

Increasing LARC Provision in Cambodia through Improved Provider Selection and Motivation Strategies

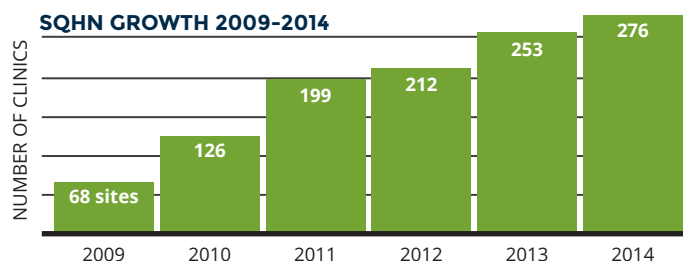
Best Practices from the Women's Health Project 2009-2014



Population Services Khmer (PSK), a local not-for-profit organization affiliated with Population Services International, oversees the Sun Quality Health Network (SQHN), a network of private health care providers designed to improve access, quality and equity in family planning services across Cambodia. Beginning in 2009, with funding from the **Women's Health Project (WHP)**, family planning (FP) services were expanded to include long lasting reversible contraceptives (LARC), specifically the intra-uterine device (IUD) and implant.

PROGRAM OVERVIEW

The main objective of the WHP is to increase women's use of long acting reversible contraceptives, especially the IUD. Providers recruited included nurses, midwives, and doctors. They were trained in IUD and implant insertion and removal, and offered support supervision. Demand generation activities were also conducted by IPC agents to inform the community and promote services.



KEY CHALLENGES AMONG SQHN PROVIDERS

By 2011, several challenges were identified that resulted in lower performance by network providers. These included:

- Lack of provider motivation to insert LARCs because of low profit generated and time involved in counseling and insertion
- Lack of confidence in insertion skills among providers due to lack of practice

NEW STRATEGIES

PROVIDER BEHAVIOR CHANGE COMMUNICATIONS

A dedicated **Medical Detailing Program** focusing on LARC promotion was introduced to offer ongoing support to providers through a needs-based approach. It assessed individual gaps in provider knowledge of products, addressed product misperceptions, and supplied them with tools, materials and offered communication strategies.



The **non-monetary performance-based** motivation program was redesigned to also reward individual improvement relative to previous performance. "Most improved" providers were recognized and rewarded based on overall CYP, quality assurance scores, data collection/reporting performance, and provision of post-partum and post-abortion FP services.

PROVIDER SELECTION

Availability of comprehensive abortion care services was included as a preferred provider selection criteria. Top performing IUD providers with the highest monthly insertion rates all offered CAC services. Improving post-abortion family planning counseling, including LARC, was made a focus of provider behavior change communications, support supervision and training.

COMPETITIVE PROVIDER RECRUITMENT

The provider recruitment process was made more rigorous and competitive by **re-structuring the selection process**. As a result, approximately 60-70% of applicants were admitted into the network. The new strategy includes:

- Administering a provider **pre-selection assessment**
- Ensuring candidates **complete the full application themselves to show personal motivation**
- Involving staff from **multiple departments in the selection committee**, including the reproductive health outreach, medical detailing, supervision and training teams.



LESSONS LEARNED

MEDICAL DETAILING

A **dedicated medical detailing program** focused on increasing provider correct knowledge and confidence is key to increasing provider motivation and IUD service provision.

NON-MONETARY INCENTIVES

Designing an incentive program where **“most improved” providers** will be recognized and rewarded, in addition to high performing providers, increases motivation. **Post-partum and post-abortion FP services** should be emphasized and rewarded.

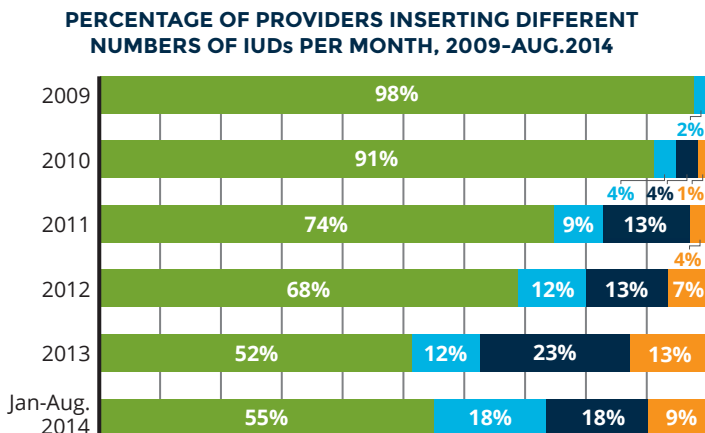
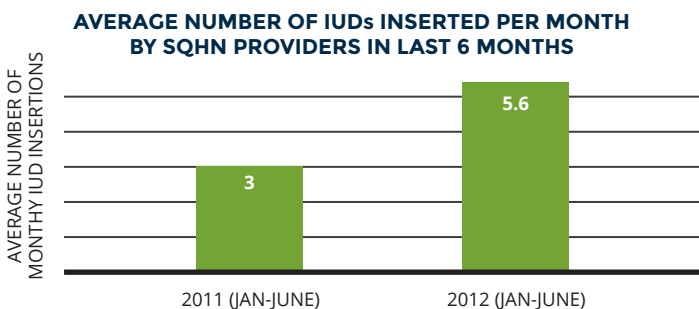
CAC PROVIDERS

Top performing IUD providers with the highest monthly insertion rates all offered CAC services. Providers credit high IUD insertion numbers to offering **FP counseling** to CAC clients before and during the abortion procedure. **Post-abortion FP** counseling should be used as a window of opportunity to promote LARC.

PROVIDER SELECTION

The more the **competitive the recruitment process**, the higher the level of provider productivity and rates of LARC provision. Having a **structured process and involving staff from various departments** in the selection committee ensures greater success.

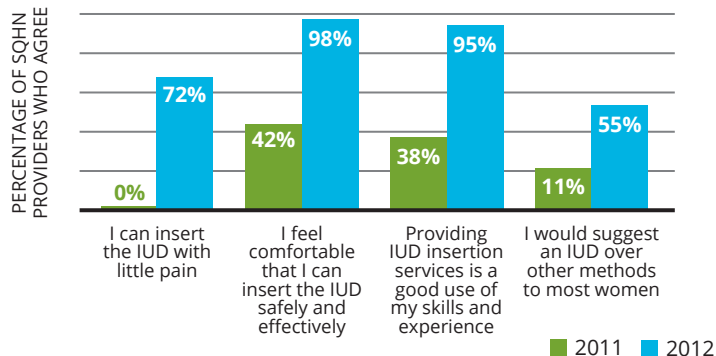
KEY RESULTS



The percentage of providers that inserted more than 35 IUDs per month increased from 2% to 25% between 2009 and 2014.

■ 0-35 ■ 36-50 ■ 51-100 ■ 100 and up

IMPROVEMENT IN PROVIDER PERCEPTION



73% of providers state the SQHN non-monetary incentive program motivate them to do more on FP service because:

- It encourages them to keep working hard in order to obtain more clients
- It allows them to share their achievements with other network members and be recognized
- It enables them build stronger relationships within the network

In 2013, 50 new private facilities were admitted into SQHN, of which 41, i.e. 82%, offer led CAC services

All data from Provider Longitudinal Study 2012

BEST PRACTICES

1. Set up a solid medical detailing program that addresses knowledge and misperceptions to build providers' confidence
2. Ensure non-monetary performance-based motivation program rewards improvement and post-partum and post-abortion FP counseling
3. In selecting providers, give preference to CAC/PAC providers; emphasize and reinforce post abortion FP counseling
4. Make the provider recruitment and selection process highly competitive



For additional information about SQHN and WHP in Cambodia, please contact Dr. Kheng, Director of Health Services, at kheng@psk.org.kh.

Prepared by Dana Tilson, Dr. Rehana Ahmed and Natacha Bobin. Graphic design by Sophie Greenbaum, July 2015.