

COPE for Contraceptive Security

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Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute;
Johns Hopkins Bloomberg School of Public Health Center for Communication Programs;
Meridian Group International, Inc.; Population Council



- Establish partnerships
- Adapt the COPE ® approach for contraceptive security
- Field test global tool at “last mile” (facilities) in Tanzania
- Disseminate results for learning and potential scale-up



- COPE is a tool and approach for problem solving; (performance improvement to improve quality)
- Based on a Client's Rights and Provider Needs framework
- COPE stands for Client-Oriented and Provider Efficient
- COPE for contraceptive security adds to other COPE tools: HIV/AIDS; Maternal Health; Emergency Obstetric Care - to name a few

- MOHSW assessed national needs, identified bottlenecks – aim to prevent national stock-outs
- USAID|DELIVER ILS gateway – assess systems functions
- COPE for CS “at the last mile” to identify and resolve facility challenges

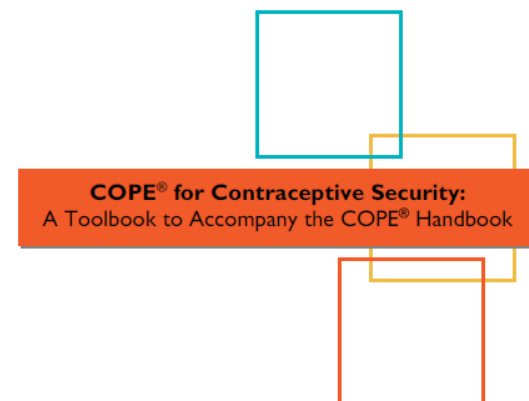
Where was Project Implemented?

- Meru - Arusha
- Newala - Mtwara
- 26 health facilities
 - 2 District Hospitals
 - 4 Health centers
 - 20 Dispensaries

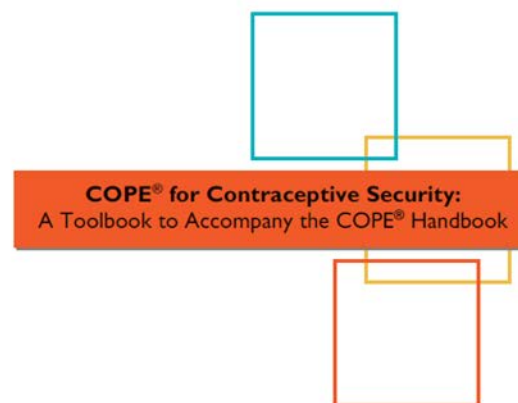


What was done ?

- COPE for CS concept developed + approved by MOH
- COPE for CS tool developed
- Baseline Checklists used
- COPE workshops held
- Action Plans developed
- Data Mapping done



- Breakthrough Collaborative Meeting held
- Action Plans followed up
- Documentation/ Evaluation conducted



- Erratic stock levels were common
- Drug storage and labeling not high quality
- Lack of clarity on authority and decision-making for logistics and ordering system



Baseline Findings con't

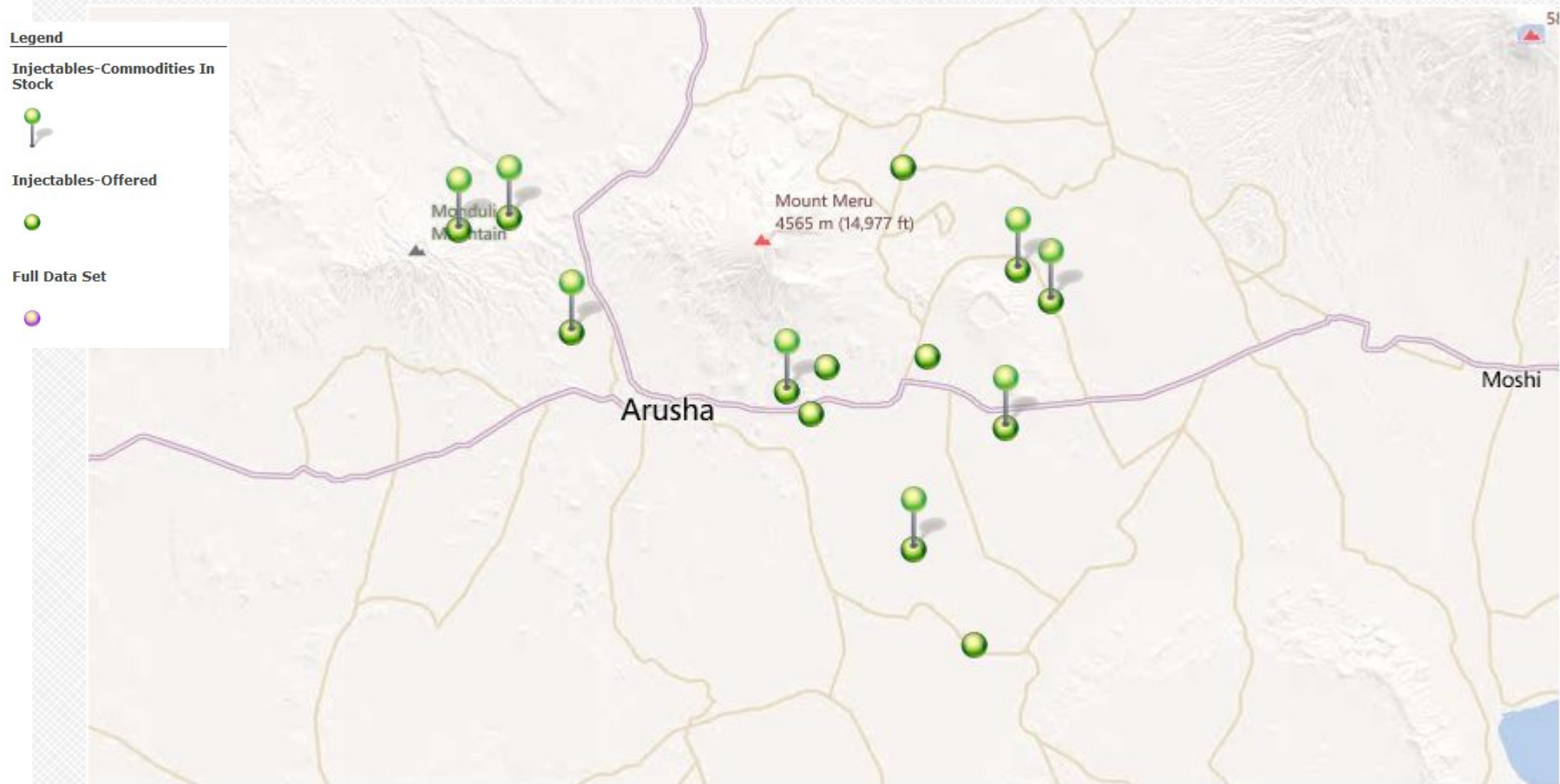


- Report and Request system from facility to MSD not honored
- Stock received was often not in-line with needs
- Lack of trust two-ways – up and down supply chain
- Ad hoc storage and delivery

Baseline Data: Access to Short-Acting Methods?

Method	# Facilities Offered	# Facilities with Stock
Male condoms	26	25
Female condoms	2	0
Pills	24	<ul style="list-style-type: none"> • 16 had either progestin-only pills OR combined oral contraceptives • 13 had both
Injectables	26	10
Fertility Awareness Beads	2	1

Injectables In Stock- Meru: A map of access



Legend

Injectables-Equipment



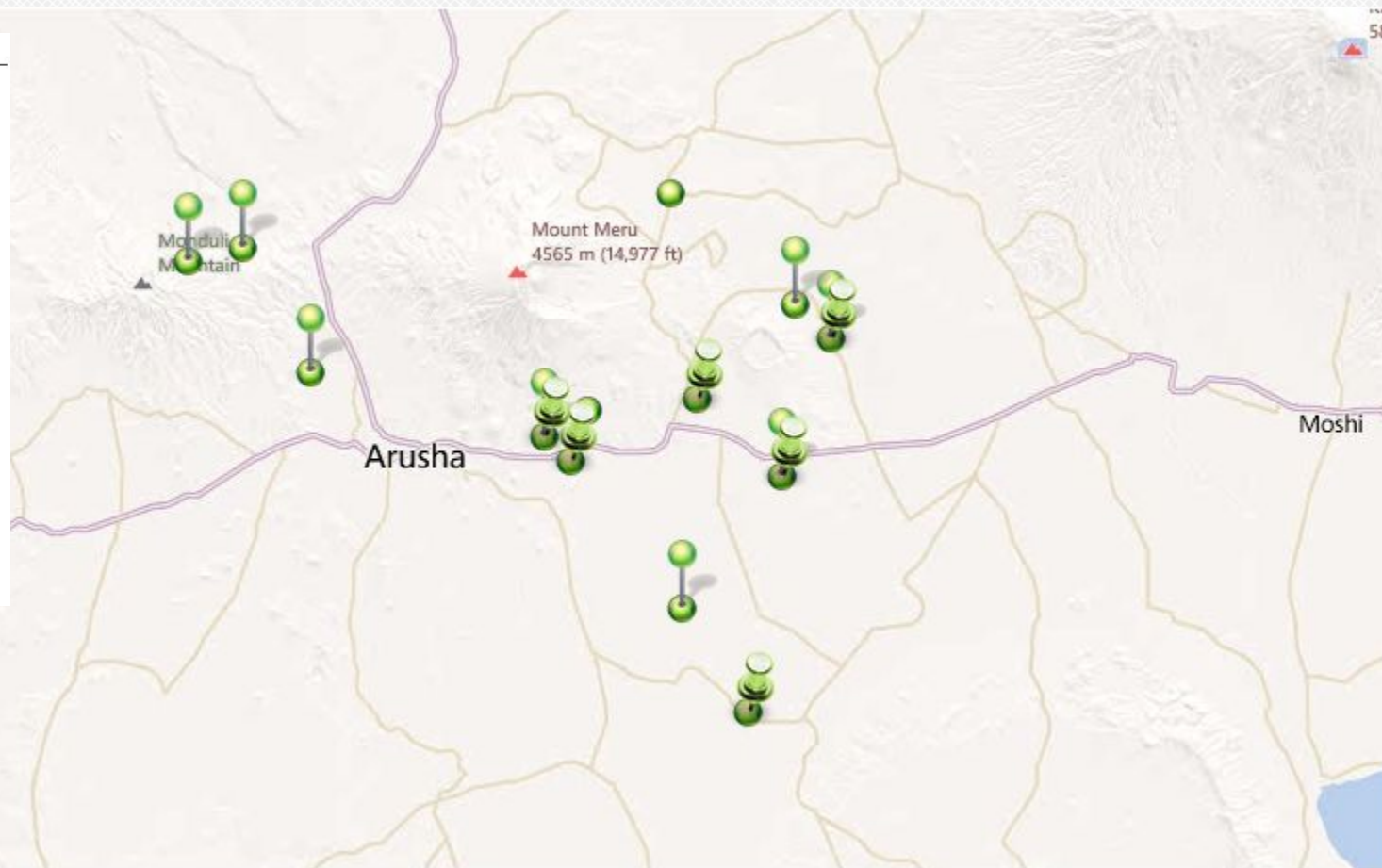
Injectables-Commodities In Stock



Injectables-Offered



Full Data Set



IUD Commodities and Providers (Newala)

Legend

IUD Insertion-Commodities In Stock



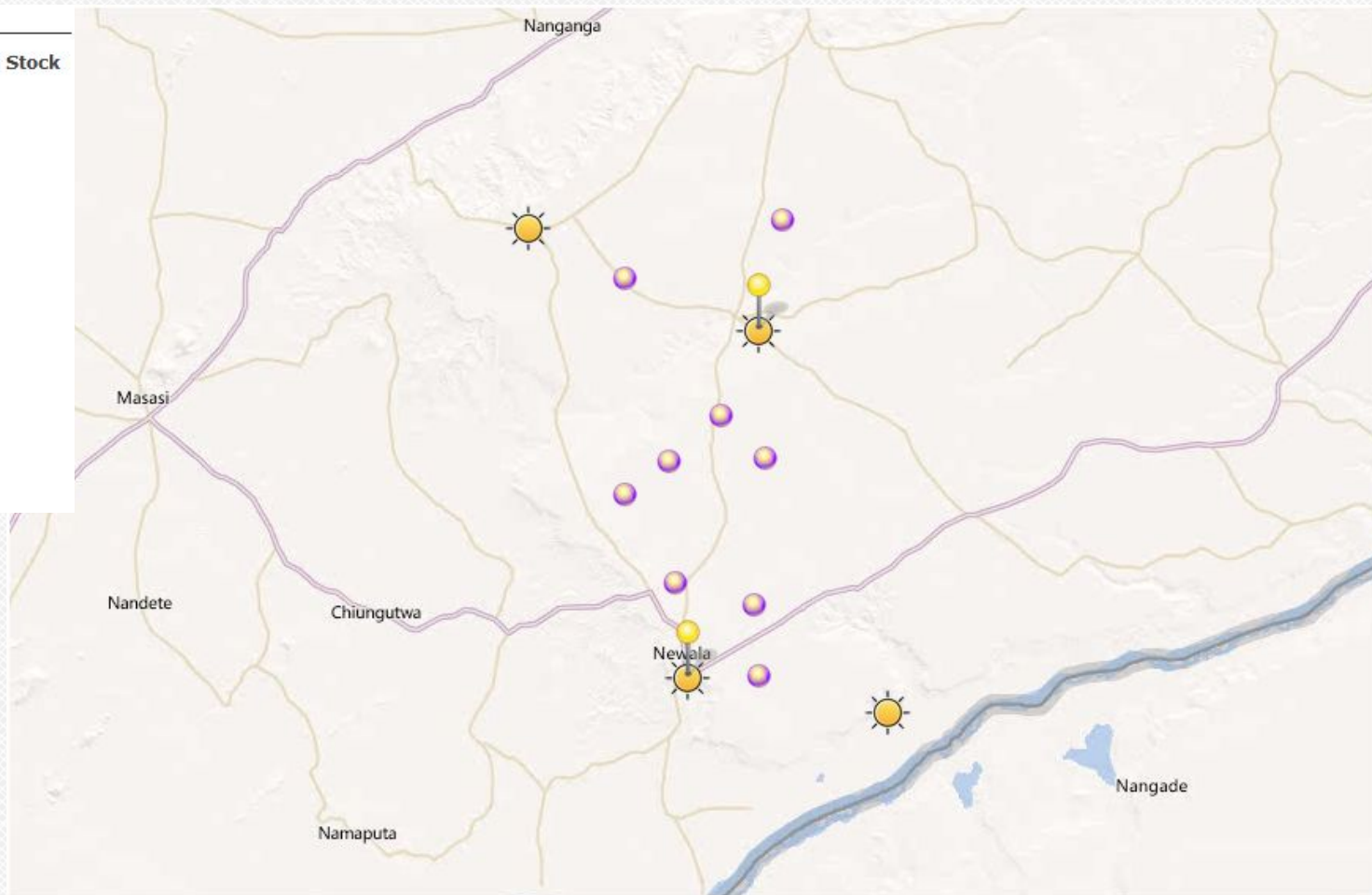
IUD Insertion-Providers



IUD Insertion-Offered



Full Data Set



CS- IUD Insertion (Newala): True access mapped

Legend

IUD Insertion-
Offer+Providers+Commodities+Equip



IUD Insertion- Equipment



IUD Insertion-Commodities In Stock



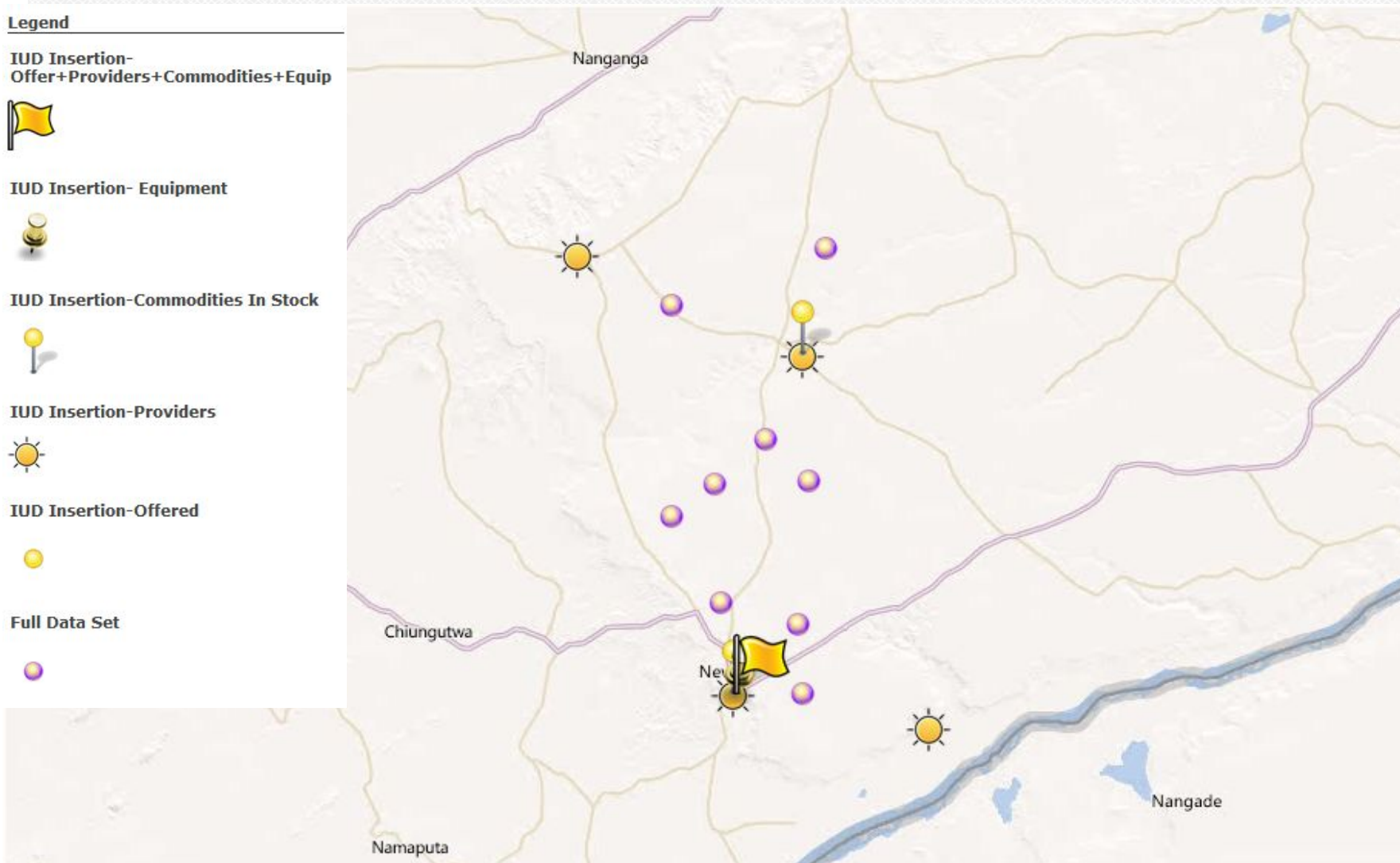
IUD Insertion-Providers



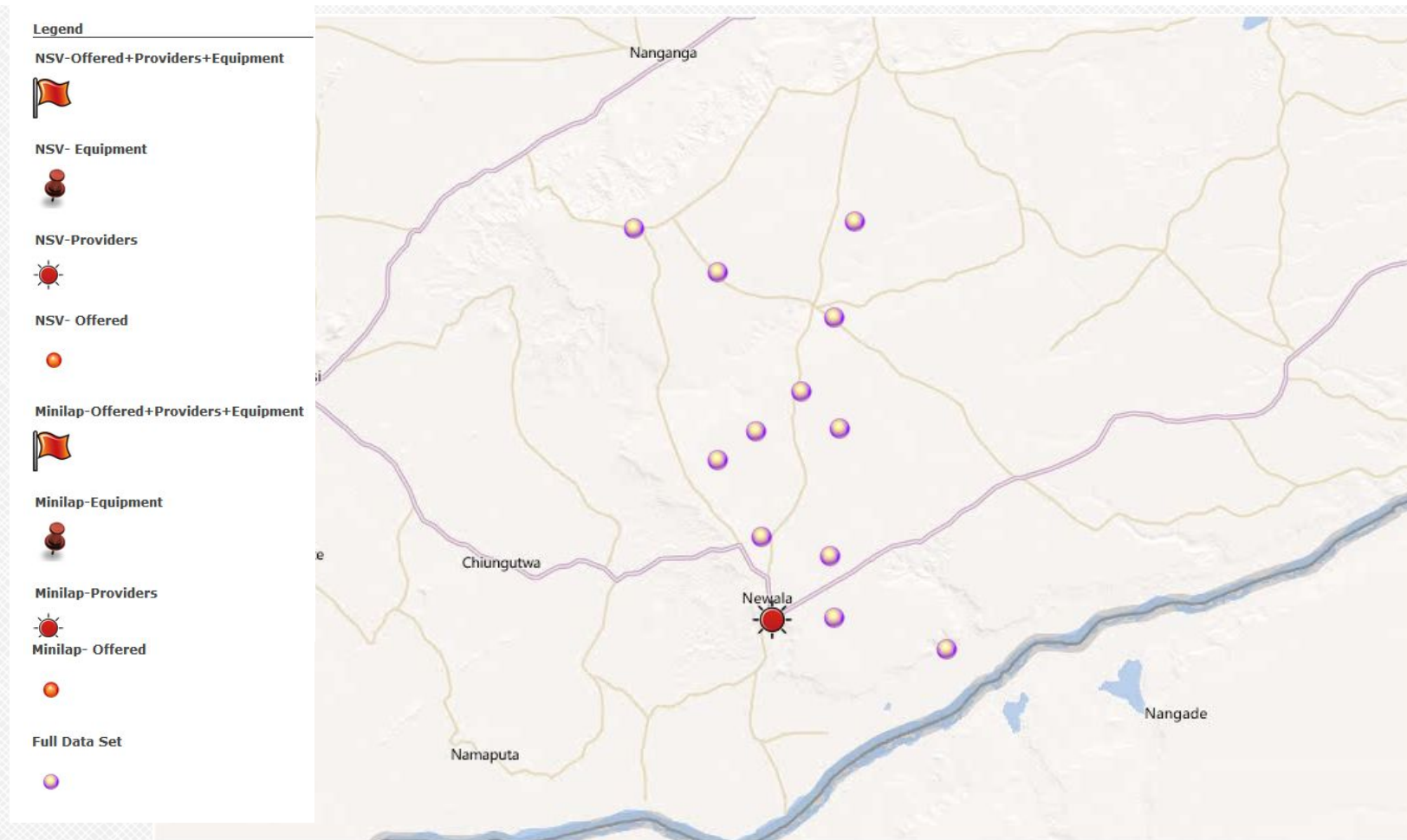
IUD Insertion-Offered



Full Data Set



Permanent Methods- Newala: Limited access



Permanent Methods- Arusha: Limited access

Legend

NSV- Offered+Providers+Equipment



NSV- Equipment



NSV- Providers



NSV- Offered



Minilap- Offered+Providers+Equipment



Minilap- Equipment



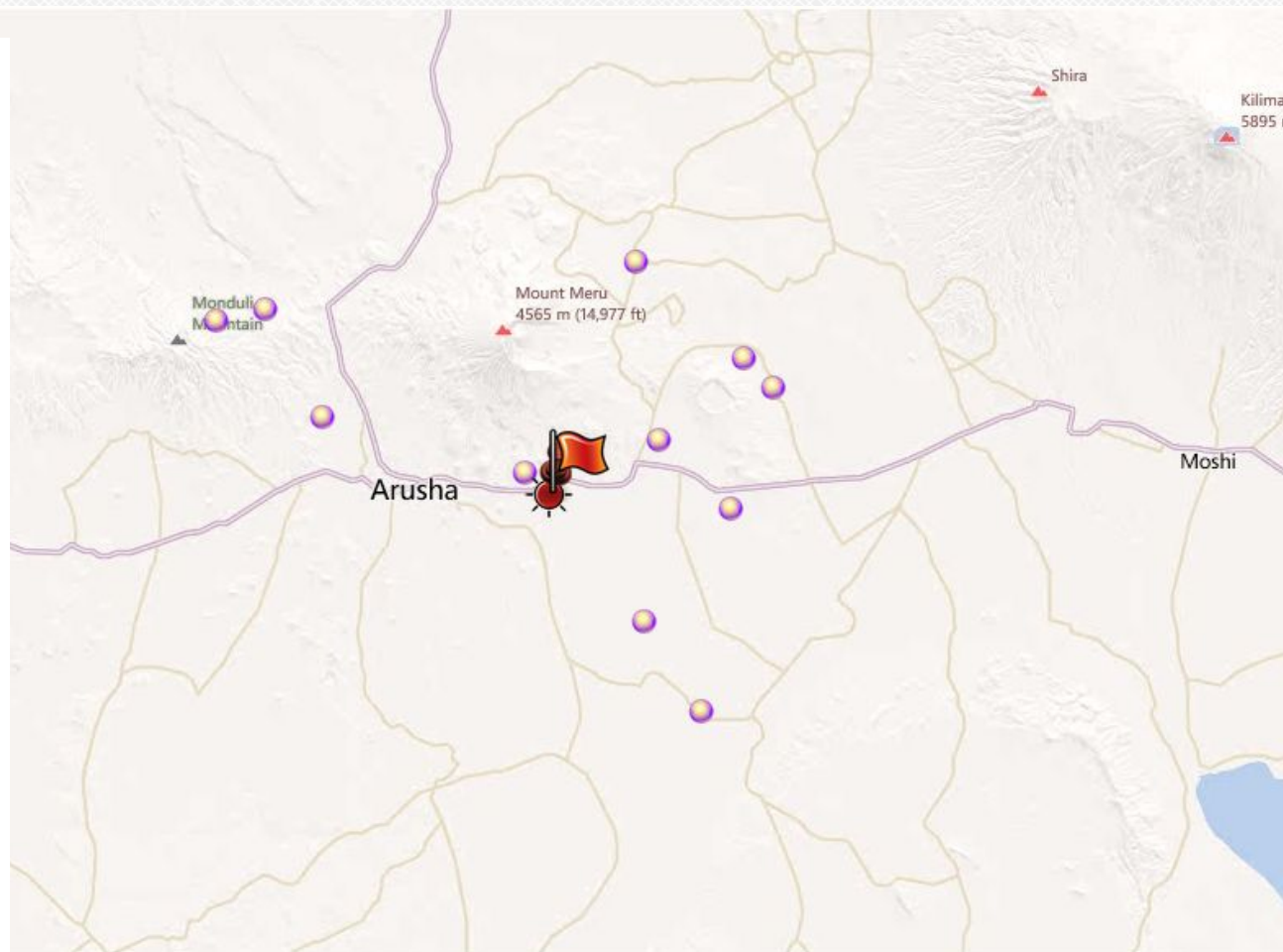
Minilap- Providers



Minilap- Offered



Full Data Set



- Staff self-assessed and identified issues
- Action plans gave assignments, timing, and “ownership” of results to facility-level staff.
- District-level support of the process important to solve issues with larger system



- OJT (implants)
- Infection Prevention
- Understand responsibilities
- Community engagement



Participant Quote:

“The most popular FP method is the most available... not the other way around....”



- Reliable Stock increases
Confidence in clinic services
- Clients aware of their rights
To have methods available
- Used community health
fund for clinic solar panels



- “After COPE we are able to fill the R/R properly and timely. Before we would wait until the contraceptives ran out before we thought about filling out the R/R and requesting for new drugs. Timeliness was not on our mind. Now after COPE we understand our own responsibility to order. We didn’t understand before that the shortages and stock-outs were our fault.”

— **Sr. Maimuna, Makote Dispensary**



- Forum for cross learning
 - Facilities present their achievements
 - Collective brainstorm for persistent challenges
 - Develop a change package and recommendations
- Professional Development
 - Learn from others & teach colleagues from on the job experience

Results: Work processes Improved

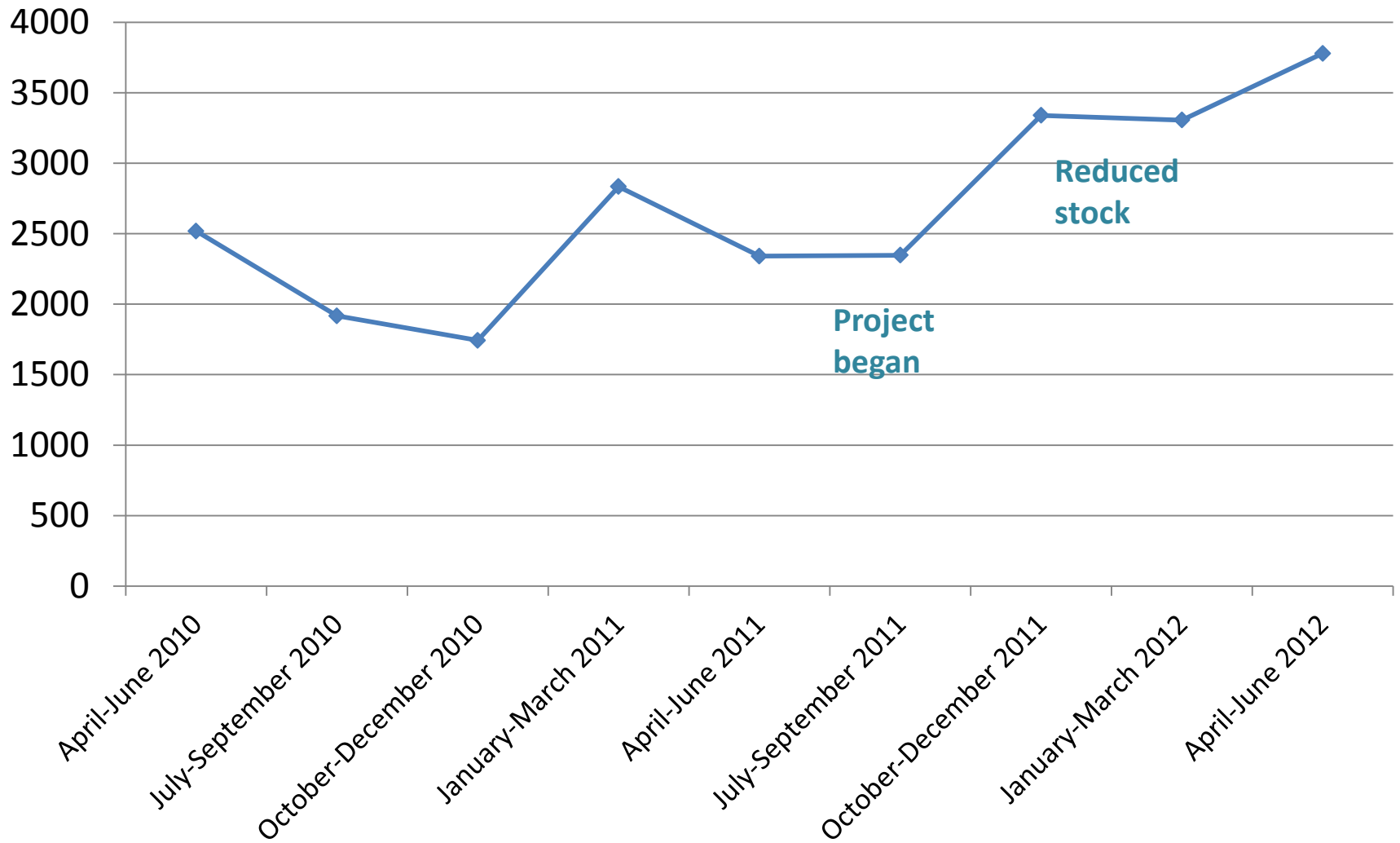


- Adherence to FEFO/FIFO
- Compliance with R/R schedule
- Proper drug arrangement and storage
- Improved Infection Prevention



- Fewer stock outs
- Increased communication between the MSD and the districts' facilities
- Increase in Family Planning clients, particularly for LA methods
- Redeemed Community Respect of Facility

New family planning clients in participating facilities



SUMMARY

- Improve supply for all methods in selected districts
- Follow International Standard of Quality
- Training in FP, logistics, data for decision-making and problem-solving techniques



■ Incinerator at Newala Hospital before and after COPE implementation



- Incorporate COPE into district supervision
- Training on LA/PM service provision
- Incorporate OJT into outreach
- Foster cross learning/sensitization between MSD and facilities
 - R/R update training
 - FP basics