COPE for Contraceptive Security

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Jane Wickstrom, MA
Rose Madinda, MPH
Jaweer Brown, MPH

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
Project Goal

- 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
What is COPE®?

- 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
COPE Workshops based on 3 reviews

- 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
What was done after implementation?

- 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?

<table>
<thead>
<tr>
<th>Method</th>
<th># Facilities Offered</th>
<th># Facilities with Stock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condoms</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Female condoms</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
| Pills                         | 24                   | • 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
CS- IUD Insertion (Newala): True access mapped
Permanent Methods - Newala: Limited access
Permanent Methods - Arusha: Limited access
COPE Action Plans Developed

- 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
Moving Forward: Provider Needs Addressed

- OJT (implants)
- Infection Prevention
- Understand responsibilities
- Community engagement
COPE’s Client Views….

Participant Quote:

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

• 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
Shared Learning Opportunities

- 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
Results continued

- 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

- April-June 2010
- July-September 2010
- October-December 2010
- January-March 2011
- April-June 2011
- July-September 2011
- October-December 2011
- January-March 2012
- April-June 2012

Reduced stock

Project began
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
Infection Prevention

Incinerator at Newala Hospital before and after COPE implementation
Recommendations

- 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