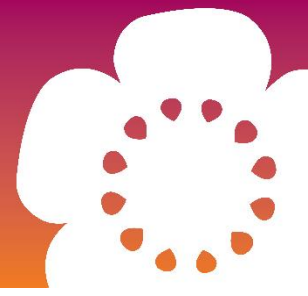


# Transitioning Project Interventions to the Host-Country Government: Lessons Learned from EngenderHealth's Expanding Access to Postabortion Care Project in Tanzania



## Background

Despite donor and government investments in improving maternal health in Tanzania, maternal mortality has remained persistently high in both mainland Tanzania and Zanzibar in recent years. While, the maternal mortality ratio in Zanzibar decreased from 279 deaths per 100,000 live births in 2011 to 187 in 2015, it has increased from 432 in 2010 to 556 in 2015 in mainland Tanzania (MOHC/DGEC et al. 2016). Tanzania therefore remains far behind the United Nations' Sustainable Development Goals, which aim to have every country reduce its national maternal mortality ratio by two-thirds by 2030.

Further, complications related to unsafe abortions contribute to approximately one-quarter of maternal deaths in Tanzania (Gutmacher 2016). Abortion laws and policies in Tanzania are restrictive. According to the national penal code, abortion is only allowable in select circumstances: to save the life or to preserve physical or mental health of the pregnant person. Thus, fear of prosecution is prevalent among clients and healthcare providers alike, resulting in clandestine abortions that are often unsafe (Gutmacher 2016). However, under the same legal framework, postabortion care (PAC) is available without any restrictions, across all levels of healthcare facilities, including primary healthcare facilities.

With PAC as the entry point, EngenderHealth, in collaboration with the relevant ministries in mainland Tanzania and Zanzibar, implemented the Expanding Access to Postabortion Care (Expand PAC) project, which aimed to help reduce maternal mortality and morbidity by improving access to quality PAC. Expand PAC operated in two regions of mainland Tanzania (Arusha and Dodoma) and in all five regions in Zanzibar. Using EngenderHealth's SEED model<sup>®</sup> as the foundation, the project adopted a systems approach to improve the quality and increase uptake of PAC, including through addressing supply-side gaps of available services, strengthening the enabling environment for quality PAC, and generating demand. This work involved strengthening workforce capacity, improving existing infrastructure, strengthening supply chain management, and increasing the use of data for decision-making. Over the course of four years (2016 to 2019), EngenderHealth reached a total of 24,673 PAC clients through project-supported sites, renovated and furnished 74 PAC rooms in facilities, and trained 310 providers to provide equitable, gender-sensitive, and respectful PAC.

### EngenderHealth's Supply-Enabling-Environment-Demand (SEED<sup>®</sup>) Model

EngenderHealth's SEED model is a holistic programming framework based on the principle that sexual and reproductive health (SRH) programs are more successful and sustainable when they comprehensively address the multifaceted determinants of health and include synergistic interventions that:

- Attend to the availability and quality of health services and other supply-related issues
- Strengthen health systems and foster an enabling environment for positive health-seeking behavior
- Improve knowledge of SRH and cultivate demand for services



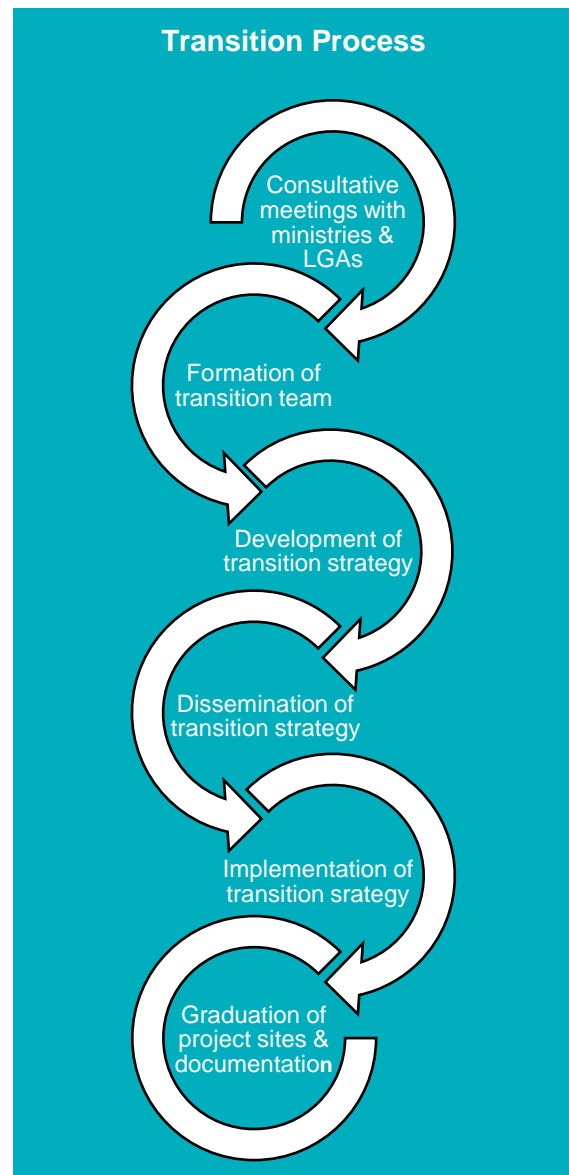
## Government-led Transition Process of Project Interventions

In 2019, EngenderHealth began transitioning project interventions to officials in national government institutions and local government authorities (LGAs). This transition essentially involved building a resilient and responsive health system that could sustain PAC in health facilities previously supported by the project. We initiated this transition process through a joint transition team, which comprised 20 members from the Ministry of Health, the President Office–Regional Administration and Local Government, and regional and council health management teams (R/CHMTs), as well as EngenderHealth staff. The transition team coordinated a series of consultative meetings to develop a transition strategy, using an inclusive, engaging, and participatory approach. In addition to government administrators, a range of stakeholders also participated in these meetings and the development of the strategy, including 202 PAC providers from 101 project-supported facilities across 20 districts as well as 150 community health workers. Through these meetings, Expand PAC helped these stakeholders collectively identify priority transition interventions, assign roles for implementing the transition, and determine the modalities through which PAC would be sustained.

CHMTs and LGAs assumed primary responsibility for the transition process. This included planning, monitoring, and implementing the priority interventions as well as tracking progress toward full ownership and sustainability. The priority transition interventions included training PAC mentors and coaches, establishing a cadre of trained national trainers, orienting R/CHMTs on health management information system (HMIS) tools, and graduating project-supported facilities to government ownership.

### Training PAC Mentors and Coaches

EngenderHealth supported the government in training 32 providers identified by RHMTs across 15 districts in Arusha and Dodoma (at least two per district) to serve as PAC mentors and coaches. These mentors will provide ongoing coaching and mentorship support to the PAC providers previously trained by Expand PAC, fostering sustainable, high-quality PAC in these regions.



## Establishing a Cadre of Trained Trainers

To continuously increase the pool of skilled PAC providers available, thereby continuously expanding access to PAC, the project supported the government in training 10 national PAC trainers from across all five districts of Zanzibar. These national trainers have the capacity to facilitate further trainings of PAC providers, as well as provide on-the-job training and mentorship, organized and funded by the government, beyond the project close.

## Orienting R/CHMTs on New HMIS tools

Improved data and a better understanding of how to use data are crucial for strategically planning and prioritizing service delivery. In order to strengthen data management and data for decision-making, the project supported the government in orienting 32 R/CHMTs from Arusha and Dodoma on new HMIS tools. As a result of the orientation, R/CHMTs and facility administrators are better equipped to oversee and improve service provision as well as to plan and budget for PAC at the facility level.

## Graduating Project-Supported Facilities to R/CHMTs and LGAs

The transition team conducted an in-depth assessment of project-supported facilities prior to officially transitioning them to government ownership. The team developed a graduation checklist to determine the project-supported facilities' readiness to graduate as part of this assessment. This checklist included points related to PAC workforce capacity, commodity security, and enabling environment. The assessment revealed that all 114 project-supported facilities qualified for graduation and were thus transitioned to the LGAs and R/CHMTs.

## Key Achievements

The transition process resulted in several notable achievements.

- Notwithstanding the adverse effects of the COVID-19 pandemic that fundamentally disrupted regular health service provision (including PAC), uptake of PAC in the project-supported sites increased from 2,444 clients between July and December 2020 to 2,981 clients between January and June 2021.
- The project fostered skills retention among providers to ensure sustainable access to PAC. Through R/CHMT supportive supervision visits, trained mentors and coaches supported more than 70% of project-trained PAC providers across mainland Tanzania during the transition period. Further, the newly trained PAC national trainers trained 61 additional providers in Zanzibar.
- As a result of the collaborative transition planning and implementation activities, the government has accepted full ownership of the project's key interventions, including ownership of the 114 facilities previously supported by the project. Additionally, LGAs' Comprehensive Council Health Plans for fiscal years 2020/21 and 2021/22 now include PAC activities as key priorities.

- ❁ The project has ensured there are resilient systems at regional and council levels for planning, delivering, and monitoring high-quality PAC. The R/CHMTs are now budgeting for and conducting regular supportive supervision visits to facilities (including those formerly supported by the project as well as non-project-supported facilities), and are leveraging these visits as opportunities to strengthen health facilities' capacities in budget planning and forecasting and to ensure PAC interventions are prioritized in health plans.

## Lessons Learned

Through the course of the transition process, EngenderHealth documented the following key lessons:

- ❁ Positioning the government as the owner of project objectives and outcomes is critical to sustainability. Government leadership and ownership of the transition process was essential to its success. The government ensured accountability of the LGAs for provision of high-quality, sustainable PAC. And, as our strategy was informed by established LGA practices and rooted in CHMTs' work, we strengthened the capacities of both throughout the transition process.
- ❁ As our efforts to transition project interventions to the government began toward the end of the project (during the third year of this four-year project), we faced challenges related to budget constraints and institutional readiness. We therefore recommend incorporating transition planning into project design stages, with continual guidance from the entities that will eventually assume responsibility for the interventions throughout implementation.
- ❁ Strong collaboration between the government and implementing partners is essential to ensuring effectiveness and efficiency. Such partnerships, where all parties discuss and determine priority interventions and agree to provide the required resources, are critical for enhancing planning and reducing duplication of efforts among stakeholders.
- ❁ Planning is critical for efforts involving government leadership and ensuring alignment with established priorities and timelines is essential to garnering government buy-in and ownership. For example, in October 2020, government officials were focused on the general election, which reduced attention and support for the project and hindered project outcomes. Additionally, elections often lead to new officials and sometimes a restructuring of government systems and departments, which can cause delays in critical inputs and supports for project activities, similarly affecting project results.

## Conclusion

The successful transition of the Expand PAC project to the government demonstrates the value of the transition approach to ensuring sustainability of project interventions and results. Building upon the success of this experience, EngenderHealth adopted this approach for other projects in Tanzania, including two of the USAID Boresha Afya projects (North-Central and Southern Zones). This approach can also be used to inform future project design to ensure local ownership and sustainability.

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## Acknowledgments and Citation

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