RESULTS
• EngenderHealth compared characteristics of PAC clients in the intervention arm (n=656) and non-intervention arm (n=524) from before the intervention period (March 2015 to August 2016) to those during the intervention (September 2016 to March 2017) in each arm (n=934 and n=633).
• Before the intervention, the odds that a PAC client voluntarily accepted modern contraception was greater in the intervention arm than in the non-intervention arm (OR=1.06); however, this was not significant (z=1.54, p=0.21). During the intervention period, the odds that a PAC client voluntarily accepted modern contraception was significantly greater in the intervention arm than in the non-intervention arm (OR=1.83) (z=1.88, p=0.003).
• With regard specifically to LARCs, before the intervention, the odds that PAC clients in the intervention arm accepted a LARC was less than in the non-intervention arm (OR=0.89), but this was not significant (z=2.21, p=0.28). During the intervention period, this reversed: the odds that a PAC client voluntarily accepted a LARC were greater in the intervention arm than in the non-intervention arm (OR=2.87), and this was significant (z=2.45, p=0.001).
• The project adjusted the estimation of the average effect of the intervention on postabortion contraceptive uptake by clustering data by facility, facility-type, provider type, and region, as well as by clients’ age, gestational age, and evacuation method. Based on this study, relative to the non-intervention arm, after the project implementation, the proportion of PAC clients that received any modern method in the intervention arm increased by 13%, while clients who received a LARC increased by 21%.

LESSONS LEARNED AND IMPLICATIONS
• Our results indicate that by expanding contraceptive method choice within PAC, EngenderHealth increased access to and voluntary use of a variety of contraceptive methods for postabortion women. This suggests that this intervention was successful overall in increasing postabortion contraceptive uptake.
• There is a need for additional documentation and research on stakeholders’ perceptions of the effectiveness and sustainability of this approach.
• Furthermore, since this intervention was conducted in mainland Tanzania, where the method of emergency treatment for abortion complications in the public sector is different from many other settings, there is a need to adapt this approach for other treatment modalities, including those providing medical treatment for abortion-related complications.