

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Expanding the Role of Midwives in Kyrgyzstan: Results of a Pilot Project on IUD Services

September 2003

Early in 2003, the USAID-funded ZdravPlus project, along with the Kyrgyzstan Ministry of Health (MOH), and the Jalal-Abad Oblast Health Department completed a seven-month pilot project to train rural midwives from Bazar-Korgon district in contraceptive technology and to prepare them to provide intrauterine device (IUD) services. The project demonstrated that, with appropriate training, mid-level staff can provide basic primary health care services beyond their current limited scope of work. The project reinforced an important principle of health reform in Kyrgyzstan: To raise the skills and status of mid-level staff. Equally important, it improved access to a widely-used health service for women.

The positive results from the pilot project helped to convince the MOH that training midwives could effectively expand access to contraception and that midwives could do a good job of performing this clinical task. Offering proof of this is a quote from a newly-trained midwife: *"In the past I did not think that mid-level personnel could provide such services. Today I can counsel others on all of the methods of contraception and, most importantly, I can insert an IUD myself."*

Most of the doctors in Jalal-Abad Oblast are concentrated in urban areas, while in rural areas like Bazar-Korgon, mid-level personnel are providing many basic health services. However, only obstetrician-gynecologists are officially authorized to provide IUDs, the most popular method of contraception, used by 78 percent of family planning users in Kyrgyzstan. Midwives provide some methods of contraception, but they are not permitted to provide IUDs.

The Pilot Project

The pilot project sought to demonstrate that trained midwives can safely provide IUD services. The Jalal-Abad Marriage and Family Center coordinated the project using its well-qualified, experienced trainers to conduct two 12-day training courses for 18 rural midwives. The courses covered all methods of contraception—

not only the IUD—to make sure that there was no coercion and to allow women to determine which method they preferred. The training program was adapted from a curriculum for doctors, but allotted more time for theoretical training and extensive clinical practice—first with mannequins and then with actual patients, under the supervision of the trainers.



Midwife practices IUD insertion on a mannequin

ZdravPlus' paramount concern with the pilot project was the safety of patients and every effort was made to protect women through three strategies:

- *Ensuring the competency of the midwives during training.* Midwives had to demonstrate their competence first with mannequins and then with at least eight patients before returning to their workplace.
- *Monitoring the clinical skills of the midwives at their worksites over a six month period.* Four follow-up visits were conducted to each midwife at their place of work.
- *Surveying recipients of IUD services,* two months and five months after training. The goal of the client surveys (sample size: 335) was to reveal any complications women might have experienced that could have led them to go to another provider for follow-up care, to measure the quality of care provided by the midwives from the clients' perspective, and to assess client satisfaction.



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

A newly-trained midwife said the following about her new status: *“We can sense a difference between us, the trained midwives, and those who did not attend the pilot project. It’s as if we are one step ahead of them and more in demand. However, now we are also more responsible.”*

Results

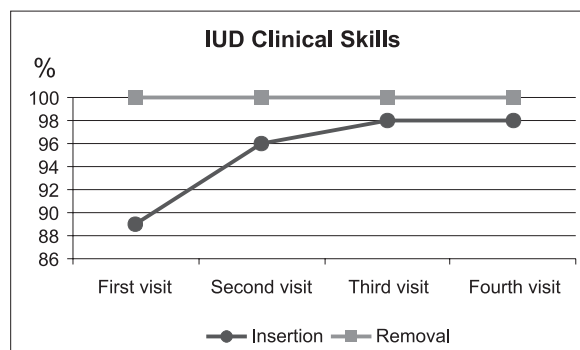
Women proved more than willing to go to the trained midwives for contraceptive services. During the project period, 1,843 women received contraception from the project-trained midwives, with 468 of them receiving IUDs. Client surveys found that women were very satisfied with the quality of care offered by the midwives and included comments such as this: *“The midwife is kind, attentive, and experienced. She explained everything before inserting the IUD.”*

Ninety-eight percent of women stated that they would recommend their midwife to a friend or relative. They were glad to have the opportunity to choose an IUD without having to travel a long distance, and 99 percent were still using their IUDs at the end of the pilot project.

The midwives’ clinical skills were monitored during four follow-up visits when the trainers observed them providing services in their own clinics. Using checklists of key steps to follow when seeing patients, the trainers gave each midwife scores for their skills and these became the basis for quantifying their skills.

The monitoring visits found the midwives’ clinical skills, including IUD insertion, at a consistently high level, and they often improved over time. The improvements in IUD clinical skills are shown in the graph to the right.

Skills for injectable contraceptives went from 89 to 100 percent on average, instrument washing improved from 93 to 100 percent over the course of the monitoring visits and steam sterilization skills remained consistent at 100 percent. The midwives’ counseling skills, on the other hand, declined over time – probably reflecting both a



Midwives’ skills, measured during monitoring visits

weakness in the curriculum and the difficulty of imparting new skills hardly ever practiced in the Soviet system.

In addition to the monitoring visits, the client surveys measured clients’ recall of the midwives’ care. The surveys found that 97 percent of clients had been told that an IUD could be used for up to 10 years. The same percentage said they had been shown the IUD before insertion, and 98 percent said that the midwife explained what she was doing during the procedure. Ninety-five percent or more recalled that the midwife checked whether they might be pregnant, have anemia, or be at risk for a sexually transmitted infection.

Implications

Despite its small scale, the pilot project convinced the MOH that training midwives could effectively expand access to contraception, and that midwives could do a good job with this clinical task. The Ministry concluded that the IUD project was successful, and that it could be expanded throughout rural areas of Kyrgyzstan. A working group was formed to prepare a *prikaz* (decree) to authorize appropriately trained midwives to provide the service.

The project is being replicated—with careful follow-up—proving that the Bazar-Korgon pilot could be the first of several sites for midwife training, providing growth, education and enrichment in the lives of both the midwives and their clients.

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