Transforming Postabortion and Comprehensive Abortion Care in Zanzibar

Lessons Learned from EngenderHealth's Expanding Access to Postabortion Care Project in Tanzania

Background and Context

From 2015 to 2019, approximately 1.3 million Tanzanians experienced unintended pregnancies annually and an estimated 36% of these pregnancies ended in abortion (Guttmacher 2022). Data on the proportion of unsafe abortions is sparse. The limited studies available suggest that the prevalence of unsafe abortions in hospital-based settings in Mainland Tanzania and Zanzibar is higher than it initially appears, with one study showing that 60% of clients admitted with a reported miscarriage had experienced an induced abortion (Rasch and Kipingili 2009). Unsafe abortion is a critical issue and complications from abortion contribute to an estimated 16% (MOHSW 2010) of Zanzibar's maternal mortality rate of 166 deaths per 100,000 live births (MOH 2019).

Tanzania's social, policy, and operational environments for the provision of high-quality comprehensive abortion care (CAC), including postabortion care (PAC), face several challenges, including sociocultural norms and religious beliefs as well as myths and misconceptions that inhibit use of these services (Norris et al. 2016; Blystad et al. 2019). At the facility level, barriers include lack of adequately skilled health providers and managers, lack of standardized guidelines, and insufficient supplies (PAC-FP 2019). Together, these barriers impede access to high-quality, gender-sensitive, and age-appropriate care. Further, while PAC is legally permitted in Tanzania, CAC is restricted under the Penal Code, with abortion only permissible under certain conditions, for instance, when the life of the mother is in danger.[1] This restrictive legislation adversely affects governmental efforts toward reducing maternal mortality through expanding access to sexual and reproductive health services, including family planning (FP) and PAC (MOH 2019).

To improve the enabling environment and to increase access to CAC, including particularly PAC, EngenderHealth collaborated with the Zanzibar Ministry of Health (MOH) to co-design the Expanding Access to Postabortion Care (Expand PAC) project. Expand PAC was a six-year (2016 to 2022) project that focused on systems strengthening and advocacy over the course of two phases of implementation. This document summarizes key project activities, achievements, results, and lessons learned from the second phase of project implementation, from 2020 to 2022.

Project Description

Through Expand PAC, EngenderHealth worked to strengthen the enabling policy and operational environments for the provision of high-quality CAC and PAC, within the limitations of the existing law, with the goal of reducing maternal mortality and morbidity. There are four project objectives: (1) generate evidence to inform abortion advocacy and health system strengthening initiatives; (2) review, develop, endorse, and disseminate policy guidelines for PAC provision; (3) strengthen institutional capacity for planning and delivering CAC and PAC; and (4) improve programmatic coordination and policy alignment.

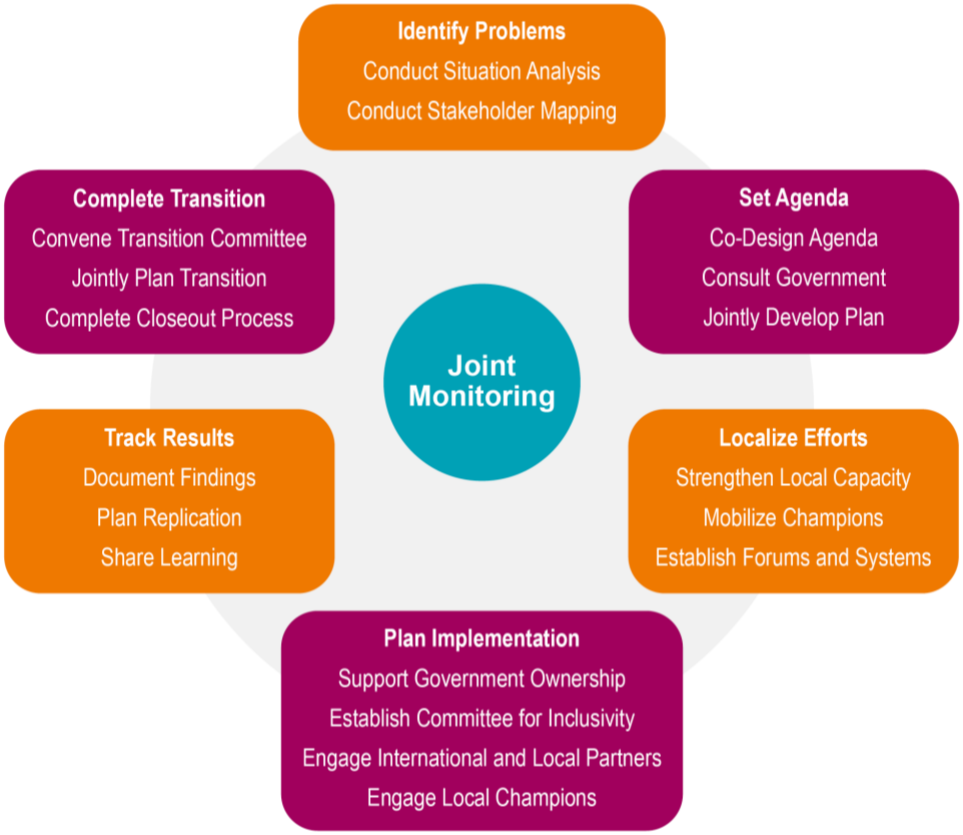
[1] Penal Code 230: A person is not criminally responsible for performing in-good faith and with reasonable care and skill a surgical operation upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard for the patient's state at the time and to all the circumstances of the case.

EngenderHealth organized consultations with the MOH, national and international nongovernmental organizations (NGOs), and local abortion champions during the first phase of Expand PAC to inform the second phase of project implementation. Local champions and local and international NGOs (including D-Tree International, MSI Reproductive Choices, Pathfinder International, and Willows International) were instrumental in localizing project design, supporting implementation, and facilitating a smooth transition during the project's closeout stage. EngenderHealth provided technical and financial assistance to support governmental ownership of the project. We deployed a government-led, capacity-strengthening, and localization model to implement key project interventions.

Project Design, Implementation, and Transition Model

Expand PAC employed a six-step process for designing, implementing, evaluating, and transitioning project interventions (see Figure 1). Each step of the process included activities that EngenderHealth jointly monitored with the MOH to ensure that the project consistently aligned with the government's strategy and core objectives and responded to the needs of local stakeholders. This model guided Expand PAC's successful design, implementation, and transition.

Figure 1. Expand PAC Process Cycle



Project Activities and Achievements across Objectives

Generate Evidence to Inform Advocacy and Health Systems Strengthening Initiatives

EngenderHealth generated evidence related to the existing abortion legal and policy framework in Zanzibar. This evidence focused on the lack of community, policy maker, and healthcare provider knowledge about the framework as well as their interpretations (and misinterpretations) of the framework. We sought to use this evidence to inform a pathway toward improved access to CAC and

PAC within a revised legal framework. We conducted a landscape assessment that identified major gaps in CAC and PAC programming in Zanzibar (see text box). We also mapped partners providing CAC and PAC and supported the MOH to conduct a PAC facility mapping to assess the quality of care available. Further, we worked with the MOH to analyze restrictions and provisions under the existing abortion law, as well as to understand interpretations of the law, to facilitate an improved understanding among key audiences. We also gathered evidence from our implementation experience and analyses of data at national, regional, and global levels; routinely monitored data trends on CAC and PAC as reported in national databases; and disseminated updates based on this information to relevant government departments and partner organizations.

Landscape Assessment Findings

EngenderHealth conducted a landscape assessment that explored the context of CAC and PAC in Zanzibar, including barriers to PAC, pathways for accessing CAC and PAC, and key actors within the space, including supporters and opponents.

- **Lack of coordination.** Government and partner organizations working in the CAC and PAC space operate in silos and are seldom aware of each other's priorities, plans, or budgets. As a result, activities are uncoordinated, and duplication is unavoidable. For instance, one PAC provider may complete the same training (learn the same content and follow the same curriculum over the same number of training days) multiple times, while fellow providers remain untrained in the same area because there is no system to track healthcare provider training records. Additionally, there is neither a digital nor a physical forum for joint partner planning, coordination, and evaluation of CAC and PAC interventions in Zanzibar.
- **Lack of requisite infrastructure.** There are limited facilities offering PAC, and those that do often lack the necessary infrastructure. Specifically, prior to 2016, 133 health facilities operated in Zanzibar, of which 40 provided PAC; yet none of these facilities had a dedicated, fully furnished PAC room.
- **Negative perceptions of CAC and PAC and limited understanding of relevant legislation.** Community awareness about CAC and PAC overall is limited and many potential clients—including adolescents and women of reproductive age—hold negative attitudes about CAC and PAC. In addition, many communities, policy makers, and healthcare providers lack adequate knowledge and understanding of the existing legal and policy framework for abortion.
- **Biased and unskilled providers.** Healthcare providers and managers at different levels commonly lack the necessary skills to plan, deliver, and evaluate PAC. Negative provider attitudes are also common; evidence illustrates that providers frequently hold biases about abortion and are therefore reluctant to offer PAC.
- **PAC data quality.** PAC data are not well captured, analyzed, or used to inform programming, including centralized coordination of services and provision of necessary equipment to support the delivery of high-quality, gender-sensitive, and age-appropriate CAC and PAC.

Findings from these activities informed subsequent project planning and implementation for PAC and other sexual and reproductive health services. For instance, we revised our project scope building upon the evidence generated through the landscape assessment, including documented feedback from consultations with PAC partners, healthcare providers, government officials, and community advocates and champions.

Project-generated evidence serves as a resource for EngenderHealth as well as for the government and other implementing partners. For example, the government used the evidence from our analysis of misoprostol stocks to improve the supply chain and increase availability of the medication. Our local partners have used this evidence to inform new proposals for scaling CAC and PAC interventions in Zanzibar. Other partners—including Jhpiego, MSI Reproductive Choices, Pathfinder International, and Willows International—also acknowledged using this evidence to shape engagement approaches and resource mobilization efforts.

Review, Develop, Endorse, and Disseminate Policy Guidelines for PAC Provision

Prior to Expand PAC, Zanzibar lacked standardized PAC guidelines and reference manuals for health managers and providers, which are essential for delivery of high-quality care. EngenderHealth supported the MOH to review existing and develop new policy guidelines and standards and to disseminate and operationalize these guidelines and standards. We participated in joint reviews of several existing policies, including Health Sector Strategy IV (2019/20-2024/5); Zanzibar Annual Health Bulletin (2019); Zanzibar FP Costed Implementation Plan (2018-2022); and Zanzibar Reproductive, Maternal, Child, and Adolescent Health (RMNCAH) Strategic Plan (2019-2023). We also contributed to the following resources: Basic Training Skills Curriculum for PAC (2021); Comprehensive Toolkit for Advocating for CAC and PAC Policies, Laws, and Budgets (2022); Data Quality Assessment Guideline (2021); Minimum Package for Essential PAC Interventions (2020); National PAC and FP Training Guideline (2020-21); PAC Guidelines (2019); PAC On-the-Job Training Guidelines (2020); and a series of five priority PAC standard operating procedures.

The new and revised policy guidelines and standards have significantly helped to guide PAC providers in planning, providing care, and evaluating services. For instance, the PAC standard operating procedure focusing on the use of misoprostol in health facilities and pharmacies addressed challenges associated with over-and-under dosage of misoprostol among PAC clients. Also, prior to the development of the Basic Training Skills Curriculum for PAC, the number of training days required was not standardized but rather determined by available budgets and individual trainer decisions; the new curriculum standardized the training duration to six days, including four days of classroom-based learning and two days of on-site practicum.

Strengthen Institutional Capacity for Planning and Prioritizing CAC and PAC

Expand PAC sought to address identified issues, such as the lack of supportive systems for CAC and PAC and the need to improve coordination of provider training, via several strategic interventions.

EngenderHealth supported the MOH in upgrading the training component of the integrated Human Resource for Health Information System to record all trainings (short- and long-term) of healthcare providers. The system, which stores profiles of all healthcare providers (more than 6,000), now includes records of any training providers attend as part of their profiles. Thus, the MOH knows who, at each facility, has completed trainings in which areas and when. With this information, the MOH can ensure that providers receive the training they need and do not repeat the same training multiple times—improving cost efficiencies within and effectiveness of the training system. Additionally, this information enables the MOH to allocate trained providers across facilities to improve coverage and access to FP services and PAC.

Additionally, we collaborated with the Office of the NGOs Registrar to develop an electronic portal to track all NGOs working in the health sector and to record their program areas, geographic coverage, and budgets. This portal has addressed challenges associated with manual reporting and significantly reduced the number of duplicative interventions, thereby improving cost efficiencies.

To address challenges associated with data capture, analysis, and use for decision-making, Expand PAC supported the MOH to reinstate the dormant District Health Information System (DHIS-2). We then worked with MOH to review various health management information system (HMIS) tools and to train 12 healthcare providers, 22 health managers, and 64 HMIS focal persons to complete HMIS registers and enter data into the DHIS-2. We also identified Mnazi Mmoja National Referral Hospital as a center of excellence and coordinated with the MOH to conduct a refresher HMIS training for the data focal points and to organize bi-weekly supportive supervision visits using data quality and supportive supervision tools that EngenderHealth developed for a different project. The focal points are cascading learning by mentoring providers within the hospital's reproductive and child health unit

on data capture, analysis, and use for decision-making; this has significantly reduced data loss. Participants in this intervention also reviewed a tool for capturing PAC data. Together with the MOH, Expand PAC leveraged learning from this intervention to develop plans for replication in other facilities.

Improve Programmatic Coordination and Policy Alignment

Expand PAC analyzed district plans between 2015 and 2019 and learned that none of the districts had included PAC interventions in their annual plans. Recognizing this critical gap, we used strategic advocacy approaches (AFP 2015) to influence MOH policy makers and technical leaders from 11 district health management teams to prioritize PAC in their plans during annual planning and budgeting processes. By facilitating advocacy meetings where we presented relevant evidence, we successfully encouraged decision-makers and technical leaders to incorporate PAC interventions (especially those included in the Minimum Package of Essential PAC Interventions) in annual district plans and budget. As a result, PAC activities were subsequently included in district plans and budgets for the first time in fiscal year 2021-22. Leveraging success at the district level, we advocated at the central level with the MOH policy planning department and the RMNCAH steering committee to institutionalize the Minimum Package of Essential PAC Interventions as a reference manual for annual planning processes.

Expand PAC also assisted the MOH to establish and strengthen CAC and PAC platforms and networks to improve understanding of existing abortion legislation and the dangers of unsafe abortions and to increase visibility of the CAC and PAC agenda in Zanzibar. This included strengthening the existing RMNCAH technical working group (TWG) as well as creating a new RMNCAH+PAC sub-TWG, a new CAC and PAC social pact (comprising voluntary CAC and PAC advocates), and a network of more than 50 CAC and PAC champions. Through these groups, stakeholders exchange experiences and learning, jointly identify common challenges, explore mutually beneficial solutions, and bring collective recommendations to the MOH for immediate action. We also collaborated with and participated in other relevant CAC and PAC fora at national, regional, and global levels, such as the Coalition to Address Maternal Mortality Due to Unsafe Abortion and its Complications, the Eastern Africa Reproductive Health Network, and the Center for Reproductive Rights. These platforms and networks have supported learning exchanges and informed strategies for fostering a dynamic CAC and PAC context. For instance, building upon our joint advocacy efforts with Willows International around the inclusion of PAC as an indicator in the Community Health Strategy, the Sector-Wide Approach TWG has prioritized PAC for monitoring and reporting in periodic progress review meetings.

Project Results

Local Ownership and Sustainability

Local ownership and sustainability were critical considerations throughout the life of project. In accordance with Zanzibar's NGOs Act, which mandates meaningful NGO engagement in project implementation, EngenderHealth partnered with two local NGOs: Zanzibar Fighting against Youth Challenges Organization (ZAFAYCO) and Zanzibar Nurses Association (ZANA). Through Expand PAC, we trained ZAFAYCO and ZANA on policy advocacy, accountability monitoring, and values clarification and attitude transformation for CAC and PAC. These organizations led CAC and PAC dialogues, participated in the RMNCAH+PAC sub-TWG and the CAC and PAC social pact, and joined the project's quarterly data review meetings. Further, newly skilled master trainers from ZAFAYCO and ZANA (three from each organization) cascaded values clarification and attitude transformation training to 78 abortion champions working at national, district, and community levels.

Trained champions have since conducted community dialogues reaching nearly 250 community members and further cascaded the values clarification and attitude transformation training to more than 150 community and religious leaders, healthcare providers, and policy makers. Through in-person events and social media campaigns, Expand PAC promoted CAC and PAC dialogues reaching more than 25,000 Zanzibaris and improving awareness and generating demand for services.

Expand PAC, in collaboration with the government, also established a special transition committee (which included ZAFAYCO and ZANA) to support local ownership and sustainability beyond the life of project. To facilitate continued advocacy, we also produced a context-specific toolkit for advocating for stronger CAC and PAC legislation and budgets and for organizing advocacy campaigns against unsafe abortion. Expand PAC shared this toolkit with relevant NGOs, including the members of the Coalition to Address Maternal Mortality due to Unsafe Abortion and its Complications. In total, the project oriented 56 individuals on the toolkit.

Service Delivery

In addition to strengthening the health system, Expand PAC interventions contributed an increased uptake of PAC in Zanzibar. Routine data from the DHIS-2 showed an increase in uptake of PAC from 1,458 clients in 2020 to 2,913 clients in 2021, with an overall 79% adoption rate of contraception through PAC. Data from the first half of 2022 shows similarly positive results, with uptake of PAC from January to August totaling 2,061, a 41% (603) increase compared to all of 2020. Furthermore, based on the current trend, we expect PAC uptake for 2022 to also exceed 2021 uptake.

Lessons Learned

Expand PAC identified several key lessons learned that may inform future interventions in Zanzibar as well as replication in Mainland Tanzania and other countries with similar CAC and PAC contexts.

- **Evidence is paramount.** Evidence is key to informing advocacy initiatives, shaping health policy, strengthening health systems, and improving access to CAC and PAC. Through Expand PAC, EngenderHealth generated salient evidence to inform CAC and PAC policy and programming in Zanzibar. Moreover, we strengthened the capacity of key actors within the health system to foster local ownership of data collection and analysis to sustain evidence generation and use beyond the life of project.
- **Unclear and restrictive abortion policies and guidelines result in unsafe abortions.** Limitations of existing CAC and PAC legislation have resulted in barriers in supply and demand. Providers who are unfamiliar with or misunderstand existing policies and guidelines may be reluctant to and lack the skills needed to provide care, even in circumstances where such services are permissible under the law. Community members similarly lacking an understanding of the law may be reluctant to seek care when needed or perpetuate misconceptions within their communities that prevent others from accessing care. Recognizing this gap in understanding, the project collaborated with the government to revise key guidelines and disseminate updated information to key stakeholders, including healthcare providers and potential clients, to help address this challenge.
- **Strengthening local capacity is key to sustainability.** By providing tools and trainings for local NGOs and community advocates and champions, and by supporting these organizations and individuals as they assumed responsibility for key activities and interventions within the transition phase of the project, EngenderHealth established sustainable, locally owned mechanisms for continuing and replicating project successes. Together, these NGOs, advocates, and champions increased the visibility of CAC and PAC issues at community,

facility, and policy levels and successfully advocated for the prioritization of CAC and PAC within public health plans and budgets. This demonstrates the important role that local NGOs and advocates can and must play in transforming the health system and shaping the enabling environment for CAC and PAC. Continued support for these groups is therefore critical to sustaining progress beyond the life of project.

- **Collaboration and coordination are critical to effective programming and policy change.** Stakeholders operating in silos leads to duplicative efforts and prevents learning exchanges, both of which result in cost inefficiencies and reduced program effectiveness. By facilitating collaboration—including by establishing and strengthening coordination platforms—Expand PAC mobilized collective actions and amplified collective voices to influence decisions at national and sub-national levels. Further, these partnerships have the potential to increase value for money and ensure programs are efficient and effective, responsive to local systems, and sustainable in the long-term.

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