



Last Mile Distribution of Infection Prevention & Control Commodities(PPE) to Health Facilities in Liberia

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John Snow Inc(JSI)

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JSI: Over 30 years of experience in health supply chain management (SCM)



Logistics projects in Africa, Asia, Latin America, the Caribbean, Eastern Europe, and Eurasia.



Have won **over 20 SCM projects** 2015 alone. Portfolio of over **125 SCM projects** in over 100 countries over three decades.



From end-to-end: Working along the supply chain from manufacturers to beneficiaries—the women, men, and children in every community who have a right to better health.



Major clients include:

- Bill and Melinda Gates Foundation
- Department of Defense
- Gavi, the Vaccine Alliance
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- United States Agency for International Development
- United Nations Children's Fund
- United Nations Population Fund
- World Health Organization
- Other country governments, NGO's and private companies.



Integrated approach: Building strong relationships with the commercial sector, civil society, academia, and the donor & multilateral community.



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Contextual analysis

Before the EVD outbreak in Liberia...



Poor **health infrastructure** and health care **delivery system**



Lack of qualified Liberian **health care workers**



Fragile and parallel health supply chain system



Struggling economy- most citizens not empowered



Bad road networks and huge logistical challenges



Contextual analysis

After EVD outbreak in Liberia...

Unprecedented scale; no case management, contact tracing, social mobilization experiences

High health care infection, higher cases, higher HCW deaths

Most health facilities, Government ministries partially shut down and economy stagnated

International support mobilized and supplies arrived

No Personal Protective Equipment, few international Suppliers, procurement delays etc.

National supply Chain failure to manage EVD supplies



GLOBAL HEALTH
SUPPLY CHAIN SUMMIT

Levels of EVD supply chain in Liberia

Donors



USAID
FROM THE AMERICAN PEOPLE
(OFDA)



THE WORLD BANK

MOH/Supply Chain Management Unit Central:



MOH/County Health Teams



UN Agencies and NGOs:



World Health Organization



Save the Children®



International Medical Corps





GLOBAL
HEALTH
SUPPLY CHAIN SUMMIT

JSI intervention: IPCA project objectives



To **train and follow-up** non-ETU health workers (HWs) on IPC.

&

To ensure that needed IPC supplies and Personal Protective

Equipment (PPE) are

distributed,

available and used according to **standards.**



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**GLOBAL
HEALTH**
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IPCA supply chain scope in Liberia

Funding: Office of U.S. Foreign Disaster Assistance (OFDA)

Duration: November 2014 through December 31, 2015

Supply distribution: In all 15 counties



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IPC last mile distribution methods

Push system and standard packing list per facility levels



Prepare last mile dispatch plans and share with key partners



Prepare facility level kits in advance of actual distribution date



Finalize transport and distribution planning



Pick and drop kits at facilities





IPC last mile distribution strategies

- **Proper communication with all stakeholders** – national, county, facility, staff, donor
- **Joint pre-deployment orientation/training** with CHT, SCMU and JSI
- **Regularly** meet, share distribution data, activity updates and feedbacks with partners, donors, MOH, etc.
- Adopt **top up delivery method** to improve stock visibility and controls at facility level
- Embedded **JSI Logistics Specialists** in 15 County Health Teams' Supply Chain Units



IPC last mile distribution tools

- Consumption data collection and analysis tools
- Distribution and County budget management tool
- Distribution Activities Monitoring tool
- Dispatch planning



Results

5 rounds of IPC distribution resulted in **90%** coverage of all health facilities in Liberia by **August 2015**



Comprehensive **consumption data** collected for **all facilities**





Some challenges

- Mapping, feedbacks and coordination of **EVD response partners**
- **Multiple** ad hoc distribution partners with parallel supply chains
- **Storage constraints** throughout the supply chain
- **Bad roads**, damaged bridges affected by heavy rain falls
- **Human resources** capacity at health facility level
- Transitioning emergency supply chain to **routine national system**



Some lessons learned

- Joint CHT-JSI orientation improves **team building**, overcome **coordination problems** and facilitate field **deployment** in emergency response
- Embedding JSI Supply Chain Specialists in 15 CHT supply chain units **improves communication**, breaches **resources gaps** at CHT and enhances quick and informed **decision making**
- Adapting **LMIS tools** and regular **distribution processes** in emergency response can be **counterproductive**



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