Transforming Kaduna State health supply chain

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Agenda
• Diagnostics
• Supply Chain Transformation
• Success in the implementation stage
• Challenges
• Lesson Learnt

Population Density: 130/KM²
23 Local Government Areas.
The state-owned public health service delivery facilities comprise 1068 Primary Healthcare Clinics; 30 Secondary Healthcare Hospitals and 1 Tertiary University Teaching Hospital.

The State hosts flourishing Private Healthcare Centers and Specialized Federal Government owned Hospitals.

Enjoys abundant support from many development partners.
• Each Program operates their own health commodities supply chain systems.
• No effective Coordination and Collaboration amongst Partners.
• Weak capacity of State Personnel on SCM.
• Fragmented Logistics Data collection systems
• No State-wide visibility on commodity availability
• Supply Chain Decisions not informed by Data analytics
• Duplication of efforts; Wastages and significant losses in value for Money.
The Bill and Melinda Gates Foundation answered the Supply chain transformation call
Mapping key stakeholders and SWOT

R&R, Pilot Team
Determine team roles

Scope & Timeline
Products, LGAs, facilities, frequency

Supply Chain Solutions to Pilot
Approve which solutions will be piloted

Goals & Definition of Success
Gain agreement on the goal & success for the pilot

Validation of cost baseline

RACI validation
Implementation stages: design, preparation, testing

Benefits

1. Real time health facility data visibility
2. Ease of task burden to health facility personnel
3. Effective utilization of available human resources at health facilities
4. Establishment of Key Performance Indicators (KPIs)
5. Availability of quality medicines and health commodities for healthcare delivery

Pilot Design

- To support the State as it “tests, learns and repeats” its way to supply chain redesign.
- To identify any operational challenges.
- To obtain a preview of the supply chain performance before committing to a full-scale implementation.
- To equip the Kaduna State Change Management Team “soft skills” as well as technical skills.
Stage 2

Training of leaders

Warehouse preparation

Steering committee inauguration

Pilot preparation

Training of the selected pilot facilities (23 Primary Health Clinics and 5 Secondary Level Hospitals)
Key to success: Leadership

Commissioned by the Executive Governor of Kaduna State:
Mallam Nasir Ahmed el-Rufai
Stage 3: Testing solutions

LMCU engaged 28 HF to generate data biweekly

Pick and Pack process at the DMA warehouse

Loading of trucks for last mile delivery

Consumption Data Collection

Last Mile Distribution

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<thead>
<tr>
<th>Month</th>
<th>Task</th>
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<tr>
<td>Mar 16</td>
<td>Kick-Off</td>
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<td>Apr 16</td>
<td>Cost Baseline</td>
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<td>May 16</td>
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<td>Aug 16</td>
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<td>Sep 16</td>
<td>Pilot Design</td>
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<td>Oct 16</td>
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<td>Jan 17</td>
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<td>Feb 17</td>
<td>Pilot Solution</td>
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RACI

Design Workshop

Preparation for Pilot

Pilot kick-off workshop
Challenges

- Poor handover of knowledge and administrative rights when staff changes.
- Deliveries after closing time and difficulty in contacting health facilities due to network fluctuations.
- Curfews causing closure of health facilities and delay in payments (bank closure).
- Health Facilities unwillingness to document daily consumption and conduct biweekly stock count. Inconsistency in the price list and other records data.
- Mark up not accessible to contribute to the DRF and unavailability of LMIS tools.
- Non existence of SOPs.
Lessons learnt

• The change in leadership style (from bureaucratic to transformational), drives milestone achievements.

• The transformation is inspiring health workers who are more open to change.

• Pilot HF now have clear visibility of higher level SC functions.

• Review policy to reflect Supply chain transformation.

• Need for sustainable data collection.

• Review of payment system needed

28 health facilities have been isolated for the pilot

• Change in data collection approach

• Policy changes in funds location – new fee structure suggested

• Name change from Sustainable Drugs Supply System to Sustainable Health Commodities System
The 8 Guiding Principles We used

1. State level ownership
2. Systemic thinking
3. Definition of success
4. Fact-based interventions
5. Intervention and collaboration
6. Engagement of capable TA
7. Use of lessons
8. Commitment and sustainability
Nagode!

Questions?