

# Road to Results

ACHIEVING SUCCESS STEP BY STEP

## The Results of Family Planning Training in Rural Areas of Ferghana Oblast, Uzbekistan

November 2003

As part of the Government of Uzbekistan's program to strengthen rural primary health care (PHC), the ZdravPlus Project has implemented training of PHC workers on a number of priority health topics in Ferghana Oblast—one of which is family planning services.

Contraceptive use is relatively high in Uzbekistan (63 percent of married women), and approximately eight out of 10 women rely on the IUD, viewing hormonal contraceptives with skepticism—a holdover from Soviet times. ZdravPlus training, however, prepares PHC providers to give women the access, information, and freedom to choose which method of contraception they prefer.

Rural Uzbek women have traditionally gone to obstetrician-gynecologists (ob-gyns) in a women's consultation center or polyclinic in town for family planning services. In Ferghana Oblast, most SVPs (rural medical posts) do not have a full-time ob-gyn on staff, so an ob-gyn from a nearby town generally visits the SVP a few times a week. Thus, rural women have to wait until the visiting ob-gyn arrives or find a way into town to receive the needed services. To address this gap in rural family planning services, a series of training sessions was held to strengthen and broaden the family planning skills of SVP doctors, nurses and midwives. Ob-gyns were also trained—a prerequisite to allow SVP staffs to practice in line with the new international methods taught in the training courses.

### **Training Rural Health Service Providers in Family Planning**

ZdravPlus used existing clinical modules developed by JHPIEGO and counseling modules from EngenderHealth (formerly AVSC International) as foundations for its trainings. Some changes were made, however, as a result of assessments of providers' knowledge and skills.

The result was three training curricula that specifically addressed the differing roles of the

various types of health care providers. The program for ob-gyns included clinical skills for all methods, including the IUD, as well as counseling techniques. The program for SVP doctors included counseling on all methods but centered on the actual provision of oral contraceptives, injectables and condoms. Training for nurses and midwives, meanwhile, focused primarily on counseling, re-supply issues and support to the doctors. The curricula were approved by the Tashkent Institute for Advanced Medical Education, enabling trainees to obtain continuing education credits.



### **Training Course Topics**

Although the three training courses differed in content and duration, each covered the following core topics: the concept of reproductive health; reproductive anatomy and physiology; hormonal contraceptives (orals and injectables); IUDs; barrier methods; emergency contraception; natural family planning; the lactational amenorrhea method; overview of sexually transmitted infections including HIV/AIDS; infection prevention; and counseling skills. In each course, emphasis was given to counseling skills to empower women and couples to make informed decisions about their options for family planning, rather than leaving doctors to decide.

The trainers applied modern, interactive methods with opportunities for trainees to practice their skills, both in the classroom and

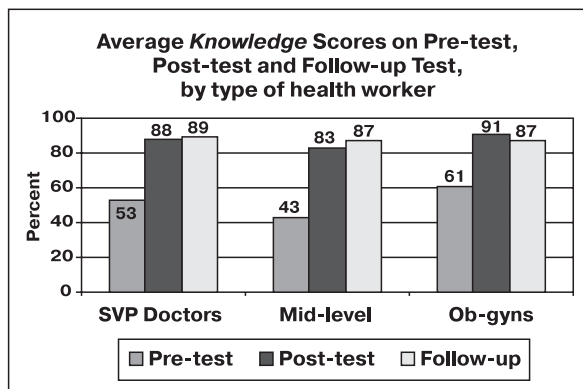


The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

with real patients. A variety of teaching techniques were used including case studies, role plays, videos, games and exercises. All trainees received a package of reference materials, including the JHPIEGO Pocket Guide for Family Planning Service Providers (translated into Uzbek) to take back to their clinics. In addition, 2-3 months after the training, the trainers conducted follow-up visits to reinforce the knowledge and skills taught and to assess the providers' competence.

### Results

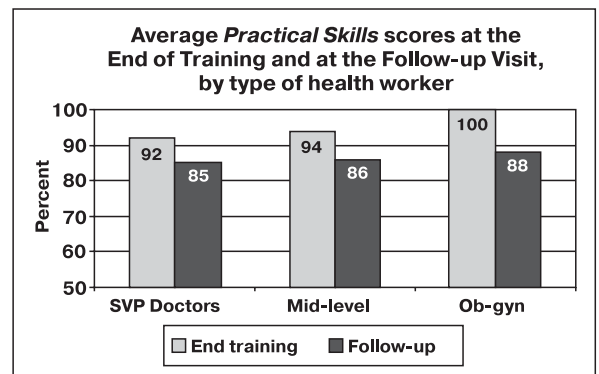
During follow-up visits, *knowledge* was measured by re-administering the pre- and post-tests used during the training course itself. To assess *skills*, ZdravPlus observed health workers providing services to clients, measuring skills against checklists. The checklists included key steps providers should follow for each set of skills and trainers graded them as a percentage of a perfect 100 percent score for each skill-set. The observation took place during practicum at the end of the training course and again during the follow-up visit.



As evidenced by the chart above, there were marked increases in knowledge, particularly among mid-level staff. It was surprising to see that knowledge was higher at the time of the follow-up visits for doctors and mid-level staff than at the end of training. Among possible explanations for this is that trainees read the information they received when they returned

home; or word spread about testing during follow-up visits, so providers studied shortly beforehand.

In terms of clinical and counseling skills, the composite scores of all skills shown in the following chart include various types of counseling, IUD services for ob-gyns, and DMPA injections for mid-level staff.



The results indicated that although the skills of all types of providers decreased somewhat by the follow-up visits, their family planning skills remained strong.

### Next Steps

The results of the training demonstrate that trained SVP staffs have the capability to provide needed family planning services in rural areas. In order to promote sustainability, family planning training is now being institutionalized into continuing education for health workers.

In addition to increasing the knowledge and skills of health workers to provide family planning services, health promotion activities are under way to educate the public about the advantages and disadvantages of different methods of contraception. Thus, through the combination of upgrading health workers' family planning skills and educating the public, rural women and their partners will be able to obtain those services from their local SVPs and be better able to make informed decisions about family planning.

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