

# Promoting Hormonal Implants within a Range of Long-Acting and Permanent Methods:

## *The Tanzania Experience*

### INTRODUCTION

Hormonal implants are proving to be increasingly popular among Tanzanian women, according to national-level service statistics at public-sector health facilities. The reasons for this popularity include the hormonal implant's convenience, ease of insertion, and long-lasting effectiveness. Another factor contributing to the implant's success is that the method is being provided in Tanzania primarily by nurses (in addition to doctors), which means that it can be offered at health centers and dispensaries.

One of the challenges to increasing the availability of implants has been ensuring sufficient commodities to meet demand—an issue that many family planning programs face. This brief describes EngenderHealth's approach for supporting the Tanzanian Ministry of Health and Social Welfare (MOHSW) in introducing and expanding access to long-acting and permanent methods of contraception (LA/PMs), focusing specifically on challenges and lessons learned related to hormonal implants.

### BACKGROUND

EngenderHealth's support to the MOHSW in the introduction of LA/PMs has included two phases with different geographic coverage. In 2004, as part of the ACQUIRE Project, a global initiative supported by the U.S. Agency for International Development (USAID), EngenderHealth began assisting the MOHSW to strengthen the provision of LA/PMs in 10 priority regions. During this first phase, support focused on 29 districts, where intensive technical and financial assistance was provided to each district-level health office. In mid-2006, the program was expanded from 10 focus regions to include all 26 regions in Tanzania, including Zanzibar.

In 2007, EngenderHealth was awarded the ACQUIRE Tanzania Project (ATP) by USAID/Tanzania to continue these national-level efforts.<sup>1</sup> ATP is designed to support the MOHSW in its efforts to meet the goal of Tanzania Development

<sup>1</sup> ATP is an associate award to EngenderHealth as a follow-on to the ACQUIRE Project's activities.

Vision 2025, by providing quality reproductive health services and by reducing infant and maternal mortality. ATP has concentrated its efforts on expanding the availability of LA/PMs at lower-level health facilities in 136 districts.

Through these two USAID-funded projects, EngenderHealth has been the primary support to the MOHSW's efforts to build its capacity to provide LA/PMs in the public sector. In the private sector, Population Services International also began providing intrauterine devices (IUDs) and implants through its social marketing program in 2008, and Marie Stopes International is involved in LA/PM service provision through its network of clinics throughout Tanzania as well.

### **THE SUPPLY-DEMAND-ADVOCACY APPROACH**

The Supply-Demand-Advocacy (SDA) approach for increasing access to LA/PMs envisions a ready supply (an equipped facility, and a proficient, enabled, and well-supervised staff), demand for services, and a supportive policy environment as prerequisites to the sustainable provision of services.

In Tanzania, supply-side interventions included provider training, service quality improvements, and the development and application of tools and standards. On the demand side, interventions included development of a behavior change communication (BCC) strategy to understand barriers to family planning use at the community and individual levels and develop communication strategies designed to increase awareness and correct knowledge and address myths and misperceptions. Advocacy efforts aimed to engage stakeholders from the MOHSW at the regional and district levels to increase their support for family planning and to ensure that planning and budgeting reflect these priorities.

### **WHY FOCUS ON LA/PMS IN TANZANIA?**

According to the 2004 Demographic and Health Survey (DHS), approximately 20% of married women of reproductive age in Tanzania are currently using modern methods of contraception, and just over 6% are using traditional methods (NBS

& ORC Macro, 2005). The most widely used methods in Tanzania are injectables (8.3%) and oral contraceptives (5.9%). Use of LA/PMs is very low by comparison. For example, 2.6% of women rely on female sterilization, 0.5% on implants, and 0.2% on IUDs. Though the current prevalence level represents a tripling in contraceptive use over the last decade, the unmet need for family planning remains high—more than one in five (21.8%) currently married women have an unmet need for family planning. More married women have an unmet need for contraception (1.1 million) than are currently using a modern contraceptive method (880,000). And regarding the need for longer-acting contraceptives, more than 400,000 married women have an unmet need to limit future births, even while many LA/PMs remain underutilized.

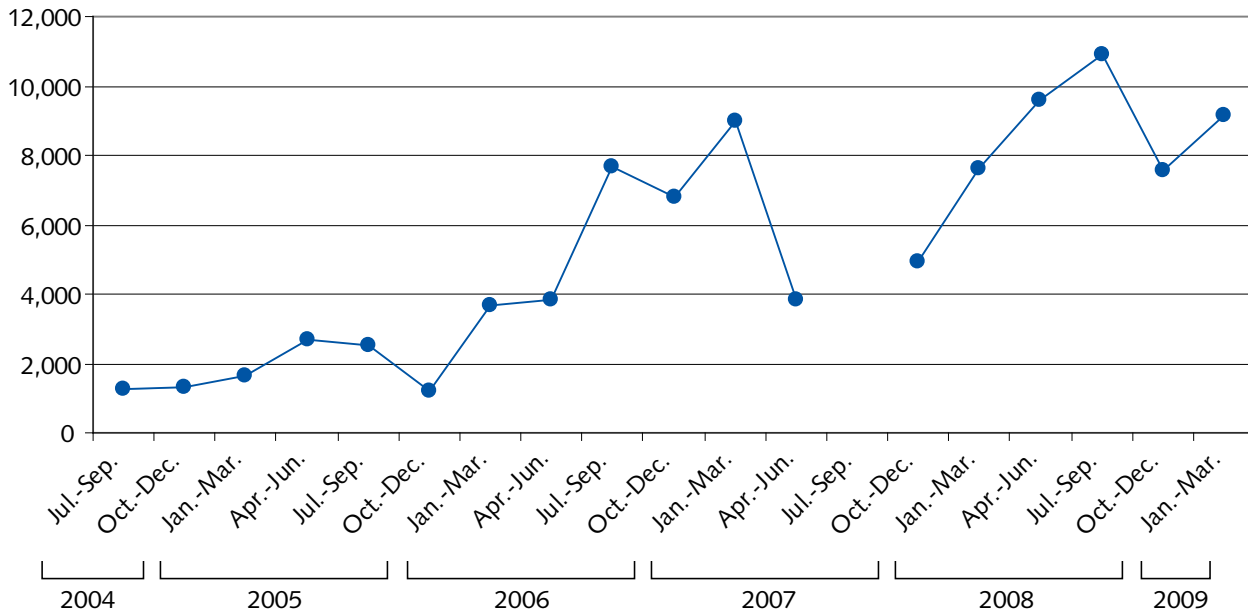
### **IMPLANT USE IN TANZANIA**

From July 2004 to June 2006, in the 10 focus regions where EngenderHealth was supporting MOHSW facilities, implant use at public-sector facilities increased by 48% (from 1,255 to 3,843 insertions per quarter). During this period, the national family planning program was using Norplant® (the six-rod hormonal implant), which was procured and donated by USAID/Tanzania.

With the introduction of Implanon®, a one-rod hormonal implant, services increased by 99% between April-June and July-September 2006 (Figure 1). This upward trend continued through March 2007, when the project began to experience stock-outs of Implanon®. In April-June 2007, implant insertions fell dramatically from the previous quarter, to 3,848—levels comparable to when the national program included only Norplant®. Also, during the period July-September 2007, while EngenderHealth's support transitioned from ACQUIRE to ATP, data collection lapsed; therefore, Figure 1 shows no data for that period. Following the transition period, implant services increased gradually and peaked again in July-September 2008, when 10,902 women received implants in the 10 regions.

In July 2006, EngenderHealth expanded its support to include 16 new regions—transitioning toward

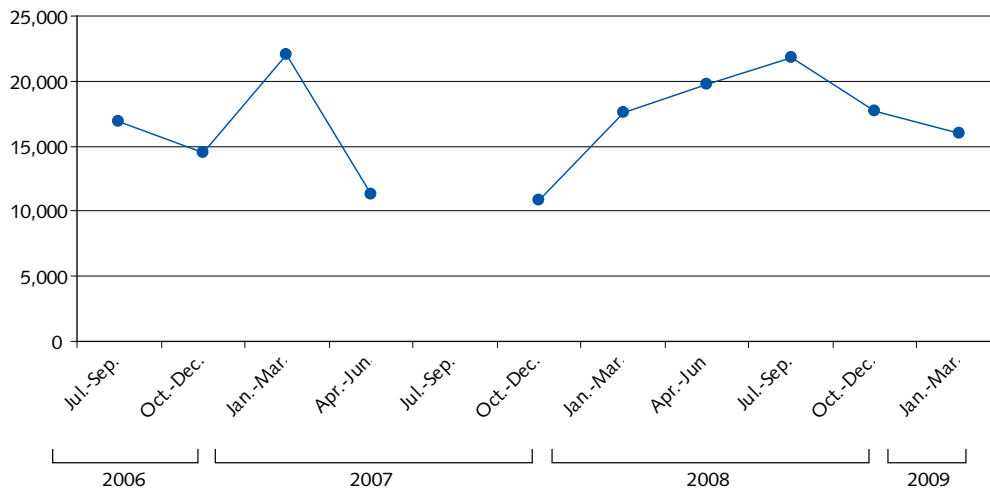
**FIGURE 1. NUMBER OF IMPLANT INSERTIONS AT ENGENERHEALTH-SUPPORTED PUBLIC-SECTOR FACILITIES IN 10 FOCUS REGIONS, JULY 2004 TO MARCH 2009**



a national-level program with a presence in all of Tanzania’s 26 regions, including Zanzibar. With the expansion to 26 regions, implant insertions at EngenderHealth-supported facilities increased from 7,666 in 10 regions to a total of 16,917 in all 26 regions in one quarter—an 82% increase. In the period January-March 2007, implant inser-

tions peaked at 22,009 (Figure 2); in the following quarters (as was also seen in the original 10 focus regions), implant services declined substantially as a result of almost nationwide stock-outs. Following the stock-outs, implant services rose again, reaching more than 20,000 in July-September 2008. This peak was followed by a downward trend due to seasonal fluctuations in demand, as well as reduced availability of implant commodities.

**FIGURE 2. NUMBER OF IMPLANT INSERTIONS AT ENGENERHEALTH-SUPPORTED PUBLIC-SECTOR FACILITIES IN ALL 26 REGIONS OF TANZANIA, JULY 2006 TO MARCH 2009**

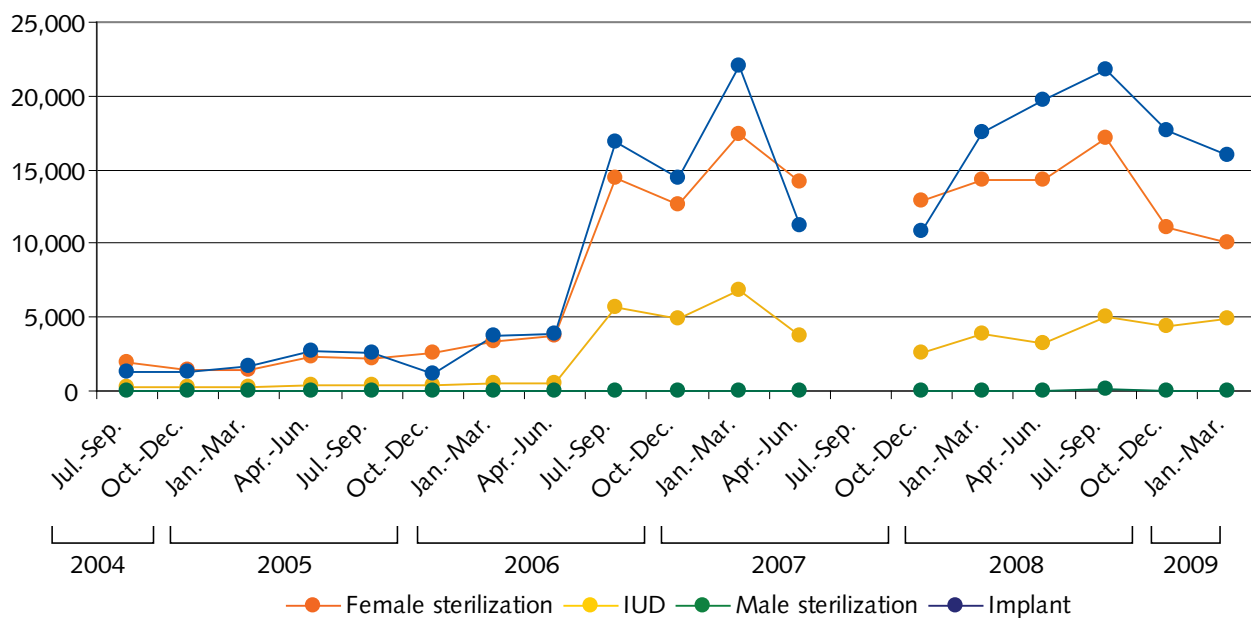


*Note:* Figure 2 is missing data for the period July-September 2007. Due to the transition period between projects, the data for this period are largely incomplete, and therefore these data have been excluded.

trend due to seasonal fluctuations in demand, as well as reduced availability of implant commodities.

The service delivery statistics reported by EngenderHealth-supported public facilities show an overall increase in implant use compared with other LA/PMs. During the first phase of support to the MOHSW, the number of implant users was generally

**FIGURE 3. NUMBERS OF LA/PM ACCEPTORS AT ENGENDERHEALTH-SUPPORTED PUBLIC-SECTOR FACILITIES IN ALL 26 REGIONS OF TANZANIA, JULY 2004 TO MARCH 2009**



Note: Figure 3 is missing data for the period July-September 2007. Due to the transition period between projects, the data for this period are largely incomplete, and therefore these data have been excluded.

equal to the number of female sterilization users (Figure 3). With the introduction of Implanon®—a method that is substantially easier to insert than Norplant®, given that it has one rod instead of six rods—and the geographic expansion of the initiative, the number of implant acceptors (a median of 17,626 per quarter) has surpassed the number of female sterilization procedures (13,540 per quarter), although female sterilization continues to be the major contributor to couple-years of contraceptive protection. Based on these service statistics, EngenderHealth’s Reality √ family planning forecasting tool suggests that implant prevalence may have increased from 0.5% in 2005 (NBS & ORC Macro, 2005) to 2% in 2009. IUD use has increased as well, but overall the IUD continues to be an underutilized method (690 acceptors per quarter). Vasectomy use represents approximately 50 acceptors per quarter.

### ADDRESSING SUPPLY-SIDE ISSUES FOR IMPLANTS

EngenderHealth’s support to the MOHSW has focused on building district-level institutional capacity to provide LA/PMs services. MOHSW has

been assisted in refining its clinical training curriculum for family planning services and in advocating for key changes to increase accessibility of implants. After more than three years of advocacy by various organizations, the MOHSW modified its family planning protocols and training procedures to allow nurses—in addition to doctors, clinical officers, and assistant clinical officers—to provide implants. In practice, this policy shift means that nurses have become the primary providers of implant services in Tanzania. This task-sharing among providers for the provision of implants has contributed to increasing access to implants.

EngenderHealth has also supported the MOHSW in developing a family planning training program in which clinical training is modularized and that allows for shorter training periods. For example, instead of a 10-day clinical training program that covers all family planning methods, the training program for implants and IUDs is conducted in one module during a five-day training program. Training on short-acting and permanent methods is conducted in their own separate modules. In addition, on-the-job training is being supported to

allow providers to gain proficiency and certification. There has been some additional discussion as to whether the training program for Implanon® could be further reduced to three days, but it does not seem that this change will be implemented in the short term.

### ***Preparing for Implant Removals***

By December 2009, approximately 2,500 Norplant® implants and 14,000 Implanon® implants had reached the recommended duration of effective use. In 2009, EngenderHealth supported the MOHSW in conducting a national-level training of trainers in implant removal for both public- and private-sector providers. These trainers will be responsible for implementing follow-on training with providers throughout the country.

EngenderHealth is also supporting outreach service days, providing LA/PMs at lower-level facilities that cannot offer them as a routine service. Removal services are promoted during these outreach days, and clients who register for Norplant® or Implanon® removal generally are given priority during routine, outreach, and service delivery days. Reports from field work suggest that most women who go to the facility for removal opt for a new implant.

One of the issues facing the MOHSW in regard to implant removal is that many facilities do not have

the forceps that are used for implant removal. To facilitate removal, ATP initially procured 1,400 mosquito forceps and distributed them to public-sector facilities. However, the MOHSW will need to develop a long-term solution to ensure the steady availability of the equipment and supplies needed for removals. The national family planning program's experience with implant removals will need to be closely monitored to document both its successes and its challenges.

### **DEMAND-SIDE ISSUES: UNDERSTANDING AND ADDRESSING CLIENT CONCERNS**

EngenderHealth's global experience in promoting LA/PMs demonstrates that addressing demand-side barriers for family planning is an essential component to increasing uptake of services. To understand community and individual attitudes toward family planning methods in general, and LA/PMs specifically, in Tanzania, EngenderHealth conducted formative research in 2007 to shape a demand-side strategy. As in many countries, fear of side effects is a key barrier to uptake of LA/PMs. The research indicated that Tanzanian women and men of reproductive age expressed a wide range of health concerns about all methods, including implants. Misinformation and concerns over side effects related to all LA/PMs were widespread, and this qualitative research suggested that there are no methods that are free of concern for Tanzanian men and women (Steadman Group, 2007).



Mother and newborn in Moshi

### ***Promoting Implants within a Range of Methods***

To increase awareness of and correct knowledge about LA/PMs, ATP developed an umbrella BCC campaign covering all four LA/PMs (implants, IUDs, and male and female sterilization). The campaign slogan, *TuJipange Kimaisha Katika Uzazi* (or “Have a Plan for Your Family”), was used to link the various campaign elements—four different method-specific radio spots and posters. This campaign ran on national and regional radio from December 2007 to June 2008 and then again from November 2009 to April 2010.



## TUJIPANGE KIMAISHA KATIKA UZAZI



*Ni chaguo letu. Hatukubahatisha.*

Sasa kuna njia za uzazi wa mpango wa muda mrefu na wa kudumu ambao ni salama, rahisi na za uhakika. Nenda kituo cha huduma za afya kilicho karibu nawe ili upate maelezo zaidi.

**ARUSHA:** Hospitali za Mt. Meru na Nkwaranga; Hospitali ya Wilaya Arumeru; Vituo vya Afya vya Ngarenaro, Kaloleni, Themti, Mbughuni, Ngarananyuki, Nduruma na Zahanati ya Majani ya Chai



ACQUIRE project



During the initial six months of the campaign, billboard advertisements were placed in strategic locations, including the names of hospitals and health centers in that geographic area that provide LA/PM services.

The campaign has also used a variety of community-level BCC strategies to increase awareness of family planning and LA/PMs, to encourage more male-female dialogue on family planning, and to increase men's support of and participation in family planning decisions. These community-level activities have included road shows, men's and women's forums, clinic activations, sensitization meetings with religious leaders, establishment of ward development committees, and meetings with other community leaders.

### ***Key Messages for Implants***

In the 2007 qualitative research, focus group participants cited both advantages and disadvantages of implant use. Participants cited multiple advantages for the implant, including that: 1) it can be used for a long period; 2) it is easily inserted (and doesn't leave a scar); 3) it can be removed at any time; and 4) it is comfortable to use. However, when asked about disadvantages, men and women also mentioned a variety of concerns, including that it causes frequent headaches, that it can cause spotting during menstruation, and that the inser-

tion might be painful, as well as the fear that the implant could cause cancer and the possibility that it causes weight gain or weight loss (Steadman Group, 2007). Respondents considered that the implant's most important benefits were that it is long-acting, can be used while breastfeeding, and is easily inserted in a short period of time. As a result, ATP's campaign messages for the implant were designed to focus on these specific benefits. The radio campaign that aired from December 2007 to June 2008 mentioned that a new implant with a three-year effectiveness period was available (to support the transition from Norplant® to Implanon®). In the November 2009 to April 2010 campaign, the message was slightly revised to state that implants can prevent pregnancy for 3–5 years (allowing for the fact that Norplant® supplies are in fact still available in some districts and still being used by the national program). For the future, it will be important to understand how well implant users recognize that there are different implant products available with different time periods of effectiveness and if they know specifically when their implant is due for removal.



## WE HAVE A PLAN FOR FAMILY PLANNING



### *Implant is our choice*

"After discussing with my husband about family planning, I decided to use Implant - Implant prevents pregnancy for 3 to 5 years - can be easily inserted and the procedure doesn't take long time - It is our Choice."

Visit your nearest Maternal and Child health clinic for more information regarding Implant and other family planning methods



## ADVOCACY: ENSURING THAT KEY STAKEHOLDERS AT THE DISTRICT LEVELS ARE BUDGETING FOR LA/PMS

ATP also advocates for increased support for family planning and LA/PMs at the regional and district levels, ensuring that commodities, training, and support and supervision funds are being included in district-level workplans and budgets. As shown in the previous service statistics, one of the major challenges related to increasing access to and use of implants has been ensuring sufficient commodities to meet demand. In 2008, ATP and the MOHSW conducted four zonal advocacy workshops that highlighted high unmet need for family planning, as well as the need to serve more clients just to maintain current levels of contraceptive use (due to the growing population). Reality  $\checkmark$  was used to project regional and district family planning needs

and highlight the need for districts to plan and program accordingly and dedicate funding for family planning. By September 2009, almost all of ATP's 90 "deep"<sup>2</sup> districts had included family planning in their plans, with budgets ranging from 390,000 Tanzanian shillings (TZS) (US \$291) to 34 million TZS (US \$25,411) per district.<sup>3</sup> Some of the initial district-level budgets for family planning are small, but these are still important, in that they represent the first time that districts have contemplated family planning needs. ATP continues to advocate with these districts to consider the full range of their family planning needs.

At the national level, ATP has been involved in the policy dialogue about increasing budget allocations for contraceptive commodities. Currently, a sum of 9.7 billion TZS (approximately US \$7.2 million) is being allocated for contraceptive purchases, with support from the United Nations Population Fund.<sup>4</sup> However, even with a significant increase in budget allocations, a number of barriers remain: funds sometimes are budgeted but are never released; the release of funds on a quarterly basis can limit the MOHSW's ability to procure large quantities of commodities; and delivery of products can take 8–9 months. Reality  $\checkmark$  estimates that to maintain an estimated prevalence level of 2% for implants over the next five years (2010–2015), commodities needed for 5.3 million implant insertions will be required. The national family planning working group is advocating for the MOHSW to approve use of Jadelle<sup>®</sup> in the national family planning program (Jadelle<sup>®</sup> is already registered in Tanzania) and to finalize registration of Sino-implant (II)<sup>®</sup> in Tanzania. USAID, for example, procures Jadelle to support its international programs and therefore could potentially supply the Tanzania program. In addition, Sino-implant (II)<sup>®</sup> (at approximately US \$8 per set) is substantially less expensive than either Jadelle<sup>®</sup> or Implanon<sup>®</sup> (at about US \$21–23 per set). This much lower price has generated optimism that Sino-implant (II)<sup>®</sup> will allow wider availability and use of implants.

<sup>2</sup> ATP defines "deep" districts as the 90 districts that have received extensive support from EngenderHealth in multiple programming areas. The remaining 45 districts have received targeted support.

<sup>3</sup> Based on September 2009 exchange rate of US \$1 = 1,338 TZS.

<sup>4</sup> This information comes from an interview with EngenderHealth's Medical Director in Tanzania, Dr. Joseph Kanama.

## CONCLUSION

The use of implants in Tanzania has increased steadily since 2004, with the most significant increases resulting from the introduction of Implanon® and the expansion of ATP's program from 10 regions to 26 in July 2006. Based on available service data from health care facilities, Reality √ suggests that the overall prevalence of hormonal implant use may have increased to 2%. Among LA/PMs, implants have become the method with the largest uptake. These results demonstrate the positive effect of expansion of services to lower-level facilities and the importance of task-sharing. During this process of expansion, nurse practitioners have become the primary provider of implants in Tanzania. Although Tanzania's family planning program is just beginning to address the issue of removals, lessons learned can be expected to be useful for scale-up. The major challenge for continued expansion of implant use in Tanzania will be ensuring a steady flow of hormonal implant commodities and supplies. Given the strong recent growth in implant use in Tanzania, this method holds tremendous promise for meeting Tanzania's unmet demand for family planning.

## REFERENCES

- ACQUIRE Tanzania Project (ATP). 2009. *The ACQUIRE Tanzania Project demand strategy in Tanzania: Promoting access to reproductive health information and services*. Dar es Salaam: EngenderHealth.
- Jacobstein, R., & Pile, J. M. 2010. Hormonal implants: Service delivery considerations for an improved and increasingly popular method. *Technical Brief No. 1*. New York: EngenderHealth/The RESPOND Project.
- National Bureau of Statistics (NBS) [Tanzania] and ORC Macro. 2005. *Tanzania Demographic and Health Survey 2004-05*. Dar es Salaam, Tanzania.
- The Steadman Group. August 2007. LA/PM Focus Groups Among Tanzanian Men and Women. Submitted to EngenderHealth. Dar es Salaam.
- Wickstrom, J., & Jacobstein, R. 2008. Contraceptive security: Incomplete without long-acting and permanent methods. *Advocacy Brief No. 4*. New York: EngenderHealth/The ACQUIRE Project.

### Suggested citation:

The RESPOND Project. 2010. Promoting hormonal implants within a range of long-acting and permanent methods: The Tanzania experience. *RESPOND Project Brief No. 1*. May. New York: The RESPOND Project/EngenderHealth.



Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



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This publication was made possible by the generous support of the American People through the U.S. Agency for International Development (USAID), under the terms of the cooperative agreement GPO-A-000-08-00007-00. The contents are the responsibility of the RESPOND Project/EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

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