

Last Mile Distribution of Infection Prevention & Control Commodities(PPE) to Health Facilities in Liberia Sando N. Dogba, Supply Chain Advisor-IPCA John Snow Inc(JSI)

Dakar, Senegal 2015





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



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



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. John Snow, Inc.



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





Contextual analysis

Before the EVD outbreak in Liberia...



Poor health infrastructure and health care delivery system



Lack of qualified Liberian heath 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 Chains. Dakar Senegal 2015



Levels of EVD supply chain in Liberia

Donors



MOH/Supply Chain Management Unit Central:



MOH/County Health Teams



UN Agencies and NGOs:



















JSI intervention: IPCA project objectives





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



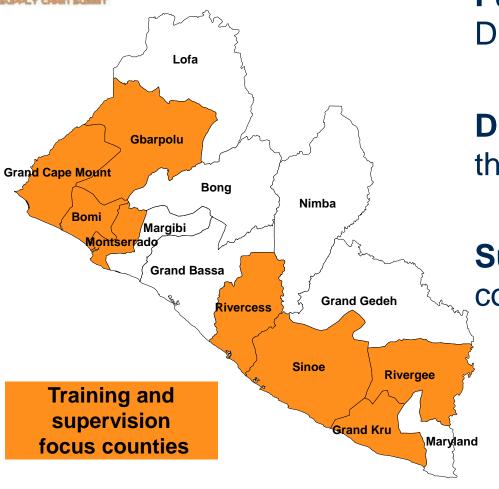
To ensure that needed IPC supplies and Personal Protective

Equipment (PPE) are distributed, available and used according to standards.

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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





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 in90% 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





































