Strategies for Strengthening Postabortion and Postpartum Family Planning in Tanzania

Lessons from EngenderHealth's Scaling Up Family Planning Project

Introduction

The maternal mortality ratio in Tanzania has declined significantly in recent years, from 556 maternal deaths per 100,000 live births in 2015/16 to 104 maternal deaths per 100,000 live births in 2022 (MOH et al. 2023a). This improvement was achieved primarily through strengthening the referral system for clients with pregnancy-related complications, improving coverage of emergency obstetric care, and increasing the availability of skilled healthcare workers. Nevertheless, maternal mortality remains above the United Nations' Sustainable Development Goal of less than 70 deaths per 100,000 live births (UN Women n.d.). In addition, it is important to maintain the gains achieved thus far.

Health education for mothers during FP week at Moshi medical center in Kilimanjaro

Photo credit: J. Kayanda/EngenderHealth

While family planning (FP) has proven to reduce maternal mortality, overall uptake of FP in Tanzania remains low, at only 38% and 31% for all and modern contraceptive methods, respectively (MOH et al. 2023a). Integrating FP services with maternal health services—including postabortion and postpartum care—can help improve contraceptive uptake. Providing postabortion FP (PAFP) and postpartum FP (PPFP) can prevent closely spaced pregnancies (within 6 and 12 months, respectively) and unintended pregnancies. Comprehensive postabortion care (PAC) includes emergency treatment of abortion-related complications, FP counseling and services, and community empowerment through awareness and mobilization (USAID 2018).

Project Summary

The five-year Scaling Up Family Planning (SuFP) project (2019 to 2024) is led by EngenderHealth and funded by the United Kingdom's Foreign, Commonwealth, and Development Office. The project aims to strengthen the health system in Tanzania to ensure the delivery of high-quality, inclusive, and integrated FP and sexual reproductive health services for all people, including often underserved groups, such as young people and people with disabilities. SuFP is strengthening health services across primary and secondary levels of service delivery, in collaboration with the Ministry of Health Tanzania Mainland; the Ministry of Health, Social Welfare, Elderly, Gender, and Children of Zanzibar; and the President's Office–Regional Authority and Local Government.

SuFP is supporting service delivery in 616 health facilities and at other service delivery points across eight regions of Mainland Tanzania (Arusha, Dar es Salaam, Dodoma, Geita, Kilimanjaro, Morogoro, Pwani, and Tanga) and all five regions of Zanzibar. Using a gender, youth, and social inclusion approach, SuFP is enhancing access to FP through community outreach, routine FP services, and PAFP and PPFP integrated with maternal health services.

Strengthening PPFP and PAFP

SuFP employs the following strategies to increase the uptake of PPFP and PAFP in supported facilities:

A project-trained nurse counsels a postpartum client at Ubungo medical center in Dar es Salaam

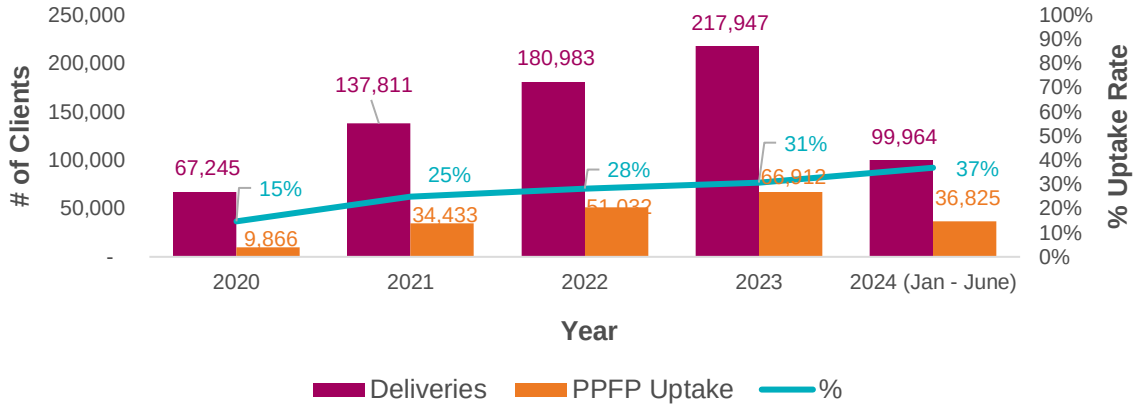
Photo credit: R. Hassan/EngenderHealth

- Designate a PPFP focal person at every high-volume facility to facilitate linkages across service delivery points and routinely prioritize FP service delivery, recording, and reporting through the national health management information system.
- Conduct supportive supervision for providers during routine services to strengthen FP health education across the continuum of care, from antenatal care through delivery and postdelivery care, to increase awareness of available services and the benefits for FP.
- Conduct supportive supervision, mentorship, and on-the-job training for service providers based on skills gaps identified during special FP weeks.
- Support skills labs and train master trainers to strengthen skills among service providers through continuous professional development initiatives, such as on-the-job training and mentorship activities.
- Conduct training sessions on routine FP and integrated PAFP and PPFP, including provision of long-acting and permanent methods, to expand the pool of service providers able to offer these services thereby increasing service availability.
- Integrate on-site PAFP and PPFP orientations for all clinical staff into health facility clinical meetings.
- Ensure the availability of essential contraceptive commodities, including through facilitating regular supervision visits to check commodity stocks, to guarantee sustainable access to a full range of FP methods in labor and PAC rooms and wards.
- Engage project monitoring and evaluation associates to support data for decision-making related to PAFP and PPFP.
- Use digital platforms, such as WhatsApp groups, to share information on PAFP and PPFP service performance at different levels to maintain support for improving service uptake.

Results

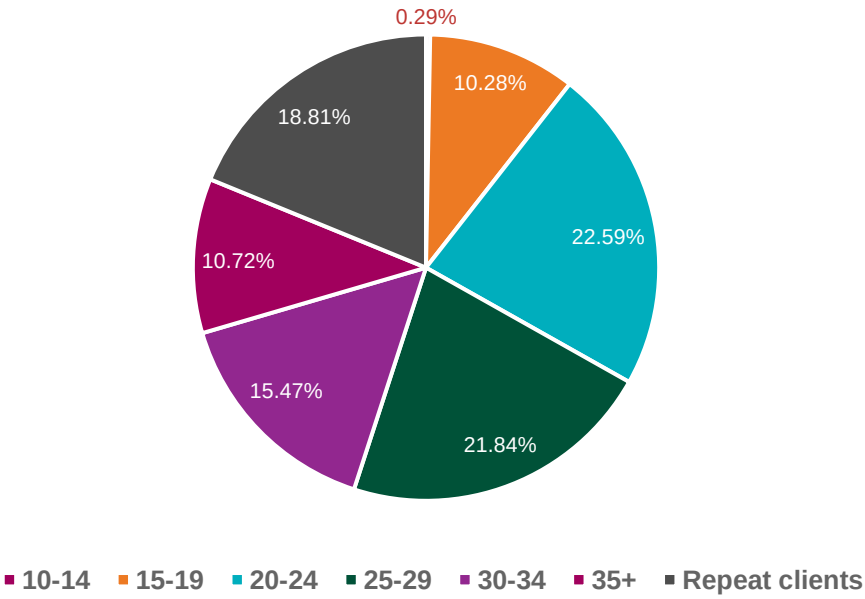
SuFP has demonstrated several key achievements. For instance, PPFP service uptake has steadily increased across the 616 project-supported health facilities, from 15% of all clients delivering in these facilities accessing in PPFP in 2020 to 37% accessing in PPFP in 2024 (see Figure 1).

Figure1: Clients Reached with PPFP, February 2020 to June 2024



SuFP supports facilities in conducting integrated youth-friendly outreach events to create opportunities for engaging and reaching young people. As a result, PPFP uptake was higher young people during the reporting period (see Figure 3). Similar to overall country trends, most PPFP clients (approximately 44%) were between the ages of 20 and 29. Additionally, adolescent clients, ages 10 to 19, accounted for approximately 11% of clients. However, these data may be underestimated, as age data is not available for repeat clients, who account for nearly 19% of all clients.

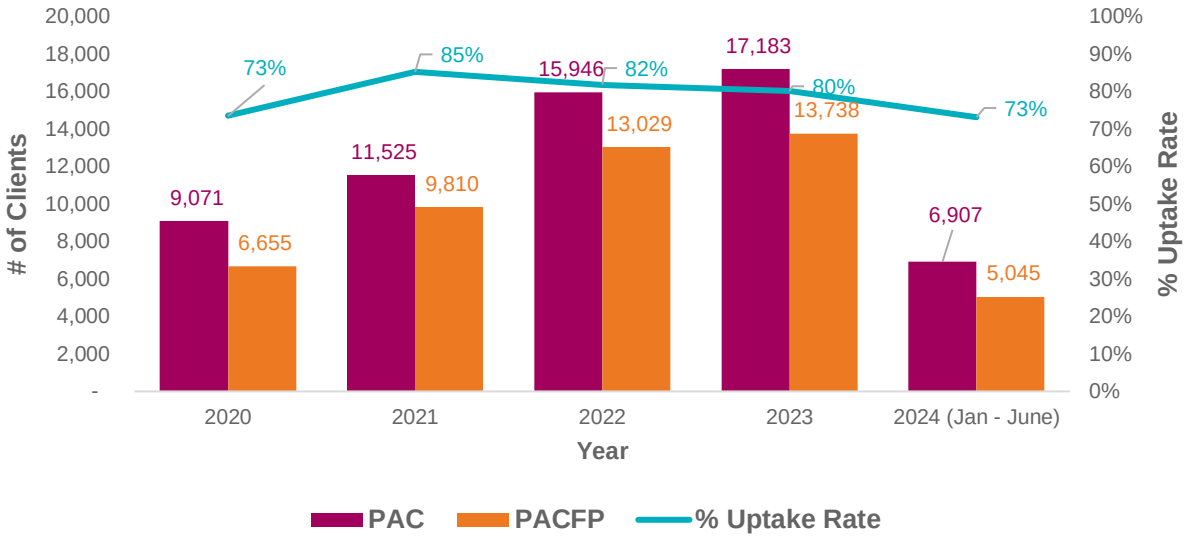
Figure 2: PPFP Uptake Disaggregated by Age, February 2020 to June 2024



Approximately 79% of all PAC clients reached through project-supported facilities during the reporting period adopted a FP method of their choice, compared with a national average of 68%

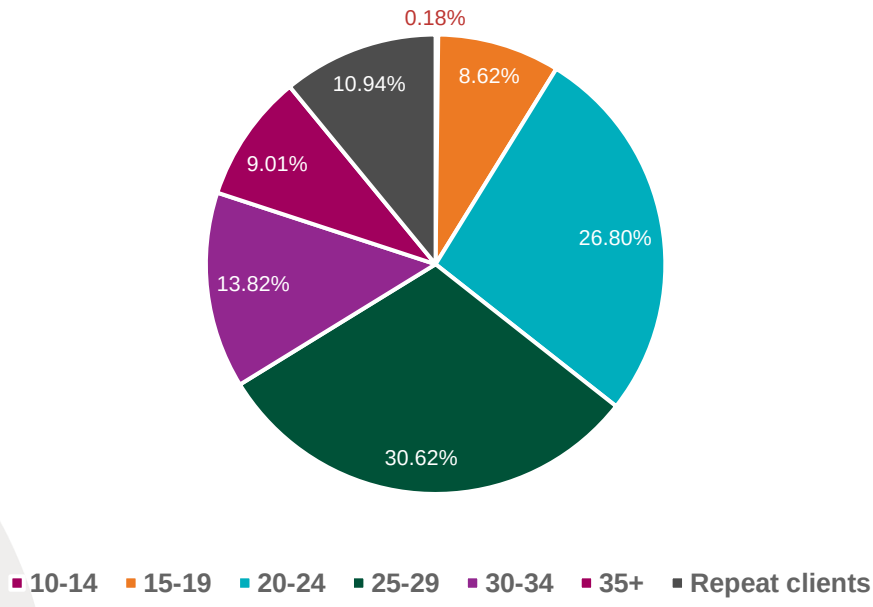
(MOH n.d.) (see Figure 3). PAFP uptake peaked in 2021, likely a result of coordinated nationwide efforts that occurred during that time to enhance PAFP.

Figure 3: Clients Reached with PAFP, February 2020 to June 2024



Similar to the age disaggregation of PPFP clients, most project-supported PAFP clients (57.42%) reached during this period were between the ages of 20 and 29 and adolescents accounted for approximately 9% of all PAFP clients (see Figure 4). Again, these data may be underestimated, as age data is not available for repeat clients, who account for nearly 11% of all clients.

Figure 4: PAFP Uptake Disaggregated by Age, February 2020 to June 2024



Challenges

The project has encountered several key challenges, including:

- Periodic reshuffling of SuFP-trained service providers disrupted service continuity, thus weakening the effectiveness of the project's training investments.
- Despite a significant investment in service provider training, newly recruited service providers lack sufficient PAC counseling skills, as such skills are not included in pre-service training.
- Inadequate staffing levels across project-supported health facilities limited SuFP's ability to deliver services efficiently and to meet the increasing demand for FP.
- The scarcity of postpartum intrauterine device kits in some health facilities hindered the project's ability to provide a full range of contraceptive options to postpartum clients and, in particular, limited access to long-acting reversible contraception.
- Inadequate infrastructure, including limited space in some project-supported health facilities, prevented from these facilities from delivering comprehensive services.

Recommendations

Based on project learning to date, SuFP also has several recommendations for future programming.

- Continue to facilitate on-the-job PAFP and PPFP training activities to help providers overcome skills gaps.
- Emphasize mentorship and coaching activities to enhance healthcare workers' competencies.
- Support accurate commodity forecasting at service delivery points to improve availability of FP commodities thereby ensuring clients have access to a full range of contraceptive options and can make voluntary, informed decisions.
- Integrate FP information and counseling with antenatal care to increase PPFP uptake.

Conclusion

By helping expand availability and accessibility of PPFP and PAFP, SuFP has contributed to a significant increase of FP uptake across project-supported health facilities in Mainland Tanzania and Zanzibar. Key strategies for success included training service providers, facilitating continuous support through supportive supervision, fostering continuous professional development through local trainers and local skills labs, establishing PPFP focal persons in health facilities, improving FP counseling along the continuum of care (from antenatal through delivery and postnatal period), and ensuring availability of essential FP commodities. Addressing the challenge associated with shortages of trained staff to align with demand, inconsistent availability of FP commodities, and inadequate health facility infrastructure will further strengthen FP accessibility and uptake.

References

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