



IUCD Post-Training Evaluation: Findings from an Evaluation of a Sample of Providers Who Received Training in IUCD Service Delivery

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Acronyms

FHI 360	Family Health International
FMOH	Federal Ministry of Health
IFHP	Integrated Family Health Program
IUCD	Intra-Uterine Contraceptive Device
M&E	Monitoring and Evaluation
MSIE	Marie Stopes International Ethiopia

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Background

Increasing the access and demand for long-term family planning methods is the aim behind the Intrauterine Contraceptive Device (IUCD) scale-up initiative launched by the Federal Ministry of Health (FMOH) of Ethiopia in 2010. IUCD is being scaled up in 100 woredas across the country, out of which 92 are found in Tigray, Amhara, Oromia, SNNPR, Benishangul, Harari, Dire Dawa and Addis Ababa.

Capacitating health care providers to provide a quality family planning service through providing training, ensuring continuous supply of family planning commodities to health institutions, and monitoring and evaluation of the scale up process are the strategies FMOH put in the IUCD scale-up process. Comprehensive family planning and/or IUCD refresher trainings are being provided by different partners, mainly Ipas, Engender Health and Marie Stopes International Ethiopia (MSIE), and recently the Integrated Family Health Program (IFHP). FHI 360's role falls in the third strategy: Monitoring and Evaluation. Conducting independent evaluations of the trainings provided by different partners and building capacities of FMOH staff at all levels of the health system to monitor and evaluate the intervention are some of the activities carried out with this regard. The exercise mentioned in this report is also the product of the cooperative work being done with FMOH.

Objective

The FMOH, in collaboration with FHI 360, conducted an IUCD post-training evaluation with the intent to determine the extent of IUCD service delivery by trained providers and the availability of equipment and supplies needed for IUCD insertion in health institutions located in 37 woredas in Tigray, Amhara, Oromia, SNNPR, Benishangul, Harari, Dire Dawa and Addis Ababa. The evaluation also examined the level of satisfaction of the trainees with the training they had received.

Evaluation Methodology

The evaluation entailed conducting interviews with a sample of providers who had received training on IUCD insertion conducted by Ipas, MSIE and EngenderHealth. Additionally, service delivery statistics were extracted from client's registers. The study sites were located in eight regions detailed in Table 1. The study team aimed at evaluating providers in 37 woredas out of the 83 woredas where health providers had been trained in IUCD insertion and removal. The evaluation woredas were allocated to each region proportionately to the number of woredas in the region where a health provider had received IUCD training. Following the sample size allocation to the regions, the woredas were selected into the sample using a systematic random sampling. Within each woreda, all accessible health centers and hospitals that are supported by partners participating in the IUCD scale-up initiative were included in the sample. In total, 128 health providers in 78 health facilities (9 hospitals and 69 health centers) were interviewed. Details of the sampled sites are presented in Table 1. FHI 360 and the FMOH jointly developed the data collection tool. Data were collected from Sept. 18-28, 2011 by seven FMOH staff, 11 FHI 360-hired consultants, and five FHI 360 staff.

Table 1: Evaluation Sites

Region	Partners												Total			
	Ipas				MSIE				Engenderhealth							
	Woredas		Hospitals	HC	Woredas		Hospitals	HC	Woredas		Hospitals	HC	Woredas		Hospitals	HC
	N ¹	n ²			N	n			N.	n			N.	n		
Tigray	4	2	1	6	0	0	0	0	0	0	0	0	4	2	1	6
Amhara	6	2	0	5	13	5	0	13	4	0	0	0	23	7	0	18
Oromia	6	3	1	7	15	1	0	1	4	2	2	5	25	4	4	4
Benshagul Gumiz	0	0	0	0	0	0	0	0	2	1	1	2	2	1	1	2
SNNPR	5	2	0	3	10	1	0	3	4	2	0	6	19	4	4	4
Harari	0	0	0	0	0	0	0	0	5	2	1	2	5	2	1	2
Dire Dawa	0	0	0	0	0	0	0	0	6	2	0	4	6	4	4	4
Addis Ababa	0	0	0	0	0	0	0	0	10	4	3	12	10	4	3	12
Total	21	9	2	21	38	7	0	17	35	13	7	31	94	29	9	69

¹ N=Total number of woredas in the region

² n=Number of sampled woredas in the region

Findings

Provider Training

Type of Training Received by the Providers

The majority of the providers evaluated were nurses (68%) and midwives (25%), with a small number of health officers (7%). Nearly all of the providers (98%) had received comprehensive FP training. However, only a few providers (18%) reported receiving training that was specific to IUCD and Implanon. Findings are summarized in Table 2 below.

Table 2: Provider's professions by region; and number of providers who received each type of FP training by region

	Tigray (n=11)	Amhara (n=27)	Oromia (n=26)	Benshagul Gumiz (n=5)	SNNPR (n=16)	Harari (n=5)	Dire Dawa (n=4)	Addis Ababa (n=34)	Total (n=128)
Profession									
Midwife	6/11	3/27	8/26	1/5	8/16	2/5	3/4	1/34	32 (25%)
Nurse	5/11	22/27	16/26	4/5	7/16	2/5	1/4	30/34	87 (68%)
Health officer	0/11	2/27	2/26	0/5	1/16	1/5	0/4	3/34	9 (7%)
Training received									
Comprehensive FP	10/11	27/27	25/26	5/5	16/16	5/5	4/4	33/34	125 (98%)
IUCD insertion	6/11	1/27	4/26	1/5	0/16	0/5	1/4	10/34	23 (18%)
Comprehensive FP and IUCD insertion training	5/11	1/27	3/26	1/5	0/16	0/5	1/4	9/34	20 (16%)
Implanon insertion/removal	0/11	1/27	7/26	1/5	2/16	0/5	0/4	4/34	15 (12%)

Satisfaction with the Training Received

Providers reported being highly satisfied with the training they had received from the partners, ranging from 99% satisfaction with the IUCD model demonstration session to 85% satisfaction with the IUCD practical attachment session. Provider satisfaction with the training was high among all training partners with little variation among partners. Results are summarized in Table 3 below.

Table 3: Provider satisfaction with the training sessions by training partner

	lpas (n=36)	MSIE (n=13)	EH (n=65)	Others (n=14)	Total (n=128)
Training sessions					
Overview of reproductive health session	33/36	13/13	65/65	14/14	125 (98%)
IUCD review session	33/36	11/13	64/65	14/14	122 (95%)
IUCD model demonstration session	36/36	13/13	64/65	14/14	127 (99%)
IUCD practical attachment session	31/36	10/13	55/65	13/14	109 (85%)

IUCD Insertions Conducted During Practical Attachment

In this section, we describe the extent of IUCD insertions conducted by the providers during their practical attachment training. In accordance with the training guidelines, each trainee is expected to insert five or more clients with IUCDs. However, only 26% of the providers were able to insert five or more IUCDs. The majority (51%) conducted 1-4 IUCD insertions, but notably, 23% of the providers did not insert an IUCD during their practical attachment. This is likely the result of having insufficient clients during their practical attachments. Only 3 out of 13 MSIE trainees were able to insert any IUCDs during training. The provider trainees were mostly able to insert between 1-4 IUCDs for the other training partners. It is likely that not enough clients were available during the practical attachment for providers to be able to insert 5 or more IUCDs. Results are summarized in Table 4.

Table 4: Number of IUCD insertions conducted by trainees during practical attachment by training partner

	lpas (n=36)	MSIE (n=13)	EH (n=65)	Others (n=14)	Total (n=128)
Number of insertions					
None	10/36	10/13	7/65	3/14	30 (23%)
Less than 5 clients	19/36	3/13	37/65	6/14	65 (51%)
5 or more clients	7/36	0/13	21/65	5/14	33 (26%)

Level of IUCD Insertions and Removals After Completing Training

Number of IUCD Insertions Personally Conducted After Completion of Training

The results in Table 5 describe the level of insertions conducted by providers after completion of training. The data were verified with client registers. The mean number of IUCD insertions personally conducted by the providers after the training is 21. The providers trained by EngenderHealth had the highest number of insertions (mean=29). On the contrary, the providers trained by MSIE had not inserted any IUCDs after completing their training. This result correlates with the fact that only three of the MSIE trainees had a chance to insert an IUCD during their training.

Table 5: Distribution of providers by the number of insertions they have personally conducted since completing training and by training partner

	Ipas (n=36)	MSIE (n=13)	EngenderHealth (n=65)	Others (n=14)	Total (n=128)
Number of insertions					
None	7/36	13/13	5/65	3/14	28 (22%)
1 to 5	15/36	0/13	11/65	3/14	29 (23%)
6 to 15	6/36	0/13	18/65	2/14	26 (20%)
16 to 25	3/36	0/13	9/65	1/14	13 (10%)
26+	5/36	0/13	22/65	5/14	32 (25%)
Mean number of insertions	16	0	29	16	21

Number of IUCD Removals Personally Conducted After Completion of Training

During this evaluation, we also examined the extent of IUCD removals in the sites operated by the trained providers. The majority of facilities evaluated (76%) had no clients coming for removals, suggesting a very high rate of IUCD retention. The highest number of removals recorded in any facility was five, and these were in one health center supported by EngenderHealth. In 11 health centers, only one client had returned for IUCD removal. Other results may be seen in Table 6.

Table 6: Proportion of facilities with IUCD removals after training by partner organization and number of removals

	Ipas (n=23)	MSIE (n=17)	EngenderHealth (n=38)	Total (n=78)
Number of IUCD removals				
None	18/23	16/17	25/38	59/78 (76%)
One client	4/23	1/17	6/38	11/78 (14%)
Two clients	0/23	0/17	2/38	2/78 (3%)
Three clients	1/23	0/17	2/28	3/78 (4%)
Four clients	0/23	0/17	2/38	2/78 (3%)
Five clients	0/23	0/17	1/38	1/78(1%)

Reasons for IUCD removal

The main reasons for IUCD removal were investigated from the provider's recollection as we did not ask clients directly. The removals information was collected qualitatively. The main reasons providers stated included: abdominal cramps, ectopic pregnancy, pelvic inflammatory disease, bleeding and uterine perforation.

Availability of Equipment, Commodities and Supplies

Consumables and IUCD Insertion Equipment

The majority of the facilities whose providers were evaluated had the consumables and necessary equipment for IUCD insertion and removal. Of the 78 facilities supported by Ipas, MSIE and EngenderHealth, surgical gloves were available in 90% of the facilities, and antiseptic solution was also available in 97% of the facilities. The equipment's that were available in more than 90% of the facilities included: examination beds, sponge holding forceps, sterilizing equipment, speculum, tenaculum, and scissors. The gynecology was the only equipment that was less available (64% of the facilities had a gynecology lamp). The facilities supported by Ipas and EngenderHealth were the best stocked overall. More in-depth data are presented in Table 7.

Table 7: Distribution of facilities with IUCD service delivery supplies available by partners supporting them

	Ipas (n=23)	MSIE (n=17)	Engender Health (n=38)	Total (n=78)
Consumables				
Surgical gloves	20/23	13/17	37/38	70 (90%)
Antiseptic solution	22/23	16/17	38/38	76 (97%)
Equipment				
Examination bed	22/23	15/17	37/38	74 (95%)
Blood pressure apparatus	19/23	14/17	35/38	68 (87%)
Gynecology lamp	13/23	8/17	29/38	50 (64%)
Sponge holding forceps	23/23	14/17	38/38	75 (96%)
Sterilizing equipment	21/23	14/17	37/38	72 (92%)
Uterine sound	20/23	10/17	38/38	68 (87%)
Speculum	23/23	14/17	38/38	75 (96%)
Tenaculum	23/23	10/17	38/38	71 (91%)
Scissors	23/23	15/17	37/38	75 (96%)

IUCD Stock

Most of the facilities (86%) had IUCDs in stock at the time of the survey. All the facilities supported by EngenderHealth (38) had IUCD in stock, and 21 of 23 of the Ipas supported facilities also had IUCDs in stock. IUCD stocks were less available in MSIE-supported sites (only 8 out of 17 sites had IUCD in stock). On average, facilities had 53 IUCDs in stock, with Ipas-supported sites having on average 57 IUCD pieces in stock and 52 in EngenderHealth-supported sites. Although only a few MSIE sites had IUCD in stock, their average stock was 45 pieces. Results are detailed in Table 8.

Table 8: Distribution of facilities with IUCD in stock, and the quantity of IUCD in stock at the time of the assessment by partner organization

	Ipas (n=23)	MSIE (n=17)	EngenderHealth (n=38)	Total (n=78)
Availability of IUCD in stock				
Sites with IUCD in stock	21/23	8/17	38/38	67 (86%)
Number of IUCD (in pieces) in stock				
	Ipas (n=21)	MSIE (n=8)	Engender Health (n=33)	Total (62)
< 10	3/21	2/8	2/33	7 (12%)
10 to 19	1/21	0/8	4/33	5 (8%)
20 to 29	5/21	1/8	3/33	9 (15%)
30 to 39	2/21	0/8	9/33	11 (18%)
40+	10/21	5/8	15/33	29 (47%)
Mean number of IUCD (pieces) in stock	57	45	52	53

Conclusions and Recommendations

The post-training evaluation findings have been of extreme value to understanding the IUCD service delivery circumstances of the providers after completing training and returning to the health facilities they work in. Specifically, the findings demonstrate the level of satisfaction of the trainees with the training they received and provide understanding of the extent to which the providers have the product and basic materials for IUCD service delivery.

The provider's satisfaction with the training conducted by the various partners was very high on all components of the training. This reflects positively on the training partner's delivery of the training. The evaluation findings however show that the majority of the providers had only received the comprehensive FP training, but only a few had received the IUCD-focused training. This result also appears linked to the fact that the large proportion of the providers had not met the minimum number of IUCD insertions during their practical attachment. For this reason, it is important that the training partners implement follow-up of the providers who did not meet the minimum five IUCD insertions and observe them conducting the insertions at their facilities before they are certified. Alternatively, if the trainees seem to master the skills with only a few practical clients, then the training guidelines requirement for five insertions prior to certification should be revisited and lowered. Nonetheless, the fact that nearly one quarter of the trainee providers did not practice any IUCD insertion during their training suggests a need for improving sensitization and education of clients about FP and specifically about IUCD ahead of time before sending trainees to the field attachment.

Except for MSIE-trained providers, EngenderHealth- and Ipas-trained providers have successfully conducted IUCD insertions post-training, suggesting positive uptake of IUCD among the women. EngenderHealth-supported providers had the highest number of IUCD clients after completion of their training. The reasons for no IUCD insertion in MSIE-trained providers needs further investigation, as there may be specific factors limiting them from conducting IUCD insertions despite the fact that more than half of the facilities they come from had the necessary materials for IUCD insertion. What is evident from these findings is that the majority of the MSIE-trained providers did not have a chance to practice IUCD insertions, and most of them did not have IUCD in stock at the time of the evaluation. These factors could be related to the low IUCD service delivery in the MSIE-supported sites. Overall, we conclude that the findings portray a very positive provider capacity to deliver IUCD services based on the availability of the basic infrastructure and IUCD product. The findings also suggest a positive acceptance of IUCD by the women considering that only a few removals had been recorded.

