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RESULTS BRIEF

On the Road to Contraceptive Security: Interim Results from a Quality Improvement Approach in Malawi

BACKGROUND

Contraceptive security exists when people are able to choose, obtain, and use the contraceptive methods and services they desire from among a full range of methods (short-acting, long-acting, and permanent) (Wickstrom & Jacobstein, 2011). If family planning (FP) programs are to provide a full range of methods, three basic elements must be consistently present at a service delivery point: the contraceptives themselves; necessary medical equipment, instruments, and expendable supplies; and staff trained in how to provide each method. When any of these elements is missing from a service delivery point, the method cannot be offered, and contraceptive security is not achieved.

John Shuga, a Medical Assistant at Maganga Health Center, facilitates a COPE for Contraceptive Security exercise (Salima, June 2015).

In Malawi, the Ministry of Health (MOH) has made remarkable progress in improving FP access. Between 2004 and 2010, the number of FP users nearly doubled, while the prevalence of modern method use among married women increased from 28% to 42% (NSO & ICF Macro, 2011). The MOH has also made strides toward achieving contraceptive security at the national level. Contraceptive security is weaker at district and lower-level health facilities, however, due to human resource constraints, unclear roles and responsibilities for logistics management, and lack of training in requisitioning and ordering (which can lead to stock-outs of contraceptives and related supplies).

The COPE® for Contraceptive Security tool and methodology is used by frontline health and logistics personnel to identify and implement low-cost local solutions to address problems related to contraceptive supply (RESPOND Project, 2013a). The tool, which consists of 10 self-assessment questionnaires on issues ranging from logistics to record keeping to warehousing and transport, was designed and tested in Tanzania from 2011 to 2013 (RESPOND Project, 2013b; RESPOND Project, 2014a) and was replicated in two districts in Malawi in 2014 (RESPOND Project, 2014b). This brief describes the extent to which the methodology and tool was used without outside assistance after the end of the RESPOND Project and how contraceptive security was addressed at the selected sites between January 2014 and June 2015.

[1]COPE® (which stands for "client-oriented, provider-efficient" services) is a quality improvement process and set of tools developed by EngenderHealth that enable staff from all levels of a health facility to identify challenges in implementing their daily tasks, create and implement an action plan to address them, resolve problems using locally available resources, and track their progress and achievements.

THE INITIATIVE

EngenderHealth's RESPOND Project began working with the Malawian MOH's Directorate of Reproductive Health (DRH) in early 2014 to introduce COPE for Contraceptive Security in Mangochi and Salima districts, with funding from the U.S. Agency for International Development (USAID). Baseline assessments were conducted at 18 public-sector health care facilities, trainers and staff were trained to facilitate COPE for Contraceptive Security exercises, and facilities were supported to implement the methodology. Tanzanian master trainers who had co-designed, launched, and evaluated COPE for Contraceptive Security in their own country came to Malawi to conduct the trainings, thus promoting South-to-South learning. Initial results in Malawi showed improvements in infrastructure, logistics management, and collaboration between facilities and district medical stores (RESPOND Project, 2014b), and the MOH asked EngenderHealth to find funding to scale up the approach and tools.

> *"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 Contraceptive Security] provides senses of ownership and of recognition."*
>
> *—Lonnie Mkwerere, District Nursing Officer, Mangochi*

In 2015, EngenderHealth secured funding from the Reproductive Health Supplies Coalition's Innovation Fund for the COPE for Contraceptive Security Project, which was developed to continue the work in Mangochi and Salima districts and to introduce the approach in eight additional districts. The objectives of the project are to: (1) establish a COPE for Contraceptive Security training capacity in 10 out of 28 districts nationwide; (2) improve contraceptive security at 60 health facilities within those 10 districts; and (3) share tools and lessons learned to aid in scaling up COPE for Contraceptive Security in Malawi and globally. This brief reviews interim results from Mangochi and Salima districts over the period January 2014 to June 2015.

INTERIM RESULTS

Approximately 15 months following the introduction of the COPE for Contraceptive Security approach under RESPOND, the same facility assessment tool was implemented at the 18 facilities in Mangochi and Salima districts. The percentage of facilities with male condoms in stock increased from 61% to 100%, while those with female condoms in stock increased from 78% to 94%. Facilities showed improved stocking of combined oral contraceptives (89% to 100%), progestin-only pills (83% to 89%), and injectables (89% to 100%). Among those facilities with a provider trained to offer the method at the time of each assessment, the proportion with implants in stock held steady at 94%, while a slight decrease was observed in the proportion with intrauterine devices (27% to 25%), as shown in Figure 1.

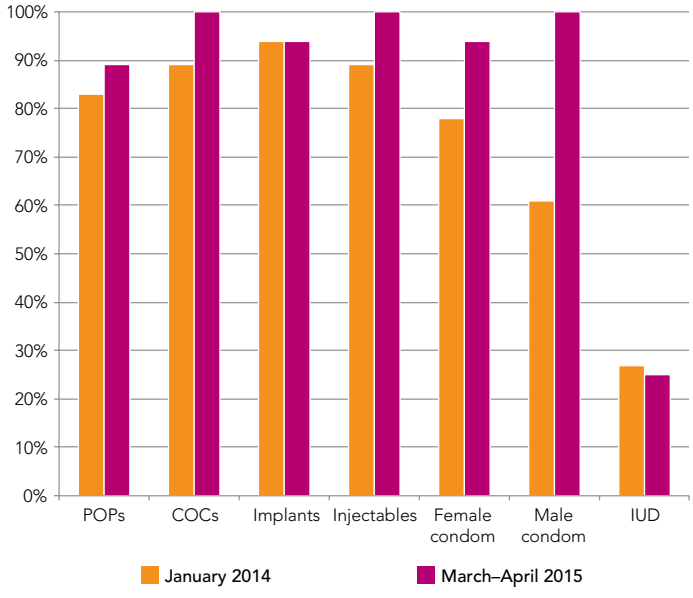

Figure 1: Percentage of facilities with various FP methods in stock, by time period

Nearly all facilities had a provider trained in implant provision at both points in time (all sites in 2014, 17 of 18 sites in 2015). However, the number of facilities with a provider trained in the provision of intrauterine devices (IUDs) changed between assessments. The RESPOND baseline (2014) showed that 11 out of 18 facilities had a provider trained in this method, while the COPE for Contraceptive

Security Project baseline (2015) found that only seven of those sites still had a trained provider, along with one that had not had a provider in 2014 (eight facilities total). This observation highlights the challenges in maintaining the availability of long-acting methods in the face of staff turnover and human resource constraints, in addition to stock-outs.

Issuance of emergency orders for contraceptives in the previous three months decreased somewhat between assessments (from 39% to 28%). Logistics management requires attention to data and maintenance of good records. To improve the logistics management information system, managers ensured that the required forms were handy. In fact, the proportion of facilities with requisition/request forms on hand increased, from 58% to 94%, as did those with inventory record books/control cards (89% to 94%) and issue vouchers (56% to 78%) to confirm receipt and stock of ordered commodities.

Further, a detailed review of progress in completing facility COPE for Contraceptive Security action plans revealed that more than 60% of identified action plan items were implemented. The range of success was uneven, however; some facilities completed 30% of their action plan items, while others completed 70%. Key informants noted that some staff were very impressed with and energetic about using COPE for Contraceptive Security, while others had more difficulty finding time to complete the actions amid other responsibilities.

"The facility realized that the health centers are supposed to have Advisory Committees that include political leaders, partners, etc. They should be contributing to infrastructure, but we weren't utilizing these committees… We had things in place but we didn't know that we had them."

—Fredrick Kapinga, facility in-charge and COPE for Contraceptive Security master trainer at Monkey Bay Community Hospital, Mangochi

LESSONS LEARNED

During EngenderHealth-conducted interviews with key informants in June 2015, stakeholders stated that following the introduction of COPE for Contraceptive Security, facility staff took ownership for improving the quality of their work. Teamwork improved within facilities and between the districts and lower-level facilities. For example, as COPE exercise participants were representative of each department at the facility, they came to understand the struggles of staff with whom they rarely interacted. Providers were now more sensitized to the challenges cleaners faced when no cleaning materials were in stock. Some noted that the facility watchman is truly a "frontline worker" and is often the first person with whom clients at the clinic interact to get information about health care services. As all staff became aware of the facility's goals, they realized that each person has a role to play in improving quality services and maintaining contraceptive security.

Those interviewed also noted that implementation of their action plans led to greater engagement with their community, including local advisory committees. Completing the items in their action plans also resulted in better adherence to storage guidelines and reporting schedules, to ensure that supplies are ordered on time. Multiple informants highlighted the importance of improving supervision and follow-up with a facility's COPE Committee, to ensure the approach's sustainability; this issue is being addressed by means of ongoing district-led support to the sites.

LOOKING AHEAD

From April through June 2015, EngenderHealth implemented cascade training to build training capacity in the 10 districts. Tanzanian master trainers oriented a new set of local master trainers, who then trained site facilitators. For the original sites in Mangochi and Salima districts, these activities added new facilitators to the sites, refreshed the facility COPE committees, and bolstered enthusiasm for working on COPE for Contraceptive Security overall. To share relevant successes and challenges encountered thus far, representatives from Mangochi and Salima participated in the training of site facilitators in the eight new districts. New district staff have stated that this "cross-district learning" gave confidence that the approach works in Malawi. In June–July 2015, all 60 sites across the 10 project districts implemented their initial COPE for Contraceptive Security exercises. EngenderHealth and the MOH/DRH are providing ongoing support to the facilities and district-level supervisors as they implement their action plans. An endline assessment of all 60 sites will be conducted in January 2016, along with an analysis of FP service statistics across sites over time.

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