

# Project Objective and Scope

- Identifying healthcare delivery challenges in Kenya
- Accessing Total Kenya assets, capabilities and operational learning experiences
- Synthesizing the application of Total Kenya's experiences to healthcare delivery in Kenya.

## Research Methods

Phase I (Oct 2009 to Dec 2009):

Secondary research on the macro environment of Kenya, healthcare market and institutions, general disease statistics and access to care indicators .

# Research Methods

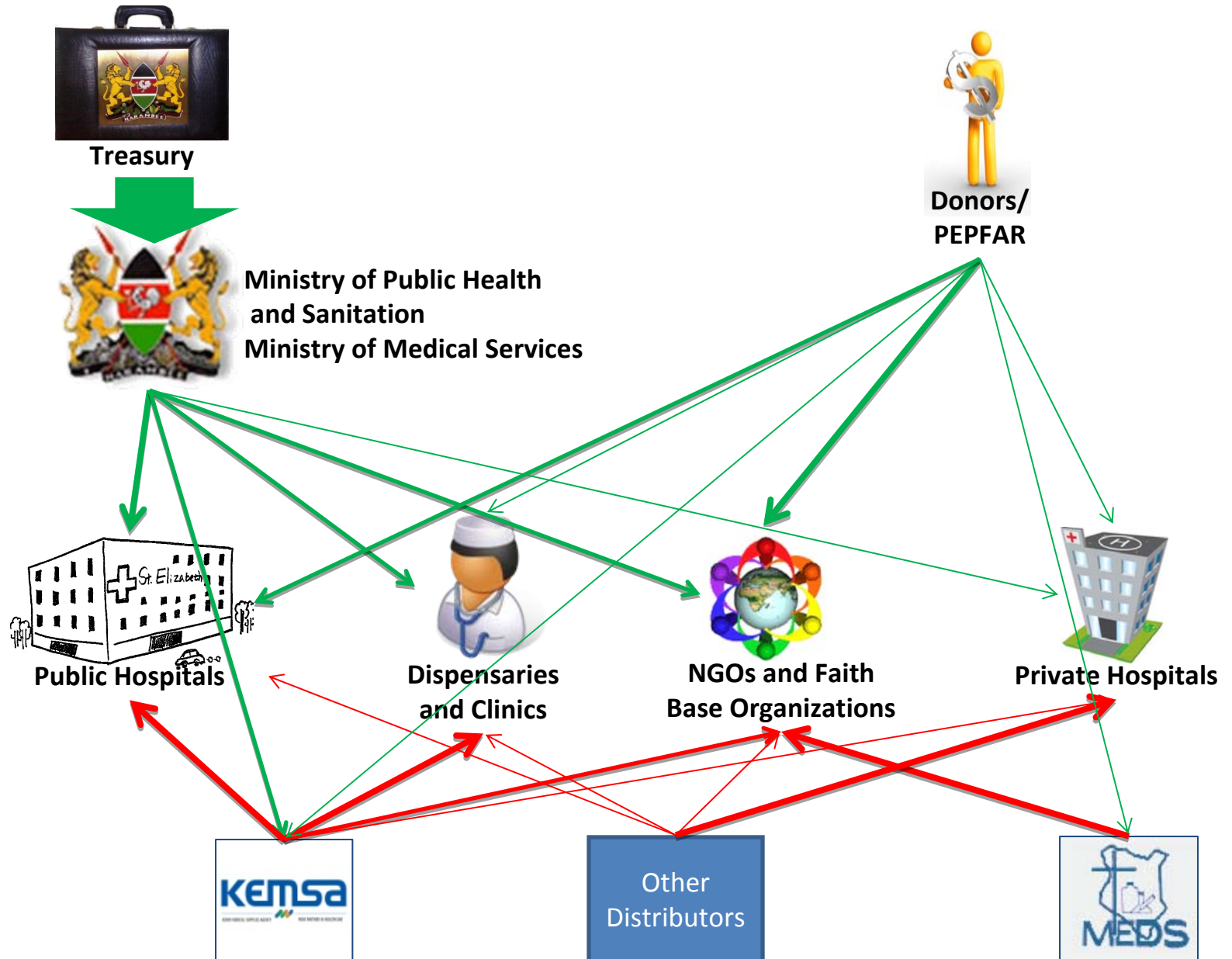
Phase II (Jan 4<sup>th</sup> to 15<sup>th</sup>):

Primary research through on-site interviews & plant/depot visits

Total Kenya	
Department	Name
Finance	Franck Dessaintjean
Marketing	Loic Thieblin
Planning & Supply	Jean F Schoepp
	Mary Muiruri
Operation	Tom Maganga
	Sereti Kashovda
Dakowu	Elisha Rono
Human Resource	Adele Tura
Plants Visited	
Nairobi—LPG & crude oil depot	
Mombasa—Lubricant warehouse, manufacturing plant and crude oil depot	

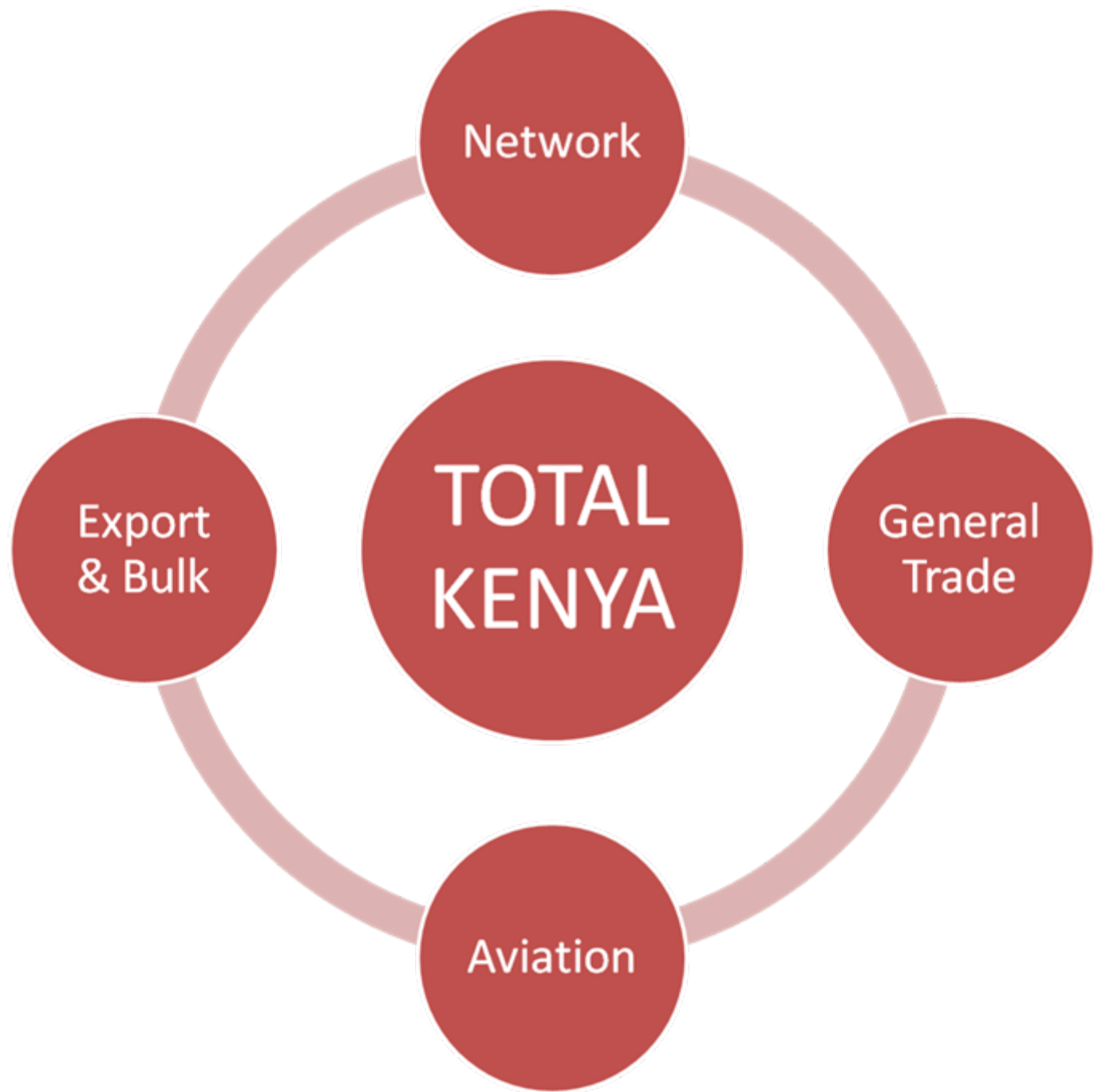
Healthcare Institutions	
Organization	Title
Kinango District Hospital	Chief Doctor
National Kenyatta Hospital	Public Relations Manager Human Resource Manager Planning & Supply Manager
Nairobi Women Hospital	CEO
Mater Hospital	CEO
AMREF	Deputy Country Director
KEMSA	Regional Liaison Officer Public Relations Manager
Eagle Insurance Broker	CEO
Ministry of Health	Head of Planning
MEDS	Operations Manager
Warehouse Visited	
KEMSA—Nairobi Warehouse	
MEDS—Nairobi Warehouse	

# Healthcare Overview

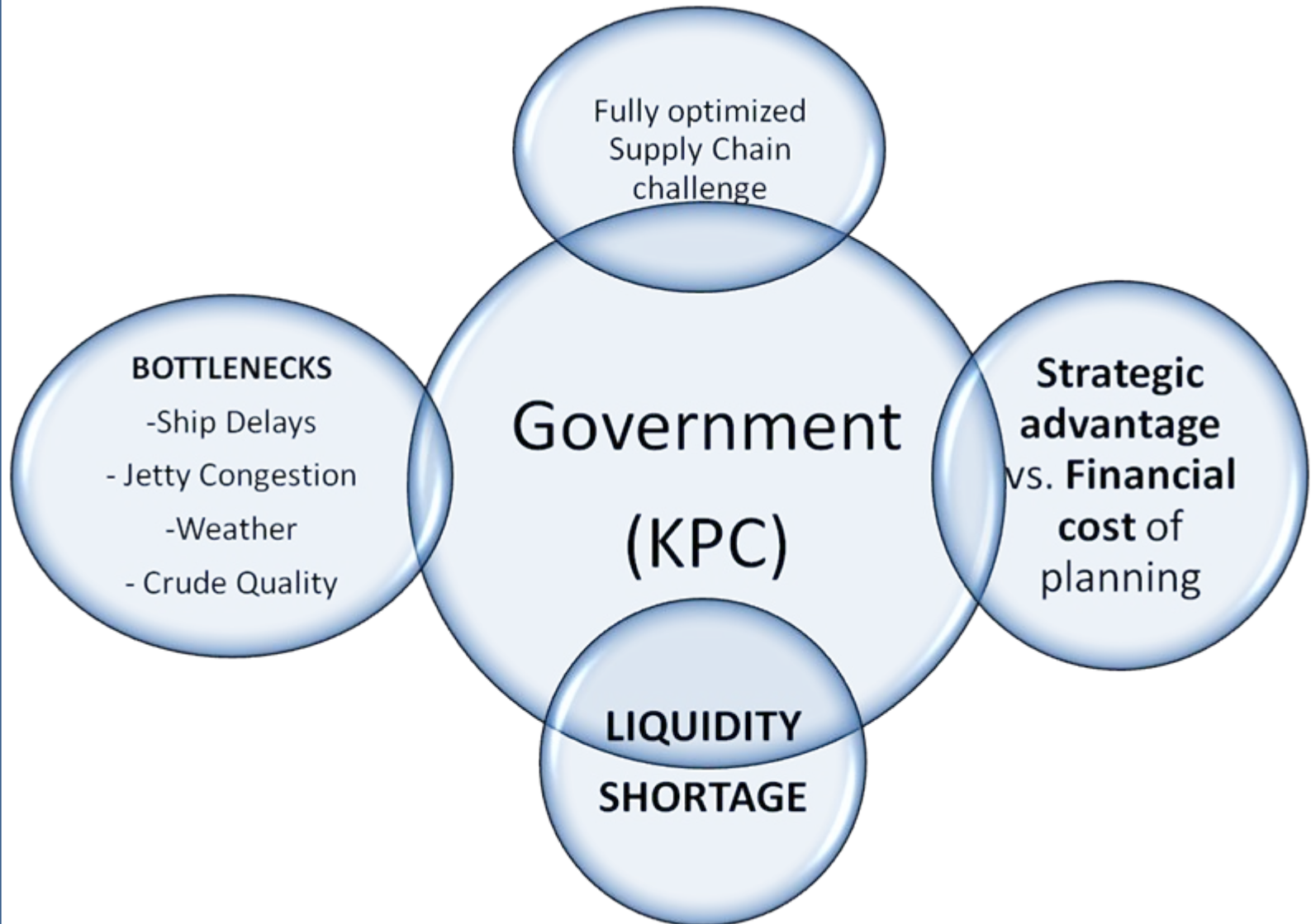


# Total vs. Kenya Healthcare Operation Challenges

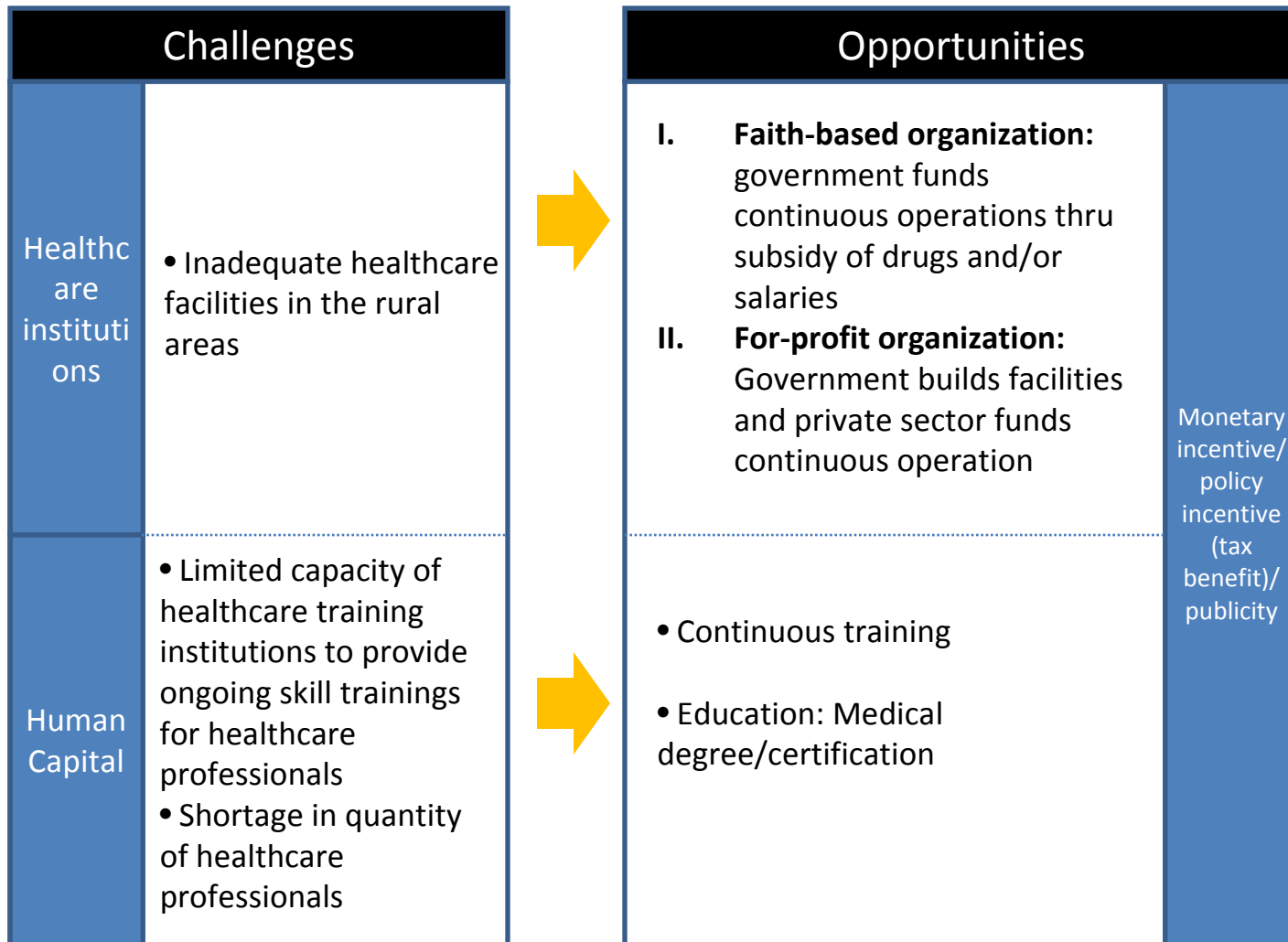
Area	Total Operational Challenges	Kenya Healthcare Operational Challenges
<b>Finance</b>	Projecting financial cash-flow needs for TOTAL Kenya across business units and managing the capital structure of TOTAL with respect to debt covenants, equity	<ul style="list-style-type: none"> <li>•Allocation of funds</li> <li>•Low penetration of health insurance: &lt;20%</li> </ul>
<b>Operations</b>	Operating at maximum efficiency within a system constrained by government's inadequate infrastructure and regulation	<ul style="list-style-type: none"> <li>•Process Inefficiencies               <ul style="list-style-type: none"> <li>•Demand forecasting</li> <li>•Reliability on manual procedures</li> </ul> </li> <li>•Frauds</li> </ul>
<b>Human Resources</b>	Attracting, developing and retaining a motivated workforce to ensure TOTAL's competitive advantage in a competitive market for talent	<ul style="list-style-type: none"> <li>•Retention (high turnover)</li> <li>•Lack of incentives (salaries &amp; training)</li> <li>•Uneven distribution in urban vs rural</li> </ul>
<b>Distribution (KEMSA)</b>	The process flow from inventory managers, plant managers and service station managers is decentralized, but still a manual process in the area of projecting future supply and demand	<ul style="list-style-type: none"> <li>•Centralization of the operations</li> <li>•Reliability on manual procedures               <ul style="list-style-type: none"> <li>•Inventory Management</li> <li>•Bureaucracies -&gt; delays</li> </ul> </li> <li>•Lacks adequate management system</li> </ul>



# Planning & Supply Interaction



# Structural Challenge: Opportunities from Private-Public Partnership

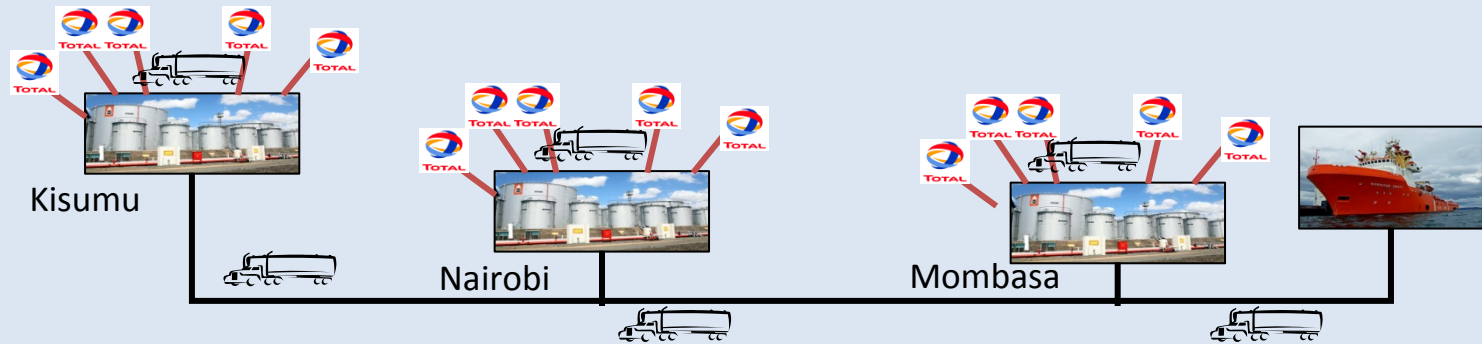


# Lessons learned from TOTAL to be applied to Kenya's HR Challenges

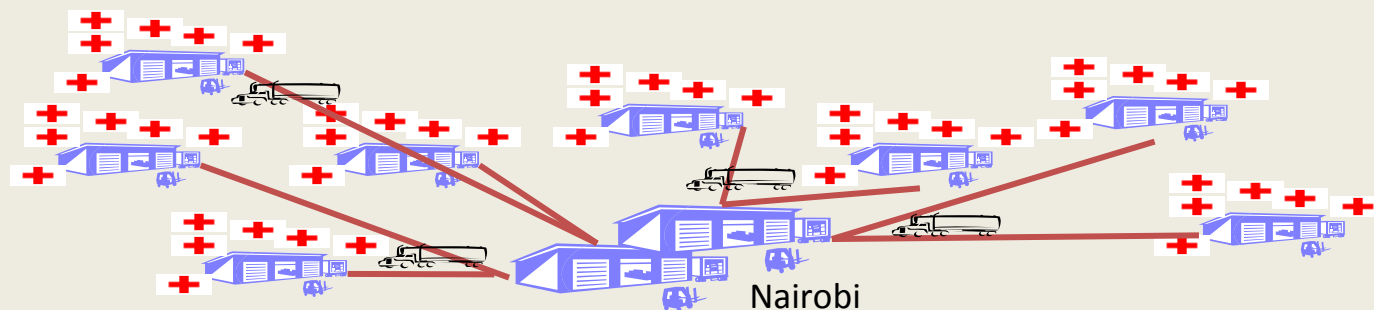
	Kenya's healthcare Challenges	Opportunities	Lessons learned from TOTAL
Recruit	<ul style="list-style-type: none"> <li>• <b>Uneven distribution</b> of healthcare professionals between urban and rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Rotation</b> of healthcare professionals among different geographical locations</li> <li>• Create <b>more attractive incentive schemes</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Rotation programs</b> within/between departments (based on competencies and interests)</li> </ul>
Train	<ul style="list-style-type: none"> <li>• <b>Lack of attention to trainings</b> for public hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and address <b>competency gaps</b> through trainings</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Training center</b> for specialized trainings with internal and external trainers</li> </ul>
Retain	<ul style="list-style-type: none"> <li>• <b>High turnover</b> due to lack of incentives for doctors and nurses to work in the rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• <b>More incentives</b> for healthcare professionals placed in the rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Expat</b> compensation package when needed</li> <li>• <b>Variable pay</b> (bonus linked to performance)</li> <li>• <b>Loan facilities</b></li> </ul>

# Warehousing Structure— Decentralization vs. Centralization

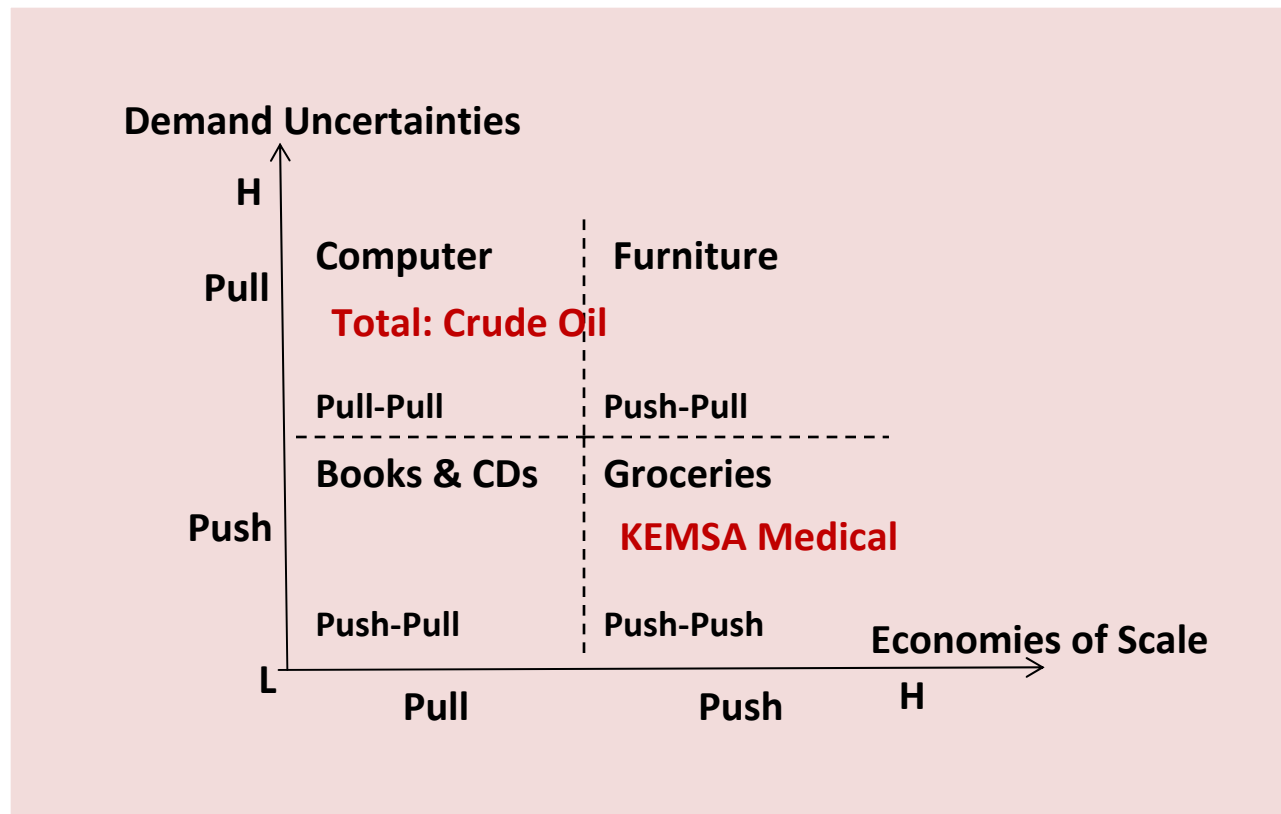
## Total's Decentralized Warehousing Structure



## KEMSA's Centralized Warehousing Structure



# Distribution & Demand Fulfillment— Push vs. Pull



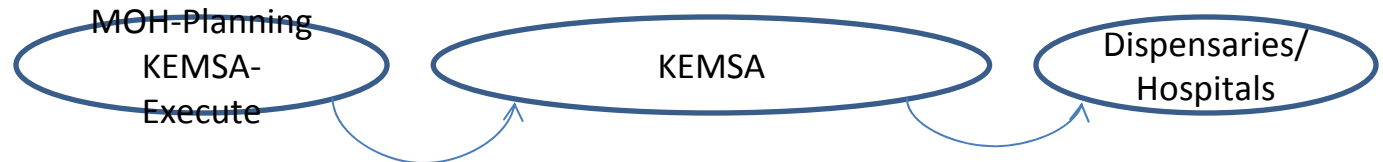
# Total vs. KEMSA— Management System



- Shared performance metrics
- Proactive cross-function communication/collaboration
- System support for transparency and speedy decision making



Total	Centralized	Decentralized	Push	Pull (Demand-Driven)
Supply Chain	Supply Procurement	Warehousing Structure	Distribution	Demand Fulfillment (Purchasing)
KEMSA	Centralized	Centralized	Push—bi-weekly for hospitals; quarterly for dispensaries	Push & Pull (Determined by Ministries of Health)



- Supply chain is sectorized and owned by different entities (lack of accountability)
- Prolong processes and bureaucracies resulting in long lead time
- No system support (highly manual operation) resulting in lack of transparency and long response time

# Asante Sana!

