



Scaling up COPE® for Contraceptive Security in Malawi:

New Methodology and Tool for Reducing Stock-outs at the Last Mile

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8 OCTOBER 2015

COPE® for Contraceptive Security (CS)

What is COPE for CS?

- COPE = client-oriented, provider efficient services
- Problem-solving methodology with tools to address stock-outs and improve FP access at healthcare facilities

What we've done before:

- Documented success in Tanzania (2011-present)
- Malawi introduction in 2 districts (2014)

Innovation Fund support in Malawi (2015-2016):

- (1) Establish training capacity in 10 districts
- (2) Improve CS at 60 health facilities
- (3) Share tools/lessons learned to aid scale-up in Malawi and globally

What is COPE for CS?

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

THE respond PROJECT

**COPE® FOR CONTRACEPTIVE SECURITY:
AN ASSESSMENT GUIDE**

An Adaptation of the COPE® Quality Improvement Approach

EngenderHealth's Quality Improvement Series

www.engenderhealth.org/cope

COPE® for Contraceptive Security Job Aid

This job aid sets out key questions for facility staff to consider during COPE® for contraceptive security exercises, as well as general supervisory meetings, to: spur discussion; identify problems; select staff who will address the problem; and track completion of their successes for contraceptive security issues. See the full *COPE for Contraceptive Security Assessment Guide* for complete information on the process. The following tracking chart may prove useful to facility teams:

| Problem | Causes(s) | Recommendation | By Whom | By When | Completed? |
|---------|-----------|----------------|---------|---------|------------|
| | | | | | |
| | | | | | |

Staffing/Training

Who is responsible for essential logistics tasks, such as requisition, receipt, monitoring and reporting of stock, storage and stocking of contraceptive methods and related medical equipment, instruments and expendable supplies? Are staff adequately trained and have the tools they need for family planning (FP) logistics management?

Supervision/District Role

Do district supervisors provide supervision/technical assistance/training to facility staff in FP logistics management? How often do district and facility staff review contraceptive and related equipment stock levels; requisitions; deliveries; and quality of contraceptives? How does the district supervisor follow up on delayed/missing stocks requested?

Facilities

What are the communication channels between facilities, supervisors, districts, and medical stores department staff? Are there clear lines of communication with facilities about FP logistics? For example, how does each facility learn about expected deliveries—dates and quantities to be delivered? How are supply stock-outs/overstocks reported to the district?

Logistics Management Information System

Are contraceptive logistics data—such as stock and shipping records, requisitions, and inventory and expiry dates—collected? How are logistics data analyzed and used at facility and district levels for planning, budgeting, and management? Is there accurate/updated information concerning facility stocks (understocked, adequate or overstocked; and losses and adjustments)? Do FP registers track client method use by facility, mobile outreach, and community-based distribution?

Procurement/Requisition

Describe who is responsible for initiating, reviewing, and approving the procurement/requisition request? When does this take place? How long is the process from request to receipt of stock? How are late or emergency requisitions handled?

What information is used for requesting contraceptives and related equipment/supplies?

- Consumption data/dispensed-to-user data?
- Stock-on-hand data? Is there at least a three-month supply on hand?



Project Implementation

- Cascade training approach
- Monitoring & evaluation
 - Baseline/endline facility assessments
 - Collecting FP service statistics for all 60 sites
 - Monitoring progress of facility action plans
 - Key informant interviews
- All 60 sites have developed action plans
- Ongoing follow up, led by district leadership

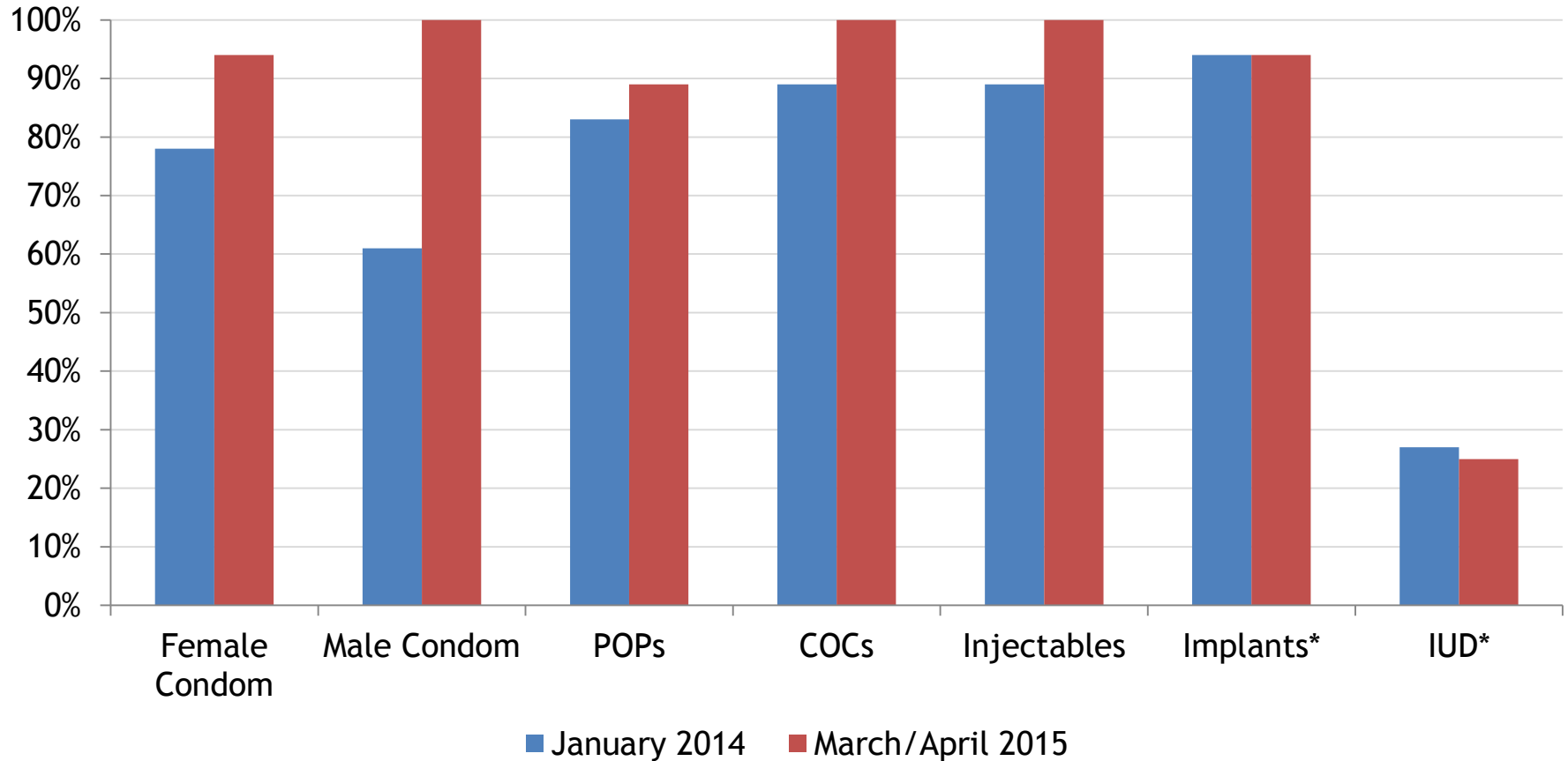


COPE for CS exercise, Maganga Health Center, Salima

Baseline Findings - March/April 2015

- Few facilities have providers trained in LARCs and PMs
 - 80% (n=48) had no female sterilization provider
 - 55% (n=33) had no IUD provider
- Many sites (35%, n=21) placed emergency orders for contraceptives within previous 3 months
- Lack of key supplies, expendables, & infrastructure common
 - 48% (n=29) of sites did not have autoclave
 - 63% (n=38) did not have sufficient storage space for contraceptives & medical supplies
- Strained relationships between district pharmacists and facilities
- Inadequate knowledge of LMIS systems and requirements

Interim Results: Improved Stock in Mangochi & Salima



*The denominator for IUD and implants includes only facilities with a provider trained in that method.

Interim results (continued)

- Reduction in facilities placing emergency orders for contraceptives in previous 3 months (39% to 28%)
- Improvements in stock of LMIS and record forms
 - Sites with requisition/request forms in stock increased from 58% to 94%
 - Inventory record books/control cards in stock increased from 89% to 94%
 - Issue vouchers in stock increased from 56% to 78%
- More than 60% COPE for CS action plan items completed within 15 months

Key Informant Interviews (June 2015)

- Improved adherence to reporting, logistics, storage guidelines (such as FEFO)
- Improved teamwork at facility and with district staff
- Improved engagement with community
- Ownership for improving quality of work/services



Improved Salima District Hospital store room



The action plans have been facility centered, where the implementation is being done. This has given a sense of ownership to the people working in the health centers. We simply have to support them in achieving their goals...

...[COPE for CS] provides senses of ownership and of recognition.”

- Lonnie Mkwere, District Nursing Officer, Mangochi

Way forward

- Ongoing follow up
- Endline facility assessment (1/2016)
- Review of action plan progress
- Analysis of FP service statistics
- Document & disseminate to aid in scale up - Malawi and beyond



Thank you!

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