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Lessons Learned

Sustainable Training Programs Ensure Access to Health Commodities in Rwanda



USAID | DELIVER PROJECT 2009.

With supply chain training built into their education, nurses and pharmacists in Rwanda are better equipped to manage the logistics tasks that are part of their jobs.

“This will help the government of Rwanda reach its vision 2020 regarding health commodities security.”

Dr. Charles Karangwa, Acting Head, Department of Pharmacy, National University of Rwanda

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In recent years, better access to medicines and other health commodities, such as contraceptives, has improved the lives of Rwandans. However, even small disruptions in the delivery systems can cause shortages at health clinics, leaving patients without treatments as basic as antibiotics.

A persistent problem is finding and retaining health workers trained in logistics. Today, by bringing logistics training to the universities, the USAID | DELIVER PROJECT is bolstering the country's supply chains with sustainable training programs.

Health commodity supply chains depend on health personnel—primarily nurses and pharmacists—to carry out essential logistics activities. Thanks to the USAID | DELIVER PROJECT's extensive work, in July 2010 the National University of Rwanda (NUR) will offer a health logistics course as part of its required curriculum for pharmacists; something that has never been done before in Rwanda.

Currently, most training efforts respond to, but do not prevent, shortages of trained logisticians. For years, the prevailing training method for most developing countries has been in-service training, including workshops and on-the-job training. However, in-service training often leaves a shortage of trained personnel because of high turnover and a lack of resources. It requires continuous outside assistance—a donor dependency that is ultimately unsustainable. Clearly, a longer-term solution is needed for educating health personnel in logistics.

To respond to these needs, the USAID | DELIVER PROJECT is implementing training programs at the university level in Rwanda and other developing countries. Bringing logistics training to higher education, instead of training nurses and pharmacists as needed, is called pre-service training (PST). PST offers a sustainable way to ensure that personnel at all levels of the health commodity supply chain are trained in logistics, ultimately improving access to health supplies for every Rwandan citizen.

Dr. Charles Karangwa , Acting Head, Department of Pharmacy at the National University of Rwanda, said, “The importance of these actions goes beyond our expectations since we are now able to provide lectures and trainings to our students who will deal with logistics and likely work [in logistics]. This will help the government of Rwanda reach its vision 2020 regarding health commodities security.”

Establishing Pre-Service Training in Rwanda

When the Ministry of Health (MOH) in Rwanda asked the USAID | DELIVER PROJECT to help strengthen its supply chain, project staff recommended PST as a long-lasting approach to educating health personnel in logistics. It was the first time that PST was implemented in Rwanda; based on experiences from other countries, project staff knew they faced some significant challenges.

In July 2009, when U.S.-based advisors arrived in Rwanda to explore the PST initiative, the Government of Rwanda quickly responded positively to the idea. After an initial assessment of the situation, the project identified two schools where PST for supply chain management for health commodities could be implemented—the Pharmacy Department at the NUR and the nursing schools at the Kigali Health Institute (KHI).

Administrators at the schools were supportive. The project wrote formal agreements with both institutions, establishing that the schools were to provide resources for the logistics training. The next challenge was to convince the faculty of the importance of teaching logistics; lecturers would have to sacrifice valuable hours in other subjects to teach the course; they had only recently been introduced to the idea of logistics training and did not fully know what this would entail.

In a week-long training course, the project introduced faculty at NUR to the fundamentals of public health supply chain management, giving the lecturers a chance to understand the subject matter and experience logistics training for themselves. The faculty were impressed with the course and said the curriculum was of a high quality. As part of the course, the faculty actively took part in shaping key course objectives to fit the needs of their institution, and they reached consensus on the content of the course. During this time, lecturers were also appointed to teach the course.

The KHI nursing schools were not able to attend this initial logistics course due to conflicts with their academic calendar, but the schools are still interested in establishing a logistics course in their curriculum in the future.

After the course, the project adapted the curriculum to the Rwandan public health system and country standards, in collaboration with the MOH and the university. In a second workshop, the future logistics trainers at the NUR pharmacy department learned adult teaching methods so they could deliver the curriculum effectively—this instruction had to be tactful because it involved showing a teacher how to teach. At the end of the training, faculty commented that they enjoyed learning new interactive and participatory teaching methodology. David Paprocki, the technical advisor who facilitated the trainings in Rwanda, said, “I was amazed at the faculty’s enthusiasm and interest in teaching this subject to their pharmacy students.”

The success in Rwanda did not come easily. Enthusiastic cooperation from the talented staff at the University of Rwanda and its pharmacy department helped the project move forward smoothly, but much of the success of the endeavor depended on years of experience and lessons learned by the USAID | DELIVER PROJECT in other countries.

Making Use of Lessons Learned

In addition to the work in Rwanda, the USAID | DELIVER PROJECT has PST programs underway in Malawi, Zambia, and Ethiopia. In Ethiopia, the logistics course has been taught in the Southern Nations,

Nationalities, and Peoples (SNNP) region since fall 2009. From systematically documenting their experiences in PST implementation, project staff point to certain obstacles that can cause a PST project to fail. A few key lessons learned include—

- Limit the number of partners working on the PST effort. Too many cooperating/implementing partners can delay or prevent implementation of the project.
- Obtain a signed agreement with the country's MOH and institutions of higher education that are involved in the project. This will ensure a common commitment to the goals, timelines, and responsibilities.
- Identify the right local partners for initial contact. The MOH and local JSI staff and partners are good resources for this information.
- Identify and select the host institution based on what makes sense for the country. Multiple institutions can host PST—a pharmacy college, nurse's college, management school, or any local institution responsible for commodity management.
- Ensure that supply chain management is truly integrated into faculty curricula and not simply brushed over at the end of the year.

To help guide PST in other countries, the USAID | DELIVER PROJECT has published a step-by-step instruction guide, complete with a sample curriculum and lesson plan. The publication—*Initiating In-Country Pre-Service Training in Supply Chain Management for Health Commodities: Process Guide and Sample Curriculum Outline*—is posted on the project's website.

Establishing PST in different countries means negotiating with a variety of groups and individuals in unique cultural environments. Although the steps are the same, each project must be tailored to the conditions of the specific setting. Planners must expect a long lead time, often a minimum of 18 months, and frequently much more; which is needed to introduce the concept, ensure agreements are written and agreed to, and then to start the trainings.

It is clear that PST is a powerful tool for building a country's ability to provide commodity security. PST ultimately reduces the need for continuous outside support by ensuring that health care graduates receive basic health logistics education. When professionals throughout the supply chain are trained, the system runs more smoothly; and countries will have greater internal capacity to ensure that health commodities are available to every individual that needs them.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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