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# SUSTAINING FAMILY PLANNING AND POSTABORTION CARE INTERVENTIONS IN KIGOMA AND BEYOND

## *Lessons Learned from the Maternal and Reproductive Health (MRH) Project*



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### About EngenderHealth

EngenderHealth has worked in Tanzania for more than 20 years and remains a strong government partner. Today, EngenderHealth has programs in 26 regions in the areas of family planning, postabortion care, HIV, gender, and adolescents and youth.

EngenderHealth supports every person's right to make free, informed decisions about whether, when, and with whom to have sex and whether, when, and with whom to have children. We envision a world where women and girls exercise their rights to gender-equitable sexual and reproductive healthcare and participate as equal members of society. EngenderHealth strives to achieve gender equality in and through sexual and reproductive health and rights. To achieve this, we collaborate with governments, private-sector partners, international experts, local organizations, and communities around the world.

### INTRODUCTION TO THE MRH PROJECT

EngenderHealth and Thamini Uhai (an affiliate of Vital Strategies) implemented the MRH Project in Kigoma, Tanzania, in collaboration with the Ministry of Health, the President's Office for Regional and Local Government, the CDC Foundation, and the Global Health Advocacy Incubator. Originally awarded by the Bloomberg Philanthropies and Foundation H & B Agerup as a three-year initiative in May 2013, the project was extended to April 2019.

The project improved maternal and neonatal health and increased contraceptive prevalence by improving access to maternal and reproductive health services, particularly emergency obstetric and neonatal care (EmONC), and contraception. Interventions included: upgrading facilities; supplying essential drugs and equipment for family planning and EmONC; providing training and supportive supervision in EmONC and contraceptive technology; and ensuring adequate contraceptive supplies.

### MRH PROJECT INTERVENTIONS

Under the project, Thamini Uai led the EmONC interventions, while EngenderHealth expanded access to family planning and postabortion care services. EngenderHealth built the local government's capacity to sustain these services using the Supply Enabling Environment Demand (SEED) model. The SEED model is based on the principle that sexual and reproductive health programs will be more successful and

sustainable if they comprehensively address the multifaceted determinants of health, and if they include synergistic interventions. Project interventions included the following.

## Supply

- Engaged outreach teams to offer long-acting reversible contraceptives (LARCs) and permanent methods (PMs) in hard-to-reach areas.
- Built the capacity of providers to offer LARCs and PMs and postabortion care, and conducted training of trainers at district level.
- Strengthened the health system, including government capacity to monitor quality and compliance, contraceptive commodity security mechanisms, and health information management systems.

## Enabling Environment

- Conducted advocacy meetings to convince Community Health Management Teams and facilities to prioritize MRH project activities and include them in Comprehensive Council Health Plans.
- Conducted advocacy with policymakers including councilors, parliamentarians, and ministries to encourage allocation of more skilled staff in the region.
- Collaborated with the government to update and roll out clinical guidelines for LARCs and PMs, including outreach guidelines.

## Demand

- Increased community awareness by training community health workers to conduct home visits, distribute information about family planning, and refer clients to nearby health facilities.
- Oriented religious leaders and community leaders to support project activities and prioritize family planning and reproductive health during their meetings.
- Facilitated providers and satisfied client “champions” to give testimonies during campaigns.
- Conducted mass media campaigns on family planning and postabortion care using local radio and entertainment groups.
- Engaged with KIVIDEA, a community-based organization focused on youth, to reach adolescents and youth through edutainment.

## MRH Project Results

Key outcomes related to the provision of family planning and postabortion care services in Kigoma include:

- Upgraded the infrastructure and equipment of 31 health facilities to offer quality family planning and postabortion care services.

## Key Impacts of the Maternal and Reproductive Health Project

With significant contributions from the MRH Project, the contraceptive prevalence rate in Kigoma increased from 12 percent in 2010 to 18 percent in 2016,\*and the maternal mortality rate decreased from 368 deaths per 100,000 live births in 2013 to 244 deaths per 100,000 live births in 2018.\*\* Other impacts\*\*\* include:

- 388,520 unintended pregnancies averted
- 216,747 live births averted
- 114,503 abortions averted
- 930 maternal deaths averted
- 7,684 child deaths averted
- 87,282 unsafe abortions averted

*\*Tanzania Demographic and Health Survey, 2010 & 2016*

*\*\*Reproductive Health Surveys, Kigoma, 2014 & 2018*

*\*\*\*Data estimated using Marie Stopes International Impact 2 Model.*

- Trained 16 family planning and postabortion care trainers in eight of Kigoma's districts.
- Strengthened the health system to offer quality family planning services by training family planning counselors, supervisors, managers, and support personnel.
- Supported the provision of more than 436,840 modern contraceptive methods, equivalent to more than 1,542,665 couple years of protection.

## RECOMMENDATIONS TO SUSTAIN FAMILY PLANNING AND POSTABORTION CARE INTERVENTIONS

Ensuring the Government of Tanzania can deliver comprehensive family planning and postabortion care services is critical to reducing maternal mortality and improving the health of Tanzanians. The MRH Project used a variety of strategies to increase the potential for government ownership of and investments in successful project interventions beyond the life of the project, including the formation of mentoring teams, the introduction of outreach services, and application of quality improvement tools. These strategies strengthened local government capacity to deliver services and educate women, girls, and community members about family planning and postabortion care services. EngenderHealth offers the following recommendations for sustaining the interventions going forward, both in Kigoma and beyond.



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**Leverage existing government structures to sustain interventions.** Sustaining interventions beyond project-specific donor funding requires sound technical, management, and budget support from the government. EngenderHealth's experience implementing the MRH Project in Kigoma shows that leveraging existing government structures and systems—such as the national task-shifting policy that allows non-physicians conduct EmONC and decentralization of comprehensive EmONC services to low-level health facilities—helps to increase the potential for the government's ownership of interventions. It is essential to work closely with the government going forward to identify existing structures, such as public health delivery systems and data management and information systems, that can be strengthened to sustain project initiatives over time. Any new systems and structures should be integrated easily in existing structures and systems using limited resources.

**Strengthen local government capacity to support family planning and postabortion care services.** In Kigoma, the Regional Medical Officer established a technical team to train providers and provide mentorship to health facilities (both facilities supported by the MRH Project and those that did not receive project support) on family planning and postabortion care. Each district in the Kigoma region had two mentors/"trainer of trainers" who helped to ensure all family planning and postabortion care providers provided services that adhered to national and global service delivery standards. The mentors reduced need for the MRH project to provide oversight and improved providers' capacities to offer high-quality services.

**Invest in facility management and leadership capacity.** Facility management and leadership capacity are as vital as clinical skills. The MRH Project not only focused on the strengthening providers' clinical skills but also supported

the local government to strengthen health facility leadership and management capacity. Fostering good leadership and management helped to increase staff morale and ensure clients' access to quality family planning and postabortion care services. Facility in-charges integrated their new skills soon after training, and as a result, providers expressed improved morale and clients expressed satisfaction with services.

**Upgrade health facility infrastructure and equipment to improve services and staff productivity.** EngenderHealth renovated and equipped 31 health facilities in Kigoma (5 comprehensive EmONC health centers and 26 dispensaries). The 31 facilities served 145,922 clients, and providers remained motivated throughout the implementation period. To ensure the facility remains at the same standard beyond the life of the MRH Project, EngenderHealth trained health facility in-charges to budget for equipment and health facility maintenance. Going forward, the government must continue to provide technical assistance and supportive supervision, continuing to improve the management capacity of the health facility in-charges.

**Ensure mentorship is used to improve health providers' skills.** It is easy to assume once the providers have undergone family planning and postabortion care training that they will return to their health facilities and offer high-quality health services. This is not often the case. In some cases, providers fail to practice their skills; in others, providers stop providing services altogether. Mentorship should be used to continually build staff confidence and skills to offer family planning and postabortion care services. Providers mentored through the MRH Project scored high in delivery of services, meeting the minimum standards set by the Ministry of Health during training certification reviews. Many have continued to offer family planning and postabortion care services.



Photo: ©Theresa Kim/EngenderHealth

**Develop a robust community engagement plan.** The MRH Project continuously engaged the community to ensure they held their local leaders and health facility management committee accountable. Community participation in improving the quality of health facilities through EngenderHealth's COPE® complimented government support, in the form of financial and in-kind contributions, to improve health facility infrastructure. At the same time, community participation allowed individuals to learn more about available health services.

**Do not ignore the routine services.** Outreach services expand access but do not ensure continuity of services. For women and girls to have continuous access to family planning and postabortion care services, routine services need to be strengthened. Outreach services should serve as an additional mechanism to expand access to family planning services and strengthen health facility capacity to deliver family planning services through routine care. Outreach services should be integrated and linked back to the health facilities in the catchment area to ensure continuity of services over time.

**Ensure providers and the community value data.** In the past, both partners and Health Management Teams emphasized the collection of quality data, rather than increasing the value of data to users. When providers do not understand the value of data, they may fail to ensure the collection and use of high-quality data. The MRH Project linked data

collection and use with direct health financing and results-based financing initiatives. The inclusion of family planning and maternal health indicators in results-based financing encouraged providers to value data and the community to monitor facility performance closely through the health committees. Additionally, decentralization of budget planning and management hastened providers' use of data.

**If you want to sustain the interventions, have a long-term investment plan.** Through the MRH Project, we have learned short-term projects do not last. It requires time and considerable effort to design, learn, and deliver an intervention that is context sensitive. During the implementation of this project, we adopted different initiatives and accepted failure quickly. System strengthening requires partners to engage and allow the system to correct itself. To achieve this, projects designer needs to have a long-term investment plan, which will develop or change depending on the reality on the ground.

## CONCLUSION

Following the close of the MRH Project, the Government of Tanzania must consider the health system's absorption capacity for the sustainability of project interventions. Design of family planning and postabortion care interventions going forward must be sensitive to the context for implementation and involve all key stakeholders. When designing interventions, the government must balance short-, medium-, and long-term gains to ensure women have immediate access to high-quality health services while the health system is continuously strengthened to provide high-quality services over time.

<sup>1</sup> COPE® (client-oriented, provider-efficient services) is a relatively simple process for improving quality in health services. COPE tools include: self-assessment guides; client-interview guides; client-flow analysis; and action plans.