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# Using Routine Supply Chain Monitoring to Improve Contraceptive Security in Rwanda

Authors: Dr. Fidele Ngabo, MCCH Director, Rwanda MOH; Olivier Wane, MCCH Logistics Officer, Rwanda MOH; Saul Kidde, Country Director, USAID | DELIVER PROJECT and Supply Chain Management System; Juvenal Majoro, FP/MCH Logistics Advisor, USAID | DELIVER PROJECT and Supply Chain Management System.

## Background

In 2003, the Rwanda Ministry of Health (MOH) established a family planning (FP) logistics committee to oversee the supply chain system, strengthen and improve its performance, and coordinate stakeholders as they monitor the supply chain. Members include representatives from the MOH programs and other units; USAID; UNFPA; Global Fund to Fight AIDS, Tuberculosis and Malaria; USAID | DELIVER PROJECT; and Medical Procurement and Production Division.

The committee—

- coordinates the supply chain management system
- provides technical assistance for supply chain monitoring
- ensures commodity security and advocates for product availability and/or resource mobilization.

Since 2006, the USAID | DELIVER PROJECT has provided the MOH with technical assistance in supply chain strengthening. The project helped develop standard procedures for routine supply chain monitoring and reporting to the FP logistics committee.

Regular supply chain monitoring and information sharing gives decisionmakers visibility into the supply chain, promotes ownership and coordination among stakeholders, and facilitates coordinated procurement planning.

## Program Intervention

The MOH, with the project, holds quarterly FP logistics committee sessions; stakeholders discuss the results of routine supply chain monitoring of data from the logistics management information system (LMIS). A technical team, after analyzing the data, share key supply chain indicators with committee members. The ultimate goal: ensure contraceptives are available at all levels of the supply chain.

## Methodology

Rwanda has approximately—

- 619 health centers and health posts; hospitals or private clinics—service delivery points (SDPs)
- 30 district pharmacies (DPs).

All SDPs and DPs use the same form to report logistics data monthly:

1. Staff enter data from the pharmaceutical management records into LMIS reporting forms.
2. They submit data to the central level.
3. Central-level data capture team computerizes the data.
4. Data are reviewed and aggregated in *Supply Chain Manager*—software that measures the key supply chain indicators.
5. Data are adjusted for missing reports or stockouts.

From 2011, data was consistently collected and analyzed for all FP methods in-country.

## Results

The results of routine monitoring and analysis of the logistics data show that the system improved from 2011 to 2014 for many indicators; contraceptive security also improved.

In 2014—

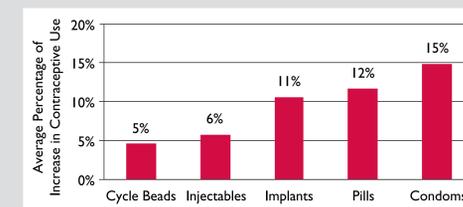
- Public health facilities offered 100 percent of FP services.
- Data visibility was excellent; the average facility reporting rate was above 90 percent for SDPs and 100 percent for DPs.
- Stockouts were controlled; the central level did not have any contraceptive stockouts. At the SDP and DP levels, the stockout rate was less than 5 percent for most contraceptives.
- During the last four years, contraceptive consumption increased; rates continued to increase for most contraceptive years—a trend from 2011 to 2014.
- Expiries were controlled; no contraceptive expiries were reported in 2014.

Overall, the routine system put in place to monitor the supply chain encourages regular follow up on commodity issues and it supports the MOH and its partners as they work to achieve contraceptive security.

## Trends of Increased Contraceptives Use from 2011 through 2014

Based on the logistics data routinely collected countrywide, consumption trends continue to increase for all contraceptives in the public sector (see figure 1).

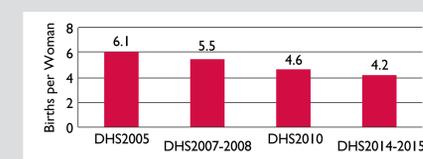
**Figure 1. Contraceptive Consumption Increase Rate from 2011 through 2014**



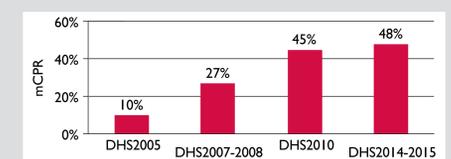
## Success and Impact during 10 Years in Rwanda

Preliminary findings from *Rwanda Demographic and Health Survey 2014–2015* show the FP logistics committee’s routine supply chain monitoring significantly contributed to improve the FP services performance indicators. Figures 2 and 3 show a reduced fertility rate and increased CPR (mCPR) with modern methods:

**Figure 2. Trends in Total Fertility Rate in Rwanda, 2005 to 2015**



**Figure 3. Contraceptive Prevalence Rate in Rwanda, 2005 to 2015**



## Impact

During the four years the FP logistics committee routinely monitored the supply chain, the following lessons emerged:

- Regular monitoring—oversight and coordination—improve the supply chain system. In Rwanda, it led to positive outcomes—high reporting rates and low stockout rates.
- Contraceptives are available. The *2010 Rwanda Demographic and Health Survey* showed the CPR in Rwanda was 45 percent for women in union. Early findings in the *2014–2015 Rwanda Demographic Health Survey* shows CPR at 53 percent for all women of reproductive age and 48 percent for married women of reproductive age using modern methods.
- Stakeholders closely follow up; owning the supply chain and its performance improves coordination and limits duplication, ensuring better use of resources.
- Active involvement of stakeholders in system monitoring promotes accountability and facilitates mobilization of funds.
- Routine review of logistics indicators can contribute to evidence-based decisionmaking.