INTRODUCTION
The past decade has seen important progress in postabortion care (PAC) in Tanzania. Drawing upon the global PAC model, the Government of Tanzania piloted PAC using a decentralization approach. The intervention comprised three elements: training service providers; establishing PAC services and infrastructure; and conducting community outreach. Geita District was selected for the pilot. By 2007, the pilot had demonstrated the feasibility of providing PAC services at dispensaries and health centers. By 2013, this model had been scaled up to 229 facilities in 21 districts in Mwanza, Geita, Shinyanga, and Simiyu regions, serving 25,000 PAC clients. Eighty-seven percent of PAC clients were counseled about family planning (FP); 77% of those counseled were provided with an FP method. However, the majority of them chose short-acting methods; long-acting reversible contraceptives (LARCs), such as the implant and the intrauterine device (IUD), and permanent methods accounted for just 3%, 3%, and 2% of the method mix, respectively.

Many factors underlie this: The supply of FP services was not sufficient to meet the unmet need for LARCs, due to the paucity of adequately trained providers, weak infrastructure and management systems, provider biases, and erratic contraceptive supply. The environment has not enabled LARC acceptance among PAC clients because of inhibiting policies, how services are organized within facilities, guidelines, and training curricula. PAC clients’ demand for LARC is constrained because of gender-related barriers and weak interpersonal communications regarding FP and method choice.

THE POSTABORTION CARE FAMILY PLANNING PROJECT
In 2015, EngenderHealth received an award from the United States Agency for International Development (USAID) to address these problems: the Postabortion Care Family Planning (PAC-FP) project. PAC-FP will build on the above achievements by:

1. Strengthening capacity to deliver and scale up comprehensive postabortion FP services
2. Generating and communicating knowledge on advancing access to a wide variety of FP methods for PAC clients

In Tanzania, PAC-FP will start work in Mwanza and Geita regions in 2015, where the PAC model is advanced, starting in 17 health centers and hospitals. It will expand to eight additional facilities in Zanzibar in the following year. PAC-FP will end in 2019.

continued
STRENGTHENING CAPACITY TO DELIVER AND SCALE UP PAC-FP SERVICES

PAC-FP employs a cyclical approach to programming, the aim of which is to improve the quality and organization of care and develop strong systems to address sustainability (Figure 1). The process involves six steps:

• **Step 1: Self-assessment.** Stakeholders assess their capacity to deliver high-quality PAC-FP services. The first step is a participatory self-assessment of each districts’ and facilities’ capacity to address PAC programming generally and to deliver LARCs to PAC clients in particular. Management teams formed in each district will ensure organizational commitment to strengthen local capacity and will participate in this assessment, which relates to managing the supply and demand and enabling environment for PAC-FP, including programmatic leadership.

• **Step 2: Whole site workshop and strategic planning.** Following a baseline study, the PAC-FP team will disseminate findings, engage district management teams in workshops to identify organizational capacity-strengthening priorities, and develop six-month action plans for improving the quality of PAC, emphasizing access to LARCs.

• **Step 3: Technical training.** Providers and supervisors from project-supported facilities will receive training in the clinical aspects of delivering PAC and LARCs.

• **Step 4: Action plan implementation.** With the completion of strategic planning and technical training, management teams from participating districts will start implementing that plan. Technical assistance from the PAC-FP team will include supportive supervision for quality improvement, monitoring and evaluation, and district-level strategic planning support.

• **Step 5: Stakeholder assessment of action plan effectiveness and strengthened capacity.** After six months, the management teams will conduct a second self-assessment to identify if the action plans have worked, determine lessons learned, and make decisions on what to change to ensure progress.

• **Step 6: Dissemination of findings and lessons from assessments.** Management teams will share their experiences, communicate results from the stakeholder assessments, and exchange lessons learned. The PAC-FP team will also share findings and lessons from monitoring and evaluation; altogether, this will inform revisions to action plans for strengthening the FP component of PAC.

GENERATING AND COMMUNICATING KNOWLEDGE ON PAC-FP

PAC-FP will document processes and outcomes from the steps above and share findings with different audiences. Locally, the PAC-FP team will work as a team with health care providers and managers to ensure that knowledge generated informs strategies to address sustainability and promote high-quality performance. The PAC-FP team and district counterparts will further use findings to advocate for policy decisions that enable the good practices they identify locally. Globally, PAC-FP will disseminate lessons learned to guide other countries on strategy for strengthening FP as a core component of PAC, with emphasis on an expanded method mix that includes LARCs.

EngenderHealth is a leading global women’s health organization committed to ensuring that every pregnancy is planned and every mother has the best chance at survival. In nearly 20 countries around the world, we train health care professionals and partner with governments and communities to make high-quality family planning and sexual and reproductive health services available—today and for generations to come.