

Learning package: Improving service quality

## Supporting reproductive choices with long-acting contraception

Long-acting and permanent methods of family planning give clients the freedom to plan their pregnancies with reliable, long-lasting contraception. Training, coaching and quality assurance activities have made these methods widely available across Cambodia.

Twenty-six per cent of modern contraceptive users in Cambodia use long-acting and permanent methods (LAPMs).<sup>1</sup> Comprising implants, intrauterine devices (IUDs), tubal ligation or vasectomy, these are reliable contraceptive options for clients who want long-term protection against unplanned pregnancy.

To provide LAPM services, midwives require special training for implants and IUDs, and voluntary permanent methods must be performed by a surgical team. Without sufficient training, followed by opportunities to reinforce and develop clinical skills, midwives often report a lack of confidence as a barrier to providing implant and IUD services to women. Furthermore, until recently, some referral hospitals in Partnering to Save Lives (PSL) coverage areas had no trained surgical teams to perform permanent methods.

PSL implemented extensive activities to raise awareness of modern family planning methods (including short-term options) and, through clinical skills training and quality improvement, broadened access to LAPMs in up to 22 provinces across Cambodia. Twenty-seven surgical providers were trained in voluntary permanent methods (tubal ligation and vasectomy), making these services available in facilities that previously did not have them. 132 midwives were also trained to provide implants and 84 to provide IUDs, delivering 38,498 services as a result. Following their training, providers also participated in regular quality improvement and coaching visits to reinforce new knowledge and support continuous improvement.

With these measures in place, more women across Cambodia (and their partners) have access to fuller reproductive choice and options for planned pregnancy.

1. National Institute of Statistics, Directorate General for Health, and ICF International (2015). Cambodia Demographic and Health Survey (CDHS) 2014.

### Our impacts

Long-acting and permanent methods are a cost-effective health service that have far reaching benefits for women, their families and the health system. As a result of PSL's training and quality assurance for LAPMs in public facilities:

- 13,207 unintended pregnancies were averted
- 4,599 unsafe abortions were prevented
- 295,751 Couple Years Protection generated, to protect couples from unplanned pregnancy
- \$561,793 direct healthcare costs saved<sup>2</sup>

2. Impact estimates derived from the Marie Stopes International Impact 2 calculator



Credit: Marie Stopes International Cambodia

“If we didn’t have implant services at our health centre, our clients would go back home with nothing.”

Sreymom, health centre midwife,  
Tbong Khmom province

## Sustaining quality improvements

PSL enabled strong collaboration with national and sub-national authorities on family planning. This helped to embed sustainable quality improvement approaches and capacity for LAPMs.

Specific activities included:

- **Basic clinical skills training for Provincial Health Department (PHD)/Operational District (OD) teams.**

Some PHD/OD teams needed additional training to learn basic procedural skills for implants and IUDs, which must be observed and checked during routine quality improvement and coaching with midwives. Refresher trainings were also held for all PHD/OD teams on coaching and supervision.

- **Training of trainers for voluntary permanent methods.** When PSL began to roll out its training for surgical teams, no national trainers were available to assist due to staff retirement and turnover. The training-of-trainers approach was therefore crucial for ensuring that the Ministry of Health has sufficient internal capacity to continue equipping surgical teams for voluntary permanent methods in the future, therefore keeping this contraceptive option available to clients.

- **Integration with national policies and programs.**

By aligning with policy developments and requirements at a national level, PSL’s LAPM activities were contextually relevant and consistent with government priorities. All LAPM activities were delivered alongside Ministry of Health and/or PHD/OD officials and adhered to the National Family Planning Guidelines. This engagement has meant that PHD/OD teams are well prepared to now take coaching and quality improvement forward as the Ministry of Health National Quality Enhancement Monitoring (NQEM) process begins.

With sustainable structures for quality improvement in place, Cambodia can continue to build upon PSL’s impacts to date while maintaining a focus on quality in service provision and freedom of choice for clients.

## Next steps

PSL’s activities had a strong emphasis on improving the quality and sustained delivery of LAPMs in public health facilities. Despite these inputs, the overall proportion of women using LAPMs (as a sub-set of women using modern family planning) in PSL provinces remained relatively low, with 21.3% of women in this category at endline (compared to 23.6% at baseline). Short-term contraceptive pills remained the method of choice for most women, and those who had discontinued contraceptive use most commonly cited fear of complications and negative health impacts as the key decision-making factor. These results point to an ongoing need for health education and behaviour change communications to overcome misconceptions and encourage LAPM use where appropriate. With PSL’s extensive capacity development and sustainable approaches in place, the next challenge is to help women to access the family planning method(s) that best meet their needs.

## Recommendations

There has been substantial progress in improving the availability of LAPMs in Cambodia’s public health facilities, but some challenges persist to maintaining service availability and encouraging uptake. PSL makes the following recommendations:

- Continue delivering training and coaching to midwives to reinforce knowledge and ensure their confidence to provide services. Professional development should be ongoing throughout a midwife’s career.
- Maintain a minimum of two trained midwives per health facility to provide LAPMs to prevent gaps in service provision due to rostering or turnover.
- Strengthen the commodity system for consistent and adequate supply of long-term contraceptive commodity (IUDs and implants) in health facilities to avoid stock-outs. Ensure a sustainable supply of new and replacement IUD equipment in health facilities.

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Partnering to Save Lives

