

The informed push model at the last mile in DRC

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Speakers of today

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The last mile

- 01** Background and goals
- 02** IPM: what we did and how
- 03** Results and learnings
- 04** Q&A

01 Background and goals

DRC: challenging environment



Today's discussion evolves around two projects in DRC's Kivu provinces

Jeune S3

Santé, Sexualité, Sécurité



North and South Kivu provinces in eastern DRC:

- 12 health zones
- 156 health facilities
- 3,2 million inhabitants

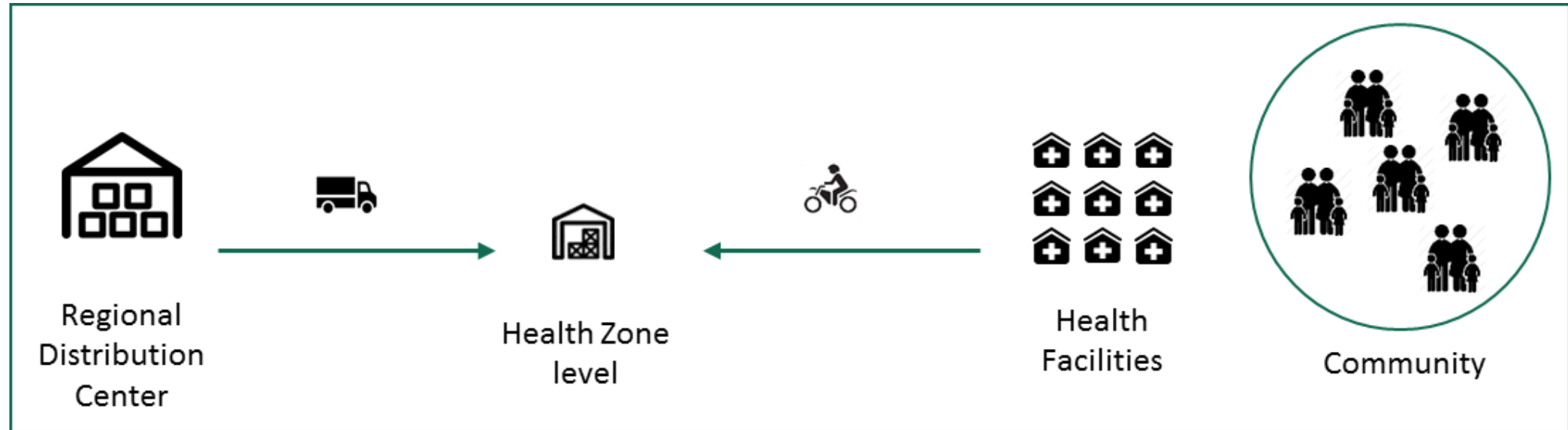
Funding by the Ministry of Foreign Affairs of the Netherlands

3C

Commodities, Chain & Care



Pull distribution in last mile has severe limitations



Results in:

- Stock outs - Excess stocks - Expiries - Redeployments - High transportation costs



Objective of
new informed
push model is to
fix those
limitations

- Reduce stock outs
- Reduce transportation cost
- Improve stock and consumption data reporting
- Reduce workload of head nurse
- Enhance community involvement
- Reinforce ownership of supply chain management at health zone level

02 What we did and how

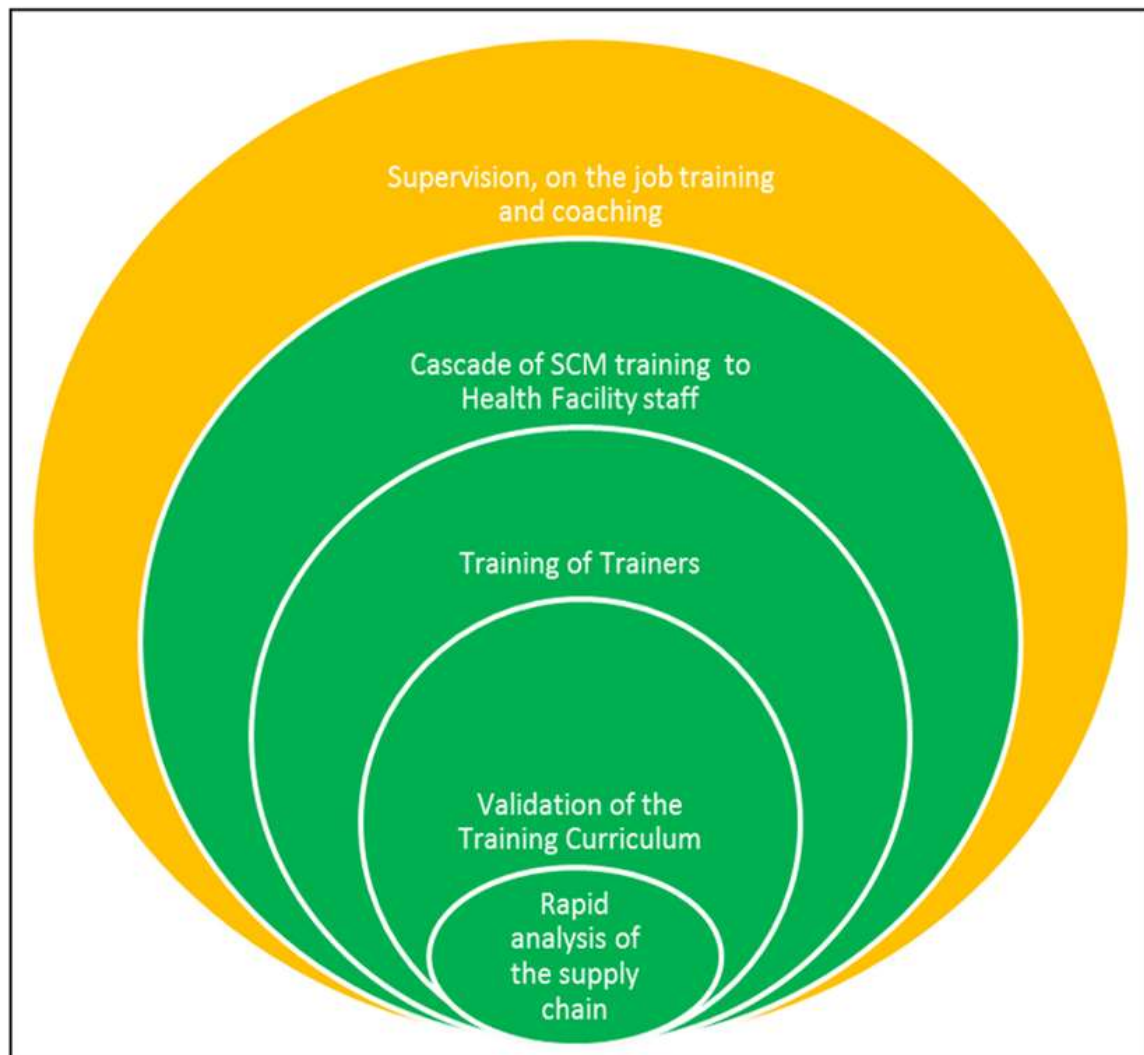


Our approach

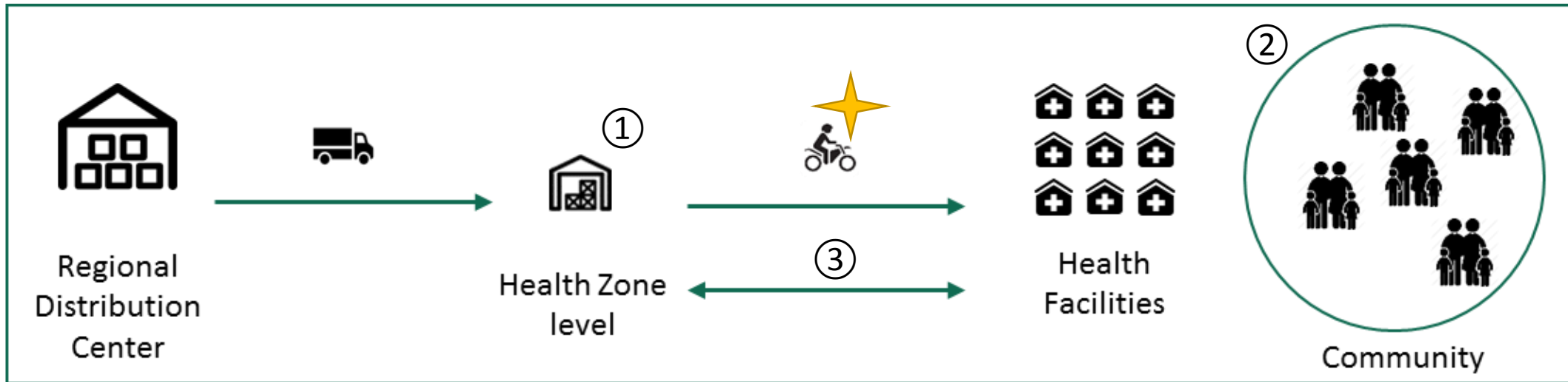
- Small team
- Accompany the health system
- Align to national policies
- No parallel initiatives



Get the basics right first



What did we change?



★ From pick up by health facility to distribution by Health Zone to the Health Facilities

- ① Divide Health Zone into distribution rounds
- ② Community involvement through IPM focal point for data exchange and distribution
- ③ Enable IPM introduction and functioning

1. Divide Health Zone into distribution rounds

- Most optimal rounds
- Evaluate degree of complexity
- Means of transportation used



2. IPM Focal point

- Linking pin
- Data exchange
- Physical distribution
- Documentation of transactions



3. Enable IPM

- Technical assistance and support process to implement IPM
- Support health zones in transport cost



03 Results and learnings IPM pilot



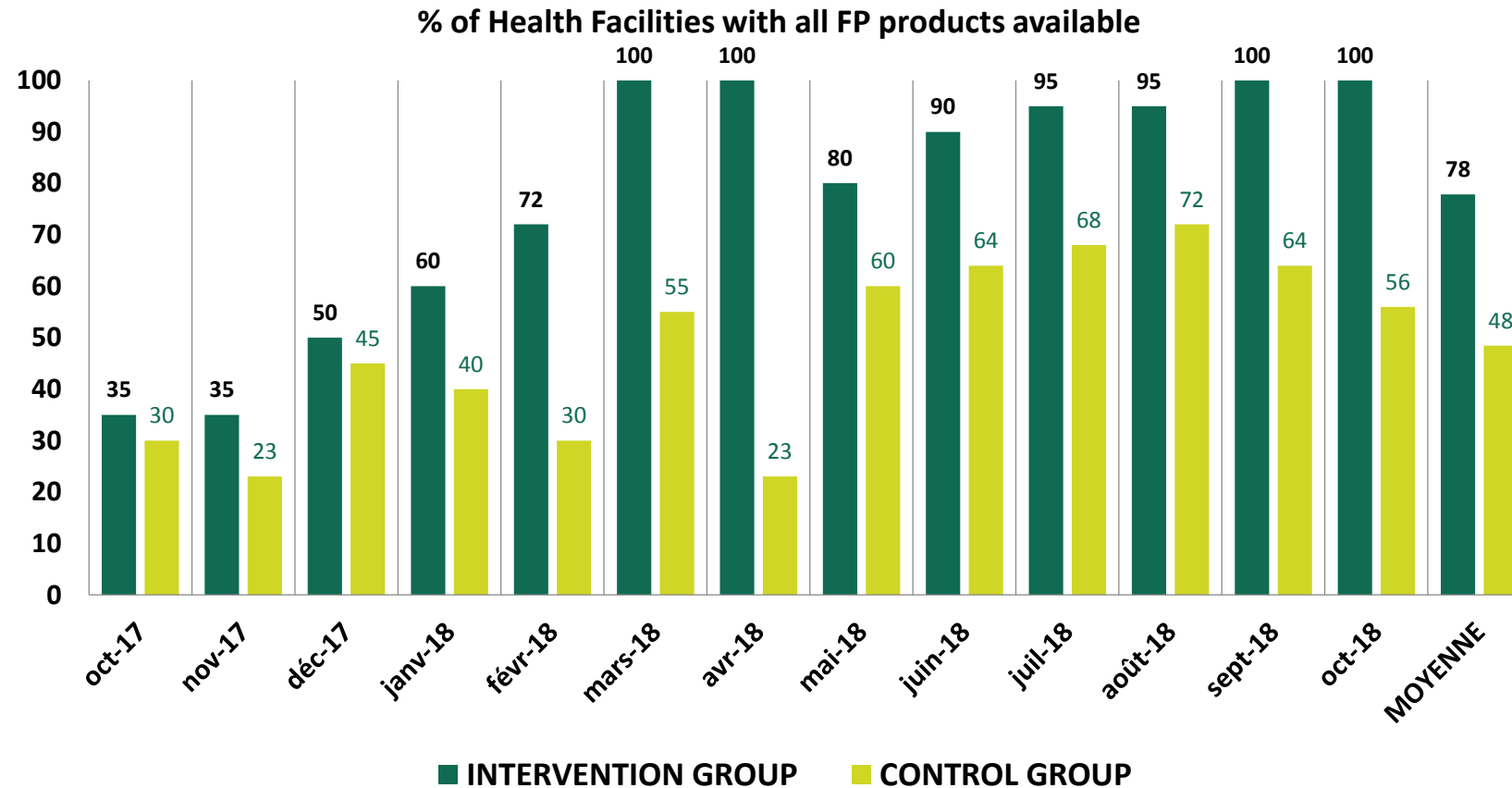
Starting with a pilot to test the Informed Push Distribution model



- Pilot study South Kivu
- Intervention Health Zone Katana
- Control Health Zone Walungu
- Duration 1 year
- 20 health facilities
- 9 family planning products

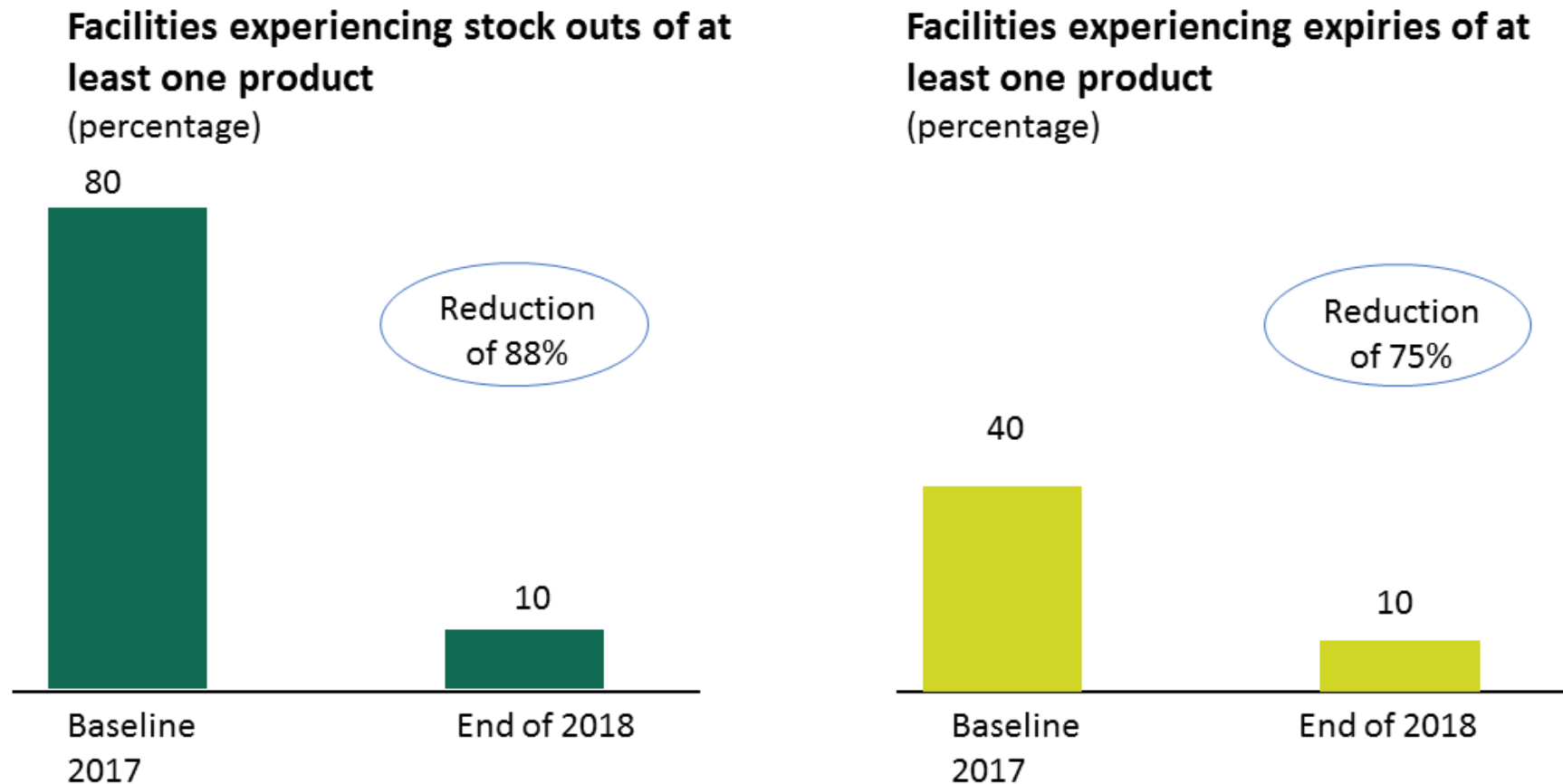


Availability of all family planning products increased from 35% to 100%



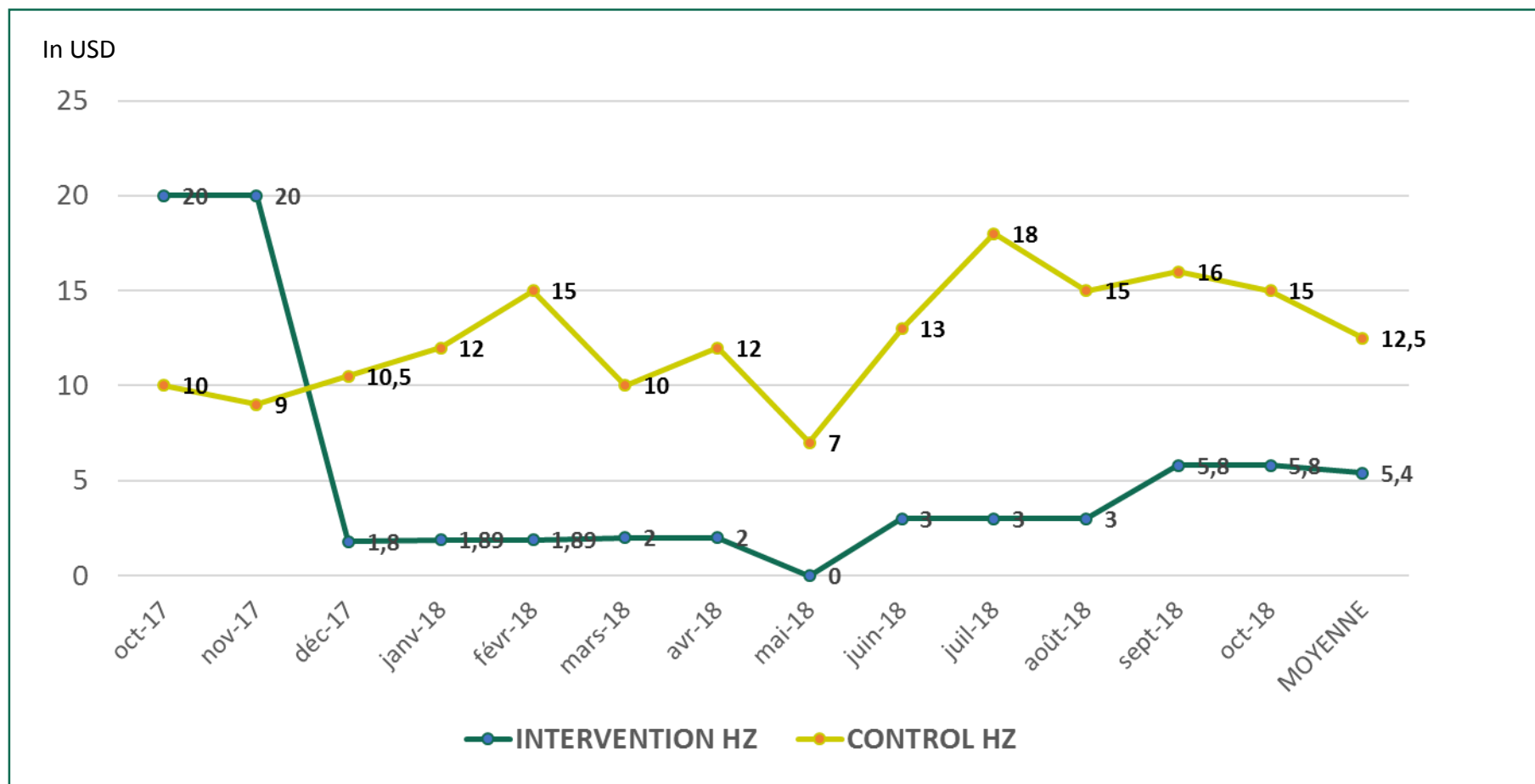
Source: Rapport on the final evaluation of the Informed Push Model pilot Katana health zone South Kivu DRC Décembre 2018

... stock out and expiries significantly reduced



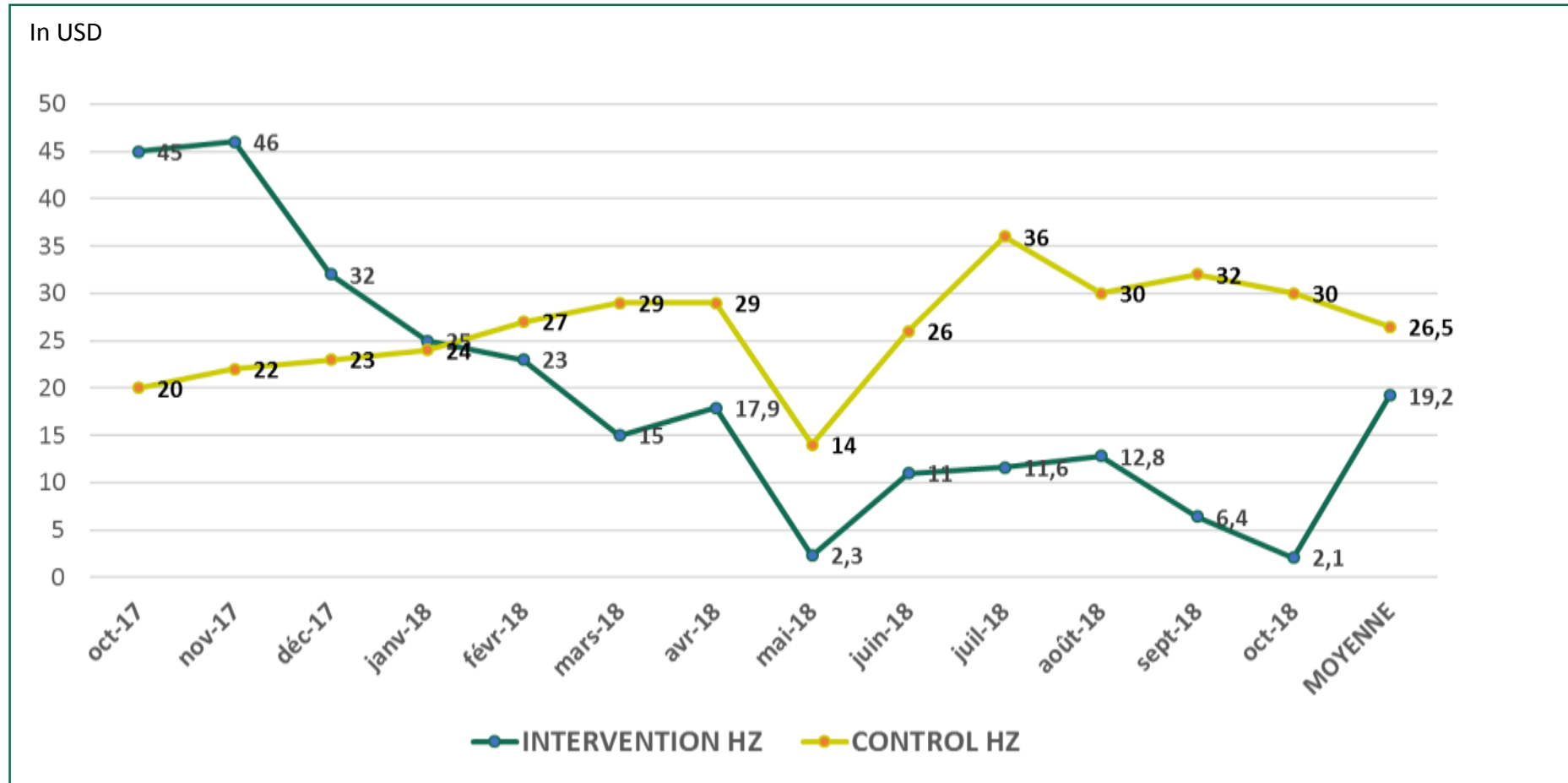
- Source: Rapport on the final evaluation of the Informed Push Model pilot Katana health zone South Kivu DRC

Last mile transport cost for Family Planning commodities down by almost 60%



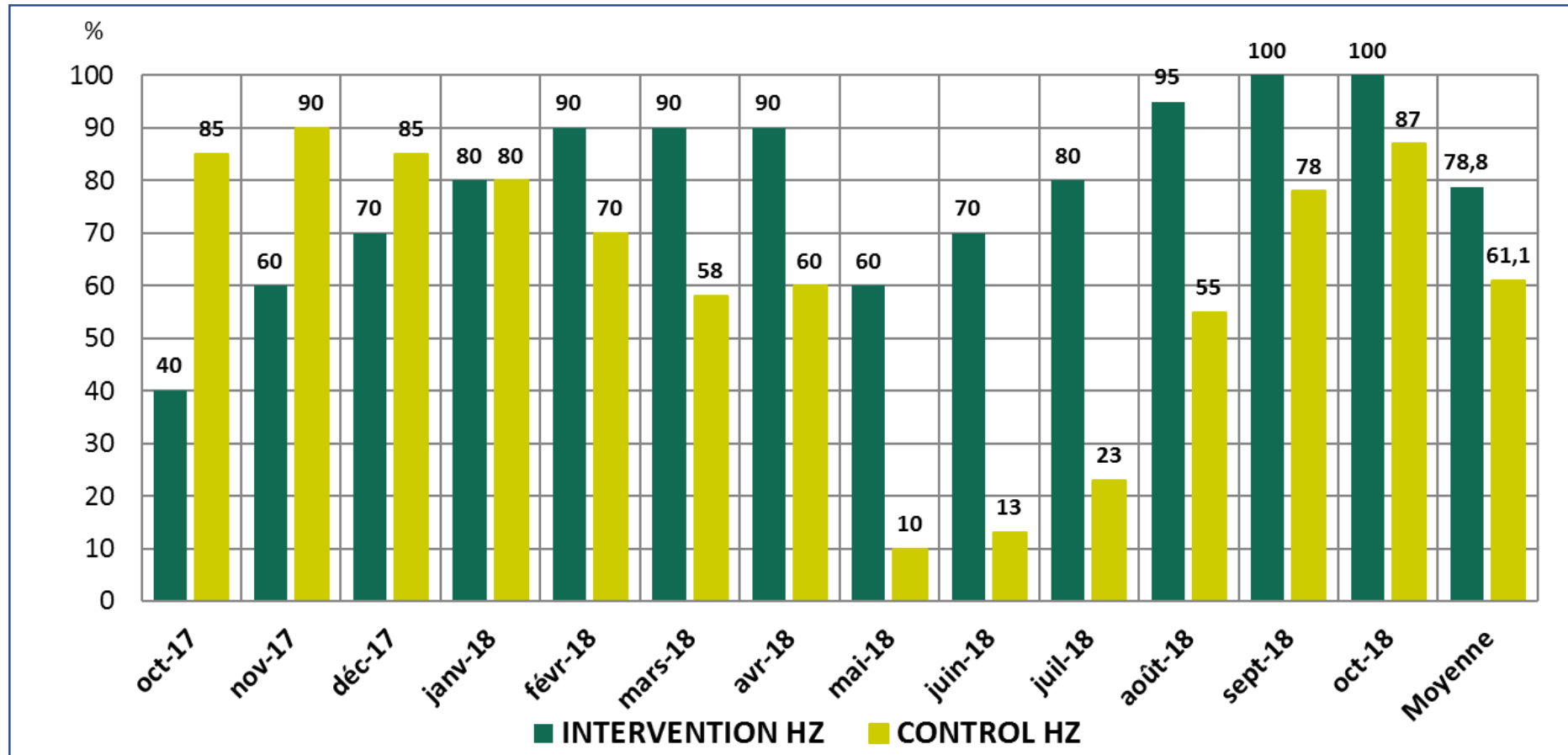
Source: Rapport on the final evaluation of the Informed Push Model pilot Katana health zone South Kivu DRC

Last mile transport cost for Essential Medicines down by almost 60%



Source: Rapport on the final evaluation of the Informed Push Model pilot Katana health zone South Kivu DRC

...and health facilities reported timely fashion



Source: Rapport on the final evaluation of the Informed Push Model pilot Katana health zone South Kivu DRC Décembre 2018

Conclusions

IPM improves availability at the last mile

IPM is more sustainable

Offers opportunity to bundle product at the last mile

Health zones enabled to take more ownership of their supply chain

Community involvement expanded

Head nurse more time to focus on other priorities



improved availability at the
last mile at lower cost

04 Q&A

Supply Chain Solutions – The webinar series



03

Medexis (eLMIS) and end-to-end visibility in Burundi

Thursday 8 October, CET 14:00
(French), CET 15:30 (English)

04

The Blockchain pilot in Nigeria

Thursday 22 October, CET 15:00
(English)



Thank you

Contact details

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