



Status of MMS Implementation and Scale Up



Policy | Nationwide MMS scaleup is underway following a phased rollout that began in December 2023. IFA remains available for anemia treatment during the MMS transition.



Financing | MMS supply is financed for five years through UNICEF's Child Nutrition Fund. Long term sustainability is a major consideration.



Product | MMS is available nationally, supported by strong supply chain governance through Rwanda Medical Supply (RMS); potential regional manufacturing under active consideration.



Service Delivery | MMS is delivered through ANC services supported by a rapidly digitalizing health information ecosystem. CHWs play a central role in service delivery (counseling) and adherence monitoring.

National Monitoring System Components

Admin Data



DHIS2 / HMIS Data

Nationally-scaled, HMIS (national DHIS2-based system). Captures facility-level MMS indicator, proportion receiving IFA/MMS at ANC, dual tracking IFA/MMS.



Logistics MIS

Nationally-scaled, Rwanda Medical Supply. Captures stock on hand, redistribution, facility-level stock and consumption patterns.

Who is being reached?

Survey Data



Periodic Household Surveys

Nationally-scaled DHS. Captures maternal anemia, IFA coverage (historic), and other dietary and nutrition indicators.



Facility-based Systems

Nationally-scaled, eUbuguzima. Captures MMS/IFA receipt at ANC, visit-level ANC service delivery data; integrated with new CHW reporting system.

Data Systems & Tools

- eUbuguzima (facility-level EMR) already active in 300 health centers and full national coverage expected by June.
- A new electronic CHW reporting system is being rolled out to more than 5,000 CHWs, creating a unified, real-time data environment that will link community and facility data and strengthen MMS monitoring.
- A digital LMIS enables real-time stock visibility, redistribution, and waste reduction.



Governance & Data Use for Decisions

- Annual HMIS updates allow the Ministry of Health to integrate new MMS indicators quickly and maintain alignment with evolving maternal health priorities.
- Digital systems generate monthly reports used for decision-making at facility, district, and national levels, with CHW data soon to auto-populate into HMIS to reduce reporting gaps and improve real-time visibility.

Adaptations & Emergent Innovations

- Transitioning from paper-based reporting to a fully digital CHW system. Digitalization is expected to improve data quality, reduce reporting burden, and allow more consistent adherence tracking once the CHW electronic system is fully deployed.
- The country is simultaneously integrating multiple maternal health innovations (e.g., MMS, calcium supplementation) into digital monitoring systems; system is flexible and capable of rapid indicator updates.

Indicators

- Facility-level indicators integrated into HMIS
 - “Did you take IFA/MMS” (Y/N)
 - Coverage indicator: proportion of pregnant women receiving IFA/MMS at ANC
- Community-level adherence indicators are tracked through CHW home visits, pill counts, and timing of intake.

Measurement Practices & Considerations

- Rwanda uses simple, feasible indicators at facility and community levels, with CHWs playing a central role in adherence monitoring through home visits and pill counts.
- Dual tracking of IFA and MMS is used to prevent gaps in supplementation.
- Annual HMIS updates allow rapid integration of new indicators and alignment with evolving maternal health priorities.
- Qualitative data from the pilot phase informed understanding of acceptability and adherence behaviors.

Future Directions

- **Short Term** | Complete national rollout of eUbuguzima and the CHW electronic reporting system.
- **Short Term** | Maintain dual tracking while refining guidance on IFA use for anemia treatment.
- **Long Term** | Continue leveraging digitalization to rapidly update indicators as new maternal health innovations (e.g., calcium supplementation) are introduced.
- **Long Term** | Institutionalize MMS within broader digital health system to enable real-time data use and continuous quality improvement.