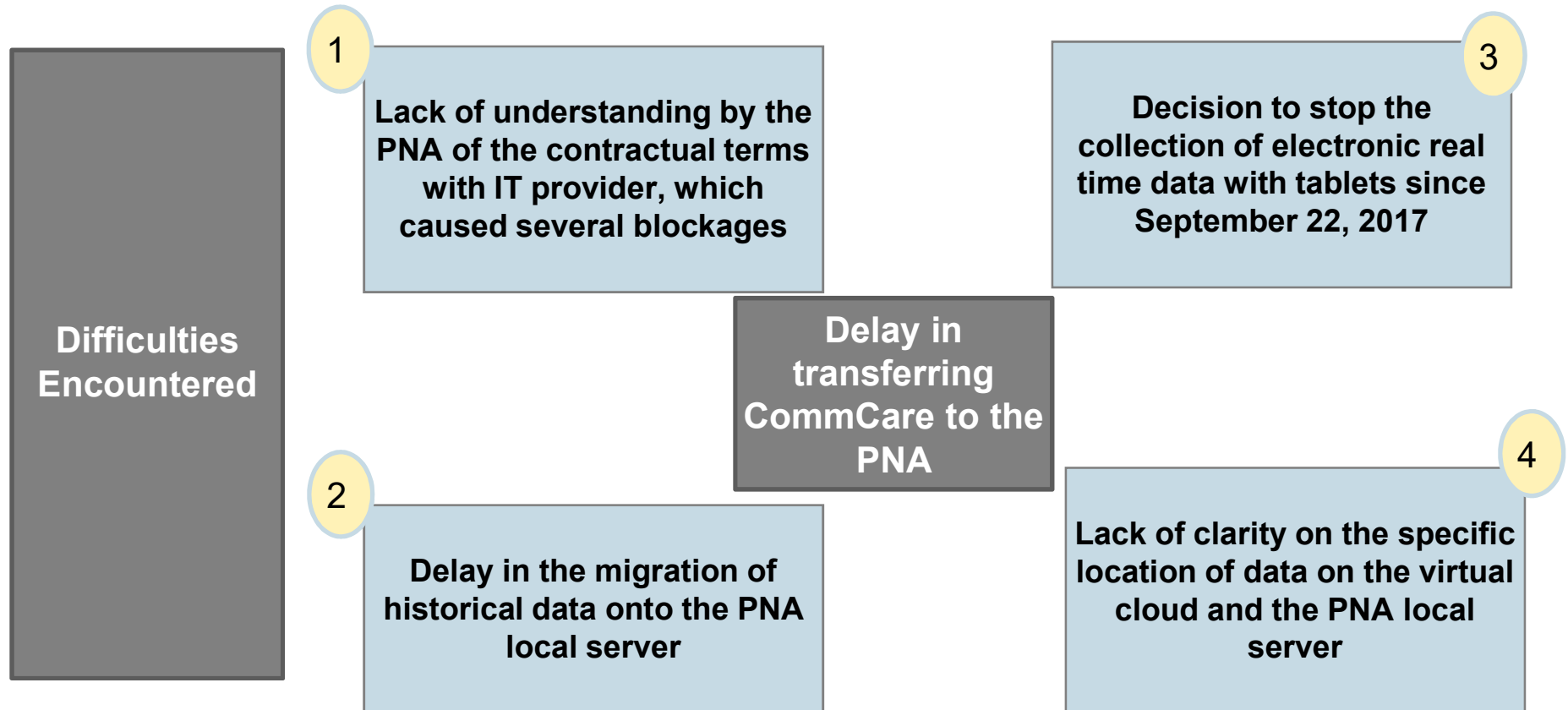


Yeksi Naa: Difficulties Encountered





Yeksi Naa





Ajustement de la mise en œuvre

Stabilization
Avril 2018-Avril 2019

Maturation
Avril 2019-Avril 2020

Sustainability-Avril 2020

Roadmap ajustment

Needs: Partner financing ,
Investissement folder for Senegal



MoH, PNA and Partners are all committed to making Yeksi Naa a successful and sustainable approach in Senegal