

Post-training follow-up survey

Bihar and Jharkhand

BACKGROUND

The Increasing Access to Safe Abortion Services project was funded by the David and Lucile Packard Foundation and was initiated with the broad goal of supporting initiatives of the state governments of Bihar and Jharkhand to reduce abortion-related mortality and morbidity among women of reproductive age. The project aims to increase the number of trained and certified doctors who can provide comprehensive abortion care (CAC) services. CAC includes provision of safe services and use of appropriate technology; pre- and postabortion counseling; and the management of postabortion complications. From July 2005-May 2006 Ipas, in close collaboration with the state governments of Bihar and Jharkhand, trained 80 medical doctors from public and private hospitals spread across the rural and urban areas of these two states.

At the end of the first year of this intervention, it is imperative to get insight on the post-training impact of this CAC training to facilitate mid-course corrective measures. Keeping this point in mind, the partners conducted a follow-up

research survey in July and August 2006 with the specific objective of assessing the post-training performance of the trained doctors based on the following parameters:

- Post-training service provision
- Caseloads managed by the trained doctors
- Technologies used by the trained doctors
- Postabortion contraceptive counseling and acceptance.

METHODOLOGY

Considering the small size of the trainee pool, all 80 medical doctors trained during the 12-month period were interviewed using a structured questionnaire for assessing the post-training performance based on the listed parameters. The survey was carried out in two phases. During the first phase, telephone interviews were conducted with trained doctors. During the second phase, the doctors who could not be contacted by phone were reached by a face-to-face interview.



SALIENT FINDINGS

Characteristics of the trained doctors

Respondents who were trained during the 12-month period and targeted for the interview mostly came from the public sector facilities, including 58% (46) from the rural primary health centres (PHCs) and community health centres (CHCs), followed by 36% (29) from the urban subdistrict hospitals (see Figure 1).

While efforts were made to contact all 80 trained doctors (who work in different districts across these two states), only 64 out of 80 (80%) could successfully be interviewed. The remaining 16 doctors (20%) could not be followed up mainly because of the following four reasons:

- Had left the job
- Got transferred to another hospital
- Telephone number had changed
- Refused to give an interview.

Typically doctors are trained in small batches at approved training centers. Hence, respondents would have had different durations of post-training exposure ranging from one month for those trained in May 2006 to 10 months for those trained in July 2005 (see Table 1).

Service provision

In order to assess whether the training was transformed into practice, trained doctors were uniformly asked whether they had begun performing medical termination of pregnancy (MTP) after the completion of the training. In response to this question, about 80% (51) of the doctors reported that they at least began providing MTP services while about 20% (13) of trained doctors never provided MTP services (see Figure 2). The proportion of doctors who had ever provided MTP services were further asked whether they were currently providing MTP services. Almost 69% of the trained doctors were found to be providing MTP services at the time of survey.

Thus it appears that nearly 20 doctors (32%) either have never provided MTP services (13) or have stopped providing services (7). However, with respect to the post-training service provision among trained doctors, the doctors in Bihar show better results in comparison to (variations are statistically significant) their counterparts in Jharkhand (see Table 2). For example, 10 of 40 trained doctors in Jharkhand had never provided MTP services while another six had initiated services but stopped. In

Figure 1: Trained doctors of Bihar & Jharkhand by types of facility (N=80)

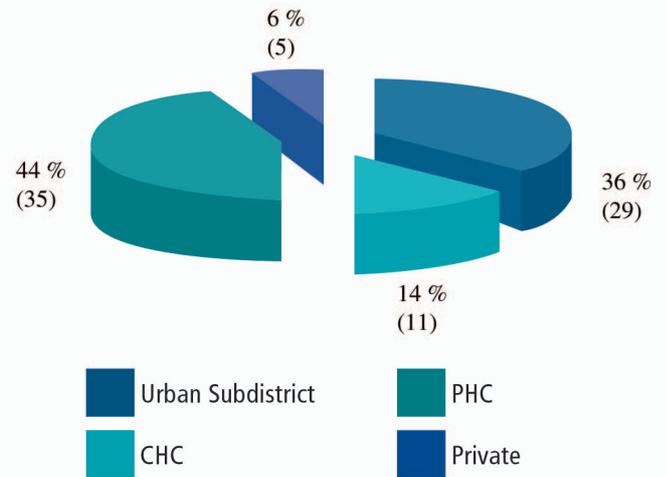


Table 1: Post-training exposure

Post-training duration	% of Doctors	N
1-3 months	46.9	30
4-7 months	15.6	10
8 & above	37.5	24
Minimum exposure	1 month	
Maximum exposure	10 months	
Mean months of exposure	4.5	
Trained doctors successfully interviewed	64	

Figure 2: Proportion of trained doctors ever provided MTP services (N=64)

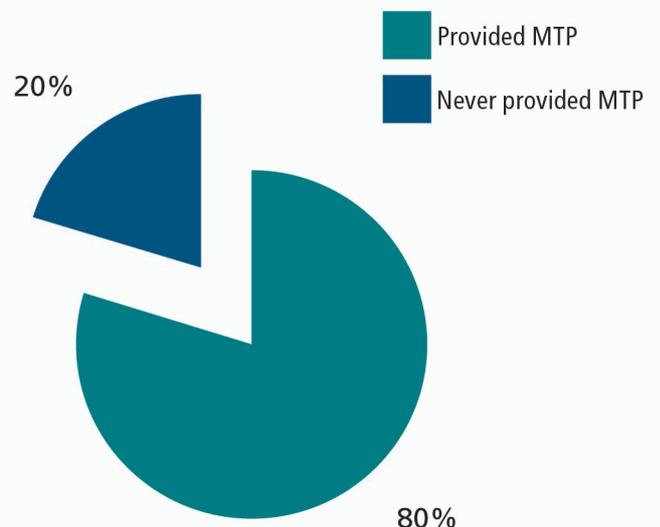


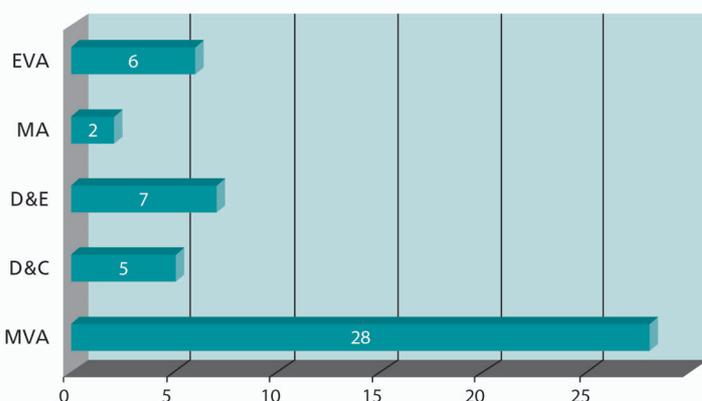
Table 2: Post-training service provision

Service Provision	Total % (N)	Bihar % (N)	Jharkhand % (N)
Provided MTP services	79.7 (51)	87.5 (21)	75.0 (30)
Never provided MTP services	20.3 (13)	12.5 (3)	25.0 (10)
Currently providing MTP services	68.8 (44)	83.3 (20)	60.0 (24)
At the original site	48.4 (31)	66.7 (16)	37.5 (15)
At other site	20.6 (13)	16.6 (4)	22.5 (9)
Currently not providing any MTP services	31.7 (20)	17.4 (4)	40 (16)
Trained doctors interviewed	64	24	40

Table 3: Average monthly caseload per trained doctor

Caseload	
Mean number MTP cases performed per doctor	5.09
Range	
Maximum	20
Minimum	0.3
Distribution by trained doctors	
	# of doctors
Less than 3 cases	11
3.1 to 6.0	6
6.1 to 9.0	4
9.1 to 12	4
> 12	6

Figure 3: Number of doctors reported using MVA and other techniques (N =31)



contrast, only three out of 24 doctors in Bihar had never initiated service provision and four had stopped providing services by the time of survey.

Doctors who were not providing MTP services at the time of survey were requested to give the reasons for never providing or discontinuing MTP service provisions.

The most commonly mentioned reasons were:

- Got transferred
- Low caseload
- Lack of water facility at site
- Nonavailability of instruments, specifically cannulae
- Operation theater not functional
- Lack of support from the support staff and supervisor (including the medical officer in charge or MOIC)
- Lack of opportunity as most cases were taken by the senior doctors

Average MTP caseload and procedures

Doctors who were providing MTP services at their original site (where they have been posted) were asked to provide the total number of cases they had independently handled since the next month after their training. A total of 31 doctors with 139 months of exposure had performed 708 MTP procedures as of the day of interview. This implies an average of five cases per month per trained doctor. However, the monthly caseload shows wide variations (with high standard deviation) among the trained doctors — ranging from 0.3 to 20 per month per trained provider (see Table 3). These variations are expected as large shares of the respondents were posted at rural PHCs with low patient flow, while counterparts posted at urban hospitals experienced higher patient volume.

As a core component of the CAC training curriculum, doctors were trained to perform the uterine evacuation through the manual vacuum aspiration (MVA) technique. The impact of this training was well-reflected in the overwhelming proportion of doctors reporting the use of MVA followed by a very small share who used dilatation and evacuation (D&E), electric vacuum aspiration (EVA), medication abortion (MA) and dilatation and curettage (D&C) techniques.

Postabortion contraceptive counseling

Trained doctors who were providing MTP services at the time of survey almost uniformly reported providing postabortion contraceptive counseling. However, most of the trained doctors did not maintain any records on post-abortion contraceptives. Results portrayed in Figure 4 are based on the respondents' estimated recall. Although 85% of the women received postabortion counseling, only 58% of them accepted any contraceptive method from the site.

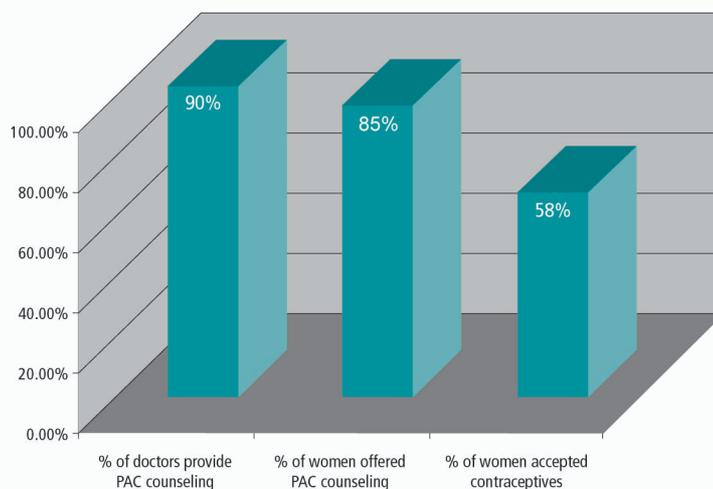
CONCLUSION

This follow-up survey seemed to be a fruitful source of information and provided enough insight to plan a future course of action. The encouraging results of the collaboration between the state governments and Ipas have fueled efforts to train more medical doctors to meet the huge unmet demand for safe abortion services in Bihar and Jharkhand. However, it is essential to note that factors such as frequent transfers of trained doctors from one public health facility to another, lack of equipment and infrastructure at the facilities, and lack of moral support from colleagues prevented the full utilization of the skills of a significant number of trainees. As a result, trained doctors ended up either not initiating service provision or ceased providing services after some time. Collaborative and strategic actions to address these issues will go a long way to improve the impact of training and increase the number of women served.

For further details, please contact:

Dr. Sushanta K. Banerjee, PhD
Advisor, Research & Evaluation
Ipas India

Figure 4: Post-abortion counseling



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Ipas India
P.O. Box 8862 • Vasant Vihar • New Delhi 110 057, India
phone: 91.11.4166.2006 • fax: 91.11.4166.1711
E-mail: ipasindia@ipas.org

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