Strengthening Postabortion Care—Expanding Treatment Methods and Voluntary Contraceptive Method Choice in Zanzibar, Tanzania: A Pre-Post Evaluation
Acknowledgments

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Project Name:
Postabortion Care for Family Planning (PAC-FP)

Supporting Organizations:
Presentation Outline

- Significance/Background
- Program Intervention/Activity Tested
- Methodology
- Results/Key Findings
- Program Implications/Lessons Learned
Significance/Background

Transforming Policy Advancements into Service Quality Improvements

In Zanzibar, abortion is restricted but postabortion care (PAC) is legal. Due to restrictive legislation and the absence of comprehensive national guidelines, there is an overreliance on surgical treatment for abortion-related complications that, as a result, limits the availability of PAC overall. Additionally, integrated delivery of voluntary family planning (FP) with treatment of abortion-related complications is minimal.
EngenderHealth designed and implemented an approach to strengthening the provision of PAC building upon client feedback, which included developing policy guidelines, management protocols, and clinical training curricula and mentoring strategies. The project developed these guidelines, protocols, and curricula/strategies with the Zanzibar Ministry of Health who then cascaded them to health providers for roll-out at the facility level. This intervention sought particularly to promote task shifting, increase contraceptive method choice, improve service quality, increase access to PAC at lower-level facilities, and increase uptake of voluntary postabortion FP.
Methodology

- Conducted a pre-post evaluation in 11 intervention facilities, selected based on client load
- Administered structured client exit interviews to all PAC clients who presented during baseline and endline data collection periods
- Compared baseline and endline outcomes using chi-square and t-tests to evaluate intervention effectiveness
- Employed a significance level of 0.05
Results/Key Findings

PAC Clients Served at Lower-Level Facilities

Endline (2017): 51%
Baseline (2015): 32%
PAC Client Exit Interview Results

- Provision of Pain Management: 44% (Endline 2017) vs. 23% (Baseline 2015)
- Treatment of Postabortion Complications: 56% (Endline 2017) vs. 19% (Baseline 2015)
- Treatment of Complications by Non-Clinicians: 67% (Endline 2017) vs. 32% (Baseline 2015)
- Counseling on Method of Evacuation: 62% (Endline 2017) vs. 23% (Baseline 2015)
Results/Key Findings

Uptake of Voluntary FP among PAC Clients

- Baseline (2015): 11%
- Endline (2017): 69%

Uptake of Long-Acting Reversible Contraceptives

- Baseline (2015): 1%
- Endline (2017): 25%
Strengthening PAC, including voluntary postabortion FP counseling and method choice, can contribute to improving maternal survival rates.

Participatory and multilevel approaches are important for translating policy-level achievements into quality improvements in service provision and improving health outcomes.

While the intervention demonstrated significant results, including increased uptake of voluntary modern contraception, several limitations indicate a need for additional research.
For more information:

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Thank you!