Facilitating Project Transition and Sustainability through Government Engagement and Localization

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

Background and Context

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). To address this, the Zanzibar Ministry of Health (MOH) has undertaken several interventions to improve the provision of high-quality comprehensive abortion care (CAC), including postabortion care (PAC), to reduce preventable maternal deaths. However, implementing CAC and PAC interventions can be complicated. EngenderHealth conducted a landscape assessment to better understand the CAC and PAC context in Tanzania. The assessment—which explored barriers to PAC, pathways for accessing CAC and PAC, and key actors within the space (including supporters and opponents)—identified several challenges related to improving CAC and PAC service delivery and uptake, including unfavorable political and social environments, negative sociocultural norms and religious beliefs, as well as myths and misconceptions among healthcare providers, policy makers, and communities (see text box). For instance, 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]

Landscape Assessment Findings

- **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.
- **Lack of requisite infrastructure.** There are limited facilities offering PAC, and those that do offer care often lack the necessary infrastructure.
- **Negative perceptions of CAC and PAC and limited understanding of relevant legislation.** Many communities, providers, and policy makers lack adequate understanding of the existing legal and policy frameworks for abortion and hold negative attitudes about CAC and PAC.
- **Biased and unskilled providers.** Healthcare providers and managers at different levels commonly lack the necessary skills to plan, deliver, and evaluate; additionally, negative provider attitudes are common.
- **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 CAC and PAC.

Overcoming challenges associated with the provision of and access to equitable CAC and PAC requires collective action by a diversity of actors with power and influence. Further, as challenges manifest across the individual, community, and systems levels of the socioecological model, tailored solutions for each level are critical. Additionally, sustaining project-led gains related to improved access to CAC and PAC is a major challenge given the timebound nature of projects; without robust sustainability mechanisms, results may diminish over time after the project ends (Shelton, Cooper, and Stirman 2018). Ineffective transition approaches and lack of meaningful engagement with local authorities and relevant stakeholders at all levels are two key factors that frequently hinder sustainability (Aji et al. 2022).

To improve the enabling environment and to increase access to CAC, including particularly PAC, in a sustainable manner, EngenderHealth collaborated with the MOH to co-design the Expanding

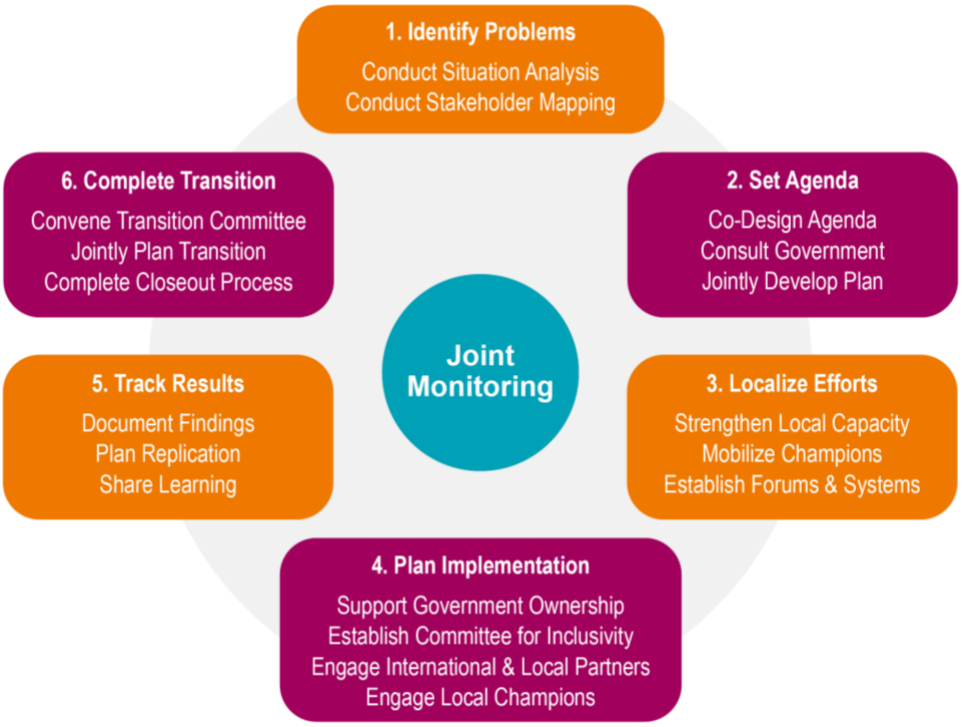
[1] Penal Code 230: A person is not criminally responsible for performing in-good faith and with reasonable care and skill a surgical operation upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard for the patient's state at the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

Access to Postabortion Care (Expand PAC) project. This brief describes our government-led, locally driven approach to sustainability, with an emphasis on the second phase of project implementation (from 2020 to 2022). It also serves as a case study for designing project sustainability plans to ensure an effective transition to local ownership after a project ends.

Project Summary

Throughout the life of the six-year (2016 to 2022) Expand PAC project, 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. 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 Transition Process

In the last phase of the project, from 2020 to 2022, we focused on the "complete transition" step of the project process cycle (per Figure 1) and prioritized sustainability, including ensuring a smooth transition of ownership of project activities to the government. During this period, EngenderHealth worked with partners to identify and institutionalize project gains and to ensure the meaningful and sustainable transition of project activities and results from the first phase of the project, from 2016 to 2019. EngenderHealth employed a government-led and locally driven approach, using a five-step process to facilitate this transition (see Figure 2). At each step of this transition process, Expand PAC engaged local implementing partners—including reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and RMNCAH and PAC (RMNCAH+PAC) partners; CAC and PAC

champions; MOH officials as well as relevant inter-ministerial departments' representatives; healthcare providers; and local and religious leaders—and tracked results through periodic evaluation, documentation, and learning activities.

Figure 2. Expand PAC Transition Process

Step 1: Set Agenda. The process started with agenda setting. In this step, EngenderHealth facilitated several consultations with the government to garner a clear understanding of the CAC and PAC context in Zanzibar and the operational environment. These consultations were essential to the co-design process, in which the government collaborated with Expand PAC and other key stakeholders. Through this process, EngenderHealth ensured project approaches reflected the local context.

Step 2: Establish Priorities. Through initial consultations, Expand PAC gathered many suggestions for potential project activities and interventions. We scored and ranked all proposed ideas to identify key priorities for the project and then validated those priorities with the government. Once we determined the final priorities, we were able to set appropriate objectives and targets.

Step 3: Identify Needs. We further liaised with the government and other key partners to identify technical and financial needs that would support meaningful participation in project implementation, evaluation, and transition. EngenderHealth then provided capacity strengthening support to the MOH as well as relevant local and international nongovernmental organizations (NGOs) and CAC and PAC champions to address identified gaps.

Step 4: Plan Transition. In the final year of the project, we began transitioning activities from project oversight to government ownership. To facilitate a successful transition, the government led an

inclusive and participatory process to select members to serve on a project transition committee from a breadth of relevant partners and stakeholders. The committee's remit was to plan and facilitate institutionalization of priority interventions into government systems and structures and to support localization of project interventions by shifting the CAC and PAC agenda to capable local organizations and advocates. This included shifting management of: (1) technical working group meetings; (2) budget planning processes; (3) data capture and entry into the district health information system (DHIS-2) as well as data analysis and use for decision-making; and (4) CAC and PAC service delivery using standardized guidelines.

Step 5: Develop Joint Work Plan. Under MOH leadership, and with the project transition committee and relevant local and international NGOs and CAC and PAC champions, Expand PAC developed a joint work plan detailing the responsibilities of each actor in project implementation, evaluation, and transition. This wok plan also included timelines for the transition.

Transition Approach and Results

A key aspect of our transition approach involved progressively reducing direct project support (financial and technical) over the course of project implementation. At inception, we provided full direct support; then, we shifted to employing a coaching and mentorship approach; toward the end, we shifted again to adopting an advisory role to local counterparts as they began to assume ownership and responsibility of project interventions. Below is a summary of how we transitioned key project interventions to partner institutions and other relevant local stakeholders, including the MOH, local and international NGOs, and CAC and PAC champions from national, district, and community levels.

Advocacy and Accountability Monitoring

In accordance with Zanzibar's NGOs Act, which mandates meaningful NGO engagement in project implementation, and as part of our localization strategy, EngenderHealth partnered with two local NGOs: Zanzibar Fighting against Youth Challenges Organization (ZAFAYCO) and Zanzibar Nurses Association (ZANA). To support continued advocacy and accountability monitoring work beyond the life of project, EngenderHealth conducted comprehensive trainings on advocacy approaches; gender, youth, and social inclusion strategies; and accountability monitoring mechanisms to help ZAFAYCO and ZANA advocate for the prioritization of the CAC and PAC agenda in national and district plans. ZAFAYCO and ZANA have since incorporated the advocacy approach and the gender, youth, and social inclusion lens into their organizational and programmatic structures and practices. Additionally, we worked with the ZAFAYCO and ZANA, as well as the CAC and PAC champions, to produce a comprehensive advocacy toolkit for influencing CAC and PAC policies, laws, and budgets and responding to unsafe abortion in Zanzibar. We then used this toolkit to train the NGOs' staff and other advocates.

Expand PAC also established a coalition of 12 implementing partner NGOs (7 local and 5 international) committed to advocating for the CAC and PAC agenda beyond the life of project. Members of this social pact[2] signed memoranda of understanding and developed a joint work plan with the goal of advancing PAC advocacy efforts and building CAC and PAC activities into government plans and budgets. The CAC and PAC social pact has assumed responsibility for continuing to support relationships cultivated through the project and for facilitating ongoing

[2] The CAC and PAC social pact is a voluntary group of CAC and PAC advocates seeking to advance the CAC and PAC agenda, to build CAC and PAC into government planning and budgeting processes, and to ensure operationalization of accountability monitoring mechanisms for CAC and PAC .

collaboration among key advocacy stakeholders. Through this pact, we helped to embed project approaches and create an environment for sustained advocacy efforts beyond the life of the project.

Coordination and Collaboration

Expand PAC sought to minimize duplications in RMNCAH and PAC programs resulting from partners working in silos and implementing fragmented CAC and PAC projects by supporting the MOH to upgrade its integrated human resource for health information system (iHRHIS). Specifically, we worked with the MOH to update its system to include training records for all healthcare providers to reduce duplications in PAC and family planning (FP) training. With the updated system, the MOH knows which healthcare providers have completed which trainings and can ensure that providers receive the trainings they need and do not repeat the same trainings multiple times. Additionally, this information enables the MOH to allocate trained providers across facilities to improve coverage of and access to FP services and PAC. The MOH will retain overall responsibility for updating and managing the iHRHIS after the project ends and has incorporated associated maintenance costs in annual budgeting processes thus institutionalizing this platform.

Expand PAC also collaborated with the Office of the NGOs Registrar to develop an electronic coordination portal to track all NGOs working in the health sector and to record their focus areas, geographic coverage, and budgets in a single, easy-to-access platform. Based on the benefits demonstrated by this new platform (including reducing the number of duplicative interventions) the Office of the NGOs Registrar is committed to maintaining the coordination portal.

By building upon and strengthening existing systems, we supported solutions that could be easily supported and sustained within local structures.

Prioritization of CAC and PAC Interventions

Leveraging knowledge and advocacy skills gained through collaboration with Expand PAC, local partners advocated for PAC budget allocations in national and district budget planning processes for fiscal year 2022/23. As a result of these efforts, all districts prioritized at least one PAC activity in annual plans (budget allocation efforts are ongoing). The success of this intervention demonstrates the advocacy capacity of local NGOs, the government's sustained commitment to improving CAC and PAC programming, and the potential for sustainable improvements in the CAC and PAC context—including for prioritizing CAC and PAC interventions within national and district plans and budgets in the future. Similarly, building on prior project advocacy efforts, district health management teams and the policy planning unit of the MOH committed to and endorsed a minimum package of essential PAC interventions that will serve as a guiding document for use during annual budgeting and planning processes. This will ensure resource allocations for PAC are continuously prioritized beyond the life of project.

We also elevated the PAC agenda through joint efforts with Willows International. Together, we successfully advocated for including PAC as an indicator in the Zanzibar Community Health Strategy. Incorporating this indicator into the strategy will ensure that it is closely monitored and reported on during periodic progress reviews at sector-wide approach technical working group meetings.

Policy Guidelines and Standards for PAC

We supported the government to develop or update, disseminate, and operationalize several key policy guidelines and standards that strengthen the enabling environment for PAC services. These include: (1) PAC Service Delivery Guideline (2019), (2) PAC On-the-Job Training Guideline (2020), (3) National Data Quality Assessment Guideline (2021), (4) National PAC and FP Training Guideline (2020-21), (5) Minimum Package for Essential PAC Interventions (2020), (6) Basic Training Skills Curriculum for PAC (2021), and (7) a series of five priority PAC standard operating procedures

(SOPs).[3] We also participated in joint reviews of the Health Sector Strategy IV ((2019/20-2024/5), Zanzibar RMNCAH Strategic Plan, (2019-2023), Zanzibar Annual Health Bulletin (2019), and Zanzibar FP Costed Implementation Plan (2018-2022). The new and revised guidelines and standards, which aim to enhance healthcare providers' and community health volunteers' knowledge and skills, will strengthen the health system to increase availability of high-quality sexual, reproductive, and maternal health services—including CAC and PAC. All of these guidelines and standards are government-owned and endorsed to guide the provision of CAC and PAC.

Local Capacity Strengthening

Expand PAC sought to ensure sustainability and local ownership by working with the government and a special project transition committee to ehance the capacity of two local NGOs and more than 50 CAC and PAC champions. In addition, the project trained and certified 10 PAC master trainers in service delivery who then cascaded the training to 38 PAC providers. These master trainers will continue to serve as ongoing resources for future PAC trainers and providers. This intervention thereby strengthened skills and knowledge among NGO trainers and healthcare providers while simultaneously establishing a system for sustainable training and support beyond the life of project.

Expand PAC also worked to strengthen systems and capacity for data capture, analysis, and use for decision-making. In collaboration with the project transition committee and local and international NGOs, EngenderHealth trained 64 health management information system (HMIS) focal points to improve data collection. We also identified Mnazi Mmoja National Referral Hospital, the largest referral hospital in Zanzibar, as a critical entry point for improving data use for decision-making and engaged HMIS experts from the MOH to participate in official data audits as part of bi-weekly supportive supervision visits. The HMIS focal points are cascading learning by mentoring providers within the hospital's reproductive and child health unit on data capture, entry, analysis, and use for decision-making. This activity has already demonstrated improvements in data quality. While HMIS focal points have mentored five providers to date, the potential for further mentoring by these focal points in the future supports sustainability and long-term impact. Additionally, the MOH institutionalized management of the upgraded DHIS-2 and has committed to ensuring it incorporates maintenance costs in future annual budgets.

Sustainable and Inclusive CAC and PAC Platforms and Networks

Expand PAC worked with the Integrated Reproductive and Child Health Program to define terms of reference for the RMNCAH technical working group and RMNCAH+PAC sub-technical working group, which the MOH then endorsed, institutionalizing these platforms and ensuring these groups would convene regular meetings. The new terms of reference reflected an important shift toward local ownership—with the government bearing primary responsible for coordination with partner organizations providing logistics support.

Expand PAC forged partnerships with and connected local NGOs to various forums, such as the CAC and PAC social pact as well as the Coalition to Address Maternal Mortality due to Unsafe Abortion and its Complications. Through connections, NGOs were able to expand their participation in relevant fora at national, regional, and global levels. These platforms and networks have and will continue to play important roles related to learning exchange and amplification of the CAC and PAC agenda.

[3] The five priority PAC SOPs include: (1) an SOP for manual vacuum aspiration, (2) an SOP for postabortion FP, (3) an SOP for use of misoprostol for PAC in healthcare facilities, (4) an SOP for the use of misoprostol for PAC in community pharmacies and other drugs outlets, and (5) an SOP for PAC data capture, entry, analysis, and use for decision-making.

Conclusion

Meaningfully engaging the government and other relevant local stakeholders (including NGOs, advocates, and affected populations) at all stages of the project cycle—from design to implementation to evaluation to transition—is critical for sustainability. Regardless of the context in which a project is implemented, meaningfully engaging relevant individuals and institutions from inception through closeout is crucial. This is particularly important for fostering the sense of ownership of project interventions and results that is necessary to facilitate continued local commitment beyond the life of project. These considerations must be at the forefront of project design and planning to ensure a smooth transition and sustainability of any project.

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