Expanding access to Long Acting Reversible Contraceptives through visiting providers (VPs) in rural Nepal

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Options

BACKGROUND

Among married women in Nepal, intrauterine contraceptive devices (IUCDs) and implants represent just 0.7% and 0.8% of the contraceptive method mix in 2006, and 1.3% and 1.2% in 2011 respectively. This is, in part, because there are limited numbers of service providers in Nepal's public health system who are able to provide long acting reversible contraceptives (LARCs) and those that are trained also lack confidence due to limited practical exposure during basic training. To address this challenge we deployed dedicated visiting providers (VP) to provide onsite coaching and mentoring to enhance knowledge and understanding of LARCs among service providers at birthing centres (BC). The VPs we worked with were auxiliary nurse midwives (ANM) or nurses with IUCD/implant skills. We also investigated direct provision of LARCs at non-birthing centre facilities to further expand the availability and uptake of LARC services in rural Nepal.

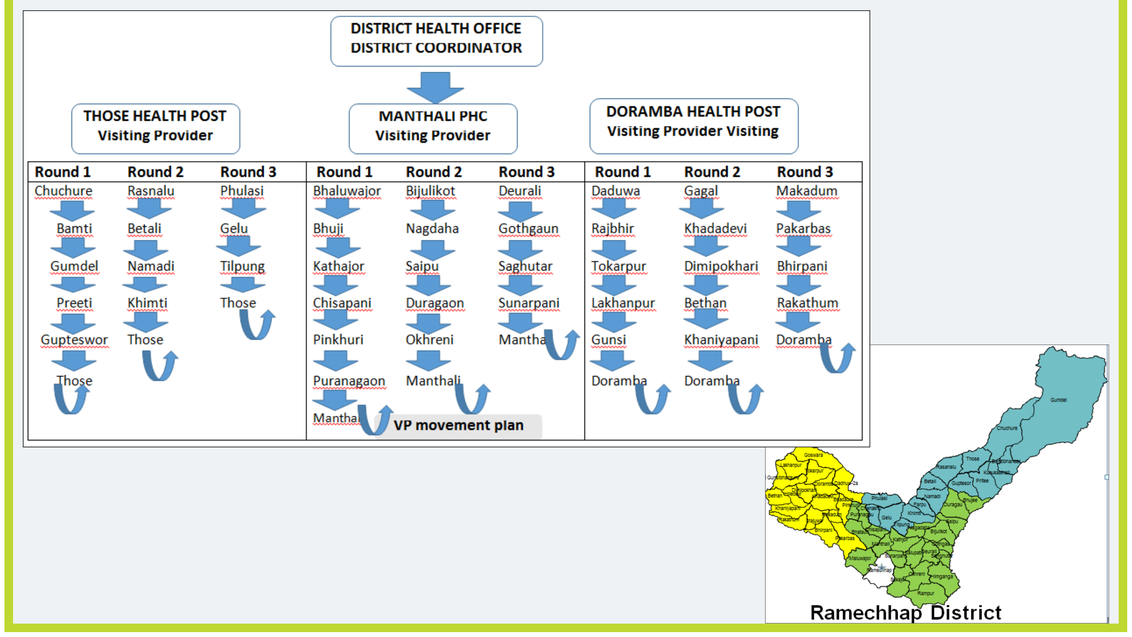
AIMS & OBJECTIVES

This pilot intervention investigated whether dedicated skilled service provider (Visiting Provider-VP) visits can expand contraceptive method choice and improve LARC uptake by women in rural areas by:

- Providing LARC services in rural health facilities (with and without BC) where implant and IUCD service providers are not available.
- Enhancing the IUCD and implant clinical skills of SBAs and paramedics in rural health facilities through mentoring/coaching (of existing trained staff).
- Providing 8-day competency based training on implant skills to health facility staff such as health assistant (HA), auxiliary health worker (AHW), staff nurse (SN), ANM (including skilled birth attendant-SBAs).
- Increasing demand for LARCs through awareness training of Female Community Health Volunteers and Health Facility Operational Management Committees.

METHODS

An operational research study was conducted in one rural district of Nepal, Ramechhap. Three VPs provided coaching to 16 service providers at village level BCs to increase the number of trained service providers and to develop their confidence. The VPs also directly provided LARCs to 31 health posts with no BCs. Health management information system data (pre and post intervention) and data from project report were used to assess effectiveness of the intervention. A flow chart below depicts the VPs movement within the district.



KEY FINDINGS

- ❑ The number of BCs providing LARCs increased from 8 at baseline to 18 by the end of the intervention.
- ❑ After 6 months of implementation, district HMIS data showed that contraceptive prevalence increased by 1%.
- ❑ Similarly, after 6 months of the intervention, new acceptors of LARCs increased from 395 to 1,105 compared to the previous year.
- ❑ Many users were from disadvantaged and marginalized groups with disproportionately large uptake of services compared to population e.g. 14% LARC users in the district are Dalits compared to 10% district Dalit population.
- ❑ Sixteen IUCD trained service providers were coached in their workplace during the intervention period. They provided a total of 71 IUCDs after receiving coaching (average 4.4 IUCD per provider compared to no service before coaching). Qualitative findings indicated that service providers were able to confidently provide LARCs after receiving onsite coaching.

In summary, LARCs availability and utilisation can be increased by mobilising dedicated FP service providers such as VPs in rural districts of Nepal. Regular skill enhancement through onsite coaching enhances competency of local service providers contributing to health system strengthening.

RECOMMENDATIONS/ DISCUSSION POINTS

- ❖ LARCs service sites should be extended throughout the district.
- ❖ Service providers need regular refresher/coaching on FP clinical skills, and recording/reporting issues.
- ❖ Number of training institutions and their output need to be increased to increase a pool of LARCs trained personnel
- ❖ Adequate provision of infection prevention requirements such as sterilization equipment with either fuel with stove or gas stove with cylinder is needed in health facilities for delivery of quality service
- ❖ **Scalability and Sustainability:** VP approach is in line with Nepal Health Sector Program-3's district coach/mentor approach of using trained and experience HWs within the district for updating knowledge and skills transfer on Maternal Neonatal Health and FP through HF with BC services.

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