CLINICAL TRAINING AND TRAINEE FOLLOW-UP SYSTEMS FOR ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTION IN CONFLICT SETTINGS

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Context

North Kivu, DRC

- Protracted conflict
- Large number of Internally Displaced People (IDPs)
- High maternal mortality and under five mortality
- Large unmet need for family planning
- Insecurity, poor infrastructure, and poor health system

Track20 Focus Country

CPR: 20.4
mCPR: 7.8
TFR: 6.6
Unmet need: 28
2015 Population: 77,266,814

24 Health Centers
4 Referral Health Centers
1 General Referral Hospital
Program
Overview of key activities

- Partnership with MOH at national and provincial level
- Supportive supervision
- Health management information system
- 3 weeks clinical training with practicum and follow up
- MOH partnership for local training centers
- Task shifting for nurses and midwives
- Coaching/mentoring

- Provision of contraceptive commodities, supplies and equipment
- Security stock
- Supply chain management training

- Engaging community stakeholders
- Key messages based on client profiles
- Community Health Worker training and engagement in follow up of clients

- Competency-based clinical training
- FP and PAC Service delivery

- Contraceptive commodities and supplies security
- Community mobilization
Background of service providers

- 71 Congolese nurses, midwives, doctors working in MOH facilities at the targeted areas
- Clinical experience in the public health system
- Limited knowledge or training to provide LARC

Clinical training

- 3 weeks FP and PAC curricula with counselling, practicum on anatomical models and clients (MSI/Kenya and Virunga hospital/DRC)
- Systematic competency evaluation with pre/post knowledge test and procedure checklists

Follow up

- Follow up of trainee evaluation /logbook
- Systematic supportive supervision and coaching jointly with MOH
Information Flow

Health Facility

- LARC Removal Log
- PAC Register
- Delivery Register
- FP Register
- Monthly Facility Summary Sheet

MoH & SCI

- Consumption Report
- Ministry of Health
- FP PAC Monthly Database
Results

*Implant and Intra Uterine Device (IUD) uptake, 2011-2013*

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**Graph 1:** Number of Clients who start an FP Method, by method. July 2011 - December 2013, DRC.
Client Exit Interview

Methodology

- USAID BASICS HTSP interview tool-adapted to DRC context
- Translation, back translation and field testing of the tool
- Simple random sampling-selected 23 health facilities targeting at least 20 clients per facility (n=520)
- 6 external interviewers
- Training for interviewers and Save the Children supervisors
- Data were compiled every evening in excel
- Client’s consent

Limitations

- Due to insecurity and environmental/road conditions it was not possible to interview the initial target of 20 clients per facility. Total sample was n=415 but adequate.
- Due to environment and security constrains all interviews were conducted in a private location at or near the health facility
- Not specific on IUD and Implant clients
Results

Client Exit Interview Survey

Client reported that she felt:

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Q1: The wait time to be seen was reasonable (&lt;30 minutes)</td>
<td>51%</td>
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<tr>
<td>Q2: Satisfied with the comfort and cleanliness of the waiting room</td>
<td>87.2%</td>
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<tr>
<td>Q3: Satisfied with the comfort and cleanliness of the consultation room</td>
<td>92.2%</td>
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<td>Q5: Time spent in consultation was sufficient to discuss her needs</td>
<td>93.2%</td>
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<td>Q6: The health worker treated her respectfully and politely</td>
<td>93.7%</td>
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<td>Q8: The opportunity to ask questions and clarify doubts was available</td>
<td>86.5%</td>
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<td>Q9: Comfortable discussing health care problems with the provider</td>
<td>96.4%</td>
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<td>Q15: She received the family planning method she wanted</td>
<td>96%</td>
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<td>Q17: She participated in the decision about the method received</td>
<td>96%</td>
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<td>Q18: Provider taught her how to use the method selected</td>
<td>96.8%</td>
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<td>Q19: Provider discussed common side-effects of the method selected</td>
<td>93%</td>
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<tr>
<td>Q20: Provider explained how to take care of side-effects</td>
<td>93%</td>
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<tr>
<td>Q21: Provider discussed the possible serious complications for which she should return</td>
<td>91.3%</td>
</tr>
<tr>
<td>Q22: Provider indicated when to come back for additional doses or check-up</td>
<td>78.7%</td>
</tr>
</tbody>
</table>

FP Client Levels of Satisfaction (n=127)
Key Lessons Learnt

• High-quality, comprehensive contraception provision is possible in complex, humanitarian contexts and should be prioritized.

• Competency based clinical trainings are not only feasible in conflict settings such as DRC but can also be effective in improving provider skills and availability/use of LARC.

• Focus on service quality and efforts to build provider capacity and ensure commodities will likely result in higher rates of contraception use and continuation.

• Ensure a comprehensive program approach that includes commodities and supplies security. Avoid fragmented program activities.

• Engage with MOH and local stakeholders including local training centers or institutions from the initial stage to build up capacity and a cadre of trainers and supervisors.
Contraceptive uptake 2013-2016

Karisimbi Zone de Sante, Masisi Zone de Sante, Mweso Zone de Sante, Nyiragongo Zone de Sante, Birambizo Zone de Sante
The Humanitarian challenge, IAWG and gaps remaining on Reproductive Health in Crisis

• Limited obstetric and neonatal care available
• Lack of availability of Comprehensive Abortion Care (CAC)
• Limited use of Long Acting Reversible Contraception (LARC) methods and permanent methods of family planning
• Limited availability of emergency contraception outside of rape kits
• Poor stock management
• Little attention to adolescent reproductive health, especially in access to family planning
Eviter les grossesses non désirées