Use of COPE® Tool for Contraceptive Security in Tanzania

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COPE for CS project goals

- 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
Where was project implemented?

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

- 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
Baseline COPE initial findings

- 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
Baseline findings (con’t)

- 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
COPE action plans developed

- 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
Results: work processes improved

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

— Provider, Newala District
Clients’ rights respected

- 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.
Provider needs addressed

- 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
New family planning clients in participating facilities

- Project began
- Reduced stocks
Shared learning opportunities

- 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
District-to-district learning “success story”
Local investment in infection prevention

Incinerator at Newala Hospital before and after COPE implementation
Overall FP program and CS improved

- 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.