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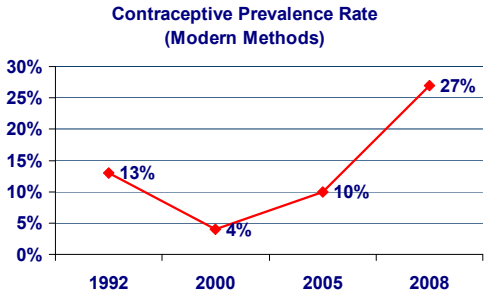
Success Story

A Strong Supply Chain Responds to Increased Demand for Contraceptives in Rwanda



A robust supply chain serves as an essential building block for increased contraceptive prevalence in Rwanda.

Contraceptive security has been achieved when individuals have the ability to choose, obtain, and use quality contraceptives whenever they need them.

As the most densely populated country in Africa, Rwanda currently crowds about 10 million people into 26,000 square kilometers; the population is growing at an annual rate of 2.8 percent.[1] Rwandans are predominantly young, with 43 percent under 15 years of age,[2] and with a high percentage (25) of women of reproductive age.[3] Income levels are low, with approximately 60 percent of the population living below the international poverty line of U.S.$1 a day, in 2005.[4]

In spite of these socioeconomic challenges, Rwanda has significantly decreased its total fertility rate in recent years, from an average of 6.1 children per woman in 2005 to 5.5 in 2008. In addition, Rwanda also has made hugely impressive gains in its contraceptive prevalence rate (CPR), with a sevenfold increase in use of modern methods from 4 percent in 2000, post-conflict, to 27 percent in 2008 (see figure to the left).[5] The CPR in 2008 significantly exceeds the pre-conflict rates observed in 1992 (more than twice as high). This sort of rapid increase in CPR is rarely observed globally and suggests that the government and partner commitment to ensuring access to family planning (FP) has paid off.

Over the last 10 years, The Rwandan Ministry of Health and its partners successfully instituted many changes that led to increased demand for FP at the local level. For example, public health practitioners have made tremendous inroads in strengthening service delivery, improving training at the service delivery point, and promoting family planning throughout the country. As a result of this promotion, more and more women and men in Rwanda are choosing to use a modern contraceptive method and plan their families. A flexible and robust supply chain has been instrumental in successfully responding to this growing demand for contraceptives and, consequently, improving overall health in Rwanda.

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Political Will Transforms the Future of Contraceptive Security in Rwanda

The Government of Rwanda (GOR) has shown deep commitment to combating poverty and tackling its millennium development challenge by prioritizing access to FP. Nearly all major health policy documents identify the importance of reproductive health (RH) and FP. These documents even go one step further by linking increased CPR to poverty reduction efforts. For example, the Poverty Reduction Strategy Paper contains a section on FP and CPR for modern methods is listed as a poverty monitoring indicator.[6]

While the level of commitment to FP in official documents is similar in many developing countries, what sets Rwanda apart from other countries is that champions at the highest levels have demonstrated their desire to translate these policy statements into actions. The President of the Republic and the Minister for Health (MOH) have repeatedly publicly recognized the key role FP plays in reducing infant and maternal mortality rates, combating poverty, and fighting HIV and AIDS and have emphasized the need to see results in CPR rates without delay.[7]

This enormous level of political support for FP did not always exist at the highest levels of the government. The Family Planning Technical Working Group, led by the MOH, has worked tirelessly to elevate this issue over the years. This working group includes members from governmental and nongovernmental institutions, the private sector, and partner agencies. Partners like United Nations Population Fund (UNFPA) and U.S. Agency for International Development (USAID) and its projects–the USAID | DELIVER PROJECT and INTRAHEALTH–have played a key role within this working group to raise the family planning profile nationwide. Recent committee activities include advocacy for securing financial resources for contraceptives, smoothing the procurement process for contraceptives, and strengthening the MOH's logistics management capacities.

Rwanda Mobilizes Multiple Resources to Meet Demand for FP

Over the years, FP champions have successfully anticipated the need for increased resources to help cover the growth in demand for contraceptives. Thus, stakeholders advocated early on for larger commitments from multiple sources to guarantee there would be no financing gap in Rwanda. For example, between 2003 and 2008, USAID support through donated contraceptives has increased 10 times in value from approximately U.S.$300,000 to U.S.$3 million.[8] Furthermore, Rwanda is one of the few countries in Africa to commit its own internally generated funds toward the procurement of contraceptives. As of 2008, the GOR executed U.S.$500,000 for the procurement of contraceptives and intends to increase this amount to U.S.$2 million in coming years. Additionally, for the first time in any country, U.S.$800,000 has recently been mobilized through the Global Fund Round 8, by year for the next 4 years, for contraceptive procurement.[9]

No Product? No Program. — Contraceptives Made Available Throughout the MOH Supply Chain

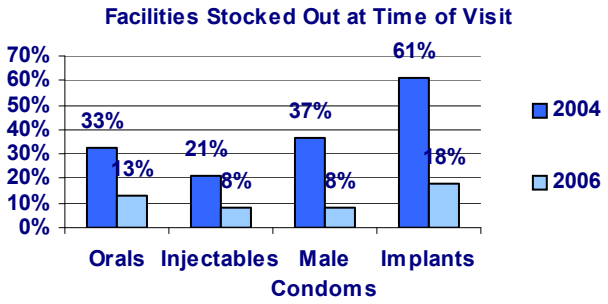
Until 2002, the contraceptive logistics management system was weak. There were no clearly defined processes, procedures, or inventory control systems. Logistics data and information were not widely available nor were they being used for routine logistics management decisions. There was little logistics management capacity throughout the system. In addition, virtually no coordination or communication existed between donors, programs, and the different levels of the supply chain. Throughout the system, there were supply chain challenges related to forecasting, procurement planning, and essential logistics data management. [10]

To remedy these weaknesses, the MOH, with support from the USAID | DELIVER PROJECT, decided to reorganize the contraceptive logistics system. A design workshop was held and new implementation strategies were defined. These strategies included—

- improving forecasting and quantification processes,
- increasing logistics reporting rates and improving the quality of essential logistics data,
- and strengthening donor and public sector coordination to ensure contraceptives were made available at the central level.

To spearhead this process a logistics committee was formed to address major supply chain issues as they arose. This committee has played the essential role of improving coordination between the various institutions providing services in-country and the donors responsible for bringing commodities into the country. Improved coordination has directly translated into a collaborative, yearly forecasting and quantification exercise that has been vital to responding to the enormous increase in demand for contraceptives experienced in recent years. [11]

As a result of these logistics improvement efforts, key milestones, such as new standard operating procedures, increased capacity of stock managers, established min–max inventory levels at all levels, and improved reporting rates have been achieved. These developments have resulted in a less stockouts at all levels and have guaranteed that data are being collected and used for decision making.[12] For example, stockout rates for the four major contraceptive methods declined significantly in recent years – condom stockout rates dropped from 37 percent to 8



percent between 2004 and 2006 (see figure).[13] Additionally, the MOH has made considerable improvements in the logistics management information system (LMIS) since 2003. A comprehensive set of LMIS tools, including inventory control cards, delivery vouchers, requisition vouchers, and reports for contraceptives have been developed and implemented at all levels of the supply chain for contraceptives and condoms. And, approximately 60 percent of new staff members received training on inventory management of contraceptives. Reporting rates, in 2006, were at 92 percent for all levels.

In terms or warehousing, contraceptives were previously stored and managed by the RH Division at the central level. The redesign transferred contraceptive products to MOH warehouses, which were then managed by trained personnel. As trained personnel also were fully capacitated in product management techniques (such as first-to-expire, first-out and separation of damaged and expired products, etc.), the general storage conditions for contraceptives also improved from 2002 to 2006.[14]

In sum, increased CPR rates point to an increased level-of-service provision overall. This improvement would not have been possible without a parallel increase in availability of the commodities needed to provide these services. Even with political will and a favorable policy framework, without a robust supply chain, contraceptives would never have been made available to those who needed them. These improvements have generated increased client satisfaction and garnered the population's trust in family planning services. The MOH effort is a model of commitment and perseverance to continually improve the contraceptive supply chain and, consequently, ensure contraceptive security.

Challenges and Next Steps

Despite improved health outcomes, Rwanda still faces challenges in maintaining the gains it has made in CPR and simultaneously reducing unmet need, especially among poor and hard-to-reach populations. Although the recent increase in FP users is a positive trend, it also represents a test to the MOH to secure enough funds to meet demand. Additionally, the supply chain will require continual fine-tuning to ensure flexibility in a rapidly changing health system. For instance, training and supervision are constantly hampered by challenges with staff retention. The continuous training of new and existing personnel in logistics management is essential to guarantee service quality.

In spite of the obstacles ahead, Rwanda has made rapid progress in improving the logistics system, which

has clearly helped fuel the tremendous growth in the CPR. At this pace, Rwanda could end up being the first country on the continent to actually satisfy unmet need in years to come!

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