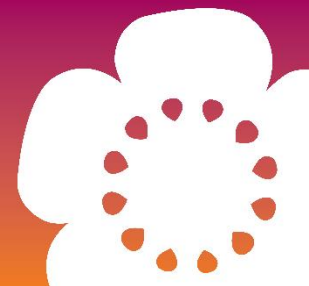
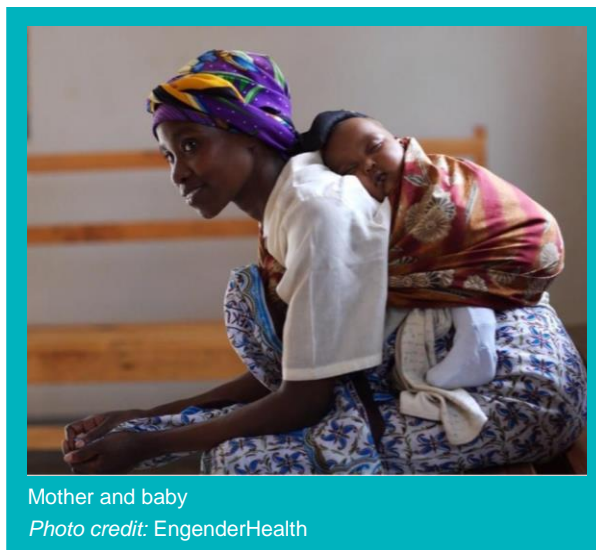


# Health System Strengthening for Improved Postpartum Family Planning Uptake: Key Successes from the USAID Boresha Afya Programs in Tanzania



## Background

Postpartum family planning (PPFP) is critical to preventing unintended and closely spaced pregnancies during the first year following childbirth. The World Health Organization recommends a 24-month interval between births to reduce the risk of adverse maternal, perinatal, and infant outcomes (WHO 2013). The majority of postpartum women globally (95%) would like to avoid a pregnancy in the 24 months after delivery, but 70% are not using contraception (WHO 2013). The Tanzania National Family Planning Costed Implementation Plan II, 2019–2023 prioritizes PPFP as one of the high-impact practices to accelerate modern contraceptive prevalence and reduce maternal and child mortalities.



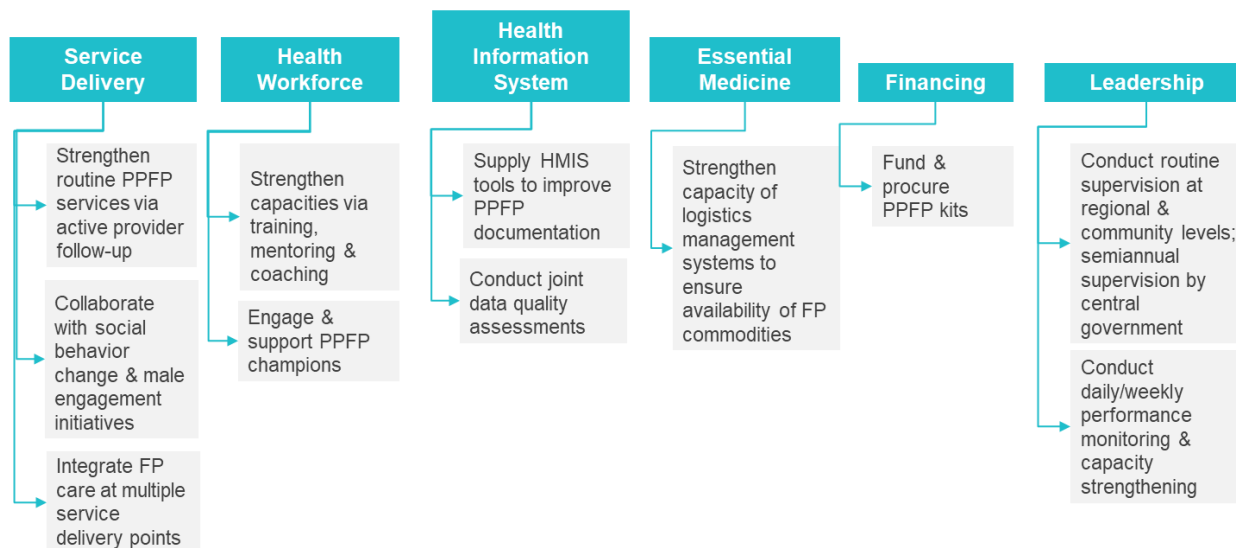
Mother and baby  
Photo credit: EngenderHealth

To support this plan, the five-year (October 2016 to September 2021) USAID Boresha Afya North-Central Zone and Southern Zone programs aimed to increase access to high-quality voluntary modern postpartum contraceptives across all project-supported regions with the objective of reducing the risk of unintended pregnancies, closely spaced pregnancies, and associated adverse health outcomes. The USAID Boresha Afya program was led by the Elizabeth Glaser Pediatric AIDS Foundation in partnership with EngenderHealth in the North-Central Zone and by Deloitte Tanzania in partnership with EngenderHealth, FHI360, and Management and Development for Health in the Southern Zone. These two programs covered 12 regions in mainland Tanzania: Arusha, Dodoma, Kilimanjaro, Manyara, Singida, and Tabora in the North-Central Zone and Iringa, Lindi, Morogoro, Mtwara, Njombe, and Ruvuma in the Southern Zone.

## Approaches for Improving Uptake of Postpartum Contraception

The programs implemented several approaches to address the unmet need for PPFP and maximize scale-up of PPFP services to help achieve the national government's targets of reaching 40% of deliveries and 80% coverage of health facilities providing PPFP services. The two programs implemented various activities to strengthen the health system in order to increase uptake of family planning (FP) (see Figure 1).

Figure 1. Program Activities



## Regional Program Adaptations

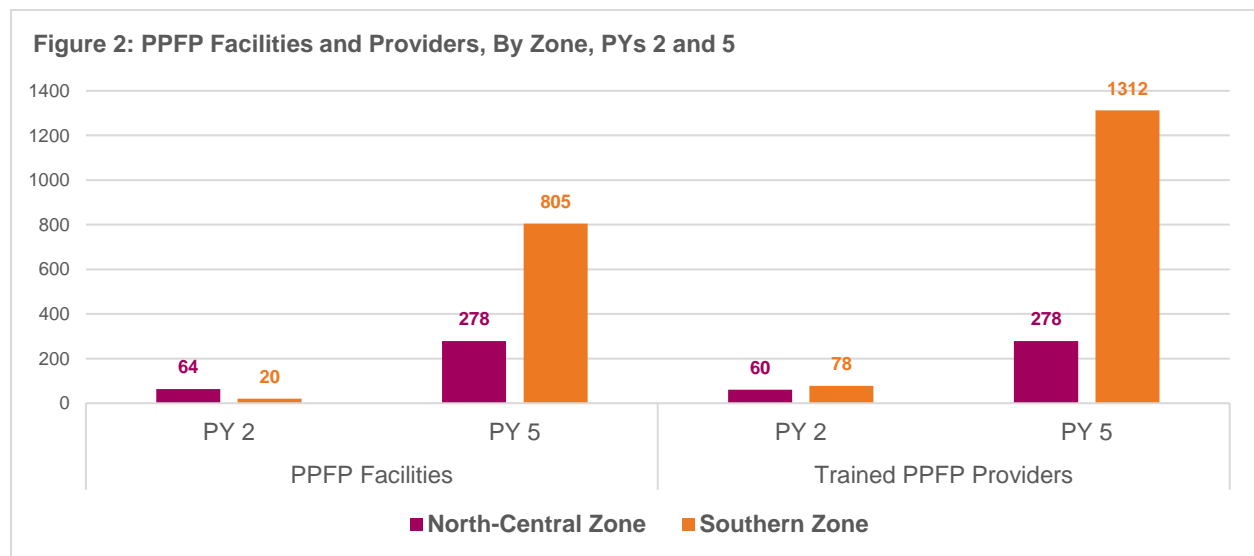
In the North-Central Zone, the program introduced and strengthened special service days to improve uptake of routine FP care, including PPFP. Special service days entail provision of FP information and services at existing facilities after normal work hours or during weekends. The program provided financial support to implement two special service days each month at select facilities within targeted councils, for instance, six health centers and dispensaries and one district hospital.

In the Southern Zone, the program implemented on-site trainings using a phased approach to enhance capacity. Phase I, which lasted from October 2019 to January 2020, focused on comprehensive emergency obstetric and newborn care facilities with more than deliveries 300 per month. Phase II, which lasted from February 2020 to June 2020, focused on health centers and facilities with between 100 and 300 deliveries per month. Phase III, which lasted from November 2020 to March 2021, focused on dispensaries with at least 25 deliveries a month. The program’s whole-site on-the-job trainings involved embedding a trainer within the facility for two-to-four weeks to train all providers within antenatal care, labor and delivery, and postnatal care sections.

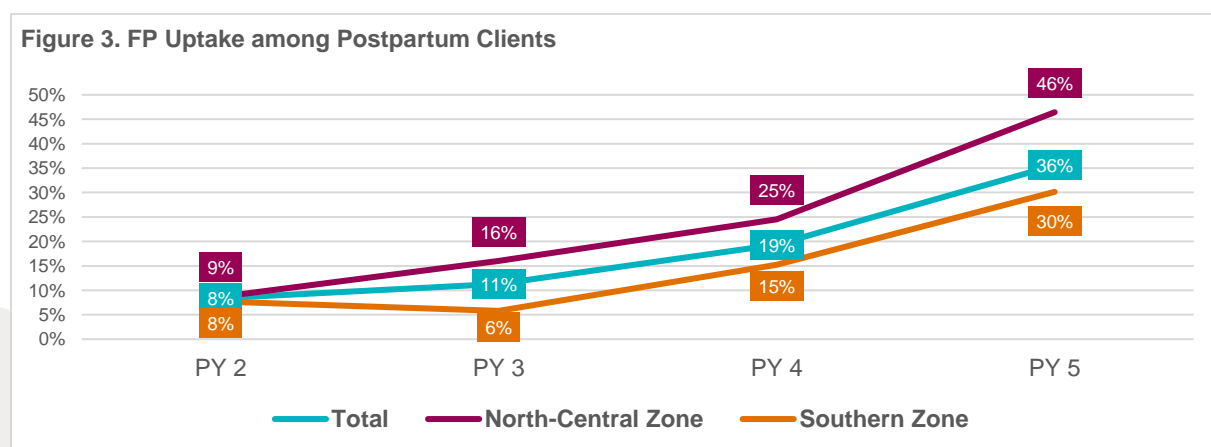


## Key Successes

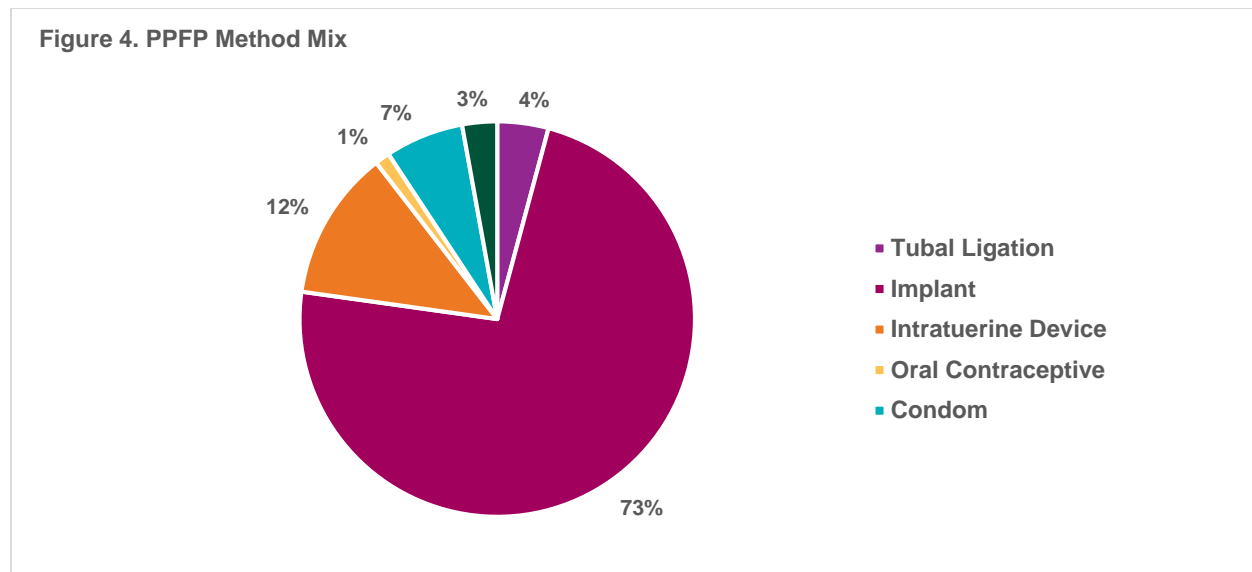
The programs helped increase the availability of trained providers from 138 in program year (PY) 2 (60 in North-Central, 78 in Southern) to 1,590 (278 in North-Central and 1,312 in Southern) in PY 5 (see Figure 2) and trained 168 district mentors in the North-Central Zone and 38 national FP trainers in Southern Zone to sustain capacity. We also supplied program-supported facilities with essential PFP equipment, such as postpartum implant insertion and removal kits, intrauterine device kits, tubal ligation sets, and examination lamps and torches. As a result, the programs helped increase availability of PFP services from 84 facilities in PY 2 (64 in North-Central, 20 in Southern) to 1,083 in PY 5 (278 in North-Central, 805 in Southern) (see Figure 2).



Overall, program-supported providers and facilities delivered PFP services to 372,045 clients, including 253,725 clients in the North-Central Zone and 118,320 in the Southern Zone. The programs contributed to a progressive increase in uptake of FP services among postpartum clients delivering at the health facilities over the years as seen in the graph below (see Figure 3).



The majority of PPFp clients adopted long-acting, reversible contraceptives (see Figure 4).



## Success Factors

We attribute the success of these programs to a number of factors, including particularly:

- By aligning program interventions with the National Family Planning Costed Implementation Plan and engaging key representatives in supervision visits, we were able to garner central government support for and ownership of the program, which was critical to ensuring smooth implementation.
- Similarly, engagement of and support from local government authorities was key to success and sustainability, including, in some cases, adoption of program strategies. In Tabora for example, one regional medical officer indicated that in addition to the two program-supported service days, the district planned and funded service days for the remaining days of the week.
- The commitment and investments of the facilities and providers participating in the program was essential to the program's ability to facilitate increased availability of PPFp services. And, by printing and disseminating key health information system tools (such as registers and registration cards) and training relevant facility staff in using these tools, the program enhanced facilities' abilities to employ data-driven decision-making to inform future plans.
- Our whole-site on-the-job training approach increased availability and quality of PPFp services without disrupting ongoing service delivery. By working with providers throughout the facility, we also reduced missed opportunities for PPFp access across the continuum of care. For instance, enhancing couples' counseling services and emphasizing the importance of birth spacing within antenatal care service delivery points contributed to an increased uptake of PPFp.
- Coupling the supply-side interventions to improve access to high-quality PPFp services with various social and behavior change communication and community engagement initiatives was key to facilitating demand and uptake of these newly available services.

“ The support of the USAID Boresha Afya program in scaling family planning services, in particular postpartum family planning, has contributed to reduce maternal deaths in Urambo District. In 2017, we recorded 12 maternal deaths while in 2020 the number has been reduced to only two deaths. At least 35 healthcare providers have received various trainings on family planning, including 24 on PPF. This is a very huge impact for us and we appreciate continued technical and financial support from the program.

Dr. Paul Swakala, District Medical Officer, Urambo District

## Conclusions and Recommendations

Sociocultural and gender norms, myths and misconceptions around PPF, inadequate access to contraceptive care, service provider bias, and inconsistent reporting contribute to low PPF uptake. However, the high PPF rates in program-supported facilities demonstrate the success of key program interventions. Health system strengthening is key to sustaining and expanding these positive outcomes. Future capacity strengthening efforts—building upon the programs’ whole-site on-the-job training model—must continue to support service providers across the continuum of care from pregnancy to the postpartum period.



Supportive supervision visit in Mtwara (Southern Zone)

Photo credit: EngenderHealth

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World Health Organization (WHO). 2013. *Programming Strategies for Postpartum Family Planning*. Geneva: WHO.

## Acknowledgments and Citation

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