Establishment of Field Training Areas for More Effective Clinical Training of Family Planning Providers

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SIGNIFICANCE

- A critical factor to consider in establishing a family planning (FP) training system is the presence of field training areas (FTAs) where trainees can practice skills with actual clients. Practical training is particularly important for provider-dependent FP methods and services, such as intrauterine device (IUD) insertion, no-scalpel vasectomy, and contraceptive implants.
- The establishment of FTAs depends on the availability of eligible facilities and field trainers. The ideal ratio for distribution is 2 field trainers for each 1 FTA.
- In the Philippines, EngenderHealth developed a program in which qualified field trainers attend a 2-day orientation session to understand the roles and responsibilities of a field training team, including learning about posttraining monitoring and evaluation (M&E) techniques. Trainers later enhance their coaching and mentoring skills by applying the skills performance checklist during the IUD insertion practicum as trainees practice implementing the new techniques.

METHODOLOGY

- The training course for providers is divided into two phases. Phase 1 is a 1-day classroom orientation, which uses a modular, self-learning approach. Phase 2 is the practicum phase when trainees are assigned to FTAs.
- EngenderHealth selected Negros Occidental and South Leyte provinces as pilot sites for this intervention using the following criteria: (1) the availability of FTAs and field trainers, (2) the number of providers untrained in IUD insertion, and (3) the high level of unmet need for FP.
- EngenderHealth compared posttraining M&E results related to IUD insertion from the pre-FTA intervention period with posttraining M&E results from the FTA intervention period to assess the following: (1) correct delivery of the IUD procedure according to standard guidelines, (2) demonstration of method knowledge, and (3) application of the provider’s action plan to improve facility set-up in order to increase demand for and provision of FP services. EngenderHealth also compared the number of trainees who were able to complete insertions before the FTA trainings practicum phase with the results from the FTA intervention period’s practicum phase.

RESULTS

- Data on a training course conducted in 2015, prior to the establishment of the FTAs, showed that only 34% (8/23) were able to perform the minimum three insertions during the practicum, and only 57% (13/23) of the trainees were able to pass the posttraining M&E requirements in terms of number of patients and the skills developed by the trainee, as required by the Department of Health.
- Of the 12 trainees in Negros Occidental and 16 trainees in South Leyte trained in 2017, 10 and 15 trainees, respectively, successfully completed the training requirement. All trainees who completed this training in the target provinces were able to perform the required minimum of three insertions.
- Within two months of the training, all trainees were recommended for certification to the Department of Health.

IMPLICATIONS AND LESSONS LEARNED

- This case study highlighted the value of FTAs in enhancing the quality and effectiveness of clinical training for FP providers. The FTAs ensured proper skills development among trainees during the practicum phase, which enabled trainees to obtain recommendations for certification.
- The Department of Health can replicate the FTA approach in scaling up future trainings in order to address the continuing human resource challenge in the health system in the Philippines. This approach may also work in other countries where the availability of skilled providers is a challenge.
- Increasing the number of trained FP providers who are able to offer long-acting reversible contraception improves FP access and can help reduce overall unmet need for FP. It also increases the number of trained service providers who can reach more clients, especially in rural areas, and ultimately will sustain the FP program implementation.