

Leading Safe Choices - Tanzania

Despite the fact that most maternal deaths are preventable, maternal mortality remains high in Tanzania. 1 in 5 women would like to delay or prevent pregnancy but are not currently using a modern and effective contraceptive method,¹ and unsafe abortion represents one of the leading causes of maternal death.



We know that targeted efforts to improve access to comprehensive postabortion care services, as well as efforts to eliminate the unmet need for contraception, are necessary to improve outcomes for girls and women in Tanzania.

Both the postpartum and postabortion period provide an excellent opportunity to provide advice and contraception to women who are motivated to avoid an unplanned pregnancy. Offering a wide range of contraceptive methods and prioritising counselling ensures that women can choose the method that best meets their needs, which can in turn prevent unintended pregnancies and reduce the incidence of unsafe abortion and its consequences.

¹ Guttmacher, 2016

Our impact



Intervention in
10 healthcare facilities
in Dar es Salaam and Kilimanjaro region



266 healthcare
providers trained in post
partum family planning



148 healthcare
providers trained in family
planning counselling



52 healthcare
providers trained in
postabortion care

30% of women who received postabortion family planning received family planning for the first time

841 women received postabortion care and postabortion family planning

Uptake of postpartum family planning rose from 1% of all deliveries to **57%**

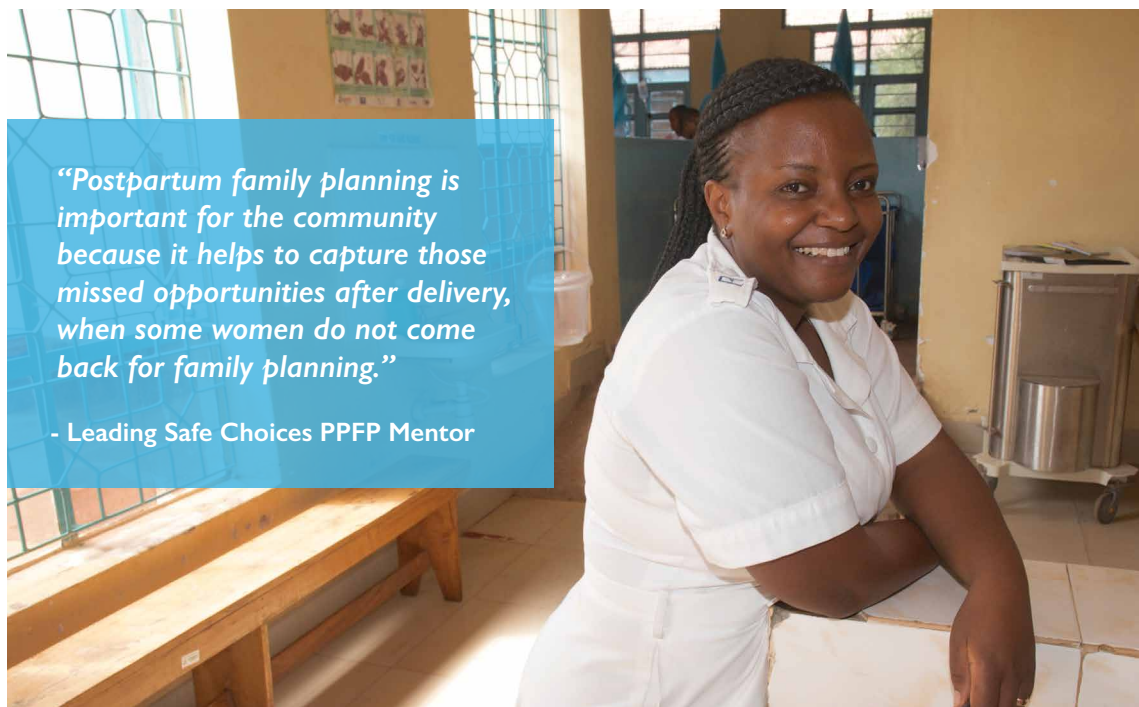
57% of women who received postpartum family planning received family planning for the first time

10,776 women received postpartum family planning

Our programme

We worked with local partners and the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEGEC) to improve the provision and uptake of postpartum family planning (PPFP), postabortion family planning (PAFP) and comprehensive postabortion care (CPAC). Our aim was to strengthen the competence and raise the professional standing of family planning and abortion healthcare providers (HCPs) by promoting best practices in PPFP and CPAC.

- We developed and implemented interactive training courses addressing the knowledge, skills and attitudes essential for the provision of high quality PPFP and CPAC services.
- We adopted a training the trainers approach to establish and embed training and support systems, and facilitated mentorship for HCPs to ensure modern methods of contraception and CPAC became a routine part of reproductive healthcare services.
- We focused on task shifting to mid-level HCPs, such as midwives and nurses, to increase the availability of PPFP and CPAC healthcare providers, which can reduce waiting times and numbers of onward referrals.



Our training equipped and empowered HCPs with competencies in family planning counselling, postpartum IUD (PPIUD) insertion and manual vacuum aspiration (MVA). Expanding contraceptive choice, particularly the availability and uptake of long-acting reversible methods, can dramatically improve women’s health. PPIUD can be a preferable option for postpartum women as it can be inserted immediately after delivery of the baby, so that women who struggle to access family planning services are able to space their children and avoid unintended pregnancies.