Local Ownership of Last Mile Supply Chain: A Quality Improvement Approach

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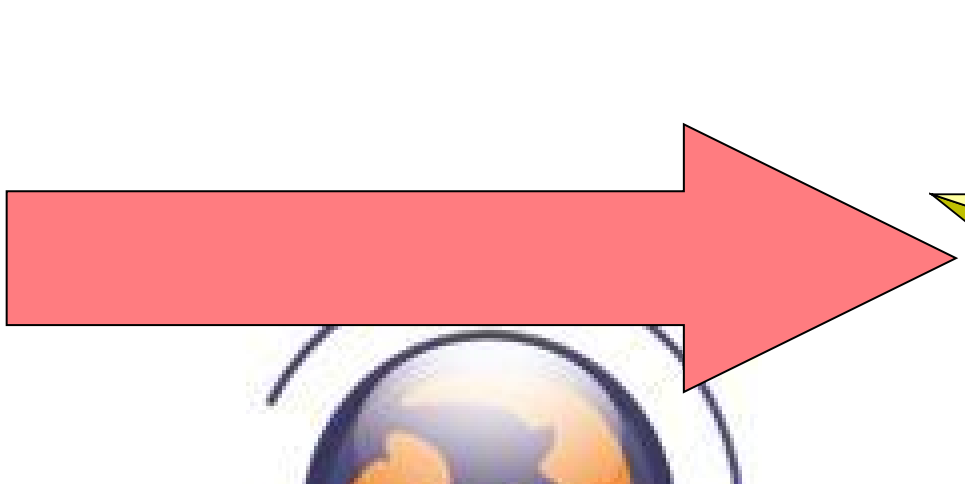
Goals of Quality Improvement

Actual Practice

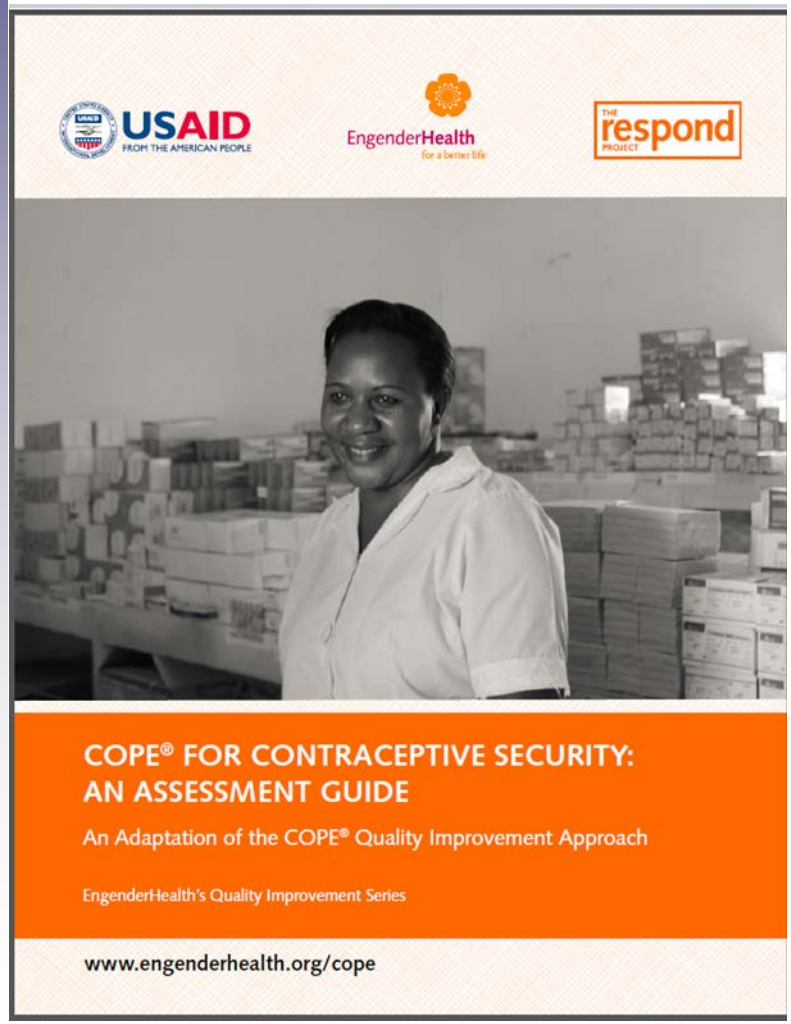


- Quality services that meet clients' needs
- Improved performance of staff and institutions
- Better health is the ultimate outcome

COPE®: Quality improvement tool and approach

- COPE stands for *Client-Oriented and Provider Efficient* services
- COPE identifies issues and empowers facilities to solve them, to improve performance and quality
- Based on a *Client's Rights and Provider Needs* framework
- COPE for contraceptive security adds to other COPE tools (13 overall), to name a few: RH/FP; HIV/AIDS; PMTCT; Maternal Health; Emergency Obstetric Care, etc.

New tool: What is COPE for Contraceptive Security (CS)?



COPE can address client concerns about access to FP

"The most popular FP method is the most available… not the other way around…." --- client quote on day of survey

Where was project implemented in Tanzania (2011-2014)?

Meru - Arusha

Newala - Mtwara

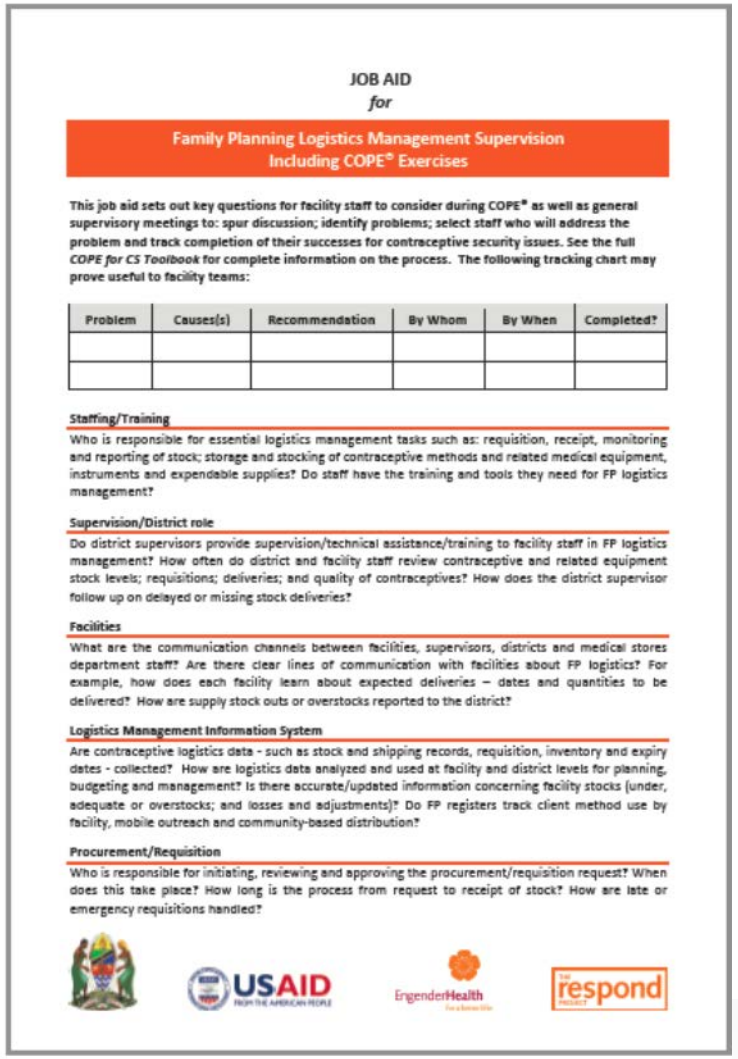
26 health facilities

- 2 District Hospitals
- 4 Health centers
- 20 Dispensaries

Project still monitored until now

What was done to improve last mile access to FP in TZ?

1. COPE® for CS developed + approved by MOHSW
2. Baseline data collected
3. COPE workshops held
4. Action plans developed and implemented
5. Districts shared results and learned from each other
6. Two additional data collection exercises done



JOB AID
for

Family Planning Logistics Management Supervision Including COPE® Exercises

This job aid sets out key questions for facility staff to consider during COPE® 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 CS Toolbook* 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 management tasks such as: requisition, receipt, monitoring and reporting of stock; storage and stocking of contraceptive methods and related medical equipment, instruments and expendable supplies? Do staff have the training and tools they need for 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 or missing stock deliveries?

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 or overstocks reported to the district?

Logistics Management Information System

Are contraceptive logistics data - such as stock and shipping records, requisition, 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 (under, adequate or overstocks; and losses and adjustments)? Do FP registers track client method use by facility, mobile outreach and community-based distribution?

Procurement/Requisition

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?

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Baseline COPE for CS Tanzania findings (2011)

1. Erratic stock levels were common
2. Drug storage and labeling not high quality
3. Lack of clarity on authority and decision-making for logistics and ordering system
4. Report and requisition (R&R) system from facility to Medical Stores Department not honored
5. Stock received was often not in-line with needs
6. Lack of trust – up and down supply chain
7. Ad hoc storage and delivery

Process: COPE action plans developed at each site (N=26)

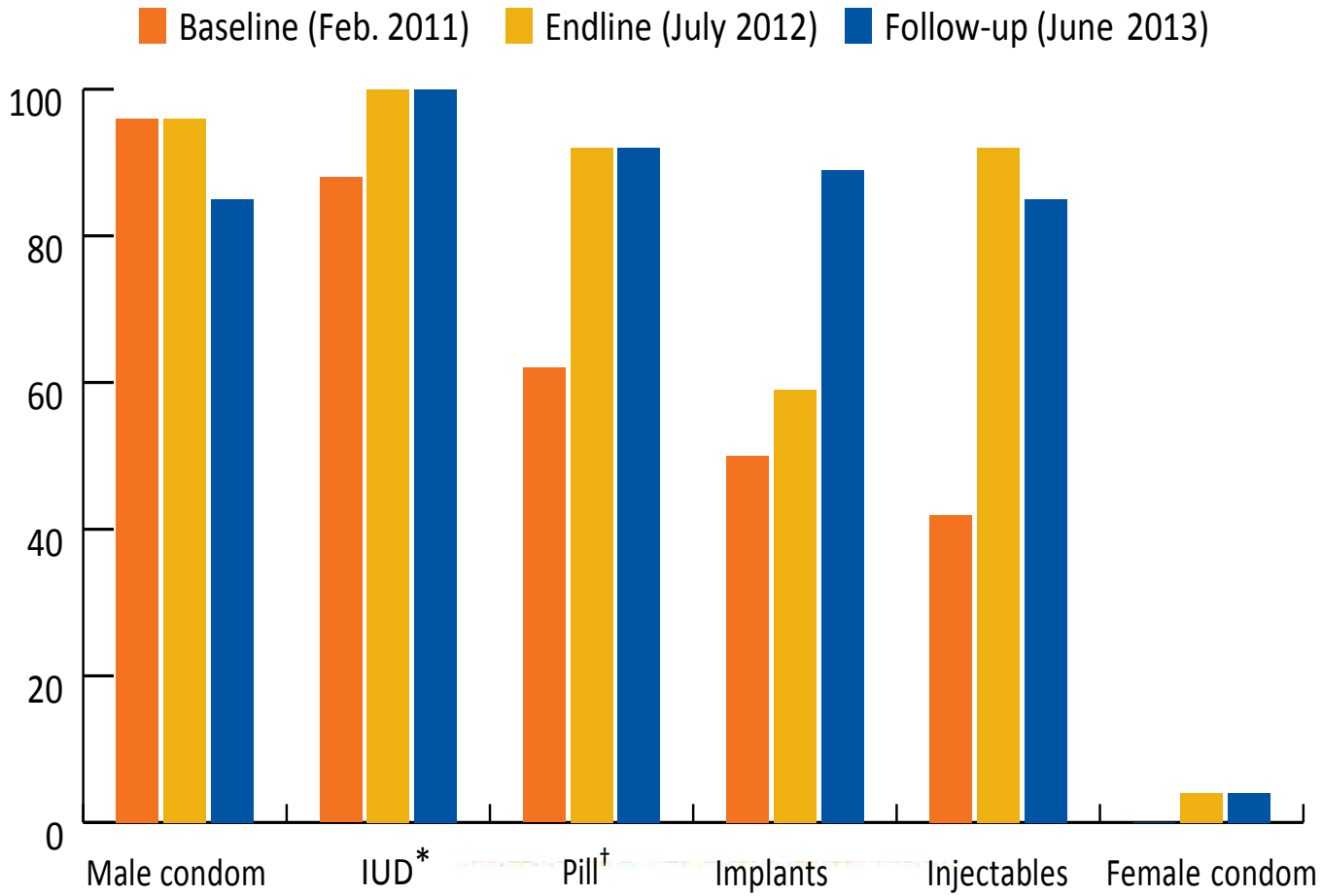
- Using the 10 self assessment modules
- Staff self-assessed and identified issues
- Action plans gave assignments, timing, and “ownership” of results to facility-level staff
- District-level support of the process important to solve issues within the larger system

Results: work processes improved in a year

- Adherence to FEFO/FIFO
- Compliance with R&R schedule improved
- Proper drug arrangement and storage
- Stock wastage reduced from 3.8% to 2%
- **FP clients almost doubled** from baseline 8,565 to15,775 adopters in15 months

Results over time showed improvement for global learning

FIGURE 1. PERCENTAGE OF FACILITIES wITH mETHODS IN STOCK AT THE TImE OF FACILITy AUDITS



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

† Either progestin-only or combined oral contraceptives

Clients' right to FP choices enhanced (from client interviews)

- Access to long-acting methods increased & maintained
- Reliable stock increased client confidence in FP services
- Clients aware of their rights since COPE emphasized this aspect of service
- Providers worked to ensure privacy, dignity and respect

Provider needs addressed to improve quality

(based on provider interviews at endline)

- On-the-job training for implant insertion and removal improved access to LARCs
- Infection prevention reviewed and improved
- Understanding provider R&R responsibilities
- Community engaged and supported facilities' needs

— Provider, Newala District

“Before, we would wait until the contraceptives ran out before we thought about filling out the R&R and requesting new drugs. Timeliness was not on our minds. Now, after COPE®, we understand our own responsibility to order. We didn’t understand before that the shortages and stock-outs were our fault.”

Community Involvement Increased:

Newala Hospital gains funding for hospital's infrastructure (burning stove before – and new incinerator after COPE)

Goal achieved: Improve client access to FP at "last mile" facilities – as well as additional benefits of COPE….

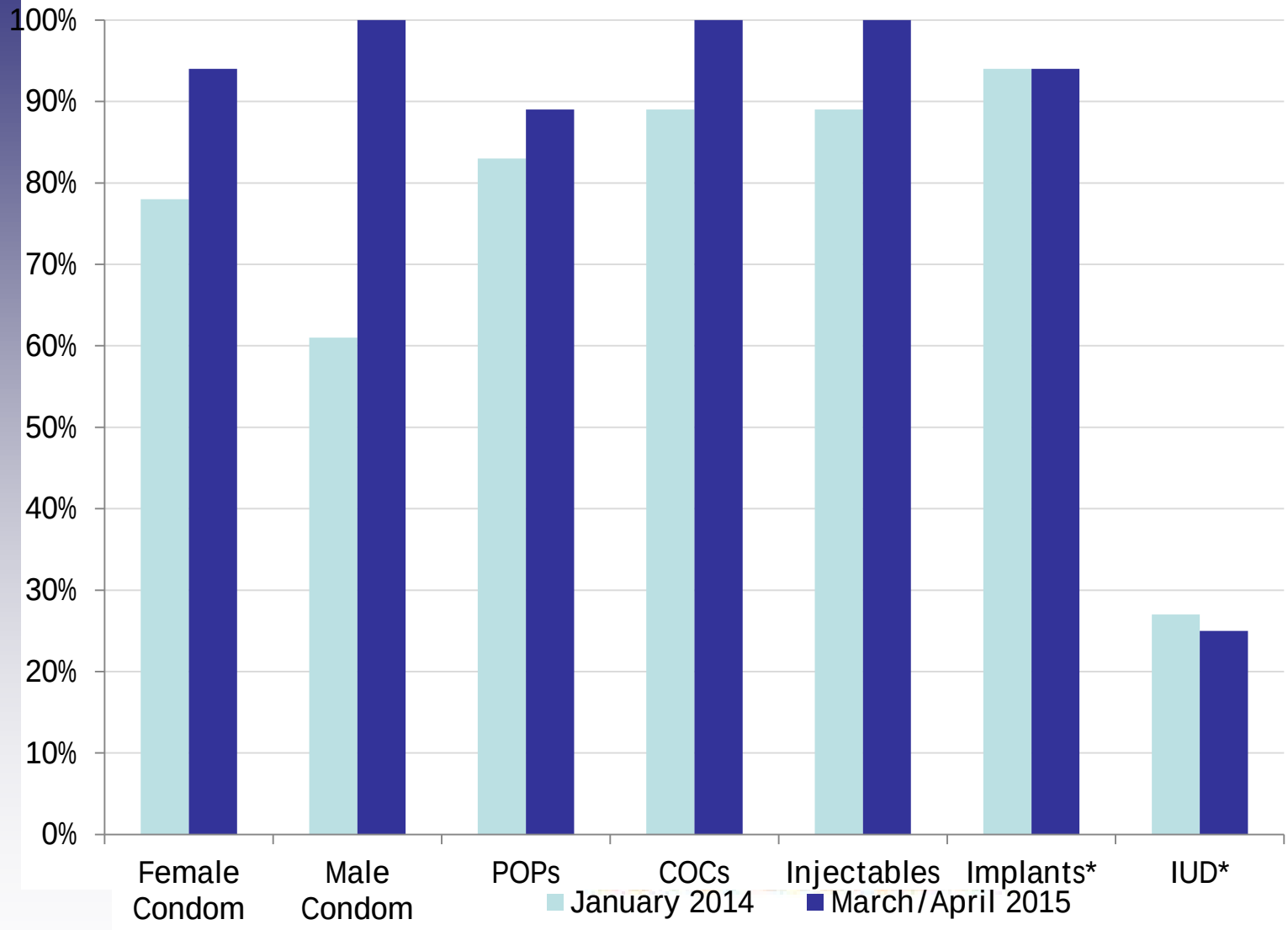
- Enhanced partnerships between facilities and districts improved communication and ultimately access to contraceptives and related supplies
- Results shared for learning and scale-up; other districts interested in COPE for CS
- Incorporated the tool into national MOHSW supervision system

COPE for CS replicated in 6 countries of West Africa in dozens of sites in each country, also nationally in Malawi & beginning in Uganda

Uganda introduced in 2016 to 6 pilot sites in 2 districts

Malawi MOH takes COPE CS to scale in 60 sites nationwide

Interim Malawi Results: Improved Stock in 2 pilot districts



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Observations and Conclusions about COPE for CS:

- Improved supply of FP methods noted
- Stock management improved
- Use of data for decision-making and problem-solving techniques increased
- Increased client use and confidence in FP program at community levels
- International interest in further testing of COPE for CS is there; (e.g. more monitoring and research need to make it a **best practice**

Recommendation:
Invest in emerging best practice

Quality improved over time with COPE for CS in two countries; beginning in 7 more countries

COPE for CS tool and approach could prove to be an important intervention for facility level contraceptive security

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