



# Réunion sur les soins après avortement et la planification familiale (SAA/PF) en Afrique occidentale francophone

*6 au 11 octobre 2013*

*Saly, Sénégal*

## **RWANDA CONTRACEPTIVE SECURITY**



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# MPPD MISSION

- Established in 1998 by the Government of Rwanda, in the restructuring of health sector in Rwanda, the law no 54/2010 of 25/01/2011 establishing Rwanda Biomedical center (RBC) and MPPD has been put in place.
- Vision: To be leading pharmaceutical company in terms of Corporate Governance Delivering of Quality Services and Products to the people of Rwanda and the sub region
- Mission: Procurement, Warehousing and Distribution of essential medicines and other health commodities
- Partners: Gov (MINISANTE, MINADEF, MININTER), GF, USAID/PEPFAR, JSI, RTI, NTD Access, TRAC Plus, Clinton Foundation, UN agencies.



# Purpose

Enhance the operations of the 30 Rwandan District Pharmacies to carry out the function of district stock-holding points which will dovetail into active distribution emanating from Central level.



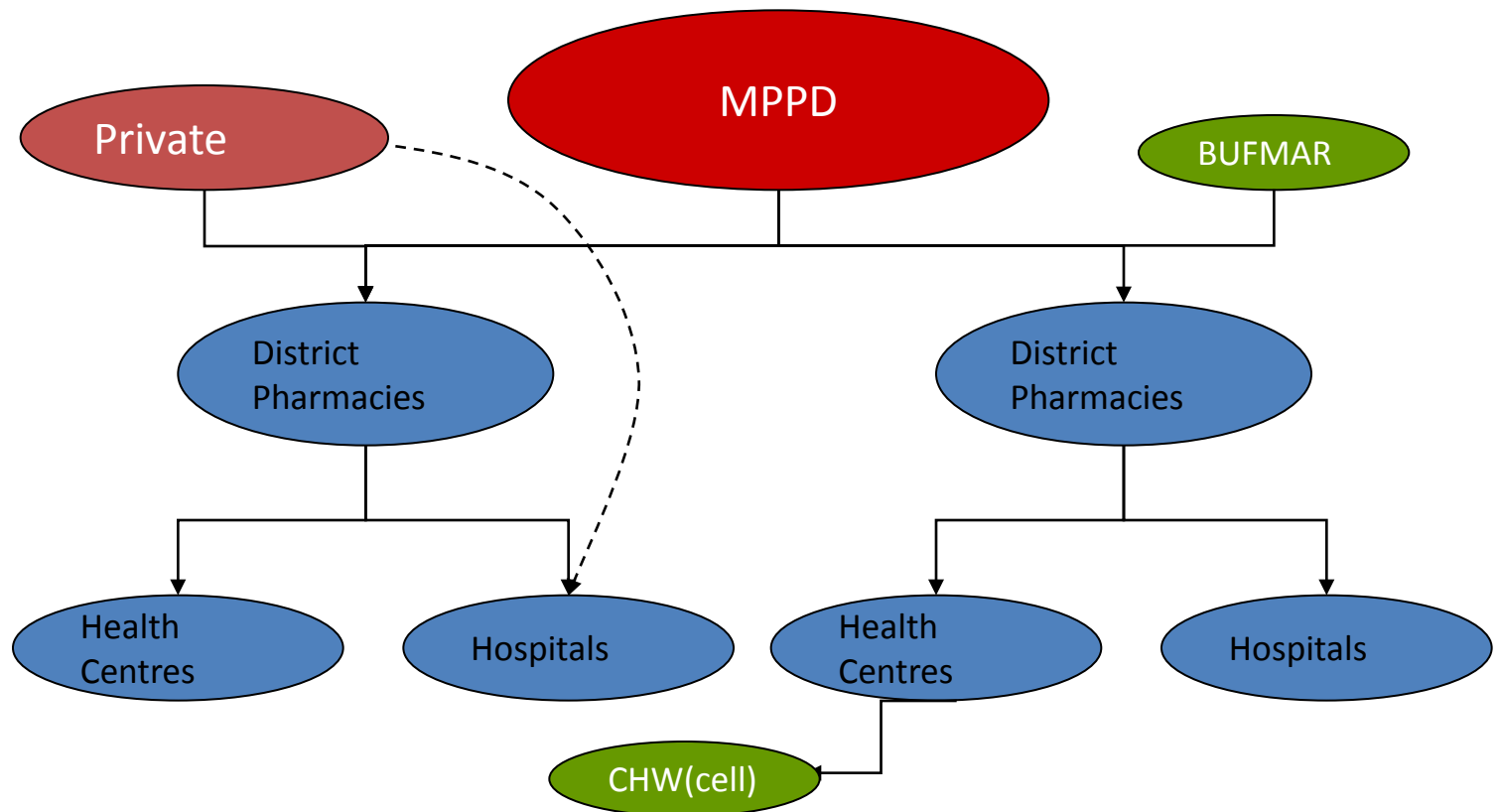
# Source of supply

From:

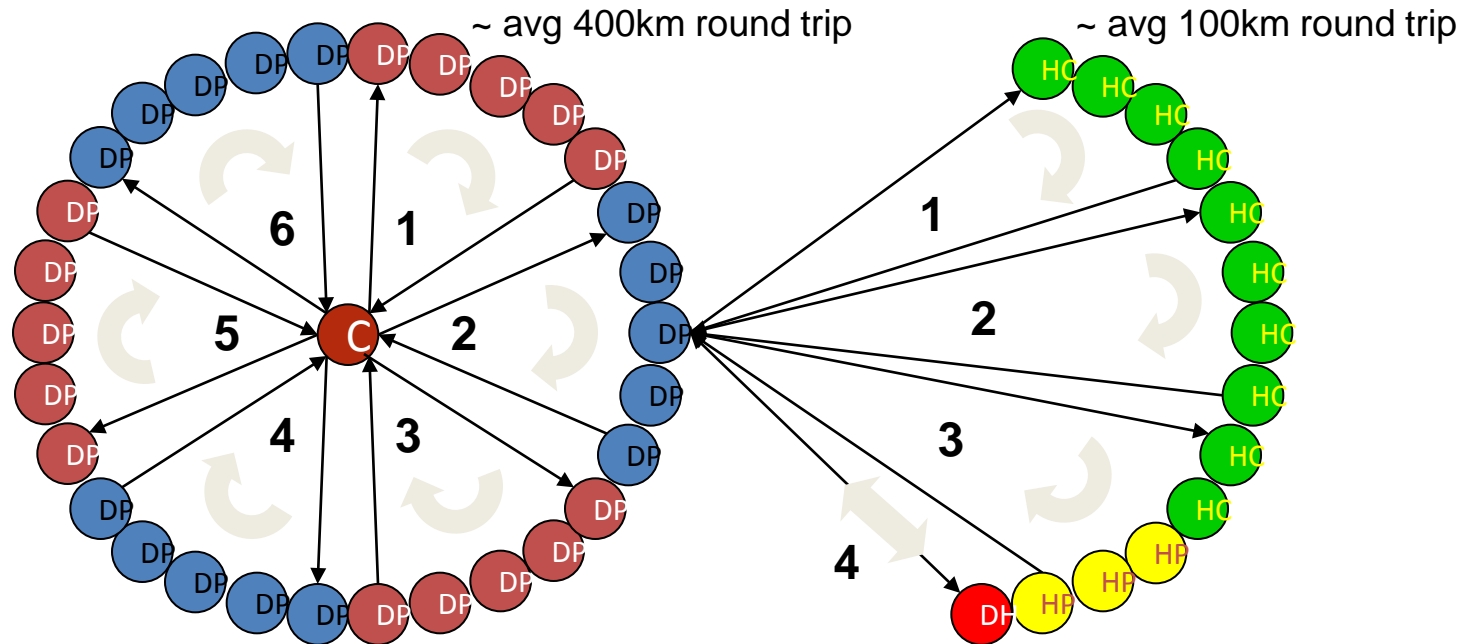
- public sector (92%) compared to 73% in 2005.
- 77% from a HC
- 4% in health posts, outreach programs and the private medical sector
- The nonmedical private sector (kiosks, friends, relatives, and other sources) supplies about 2% of contraceptive needs
- Use of all facility entry points: immunization, ..

# Distribution points

How the District Pharmacies get the products?



Active Distribution has reduced the number of return trips, reduce distances travelled and cut costs



All 30 DPs are grouped in Routes “Round Trips” and each Route is composed by 3-5 District Pharmacies. The DPs do the same by grouping HFs by their own route.





# Contributing factors

- High level political commitment

“Let me say finally that scaling up family planning is a collective responsibility. While the policies and programmes are national, the concern must be universal. Rwanda considers it a basic right to be able to properly manage one’s own family size, and we are pleased at this opportunity for us all to join our efforts, carry out a collective messaging campaign and mobilise resources to this effect, for the benefit of our people.”

*Keynote Speech by H.E. Paul Kagame, President of the Republic of Rwanda, at the London Summit on Family Planning, July 2012*



# Contributors factors (2)

- Implication of other ministries:
  - Minecofin: budget allocation, need of data, population and economic development..
  - Ministry of Local Governance (District accountability): Mayors Performance contract signed with the President include FP indicators, districts plan to eradicate malnutrition





# Contributors factors (3)

- Ministry of Defense: Army week, army trucks, involvement into community life
- Performance Based Financing (PBF) /quality and quantity health outcomes
- Decentralization strategy: ownership



## Contributors factors (4)

### ➤ Technical factors:

- Annual forecasting and quantification exercise (GOR/MOH/RBC MPPD + partners): planning resource allocations and identification of potential gaps in supply/shipment/ordering.
- Quarterly follow-up meeting (campaigns, events)
- RBC/MPPD: trained national warehousing and distribution entity committed to storage and distribution of RH commodities monthly.



## Technical factors(2)

- Monthly reporting and electronic system being rolled up
- Financial access
  - Free FP products: facility and community-based distribution.
  - Private sector's involvement: small fee + challenge
  - Social marketing: branded products, BCC approach, key populations targeted

# Moving to a monthly AD delivery cycle has reduced inventory holding and potential for expiration

High reporting rates



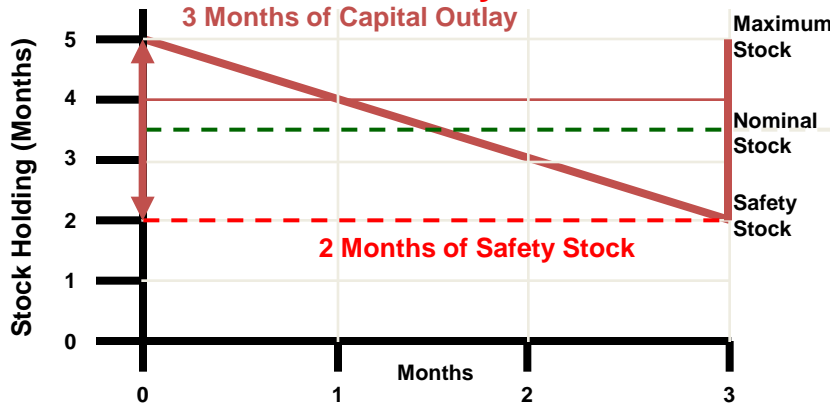
Low stockout rates



Effective supply chain

## Ancient Stock Holding Policy and Collection Cycle

3 Months of Capital Outlay



## Act Dist Stock Holding Policy and Delivery Cycle



- Moving to a month delivery with a one month buffer stock, saves 2 months of DP inventory (+ associated inventory carrying cost saving)
- Instead of 3 months of working capital outlay every 3 months, only 1 month of capital outlay is required each month which might be more acceptable to the Districts
- Less inventory:
  - requires less management
  - requires less space
  - reduces the potential for expiration
- If a DP stocks out of a product early in the ordering cycle, they know they will receive stock in less than a month rather than waiting 3 months or having to send in an emergency order

The additional frequency of transportation is offset by the reduction in stock and better customer service in getting what they want when they need it!



# Challenges

- Staff turnover: training over and over...
- Pre-service training possible?
- Supervision and reporting cycle
- Program sustainability: agencies country presence versus budget support and country's vision of graduation from aid.

# MURAKOZE!

