



Standardized Procedures Strengthen Community Level Supply Chain Performance in Rwanda



December 2013

SC4CCM is a learning project that identifies proven, simple, affordable solutions that can be scaled up to address unique supply chain challenges faced by community health workers (CHWs). In Rwanda, the project partnered with the Ministry of Health (MOH) Community Health Desk to conduct a baseline assessment in 2010 and to develop effective approaches to address the following gaps in the resupply process for the over 30,000 CHWs who manage lifesaving medicines and other health products in the country:

- **Low product availability:** Less than half (49%) of CHWs who manage Community Case Management (CCM) products had all five CCM tracer drugs in stock on day of visit (amoxicillin, ORS, zinc, ACT 1x6, ACT 2x6)
- **No standard procedures for resupplying CHWs:** Health Centers (HCs) had no standard formulas for calculating resupply quantities, CHWs reported to multiple places (rarely to their resupply point), and the flows of information and products were not aligned
- **Transportation challenges:** CHWs reported low motivation to travel and collect supplies due to lack of compensated transport; some made multiple trips and returned empty-handed.

"Before the new RSPs, CHWs would demand and spend even up to 2 months without getting products, while commuting to the HC all the time! Now they come when all their products are pre-prepared and they receive them instantly after the meeting. This is because the resupply worksheet is submitted beforehand."
(CHW Supervisor, Bugesera)

Six districts tested innovative solutions for addressing supply chain problems at the community level



SC4CCM and the Community Health Desk developed standard resupply procedures (RSPs) for CCM products as a foundational intervention in six learning districts. Building on the RSPs, districts received further support in the form of two additional interventions—either Quality Collaboratives (QCs) or Incentives for Community Supply Chain Improvements (IcSCI) —to strengthen the use of RSPs to reduce stock outs and improve product availability at the community level. Descriptions of each intervention and key findings from the 2013 midline evaluation are described below.

RSPs –simple tools and procedures to ensure that CHWs always have enough CCM products to serve clients (CHWs know when, how, and where to collect products)



- Tools and processes well understood, used, and followed
- 86% Cell Coordinators (CC) who use resupply worksheets (RSW) are able to enter the correct quantity
- 92% CCs report all CHWs bring stock cards to cell meetings

IcSCI –incentives modeled on the existing community based performance-based financing (cPBF) scheme to motivate CHWs to improve supply chain performance for 9 key indicators



- 79% of CCs showed copies of completed Supplemental SC checklists for the last quarter
- 3 of 9 supply chain indicators tested showed consistent improvement across all three districts

QCs - a network of health center-based Quality Improvement Teams (QIT) to problem solve and determine how best to operationalize RSPs by identifying local solutions



- 100% CHWs report receiving supervision, 90% citing at least once monthly visits
- QIT meetings conducted as planned for all 3 districts
- High availability and effective use of QIT tools by CCs and HCs





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Intervention districts experienced improvements in supply chain performance at the community level

- **Product availability improved in intervention districts overall** while it declined in non-intervention (NI) districts – at midline a significantly higher proportion **(53%) of CHWs in intervention districts had all 5 CCM products in stock** compared to 38% in NI districts. Between baseline and midline, CCM product availability increased in intervention districts while it declined significantly in non-intervention districts.
- **Fewer stock outs** - in the six months before midline, intervention districts suffered fewer stock outs than NI districts
- **Use of resupply procedures and tools** – at midline CHWs in intervention districts had significantly higher availability of stock cards for all products on the day of visit than NI districts (better than 90% for most products)

*“Before the JSI project, there was total chaos as CHWs could come to the pharmacy any time to request for products. This would **create endless congestion and out of stock** for products. We could not know who has taken what or who still has products in stock.” (CHW Supervisor, Bugesera)*

*“Perhaps the most important thing I saw was that this **incentive money helped reduce stock outs**, CCs and CHWs all work as a team well coordinated to make sure they score high” (CHW Supervisor, Burera)*

Recommendations for scale up

Given improved supply chain performance across all interventions, the MOH, with support from SC4CCM, is scaling up the resupply procedures (RSPs) along with successful elements of QCs and IcSCI, including:

- Incorporating one supply chain indicator (stock card accuracy) into the cPBF scheme for all CCM products
- Supporting monthly meetings of quality improvement teams (QITs) to address supply chain challenges
- Supporting district coach visits to QITs once per quarter
- Providing CCs with a token allowance to ensure quarterly home supervision of CHWs continues

Rollout will be implemented through **a supply chain training package that includes RSPs and the elements of QCs and IcSCI**; it will be integrated with the MOH CCM training and administered by the CCM Master Training Team.



“[Prior to RSP implementation] it was jungle law and often many CHWs went away empty handed. The quick ones took away too many drugs which kept expiring in the community...As a result of all this confusion, [we] were in constant conflict with pharmacy staff...now...total harmony reigns between us and the pharmacy staff.” (CHW Supervisor, Ngoma)

“...the QIT has built such a good relationship along the entire chain. For me the biggest prize has been to learn how to work on plan and be able to achieve it every month. (Pharmacy Manager, Ngoma)

For more information on how your organization can support this program please contact:

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