

Population (2016 Estimates) : 8.1 Million
Population Density: 130/KM²
23 Local Government Areas.

Agenda

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

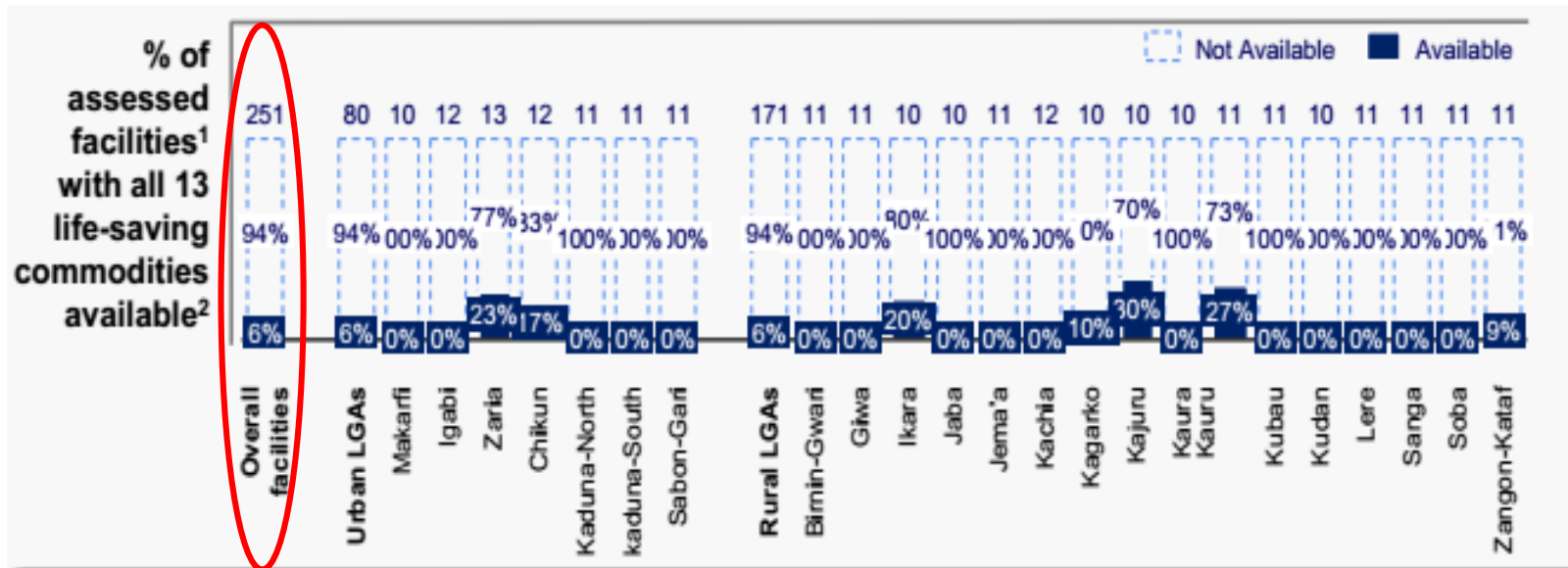
Transforming Kaduna State health supply chain

Mrs. Ramatu Abdulkadir – Executive Secretary DMA
Dr. Silvia Rossi Tafuri – Head of Research and Business Development

The Kaduna State Public Health System



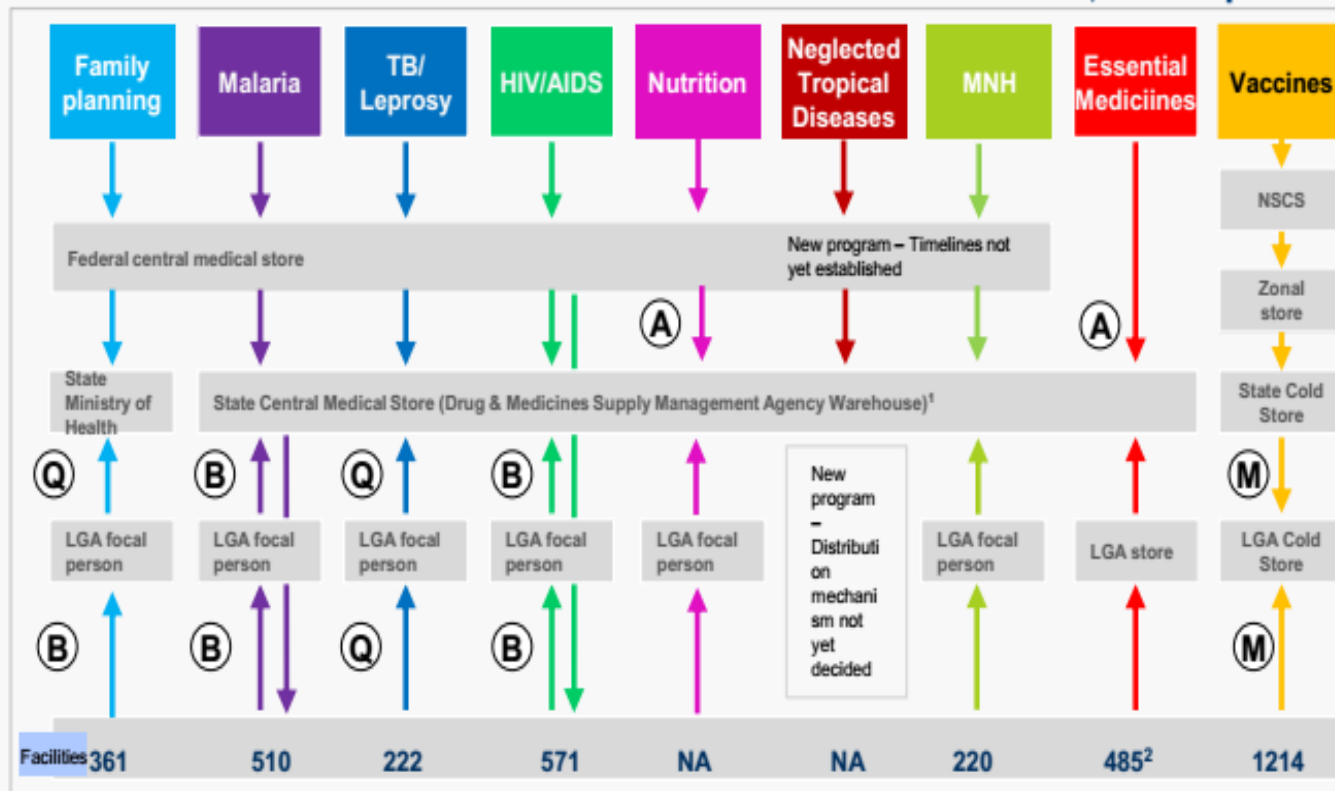
- The state-owned public health service delivery facilities comprise 1068 Primary Healthcare Clinics; 30 Secondary Healthcare Hospitals and 1 Tertiary University Teaching Hospital.
- The State hosts flourishing Private Healthcare Centers and Specialized Federal Government owned Hospitals.
- Enjoys abundant 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.

KADUNA STATE SUPPLY CHAIN COMMODITY FLOW

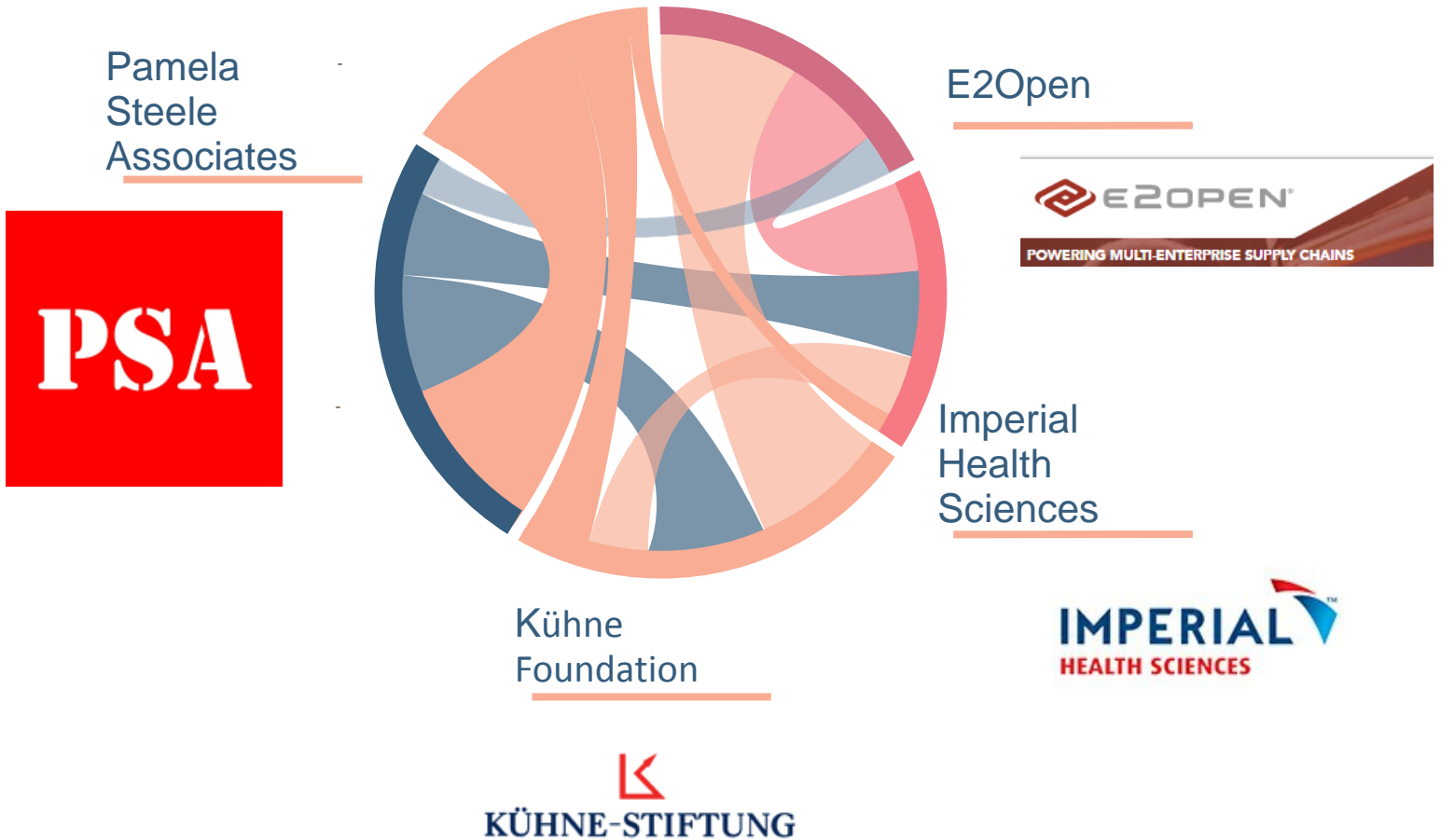
(Q) Quarterly (A) 1-2 times p.a. (B) Every 2 months (M) Monthly ↓ Delivery ↑ Collection



Supply Chain transformation



The Bill and Melinda Gates Foundation answered the Supply chain transformation call



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

Engaging key stakeholders and SWOT

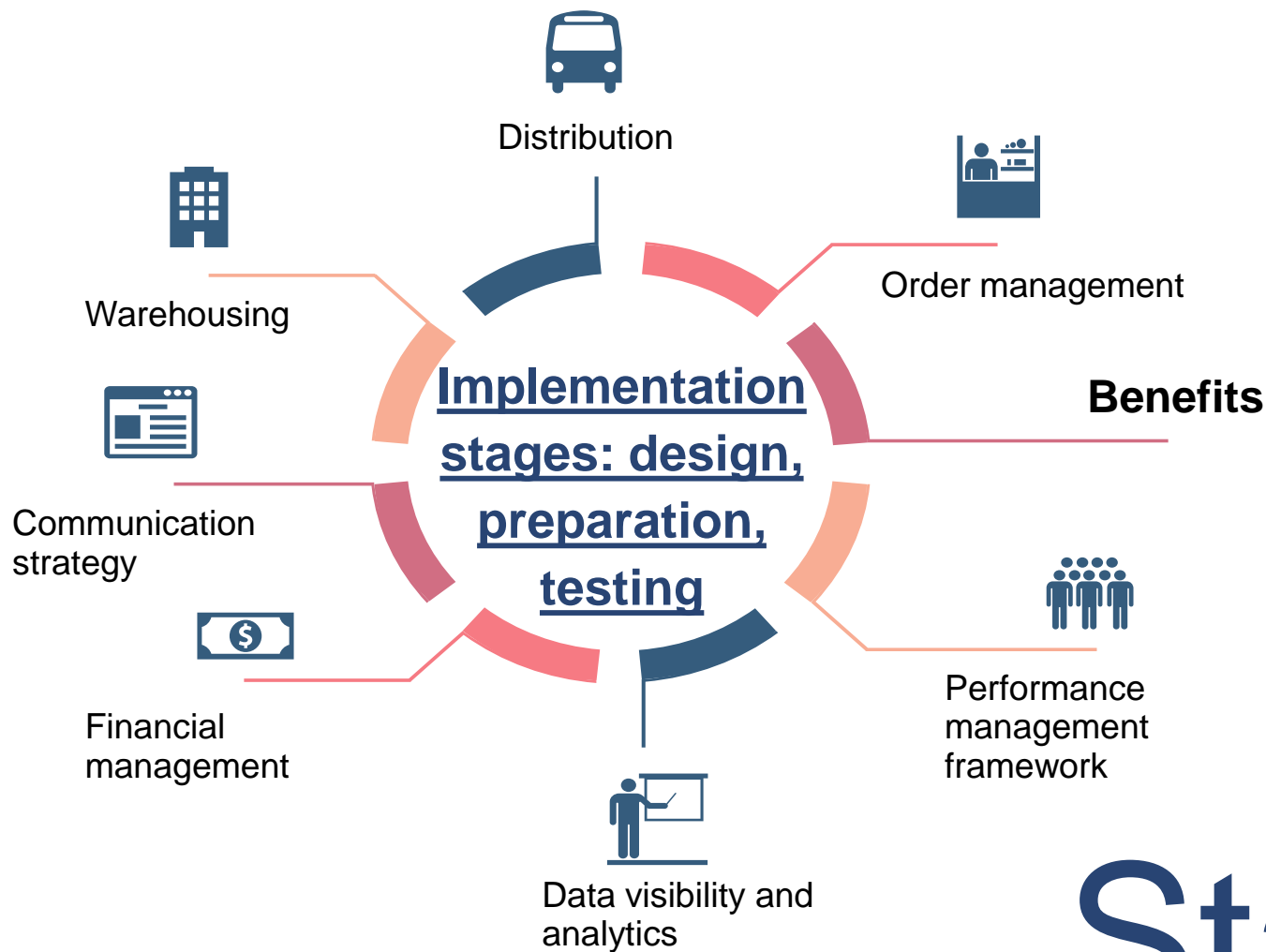


Validation of cost baseline



RACI validation





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

Stage 1

- 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



Training of the selected pilot facilities (23 Primary Health Clinics and 5 Secondary Level Hospitals)



Process mapping

Pilot preparation



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

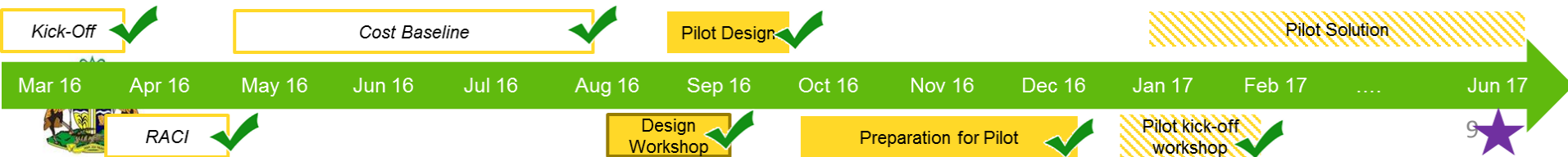
Pick and Pack process at the DMA warehouse

Loading of trucks for last mile delivery



Consumption Data Collection

Last Mile Distribution



Challenges

Poor handover of knowledge and administrative rights when staff changes.

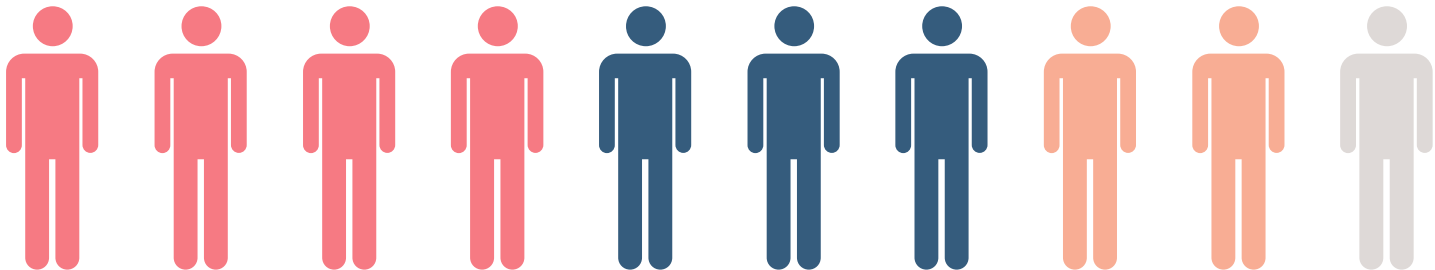
Deliveries after closing time and difficulty in contacting health facilities due to network fluctuations

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



WIP

The 8 Guiding Principles We used

2. Systemic thinking

3. Definition of success

4. Fact-based interventions

8. Commitment and sustainability

1. State level ownership

5. Intervention and collaboration

7. Use of lessons

6. Engagement of capable TA





BILL & MELINDA
GATES *foundation*

Nagode!

Questions?