

Reaching more clients with decentralized PAC services in Tanzania

International Conference on Family Planning (ICFP)

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Tanzania Context

Incomplete abortion is

- among the top 10 causes of hospital admission
- the main reasons for women seeking emergency care.

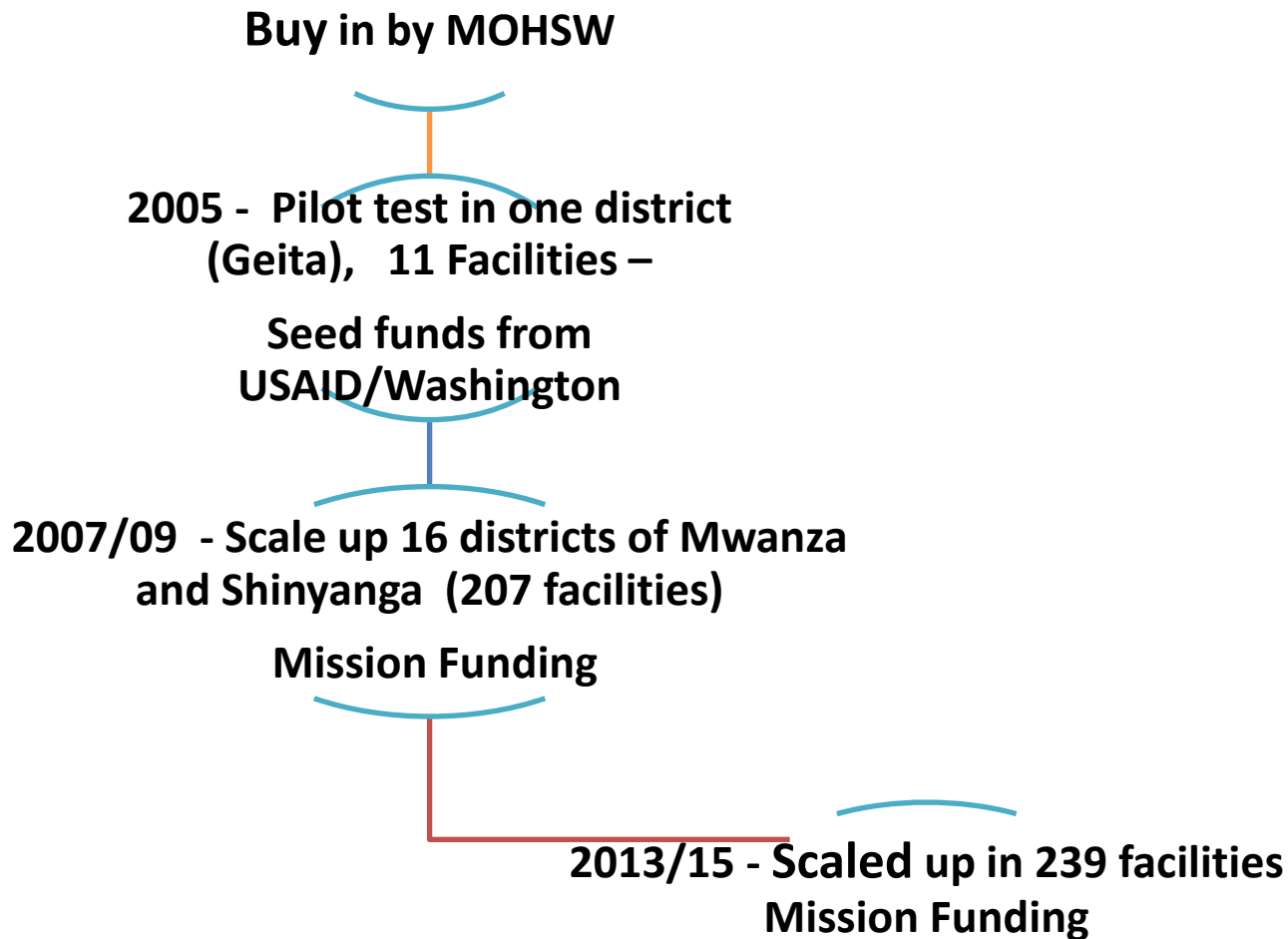
Unsafe abortion

- one of the leading causes of maternal deaths
- causes 19% (DHS 2010) of all maternal deaths in Tanzania

In 2005, MOHSW and EngenderHealth Tanzania, began to decentralize PAC services to lower-level health facilities to increase the availability of PAC services throughout the country.



The Decentralization Process



Program Interventions to decentralize PAC services

Facility:

- Assessed feasibility, acceptability and cost to deliver PAC services in lower level facilities
- Minor renovations to address infrastructure gaps
- Trained 32 TOTs and 952 service providers on PAC and the use of manual vacuum aspiration (MVA) to treat incomplete abortion
- Conducted whole-site orientation to involve all staff in the introduction of PAC services

District Health Management Teams:

- Oriented on PAC approach
- Trained on-the-job follow-up and supervision for PAC
- Lobbied them to plan/support the purchase and distribution of MVA kits



Cont'd

Community:

- Created community partnerships and fostered local “champions” to create community awareness and acceptance of services with emphasis on 3 Delays;
- Recognizing a problem
- Deciding to seek care at the appropriate time
- Receiving care at the HF

Community Emergency Transport



COMMUNITY CONTRIBUTIONS FOR RENOVATIONS



Achievements of Decentralization

Policy change

**Nurse midwives
to provide MVA**

**MVA kits
included in the
essential
drugs/supplies
list**

**MVA Kits in
Comprehensive
Council Health
Plans (CCHPs)
and procured
through MSD**

**Developed
national
documents**

PAC guidelines

**PAC curriculum
and training
materials**

Achievements of Decentralization, cont'd

Introduced PAC in 239 sites;

- 15 of hospitals
- 67 health centers
- 157 dispensaries

Increased access for PAC services at lower level facilities;

- Decongested hospitals
- Increased FP counseling and uptake for PAC clients



Saving Lives and Reducing Unsafe Abortion

PAC client Resuscitation



Family Planning counseling before discharge



Demographic Profile of PAC Clients – 2005 to 2014



60% between ages of
25 and 49

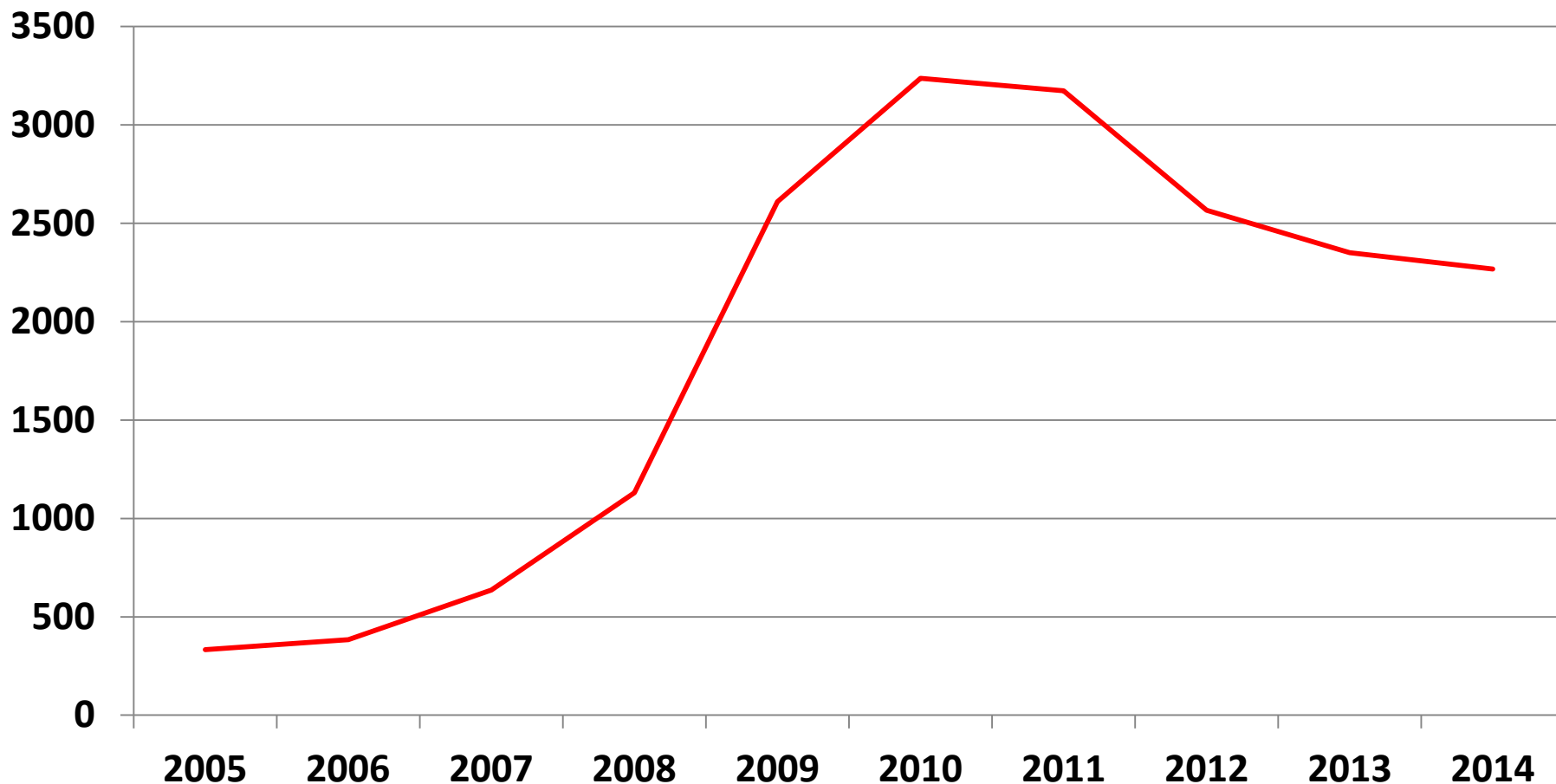
Over 80% are married
or in union

59% are parity 3 and
higher

56% of clients have
up to 12 weeks
gestation age

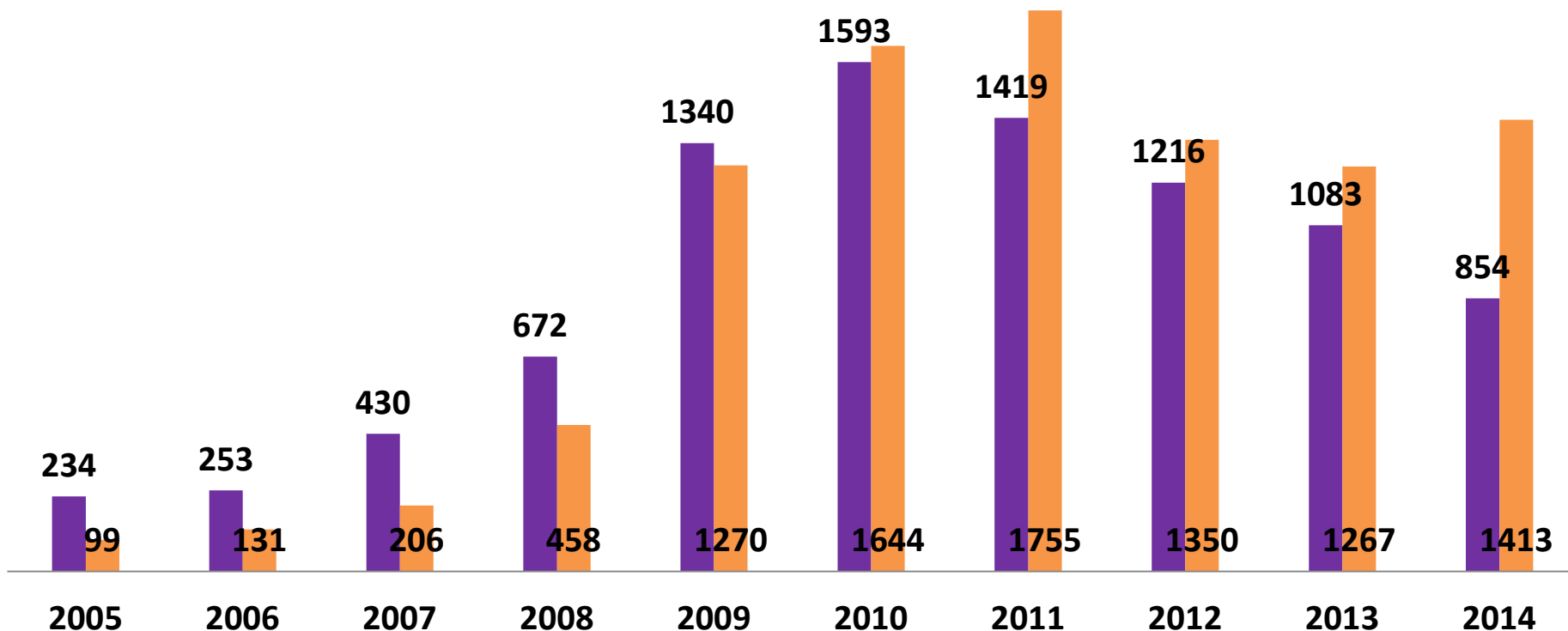


Trends in PAC clients at health Facilities (2005 to 2014)

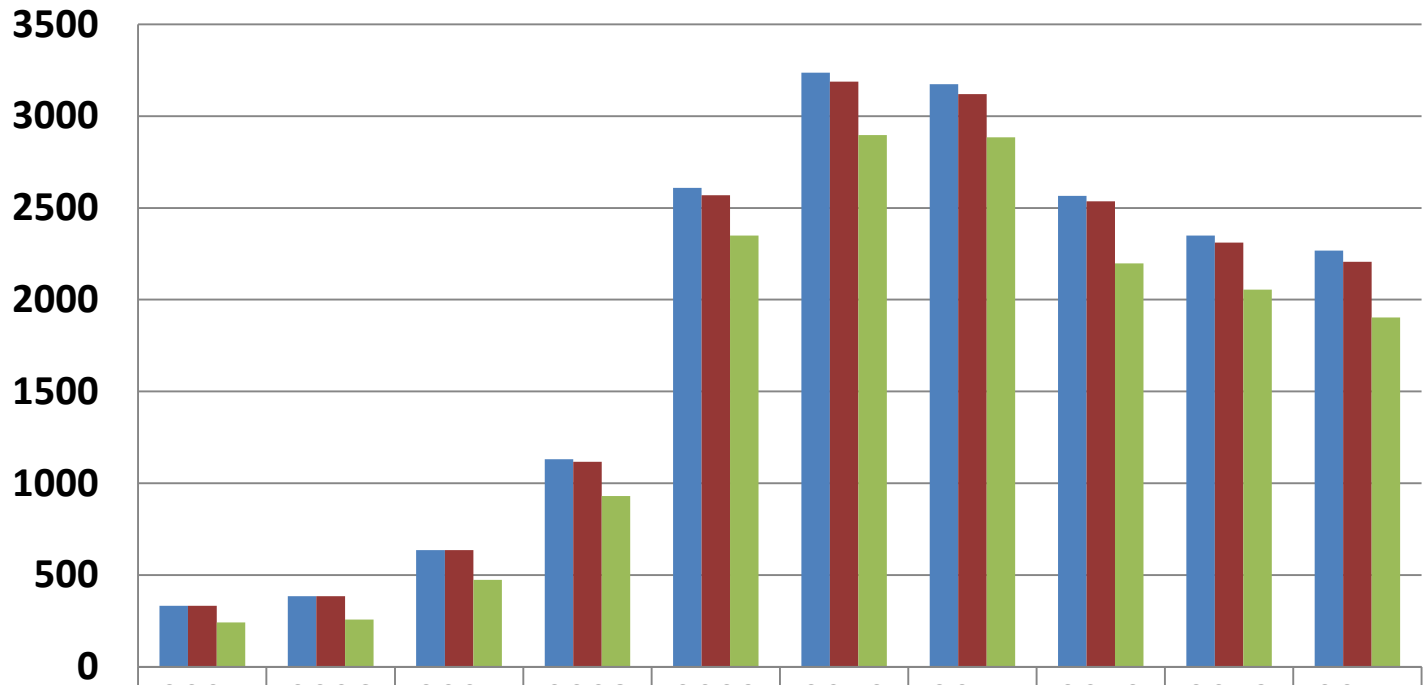


PAC Clients at Hospitals and Lower level facilities- 2005 to 2014

■ Hospital ■ Lower Level



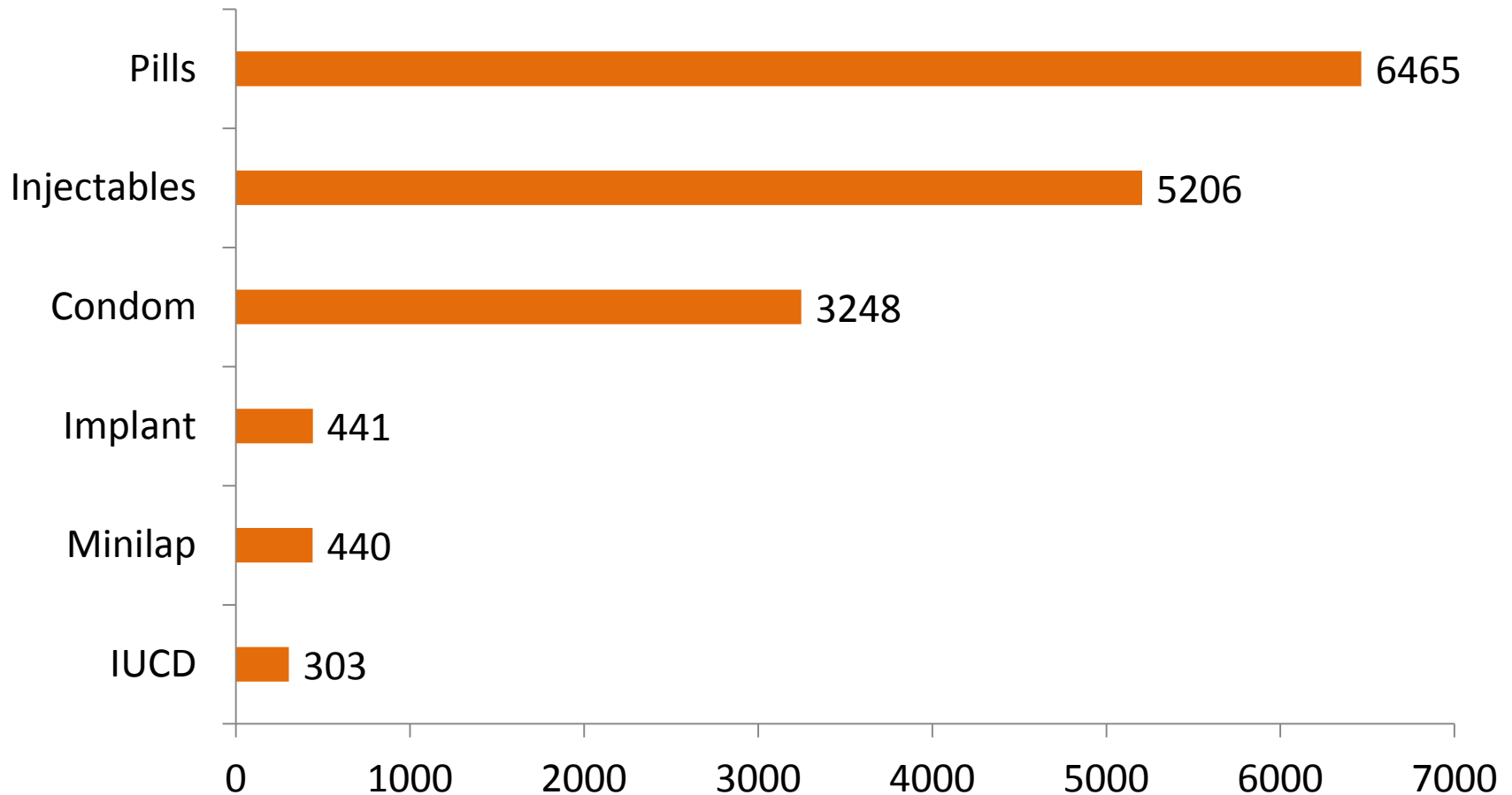
Total Clients served, Total Counseled and Total Accepted FP Method – 2005 to 2014



| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|
| Total Client Load | 333 | 384 | 636 | 1130 | 2610 | 3237 | 3174 | 2566 | 2350 | 2267 |
| Total Counseled on Fp | 333 | 384 | 636 | 1117 | 2569 | 3188 | 3120 | 2536 | 2311 | 2206 |
| Total accepted a Method | 242 | 258 | 473 | 930 | 2350 | 2897 | 2885 | 2197 | 2054 | 1903 |



Method Mix For Clients – 2005 to 2014



Program Implications

Decongest hospitals and expand access to rural women, though attention should be paid to not overstressing the health system to generate demand for services where it is difficult to sustain them.

Effective training of eligible service providers with counseling skills, , more clients were discharged with a FP method approx. 85%.

Community involvement through meetings and advocacy increased awareness and reduction of stigma in society and recognition of the problem for timely management of PAC cases.

Whole-site training to orient all staff at the health facility on the new services so as to support provision of quality services hence meeting both provider and client needs.



Lessons and Challenges

Lessons Learned

Government ownership

Knowledge and information about PAC leads to active Community participation and involvement, and should be continuous

Service provider training has a direct impact on FP service uptake for PAC clients

Multiple programs implementation at community level can compliment each other

Challenges

Stock-outs of contraceptives as a result of Forecasting and ordering

Referrals

Inadequate integration with other reproductive health services (HIV/AIDS, STI etc)

Slow process of scaling up to other/new areas



A PLANNED PREGNANCY IS A PLEASURE IN THE FAMILY.

