

# Improving and Sustaining Contraceptive Security in Tanzania

## 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). Three basic elements must be consistently available at a service delivery point for family planning (FP) programs to provide a full range of methods: contraceptives; necessary medical equipment, instruments, and expendable supplies; and staff trained in the provision of each method.

Tanzania's Ministry of Health and Social Welfare (MOHSW) has made progress in addressing contraceptive security at the national and zonal levels, by improving the range of FP methods consistently available. However, due to stock-outs and human resource constraints, lower-level health facilities performed more poorly in terms of contraceptive security.

Several years ago, EngenderHealth began developing COPE® for Contraceptive Security, an adaptation of the COPE® quality improvement approach<sup>1</sup> that uses self-assessment guides and facility checklists to guide facility staff in thinking through all of the necessary elements to support contraceptive security (RESPOND Project, 2013a). This brief describes a set of assessment efforts designed to determine the extent to which this tool enhanced contraceptive security improvement efforts in Tanzania. Some of the results have been disseminated previously (RESPOND Project, 2013b).

## THE INITIATIVE

### Objectives

It was hypothesized that COPE® for Contraceptive Security could assist district managers and facilities to improve contraceptive logistics management at the lowest level of the health system. In collaboration with the MOHSW, the Medical Stores Department (MSD), EngenderHealth's ACQUIRE Tanzania Project (ATP), and USAID|DELIVER, the RESPOND Project worked with local partners to use the approach in two districts:

<sup>1</sup> COPE® (which stands for "client-oriented, provider-efficient" services) is a quality improvement process and set of tools 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.

Newala in Mtwara Region, and Meru in Arusha Region. The objectives were to:

1. Document whether COPE® for Contraceptive Security improved district and facility ownership and capacity to manage the forecasting, budgeting, requisition, and inventory control of FP commodities.
2. Test the effectiveness of COPE® for Contraceptive Security in increasing access to all FP methods, including long-acting and permanent methods of contraception.

## Project Implementation

The project was launched in March 2011 with a stakeholders meeting convened by the MOHSW. Twenty-six facilities (13 from each district) were selected: 20 dispensaries, four health centers, and two district hospitals. COPE® for Contraceptive Security was implemented in the two pilot districts from July 2011 to July 2012. RESPOND and ATP staff completed baseline facility audits using the tool in July 2011, which assessed the readiness of facilities to provide quality services for each FP method. The facility audits were repeated in July 2012 and June 2013, to evaluate progress.

RESPOND trained COPE facilitators at all 26 facilities using a participatory process during which facility staff defined what quality means for clients and providers. With this as a backdrop, district and facility teams identified issues with FP quality, developed individualized action plans to address the issues, and worked to resolve their most pressing challenges, including inventory management practices. In addition to important logistics management issues, many facilities focused on strengthening staff skills and conducting community outreach to better meet clients' FP needs.

RESPOND and ATP staff provided ongoing technical assistance to MOHSW staff in the two districts and 26 facilities to support the implementation of the action plans developed in the COPE® for Contraceptive Security process. During technical assistance and follow-up meetings in each district and between the districts, facility staff had opportunities to share information, ideas, and local innovations to address common problems and persistent challenges.

## EVALUATION

### Baseline, Endline, and Follow-Up Assessments

RESPOND conducted a baseline assessment in February 2011, an endline evaluation in July 2012, and a follow-up assessment in June 2013 to measure the outcomes of COPE® for Contraceptive Security in the two districts. FP service statistics were obtained and analyzed at these

three times. The 2012 endline evaluation also included focus group discussions with representatives of all facilities and interviews with service providers from selected facilities and partners.

### Provider Experiences

Service providers expressed frustration with local conditions prior to the introduction of COPE® for Contraceptive Security, notably irregular stocks of contraceptives and related supplies. After implementing the approach, providers reported an overall increase in teamwork and shared responsibility. Respondents described their successes in adhering to inventory management standards, improved infection prevention procedures, enhancements made to infrastructure that directly benefited clients, and decreased stock-outs. Providers also reported that improved method availability had led to increases in the number of FP clients and mutual confidence and respect between the communities and the facilities.

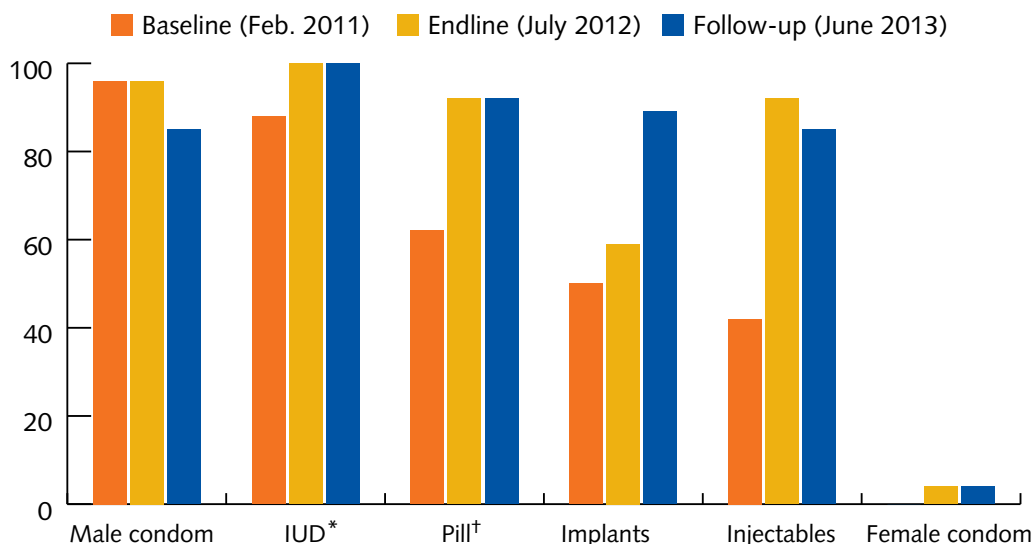
### Changes in FP Stock and Service Provision

Service statistics and data from the facilities' supplies checklists corroborated the providers' perceptions of improvements in contraceptive stock levels and increases in FP clients. The percentage of facilities that stocked either the progestin-only pill or combined oral contraceptives rose from 62% in 2011 to 92% in 2012. The proportion with injectables in stock increased from 42% to 92%, and those with intrauterine devices (IUDs) in stock rose to 100%. Implant availability increased slightly between 2011 and 2012; by the time of the follow-up assessment in 2013, almost 90% of facilities had implants in stock. The 2013 follow-up assessment documented that almost all positive gains in the availability of contraceptive methods at facilities reported in 2012 were sustained, with the exception of male condoms and injectables, the presence of which dropped slightly (Figure 1).

The number of new FP clients increased at participating facilities during project implementation (from Quarter 2, 2011, to Quarter 2, 2012). A decrease in the number of new FP clients coincided with a disruption in FP supplies at the national level in Fall 2012. The situation improved in subsequent quarters, as stocks of FP methods recovered and districts requested supplies to meet growing demand. The 2013 data indicated an upward trend in the number of new FP acceptors, both overall and in each district (Figure 2).

Service providers attributed the improvements in contraceptive stock levels and service provision to the facilities' attention to the timely and correct submission

**FIGURE 1. PERCENTAGE OF FACILITIES WITH METHODS IN STOCK AT THE TIME OF FACILITY AUDITS**



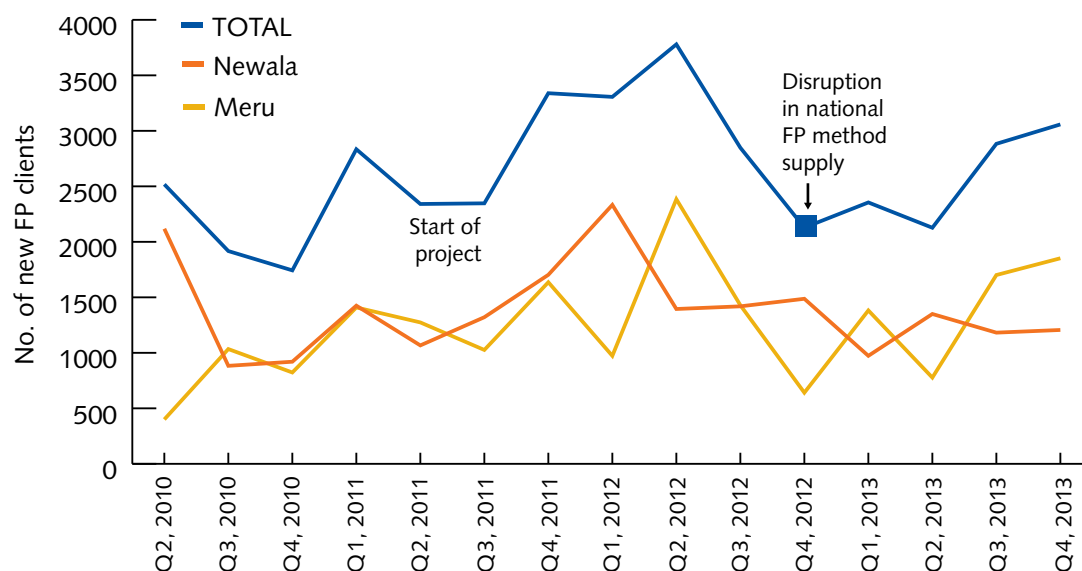
\* The denominator for IUD and implants includes only facilities with a provider trained in that method.

† Either progestin-only or combined oral contraceptives

of reporting and request forms to the MSD, a standard procedure that many facilities had previously abandoned but on which they focused during the COPE® for Contraceptive Security process. Providers also noted that their facility teams were able to identify and overcome problems with calculating projections, forecasting fa-

cility needs, and adhering to proper inventory storage practices. As stock levels improved, facility staff gained more confidence in the system and in their own roles in ensuring contraceptive security. Moreover, staff reported that stock levels for other drugs improved as a result of the COPE® for Contraceptive Security activity.

**FIGURE 2. NUMBER OF NEW FP ACCEPTORS AT FACILITIES USING COPE® FOR CONTRACEPTIVE SECURITY, BY QUARTER AND YEAR**



Note: Q=quarter



## LESSONS LEARNED

The experience in Tanzania demonstrates that COPE® for Contraceptive Security is an effective, low-resource intervention to mobilize facility staff to identify and resolve challenges to contraceptive security. The approach was successful in increasing and sustaining the availability of contraceptives at participating facilities, and as importantly, in boosting providers' and clients' confidence that FP methods would be available. Use of the approach also led to improvements in the availability of other pharmaceuticals for curative and preventive health care, although supplies of some essential equipment continued to be problematic. Coordination among the multiple stakeholders involved in contraceptive security and FP service delivery was essential to the positive results achieved in Tanzania.

## OWNERSHIP AND SCALE-UP

The success of COPE® for Contraceptive Security is further demonstrated by the MOHSW's ownership of the approach through its documented commitment to scale-up. For example, the MOHSW is supportive of the RESPOND Tanzania Project (RTP) integrating it into technical assistance for the public sector's routine supervision of MOHSW facilities. USAID|DELIVER has incorporated the COPE® for Contraceptive Security guide and job aid into its Integrated Logistics System (ILS) Gateway,<sup>2</sup> thereby making it available for use countrywide.

There is also commitment at the national level to have other organizations use COPE® for Contraceptive Security. At a meeting among the MOHSW, RTP, and RESPOND, Mau-

rice Hiza, the National Family Planning Program Manager, expressed his interest in having other international partners adopt the approach. For example, he asked Jhpiego to use the process as a quality improvement tool in the Maternal and Child Health Integrated Program postpartum FP program.

Following the successful implementation of COPE® for Contraceptive Security in Tanzania, in 2014 the approach was tested at 18 facilities in two districts (Mangochi and Salima) in Malawi. To facilitate South-to-South capacity building, master trainers from Tanzania traveled to Malawi to orient and train national decision makers on the approach. This opened a door of opportunity for cultivating contraceptive security in Malawi, as the government implements new national- and district-level action plans for FP. Since the completion of the test, two local offices of John Snow Inc. and Population Services International have picked up the tool to expand its use throughout the country.

## REFERENCES

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Wickstrom, J., and Jacobstein, R. 2011. Contraceptive security: Incomplete without long-acting and permanent methods of family planning. *Studies in Family Planning* 42(4):291–294.

<sup>2</sup> The ILS Gateway is a mobile health alert and reporting system designed to increase the visibility of logistics data and improve product availability.

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