

The Pamoja Project

Strengthening the Public Health System to Deliver Quality Comprehensive Postabortion Care in Mainland Tanzania

February 2023



Background

Reducing maternal mortality is a high priority in Tanzania, demonstrated in various national commitments, including Vision 2025, the National Strategy for Growth and Reduction of Poverty, the National Five-year Development Plan, the National Health Policy, and the Health Sector Strategic Plan V. Over the past decade, the Government of Tanzania (GOT), in collaboration with maternal health stakeholders, has made significant strides in reducing avoidable maternal deaths—including improving access to and quality of comprehensive postabortion care (cPAC) services.

cPAC services are a set of medical interventions aimed at managing abortion-related complications, including the following:

- Counseling;
- The uterine evacuation procedure;
- Postabortion contraception; and
- Management of any other sexual and reproductive health needs.

A lifesaving service, cPAC should be available to all women in the public and private sectors, without legal restriction.

In Tanzania, where abortion is only permitted to save a woman's life, it is estimated that unsafe abortions are responsible for up to a quarter of the high number of maternal deaths (556 deaths per 100,000 live births).¹ The harmful and often lethal effects of unsafe abortion on women and girls can be significantly mitigated through cPAC—a pillar of safe motherhood services. Building on the achievements of the Chaguo la Maisha project on strengthening delivery of cPAC and contraceptive services in Tanzania, the Pamoja project aimed to support the GOT to improve cPAC accessibility and quality, with an overarching goal of reducing maternal deaths caused by unsafe abortion. In doing so, Pamoja contributed to accelerating progress toward the reproductive health objectives identified in The National Road Map/Strategic Plan, One Plan III (2021-2025) to improve reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+ N) in Tanzania.

Health service guidelines and policies require all providers to treat women who need cPAC with respect and dignity, without discrimination, judgment, or stigma. Pamoja helped the Ministry of Health (MOH) shift its strategy—which included cPAC in the emergency obstetric and newborn care (EmONC) package available in hospitals and limited to emergency care—to a more accessible, women-centered cPAC intervention available at all levels of care through task shifting. In this new model, midwives and nurses perform manual vacuum aspiration (MVA) in lower-level facilities, and misoprostol serves as an alternative uterine evacuation procedure to support women's choice.

¹ "Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16." Dar es Salaam, Tanzania: Ministry of Health, Community Development, Gender, Elderly, and Children Tanzania Mainland, Ministry of Health Zanzibar, National Bureau of Statistics Tanzania, Office of Chief Government Statistician Zanzibar, ICF, 2016. <https://dhsprogram.com/publications/publication-FR321-DHS-Final-Reports.cfm>.

Between 2020 and 2022, Pamoja focused on strengthening the public health system to deliver quality cPAC in mainland Tanzania. Pamoja provided intensive support to five regions through technical assistance to the MOH and President's Office-Regional Administration and Local Government (PO-RALG), working toward three objectives:

Objective 1: Transition facility support for cPAC services to local government authorities (LGAs) in four districts of the Dar es Salaam region

Objective 2: Strengthen capacity of central and local government authorities, including the MOH and PO-RALG to deliver quality cPAC services at all levels of public health facilities

Objective 3: Provide technical assistance to the GOT in its efforts to improve the enabling environment for access to quality cPAC within the health system

Implementation

Pamoja provided technical assistance to the GOT, working alongside the MOH and PO-RALG to strengthen capacity to deliver cPAC services within the health system by doing the following:

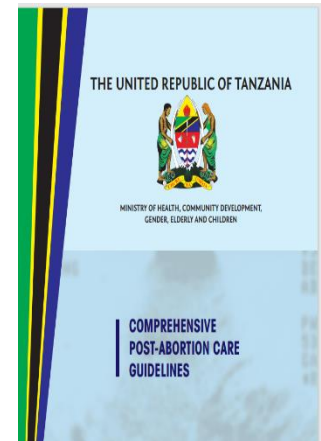
- Enhancing leadership and health-system governance for cPAC services;
- Rolling out and implementing the new national cPAC guidelines and health management information system (HMIS) tool nationally;
- Strengthening the supply chain to ensure availability of equipment and commodities to deliver quality cPAC services using both MVA and misoprostol and integrating contraceptive services;
- Improving quality and data use for decision making and performance management at all levels;
- Developing GOT capacity to coordinate and leverage investments made by key stakeholders in maternal health to integrate and support scale-up of cPAC services;
- Facilitating multi-stakeholder engagement by the GOT to reduce stigma and misinformation around cPAC and forge strong partnerships for scaling up cPAC services; and
- Leveraging Pathfinder's leadership of the National Safe Motherhood Initiative Technical Working Group and stewardship in the sector to influence stakeholders to prioritize and integrate cPAC services in national and partner led EmONC programs.

High-level learning exchange

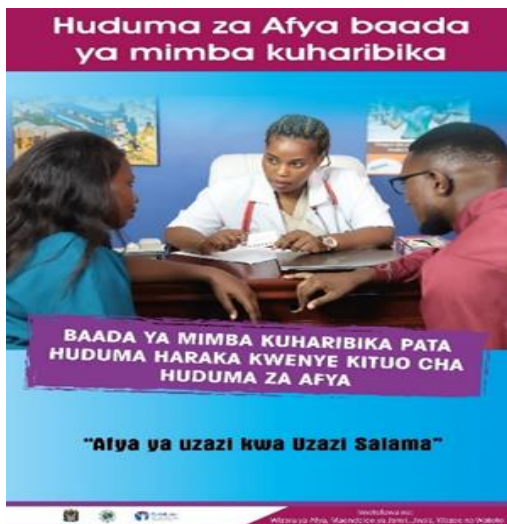
In collaboration with the Association of Gynecologists and Obstetricians of Tanzania (AGOTA), Pamoja supported a learning exchange visit to Ethiopia for high-level managers and leaders from Tanzania mainland MOH, PORALG, and AGOTA; a representative from Zanzibar MOH; and EngenderHealth. The team was hosted by the Ethiopia MOH staff and officials from key sexual and reproductive health and rights partners in Ethiopia, including Pathfinder, IPAS, MSI Reproductive Choices, and EngenderHealth. The visit enhanced Tanzanian officials' understanding of the process, challenges, and lessons from Ethiopia's work toward updating abortion policies and highlighted immediate and long-term opportunities that Tanzania can leverage. The learning visit involved a series of Values Clarification and Attitude Transformation (VCAT) sessions to raise awareness among managers on issues around abortion, related restrictions, and their impact on adolescents, youth, and adults. MOH officials resolved to build on misoprostol inclusion in the public sector for medical treatment of incomplete abortion.

Institutionalization of CPAC guidelines and reporting tools

Pamoja worked with the MOH to achieve critical milestones toward institutionalization, standardization, and alignment of Tanzania’s cPAC services with global standards of care (including the use of misoprostol for cPAC; pain management; and restricting the use of sharp curettage while observing policies within the local context). In 2021, Pamoja facilitated the finalization and MOH approval of the national cPAC guidelines, which include quality indicators, and the accompanying training package. Following approval, Pamoja engaged AGOTA and collaborated with MOH, PO-RALG, and other implementing partners to disseminate and roll out the new cPAC guidelines and job aid in 26 regions of mainland Tanzania, covering members of Regional and Councils Health Management Teams (R/CHMT); Health Management Team members from regional and district hospitals (including faith-based hospitals); and 1,250 public facilities, including hospitals, health centers, and select high-caseload dispensaries. While disseminating the cPAC guidelines, Pamoja also disseminated uterotonic guidelines and cPAC HMIS tools. A central national rollout of the orientation on the District Health Information System 2 (DHIS 2) supported facility-based providers to access the system for reporting.



Social and behavior change



Sample material for community awareness of cPAC services

During the implementation period, the project worked with the MOH Health Promotion Section to develop and disseminate digital information, education, and communication materials with cPAC messages to raise community awareness on the availability and accessibility of free maternal health services, including cPAC. The messages were disseminated through interactive voice response (IVR), toll-free numbers, and sign boards at facilities to ensure accessibility. As a result, the number of facilities reporting provision of cPAC services in a month has increased over time. Furthermore, lower-level primary care facilities in regions receiving direct project support reported fewer referrals for cPAC, as they could comfortably provide the service at their level.

Quality improvement



Regional health management team conducting RMNCAH supportive supervision at the facility

On-the-job training and mentorship were effective, efficient means of knowledge- and skill-transfer to create a team of competent, active providers. Pamoja engaged AGOTA to train 60 national cPAC and EmONC trainers from 17 regions of Tanzania on the new cPAC guidelines, training packages, and HMIS tools. The trainers adopted the materials, cascading the newly updated information to junior trainers and providers in their coverage areas to improve the quality of cPAC services. The Pamoja team worked with R/CHMTs during the Comprehensive Councils Health Plans meeting to

develop government budgets for cPAC mentorship, commodities, and supplies. A team of cPAC trainers/mentors and AGOTA members focused on EmONC in five project-supported regions—Tanga, Morogoro, Mbeya, Pwani, and Singida—conducting clinical mentorship, joint supportive supervision, and data quality assessment to strengthen health care providers' skills and competency.

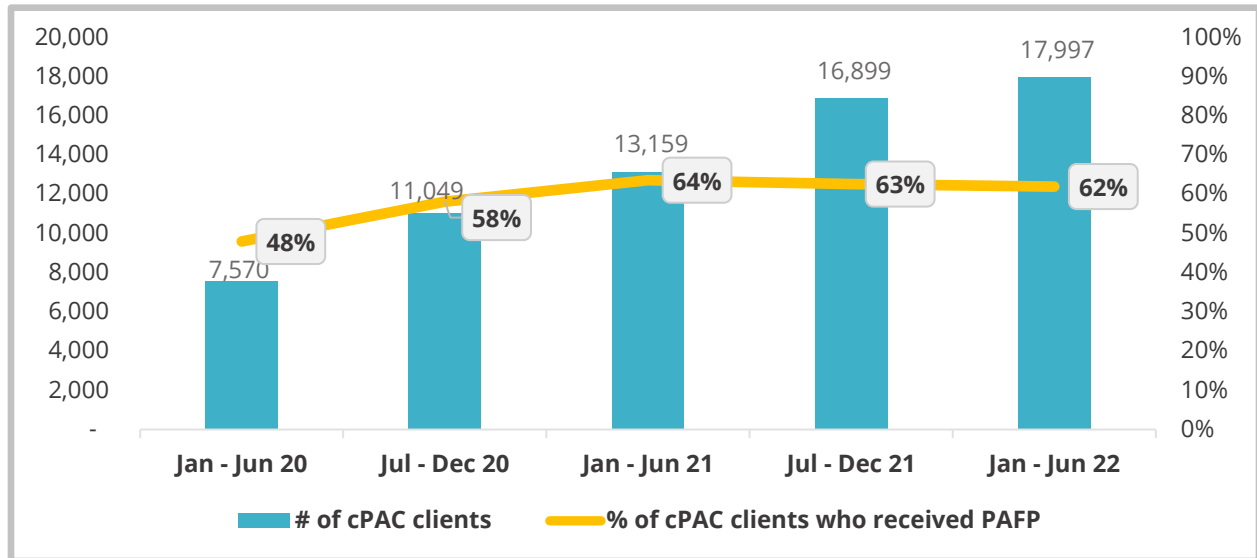
To sustain quality of services, Pamoja deployed a digital WhatsApp-based forum for peer-to-peer learning and support and enhanced provision and reporting of cPAC services, providing timely online technical support to health care providers from high-caseload dispensaries. Mentors and national trainers facilitated the sessions, providing an opportunity for providers to share their experiences and discuss cPAC issues, such as counseling a client with an incomplete abortion, correct dosage of misoprostol, postabortion family planning, infection prevention and control, and pain management. A total of 143 health care providers from five regions enrolled in the biweekly online sessions. This digital platform contributed to improved reporting of cPAC services.

Performance

cPAC service delivery and data recording

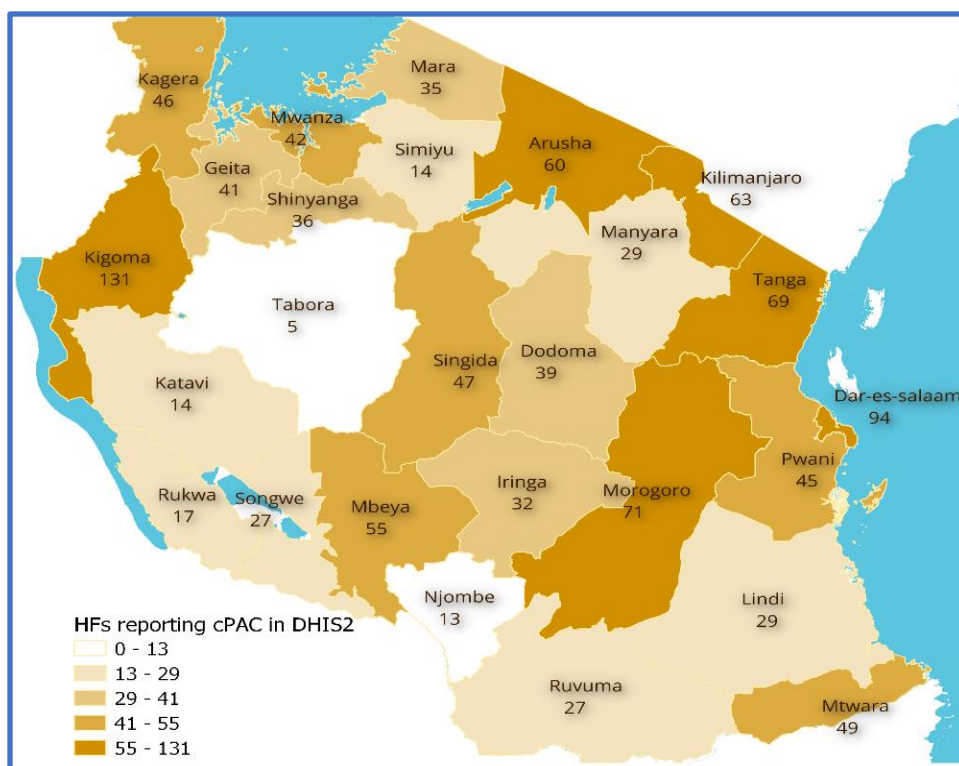
From January 2020 to June 2022, 66,674 women received cPAC services (Figure 1). Of these, 52,672 (79%) received MVA, 8,022 (12%) received medical treatment, and 5,980 (9%) received sharp curettage. Moreover, 40,145 (60%) received postabortion contraception, and 49,339 (74%) received anti-pain drugs. After understanding the burden of unsafe abortion and importance of cPAC services, 106 facilities in Pwani, Morogoro, Singida, Mbeya, and Tanga regions allocated funds and procured 304 MVA kits. The 1,130 facilities reporting data in DHIS2 served a monthly average of 3,000 cPAC clients in 2022, of which 70% received MVA, 16% sharp curettage, and 14% misoprostol for medical treatment.

Figure 1. Clients in 26 Regions Who Received cPAC Services, Including Postabortion Contraception, January 2020 to June 2022



The introduction of standard cPAC HMIS tools facilitated reliable documentation of cPAC services and reporting of quality indicators, helping raise awareness of demand for abortion services. Yet these services are still underreported, signaling the need for continuous mentorship and supportive supervision.

Figure 2. Regional Coverage of the Dissemination of cPAC HMIS Tools and Guidelines



Strengthening skills and competency for provision of quality cPAC services

In 2021, 218 health care providers in public hospitals and health centers received on-the-job training and mentorship. Of these, the MOH certified 198 (91%) as competent, skilled cPAC providers and recommended the remaining 20 for post-training follow-up and mentorship to strengthen their skills and competency.

Providers who did not qualify during training were directly linked to mentors for continuous follow-up and coaching. In 2022, the project supported scale-up of cPAC services to lower-level facilities (dispensaries), whereby 143

providers from 98 high-caseload dispensaries received on-the-job training and mentorship, in addition to orientation on the cPAC guidelines, standard operating procedures, and HMIS tool.



Sustainability

Pamoja provided technical assistance to R/CHMTs in designing and implementing a strategy to sustain cPAC service provision beyond the project lifetime. The approach focused on tailored, intensified, multilevel managerial capacity strengthening, cascaded from regional and district managers to health facility managers. This leveraged the GOT's recent decision to devolve budgeting and planning responsibility from the district level to the health facility level. Managerial capacity strengthening focused on ensuring support for health facility managers to be able to plan, budget, and maintain an adequate pool of competent and active health care providers; essential equipment and/or commodities (including misoprostol and MVA kits); cPAC job aids, guidelines, and standard operating procedures; and proper data management practices.

From January 2021 to June 2022, Pamoja provided technical assistance to PO-RALG and MOH to support 32 of 35 (91%) selected facilities to meet sustainability criteria for cPAC services in Tanga, Morogoro, Singida, Pwani, and Mbeya regions beyond the engagement of the project. These facilities became models for learning. The approach created ownership and accountability at different levels of the health system, down to the facilities. Currently, some councils have included budget for mentorship and purchase of cPAC commodities to sustain services, including improving facility capacity to deliver quality services. Councils supported the establishment of a quarterly mentorship program using the budget allocated in the Councils Comprehensive Health Plan to support reproductive, maternal, newborn, child, and adolescent health services, including the cPAC intervention.

Challenges

National coverage of cPAC services remains low. Only 20% of public health facilities in Tanzania can provide quality cPAC services. Though MVA is among the signal functions of basic lifesaving EmONC, it has received limited, inadequate attention and been stigmatized due to misinterpretation of the abortion law by both providers and managers. However, Pamoja, in collaboration with experts and lawyers, has been working to ensure a clear understanding of the restrictive environment.

Underreporting of cPAC services in DHIS2 leads to underestimation of the abortion burden.

Pamoja supported dissemination of the reporting tools and guidelines to all regional referral hospitals, district hospitals, and health centers with the assumption that the GOT, through LGAs, will disseminate the print tools and guidelines to all low-volume facilities (dispensaries). To support this activity, the MOH must allocate budget and further mobilize resources from implementing partners.

Many dilation and curettage (D&C) cases are being reported into DHIS2 as HMIS tools are rolled out. This highlights the need for updated information on global standards and development of skills for uterine evacuation using MVA and misoprostol. Continued provider support and skills-building through mentorship and VCAT sessions is needed to strengthen competency, transform attitudes on use of D&C, and ensure consistent availability of supplies and commodities.

Lessons Learned

Pamoja achieved greater scale in terms of the number of facilities supported and clients served by providing central (versus facility-based) support. However, facility-based support improved quality indicators such as postabortion family planning uptake and facility caseload. Though more costly, multilevel interventions can effectively achieve both quality and scale.

Further scale of medical treatment in primary health care facilities is important. At primary-level facilities, low numbers of skilled providers and poor infrastructure hinder quality provision of surgical intervention. Implementation of rigorous infection prevention and control protocols and scale-up of medical treatment with misoprostol will help improve safety and quality of cPAC services.

Though they have fewer clients, scaling cPAC services to lower-level facilities such as high-caseload dispensaries hastens ownership compared to high-level facilities. This may be because a small team of providers at lower-level facilities can easily learn together through peer-to-peer coaching and embrace a team-based approach in adapting new guidelines and a new technical approach. Therefore, the project recommends that LGAs keep scaling services to dispensaries, encouraging medical treatment and timely, accurate reporting of service data.

On-the-job training and mentorship are cost effective and critical to timely scale-up of cPAC services and quality improvement. Initiation of services has been faster post-training compared to that with traditional centralized training. Since the government is now practicing direct facility financing, managers should encourage facilities to budget for mentorship where they can pool in mentors from referral facilities to build their skills in cPAC and other maternal health interventions.

Further dissemination of the cPAC guidelines and HMIS tools is needed to strengthen provision and reporting of quality cPAC services according to global standards of care. The MOH, through its technical working groups, should encourage and solicit support from implementing partners for scaling up the cPAC HMIS tools and guidelines through joint supportive supervision and technical forums.

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