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
Causes and Consequences

- mCPR*
  - 12%
- Unmet need (married women)
  - 29%

Stockouts (% of public SDPs)

Difficult payment (pay first, sell later)

Transport difficulties (no vehicles: use of public transport)

Poor forecasting (nurses are not logisticians)

*Modern method contraceptive prevalence rate

No accurate data on commodity consumption to upper levels
IPM Pilot in Two Districts (2012)

Stockouts

<table>
<thead>
<tr>
<th>Before IPM</th>
<th>After 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td>0%</td>
</tr>
<tr>
<td>86%</td>
<td>0%</td>
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Consumption

<table>
<thead>
<tr>
<th>Before IPM</th>
<th>After 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.473</td>
<td>7.552</td>
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</table>

+38%

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

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

Funding of IPM: BMGF & MfM

Public/Private Partnership
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.

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
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”.
**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**

**Unmet Need**
Yeksi Naa: Context

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.

Frequent stock outs at the district depots

<table>
<thead>
<tr>
<th>Region</th>
<th>Stock Outs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakar</td>
<td>36%</td>
</tr>
<tr>
<td>Thies</td>
<td>67%</td>
</tr>
<tr>
<td>Diourbel</td>
<td>27%</td>
</tr>
<tr>
<td>Kaolack</td>
<td>53%</td>
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</table>

Challenges:
- 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

Baseline study conducted within Yeksi Naa

Yeksi Naa: Context
What is Yeksi Naa?

A new distribution model which brings health products to the last mile. It combines the PNA’s Jegesi 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

Distribution Plan

PNA → Procurement Plan PNA/ PRA → 11 PRA → Distribution Plan PRA /Districts “jeguesi naa” → 76 Districts

~300 products

118 products Wave 1 and 2

Distribution Plan PRA /Districts ou “Yeksi naa” → ~1461 SDPs

 Protocole Signature

• 71/76 (modifications)

29 January 2015

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
Yeksi Naa: 3PL selection process

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

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

Provisions (budget)

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**

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

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 on 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
Coverage of SDPs in January 2018

Dakar
10 districts/10
(160/160)

Ziguinchor
5 districts/5
(105/105)

Thies
5 districts/9
(65/162)

Diourbel
2 districts/4
(49/97)

Average availability: 75%

Average availability: 93% (PF)

« jegesi naa » 100% allowed
SDPs to re-stock

379 PPS/1452

No distribution visits for the other regions
Yeksi Naa: Difficulties Encountered

**Causes**

- Lack of motivation by health district stock manager to supervise YN activities
- Lack of inclusion of a MoH budget line for its contribution (covers 15% of IPM costs)
- Obligation to adhere to strict process and tender procedure
- Non Application of Circular Letter: 7470 of 20 June 2017 sharing of IPM costs (covers 65% of charges estimated to be 1,1 billion FCFA)
Only 22% of funding the Emergency Plan by other partners

Delay in application of note 15276 of 08 Dec. 2017 (covers 20% of IPM charges)

Causes

Current status of PNA (as government entity) and limitations with regards to procurement

Delayed payments by the SDPs to the PNA leading to reduced cash flow

Yeksi Naa: Difficulties Encountered
Yeksi Naa

Difficulties Encountered

1. Lack of understanding by the PNA of the contractual terms with IT provider, which caused several blockages

2. Delay in the migration of historical data onto the PNA local server

3. Decision to stop the collection of electronic real-time data with tablets since September 22, 2017

4. Lack of clarity on the specific location of data on the virtual cloud and the PNA local server
Ajustement de la mise en ouvre

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.