Reaching more clients with decentralized PAC services in Tanzania

International Conference on Family Planning (ICFP)

Nusa Dua, Indonesia

Juliana Bantambya, Respond Tanzania Project

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

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.

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

The Decentralization Process

Buy in by MOHSW

2005 - Pilot test in one district (Geita), 11 Facilities –

Seed funds from USAID/Washington

2007/09 - Scale up 16 districts of Mwanza and Shinyanga (207 facilities)

Mission Funding

2013/15 - Scaled up in 239 facilities

Mission Funding

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

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

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

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

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR

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

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR

Saving Lives and Reducing Unsafe Abortion

PAC client Resuscitation

Family Planning counseling before discharge

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR

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

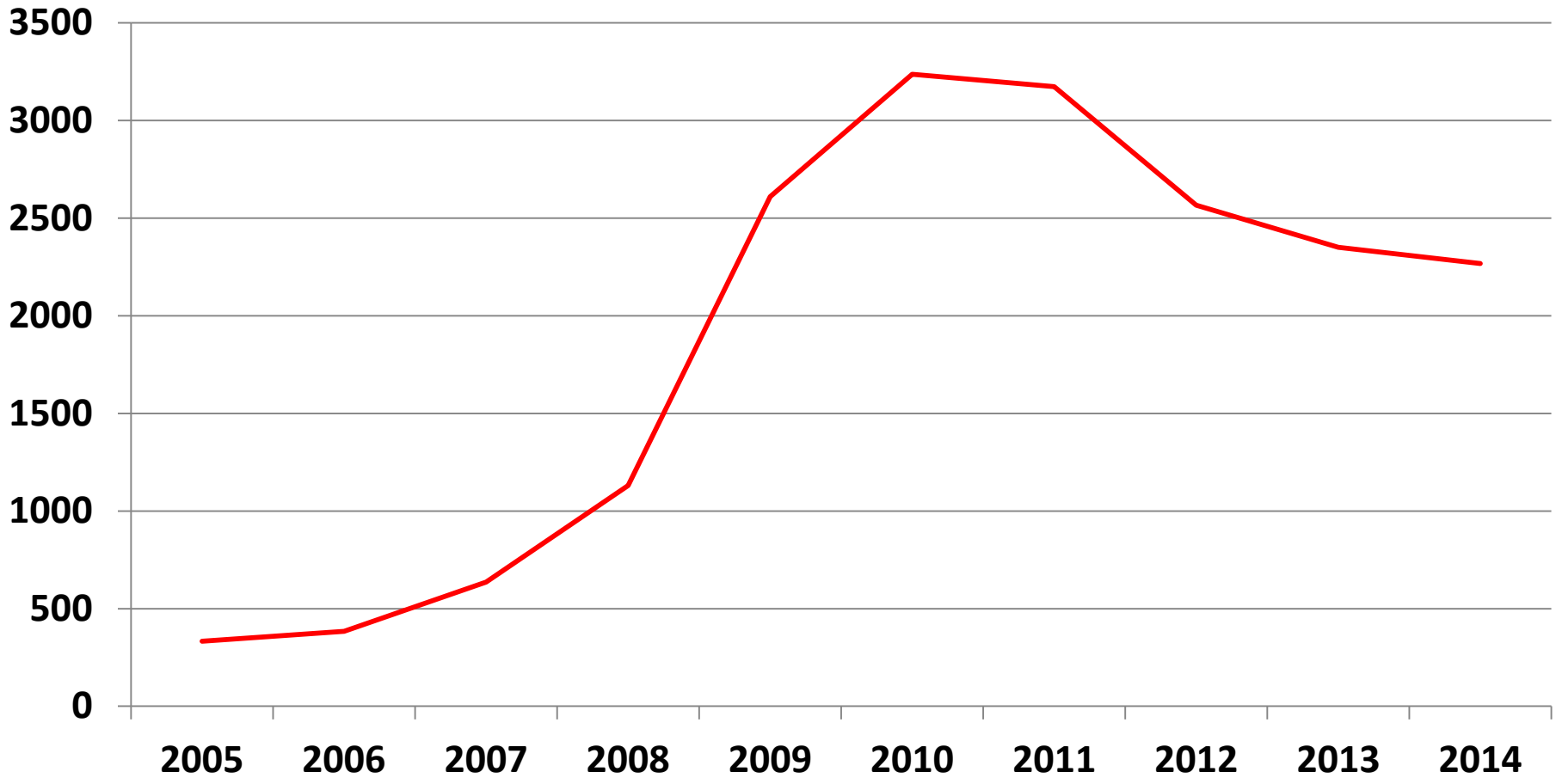
56 % of clients have up to 12 weeks gestation age

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

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

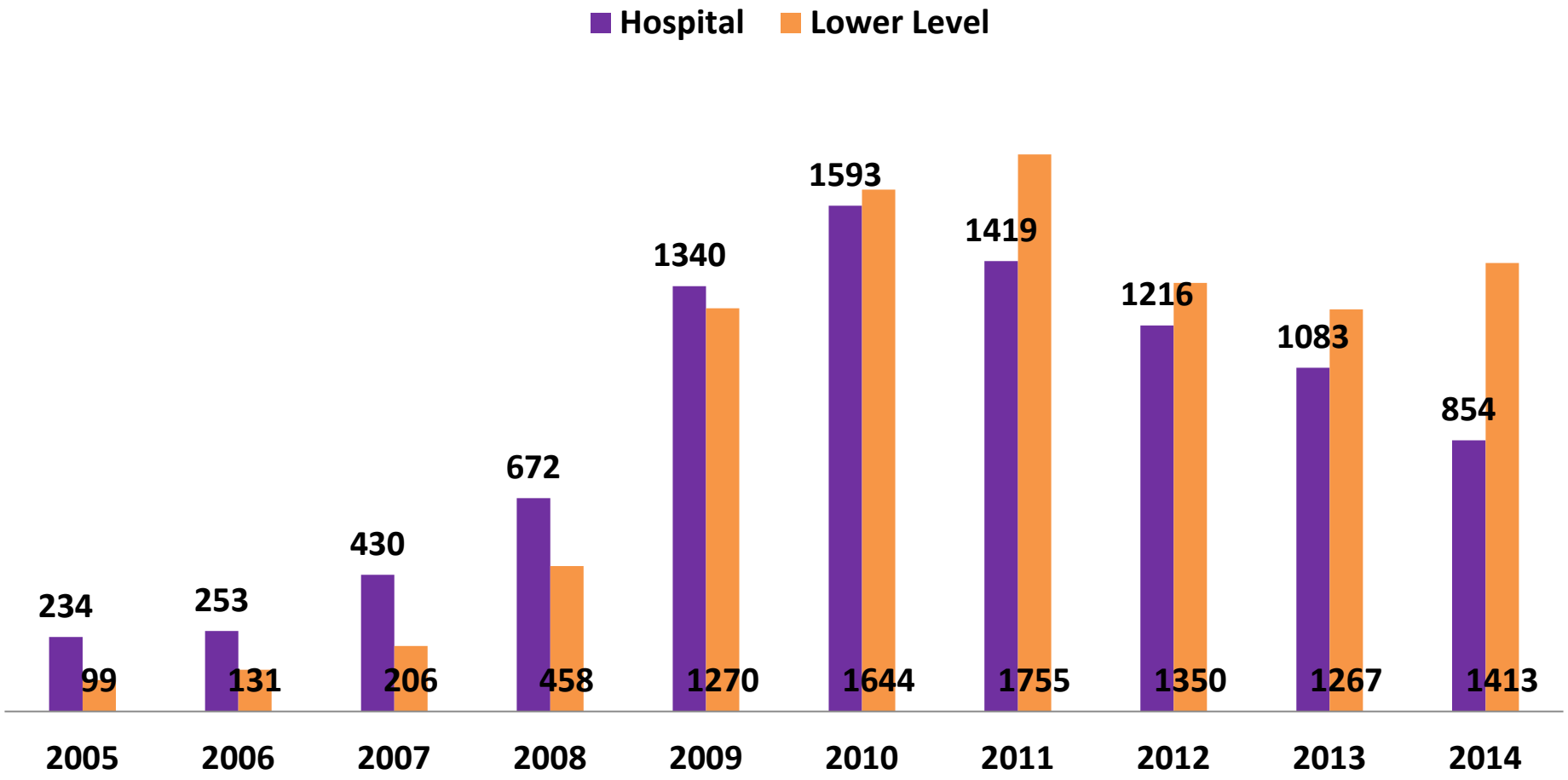


USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

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

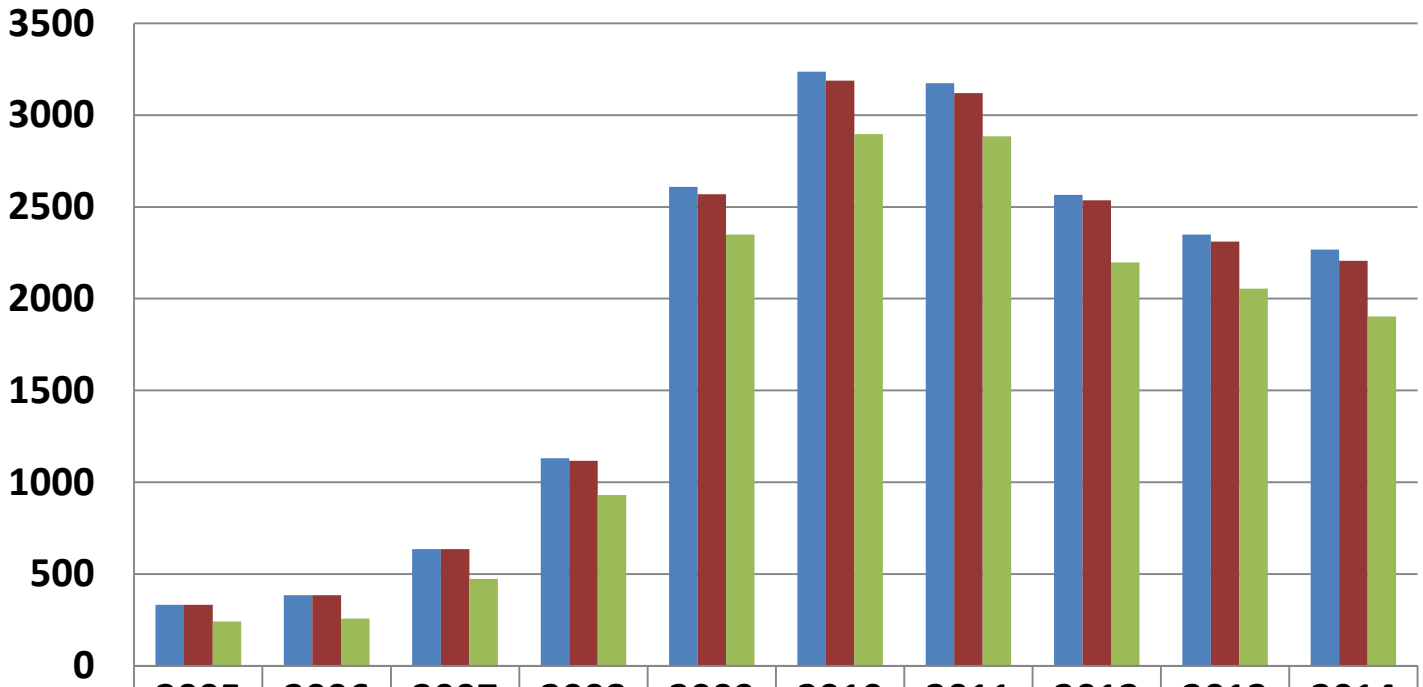


USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR

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



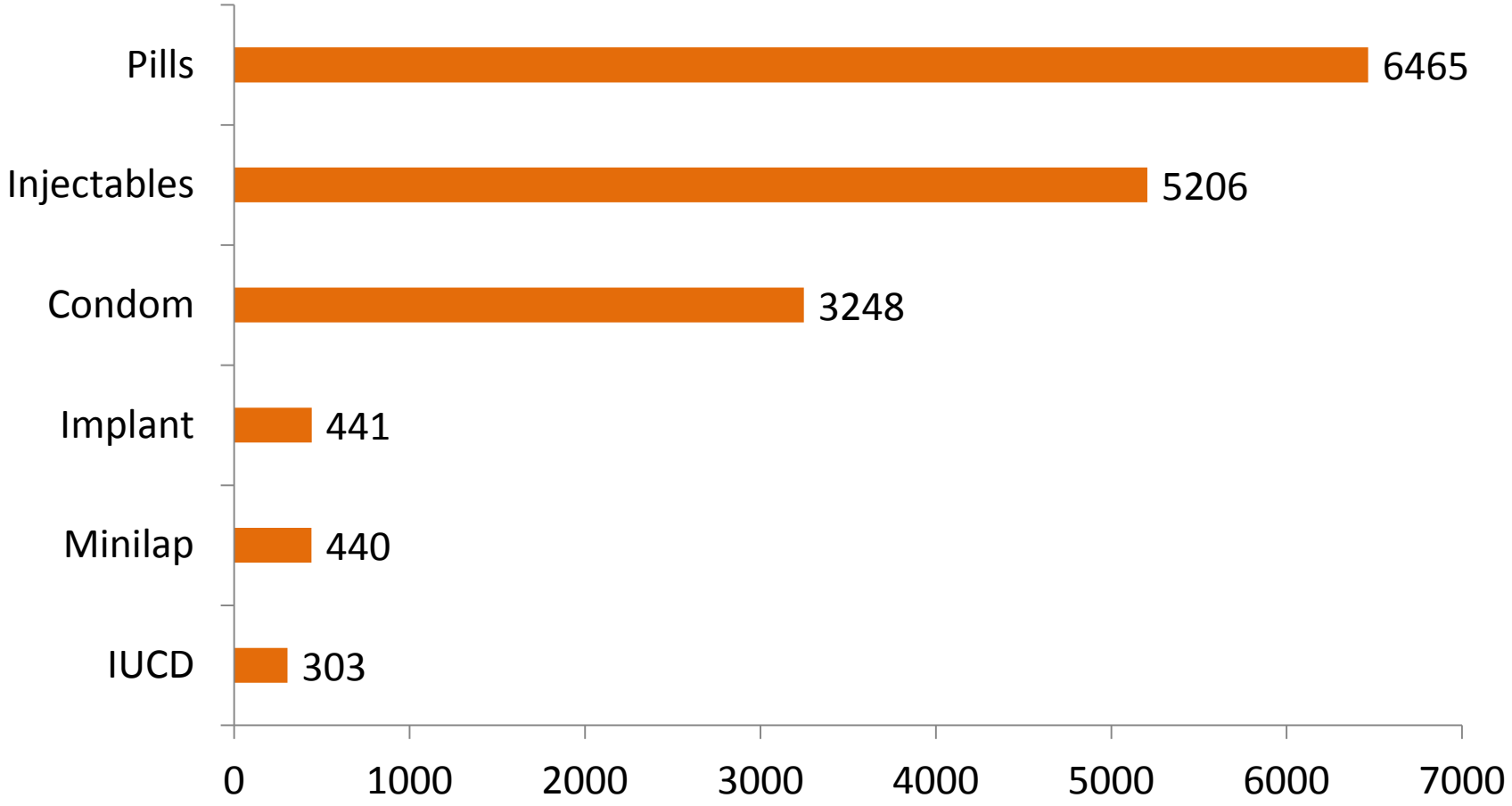
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Client Load	333	384	636	1130	2610	3237	3174	2566	2350	2267
Total Counseled on Fp	333	384	636	1117	2569	3188	3120	2536	2311	2206
Total accepted a Method	242	258	473	930	2350	2897	2885	2197	2054	1903

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

Method Mix For Clients – 2005 to 2014



USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR

Program Implications

Decongest hospitals and expand access to rural women, though attention should be paid to not overstretching 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.

USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

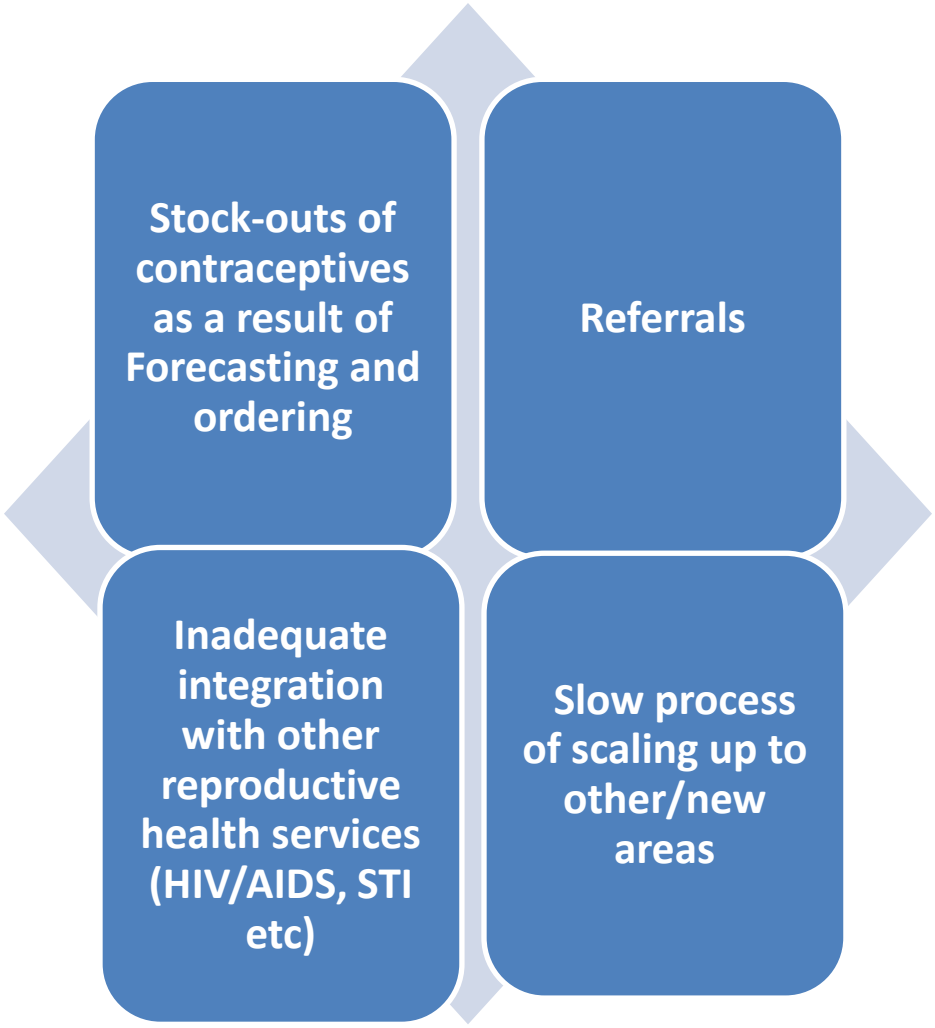
PEPFAR

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



USAID FROM THE AMERICAN PEOPLE

EngenderHealth for a better life

PEPFAR