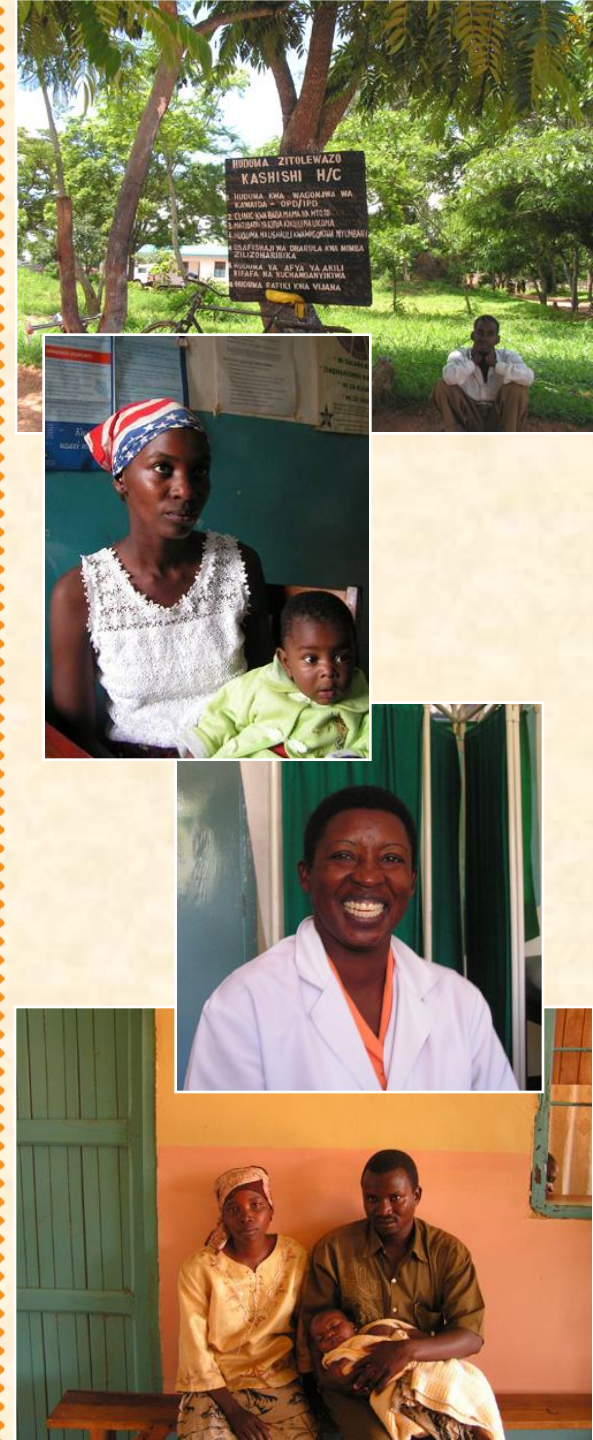


Feasibility, acceptability and cost of introducing PAC in health centres and dispensaries in rural Tanzania

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The ACQUIRE Project
EngenderHealth



Tanzania—Background (circa 2005)

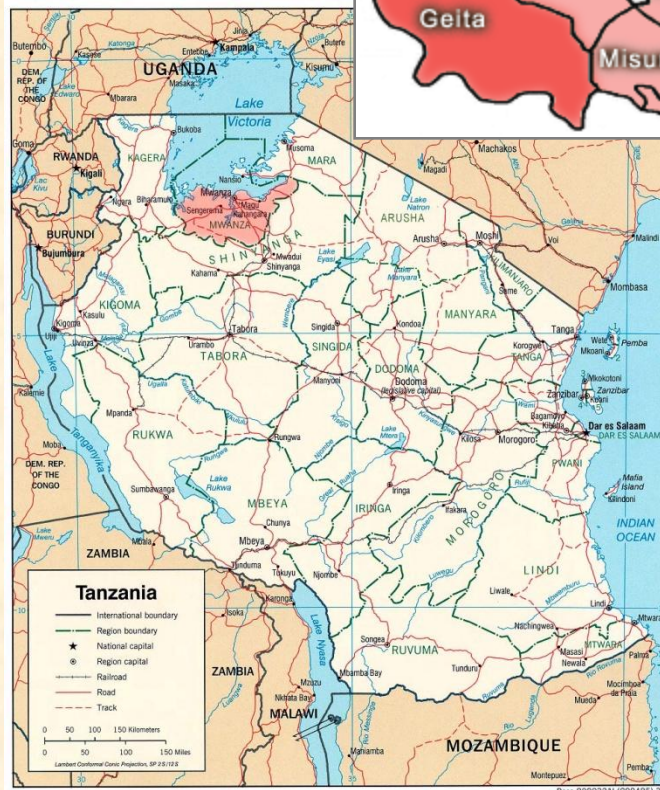
- ~30% of all maternal deaths related to complications of abortion.
- < 20% of facilities had provider a trained cPAC
 - only 6.5% of dispensaries had an available provider.
- Post Abortion Care (PAC) included in the minimum package of services to primary health care facilities [health centers and dispensaries]
- Health reforms → decentralizing the management of health services

Geita District Pilot Intervention [May 2005-September 2006]

~400 cases per month

Interventions

- 11 sites (district hospital, 6 health centres and 4 dispensaries)
 - provided MVA kits, expendable supplies
- Supervision strengthened
- 6 midwives and 9 clinical officers trained in cPAC
- Community outreach



Documenting Process

1. Changes in provider knowledge/attitudes/ practices in PAC
2. Experiences/perceptions PAC clients
3. Changes community attitudes and knowledge about abortion complications—acceptability of local facilities offering PAC services
4. Referral networks—their effectiveness
5. Cost to MOH scale up cPAC services

Results

- PAC services feasible and easy to set up in lower health facilities – demanded very little by way of investment in infrastructure, reorganization of services and procedures
- Increase in number of women accessing FP services after evacuation — ↑ 54% to 74%; ↓ in monthly mean PAC clients from 85 to 57

Anticipated Outcomes—What Worked Well

- Providers had good levels of knowledge management of MVA procedure, handling complications, general management of services (including infection prevention) and postabortion FP
- Facilities well prepared to provide PAC — few clients being referred for advance clinical management incomplete abortions
- Clients presenting with bleeding reported being attended with minimal delay

Anticipated Results—What Didn't Work Well

- Clients felt they did not get enough information about FP
- Linking PAC clients with other RH services (besides FP) remains weak
- Very few community activities implemented by the pilot sites

Unanticipated

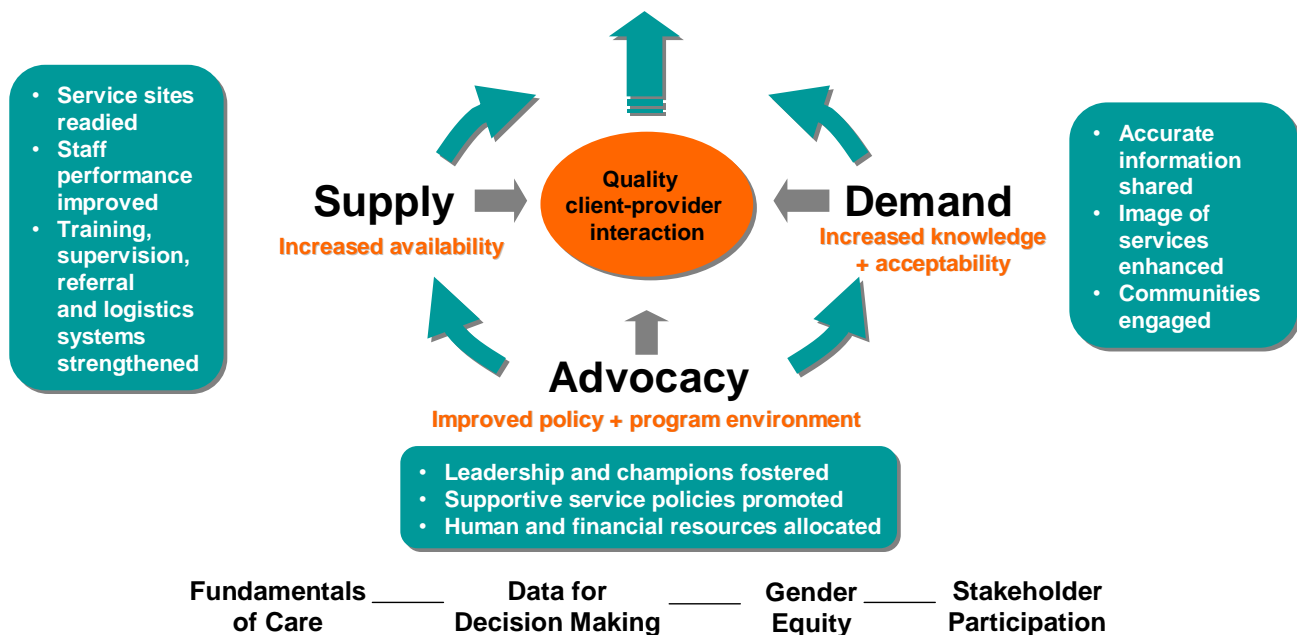
- Mistrust by local communities and some staff suspecting that the project helps women secure abortions

Unanticipated Findings

- Difficulty sustaining access to essential procurements
- Inconsistent record keeping
 - Few referrals – only three facilities reported referrals
 - Referral from dispensaries not documented
 - No referral letters, follow up – no feedback mechanism
- Staff H.C.s and dispensaries felt overstretched
 - Trainees FP counseling skills weak
 - Too busy – hurried counseling

Program Model—Scale up of Decentralized PAC Services in Tanzania

Increased Access, Quality and Use Postabortion Care Services



Programming for Scale up of PAC Services

- Attention to Fundamentals of Care
 - PAC/FP counseling—need job aids
 - 2-week cPAC training→IP and clinical skills good
 - Immediate follow up and supportive supervision mandatory after training
- Data for decision making/stakeholder participation
 - System-provider-community levels
 - Strengthen referral
- Engage men

Programming for Scale up of PAC Services— Advocacy

- Trainees (Champions) to sensitize communities and councils about the new services to mobilize funds for emergence purchase
- Trainees (Champions) to lobby CHMTs to include budget for cPAC activities in CCHP
- Orient CHMTs/service providers on using data for decision making
 - Revise the data/reporting tools in collaboration with CHMTs
 - Facilitate sites to conduct quarterly meetings for data analysis and interpretation for integrated cPAC/RH/FP services

Programming for Scale up of PAC Services— Supply Side

- Train more providers using OJT approach—speed up certification process
- Strengthen procurement systems
- Revisit the linking PAC with other reproductive health services—what is feasible?
- Referral

Programming for Scale up of PAC Services— Demand Side

- Orient CHMTs importance of community involvement and awareness on CPAC services
- Identify/train community groups (CBDs, VHWs, religious leaders, TBAs cultural groups) to conduct community Health Education for cPAC services/ awareness
- Develop local cPAC IEC materials

Tanzania—Scale up of Decentralized PAC Services in 10 districts in Mwanza and Shinyanga Regions

