

Post Abortion Care Family Planning (PAC-FP)

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ACRONYMS AND ABBREVIATIONS

AOR	Agreement Officer's Representative
BEmONC	Basic emergency obstetric and neonatal care
CEFOREP	Centre de Formation et de Recherche en Santé de la Reproduction
CHMT	Council Health Management Team
CHW	Community Health Worker
CMC	Clinical Monitoring and Coaching
CIG	Co-operative Inquiry Group
COPE	Client-Oriented Provider-Efficient services
CTU	Contraceptive technology update
DHIS II	District Health Information Systems II
DHMT	District Health Management Team
DMO	District Medical Officer
DNO	District Nursing Officer
DRCHCO	District Reproductive and Child Health Coordinator
DPS	Director of Presenting Services
E2A	Evidence To Action Project
EPCMD	Ending Preventable Child and Maternal Deaths
EmOC	Emergency Obstetric Care
FIGO	International Federation of Gynecology and Obstetrics
FP	Family planning
IBP	Implementing Best Practices Initiative
ICM	International Confederation of Midwives
IRCHS	Integrated Reproductive and Child Health Section
IUD	Intrauterine device
IR	Intermediate Results
K4H	Knowledge 4 Health
KM	Knowledge management
LAD	Large Anonymous Donor
LARCs	Long-acting reversible contraceptives
LA/PMs	Long-acting and permanent methods
LGA	Local Government Authorities
MCH	Maternal Child Health
MCSP	Maternal and Child Survival Program
M&E	Monitoring and evaluation
MMH	Mnazi Mmoja Hospital
MMR	Maternal Mortality Rate
MNH	Maternal and Newborn Health
OCAT	Organizational Capacity Assessment Toolkit
OT	Operating theatre
OJT	On-the-job Training

PAC	Postabortion care
PACCM	Postabortion Care Costing Methodology
PAC-FP	Postabortion Care Family Planning
PAR	Participatory Action Research
QA	Quality Assurance
QI	Quality Improvement
RCHCO	Reproductive and Child Health Coordinator
RH	Reproductive Health
RHIS	Routine health information systems
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RMNCH	Reproductive Health, Maternal, Newborn, and Child Health
RTP	RESPOND Tanzania Project
SOP	Standard Operating Procedure
SPM	Sector Performance Monitoring
TA	Technical Assistance
TOT	Trainer of Trainers
TWG	Technical working group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
WAHO	West Africa Health Organization
WHO	World Health Organization

VISSION

EngenderHealth's vision is a world where sexual and reproductive health rights are respected as human rights, and women and girls have the freedom to reach their full potential.

MISSION

Empowering women and girls to live their lives fully by delivering access to sexual and reproductive health and rights information and services and by partnering across sectors to create sustainable, transformative change.



ACKNOWLEDGEMENTS

The Postabortion Care Family Planning (PAC-FP) 2018/19 annual report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents in this report are the responsibility of EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

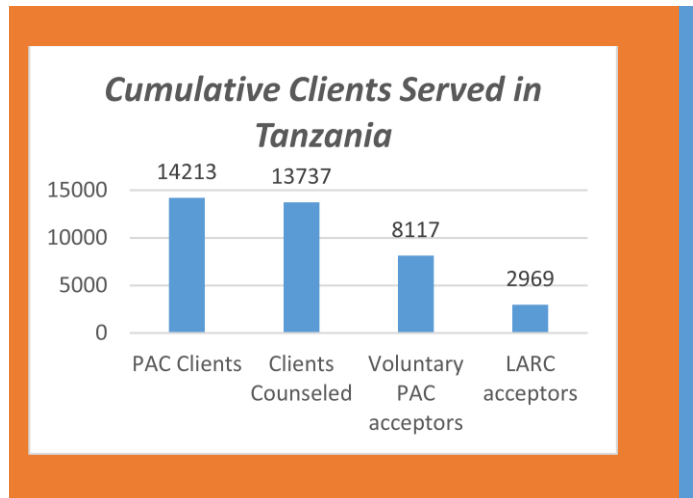
The PAC-FP Project continues to show good implementation results and did even better this reporting period in achieving its set goals. This achievement is a result of good cooperation received from many colleagues within the project, the Ministry of Health in Tanzania and Senegal; regions, districts and 73 health facilities that we supported in Tanzania and Senegal. We are also grateful for the strong partnership that we have enjoyed with other implementing partners in Tanzania and Senegal.

We express our sincere gratitude to Erin Mielke, Samantha Nibali, Emily Hillman, Mary Ellen Stanton and Claudia Conlon (former USAID staff) for their support and guidance during the reporting period. We also sincerely thank Jane Schuller and Fatou Ndiaye, for their support from the USAID Missions in Tanzania and Senegal.

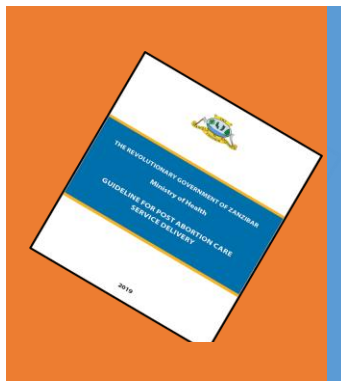
PAC-FP is also grateful for the technical support and inputs that we received from colleagues at EngenderHealth headquarters in DC, Clinical and M&E Advisors from the regional office in Nairobi and Turkey. Special thanks also go to the EngenderHealth's country office staff in Dar es Salaam for their continued support to PAC-FP. The project acknowledges and appreciate the valuable work of all the PAC-FP staff in Tanzania and Senegal, who worked tirelessly to ensure that we accomplish our objectives.

I. EXECUTIVE SUMMARY

In year 5, PAC-FP made significant progress in achievements against its results framework revised in 2017 (*Appendix 1*). Under Results 1, PAC-FP, in collaboration with relevant Ministries of Health (MOH), strengthened the capacity of local health systems in order to deliver quality PAC and to deliver a wide range of voluntary family planning services. To achieve this result, the project established co-operative inquiry groups (CIG) in 23 districts in Tanzania and Senegal to expand knowledge and sustain the practice of quality improvement (QI), using the COPE framework, at district and facility levels. In addition, PAC-FP established 10 skills labs and 39 learning corners in an effort to decentralize PAC



training to district and facility level in Tanzania and Senegal. The approach helps districts and facilities identify and build capacity of service providers through onsite, on-the-job training (OJT), using a blended methodology that includes central training with clinical mentoring and coaching. By September 2019, the project had trained 300 service providers through this approach. Based on lessons learned in Tanzania, the project replicated the decentralized training in four health facilities in Dakar region, Senegal. Since inception, the project has served approximately 14,213 PAC clients, out of whom 13,737 (96.6%) were counseled, 8,117 (59%) and left with a voluntary FP method, while 2,969 (36.5%) accepted a LARC.



In its efforts to promote best practices and standards setting, PAC-FP, in collaboration with other stakeholders, including UNFPA, UNICEF, and EngenderHealth project funded by the Large Anonymous Donor, (LAD), supported the MOH Zanzibar develop and launch PAC guidelines, training curriculum, and job aids in order to decentralize and strength systems to improve provision of quality PAC services. The new guidelines include all methods of PAC treatment including medical treatment (mPAC). In Senegal, PAC-FP supported the MOH review its national PAC guidelines and trained 15 national trainers who in turn, trained 56 service provides. Evidence-based strategies and tools were also developed and disseminated to advance access to quality PAC in Tanzania and Senegal.

Under Results 2, the project advanced global knowledge through strengthening the quality of global resources that promote post-abortion care and established a more enabling policy environment at levels that go beyond the borders of Tanzania and Senegal. In particular, PAC-FP finalized the review of the global PAC curricula and training guidelines to ensure they sufficiently impart knowledge and competencies on PAC; developed, printed and disseminated 22 advocacy briefs on PAC, <http://postabortioncare.org/content/country-briefs>. Additionally, PAC-FP worked with USAID, a Guest Editor, Dr. Douglas Huber, K4H and other implementing partners to complete a journal supplement comprising of

manuscripts detailing the process, outcomes, and lessons learned from implementing PAC programs in different settings. The journal, *Global Health: Science and Practice* – (“Saving Women’s Lives through Emergency Obstetric Care and Voluntary Family Planning” http://www.ghspjournal.org/content/7/Supplement_2, Volume 7, supplement 2, was published on 28 August 2019 and launched on 4 September 2019 in Washington DC.

PAC-FP also collaborated with the International Confederation of Midwives (ICM), to finalize and incorporate PAC and FP modules into ICM’s Competency-Based Education curriculum. It is anticipated that ICM will disseminate the revised curriculum through its 94-member association network.

II. INTRODUCTION

This annual report presents a summary of accomplishments for Year 5, (October 01, 2018 through September 30, 2019) of the Post abortion Care Family Planning (PAC-FP) Project. It highlights progress towards goals outlined in the Year 5 Work Plan and shares milestones made over the reporting period. The report stipulates all accomplishments according to their respective intermediate results (IR) and activities. Progress is centered on strengthening the capacity to deliver and support the strengthening of PAC, including voluntary FP in Tanzania and Senegal; generation and dissemination of global knowledge regarding advancing access to high quality PAC, a wide variety of FP methods and ensuring sustainability. This five-year Cooperative Agreement is supported by the United States Agency for International Development (USAID) and managed by EngenderHealth in partnership with the Centre Régional de Formation, de Recherche Plaidoyer et en Sante de la Reproduction(CEFOREP) in Senegal, and the International Confederation of Midwives (ICM) at global level.

Despite significant gains made in strengthening access to family planning (FP) globally, post abortion care (PAC) clients still face multiple barriers in accessing effective FP in an environment of choice, respect, and support. When FP is available, there is limited method mix and a bias towards short-acting methods. Cost remains a major barrier to accessing quality PAC in many countries. In 2014, USAID awarded EngenderHealth a five-year global PAC-FP project to create and replicable models, strategies and approaches to address persistent obstacles to providing FP, particularly long-acting and reversible contraceptives (LARC) to PAC clients. These barriers include: (1) the difficulty in which abortion-related emergency programs deliver FP, (2) capacity building that does not ensure quality of care, continued education or skills improvement, and extended service provision after training. (3) Other barriers include systems that do not provide sufficient management support, such as equipment and supplies; supervision that do not provide for data use for decision making, and (4) low policymaker, community and client demand and support for quality PAC.

PAC-FP's goal is to contribute to the reduction of preventable child and maternal deaths through increased access to postabortion care and higher uptake of voluntary postabortion family planning. The strategic objective aims at increasing informed and use of voluntary FP with a focus on long acting and reversible contraception (LARCs) by PAC clients and contributing to the overall goal of 'Preventable Child and Maternal Deaths' (PCMD). Project activities in Tanzania and Senegal operationalize effective strategies for ensuring the delivery of a wide variety of contraceptive methods during PAC, emphasizing all relevant levels of the health systems where the project works: national *policy*, local-government *management* and facility-based *clinical* aspects of PAC. During the reporting period, the project continued to support integrated service package through two key results: (1) Strengthened capacity to deliver and support scale-up of postabortion care including voluntary family planning services, and (2) Global knowledge generated and communicated to advance access to high quality PAC, including a wide variety of voluntary FP methods for PAC clients. (*Annex 1*)

III. PROGRAM RESULTS AND ACCOMPLISHMENTS

During the reporting period, the PAC-FP project continued to strengthen PAC services in 65 sites in Tanzania and conducted a baseline study in 8 sites in Dakar region in Senegal. In Tanzania, the project worked with the MOH to develop sustainability plans and operationalized decentralized trainings in PAC and voluntary family planning, focusing on provision of long acting and reversible contraceptives (LARCs). PAC-FP Tanzania strengthened co-operative inquiry groups (CIGs) established in 2017 to build knowledge and sustain quality improvement at Council Health Management Team and health facility levels. The project continued to supervise and support the seven regional and district in-service skills labs and 35 learning corners within facilities in Mwanza, Geita and Zanzibar, in an effort to decentralize PAC in-service training to districts and facilities through on-the-job-training (OJT) and mentorship. This approach increased the number of skilled PAC service providers in the supported sites thus reducing the cost of in-service training. PAC-FP also adapted quality improvement approaches and facilitated a strategic approach to promote voluntary FP in its supported sites in Tanzania. These included strengthening guidelines, standards and protocols to emphasize a broad method mix; clinical training, monitoring and coaching, M&E and data use to support decision making for continuous service improvements. As a result, there was an increase in the use of the recommended treatment for complications in mainland and Zanzibar; provision of appropriate pain relief medication increased from 58% to 83% of PAC clients in mainland; in Zanzibar, this increased from 41% at baseline to 81%.

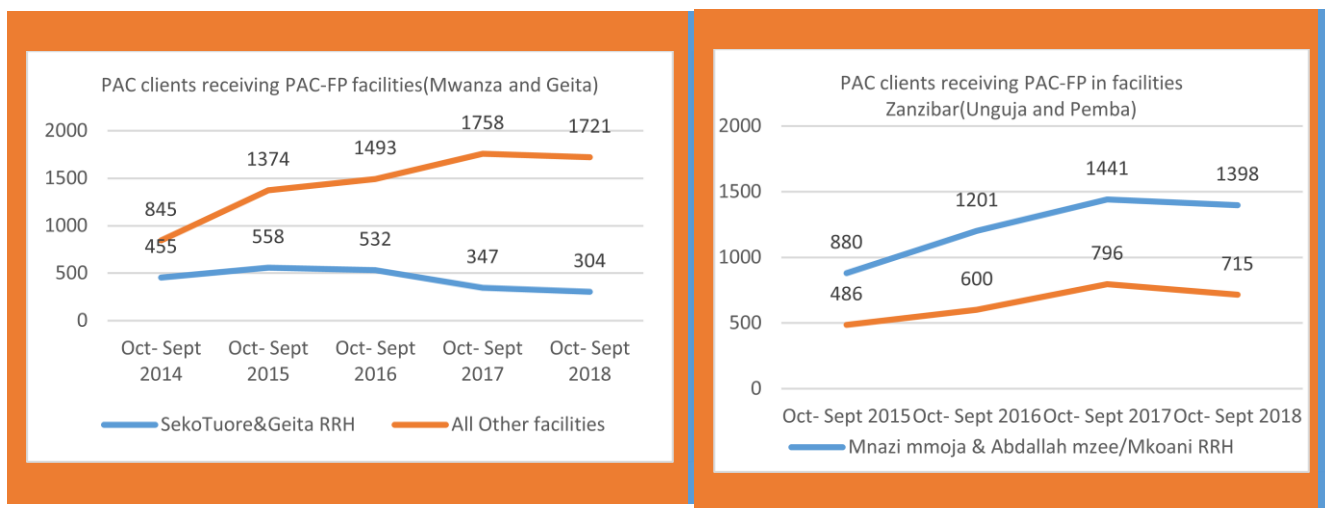
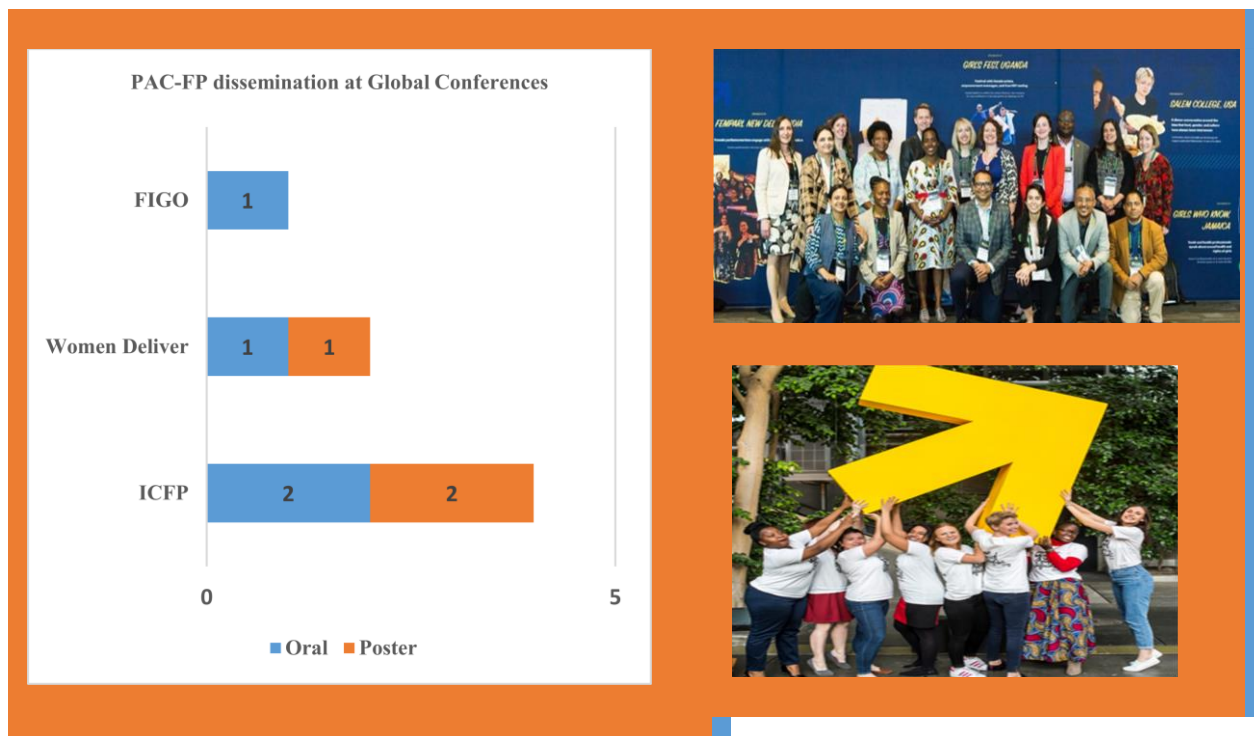


Figure 1: Blue line shows trend in higher-level facilities while the red line shows trend in lower level facilities.

Voluntary uptake of any modern contraceptive method by PAC clients increased from 82% at baseline to 89% in mainland and from 30% to 52% in Zanzibar. The proportion of PAC clients who voluntarily selected a LARC prior to discharge also increased from 9% at baseline to 66% in mainland and from 1% to 10% during the same period in Zanzibar. The figures above show an increase in the number of PAC-FP clients in lower level health facilities, with a corresponding decrease in clients serviced in higher-level facilities as a result of decentralization, thus decongesting the higher level facilities.

Core Activities

As a global project, PAC-FP project seeks to advance learning on good practices to ensure the delivery of a wide variety of voluntary FP methods through quality postabortion care. During the reporting period, PAC-FP shared and disseminated lessons learned from strengthening health systems and building capacity for services at the facility level at various international, regional and national levels. We participated in several national, regional and international fora to disseminate project findings and held conversations on opportunities for collaboration and scale-up of quality PAC. PAC-FP presented one study on increasing use of voluntary contraception among women treated for abortion-related complications in Zanzibar during the FIGO conference held in October 2018 in Brazil. The project also disseminated two orals and two posters at the ICFP conference in November 2018 in Kigali, Rwanda. These included i) “Strengthening Postabortion Care—Expanding Treatment Methods and Voluntary Contraceptive Method Choice in Zanzibar, Tanzania,” a pre and post Evaluation. ii) “Strengthening Postabortion Care Services through Expanding Method Choice to Include Long-Acting Reversible Contraceptives for Women in Tanzania.” iii) “Women’s Experiences and Perspectives on Postabortion Care and Voluntary Postabortion Family Planning at Public Facilities in Dakar, Senegal.” iv) “Women’s Experiences and Perspectives on Postabortion Care and Voluntary Postabortion Family Planning at Public Facilities in Dakar, Senegal”. In June 2019, PAC-FP presented one digital poster presentation on Health System and Patient Costs for Scaling up PAC including voluntary FP in Tanzania at the Women Deliver conference in Vancouver, Canada. The project also participated in a side event during Women Deliver conference on “What Works: using evidence from the world’s largest family planning programs to reach global goals.” PAC-FP shared lessons learned from Tanzania and Senegal.



In addition, the project disseminated results of the PAC baseline study in Tanzania at the Tanzania Health Summit in Dar es Salaam and participated in various TWGs in Tanzania and Senegal; disseminated baseline and cost study findings to parliamentarians in Zanzibar. PAC-FP staff also attended the Council Health Management Teams (CHMTs) and District Health Management Teams (DHMTs) meetings in Tanzania, where they shared study findings and lessons learned.

In March 2019, PAC-FP in collaboration with CEFORP, disseminated results of the PAC baseline study in Dakar, Senegal. Other avenues for dissemination include international forum such as PAC connection network and shared project briefs and abstracts on various websites including EngenderHealth website and PAC Connection website.



Key Result 2: Global knowledge generated and communicated to advance access to high quality PAC, including a wide variety of FP methods for PAC clients.

Under Results 2, the project advanced global knowledge through strengthening the quality of global resources that promote post-abortion care and establish a more enabling policy environment at levels that go beyond the borders of Tanzania and Senegal. These includes (1) reviews of global PAC curricula and training guidelines to ensure they sufficiently impart knowledge and competencies on PAC, (2) development and printing of 22 advocacy briefs on PAC, <http://postabortioncare.org/content/country-briefs>, and (3) facilitated activities that support regional consortia to strengthen and coordinate technical assistance for enhancing PAC programs in seven Francophone West Africa countries.

IR 2.1: Evidence-based strategies and tools for strengthening postabortion care FP through effective research, monitoring and evaluation.

2.1.2 Implement study protocol to evaluate the roll out of PAC guidelines in Zanzibar

During the reporting period, the Zanzibar Reproductive, Maternal, Neonatal, and Child Health (RMNCH), technical working group (TWG) established a taskforce to develop PAC policy guidelines. New PAC guidelines, specific to Zanzibar was finalized, approved by the Ministry of Health and officially launched in September 2019.

In addition, the project reviewed and submitted a protocol to renew ethical clearance for a study to evaluate different aspects of the guideline. The objectives of the evaluation are informed by the observation that PAC-FP integration, has only been effective when PAC is performed surgically (i.e. MVA) and the belief that health policy in Tanzania would benefit from local evidence that non-physician cadres can perform mPAC as well as physicians. These objectives are: (1) to demonstrate that the guidelines and

implementation approaches produced equivalent levels of FP integration among cases of PAC managed surgically and medically. (2) To demonstrate that mPAC clients treated by non-physician and physician cadres, respectively, experience care that is equivalently safe and acceptable. (3) In addition, the study will document the uptake of voluntary family planning among PAC clients treated by misoprostol in Zanzibar. However, implementation of this study is subject to availability of funds.

IR 2.2: Advancement of post abortion care through collaboration, knowledge sharing, adaptation and use of strategies and tools

2.2.1 Development of “PAC Toolkit”.

In the past five years of implementation, PAC-FP project rolled out a systems model for strengthening PAC that emphasized strengthening of voluntary and informed FP, particularly LARCs, among PAC clients; the establishment of an enabling environment, community engagement and mobilization, expanding or scaling up of the PAC model and quality improvement. These include approaches, checklists and related materials that have been developed, tested and adopted by the project into a PAC model toolkit that explains what we identified as requirements for strengthening PAC programs. This toolkit will be designed to help managers, trainers, planners, providers, supervisors and other stakeholders to systematically plan, manage, implement and monitor PAC. By the end of the reporting period, the project finalized a SOW to guide the identification of a consultant to support the development of the Tool Kit. However, due to reduced funding, the project will explore the possibility of using in-house expertise and staff time to develop the PAC Tool Kit.

2.2.2 Develop a communication plan for all knowledge products developed by the project

As a global research project, PAC-FP project conducted various studies to assess the provision of quality PAC and voluntary FP services. Between Year 2 and 4, studies completed include a baseline study in 25 facilities in Tanzania to assess the feasibility and impact of a capacity-building model to strengthen the organization and provision of PAC, costing and process evaluation studies, focusing on cost-recovery policies and the resultant payment mechanics imposed on PAC clients.

During the reporting period, the project developed a simple communication plan, which includes a list of all knowledge products to be developed and disseminated. (*Annex 2*) The project shared the list of knowledge management products with USAID for information and approval. During the reporting period, PAC-FP initiated development of various knowledge products and in collaboration with districts and facilities, started developing briefs, manuscript and other products that will support knowledge sharing of good practices and lessons learned. We anticipate that these products will be disseminated at some regional and international fora, which will be held in 2020.

2.2.3 Publish and disseminate the developed advocacy briefs and landscape analysis on the status of PAC in 22 USAID priority countries.

During the reporting period, the project completed country briefs on the status of PAC in 22 USAID priority countries. , <http://postabortioncare.org/content/country-briefs>. Though our target was 26, there were some countries on which country informants were not able to provide sufficient information for a brief (for example Yemen and South Sudan). In Year 5, PAC-FP finalized the 22 briefs, copyedited and printed hard copies for dissemination to a wider audience such as FIGO in October 2018, ICFP in November 2018, Ouagadougou partnership conferences in December 2018 and Women Deliver in June 2019. In addition, the briefs were uploaded on the PAC Connection website and



EngenderHealth website to increase reach. The documents were also disseminated during the PAC Connection meeting in September 2019 in Washington DC.

2.2.4 Publish journal articles and supplements



Over a period of two years, PAC-FP coordinated and worked in collaboration with USAID, other implementing partners and organizations that deliver PAC programs to complete a journal supplement comprising of manuscripts detailing the process, outcomes, and lessons learned from implementing PAC programs in the variety of settings. The project contracted Dr. Douglas Huber, to act as Guest Editor for the supplement. The journal supplement “Saving Women’s Lives through Emergency Obstetric Care and Voluntary Family Planning” http://www.ghspjournal.org/content/7/Supplement_2, Volume 7, supplement 2, was published on 28 August 2019 and launched on 4 September 2019. By September 2019, a total of 337 tweets had been received; 876 people had read the article from the website, with 82 pdf downloads and 247 reads on LinkedIn by September 2019.

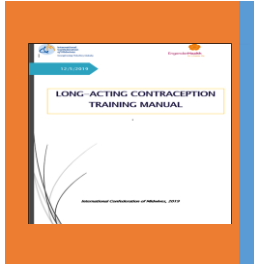
IR 2.3: Improved quality of global resources for supporting scaling up access to high quality PAC including postabortion FP services.

2.3.1 Review the global PAC curriculum.

During the reporting period, the project received feedback from USAID and further discussions were held to review guidance from the compliance team at USAID in November 2017. The project further reviewed the suggested changes to identify content that needed to be supported from other resources. In March 2018, the project received the go ahead to make the necessary revisions to the Global PAC curriculum and completed the review process. Comments and inputs from the stakeholders were incorporated into the final draft as appropriate.

2.3.3 Collaborate with International Confederation of Midwives (ICM) to strengthen and pilot pre-service midwifery curricula.

During the reporting period, ICM developed and submitted a revised version of the PAC and voluntary FP modules for a final round of reviews by EngenderHealth. The project also held several meetings with stakeholders in Zanzibar to discuss plans for Beta and field-testing. The project, in collaboration with the ICM consultant collected and documented baseline data from three training institutions in Zanzibar and the ministry of health, who are the main recipients of the newly graduated midwives and nurses. The baseline data included documentation of the current approach in training midwives and nurses prior to the introduction of CBE and the PAC and voluntary FP modules. Data will also be collected post intervention and analyzed before the outcomes are dissemination.



The nurse tutors to be trained on CBE will be drawn from three nursing institutions in Zanzibar. Thereafter, tutors trained in CBE will use the FP and LARCs materials as part of the field-testing exercise.

PAC-FP Tanzania

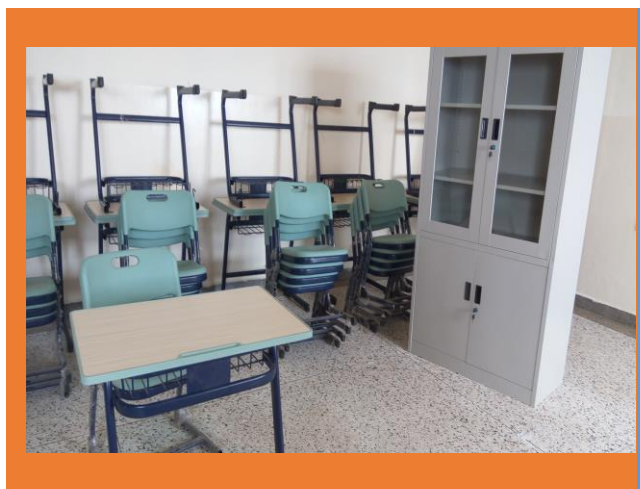
Key Result 1: Strengthened capacity to deliver and support scale-up of comprehensive post abortion care FP services.

IR 1.1 Strengthened capacity of local health system to deliver a wide-range of post-abortion FP services.

1.1.1 Support the MOH to operationalize skills labs and learning corners in Mwanza, Geita and Zanzibar.

One of the key challenges in scaling up quality PAC in Tanzania is in-adequate skilled service providers. Training needs are usually identified centrally and addressed by centrally planning trainings that deploy national-level trainers to convene providers from several regions in locations often very far from where providers work. From the perspective of local government authorities (LGA), Districts and Regions, this strategy addresses their workforce needs in a piecemeal fashion that is not often aligned with their assessment of the number of PAC providers they require. To address this problem, PAC-FP project, Tanzania initiated a strategy to decentralize PAC training to regions, districts and facilities using OJT and mentorship approaches.

In Year 4, the project, in collaboration with the MOHCDGEC/ MOH identified and established seven skills labs in Mwanza (3), Geita (2) and Zanzibar (2); donated furniture from the EngenderHealth supported project Respond project, (RTP) and established learning corners in 35 lower level facilities for continuous learning and skills improvement.



During the reporting period, the project strengthened the capacity of MOH at national and regional levels to oversee and support RHMTs and CHMTs operationalize these training centers. In addition, the project supported the MOH established learning corners in 35 lower level facilities for continuous learning and skills improvement. To ensure sustainability, the project gradually transitioned the support of trainers and supervisors to conduct mentorship of PAC trainings to regional trainers, RHMTs and CHMTs. The project also initiated

discussions with selected districts to document the process and disseminate as one of the knowledge products.

During this reporting time, PAC-FP project Tanzania in collaboration with respective RHMTs and CHMTs in Mwanza and Geita continued to conduct follow up to the established skills labs in the regions and districts. These skills labs are being used for other skills learning than PAC. Providers use the rooms for practical session and simulation.

IR 1.2 Increased sustainability and access to quality and acceptable post abortion care, including Family Planning services.

1.2.1 Develop sustainability and institutionalization plan of project activities in Mwanza and Zanzibar.

Using the USAID model for Postabortion care, the project initiated, supported and documented various interventions and approaches aimed at strengthening voluntary FP component in PAC programs, thus contributing to the pool of stakeholders work on the reduction of preventable child and maternal deaths in the country. In year 4, these interventions and approaches were tested and documented in close collaboration with the MOH.

In year 5, the project focused on developing regional and district sustainability plans and embarked on transitioning of the activities to RHMT and CHMTs in Mwanza and Zanzibar. The project worked with regional and district health management teams to adapt and use the developed knowledge management materials and strengthen capacity of these authorities to take on full ownership of project related activities. During the year, the project continued to mentor the district Management teams to take full responsibility for planning, implementing and evaluating PAC in their respective districts, drawing from success stories and lessons learned from project implementation. Districts like Misungwi, Geita Urban and Unguja Town have taken full responsibility of various PAC activities previously supported by the project.

1.2.2 Facilitate the graduation of selected facilities in Mwanza, Geita and Zanzibar

During the reporting period, PAC-FP team conducted on-site clinical mentoring and coaching to 65 sites in Mwanza, Geita and Zanzibar. During this period, the project identified 15 (7-Mwanza, 2-Geita 6-Zanzibar) Health facilities that had maintained quality and established budget line items to fund PAC activities previously supported by the project, including conducting regular supportive supervision. To ensure continuity of PAC, the project held four 2-day meetings in Mwanza, Geita and Zanzibar with respective D/CHMTs and facility in-charges to facilitate the transitioning of PAC activities in these facilities. Prior to the project closeout, the project will ensure readiness to provide quality PAC including voluntary FP. In-depth mentoring and coaching was done in Misungwi district, Geita town district, Unguja town and Unguja west where the districts have shown good progress in planning and supervising PAC related activities. For example, Sebuleni PHCU+ has developed a routine schedule for continuing education where they conduct on job training through a learning corner at the facility. The providers are proud and appreciate quality improvement of their health facility.

IR 1.3 A more enabling policy environment for improving the quality of PAC and expanding access to a wide voluntary FP method mix to PAC clients

1.3.1 Rollout of newly developed PAC guidelines, curriculum and Job aids.

During year 4, PAC-FP project Tanzania, in collaboration with the EngenderHealth-led “LAD supported Project”, worked with the Ministry of Health of Zanzibar through the Reproductive Health, Maternal, Newborn and Child Health Technical Working Group (RMNCH-TWG) and other stakeholders to develop a new PAC policy guidelines and curriculum specific to Zanzibar. At the beginning of PAC-FP year 5 period, an initial draft of the guidelines was developed, reviewed by the PAC task force finalized, approved and officially launched in September 2019. The consultants, in collaboration with PAC-FP and other stakeholders also embarked on the second phase of the assignment, to develop the job aids and training materials. In August 2019, the first curriculum review workshop was held in Zanzibar to review and update the available training materials in line with the new PAC guideline in August 2018. Electronic-media versions of the materials will also be developed. The ministry with support from the consultants also developed a plan for a systematic rollout of the guideline and all newly developed materials. The project supported and fully participated in the launch of PAC guidelines, curriculum and Job aids in September 2019.



1.3.1.1 Rollout PAC guidelines in Zanzibar.

EngenderHealth, through its LAD supported project printed and distributed 100 copies of PAC guidelines and 1000 copies of Job aids. PAC-FP supported the distribution of the guidelines and copies of other relevant materials to the 23 supported health facilities. Plans for field-testing and finalization of the PAC curriculum, and Job aids were initiated. However, implementation of the field-testing will depend on the availability of funds. The project continued to hold strategic meetings with other partners in RH to discuss further roll out of the PAC guidelines, the new curriculum and job aids. The project in collaboration with sister project LAD are in the process of finalizing the PAC training curriculum and job aids. These working tools will enable service providers strengthen their skills and build confidence.

1.3.1.2 Support MOH Zanzibar to orient Supervisors, Trainers and Mentors on the new PAC curriculum and job aids.

The systematic rollout of materials includes orientation of supervisors, trainers, and mentors from public, NGOs and private sectors before they disseminate the materials to lower levels as appropriate. As part of the initial rollout, PAC-FP project oriented 26 supervisors and trainers, to the new guidelines in September

2019. The trained TOTs will in turn train a minimum of 46 service providers in 23 supported sites in Unguja and Pemba. The project will continue to hold strategic discussions, through TWGs, with other partners to discuss further roll out of the new curriculum, job aids to other districts and facilities in Zanzibar, including private facilities.

1.3.2 Sustain support for MNCH/FP TWGs, PAC sub-committee and MPDSR at national, zonal and regional level in Tanzania.

In year 4 the project supported activities of the technical working groups at national, zonal and regional levels in Mwanza, Geita and Zanzibar. The project also supported use of criterion-based audit for quality improvements. The criterion-based audit involves the documentations of cases fatalities and near misses to avoid similar events occurring in the future. In year 5, the project continued to support the MNCH/FP TWGs, PAC sub committees and MPDSR in Mwanza, Geita, and Zanzibar. Plans to handover the secretariat functions to the MOH or other stakeholders were initiated and we anticipate completing the handover early in year 6. During this reporting time, PAC-FP team members participated in two TWG meetings one in Mainland and one in Zanzibar. As part of our phased sustainability plan, the project handed over the MPDSR activities in Mwanza and Geita to respective districts.

Key Result 2: Global knowledge generated and communicated to advance access to high-quality PAC, including a wide variety of FP methods for PAC clients.

IR 2.1: Evidence-based strategies and tools for strengthening post abortion care FP through effective Research, monitoring, and evaluation.

2.1.1 Conduct a study on continuation, discontinuation and switching of contraceptive methods by PAC clients in Tanzania (Retrospective study).

Between years 1 to 4, the project implemented and strengthened several interventions to increase uptake of a wide range of voluntary contraceptive methods by PAC clients with a focus on LARCs. Over this period, the project has seen an improvement in the method mix with a dramatic increase in LARCs uptake. It is in the project's interest to learn factors influencing this increase vis-à-vis uptake at baseline; the PAC clients' characteristics against utilization of the method taken, reasons why clients switch methods, and why clients discontinue methods. During the reporting period, the project, in collaboration with NIMRI, developed study protocol, submitted to USAID and received approval. Upon receiving ethical clearance from NIMRI, data collection was conducted in Zanzibar, Mwanza and Geita. The process of data transcription and analysis started in September 2019 and will be completed during quarter one of year six.

2.1.2 Conduct Project End line evaluation in Tanzania

Following the baseline evaluation conducted in year 2 of the project that was followed by a number of interventions, the project will conduct an end line evaluation in order to document results of project interventions. The end line evaluation will utilize tools used at baseline including modifying and adopting the baseline protocol. During the year, PAC-FP developed an endline evaluation protocol, submitted to USAID for review and approval. The protocol will concurrently be submitted to NIMRI and Zanzibar Research Institutes for ethical clearance.

2.1.3 Disseminate costing, process evaluation and contraceptive continuation and discontinuation studies to the MOHs in Tanzania mainland and Zanzibar

During year 3 and 4, the project conducted 2 studies: costing and process evaluation studies in Tanzania and continued to analyze and develop briefs, manuscripts, newsletters, and other dissemination products to support knowledge sharing of good practices and lessons together with information from the facility audit in the 25 sites in Mwanza, and data from research, monitoring, and evaluation. Other studies such as the factors affecting contraceptive continuation and discontinuation by PAC clients – “retrospective study” were conducted during the reporting period. Actual implementation of this study and data analysis will be conducted during quarter 1 of this year ready for dissemination. Due to the delay in receiving funds, PAC-FP deferred the dissemination of findings and lessons learned to year six and will combine dissemination of study findings with the project closeout.

2.1.4 Support MOH to build capacity at Regional, District, and Facility level to institutionalize the use of data for decision-making.

Since inception, PAC-FP project built the capacity of regional/district and health facilities on data management and use of data for decision making. Project M&E staff in collaboration with district M&E staff conducted bi-monthly Monitoring and Evaluation of interventions from 25 to 65 sites project supported sites. Information gathered and achievements during this period included review, and printing of PAC registers to 65 supported sites.

During the reporting period, the project continued to provide support RHMTs and CHMTs to conduct periodic supportive supervision to 65 sites in Tanzania. During this time, the project focused on building the capacity at facility levels to use data for decision-making. The project also began the process of transitioning this to the MOH as part of its sustainability plan. In addition, the project supported the distribution of the new PAC registers, to supervisors and service providers in all 65 sites. During this reporting period, the project supported the MOH to print and distribute PAC registers to all 65 supported sites.

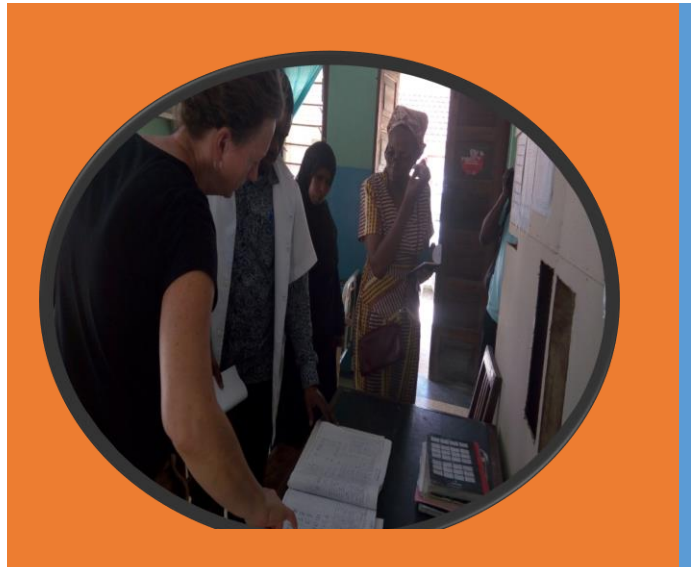


2.1.5 Facilitate MOH to institutionalize and conduct Quarterly data review and quality assurance meetings (Mwanza, Geita and Zanzibar).

The project continued to give support to regional and district teams to institutionalize routine monitoring and evaluation activity by strengthen the capacity of RHMT and CHMT members to conduct data quality assessment on post abortion and family planning services at PAC-FP supported sites in Mwanza and Geita regions. During this reporting period, supported facilities were visited for data quality

assessment. During these visits the following were observed:

Improvement on file storage and clients records at facility level,
Improved accuracy of the reported data to 97% , Strengthened capacity of the facility to enter PAC data into DHIS-2 at facility level this was mainly observed in Mwanza and Geita. During these visits, PAC-FP teams reviewed recording of data, conducted mentoring and coaching where we identified errors, challenges and discrepancy in monthly reported indicators, such as the number of clients served on PAC that includes counselling and clients discharged with family planning methods..



PAC-FP Senegal

In Senegal, PAC-FP project commenced field-level activities during FY 16-17. Core funding provided catalytic support to launch joint program of research and technical assistance to the Ministry of Health. The aim of this initiative is to demonstrate an effective model for strengthening the voluntary FP component of PAC in supported sites in Senegal, and plan with the Ministry of Health future steps towards catalyzing scale up of the effective model in future years of the project.

During the same period, the project initiated activities in Francophone West Africa through a sub-award to CEFOREP (Centre Régional de Formation, de Recherche et de Plaidoyer en Santé de la Reproduction). CEFOREP visited seven country members (Benin, Burkina Faso, Coté d'Ivoire, Guinea, Niger, Senegal and Togo) of the PAC Secretariat to conduct a situation analysis. Additionally, CEFOREP supported respective MOHs develop PAC to set up national action plans for scaling up improved quality PAC services.

Key Result 1: Strengthened capacity to deliver and support scale-up of comprehensive post abortion care FP services.

IR 1.1 Strengthened capacity of local health system to deliver a wide-range of voluntary post abortion FP.

1.1.1 Build the Capacity of service providers offering quality PAC and voluntary FP.

In January 2019, PAC-FP project, in collaboration with CEFOREP and MOH, conducted a rapid review of the national PAC- guidelines. During the review, the team agreed that the current PAC guidelines included vital information and knowledge on appropriate use of all emergency evacuation techniques; including the use of misoprostol and did not required major updates. The project then oriented 15 national trainers (TOTs) and supervisors from different regions and districts to the revised guidelines to enhance the capacity of trainers/mentors and district supervisors to implement the guidelines. The process of orienting was not considered as training since it entailed convening a one-day workshop to share the content of the guidelines and to discuss the roles of trainers in the wider dissemination and implementation.

1.1.2. In collaboration with CEFOREP and MOH to consolidate and harmonize PAC curriculum in Senegal

Due to financial limitation, this activity was not implemented.

1.1.3 Collaborate with CEFOREP to implement interventions to improve the quality of PAC and voluntary postabortion FP, including payment bundling.

During year 3, PAC-FP project, in collaboration with CEFOREP, developed a protocol for a study on the processes and outcomes of interventions to strengthen voluntary FP in PAC program, emphasizing a component on bundling the payment mechanics of voluntary FP and emergency treatment services. In year 4, CEFOREP concluded a baseline study in 8 facilities in Dakar region and commenced data analysis.

In year 5, PAC-FP project team based in Senegal worked with the CEFOREP's clinical staff to adapt and implement interventions aimed at operationalizing the components of postabortion care, including voluntary FP. The activities implemented in these 4 intervention sites, mirrored those implemented in

Tanzania and included organizational capacity assessments to determine the type of voluntary FP method mix and quality improvement measures that are appropriate. The project also initiated clinical mentoring and coaching to ensure organizational readiness to strengthen voluntary FP and provider competencies and routine monitoring of PAC and use of feedback loops to facilitate ongoing quality improvement based on data and performance indicators. Senior Clinical Advisor from EngenderHealth Turkey provided TA to the PAC-FP project team based in Dakar, CEFOREP team and counterparts from study facilities to implement and monitor this activity.

1.1.4 Build the Capacity of service providers offering quality PAC and LARC in 4 intervention sites in Dakar region.

Ob/gyn residents or midwives provide the vast majority of PAC in Senegal. However, training needs assessment conducted at the beginning of the project indicated that none of them had received orientation or training in comprehensive PAC. The care provided is essentially ‘clinical’ without attending to other reproductive health needs of the clients, including voluntary FP. Most providers interviewed received training recently, but their accounts of this reflect theoretical knowledge on outdated practices of care.



During the reporting period, PAC-FP project conducted skills training for 56 service providers from the four intervention sites (2 hospitals, 1 health center, and 1 health post) in Dakar. The EngenderHealth’s team based in Dakar worked with CEFOREP’s clinical staff to adapt and implement interventions aimed at operationalizing PAC. The project also coordinated a learning exchange visit for two EngenderHealth staff to Tanzania.

IR 1.3 A more enabling policy environment for improving the quality of PAC and expanding access to a wide voluntary FP method mix to PAC clients

1.3.1 Support the national voluntary FP/MNCH TWGs and PAC subcommittee in Senegal

During the reporting period, PAC-FP continued to support the PAC subcommittee under the coordination of the head of the MOH family planning. The current systems in this context also includes the regular technical working group meetings that will also discuss many other issues related to quality of PAC and voluntary FP, scaling up of activities and lessons learned.

Key Result 2: Global knowledge generated and communicated to advance access to high quality PAC, including a wide variety of FP methods for PAC clients.

IR 2.1: Evidence-based strategies and tools for strengthening voluntary postabortion care FP through effective Research, monitoring and evaluation.

2.1.7 Routine monitoring and evaluation of PAC in 8 sites in Dakar region

PAC-FP project, in collaboration with CEFOREP, conducted routine monthly M&E visits to all sites to obtain data required for the project's M&E framework, verified the accuracy of data reported through the DHIS-2 on a monthly basis and helped facilities aggregate statistics on abortion complications that are recorded in different logbooks and registers. To facilitate this, the project introduced monthly PAC complication aggregation logbook that guides facility staff on how to compile the required data from the registers on a monthly basis. During M&E visits, PAC-FP staff audits facility staffs' aggregation of data into the register, identify errors and challenges and calculate indicators, such as the proportion of all obstetric complications admitted that are abortion-related and use of recommended evacuation methods.

During the reporting period, study data collection was completed, analyzed and disseminated in March 2019. The qualitative component of the study, which included in-depth interviews with clients and providers, commenced in June 2018 and data collection ended in August 2018. During the baseline assessments, preliminary information collected on the fees for PAC services indicated the fees were not harmonized across facilities. The fee for PAC through MVA ranged from between 10,000 – 25,000 FCFA (\$18 - \$45 USD) at hospitals, to, on average, 17,500 FCFA (\$32 USD) in health centers and 5,000-10,000 FCFA (\$9 - \$18 USD) in health posts. The fee for misoprostol at hospitals ranged between 15,000 – 20,000 FCFA (\$28 - \$37 USD); at health centers, the fee for misoprostol ranged between 2000 – 4200 FCFA (\$4 - \$8 USD); and, at health posts it ranged from 500 – 4200 FCFA (\$1 – \$8 USD).

IR 2.2: Advancement of post abortion care through collaboration, knowledge sharing, adaptation and use of strategies and tools.

2.2.1 Complete analysis of data from baseline research and performance monitoring in Senegal, and develop dissemination knowledge products.

During the reporting period, the project contracted a consultant to work with, the PAC-FP project team, and CEFOREP, to analyze data from the baseline research and develop briefs, manuscripts, and other dissemination products that will support knowledge sharing and scaling up of good practices and lessons derived from baseline research. It is anticipated that, findings from this will contribute to the design of a scale up plan for strengthening the delivery of voluntary FP through PAC to other sites within Dakar and other regions, subject to availability of funds.

2.2.2 Disseminate study results to MOH in Senegal and other key stakeholders

During year 4, the project completed data collection and analysis of the baseline study in 8 facilities in Dakar region. A one-day meeting was held in Dakar in March 2019 to disseminated study findings. The project will



use the study findings to lobby for possible policy and implementation changes in the country. The project will also develop briefs, manuscripts, newsletters, blog materials, and other dissemination products that will support knowledge sharing of good practices and lessons learned together with information from the facility audit in the 8 sites.

2.2.5 Collaborating with CEFOREP, WAHO to provide technical assistance to the PAC Secretariat in francophone West Africa.

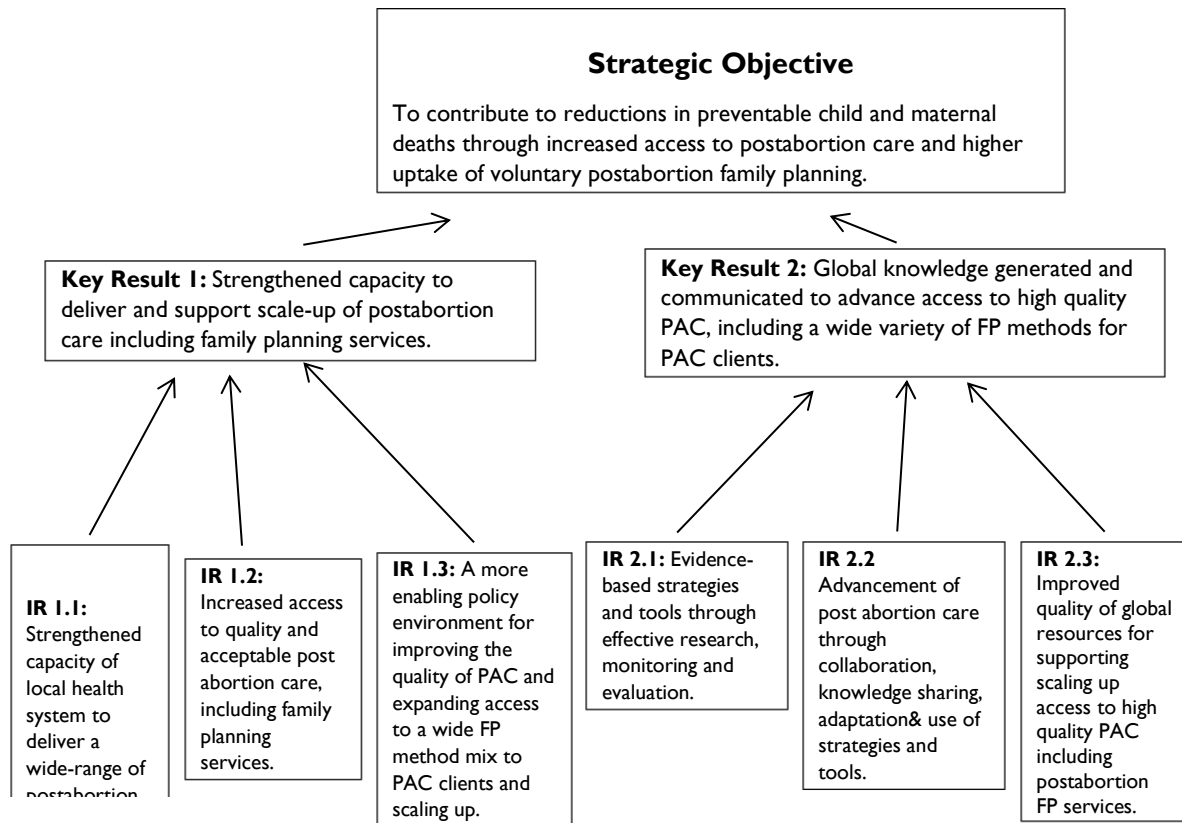
In November 2016, CEFOREP held a meeting, immediately before the FIGO Conference, in Ouagadougou, Burkina Faso, with the PAC Secretariat members from seven francophone West Africa countries (Senegal, Mali, Guinea, Niger, Burkina Faso, Cote d'ivoire and Togo) to share and reflect on findings of the regional situation analysis. A subsequent regional workshop was held in Dakar in March 2017 where CEFOREP shared final validated data and findings from the situation analysis and oriented members on ExpandNet scale up approaches for expanding PAC-FP project strategies in their countries. During the meeting, members discussed the roles of the three PAC Secretariat sub-committees established in Year 2 and future management and sustainability of the secretariat. A decision was made for CEFOREP to hand over the coordination of the PAC Secretariat initiative to WAHO, while CEFOREP maintains its role as a member of the technical sub-committee. CEFOREP drafted an MOU to articulate roles of each organization in future management of the PAC secretariat.

Due to project financial limitations, PAC-FP was not able to fund follow-up Secretarial meetings. CEFOREP continued to hold discussions with potential donors including UNFPA and USAID West Africa Mission to explore future support and sustainability to the PAC secretariat.

III. Challenges and Actions Taken

	CHALLENGE	ACTION TAKEN
1	PAC-FP has constantly experienced delays in receiving funds, which has had a negative effect on implementation of planned activities	PAC-FP negotiated for a project extension increasing operation period by 12 months
2	Working with local sub-grantees with limited capacity in managing projects in Senegal	PAC-FP had to take on direct implementation of some tasks.
3	Slow down and downsizing of PAC-FP staff has slowed the implementation of activities	The project had to rehire some of the staff whose contracts had expired to support activities particularly in Tanzania.
4	Although PAC-FP received an extension, extending the project's period of performance for twelve months, the budget cuts necessitated dropping of a significant number of activities	

ANNEX 1: PAC-FP Results Framework – Revised 2017



ANNEX 2: Status of PAC-FP Project Publications

PROJECT		TYPE	Dissemination		Status	Comments
			Primary	Secondary		
Manuscripts/Journals & Research Studies						
1	<i>What Contraception Do Women Use After Experiencing Complications From Abortion? An Analysis of Cohort Records of 18,688 Postabortion Care Clients in Tanzania</i>	JOURNAL ARTICLE	WEB/ other	GLOBAL SOCIAL MEDIA AND WEB	Published	<i>Published and disseminated</i>
2	<i>The unit and scale up cost for treatment of abortion complications and provision of post abortion family planning in Tanzania</i>	JOURNAL ARTICLE	WEB/ other	GLOBAL SOCIAL MEDIA AND WEB	Published	<i>Published and disseminated</i>
3	<i>Women's satisfaction and perceptions of the quality of post abortion care services at public sector facilities in mainland Tanzania and Zanzibar</i>	JOURNAL ARTICLE	WEB/ other	GLOBAL SOCIAL MEDIA AND WEB	Published	<i>Published and disseminated</i>
4	<i>Service provider perspectives on the quality of post abortion care and family planning services in Tanzania</i>	JOURNAL ARTICLE	WEB/ other	GLOBAL SOCIAL MEDIA AND WEB	Published	<i>Published and disseminated</i>
5	<i>Postabortion fertility desires, contraceptive uptake and unmet need for family planning: voices of women receiving postabortion care in Tanzania</i>	JOURNAL ARTICLE	WEB/ other	GLOBAL SOCIAL MEDIA AND WEB	Ready for Submission	<i>Second Review from USAID received Q1, to be submitted to Journal by end of Q1</i>
6	Senegal Baseline Assessment (minimum of 2 manuscripts)	JOURNAL ARTICLE	WEB/ other		First Draft in progress	Working with CEFOREP on a draft manuscript to be shared by end of Q1
7	Senegal Situation Analysis	JOURNAL ARTICLE	WEB/ other		First Draft in progress	Colin hired to work on this, Draft to be submitted to USAID by Q2
8	A Qualitative Study on continuation, discontinuation, and switching of contraceptive methods by PAC clients in Tanzania	JOURNAL ARTICLE	WEB/ other		Study Ongoing	TBD - To be submitted to USAID for review and approval end of Q1
9	Rollout PAC guidelines and conduct a prospective study in Zanzibar.	JOURNAL ARTICLE	WEB/ other		Study Ongoing	TBD - To be submitted to USAID for review and approval end of Q2
10	Articles from Tanzania Endline Evaluation (Minimum of 2 Manuscripts)	JOURNAL ARTICLE	WEB/ other		Protocol under finalization to be submitted to USAID for Review and approval by 20 th November 2019	Final review to have been submitted to USAID for approval end of Q3
Conferences						
1	FIGO: Increasing use of voluntary contraception among women treated for abortion-related complications in Zanzibar	CONFERENCE ABSTRACT	BLOG; FACEBOOK; TWITTER; LinkedIn; Other	GLOBAL SOCIAL MEDIA AND WEB	Oral Presentation made	Findings also shared locally in Tanzania

			Global Social Media			
2	<p>ICFP:</p> <p>i) Strengthening Postabortion Care—Expanding Treatment Methods and Voluntary Contraceptive Method Choice in Zanzibar, Tanzania; a pre and post Evaluation.</p> <p>ii) Strengthening Postabortion Care Services through Expanding Method Choice to Include Long-Acting Reversible Contraceptives for Women in Tanzania.</p> <p>iii) Women’s Experiences and Perspectives on Postabortion Care and Voluntary Postabortion Family Planning at Public Facilities in Dakar, Senegal.</p> <p>iv) Women’s Experiences and Perspectives on Postabortion Care and Voluntary Postabortion Family Planning at Public Facilities in Dakar, Senegal.</p>	CONFERENCE ABSTRACT	BLOG; FACEBOOK;TWITTER; LinkedIn;Other Global Social Media		Oral Presentation made	Findings also shared locally in Tanzania
3	<p>Women Deliver:</p> <p>i) Health System and Patient Costs for Scaling up PAC including voluntary FP in Tanzania</p>	CONFERENCE ABSTRACT	BLOG; FACEBOOK;TWITTER; LinkedIn; Other Global Social Media		Poster Presentation Made	Findings also shared locally in Tanzania