

### Who Can Provide Implants?

In order to increase implant availability and uptake, programs must first enable various types of health care personnel to provide implant services. Extensive research indicates that the ingredients for improved access and quality are proper training, appropriate job aids, good counseling and management of side effects, and supportive supervision. Given appropriate training, a wide variety of health care providers can provide implants safely and effectively (see “[Essential Knowledge About Hormonal Implants](#)” in the Implants Toolkit). These cadres of providers include physicians, midwives, nurses, nurse auxiliaries, clinical officers, and, depending on educational and professional standards in each country, physician’s assistants and associates.

There are several important principles for program managers and trainers to keep in mind in working to increase implant services, including: (1) carefully selecting trainees, (2) finding providers that are potential “champions,” meaning that they are committed to the provision of implant services, (3) not necessarily “training everyone” but rather implementing a more strategic approach to selection and subsequent support of trainees to get greater impact from training, and (4) supporting implants providers in terms of the structure of work, recognition, and other positive reinforcement as it relates to their provision of implants services.

Adhering to these principles led to greater uptake, client satisfaction, and continuing use of implants in a number of countries. For example:

- Studies in Ghana show that training a large group of nurses in implant counseling, insertion and removal contributed to a tenfold increase in the number of women using implants. This was done by first encouraging policy makers to clarify national family planning guidelines to explicitly permit nurses to provide implants (previous guidelines implied that only doctors could insert implants). Next, building training capacity within Ghana’s health system was done to assure training efforts would be sustainable. Between 1998 and 2003 more than 600 nurses in Ghana received training to provide *Norplant* implants. In addition to teaching technical skills, almost 2,800 nurses were trained in counseling and interpersonal communication skills for all family planning methods, including implants. Following this training initiative, many more facilities offered implants and 88,000 women had implants inserted. The percentage of women of reproductive age using implants across the country increased from 0.1% in 1998 to 1.2% in 2006 (Ramchandran and Upadhyay, 2007).
- In Zambia implants are particularly suitable for many Zambian women, the majority of whom live in rural areas and have difficulty accessing medical care due to transportation barriers.

Additionally, Zambia often faces stock-outs of family planning methods such as oral contraceptives and injectables. (These situations and dynamics are also common in other Sub-Saharan African countries.) In 2005 the Zambia Ministry of Health initiated a training program that involved training a variety of healthcare providers in the insertion and removal of implants (including good counseling and logistics practices). Since the program was initiated, a total of 325 healthcare providers from both urban and rural facilities across Zambia have been trained. Follow-up evaluations of this training initiative have shown high acceptance of implants among clients. In fact, many rural clinics are now maintaining wait lists in order to meet the rising demand for implants (Musumali et al., 2009).

## References

Ramchandran, D and Upadhyay, U. "Implants: The Next Generation." *Population Reports*, Series K, No. 7. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, October 2007. Available online: <http://www.populationreports.org/k7/>

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