PPIUCD in Tanzania
Start-up experience and Scale-up Plan

Regional PPIUCD Meeting, Lusaka, Zambia 9th – 12th April, 2013

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Tanzania context

- Total Population: 45 million
- Maternal Mortality Ratio: 454 per 100,000 live births
- Infant mortality rate: 26 per 1,000 live births
- Total fertility rate: 5.4 children
- Contraceptive prevalence: 27%
- IUCD use: 1.2% Others: (DMPA = 20%), implants = 5%, oral pills = 19%, condoms = 11%
- Unmet needs for FP: 25% for PPFP: 74%
- Births with skilled provider: 51%
- Proportion of births with no postnatal care: 69%
- HIV prevalence: 5.7% (6.9% among women)

Sources: 2010 Tanzania Demographic and Health Survey; 2007–8 Tanzania HIV and Malaria Indicator Survey; MOHSW National Road Map Strategic Plan 2008–2015
PPIUCD: What worked well in Tanzania

- Strength of good communication between ANC and the maternity unit
- Good family planning counseling during ANC and postpartum
- Confirmation of choice in the maternity unit for women who have chosen PPIUCD.
The MoHSW collaborated with Partners to undertake the following activities to introduce PPIUCD:

- Conducted Advocacy meetings with stakeholders, RHMT & CHMTs, HMTs & site Staff to introduce the service.
- Trained service providers in PPIUCD knowledge and skills to enable them to contribute towards development of service delivery guidelines and adaptation of curricula.
- Supervised and supported service delivery
Phase one cont...

- Developed national PPIUCD performance standards, for use in monitoring quality of service delivery.
- Adopted monitoring tools for tracking clients post-insertion, to monitor expulsion and continuation rates.
- Developed an IEC materials for clients as well as job aids for providers, and identification of PPIUCD “champions” who promotes the method.
- Introduced services at 5 sites in Dar es Salaam (integration of PPIUCD into ANC, intra-partum, and postpartum services).
What worked well

- Counseling on PPIUCD for women in early labor where appropriate
- Skilled trained providers available 24/7 in the maternity unit;
- Appropriate instruments that are correctly processed;
- Supplies and equipment accessible 24/7 in the delivery room and the rest of the maternity unit;
- Support staff who know that PPFP saves lives, and understand PPIUCDs;
Challenges

- Inadequate funding for scaling up training to all regions and districts
- Involving private sector
- High rate of home deliveries (49%)
- Low community knowledge about return to fertility and negative perception on IUCD
- Negative attitude of service providers on PPIUCD
- Inadequate male involvement in FP
- Shortage of skilled personnel
Phase two: Scale-up

- Evaluation of phase one (including follow-up of clients) and reviewed lessons learned
- Adapted generic PPIUCD training materials from JHPIEGO, ACCES, Engender Health and PSI to a Tanzania-specific version
- Trained proficient PPIUCD providers (from phase one pilot) in training skills (TOT)
- Incorporated PPIUCD into the newly developed National Postpartum Care and integrated Community MNCH guidelines as well as the PP care curriculum
Phase two: scale-up: Way forward

- Identify strategy and sites for expansion, using agreed specified criteria (sufficient delivery case load per month; sufficient staff to offer quality counseling, etc)

  - Possibility of expansion is through the USAID-funded MAISHA program EngenderHealth, RESPOND project platform – at all regional and District hospitals
Conduct advocacy meetings with local stakeholders in regions/districts selected for expansion

Support newly-trained trainers to conduct PPIUCD training for service providers from selected expansion sites

Support service delivery at expansion sites
- Provision of necessary equipment and supplies, for both PPIUCD insertion and infection prevention
- Supportive supervision/mentoring
- Implement follow-up system for tracking clients
- Monitoring service delivery
Quarterly reporting of program/service delivery data to MoHSW to monitor program progress

Advocacy meetings with professional associations, including AGOTA and TAMA

Strengthen pre-service education to incorporate PPIUCD skills development

Work with districts to incorporate support for existing services/expansion into their CCH Plans
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