

# Using End-Use Verification (EUV) Surveys to Improve Proper Storage of Oxytocin

## GHSC-PSM at Work

The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project uses the end-use verification (EUV) survey to assess stock availability and cold chain capacity for maternal, newborn, and child health (MNCH) commodities. EUV data collection is also an opportunity for GHSC-PSM country teams to provide on-site capacity building for staff at warehouse and service delivery points on areas such as proper storage of medicines.

Due to the EUV process, seven GHSC-PSM countries **increased oxytocin stored in working cold storage at health facilities by 7.7%** of from 2020 to 2022. Figure 1 illustrates the improvements achieved in this timeframe on adequate storage practices for this critical commodity to improve maternal health.



**Postpartum hemorrhage (PPH)**—or excessive bleeding after childbirth—is the leading cause of maternal deaths worldwide, and oxytocin is the preferred medicine to prevent and treat PPH. However, challenges exist to making quality oxytocin available to all women who need it. Oxytocin is a heat sensitive product that requires transport and storage in the cold chain (between 2 and 8 °C) —storing oxytocin at ambient temperature or higher can result in product degradation. Not transporting and storing oxytocin in the cold chain can result in health workers’ use of poor-quality oxytocin; compromised quality is unlikely to lessen bleeding and can increase the chance of maternal death.

Figure 1

### Percentage of useable oxytocin stored in working cold storage at the SDP level

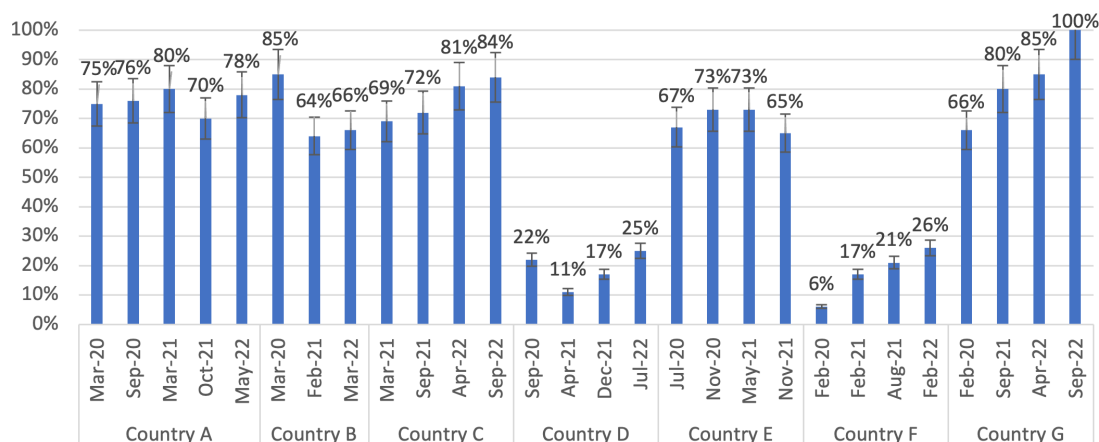


Figure includes 10% confidence interval to account for margin of error. Some countries may reflect a decrease in oxytocin cold storage rates, which may also be attributed to differences in the specific sites surveyed during each review period and equipment failures.

**Case Study:** Increase in proper storage of oxytocin following procurement of cold chain equipment.

While conducting an EUV in March 2021, Country C identified that there were limited functioning cold chain equipment available for oxytocin storage at health facilities. The team used the EUV report to facilitate, in collaboration with the government counterpart, acquisition and distribution of **190 USAID-funded refrigerators** to health facilities along with training and supervision for facility staff on proper storage of oxytocin. These efforts increased usable oxytocin in cold storage at health facilities in Country C from 69% to 84% in 18 months.

**Figure 2**

**Percentage of usable oxytocin stored in working cold storage at the SDP level**

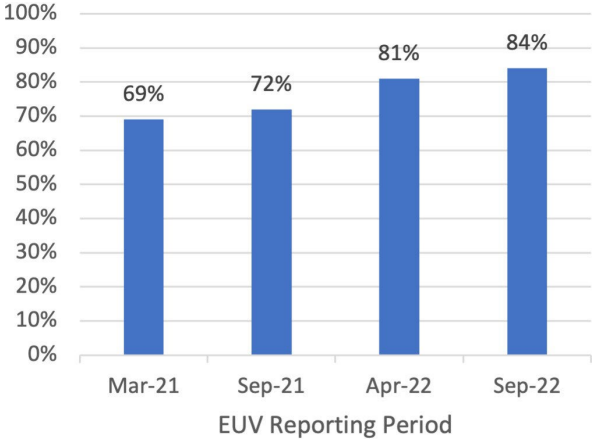


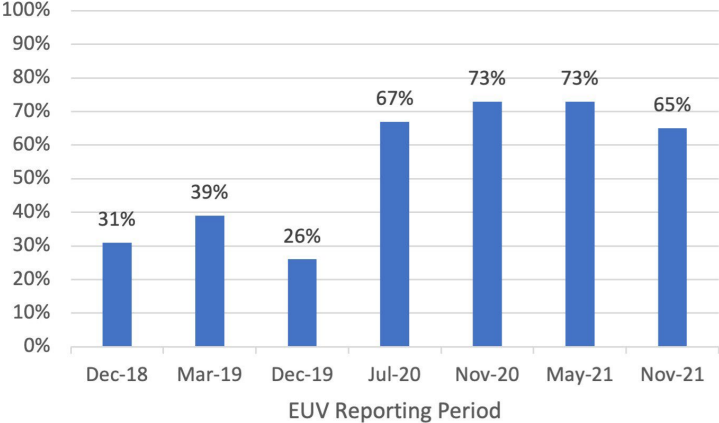
Figure includes 10% confidence interval to account for margin of error.

**Case Study:** Inclusion of oxytocin in vaccine cold chain.

Following EUV results showing persistently low rates of oxytocin stored in working cold storage, GHSC-PSM partnered with Country Health Teams (CHTs) across the country to circulate an MOH memo on proper oxytocin storage in the cold chain. GHSC-PSM also routinely followed up with service delivery points to ensure adherence to the oxytocin storage and management policies outlined in the MOH memo. Through this support, **facilities storing oxytocin in cold chain increased from 26% to 73%** from December 2019 to November 2020.

**Figure 3**

**Percentage of usable oxytocin stored in working cold storage at the SDP level**



GHSC-PSM continues to use the EUV to assess and improve oxytocin handling in 7 countries.