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# Integration of Family Planning Program for humanitarian crisis population in the National Supply Chain in Rwanda: Case of Nyabiheke Refugee Camps

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# CONTEXT AND MOTIVATION

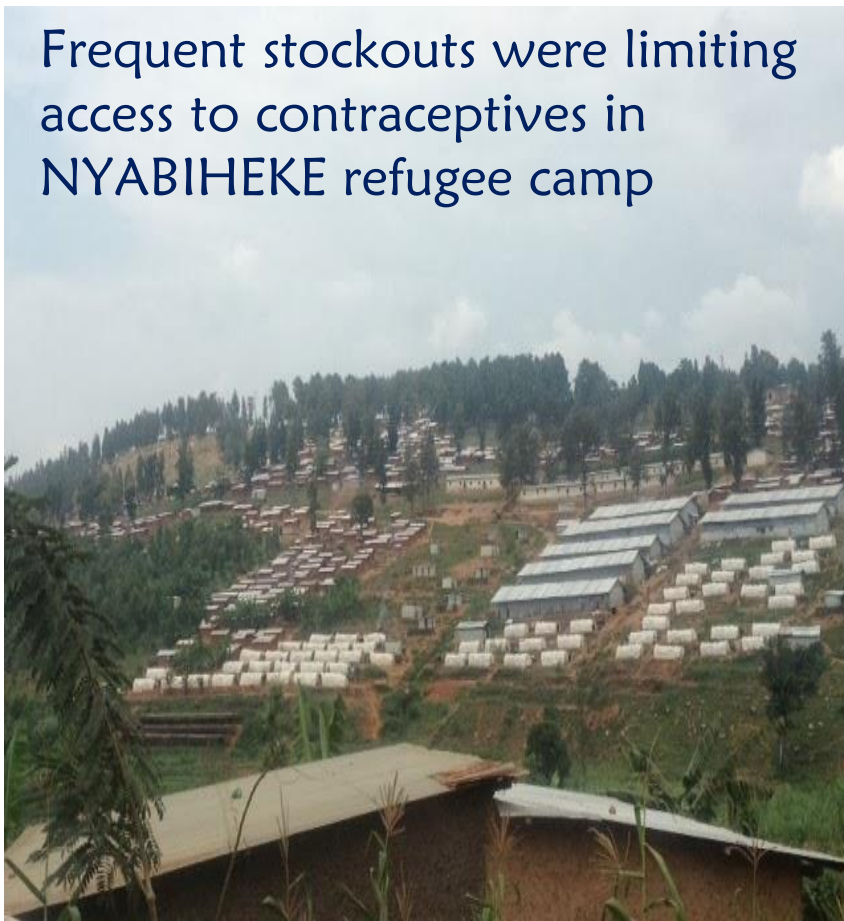
- One person among 113 is a refugee worldwide.
- In most humanitarian crisis, reproductive health is issue
  - FP services are unavailable or limited in refugee camps
  - Unwanted pregnancies and poor spacing are common
- Maintaining accessibility of comprehensive FP services for refugees remains a challenge due to competing priorities.



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# FAMILY PLANNING IN NYABIHEKE BEFORE 2007

Frequent stockouts were limiting access to contraceptives in NYABIHEKE refugee camp



- Percentage of beneficiaries were almost unknown and not well monitored
- Unwanted pregnancies were frequent

# BOTTLENECKS AND KEY CONTRIBUTING FACTORS

## BOTTLENECKS



**Data Flow:** Lack of logistic data. No consumption data due to poor reporting system



**Commodity Flow:** Partners distributed products but have insufficient information about stock level of products



**Priorities needs:** As per crisis situations, donors do not consider Family planning as primary needs

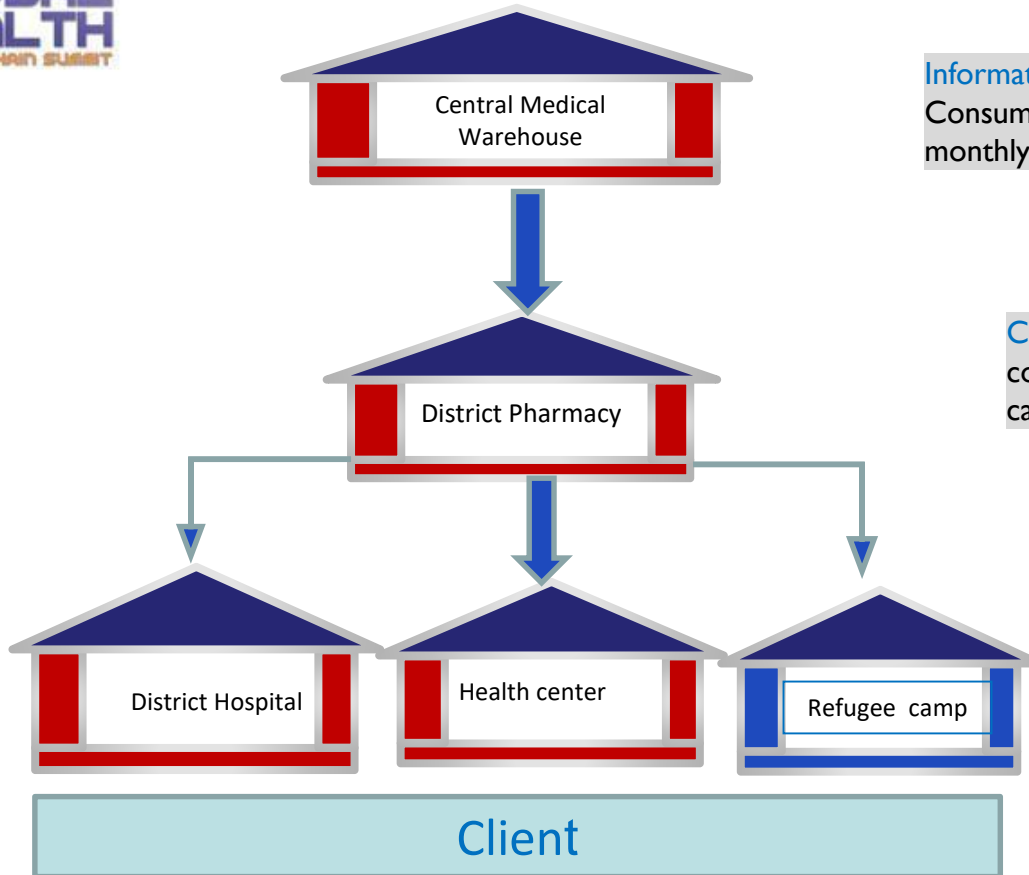
## KEY CONTRIBUTING FACTORS



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Complex supply chain system: different donors not coordinated

# INTEGRATION & COLLABORATION



**Information Flow:** Central level has visibility on Consumption data of each health facility recorded monthly through e-LMIS

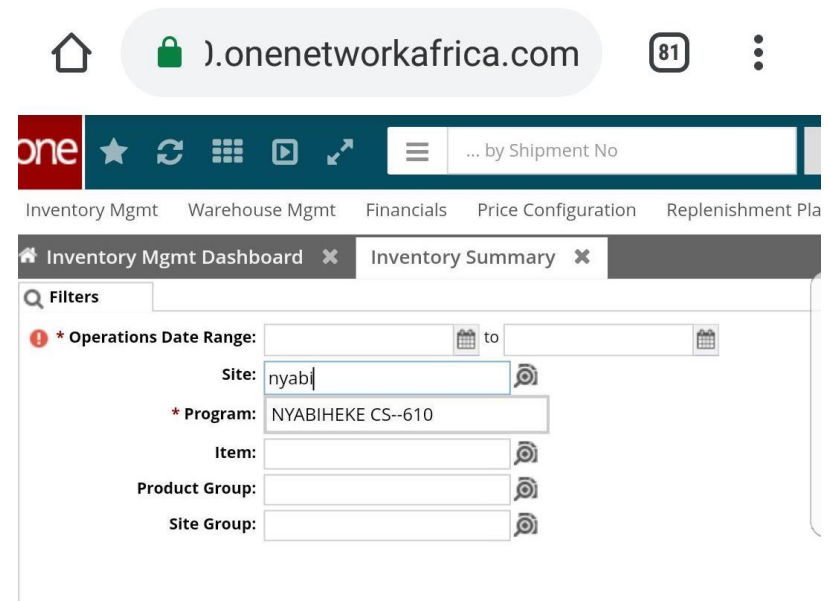
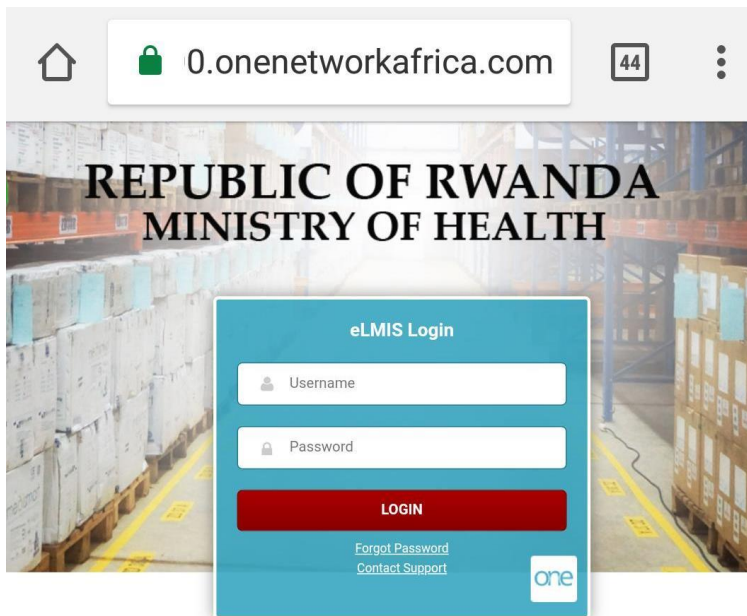
**Commodity Flow:** On monthly basis, CMS deliver commodities to health facilities including Refugee camp

**Client need.** Women migrant adhere to FP services according to their choice



# INTEGRATION & COLLABORATION Con't

## Logistic Data Visibility and Monitoring in Humanitarian settings



Source: e-LMIS



## METHODOLOGY&TIMELINE

### Data Collection

Analysis of routine logistic data collected on a monthly basis using e-LMIS and RHMIS

### Data Analysis

Descriptive statistics to analyze key outcomes

### Intended beneficiaries

Refugees from Nyabiheke camps targeting 7,062 women of reproductive age (15-49 years).

Study was conducted from January to December 2017.



# KEY RESULTS

## FP commodity used 2017

FP Commodities	Quantity
IUD	2
Depo-Provera	3789
Male condoms	1968
Oral Contraceptives combined	649
Oral Contraceptives	612
Implanon NXT	85

## Commodity supplied 2017

FP Commodities	Quantity
IUD 20	20
Depo-Provera	800
Male condoms	6000
Implanon NXT	200
Microgynon	450
Microlut tablet	270

*Source: e-LMIS and RHMIS Data year 2017*



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# LESSONS LEARNED



- Integrate demand and supply of FP commodities for refugees in the National supply chain system



- Improve and sustain the level and quality of Family Planning commodities provided to refugees



- Collaborate with local authorities to sustain access to quality of health services in humanitarian settings



- Enhance coordination and foster partnership between national and international humanitarian actors



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