



Advocacy in Zanzibar Leads to Reduction in Family Planning Commodity Stock-outs

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CASE STUDY

AWLNL

Having ready access to contraception entails an intricate series of steps, from the manufacturer and supplier to the buyer and medicines warehouse and shipper—eventually reaching an individual health provider and user. Any small breakdown in this system creates a bottleneck in supply and potentially serious consequences for couples who cannot access contraception.

Given the multitude of possible causes, addressing a bottleneck in the supply chain system is a daunting challenge. But a comprehensive assessment paired with targeted advocacy can make a huge difference. Such was the case in Zanzibar, where the African Women Leaders Network for Reproductive Health and Family Planning (AWLNL) coordinated efforts among local stakeholders and the government to strengthen the contraceptives supply and forecasting system.

AWLNL is a network of women leaders from 15 African countries working to strengthen global advocacy efforts for reproductive health and family planning. The network is a regional partner in the Advance Family Planning (AFP) advocacy initiative.



AWLN's focused research and advocacy in Zanzibar led the Director of the Central Medical Stores (CMS) to issue a directive for family planning service providers in all ten districts to undergo re-training in the local logistics management system. This re-training contributed to an impressive 70 percent drop in family planning commodity forecasting errors at the facility level within five months.

Understanding the Problem: Where are the Contraceptives?

Contraceptive use is much lower in Zanzibar compared to mainland Tanzania. According to the 2010 Tanzania Demographic and Health Survey (DHS), the modern contraceptive prevalence rate (mCPR) in Zanzibar is half that of the mainland (12.4 vs 27.8 percent).¹

A contributing factor to the discrepancy is the frequent stock-outs of contraceptives, greatly limiting women's access to needed family planning commodities.

After the 2012 London Summit on Family Planning, Tanzanian President Jakaya Kikwete committed to doubling the number of family planning users to 4.2 million and increasing the national contraceptive prevalence rate to 60 percent.

AWLN members Dr. Asma Ramadan Khamis and Dr. Hanuni Sogora wanted Zanzibar to do its part to help reach this goal. To do this, AWLN first formed a broad, multi-stakeholder coalition including the Zanzibar Nurses Association, the Ministry of Women and Children, Zanzibar AIDS Commission, and civil society organizations such as UMATI (Chama cha Uzazi na Malezi Bora Tanzania), Marie Stopes Tanzania, the Association of Nongovernmental Organizations (NGOs) in Zanzibar, the Zanzibar NGO Coalition, and the Youth Advisory Panel.

In order to guide the coalition's efforts, they conducted a landscape analysis in July 2014 in Unguja and Pemba districts to understand the issues on the ground. The assessment involved interviews and records-review at different levels of the health care system. A total of seven health care facilities were visited (four in Unguja and three in Pemba). The interviews involved seven health care workers, three CMS staff, two district reproductive child health coordinators, and two district medical officers.

As expected, this survey confirmed a shortage of supplies at facilities. But somewhat surprisingly, it revealed that there was two years' worth of supplies sitting in the CMS warehouse. Why were these commodities not making it to the facilities?

TABLE 1: ZANZIBAR'S LOW CONTRACEPTIVE PREVALENCE PROMPTS ADVOCATES TO TAKE ACTION

	Any method CPR	Modern method CPR
<i>Mainland</i>	34.8	27.8
Urban	46.8	34.9
Rural	31.0	25.5
<i>Zanzibar</i>	18.4	12.4
Unguja	23.6	14.9
Pemba	9.2	8.1

National Bureau of Statistics (NBS) and ORC Macro. 2010. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania.

Further analysis showed that the bottleneck originated at the facility level when forecasting and ordering the supplies. Paper procurement forms called Returns and Request forms (R&R forms) show stock levels, commodity usage, and requirements for family planning commodities. They are sent from individual health facilities to the central medical store when supplies are needed. Health facility staff did not know how to accurately fill out the forms.

Because the forms were being completed incorrectly, CMS staff thought the facilities had adequate stock. Commodities remained at the CMS rather than going where they were needed.

Bringing the Message to the Right People

During the assessment process, members of the local advocacy coalition met with key government officials, including the District Health Management Team (DHMT) and the Zonal Manager, to update and share results with them. Coalition members worked not only with individuals in the health system, but

also with members of the health committees and district officials. Coalition members used the AFP SMART approach to develop an evidence-based advocacy plan.

These efforts culminated in a multi-stakeholder dissemination meeting in August 2014. The one-day meeting involved coalition members, members from CMS, zonal medical officers, district medical officers, a representative from UMATI Pemba, reproductive and child health coordinators of respective districts and other implementing partners. The objectives of the meeting were to share the findings and agree on a solution to improve family planning commodity security. The group also agreed to meet with the Director for Preventive Services, who was particularly impressed with the breadth of the coalition and how the group had worked collaboratively alongside government.

Members of the Coalition approached the Director of the CMS, Mr. Zaharan Ali Hamad, to discuss the survey findings and propose a solution. Mr. Hamad wanted





to expand the assessment to include the facilities that AWLN had surveyed as well as those in two other districts. His inquiries showed the initial assessment was correct. He was convinced of the need to act.

Taking Action

Mr. Hamad directed a total of 66 staff at the Ministry of Health across all 10 of Zanzibar's districts to be re-trained in November 2014. Initially, the staff was to be trained only in the four districts where data had been collected. But Mr. Hamad decided to extend the training to the other six districts in a second phase because "the bottlenecks from the four districts probably pertained to all the others."

The re-training focused on building the capacity of the participants to accurately record family planning stock levels, usage, and replenishment as a critical means of determining the acceptor rate of family planning in the target communities. During this process, the R&R forms were also revised and simplified. This training included providers at the facilities who completed these forms and those responsible for supervision.

Mr. Hamad went further, saying that it was time to move away from filing the forms manually, which leaves room for human error, and to transition to a computerized system. This has now been initiated with government resources. Those responsible for supervision, as well as all DHMT staff, received training in the new electronic system.

Making a Difference

Follow-up has shown that all of Zanzibar's reproductive health and family planning staff is now familiar with and using the newly installed integrated logistics systems (ZILS) to more accurately schedule stock replenishment at the district level. This training resulted in an improvement in the collection of data on family planning commodities (forecasting, receipts, and disbursements/usage) at the facility level. Impressively, it also contributed to a 70 percent reduction in forecasting errors, with subsequent improvements in stock levels and access for women.

Lessons Learned

- **Collaboration among stakeholders is key:** Forming an advocacy coalition was key to success, bringing together a broad range of groups and working closely with the government.
- **Evidence matters:** By conducting a comprehensive survey in the beginning, ALWN and its partners were able to identify a clear cause of the stock-out problem—and a clear solution. This enabled the advocacy coalition to have a focused, targeted message when meeting with decisionmakers. The fact that the Director of CMS decided to conduct training in all ten districts indicates the persuasiveness of this evidence.
- **Commitment from the government shows ownership:** Those involved with the process spoke highly of the willingness of government to work hand-in-hand with CSOs. An AWLN member explained, “They realized this was a problem they needed to fix.” The Zanzibar health services showed ownership by using their own resources to conduct the training and cover equipment costs, while AWLN covered the costs of the survey.

Next Steps

Stocks are now getting to the facilities. But are they reaching women? “Women had lost interest because they would come to the facility and find [contraceptives] out of stock. So now there is a need to reignite interest in family planning in the communities,” explains Joan Koomson from AWLN. AWLN members are currently working on a strategy to rebuild the confidence of family planning clients by encouraging them to access family planning services through district and community outreach programs in Zanzibar.

While initial advocacy efforts focused on retraining in paper forms, these efforts also had the effect of showing the Director of CMS the need to computerize the whole system. It is encouraging to note that as of the end of the first quarter of 2015, the entire ZILS has been computerized. This should result in further reductions in stock-outs and continued improvements in access for women.

References

¹ National Bureau of Statistics (NBS) and ORC Macro. 2010. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania.

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Members of the Zanzibar advocacy coalition meet to take action.



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Advance Family Planning (AFP) aims to increase the financial investment and political commitment needed to ensure access to quality family planning through evidence-based advocacy. An initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health with the Johns Hopkins Bloomberg School of Public Health, AFP works to achieve the goals of the FP2020 initiative: to enable women and girls in some of the world's poorest countries to use contraceptive information, services and supplies, without coercion or discrimination.

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