

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

**INTEGRATED COORDINATED PROCUREMENT
AND DISTRIBUTION SYSTEM GOVERNANCE DOCUMENT**

August 2022

TABLE OF CONTENTS

FOREWORD	4
DEFINITIONS	7
BACKGROUND	9
OBJECTIVE OF THE CPDS	10
General objective	10
Specific Objectives	10
GENERAL PRINCIPLES FOR THE CPDS	11
Principles for Quantification and Procurement	11
Principles for Distribution	11
Principles of the Reporting System	12
Strengthening the quality and the efficiency of the system	13
STRUCTURE OF THE CPDS	13
RESOURCE MANAGEMENT COMMITTEE (RMC)	14
Composition of the RMC	15
Roles and Responsibilities of the members of the RMC	16
Functions of the RMC	16
Meeting procedures and schedules	17
CPDS membership: Conditions and procedures for enrolling or leaving the CPDS	17
TECHNICAL COORDINATION	18
ROLES AND RESPONSIBILITIES	18
THE QUANTIFICATION COMMITTEE	21
Composition	21
Roles and Responsibilities	24
THE IMPLEMENTATION COMMITTEE	24

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Members of the Implementation Committee	25
Roles and Responsibilities	27
Functions of Distribution	28
ANNEXE: Quantification and Supply Monitoring Calendar	29

FOREWORD

The Ministry of Health has the responsibility to ensure access to safe, effective, and quality essential medicines for the people of Rwanda by collaborating with national and international partners.

To strengthen the pharmaceutical supply system and increase the availability of health commodities the Government of Rwanda (GOR) through its Ministry of Health (MOH), in collaboration with national and international partners, initiated the first coordinated procurement of ARVs in December 2004 with the intent to maximize the purchasing power of funding partners and to ensure quality products through a centralized supply for ARVs, with financial contributions from the Global Fund, World Bank/MAP, MSF, and USG/PEPFAR. Lessons learned from this initial experience were that for the success of future procurements, appropriate roles and responsibilities should be defined for all relevant parties.

Based on recorded successes of the Coordinated Procurement and Distribution System (CPDS) for HIV/AIDS commodities, the Ministry of Health through the Rwanda Biomedical Center decided to integrate all public health commodities into CPDS. The present document is an updated document describing the integrated CPDS of public health commodities including HIV/AIDS, TB, Malaria, MCCH, and other essential health commodities and corresponding roles and responsibilities. The target audience for this guideline is mainly all entities within the Ministry of Health that are involved in the budget planning and procurement of health commodities as well as partners of the Ministry of Health partners that are technically or financially supporting the health supply chain in Rwanda.

I am very optimistic that all stakeholders involved in the implementation of the NPS-SP 2018–2024 will be fully committed to it. It is also my hope that our development partners will find the CPDS governance document a useful guide in providing technical and financial assistance. Working together, we can ensure the sustainable and timely availability of health commodities to our population.

The MoH further expresses its gratitude to the GHSC-PSM funded by the United States Agency for International Development (USAID) for the technical support, with the financial assistance of the United States Agency for International Development (USAID).



Dr NGAMIJE M. Daniel
Minister of Health

ACRONYMS

ART	Antiretroviral therapy
ARVs	Anti-retroviral medicines
CDC	Center for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CPDS	Coordinated Procurement and Distribution System
GOR	Government of Rwanda
HF	Health Facility
MAP	Multi-Country HIV/ AIDS Program
MSH	Management Sciences for Health
MOH	Ministry of Health
RMC	Resource Management Committee
RTK	Rapid Test Kits
QC	Quantification Committee
UNICEF	United Nations Children's Funds
USAID	United States Agency for International Development
USG	United States Government
PEPFAR	Presidential Plan for AIDS Relief
RBC	Rwanda Biomedical Center
BIOS	Biomedical Services
NRL	National Reference Laboratory
Mal & OPDD	Malaria and Other Parasitic Diseases Division
TB & ORDD	Tuberculosis and Other Respiratory Communicable Diseases Division
IHDPC	Institute of HIV/AIDS, Disease Prevention and Control
NCD	Non-Communicable Diseases
ESR	Epidemic Surveillance and Response Division

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

SPIU	Single Project Implementation Unit
MHD	Mental Health Division
CCM	Community Case Management
UNFPA	United Nation Fund Population Agency
CHAI	Clinton Health Access Initiative
PSM	Procurement and Supply Management
PMI	Presidential Malaria Initiative
BT	Blood Transfusion Division
SFH	Society for Family Health

DEFINITIONS

The purpose of this section is to define the meaning of the keywords used in this document in order to facilitate a common understanding.

CPDS: Coordinated Procurement and Distribution System is a government mechanism put in place to coordinate and efficiently manage available resources with an aim to reach a streamlined integration and harmonization of program supply chain practices, and attain improved quantification, procurement, and supply plan monitoring of public health commodities.

CPDS partners: refer to all different stakeholders, national and international that contribute financially and technically to CPDS activities.

Distribution: is the process by which acquired health commodities are made available to health providers through official channels and according to procedures established by the MOH. In this document, the distribution refers to the steps of delivery of the health commodities and equipment from Rwanda Medical Supply Ltd to referral hospitals than from the RMS branch to HF (District Hospitals and Health Centers).

Procurement: is the process of acquiring health commodities from identified suppliers and in accordance with established procedures. The term procurement in this document refers to the selection of the procurement method, identification, and selection of suppliers, specification of contract terms, placing orders, monitoring the status of orders, payment of the goods, customs clearing, receipt, and quality assurance before storage.

Quantification: is the process of estimating the quantities and costs of the products required for a specific health program (or service) and determining when the products should be delivered to ensure an uninterrupted supply for the program.

Selection: this involves reviewing the prevalent health problems, identifying treatment of choice, choosing individual medicines and dosage forms, and deciding which will be available at each level of health care.

Storage: it is a set of activities by which acquired health commodities are kept safely to ensure the physical integrity of both the product and packaging throughout the various storage facilities until they are dispensed to clients.

Inventory Control: is the process of ensuring adequate practices for inventory management, keeping and actualizing stocks physically and electronically, conducting regular physical inventories, reconciling stock on hand with balances, and reporting on the status of inventory.

Supply Chain: Describes the links and interrelationships between different organizations, people, resources, technology, information, activities, and procedures involved in moving health commodities to the patients or clients.

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Supply plan: A schedule of shipments needed to ensure adequate stocks are available to meet a given forecast of consumption. Each shipment includes the date to be received, quantity, proposed funding partner, and estimated cost based on the proposed funding supplier.

Technical Assistance (TA): in this document Technical Assistance involves interventions aiming to support the CPDS at any organizational level of its structure, with the objective of building the local capacity to manage the system and to ensure the quality of the system in place.

BACKGROUND

To improve health commodities management and increase the availability of health commodities the Government of Rwanda (GOR) through its Ministry of Health (MOH), in collaboration with national and international partners, initiated the first coordinated procurement of ARVs in December 2004 with the intent to maximize the purchasing power of funding partners and to ensure quality products through a centralized supply for ARVs, with financial contributions from the Global Fund, World Bank/MAP, MSF, and USG/PEPFAR. Lessons learned from this initial experience were that for the success of future procurements, appropriate roles and responsibilities should be defined for all relevant parties. It was also recognized that funding partners and other stakeholders must be able to comply with the applicable laws and regulations in Rwanda and in their respective countries.

In April 2005, a Quantification Committee (QC) was called by the MOH, as an urgent first step in the process of establishing a sound coordinated procurement. During the months of May and June 2005, the QC gathered and processed data and information from different health programs and ART delivery sites in order to forecast ARV needs for the next procurement scheduled for July 2005. This first coordinated procurement is also referred to as the 1st CPDS.

In June 2005 the QC presented to the MOH and its partners the results of the quantification of ARVs and shared the experience of this first joint exercise. During this meeting, partners discussed the first draft proposal as well for the establishment of a coordinated procurement and distribution system, and the requirements from donors and implementer parties in order to ensure good governance of the system. A governance mechanism for the CPDS was established and a first governance document was developed with the technical assistance of MSH.

In 2007 the QC conducted the first national quantification of OI medicines and laboratory commodities (RTKs, reagents, and consumables). The results of the quantification of OIs and laboratory commodities were presented and approved by the RMC.

From 2006 to 2009, different quantification and procurement exercises were conducted successfully. The CPDS has shown great value in the management of health commodities and in the increase of the availability of health commodities to all. It is obvious that the CPDS mechanism has contributed to the reduction of health commodities cost and effective management through improved partner collaboration.

However, other vertical programs were facing a variety of challenges such as scattered human resources for forecasting and supply planning, uncoordinated procurement processes, stock management issues for crosscutting items, and uncoordinated resource mobilization.

From 2016, based on recorded successes of the CPDS for HIV/AIDS commodities, the Ministry of Health through the Rwanda Biomedical Center decided to integrate all public health commodities into the CPDS.

The present document describes the CPDS of public health commodities including HIV/AIDS & OBBI, TB, Malaria & NTDs, MCCH, Blood transfusion, Medical Equipment, and other

essential health commodities. This document aims to describe the CPDS structure and corresponding roles and responsibilities.

OBJECTIVES OF THE CPDS

General objective

The CPDS seeks to coordinate and efficiently manage available resources with an aim to reach a streamlined integration and harmonization of public health supply chain practices and attain improved quantification, procurement, supply plan monitoring, inventory management, distribution of public health commodities through the use of Data of improved quality obtained from available MIS systems.

Specific Objectives

The specific objectives of the CPDS are

- Improve quantification and supply planning processes across programs
- Optimize human and financial resources through reduction of redundancies and duplication of efforts at the program level
- Harmonize health commodities supply chain management procedures at program level
Ensure timely availability and quality of procured health commodities
- To leverage available multiple funding sources to achieve cost saving through effective use of health commodities across programs.
- To identify potential partners to support the system, and to define their roles and responsibilities as they join the CPDS
- To strengthen the monitoring and evaluation system, to ensure that good practices are respected according to established procedures.

GENERAL PRINCIPLES FOR THE CPDS

Principles for Quantification and Procurement

- The quantification exercise happens every year and is initiated by technical coordination. The forecast covers at least three years, with a one-year Supply Plan for all public health commodities.
- The quantification committee is responsible for the entire process ranging from data collection to presentation of final findings to the RMC
- During the forecast exercise, multiple forecasting methods are used and the results are compared against each other to obtain the strongest representation of future consumption.

- Active participation and involvement in programs that are part of the CPDS are a requirement. Program leaders have to facilitate and provide the appropriate support to their respective staff allowing them to attend various activities of the quantification committee and inform its strategic direction.
- The quantification committee has a chairperson who oversees the quantification process from data collection to report writing and submission for all program commodities. The chairperson of the QC will be the CPDS Technical Coordination Officer.
- The QC is made up of subcommittees that are chaired by their respective program managers.
- The RMC approves the quantification reports and shares the supply plans to the procurement entities to initiate the procurement process.
- Funding allocation is performed based on specific program agreements by GoR and Development Partners
- All donations should be communicated ahead of planning to facilitate incorporation into the approved supply plans.
- All procurements begin upon the completion of the national quantification exercise and are based on existing national and international procurement regulations.

Principles for Distribution

- The distribution of health commodities procured or acquired through the CPDS should be integrated into the existing distribution system. All sites and programs managing health commodities procured through the CPDS will be required to use the standardized reporting system and order systems adopted by the MOH. This reporting system will ensure accurate quantifications and will enable monitoring of the distribution and consumption of health commodities. The distribution of health commodities will be done according to the developed distribution calendar.
- The validation of requested quantities is guided by established procedures for the validation of logistics data within the health system. The quality of data should be insured at all levels, including at the distribution agent before delivery. Parameters to be taken into account include but are not limited to data reported by the facility on the number of patients per regimen, the number of tests performed, consumption data/usage rate lost and adjustment, stock on hand, and status of equipment. Quantities could be adjusted when the requisition is not coherent with the data reported, or when there is a need to rationalize the available quantities of drugs in case of national shortages. In this case, feedback will be provided.

Principles of the Reporting System

- Once finalized by the QC and approved by the RMC, the quantification report is disseminated to all CPDS members.
- Quarterly supply plan review reports from the QC and IC will inform partners on current commodities consumption trends, stock on hand and status of shipments in the pipeline.
- Annual implementation reports from the IC to all the partners will inform them on the performance of different procurement agencies within the CPDS. This review will be carried out before the quantification exercise to be presented to the RMC.
- The IC should prepare Monthly Supply Plan implementation progress reports and shared with CPDS Coordinator
- The QC should prepare Monthly Stock Status reports and shared with CPDS Coordinator
- Where deemed necessary by the Technical Coordination a quantification review will be carried out and its report is to be shared with the CPDS partners.

The CPDS and the decentralization

- To improve health commodities availability, RMS Branches, and all health facilities are capacitated in order to manage health commodities at their respective levels. The RMS Branch ensures that all health commodities are effectively managed at that level and all policies, guidelines and instructions on health commodities management are implemented. The central level provides needed assistance to the RMS Branch for proper implementation, which will increase health commodities management efficiency.

Strengthening the quality and the efficiency of the system

The RMC has a decisive role in maintaining the quality and the efficiency of the system, by reading and commenting technical reports, by providing feedback information and strategic guidance to the technical committees.

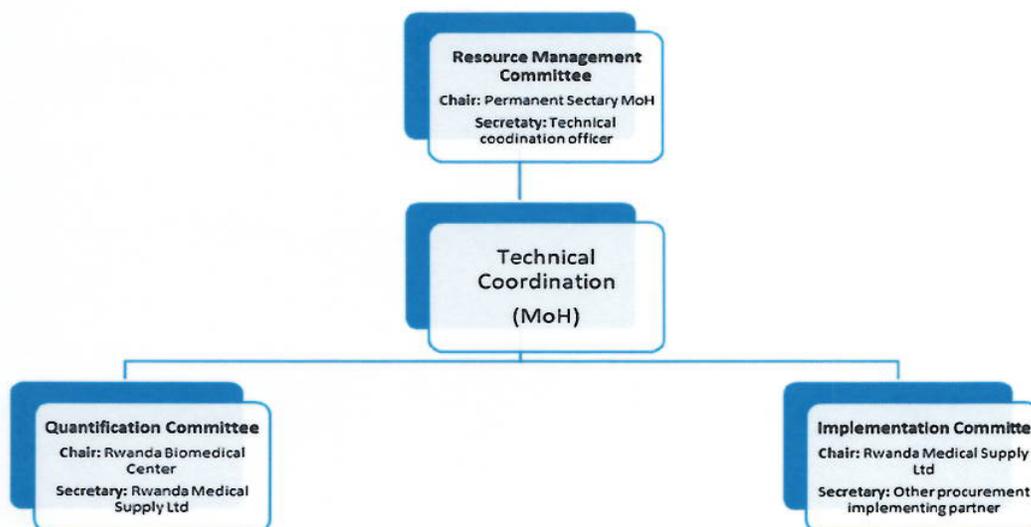
STRUCTURE OF THE CPDS

The CPDS relies on existing structures within the Ministry of Health, its affiliated organs, and partners that are involved with the health commodities supply chain, especially with quantification, procurement, warehousing/storage and distribution as well as logistics management information system. In order to ensure that the system is supported adequately, it is essential to define clearly which institutions are part of the system, and what responsibilities will be assigned to each of them, avoiding duplication of functions and gaps.

Three levels are defined within the CPDS, these are the decision-making level that ensures resource mobilization and availability and defines the strategic vision of the system, the technical coordination to ensure smooth and efficient coordination within the various levels but also a link between the technical committees, the decision making level and technical working area. For

each major technical area, a committee is assigned with a clear mandate of its responsibilities. Technical assistance is provided at different levels of the system as needed. This ensures that there is adequate functioning of the system and institutional support to pave the way to sustainability. The CPDS technical coordination oversees the coordination and integration within and between levels of the system while monitoring and evaluating the performance of the system.

Figure 1 The structure of the CPDS



RESOURCE MANAGEMENT COMMITTEE (RMC)

A committee composed of representatives of the GOR, funding partners, local and international implementing institutions will form the Resource Management Committee (RMC) that will provide the highest level of decision making within the CPDS. Committees and institutions that contribute to the CPDS will provide the technical expertise to inform the decision-making process. The RMC will provide the forum to discuss and decide on strategies, and to share relevant information that might affect the CPDS, such as opportunities and constraints that funding partners and implementing institutions might encounter. The overall purpose of the RMC is to maintain the cohesion of the system by defining the strategies for optimizing the available resources within the restrictions of each individual partner and to oversee that the agreed procedures are respected.

The objective of the RMC

The objective of the RMC is to provide overall leadership for the CPDS while leveraging available resources from both national and international partners.

Composition of the RMC

Representatives of the GOR, national and international funding partners, local and international IPs, or programs form the Resource Management Committee (RMC). The RMC provides the highest level of decision making within the CPDS.

The coordinated mechanism for procurement and distribution is built on existing Rwandan health system structures. Members include development partner, national programs, and other institutions providing technical assistance, as specified below:

RMC members

1. PS/MOH: Chair
2. RBC
3. MOH/CPHS (Secretariat)
4. Rwanda Medical Supply Limited
5. PEPFAR
6. USAID
7. UNICEF
8. CCM
9. UNEPA
10. CHAI
11. USAID/PSM
12. SFH
13. BUFMAR
14. MEDIASOL

The chairperson of the RMC is the Permanent Secretary of the MOH. Ordinary RMC meetings will take place once every year. The chairperson of the RMC can call for an extraordinary RMC meeting and will be composed of the executive committee members who are the following:

1. PS
2. DG-RBC
3. HOD-CPHS
4. CEO-RMS
5. Division Managers of concerned public Health Programs/RBC
6. Head of Concerned Funding Partners

Roles and Responsibilities of the members of the RMC

The chairperson is responsible for calling and chairing RMC meetings. The Technical Coordination Officer who is the secretary of the RMC will facilitate the organization and logistics for the meetings.

All members of the RMC should attend the meetings called by the chairperson. The invitation to attend the meeting will be sent out at least 7 days before the date of the meeting. However, extraordinary meetings might be called at any time if requested by the chairperson, the Technical Coordination Officer, or any other member of the RMC.

In the absence of the Chairperson, he/she is required to delegate relevant authority within the ministry of health to call for and preside over the RMC meetings.

RMC members have the responsibility to share any useful information that may affect the management of the CPDS with other involved institutions. Information should be shared directly to the Chairperson and disseminated to the other RMC members and other CPDS committees to inform changes to existing plans.

The chairperson can modify the composition of the RMC or when requested by the CPDS partners and in accordance with established procedures.

Functions of the RMC

The Functions of the RMC are:

- To approve the quantification exercise results reports developed by the QC and approved by the RBC Senior Management Team (SMT)
- To approve the Implementation report developed by the IC
- To lead resource mobilization efforts to fund approved supply plans.
- To coordinate the resources available to maximize purchasing power, and to make the overall structure functional through the funding of both procurements of commodities, and funding of CPDS activities.
- Inform CPDS members on the funding trends and provide appropriate guidance on the way forward
- The Chairperson, through the Technical Coordination officer, is charged with the submission of supply plans to the procurement entities for implementation.
- To develop strategies for the sustainability of the system
- To provide guidance and support to technical committees on matters related to their specific areas of intervention

Meeting procedures and schedules

The RMC meeting is called by the chairperson. The quorum for the meetings should be at least 60% of the members; otherwise, the meeting is postponed. The next seating of the meeting will take decisions irrespective of having the quorum or not

The secretary of the RMC will circulate the agenda and/or draft reports 7 days ahead of the meeting, for comments and inputs. Received comments and inputs will be incorporated within the next three days following the dissemination of the documents. Notification of nonattendance is made within three days upon receipt of the invitation.

For the Resource mobilization meeting held after the quantification exercise, the chairperson will send an invitation that includes a summary of funding needed to implement the supply plan for the following fiscal year at least two weeks before the meeting, to enable RMC members to commit their support.

RMC members are required to attend the Resource mobilization with a clear indication of the level of funding for the supply plan of the following year to facilitate resource mobilization activities.

The resolutions of the meetings are adopted within a period not exceeding 2 weeks from the day of the sitting of the RMC. The resolutions, signed by the chairperson of the RMC are shared with all RMC members and to relevant parties for implementation.

CPDS membership: Conditions and procedures for enrolling or leaving the CPDS

In principle, it is desirable that all national and international institutions that contribute in Rwanda with financial and technical support to CPDS activities should be its members. However, the composition of the CPDS is likely to experience modifications with members joining or leaving the system. In order to avoid disruptions, some general procedures are required to be followed:

- Any CPDS member wishing to leave shall fulfill all commitments made to the CPDS.
- Leaving the CPDS is made through official correspondence addressed to the RMC chairperson
- Any changes related to financial or technical assistance provided by any CPDS member to the CPDS should be communicated to the RMC chairperson offering advance notice of one year.
- Any changes that might affect the quantification of CPDS supported health commodities shall be communicated at least 3 months before the next quantification exercise.
- Members deciding to leave the CPDS should inform the RMC in advance, in order to make the necessary adjustments.
- The RMC chairperson through the TCO is in charge of inviting new members; providing financial and technical support to CPDS related activities, and orientation on the roles and responsibilities of CPDS members.

TECHNICAL COORDINATION

The technical coordination level of the CPDS is the link between different technical areas of the CPDS and the decision-making level which is the Resource Management Committee (RMC). At the technical coordination position, a Technical Coordination Officer is responsible for all technical aspects related to the CPDS. The officer oversees ensuring the coordination and integration within and between levels of the system that include results reporting advocacy, performance improvement, monitoring, and evaluating the performance of the system. The Technical Coordination Officer ensures a smooth running and well-functioning of the system. The Technical Coordination Officer provides technical and coordination services to strengthen the national health commodities supply chain. The Technical Coordination Officer works closely with other partners and stakeholders with a vision to strengthen health commodities management for sustained and improved health outcomes by providing proposals for strategies, activities, recommendations, innovative and responsive solutions.

In addition, the Technical Coordination Officer serves as the RMC secretary and supports the organization of its meetings and follows up on the implementation of the resolutions. He/She is also the CPDS/MOH focal point for all technical issues related to health commodities managed within the CPDS.

ROLES AND RESPONSIBILITIES

The Technical Coordination Officer is the liaison between the Resource Management Committee, technical committees, and partners to ensure adequate information flow between all stakeholders. The Technical Coordination Officer monitors agreed-upon activities and proposed solutions for improved management. The Technical Coordination Officer works closely with health sector Development Partners to improve the CPDS management and coordination on planning, implementation, and technical monitoring of the health commodity supply chain.

Specific responsibilities include

I Technical leadership in Health Commodities Supply Chain Management and logistics

- Technical leadership to support health commodity activities relevant to the CPDS mandate, facilitate, attend and participate in technical meetings related to quantification, procurement, and shipments monitoring.
- Present technical issues, analyses, or briefs as needed and provide inputs for the CPDS program expansion and or modification and policy dialogue with decision-makers and other partners.
- Keep informed of national and international initiatives and policies related to health commodities, particularly constraints and opportunities to ensure an appropriate response to issues that may hamper the CPDS improvement;

II. Management:

- Reporting, including preparing portions of key documents such as the annual report, quantification report, plan of action, and Monitoring & Evaluation plans
- Provide strategic guidance to implementing partners to ensure their programs are aligned with GOR policies and objectives
- Contribute to the development of all reports including annual work plans, semi-annual and annual reviews, annual reports, regular quality assessments, and site visit reports
- Monitoring program results by identifying or proposing for modification key performance indicators for short- and long-term results; providing quantitative and qualitative data collection and analysis; reporting to stakeholders; and making recommendations based on the findings
- Follow up with partners that are part of the CPDS to ensure full participation and commitment to achieve set objectives Carry out orientation activities to onboard new leadership in CPDS member organizations.
- Gather monthly, quarterly, and annual reports produced by the technical committees and transmit them to the chairperson of the RMC

- Participate in the design of supply and logistics systems where necessary
- Assess the performance of technical committees and advice on the best practices and priority activities to ensure efficient and effective implementation of the CPDS work plan.

III. Coordination:

- Collaborates with other programs in health and other sectors to capitalize on linkages and maximize synergies for greater development impact
- Coordinates technical committees involved in quantification and procurement to provide technical direction, including establishing routine communications; maintaining current files on the status of committee's activities, resources, and work plans; identifying successes and barriers to achievement, recommending future actions
- Prepares correspondences related to implementation, management, and evaluation of health commodities supply chain activities
- Ensures induction and orientation of the new CPDS stakeholders/members
- Prepares a capacity building plan of the CPDS Technical team members and ensures its implementation

PERFORMANCE MANAGEMENT OF THE CPDS

A CPDS Performance Management Plan developed under the leadership of the Technical Coordination Officer in collaboration with technical committees, measures, and reports on progress made towards achieving CPDS objectives and performance targets. Systematic data collection is made using appropriate tools (ref to SOPs) and a report is developed with recommendations for improvements. Lessons learned are also documented and shared with all relevant parties to inform future actions. At each level of the CPDS, a list of measures is defined and agreed upon with clear targets to be achieved within a certain period of time.

The monitoring of planned activities is required to evaluate on a regular basis QC's and IC's performance and propose recommendations for improvement. The Technical coordination will develop an M&E plan which will be monitored regularly. The evaluation report will be shared with all CPDS members.

- The QC is responsible for the continuous update of the Supply Plan tools (planning of shipments, the status of shipments).
- The QC will produce monthly stock status reports explaining actionable changes required to the supply plan and responsibility for actions needed. The Technical Coordination Officer is responsible for transmitting to the IC any other changes that occur in the supply plan.
- The QC will produce quarterly updates to the supply plan that reflect the current usage of health commodities in programs as well as the stock levels in the supply chain, the report will also highlight the forecast accuracy

- IC will produce monthly and quarterly performance reviews of procurement processes for all required shipments in each time period.
- The IC will produce annual reports on the implementation of procurement plans from different programs that will illustrate the performance of different procurement entities.

THE QUANTIFICATION COMMITTEE

The Quantification committee is the technical arm of the CPDS charged with forecasting and supply planning for health commodities. The quantification committee is broken down into subcommittees aligned to the different programs included within the CPDS.

The objective of the Quantification Committee

Prepare and carry out annual quantification, quarterly supply plan reviews as well as monthly stock status review meetings to ensure continued supply of commodities under the scope of CPDS.

Composition

The QC has different members from different institutions, national and international, which participate actively in the management of the CPDS. The QC will be chaired by an RBC representative and the secretarial role will be held by RMS

Members of the QC are:

1. RBC (Chair)
 - a. SPIU
 - b. NRL
 - c. MNCH
 - d. HIV
 - e. NCD
 - f. MOPDD
 - g. TB
 - h. MTI
 - i. BT
 - j. EID/EISR
2. Rwanda Medical Supply Limited (Secretary)
3. MOH/CPHS
4. MOH/SPIU
5. USAID supply chain IPs
6. UNICEF
7. CDC
8. USAID
9. PMI
10. CHAI
11. MEDIASOL

12. BUFMAR

13. SFH

Each program and institution is represented in the QC by supply chain staff member(s). The institution via the concerned department/division are requested to appoint supply chain staff member of QC. Appointed staff is in charge of all activities related to quantification and supply monitoring and is required to prioritize CPDS activities. These nominated staff will be the main focal point of the CPDS in the institution in all matters related to the quantification and supply monitoring of needed health commodities. Any other organization or institution can be requested to provide information or guidance on any specific issues.

Under the Quantification Committee, there are specialized subcommittees that are aligned with and chaired by programs.

Sub committees

RBC/HIV

1. MOH/CPHS
2. RBC/HIV (Chair)
3. Rwanda Medical Supply Limited (Secretariat)
4. RBC/NRL
5. RBC/SPIU
6. CHAI
7. USAID supply chain IPs
8. CDC
9. USAID

RBC/TB

1. MOH/CPHS
2. RBC/TB (Chair)
3. Rwanda Medical Supply Limited (Secretariat)
4. RBC/NRL
5. RBC/SPIU
6. USAID supply chain IPs

RBC/MALARIA

1. MOH/CPHS
2. RBC/Malaria (Chair)
3. Rwanda Medical Supply Limited (Secretariat)
4. RBC/NRL
5. USAID Supply Chain IPs
6. RBC/SPIU
7. USAID

RBC/MCCH

1. MOH/CPHS
2. RBC/MCCH (Chair)
3. RBC/HIV
4. RBC/SPIU
5. USAID Supply Chain IP
6. Rwanda Medical Supply Limited (Secretariat)
7. UNICEF
8. UNFPA
9. SFH
10. CHAI
11. ARBEF
12. Other Funding Partners

ESSENTIAL MEDICINES

1. MOH/CPHS
2. Rwanda Medical Supply Limited (Chair)
3. RBC/NCD (Secretariat)
4. RBC/NRL
5. RBC/BT
6. RBC/ESR
7. RBC/MH
8. MEDIASOL
9. BUFMAR
10. TEACHING HOSPITALS

Representatives of Referral and District Hospitals may be invited to be part of the quantification exercise.

Roles and Responsibilities

The QC is responsible for conducting quantification exercises to ensure the availability of health commodities at all levels of the health system.

The quantification process is sustained by three essential elements, which are the availability of reliable data, the usage of adequate methodology, and tools for forecasting and supply planning.

The responsibility of chairing each sub-committees of the QC will fall to the representatives of the concerned public health programs.

Functions of the QC

Functions of the QC include the following tasks

- Identify the products to be quantified according to the national protocols
- Determine the national needs of health commodities for different programs
- Report and present to the RMC accurate estimations of the cost of health commodities needed for programs
- Review of forecast results on a semi-annual basis
- Quarterly updates of the supply plans
- Develop and update the procurement plan
- Develop national monthly stock status reports indicating prevailing stock levels

Hold extraordinary stock status review meetings in case of emergency situations anticipate any problems on availability of drugs for future months, according to actual consumption and distribution figures against the quantification and procurement projections.

THE IMPLEMENTATION COMMITTEE

The Implementation Committee is chaired by the Rwanda Medical Supply Limited while the secretary of the Implementation Committee is one of the partners procuring agencies designated by the IC meeting on rotational basis

The committee is responsible for monitoring the implementation of the CPDS supply plans and overseeing the procurement, storage, inventory control and distribution of CPDS managed health commodities.

The objective of the Implementation Committee

Ensure the efficient implementation of Supply plans and provide visibility on the delivery date of planned shipments, changing market trends highlighting potential risks and opportunities in the marketplace.

Members of the Implementation Committee

The following institutions are members of the Implementation Committee. They are implicated in the daily procurement of CPDS managed health commodities and other aspects in relation to warehouse management and distribution system.

The Implementation Committee is composed of two sub-committees: Development partners-funded commodities and other essential health products.

- The IC is responsible for monitoring the implementation of the CPDS supply plans and oversee the procurement, storage, inventory control and distribution of CPDS managed health commodities.

Procurement

In the context of the CPDS, procurement includes the processes of selection of the sourcing method, identification, and selection of suppliers, contract development, placing orders, contract management, vendor relations management, payment of the goods, customs clearance, receipt and Quality Assurance. The procurement is done by the procurement entities of the IC and is led by the Chair of the IC.

Distribution

In the context of the CPDS, distribution will only refer to the process of distribution of health commodities, purchased through the system, from the central to District medical stores, and from District medical stores to Health Facilities. The distribution process will be done in accordance with established procedures.

All health commodities procured through the CPDS are distributed through the existing channel in accordance with established procedures. A mechanism of monitoring the distribution of these health commodities is put in place and is part of the regular monitoring plan.

Being the main *agency in charge of distribution*, Rwanda Medical Supply Ltd (RMS) is responsible:

- Elaborating and implementing a national distribution calendar in accordance with established procedures.
- Ensure that quantities of drugs distributed are based on validated consumption and patient figures from the health facilities.
- Report to the Technical Coordination Officer on inventory and distribution data.
- The delivery of goods to the RMS Branches and service delivery points, Storage, inventory control, record keeping, and any other related supply chain activities will be done according to the Rwanda Medical Supply Limited's internal standard operating procedures.

Supply chain data quality

The Ministry of Health/CPHS department in its oversight function is responsible for ensuring the quality of data across all supply chain levels. RMS ensures the procurement, inventory management and distribution data are regularly recorded and accurate. Health facilities ensure that accurate inventory and consumption data are regularly reported through existing Logistic Management Information System

Development partners-funded commodities subcommittee includes;

1. Rwanda Medical Supply Limited (Chair)
2. MOH/SPIU
3. CHAI
4. USAID supply chain IPs
5. UNICEF
6. UNFPA
7. SFH
8. Other Funding Partners

Other Essential Medicines subcommittee

1. Rwanda Medical Supply Limited (Chair)
2. MOH/CPHS
3. MEDIASOL
4. BUFMAR
5. RBC/NCDs

Meetings of the Implementation Committee

The IC meets on a monthly basis to review the status of the supply plan implementation, identify issues and challenges, and propose mitigation strategies. It can also meet anytime deemed necessary to address any specific issues encountered during the procurement process. In addition, the IC committee joins the QC every quarter to review the supply plan.

Roles and Responsibilities

The procurement entities members of IC are responsible for the procurement of health commodities assigned to them.

- The procurement entities within the CPDS will follow the procurement methods recommended by national and international norms, they are also required to keep records in order to document the process followed.
- The IC is responsible for producing monthly supply plan implementation update reports, and quarterly implementation progress reports. The Chair of IC is responsible for communicating any major issues that could hamper the procurement process to the Technical Coordination of the CPDS and the concerned program.
- All IC members are responsible to share any relevant information that could affect procurement to the Chair.
- The IC Chair is responsible for submitting the procurement reports to the Technical Coordination Officer who will, in turn, transmit them to the RMC.

Annex1: Stakeholder Mapping

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
MOH	RMC, TC, QC and IC	<p>RMC</p> <ul style="list-style-type: none"> ● Overall leadership ● Providing strategic Leadership ● Optimization of Available resources ● Commodity and in-country supply chain management resource mobilization <p>TC</p> <ul style="list-style-type: none"> ● Technical leadership to support health commodity activities relevant to the CPDS mandate, ● Coordinated and participate in technical meetings related to quantification, procurement and shipments monitoring. ● Carry out skills Audit of QC members, develop a capacity building plan and mobilize funding to implement plan <p>QC</p> <ul style="list-style-type: none"> ● Participate in the Supply plan review and inventory monitoring exercises <p>IC</p> <ul style="list-style-type: none"> ● Participate in routine IC meetings.

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
RMS, BUFMAR and MEDIASOL	RMC, QC and IC	<p>RMC</p> <ul style="list-style-type: none"> ● Procurement entity ● Funder for EMs <p>QC</p> <ul style="list-style-type: none"> ● Secretary for the QC <ul style="list-style-type: none"> ○ Support RBC (Chair) in calling for meetings and ensuring activities happen as planned ● Forecasting and supply planning for Essential medicines ● Source of data on Inventory at RMS HQ and all it branches ● Ensure data quality RMS HQ and all its branches <p>IC</p> <ul style="list-style-type: none"> ● Provide leadership monitoring of Supply plans ● Inform RMC of any challenges and risk that might affect CPDS's mandate ● Chair monthly Implementation review meetings to monitor Supply plan implementation ● Chair Quarterly implementation review meetings ● Warehousing and Distribution of EM and Public health commodities
RBC	RMC and QC	RMC

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
		<ul style="list-style-type: none"> ● Provide technical support to RMC as pertains to programmatic goals ● Support RMC in the reallocation of available funding in line with Programmatic targets <p>QC</p> <ul style="list-style-type: none"> ● Technical leadership of the QC ● Provide guidance to the QC in determining programmatic direction needed in forecasting as supply planning. ● RBC divisions to provide programmatic Data needed in forecasting and supply planning ● Report on monthly stock position on all tracer commodities ● Lead the quarterly supply plan review meetings and forecasting and supply planning workshops.
USAID	RMC and QC	<p>RMC</p> <ul style="list-style-type: none"> ● Funding partner ● Inform RMC of USG current and future directions needed in funds mobilization <p>QC</p> <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Inform QC on global programmatic objectives to

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
UNFPA	RMC, QC and IC	<p>be considered during Forecasting and supply planning</p> <p>RMC</p> <ul style="list-style-type: none"> ● Funding partner ● Inform RMC of UNFPA current and future directions needed in funds mobilization <p>QC</p> <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Support in monthly inventory monitoring exercises ● Support in Quarterly supply plan review workshops <p>IC</p> <ul style="list-style-type: none"> ● Hold Secretarial role when assigned by the Chair ● Provide timely information on UNFPA shipments as part of IC ● Inform IC chair of any risks that might affect the fulfillment of UNFPA's obligation ● Participate in all IC meetings ● Support Chair in fulfilling IC objectives
UNICEF	RMC, QC and IC	<p>RMC</p> <ul style="list-style-type: none"> ● Funding partner ● Inform RMC of UNFPA current and future

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
		<p>directions needed in funds mobilization</p> <p>QC</p> <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Support in monthly inventory monitoring exercises ● Support in Quarterly supply plan review workshops <p>IC</p> <ul style="list-style-type: none"> ● Hold Secretarial role when assigned by the Chair ● Provide timely information on UNFPA shipments as part of IC ● Inform IC chair of any risks that might affect the fulfillment of UNFPA's obligation ● Participate in IC meetings ● Support Chair in fulfilling IC objectives
CDC	RMC, QC	<p>RMC</p> <ul style="list-style-type: none"> ● Contribute to RMC based on the area of expertise <p>QC</p> <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Support in monthly inventory monitoring exercises ● Support in Quarterly supply plan review workshops.

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
CHAI	RMC and QC	<p>RMC</p> <ul style="list-style-type: none"> ● Funding partner based on the area of expertise ● Inform RMC of USG current and future directions needed in funds mobilization <p>QC</p> <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Support in monthly inventory monitoring exercises ● Support in Quarterly supply plan review workshops
USAID supply chain IPs	RMC, QC and IC	<p>RMC</p> <ul style="list-style-type: none"> ● Technical Support to the Technical Coordination <p>QC</p> <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Support in monthly inventory monitoring exercises ● Support in Quarterly supply plan review workshops <p>IC</p> <ul style="list-style-type: none"> ● Hold Secretarial role when assigned by the Chair ● Provide timely information on USAID funded shipments as part of IC ● Inform IC chair of any risks that might affect the

COORDINATED PROCUREMENT AND DISTRIBUTION SYSTEM

Stakeholders	Membership to CPDS Committee's	Roles and responsibilities
		fulfillment of USAID obligation <ul style="list-style-type: none"> ● Participate in all IC meetings ● Support Chair in fulfilling IC objectives
SFH	RMC, QC	RMC <ul style="list-style-type: none"> ● Contribute to RMC based on the area of expertise QC <ul style="list-style-type: none"> ● Support in the forecasting and supply planning of Health Commodities ● Support in monthly inventory monitoring exercises ● Support in Quarterly supply plan review workshops ● Warehousing and Distribution of social marketing commodities ● Provide guidance to the QC in determining programmatic direction needed in forecasting as supply planning.

ANNEXE 2: Quantification and Supply Monitoring Calendar

Activity	July		August		September		October		November		December		January		February		March		April		May		June	
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
1. Monthly stock status analysis by the QC																								
2. Monthly supply plan Implementation updates by the IC																								
3. Quarterly supply plan review by the QC and IC																								
4. Annual supply plan Implementation review by IC																								
5. Annual quantification exercise by QC																								
Preparatory Meeting																								
Data collection and compilation																								
Assumption Building Workshop																								
Quantification workshop																								
Finalization of reports and preparation of PP presentations for pre-RMC meeting																								
Pre-RMC Meeting																								
Submission of draft quantification reports																								
Adjustement of the quantification results and report based on RMC meeting feedback																								
Submission of final reports with Supply plans																								
6. Resource Management Committee meeting																								