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:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Causes(s)</th>
<th>Recommendation</th>
<th>By Whom</th>
<th>By When</th>
<th>Completed?</th>
</tr>
</thead>
</table>

**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?
c. Losses and adjustments?
d. Lead times for suppliers, shipping, duty clearance, and distribution?
e. Demographic data (e.g., community size, catchment area, women of reproductive age)?
f. Incomplete/partial shipments in previous period?
g. Late/incomplete submission of requisition in the previous period?

**Inventory Control**

Are there guidelines and established policies for maximum and minimum stock levels at which products should be maintained? Are there designated staff responsible for receiving deliveries at the district? At each facility? Do inventory control staff (or designated staff) check for issues such as the quality of goods received or the completeness of the order? Is feedback given if the order is incomplete or damaged? Is there a process for harmonization of stock between facilities (distribution between overstocked/understocked facilities)?

**Warehousing and Storage**

Are all products arranged so that identification labels and expiry dates and/or manufacturing dates are visible? Is the storage area clean and secured with a lock and key? Does the program conduct at least one physical inventory of all products at storage facilities every six months? Does the storage system protect the contraceptive methods and related supplies from damage?

**Transport and Distribution**

How are contraceptive methods, equipment, and supplies transported and distributed from the warehouse and storage areas to FP locations? Are FP logistics integrated into the essential drug system? How well is the system working? Are a sufficient number of functioning vehicles available, with petrol and drivers to meet the desired distribution schedule?

**Financing/Budgeting**

How does the district ensure that facilities’ requests are within budget and will be financed by the Ministry of Health? Is the funding level “adequate” or “inadequate” for contraceptives, essential drugs, medical equipment, instruments and expendable supplies—and related FP logistics management needs?

**Planning**

Last fiscal year, was the planning for contraceptives and relevant supplies successful, as seen in adequate FP budgeting, funds disbursed, and client needs addressed? Do the facility and district involve community health committees, community-based organizations, nongovernmental organizations, traditional leaders, and local politicians in the planning for reproductive and child health and FP and contraceptive security—including determining clients’ method preferences? How can method mix be expanded to improve clients’ rights and their choice of a desired method?

**Medical Equipment, Instruments, and Expendable Supplies**

Contraceptive security exists when the necessary contraceptives, medical equipment, instruments, and expendable supplies to provide contraception to meet clients’ needs are available at facilities or during mobile outreach service opportunities. Clients must be offered a full range of short-acting, long-acting reversible, and permanent methods of contraception. A checklist of the “unique, indispensable, and common” medical instruments and expendable supplies will help supervisors and facility staff to determine if they have all that is required for their particular FP service needs. See EngenderHealth checklists for details for each FP method.

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