

# Use of COPE<sup>®</sup> Tool for Contraceptive Security in Tanzania

Richard Killian, MHCA  
Jane Wickstrom, MA  
*EngenderHealth*

Dr. A. Msuya (Meru District)  
Dr. E. Athanase (Newala District)  
*MOHSW-Tanzania*

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**Managing Partner: EngenderHealth;** Associated Partners: FHI 360; Futures Institute;  
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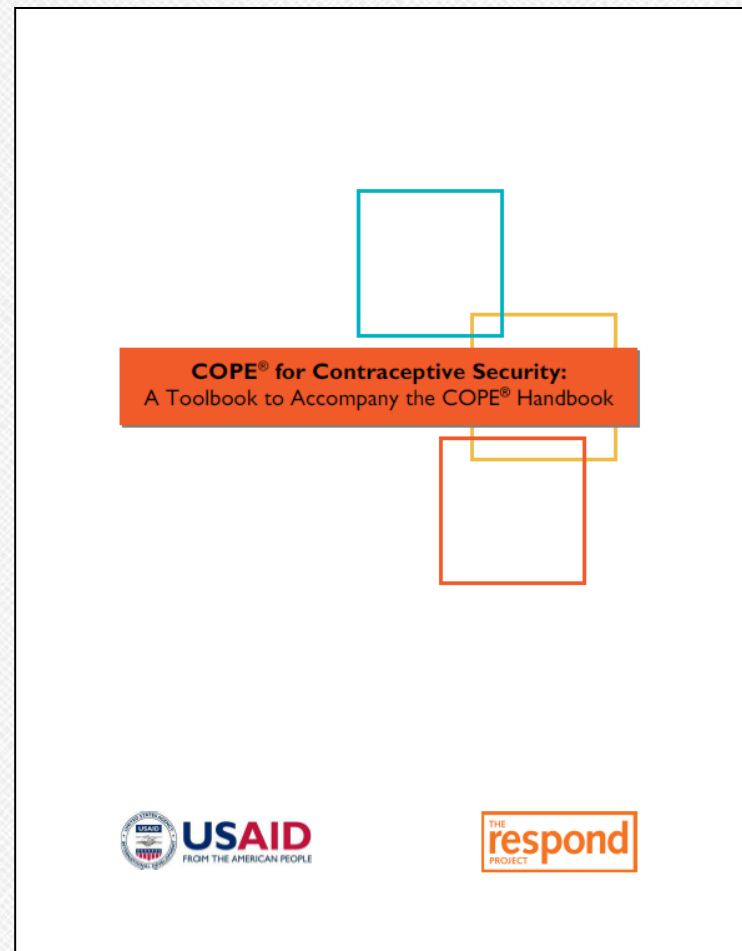
- Enhance partnerships using problem-solving COPE® approach for contraceptive security
- Improve access to all FP methods at “last mile”
- Disseminate results for learning and scale-up



- Meru - Arusha
- Newala - Mtwara
- 26 health facilities
  - 2 District Hospitals
  - 4 Health centers
  - 20 Dispensaries
- Project initiated in June 2012



- COPE® for CS developed + approved by MOHSW
- Baseline data collected
- COPE workshops held
- Action plans developed and implemented
- Districts shared results and learned from each other
- Two additional data collection exercises done



- Erratic stock levels were common
- Drug storage and labeling not high quality
- Lack of clarity on authority and decision-making for logistics and ordering system





- Report and requisition (R&R) system from facility to Medical Stores Department not honored
- Stock received was often not in-line with needs
- Lack of trust – up and down supply chain
- Ad hoc storage and delivery

- 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





- Adherence to FEFO/FIFO
- Compliance with R&R schedule improved
- Proper drug arrangement and storage
- Stock wastage reduced from 3.8% to 2%



**“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<sup>®</sup>, we understand our own responsibility to order. We didn’t understand before that the shortages and stock-outs were our fault.”**

*— Provider, Newala District*



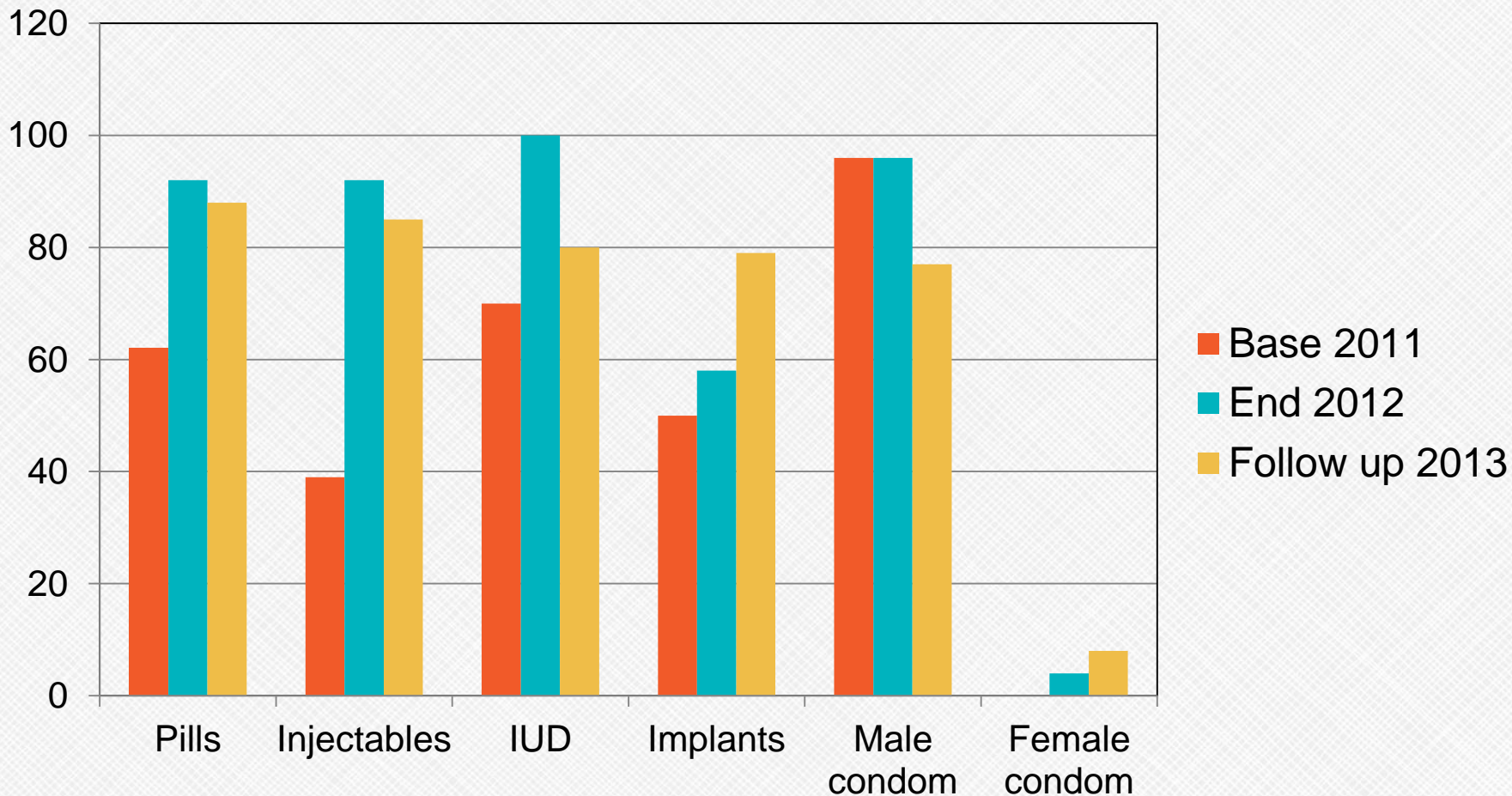
- Reliable stocks increased confidence in clinic services
- Clients now aware of their rights since COPE emphasized this aspect of service
- Providers worked to ensure privacy, dignity and respect.



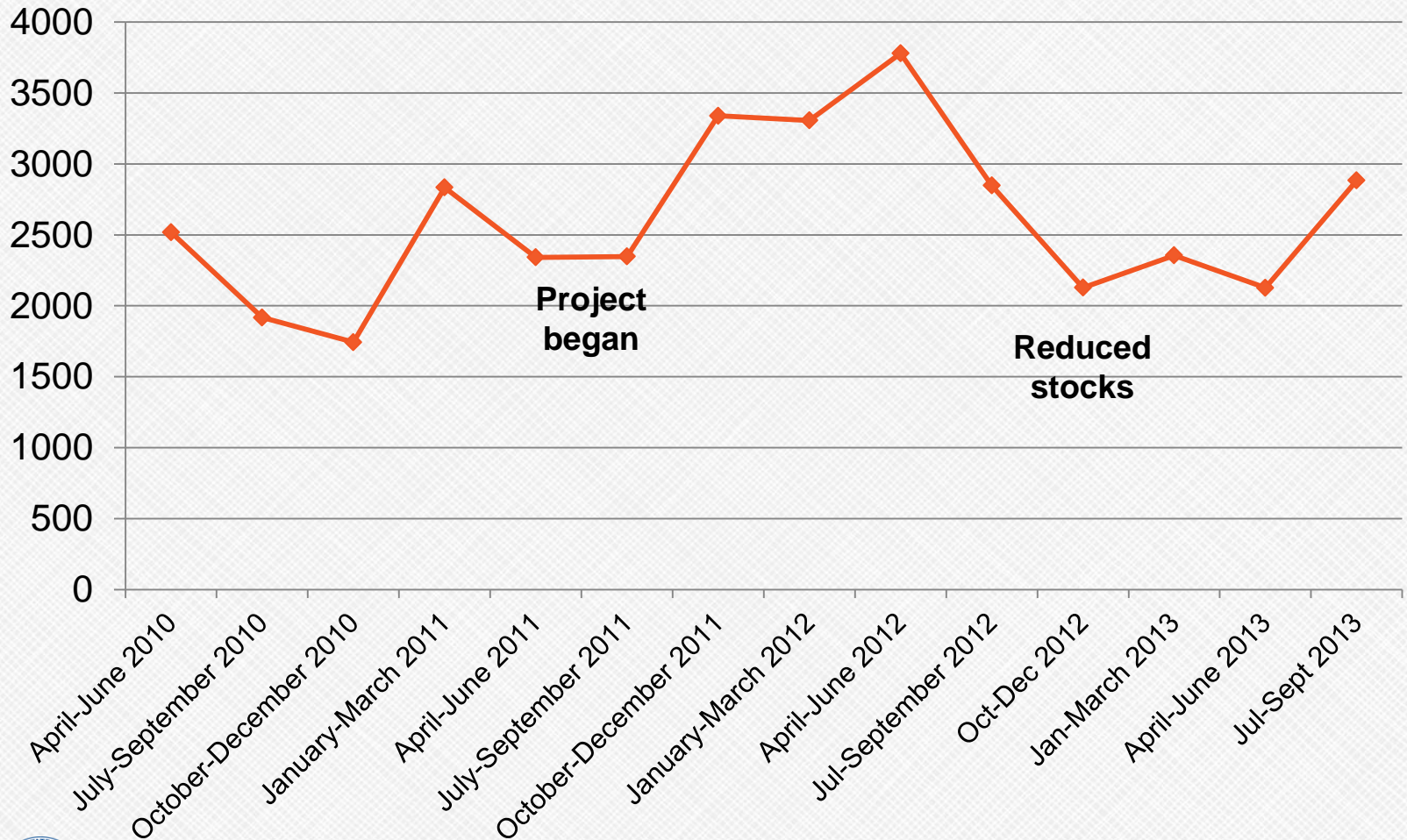
- On-the-job training for (implants)
- Infection prevention reviewed
- Understanding provider R&R responsibilities
- Community engagement



# Overall improvement in access to FP methods



\* Percentage of facilities able to provide each method with stock on hand, at time of each survey





- Forum for cross-learning
  - Facilities present their achievements
  - Collective brainstorm for persistent challenges
  - Develop a “change package” with recommendations
- Professional Development
  - Learn from others & teach colleagues from on the job experience



- Incinerator at Newala Hospital before and after COPE implementation





- Improved supply of FP methods
- Stock management
- Use of data for decision-making and problem-solving techniques
- Increased client use and confidence in FP program



- Tanzania will incorporate COPE for CS into district supervision
- Malawi's national FP program will introduce COPE for CS this year
- COPE for CS trainers from Tanzania will train Malawian counterparts
- The COPE for CS tool is available for use worldwide



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