Increasing Women’s Access to Lifesaving Care: Decentralizing Comprehensive Postabortion Care Services in Tanzania

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Joseph Kanama, Jumanne Mbilao, Nassor Kikumbih, Feddy Mwanga, Richard Killian, Juliana Bantambya, and Erin McGinn
Background

- Unsafe abortion contributes to 13% of maternal deaths, globally.
  - An estimated 21.6 million unsafe abortions took place in 2008.
  - One in four occurred in Sub-Saharan Africa.
- In Tanzania, induced abortion is illegal except to save a woman’s life, but significant numbers of unsafe abortions occur annually.
  - Hospital records confirm that incomplete abortion is among the key public health problems.
  - A 2009 study found that incomplete abortion was among the top 10 causes of admission in Zanzibar, Mwanza, and Kagera—exceeded only by malaria, acute respiratory infection, and anemia.
Postabortion care (PAC) is globally recognized as a lifesaving intervention for addressing abortion complications and a crucial entry point for linking women to family planning (FP) and other reproductive health (RH) programs.

Comprehensive postabortion care (cPAC) includes:
- Emergency treatment for complications
- FP counseling and services, evaluation and treatment of sexually transmitted infections (STIs), HIV counseling and referral for HIV testing and other sexual and reproductive health (SRH) services
- Community empowerment through awareness-raising and mobilization
About the ACQUIRE Tanzania Project (ATP)

ATP is a 5-year project awarded to EngenderHealth in October 2007 by USAID/Tanzania.

The project supports the Tanzanian Ministry of Health and Social Welfare (MOHSW) to increase access to, quality of, and use of FP, cPAC, and prevention of mother-to-child transmission of HIV (PMTCT) services.

ATP takes a holistic approach to the design and implementation of activities. It focuses on strengthening:

- **Supply** (facilities, providers)
- **Enabling Environment** (policy, program, and community environment)
- **Demand** for services (informed and empowered clients)
cPAC Interventions in ATP

- Decentralization of health services to lower-level facilities (dispensaries and health centers) is a key component of the Government of Tanzania’s health sector reforms.
- cPAC services are traditionally available only at district hospitals.
- ATP has supported the phased decentralization of cPAC services:
  - Phase 1: cPAC services were piloted at 11 lower-level health facilities in one district (2005).
  - Phase 2: cPAC services were expanded to 65 lower-level facilities across 10 districts in Mwanza and Shinyanga regions (2008).
  - Phase 3: Expansion continued to 224 health facilities across 21 districts in Mwanza and Shinyanga regions and Zanzibar (2009).
Program Interventions

- Activities undertaken to decentralize cPAC services included:
  - Assessing facilities’ capacity to deliver cPAC services
  - Renovating facilities to address infrastructure gaps
  - Training more than 850 service providers on cPAC and the use of manual vacuum aspiration (MVA) to treat incomplete abortion
  - Conducting whole-site training to involve all staff in the introduction of cPAC services
  - Training Council Health Management Teams (CHMTs) to conduct on-the-job follow-up and supervision for cPAC
  - Lobbying CHMTs to support the purchase and distribution of MVA kits
  - Creating community partnerships and fostering local “champions” to create community awareness and acceptance of services
KEY FINDINGS: Availability of cPAC Services

- ATP has dramatically increased the availability and accessibility of cPAC services in intervention districts and regions.
- The number of cPAC sites has increased from 65 in 2007–2008 to 224 in 2009–2010.
KEY FINDINGS: cPAC Service Utilization

- The availability of cPAC services at lower-level health facilities has met a critical need for services.
- Expansion of services at decentralized sites has been accompanied by dramatic increases in use of cPAC service.

![Graph showing cPAC clients served by year: 2007-08, 2008-09, 2009-10]

- A higher number of cPAC clients (9,563) was served in 2009–10 compared to other years.
KEY FINDINGS: Postabortion counseling and FP use

- Total number of cPAC Clients: 17,262
- Clients Counselling on FP: 14,706
- Clients Accepted FP: 12,072
Program Implications/Lessons

- Decentralizing cPAC services can dramatically expand access to lifesaving care.
- Administratively, it is easier to provide FP information, counseling, and services to cPAC clients at lower-level health facilities due considerations such as the number of service providers and communication between service units within the facility.
- Stock-outs of MVA kits and contraceptives and inadequate staff at facilities remain major impediments to expanding access to cPAC services in Tanzania.
- Whole-site training helps to make services sustainable.
Thank you!