Improving Access to Quality Postabortion Care Services: A Key Milestone toward Reducing Preventable Maternal Mortality and Morbidity in Zanzibar

Background

Despite the positive strides by the government and its health partners toward reducing preventable maternal deaths, high maternal mortality rates in Zanzibar persist. According to the Zanzibar Health Bulletin,[1] the maternal mortality ratio in Zanzibar increased from 155 per 100,000 live births in 2018 to 166 in 2019. Unsafe abortion contributes 16% of all recorded maternal deaths in the United Republic of Tanzania (Tanzania Mainland and Zanzibar).[2] While data on the incidence of unsafe abortion in Tanzania is unavailable, estimates for East Africa regionally indicate that unsafe abortion is common and is exacerbated by restrictive abortion laws. According to Tanzania's penal code, induced abortion is generally prohibited. It is only permitted to save the life of the woman or to preserve physical and/or mental health—and it requires written recommendation by a medical doctor.

Unlike safe abortion services, postabortion care (PAC), which is an integrated clinical service package that includes emergency treatment for complications of induced or spontaneous abortions as well as contraceptive care and sexually transmitted infection counseling and testing, is provided without any restrictions, whether it results from induced or spontaneous abortion. As indicated in the Zanzibar Health Sector Strategic Plan III,[3] PAC is an essential strategic intervention for reducing preventable maternal mortalities and morbidities from incomplete and unsafe abortions and related complications in Zanzibar.

Availability and Access to PAC Services in Primary Healthcare Facilities

Healthcare facilities at all levels, including primary healthcare facilities, in Zanzibar offer diverse choices for treatment of incomplete abortions and abortion complications. This includes surgical and nonsurgical methods of treatment, such as manual vacuum aspiration (MVA), dilation and evacuation, and use of misoprostol. MVA is the primary treatment option used for abortion complications.[4] Use of misoprostol or MVA in managing abortion complications corresponds to guidance included in the national PAC guideline as well as recommendations from the World Health Organization, which calls for phasing-out of sharp curettage in surgical management of first trimester abortion care.

On average, more than 10 facilities in Zanzibar provide PAC for every 100,000 women.[5] With limited services however, the utilization rate of PAC in Zanzibar has been relatively low, especially for youth. For instance, Zanzibar recorded a total of 3,080 clients receiving PAC in 2017; this declined to 2,250 clients in 2018 and then 1,311 in 2019.[6] A qualitative study conducted by EngenderHealth through the Postabortion Care-Family Planning project[7] revealed that the utilization of PAC services among youth aged 20 years and below accounted for 8% of the total PAC uptake in the region. Such low service uptake is reported to be largely due to an unsupportive environment for PAC (including poor infrastructure, shortages of equipment and skilled providers, and inadequate budget allocation for PAC) as well as sociocultural barriers—especially the prevalence of myths and misconceptions related to PAC.[8]

---

[1] Ministry of Health, Social Welfare, Elderly, Gender and Children (MOHSWEGC). 2019. *Zanzibar Annual Health Bulletin.* Unguja, Zanzibar: MOHSWEGC. mohz.go.tz/eng/wp-content/uploads/2021/06/Zanzibar-Annual-Health-Bulletin-2019.pdf.
[2] United Republic of Tanzania Ministry of Health and Social Welfare (MOHSW). 2010. *National Family Planning Costed Implementation Program, 2010–2015*. Dar es Salaam: MOHSW. www.fhi360.org/sites/default/files/media/documents/national-fp-costed-implementation-plan-tanzania-main-text.pdf.
[3] Ministry of Health (MOH) Zanzibar. 2013. *Zanzibar Health Sector Strategic Plan III (2013/14-2018/19)*. Unguja, Zanzibar: MOH.
[4] MOHSWEGC. 2019.
[5] Guttmacher. 2016. *Induced Abortion and Postabortion Care in Tanzania.* New York: Guttmacher. www.guttmacher.org/fact-sheet/induced-abortion-and-postabortion-care-tanzania#.
[6] MOHSWEGC. 2019.
[7] Postabortion Care-Family Planning. 2020. *Understanding the Dynamics of Post Abortion Contraceptive Use, Discontinuation, and Method Switching in Tanzania*. Dar es Salaam and Washington, DC: EngenderHealth. https://pdf.usaid.gov/pdf_docs/PA00XCFS.pdf.
[8] EngenderHealth. 2020. *The Landscape Assessment of PAC Situation in Zanzibar.* Dar es Salaam and Washington, DC: EngenderHealth.

EngenderHealth

EngenderHealth conducted a facility mapping in Zanzibar in May 2021 that revealed that of 60 sampled primary healthcare facilities, 72% (43 facilities, including 42 public facilities and 1 private facility) were providing postabortion care services. Despite the relatively high proportion of facilities providing PAC, the services available were characterized as low quality, based on an assessment of key enablers of quality for provision of PAC including infrastructure, supply chain, workforce, and referral system. Our study found that many facilities lacked dedicated rooms for PAC, and, where rooms existed, they were not adequately furnished or equipped. Specifically, only 33% (14 of 43 facilities providing PAC) had a designated room for PAC during the time of the visit. In facilities without dedicated PAC rooms, facilities reported providing PAC in labor rooms along with delivery services. Despite such infrastructural challenges, at least two trained PAC providers were available in each PAC facility.

Further findings confirmed a shortage of essential equipment and supplies for PAC in these 43 facilities. Degree of shortages varied widely from one facility to another, with the availability of PAC equipment and supplies in these facilities ranging from 17% to 93%. In addition, over 58% of the primary healthcare facilities had no effective mechanisms to refer complex cases and emergencies to higher-level facilities. With an average of 12 km travel distance to tertiary facilities, it is also important to note that only 35% (21 of 60) of primary healthcare facilities had ambulances, thereby limiting the ability of facilities to effectively manage emergencies. The gaps in readiness to provide quality PAC in primary healthcare facilities contributes to the limited access to and under-utilization of PAC in Zanzibar.

Conclusion

The facility mapping study revealed several shortcomings relative to provision of quality PAC, especially in the lower level PAC facilities in Zanzibar. These include: poor infrastructure, insufficient equipment and supply, and ineffective or absent referral mechanisms. Therefore, the support of the government and other relevant stakeholders is needed to address the observed challenges in order to improve availability of and access to quality PAC in primary healthcare facilities and thereby reduce fatalities and morbidities resulting from abortion-related complications.

What the Government Can Do

- Allocate adequate resources for procurement of essential equipment, instruments, and supplies for PAC and enhance the capacity of council health management teams in proper planning and budgeting for PAC.
- Strengthen facilities' referral mechanisms, including ensuring availability of facility-stationed ambulances to facilitate transport of PAC referral cases as well as rolling out a referral guideline.
- Allocate budgets in national and subnational plans for training to increase the pool of skilled PAC providers as well as training-of-trainers, coaches, and mentors.
- Renovate or construct dedicated rooms for PAC to ensure provision of quality PAC services.

Suggested Citation

Masako, P., Mutashobya, G., Shilangale, M., Paul, C. and Ngoye, E. 2021. *Improving Access to Quality Postabortion Care: A Key Milestone toward Reducing Preventable Maternal Mortality and Morbidity in Zanzibar*. Edited by A. Agarwal. Dar es Salaam and Washington, DC: EngenderHealth.

Contact Information

For more information, please contact Prudence Masako, EngenderHealth's Country Representative for Tanzania, at pmasako@engenderhealth.org or Greysmo Mutashobya, EngenderHealth's Expand PAC Zanzibar Project Manager, at gmutashobya@engenderhealth.org.

EngenderHealth